beyond ABC

Assessing the Well-Being of Children in North Texas

2019-2020

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Published by

children's health®

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NORTH TEXAS IS FACING AN INFLECTION POINT.

Reading the 2019-2020 *Beyond ABC* report, the 16th comprehensive analysis on the well-being of North Texas children that Children's Health has published, forced me to reckon with difficult questions.

Will we allow ourselves to be overwhelmed by the challenges facing our youth? Will we become complacent and reluctantly accept the status quo? Or will we give a voice to those who cannot speak for themselves, and transform into a community where all children can reach their full potential?

For Children's Health, the answer is clear.

We are privileged to care for our region's children, a sacred obligation that has emboldened us to disavow the notion that any problem is too big, too complicated, too widespread. Our team fights every single day to prove that positive change is possible, and the data in this report proves it, too.

But it also shows that we have a long way to go.

The robust research presented in this year's report gained form and focus from the expertise, experience and enthusiasm of our *Beyond ABC* Advisory Board – visionaries from North Texas' public, private and philanthropic sectors who generously contribute their time and insights to determine how we can better serve the children who will lead us into tomorrow. In a sea of diverse perspectives, one was stunningly clear to all: We must radically change how we support the behavioral health of our children.

Consider just a few of our findings. More than 130,000 North Texas children suffer from an emotional disturbance or addictive disorder. Of the Texas youth incarcerated in 2018, 44 percent had a moderate or severe mental health issue – more than *double* the rate from only three years earlier. And most alarming and tragic of all, suicide is the second leading cause of death among U.S. adolescents ages 15 to 24.

In recognition of what has become a true public health crisis, we are taking an unprecedented step in this year's report – presenting an overarching recommendation on mental health that spans all four focus areas, which you can find on Page 9. While we appreciate that transformational change will not happen overnight, we are confident that through a sustained effort by many, we can achieve an integrated behavioral health care system that serves every North Texas child.

The challenges we face will evolve and change, our mission will not. Children's Health has worked to make life better for children for more than 100 years, and we will continue for centuries more.

Will you join us?

Sincerely,

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

Beyond ABC Online

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

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

ABOUT CHILDREN'S HEALTH℠

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

Our mission – to make life better for children – extends beyond the walls of our hospitals and clinics, meeting families where they live, learn and play. With more than 50 pediatric specialty and subspecialty programs across North Texas and 1,200 medical and dental staff, we are providing the highest possible quality of care to more children in more places than ever before.

Our commitment to fulfilling this critical mission lies at the heart of a dynamic, growing system, with two full-service hospitals – the flagship location Children's Medical Center Dallas and Children's Medical Center Plano – as well as Our Children's House rehabilitation hospital, the transformative Children's Medical Center Research Institute at UT Southwestern, numerous specialty centers 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 810,000 patient encounters annually
- Named by *U.S. News & World Report* as one of the top pediatric providers in the nation and the highest-ranked pediatric provider in North Texas
- The only pediatric academic medical center affiliated with UT Southwestern Medical Center
- Recipient of the prestigious Magnet designation for nursing excellence, awarded to less than 8 percent of hospitals
- The only pediatric Level I Trauma Center in North Texas
- Eight disease-specific care certifications from The Joint Commission for conditions like asthma, autism and diabetes
- More than $37 million in charity care provided annually

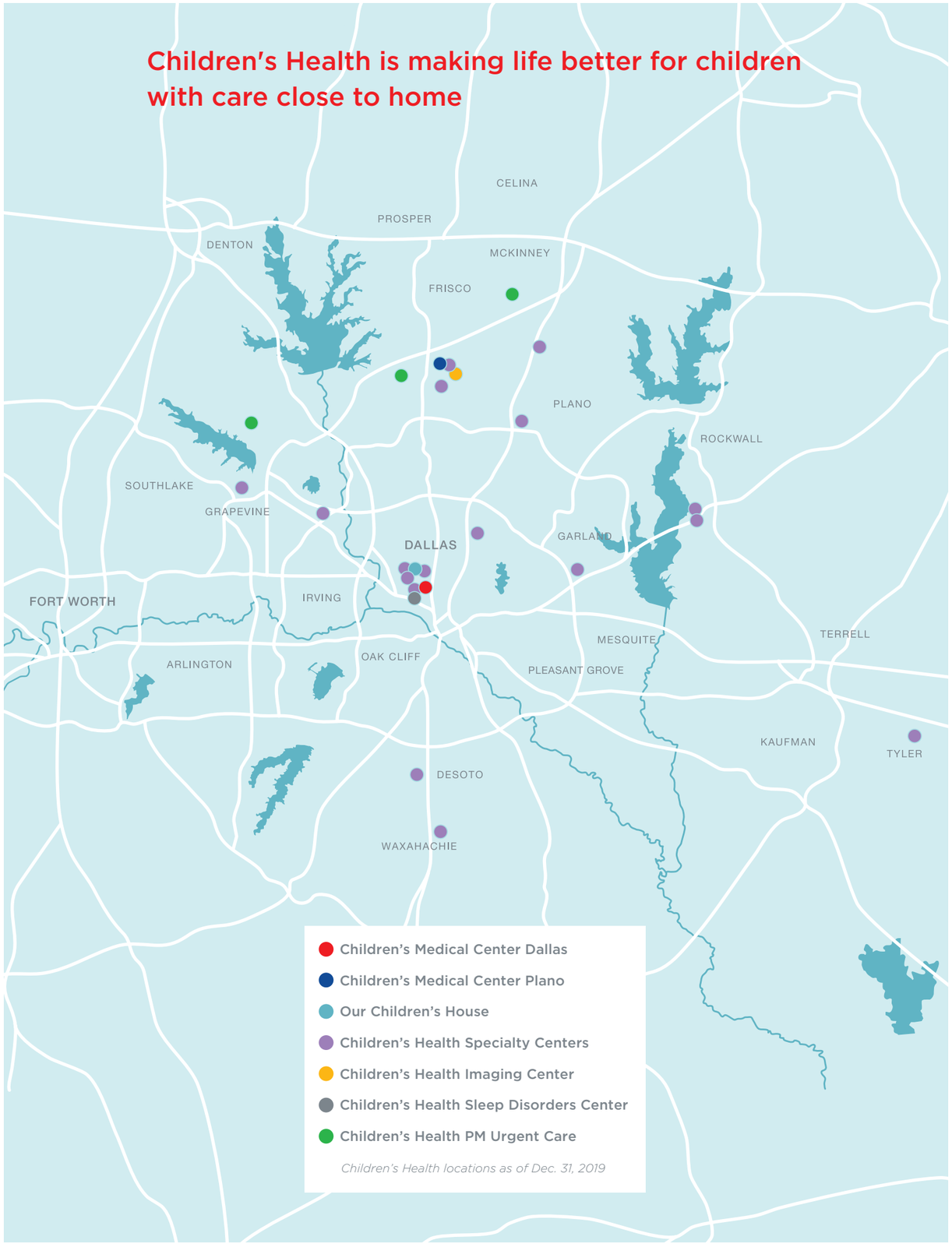
Children's Medical Center Dallas

Children's Medical Center Plano

Our Children's House inpatient rehabilitation hospital

Children's Medical Center Research Institute at UT Southwestern

Children's Health Specialty Centers



2019-2020

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 2019 to discuss and analyze the issues and current conditions affecting the health and well-being of children in North Texas. The recommendations included in the *Beyond ABC* report are the results of the real-world insights, expertise and ideas presented by members of the Advisory Board.

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

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Takiyah R. Wilson, Ph.D.
American Heart Association – Dallas

2019-2020

Beyond ABC RECOMMENDATIONS

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

HEALTH

Increase the number of insured children and safeguard access to CHIP and Medicaid. Texas has the highest rate of uninsured children in the nation, and many low-income families face challenges accessing and maintaining health care services and insurance coverage. Further, enrollment for eligible children in Texas Medicaid is decreasing. The Advisory Board recommends allowing eligible children to stay enrolled in Medicaid for a full year and supports improving access to health care and insurance coverage for vulnerable children and families.

Promote strategies to increase child immunization rates and combat vaccine hesitancy. Vaccines prevent serious, life-threatening illness and protect children who cannot be vaccinated. As a growing number of parents seek non-medical exemptions for children, child immunization rates are dropping and vaccine-preventable diseases that were once nearly eliminated are re-emerging. In 2019, Texas saw its highest number of measles cases since 1994. The Advisory Board supports strategies to reduce non-medical vaccine exemptions and promote education about the safety and benefit of immunizations.

ECONOMIC SECURITY

Ensure that all working Texas parents have access to affordable, safe and quality child care. Quality child care is essential for working parents to sustain an economically stable household and to help children develop the social, emotional and learning tools necessary to succeed in school and in life. Child care deserts persist in areas of North Texas, particularly in low-income communities. Further, there are families and mothers – such as pregnant teens – that still face barriers to accessing the child-care subsidy. The Advisory Board recommends the state ensure all parents, including low-income families, have access to child care.

Expand viable transportation options to connect more people with jobs. Lack of access to transportation can be a barrier to families accessing services and maintaining stable employment, which can impact the health, education and well-being of children. Unaffordable and inadequate transportation in underserved communities creates geographic and economic exclusion from jobs and resources, and mass transit does not always serve the areas where residents most need it or where new jobs are being created. The Advisory Board recommends the expansion and improvement of transportation networks and public transit to connect more people, particularly in rural and underserved areas, with jobs and social services.

