

2021-2022

beyond **A B C**

Assessing the Well-Being of Children in North Texas



2021-2022

beyond

Assessing the Well-Being of Children in North Texas

Published by



Kim Besse
President and
Chief People Officer

Keri Kaiser
Senior Vice President
Chief Marketing Officer
and Chief Experience
Officer

Dawn Kahle
Vice President
Communications

Virginia Hock
Director
Communications

Matt Moore
Senior Vice President
Government and
Community Relations

Michaela Bennett
Senior Director
Government Relations

Cristal Retana
Director
Community Relations

.....
The Institute for Urban
Policy Research at the
University of Texas at Dallas

Timothy M. Bray, Ph.D.
Director

Anthony M. Galvan
Associate Director
Research and Operations

Design
Anne Humes Design

Photography
Allison V. Smith

Project manager
Eric Paulson

.....

We encourage widespread
use and distribution of this
information. Permission
to use any part of this
document is granted,
provided that all written
uses give credit to
Children's HealthSM.

Download the report at
childrens.com/beyondabc

Times of great challenge have a way of crystallizing what matters most.



Since 1996, Children’s Health has proudly published *Beyond ABC*, a comprehensive report on the quality of life for children in North Texas. With the release of our 17th edition, almost two years into the most devastating and consequential public health challenge in modern history, we can say unequivocally that the work to better understand and to improve the well-being of our community’s children has never been more important.

In many ways, our youth have borne the brunt of this unyielding crisis. Whether they have lost loved ones, endured prolonged isolation, missed milestones or experienced economic instability as their families lost jobs and housing, they have been subjected to a protracted state of emergency that has left them mentally and emotionally exhausted. Rapidly rising rates of adolescent anxiety, depression, and suicide – crisis points that already posed grave concerns in our 2019-2020 report – are accelerating at an alarming pace, far faster than before the emergence of Covid-19.

Our 2021-2022 *Beyond ABC* report presents a far-reaching view of the state of pediatric health and well-being in our region, but because of how government data are reported and collected, the specter of Covid-19 is only just beginning to become perceptible in the information currently available to us. We have only started to understand the long-term consequences that Covid-19 will have on our children, an impact that could reverberate across generations if we don’t take action today.

Our *Beyond ABC* Advisory Board has identified a strong place to start: Improved access to pediatric behavioral health care. Comprised of more than 40 diverse leaders and innovators from organizations across our six-county reporting region, our Advisory Board members generously contributed their robust experience and insights to provide the context and the recommendations that will maximize our impact on the most critical issues facing North Texas. They have our appreciation and thanks.

This year’s report builds upon our 2019-2020 analysis and reinforces the need for improved access to pediatric behavioral health care and the need for collective innovation to improve the mental and physical resilience of our children. Kids are remarkably strong, but they are also extraordinarily vulnerable. They look to us to provide leadership, stability and the resources they need so they can thrive today and in the future.

We have a difficult road ahead of us, but Children’s Health is ready to meet the challenges. Our passion for, and commitment to, serving families and our community have never wavered over our 108-year history. Our mission to make life better for children compels us to prepare for the promise and the uncertainty of the future, and we are privileged to help North Texas navigate both of them.

We hope you will join us on this journey.

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

- About Children’s Health 4
- Map of Children’s Health Locations 5
- Beyond ABC* Advisory Board 6
- Beyond ABC* Advisory Board Recommendations 8
- Children’s Health Pediatric Community Programs and Services 10
- The Covid-19 Pandemic: Children’s Health Responds 12
- Demographic Summary 14
 - Dallas County 15
 - Collin County 16
 - Cooke County 17
 - Denton County 18
 - Fannin County 19
 - Grayson County 20
- Detailed Findings 21-103
- Research Methodology 104
- Philanthropy 106
- Acknowledgments 108

HEALTH

- Introduction 21
- Children Without Health Insurance 24
- Children Receiving Services for Special Health Care Needs 25
- Access to Care: Children Enrolled in CHIP and Children Enrolled in Medicaid 26
- Health Care Providers Accepting Medicaid 28
- Children Enrolled in Medicaid Receiving Texas Health Steps Medical Screening Services 29
- Mental Health: Emotional Disturbance and Addictive Disorders and Children Receiving Publicly Funded Mental Health Services 30
- Adolescent Pregnancy 32
- Early Prenatal Care 33
- Birth Outcomes: Premature Births and Low Birth Weight Babies 34
- Infant Mortality 36
- Children With Developmental Disabilities 37
- Childhood Immunizations 38
- Overweight and Obese Children and Teens 40
- Childhood Cancer Diagnoses 41
- Diabetes: Prevalence and Hospitalizations 42
- Asthma: Prevalence and Hospitalizations 44
- Air Quality 46
- STDs and HIV 47

ECONOMIC SECURITY

- Introduction 51
- Children Living in Poverty 54
- Children Receiving TANF 55
- Housing Instability 56
- Subsidized Housing 57
- Child Food Insecurity 58
- WIC (Special Supplemental Nutrition Program for Women, Infants and Children) 59

- SNAP Enrollment 60
- School Meal Eligibility 61
- Children Living in Single-Parent Families 62
- Families With All Parents Working 63
- Access to Child Care: Licensed or Registered Child Care Slots and Facilities 64
- Eligible Children in Subsidized Child Care 66

SAFETY

- Introduction 69
- Child Abuse and Neglect: Confirmed Victims and Deaths 72
- Children Receiving Services for Domestic Violence 74
- CPS Caseloads 75
- Approved Foster Care Homes and Residential Treatment Centers 76
- Children in Conservatorship 77
- Child-Related Sex Crimes 78
- Child Mortality 79
- Child Homicide 80
- Adolescent Suicide 81
- Unintentional Deaths of Children 82
- Traumatic Injuries 83
- Alcohol and Substance Abuse: Alcohol and Substance Abuse ER Visits and Alcohol-Related Collision (Motor Vehicle) Deaths 84
- Students Disciplined for Possessing Alcohol, Tobacco or Controlled Substances on School Grounds 86
- Gunfire-related ER Visits 87
- Commitments to the Texas Juvenile Justice Department 88

EDUCATION

- Introduction 91
- Kindergarten Readiness 94
- Head Start and Public School Prekindergarten Enrollment 95
- Third-Grade Reading 96
- English Language Learners 97
- Students Receiving Special Education 98
- High School Completion Rates 99
- Students Passing All STAAR Exams 100
- College Readiness 101

Beyond ABC Online

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

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

ABOUT CHILDREN'S HEALTHSM

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

Our mission - to make life better for children - extends beyond the walls of our hospitals and clinics, meeting families where they live, learn and play. With more than 50 pediatric specialty and subspecialty programs across North Texas and more than 1,300 medical and dental staff, we are providing the highest possible quality of care to more children in more places than ever before.

Our commitment to fulfilling this critical mission lies at the heart of a dynamic, growing system, with two full-service hospitals - Children's Medical Center Dallas and the expanding Children's Medical Center Plano - as well as Our Children's House rehabilitation hospital, the transformative Children's Medical Center Research Institute at UT Southwestern, numerous specialty centers and urgent care locations, the Children's Health Andrews Institute for Orthopaedics & Sports Medicine, the Rees-Jones Center for Foster Care Excellence, groundbreaking telehealth services both in and out of schools, and the Children's Health Care Network, a collaborative network of health providers who work together to provide the best care for children in the community.

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

AT A GLANCE

- More than 710,000 patient encounters annually
- Named by *U.S. News & World Report* as one of the top pediatric providers in the nation and the highest-ranked pediatric provider in North Texas
- The only pediatric academic medical center affiliated with UT Southwestern Medical Center
- Recipient of the prestigious Magnet designation for nursing excellence, awarded to less than 9 percent of hospitals
- The only pediatric Level I Trauma Center in North Texas
- Eight disease-specific care certifications from The Joint Commission for conditions such as asthma, autism and diabetes
- More than \$29 million in charity care* provided annually

Note: All numbers listed are as of Dec. 31, 2020

*Retail value of charity care



Children's Medical Center Dallas



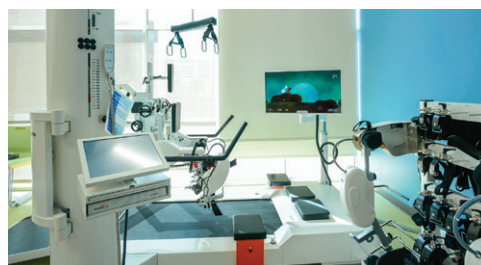
Children's Medical Center Plano



Our Children's House inpatient rehabilitation hospital

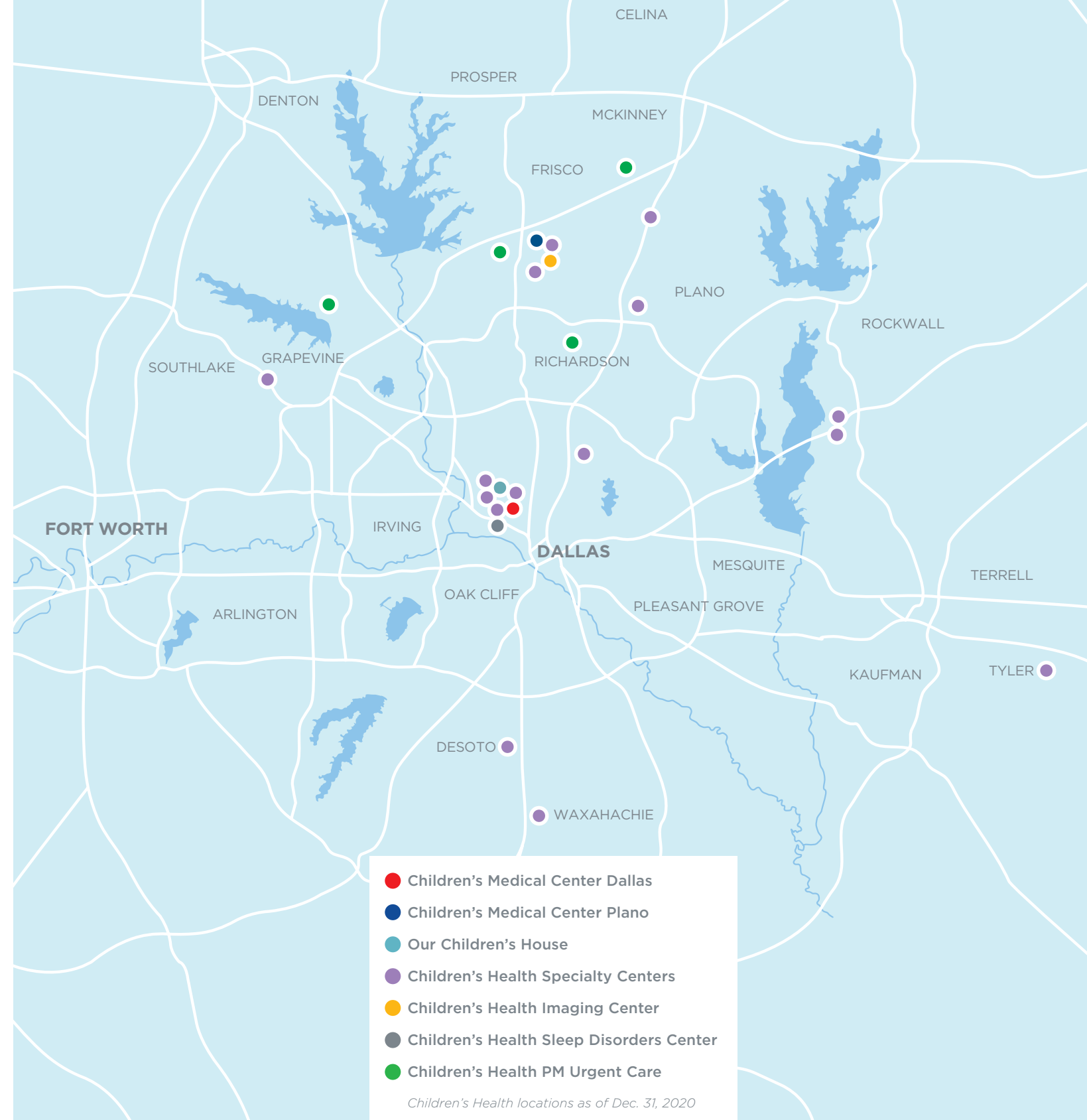


Children's Medical Center Research Institute at UT Southwestern



A Children's Health Specialty Center

CHILDREN'S HEALTH IS MAKING LIFE BETTER FOR CHILDREN WITH CARE CLOSE TO HOME



2021-2022 **BEYOND ABC** ADVISORY BOARD

Children's Health would like to thank the committed and knowledgeable members of the Advisory Board. The board convened a series of meetings earlier in 2021 to discuss and analyze the issues and current conditions affecting the health and well-being of children in North Texas, including the Covid-19 pandemic. The recommendations included in the *Beyond ABC* report are the results of the trusted insights, expertise and ideas presented by the members of the Advisory Board.

The Advisory Board process was led and managed by Cristal Retana and Hanna Rhea from the Children's Health Community Relations department.

ADVISORY BOARD MEMBERS

Stacie Adams *Vice President, External Affairs, Axxess*

Missy Bender *Trustee in Residence, Raise Your Hand Texas*

Eric Bridges *Executive Director, Texoma Council of Governments*

Nicole S. Bursey *Executive Director, Frisco Family Services*

Colleen Campbell *Executive Director, Assistance Center of Collin County*

Alyson Dietrich, J.D. *Second Assistant District Attorney and Chief of the Family Justice Division, Collin County District Attorney's Office*

Joel Durbin *Chief Impact Officer, The Concilio*

Brooke Etie, LCSW *Vice President, Voucher Programs, Dallas Housing Authority*

Jenny Eyer *Vice President, Health Strategies, American Heart Association*

Martha Fernandez *Senior Director, Employer Resource Center, Dallas College*

Jennifer Finley, RN, NCSN *Director, Health Services, Dallas ISD*

Jordan Gates, LCSW *Assistant Director, Clinical and Professional Services, Genesis Women's Shelter*

Genesis Gavino *Resilience Officer, City of Dallas*

Courtney Gober, Ph.D. *Assistant Superintendent for Student, Family and Community Services, Plano ISD*

Allison Harding *Senior Director, Career and Financial Services, Jewish Family Service of Greater Dallas*

Mita Havlick *Executive Director, Dallas Education Foundation*

Valerie Hawthorne, Ph.D. *Director of Government Relations, North Texas Food Bank*

Tosha Herron-Bruff *Senior Vice President, Community Engagement, Dallas Regional Chamber*

Philip Huang, M.D. *Director, Dallas County Health and Human Services*

Jason Isham, LMFT, CCM *Director, Integrated Behavioral Health, Children's Health*

Chelsea Jeffery *Director, Early Matters Dallas, The Commit Partnership*

Mona Kafeel *Executive Director, Texas Muslim Women's Foundation*

Diane Kazlow, LBSW *Director of Special Projects, LifePath Systems*

Steve Love *President and Chief Executive Officer, Dallas-Fort Worth Hospital Council*

Stephanie Mace *Vice President, Strong Communities, United Way of Metropolitan Dallas*

Leonor Marquez *Chief Executive Officer, Los Barrios Unidos*

Brittany McGowan *Education Specialist, Dallas Children's Advocacy Center*

Jill McLeigh, Ph.D. *Director of Policy, Advocacy and Research, Rees-Jones Center for Foster Care Excellence*

Julie Morris *Director of Media Activism, Children at Risk*

Brenda Payne *Assistant Superintendent of Administrative Services, Richardson ISD*

Dan Powers, LCSW *Chief Operating Officer, Children's Advocacy Center of Collin County*

Joli Robinson *President and Chief Executive Officer, Metro Dallas Homeless Alliance (formerly Vice President of Government Affairs and Public Policy, Habitat for Humanity)*

Jan Rugg *Manager, Public Affairs, Atmos Energy*

Ana Schaller, Ph.D. *Director of Education Services, Catholic Charities Dallas*

Lori Schwarz, AICP *Director, Neighborhood Services, City of Plano*

Monica Shortino *Director, Social Innovation, Capital One*

Jess Trudeau *Director of Strategic Initiatives, TexProtects*

Linda Turner *Vice President, Community Outreach and Administration, ChildCareGroup*

Laura Vogel, Ph.D. *Director of Therapeutic Services, Momentous Institute*

Melissa Willmarth *Executive Director, The Hope Clinic of McKinney*

Emily Zoog *Business Development Officer, Vice President, Veritex Community Bank*



BEYOND ABC ADVISORY BOARD RECOMMENDATIONS

OVERARCHING RECOMMENDATION

Strengthen mental and behavioral health care for Texas children and adolescents.

In 2019, the Advisory Board made an overarching recommendation to address children’s mental and behavioral health needs. Unfortunately, the Covid-19 pandemic has only worsened the mental health stress on children and youth, who have experienced more social isolation, academic challenges and home stressors than ever before. Last year, emergency rooms saw a 24 percent increase in mental health-related visits for children ages 5-11 and a 31 percent increase for older children.¹ The Centers for Disease Control and Prevention (CDC) also reported a significant increase in emergency department visits for adolescent suicide attempts, especially among adolescent girls.² The effects of the pandemic on mental health highlight the need to advance policy solutions now that improve early intervention and prevention while helping kids in crisis. The Advisory Board supports dedicated investment to build mental health capacity across the continuum of care and increase access to behavioral health services.

HEALTH RECOMMENDATIONS

Improve health coverage for uninsured Texas children and families.

Texas still leads the nation in the number of uninsured children, with nearly 1 million Texas children uninsured in 2019.³ The 87th Texas Legislature made some progress to expand health coverage for certain populations, including babies and new mothers on Medicaid, and to allow more eligible children to remain enrolled in Medicaid by reducing unnecessary mid-year eligibility reviews. However, many low-income families still face challenges accessing and maintaining health insurance coverage, which can limit kids’ access to care and negatively impact their health outcomes and quality of life. The Advisory Board advocates for policies that both improve health coverage for vulnerable Texans and ensure the safety net remains strong for all kids.

Support greater community health equity.

Health equity is about working to ensure everyone has equal access to high-quality health care – regardless of race, ethnicity and geography. Racial disparities in health are apparent in areas like chronic illnesses and preexisting conditions, infant and maternal mortality rates, and health insurance coverage and access. The pandemic compounded existing inequities, disproportionately hitting vulnerable communities of color the hardest and revealing glaring disparities in Covid-19 testing, cases, deaths and vaccination rates. Geography is also often a barrier to care, contributing to worse health outcomes for residents in underserved urban and rural communities. Technology and telemedicine, if utilized effectively, can help close these gaps and improve health equity for vulnerable populations. The Advisory Board advocates for innovative programs and strategies that target and address health disparities so that all children can live healthier lives.

ECONOMIC SECURITY RECOMMENDATIONS

Improve housing stability throughout North Texas.

Before the Covid-19 pandemic, North Texas faced an affordable housing and homelessness crisis. The job loss driven by the pandemic worsened housing issues in the region, leaving many families unable to afford their rent or mortgage payments and facing eviction. At the same time, the North Texas housing market has boomed and home prices have soared to record highs, beyond the reach for many middle-income families. Safe, stable housing is essential for the health, safety and economic well-being of children and families. The Advisory Board supports immediate solutions – like rental and financial assistance for those facing eviction – that stabilize families now, as well as long-term solutions that expand affordable housing options throughout the region.

¹ Centers for Disease Control and Prevention, “Mental Health–Related Emergency Department Visits Among Children Aged <18 Years During the Covid-19 Pandemic – United States, Jan. 1–Oct. 17, 2020,” Nov. 13, 2020.

² Centers for Disease Control & Prevention, “Emergency Department Visits for Suspected Suicide Attempts Among Persons Aged 12–25 Years Before and During the Covid-19 Pandemic – United States, January 2019–May 2021,” June 18, 2020.

³ Georgetown University Health Policy Institute Center for Children and Families, “Children’s Uninsured Rate Rises by Largest Annual Jump in More Than a Decade,” October 2020.

Invest in a stronger, more effective early childhood education and child care system.

Working parents with young children rely on child care so they can work and contribute to a healthy economy. While the pandemic has highlighted the essential role of child care and early childhood education, it has also hurt the child care infrastructure in North Texas. Many child care centers were forced to close due to reduced or unpredictable enrollment and a sharp increase in operating costs, further limiting parents’ options for affordable, high-quality child care. Without access to this essential service, parents face significant challenges trying to maintain a stable job. The Advisory Board recommends the state invest in early childhood education infrastructure throughout the region to better support families and working parents.

SAFETY RECOMMENDATIONS

Support safe and effective homes and services for kids in the foster care system.

While the focus should be on keeping children safe with their families when possible, children who do enter state conservatorship need safe and stable placements. Unfortunately, the pandemic increased the risk of children experiencing abuse or neglect and entering foster care. It also exacerbated the shortage of safe and effective homes, placements and services for children who are removed from their families. Kids in foster care need support and appropriate care, and living environments that ensure they can heal and thrive. The Advisory Board supports improved resources and oversight to ensure more safe and effective homes and services are available to children in foster care.

Combat and prevent online threats to children.

In today’s digital age, threats to our children are ever-increasing, from cyberbullying and device dependency to exploitation, stalking and trafficking. As children spend more time online for their socializing and entertainment, more perpetrators are finding new ways to prey on them. Too often, the victims are seeking refuge online from other problems like domestic abuse and family instability, making them more vulnerable to the false promises made by perpetrators. The Advisory Board commends the actions the 87th Texas Legislature took to fight trafficking and child exploitation and urges the state and local governments to be vigilant in toughening punishments for those who victimize children.

EDUCATION RECOMMENDATIONS

Address unfinished learning and close achievement gaps.

The pandemic especially impacted student learning, with many students falling behind in subjects like reading and math and struggling to make up lost ground amid widening achievement gaps. Education officials have reported lower academic engagement rates, lower attendance rates and online learning fatigue. Further, a growing number of high school students are not completing their educations or pursuing postsecondary education, a situation exacerbated by remote schooling and economic stressors. The Advisory Board supports funding and programs to recover unfinished learning and address systemic challenges so that students at all academic levels of achievement can excel.

Bridge the digital and technology resource divide.

Often those who lack access to high-speed internet and technology and are on the wrong side of the “digital divide” are Texas’ most vulnerable children, including those of color, low-income students in urban and rural areas, English learners, students with disabilities and homeless students. The Covid-19 crisis has underscored the equity and learning implications of these gaps, as students in underserved neighborhoods and school districts with limited technology and broadband access have suffered more unfinished learning during the pandemic than their peers. The Advisory Board encourages state and district leaders to invest additional resources to expand access to technology and broadband in underserved areas. Not only will this help close gaps in education and digital learning, but also expand access to health care services and economic resources delivered through telemedicine and technology.

CHILDREN'S HEALTH PEDIATRIC COMMUNITY PROGRAMS AND SERVICES

In recent years, Children's Health has strengthened and expanded our community programs and services to catalyze wellness from the ground up, ultimately creating a healthier community. The *Beyond ABC* report is a critical part of that effort, allowing us to focus on and prioritize the most urgent community health needs.

By working with community leaders and organizations to meet families where they are, we connect health care providers across the community to better integrate care for children. Children's Health encourages organizations to provide wellness programs and primary-care options in non-traditional locations such as neighborhood churches and community centers.

This innovative approach is possible only through the relationships that Children's Health is forming with other clinical organizations, physician groups and action-oriented neighborhood coalitions. Some of these programs include School-Based Health Care, Asthma Management Program, Get Up and Go Weight Management Program, CHIP/Medicaid Outreach and Community Forums.



School-Based Telehealth and Telehealth at Home

Children's Health connects with school nurses in more than 250 schools across nearly 30 school districts to deliver school-based telehealth services to students. Whether a child is at school, or learning virtually at home, he or she can be connected with a physician or nurse practitioner at Children's Health through innovative video technology. This program is a convenient option for expert care.

Tele-behavioral Health

With behavioral health needs in children only increasing as a result of the Covid-19 pandemic, Children's Health is working to expand access to behavioral health services for children when and where they need them most. Our school-based tele-behavioral health program connects students with licensed behavioral health providers at school via secure mobile technology, eliminating traditional barriers to access such as limited provider availability and transportation issues. As of the end of the 2020-2021 school year, the program was in 208 elementary, middle and high school campuses across nine North Texas counties.

Asthma Management Program

The Children's Health Asthma Management Program, certified by The Joint Commission, is a free, three- to six-month education and care coordination program to help children age 18 and younger better manage their asthma condition. The program works by connecting with patient families and their health care provider to establish a management plan. It has proven to reduce asthma-related emergency room visits and school absences, ultimately helping children with an asthma diagnosis experience symptom-free sleep, learning and play.

Children's Health Andrews Institute for Orthopaedics & Sports Medicine

The only institute of its kind in the region, Children's Health Andrews Institute gets athletes back on the field and ensures kids have access to performance training and health care services. Developed under the direction of nationally renowned orthopedic surgeon Dr. James Andrews, the state-of-the-art facility offers a spectrum of services including orthopedic surgery, a same-day fracture clinic, spinal care, sports rehabilitation, performance training and nutrition plans.

Rees-Jones Center for Foster Care Excellence

The Rees-Jones Center for Foster Care Excellence at Children's Health is the only clinic in North Texas dedicated exclusively to providing integrated primary

medical care for children in foster care. Our providers are experienced in treating victims of abuse and neglect and provide a wide range of support to caregivers and families. Through health services research, policy analysis and medical education, the Center's experts promote policies and practices that advance care and outcomes for children and families involved in the child welfare system.

Get Up and Go Weight Management Program

Designed by physicians and registered dietitians, Get Up and Go addresses the needs of children with high weight or obesity by creating awareness and understanding of how lifestyle choices affect health. This free 10-week physician-referred weight management program for children and families is offered at several YMCA locations in Dallas and Collin counties.

Injury Prevention

With evidence-based education tools, both in the hospital and community, the Injury Prevention Service at Children's Health helps keep children safe from unintentional and traumatic injuries. From car seat safety to water safety, our program provides educational materials and interactive events in English and Spanish.

Children's Health Community Forums

Children's Health serves as a community convener by offering free quarterly forums. All forums are open to the community and offer a thought-provoking speaker touching on a *Beyond ABC* report topic with the opportunity to grow, network and collaborate with other members of the community. These forums facilitate the sharing of information and foster a stronger fabric of communication and collaboration among organizations.

CHIP and Medicaid Programs

The Children's Health CHIP and Medicaid outreach program helps families access low-cost or no-cost health insurance coverage through the Children's Health Insurance Program (CHIP) or Children's Medicaid, respectively. Both programs cover office visits, prescription drugs, dental care, eye exams, glasses and more. Dedicated outreach representatives help families apply for assistance throughout the community, whether it is at a child's school, library or other community location. In 2020, the Children's Health Community Outreach Team directly served almost 3,800 children and families by assisting with CHIP and Medicaid enrollment and referrals to health and wellness resources in the community.

THE COVID-19 PANDEMIC: CHILDREN'S HEALTH RESPONDS

The Children's Health mission is to make life better for children. We are dedicated to doing that every day, regardless of the circumstances. As such, the largest public health crisis in more than a century called for a response that was unprecedented and unmatched, which is what Children's Health delivered when the Covid-19 pandemic hit North Texas.

As Covid-19 spread and the resulting pandemic forced North Texans to shelter in place, Children's Health mobilized its resources to provide care in ways that had never been done before. The Children's Health Virtual Care Team found innovative and effective ways to continue to deliver high quality pediatric medical services, as well as factual information to calm fears and educate North Texans about how to stay safe during the pandemic.

TELEHEALTH

Children's Health has been at the forefront of using telemedicine. When Covid-19 began sweeping the nation in early 2020, it was evident virtual care would become more important than ever. The Virtual Care Team quickly transitioned 74 clinics that typically see patients in person to virtual appointments. In addition, patients and families could access free Covid-19 screenings through the Virtual Visit app.

However, the pandemic response demanded more than that. To continue ongoing appointments for regular patients, the team set up virtual capabilities for providers. While Children's Health usually staffs three full-time clinicians for the Virtual Visit service, the Virtual Care team trained more than 985 providers, 1,000 nurses and 250 support staff on how to use the virtual platforms. The additional training allowed providers to see their own patients for non-Covid-19 visits, limiting face-to-face exposure and potential spread of the virus.

Children's Health also launched the Telehealth at Home program in more than 200 schools across North Texas to continue to keep students healthy from the comfort of their homes. This program offered the same benefits and services as the Children's Health School-Based Telehealth program and was geared toward the students who are remote learning, have to stay home or might not have access to an on-campus nurse.

The School-Based Telebehavioral Health program also adapted to ensure children continued to receive behavioral health care from home. This

program provided videoconference psychosocial assessments at school or from home using a tablet device. Reaching 208 schools across 30 Texas school districts, it increased access to behavioral health care by connecting students with licensed behavioral health specialists.

To protect vulnerable patients, the Virtual Care Team set up a Bedside Telemedicine Program with 73 telehealth carts at the Children's Health Dallas and Plano hospitals to be used in areas where patients were in isolation such as the pediatric ICU, Psychiatry and Neuroscience, which limited foot traffic and reduced PPE use. Thus, multiple specialists and nurses could consult with patients and parents virtually when they arrive at the hospital, limiting the number of people in a patient's room. For this initiative, more than 1,000 nurses and more than 500 physicians were trained to facilitate these consults. As of June 10, 2021, 14,991 patient and health care team member connections through bedside telemedicine had taken place since March 19, 2020.

INFORMATION

Disseminating factual and trusted information about Covid-19 and how to prevent its spread became an integral part of the pandemic response. Children's Health leveraged its multiple communication channels to reach families and audiences searching for verified answers about Covid-19.

- **Health and Wellness Articles on Childrens.com:** Leading physicians regularly contributed reliable and accurate information about Covid-19.



- **Online Resource Page:** A stand-alone page on childrens.com provides parents up-to-date information. This comprehensive resource houses the most pertinent information to help families navigate the pandemic, such as a back-to-school resource guide, visitor restrictions, vaccine information and more.

- **Emails and Newsletters:** Reliable and factual information from the health and wellness articles and information on the online resource page is sent through these channels to help patients, their families and the community keep themselves well and defend themselves against the coronavirus.

VACCINATIONS

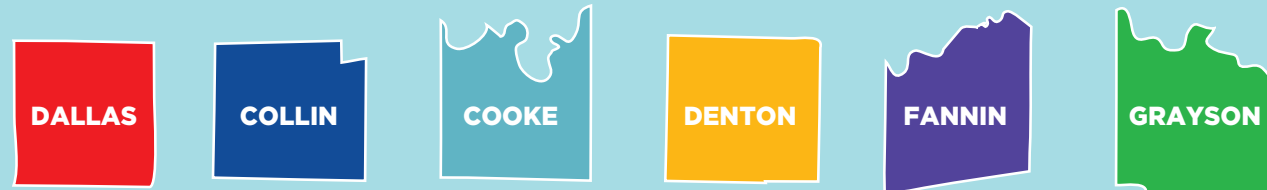
Children's Health became an advocate for and a source of Covid-19 vaccinations. To begin, all staff, as well as their household members, were offered the vaccines soon after they were approved for emergency use. Once the vaccines were approved for children ages 12 or older, Children's Health began to offer vaccinations to patients in May 2021.

Vaccinations were offered at Children's Health Dallas and Plano campuses, in addition to hosting pop-up vaccination sites in Southern Dallas, Plano and Richardson. To accompany the grassroots vaccination efforts, Children's Health launched an energetic outreach campaign enlisting health experts to inform parents and guardians about the benefits of getting children vaccinated.

CONVENIENCE

Consistent throughout the pandemic was the workload and commitment to excellence shown by the clinical care team members, along with dedication to the limited number of family members who, for safety measures, could visit patients in the hospital. To provide some normalcy and convenience, Children's Health established the first-ever 7-Eleven hospital pop-up store at Children's Medical Center Dallas, which it is now making a permanent store, the first of its kind inside a hospital in the U.S. It's amazing how easy access to some daily essentials can make fighting a global pandemic easier.

DEMOGRAPHIC SUMMARY



DALLAS

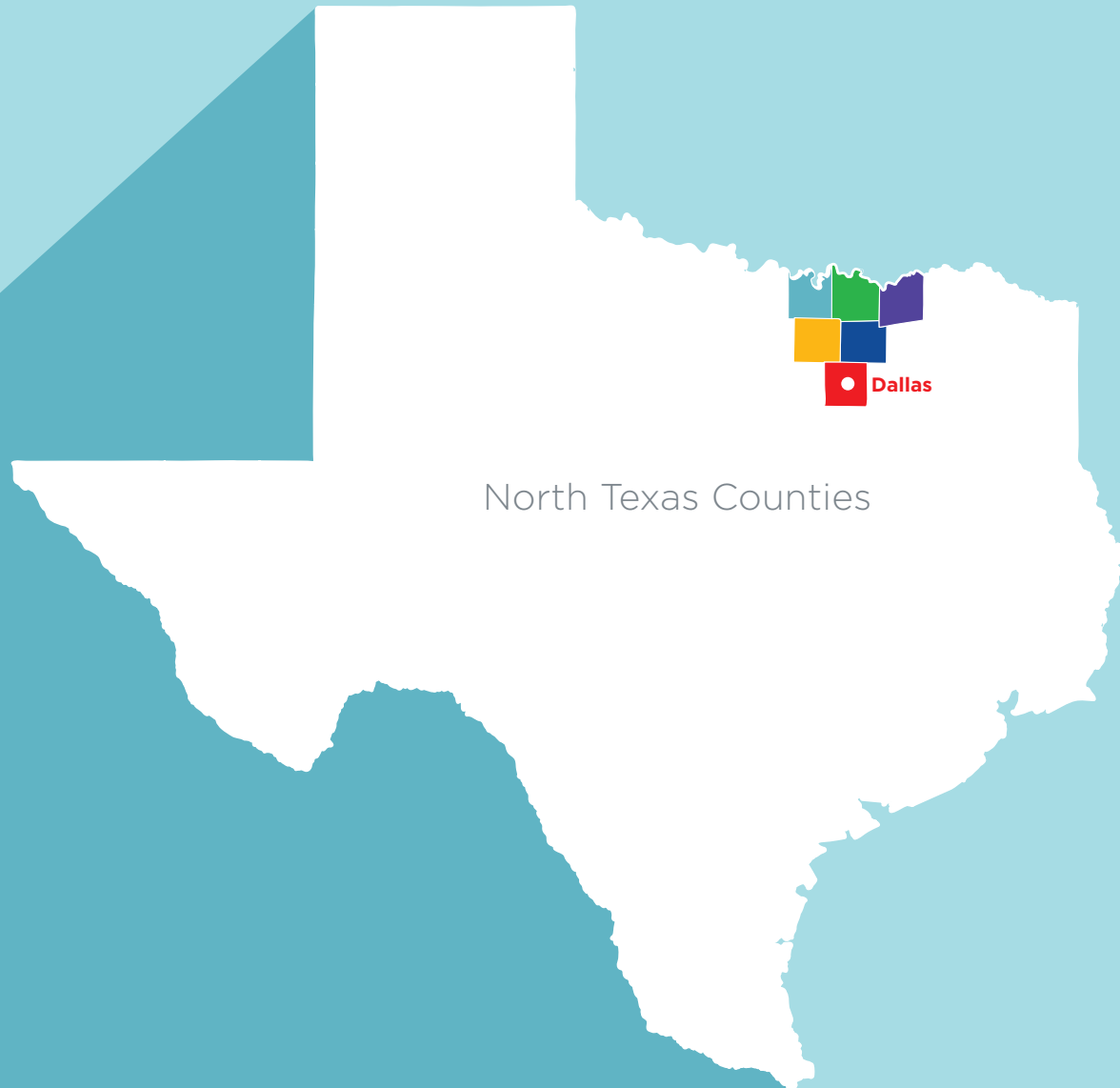
COLLIN

COOKE

DENTON

FANNIN

GRAYSON



North Texas Counties

DALLAS COUNTY

Dallas County is the most populous county in the region and the second most populous in the state. Its county seat is the city of Dallas, which anchors the Dallas-Fort Worth-Arlington Metropolitan Statistical Area. The child population in Dallas County increased by 3.2 percent from 2014-2019, from 664,584 to 685,833.¹

The population self-identifying as white non-Hispanic decreased from 18.8 percent in 2014 to 16.8 percent in 2019. At the same time, the proportion of the child population identifying as Hispanic or Latino (of any race) increased from 52.1 percent to 53.4 percent. Over that time, the proportion of children identifying as Black remained nearly constant, changing from 22.5 percent to 22.2 percent. The population of Asian children increased from 4.6 percent to 5.3 percent.

During this period, the childhood poverty rate decreased significantly from 29.5 percent in 2014 to 23.3 percent in 2019. Despite this drop, nearly 1 in 4 children in Dallas County still lives in poverty.

The median income for a family with children in Dallas County grew by 23.1 percent, from \$45,381 in 2014 to \$55,865 in 2019. While this was the second largest increase within the region, Dallas County reports the lowest median income of the six counties. The proportion of children receiving Supplemental Security Income (SSI), cash assistance or food stamps also decreased during this five-year period, from 33.1 percent in 2014 to 28.2 percent in 2019.

Nearly 40 percent of Dallas County children live in single-parent households, and almost 30 percent live in single-mother homes. Single-mother families report a median income of only \$29,834, compared to \$77,551 for married-couple households and \$41,268 for single-father households.² While almost one-quarter of the county's children live in poverty, 43.1 percent of all children in single-mother families live in poverty and only 1 in 4 lives in a home owned by an occupant of the household, compared to 60.7 percent for married-couple households.

DALLAS	2019
Total Youth Population	685,833
Percent White/Caucasian Non-Hispanic	16.8
Percent Black/African American	22.2
Percent American Indian	0.3
Percent Asian	5.3
Percent Pacific Islander	0.0
Percent Other or Multiple Races	12.7
Percent Hispanic or Latino	53.4
Percent All Children Living in Poverty	23.3
Percent White/Caucasian Non-Hispanic Children Living in Poverty	10.2
Percent Black/African American Children Living in Poverty	28.5
Percent Hispanic or Latino Children Living in Poverty	27.2

¹ To improve comparability of estimates between counties, all discussion of population, poverty and family structure is based on IUPR analysis of U.S. Census Bureau American Community Survey 5-Year estimates for 2014 and 2019.

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

COLLIN COUNTY

Located just north of Dallas County, Collin County is mainly suburban and is the sixth most populous county in Texas. It includes two of the fastest-growing cities in the nation, Frisco and McKinney.¹ From 2014-2019, the child population in Collin County grew by about 10 percent; among the counties in this report, only Denton County reported more significant growth in its population of children.²

Collin County is becoming more diverse. Of the 255,940 children living in Collin County in 2019, just under half, 49.7 percent, were white, while 19.7 percent were Hispanic or Latino. Nearly 1 in 10 (9.9 percent) of Collin County children were Black, and 15.6 percent were of Asian descent. The white children no longer comprise a majority, and the Black and Asian shares of the child population increased by about 5 percent and 26 percent, respectively. Hispanic and Latino children make up just under 20 percent of Collin County children, which has not changed significantly since 2014.

By many measures, Collin County is home to the most economically advantaged children in the region. In 2019, the median income for households with children was \$117,935, up 13 percent from 2014 and about 8 percent higher than the next closest county, which is Denton. Collin County also reports the lowest childhood poverty rate, with 7 percent of children living in poverty and 7.6 percent receiving some public assistance, down from 9.2 percent in 2014. More than 70 percent of children in Collin County lived in a home owned by one of its occupants. While 7 percent of all children and 3.4 percent of white children were living in poverty in 2019, 17.5 percent of Hispanic or Latino children in Collin County live in poverty, as do 9.7 percent of Black children.

More than 80 percent of children in Collin County live in married-couple households; only 4.3 percent live in single-father homes, while 14.4 percent live in single-mother households.³ While the county's overall poverty rate for children is 7 percent, 9.7 percent of children in single-father households and 24 percent of children in single-mother homes live in poverty. And 3.8 percent of children in married-couple families live in poverty. Similarly, the median family income falls from \$134,005 for married-couple families to \$73,286 for single-father families and \$50,478 for single-mother families.

COLLIN	2019
Total Youth Population	255,940
Percent White/Caucasian Non-Hispanic	49.7
Percent Black/African American	9.9
Percent American Indian	0.5
Percent Asian	15.6
Percent Pacific Islander	0.1
Percent Other or Multiple Races	8.5
Percent Hispanic or Latino	19.7
Percent All Children Living in Poverty	7.0
Percent White/Caucasian Non-Hispanic Children Living in Poverty	3.4
Percent Black/African American Children Living in Poverty	9.7
Percent Hispanic or Latino Children Living in Poverty	17.5

¹ U.S. Census Bureau, "Southern and Western Regions Experienced Rapid Growth This Decade," the United States Census Bureau, May 21, 2020, <https://www.census.gov/newsroom/press-releases/2020/south-west-fastest-growing.html>

² To improve comparability of estimates between counties, all discussion of population, poverty and family structure is based on IUPR analysis of U.S. Census Bureau American Community Survey 5-Year estimates for 2014 and 2019.

³ The terms "single mother" and "single father" are colloquialisms; the U.S. Census Bureau refers to these as single female-headed households with no husband present and single male-headed households with no wife present, which could include a grandmother or other female relative as head of household. The terms "single mother" and "single father" have been adopted here for ease of reference.

COOKE COUNTY

Cooke County is located north of Denton County and just south of the Oklahoma border; its county seat is Gainesville. From 2014-2019, the number of children living in Cooke County increased only slightly from 9,329 to 9,402. All counties covered in this report experienced some increase in child population, but Cooke and Fannin counties reported increases of fewer than 100 children.¹ The proportion of the county's child population identifying as white decreased from 65 percent in 2014 to 62.3 percent in 2019. At the same time, the proportion of Hispanic or Latino children has increased from 28 percent in 2015 to 30.1 percent in 2019. The proportion of the child population that identifies as Black has also increased from 1.7 percent to 2.1 percent.

In 2019, 24.6 percent of Cooke County children lived in poverty, increasing nearly three percentage points since 2014. Despite the increase in poverty, the median income for households with children increased by 17.1 percent, from \$54,063 in 2014 to \$63,326 in 2019. Cooke County has a small population so these countervailing trends could be a result of large margins of error or they could point to an increase in income disparity.

Nearly 1 in 3 children in Cooke County (31.6 percent) live in a single-parent household, and 22.4 percent live in a single-mother home.² While the median income is just above \$63,000 for households with children, it is \$84,000 for married-couple families. On the other hand, single-mother households report a median income of only \$24,688, and half of all children in single-mother households (50.5 percent) live in poverty. Nearly 70 percent of children in married-couple families live in homes owned by the head of household, compared to 40 percent for single-father households and 30 percent for single-mother households.

COOKE	2019
Total Youth Population	9,402
Percent White/Caucasian Non-Hispanic	62.3
Percent Black/African American	2.1
Percent American Indian	0.6
Percent Asian	0.5
Percent Pacific Islander	0.0
Percent Other or Multiple Races	8.7
Percent Hispanic or Latino	30.1
Percent All Children Living in Poverty	24.6
Percent White/Caucasian Non-Hispanic Children Living in Poverty	16.7
Percent Black/African American Children Living in Poverty	65.3
Percent Hispanic or Latino Children Living in Poverty	36.3

¹ To improve comparability of estimates between counties, all discussion of population, poverty and family structure is based on IUPR analysis of U.S. Census Bureau American Community Survey 5-Year estimates for 2014 and 2019.

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

DENTON COUNTY

Denton County is located northwest of Dallas County; it is the third most populous county in the six-county region and the ninth most populous in the state. Along with Collin County, it contains portions of the city of Frisco, which is among the fastest-growing cities in the nation. The county seat is the city of Denton.¹

Since 2014, Denton County’s youth population has increased by 10.4 percent, from 188,538 to 208,142 in 2019; that was the most significant population growth in the six-county region.² The racial composition of Denton County children changed somewhat during that five-year period. The share of white non-Hispanic children has decreased from 54.3 percent in 2014 to 51.2 percent in 2019, while the proportion of Black children increased from 8.3 percent to 9.5 percent, and Asian children increased from 7 percent to 8.4 percent. About 1 in 4 children in Denton County is Hispanic or Latino of any race, and the percentage is nearly unchanged from 25.4 percent to 25.6 percent.

Despite representing a smaller piece of the overall population, a greater proportion of Black and Latino children live in poverty. Only 4.4 percent of white non-Hispanic children live in poverty, while 14.2 percent of Black children and 15.6 percent of Latino children live in poor households. Overall, childhood poverty was down from 10.4 percent to 8.4 percent in 2019. At the same time, the proportion of children receiving some form of public assistance dropped from 13.7 percent to 12.1 percent.

Households with children experienced a 20.5 percent increase in median income during the 2014-2019 period, from \$90,623 to \$109,165. The median income is even higher for married-couple households at \$128,723, compared to \$63,666 for single-father families and \$49,423 for single-mother households.³ More than 3 in 4 Denton County children live in married-couple households, while 16.7 percent live in single-mother homes and 5.2 percent in single-father households. While the overall childhood poverty rate is 8.4 percent, it is 4.2 percent for married-couple households but 13.7 percent for single-father households and 25.2 percent for single-mother households.

DENTON	2019
Total Youth Population	208,142
Percent White/Caucasian Non-Hispanic	51.2
Percent Black/African American	9.5
Percent American Indian	0.6
Percent Asian	8.4
Percent Pacific Islander	0.1
Percent Other or Multiple Races	10.6
Percent Hispanic or Latino	25.6
Percent All Children Living in Poverty	8.4
Percent White/Caucasian Non-Hispanic Children Living in Poverty	4.4
Percent Black/African American Children Living in Poverty	14.2
Percent Hispanic or Latino Children Living in Poverty	15.6

¹ U.S. Census Bureau, “Southern and Western Regions Experienced Rapid Growth This Decade,” U.S. Census Bureau, May 21, 2020, <https://www.census.gov/newsroom/press-releases/2020/south-west-fastest-growing.html>
² To improve comparability of estimates between counties, all discussion of population, poverty and family structure is based on IUPR analysis of U.S. Census Bureau American Community Survey 5-Year estimates for 2014 and 2019.
³ The terms “single mother” and “single father” are colloquialisms; the U.S. Census Bureau refers to these as single female-headed households with no husband present and single male-headed households with no wife present, which could include a grandmother or other female relative as head of household. The terms “single mother” and “single father” have been adopted here for ease of reference.

FANNIN COUNTY

Fannin County is located northeast of Collin County, just south of the Oklahoma border; its county seat is the city of Bonham, and it is the least populated of the six counties in the region. Since 2014, Fannin County’s youth population increased slightly from 7,253 to 7,316 in 2019; Fannin and Cooke counties each grew by fewer than 100 children.¹ The racial composition of the county’s youth population has shifted slightly with a decrease in the share of Black children and an increase in the percentage of Hispanic or Latino children. Non-Hispanic white children account for 73 percent of the child population, while 3.7 percent identify as Black, down from 5.7 percent in 2014. One percent of children in Fannin County identify as Asian, while 6.5 percent identify as “other” or multiple races and 17.4 percent of Fannin county children identify as Hispanic or Latino, up from 15.2 in 2014.

Childhood poverty had decreased significantly in Fannin County from 22.5 percent in 2014 to 13.7 percent in 2019. Although Black and Latino children make up a smaller portion of the population, a more significant proportion of Black and Latino children live in poverty in Fannin County. Among white non-Hispanic children, 9.3 percent live in poverty, while 29.4 percent of Black children and 22.2 percent of Latino children live in poverty. Over the same period, the median income in Fannin County increased 25.8 percent, from \$52,500 to \$66,033. Similarly, the percentage of children living in households receiving public assistance decreased from 26.3 percent to 24.9 percent.

In Fannin County, 1 in 5 children (21 percent) live in a single-parent family, 14.1 percent live in single-mother families and 6.6 percent in single-father families.² Married-couple families reported a median income of \$78,031 compared to only \$42,273 for single-father families and \$29,911 for single-mother families. Childhood poverty differs significantly by family type, with 8.2 percent of children in married-couple households living in poverty. In comparison, 35.6 percent of single-father households and 34.7 percent of single-mother households live in poverty.

FANNIN	2019
Total Youth Population	7,316
Percent White/Caucasian Non-Hispanic	73.0
Percent Black/African American	3.7
Percent American Indian	0.5
Percent Asian	1.0
Percent Pacific Islander	0.0
Percent Other or Multiple Races	6.5
Percent Hispanic or Latino	17.4
Percent All Children Living in Poverty	13.7
Percent White/Caucasian Non-Hispanic Children Living in Poverty	9.3
Percent Black/African American Children Living in Poverty	29.4
Percent Hispanic or Latino Children Living in Poverty	22.2

¹ To improve comparability of estimates between counties, all discussion of population, poverty and family structure is based on IUPR analysis of U.S. Census Bureau American Community Survey 5-Year estimates for 2014 and 2019.
² The terms “single mother” and “single father” are colloquialisms; the U.S. Census Bureau refers to these as single female-headed households with no husband present and single male-headed households with no wife present, which could include a grandmother or other female relative as head of household. The terms “single mother” and “single father” have been adopted here for ease of reference.

GRAYSON COUNTY

Grayson County is located north of Collin County and just south of the Oklahoma border; its county seat is the city of Sherman, which along with the city of Denison anchors the Sherman-Denison Metropolitan Statistical Area. Since 2014, Grayson County’s youth population has experienced a 6.7 percent increase from 29,111 to 31,068.¹

Like other counties in the region, the share of children who identify as non-Hispanic white has decreased since 2014 from 66.1 percent to 63.7 percent in 2019. During the same period, the Hispanic or Latino percentage of the child population grew from 20.1 percent to 22.2 percent. The Black portion of the child population decreased from 6.8 percent in 2014 to 4.7 percent in 2019, and the Asian population among children increased from 0.8 percent to 1.8 percent.

The proportion of children living in poverty decreased from 21.4 percent in 2014 to 18.7 percent in 2019. In addition to a falling poverty rate, the number of children residing in households that receive public assistance fell from 33.8 percent to 27.3 percent. The poverty rate among Black children remains the highest among racial groups at 38.2 percent, while 22.8 percent of Hispanic or Latino children live in poverty.

For households with children, the median income increased by 14.2 percent during the period 2014-2019, from \$55,432 to \$63,311. However, the median income for married-couple families with children was \$83,711, compared to \$43,132 for single-father households and \$25,039 for single-mother households.²

One in 3 children in Grayson County (32.4 percent) live in single-parent households, and nearly 1 in 4 (23.8 percent) live in single-mother homes. Among children living in single-mother households, 48.1 percent live in poverty, compared to 30.5 percent for children in single-father families and 6.9 percent for children living in married-couple households. Similarly, only 42 percent live in a home owned by one of its occupants, compared to 71 percent for children in married-couple families.

GRAYSON	2019
Total Youth Population	31,068
Percent White/Caucasian Non-Hispanic	63.7
Percent Black/African American	4.7
Percent American Indian	1.0
Percent Asian	1.8
Percent Pacific Islander	0.0
Percent Other or Multiple Races	10.0
Percent Hispanic or Latino	22.2
Percent All Children Living in Poverty	18.7
Percent White/Caucasian Non-Hispanic Children Living in Poverty	15.7
Percent Black/African American Children Living in Poverty	38.2
Percent Hispanic or Latino Children Living in Poverty	22.8

¹ To improve comparability of estimates between counties, all discussion of population, poverty and family structure is based on IUPR analysis of U.S. Census Bureau American Community Survey 5-Year estimates for 2014 and 2019.

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

HEALTH

Access to and utilization of medical care are significant drivers of children’s health and well-being.

This section of the *Beyond ABC* report focuses on those indicators that help define the overall health of North Texas children.

Texas remains among the states with the highest rates of children without health insurance. Failure to expand Medicaid in Texas, coupled with the delayed reauthorization of the Children’s Health Insurance Program (CHIP), decreased funding for outreach and attempts to repeal the Affordable Care Act are likely drivers of lower levels of insurance among Texas kids.¹ Plus, immigrant families may have been disproportionately affected due to changes in the public charge rule.²

Covid-19 has had a considerable direct and indirect impact on children’s health. New surges of coronavirus cases have been concentrated in regions of the country with lower insurance rates, which is a significant risk factor for Covid complications because it limits access to testing, vaccines and therapeutic care.³

Nationally, Medicaid and CHIP treated more than 1 million children for Covid-19 during the first eight months of the pandemic. During that time, regular screening visits for children declined by 21 percent and vaccinations by 9 percent. On the other hand, telemedicine visits increased by 2,700 percent during the same period.⁴

Pandemic-related school closures kept students from a consistent source of nutritious food and the time and space for structured physical activity; the lack of both can potentially contribute to elevated risks of obesity.⁵ Also, the same decrease in physical activity and diet management likely contributes to the accelerated development of Type 2 diabetes in children, while school and business closures may have delayed diagnosis.⁶

Ultimately, pandemic-related closures and service disruptions have affected access to overall care, utilization of preventive care and the maintenance of chronic conditions.

CONTENTS

Children Without Health Insurance.....	24	Early Prenatal Care.....	33
Children Receiving Services for Special Health Care Needs.....	25	Birth Outcomes: Premature Births and Low Birth Weight Babies.....	34
Access to Care: Children Enrolled in CHIP and Children Enrolled in Medicaid.....	26	Infant Mortality.....	36
Health Care Providers Accepting Medicaid.....	28	Children With Developmental Disabilities.....	37
Children Enrolled in Medicaid and Receiving Texas Health Steps Medical Screening Services.....	29	Childhood Immunizations.....	38
Mental Health: Emotional Disturbance and Addictive Disorders and Children Receiving Publicly Funded Mental Health Services.....	30	Overweight and Obese Children and Teens.....	40
Adolescent Pregnancy.....	32	Childhood Cancer Diagnoses.....	41
		Diabetes: Prevalence and Hospitalizations.....	42
		Asthma: Prevalence and Hospitalizations.....	44
		Air Quality.....	46
		STDs and HIV.....	47



ABOUT **20%**
of nation's uninsured children
lived in Texas in 2019

133,375

Estimated number of North Texas
children who suffer from an emotional
disturbance or addictive disorder

Cancer rates for
Texas children,
and specifically
North Texas
children, are
**MUCH
HIGHER
THAN
NATIONAL
AVERAGE**

COMPARED TO REST OF NATION,
Texas reports high
immunization rates for
incoming kindergarteners

AT MORE THAN
95%

North Texas has a
**considerably
greater
percentage**
of uninsured children
than rest of U.S.

Teen pregnancies
are declining in
Dallas County:

FROM MORE THAN
1,000
IN 2016 TO
666
IN 2020

**NEARLY
1 in 5 children**
IN THE COUNTRY IS OBESE

Estimated number
of children with
developmental disabilities
has been **steadily
increasing** across all
North Texas counties SINCE 2013

Children Without Health Insurance

Percent of children without health insurance

North Texas counties have a considerably greater percentage of uninsured children than the United States as a whole. Nationally, only 5.9 percent of children were uninsured.¹ The percentage of children without health insurance has increased in Dallas County from 11.7 percent in 2015 to 17 percent in 2019; each of the other counties is also up from 2015, although their trends are less stable. And Dallas and Grayson counties reported uninsured rates higher than the state average, which was 12.7 percent for 2019.

As of 2019, nearly 20 percent of the nation's uninsured children lived in Texas. Researchers suggest that a decline in Children Health Insurance Program (CHIP) and Medicaid coverage among eligible children is a contributing factor. Efforts to repeal the Affordable Care Act, a delayed reauthorization of CHIP and reduced outreach for Healthcare.gov open enrollment have also likely caused declining health coverage for kids.² And changes to the so-called public charge rule may have prompted immigrant families to drop out of Medicaid and CHIP, fearing an impact on their ability to obtain permanent residency.³

For the past three years, the decline in insurance coverage for children has occurred amidst economic growth and low unemployment, leading some experts to expect that the economic hardships of the pandemic are likely to produce

	2015	2016	2017	2018	2019
Dallas	11.7	10.6	14.3	15.2	17.0
Collin	5.8	6.0	8.0	7.8	8.0
Cooke	11.0	13.0	11.4	12.0	11.4
Denton	8.3	4.7	7.7	6.7	9.7
Fannin	11.2	10.6	10.5	11.2	11.4
Grayson	11.3	13.3	10.7	19.1	15.2

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

even lower rates of insurance coverage when new data is released.⁴ The surge of Covid-19 cases that began in the summer of 2021 is concentrated in regions where the fewest people have health insurance. Those without health insurance have reduced access to testing, vaccines and ultimately the care they need if infected. The lack of insurance coverage is a significant risk factor with Covid-19, as it affects more than those who are infected. Hospitals and state and local governments are likely to bear the cost of unreimbursed care for uninsured patients who spend time in intensive care units.⁵

Nearly 20 percent of the nation's uninsured children live in Texas.

Children Receiving Services for Special Health Care Needs

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

During 2019, the Texas Children with Special Health Care Needs (CSHCN) program served 1,595 clients, with 579 on the waiting list. Of those, more than half were at or below 100 percent of the federal poverty level and 97 percent were at or below 200 percent of the poverty line. Nearly all of the clients, 91 percent, did not have insurance of any kind and about 80 percent were non-citizens.¹

To qualify for CSHCN services in Texas, a child must be under the age of 20 and have a medical condition that is expected to last more than a year, limits major life activities, requires higher level health care and has physical symptoms. Those with cystic fibrosis qualify for the program at any age. The program allows for medically necessary services like medical, dental, vision and mental health services, as well as case management and specialized equipment.²

About 1 in 5 children in the United States experience special health care needs, and some will live with those conditions for most of their lives. Children with special health care needs are more likely to live in poverty, have limited access to child care services and more frequently miss school or repeat a grade. They are also more likely to encounter adverse childhood experiences and are less equipped

		2013	2014	2015	2016	2017	2018
Dallas	Number	309	222	319	339	303	264
	Waiting List	103	61	123	56	101	144
Collin	Number	25	15	47	38	38	34
	Waiting List	16	14	18	3	9	14
Cooke	Number	<10	<10	1	0	0	0
	Waiting List	0	0	0	0	0	0
Denton	Number	16	14	19	19	26	30
	Waiting List	<10	<10	13	2	8	18
Fannin	Number	0	<10	0	0	0	0
	Waiting List	0	<10	2	0	0	1
Grayson	Number	<10	<10	2	1	1	2
	Waiting List	<10	<10	4	1	1	1

Source: Texas Department of State Health Services; PHSU Data Team, CSHCN Services Program
Note: To protect identities, the Texas Department of State Health Services only reports exact numbers within a county if the number is more than 10.

to defend themselves against physical, emotional or sexual abuse. They may also experience multiple caregivers as a result of their complex needs and are likely to face bullying at school.

Children with special health care needs are most likely to be male and more likely to be Black than their peers; non-Hispanic Black children make up about 18 percent of all children with special health care needs. They are also disproportionately likely

to live with a single parent and receive cash assistance or SNAP (Supplemental Nutrition Assistance Program) benefits.³

To qualify for CSHCN services in Texas, a child must be under the age of 20 and have a medical condition that is expected to last more than a year, limits major life activities, requires higher level health care and has physical symptoms.

ACCESS TO CARE

Children Enrolled in CHIP

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

	2016	2017	2018	2019	2020
Dallas	43,624	48,427	50,396	46,458	41,430
Collin	7,187	7,603	7,939	7,696	7,047
Cooke	400	489	524	492	472
Denton	7,305	7,883	8,297	7,886	7,174
Fannin	378	378	401	416	351
Grayson	1,327	1,477	1,678	1,593	1,480

Source: Texas Health and Human Services; Records and Statistics, Health Care Statistics

Children’s Medicaid

Number of children enrolled in Children’s Medicaid

	2016	2017	2018	2019	2020
Dallas	328,585	320,099	309,092	297,112	296,988
Collin	39,052	39,161	39,834	40,050	42,536
Cooke	3,828	3,965	3,915	3,839	3,823
Denton	40,976	40,993	39,996	39,214	41,101
Fannin	2,694	2,805	2,840	2,729	2,866
Grayson	11,779	11,789	11,726	11,645	11,766

Source: Texas Health and Human Services; Records and Statistics, Health Care Statistics

The past five years of CHIP and Medicaid coverage for North Texas children have shown significant increases, as well as steep declines. Outside of Dallas County, Medicaid coverage has remained consistent for the past five years, with only slight fluctuations. On the other hand, Dallas County has experienced a consistent decline in Children’s Medicaid enrollees since 2016. Across all counties, CHIP enrollment spiked in 2018 before returning to or below 2016 levels in 2019.

For a family of four to receive Children’s Medicaid for qualifying dependents, the family’s income must be \$2,938 or less per month before taxes, which is about \$35,250 annually. CHIP does cover children in families with higher incomes, as a family of four making at or below \$4,439 per month (about \$53,250 per year) would qualify. Medicaid has no out-of-pocket costs at the point of service, while CHIP copays vary by income.¹

Fluctuations in CHIP enrollment could be a lasting effect of Congress’ delayed reauthorization of the program in 2017. While the delay threatened some states’ ability to continue to make payments to providers, it also delayed the grant-making process for outreach programs. In most years, CHIP funding includes grants to local organizations tasked with identifying and enrolling eligible children. Still, the delayed legislation meant a delay in disbursing those funds and decreased outreach for new and continued enrollment.² In addition to reduced outreach, changes to

immigration policy may have also affected enrollment in publicly funded health insurance programs.³

Medicaid and CHIP combined served more than 1.2 million children for Covid-19 treatment, according to the Centers for Medicare and Medicaid Services (CMS), including hospitalizations for more than 100,000 children through October 2020. Vaccinations for children under age 2 declined 6 percent, and regular screenings services for children covered by these programs dropped 21 percent.

Also, there was a 34 percent decline in mental health services and a 39 percent decrease in dental services. Ultimately, while these programs continued to provide coverage in the face of Covid-19, children were less likely to access care during the first six to eight months of the pandemic. Despite these declines in in-person services, utilization of telehealth services increased dramatically. CMS estimates that it provided about 68 million services via telehealth from March through October of 2020, a 2,700 percent increase from the same time the year before.⁴

Families receiving Medicaid are eligible for certain protections due to the Covid-19 federal public health emergency declaration. Chiefly, Medicaid beneficiaries

whose renewals occur during the pandemic will remain covered by Medicaid regardless of their eligibility status, unless they leave the state or voluntarily withdraw. Once the declared public health emergency ends, Texas Health and Human Services Commission will notify recipients of any need for action.⁵ Additionally, CHIP recipients are not responsible for copayments for any services delivered via telemedicine, and copayments were waived for in-person services procured between March 13, 2020, and Aug. 31, 2021.⁶

DALLAS COUNTY HAS EXPERIENCED
A CONSISTENT DECLINE
 in Children’s Medicaid enrollees since 2016.

Health Care Providers Accepting Medicaid

Number of health care providers enrolled in Medicaid during that year

Although thousands of providers across North Texas accept Medicaid, fewer accept Medicaid than other types of insurance. Medicaid reimbursement rates are lower than those of traditional private insurance and Medicare, the public program that covers most seniors. Overall, more than 70 percent of providers accept Medicaid, compared to 85 percent for Medicare and more than 90 percent for private insurance. Only 68 percent of general or family practitioners accept Medicaid, while pediatricians were among the specialists most likely to accept Medicaid with 78 percent taking it, compared to 91 percent for private insurance.¹ Medicaid reimbursement rates are only about 63 percent of what Medicare typically reimburses, but this is up from about 59 percent before the passage of the Affordable Care Act.²

Due to the Covid-19 pandemic and the rising unemployment that followed, enrollment in Medicaid increased nationally, but the number of doctors accepting Medicaid did not. Gaps in the availability of Medicaid-accepting providers are likely to disproportionately affect Black Americans, who are more likely to have severe or chronic health conditions.³ One recent study showed that communities with higher concentrations of Black and

	2013	2014	2015	2016	2017	2018
Dallas	14,403	15,062	14,178	15,314	17,218	18,369
Collin	2,992	3,483	3,223	3,740	5,044	5,981
Cooke	224	241	256	244	281	330
Denton	2,435	2,603	2,246	2,537	3,205	3,479
Fannin	228	203	200	89	101	208
Grayson	974	1,084	917	740	894	1,054

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

Latino populations have lower rates of Medicaid acceptance among medical providers.⁴

While not necessarily tied to Medicaid acceptance, use of health care services by children enrolled in Medicaid decreased during the pandemic's early months. Vaccinations were down 9 percent and screening services declined by 21 percent.

On the other hand, telemedicine visits provided through Medicaid increased by more than 2,700 percent.⁵ Only 17 percent of providers in Texas reported being paid the same rate for Medicaid patients' telemedicine appointments as in-person appointments at least some of

the time. For comparison, employer-sponsored plans paid the same rate for at least some telemedicine appointments 25 percent of the time and other commercial plans did so nearly 40 percent of the time. About 8 percent of providers reported that Medicaid never reimbursed telemedicine sessions at the same rate, while 28 percent did not even bill Medicaid for telemedicine.⁶

Overall, more than 70 percent of providers accept Medicaid, compared to 85 percent for Medicare and more than 90 percent for private insurance.

Children Enrolled in Medicaid and Receiving Texas Health Steps Screenings

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

In 2018, about 55 percent of children eligible to receive Texas Health Steps screenings through Medicaid participated in the program. Texas Health Steps is the statewide implementation of the federal requirement for Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services available to Medicaid enrollees younger than 20. Checkups under this program occur according to a specific schedule and include comprehensive examinations of physical and mental health, tracking appropriate development, and communicating pertinent nutritional information for infants, children and adolescents. In addition to regular physical exams, the program provides preventive services like immunizations and lab screenings, as well as vision and dental checkups.¹ For participants who need additional help, the program may also provide a case manager to assist in accessing other services or transportation to appointments.²

Federal rules require states to inform families about the program within the first 60 days of enrolling in Medicaid, including early outreach to pregnant mothers and foster care parents. The program encourages family-centered, community-based care and provides funding to states specifically for outreach.³ While that outreach is typically aimed at families and new parents, research

	2013	2014	2015	2016	2017	2018
Dallas	230,188	233,287	247,577	249,928	251,418	247,675
Collin	23,559	23,740	25,951	27,279	29,014	30,213
Cooke	1,385	1,578	1,720	1,772	1,636	1,857
Denton	24,259	24,256	26,019	27,845	29,439	29,581
Fannin	1,672	1,645	1,736	1,785	1,801	1,857
Grayson	6,573	5,975	6,980	7,432	7,804	7,756

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

points toward the benefits of outreach specific to the adolescent beneficiaries of Medicaid. Education and outreach to this group about the availability of case management and transportation could be vital to increasing their utilization of the services.⁴ Structural barriers related to poverty, such as transportation, are likely to prevent some teens from accessing care. Also, their concerns about trust, communication and privacy are potential reasons teenagers forgo regular care.

Under normal circumstances, the preventive health services offered through the Texas Health Steps program cannot be delivered remotely; however during the

Covid-19 pandemic, the Texas Health and Human Services Commission provided some services through telemedicine.⁵ For Medicaid patients of all ages, telemedicine utilization increased by as much as 2,700 percent during the pandemic. Still, Medicaid delivered 21 percent fewer screening services, 9 percent fewer immunizations and nearly 40 percent fewer dental services during the first few months of the pandemic.⁶

TEXAS HEALTH STEPS is the statewide implementation of the federal requirement for Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services **available to Medicaid enrollees younger than 20.**

MENTAL HEALTH

Emotional Disturbance and Addictive Disorders

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

		2015	2016	2017	2018	2019
Dallas	Any Disturbance or Disorder	68,084	68,619	72,875	71,771	74,180
	Serious Disturbance or Disorder	16,288	16,416	17,434	17,170	17,746
Collin	Any Disturbance or Disorder	27,501	28,248	29,140	30,197	31,037
	Serious Disturbance or Disorder	6,579	6,758	6,971	7,224	7,425
Cooke	Any Disturbance or Disorder	963	932	965	975	1,001
	Serious Disturbance or Disorder	230	223	231	233	240
Denton	Any Disturbance or Disorder	21,272	22,349	22,955	22,967	23,577
	Serious Disturbance or Disorder	5,089	5,347	5,492	5,495	5,640
Fannin	Any Disturbance or Disorder	798	835	850	833	871
	Serious Disturbance or Disorder	191	200	203	199	208
Grayson	Any Disturbance or Disorder	3,391	3,224	3,441	3,696	3,711
	Serious Disturbance or Disorder	811	771	823	884	888

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

Children With a Mental Health Diagnosis

Number of children with a mental health diagnosis under Medicaid managed care

	2013	2014	2015	2016	2017	2018
Dallas	8,087	7,864	8,634	8,483	18,295	21,777
Collin	1,481	1,491	1,710	1,759	2,825	3,597
Cooke	328	289	333	347	445	487
Denton	1,967	2,040	2,256	2,328	3,028	3,661
Fannin	281	247	256	261	360	444
Grayson	1,248	1,173	1,152	1,293	1,608	1,700

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

An estimated 133,375 children in North Texas suffer from an emotional disturbance or addictive disorder, based on established prevalence rates. And an estimated 32,147 suffer from a serious emotional disturbance or addictive disorder.

Emotional disturbance can refer to a range of conditions, such as:

- Anxiety disorder
- Bipolar disorder
- Conduct disorder
- Eating disorders
- Obsessive-compulsive disorder
- Psychotic disorder

Despite significant research on the topic, no single cause is known for emotional disturbance, and these conditions can affect any person regardless of age, sex, race or income.¹ Addictive disorders typically refer to substance use, substance dependence and chemical dependence disorders, which arise when an addictive substance such as drugs or alcohol alter the user's brain chemistry. The user then relies on the substance to feel pleasure.²

The term emotional disturbance is tied to the Individuals with Disabilities Education Act (IDEA) and refers to a set of conditions sometimes referred to as mental disorders or mental illness. IDEA provides that children who exhibit these conditions in a manner that adversely affects academic performance, impedes social relationships, leads to depression or leads to otherwise unexplained physical or behavioral symptoms are eligible for special education services in public schools. Children

with an emotional disturbance require Individual Education Plans (IEPs) that provide for their academic support and the proper development of social skills, self-awareness, self-control and self-esteem.³

In 2019, 4.3 million children 12-17 years old nationwide reported using an illicit drug in the previous year; about 3.9 million reported using marijuana, and just under 1 million reported using illegal pain prescription medication.⁴ Adolescents' use of drugs and alcohol is alarming because addiction is more significant at a younger age. More than 90 percent of adults with an addiction first used psychoactive substances before age 21. Those using drugs before age 15 are more than six times as likely to develop an addiction as those who delay use until age 21.⁵ Children who are victims of physical, sexual or psychological abuse are at a greater risk of developing addictive disorders; and addictive disorders are more likely among children with physical disabilities and mental health problems.⁶

The Community Mental Health Grant Program, which began allocating money in 2018, made \$45 million in grants in 2020 to local health authorities and nonprofit

organizations to fund programs for individuals with mental illness to improve their quality of life through expanded outpatient and recovery services.⁷ The program made grants to several North Texas organizations, including Collin County, Communities in Schools of North Texas, the DFW Hospital Council Foundation and the North Texas Behavioral Health Authority.⁸ While the grant program is not explicitly aimed at children, some funds went to school-based programs in which 88 percent of participating children experienced improvements in academic and prosocial domains.⁹

Adolescents' use of drugs and alcohol is alarming because addiction is more significant at a younger age.
MORE THAN 90 PERCENT
of adults with an addiction first used
psychoactive substances before age 21.

Adolescent Pregnancy

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

Teen pregnancies have been sharply declining in Dallas County: The number of adolescent pregnancies in 2016 was more than 1,000, but that dropped to 666 in 2020. However, the rate of adolescent pregnancies gradually increased from 2018 to 2020 (from 8.6 to 11 per 1,000 females ages 13-17). Denton County also shows an increase in the rate of adolescent pregnancies in the most recent data from 2.2 to 2.4, but the number of pregnant teens decreased from 78 to 62. Cooke and Grayson counties showed a small increase in teen pregnancies from 2019 to 2020, but the number of adolescent pregnancies is lower than they were in 2016. Fannin County has had fewer than 10 pregnant teens since 2016. Collin County is the only county in the region to increase the number of teen pregnancies since 2016. In 2020, it recorded 72 adolescent pregnancies with a rate of 1.8; and in 2019 the county recorded 61 teen pregnancies with a rate of 1.6.