Overarching Recommendation: Mental Health

Address mental health needs of children and adolescents and increase access to school- and community-based mental health services. Mental and behavioral health is critical to a child's development and overall well-being. Youth suicide rates are rising and there are growing threats to mental health such as social media and online bullying. Texas ranks near last nationally for child and adolescent access to mental health services. The 86th Texas Legislature made significant investments and improvements in pediatric mental health care, including legislation to establish mental health policy and training guidelines for school districts and to create a child mental health care consortium and increase children's access to mental health care via consultation services and telemedicine. The Advisory Board supports legislative efforts to address child and adolescent mental health care needs and recommends the state and school districts leverage new resources and innovative strategies to improve access to mental and behavioral health services.

SAFETY

Expand trauma-informed care education, training and intervention throughout the child welfare system. Many children in foster care have suffered trauma from abuse, neglect or other adverse childhood experiences. Trauma can have short- and long-term effects on a child's physical and mental health, potentially affecting life outcomes. Implementing systemwide practices in trauma-informed care will help more children fully heal and reach their full potential. The Advisory Board supports increased training on the effects of trauma and the expansion of evidence-based trauma-informed care and interventions across the child welfare system.

Strengthen resources for child abuse prevention programs to keep children safe at home. Evidence-based family support programs like home visits work to prevent adverse childhood experiences and help break cycles of child maltreatment, neglect and abuse. Further, prevention programs do this while creating healthy environments to keep more children safely at home. The Advisory Board recommends increased investments to expand and support proven family support and prevention programs, particularly in rural and underserved communities where resources are scarcer.

EDUCATION

Increase education and training opportunities for teachers, particularly in cultural diversity and mental health. Teachers often face challenges and responsibilities that extend beyond classroom academics. As the North Texas population continues to grow in size and diversity, teachers are increasingly connecting with students and families from various backgrounds and helping students navigate interactions with cultural competency. Teachers are often the first to recognize and help students experiencing mental health issues. The Advisory Board supports more training to support teachers and educational staff as they navigate student cultural diversity and mental health issues.

Strengthen the quality of early childhood education and care. Early childhood education and educational child care set the foundation for future success in school and life. While the 86th Legislature made significant progress to improve early childhood education and care, including funding pre-K for currently eligible children and boosting funding for Early Childhood Intervention, further investments are needed to improve the quality of early childhood education and ensure all children have the necessary tools to succeed. The Advisory Board supports continued improvements to early childhood education and care, including more resources to improve student-teacher ratios and class sizes.

TAKING STEPS

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

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

HEALTH

Address child mental health needs; expand access to pediatric mental health services.

Children's Health is using telemedicine to provide more children access to behavioral health care and address youth mental health issues such as anxiety, bullying and depression. In 2017, Children's Health launched an integrated telebehavioral health program that 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. School-based telebehavioral health services are now available to more than 38,000 students, and the program is projected to be in a total of 52 schools in the 2019-2020 school year.

Safeguard access to CHIP and Medicaid and increase the number of insured Texas children.

Nearly two-thirds of the children we serve at Children's Health depend on Medicaid or CHIP for their health care coverage. Children's Health participates in the Children's Health Coverage Coalition and Enroll North Texas, two coalitions that work on strategies to promote CHIP and Children's Medicaid and reduce the number of uninsured children in the state.

Dedicated outreach representatives at Children's Health help eligible families with children enroll in CHIP and Medicaid, ensuring North Texas families have access to health care. In 2018, the Children's Health Community Outreach Team directly helped more than 2,200 children and families apply for CHIP and Medicaid assistance.

ECONOMIC SECURITY

Ensure all working parents, including low-income families, have access to affordable, safe and quality childcare.

Children's Health participates in the Collin County Early Childhood Coalition and the Early Matters Dallas Coalition. These broad-based coalition groups are dedicated to working together to raise awareness about the importance of quality early education, coordinate advocacy efforts and increase funding for quality early learning to ultimately ensure a strong future workforce.

Combat child poverty; connect more people, particularly in rural and underserved areas, with resources and jobs.

Children's Health serves as a member of the Dallas Coalition for Hunger Solutions, which is focused on providing education and advocacy opportunities for different programs that impact food security for families such as the Supplemental Nutrition Assistance Program (SNAP), the 2020 Census and the public charge.

The Children's Health Community Outreach Team also helps eligible families and children enroll in other government assistance programs, such as SNAP, and provides referrals to additional community resources and services.

SAFETY

Expand trauma-informed care education, training and intervention throughout the child welfare system.

The Rees-Jones Center for Foster Care Excellence at Children's Health provides integrated primary care for children in foster care, many of whom have experienced abuse and neglect. As a regional leader in trauma-informed care, the Center collaborates with school districts, child welfare organizations and other community partners to facilitate trauma-informed trainings and curriculums for educators, providers, volunteers and caregivers. The trainings promote education about the effects of trauma and encourage effective, safe trauma-informed services and treatments.

EDUCATION

Increase education and training opportunities for teachers, particularly in mental health.

Children's Health is part of a community-wide initiative led by the Dallas-Fort Worth Hospital Council to train 10,000 people in Mental Health First Aid, a national curriculum that teaches lay people how to identify and respond to a mental health crisis. Children's Health has three behavioral health clinicians who are certified in the Youth Mental Health First Aid Curriculum and provide the eight-hour training to different groups, primarily schoolteachers and school administrative staff. This helps school personnel talk with students they identify as in need of behavioral health treatment and make appropriate referrals to care.

PEDIATRIC COMMUNITY PROGRAMS AND SERVICES

AT CHILDREN'S HEALTH

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

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

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

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 through 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 full spectrum of services including orthopedic surgery, a same-day fracture clinic, spinal care, sports rehabilitation, performance training and nutrition plans.

Get Up and Go Weight Management Program

Designed by physicians and registered dieticians, Get Up and Go addresses the needs of children with high weight or obesity by creating awareness and understanding of how lifestyle choices impact 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 both English and Spanish.

School-Based Telehealth

School nurses can now connect students with health care providers at school using School-Based Telehealth by Children's Health Virtual Care. As one of the fastest growing telemedicine programs in the country, our School-Based Telehealth program has reached 140 schools throughout 23 school districts in Texas and has conducted more than 15,000 visits since 2014. A recent survey also showed the program has resulted in decreased absenteeism and a perceived 84 percent cost savings for families.

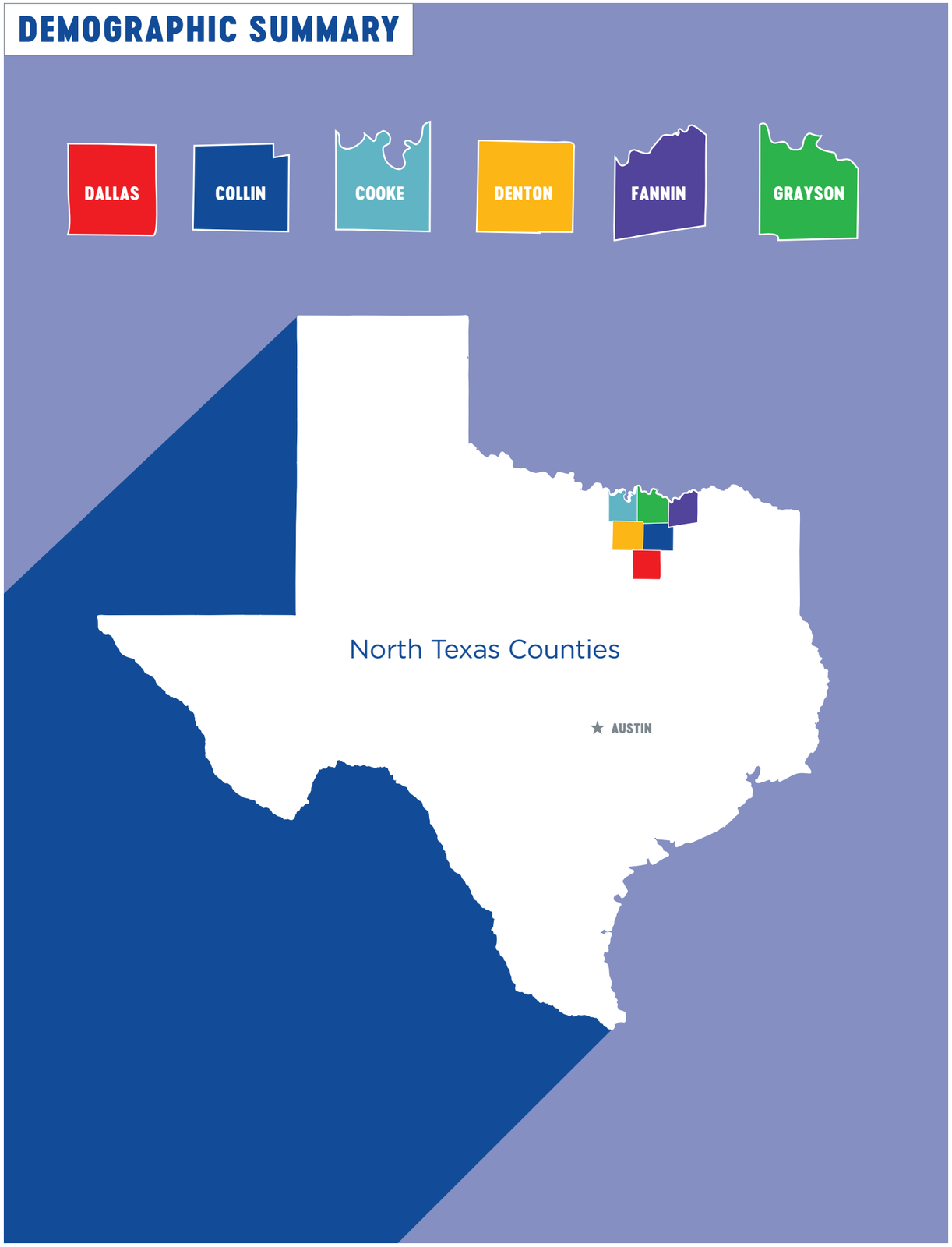
Telebehavioral Health

Many students struggle with stress and emotional situations. Telebehavioral Health by Children's Health Virtual Care allows students to video chat with a licensed behavioral health provider at school. The program is currently in 41 North Texas schools and available to more than 38,000 students. Since September 2017, 207 students have received telephonic behavioral health assessments at no cost and program therapists have performed 695 virtual therapy sessions. The program is projected to be in a total of 52 schools in the 2019-2020 school year, allowing more children access to behavioral health care than ever before in North Texas.