The counties in North Texas have a lower rate of teenage pregnancy than the national rate, which was 16.7 births per 1,000 in 2019. The same year, Texas had a 0.4 rate for ages 10-14, and a 10.7 rate for ages 15-17.¹ The overall teen pregnancy rate for the state was 24 per 1,000.² However, comparing the local data to the federal and state levels is difficult because the national and state data accounts for teens from 15-19, while local

		2016	2017	2018	2019	2020
Dallas	Number	1,018	871	806	714	666
	Rate	14.0	11.9	8.6	9.5	11.0
Collin	Number	68	69	58	61	72
	Rate	2.3	2.3	1.5	1.6	1.8
Cooke	Number	20	<10	14	12	14
	Rate	15.7	<10.0	11.0	9.5	11.0
Denton	Number	90	90	69	78	62
	Rate	3.9	3.7	2.2	2.2	2.4
Fannin	Number	10	<10	<10	<10	<10
	Rate	12.0	<11.6	<9.5	<9.4	<9.4
Grayson	Number	38	31	31	30	31
	Rate	11.4	9.1	7.3	6.9	7.0

Source: Texas Department of State Health Services, Center for Health Statistics, Texas Birth Certificate Data
 Note: To protect identities, the Texas Department of State Health Services only reports the exact number of adolescent pregnancies within a county if the number is more than 10.

data measures teens between the ages of 13-17. Becoming a teen parent comes with many potential challenges; it can hinder the mother's education and income, increasing the chances that she will need public assistance later in life. However, a teen mother's socioeconomic circumstance before having a baby is closely related to the outcome of her life after giving birth.³ These determinants include low education and low income levels, little to no community youth involvement and living in neighborhoods with

racial segregation, physical disorder and income inequality. Some teens also face a barrier to quality reproductive health services.⁴ To date, little research is available on the effect of Covid-19 on adolescent pregnancies. However, pregnant women of all ages are at a higher risk of severe illness with Covid, but that risk is decreased for those under 25.

The counties in North Texas have a **LOWER RATE of teenage pregnancy than the national rate, which was 16.7 births per 1,000 in 2019.**

Early Prenatal Care

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

Early prenatal care begins in the first trimester when a mother begins to suspect she may be pregnant. Seeking care as early as possible can prevent complications and reduce the risks of any that may arise. Prenatal care providers will assist in the maintenance of existing health conditions such as high blood pressure or diabetes, as well as make recommendations related to smoking cessation, alcohol consumption, medication and supplement usage, and overall diet.¹ During the first trimester, a health care provider will also provide routine gynecological care, determine a due date and schedule imaging appointments and optional screenings for congenital disabilities and complications.² Early and regular prenatal care, including weight checks, ultrasounds, prenatal vitamins, blood pressure monitoring and appropriate vaccinations, are all part of ensuring that the mother and her baby are healthy.³

Apart from Cooke County, rates of prenatal care increased dramatically from 2017 to 2018 across the region. For Cooke County, the increase occurred in the previous year, rising from 61.6 percent to 68.6 percent, the highest across the six counties for that year. Since then, rates have increased, and Collin and Denton counties each report rates in excess of 70 percent since 2018. Dallas and Grayson counties report

	2016	2017	2018	2019	2020
Dallas	55.0	54.6	62.8	61.5	61.9
Collin	65.3	65.8	72.5	72.8	72.5
Cooke	61.6	68.6	68.6	70.2	66.0
Denton	67.5	67.4	70.9	71.0	71.9
Fannin	57.9	67.6	69.2	64.0	64.9
Grayson	56.8	61.9	65.0	64.6	62.0

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

the lowest rates of early prenatal care, with 61.9 and 62 percent respectively.

While still incomplete, current research indicates that pregnant and recently pregnant women are at an elevated risk for severe illness related to Covid-19 compared to non-pregnant women. Pregnant women with obesity or gestational diabetes are at an even greater risk for severe illness. Passing Covid-19 from mother to baby during pregnancy is rare, and its impact on preterm birth and stillbirth are unclear.⁴ The Centers for Disease Control and Prevention (CDC) recommends the Covid-19 vaccine to all pregnant women and those who may become pregnant. The CDC reports no evidence of

increased risk of miscarriage from the surveillance data of those who have received vaccines.⁵ A recent study conducted by a consortium of hospitals and universities found that the mRNA vaccines, such as those for Covid-19, not only protect the mother but can pass antibodies on to newborns through placenta and breast milk.⁶

Apart from Cooke County, **RATES OF PRENATAL CARE INCREASED DRAMATICALLY** from 2017 to 2018 across the region.

BIRTH OUTCOMES

Premature Births

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

		2016	2017	2018	2019	2020
Dallas	Number	4,300	4,515	4,508	7,119	6,754
	Percent	10.7	11.5	11.9	19.0	18.7
Collin	Number	1,211	1,187	1,226	1,472	1,608
	Percent	10.9	10.9	11.0	12.8	14.1
Cooke	Number	59	57	51	72	47
	Percent	10.1	10.8	9.6	14.3	9.7
Denton	Number	959	964	934	1,467	1,193
	Percent	9.4	9.8	9.5	14.3	12.0
Fannin	Number	40	38	39	58	72
	Percent	10.7	11.8	12.9	16.1	17.9
Grayson	Number	164	192	193	184	237
	Percent	10.7	12.2	11.7	11.6	15.0

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

Low Birth Weight Babies

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

		2016	2017	2018	2019	2020
Dallas	Number	3,347	3,407	3,278	3,257	3,018
	Percent	8.3	8.7	8.6	8.7	8.4
Collin	Number	847	842	893	804	857
	Percent	7.7	7.7	8.0	7.0	7.5
Cooke	Number	36	<10	31	27	23
	Percent	6.1	<1.7	5.9	5.4	4.7
Denton	Number	801	782	705	739	710
	Percent	7.9	8.0	7.2	7.2	7.1
Fannin	Number	26	<10	31	38	35
	Percent	7.0	<2.8	10.3	10.5	8.7
Grayson	Number	128	130	124	125	133
	Percent	8.3	8.2	7.5	7.9	8.4

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

Note: To protect identities, the Texas Department of State Health Services only reports the exact number of low birth weight babies within a county if the number is more than 10.

Babies are considered low birth weight if they weigh less than 5 pounds and 8 ounces at birth, with 8 percent of babies born in the United States defined as such. Several factors put mothers at risk of delivering low birth weight babies, including high blood pressure, diabetes, infections, eating disorders and certain prescription drugs. Other risk factors are smoking, drinking alcohol, using drugs, exposure to air pollution or lead, and domestic violence. The risk for low birth weight is disproportionately higher for Black babies, as 13 percent of them are low birth weight, compared to 7 percent for white and Latino babies.¹

Many babies with low birth weight are healthy, but they may have trouble eating, gaining weight and fighting infections. However, they do have an increased risk of respiratory complications, bleeding in the brain, jaundice and other infections, as well as certain chronic health conditions such as diabetes, heart disease, high blood pressure and obesity. Low birth weight babies are also more likely to have intellectual and developmental disabilities than those born full term.²

One of the most common causes of low birth weight is preterm birth, babies born before 37 weeks of pregnancy. Many risk factors for preterm birth are the same as those for low birth weight, including diabetes, high blood pressure, infections, as well as carrying multiple babies. Also, mothers who receive late or no prenatal care are at an increased risk for preterm labor. About 10 percent of all babies are preterm,

although 17 percent of Black babies are born preterm.³

Across North Texas, rates of low birth weight have remained stable for the past five years, while preterm births have risen, especially in Dallas, Collin, Denton and Fannin counties. The numbers cited for 2020 are provided provisionally from the Department of State Health Services, placing the state's preterm birth rate at 11 percent.⁴ In Texas, the preterm birth rate for mothers without insurance was 24.7 percent in 2019, 20.6 percent for those with inadequate prenatal care and 15.8 percent for those in poverty.⁵ According to researchers, access to health care and the continuous stress of poverty and racism account for many disparities in health outcomes.⁶

A recent National Institutes of Health (NIH) study found that pregnant women who experienced severe Covid-19 symptoms were at an increased risk for several birth complications, including postpartum hemorrhage, hypertensive disorders, cesarean delivery and preterm birth.⁷ An international study found that mothers with Covid-19 were at least 60 percent more likely to give birth before 37 weeks.⁸ University of California San Francisco researchers found a 60 percent

increase in very preterm births (those before 32 weeks) and a 40 percent increase in overall preterm birth rates for women who contracted Covid-19 during their pregnancy. Furthermore, mothers with comorbidities like diabetes, hypertension or obesity experienced a 160 percent increase in premature births.⁹

Across North Texas, rates of low birth weight have remained stable for the past five years, while preterm births have risen, especially in Dallas, Collin, Denton and Fannin counties.

Infant Mortality

Number of deaths of infants under 1 year old and the rate per 1,000 live births

Infant mortality occurs when babies die before their first birthday. The five leading causes of infant mortality are birth defects, preterm birth and low birth weight, maternal pregnancy complications, sudden infant death syndrome (SIDS) and accidental injuries.¹ Significant disparities exist in infant mortality rates among race and ethnicity in the United States. In Texas, the 2019 mortality rate for Black infants was 10.67 per 1,000, while the rates for white and Hispanic infants were 4.57 and 5.05 respectively. The state infant mortality rate in 2019 was 5.58 per 1,000 live births.²

In 2020, Dallas County's infant mortality rate was 6.3 per 1,000 live births. The county has had a small increase in the infant mortality rate since 2018, but the actual number of infant deaths has stayed relatively the same. The rate has also slowly increased in Collin and Denton counties since 2018. Infant deaths in Cooke, Fannin and Grayson counties have stayed in a range of 10-14 deaths since 2016, but the numbers are too low to provide an accurate analysis of infant mortality.

In its Healthy People 2020 program to identify health improvement priorities, the federal government established a national goal for the infant mortality rate to be 6.0 per 1,000 live births, which was achieved in Collin and Denton counties, but not in Dallas County.³ The Healthy People 2030 goal is

		2016	2017	2018	2019	2020
Dallas	Number	239	261	227	231	228
	Rate	5.9	6.7	6.0	6.2	6.3
Collin	Number	50	54	43	46	47
	Rate	4.5	4.9	3.9	4.0	4.1
Cooke	Number	<10	0	<10	<10	<10
	Rate	<15.4	0	<17.0	<17.9	<18.9
Denton	Number	49	46	37	39	44
	Rate	4.8	4.7	3.8	3.8	4.4
Fannin	Number	<10	<11	<12	<13	<14
	Rate	<24.1	<28.0	<29.8	<24.9	<22.4
Grayson	Number	<10	13	11	11	<10
	Rate	<5.9	8.2	6.7	6.9	<5.7

Source: Texas Department of State Health Services; Center for Health Statistics, Vital Statistics Annual Reports
 Note: To protect identities, the Texas Department of State Health Services only reports exact numbers within a county if the number is more than 10.

to decrease the rate to 5.0 per 1,000 live births nationwide.⁴

Covid-19 did not increase the nationwide infant mortality rate, as a majority of infants infected with the disease were asymptomatic or only had mild symptoms.⁵ More research needs to be done to collect data on the long-term physical health of infants who survived Covid-19.⁶ However, the pandemic may have indirectly caused disruptions in neonatal health care due to parents' reluctance to seek

medical treatment for infants during shelter-in-place periods. Inaccessibility to treatment is another barrier to health care, exacerbated by hospitals that were filled to capacity during the pandemic.⁷

Dallas County has had a **SMALL INCREASE** in the infant mortality rate since 2018, but the actual number of infant deaths has stayed relatively the same.

Children with Developmental Disabilities

Estimated number of children under 18 with developmental disabilities

The estimated number of children under 18 with developmental disabilities has been steadily increasing across all North Texas counties since 2013, according to the American Academy of Pediatrics and the U.S. Census Bureau. The rise is most likely at the older end of the age group, with children ages 12-17 as the most likely to be diagnosed with attention-deficit/hyperactivity disorder (ADHD), an intellectual disability (ID) or a learning disability (LD). Boys were more likely than girls to be diagnosed with any developmental disability, specifically with autism spectrum disorder (ASD), ADHD, cerebral palsy (CP), LD, ID, stuttering or stammering and any other developmental delay.¹

White children were most likely to be diagnosed with ADHD and more likely to be diagnosed with ASD than Black or Hispanic children. Black children were most likely to be diagnosed with LD, stuttering or stammering. Hispanic children were least likely to be diagnosed with ADHD. Overall, white and Black children were more likely to be diagnosed with a developmental disability when compared with Hispanic children or children of any other non-Hispanic races.²

According to the U.S. Department of Education, more than 6 million children with disabilities receive special education and related services annually through their

	2013	2014	2016	2017	2018	2019
Dallas	101,011	101,758	102,646	104,068	103,724	102,296
Collin	35,482	36,151	37,003	38,340	39,176	39,900
Cooke	1,417	1,433	1,425	1,417	1,429	1,436
Denton	29,064	29,559	30,327	31,594	31,884	32,405
Fannin	1,093	1,092	1,083	1,073	1,089	1,101
Grayson	4,328	4,440	4,500	4,695	4,714	4,810

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

school systems.³ School shutdowns during the Covid-19 pandemic contributed to the widening achievement and development gap between children with these disabilities and those without. Children with developmental disabilities are likely to rely more heavily on school and community-based institutions that provide various extended services, including home-based therapy. While the use of telemedicine and virtual learning can facilitate some degree of education, children with communication impairments and attention disorders still require special accommodations that cannot be achieved online. Furthermore, social distancing guidelines and quarantine protocols complicate the physical

presence needed to build and maintain the rapport educators and health service providers seek with the differently-abled children they support. Therefore, children with developmental disabilities and their parents require advocacy and outreach efforts to ensure that these children are not inequitably and negatively affected long term.⁴

School shutdowns during the Covid-19 pandemic contributed to the widening achievement and development gap between children with these disabilities and those without.

Childhood Immunizations

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

		2016	2017	2018	2019	2020
Dallas	DTP/DTaP/DT/Td	97.6	96.1	96.6	96.7	94.8
	Hepatitis A	97.2	96.2	96.7	96.7	95.6
	Hepatitis B	98.3	97.6	97.9	97.7	95.7
	MMR	98.1	96.6	97.2	97.2	94.7
	Polio	98.0	96.4	97.0	96.9	94.5
	Varicella	94.0	95.8	96.6	96.1	94.4
Collin	DTP/DTaP/DT/Td	96.6	96.5	95.8	95.5	90.8
	Hepatitis A	95.3	95.6	95.1	94.8	91.6
	Hepatitis B	96.7	96.9	96.3	95.9	91.3
	MMR	96.5	96.5	96.0	95.5	90.6
	Polio	96.7	96.6	95.9	95.6	90.8
	Varicella	95.4	95.8	95.6	94.7	90.2
Cooke	DTP/DTaP/DT/Td	94.8	97.9	96.1	97.9	93.5
	Hepatitis A	94.4	96.9	95.2	97.0	94.5
	Hepatitis B	97.0	98.6	96.6	98.5	94.5
	MMR	96.5	98.2	96.5	98.1	95.4
	Polio	96.7	97.9	96.4	97.7	94.1
	Varicella	96.3	97.5	96.5	97.7	95.9
Denton	DTP/DTaP/DT/Td	95.8	95.2	94.6	95.0	86.6
	Hepatitis A	95.0	94.5	94.5	94.5	87.0
	Hepatitis B	96.7	95.8	95.7	95.5	87.0
	MMR	96.0	95.6	95.1	95.2	86.2
	Polio	95.8	95.3	95.0	95.0	86.7
	Varicella	94.4	94.7	94.6	94.4	84.7
Fannin	DTP/DTaP/DT/Td	97.0	97.4	94.8	93.2	94.7
	Hepatitis A	95.8	96.7	95.1	95.1	95.2
	Hepatitis B	97.3	97.4	95.7	95.4	96.0
	MMR	97.0	97.4	94.4	95.1	95.4
	Polio	97.3	97.4	94.7	93.4	95.3
	Varicella	95.9	97.0	94.4	94.9	94.9
Grayson	DTP/DTaP/DT/Td	97.0	97.3	96.4	96.3	96.0
	Hepatitis A	95.7	95.8	95.1	94.9	94.5
	Hepatitis B	98.0	98.2	97.2	96.8	96.6
	MMR	98.0	97.9	97.0	96.5	94.8
	Polio	98.0	97.9	96.9	96.5	96.0
	Varicella	96.6	97.2	96.2	95.7	94.6

Source: Texas Department of State Health Services: Vaccination Coverage Levels in Texas Schools (2016-2020)

Immunization rates across the North Texas region were down in 2020 compared to previous years. Collin and Denton counties experienced the most significant decreases in vaccination rates, dropping to 90 percent for several vaccines in Collin County and as low as 85 percent in Denton County. Fannin and Grayson counties, on the other hand, have shown only slight decreases in vaccination rates. Outside of Collin and Denton counties, the region remains at or about 95 percent immunization rates for most vaccines.

Children in Texas are expected to receive the immunizations listed in the table by age 5, which prevent the following diseases:

- Chicken pox
- Diphtheria
- Hepatitis A and B
- Measles
- Mumps
- Pertussis
- Polio
- Rubella
- Tetanus

Students in Texas are also expected to receive the vaccine for pneumococcal disease, although coverage is not reported with the other vaccines.¹ Texas children enrolled in Children Health Insurance Program (CHIP) or Medicaid and those who are uninsured or underinsured may qualify for low-cost vaccines through the Texas Vaccines for Children program.²

The Centers for Disease Control and Prevention (CDC)

recommended that families schedule well-child visits and receive regular immunizations during the Covid-19 pandemic, and it made additional recommendations so that providers could give that care in a safe setting.³ Despite these recommendations, the Centers for Medicare and Medicaid Services (CMS) reported a 9 percent decline in vaccinations for Medicaid patients under age 2 during the first eight months of the pandemic.⁴ Pandemic-related closures likely led to decreased immunizations among Medicaid recipients, and the same phenomenon is likely affecting immunization rates locally. National data from the 2019-2020 school year showed that overall immunization rates rose in most states. Still, the American Academy of Pediatrics expects that trend to reverse because of the pandemic.⁵

Compared to the rest of the nation, Texas reports relatively high immunization rates for incoming kindergarteners with consistent coverage of more than 95 percent. For most vaccines, Texas is among the top 10 states in coverage rates. Fewer than 10,000 Texas children (2.5 percent) have reported official exemptions to immunizations, and fewer than 1,000 of those exemptions were for medical reasons.⁶ In Texas,

families may seek exemptions to immunization records for medical reasons or reasons of conscience, including religious beliefs.⁷

In addition to those vaccines required by schools, children 12 and up are eligible to receive at least one of the Covid-19 vaccines under an emergency use authorization. Vaccine makers are seeking additional authorization for children 5-11 years old.⁸

Collin and Denton counties have experienced the most significant decreases in vaccination rates, dropping to 90 percent for several vaccines in Collin County and as low as 85 percent in Denton County.

Overweight and Obese Children and Teens

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

Obesity affects more than 14 million children and teens in the United States; nearly 1 of every 5 children in the country is obese. Obesity rates are higher for older children, 12-19 years old, than for younger children; and Hispanic and Black children are more likely to be obese than their white and Asian American peers. While children in low- and middle-income families experience obesity at similar rates, children in high-income families are nearly half as likely to be obese.¹

Behavioral causes for obesity include eating high-calorie, low-nutrient foods in large quantities and sedentary activities like watching television, as well as inadequate sleep.² Obesity can be aggravated by certain medications or family history, which can increase the risk through genetics, learned behaviors and the overall home environment. Children experiencing high levels of stress or boredom may also be at an increased risk for obesity. Plus, socioeconomic status plays a role, as it affects a family's ability to afford healthy foods, as well as their access to grocery stores.³

Obesity elevates other health risks in children, increasing their likelihood to develop high blood pressure, high cholesterol and Type 2 diabetes. Obese children may also experience chronic breathing problems like asthma or sleep apnea.⁴ In addition to physical health complications, obesity can be a negative influence on a child's social and emotional health. It

	2015	2016	2017	2018	2019
Dallas	39.3	34.7	38.8	39.4	39.8
Collin	25.2	19.7	27.5	27.5	27.9
Cooke	47.6	44.2	49.3	51.8	49.6
Denton	29.2	27.4	29.2	30.4	30.3
Fannin	43.7	30.1	28.6	31.3	33.6
Grayson	37.9	20.3	30.9	33.0	33.4

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

can also lead to poor academic performance and a lower overall quality of life in the long term.⁵

For many children, the food they receive at school is more nutritious than what they typically eat. Also, less than 15 percent of children eligible to receive food assistance during the summer months access that food. Schools provide daily structure with specific times for eating and physical activity, so school closures during the Covid-19 pandemic created summer-like conditions for an extended period, with students going without that nutritious food and those safe spaces for physical activity.⁶

While children in low- and middle-income families experience obesity at similar rates, **children in high-income families are nearly HALF AS LIKELY AS THEM TO BE OBESE.**

Childhood Cancer Diagnoses

New cancer diagnoses for children and adolescents 19 and under

Cancer is the leading disease-related cause of death for Texas children.¹ Each year, about 1,800 Texas children are diagnosed with cancer and 200 children and adolescents die from it. The most prevalent forms of cancer were leukemia and tumors of the brain and central nervous system.²

Cancer rates for Texas children, and specifically in North Texas, are considerably higher than the national average. From 2008-2014 across Texas, 16,752 children were diagnosed with cancer for an overall incidence rate of 212 per 1 million children under 20.³ In public health region 3, which encompasses North Texas, there were 4,474 new cancer diagnoses over the same time period. The incidence rate was 211 per 1 million children under 20 and 191 per 1 million children under age 15. The national incidence rate for cancer among children under 20 from 2014-2018 was 191 per 1 million and 174 per 1 million children under 15.⁴

While lifestyle factors such as diet, exercise and alcohol use can affect cancer risk for adults, they are unlikely to play a significant role in cancers that develop in children. Radiation exposure and perinatal exposure to smoking may increase cancer risk, but most childhood cancers do not have environmental causes. Cancers in children are typically caused by gene mutations that occur early in a child's life. Those mutations are usually not inherited, and the root causes of the mutations are unknown.⁵

	2014	2015	2016	2017	2018
Dallas	141	157	133	158	159
Collin	61	62	72	65	58
Cooke	4	2	4	<10	<10
Denton	45	62	47	52	48
Fannin	2	0	5	<10	<10
Grayson	5	7	1	<10	<10

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

Note: To protect identities, exact numbers in a county are only reported if the number is more than 10.

Treatments for childhood cancer vary based on the type of cancer and its stage of development. Common treatments include surgery, chemotherapy, radiation, immunotherapy and stem cell transplants. Children's bodies respond differently to cancer treatment than those of adults; as a result, they may experience late effects of cancer treatments years afterward.⁶

Cancers in children are **typically caused by gene mutations** that occur early in a child's life. Those mutations are usually not inherited, and **the root causes of the mutations are unknown.**

DIABETES

Diabetes Prevalence Among Children

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

	2015	2016	2017	2018	2019
Dallas	1,236	1,166	1,403	1,241	1,655
Collin	443	425	517	469	646
Cooke	17	16	19	17	23
Denton	363	348	426	382	524
Fannin	13	12	14	13	18
Grayson	54	50	61	56	78

Source: Centers for Disease Control and Prevention; National Health Interview Survey, 2015-2019; U.S. Census Bureau, American Communities Survey 1Y Estimates (Collin, Dallas, Denton, Grayson), 3Y and 5Y Estimates (Cooke, Fannin)

Diabetes Hospitalizations

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

		2015	2016	2017	2018	2019
Dallas	Type 1	209	163	206	179	154
	Type 2	38	18	25	29	15
	TOTAL	247	181	231	208	169
Collin	Type 1	84	62	61	82	60
	Type 2	0	4	3	6	3
	TOTAL	84	66	64	88	63
Cooke	Type 1	2	1	2	3	7
	Type 2	0	0	0	0	0
	TOTAL	2	1	2	3	7
Denton	Type 1	82	52	75	71	60
	Type 2	6	2	9	8	5
	TOTAL	88	54	84	79	65
Fannin	Type 1	6	4	5	5	4
	Type 2	0	0	0	0	0
	TOTAL	6	4	5	5	4
Grayson	Type 1	10	13	17	23	26
	Type 2	1	0	0	0	2
	TOTAL	11	13	17	23	28

Source: Texas Department of State Health Services; Center for Health Statistics, Texas Hospital Inpatient Discharge Public Use Data Files 2015-2019

More than 25 million Americans of all ages were living with diabetes in 2018, more than 8 percent of the population. That same year, 210,000 American children lived with diabetes, including 187,000 with Type 1 diabetes.¹ Previously known as juvenile diabetes, Type 1 is a medical condition in which a child's body does not produce enough insulin, requiring them to get regular insulin injections or an insulin pump, regularly monitor blood sugar levels and maintain a specific diet. While Type 1 has no known cause, family history, genetics and early exposure to certain viruses may play a role. If not properly managed, diabetes can result in long-term complications, including nerve damage, kidney damage, eye damage and heart and blood vessel disease.²

Once referred to as adult-onset diabetes, Type 2 diabetes has increased in children due to childhood obesity. Children are at elevated risk for Type 2 if they are overweight or obese, have a family history of diabetes or are not active; and it is most prevalent among non-white children. Some children may require insulin to treat Type 2 diabetes, but unlike Type 1, it can be controlled through diet and exercise. In fact, developing Type 2 diabetes can be mitigated by maintaining a healthy weight, being physically active and eating more nutritious foods and smaller portions.³ Signs of Type 2 diabetes include fatigue, blurry vision and darkened skin around the neck and underarms. Type 2 has long-term complications for children that can continue into adulthood, including high blood pressure, high cholesterol and an increased risk

of stroke, kidney disease, blindness and even amputation.⁴

Under the law, diabetes is considered a disability, so schools and child care providers may not discriminate against diabetic children. Along with providing for all children's nutrition and physical well-being, schools and child care providers must allow those with diabetes to adequately monitor and control their blood sugar for proper health and ensure appropriate development and academic achievement.⁵

New research amid the Covid-19 pandemic has shown an increased risk for diabetes among Covid-19 survivors, especially in children. The link between the virus and diabetes is not known, but the disease may sometimes damage the pancreas. Some researchers also suggest that closures and lockdowns delayed the diagnosis of Type 1 diabetes in some children, while decreased physical activity during lockdowns accelerated the development of Type 2 diabetes.⁶

Nearly 3,000 children in the North Texas region were estimated to have diabetes in 2019, based on the most recent prevalence estimates from the Centers for Disease Control and Prevention (CDC). These estimates vary from year to year, but the numbers have been

increasing on average. About 24 out of every 1,000 children have either Type 1 or Type 2 diabetes. While no trend for diabetes hospitalizations is prevalent, 336 children were hospitalized in 2019, down from more than 400 in 2018.

CHILDREN ARE AT ELEVATED RISK FOR TYPE 2 if they are overweight or obese, have a family history of diabetes or are not active. It is most prevalent among non-white children.

ASTHMA

Asthma Prevalence

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

		2015	2016	2017	2018	2019
Dallas	Lifetime	89,243	87,117	89,727	80,000	71,417
	Current	57,665	56,935	57,977	51,724	47,611
	Asthma Attack	27,391	30,574	29,916	27,828	21,092
Collin	Lifetime	31,984	31,783	33,069	30,215	27,856
	Current	20,667	20,772	21,368	19,536	18,570
	Asthma Attack	9,817	11,154	11,026	10,510	8,227
Cooke	Lifetime	1,231	1,176	1,204	1,102	1,003
	Current	796	769	778	713	669
	Asthma Attack	378	413	401	383	296
Denton	Lifetime	26,214	26,018	27,233	24,592	22,623
	Current	16,938	17,004	17,597	15,900	15,082
	Asthma Attack	8,046	9,131	9,080	8,554	6,681
Fannin	Lifetime	936	904	927	840	768
	Current	605	591	599	543	512
	Asthma Attack	287	317	309	292	227
Grayson	Lifetime	3,889	3,759	3,900	3,636	3,358
	Current	2,513	2,456	2,520	2,351	2,239
	Asthma Attack	1,194	1,319	1,300	1,265	992

Source: Centers for Disease Control and Prevention; National Health Interview Survey, 2015 - 2019; U.S. Census Bureau, American Communities Survey 1Y Estimates (Collin, Dallas, Denton, Grayson), 5Y Estimates (Cooke, Fannin)

Asthma Hospitalizations

Hospitalizations of children with a primary or secondary diagnosis of asthma

	2015	2016	2017	2018	2019
Dallas	887	738	1,064	853	821
Collin	151	128	164	133	117
Cooke	3	3	9	6	4
Denton	278	152	167	140	133
Fannin	9	7	4	9	5
Grayson	33	9	21	30	22

Source: Texas Department of State Health Services; Center for Health Statistics, Texas Hospital Inpatient Discharge Public Use Data Files 2015-2019

The Centers for Disease Control and Prevention (CDC) estimates that nearly 8 million children nationwide have been diagnosed with asthma during their lifetime. More than 5 million had a current diagnosis in 2019 and an estimated 44 percent of those children experienced an attack in 2019. Black children are more than twice as likely to have a current asthma diagnosis than their white peers; an estimated 13.5 percent of Black children had a diagnosis in 2019 compared to 5.7 percent for white children.¹ Based on those estimates, more than 80,000 children in the North Texas region had a current asthma diagnosis in 2019 and more than 37,000 experienced an asthma attack.

The cause of asthma is unknown, but it is the most common chronic disease among children and often appears before age 5. For some children, asthma can be aggravated by allergens like mold, pollen, pet dander or dust mites. Other children may experience nonallergic asthma from household chemicals, respiratory infections, tobacco smoke and air pollution.² Asthma has also been linked to conditions such as food allergies, hay fever, heartburn, chronically inflamed sinuses and nasal congestion. Asthma is also more prevalent in male children.³

According to the CDC, more than 750,000 children visited an emergency room in 2018 for asthma symptoms, for a rate of 104 per 10,000 children. More than one-third of those visits were for children under 5, who visited the ER at a rate of 127 per 10,000, compared to 96 per 10,000 children ages 5-17.⁴ Nearly 75,000

children were hospitalized for asthma and 45 percent of those were children under age 5. Children under 5 were hospitalized at a rate of 17 per 10,000, compared to only 7.5 per 10,000 for children 5 and older.⁵ Across the North Texas region, more than 1,000 children were hospitalized for asthma in 2019, a rate of about nine hospitalizations per 10,000 children, slightly better than the 10.1 reported nationally in 2018.

More than two-thirds of children with asthma require rescue medication, while just over half require a prescription for regular control. Nearly half of those requiring control medication do not use that medication as regularly as prescribed.⁶

Asthma is one of the leading health-related causes of school absenteeism for children. Those who miss school due to asthma are less likely to have their asthma under control and more likely to visit an ER or urgent-care facility as a result. They are also more likely to live in homes with mold and that lack the financial resources to maintain preventive care.⁷ As reported by students and school health centers, asthma accounts for about 14-18 percent of student absenteeism. In addition to the cost of medical care, social factors

like segregation and psychosocial stress are related to asthma control in children. The link between poverty and asthma control is multi-faceted: Being poor limits access to transportation, which can increase absenteeism. Therefore, while asthma is a common cause of absenteeism, increased asthma control is only part of the solution to chronic absenteeism.⁸

The cause of asthma is unknown, but it is **THE MOST COMMON** chronic disease among children and often appears before age 5.

Air Quality

Three-year average of the annual 4th highest daily maximum eight-hour ozone concentration measured at each monitoring site

Air quality is often one of the most overlooked aspects of student health and academic performance. Eight-hour ozone concentration levels are healthiest between 0-50 parts per billion (ppb) and moderate up to 70 ppb. Measuring between 70-80 ppb, ozone concentration levels in Dallas, Collin and Denton counties have been deemed unhealthy for sensitive groups.

Besides ozone, particulate matter also can contribute to poor air quality. Particle size is directly related to its potential for causing health problems, as small particles less than 2.5 micrometers in diameter can be inhaled deeply into the lungs. Scientific studies have linked exposure to high concentrations of some types of particulate matter with a variety of problems, including irregular heartbeat, aggravated asthma, decreased lung function, increased respiratory symptoms such as irritation of the airways, coughing or difficulty breathing, nonfatal heart attacks and even premature death in people with heart or lung disease.¹

Averaging ozone levels for eight hours provides a more comprehensive view of air quality, which is important in order to protect children and adults who may be particularly vulnerable to the effects of ozone, such as those who spend a significant portion of their time working or playing

		2016	2017	2018	2019	2020
Dallas	Dallas Executive Airport	64	64	66	67	67
	Dallas North	72	74	75	73	69
	Dallas Hinton Street	71	74	74	65	64
Collin	Frisco	74	74	75	76	70
Denton	Pilot Point	76	74	72	73	71
	Denton Airport	80	79	75	71	71

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

outdoors. Children's bodies are more susceptible to environmental hazards and the adverse effects of pollutants. They have a higher air intake per pound of body weight with smaller bodies as their tissues and organs are in crucial developmental stages.² A 2005 study links poor environmental quality to reduced school attendance and, in turn, reduced academic performance.³

Motorized vehicles are the biggest contributor to ozone concentrates in Texas, along with other uses of gasoline-powered internal combustion engines like agricultural machinery, construction equipment, garden equipment and lawn mowers.⁴

The Texas Commission on Environment Quality (TCEQ)

through its annual Point Source Emissions Inventory accounts for legal air pollution emitted by coal-burning power plants, refineries, chemical manufacturers and other polluters. The most recent report showed that in 2018 Texas polluters emitted 152,000 fewer tons of carbon monoxide, particulate matter, sulfur dioxide and other pollutants than in 2017. The decrease is attributed to the increased use of wind power, which is now 17 percent of Texas' electric grid capacity.⁵

Measuring between 70-80 ppb, ozone concentration levels in Dallas, Collin and Denton counties have been deemed

UNHEALTHY

for sensitive groups.

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

Number of STD cases in children younger than 18

Adolescents and young adults 15-24 years old account for about half of the 26 million sexually transmitted infections in the United States, according to the Centers for Disease Control and Prevention (CDC).¹ Although only one-quarter of the sexually active population, this age group accounts for 43 percent of gonorrhea cases and 62 percent of chlamydia cases nationwide. Young people are at increased risk for sexually transmitted diseases (STDs) because of their likelihood of having multiple sex partners.²

Individuals of any age place themselves at an increased risk for sexually transmitted infections if they have sex without a condom, have multiple sex partners, have anonymous sex partners or have sex in conjunction with drug and alcohol use. Some STDs are closely linked, including HIV; one study found that more than 40 percent of syphilis-infected men in Florida were also HIV positive. HIV is also linked to gonorrhea, chlamydia and even herpes.³

Among young adults, young women are more susceptible to certain types of infections for biological reasons, while men who have sex with men are also at an increased risk for STDs because of their sexual networks.⁴ Young people still using their parents' insurance are less likely to seek care for fear of alerting their parents.⁵ Sexually active teens should be tested regularly

		2013	2014	2015	2016	2017	2018
Dallas	Syphilis	46	30	40	34	66	95
	Chlamydia	2,003	1,985	1,767	1,651	2,158	2,008
	Gonorrhea	639	597	483	520	588	531
	HIV	14	11	10	10	15	10
Collin	Syphilis	1	0	5	3	5	4
	Chlamydia	227	212	212	259	267	241
	Gonorrhea	27	25	46	57	55	39
	HIV	0	2	1	1	3	1
Cooke	Syphilis	0	0	0	0	0	0
	Chlamydia	14	17	13	16	34	18
	Gonorrhea	0	1	3	3	3	3
	HIV	0	0	0	0	0	0
Denton	Syphilis	1	0	2	1	2	8
	Chlamydia	154	148	183	180	176	178
	Gonorrhea	21	22	35	39	40	33
	HIV	1	0	1	0	2	4
Fannin	Syphilis	0	0	0	0	0	1
	Chlamydia	11	8	18	11	7	7
	Gonorrhea	0	0	3	1	6	0
	HIV	0	0	0	0	0	0
Grayson	Syphilis	0	0	0	0	0	1
	Chlamydia	45	40	46	60	62	66
	Gonorrhea	6	8	9	19	14	7
	HIV	0	0	0	1	0	0

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

for STDs because they may not exhibit symptoms. Some STDs like chlamydia and gonorrhea can be cured. It is essential to seek treatment because untreated STDs can have long-term effects, especially for young women who may have difficulty getting pregnant as a result.⁶

Young people are at increased risk for STDs because of their likelihood of having multiple sex partners.

END NOTES

Introduction

- Julie Chang, "Uninsured Rate for Texas' Youngest Children Jumps, Report Says," *Austin American-Statesman*, Dec. 11, 2019, <https://www.statesman.com/news/20191211/uninsured-rate-for-texasrsquo-youngest-children-jumps-report-says>
- Wendy Parmet, "The Trump Administration's New Public Charge Rule: Implications for Health Care & Public Health | Health Affairs Blog," *Health Affairs*, Aug. 13, 2019, <https://www.healthaffairs.org/doi/10.1377/hblog20190813.84831/full/>
- Erin Schumaker, "States with Surging Covid-19 Rates Also Tend to Have Higher Rates of Uninsured," *ABC News*, July 31, 2021, <https://abc-news.go.com/Health/high-covid-19-rates-correlate-high-uninsurance-data/story?id=79118624>

- Centers for Medicare and Medicaid Services, "Fact Sheet: Medicaid & CHIP and the Covid-19 Public Health Emergency" (CMS.gov, May 14, 2021), <https://www.cms.gov/newsroom/fact-sheets/fact-sheet-medicaid-chip-and-covid-19-public-health-emergency>
- Kim Tingley, "The Pandemic Seems to Have Made Childhood Obesity Worse, but There's Hope," *The New York Times*, June 24, 2021, sec. Magazine, <https://www.nytimes.com/2021/06/24/magazine/childhood-obesity-pandemic.html>
- Jason Gale and Bloomberg, "Scientists Alarmed by Covid's Diabetes Link, Particularly in Children," *Fortune*, May 5, 2021, <https://fortune.com/2021/05/05/diabetes-covid19-after-effects-children>

Children Without Health Insurance

- U.S. Census Bureau, "Selected Characteristics of Insurance Coverage in the United States," *American Community Survey 1-year estimates*, 2020, https://data.census.gov/cedsci/table?q=health%20insurance&g=0100000US_0400000US48_0500000US48113&tid=ACSTTY2019.S2701
- Julie Chang, "Uninsured Rate for Texas' Youngest Children Jumps, Report Says," *Austin American-Statesman*, Dec. 11, 2019, <https://www.statesman.com/news/20191211/uninsured-rate-for-texasrsquo-youngest-children-jumps-report-says>
- Wendy Parmet, "The Trump Administration's New Public Charge Rule: Implications For Health Care & Public Health | Health Affairs Blog," *Health Affairs*, Aug. 13, 2019, <https://www.healthaffairs.org/doi/10.1377/hblog20190813.84831/full/>
- Robert Garrett, "Texas Children without Health Coverage Swelled to Nearly 1 Million Last Year, up 32% over Three Years," *Dallas News*, Oct. 9, 2020, <https://www.dallasnews.com/news/politics/2020/10/09/texas-children-without-health-coverage-swelled-to-nearly-1-million-last-year-up-32-over-three-years/>
- Erin Schumaker, "States with Surging Covid-19 Rates Also Tend to Have Higher Rates of Uninsured," *ABC News*, July 31, 2021, <https://abc-news.go.com/Health/high-covid-19-rates-correlate-high-uninsurance-data/story?id=79118624>

Special Health Care Needs

- Texas Health and Human Services, "Children with Special Healthcare Needs Client Demographics Report," December 2019, <https://www.hhs.texas.gov/sites/default/files/documents/laws-regulations/reports-presentations/2019-children-special-health-needs-demographic-dec-2019.pdf>
- Texas Health and Human Services, "Children with Special Health Care Needs Program," *Texas Health and Human Services*, 2021, <https://www.hhs.texas.gov/services/disability/children-special-health-care-needs-program>
- Fadumo M. Abdi, Deborah Seok, and David Murphey, "Children with Special Health Care Needs Face Challenges Accessing Information, Support, and Services" (Child Trends, February 2020), https://www.childtrends.org/wp-content/uploads/2020/02/CYSHCN-Brief_ChildTrends_February2020.pdf

Access to Care

- Texas Health and Human Services Commission, "Children's Medicaid & CHIP," *Texas Health and Human Services*, accessed Aug. 12, 2021, <https://www.hhs.texas.gov/services/health/medicaid-chip/programs-services/children-families/childrens-medicaid-chip>
- Kelly Whitener, "Outreach and Enrollment Grants to Miss Critical Back-to-School Period Due to CHIP Funding Delay," *Center For Children and Families* (blog), May 14, 2018, <https://ccf.georgetown.edu/2018/05/14/outreach-and-enrollment-grants-to-miss-critical-back-to-school-period-due-to-chip-funding-delay/>
- Robert Garrett, "Texas Children without Health Coverage Swelled to Nearly 1 Million Last Year, up 32% over Three Years," *Dallas News*, Oct. 9, 2020, <https://www.dallasnews.com/news/politics/2020/10/09/texas-children-without-health-coverage-swelled-to-nearly-1-million-last-year-up-32-over-three-years/>
- Centers for Medicare and Medicaid Services, "Fact Sheet: Medicaid & CHIP and the Covid-19 Public Health Emergency" (CMS.gov, May 14, 2021), <https://www.cms.gov/newsroom/fact-sheets/fact-sheet-medicaid-chip-and-covid-19-public-health-emergency>
- Texas Health and Human Services Commission, "Coronavirus (Covid-19) Information for People Receiving Services," *Texas Health and Human Services*, accessed Aug. 12, 2021, <https://www.hhs.texas.gov/services/health/coronavirus-covid-19/information-people-receiving-services>
- Texas Health and Human Services Commission, "Medicaid & CHIP Services Information for People Receiving Services," *Texas Health and Human Services*, n.d., <https://www.hhs.texas.gov/services/health/coronavirus-covid-19/medicaid-chip-services-information-people-receiving-services>

Health Care Providers Accepting Medicaid

- Les Masterson, "Doctors Less Likely to Accept Medicaid than Other Insurance," *Healthcare Dive*, Jan. 28, 2019, <https://www.healthcaredive.com/news/doctors-less-likely-to-accept-medic-aid-than-other-insurance/546941/>
- Lisa Rapaport, "Medicaid Payment Increases Tied to Greater Pediatrician Participation," *Reuters*, Jan. 12, 2018, sec. Healthcare & Pharma, <https://www.reuters.com/article/us-health-kids-medicaid-idUSKBN1F20C>

- Kelly Washington, "Medicaid Recipients Left with Few Options as More Physicians Decline," *Chicago Defender*, March 4, 2021, <https://chicago-defender.com/medicaid-recipients-left-with-few-options-as-more-physicians-decline/>
- Michael R. Daly and Jennifer M. Mellor, "Racial and Ethnic Differences in Medicaid Acceptance by Primary Care Physicians: A Geospatial Analysis," *Medical Care Research and Review* 77, no. 1 (Feb. 1, 2020): 85–95, <https://doi.org/10.1177/1077558718772165>
- Centers for Medicare and Medicaid Services, "Fact Sheet: Medicaid & CHIP and the COVID-19 Public Health Emergency" (CMS.gov, May 14, 2021), <https://www.cms.gov/newsroom/fact-sheets/fact-sheet-medicaid-chip-and-covid-19-public-health-emergency>
- Texas Medical Association, "Covid-19 Practice Viability Survey of Texas Physicians" (Texas Medical Association, May 2020), https://www.texmed.org/uploadedFiles/Current/2016_Advocacy/Practice_Viability_Survey_Final_Report_V5.pdf

Texas Health Steps Medical Screening Services

- Texas Department of Family and Protective Services, "What Is Texas Health Steps?" Web documents - Undefined., *Child Protective Services*, 2021, https://www.dfps.state.tx.us/Child_Protection/Medical_Services/Texas_Health_Steps.asp
- Texas Health and Human Services, "Texas Health Steps," *Texas Health and Human Services*, 2021, <https://www.hhs.texas.gov/services/health/medicaid-chip/medicaid-chip-members/texas-health-steps>
- Health Resources and Services Administration, "Early Periodic Screening, Diagnosis, and Treatment," Text, *Maternal and Child Health Bureau*, May 18, 2016, <https://mchb.hrsa.gov/maternal-child-health-initiatives/mchb-programs/early-periodic-screening-diagnosis-and-treatment>
- Anita M. Larson, Tehout Selameab, and Beverly Bushyhead, "Teens and Preventive Care Use: Implications for EPSDT Outreach," *Social Work in Public Health* 30, no. 5 (2015): 443–61, <https://doi.org/10.1080/19371918.2015.1051260>
- Texas Health and Human Services, "Overview of Texas Medicaid Telemedicine and Telehealth Services > Telemedicine and Telehealth Services: What Texas Health Steps Providers Need to Know," *Texas Health Steps*, 2021, <https://www.txhealthsteps.com/static/courses/telehealth/sections/section-1-3.html>
- Centers for Medicare and Medicaid Services, "Fact Sheet: Medicaid & CHIP and the Covid-19 Public Health Emergency"

Mental Health

- Center for Parent Information and Resources, "Emotional Disturbance | Center for Parent Information and Resources," *Center for Parent Information and Resources*, 2015, <https://www.parentcenterhub.org/emotionaldisturbance/>
- Northwell Health, "Addictive Disorders: What Are Addictive Disorders?," *Northwell Health*, 2020, <https://www.northwell.edu/behavioral-health/conditions/addictive-disorders>
- National Dissemination Center for Children with Disabilities, "Emotional Disturbance" (National Dissemination Center for Children with Disabilities, June 2010), <https://www.isbe.net/Documents/emotional-disturbance.pdf>

- Substance Abuse and Mental Health Services Administration, "Key Substance Use and Mental Health Indicators in the United States: Results from the 2019 National Survey on Drug Use and Health," *SAMHSA*, 2020, <https://www.samhsa.gov/data/report/2019-nsduh-annual-national-report>
- Laura Searcy, "The Disease of Addiction: A Critical Pediatric Prevention Issue," *Journal of Pediatric Health Care* 31, no. 1 (January 2017): 2–4, <https://doi.org/10.1016/j.pedhc.2016.10.001>
- Northwell Health, "Addictive Disorders: What Are Addictive Disorders?"
- Texas Health and Human Services Commission, "HSC Awards \$45 Million for Community Mental Health Services," *Texas Health and Human Services*, Sept. 10, 2020, <https://www.hhs.texas.gov/about-hhs/communications-events/news/2020/09/hsc-awards-45-million-community-mental-health-services>
- Elizabeth Wiley, "Texas to Award Millions in Grant Money to Organizations That Provide Mental Health Services," *WFAA*, Sept. 5, 2020, <https://www.wfaa.com/article/news/health/texas-mental-health-services-grant-funds-45-million-dollars/287-5a27a8c1-2caa-45b0-929f-17ab-f82e6e06>
- IDC and Behavioral Health Services Department, "Community Mental Health Grant: FY20 Program Report Card," *Texas Health and Human Services*, 2021, <https://www.hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/grants/cmh-grant-program-report-card.pdf>

Adolescent Pregnancy

- JA Martin et al., "Births: Final Data for 2019," *National Vital Statistics Reports* 70, no. 2 (2021)
- National Center for Health Statistics, "Texas: Key Health Indicators," *Centers for Disease Control and Prevention*, March 19, 2021, <https://www.cdc.gov/nchs/pressroom/states/texas/tx.htm>
- HHS Office of Population Affairs, "Challenges and Consequences of Teen Childbearing," *Office of Population Affairs*, n.d., <https://opa.hhs.gov/adolescent-health/reproductive-health-and-teen-pregnancy/challenges-and-consequences-teen>
- Centers for Disease Control and Prevention, "Pregnant and Recently Pregnant People," *Centers for Disease Control and Prevention*, 2021, <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/pregnant-people.html>

Early Prenatal Care

- National Institutes of Health, "What Is Prenatal Care and Why Is It Important?" Eunice Kennedy Shriver National Institute of Child Health and Human Development, Jan. 31, 2017, <https://www.nichd.nih.gov/health/topics/pregnancy/conditioninfo/prenatal-care>
- Mayo Clinic, "Prenatal Care: 1st Trimester Visits," *Mayo Clinic: Healthy Lifestyle*, Aug. 7, 2020, <https://www.mayoclinic.org/healthy-lifestyle/pregnancy-week-by-week/in-depth/prenatal-care/art-20044882>
- March of Dimes, "Prenatal Care Checkups," *March of Dimes*, June 2017, <https://www.marchofdimes.org/pregnancy/prenatal-care-checkups.aspx>
- The American College of Obstetricians and Gynecologists, "Coronavirus (Covid-19), Pregnancy, and Breastfeeding: A Message for Patients," *ACOG*, Aug. 4, 2021, <https://www.acog.org/en/womens-health/faqs/coronavirus-covid-19-pregnancy-and-breastfeeding>

- Centers for Disease Control and Prevention, "New CDC Data: Covid-19 Vaccination Safe for Pregnant People," *CDC Newsroom*, Jan. 1, 2016, <https://www.cdc.gov/media/releases/2021/s0811-vaccine-safe-pregnant.html>
- Julie Cunningham, "Study Shows Covid-19 Vaccinated Mothers Pass Antibodies to Newborns," *Harvard Gazette* (blog), March 25, 2021, <https://news.harvard.edu/gazette/story/2021/03/study-shows-covid-19-vaccinated-mothers-pass-antibodies-to-newborns/>

Birth Outcomes

- March of Dimes, "Low Birth Weight," *March of Dimes*, June 2021, <https://www.marchofdimes.org/complications/low-birthweight.aspx>
- March of Dimes, "Low Birth Weight"
- March of Dimes, "Preterm Labor and Premature Birth: Are You at Risk?," *March 2018*, <https://www.marchofdimes.org/complications/preterm-labor-and-premature-birth-are-you-at-risk.aspx>
- Texas Department of State Health Services, "Maternal and Child Health Epidemiology: 2020 Healthy Texas Mothers and Babies Data Book" (*Texas Health and Human Services Commission*, 2020), https://www.dshs.texas.gov/healthy-texas-babies/Documents/Healthy-Texas-Mothers-and-Babies-Data-Book-2020_REVISED.pdf
- March of Dimes, "Report Card for Texas," 2020 *March of Dimes Report Card*, 2020, <https://www.marchofdimes.org/peristats/tools/reportcard.aspx?frmodrc=1®=48>
- Rhithu Chatterjee, "Premature Birth Rates Rise Again, But A Few States Are Turning Things Around," *NPR*, Nov. 1, 2018, sec. Public Health, <https://www.npr.org/sections/health-shots/2018/11/01/662683176/premature-birth-rates-rise-again-but-a-few-states-are-turning-things-around>
- Diana Bianchi, "Severe Covid-19 in Pregnancy Associated with Preterm Birth, Other Complications," *National Institutes of Health (NIH)*, Jan. 28, 2021, <https://www.nih.gov/news-events/news-releases/severe-covid-19-pregnancy-associated-preterm-birth-other-complications>
- Jocelyn Kaiser, "Clear Link Emerges between Covid-19 and Pregnancy Complications," *Science* | AAAS, April 22, 2021, <https://www.sciencemag.org/news/2021/04/clear-link-emerges-between-covid-19-and-pregnancy-complications>
- Elizabeth Fernandez, "Covid-19 During Pregnancy Associated with Preterm Birth," *University of California San Francisco*, Aug. 9, 2021, <https://www.ucsf.edu/news/2021/08/421181/covid-19-during-pregnancy-associated-preterm-birth>

Infant Mortality

- Centers for Disease Control and Prevention, "Infant Mortality," *Centers for Disease Control and Prevention*, Sept. 10, 2020, <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/infantmortality.htm>
- Jiaquan Xu et al., "Deaths: Final Data for 2019," *National Vital Statistics Reports* 70, no. 8 (July 26, 2021): 87
- Office of Disease Prevention and Health Promotion, "Maternal, Infant, and Child Health | Healthy People 2020," *Healthy People*, 2014, <https://www.healthypeople.gov/2020/topics-objectives/topic/maternal-infant-and-child-health>
- Office of Disease Prevention and Health Promotion, "Reduce the Rate of Infant Deaths," *Healthy People 2030*, 2021, <https://health.gov/healthypeople/objectives-and-data/browse-objectives/infants/reduce-rate-infant-deaths-mich-02>

- Daniele Trevisanuto et al., "Coronavirus Infection in Neonates: A Systematic Review," *Archives of Disease in Childhood - Fetal and Neonatal Edition* 106, no. 3 (May 1, 2021): 330–35, <https://doi.org/10.1136/archdischild-2020-319837>
- Children's Hospital Association and American Academy of Pediatrics, "Children and Covid-19: State-Level Data Report," *American Academy of Pediatrics*, 2021, <http://www.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/children-and-covid-19-state-level-data-report/>
- Gavi, "Covid-19 Could Undermine Progress towards Reducing Infant Mortality," *Gavi.org*, 2021, <https://www.gavi.org/vaccineswork/covid-19-could-undermine-progress-towards-reducing-infant-mortality>

Children with Developmental Disabilities

- Benjamin Zablotzky et al., "Prevalence and Trends of Developmental Disabilities among Children in the United States: 2009–2017," *Pediatrics* 144, no. 4 (October 2019): e20190811, <https://doi.org/10.15142/peds.2019-0811>
- Zablotzky et al.
- Healthy North Texas, "Healthy North Texas :: Indicators :: Children with a Disability," n.d., <http://www.healthynorthtexas.org/indicators/index/view?indicatorId=1052&localeId=2631&localeFilterId=131139&comparisonId=7225>
- Ramkumar Aishworiya and Ying Qi Kang, "Including Children with Developmental Disabilities in the Equation During This Covid-19 Pandemic," *Journal of Autism and Developmental Disorders* 51, no. 6 (June 2021): 2155–58, <https://doi.org/10.1007/s10803-020-04670-6>

Childhood Immunizations

- Texas Department of State Health Services, "Texas Minimum Vaccine Requirements for Child-Care Facilities," *School Immunizations*, July 30, 2021, <https://www.dshs.texas.gov/immunize/school/child-care-requirements.aspx>
- Texas Department of State Health Services, "Information for Parents - Texas Vaccines for Children," *Texas Vaccines for Children*, June 29, 2021, <https://www.dshs.texas.gov/immunize/tvfc/info-for-parents.aspx>
- Centers for Disease Control and Prevention, "Well-Child Visits and Recommended Vaccinations Are Essential," *Vaccines for Your Children*, June 17, 2021, <https://www.cdc.gov/vaccines/parents/visit/vaccination-during-COVID-19.html>
- Centers for Medicare and Medicaid Services, "Fact Sheet: Medicaid & CHIP and the Covid-19 Public Health Emergency" (CMS.gov, May 14, 2021), <https://www.cms.gov/newsroom/fact-sheets/fact-sheet-medicaid-chip-and-covid-19-public-health-emergency>
- Melissa Jenco, "CDC: Kindergarten Vaccination Rates High Last School Year, Expected to Fall," *AAP News*, Aug. 22, 2021, <https://www.aappublications.org/news/2021/01/21/kindergarten-vaccination-012121>
- Centers for Disease Control and Prevention, "SchoolVaxView Interactive School Vaccination Coverage | CDC," *SchoolVaxView*, May 20, 2021, <https://www.cdc.gov/vaccines/imz-managers/coverage/schoolvaxview/data-reports/index.html>
- Texas Department of State Health Services, "Exemption Information - School Immunizations," *School Immunizations*, 2021, <https://www.dshs.texas.gov/immunize/school/exemptions.aspx>
- Maggie Fox, "Next up for Covid Vaccines: Kids under 12," *CNN*, Aug. 24, 2021, <https://www.cnn.com/2021/08/24/health/covid-19-vaccines-kids-next-wellness/index.html>

Overweight and Obese Children and Teens

¹ National Center for Chronic Disease Prevention and Health Promotion, "Childhood Obesity Facts," Centers for Disease Control and Prevention, April 5, 2021, <https://www.cdc.gov/obesity/data/childhood.html>

² National Center for Chronic Disease Prevention and Health Promotion, "Childhood Obesity Causes & Consequences," Centers for Disease Control and Prevention, March 19, 2021, <https://www.cdc.gov/obesity/childhood/causes.html>

³ Mayo Foundation for Medical Education and Research, "Childhood Obesity - Symptoms and Causes," Mayo Clinic, Dec. 5, 2020, <https://www.mayoclinic.org/diseases-conditions/childhood-obesity/symptoms-causes/syc-20354827>

⁴ National Center for Chronic Disease Prevention and Health Promotion, "Childhood Obesity Causes & Consequences"

⁵ Krushnapriya Sahoo et al., "Childhood Obesity: Causes and Consequences," Journal of Family Medicine and Primary Care 4, no. 2 (2015): 187–92, <https://doi.org/10.4103/2249-4863.154628>

⁶ Kim Tingley, "The Pandemic Seems to Have Made Childhood Obesity Worse, but There's Hope," The New York Times, June 24, 2021, sec. Magazine, <https://www.nytimes.com/2021/06/24/magazine/childhood-obesity-pandemic.html>

Childhood Cancer

¹ Texas Cancer Registry, "Childhood and Adolescent Cancer," Texas Department of State Health Services, May 17, 2021, <https://www.dshs.texas.gov/tcr/data/childhood.aspx>

² Texas Cancer Registry, "Childhood and Adolescent Cancer by Public Health Region, 2009-2018," Texas Department of State Health Services, May 17, 2021, <https://www.dshs.texas.gov/tcr/data/childhood/Childhood-and-Adolescent-Cancer-Incidence-by-PHR.xlsx>

³ Texas Cancer Registry, "Childhood and Adolescent Cancer in Texas, 2009-2018," Texas Department of State Health Services, May 17, 2021, <https://www.dshs.texas.gov/tcr/data/childhood/Childhood-and-Adolescent-Cancer-Incidence-in-Texas.xlsx>

⁴ U.S. Cancer Statistics Working Group, "U.S. Cancer Statistics Data Visualizations Tool, Based on 2020 Submission Data (1999-2018)," Centers for Disease Control and Prevention and National Cancer Institute, June 2021, <https://gis.cdc.gov/Cancer/USCS/#/ChildhoodCancer/CCC/>

⁵ American Cancer Society, "Risk Factors and Causes of Childhood Cancer," American Cancer Society, Oct. 14, 2019, <https://www.cancer.org/cancer/cancer-in-children/risk-factors-and-causes.html>

⁶ National Cancer Institute, "Childhood Cancers - National Cancer Institute," [cgvArticle, National Cancer Institute, May 12, 2021, <https://www.nciglobal.ncicenterprise>](https://www.cancer.gov/types/childhood-cancers)

Diabetes

¹ Centers for Disease Control and Prevention, "National Diabetes Statistics Report 2020. Estimates of Diabetes and Its Burden in the United States." (Centers for Disease Control and Prevention, 2020), <https://www.cdc.gov/diabetes/pdfs/data/statistics/national-diabetes-statistics-report.pdf>

² Mayo Foundation for Medical Education and Research, "Type 1 Diabetes in Children - Symptoms and Causes," Mayo Clinic, Jan. 30, 2020, 1, <https://www.mayoclinic.org/diseases-conditions/type-1-diabetes-in-children/symptoms-causes/syc-20355306>

³ U.S. National Library of Medicine, "Diabetes in Children and Teens," Medline Plus (National Library of Medicine, May 27, 2021), <https://medlineplus.gov/diabetesinchildrenandteens.html>

⁴ Mayo Foundation for Medical Education and Research, "Type 2 Diabetes in Children - Symptoms and Causes," Mayo Clinic, Aug. 26, 2020, <https://www.mayoclinic.org/diseases-conditions/type-2-diabetes-in-children/symptoms-causes/syc-20355318>

⁵ American Diabetes Association, "Care of Children with Diabetes in the School and Day Care Setting," Diabetes Care 26, no. suppl 1 (Jan. 1, 2003): s131–35, <https://doi.org/10.2337/diacare.26.2007.S131>

⁶ Jason Gale and Bloomberg, "Scientists Alarmed by Covid's Diabetes Link, Particularly in Children," Fortune, May 5, 2021, <https://fortune.com/2021/05/05/diabetes-covid19-after-effects-children/>

Asthma

¹ Centers for Disease Control and Prevention, "2019 National Health Interview Survey (NHIS) Data," Centers for Disease Control and Prevention, Dec. 14, 2020, <https://www.cdc.gov/asthma/nhis/2019/data.htm>

² U.S. National Library of Medicine, "Asthma in Children," Text, Medline Plus (National Library of Medicine, May 18, 2018), <https://medlineplus.gov/asthmachildren.html>

³ Mayo Foundation for Medical Education and Research, "Childhood Asthma - Symptoms and Causes," Mayo Clinic, March 13, 2021, <https://www.mayoclinic.org/diseases-conditions/childhood-asthma/symptoms-causes/syc-20351507>

⁴ Centers for Disease Control and Prevention, "2018 Healthcare Use Data: Emergency Department Visits," Centers for Disease Control and Prevention, Feb. 25, 2021, https://www.cdc.gov/asthma/healthcare-use/2018/table_a.html

⁵ Centers for Disease Control and Prevention, "2018 Healthcare Use Data: Hospitalizations," Centers for Disease Control and Prevention, July 20, 2021, https://www.cdc.gov/asthma/healthcare-use/2018/table_b.html

⁶ National Center for Environment Health, "Asthma in Children," Centers for Disease Control and Prevention, May 10, 2018, <https://www.cdc.gov/vitalsigns/childhood-asthma/index.html>

⁷ Joy Hsu et al., "Asthma-Related School Absenteeism, Morbidity, and Modifiable Factors," American Journal of Preventive Medicine 51, no. 1 (July 2016): 23–32, <https://doi.org/10.1016/j.amepre.2015.12.012>

⁸ Sara B. Johnson, "Asthma and Attendance in Urban Schools," Preventing Chronic Disease 16 (2019), <https://doi.org/10.5888/pcd16.190074>

Air Quality

¹ E. M. Faustman et al., "Mechanisms Underlying Children's Susceptibility to Environmental Toxicants," Environmental Health Perspectives 108 Suppl 1 (March 2000): 13–21, <https://doi.org/10.1289/ehp.00108s113>

² Faustman et al

³ M. J. Mendell and G. A. Heath, "Do Indoor Pollutants and Thermal Conditions in Schools Influence Student Performance? A Critical Review of the Literature," Indoor Air 15, no. 1 (February 2005): 27–52, <https://doi.org/10.1111/j.1600-0668.2004.00320.x>

⁴ IQAir, "Texas Air Quality Index (AQI) and USA Air Pollution | AirVisual," IQAir, 2021, <https://www.iqair.com/us/usa/texas>

⁵ IQAir

Sexually Transmitted Diseases

¹ Division of STD Prevention, "Adolescents and Young Adults," Centers for Disease Control and Prevention, April 11, 2021, <https://www.cdc.gov/std/life-stages-populations/adolescents-youngadults.htm>

² Leah Keller, "Reducing STI Cases: Young People Deserve Better Sexual Health Information and Services," Guttmacher Institute, April 2, 2020, <https://doi.org/10.1363/2018.29941>

³ Division of STD Prevention, "Detailed STD Facts - HIV/AIDS & STDs," Centers for Disease Control and Prevention, April 5, 2021, <https://www.cdc.gov/std/hiv/stdfact-std-hiv-detailed.htm>

⁴ Keller, "Reducing STI Cases"

⁵ Jami S. Leichter, "Confidentiality Issues and Use of Sexually Transmitted Disease Services Among Sexually Experienced Persons Aged 15–25 Years — United States, 2013–2015," MMWR. Morbidity and Mortality Weekly Report 66 (2017), <https://doi.org/10.15585/mmwr.mm6609a1>

⁶ Division of STD Prevention, "CDC Fact Sheet: Information for Teens and Young Adults: Staying Healthy and Preventing STDs," Centers for Disease Control and Prevention, Jan. 25, 2021, <https://www.cdc.gov/std/life-stages-populations/stdfact-teens.htm>

ECONOMIC SECURITY

Economic security is a leading indicator of the overall well-being of children. Across the six-county region, 17 percent of children live below the poverty line, including nearly 1 in 4 children in Dallas County.

This section presents indicators that describe the economic security of children in North Texas.

Growing up in poverty means exposure to additional environmental stressors that affect children’s developing brains — and their futures. This adversity can reduce their likelihood of later academic and professional success. The toxic stress of poverty can inhibit overall development, potentially harming physical and mental health for a lifetime.¹ And studies have indicated that the constant stress of poverty contributes to the development of chronic diseases and ultimately can result in 10-15 years of life lost.²

Across North Texas, nearly half a million children qualify for free or reduced-price lunch, and more than 200,000 are considered food insecure. In response to the Covid-19 pandemic, federal and state governments approved supplemental SNAP (Supplemental Nutrition Assistance Program) payments, waived specific work requirements and raised the maximum benefit amount to alleviate hunger.³ Students who would have received free lunches but did not due to pandemic school closures were eligible to receive supplemental EBT (electronic benefits transfer) cards so their families could purchase food to make up for the lost meals.⁴ The USDA expanded the free lunch program for the 2021-2022 school year so districts could provide free lunches to all students, regardless of income eligibility.⁵

For families with children, poverty is a significant barrier to housing, employment and the child care needed in order to be at a job. More than 300,000 Texas families used federal housing subsidies in 2020, and nearly half of those families included children.⁶ While housing makes up a significant portion of household expenditures, so does the cost of child care, which can be as much as 28 percent more expensive than rent.⁷

CONTENTS

Children Living in Poverty.....	54	SNAP Enrollment	60
Children Receiving TANF	55	School Meal Eligibility	61
Housing Instability	56	Children Living in Single-Parent Families	62
Subsidized Housing	57	Families With All Parents Working	63
Child Food Insecurity.....	58	Access to Child Care: Licensed or Registered Child Care Slots and Facilities	64
WIC (Special Supplemental Nutrition Program for Women, Infants and Children).....	59	Eligible Children in Subsidized Child Care.....	66



73%

of children in Dallas County public schools are eligible to receive free or reduced-price school meals

Number of North Texas children in WIC dropped

33 percent

from 2014-2019, while women in program decreased

29 percent

1 in 6

eligible children in U.S. receive subsidized care, compared to only

1 in 10

in Texas

Housing Choice Voucher program helped

27,022

North Texas families secure housing; average household served earns only

\$15,781

a year

\$9,324

Average annual cost of infant care in Texas

TEXAS REPORTED

114,055

homeless students in 2019

1 in 4

Black children

&

1 in 5

Hispanic children

LIVE IN POVERTY IN NORTH TEXAS, WHILE

1 in 20

white children do

Number of licensed and registered child care facilities in region **steadily decreased** during the past 5 years

Children Living in Poverty

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

In 2019, 17 percent of children (203,119) in North Texas lived below the poverty line. North Texas kids are just two percentage points under the statewide child poverty rate of 19 percent and one point under the national rate of 18 percent. Only Dallas and Cooke counties exceed the state and national rates, with 23 and 25 percent respectively.

In 2019, the federal poverty threshold for a four-person household (two adults and two children) was \$25,926 per year.¹ By comparison, the Massachusetts Institute of Technology estimates a living wage for the same family in Dallas County to be \$85,030.² This wage represents estimated expenses such as child care, education, health care, food, housing and transportation.

Significant racial and ethnic disparities continue among North Texas children in poverty. For non-Hispanic white children, only 1 in 20 (5.7 percent) live in poverty, while 1 in 5 (21 percent) Hispanic children do. However, among non-Hispanic Black children, the rate is 1 in 4 (25.4 percent). These disparities in North Texas are nearly identical to inequities at the state level. While non-Hispanic whites represented 31 percent of North Texas children, they only represented 11.5 percent of poor children. Conversely, non-Hispanic Black children represent only 16 percent of children, but 26 percent of the poor.³

		2015	2016	2017	2018	2019
Dallas	Number	183,178	172,363	154,688	173,086	158,902
	Percent	27.2	25.3	22.5	25.4	23.3
Collin	Number	21,653	18,087	15,119	18,965	17,875
	Percent	8.9	7.2	6.0	7.6	7.0
Cooke	Number	2,028	2,269	2,237	2,347	2,230
	Percent	22.0	25.0	24.7	25.7	24.6
Denton	Number	17,755	20,547	16,532	17,910	17,390
	Percent	8.9	10.1	8.0	8.8	8.4
Fannin	Number	1,615	1,407	1,356	1,081	993
	Percent	22.5	19.9	19.1	15.0	13.7
Grayson	Number	7,464	4,982	6,178	5,968	5,729
	Percent	25.4	16.4	20.0	19.9	18.7

Source: U.S. Census Bureau American Communities Survey


Similar disparities exist among children in different household types. Children living in married-couple households had an 8.3 percent poverty rate, but the rate was 36.8 percent for households led by a single female, so more than 1 in 3 children in single-mother homes live below the poverty line.⁴

Child poverty rates have been slowly decreasing. Since 2017, these rates have remained relatively stable or dipped slightly.

While it's too early to know, research suggests that recent policy decisions through the American Rescue Plan may make

a meaningful impact on child poverty. Researchers at Columbia University's Center on Poverty and Social Policy estimate that it may reduce poverty rates by 3.8 percentage points at the margin. Among children under 18, the reduction is predicted to be 7.5 percentage points, with the most significant impact observed among children of color. For Hispanic children, the estimated reduction is 10.3 percentage points; among Black children, the reduction is 11.8 percentage points. In short, the center estimates that the rate of childhood poverty may be cut by as much as one-half.⁵

Children living in married-couple households had an **8.3 percent poverty rate**, but the rate was **36.8 PERCENT** for households led by a single female.



Children Receiving TANF

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

Temporary Assistance for Needy Families (TANF) is a federal aid program that provides grants to states to support families who need assistance to meet their basic needs. Federal guidelines require that beneficiary households include a child under 18, a pregnant mother, or that they are headed by a child under 18.¹ Outside of these basic requirements, states have considerable latitude in the design and implementation of TANF programs, including additional qualification criteria as long as the plan addresses the program's primary goals. The four TANF objectives are to provide basic needs so that families can care for their children at home or with relatives, end government dependency by promoting employment and marriage, reduce out-of-wedlock pregnancy and promote two-parent families.²

In Texas, families receiving benefits can use the money for food, clothing, utilities and shelter. However, TANF eligibility requirements in Texas are quite restrictive. For a family of four with two caregivers, monthly income must be less than \$231. In addition to income limitations, Texas parents seeking TANF benefits must actively seek employment or job training, pay child support, take parenting classes, vaccinate their children and ensure school attendance. Qualifying parents may not quit a job or abuse alcohol or drugs.³

	2016	2017	2018	2019	2020
Dallas	4,033	3,507	3,296	2,843	3,084
Collin	308	258	268	259	385
Cooke	44	53	49	33	53
Denton	283	255	249	225	361
Fannin	44	39	44	41	44
Grayson	132	118	131	120	146

Source: Texas Health and Human Services Commission, TANF Annual Reports

For 2021, the federal poverty level for a family of four is \$26,500 annually or \$2,208 per month. For a family to qualify for TANF in Texas, they must earn less than 11 percent of the federal poverty rate.⁴ Also, that same family can receive only \$379 per month in TANF benefits if they meet all of the criteria.⁵ A family making the maximum allowable amount and obtaining the maximum benefit would have \$610 per month; so TANF would increase their income from just over 10 percent of the poverty line to only 27.6 percent of that poverty rate.

Nationally, TANF reaches fewer families than the program it replaced in 1996, Aid to Families

with Dependent Children (AFDC). In 2019, TANF assisted 1.1 million families but might have reached more than 3 million families if it were as inclusive as its predecessor. Only 23 of every 100 needy families received TANF in 2019, compared to 68 under AFDC in 1996.⁶

TANF eligibility requirements in Texas are quite restrictive — a family of four with two caregivers must earn less than \$231 a month to qualify.

Housing Instability

Number of children and youth without a permanent residence

The McKinney-Vento Homeless Assistance Act defines homelessness and housing instability for children as meeting one of these criteria: lack of a fixed, regular and adequate nighttime residence; sharing housing with other persons due to loss of housing or economic hardship (doubling-up); and/or having a primary nighttime residence that is a public or private place not designed for regular sleeping accommodation.¹

Across the region, counties reported 5,238 fewer young people with housing instability in 2020 than in 2018. Unfortunately, this is due less to a decrease in need than a decrease in detection. With pandemic-related school closures coupled with the adoption of remote instruction, fewer interactions with students reduced the ability to identify those in need.²

At the same time, a change affected how this data is reported in Texas. Through 2019, the Texas Homeless Education Office (THEO) compiled data for Texas schools. In 2019, THEO closed and those responsibilities shifted to each educational service center (ESC).³ In 2020, homeless student counts were reported in the Texas Education Agency's Texas Academic Performance Report (TAPR). Data was not published for 2019.

Most North Texas counties saw their counts peak in 2015 and

	2015	2016	2017	2018	2019	2020
Dallas	6,821	10,748	9,892	9,643	—	7,248
Collin	2,873	2,934	2,254	2,052	—	1,071
Cooke	124	101	47	68	—	25
Denton	2,064	2,275	2,086	3,107	—	1,556
Fannin	105	146	146	171	—	93
Grayson	848	806	806	688	—	498

Source: Texas Education Agency, Public Information Request

2016: In Dallas County, the 7,248 children with housing instability in 2020 represented a decrease of more than 30 percent. Collin County saw the most significant decrease, with 63 percent fewer housing-unstable children reported in 2020 than in 2016.

The *Beyond ABC 2019-2020* report noted an 80 percent increase in homeless students from 2008 through 2017. Sadly, the latest figures show a national increase of more than 100 percent, from 680,000 in 2008 to 1,384,301 in 2019.⁴ Texas had 8.2 percent of those students, with 114,055 homeless students reported in 2019. This is down from a high of 231,305 in 2018, and more in line with the 115,676 reported for the 2016-2017 school year.⁵ Of these students, 5 percent were

unsheltered. Almost 10 percent sought refuge in homeless shelters and a vast majority, 89,121 (78 percent) reported doubling-up.⁶

ACROSS THE REGION, COUNTIES REPORTED **fewer young people with housing instability** IN 2020 THAN IN 2018.