Health & Wellness Alliance 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 pillar 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.

DEMOGRAPHIC SUMMARY



Dallas County is the most populous county in the region and the second-most populous in the state. Its county seat is the city of Dallas, which anchors the Dallas-Fort Worth-Arlington Metropolitan Statistical Area. The childhood population in Dallas County grew from 659,187 to 681,537 from 2013 to 2017, a 3.4 percent increase.[1]

The proportion of the population self-identifying as white/non-Hispanic decreased from 19.1 percent in 2013 to 17.2 percent in 2017. At the same time, the proportion of the child population identifying as Hispanic or Latino increased from 51.7 percent to 53 percent. Over that time period, the number of black or African American children remained nearly constant, changing from 22.6 percent to 22.4 percent. The population of Asian children increased from 4.5 percent to 5.1 percent.

The childhood poverty rate actually decreased from 28.9 percent in 2013 to 27.1 percent in 2017, meaning that despite the drop, more than one in four Dallas County children live in poverty. The median income for a family with children in Dallas County grew by 8.2 percent from $45,338 in 2013 to $49,039 in 2017. However, Dallas still reports the lowest median income of all counties in the region, as well as the smallest increase during the five-year period. Despite rising median incomes and declining poverty, the proportion of children receiving Supplemental Security Income (SSI), cash assistance or food stamps increased from 30.1 percent in 2013 to 33.2 percent in 2017.

Nearly 40 percent of Dallas County children live in single-parent households, and 30.5 percent live in single-mother households. Single-mother households report a median income of $26,535, compared to $70,031 for married-couple households and $34,007 for single-father households.[2] Of those in single-mother households, 46.5 percent live in poverty, and only one in four live in a home owned by the head of household, compared to 60.8 percent for married-couple households.

DALLAS	2017
Total Youth Population	681,537
Percent White/Caucasian Non-Hispanic	17.2
Percent Black/African American	22.4
Percent American Indian	0.3
Percent Asian	5.1
Percent Pacific Islander	0.1
Percent Other or Multiple Races	13.5
Percent Hispanic or Latino	53.0
Percent All Children Living in Poverty	27.1
Percent White/Caucasian Non-Hispanic Children Living in Poverty	12.1
Percent Black/African American Children Living in Poverty	31.9
Percent Hispanic or Latino Children Living in Poverty	31.8

Note: Youth Population refers to children under age 18

[1] To improve comparability of estimates between counties, all discussion on population, poverty and family structure is based on IUPR analysis of U.S. Census Bureau American Community Survey 5-Year estimates for 2013 and 2017.

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

Collin County is largely suburban and is located just north of Dallas County. It is the sixth-most populous county in the state and includes two of the fastest-growing cities in the nation – Frisco and McKinney.[1] From 2013 to 2017, the child population in Collin County grew by 7.4 percent; only Denton County reported greater child population growth in North Texas.[2]

Of the 245,631 children living in Collin County in 2017, just more than half (51.6 percent) were white/non-Hispanic, while 19.5 percent were Hispanic or Latino. Nearly one in 10 (9.7 percent) of Collin County children were black or African American, and 13.9 percent were Asian. Overall, the demographic makeup has changed very little since the 2017 *Beyond ABC* report.

By many measures, Collin County is home to the most economically advantaged children in the region. In 2017, the median income for households with children was $109,383, up 10 percent from 2013 and about 10 percent higher than the next richest county, which is Denton. Collin County also reports the lowest childhood poverty rate at 8.2 percent, with 8.4 percent receiving some type of public assistance, down from 9.3 percent in 2013. More than 70 percent of children in Collin County lived in a home owned by one of its occupants. While only 8.2 percent of all children and 4.2 percent of white/non-Hispanic children were living in poverty in 2017, a staggering 20 percent of Hispanic or Latino children in Collin County live in poverty, as well as 13.8 percent of black children.

Nearly 80 percent of Collin County children live in married-couple households; only 4.4 percent live in single-father households, while 15 percent live in single-mother households.[3] However, 12.2 percent of children living in single-father households and 27.9 percent of children in single-mother households live in poverty. Similarly, the median family income falls from $125,149 for married-couple families to $65,368 for single-father families and $47,745 for single-mother families.

COLLIN	2017
Total Youth Population	245,631
Percent White/Caucasian Non-Hispanic	51.6
Percent Black/African American	9.7
Percent American Indian	0.5
Percent Asian	13.9
Percent Pacific Islander	0.0
Percent Other or Multiple Races	8.6
Percent Hispanic or Latino	19.5
Percent All Children Living in Poverty	8.2
Percent White/Caucasian Non-Hispanic Children Living in Poverty	4.2
Percent Black/African American Children Living in Poverty	13.8
Percent Hispanic or Latino Children Living in Poverty	20.0

Note: Youth Population refers to children under age 18

[1] United States Census Bureau (2019, May 23). *Fastest-Growing Cities Primarily in the South and West.* Retrieved from Census.gov: https://www.census.gov/newsroom/press-releases/2019/subcounty-population-estimates.html
[2] To improve comparability of estimates between counties, all discussion on population, poverty and family structure is based on IUPR analysis of U.S. Census Bureau American Community Survey 5-Year estimates for 2013 and 2017.
[3] The phrases "single mother" and "single father" are colloquialisms; the U.S. Census Bureau refers to these as single female-headed households with no husband present and single male-headed households with no wife present, which could include a grandmother or other female relative as head of household. The phrase "single mother" and "single father" have been adopted here for ease of reference.

Cooke County is located north of Denton County and just south of the Oklahoma border; its county seat is Gainesville. From 2013 to 2017, the number of children living in Cooke County decreased by 2.1 percent from 9,461 to 9,260. Among the counties covered in this report, only Cooke and Fannin experienced a decline in the childhood population.

The Cooke County proportion of the childhood population identifying as white/non-Hispanic has decreased from 65.4 percent in 2013 to 61.6 percent in 2017.[1] At the same time, the proportion of Hispanic or Latino children has increased slightly from 27 percent in 2013 to 28.9 percent in 2017. The number of children identified as black decreased over that time period from 3.4 percent to 1.8 percent.

In 2015, 24.7 percent of Cooke County children lived in poverty, an increase from 21.6 percent in 2013. Similarly, the number of children living in households receiving Supplemental Security Income (SSI), cash assistance or food stamps increased from 28.6 percent in 2013 to 30.2 percent in 2017. Despite these increases in childhood poverty and government assistance, the median income for households with children increased by 13 percent from $53,559 in 2013 to $60,567 in 2017. These countervailing factors suggest that income disparity in Cooke County is on the rise.

Nearly one in three children in Cooke County (32.7 percent) live in a single-parent household, and 22 percent live in a single-mother household.[2] While the median income is $59,313 for single-father households, it is $20,129 for single-mother households, and half of all children in single-mother households (50.9 percent) live in poverty.

COOKE	2017
Total Youth Population	9,260
Percent White/Caucasian Non-Hispanic	61.6
Percent Black/African American	1.8
Percent American Indian	0.5
Percent Asian	0.3
Percent Pacific Islander	0.3
Percent Other or Multiple Races	8.3
Percent Hispanic or Latino	28.9
Percent All Children Living in Poverty	24.7
Percent White/Caucasian Non-Hispanic Children Living in Poverty	13.6
Percent Black/African American Children Living in Poverty	57.4
Percent Hispanic or Latino Children Living in Poverty	45.7

Note: Youth Population refers to children under age 18

[1] To improve comparability of estimates between counties, all discussion on population, poverty and family structure is based on IUPR analysis of U.S. Census Bureau American Community Survey 5-Year estimates for 2013 and 2017.
[2] The phrases "single mother" and "single father" are colloquialisms; the U.S. Census Bureau refers to these as single female-headed households with no husband present and single male-headed households with no wife present, which could include a grandmother or other female relative as head of household. The phrase "single mother" and "single father" have been adopted here for ease of reference.