Unfortunately, this is due less to a decrease in need than a decrease in detection.

Subsidized Housing

Number of families using housing choice vouchers

		2016	2017	2018	2019	2020
Dallas	Number of Families Using Vouchers	24,764	23,181	22,617	21,869	21,107
	Number of Authorized Vouchers	27,356	26,720	26,067	25,439	25,138
Collin	Number of Families Using Vouchers	1,692	1,904	2,040	2,143	2,242
	Number of Authorized Vouchers	1,864	2,235	2,407	2,568	2,806
Cooke	Number of Families Using Vouchers	286	274	297	198	175
	Number of Authorized Vouchers	388	389	386	387	398
Denton	Number of Families Using Vouchers	2,187	2,352	2,457	2,635	2,787
	Number of Authorized Vouchers	2,391	2,641	2,892	3,084	3,297
Fannin	Number of Families Using Vouchers	150	130	117	112	126
	Number of Authorized Vouchers	205	191	191	208	198
Grayson	Number of Families Using Vouchers	653	649	627	539	585
	Number of Authorized Vouchers	831	872	872	856	863

Source: U.S. Department of Housing and Urban Development Picture of Subsidized Housing Dataset

During 2020, 373,046 Texas residents lived in 151,455 rental housing units subsidized by the Department of Housing and Urban Development's Housing Choice Voucher program; 49 percent of these households had children. In North Texas, these vouchers assisted 27,022 families in securing stable, affordable housing. The average household served by the voucher program had only \$15,781 in annual income; Collin County reported the highest annual income at \$18,657, and Fannin County had the lowest at \$12,092.¹ For the six-county region, these household incomes translate to less than \$9 per hour in wage income.

During the past few years, in Denton, Fannin and Collin counties, the number of families participating in the voucher program marginally increased, while numbers were flat or fell slightly in Dallas and Cooke counties. Overall, available vouchers in each county increased slightly on average.²

Housing choice vouchers deliver several positive benefits to families. Vouchers have been shown to reduce housing expenses by more than 30 percentage points.³ Families use these savings for essential items like food.⁴ Vouchers increase mobility, as families with school-aged children are more likely to seek housing in neighborhoods with higher-quality schools.⁵ Children supported by housing vouchers are less likely to be incarcerated and show higher earnings later in life than children in public housing.⁶

Children supported by housing vouchers are **LESS LIKELY** to be incarcerated and show higher earnings later in life than children in public housing.

Child Food Insecurity

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

Across the North Texas corridor, rates of food insecurity for children have steadily decreased during the past five years, consistent with the national trend. Before the Covid-19 pandemic began, rates of food insecurity were the lowest since the measure was implemented in the 1990s.¹ Still, Feeding America estimates that 35 million people in the United States were food insecure in 2019, including more than 10 million children.² Due to the pandemic, Feeding America estimates that the numbers could increase to 42 million for 2021, including 13 million children.³ Some estimates even suggest that food insecurity may have tripled during the pandemic.⁴

Food insecurity disproportionately affects Black, Latino and Native American families; households with children also experience food insecurity at higher rates.⁵ Children living with hunger face other challenges, especially with their education and development. Food-insecure children are more likely to repeat grades or suffer from developmental impairments, and may also exhibit social and behavioral problems at higher rates than their peers.⁶

In response to the pandemic, Congress passed relief legislation in 2020 and 2021 that expanded SNAP (Supplemental Nutrition Assistance Program) benefits to address the potential for increased food insecurity. The Families First

		2015	2016	2017	2018	2019
Dallas	Number	162,240	157,870	156,630	145,120	139,800
	Percent	24.2	23.3	22.9	21.1	20.3
Collin	Number	47,920	44,420	45,920	38,920	34,000
	Percent	20.2	18.4	18.7	15.5	13.3
Cooke	Number	2,340	2,270	2,250	2,250	2,050
	Percent	24.7	24.1	23.9	23.7	21.5
Denton	Number	38,970	36,810	37,700	32,610	28,860
	Percent	20.1	18.7	18.7	15.9	13.8
Fannin	Number	1,870	1,680	1,630	1,580	1,400
	Percent	26.0	23.6	22.8	21.9	19.2
Grayson	Number	7,480	7,060	6,850	7,190	6,660
	Percent	25.6	23.9	22.8	23.5	21.4

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

Act, passed in 2020, provided supplemental SNAP benefits to existing enrollees and waived the three-month limit on unemployed adults under 50. It also increased the maximum monthly benefit by 15 percent. This increase was extended by the American Rescue Plan passed in 2021, but which expired at the end of September 2021. Congressional relief packages also allowed states to issue EBT cards that function similar to SNAP benefits to families with children who would have received free or reduced-price lunch had their schools been open.⁷

Some estimates suggest that **food insecurity** may have **TRIPLED DURING THE PANDEMIC.**

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

Number of women, infants and children who received WIC services

		2014	2015	2016	2017	2018	2019
Dallas	Infants and Children	71,539	68,306	64,265	60,864	56,683	48,335
	Women*	28,593	27,585	26,637	25,411	23,552	20,447
Collin	Infants and Children	7,878	7,051	6,818	6,578	5,733	5,138
	Women*	2,901	2,625	2,415	2,203	2,098	1,973
Cooke	Infants and Children	866	814	779	762	716	595
	Women*	295	307	327	294	269	200
Denton	Infants and Children	8,766	7,916	7,174	6,362	5,647	5,169
	Women*	3,237	2,964	2,696	2,294	2,140	2,097
Fannin	Infants and Children	683	624	592	579	501	334
	Women*	234	226	226	199	166	124
Grayson	Infants and Children	2,504	2,287	2,113	2,194	2,027	1,822
	Women*	884	819	756	782	762	745

Source: 2014 through 2018, Texas Department of State Health Services; Clinical Services Branch, WIC Program. 2019, Compiled by EveryTexan and reported through KIDS COUNT
*Pregnant, postpartum, breastfeeding

The Supplemental Food Program for Women, Infants and Children (WIC) provides healthy food and breastfeeding support for infants, women who are expecting or nursing and households with children under age 5. In Texas, families participating in Medicaid, Temporary Assistance for Needy Families (TANF) and the Supplemental Nutrition Assistance Program (SNAP) are automatically qualified for WIC. Families not participating in these programs may also be eligible because of income; for a three-person household, the maximum income for eligibility is \$40,626.¹

WIC participation continues its steady decline in North Texas. From 2014–2019, the number of children in WIC dropped by 33 percent, while women in the program decreased by 29 percent. The most significant decrease for infants and children was in Fannin

County, where participation fell by more than 50 percent. That county also had the largest reduction in women participants, at 47 percent. All North Texas counties saw child participation drop by at least 25 percent; five of the six counties fell by 30 percent or more.

The WIC program has a proven history of improving health and life outcomes for children. Pregnant women who participate in WIC have been shown to have higher birth rates and decreased risks of adverse birth outcomes.

Data suggest that the additional nutrition that children in WIC receive contributes to healthier cognitive development and improved performance in school, and participants have higher rates of vaccination than poor children who do not participate. The program benefits non-participating low-income families too. Research has shown that WIC-authorized stores increase their healthy food offerings, whether they are big-box retailers or corner stores.²

WIC participation continues its steady decline in North Texas. From 2014–2019, **the number of children in WIC dropped by 33 percent, while women in the program decreased by 29 percent.**

SNAP Enrollment

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

Nearly 2 million children in Texas were eligible monthly in 2020 to receive Supplemental Nutrition Assistance Program (SNAP) benefits. Across North Texas, the average monthly SNAP enrollment for children is down from its peak in 2016. However, despite this downward trend, average monthly enrollment increased in all counties in 2020.

In Texas, SNAP benefits are issued on a debit card that can be used at many food retailers. While the benefits cannot be used to purchase alcohol or tobacco, they can be used at grocery stores primarily for purchasing non-prepared foods. For a family of four to qualify for the benefit, the family cannot earn more than \$3,603 per month, or just over \$43,000 annually. Adults receiving SNAP benefits must meet work requirements and cannot leave a job while receiving SNAP. Typically, a family of four can receive a maximum of \$608 per month, but that same family might have received as much as \$929 per month during the pandemic.¹ Texas beneficiaries received an average of just over \$300 per month in SNAP benefits during the first five months of 2021.²

The Covid-19 relief package passed at the end of 2020 provided a 15 percent increase in the maximum monthly benefit from January through July of 2021; the American Rescue Plan of 2021 extended those benefits through September

	2016	2017	2018	2019	2020
Dallas	227,173	215,531	202,062	169,711	171,902
Collin	21,585	21,508	21,662	19,080	20,830
Cooke	2,611	2,770	2,568	2,459	2,486
Denton	24,941	24,262	23,199	20,021	21,524
Fannin	1,866	1,884	1,741	1,563	1,585
Grayson	7,951	8,009	7,760	7,285	7,422

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

2021. States were also allowed emergency allotments for SNAP beneficiaries in supplementary payments of at least \$95 beginning in March 2020. Texas participated in both programs for their duration.³

While SNAP is available to most families meeting its income guidelines, it predominantly benefits families with children. More than two-thirds of SNAP beneficiaries nationwide live in households with children, and of those nearly half include a child under age 5. About one-third of SNAP recipients are white, one-third are Black and about a quarter are Latino. More than 80 percent of SNAP households with children live below the poverty line.

SNAP reduces food insecurity and improves child nutrition. Studies have linked SNAP benefits to improved birth outcomes, improved access to health care and reductions in childhood obesity. Children in SNAP households even see enhanced academic performance and better long-term economic prospects.⁴

Studies have linked SNAP benefits to **improved birth outcomes, improved access to health care and reductions in childhood obesity.** Children in SNAP households even see **enhanced academic performance and better long-term economic prospects.**

School Meal Eligibility

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

The National School Lunch Program (NSLP) operated by the U.S. Department of Agriculture (USDA) serves more than 30 million children nationally and more than half a million children in North Texas. Students qualify for free lunch if they attend Head Start, Early Head Start or a means-tested public prekindergarten program. Students may also be eligible if their families earn less than 130 percent of the federal poverty level. Those earning between 130 and 185 percent of the national poverty level qualify for a reduced-price lunch not to exceed 40 cents. The program also includes free snacks for students in qualifying after-school programs.¹ Dallas ISD provides free lunch and breakfast to all students, regardless of income or other qualifying factors.²

In response to the Covid-19 pandemic, Congress passed legislation allowing states to issue EBT cards to families who would have received free or reduced-price lunch had their schools been open during lockdowns.³ The benefit began during the summer of 2020 and was extended through the 2020-2021 school year, with Texas authorized to provide \$2.5 billion in aid to 3.7 million eligible children. Families could qualify for as much as \$1,200 if they would have qualified for the program or if their children attended a school providing free lunch to all students.⁴

		2016	2017	2018	2019	2020
Dallas	Number	365,046	359,513	354,895	372,198	374,269
	Percent	73.0	72.4	71.3	72.6	73.2
Collin	Number	43,154	42,578	42,882	50,260	51,605
	Percent	22.0	21.6	21.2	23.4	23.7
Cooke	Number	3,533	3,582	3,686	3,868	3,672
	Percent	55.5	55.2	55.6	56.8	54.7
Denton	Number	41,843	41,191	42,082	46,980	46,435
	Percent	33.3	33.4	33.2	35.2	34.7
Fannin	Number	3,047	3,072	3,132	3,153	3,152
	Percent	57.8	57.4	57.6	57.2	56.8
Grayson	Number	12,045	12,185	12,477	12,936	12,984
	Percent	54.3	54.1	53.8	54.8	55.1

Source: Texas Academic Performance Reports (2016-2020), Economically Disadvantaged Students

In April 2021, the USDA announced that it would expand free lunch eligibility as part of the administration's efforts to open schools nationwide for the 2021-2022 school year. This program allows school districts to provide free lunch to all students, regardless of income eligibility, for the duration of the school year. It also offers higher reimbursement rates for participating districts to cover pandemic-related cost increases.⁵

The National School Lunch Program (NSLP) serves **MORE THAN HALF A MILLION CHILDREN** IN NORTH TEXAS.

Children Living in Single-Parent Families

Number and percent of children in families living with one parent

Children growing up with only one parent living at home usually do not have the same economic or human resources available to them as those growing up in two-parent families. Living in a single-parent household increases the chances of the child dropping out of school, becoming pregnant as a teen and eventually getting divorced in adulthood.¹

Nationwide, 34 percent of children live in a single-parent home. The rate in Texas is 35 percent.² Across North Texas, 372,113 children lived in a single-parent home in 2019. This accounts for almost one-third (32.2 percent) of all children in the region, which is lower than the state's rate. Dallas County is the only county in the region with a higher rate than both the nation and state with 38.9 percent. However, the number of children in single-parent homes in Dallas County is the lowest in the past five years. Fannin County was the only other county in the region to decrease from 2018 to 2019, from 25.5 percent to 21.4 percent of children living with one parent. Collin, Cooke, Denton and Grayson counties all saw an increase in the number of children living in single-parent homes from 2018 to 2019.

Children who live with only one parent are more likely to be living with their mother. On the national level, 21 percent of children in a single-parent home live with their mom, compared to 4.5 percent living with their father only.³

		2015	2016	2017	2018	2019
Dallas	Number	267,236	276,772	258,669	272,647	252,932
	Percent	41.3	42.0	39.0	41.5	38.9
Collin	Number	47,926	53,961	47,024	44,264	56,565
	Percent	19.9	22.0	18.8	17.6	22.2
Cooke	Number	2,389	2,575	2,895	2,815	2,891
	Percent	26.4	29.5	33.2	32.3	33.9
Denton	Number	45,713	46,031	45,325	45,909	49,100
	Percent	23.5	23.2	22.5	22.1	23.6
Fannin	Number	2,398	1,887	1,865	1,721	1,463
	Percent	35.2	28.6	28.1	25.5	21.4
Grayson	Number	13,028	9,042	9,013	7,773	9,182
	Percent	47.0	31.3	30.6	27.7	32.0

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

In Texas, single-parent families have a higher probability of living in poverty than married-couple families, and there's a disparity between poverty rates for single-parent households contingent on the gender of the parent. One in 4 children in Texas lives with a single mother, and 38 percent of those single-mother families live below the poverty line. In contrast, the poverty rate of single-father families is only 19 percent.⁴ Almost half (49 percent) of Texas children in low-income families live with a single parent, compared to 19 percent of children with one parent who live above the low-income level.⁵

The percentage of children living in single-parent homes varies across race and ethnicity. Black families have the highest rate of children living with one parent at 60 percent, while families that identify as Hispanic or Latino are at 40 percent, two or more races at 36 percent, non-Hispanic whites at 23 percent and Asian/Pacific Islanders at 12 percent.⁶

The economic downturn that resulted from the Covid-19 pandemic affected all families, but about 180,000 mothers left the workforce in 2020, and Black, single mothers without college degrees were the hardest hit.⁷

ONE IN FOUR children in Texas lives with a single mother, and **38 percent of those single-mother families live below the poverty line.** In contrast, the poverty rate of single-father families is only 19 percent.

Families With All Parents Working

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

Across North Texas, there are 355,695 families in which all present parents are employed or in the armed services, which accounts for 65.5 percent of all families. Of the six North Texas counties, only Dallas County has a lower rate, at 62.7 percent. And the number of families with working parents in Dallas County has been declining since 2016. Collin, Cooke, Denton, Fannin and Grayson counties all showed an increase in the number of families with working parents in 2019.

Little difference exists in the rate of families with all parents working in relation to the children's ages. Texas had 63 percent of families with both parents in the workforce with children under 6¹, and 64 percent with children ages 6-12. That is lower than the national rate, which is 68 percent for both age groups.²

In Texas, the average annual cost of infant care is \$9,324, and for a 4-year-old, child care costs around \$7,062 per year. The typical family with two children in Texas would have to spend 27.6 percent of its income on child care. The cost of child care alone for two kids is 28.6 percent more than the average rent in Texas per year.³

The data for this indicator does not include 2020 and the impact of the Covid-19 pandemic, but according to the recent census figures, the number of mothers actively working decreased more

		2015	2016	2017	2018	2019
Dallas	Number	189,886	199,775	196,270	180,824	173,487
	Percent	66.6	69.2	67.1	64.0	62.7
Collin	Number	90,838	93,607	95,439	86,743	92,301
	Percent	69.9	70.8	71.5	64.7	67.2
Cooke	Number	3,342	3,124	3,236	3,009	3,100
	Percent	78.7	75.7	74.5	69.9	71.5
Denton	Number	77,228	74,877	77,848	73,478	75,087
	Percent	75.0	73.5	75.9	70.3	69.9
Fannin	Number	2,403	2,280	2,392	1,969	2,080
	Percent	73.8	72.3	75.2	65.3	66.1
Grayson	Number	9,475	9,938	11,426	8,873	9,640
	Percent	73.2	75.5	75.0	66.5	70.5

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

than fathers in 2020. Mothers in the workforce declined 21.1 percentage points in April 2020 alone, while the share of fathers dropped 14.7 points. The pandemic affected working mothers more than fathers due to their disproportionate share of domestic duties and child care. Furthermore, mothers were more likely to work at jobs affected by pandemic closures.⁴

The American Rescue Plan Act of 2021 aimed to help families with children by increasing the child tax credit from \$2,000 per child to \$3,000 per child (\$3,600 for

a child under age 6) and allow 17-year-olds to qualify for the year. The law also expanded child care assistance by giving families an additional tax credit for their spending on care for children under age 13, with a maximum amount of \$4,000 for one child or \$8,000 for two or more children.⁵

Collin, Cooke, Denton, Fannin and Grayson counties all showed an increase in the number of families with working parents in 2019.

ACCESS TO CHILD CARE

Licensed Child Care Slots

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

	2016	2017	2018	2019	2020
Dallas	98,429	95,842	89,611	91,661	91,789
Collin	60,992	61,843	63,283	65,784	69,073
Cooke	1,046	1,089	997	1,017	1,190
Denton	42,825	45,034	42,497	43,620	43,731
Fannin	787	865	681	681	681
Grayson	3,538	3,337	3,206	3,264	3,471

Source: Texas Department of Family and Protective Services; Annual Report and Data Book, 2016-2017. Texas Health and Human Services Commission Child Care Licensing Data Book, 2018-2020

Licensed Child Care Facilities

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

	2016	2017	2018	2019	2020
Dallas	1,860	1,668	1,508	1,470	1,417
Collin	780	758	747	732	735
Cooke	42	35	32	30	30
Denton	719	692	655	637	593
Fannin	17	15	15	15	13
Grayson	94	90	99	96	81

Source: Texas Department of Family and Protective Services; Annual Report and Data Book, 2016-2017. Texas Health and Human Services Commission Child Care Licensing Data Book, 2018-2020

The six North Texas counties had 2,869 licensed or registered child care facilities in 2020. Those facilities were licensed to care for 209,935 children collectively. Most of those facilities were child care centers, which account for most of the slots, but some children received care in home-based settings. During the past five years, the number of licensed and registered facilities has steadily decreased across the region, with all counties reporting lower numbers in 2020 than in 2016. On the other hand, child care slots have not followed a clear trend. Slots are down in Dallas and Grayson counties, but trending up in Collin and Denton counties. However, this reflects the licensed number and not necessarily the number of filled slots, as some centers may not have reached capacity.

The Covid-19 pandemic has affected child care facilities in many ways. As most children in these facilities are not old enough to receive the vaccine, centers are encouraged to require masks for children over age 2 when possible, in addition to precautions such as distancing and frequent sanitation.¹ Of course, the primary precaution is to have all adult staff members vaccinated for Covid-19. Child care workers experienced more stress during the pandemic, as many make low wages and receive few or no benefits. As a result, they were hit harder if they got sick. Furthermore, school and workplace closures placed new strains on working parents' routines and their ability and need to access child care.²

The federal government addressed child care in its pandemic relief packages. The American Rescue Plan included changes to the Child Tax Credit, which increased the overall amount from \$2,000 to \$3,000 per child and began disbursement as a prepayment in July 2021. Two-parent families earning less than \$150,000 per year and single-parent families earning less than \$112,500 per year could expect \$250 to \$300 per child per month for the last six months of 2021.³ The balance of the child credit is to be applied when they file their income taxes in 2022.⁴ According to the Census Bureau, about 35 million families nationwide received payments in July 2021, and about 10 percent reported using that money for child care. Just under half spent the money on food, while a quarter of families used it to buy clothing.⁵

The American Rescue Plan also includes changes to the child and dependent care tax credit, which previously allowed deductions up to \$3,000 of child care expenses per child, with a family maximum of \$6,000. With the changes, families can deduct up to \$8,000 per child with a family limit of \$16,000. The legislation also made this tax credit refundable, meaning that in addition to a reduced tax bill, families could also receive more through a tax refund.⁶ While most

families can receive the Child Tax Credit without enrolling or making any changes to their tax filing, the child and dependent care tax credit does require action on a family's tax return. Unfortunately, a recent survey suggests that as many as half of the responding families were unaware of the tax credit.⁷

During the past five years, the number of licensed and registered facilities has steadily decreased across the region, with all counties reporting lower numbers in 2020 than in 2016.

Eligible Children in Subsidized Child Care

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

Across Texas, more than 1 million children are eligible to receive child care subsidies, but only 10 percent of those children receive them. Furthermore, there are 15,000 child care providers in Texas, and only half of them participate in the state subsidy program administered by the Texas Workforce Commission. And, providers who participate can be certified in the Texas Rising Star quality rating system, but only about 7 percent of the state's child care providers do so.¹ One reason so few of the families eligible for subsidies receive them is that federal subsidies are not an entitlement program. Unlike SNAP and Medicaid, which provide services to all eligible families, child care subsidies are capped and do not expand with rising needs. On average, 1 in 6 eligible children in the United States receives subsidized care, compared to only 1 in 10 in Texas. As a result of capped subsidies, low-income families spend an average of 30 percent of their income on child care.²

Complications of the Covid-19 pandemic have significantly affected the need for and provision of child care services. During the first months of the pandemic, roughly 25 percent of child care facilities closed. These closures disproportionately affected minority families.³ Covid-19 relief money helped some centers remain open but maintaining full staff was difficult as wages rising

	2013	2014	2015	2016	2017	2018
Dallas	22,398	22,383	21,935	20,954	19,950	20,498
Collin	2,718	2,416	2,289	2,472	2,408	2,514
Cooke	182	222	214	171	184	251
Denton	3,321	3,034	3,027	3,070	2,708	2,696
Fannin	144	144	181	160	186	227
Grayson	1,121	1,123	1,083	914	965	1,101

Source: ChildCareGroup, Workforce Solutions for North Central Texas, Workforce Solutions Texoma

in other service sectors lured workers away.⁴ Texas Workforce Solutions tried to expand the availability of subsidies by offering them to parents engaged in job searches, not just to those already employed. Still, with limited funds, this change expanded eligibility but not necessarily the number of families served.⁵ While subsidies are not available for all families who need them, the American Rescue Plan passed in early 2021 included an expanded child and dependent care tax credit, allowing families to claim \$8,000 of child care costs per dependent up to two children as refundable credits on their tax returns.⁶

Across Texas, more than 1 million children are eligible to receive child care subsidies, but only 10 percent of those children receive them.

END NOTES

Introduction

- Clancy Blair and C. Cybele Raver, "Poverty, Stress, and Brain Development: New Directions for Prevention and Intervention," Academic Pediatrics, Child Poverty in the United States, 16, no. 3, Supplement (April 1, 2016): S30–36, <https://doi.org/10.1016/j.acap.2016.01.01>
- Roge Karma, "The Gross Inequality of Death in America," The New Republic, May 10, 2019, <https://newrepublic.com/article/153870/inequality-death-america-life-expectancy-gap>
- Center on Budget and Policy Priorities, "States Are Using Much-Needed Temporary Flexibility in SNAP to Respond to Covid-19 Challenges," Center on Budget and Policy Priorities, Aug. 6, 2021, <https://www.cbpp.org/research/food-assistance/states-are-using-much-needed-temporary-flexibility-in-snap-to-respond-to>
- Mekena Rodriguez, "State of Texas Offering up to \$1,200 in Food Benefits for Some Families with Children," KBTX, June 29, 2021, <https://www.kbtx.com/2021/06/29/state-texas-offering-up-1200-food-benefits-some-families-with-children>
- Danica Lloyd, "USDA Extends Free School Meals Provision through 2021-22 School Year," ABC13 Houston, April 23, 2021, <https://abc13.com/10541397/>
- U.S. Department of Housing and Urban Development, "Assisted Housing: National and Local - Picture of Subsidized Housing," 2021, <https://www.huduser.gov/portal/datasets/assthsq.html>
- U.S. Bureau of Labor Statistics, "Employment Characteristics of Families — 2020," U.S. Bureau of Labor Statistics, April 21, 2021, <https://www.bls.gov/news.release/pdf/famee.pdf>

Children Living in Poverty

- U.S. Census Bureau, "2019 Poverty Thresholds," The United States Census Bureau, 2020, <https://www.census.gov/data/tables/time-series/demo/income-poverty/historical-poverty-thresholds.html>
- Glasmeyer, Amy K., "Living Wage Calculator - Living Wage Calculation for Dallas-Fort Worth-Arlington, TX," Living Wage Calculator, 2020, <https://livingwage.mit.edu/metros/19100>
- U.S. Census Bureau, "American Community Survey Public Use Microsample Data" (US Census Bureau, 2020), <https://www.census.gov/programs-surveys/acs/microdata.html>
- U.S. Census Bureau
- Zachary Parolin et al., "The Potential Poverty Reduction Effect of the American Rescue Plan," Poverty & Social Policy Fact Sheet (Center on Poverty and Social Policy at Columbia University, March 11, 2021), <https://static1.squarespace.com/static/5743308460b5e922a25a6dc7/t/604aa2465cfc4a35b8a1c236/1615503943944/Poverty-Reduction-Analysis-American-Rescue-Plan-CPSP-2021.pdf>

Children Receiving TANF

- "Temporary Assistance for Needy Families," Benefits.gov, 2021, <https://www.benefits.gov/benefit/613>
- HHS: Digital Communications Division (DCD), "What Is TANF?," Text, HHS.gov, June 7, 2015, <https://www.hhs.gov/answers/programs-for-families-and-children/what-is-tanf/index.html>
- Texas Health and Human Services Commission, "TANF Cash Help," Texas Health and Human Services, n.d., <https://www.hhs.texas.gov/services/financial/cash/tanf-cash-help>

- Office of the Assistant Secretary for Planning and Evaluation, "U.S. Federal Poverty Guidelines Used to Determine Financial Eligibility for Certain Federal Programs," ASPE - Poverty Guidelines, 2021, <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>
- Texas Health and Human Services Commission, "TANF Cash Help"
- Laura Meyer and Ife Floyd, "Cash Assistance Should Reach Millions More Families to Lessen Hardship," Center on Budget and Policy Priorities, Nov. 30, 2020, <https://www.cbpp.org/research/family-income-support/cash-assistance-should-reach-millions-more-families-to-lessen>

Housing Instability

- National Center for Homeless Education, "The McKinney-Vento Definition of Homeless," National Center for Homeless Education, 2019, <https://nche.ed.gov/mckinney-vento-definition>
- Tim Walker, "Lost in the Masked Shuffle: Pandemic Shields the Real Number of Homeless Students | NEA," Nov. 30, 2020, <https://www.nea.org/advocating-for-change/new-from-nea/lost-masked-shuffle-pandemic-shields-real-number-homeless>
- UT Dana Center, "Thank You, THEO," The University of Texas Dana Center, Aug. 30, 2019, <https://www.utdanacenter.org/blog/thank-you-theo>
- Cai, Jinhong, "Homeless Students in Public Schools Across America: Down but Not Out," National School Boards Association, July 27, 2021, <https://www.nsba.org:443/Perspectives/2021/homeless-students>
- United States Interagency Council on Homelessness, "Homeless in Texas Statistics 2019. Homeless Estimation by State | US Interagency Council on Homelessness," usich.gov, 2021, <https://www.usich.gov/homelessness-statistics/tx/>
- United States Interagency Council on Homelessness

Subsidized Housing

- U.S. Department of Housing and Urban Development, "Assisted Housing: National and Local - Picture of Subsidized Housing," 2021, <https://www.huduser.gov/portal/datasets/assthsq.html>
- U.S. Department of Housing and Urban Development
- Brian A Jacob and Jens Ludwig, "The Effects of Housing Assistance on Labor Supply: Evidence from a Voucher Lottery," American Economic Review 102, no. 1 (Feb. 1, 2012): 272–304, <https://doi.org/10.1257/aer.102.1.272>
- Mills, Gregory et al., "The Effect of Housing Vouchers on Welfare Families" (Washington, D.C.: US Department of Housing and Urban Development, 2006)
- Ingrid Gould Ellen, Keren Mertens Horn, and Amy Ellen Schwartz, "Why Don't Housing Choice Voucher Recipients Live Near Better Schools? Insights from Big Data: Housing Choice Voucher Recipients and School Access," Journal of Policy Analysis and Management 35, no. 4 (September 2016): 884–905, <https://doi.org/10.1002/pam.21929>
- Frederik Andersson et al., "Childhood Housing and Adult Earnings: A Between-Siblings Analysis of Housing Vouchers and Public Housing," Working Paper Series (Washington, D.C.: US Census Bureau, November 2016), <https://www.census.gov/library/working-papers/2013/adrm/ces-wp-13-48rr.html>

Child Food Insecurity

- Monica Hake et al., "The Impact of the Coronavirus on Food Insecurity in 2020 & 2021" (Feeding America, March 2021), https://www.feedingamerica.org/sites/default/files/2021-03/National%20Projections%20Brief_3.9.2021_0.pdf
- Feeding America, "Food Insecurity in the United States Before Covid-19," 2021, <https://map.feedingamerica.org>
- Hake et al., "The Impact of the Coronavirus on Food Insecurity in 2020 & 2021"
- Julia A. Wolfson and Cindy W. Leung, "Food Insecurity During COVID-19: An Acute Crisis With Long-Term Health Implications," American Journal of Public Health 110, no. 12 (Dec. 1, 2020): 1763–65, <https://doi.org/10.2105/AJPH.2020.305953>
- Feeding America, "Hunger in America Is Growing," Hunger in America, n.d., https://www.feedingamerica.org/hunger-in-america?_ga=2.235519041.1597492600.1629169374-1513525827.1629169374
- Feeding America, "Facts About Child Hunger in America," Feeding America, 2021, <https://www.feedingamerica.org/hunger-in-america/child-hunger-facts>
- Center on Budget and Policy Priorities, "States Are Using Much-Needed Temporary Flexibility in SNAP to Respond to Covid-19 Challenges," Center on Budget and Policy Priorities, Aug. 6, 2021, <https://www.cbpp.org/research/food-assistance/states-are-using-much-needed-temporary-flexibility-in-snap-to-respond-to>

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

- Texas Health and Human Services Commission, "Texas WIC," accessed Aug. 11, 2021, https://texaswic.org/apply?gclid=CjwKCAjw8eJ BhA5EiwAg3z0m08V186TRP17_5GNFu0_15PldGFrOM7HE10QUxvF6Mmt6Lo00PkfYRo CvCcQA_VD_BwE
- Carlson, Steven and Neuberger, Zöe, "WIC Works: Addressing the Nutrition and Health Needs of Low-Income Families for More Than Four Decades," Center on Budget and Policy Priorities, Jan. 27, 2021, <https://www.cbpp.org/research/food-assistance/wic-works-addressing-the-nutrition-and-health-needs-of-low-income-families>

SNAP Enrollment

- Texas Health and Human Services, "SNAP Food Benefits," Texas Health and Human Services, 2021, <https://www.hhs.texas.gov/services/food/snap-food-benefits>
- Texas Health and Human Services Commission, "Supplemental Nutritional Assistance Program (SNAP) Statistics," Texas Health and Human Services, 2021, <https://www.hhs.texas.gov/sites/default/files/documents/about-hhs/records-statistics/research-statistics/snap/2021/snap-cases-eligible-statewide.xlsx>
- Center on Budget and Policy Priorities, "States Are Using Much-Needed Temporary Flexibility in SNAP to Respond to Covid-19 Challenges," Center on Budget and Policy Priorities, Aug. 6, 2021, <https://www.cbpp.org/research/food-assistance/states-are-using-much-needed-temporary-flexibility-in-snap-to-respond-to>
- Steven Carlson et al., "SNAP Works for America's Children," Center on Budget and Policy Priorities, 29 2016, <https://www.cbpp.org/research/food-assistance/snap-works-for-americas-children>

School Meal Eligibility

- ¹ United States Department of Agriculture, "The National School Lunch Program," Food and Nutrition Service, 2017, <https://fns-prod.azureedge.net/sites/default/files/resource-files/NSLPFactSheet.pdf>
- ² Dallas Independent School District, "Food & Child Nutrition Services," Food and Child Nutrition Services, 2021, <https://www.dallasisd.org/fcns>
- ³ United States Department of Agriculture, "State Guidance on Coronavirus P-EBT," Food and Nutrition Service, 2021, <https://www.fns.usda.gov/snap/state-guidance-coronavirus-pandemic-ebt-pebt>
- ⁴ Mekena Rodriguez, "State of Texas Offering up to \$1,200 in Food Benefits for Some Families with Children," KBTX, June 29, 2021, <https://www.kbtx.com/2021/06/29/state-texas-offering-up-1200-food-benefits-some-families-with-children/>
- ⁵ Danica Lloyd, "USDA Extends Free School Meals Provision through 2021-22 School Year," ABC13 Houston, April 23, 2021, <https://abc13.com/10541397/>

Children Living in Single-Parent Families

- ¹ KIDS COUNT, "Children in Single-Parent Families in Texas," KIDS COUNT Data Center, 2020, <https://datacenter.kidscount.org/data/tables/106-children-in-single-parent-families?loc=45&loc=2>
- ² KIDS COUNT
- ³ Paul Hemez and Chanell Washington, "Number of Children Living Only with Their Mothers Has Doubled in Past 50 Years," The United States Census Bureau, April 12, 2021, <https://www.census.gov/library/stories/2021/04/number-of-children-living-only-with-their-mothers-has-doubled-in-past-50-years.html>
- ⁴ Center for Public Policy Priorities, "Poverty in Texas" (Center for Public Policy Priorities, March 2019), https://everytexan.org/images/2019_Poverty_in_Texas.pdf
- ⁵ National Center for Children in Poverty, "Texas Demographics of Low-Income Children," National Center for Children in Poverty, 2020, <https://www.nccp.org/demographic/>
- ⁶ KIDS COUNT, "Children in Single-Parent Families by Race," KIDS COUNT Data Center, 2020, <https://datacenter.kidscount.org/data/tables/107-children-in-single-parent-families-by-race?loc=45&loc=2>
- ⁷ Demetrio Scopelliti, "Has Covid-19 Affected Mothers' Labor Market Outcomes? : Monthly Labor Review: U.S. Bureau of Labor Statistics," Monthly Labor Review (US Bureau of Labor Statistics, April 2021), <https://www.bls.gov/opub/mlr/2021/beyond-bls/has-covid-19-affected-mothers-labor-market-outcomes.htm>

Families with All Parents Working

- ¹ KIDS COUNT, "Children under Age 6 with All Available Parents in the Labor Force," KIDS COUNT Data Center, accessed Sept. 8, 2021, <https://datacenter.kidscount.org/data/tables/5057-children-under-age-6-with-all-available-parents-in-the-labor-force?loc=45&loc=2>
- ² KIDS COUNT, "Children Ages 6 to 12 with All Available Parents in the Labor Force," KIDS COUNT Data Center, accessed Sept. 8, 2021, <https://datacenter.kidscount.org/data/tables/5053-children-ages-6-to-12-with-all-available-parents-in-the-labor-force?loc=45&loc=2>

- ³ U.S. Bureau of Labor Statistics, "Employment Characteristics of Families — 2020," U.S. Bureau of Labor Statistics, April 21, 2021, <https://www.bls.gov/news.release/pdf/famee.pdf>
- ⁴ U.S. Bureau of Labor Statistics
- ⁵ The White House, "American Rescue Plan Fact Sheet," WhiteHouse.gov, 2021, <https://www.whitehouse.gov/wp-content/uploads/2021/03/American-Rescue-Plan-Fact-Sheet.pdf>

Access to Child Care

- ¹ Centers for Disease Control and Prevention, "Guidance for Operating Early Care and Education/Child Care Programs," Centers for Disease Control and Prevention, July 9, 2021, <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/child-care-guidance.htm>
- ² Zero to Three, "How Covid-19 Is Impacting Child Care Providers," Zero to Three, 2021, <https://www.zerotothree.org/resources/3398-how-covid-19-is-impacting-child-care-providers>
- ³ "The Child Tax Credit," The White House, 2021, <https://www.whitehouse.gov/child-tax-credit/>
- ⁴ Katie Teague, "Your Child Tax Credit Payment Questions, Answered: Opting out, the IRS Online Portal and More," CNET, accessed Aug. 20, 2021, <https://www.cnet.com/personal-finance/taxes/your-child-tax-credit-payment-questions-answered-opting-out-the-irs-online-portal-and-more/>
- ⁵ Sarah Ewall-Wice, "Second Round of Child Tax Credit Payments Headed to Families of 61 Million Children," CBS News, Aug. 13, 2021, <https://www.cbsnews.com/news/child-tax-credit-second-payment-61-million-children-families/>
- ⁶ Kate Dore, "This Lesser-Known Tax Credit May Offer Working Families a Bigger Write-off This Year," CNBC, Aug. 20, 2021, <https://www.cnbc.com/2021/08/20/this-lesser-known-tax-credit-may-offer-families-another-write-off.html>
- ⁷ Linda Smith and Sophie Rosen, "Survey Results: How Work and Child Care Are Changing," Bipartisan Policy Center, June 21, 2021, <https://bipartisanpolicy.org/blog/work-child-care-post-covid/>

Eligible Children in Subsidized Child care

- ¹ Patrick Gill, "Only 10% of Eligible Children in Texas Receive Child Care Assistance," Children at Risk (blog), Feb. 7, 2019, <https://childrenatrisk.org/quality-and-child-care-providers/>
- ² Douglas Rice, Stephanie Schmit, and Hannah Matthews, "Child Care and Housing: Big Expenses With Too Little Help Available," Center on Budget and Policy Priorities, April 26, 2019, <https://www.cbpp.org/research/housing/child-care-and-housing-big-expenses-with-too-little-help-available>
- ³ Alex Caprariello, "With Limited Childcare Options during the Pandemic, Lawmakers Look to Use \$1.1 Billion to Create Sweeping Change," KXAN Austin (blog), March 8, 2021, <https://www.kxan.com/news/education/with-limited-childcare-options-during-the-pandemic-lawmakers-look-to-use-1-1-billion-to-create-sweeping-change/>
- ⁴ "Child Care Funding 'Did Not Sustain Us' | Providers Surviving off Covid-19 Relief Money," KVUE, July 10, 2021, <https://www.kvue.com/article/news/investigations/defenders/child-care-funding-did-not-sustain-us-providers-surviving-off-covid-relief-money/269-c2618fd5-436b-4ebb-99b5-2599832da790>
- ⁵ "TWC Opens Child Care Subsidy Program

- to Workers Engaged in Job Searches," Corsicana Daily Sun, June 21, 2021, https://www.corsicanadailysun.com/news/twc-opens-child-care-subsidy-program-to-workers-engaged-in-job-searches/article_d42b8532-d06c-11eb-8a9c-0f4c0e795b6b.html
- ⁶ Kate Dore, "This Lesser-Known Tax Credit May Offer Working Families a Bigger Write-off This Year," CNBC, Aug. 20, 2021, <https://www.cnbc.com/2021/08/20/this-lesser-known-tax-credit-may-offer-families-another-write-off.html>

SAFETY

Unsafe conditions for children often arise as the unintended consequences of failures and inadequacies in their care: They are left vulnerable to safety concerns when their economic, health, social or emotional well-being is lacking.

And the Covid-19 pandemic increased opportunities for harm to come to North Texas children.

Texas had nearly 70,000 confirmed victims of child abuse or neglect in 2020, and half of those children were victims of neglectful supervision.¹ Neglectful supervision occurrences often result from inadequate access to child care, forcing families to choose between working to provide for their families or being present in the home.² As a result, neglect is frequently related to both situational and chronic poverty.³ The Covid-19 pandemic made access to child care and employment more difficult for many parents, placing additional strains on their ability to supervise their children.⁴

The pandemic also placed additional risks on children by eliminating in-person schooling, which is a critical reporting structure for suspected abuse, thus making abuse easier for perpetrators to hide.⁵ Additionally, it may have had the effect of trapping children and adolescents with their abusers.⁶

Increased time spent at home also led to an increase in poisoning from accidental ingestion and certain types of household accidents.⁷ Older children had their routines disrupted, potentially isolating them from social groups and exposing them to family stress.⁸ While being at home prevented access to drugs and alcohol through peer networks, high school- and college-aged teens found increased access to alcohol at home.⁹

CONTENTS

Child Abuse and Neglect: Confirmed Victims and Deaths	72	Adolescent Suicide	81
Children Receiving Services for Domestic Violence	74	Unintentional Deaths of Children	82
CPS Caseloads	75	Traumatic Injuries	83
Approved Foster Care Homes and Residential Treatment Centers	76	Alcohol and Substance Abuse: Alcohol and Substance Abuse ER Visits and Alcohol-Related Collision (Motor Vehicle) Deaths	84
Children in Conservatorship	77	Students Disciplined for Possessing Alcohol, Tobacco or Controlled Substances on School Grounds	86
Child-Related Sex Crimes	78	Gunfire-Related ER Visits	87
Child Mortality	79	Commitments to the Texas Juvenile Justice Department	88
Child Homicide	80		



251

Texas children died from abuse or neglect in 2020



Gay, lesbian or bisexual high school students are **MORE THAN TWICE AS LIKELY** to attempt suicide and **3X AS LIKELY** to make a plan to commit suicide than their heterosexual peers

Texas lost more than

1,000

available beds for foster children in past 2 years.

MORE THAN

400

Texas children were spending the night in unlicensed foster facilities in June 2021

AT LEAST

1 in 5 high-schoolers REPORTED USING AN ILLICIT DRUG DURING THE LAST YEAR

NUMBER OF child victims of sexual abuse increased

45%

in the region FROM 2016-2020

38%

of Texas high school students felt hopeless or sad every day for 2 or more weeks at a time

Child homicides increased in Dallas County FROM 29 IN 2016 TO 43 IN 2020

Texas students ages 11-21 WERE MORE THAN

2X AS LIKELY



to think about or attempt suicide in early days of pandemic than 1 year earlier

1 in 6

unintentional firearm deaths of children under 13 occur because a child mistakes a real gun for a toy

CHILD ABUSE AND NEGLECT

Confirmed Victims of Child Abuse and Neglect

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

		2016	2017	2018	2019	2020
Dallas	Number	4,535	6,242	7,174	6,860	7,145
	Rate	6.6	9.0	10.2	9.5	9.8
Collin	Number	1,183	1,149	1,340	1,328	1,139
	Rate	4.6	4.4	5.0	5.2	4.5
Cooke	Number	206	253	312	195	210
	Rate	21.1	25.7	31.5	21.7	23.4
Denton	Number	806	932	1,337	1,328	1,568
	Rate	3.8	4.3	6.0	5.2	7.4
Fannin	Number	135	99	124	111	117
	Rate	17.7	12.8	16.0	15.9	16.8
Grayson	Number	589	459	509	570	464
	Rate	19.9	15.5	17.2	18.7	15.2

Source: Texas Department of Family and Protective Services; Annual Report and Data Book, 2016-2020

Confirmed Deaths from Child Abuse and Neglect

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

		2016	2017	2018	2019	2020
Dallas		24	7	19	23	24
Collin		4	4	2	5	7
Cooke		0	0	3	1	1
Denton		3	0	2	5	3
Fannin		1	1	0	0	0
Grayson		4	0	0	3	2

Source: Texas Department of Family and Protective Services; Data Books and Annual Reports, 2016-2020

In 2020, Child Protective Services (CPS) identified more than 250,000 children as potential victims of child abuse or neglect in Texas; of those, 68,452 victims were confirmed through investigations.¹ More than half (53.2 percent) of those allegations of abuse or neglect were for neglectful supervision.² In Texas, the definition of neglectful supervision leaves room for judgment: “Placing a child in or failing to remove a child from a situation that a reasonable person would realize requires judgment or actions beyond the child’s level of maturity, physical condition or mental abilities and that results in bodily injury or substantial risk of immediate harm to the child.”³ Moreover, there is no specific age at which Texas law allows a child to be left unsupervised at home.

Some child welfare advocates suggest that inadequate supervision often arises from the lack of available or affordable child care for working parents, especially those living near or below the poverty line. The lack of more specific guidelines around what constitutes neglectful supervision could exacerbate disparities by relying on the judgment and biases of Child Protective Services (CPS) workers.⁴ Another recent report suggests a significant relationship between poverty and allegations of neglect, which often arise from situational and chronic poverty when families are unable to provide for their children.⁵ Some indicators of sustained neglect of children include begging for or stealing food, consistent fatigue and hunger, poor hygiene and extended stays before and after school.⁶

After neglectful supervision, the next most common types of abuse are physical abuse (17.8 percent) and sexual abuse (15.1 percent).⁷ The most common types of physical abuse are well known, and the typical indicators include unexplained bruises, lacerations or other injuries, as well as aggressiveness and withdrawal. Victims of physical abuse may also exhibit a fear or wariness of adults and a reluctance to go home. Physical signs of sexual abuse include pain and discomfort associated with common sexually transmitted infections, as well as bruises or other physical trauma near the mouth or genitals. Behavioral signs include extreme passivity when touched, inappropriate sexual behavior or knowledge, and a reluctance or refusal to change or undress for physical education classes or activities.⁸

Some experts feared the onset of the Covid-19 pandemic would provide additional opportunities for abuse and increased ability to hide that abuse. With many children attending school virtually, schools were no longer functioning as the crucial mechanism they often serve for abused children.⁹ In fact, one hotline for reporting sexual abuse noted a significant increase in call volume from minors early in the pandemic. Most of the callers

reported a family member as the perpetrator, highlighting how the pandemic trapped some victims with their abusers.¹⁰ According to the Centers for Disease Control and Prevention (CDC), emergency room visits for abuse decreased during the early months of the pandemic, but the severity of the abuse increased. While not conclusive, it suggests a possible confirmation that lockdowns led to less reporting, sustained abuse and greater injury.¹¹

Some child welfare advocates suggest that inadequate supervision often arises from the **LACK OF AVAILABLE OR AFFORDABLE CHILD CARE FOR WORKING PARENTS, ESPECIALLY THOSE LIVING NEAR OR BELOW THE POVERTY LINE.**

Children Receiving Services for Domestic Violence

Number of children living in family violence shelters

	2016	2017	2018	2019	2020
Dallas					
Brighter Tomorrows	289	265	233	302	185
The Family Place	587	616	718		
Genesis Women's Shelter	288	151	186	172	109
Peaceful Oasis	29	27	51		
Denton	152	149	89		
Grayson	154	132	131		

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

An estimated 10 million children nationwide witness domestic or intimate partner violence in their own homes. Children can be seriously affected by family conflict, even if they are not witnesses to abuse.¹ However, children witness 68-80 percent of domestic assaults.² Children who are exposed to violence in the home are more likely to experience physical abuse themselves and are at an increased risk for exhibiting violence in future relationships.³ Kids living with violence are more likely to develop anxiety and depression and are prone to fighting, bullying, lying and cheating into adolescence. Even younger children are adversely affected by domestic violence as it may disrupt healthy attachment between infants and mothers, while toddlers and preschoolers are likely to regress to infant behaviors like thumb-sucking and bed-wetting.⁴ Sadly, in homes where intimate partner violence occurs, there is a 40-60 percent chance that children in the home are also being abused.

The City of Dallas Domestic Violence Task Force has recommended expanded

partnership with public schools for domestic violence curriculum. Currently, The Family Place and Brighter Tomorrows provide age-appropriate content to public school students regarding domestic violence, healthy relationships and the cycle of violence. The task force has recommended that future training be directed at public school teachers who might provide age-appropriate content as part of public school curriculum without the need for contracted services.

Another project called DV Beds.org has streamlined the allocation of shelter beds for victims of domestic violence. The cloud-based platform allows shelters to coordinate openings in emergency shelters so that survivors of domestic violence can find space

immediately without making multiple phone calls.⁵

Children who are exposed to violence in the home are **more likely to experience physical abuse themselves** and are at an **INCREASED RISK FOR EXHIBITING VIOLENCE IN FUTURE RELATIONSHIPS.**

CPS Caseloads

Average caseload for each Child Protective Services caseworker

The average statewide daily caseload for a Child Protective Services (CPS) worker is 21. Denton and Fannin counties reported average caseloads significantly higher than that, at 27.9 and 25.7 respectively.¹ Texas Department of Family and Protective Services (DFPS), which operates CPS, has experienced short-term improvements in caseloads, especially from 2016 to 2018, after changing leadership, increasing salaries and focusing on improving its culture and morale.² A court order at the end of 2019 recommended an average caseload of 14-17 per worker but did not make the recommendation enforceable.³

Turnover of CPS case workers is another issue. The statewide CPS turnover rate was 18.3 percent in 2020, with only Fannin County reporting a higher turnover rate at 23 percent, while Collin and Cooke counties reported rates lower than 10 percent.⁴

In the past two years, Texas has lost more than 1,000 available beds for foster children, contributing to the current capacity crisis in the CPS system.⁵ The loss of beds has led to record numbers of children staying in unlicensed foster homes such as hotels, churches and even CPS offices. These temporary living conditions have been hard on the children and the caseworkers, with children often missing therapy sessions and sometimes even going missing. With children sleeping in CPS offices,

	2016	2017	2018	2019	2020
Dallas	27.9	19.7	17.6	24.0	20.2
Collin	19.6	18.7	17.7	23.7	17.5
Cooke	21.7	20.4	21.7	20.1	20.6
Denton	22.6	21.0	21.4	28.7	27.9
Fannin	50.3	42.9	24.8	27.1	25.7
Grayson	29.5	26.1	19.2	17.9	17.5

Source: Texas Department of Family and Protective Services; Data Books and Annual Reports 2016-2020

caseworkers are working longer hours and performing additional job functions.⁶

would have unfairly punished the trauma response of vulnerable children.⁷

Violence against caseworkers has also been on the rise as the system has become more burdened. At the halfway point through 2021, 59 incidents of violence between workers and children already had been recorded, compared to only one in 2018 and eight in 2019. Some of these incidents included youths punching caseworkers in the face and stomach and hitting one with a tree limb. The Texas Legislature attempted to address some of these concerns by increasing penalties for assaulting caseworkers and punishing youth for refusing placements. Both measures failed, and some advocates believe the measures

The state's average daily rate is 21 CPS cases per worker, but **Denton and Fannin counties reported average caseloads SIGNIFICANTLY HIGHER at 27.9 and 25.7 respectively.**

Approved Foster Care Homes and Residential Treatment Centers

Number of residential treatment centers and foster homes approved by child-placing agencies

		2016	2017	2018	2019	2020
Dallas	Approved Homes	767	739	855	843	834
	Residential Treatment Centers	3	3	3	4	5
Collin	Approved Homes	232	265	322	335	314
	Residential Treatment Centers	1	1	2	3	4
Cooke	Approved Homes	5	9	16	14	14
	Residential Treatment Centers	0	0	0	0	0
Denton	Approved Homes	212	238	284	289	287
	Residential Treatment Centers	0	0	0	0	0
Fannin	Approved Homes	8	9	14	21	20
	Residential Treatment Centers	0	0	0	0	0
Grayson	Approved Homes	20	33	44	48	58
	Residential Treatment Centers	0	0	0	0	0

Source: Texas Department of Family and Protective Services Legacy HHS Data 2016-2017. Texas Health and Human Services Residential Child Care Data Book 2018-2020

The number of approved foster care homes and residential treatment centers (RTCs) across the region has increased significantly since 2016. Beginning in 2018, Child Care Licensing, which handles residential child care licensing, moved from the Texas Department of Family and Protective Services (DFPS) to Texas Health and Human Services within the state bureaucracy. What is unclear is if the increased number of approved foster homes is an outcome of reporting or changed approval practices.¹

2019 to April 2020, 11 children died while in the state’s conservatorship, including children in foster homes and residential treatment facilities. Also, nearly 80 percent of high-priority investigations were not completed on time.³ One RTC – Prairie Harbor in Willis, Texas – continued to receive CPS placements for seven months after a child died in its care.⁴ Even after terminating placements at this facility, a federal judge further criticized CPS for placing children in a Corpus Christi facility with the same owner.⁵ Most children placed

in RTCs in Texas and nationally are over 13 and have intense or specialized emotional needs. A state report from 2020 predicted that Texas could house only 39 percent of children who required intense care in 2021.⁶

Despite the increase in approved homes, Texas currently faces a significant shortage of homes and beds for foster youth, resulting in record numbers of children sleeping in unlicensed facilities such as churches, hotels and even Child Protective Services (CPS) office buildings.² From August

From August 2019 to April 2020, **11 children died** while in the state’s conservatorship, including children in foster homes and residential treatment facilities.

Children in Conservatorship

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

In 2020, 47,913 children were the legal responsibility of the Texas Department of Family and Protective Services (DFPS) at some point during the year. Of those, 41.7 percent were Hispanic, 29.9 percent were white, and 21.5 percent were Black.¹ Children in DFPS custody were in several different care situations, including kinship care, foster care, substitute care, and return and monitor situations. Kinship care is when a child is placed with a legal or blood relative or someone else with a significant relationship to the child, also termed fictive kin. Children may exit DFPS custody through family reunification, adoption, aging out of conservatorship or through permanent placement with the kinship caregiver.²

Only Fannin County experienced an increase in the number of children in DFPS custody from 2019 to 2020. Although Denton County reported a decrease from 2019 to 2020, numbers in that county trended up during the past five years. On the other hand, Dallas and Grayson counties have had decreasing numbers of children in conservatorship for the past five years.

Many advocates characterize the current foster care situation as a crisis, with many children sleeping in churches, hotels and even in case workers’ offices. In June 2021, more than 400 children were spending their nights in these unlicensed facilities despite

		2016	2017	2018	2019	2020
Dallas	Number	4,626	4,310	4,735	4,568	3,768
	Rate	6.7	6.2	6.8	6.7	5.5
Collin	Number	515	536	615	603	504
	Rate	2.0	2.0	2.3	2.3	1.9
Cooke	Number	160	211	223	196	156
	Rate	16.4	21.4	22.5	20.5	16.3
Denton	Number	687	744	867	1,064	1,010
	Rate	3.2	3.4	3.9	4.9	4.7
Fannin	Number	76	117	128	107	125
	Rate	10.0	15.2	16.6	14.6	17.1
Grayson	Number	406	386	358	308	279
	Rate	13.7	13.1	12.1	9.6	8.7

Source: Texas Department of Family and Protective Services: Data Books and Annual Reports, 2016-2020

overall decreases in the number of children in DFPS care. While Covid-19 has affected capacity, the biggest driver has been reimbursement rates and oversight. The current reimbursement rate for private providers has not been enough to keep many operating, particularly with increased scrutiny and oversight resulting from a years-long federal lawsuit.³ Another report notes that most of the children being housed in unlicensed facilities are teenagers who have psychiatric and behavioral issues.⁴ In the summer of 2021, the Texas Legislature was considering only a

single bill (HB261) regarding foster care, which aimed to increase reimbursement for low-income foster families.⁵

Many advocates characterize the current foster care situation as a crisis, with **MANY CHILDREN SLEEPING IN CHURCHES, HOTELS AND EVEN IN CASE WORKERS’ OFFICES.**

Child-Related Sex Crimes

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

The six-county region experienced a 45 percent increase in the number of child victims of sexual abuse from 2016-2020, from 643 to 933 (although 964 were reported in 2019). In the past couple of years, Dallas, Collin and Denton counties had slight decreases, while Fannin and Cooke experienced significant increases relative to their small numbers. Conversely, indictments for indecency or aggravated sexual assault of a child fell by nearly 30 percent across all counties from 978 in 2019 to 686 in 2020. This reduction is likely the result of widespread court closures in 2020 during the Covid-19 pandemic.¹

From 2019 to 2020, investigations only decreased by about 3 percent across the region.² Nationally however, investigations fell by as much as 18 percent during the pandemic, at least in part because school closures removed a crucial safety net and reporting mechanism.³ Also, Centers for Disease Control and Prevention (CDC) data suggests that reports of abuse may have decreased during the pandemic while the severity of that abuse worsened.⁴

Children who experience sexual abuse are likely to exhibit behaviors similar to victims of other types of abuse, including nightmares, social withdrawal, anxiety, depression and angry outbursts. Younger children

		2016	2017	2018	2019	2020
Dallas	Indictments	295	618	745	763	425
	Confirmed Victims	387	596	631	606	583
Collin	Indictments	138	147	167	142	115
	Confirmed Victims	96	121	142	158	137
Cooke	Indictments	2	20	6	24	11
	Confirmed Victims	11	13	9	7	22
Denton	Indictments	69	103	89	11	101
	Confirmed Victims	88	90	112	135	126
Fannin	Indictments	17	15	6	13	11
	Confirmed Victims	5	8	15	12	21
Grayson	Indictments	21	23	23	25	23
	Confirmed Victims	56	43	35	46	44

Source: Texas Office of Court Administration: Court Activity Reporting and Directory System. Texas Department of Family and Protective Services; CPI Completed Investigations: Alleged and Confirmed Types of Abuse

might reenact their trauma or describe their own bodies as hurt or dirty.⁵ Sexual victimization for young children may also stunt their emotional development affecting their ability to regulate emotions or develop coping mechanisms.⁶

Indictments for indecency or aggravated sexual assault of a child fell by **NEARLY 30 PERCENT** across all counties from 2019 to 2020, likely the result of widespread court closures in 2020 during the Covid-19 pandemic.

Child Mortality

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

Across North Texas, no significant pattern arises among childhood deaths, with numbers varying yearly in each county. Due to their low populations, Cooke and Fannin counties report fewer than 10 deaths per year, and the numbers are guarded to protect identities. However, numbers can be aggregated across multiple years, and Cooke and Fannin counties reported 28 and 27 deaths respectively from 2016 through 2019. In Cooke, Fannin and Grayson counties, child mortality rates were 70, 90 and 60 per 100,000 children respectively over that same period, higher than the state rate of 50 per 100,000. The child mortality rates in Collin and Denton counties fared better than the state at 30 and 40 per 100,000 during those years, while Dallas reported 50 childhood deaths per 100,000. Dallas, Collin and Denton counties reported higher mortality rates for Black children than other racial categories.¹

Since the onset of the Covid-19 pandemic, the risks facing children have changed as a result of the disease and various public health responses to it. However, recent studies show that deaths from Covid-19 are rare among children. The risk of severe Covid-19 cases was higher among Black children and those with chronic health conditions, but the overall risk of severe illness or death among children was low.² Furthermore, overall mortality rates have fallen

	2016	2017	2018	2019	2020
Dallas	424	454	406	399	429
Collin	113	100	86	117	96
Cooke	<10	<10	<10	<10	<10
Denton	102	81	77	78	82
Fannin	<10	13	<10	<10	<10
Grayson	17	24	18	22	16

Source: Texas Department of State Health Services; Center for Health Statistics, Vital Statistics
Note: To protect identities, the Texas Department of State Health Services only reports the exact number of child deaths within a county if the number is more than 10.

in the United States since the onset of the pandemic. Some experts believe that school and business closures have reduced the risk of automobile accidents by reducing time spent driving. Similarly, physical distancing, masking and shelter-in-place orders have likely reduced the spread of non-Covid illnesses such as the flu.³

Nationwide the leading cause of death for all children under age 14 is unintentional injury such as motor vehicle accidents, falls or drownings. For children under 10, the next leading causes of death are congenital health conditions and cancer, while the second leading cause of death

for teenagers is intentional self-harm.⁴ Children under 5 were more likely to die from drowning or suffocation, while those older than 5 were most likely to die in motor vehicle accidents. Deaths rates for male children are nearly twice those of female children, while Native Americans and Alaskan Natives reported the highest rates among racial categories. Mortality rates for white and Black children do not differ significantly.⁵

Nationwide, mortality rates for male children are **NEARLY TWICE THOSE** of female children.

Child Homicide

Number of deaths from intentional injury of children under 20

Homicide was the fifth leading cause of death for Texans under 20 in 2018 and 2019, when there were 538 such deaths for a rate of 3.3 per 100,000 people under 20.¹ In 2020, 251 Texas children died from abuse or neglect, which is the leading cause of child homicide. Among those, about two-thirds were specifically neglect-related, including drowning, unsafe sleep and physical or medical neglect. For the past 10 years, nearly 80 percent of child deaths related to abuse and neglect have involved children younger than 4. Latino children make up a plurality of these deaths, while per-capita deaths for Black children outpace all other racial groups in Texas and nationwide.²

For the past five years, Dallas County has experienced an increase in child homicides, from 29 in 2016 to 43 in 2020, while no other county in the region has reported more than 10 in a single year. Cooke and Fannin counties reported zero homicides for several years, and Collin County has recorded at least one child homicide in each of the past five years.

For teenagers, homicides had steadily declined since the 1990s, when the teen homicide rate exceeded 20 deaths per 100,000. Since the early 2000s, that rate has remained at or below 10 deaths per 100,000. However, homicide rates among teenage males are six times those of their

	2016	2017	2018	2019	2020
Dallas	29	41	30	37	43
Collin	<10	<10	<10	<10	<10
Cooke	0	0	0	0	<10
Denton	0	<10	<10	0	<10
Fannin	0	<10	0	0	0
Grayson	<10	<10	<10	<10	0

Source: Texas Department of State Health Services; Center for Health Statistics; Vital Statistics
 Note: To protect identities, the Texas Department of State Health Services only reports the exact number of child homicides within a county if the number is more than 10.

female counterparts. Among white males, the homicide rate is only 3.7 per 100,000 compared to 12.8 for Latino males and 58.9 for Black male teenagers. And the majority of teen homicides nationwide involved a firearm.³

The economic hardships of the Covid-19 pandemic may have increased the vulnerability of children and fostered an environment more conducive to gun-related domestic violence. Although increases are not necessarily directly related to the pandemic, experts have warned that closures and lockdowns create conditions that allow abuse to go unnoticed.⁴ Plus, Americans purchased nearly 2 million guns at the onset of the pandemic and

experienced more deaths from mass shootings in 2020 than in previous years.⁵

FOR THE PAST 10 YEARS, NEARLY **80 PERCENT** OF CHILD DEATHS RELATED TO ABUSE AND NEGLECT HAVE INVOLVED CHILDREN YOUNGER THAN 4.

Adolescent Suicide

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

Suicide is the second leading cause of death among children ages 10-14 and those ages 15-24; only death from unintentional injury is more common for these age groups.¹ From 2007-2018, the national suicide rate for those ages 10-24 increased a staggering 57.4 percent, from 6.8 to 10.7 per 100,000 people. However from 2016-2018, Texas reported fewer than 10 suicides per 100,000 people 10-24 years of age, which was among the lowest rates in the nation.²

According to the Youth Risk Behavior Survey, more than 38 percent of Texas high school students felt hopeless or sad every day for two or more weeks at a time. Additionally, 15 percent of those students made a suicide plan, 10 percent attempted suicide and just over 3 percent were treated for injuries or poisoning that resulted from an attempt.³ High school females were more likely than their male peers to make a plan and then attempt suicide. Students identifying as gay, lesbian or bisexual were more than twice as likely to attempt suicide and three times more likely to make a plan to commit suicide than their heterosexual peers.⁴

One Texas-based study found that suicidal thoughts and suicide attempts increased among 11 to 21 year-olds during the early months of the Covid-19 pandemic. Compared to the same time in

	2016	2017	2018	2019	2020
Dallas	19	22	19	16	23
Collin	12	<10	<10	12	10
Cooke	<10	<10	<10	0	0
Denton	<10	<10	<10	<10	<10
Fannin	0	<10	<10	<10	0
Grayson	<10	<10	<10	<10	0

Source: Texas Department of State Health Services; Center for Health Statistics
 Note: To protect identities, the Texas Department of State Health Services only reports the exact number of adolescent suicides within a county if the number is more than 10.

2019, rates of suicide attempts increased by as much as 2.34 times.⁵ Another study uncovered an increase in hospitalizations for suicide attempts by teenagers in 2020 and 2021. In particular, the study found that girls ages 12-17 were 51 percent more likely to visit an emergency room after a suicide attempt between February and March of 2021 compared to the same time in 2019. The increase was 4 percent for boys during the same period.

Similarly, mental health-related emergency room visits of all kinds increased in 2020.⁶ School and business closings limited teenagers' social connectedness during the pandemic, and their

diet and sleep habits were likely to have worsened while sheltering in place. Additionally, teenagers felt more pressure simply witnessing the impact of the pandemic on their parents and other household members.⁷

From 2016 to 2018, Texas reported fewer than 10 suicides per 100,000 people 10-24 years of age, which was among the lowest rates in the nation.

Unintentional Deaths of Children

Number of unintentional deaths of those 19 and younger

North Texas counties exhibit no real trend in accidental deaths, and for many counties and categories there were too few deaths per year to be reported. However, Grayson County did report 14 accidental deaths from 2017–2020. Similarly, motor-vehicle deaths over that time totaled 37 in Collin County and 23 in Denton County. No county in the region had enough drowning deaths to report annual numbers, but Dallas County reported 26 since 2017, while Collin County reported 10.

Unintentional injuries are the leading cause of death for all children older than 1.¹ Drowning is the most common unintentional cause of death for children ages 1–4, and motor vehicle accidents are the leading cause for children older than 5.² According to the Centers for Disease Control and Prevention, 1 in 5 child deaths is the result of an unintentional injury, and for every death of a child there are nearly 1,000 children treated in emergency rooms and 25 children hospitalized. Other leading causes of accidental death among children include accidental poisoning, fires and burns, falls and suffocation. Among high-income countries, only Mexico and New Zealand have higher injury death rates.³

In response to injury death trends in Texas, the State Fatality Review Team made several recommendations to the legislature and governor, including ones that directly address the types of deaths noted above.

	2016	2017	2018	2019	2020
Dallas	80	56	59	57	78
Motor Vehicle	43	30	37	32	45
Drowning	<10	<10	<10	<10	<10
Collin	25	13	<10	26	18
Motor Vehicle	10	10	<10	14	<10
Drowning	<10	<10	<10	<10	<10
Cooke	0	<10	0	<10	<10
Motor Vehicle	0	<10	0	<10	<10
Drowning	0	<10	<10	<10	<10
Denton	26	<10	14	13	15
Motor Vehicle	12	<10	<10	<10	<10
Drowning	<10	<10	<10	<10	<10
Fannin	<10	<10	<10	0	<10
Motor Vehicle	<10	<10	<10	0	<10
Drowning	<10	0	<10	0	0
Grayson	<10	<10	<10	<10	<10
Motor Vehicle	<10	<10	0	<10	<10
Drowning	<10	0	<10	0	<10

Source: Texas Department of State Health Services; Center for Health Statistics
 Note: To protect identities, the Texas Department of State Health Services only reports the exact number of unintentional deaths of children within a county if the number is more than 10.

In order to prevent drowning deaths, the board recommended new legislation to require fences around residential pools that are at least 4 feet tall. Additionally, they recommended that the legislature repeal existing legislation that allows parents and guardians to provide driver’s education instruction to their own children and change legislation to require all professionals to report unexplained or non-natural deaths to the

Texas Department of Family and Protective Services.⁴

North Texas counties exhibit **no real trend in accidental deaths**, and for many counties and categories there were **too few deaths per year to be reported**.

Traumatic Injuries

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

Unintentional falls are the leading cause of nonfatal emergency room visits for children under 15 in the United States.¹ Every day 8,000 children visit the ER due to unintentional falls, and more than 250,000 children are injured in bicycle accidents per year.² Other leading causes of nonfatal injuries among children include unintentionally being struck by or against an object, animal and insects bites or stings, and over-exertion.³

Across the region, 573 traumatic injuries to children resulted in hospitalizations; this does not account for all emergency room visits for injuries that did not result in hospitalizations. Even when traumatic injuries do not result in death, they can have adverse long-term health consequences for children. Acquired brain injuries (ABI) are typically the result of falls, crashes and other traumatic injuries. The presence of ABIs in children can go unnoticed because symptoms of brain injuries might present in the form of cognition and behavioral issues during adolescence. State and local policymakers have taken various measures to reduce ABIs by enforcing the use of bicycle helmets among children, providing education in schools about concussions, requiring seatbelts and the mandatory use of child seats.⁴

	2015	2016	2017	2018	2019
Dallas	484	294	365	286	351
Collin	146	73	96	71	93
Cooke	9	1	5	10	7
Denton	156	52	82	86	98
Fannin	22	2	10	4	1
Grayson	26	17	23	13	23

Data Source: Texas Department of State Health Services; Center for Health Statistics, Texas Hospital Inpatient Discharge Public Use Data Files 2015-2019

One recent study found that 26 percent of households experienced a nonfatal injury since the beginning of the Covid-19 pandemic, compared to only 14 percent during a similar period in 2017. Households with children were more likely to experience accidental injuries or ingestions, and the same was true for households in urban areas and those with higher incomes.⁵ Sports injuries, especially among children, declined during the pandemic while injuries due to fireworks, bicycles and broken glassware increased. Similarly, accidental ingestion of household chemicals increased during the pandemic.⁶

One recent study found that **26 percent of households** experienced a nonfatal injury since the beginning of the Covid-19 pandemic, compared to only 14 percent during a similar period in 2017.

ALCOHOL AND SUBSTANCE ABUSE

Alcohol and Substance Abuse ER Visits

Number of alcohol- or drug-related emergency room visits by children

		2016	2017	2018	2019
Dallas	Alcohol	4	0	0	0
	Drugs	29	24	18	7
Collin	Alcohol	0	1	0	1
	Drugs	15	15	7	4
Cooke	Alcohol	0	0	0	0
	Drugs	1	3	2	0
Denton	Alcohol	1	0	1	1
	Drugs	20	13	13	5
Fannin	Alcohol	0	0	0	0
	Drugs	0	0	1	0
Grayson	Alcohol	0	0	0	0
	Drugs	5	3	6	5

Source: Texas Department of State Health Services: Center for Health Statistics, Texas Hospital Emergency Department Discharge Public Use Data Files 2016-2019

Alcohol-Related Collision (Motor Vehicle) Deaths

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

		2016	2017	2018	2019	2020
Dallas		15	14	7	6	13
Collin		3	1	0	1	4
Cooke		0	0	0	0	0
Denton		2	1	3	0	1
Fannin		0	0	1	1	0
Grayson		0	1	1	1	0

Source: Texas Department of Transportation: Texas Motor Vehicle Crash Statistics, 2016-2020

Motor-vehicle collisions are the second leading cause nationwide of death among teenagers; on average, seven teens die each day in car crashes.¹ Significant factors causing teen fatalities include inexperience, distracted driving and not using seat belts. And, alcohol use is a significantly greater risk for teenage drivers than for older drivers. Among high school drivers, 1 in 20 reported having driven after drinking alcohol at least once during the previous month, and 16.7 percent reported riding in a vehicle with a teenager who had been drinking. Male and Hispanic teens were more likely to engage in drunk driving and riding in a car with a drunk driver. Driving under the influence of alcohol at any level is illegal for minors, yet nearly a quarter of teenage drivers killed in motor vehicle crashes had been drinking and 15 percent had blood alcohol levels beyond the legal limit for adults.²

According to the 2020 Texas School Survey of Drug and Alcohol Use, nearly half of all 12th-graders consumed alcohol during the previous school year. One in 4 high school-aged students reported using alcohol during the last month. Similarly, more than half of all high school students said that it would be very or somewhat easy to acquire alcohol.³ In Texas, it is illegal for a minor to buy, possess or drink alcohol and can be punished by community service, fines and license suspension for the first offense. Adults who sell or otherwise provide alcohol to minors can be held liable for their subsequent actions and face fines and jail time.⁴

At least 1 in 5 high-schoolers (10th- through 12th-grades) reported using an illicit drug during the last year and 1 in 6 reported doing so during the previous month, with marijuana the most common drug used. Nearly 40 percent of high school seniors reported having used marijuana at some time, and about 1 in 4 of those in 11th and 12th grades indicated using marijuana during the last year. About 5 percent of high school seniors said they had used cocaine, while 7 percent had used a hallucinogen. Among those students who reported drug use, the average age of first use was between 13 and 14 for most drugs.⁵

Patterns of alcohol consumption have changed among young people in response to the Covid-19 pandemic. One study found that college students who moved back in with their parents once campuses closed tended to decrease their alcohol consumption. Those who lived on campus before and after closures increased the frequency of alcohol consumption but drank fewer drinks per occasion. And students who lived at home before and after campus closures increased their alcohol consumption.⁶ The context for consumption of alcohol and illicit drugs changed significantly during the pandemic. Teens

spending more time with family might have had fewer opportunities for binge drinking or acquiring substances through peers. Alcohol remained readily available to many teens living at home, and drinking and substance use was not limited to in-person gatherings but also occurred in online settings.⁷

ACCORDING TO THE 2020 Texas School Survey of Drug and Alcohol Use, **NEARLY HALF OF ALL 12TH-GRADERS CONSUMED ALCOHOL DURING THE PREVIOUS SCHOOL YEAR.**

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

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

In 2019, more than 10,300 students in North Texas were disciplined for possession on school grounds of alcohol, tobacco or a controlled substance. That represents an almost 17 percent increase from 2018 when more than 8,800 students were disciplined for the same offenses. Similar to past years, controlled substances remained the highest portion of these disciplinary actions across all six counties. However, all counties except Denton County saw a decrease in overall disciplinary cases. This is likely a result of Covid-19 pandemic school closures, which kept students from being on campus. In 2020 around 6,616 students in North Texas were disciplined for possession of alcohol or a controlled substance.