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 the fourth-fastest growing city in the nation. The county seat is the city of Denton.[1]

Since 2013, Denton County's youth population has increased by 7.9 percent from 185,361 to 200,061 in 2017; that was the largest population growth in the six-county region.[2] The racial composition of Denton County children has changed somewhat over the five-year period. The share of white/non-Hispanic children decreased from 55.2 percent in 2013 to 52.2 percent in 2017. The proportion of children who were black increased from 8.4 percent to 8.9 percent, and Asian children increased from 6.8 percent to 7.7 percent. One in four children in Denton County is Hispanic or Latino; that proportion barely changed from 25 percent in 2013 to 25.6 percent in 2017.

Despite representing a smaller part of the overall population, a greater proportion of black and Latino children live in poverty. Only 4 percent of white children live in poverty, while 11.2 percent of black children and 20.1 percent of Latino children live in poor households. Overall childhood poverty is down from 10.2 percent in 2013 to 9.4 percent in 2017. At the same time, the proportion of children receiving some form of public assistance remained stable, moving from 13.3 percent to 13.1 percent.

Households with children experienced an 11.6 percent increase in median income from 2013 to 2017, from $89,430 to $99,763. Median income is even higher for married-couple households at $117,218, compared to $60,328 for single-father households and $40,852 for single-mother households.[3] More than three in four Denton County children live in married-couple households, while 18 percent live in single-mother households and 4.6 percent in single-father households. While the overall childhood poverty rate is 9.4 percent, it is 4.6 percent for married-couple households, but 11.6 percent for single-father households and 28.9 percent for single-mother households.

DENTON	2017
Total Youth Population	200,061
Percent White/Caucasian Non-Hispanic	52.2
Percent Black/African American	8.9
Percent American Indian	0.4
Percent Asian	7.7
Percent Pacific Islander	0.1
Percent Other or Multiple Races	10.1
Percent Hispanic or Latino	25.6
Percent All Children Living in Poverty	9.4
Percent White/Caucasian Non-Hispanic Children Living in Poverty	4.0
Percent Black/African American Children Living in Poverty	11.2
Percent Hispanic or Latino Children Living in Poverty	20.1

Note: Youth Population refers to children under age 18

[1] United States Census Bureau. (2019, May 23). *Fastest-Growing Cities Primarily in the South and West.* Retrieved from Census.gov: https://www.census.gov/newsroom/press-releases/2019/subcounty-population-estimates.html

[2] To improve comparability of estimates between counties, all discussion on population, poverty and family structure is based on IUPR analysis of U.S. Census Bureau American Community Survey 5-Year estimates for 2013 and 2017.

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

Fannin County, located northeast of Collin County just south of the Oklahoma border, is the least populated of the six counties in the region. The county seat is Bonham. Since 2013, Fannin County's youth population has decreased by 2.9 percent from 7,340 to 7,127, which is the largest childhood population contraction in the region.[1]

The racial composition of the county's young people has shifted slightly with a decrease in the number of black children along with a corresponding increase in the number of Hispanic or Latino children. Non-Hispanic white children account for 74.1 percent of the child population, while 4.1 percent identify as black or African American, which is down from 6 percent in 2013. The percentage identifying as Hispanic or Latino is 16.3, an increase from the 14.6 percent recorded in 2013. Less than 1 percent of children in Fannin County identify as Asian, Native American or Pacific Islander, and 6.5 percent identify as "other" or multiple races.

Childhood poverty has decreased in Fannin County from 23.3 percent in 2013 to 19 percent in 2017. Although African American and Latino children make up a smaller portion of the population, a greater proportion of them live in poverty. Among white/non-Hispanic children, 15.8 percent live in poverty, while 42 percent of African American children and 24.3 percent of Latino children live in poverty. Over the same time period, the median income in Fannin County increased 13.4 percent from $50,704 to $57,500. Similarly, the percentage of children living in households receiving public assistance decreased from 27.3 percent to 23.3 percent.

Of the county's childhood population, 28.4 percent live in a single-parent family – 21.1 percent in single-mother families and 6.6 percent in single-father families.[2] Married-couple families reported a median income of $74,093 compared to $36,250 for single-father families and $23,906 for single-mother families. Childhood poverty differs significantly by family type with 9.8 percent of children in married-couple households living in poverty, while 30.3 percent of single-father households and 46.5 percent of single-mother households live in poverty.

FANNIN	2017
Total Youth Population	7,127
Percent White/Caucasian Non-Hispanic	74.1
Percent Black/African American	4.1
Percent American Indian	0.4
Percent Asian	0.7
Percent Pacific Islander	0.0
Percent Other or Multiple Races	6.5
Percent Hispanic or Latino	16.3
Percent All Children Living in Poverty	19.0
Percent White/Caucasian Non-Hispanic Children Living in Poverty	15.8
Percent Black/African American Children Living in Poverty	42.0
Percent Hispanic or Latino Children Living in Poverty	24.3

Note: Youth Population refers to children under age 18

[1] To improve comparability of estimates between counties, all discussion on population, poverty and family structure is based on IUPR analysis of U.S. Census Bureau American Community Survey 5-Year estimates for 2012 and 2015.

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

Grayson County is located north of Collin County and just south of the Oklahoma border. Its county seat is Sherman, which along with Denison anchors the Sherman-Denison Metropolitan Statistical Area. Since 2013, Grayson County's youth population has experienced a slight increase of 3.5 percent from 28,981 to 29,999.[1]

Like other counties in the region, the share of children who identify as white/non-Hispanic has decreased slightly since 2013 from 65.7 percent to 63.7 percent. Over the same time period, the Hispanic or Latino share of the childhood population has grown from 19.4 percent to 21.1 percent. The black or African American share of the childhood population has decreased from 6.7 percent in 2013 to 5.8 percent in 2017, and the Asian population among children has grown from 0.7 percent to 1.5 percent.

The proportion of children living in poverty decreased slightly from 20.9 percent in 2013 to 19.7 percent in 2017. The number of children residing in households that receive public assistance also fell, from 32.5 percent to 30 percent. The poverty rate among black children remains the highest among racial groups at 43.9 percent. On the other hand, Hispanic or Latino children have experienced a decline in their poverty rate from 25.4 percent in 2013 to 23.1 percent in 2017.

For households with children, the median income increased by 14.2 percent from $51,737 in 2013 to $59,102 in 2017. For married-couple households with children, the median income was $76,556, compared to $40,679 for single-father households and $24,080 for single-mother households.[2]

One in three children in Grayson County (34.4 percent) live in single-parent households, and one in four (24.2 percent) live in single-mother households. Among children in single-mother households, 47 percent live in poverty, compared to 24 percent for children in single-father households and just 9 percent for children living in married-couple households. Similarly, only 1 in 3 children in single-mother households (30.7 percent) live in a home owned by the householder, compared to 72.6 percent for children in married-couple households.

GRAYSON	2017
Total Youth Population	29,999
Percent White/Caucasian Non-Hispanic	63.7
Percent Black/African American	5.8
Percent American Indian	1.6
Percent Asian	1.5
Percent Pacific Islander	0.1
Percent Other or Multiple Races	8.6
Percent Hispanic or Latino	21.1
Percent All Children Living in Poverty	19.7
Percent White/Caucasian Non-Hispanic Children Living in Poverty	16.8
Percent Black/African American Children Living in Poverty	43.9
Percent Hispanic or Latino Children Living in Poverty	23.1

Note: Youth Population refers to children under age 18

[1] To improve comparability of estimates between counties, all discussion on population, poverty and family structure is based on IUPR analysis of U.S. Census Bureau American Community Survey 5-Year estimates for 2013 and 2017.

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

The indicators in this section provide a glimpse into how access to health care and the many health conditions and outcomes common to North Texas children can affect their lives. Primary to their health is access to care and early intervention to prevent chronic health problems.

The proportion of children without health insurance increased in Dallas, Collin and Denton counties from 2016 to 2017, while decreasing in Cooke, Fannin and Grayson counties. Still, only Collin and Denton counties reported rates of uninsured children lower than the state average of 11 percent.[1] Enrollment in CHIP has increased steadily across the region since 2015, although not approaching the levels of enrollment in 2013 or 2014. The number of children enrolled in Medicaid, on the other hand, stayed fairly stable across the region, except in Dallas County where enrollment has steadily decreased since 2015.[2]

For families with children, insurance is not the only barrier to accessing health services. Considering the sprawling development of North Texas, reliable transportation is a requirement. When families lack adequate transportation, they are more likely to miss appointments, delay necessary treatment and ultimately experience poorer health outcomes.[3] For children in families with inadequate health insurance or transportation, it can be difficult to establish a medical home or primary physician, which can decrease the likelihood of receiving preventive care and adopting healthy behaviors.[4]

While indicators of health typically focus on issues of insurance and specific medical conditions, health outcomes are also tied specifically to issues of economic security. Means-tested public assistance programs like CHIP and Medicaid aren't the only such indicators, so are issues of food security and affordable housing. Families living in low-income and public housing are often exposed to additional environmental hazards like mold, moisture, insects and rodents. Exposure to these hazards can lead to increased risk of acute and chronic medical conditions. Similarly, families living in poverty are often isolated from community amenities like parks and green spaces that might promote physical activity and other healthy behaviors.[5]

CONTENTS

14.3%
of Dallas County children have **no health insurance coverage**

To qualify for Medicaid, **a family of 4 must earn less than**
$34,248
annually

In 2018, Fannin County reported the **HIGHEST RATE**
13.2%
of **premature newborns** in North Texas

An estimated
130,226
North Texas children suffer from an **emotional disturbance** or **addictive disorder**

North Texas had
256
new diagnoses of **childhood cancer** in 2016

2,400
number of North Texas children
DIAGNOSED WITH DIABETES
in 2017,
an increase of
21%
from the year before

127%
the rate that
SYPHILIS INFECTIONS
have grown among North Texas young people since 2013

Dallas County saw
ADOLESCENT SUICIDES INCREASE 27%
in 2016

Children without Health Insurance

Percent of children without health insurance

	2012	2013	2014	2015	2016	2017
Dallas	13.4	15.1	13.3	11.7	10.6	14.3
Collin	9.8	11.1	6.4	5.8	6.0	8.0
Cooke	18.2	12.5	14.2	11.0	13.0	11.4
Denton	10.5	9.5	9.1	8.3	4.7	7.7
Fannin	14.8	12.8	12.5	11.2	10.6	10.5
Grayson	9.7	10.1	8.8	11.3	13.3	10.7

Data Source: U.S. Census Bureau; Decennial Census (2000), American Communities Survey, 1Y Estimates (Collin, Dallas, Denton, and Grayson), 3Y and 5Y Estimates (Cooke and Fannin)
Beginning in 2017, the ACS changed its reporting of uninsured children from those under 18 to those under 19

From the national to the local level, rates of uninsured children are on the rise. In 2017, for the first time in a decade, the national percentage of children without health insurance increased and now stands at 5.7 percent.[1] Approximately two-thirds of the children who lost coverage reside in states chosing not to expand Medicaid.[2] In Texas, 11 percent of children under 19 are not covered by any type of health insurance.[3] At 18.2 percent, Texas continues to be the state with the most significant rate of uninsured individuals of any age.[4]

No discernable trend appears among North Texas counties. In 2017, Dallas, Collin and Denton experienced decreases in the percentage of children with health insurance in the last year. On the other hand, Cooke, Fannin and Grayson counties had increases in coverage. At 14.3 percent, Dallas reported its highest percentage of uninsured children in four years, which is the highest number in the region. The Cooke County rate of 11.4 percent was also above the statewide rate. Fannin (10.5 percent), Collin (8 percent) and Denton (7.7 percent) remained below the state average. In 2017, the rate of uninsured children in all six North Texas counties was well above the national average of 5.7 percent.

It is possible that the increased rate of uninsured children is due to a change in the classification of children in the American Community Survey. In 2017, the definition of uninsured children was expanded from under age 18 to under age 19. That said, 18-year-olds are eligible for CHIP and Children's Medicaid.

Ethnic disparities could partly explain the high rates of uninsured children; according to the Center for Public Policy Priorities, Latino children are 50 percent less likely to be insured than other ethnic groups.[5] Some of their struggles include unfamiliarity with the system, parents' unawareness of eligibility, language barriers and fear of deportation. These and other factors keep many parents from enrolling their eligible children in these programs.[6]

Furthermore, over the last two years the funding for patient navigators has decreased by almost 84 percent. Navigators serve to help others understand the system and enroll in health insurance.[7] Lack of assistance in navigating the complex health care system affects children and families of all ethnic and racial backgrounds.

In 2017, the **rate of uninsured children** in all six North Texas counties was

WELL ABOVE

the national average of 5.7 percent.

Special Health Care Needs

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

		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

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

In 2018 throughout the region, 330 children received services from the Children with Special Health Care Needs (CSHCN) Services Program, down 11.5 percent from 2017. There were 178 children on the waitlist in 2018, which is up by 49.5 percent from the 116 on the waitlist in 2017. There is no clear pattern across the region, but Dallas County reported its lowest number of children served since 2014 and the largest waitlist of any year reported. Collin County remained mostly stable from 2016 to 2018 after peaking in 2015. The waitlist in Collin County shrunk by more than 80 percent from 18 to only three from 2015 to 2016, but in 2018 the waitlist had grown to 14 children. Denton County has experienced a steady increase in the number of children receiving services since 2014, while the waitlist there has fluctuated. Cooke, Fannin and Grayson counties have consistently served fewer than five children per year through the CSHCN Services Program.

The program provides services and support to those with intellectual and developmental disabilities and is run through the Texas Health and Human Services Commission. Those eligible are 20 years old or younger and must have a medical condition expected to last at least one year, limits at least one major life activity, requires a higher level of health care and exhibits physical symptoms. Those with mental, behavioral or emotional conditions without physical symptoms do not qualify. The program also requires participants to have an income at or below 200 percent of the federal poverty level. Individuals with cystic fibrosis of any age are eligible.[1]

The help provided by the CSHCN Services Program to each child must be medically necessary and includes medical, mental health, dental, vision, special medical equipment and supplies, family support services, community services and case management. The program is focused on the family unit, plus helps clients find connections in their community, with the aim of helping children improve their health, well-being and quality of life.[2]

In 2017, the state served 1,678 clients through the program. Sixty-three percent of these were at or below 100 percent of the federal poverty level, 89 percent had no health insurance and 81 percent weren't citizens. As of late 2017, 555 individuals were on the waitlist statewide.[3]

Dallas County reported its

LOWEST number of **children served since 2014**

and the **largest waitlist** of any year reported.

ACCESS TO CARE

Children Enrolled in CHIP

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

	2013	2014	2015	2016	2017	2018
Dallas	63,980	72,645	39,285	43,624	48,427	50,396
Collin	10,624	11,614	6,706	7,187	7,603	7,939
Cooke	641	685	357	400	489	524
Denton	10,273	11,390	6,825	7,305	7,883	8,297
Fannin	560	575	338	378	378	401
Grayson	2,199	2,332	1,258	1,327	1,477	1,678

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

Children Enrolled in Medicaid

Number of those younger than 20 enrolled in Medicaid

	2013	2014	2015	2016	2017	2018
Dallas	313,930	306,539	338,142	328,585	320,099	309,092
Collin	33,973	34,181	39,558	39,052	39,161	39,834
Cooke	3,456	3,401	3,739	3,828	3,965	3,915
Denton	34,584	34,732	40,776	40,976	40,993	39,996
Fannin	2,618	2,516	2,734	2,694	2,805	2,840
Grayson	10,906	10,347	11,769	11,779	11,789	11,726

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

In Texas, low-Income children can obtain health insurance through Medicaid or the Children's Health Insurance Program (CHIP). Both provide eligible children with access to doctor visits, medications, vision exams, glasses and dental care.[1] Qualification for both is based on family size and yearly income. To qualify for Medicaid, a family of four must earn less than $34,248 annually. CHIP was designed to cover low-income families who lack access to private health insurance but have an annual income that exceeds the Medicaid limit. CHIP's yearly income limit for a family of four is $51,758. Families that quality for CHIP can expect to pay $5-$25 for doctor visits, while children receiving services through Medicaid have no out-of-pocket expense.[2]

CHIP coverage increased in Texas and in all six counties in North Texas.[3] In 2018, 410,419 Texas children were enrolled in CHIP, a 4.5 percent increase from the previous year.[4] All six counties expanded coverage by more than 15 percent over the past three years. The number of children receiving Medicaid has not increased as widely as CHIP enrollment. In 2018, the state's coverage decreased slightly with 36,786 fewer children receiving Medicaid compared to 2017.[5] There has been no single trend in access to Medicaid after peaking in 2015 and 2016.

While a number of factors can affect Medicaid enrollment totals, one explanation for the decline might be the state's decision to conduct periodic income verification for children in the program after six months of coverage.[6] This practice often leaves children without health insurance for several months because parents did not file the correct documents on time.[7] In 2017, 4,162 children lost coverage due to administrative issues.[8] When chronically sick children lose health insurance, their parents often struggle to afford medications and treatments that their children need in order to thrive.[9]

These documentation policies, along with the declination to expand Medicaid, have been under scrutiny from policy experts and advocacy groups. The "Pain and Profit" series by *The Dallas Morning News* highlighted several issues with the Medicaid system, such as shortcomings in services for vulnerable populations like chronically sick children and those in foster care. In light of the findings, Texas' Medicaid agency announced openings for 90 new staff in its managed care program.[10] The managed care program offers liaisons who facilitate service coordination for patients. In 2018, 90 percent of Medicaid recipients were served through managed care, while all CHIP recipients have access to such coordinators.[11]

All six North Texas counties have **expanded the number of children enrolled in CHIP by at least 15%** over the **past three** years.

Health Care Providers Accepting Medicaid

Number of health care providers enrolled in Medicaid during the year

	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

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

According to data provided by the Texas Health and Human Services Commission (HHSC), more than 29,000 health care providers in North Texas accepted Medicaid in 2018, an increase of 10 percent from the previous year. Dallas County reported a steady increase during the past six years in the number of providers accepting Medicaid, from 14,403 in 2013 to 18,369 in 2018. In Collin County, the number of Medicaid providers almost doubled over the same period, from 2,992 in 2013 to 5,981 in 2018.