		2016	2017	2018	2019	2020
Dallas	Alcohol	228	289	442	492	218
	Tobacco	276	188	282	504	NA
	Controlled Substances	2,953	2,731	4,747	4,807	4,301
Collin	Alcohol	139	122	223	224	239
	Tobacco	202	134	678	1,040	NA
	Controlled Substances	417	317	1,003	840	682
Cooke	Alcohol	<10	<10	<10	<10	<10
	Tobacco	<10	<10	12	<10	NA
	Controlled Substances	14	14	<10	<10	<10
Denton	Alcohol	92	89	156	258	137
	Tobacco	127	147	365	935	NA
	Controlled Substances	388	453	768	874	940
Fannin	Alcohol	<10	0	<10	<10	<10
	Tobacco	21	<10	<10	14	NA
	Controlled Substances	0	<10	<10	<10	<10
Grayson	Alcohol	11	19	<10	10	<10
	Tobacco	34	34	33	223	NA
	Controlled Substances	60	44	108	93	99

Source: Texas Education Agency: Discipline Action Group Summary Reports
 Note: To protect identities, exact number within a county are only reported if the number is more than 10.

products in the past school year. More than one-third of 10th- through 12th-graders reported having used an electronic vape product at some time, while only 13-20 percent reported having smoked cigarettes.² The increase in tobacco-related disciplinary action from 2018 to 2019 is likely the result of increased usage of e-cigarettes, which have risen in

popularity among adolescents in part because of advertising and flavors aimed at younger audiences. E-cigarettes are hazardous because they contain significant amounts of nicotine, which as of 2018 has to be reported on packaging labels.³

Statewide, nearly half of 12th-graders reported using alcohol during the last school year, and more than one-third of 10th- and 11th-graders reported the same. While 12 percent of 12th-graders reported using alcohol several times per month, more than half of 10th- through 12th-graders reported that acquiring alcohol would be somewhat or very easy.¹

Disciplinary action for tobacco use was not reported for the 2019-2020 school year, however the 2020 Texas School Survey indicates that about one-third of 12th-graders and one-quarter of 11th-graders used tobacco

Similar to past years, controlled substances remained the **HIGHEST PORTION** of these disciplinary actions across all six counties.

Gunfire-related ER Visits

Number of gunfire-related emergency room visits by children under 18

From 2006 to 2016, 22,724 children were killed by firearms nationwide, more than the number of children killed by cancer, suffocation or drowning during the same period. Only motor vehicle collisions were responsible for more deaths of children during that period. Nearly two-thirds of those deaths resulted from homicide, about one-third died from self-harm and 5 percent were from firearm-related accidents.¹ Every day, 19 children die or visit an emergency room from gunshot wounds. Black children are more likely to die from homicide, and older children's deaths are more often in conjunction with other crimes or gang activity.

On the other hand, younger children are more likely to be shot as bystanders to a nearby conflict. Suicide by firearms is most common among white and Native American children, and is most commonly the aftermath of impulsive decisions related to stress or mental health crises. Injuries from firearm accidents are 12 times higher among teens. Overall, 84 percent of firearm victims are male, and 88 percent are teens.²

There are an estimated 300 million guns in the United States, meaning almost one for every person in the country. An estimated 1 in 3 families with children have at least one gun in the home, and more than 20 million children live in

	2016	2017	2018	2019
Dallas	129	146	105	170
Collin	14	18	20	23
Cooke	5	6	2	3
Denton	18	21	24	8
Fannin	1	3	2	3
Grayson	3	8	4	8

Source: Texas Department of State Health Services: Center for Health Statistics, Texas Hospital Emergency Department Public Use Data Files 2016-2019

homes with firearms. About 1 in 6 unintentional firearm deaths of children under 13 occur because a child mistakes a real gun for a toy.³ Gun-owning households with children are slightly more likely to secure their firearms, but more than 4 million children live in homes with unsecured loaded guns. Halfway through 2021, more than 90 unintentional shootings by minors resulted in 36 deaths and 62 injuries.⁴

In March 2020, at the beginning of the Covid-19 pandemic, Americans bought nearly 2 million new guns, the second most guns ever sold in a single month.⁵ One recent study has shown that gun-related injuries to young children have increased since the beginning of the

pandemic, correlating with school closures and new gun purchases.⁶ Gun violence has become a regular part of American children's lives, and as schools reopened after pandemic closures, students again began to participate in mass shooting lockdown drills, which can have lasting psychological impacts on them.⁷

In March 2020, at the beginning of the Covid-19 pandemic, Americans bought **NEARLY 2 MILLION NEW GUNS**

Commitments to the Texas Juvenile Justice Department

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

Across the region in 2020, 59 youths were committed to the Texas Juvenile Justice Department (TJJD), and 50 of them came from Dallas County. In 2019, the region had 101 commitments, with 59 coming from Dallas County. In 2020, juvenile departments across the state received more than 32,000 referrals, 78 percent of which were made by law enforcement agencies. The remaining referrals were made by schools, probation departments and municipal courts, among others. TJJD received 21,000 fewer referrals in 2020 than in 2019, a 40 percent reduction.¹

More than half of all TJJD cases in 2020 were dismissed or received deferred prosecution and another 39 percent were referred for probation or supervisory caution. Only 1.3 percent of cases resulted in commitments and only 0.2 percent resulted in certification as an adult. The drastic reduction in referrals from 2019 to 2020 is a direct result of local responses to the Covid-19 pandemic. In an effort to prioritize health and safety protocols, many law enforcement agencies only arrested youth in the most serious cases. The closure of schools and the limited operation of courts and probation offices also reduced referral opportunities.²

Average daily populations of juvenile justice departments declined across the nation during the pandemic. Units within the

	2016	2017	2018	2019	2020
Dallas	46	30	50	59	50
Collin	17	6	9	14	1
Cooke	0	0	0	1	0
Denton	16	15	12	21	5
Fannin	0	0	2	1	1
Grayson	7	2	2	5	2

Source: Texas Youth Commission; Texas Juvenile Justice Department

juvenile justice systems worked in unison to reduce the number of young people confined to enclosed facilities where the risk of virus spread would be the greatest,³ especially since not all facilities or agencies have the authority to release youths from those facilities. Also, pandemic-induced conditions such as increased supervision at home, reduced opportunities for socialization outside of the house and fewer opportunities for street crime with businesses closed led to an actual reduction in delinquency crimes often associated with juvenile offenders. With that in mind, some experts suggest that a spike in juvenile crime may occur amid post-pandemic reopenings.⁴

More than half
of all TJJD cases in 2020 were dismissed or received deferred prosecution and another 39 percent were referred for probation or supervisory caution.

END NOTES

Introduction

- 1 Texas Department of Family and Protective Services, "Child Protective Investigations (CPI) Alleged & Confirmed Types of Abuse," Web documents - Undefined., DFPS Data Book, 2021, https://www.dfps.state.tx.us/About_DFPS/Data_Book/Child_Protective_Investigations/Investigations/Types_of_Abuse.asp
- 2 Diane DePanfilis et al., "Child Neglect: A Guide for Prevention, Assessment, and Intervention" (Administration on Children, Youth and Families Children's Bureau: Office on Child Abuse and Neglect, 2006), <https://doi.org/10.1037/e624592007-001>
- 3 Nikki Pressley, "Punished for Being Poor: The Relationship Between Poverty and Neglect in Texas" (Texas Public Policy Foundation, June 2020), https://files.texaspolicy.com/uploads/2020/06/011422226/Pressley-Neglect-Poverty-Perspective1.pdf?_gl=1*gfyar2*_ga*MTMzMTU2MzgwNi4xNjI4NzA5MTIz*_ga_PY28GXyGQP*MTYyODcwOTEyMi4xLjAuMTYyODcwOTEyMi42MA
- 4 Zero to Three, "How Covid-19 Is Impacting Child Care Providers," Zero to Three, 2021, <https://www.zerotothree.org/resources/3398-how-covid-19-is-impacting-child-care-providers>
- 5 Jessie Degollado, "ChildSafe: Covid-19 Pandemic Is 'Perfect Storm' for Child Abuse Perpetrators," KSAT, April 28, 2020, <https://www.ksat.com/news/local/2020/04/28/childsafe-covid-19-pandemic-is-perfect-storm-for-child-abuse-perpetrators/>
- 6 Anya Kamenetz, "Child Sexual Abuse Reports Are on the Rise Amid Lockdown Orders," Empire KVCR News, April 28, 2020, <https://www.kvcrnews.org/2020-04-28/child-sexual-abuse-reports-are-on-the-rise-amid-lockdown-orders>
- 7 Todd Frankel, "Pandemic Led to Fewer Sports Injuries, More Firework and Power-Tool Accidents," Washington Post, March 4, 2021, <https://www.washingtonpost.com/business/2021/03/04/pandemic-home-injuries/>
- 8 Rose Wong, "As Covid-19 Rose, so Did Teen Suicide Attempts. Girls Are Most at Risk," Houston Chronicle, Aug. 4, 2021, <https://www.houstonchronicle.com/lifestyle/renew-houston/health/article/As-COVID-19-rose-so-did-teen-suicide-attempts-16362650.php>
- 9 Tara M. Dumas, Wendy Ellis, and Dana M. Litt, "What Does Adolescent Substance Use Look Like During the Covid-19 Pandemic? Examining Changes in Frequency, Social Contexts, and Pandemic-Related Predictors," The Journal of Adolescent Health 67, no. 3 (September 2020): 354-61, <https://doi.org/10.1016/j.jadohealth.2020.06.018>

Confirmed Victims of Child Abuse and Neglect

- 1 Texas Department of Family and Protective Services, "Child Protective Investigations (CPI) Alleged & Confirmed Types of Abuse," Web documents - Undefined., DFPS Data Book, 2021, https://www.dfps.state.tx.us/About_DFPS/Data_Book/Child_Protective_Investigations/Investigations/Types_of_Abuse.asp
- 2 Texas Department of Family and Protective Services
- 3 Texas Department of Family and Protective Services, "Child Supervision," Child Protective Services, n.d., https://www.dfps.state.tx.us/child_protection/Child_Safety/child_supervision.asp
- 4 Piazadora Footman, "When Can a Child Be Left Alone?" - A New Report Argues That Vague Laws Lead to Unnecessary Investigations and Removals," Rise, Oct. 6, 2015, <https://www.risemagazine.org/2015/10/when-can-a-child-be-left-alone/>
- 5 Nikki Pressley, "Punished for Being Poor: The Relationship Between Poverty and Neglect in Texas" (Texas Public Policy Foundation, June 2020), https://files.texaspolicy.com/uploads/2020/06/011422226/Pressley-Neglect-Poverty-Perspective1.pdf?_gl=1*gfyar2*_ga*MTMzMTU2MzgwNi4xNjI4NzA5MTIz*_ga_PY28GXyGQP*MTYyODcwOTEyMi4xLjAuMTYyODcwOTEyMi42MA
- 6 The Texas Association for the Protection of Children, "Facts & Data - What Is Child Abuse?," TexProtects, n.d., <https://www.texprotects.org/CANfacts/>
- 7 Texas Department of Family and Protective

- Services, "Child Protective Investigations (CPI) Alleged & Confirmed Types of Abuse"
- 8 The Texas Association for the Protection of Children, "Facts & Data - TexProtects"
- 9 Jessie Degollado, "ChildSafe: Covid-19 Pandemic Is 'Perfect Storm' for Child Abuse Perpetrators," KSAT, April 28, 2020, <https://www.ksat.com/news/local/2020/04/28/childsafe-covid-19-pandemic-is-perfect-storm-for-child-abuse-perpetrators/>
- 10 Anya Kamenetz, "Child Sexual Abuse Reports Are on the Rise Amid Lockdown Orders," Empire KVCR News, April 28, 2020, <https://www.kvcrnews.org/2020-04-28/child-sexual-abuse-reports-are-on-the-rise-amid-lockdown-orders>
- 11 Elizabeth Swedo et al., "Trends in U.S. Emergency Department Visits Related to Suspected or Confirmed Child Abuse and Neglect among Children and Adolescents Aged <18 Years before and during the Covid-19 Pandemic - United States, January 2019-September 2020," MMWR Morbidity and Mortality Weekly Report 69, no. 49 (2020): 1841-47

Children Receiving Services for Domestic Violence

- 1 American Academy of Child and Adolescent Psychiatry, "Domestic Violence and Children," American Academy of Child and Adolescent Psychiatry, May 2019, https://www.aacap.org/AACAP/Families_and_Youth/Facts_for_Families/FFF-Guide/Helping-Children-Exposed-to-Domestic-Violence-109.aspx
- 2 "Alarming Effects of Children's Exposure to Domestic Violence," Psychology Today, Feb. 26, 2019, <https://www.psychologytoday.com/us/blog/progress-notes/201902/alarming-effects-childrens-exposure-domestic-violence>
- 3 OASH Office on Women's Health, "Effects of Domestic Violence on Children," Women's Health, April 2, 2019, <https://www.womenshealth.gov/relationships-and-safety/domestic-violence/effects-domestic-violence-children>
- 4 Melissa Stiles, "Witnessing Domestic Violence: The Effect on Children," American Family Physician 66, no. 11 (Dec. 1, 2002): 2052
- 5 City of Dallas Domestic Violence Task Force, "Domestic Violence Task Force Report 2020" (City of Dallas, 2020), https://dallascityhall.com/government/citycouncil/district13/dvtf/DCH%20Documents/2020%20DVTF_AnnualReport_English_Final.pdf

CPS Caseloads

- 1 Texas Department of Family and Protective Services, "Child Protective (CPI/CCI/CPS) Average Daily Caseload," Web documents - Undefined., DFPS Data Book, 2021, https://www.dfps.state.tx.us/About_DFPS/Data_Book/Employee_Statistics/CPS/CPS-Caseload.asp
- 2 "Reducing Caseworker Turnover," Casey Family Programs, May 14, 2018, <https://www.casey.org/texas-turnover-reduction/>
- 3 Robert Garrett, "Texas Agrees to Caseload 'Guidelines' for CPS Foster Care Workers Who've Been Slammed," Dallas News, Dec. 23, 2019, <https://www.dallasnews.com/news/politics/2019/12/23/texas-agrees-to-caseload-guidelines-for-cps-foster-care-workers-whove-been-slammed/>
- 4 Texas Department of Family and Protective Services, "Child Protective (CPI/CCI/CPS) Staff Turnover," Web documents - Undefined., DFPS Data Book, 2021, https://www.dfps.state.tx.us/About_DFPS/Data_Book/Employee_Statistics/CPS/CPS-Staff_Turnover.asp
- 5 Robert Garrett, "Capacity Catastrophe: Texas' Big Outsourcing of Foster Care Tested by System's Woes," Dallas News, April 30, 2021, <https://www.dallasnews.com/news/politics/2021/04/30/capacity-catastrophe-texas-big-outsourcing-of-foster-care-tested-by-systems-woes/>
- 6 Reese Oxner and Neelam Bohra, "Texas Foster Care Crisis Worsens, with Fast-Growing Numbers of Children Sleeping in Offices, Hotels, Churches," The Texas Tribune, July 19, 2021, <https://www.texastribune.org/2021/07/19/texas-foster-care-crisis/>
- 7 Avery Travis, "Attacks on Workers Spike with

More Foster Care Children Sleeping in Texas CPS Offices," KXAN Austin (blog), June 25, 2021, <https://www.kxan.com/news/texas/attacks-on-workers-spike-with-more-foster-care-children-sleeping-in-texas-cps-offices/>

Approved Foster Care Homes and Residential Treatment Centers

- 1 Texas Department of Family and Protective Services, "Residential Child Care Licensing (RCCL)," Legacy HHS Data 2008-2017, 2018, https://www.dfps.state.tx.us/About_DFPS/Annual_Report/Legacy_Data/Child_Care_Licensing/Residential_Care/default.asp
- 2 Reese Oxner and Neelam Bohra, "Texas Foster Care Crisis Worsens, with Fast-Growing Numbers of Children Sleeping in Offices, Hotels, Churches," The Texas Tribune, July 19, 2021, <https://www.texastribune.org/2021/07/19/texas-foster-care-crisis/>
- 3 Emma Platoff, "Years after a Judge Ordered Fixes, Texas' Child Welfare System Continues to Expose Children to Harm, Federal Monitors Say," The Texas Tribune, June 16, 2020, <https://www.texastribune.org/2020/06/16/texas-child-welfare-harm-federal-monitors/>
- 4 Platoff
- 5 Robert Garrett, "Judge Focuses on Death of Teen," The Dallas Morning News, Sept. 4, 2020, <https://www.pressreader.com/usa/the-dallas-morning-news/20200904/281870120837911>
- 6 Roxanne Asgarian, "The Forgotten Children of Texas," The Texas Observer, Oct. 26, 2020, <https://www.texasobserver.org/the-forgotten-children-of-texas/>

Children in Conservatorship

- 1 Texas Department of Family and Protective Services, "Child Protective Investigations (CPI) Children in DFPS Legal Responsibility during the Fiscal Year," Web documents - Undefined., DFPS Data Book, 2021, https://www.dfps.state.tx.us/About_DFPS/Data_Book/Child_Protective_Services/Conservatorship/Children_in_Conservatorship.asp
- 2 Texas Department of Family and Protective Services, "Abuse and Neglect Definitions," Web documents - Undefined., DFPS Data Book: CPI/CPS Glossary, n.d., https://www.dfps.state.tx.us/About_DFPS/Data_Book/Child_Protective_Services/Resources/glossary.asp
- 3 Reese Oxner and Neelam Bohra, "Texas Foster Care Crisis Worsens, with Fast-Growing Numbers of Children Sleeping in Offices, Hotels, Churches," The Texas Tribune, July 19, 2021, <https://www.texastribune.org/2021/07/19/texas-foster-care-crisis/>
- 4 Michael Lopardi, "Some Foster Children Sleeping in CPS Offices, State Says," KPRC, July 29, 2021, <https://www.click2houston.com/news/local/2021/07/29/some-foster-children-sleeping-in-cps-offices-state-says/>
- 5 Oxner and Bohra, "Texas Foster Care Crisis Worsens, with Fast-Growing Numbers of Children Sleeping in Offices, Hotels, Churches"

Child-Related Sex Crimes

- 1 Texas Legal Services Center, "Court Closures, Orders, Postponements, and Updated Procedures Due to Covid-19," Texas Law Help, July 14, 2021, <https://texaslawhelp.org/article/court-closures-orders-postponements-and-updated-procedures-due-to-covid-19>
- 2 Texas Department of Family and Protective Services, "Child Protective Investigations (CPI) Victims," Web documents - Undefined., DFPS Data Book, 2021, https://www.dfps.state.tx.us/About_DFPS/Data_Book/Child_Protective_Investigations/Investigations/Victims.asp
- 3 Sally Ho and Camille Fasset, "Pandemic Masks Ongoing Child Abuse Crisis as Cases Plummet," AP NEWS, April 20, 2021, <https://apnews.com/article/coronavirus-children-safety-welfare-checks-decline-62877b94ec68d47bfe285d4f9aa962e6>
- 4 Elizabeth Swedo et al., "Trends in U.S. Emergency Department Visits Related to Suspected or Confirmed Child Abuse and Neglect Among Children and Adolescents Aged <18 Years Before and During the Covid-19 Pandemic - United

States, January 2019–September 2020,” MMWR Morbidity and Mortality Weekly Report 69, no. 49 (2020): 1841-47

⁵ Sarah Peterson, “Effects,” Text, The National Child Traumatic Stress Network, Feb. 1, 2018, <https://www.nctsn.org/what-is-child-trauma/trauma-types/sexual-abuse/effects>

⁶ Institute National de Sante Publique Quebec, “Consequences of Child Sexual Abuse,” INSPQ, 2021, <https://www.inspq.qc.ca/en/sexual-assault/understanding-sexual-assault/consequences>

Child Mortality

¹ University of Wisconsin Population Health Institute, “Child Mortality in Texas,” County Health Rankings & Roadmaps, 2020, <https://www.countyhealthrankings.org/app/texas/2021/measure/outcomes/128/data>

² Heidi Ledford, “Deaths from Covid ‘Incredibly Rare’ among Children,” Nature 595, no. 7869 (July 15, 2021): 639–639, <https://doi.org/10.1038/d41586-021-01897-w>

³ Emily Barone, “Fewer Children Died in 2020, Despite the Pandemic. Experts Are Trying to Figure Out Why,” Time, Jan. 14, 2021, <https://time.com/5929751/childhood-mortality-2020-covid-19/>

⁴ “Child Health: Data for the US,” FastStats, Aug. 3, 2021, <https://www.cdc.gov/nchs/fastats/child-health.htm>

⁵ National Center for Injury Prevention and Control, “CDC Childhood Injury Report,” Centers for Disease Control and Prevention, Feb. 6, 2019, https://www.cdc.gov/safekid/child_injury_data.html

Child Homicide

¹ Centers for Disease Control and Prevention, National Center for Health Statistics, Multiple Cause of Death 2018–2019 on CDC WONDER Online Database, released in 2020. Data are from the Multiple Cause of Death Files, 2018–2019, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at <http://wonder.cdc.gov/mcd-icd10-expanded.html>

² Texas Department of Family and Protective Services, “Fiscal Year 2020 Child Maltreatment Fatalities and Near Fatalities Annual Report” (Texas Department of Family and Protective Services, March 1, 2021), https://www.dfps.state.tx.us/About_DFPS/Reports_and_Presentations/PEI/documents/2021/2021-03-01_FY2020_Child_Fatality_and_Near_Fatality_Annual_Report.pdf

³ Child Trends, “Teen Homicide, Suicide and Firearm Deaths,” Child Trends, 2019, <https://www.childtrends.org/indicators/teen-homicide-suicide-and-firearm-deaths>

⁴ Jessie Degollado, “ChildSafe: Covid-19 Pandemic Is ‘Perfect Storm’ for Child Abuse Perpetrators,” KSAT, April 28, 2020, <https://www.ksat.com/news/local/2020/04/28/childsafes-covid-19-pandemic-is-perfect-storm-for-child-abuse-perpetrators/>

⁵ Ben Dawson, “The State of America’s Children 2021 - Child Health,” Children’s Defense Fund (blog), 2021, <https://www.childrensdefense.org/state-of-americas-children/soac-2021-child-health/>

Adolescent Suicide

¹ Centers for Disease Control and Prevention, “10 Leading Causes of Death, United States,” WISQARS, 2021, <https://wisqars-viz.cdc.gov:8006/lcd/home>

² Sally Curtin, “State Suicide Rates among Adolescents and Young Adults Aged 10-24; United States, 2000-2018,” National Vital Statistics Reports 69, no. 11 (Sept. 11, 2020), <https://www.cdc.gov/nchs/data/nvsr/nvsr69/nvsr-69-11-508.pdf>

³ Centers for Disease Control and Prevention, “Texas 2019 and United States 2019 Results,” CDC: High School YRBS, 2020, <https://nccd.cdc.gov/Youthonline/App/Results.aspx?TT=G&OUT=O&SID=HS&QID=QQ&LID=TX&YID=2019&LID2=XX&YID2=2019&COL=T&ROW1=N&ROW2=N&HT=QQ&LCT=LL&FS=S1&FR=R1&FG=G1&FA=A1&FI=I1&FP=PI&FSL=S1&FRL=R1&FGL=G1&FAL=A1&FIL=I1&FPL=PI&PV=&TST=True&CI=TX2019&C2=XX2019&QP=G&DP=I&VA=CI&CS=Y&SYID=&EYID=&SC=DEFAULT&SO=ASC&PF=1>

⁴ Centers for Disease Control and Prevention, “Texas 2019 and United States 2019 Results,” CDC: High School YRBS, 2020, <https://nccd.cdc.gov/Youthonline/App/Results.aspx?TT=E&OUT=O&SID=HS&QID=H27&LID=TX&YID=2019&LID2=XX&YID2=2019&COL=I&ROW1=N&ROW2=N&HT=QQ&LCT=LL&FS=S1&FR=R1&FG=G1&FA=A1&FI=I1&FP=PI&FSL=S1&FRL=R1&FGL=G1&FAL=A1&FIL=I1&FPL=PI&PV=&TST=True&CI=TX2019&C2=XX2019&QP=G&DP=I&VA=CI&CS=Y&SYID=&EYID=&SC=DEFAULT&SO=ASC>

⁵ Trisha Korioto, “Study: Suicidal Behavior in Youths Higher during Covid-19 Closures than in 2019,” AAP News, Aug. 19, 2021, <https://www.aappublications.org/news/2020/12/16/pediatricssuicidestudy121620>

⁶ Audrey Conklin, “Teen Suicide Attempts Spiked during Covid-19 Lockdowns: CDC,” Text.Article, Fox News (Fox News, June 12, 2021), <https://www.foxnews.com/us/teen-suicide-attempts-spike-covid-lockdowns>

⁷ Rose Wong, “As Covid-19 Rose, so Did Teen Suicide Attempts,” WISQARS, 2021, <https://wisqars-viz.cdc.gov:8006/lcd/home>

Unintentional Deaths of Children

¹ Centers for Disease Control and Prevention, “10 Leading Causes of Death, United States,” WISQARS, 2021, <https://wisqars-viz.cdc.gov:8006/lcd/home>

² “Child Health: Data for the US,” FastStats, August 3, 2021, <https://www.cdc.gov/nchs/fastats/child-health.htm>

³ CDC, “Child Injury,” CDC Vital Signs, Jan. 29, 2020, <https://www.cdc.gov/vitalsigns/childinjury/index.html>

⁴ State Child Fatality Review Team Committee, “Texas Child Fatality Data and Recommendations” (Texas Department of State Health Services, April 2020), <https://www.dshs.state.tx.us/legislative/2020-Reports/Texas-Child-Fatality-Data-and-Recommendations-April-2020.pdf>

Traumatic Injuries

¹ National Center for Injury Prevention and Control, “10 Leading Causes of Nonfatal Emergency Department Visits, United States,” Centers for Disease Control and Prevention, 2020, <https://webappa.cdc.gov/sasweb/ncipc/nfilead.html>

² Stanford Children’s Health, “Accident Statistics,” Stanford Children’s Health, 2021, <https://www.stanfordchildrens.org/en/topic/default?id=accident-statistics-90-P02853>

³ National Center for Injury Prevention and Control, “10 Leading Causes of Nonfatal Emergency Department Visits, United States”

⁴ Texas Brain Injury Advisory Council, “The Texas Brain Injury Advisory Council 2018 Report” (Texas Health and Human Services Commission, December 2018), <https://www.hhs.texas.gov/sites/default/files/documents/laws-regulations/reports-presentations/2018/texas-brain-injury-advisory-council-report-dec-2018.pdf>

⁵ Andrea C. Gielen et al., “National Survey of Home Injuries during the Time of Covid-19: Who Is at Risk?,” Injury Epidemiology 7, no. 1 (November 11, 2020): 63, <https://doi.org/10.1186/s40621-020-00291-w>

⁶ Todd Frankel, “Pandemic Led to Fewer Sports Injuries, More Firework and Power-Tool Accidents,” Washington Post, accessed Sept. 1, 2021, <https://www.washingtonpost.com/business/2021/03/04/pandemic-home-injuries/>

Alcohol and Substance Abuse ER Visits

¹ Natioanl Center for Injury Prevention and Control, “Keep Teen Drivers Safe,” Centers for Disease Control and Prevention, June 18, 2021, <https://www.cdc.gov/injury/features/teen-drivers/index.html>

² National Center for Injury Prevention and Control, “Teen Drivers: Get the Facts,” Centers for Disease Control and Prevention, May 21, 2021, https://www.cdc.gov/transportationsafety/teen_drivers/teendrivers_factsheet.html

³ Miner Marchbanks III et al., “Texas School Survey of Drug and Alcohol Use - 2020” (The Public Policy Research Institute Texas A&M University, 2020), <https://www.texaschoolsurvey.org/>

Documents/Reports/State/20State712.pdf

⁴ Texas Alcoholic Beverage Commission, “Underage Drinking,” TABC, 2021, <https://www.tabc.texas.gov/texas-alcohol-laws-regulations/underage-drinking/>

⁵ Marchbanks III et al., “Texas School Survey of Drug and Alcohol Use - 2020”

⁶ Halley Sutton, “Study Finds Student Drinking Habits Changed Due to Covid-19,” Campus Security Report 17, no. 10 (2021): 9–9, <https://doi.org/10.1002/casr.30752>

⁷ Tara M. Dumas, Wendy Ellis, and Dana M. Litt, “What Does Adolescent Substance Use Look Like During the Covid-19 Pandemic? Examining Changes in Frequency, Social Contexts, and Pandemic-Related Predictors,” The Journal of Adolescence Health 67, no. 3 (September 2020): 354–61, <https://doi.org/10.1016/j.jadohealth.2020.06.018>

Students Disciplined for Controlled Substances

¹ Miner Marchbanks III et al., “Texas School Survey of Drug and Alcohol Use - 2020” (The Public Policy Research Institute Texas A&M University, 2020), <https://www.texaschoolsurvey.org/Documents/Reports/State/20State712.pdf>

² Marchbanks III et al.

³ Kristen Jones and Gary A. Salzman, “The Vaping Epidemic in Adolescents,” Missouri Medicine 117, no. 1 (2020): 56–58

Gunfire-related ER Visits

¹ Meredith Wadman, “Guns Kill More U.S. Kids than Cancer. This Emergency Physician Aims to Prevent Those Firearm Deaths,” Science, Dec. 6, 2018, <https://www.science.org/content/article/guns-kill-more-us-kids-cancer-emergency-physician-aims-prevent-those-firearm-deaths>

² Melissa Jenco, “Study: Gunfire Kills or Injures More than 7,000 Children per Year,” AAP News, Aug. 31, 2021, <https://www.aappublications.org/news/2017/06/19/Firearms061917>

³ Nicole Michaels, “Gun Safety,” Nationwide Children’s, 2020, <https://www.nationwidechildrens.org/research/areas-of-research/center-for-injury-research-and-policy/injury-topics/general/gun-safety>

⁴ Deborah Kim et al., “People Hoping to Protect Kids from Accidental Gun Injuries, Deaths Push for Stronger Safety Laws,” ABC News, n.d., <https://abcnews.go.com/US/people-hoping-protect-kids-accidental-gun-injuries-deaths/story?id=78090274>

⁵ Ben Dawson, “The State of America’s Children 2021 - Gun Violence,” Children’s Defense Fund (blog), 2021, <https://www.childrensdefense.org/state-of-americas-children/soac-2021-gun-violence/>

⁶ Joanna S. Cohen et al., “Firearms Injuries Involving Young Children in the United States during the Covid-19 Pandemic,” Pediatrics 148, no. 1 (July 1, 2021), <https://doi.org/10.1542/peds.2020-042697>

⁷ “Locks, Lights, out of Sight: How Lockdown Drills Affect America’s Children,” CNN, March 10, 2021, <https://www.cnn.com/interactive/2021/03/us/school-shooting-lockdown-drills/>

Commitments to the Texas Juvenile Justice Department

¹ Texas Juvenile Justice Department, “The State of Juvenile Probation Activity in Texas” (Texas Juvenile Justice Department, August 2021), <https://www.tjjd.texas.gov/index.php/doc-library/send/334-state-of-juvenile-probation-activity/2894-the-state-of-juvenile-probation-activity-in-texas-2020>

² Texas Juvenile Justice Department

³ Kim Godfrey, “Responding to the Pandemic,” Performance-Based Standards: Issue Brief (PbS Learning Institute, June 2021), https://pbstandards.org/media/1457/respondingtothepandemic_issuebrief3_feweryouthsincustody.pdf

⁴ Molly Buchanan et al., “It’s F**ing Chaos: Covid-19’s Impact on Juvenile Delinquency and Juvenile Justice,” American Journal of Criminal Justice 45, no. 4 (August 1, 2020): 578–600, <https://doi.org/10.1007/s12103-020-09549-x>

EDUCATION

It begins early. A child’s educational and developmental path starts at home during early childhood, but then continues at school. The nature of that path can determine the course of the child’s life.

This section will explore the quality of education that North Texas is giving its children.

Before kids even enter school, programs like Head Start, Early Head Start and public and private prekindergarten can be essential tools for supporting language and literacy skills.¹ Children’s success at learning early language skills is closely tied to their third-grade reading abilities and even to whether they graduate from high school.² Furthermore, early childhood education is key to social-emotional development and the ability to self-regulate when older.³ Ultimately, quality early childhood education is tied to academic and personal success later in life, and has the most significant impact on the least advantaged children.⁴

Just as early childhood education lays the foundation for future success, third-grade reading is a signpost for a student’s ability to thrive academically in later grades. Students behind in reading skills by third grade are four times as likely to drop out of high school.⁵ Reading skills are highly correlated to social-emotional well-being, as struggling students also struggle with behavioral and social control and poor physical health.⁶ Keeping students on track, in school and qualified for high school graduation translates to better employment prospects for them, and decreases their likelihood of living in poverty or suffering from chronic health conditions such as diabetes and asthma.⁷

The Covid-19 pandemic has had a significant impact on schools and the social-emotional development of school-aged children. Across the region, schools turned to virtual and other at-home education options as the virus forced school closures. The pandemic also caused the cancellation of the STAAR tests for the 2019-2020 school year.⁸ Optional tests administered at the beginning of the 2020-2021 school year revealed that students lost more than three months of learning gains due to school closures.⁹ And STAAR results from the following year showed that scores decreased for all subjects at nearly every grade level, with performance declines steepest in districts with the most virtual learners.¹⁰

Pandemic-related school closures have had non-academic effects on children as well. Younger children lost access to nutritional food and structured physical activity.¹¹ At the same time, teenagers lost outlets for social connectivity and were likely to experience more stress at home.¹² After all, schools play a significant role in almost every facet of a young person’s life.

CONTENTS

Kindergarten Readiness	94	Students Receiving Special Education	98
Head Start and Public School Prekindergarten Enrollment	95	High School Completion Rates	99
Third-Grade Reading	96	Students Passing All STAAR Exams	100
English Language Learners	97	College Readiness	101



Nearly
100,000

North Texas students received special education services during 2019-2020 school year, a number that consistently grew during the past 5 years

College-readiness rates vary across North Texas:

FROM
70 percent
IN COLLIN COUNTY TO
ABOUT
40 percent
IN FANNIN COUNTY

COLLIN, DENTON AND GRAYSON COUNTIES

outperformed

the state average on the 2019 STAAR tests

2020 school closures resulted in **3.2 months of learning loss** plus **2.5 months of summer break loss**



High school completion rates are near

95%

in the suburban and rural counties, but

83%

for Dallas County

MORE THAN

60%

of students were kindergarten-ready in Collin and Dallas counties in 2020

More than
one-third

of all students in Dallas County were English Learners in 2019-2020 school year — more than twice that of other counties in region

Kindergarten Readiness

Percent of assessed kindergarteners demonstrating readiness on an approved assessment

A child’s capabilities for linguistics and cognition develop precipitously during the years preceding kindergarten. During this time, children also form the basis for future social, emotional and regulatory capacities. In essence, a child’s future is built on this prekindergarten foundation.¹ Much of this brain development depends upon environmental factors within families and the home, as shown in widely recognized research about the disparity in vocabulary development among children of different socioeconomic backgrounds.² Outside the home, participation in early childhood and education programs, such as Head Start, Early Head Start and private or public prekindergarten, can increase language and literacy skills before entering school.³

These early language and literacy skills are especially important because they connect kindergarten readiness to high school graduation. Students with poor literacy skills entering kindergarten are less likely to read at grade level in the third grade, and they’re four times as likely to drop out of high school.⁴

Only Collin and Dallas counties reported kindergarten readiness rates exceeding 60 percent in 2020, and Fannin and Grayson counties each counted fewer than half of entering

	2016	2017	2018	2019	2020
Dallas	65.5	61.6	51.9	60.0	62.5
Collin	78.9	70.7	61.9	65.4	65.3
Cooke	45.4	46.1	46.1	54.7	56.0
Denton	66.1	66.7	58.7	53.0	54.9
Fannin	64.8	69.2	49.2	53.9	45.2
Grayson	67.7	58.3	47.5	44.7	49.0

Source: Texas Education Agency; Texas Public Education Information Resource (TPEIR) 2016, Texas Academic Performance Reports (TAPR) 2017-2020

kindergarteners as ready for school. Only Cooke County has demonstrated sustained growth during the past five years.