A key challenge to ensuring access to health care is the presence of enough providers. Not all health care providers accept Medicaid, primarily because of low reimbursement rates, high administrative costs and high rates of missed appointments.[1] However, it is important to note that despite low physician participation rates, Medicaid recipients are still receiving reimbursed medical services, which is far better than not having insurance. Compared to individuals without health insurance, Medicaid recipients report substantially better access to care, higher rates of visiting a doctor in the previous year and fewer delays in receiving care.[2]

Many health experts suggest that coverage provided by Medicaid is similar or even superior to traditional private health insurance, particularly with regard to lower copays and deductibles.[3] Medicaid is nearly free, while most private coverage comes with deductibles and copays. However, Medicaid recipients are likely to have a harder time finding a medical home due to the comparatively low reimbursement rates offered by Medicaid.[4] For many Medicaid recipients, this has led them to seek care at community health clinics, which have seen increases in the quality of care since the enactment of the Affordable Care Act but have traditionally carried a poor reputation.[5]

In a 2018 physician survey conducted by the Texas Medical Association, 45 percent of physicians indicated they would accept more Medicaid patients if their practice received incentive payments, less paperwork and fewer prior authorization requirements from Medicaid. Only 13 percent of physicians stated they would accept more Medicaid patients if rates increased by 10 to 20 percent. In fact, 38 percent of physicians stated they would not accept more Medicaid patients even if reimbursement rates increased, and 50 percent of physicians stated they were unsure if they would accept more patients if rates increased. [6]

Dallas County reported a **STEADY INCREASE** in the **number of providers accepting Medicaid.**

Children Enrolled in Medicaid Receiving Texas Health Steps Medical Screening Services

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

	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

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

Of the 577,811 children eligible to receive Texas Health Steps Screenings in North Texas in 2018, only 318,939 received medical checkups through the program.[1] The participation rate improved from 51.6 percent in 2013 to 55.2 percent in 2018, an increase of 3.6 percentage points. Of the six North Texas counties in 2018, Dallas County had the highest participation rate at 57.8 percent, while Cooke County had the lowest at 32.2 percent.

The Texas Health Steps Screening, known in the federal system as the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) program, is a federally mandated benefit that provides comprehensive and preventative care to children and young adults under the age of 21 who are enrolled in Medicaid. These benefits include medically necessary treatment and diagnostic services, as well as immunizations and vision, dental and hearing screenings.

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

Texas Health Steps must be made available to all Children's Medicaid enrollees, even if they decide not to participate. When the EPSDT program was revised in 1989, the federal government set a participation goal of 80 percent of enrollees. From 2006 to 2013, only eight states achieved the 80 percent goal at least once; the national average is 59 percent.[3] The Office of the Inspector General reported in 2010 that many children enrolled in Medicaid were not receiving the screenings required by EPSDT and that even those children receiving screenings were not receiving complete screenings as recommended by the program.[4] The underutilization of medical screenings is an ongoing concern, despite a slight increase in participation between 2013 and 2018.

The **underutilization of medical screenings** is an **ONGOING CONCERN.**

MENTAL HEALTH

Children Receiving Publicly Funded Mental Health Services

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

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

Emotional Disturbance and Addictive Disorders

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

		2013	2014	2015	2016	2017
Dallas	Any Disturbance or Disorder	66,116	67,963	68,084	68,619	72,875
	Serious Disturbance or Disorder	15,817	16,259	16,288	16,416	17,434
Collin	Any Disturbance or Disorder	25,146	26,832	27,501	28,248	29,140
	Serious Disturbance or Disorder	6,016	6,419	6,579	6,758	6,971
Cooke	Any Disturbance or Disorder	940	989	963	932	965
	Serious Disturbance or Disorder	225	237	230	223	231
Denton	Any Disturbance or Disorder	21,558	20,955	21,272	22,349	22,955
	Serious Disturbance or Disorder	5,157	5,013	5,089	5,347	5,492
Fannin	Any Disturbance or Disorderr	792	775	798	835	850
	Serious Disturbance or Disorder	190	185	191	200	203
Grayson	Any Disturbance or Disorder	3,098	3,168	3,391	3,224	3,441
	Serious Disturbance or Disorder	741	758	811	771	823

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

The number of children with a mental health diagnosis who are served by Medicaid Managed Care (MMC) has increased dramatically since 2013. That number in Dallas County increased by 169 percent from 8,087 in 2013 to 21,777 in 2018. Collin County experienced an increase of 143 percent from 1,481 to 3,597. Denton County increased its number by 86 percent, while Fannin, Cooke and Grayson counties experienced increases of 58 percent, 48 percent and 36 percent, respectively. This increase in the number of mental health diagnoses among children in managed care occurred despite decreased funding for child-specific mental health services from the 2016-2017 two-year period to the 2018-2019 period.[1]

For Dallas and Collin counties, the dramatic increase could be related to the transition away from NorthStar, a partially privatized managed care model for Medicaid mental health services that ended on Dec. 31, 2016. In Dallas County it was replaced by the North Texas Behavioral Health Authority (NTBHA), while LifePath Systems took over mental health services in Collin County.[2]

Despite the increase in the number of children receiving publicly funded mental health services, the estimated number of children suffering from emotional disturbance and addictive disorders remains significantly higher than those with a diagnosis actually being served through Medicaid. Based on established prevalence rates, an estimated 130,226 children in North Texas suffer from an emotional disturbance or addictive disorder. Of those, an estimated 31,154 suffer from a severe emotional disturbance or addictive disorder. The term "emotional disturbance" can refer to a variety of conditions including anxiety disorder, bipolar disorder, conduct disorder, obsessive-compulsive disorder, eating disorders or psychotic disorder. Despite significant research regarding emotional disturbance, scientists have yet to discover a single underlying cause. Emotional disturbance can affect any person regardless of age, sex, race or income.[3] Addictive disorder is often included with emotional disturbance and refers to a condition in which a child or adolescent develops uncontrollable habits with substances or activities.[4]

In January 2018, the Texas Health and Human Services Commission announced two new grant programs that will provide more than $25 million statewide for new mental health services. The Community Mental Health Grant program will award up to $15 million to local mental health authorities to expand treatment and recovery services, as well as improve the general quality of life for individuals with mental illness. Service expansion could include mobile crisis teams, drop-in centers or the addition of new staff to expand capacity. Although this program is not aimed specifically at children or adolescents, it is likely that some of program expansion will benefit children. Grantees during the first round of funding include NTBHA serving Dallas County, LifePath Systems serving Collin County and Texoma Center for Grayson County.[5]

The second is the Mental Health Grant Program for Justice-Involved Individuals, which is designed to provide additional mental health services to those involved in the criminal justice system, as well as to divert individuals from entering the system. Initial grantees for this program include NTBHA, LifePath Systems and Denton County MHMR.[6] Again, this program is not aimed specifically at children, but it is likely to affect the children and families of those involved in the criminal justice system.

Since 2013 **the number of children** with a mental health diagnosis who are **served by Medicaid Managed Care** (MMC) has

INCREASED DRAMATICALLY.

Adolescent Pregnancy

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

		2014	2015	2016	2017	2018
Dallas	Number	1,184	1,081	1,018	871	793
	Rate	17	15.3	14.0	11.9	10.9
Collin	Number	10	88	68	69	56
	Rate	4.0	3.1	2.3	2.3	1.8
Cooke	Number	<10	19	20	<10	<10
	Rate	<10.3	18.8	19.7	<10.0	<10.2
Denton	Number	96	107	90	90	70
	Rate	4.5	4.8	3.9	3.7	2.8
Fannin	Number	<10	<10	10	<10	<10
	Rate	<12.2	<12.3	12.0	<11.6	<11.0
Grayson	Number	61	41	38	31	32
	Rate	18.4	12.4	11.4	9.10	9.2

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

Dallas, Collin, Cooke and Denton counties show a continued decline in teen pregnancy rates since 2014. Dallas County experienced its most significant reduction from 2016 to 2018, from 1,018 in 2016 to 871 in 2017 and 793 in 2018. Since 2014, the adolescent pregnancy rate in Dallas County has fallen by 35.9 percent from 17 per 1,000 teenage girls in 2014 to 10.9 in 2018. Grayson County also experienced a significant reduction in the number and rate of adolescent pregnancies over that time period, with both falling by about half. Collin and Denton counties reported the lowest rates of teenage pregnancy at 1.8 and 2.8 per 1,000 adolescent girls, respectively. Although rates in those counties were already low, they still fell during the five-year period by 55 and 37.8 percent, respectively.

Adolescent pregnancy rates across all counties remain below the state and national averages. In 2017, the national birth rate for women aged 15-19 stood at 18.8 per 1,000. The comparison, however, is not even, as the national average reflects only births and is calculated for girls 15-19, while the local data is calculated for girls 13-17 and includes all pregnancies, regardless of the outcome.

According to data from the Centers for Disease Control and Prevention, Texas has the highest rate of repeat teen pregnancies in the country at 19 percent.[1,2] In Texas, teenage mothers are the legal guardian of their children and can make medical decisions on their behalf; however, regulations prevent them from selecting for themselves medical care such as contraceptive methods, increasing the risk of repeat pregnancies.[3] In 2017, only 48 percent of high school students reported using a condom during their last sexual intercourse. Twenty-one percent said they used a medical contraceptive method, and an even smaller 6 percent reported using both a condom and a medical contraceptive method. Almost one in four high school students (23 percent) indicated using no method of birth control during their last sexual intercourse.[4]

The demographic makeup of adolescent mothers in Texas differs significantly from their national peers. While non-Hispanic white mothers make up 38.3 percent of mothers under age 20 nationally, they account for 19.9 percent of Texas mothers of the same age. And 35.5 percent of teenage mothers nationally identify as Hispanic or Latina, compared to 65.7 percent for Texas. Finally, black mothers made up 12.8 percent of teen pregnancies in 2016 compared to 21.9 percent nationally.[5]

Since 2014, **four of six North Texas counties** have shown a continuous

DECLINE

in teen pregnancies.

Early Prenatal Care

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

	2013	2014	2015	2016	2017
Dallas	56.3	56.2	56.8	55.0	54.6
Collin	72.8	67.8	69.6	65.3	65.8
Cooke	57.9	60.6	59.3	61.6	68.6
Denton	66.8	66.0	66.3	67.5	67.4
Fannin	63.6	56.7	55.8	57.9	67.6
Grayson	59.0	58.9	55.7	56.8	61.9

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

Most counties experienced an upward trend in access to prenatal care over the period that was analyzed. In 2017, Grayson, Cooke and Fannin counties saw increases in the percentage of women receiving prenatal care in the first trimester: Fannin reported the highest percentage at 9.7 percent, followed by Cooke with 7 percent and Grayson with 5.1 percent. Collin reported a slight increase after a sharp decline in 2016. All North Texas counties but one are above the 58.9 percent Texas average – Dallas is the only county in the region reporting decreasing access below the state average for two consecutive years.

Prenatal care is vital for the health of the baby and the mother as it has been proven to improve health outcomes for both. It is important that new mothers receive accurate and culturally sensitive information about nutrition, exercise, breast-feeding and overall infant care that can lead to positive life changes and a healthy pregnancy.[1] Newborns of mothers who receive early prenatal care are three times less likely to be born prematurely or report low birth weight. Furthermore, life expectancy is five times higher for babies whose mothers receive prenatal care in the first trimester of pregnancy.[2]

The Centers for Disease Control and Prevention estimates mothers without access to prenatal care are three to four times more likely to experience pregnancy-related complications that may result in death of the baby.[3] A recent report stated that despite data collection errors, the state's maternal mortality almost doubled in recent years.[4] As a response, Texas legislators in 2017 passed Senate Bill 17 to research maternal deaths and underlying causes and House Bill 2466 to expand Medicaid to cover postpartum depression screening and counseling.[5, 6]

Access to health care continues to be a prevalent issue. A Georgetown University study found approximately 25.5 percent of Texan women ages 18-44 do not have insurance, making it the state with the highest number of uninsured women in the nation.[7] And not everyone is affected equally. Women of color are less likely to receive adequate prenatal care in Texas. In 2015, 46 percent of black mothers and 42.8 percent of Hispanic mothers received late or no prenatal care, considerably higher than the 29.7 percent of white mothers without preventive care.[8] Policy, economic, cultural and social barriers limit women's ability to obtain and pay for early prenatal checkups out of pocket. Additionally, Planned Parenthood's decision to back out from the federal family planning program may further decrease prenatal health care access in the region.[9]

Prenatal care is vital for the health of the baby and the mother as it has been

PROVEN TO IMPROVE

health outcomes for both.

BIRTH OUTCOMES

Premature Births

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

		2014	2015	2016	2017	2018
Dallas	Number	4,883	4,196	4,300	4,515	4,395
	Percent	12.3	10.5	10.7	11.5	11.7
Collin	Number	1,188	1,098	1,211	1,187	1,191
	Percent	10.9	10.1	10.9	10.9	10.9
Cooke	Number	56	56	59	57	49
	Percent	10.0	10.3	10.1	10.8	9.4
Denton	Number	952	994	959	964	911
	Percent	9.6	9.9	9.4	9.8	9.4
Fannin	Number	48	37	40	38	40
	Percent	14.6	10.5	10.7	11.8	13.2
Grayson	Number	179	151	164	192	191
	Percent	11.5	9.6	10.7	12.2	11.7

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

Low Birthweight Babies

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

		2014	2015	2016	2017	2018
Dallas	Number	3,412	3,379	3,347	3,407	3,197
	Percent	8.6	8.4	8.3	8.7	8.5
Collin	Number	861	784	847	842	847
	Percent	7.9	7.2	7.7	7.7	7.7
Cooke	Number	31	35	36	<10	<10
	Percent	5.5	6.4	6.1	*	*
Denton	Number	711	789	801	782	670
	Percent	7.2	7.9	7.9	8.0	6.9
Fannin	Number	17	26	26	<10	<10
	Percent	5.2	7.4	7.0	*	*
Grayson	Number	111	136	128	130	134
	Percent	7.1	8.6	8.3	8.2	8.2

Data Source: Texas Department of State Health Services; Center for Health Statistics, Vital Statistics
**Counts of 1-9 are suppressed to prevent the identification of individuals in confidential data*

There is no overall trend for premature births among North Texas counties. In 2018, Fannin reported the highest rate of newborns born prematurely with 13.2 percent, followed by Dallas and Grayson with 11.7 percent and Collin with 10.9 percent. Cooke and Denton had the lowest rate at 9.4 percent. Dallas, Cooke, Denton, Fannin and Grayson counties reported an increase in the rate of premature babies in 2016, but most returned to previous levels in 2017. The Dallas and Fannin rates of premature births have increased consistently since 2015, while Collin County has remained constant for three years at 10.9 percent. Cooke and Denton counties' rates were below state and national levels.

The rate of premature births has risen at the national and state levels. One in 10 babies born in the United States during 2017 was born prematurely, one of the highest rates in industrialized countries.[1] The rate of premature births in Texas has increased consistently for three years. It reached 10.6 percent in 2017 and earned a D grade on March of Dimes' 2018 Premature Birth Report Card. This highest percentage since 2013 leaves the state at greater odds of achieving the March of Dimes goal of 8.1 percent.[2]

Premature births are live births in which the baby is born before completing 37 weeks of gestation. Babies born prematurely are at a higher risk than full-term babies for health problems such as anemia; lung, heart, eyesight and intestinal development problems; long-term complications; disabilities; and infant mortality.[3] In 2016, 8.7 percent of births occurred between 26 and 32 weeks, and 1.7 percent before 32 weeks.[4]

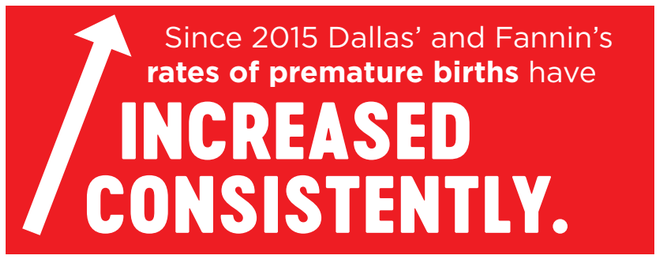
Not everyone is affected equally as racial disparities continue to exist among Texas mothers. At 13.6 percent of premature births, black women in Texas have a 39 percent higher chance than other women to deliver premature babies. This is followed by Hispanics, American Indian and Alaskan Native mothers with 10.1 percent and whites with 9.6 percent. Asians have the lowest rate at 9.3 percent.[5]

According to the Centers for Disease Control and Prevention, close to 17 percent of infant deaths were due to preterm birth and low birthweight (LBW) in 2015.[6] LBW is a vital biological indicator of infant mortality and can lead to negative health outcomes similar to those of premature babies.[7] A newborn weighing less than 5 pounds, 8 ounces (2,500 grams) is considered low weight.[8]

In 2018, 8.1 percent of Texas babies were LBW. In the same year, Collin and Denton counties' rates fell below national and state averages with 7.7 percent and 6.9 percent, respectively. Grayson's rate was 8.2 percent, and Dallas County was 8.5 percent. Denton's rate increased slightly in 2017 but was followed by a sharp decline in 2018.

There are factors that increase the risk of babies being born prematurely and having low-weight births. Fetal chronic health conditions and infections contribute; however, the mother's age, socioeconomic conditions and habits play significant roles as well. Mothers with low levels of education and income and higher unemployment tend to deliver less-healthy babies. Additionally, habits such as smoking, drinking and consuming street drugs create negative health outcomes for pregnancy, birth and infants' health.[9]

Age and ethnicity contribute to disparities of newborns' low weight. In 2016, LBW babies were more common in cases when the mothers were 40 or older (12.7 percent) and those under the age of 20 (9.2 percent).[10] In Texas in 2016, 13 percent of black infants were born weighing less than 5.5 pounds, followed by Asians with 9.2 percent, Hispanics or Latinos with 7.7 percent, whites with 7.5 percent and American Indians with 6.6 percent.[11]



Infant Mortality

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

In 2017, Texas reported a 5.7 percent infant mortality rate, which is slightly lower than the national rate of 5.8.[1] From the national to the local level, mortality rates meet the federal government's Healthy People 2020 goal of infant death rate of 6.0 per 1,000 live births.[2]

In 2016, all six North Texas counties met the Healthy People 2020 goal. Dallas County experienced the largest rate decrease since 2012, and for the first time it bettered the Healthy People Goal with a rate of 5.9 infant deaths per 1,000 births. The county continues to have the highest infant mortality rate across North Texas and is the only one higher than the national and state averages. Collin and Denton counties reported increases in infant mortality rates from 2015 to 2016, but both remain lower than the rates reported in 2014.