The instability of kindergarten readiness numbers during the previous 5–10 years is likely a result of the growing use of the readiness assessments themselves. These assessments are not required, and their adoption has not been uniform across districts or schools; therefore, fluctuations in county-level results may reflect adoption patterns more than performance or ability. However, the Texas Education Agency (TEA) has approved at least eight different assessment tools for the measurement of

kindergarten readiness. Since each district — and even schools within a single district — may choose different assessments, changes over time could also reflect changing decisions as schools adopt different tools or the TEA rescinds approval for others.⁵

Students with poor literacy skills entering kindergarten are less likely to read at grade level in the third grade, and they are **4 TIMES AS LIKELY TO DROP OUT OF HIGH SCHOOL.**

Head Start and Public School Prekindergarten Enrollment

Number of children enrolled in Head Start and public school prekindergarten

Prekindergarten education has been found to have long-lasting and wide-ranging positive effects on its participants. One study suggests that pre-K children are more likely to graduate from high school and remain married; they are also less likely to be arrested or become dependent on welfare programs. Furthermore, the positive effects are most significant for economically disadvantaged students.¹ Dual-language learners also receive enhanced benefits, in terms of improved English proficiency and remedying pre-literacy and math skills that are often lacking among non-English-speaking preschoolers.² Other studies have found that Head Start programs can improve college attendance rates, self-esteem and self-control as adults.³

Public pre-K in Texas is free to 4-year-olds who meet specific criteria; districts may also choose to serve 3-year-old children. To qualify for free public preschool, a child must be unable to speak or understand English, be eligible for free lunch, be homeless, be the child of an active duty or injured service member, be the child of a first responder, or have been previously held in conservatorship of the state (usually foster care). Children who qualify are not required to attend, but they cannot be denied the right.⁴ Districts may also choose to provide enrollment to non-qualified students through a tuition-supported model. These programs are voluntary and can

		2016	2017	2018	2019	2020
Dallas	Head Start	4,583	3,916	4,112	3,910	NA
	Public Pre-K	23,570	24,328	25,600	27,205	26,888
Collin	Head Start	1,175	1,220	1,205	1,098	NA
	Public Pre-K	2,526	2,667	2,918	2,988	3,154
Cooke	Head Start	630	712	699	630	NA
	Public Pre-K	182	238	276	260	230
Denton	Head Start	193	193	193	193	NA
	Public Pre-K	3,301	3,269	3,467	3,731	3,719
Fannin	Head Start	161	158	159	139	NA
	Public Pre-K	338	327	325	360	365
Grayson	Head Start	1,029	1,064	1,050	952	NA
	Public Pre-K	828	846	910	902	831

Source: Texas Education Agency; Texas Academic Performance Reports; Office of Head Start — Region VI

be offered with a full- or half-day format. Tuition rates vary by district; for the 2021-2022 school year, tuition for full-day preschool in Dallas ISD is \$880 per month, while Plano ISD charges \$712 per month. Most districts in the region charge between \$700 and \$900 per month.⁵

Head Start is a federally funded early childhood program provided at no cost to children under 5 years old from primarily low-income families. Head Start programs are focused on early learning, child health and family

well-being.⁶ Head Start is available to children from families earning less than the federal poverty line, as well as those receiving TANF (Temporary Assistance to Needy Families) or SSI (Supplemental Security Income) and children who are homeless or in foster care.⁷ Head Start enrollment data was not collected in 2020 due to the pandemic.

STUDIES HAVE FOUND THAT **Head Start programs can improve college attendance rates and self-esteem,** AMONG OTHER BENEFITS.

Third-Grade Reading

Percent of third-graders meeting STAAR standards in reading

		2015	2016	2017	2018	2019
Dallas	Approaches Grade Level	72.0	68.4	67.0	74.5	71.7
	Meets Grade Level	35.6	38.8	40.5	41.0	40.4
Collin	Approaches Grade Level	89.2	86.7	85.0	88.1	86.9
	Meets Grade Level	58.7	61.8	62.5	60.3	60.5
Cooke	Approaches Grade Level	78.7	73.6	76.1	77.0	76.6
	Meets Grade Level	36.4	43.2	44.4	46.4	39.3
Denton	Approaches Grade Level	81.7	80.1	80.2	82.9	79.9
	Meets Grade Level	46.4	52.1	54.4	50.3	49.2
Fannin	Approaches Grade Level	81.1	75.3	74.4	84.2	77.6
	Meets Grade Level	39.8	43.1	43.9	44.9	45.1
Grayson	Approaches Grade Level	84.6	77.9	76.4	80.8	76.0
	Meets Grade Level	46.9	42.5	46.2	45.0	43.1

Source: Texas Education Agency: STAAR Aggregate Data

Students who perform below grade level in third-grade reading are 4 times more likely to drop out of high school. And 88 percent of those who failed to complete high school struggled to read in the third grade.¹ Students reading below grade level are also more likely to exhibit a lack of behavioral and social control while in school. These students often have low attendance rates, poor health and weak support systems at home.²

during a typical summer.⁴ The table included here reflects STAAR (State of Texas Assessments of Academic Readiness) results through the 2018-2019 school year, before the onset of the pandemic, but still shows a slight decline in third-grade reading performance across the entire region. STAAR tests were canceled at the end of the 2019-2020 school year, but the TEA study and the preceding drop in reading scores suggest that scores may continue to decline when STAAR tests resume.⁵

One recent report suggests that the Covid-19 pandemic has left the average student four months behind on reading, and that burden falls disproportionately on minorities and low-income students.³ A Texas Education Agency (TEA) study, which used optional assessments at the beginning of the 2020-2021 school year, suggests that school closures in the 2019-2020 school year resulted in 3.2 months of learning loss in addition to the 2.5 months of loss experienced

THIRD-GRADE READING ABILITY CAN BE AN INDICATOR OF FUTURE SUCCESS IN SCHOOL.

English Language Learners

Percent of students enrolled in public schools who are English Language Learners

Nearly 5 million students nationwide are English Learners (EL), translating to about 10 percent of the K-12 population, according to the Department of Education. Hispanic or Latino students make up about 75 percent of EL students nationally, despite constituting only 25 percent of all students.¹ While the Texas Education Agency (TEA) does not report the racial makeup of EL students, Hispanic or Latino students make up more than half (52.8 percent) of all students in Texas, and EL students account for 6.9 percent statewide.² All six counties in the North Texas corridor reported a higher percentage of EL students than the state, and only Fannin County, at 8.3 percent, trailed the national rate. More than one-third (33.6 percent) of all students in Dallas County were English Learners in the 2019-2020 school year, more than twice that of any other North Texas county.

In Texas, English Learners are placed on a multi-year plan to meet the achievement level of their English-speaking peers; a combination of each student's tenure in the country and a standardized language assessment administered upon enrollment determines the length of the plan. Once the plan expires, students may still be classified as English Learners but must meet the performance standards of their English-speaking peers.³

	2015	2016	2017	2018	2019	2020
Dallas	29.5	30.3	31.0	31.3	32.2	33.6
Collin	8.8	8.9	9.1	9.3	10.2	11.2
Cooke	11.0	11.7	12.0	12.4	13.6	14.3
Denton	12.3	13.0	13.4	13.3	13.5	14.2
Fannin	5.2	5.6	6.5	6.9	8.1	8.3
Grayson	8.6	9.1	9.7	10.2	10.8	11.3

Source: Texas Education Agency: Texas Academic Performance Reports

Early in the pandemic, educators and researchers alike identified EL students as potentially at a higher risk of Covid-related learning loss as schools closed or turned to non-traditional modes of instruction.⁴ English Learners are more likely to belong to minority groups already experiencing economic disadvantage, exacerbated by the effects of Covid-19. Blacks, Latinos and immigrant communities were more likely to experience financial instability, face challenges accessing public assistance, and lack the technology necessary for distance learning. Moreover, Blacks and Hispanics have experienced disproportionately adverse health outcomes from the illness, and districts in North Texas, especially

in Dallas County, serve a higher percentage of these students compared to the state.⁵

The percentage of English Language Learners is rising in all 6 counties.

Students Receiving Special Education

Number of students receiving special education in public schools

During the 2019-2020 school year, more than 7 million children nationwide received special education services as required by the Individuals with Disabilities Education Act (IDEA), which translates to about 14 percent of all students in public education.¹ In Texas, more than half a million (577,868) students received special education services during the same school year. An intellectual disability is the most common type of disability among these Texas students, accounting for 42.4 percent. Additionally, 21.4 percent report a physical disability, 20.8 percent have a behavioral disability and 13.8 percent have autism.² Across North Texas, nearly 100,000 students received special education services during the 2019-2020 school year, and that number has consistently risen in all six counties during the past five years.

Students in special education programs have experienced adverse conditions since the onset of the Covid-19 pandemic, partly because they are at a disadvantage when routine and structure are interrupted. School closures and shelter-in-place measures limited in-person assessments, complicating the adjustment of Individualized Education Plans (IEPs).³ Educators have also noted that economic and technological equity issues hit special education students particularly hard because of their high need.⁴

In response to pandemic-related closures, Dallas ISD conducted

	2015	2016	2017	2018	2019	2020
Dallas	38,793	40,108	40,509	42,254	45,893	48,716
Collin	17,601	18,419	18,914	20,127	22,485	24,322
Cooke	514	536	570	580	643	705
Denton	11,206	11,840	12,238	13,070	14,353	16,180
Fannin	562	579	597	620	661	698
Grayson	2,292	2,351	2,375	2,485	2,635	2,942

Source: Texas Education Agency; Texas Academic Performance Reports

an internal investigation and discovered that it failed to serve more than 2,000 students with disabilities during the previous two school years. Even before the pandemic, DISD had fallen behind on the evaluations used to identify students and update IEPs. District officials pledged to spend an additional \$1 million to provide owed services and compensatory time.⁵ Statewide, the Texas Education Agency (TEA) has implemented Supplemental Special Education Services (SSES) to offer online accounts to qualifying families with special needs children. SSES connects families to services and therapies that would typically occur at school and includes a \$1,500 credit per student to contribute to the cost of these private services.⁶

Students in special education programs have experienced **PARTICULARLY ADVERSE CONDITIONS** since the onset of the Covid-19 pandemic.

High School Completion Rates

Percent of ninth-graders who graduated from 12th grade in four years

Students who complete high school experience increased economic stability, improved social connectivity and better long-term health outcomes than those who do not. High school dropouts are more likely to be unemployed, live in poverty and suffer from chronic health conditions like diabetes and asthma.¹ According to the Bureau of Labor Statistics, in 2020 individuals without a high school diploma earned \$619 per week (about \$32,000 annually) compared to \$781 per week or just over \$40,000 annually for those with a high school diploma. The unemployment rate for those without a diploma was 11.7 percent compared to 9 percent for those who completed high school.²

Across the region, completion rates have remained stable, with most suburban and rural counties reporting at or near 95 percent in most years. Completion rates in Dallas County, on the other hand, are typically around 83 to 84 percent. The most recent data available is for the class of 2019, so the impact of Covid-19 on high school completion rates remains to be seen. Still, educators suggest that dropouts are on the rise amid the pandemic. Unsupervised remote learning, the stress of falling behind from learning loss and the need to care for younger siblings are only some of the stressors that might lead students to drop out.³

Beyond school closures, many businesses that might have

	2015	2016	2017	2018	2019
Dallas	83.7	83.6	84.0	84.2	83.3
Collin	96.3	96.7	96.8	96.6	96.6
Cooke	97.0	96.4	95.1	95.4	95.0
Denton	94.0	94.4	94.5	94.6	94.9
Fannin	94.4	96.7	97.7	95.8	97.1
Grayson	94.6	94.2	92.6	93.3	92.3

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

otherwise employed teens or offered a place to socialize were also closed for much of 2020. The reduced social interaction and potential loss of income have adversely affected many teens.⁴ The pandemic has also affected the long-term plans of those who do graduate. A survey of 2020 graduates reported that 36 percent would likely enter the workforce rather than attend college, while 32 percent said they would delay college because of the pandemic. Another 16 percent reported changing their desired career.⁵

ACROSS THE REGION, **high school completion rates have remained stable.**

Students Passing All STAAR Exams

Percent of students meeting the STAAR ‘approaches grade level’ standard in all subjects in all public school grades

In 2019, about 80 percent of North Texas students met the “approaches grade level” standard on all STAAR tests, slightly better than the 78 percent reported statewide.¹ Across the region, Collin, Denton and Grayson counties all outperformed the state average. Most counties saw a peak in achievement in 2015, while Dallas County reported its best rate in 2019. Students who meet the “approaches grade level” standard are likely to succeed in the next grade, although they may require targeted intervention.²

STAAR (State of Texas Assessments of Academic Readiness) exams are Texas-specific assessments designed to measure student progress and achievement regarding the state-mandated curriculum standards called Texas Essential Knowledge and Skills (TEKS).³ In addition to these standardized tests, students may also participate in nationally normed exams that provide comparison with other states. Based on the National Assessment of Educational Progress (NAEP) data, Texas ranked 12th in the nation in overall achievement and scored significantly higher than the national average for public schools.⁴ Texas students in both fourth and eighth grades have consistently outperformed the national average for math scores for the past several years, while reading scores have trailed the nation during the same period.⁵

	2015	2016	2017	2018	2019
Dallas	73.3	71.2	71.6	73.3	75.4
Collin	91.2	88.5	88.4	89.2	89.3
Cooke	77.9	75.0	74.9	76.5	76.3
Denton	84.1	82.0	82.1	83.3	83.3
Fannin	78.7	74.4	73.1	74.6	76.4
Grayson	82.7	78.9	78.5	78.9	79.4

Source: Texas Education Agency: Texas Academic Performance Reports (TAPR)

As a result of the pandemic, the Texas Education Agency canceled STAAR exams in the spring of the 2019-2020 school year.⁶ STAAR tests returned the following school year, and initial results released in June 2021 showed that the proportion of students scoring at grade level decreased for every subject at every grade level, except high school English. Virtual learning played a significant role in declining performance, as school districts with a higher proportion of virtual learners experienced steeper declines. For example, a school district with no more than 25 percent of its students learning virtually could expect a 9 percentage point drop in satisfactory math performance, compared to a 32

point drop for a district with 75 percent or more learning virtually.⁷

School districts with a higher proportion of

VIRTUAL LEARNERS EXPERIENCED STEEPER DECLINES

in 2020-2021 school year STAAR tests.

College Readiness

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

College graduates earn about 60 percent more than those who do not finish college, translating to more than \$1 million over a lifetime.¹ Bureau of Labor Statistics data from 2020 suggests that workers with a bachelor’s degree (excluding those with advanced degrees) earn \$27,000 more per year than those with only a high school education. Furthermore, the unemployment rate for those with a bachelor’s degree is 5.5 percent compared to 9 percent for those with only a high school diploma.²

Based on Texas Education Agency (TEA) data, college readiness varies widely across North Texas, with Collin County reporting nearly 70 percent college readiness and Fannin County reporting just under 40 percent. In the class of 2019, about 46 percent of graduates in Dallas County were college-ready, according to the TEA standard. Dallas, Collin and Grayson counties experienced significant increases in college readiness from 2016 to 2017, likely resulting from a definitional change. Beginning with the class of 2017, graduates could be considered college-ready either through the SAT, ACT or TSIA assessments or by completing a college course in each subject.³ Before that, only the assessments contributed to college-ready status.⁴ Statewide, 60.7 percent of class of 2018 graduates enrolled in an institute of higher education

		2015	2016	2017	2018	2019
Dallas	TEA Standard	23.6	28.6	39.9	42.2	46.1
	SAT/ACT Standard	21.4	13.2	14.2	25.0	24.0
Collin	TEA Standard	63.4	62.6	66.5	67.4	69.2
	SAT/ACT Standard	40.1	47.0	40.2	56.2	56.3
Cooke	TEA Standard	34.6	37.8	37.2	48.0	52.6
	SAT/ACT Standard	14.5	13.4	14.0	24.5	20.5
Denton	TEA Standard	53.3	56.2	53.9	57.2	58.6
	SAT/ACT Standard	32.1	28.7	29.4	43.8	41.5
Fannin	TEA Standard	32.7	31.4	34.0	38.1	39.4
	SAT/ACT Standard	15.7	10.8	11.4	16.2	19.4
Grayson	TEA Standard	41.2	38.0	50.1	48.5	49.9
	SAT/ACT Standard	17.1	16.2	16.6	24.3	26.8

Source: Texas Education Agency: Texas Academic Performance Reports (TAPR)

in Texas the following school year. For white graduates, that number was 72 percent, while 53.5 percent of Hispanic graduates and 42.5 percent of Black graduates enrolled in Texas colleges the following fall.⁵ For the class of 2013, 60.2 percent enrolled in college initially, but only 39.1 percent continued their enrollment four years after high school and only 8 percent graduated in four years.⁶

STATEWIDE FROM THE CLASS OF 2018,

72 percent of white, 53.5 percent of Hispanic and 42.5 percent of Black high school graduates enrolled in a Texas college or university the fall after graduation.

END NOTES

Introduction

- Matthew Weyer and Jorge Casares, “Pre-Kindergarten-Third Grade Literacy” (National Conference of State Legislatures, December 17, 2019), <https://www.ncsl.org/research/education/pre-kindergarten-third-grade-literacy.aspx>
- Annie E. Casey Foundation, “Early Warning! Why Reading by the End of Third Grade Matters” (Annie E. Casey Foundation, 2010), https://assets.aecf.org/m/resourcedoc/AECF-Early_Warning_Full_Report-2010.pdf
- National Research Council, From Neurons to Neighborhoods: The Science of Early Childhood Development (Washington, DC: The National Academies Press, 2000)
- Jonah Lehrer, “Does Preschool Matter?,” Wired, n.d., <https://www.wired.com/2012/03/does-preschool-matter/>
- Weyer and Casares, “Pre-Kindergarten-Third Grade Literacy”
- Annie E. Casey Foundation, “Early Warning! Why Reading by the End of Third Grade Matters”
- Office of Disease Prevention and Health Promotion, “High School Graduation” (Healthy People 2020, June 23, 2021), <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources/high-school-graduation#25>
- Texas Education Agency, “Cancellation of STAAR Testing for the Remainder of the School Year,” TEA.Texas.gov (Texas Education Agency, March 30, 2020), <https://tea.texas.gov/about-tea/news-and-multimedia/correspondence/taa-letters/cancellation-of-staar-testing-for-the-remainder-of-the-school-year>
- Texas Education Agency, “Optional Beginning-of-Year Assessments Data Help Quantify Initial Impact of Covid-19 on Texas Students,” TEA.Texas.gov (Texas Education Agency, Jan. 14, 2021), <https://tea.texas.gov/about-tea/news-and-multimedia/news-releases/news-2021/optional-beginning-of-year-assessments-data-help-quantify-initial-impact-of-covid-19-on-texas-students>
- Texas Education Agency, “TEA Releases Spring 2021 STAAR Grades 3-8 and End-of-Course Assessment Results; Outcomes for In-Person Learners Appreciably Higher Than for Those Who Were Remote,” Agency News (Texas Education Agency, June 28, 2021), <https://tea.texas.gov/about-tea/news-and-multimedia/news-releases/news-2021/tea-releases-spring-2021-staar-grades-3-8-and-end-of-course-assessment-results-outcomes-for-in-person-learners-appreciably-higher-than-for-those-who-were-remote>
- Kim Tingley, “The Pandemic Seems to Have Made Childhood Obesity Worse, but There’s Hope,” The New York Times, June 24, 2021, sec. Magazine, <https://www.nytimes.com/2021/06/24/magazine/childhood-obesity-pandemic.html>
- Rose Wong, “As Covid-19 Rose, so Did Teen Suicide Attempts. Girls Are Most at Risk,” Houston Chronicle, Aug. 4, 2021, <https://www.houstonchronicle.com/lifestyle/renew-houston/health/article/As-COVID-19-rose-so-did-teen-suicide-attempts-16362650.php>

Kindergarten Readiness

- National Research Council, From Neurons to Neighborhoods: The Science of Early Childhood Development (Washington, DC: The National Academies Press, 2000)
- Betty Hart and Todd Risley, Meaningful Differences in the Everyday Experience of Young American Children (Baltimore, MD: Paul H. Brooks Publishing Co., 1995)
- Matthew Weyer and Jorge Casares, “Pre-Kindergarten-Third Grade Literacy” (National

- Conference of State Legislatures, Dec. 17, 2019), <https://www.ncsl.org/research/education/pre-kindergarten-third-grade-literacy.aspx>
- Annie E. Casey Foundation, “Early Warning! Why Reading by the End of Third Grade Matters” (Annie E. Casey Foundation, 2010), https://assets.aecf.org/m/resourcedoc/AECF-Early_Warning_Full_Report-2010.pdf
- Texas Education Agency, “Educator Resources” (Texas Education Agency, Aug. 4, 2021), <https://tea.texas.gov/academics/early-childhood-education/educator-resources>

Head Start and Public School Prekindergarten Enrollment

- Jonah Lehrer, “Does Preschool Matter?,” Wired, n.d., <https://www.wired.com/2012/03/does-preschool-matter/>
- Claudio Sanchez, “Pre-K: Decades Worth Of Studies, One Strong Message,” NPR, May 3, 2017, sec. Preschool, <https://www.npr.org/sections/ed/2017/05/03/524907739/pre-k-decades-worth-of-studies-one-strong-message>
- Kelsey Piper, “Early Childhood Education Yields Big Benefits — Just Not the Ones You Think,” Vox, Oct. 16, 2018, <https://www.vox.com/future-perfect/2018/10/16/17928164/early-childhood-education-doesnt-teach-kids-fund-it>
- Texas Education Agency, “Prekindergarten Eligibility” (Texas Education Agency, n.d.), <https://tea.texas.gov/sites/default/files/PK%20Eligibility%20Overview.pdf>
- Texas Education Agency, “Prekindergarten Tuition” (Texas Education Agency, June 22, 2021), <https://tea.texas.gov/academics/early-childhood-education/prekindergarten-tuition>
- Office of Headstart, “Head Start Programs,” The Administrator for Children and Families, Nov. 3, 2020, <https://www.acf.hhs.gov/ohs/about/head-start>
- Office of Headstart, “Poverty Guidelines and Determining Eligibility for Participation in Head Start Programs,” Head Start ECLKC, Sept. 18, 2020, <https://eclkc.ohs.acf.hhs.gov/eligibility-ersea/article/poverty-guidelines-determining-eligibility-participation-head-start-programs>

Third-Grade Reading

- J. Matthew Weyer and Jorge Casares, “Pre-Kindergarten-Third Grade Literacy” (National Conference of State Legislatures, Dec. 17, 2019), <https://www.ncsl.org/research/education/pre-kindergarten-third-grade-literacy.aspx>
- Annie E Casey Foundation, “Early Warning! Why Reading by the End of Third Grade Matters” (Annie E. Casey Foundation, 2010), https://assets.aecf.org/m/resourcedoc/AECF-Early_Warning_Full_Report-2010.pdf
- Emma Dorn et al., “Covid-19 and Education: The Lingering Effects of Unfinished Learning | McKinsey,” McKinsey & Company, July 27, 2021, <https://www.mckinsey.com/industries/public-and-social-sector/our-insights/covid-19-and-education-the-lingering-effects-of-unfinished-learning#>
- Texas Education Agency, “Optional Beginning-of-Year Assessments Data Help Quantify Initial Impact of Covid-19 on Texas Students,” TEA. Texas.gov (Texas Education Agency, Jan. 14, 2021), <https://tea.texas.gov/about-tea/news-and-multimedia/news-releases/news-2021/optional-beginning-of-year-assessments-data-help-quantify-initial-impact-of-covid-19-on-texas-students>
- Texas Education Agency, “Cancellation of STAAR Testing for the Remainder of the School

- Year,” TEA.Texas.gov (Texas Education Agency, March 30, 2020), <https://tea.texas.gov/about-tea/news-and-multimedia/correspondence/taa-letters/cancellation-of-staar-testing-for-the-remainder-of-the-school-year>

English Language Learners

- US Department of Education, “Our Nation’s English Learners,” U.S. Department of Education Website, n.d., <https://www2.ed.gov/datastory/el-characteristics/index.html>
- Texas Education Agency, “Texas Academic Performance Report 2019-20 State Student Information,” TEA.Texas.gov, accessed Aug. 5, 2021, https://rptsvr1.tea.texas.gov/cgi/sas/broker?_service=marykay&_program=perf rept.perfmast.sas&_debug=0&ccyy=2020&lev=S&prgopt=reports/tapr/student.sas
- Diane Stewart, “Texas English Language Learner (ELL) Progress Measure Questions and Answers” (Texas Education Agency, 2017), https://tea.texas.gov/sites/default/files/2017_Texas_ELL_Progress_Measure_QA_tagged.pdf
- Melissa Lazarin, “Covid-19 Spotlights the Inequities Facing English Learner Students, as Nonprofit Organizations Seek to Mitigate Challenges,” migrationpolicy.org, June 12, 2020, <https://www.migrationpolicy.org/news/covid-19-inequities-english-learner-students>
- Gabriela Uro et al., “Supporting English Learners in the Covid-19 Crisis” (The Council of the Great City Schools, August 2020), https://www.cgcs.org/cms/lib/DC00001581/Centricity/domain/35/publication%20docs/CGCS_ELL%20and%20COVID_web_v2.pdf

Students Receiving Special Education

- National Center for Education Statistics, “Condition of Education - Students with Disabilities” (US Department of Education, Institute for Educational Sciences, May 2021), <https://nces.ed.gov/programs/coe/indicator/cg>
- Texas Education Agency, “Texas Academic Performance Report 2019-20 State Student Information,” TEA.Texas.gov, Jan. 2021, https://rptsvr1.tea.texas.gov/cgi/sas/broker?_service=marykay&_program=perf rept.perfmast.sas&_debug=0&ccyy=2020&lev=S&prgopt=reports/tapr/student.sas
- Angela Nelson, “How Covid-19 Has Affected Special Education Students,” Tufts Now, Sept. 29, 2020, <https://now.tufts.edu/articles/how-covid-19-has-affected-special-education-students>
- Cindy Long, “What Covid-19 Taught Us About Special Education,” National Education Association, Jan. 14, 2021, <https://www.nea.org/advocating-for-change/new-from-nea/what-covid-19-taught-us-about-special-education>
- Bill Zeeble, “Thousands Of Dallas ISD Students Haven’t Gotten Special Ed Services They Need, District Concedes,” KERA News, May 28, 2021, <https://www.keranews.org/education/2021-05-28/thousands-of-dallas-isd-students-havent-gotten-special-ed-services-they-need-district-concedes>
- Texas Education Agency, “Supplemental Special Education Services (SSES),” tea.texas.gov (Texas Education Agency, July 1, 2021), <https://tea.texas.gov/academics/special-student-populations/special-education/supplemental-special-education-services-sSES>

High School Completion Rates

- Office of Disease Prevention and Health Promotion, “High School Graduation” (Healthy

- People 2020, June 23, 2021), <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources/high-school-graduation#25>
- Elka Torpey, “Education Pays, 2020 : Career Outlook: U.S. Bureau of Labor Statistics,” US Bureau of Labor Statistics, June 2021, <https://www.bls.gov/careeroutlook/2021/data-on-display/education-pays.html>
- Evan McMorris-Santoro, “Thousands of Students Have Dropped out of School Due to Covid-19. These Are the Educators Trying to Track Them Down,” CNN, accessed Aug. 9, 2021, <https://www.cnn.com/2021/03/06/us/covid-pandemic-high-school-dropout/index.html>
- Mary Kreitz, “The Impact of Covid-19 on High School Students – Child & Adolescent Behavioral Health,” Child and Adolescent Behavioral Health, 2021, <https://www.childandadolescent.org/the-impact-of-covid-19-on-high-school-students/>
- Michelle Fox, “Half of Recent High School Grads Have Changed Their Plans Due to Coronavirus,” CNBC, June 17, 2020, <https://www.cnbc.com/2020/06/17/49percent-of-recent-high-school-grads-have-changed-plans-due-to-covid-19.html>

Students Passing All STAAR Exams

- Texas Education Agency, “Texas Academic Performance Report 2019-20 State STAAR Performance,” TEA.Texas.gov, January 2021, https://rptsvr1.tea.texas.gov/cgi/sas/broker?_service=marykay&_program=perf rept.perfmast.sas&_debug=0&ccyy=2020&lev=S&prgopt=reports%2Ftapr%2Fperformance.sas
- TEA Student Assessment Division, “State of Texas Assessments of Academic Readiness (STAAR) Performance Labels and Policy Definitions” (Texas Education Agency, 2017), https://tea.texas.gov/sites/default/files/STAAR_Performance_Labels_and_Policy_Definitions.pdf
- TEA Student Assessment Division, “Texas Assessment Program Frequently Asked Questions (FAQs)” (Texas Education Agency, April 2018), <https://tea.texas.gov/sites/default/files/Texas%20Assessment%20Program%20FAQs%2004.04.18.pdf>
- The Nation’s Report Card, “NAEP State Profiles,” The Nation’s Report Card, 2021, <https://www.nationsreportcard.gov/profiles/stateprofile>
- “NAEP State Profiles: Texas Overview,” 2021, https://www.nationsreportcard.gov/profiles/stateprofile/overview/TX?cti=PgTab_
- Texas Education Agency, “Cancellation of STAAR Testing for the Remainder of the School Year,” TEA.Texas.gov (Texas Education Agency, March 30, 2020), <https://tea.texas.gov/about-tea/news-and-multimedia/correspondence/taa-letters/cancellation-of-staar-testing-for-the-remainder-of-the-school-year>
- Texas Education Agency, “TEA Releases Spring 2021 STAAR Grades 3-8 and End-of-Course Assessment Results; Outcomes for In-Person Learners Appreciably Higher Than for Those Who Were Remote,” Agency News (Texas Education Agency, June 28, 2021), <https://tea.texas.gov/about-tea/news-and-multimedia/news-releases/news-2021/tea-releases-spring-2021-staar-grades-3-8-and-end-of-course-assessment-results-outcomes-for-in-person-learners-appreciably-higher-than-for-those-who-were-remote>

College Readiness

- “Why College Matters,” Harvard Gazette (blog), Oct. 27, 2014, <https://news.harvard.edu/gazette/story/2014/10/why-college-matters/>
- Elka Torpey, “Education Pays, 2020: Career Outlook: U.S. Bureau of Labor Statistics,” US Bureau of Labor Statistics, June 2021, <https://www.bls.gov/careeroutlook/2021/data-on-display/education-pays.htm>
- Texas Education Agency, “Comprehensive Glossary: 2019-2020 Texas Academic Performance Report” (Texas Education Agency, 2021), <https://rptsvr1.tea.texas.gov/perfreport/tapr/2020/glossary.pdf>
- Texas Education Agency, “Glossary: 2016-2017 Texas Academic Performance Report” (Texas Education Agency, 2017), https://tea.texas.gov/sites/default/files/TAPR%20Glossary_2017_October.pdf
- Texas Education Agency, “Texas Academic Performance Report 2019-20 State Other Postsecondary Indicators,” TEA.Texas.gov, January 2021, https://rptsvr1.tea.texas.gov/cgi/sas/broker?_service=marykay&_program=perf rept.perfmast.sas&_debug=0&ccyy=2020&lev=S&prgopt=reports/tapr/ps_other.sas
- Texas Education Agency, “Texas Academic Performance Report 2019-20 State Postsecondary Outcomes Yearly Details,” TEA. Texas.gov, January 2021, https://rptsvr1.tea.texas.gov/cgi/sas/broker?_service=marykay&_program=perf rept.perfmast.sas&_debug=0&ccyy=2020&lev=S&prgopt=reports/tapr/ps_outcomes.sas

RESEARCH METHODOLOGY

Beyond ABC 2021-2022 represents the latest information available about the issues affecting children in the region. What follows is a description of the methodology employed, data sources selected and challenges faced in assembling that information.

METHODOLOGY

As with years past, the compilation of this report was completed thanks to the input of the dedicated Advisory Board. After reviewing the indicators used in previous years, the Advisory Board and Children's Health staff determined the final list of indicators to be included in this report. The research staff at the University of Texas at Dallas Institute for Urban Policy Research then worked to identify the most consistent recent and historical data available for each of the six North Texas counties (Collin, Cooke, Dallas, Denton, Fannin and Grayson). For most indicators, the data is as recent as 2020, but for other indicators the most recent data may be from 2019 or 2018.

In revisiting some sources to collect current and historical data for the six-county region, the research team found that source data had been updated since production of the 2019-2020 report. Not uncommon with official data sources, the team found instances in which preliminary data used in previous *Beyond ABC* reports had since been updated by the original author. In an effort to ensure continuity in the computation of numbers across years, the research team asked for many of the indicators to be reported by the source agencies for 2020 and prior years. What this means for the reader is that, on occasion, data presented in the 2021-2022 report may differ from data presented in past reports even if the source remained the same. The reader can rest assured that the source of those discrepancies was typically a shift in the source agency's calculation or reporting practices, and that data presented in the 2021-2022 report is calculated consistently across all years.

DATA SOURCES

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

sources may have changes in collection strategies. For example, in past reports the source for asthma prevalence changed from the Youth Risk Behavior Surveillance System to a different Centers for Disease Control and Prevention (CDC) study, the National Health Interview Survey. Additionally, while immunization coverage estimates were previously only available for Dallas County through the National Immunization Survey, they are now reported by school districts to the Texas Department of State Health Services.

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

THE INSTITUTE FOR URBAN POLICY RESEARCH

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

Dr. Timothy M. Bray
Anthony Galvan
Whitney Sanders
Lisa Kot Stutzman
Laila Jiwani



PHILANTHROPY

I CHOOSE CHILDREN'S HEALTH

As a nonprofit, philanthropic support of Children's Health helps us do more than provide medical care. These charitable gifts help us make life better for children.

As the fundraising arm for Children's Health – the leading not-for-profit pediatric health system in North Texas – Children's Medical Center Foundation provides philanthropic support through partnerships with individual donors, organizations and corporations to benefit Children's Medical Center Dallas, Children's Medical Center Plano, Our Children's House, Children's Medical Center Research Institute at UT Southwestern and multiple specialty centers.

When you choose Children's Health, you're choosing to help us enhance our Dallas and Plano campuses, discover breakthrough treatments, expand access to mental health care and support our areas of greatest need.

Because of generous donors in 2020, we made major strides in funding life-saving research to find cures; expanding programs and facilities to provide advanced care; and improving the health of kids throughout our community.



GIVING SOURCES		2020
Individuals, Family Foundations and Donor-advised Funds		\$20,967,840.02
Corporations		\$7,851,776.96
Other Organizations		\$5,284,829.91
Foundations		\$3,576,376.24
Estates and Trusts		\$3,007,815.87
		\$40,688,639.00

\$41 million
funds raised by 16,000+ donors

MORE THAN
\$500,000
given by Children's Health employees

1 MONUMENTAL DISCOVERY
TO INHIBIT THE SPREAD OF CANCER

\$7.5 million
challenge grant
by the Hamon Charitable Foundation to
fund local pediatric mental health initiatives

508
MONTHLY
DONORS
providing
more
sustainable
funding

More than
65
corporate
partners

1,000+
ACTIVE RESEARCH STUDIES

OVER
\$1.1
MILLION
from more than
1,000
DONORS
raised on
North Texas Giving Day

921 GIFTS
to Covid Response Fund
TOTALING MORE THAN
\$2.4 MILLION

33 community fundraisers
including lemonade stands and bake sales

EARLY COMPLETION OF
\$30 million
ER reimagination
campaign



ACKNOWLEDGMENTS

The original photography that illustrates the 2021-2022 *Beyond ABC* report was conceived and created by Allison V. Smith of Dallas. Her subjects were primarily the children of Dallas-area health care professionals who helped keep North Texans healthy and safe during the Covid-19 pandemic. We thank them for their dedication and commitment.

THE CHILDREN WHO PARTICIPATED IN THE PHOTO SHOOT

Briggs Blandford	Jameon Hicks II	Julian Olivas
Briley Blandford	Maggie Jones	Ada Pedigo
Chase Brown	Alexander Lantzy	Anson Pedigo
Brian Burnam	Emilia Lantzy	Aiden Yates
Bailey Daigle	Molly Losinger	Autumn Yates
Kyten Dang	Liliana Morell	Seven Wheeler
Jade Hicks	Scarlett Morell	Cayden Williams

OTHER CONTRIBUTORS TO *BEYOND ABC*

Melissa Cherry	Anne Marie McMichael
Betsy Friauf	David Moore
Rose Gomez	Paulette Mulry
Phillip Groves	Michael Thomas
Holly Hassmann	Kara Wyar
Nanette Light	
Austin Lochheed	

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



What is the *Beyond ABC* report?

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

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



www.childrens.com | 844-4CHILDRENS