Common causes of child mortality in Texas include birth malformations, deformations, sudden infant death syndrome (SIDS) and respiratory distress syndrome (RIDS). According to the Centers for Disease Control and Prevention, preterm births and low birthweight were directly associated with 17 percent of infant deaths. Mothers' health before, during and after pregnancy are also important contributing factors. Maternal complications were the third-leading cause of infant death. Chronic illnesses, obesity and unhealthy behaviors such as smoking, alcohol and drug use can be detrimental to the mother and the baby.[3]

Social, environmental and economic factors create disparities in the life expectancy of infants across communities in Texas. Infant mortality rates are higher for babies born to single, low-income mothers of color. Infant mortality rates were 75 percent higher for babies born out of wedlock.[4] Mortality rates were also dependent on age and race – mothers under 20 reported the highest mortality rate at 8.5 per 1,000 live births followed by babies born to mothers over 40 with a 7.7 rate. And infants born to black mothers are twice as likely to die within their first year as babies from other ethnic groups.[5]

		2012	2013	2014	2015	2016
Dallas	Number	253	256	274	273	239
	Rate	6.5	6.6	6.9	6.8	5.9
Collin	Number	38	42	50	44	50
	Rate	3.7	4.0	4.6	4	4.5
Cooke	Number	4	4	2	1	<10
	Rate	7.1	7.6	3.6	1.8	*
Denton	Number	43	34	52	35	49
	Rate	4.6	3.6	5.3	3.5	4.8
Fannin	Number	0	0	4	0	<10
	Rate	0.0	0.0	12.2	0.0	*
Grayson	Number	9	8	7	11	<10
	Rate	6.0	5.3	4.5	7	*

Data Source: Texas Department of State Health Services; Center for Health Statistics, Vital Statistics Annual Reports
**Counts of 1-9 are suppressed to prevent the identification of individuals in confidential data*

Dallas County continues to have the **highest infant mortality rate** across North Texas and is THE ONLY ONE THAT **EXCEEDS** the national and state averages.

Children with Developmental Disabilities

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

The Centers for Disease Control and Prevention (CDC) defines developmental disabilities as "a group of conditions due to an impairment in physical, learning, language or behavior areas. These conditions begin during the developmental period, may impact day-to-day functioning and usually last throughout a person's lifetime." Developmental disabilities occur in 15 percent of children nationwide, or about one in six children, and include attention deficit hyperactivity disorder (ADHD), autism spectrum disorder, cerebral palsy, hearing loss and vision impairment. The category also consists of any intellectual or learning disabilities.[1]

Data show that 30 percent of parents in Texas with children under the age of 6 had some concerns about their child's development. Moreover, 8.6 percent of children in Texas have special education needs, and 18 percent of Texas children have one or more emotional, behavioral or developmental conditions.[2] The CDC recommends regular communication between parents and their child's doctor if a developmental disability is suspected, as early diagnosis is key to helping families support these children.[3]

The state remains one of the lowest-performing in the country – ranked 49 of 51 – with regard to how well Medicaid programs serve those affected by intellectual and developmental disabilities.[4]

Currently, 140,000 people in Texas are on a waitlist to receive federal funds for community-based care, and many will wait 10 years or more. While the state operates 13 inpatient facilities, demand for institutionalization is low, and none of these centers is at capacity.[5] United Cerebral Palsy and the ANCOR Foundation recommend that low-performing states like Texas be transparent about the waiting list, personalize and prioritize those on the waitlist, be persistent with public policy measures to reduce waiting time and help waiting families with relevant education.[6]

According to the CDC and the Health Resources and Services Administration (HRSA), of the one in six children in the United States with developmental disabilities, 7.6 percent have learning disabilities, 6.6 percent have ADHD, 0.4 percent were diagnosed with autism and 3.6 percent had another developmental delay. Males have a higher occurrence of developmental disabilities, and Hispanic children had a lower prevalence compared to their non-Hispanic peers. Additionally, between 2006 and 2008, the prevalence of autism increased 289.5 percent, ADHD increased 33 percent and hearing loss decreased by 30.9 percent.[7]

	2013	2014	2016	2017	2018
Dallas	101,011	101,758	102,646	103,169	103,807
Collin	35,482	36,151	37,003	37,640	38,258
Cooke	1,417	1,433	1,425	1,393	1,393
Denton	29,064	29,559	30,327	30,812	31,507
Fannin	1,093	1,092	1,083	1,071	1,072
Grayson	4,328	4,440	4,500	4,451	4,512

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

Texas ranks among the **WORST STATES** in providing services to those affected by developmental disabilities.

Childhood Immunization

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

		2015	2016	2017	2018
Dallas	DTP/DTaP/DT/Td	98.2	97.6	96.1	96.6
	Hepatitis A	98.0	97.2	96.2	96.7
	Hepatitis B	98.8	98.3	97.6	97.9
	MMR	98.5	98.1	96.6	97.2
	Polio	98.4	98.0	96.4	97.0
	Varicella	97.7	94.0	95.8	96.6
Collin	DTP/DTaP/DT/Td	96.8	96.6	96.5	95.8
	Hepatitis A	96.1	95.3	95.6	95.1
	Hepatitis B	97.1	96.7	96.9	96.3
	MMR	96.7	96.5	96.5	96.0
	Polio	96.9	96.7	96.6	95.9
	Varicella	96.0	95.4	95.8	95.6
Cooke	DTP/DTaP/DT/Td	96.7	94.8	97.9	96.1
	Hepatitis A	97.9	94.4	96.9	95.2
	Hepatitis B	98.7	97.0	98.6	96.6
	MMR	97.5	96.5	98.2	96.5
	Polio	97.5	96.7	97.9	96.4
	Varicella	96.7	96.3	97.5	96.5
Denton	DTP/DTaP/DT/Td	96.4	95.8	95.2	94.6
	Hepatitis A	95.7	95.0	94.5	94.5
	Hepatitis B	96.6	96.7	95.8	95.7
	MMR	96.7	96.0	95.6	95.1
	Polio	96.4	95.8	95.3	95.0
	Varicella	96.1	94.4	94.7	94.6
Fannin	DTP/DTaP/DT/Td	99.2	97.0	97.4	94.8
	Hepatitis A	98.7	95.8	96.7	95.1
	Hepatitis B	99.5	97.3	97.4	95.7
	MMR	99.2	97.0	97.4	94.4
	Polio	99.5	97.3	97.4	94.7
	Varicella	98.6	95.9	97.0	94.4
Grayson	DTP/DTaP/DT/Td	96.0	97.0	97.3	96.4
	Hepatitis A	95.9	95.7	95.8	95.1
	Hepatitis B	97.4	98.0	98.2	97.2
	MMR	97.5	98.0	97.9	97.0
	Polio	97.6	98.0	97.9	96.9
	Varicella	96.3	96.6	97.2	96.2

Data Source: Texas Department of State Health Services: Vaccination Coverage Levels in Texas Schools (2015-2018)

Since 2015 across all six counties, there has been a notable drop in the percentage of kindergarten students completing all vaccinations by the time of enrollment. North Texas reported coverage rates ranging from 94 to 98 percent for each of the immunization series tracked in 2017, and a range of coverage rates from 94 to 97 percent in 2018. Hepatitis B, a liver infection caused by the human papillomavirus, had the highest vaccination rate in 2017 and 2018 across the six counties. Hepatitis A, a disease of the liver caused by the hepatitis A virus, had the lowest vaccination rate for all counties, except for Dallas and Fannin counties. Overall, Dallas, Cooke and Grayson counties had the highest percentages of entering kindergarten students who completed vaccinations at the time of enrollment in 2017 and 2018.[1]

According to the Texas Administrative Code of Health, every child in the state is be vaccinated against vaccine-preventable infectious diseases in accordance with the immunization schedule. The schedule sets the minimum immunization requirements for all children upon entry into school.[2] In Texas, children must be vaccinated for six preventable diseases, which are usually given in combination as DTaP (diphtheria, tetanus and pertussis) and MMR (measles, mumps and rubella).

The Department of State Health Services (DSHS) Immunization Unit monitors vaccination coverage levels across Texas. School coverage specifically includes data from the DSHS Annual Report of Immunization Status. All public school districts and accredited private schools in Texas are required to complete an Annual Report of Immunization status each year, which provides immunization coverage levels for required vaccines among students in kindergarten and 7th grade. The annual report also includes exemptions, provisional enrollment and delinquencies, which all showed slight increases in 2017.

The number of students in the United States who are not getting all or some of the recommended vaccinations has quadrupled since 2001. Though immunization rates remain high across the country, there is a growing concern, according to some Centers for Disease Control and Prevention (CDC) reports, about preschoolers who are not getting the necessary protection against highly preventable diseases such as whooping cough and measles, among other pediatric illnesses. Childhood exemption immunization percentages have increased slightly throughout the United States recently, and a recent upswing in vaccination skepticism has caused people in dozens of communities to refuse outright to vaccinate their children. Houston, Fort Worth, Austin and Plano are among the Texas cities with the highest percentages of under-vaccination. Also, according to the CDC analysis, 1.3 percent of children born in 2015 had not received any of the recommended vaccinations. These numbers are relatively low compared to the high number of children who are receiving vaccinations. However, the resurgence of certain diseases, such as measles, has raised concerns from parents and the health care community,[3] and childhood immunization remains the most highly recommended prevention strategy for serious childhood diseases.

Overall, Dallas, Cooke and Grayson counties had the

HIGHEST %

of entering kindergarten students
who completed vaccinations at the time of enrollment in 2017 and 2018.

Overweight and Obese Children and Teens

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

	2013	2014	2015	2016
Dallas	40.3	49.1	39.3	34.7
Collin	36.1	35.2	25.2	19.7
Cooke	51.5	54.2	47.6	44.2
Denton	37.5	35.5	29.2	27.4
Fannin	46.4	41.4	43.7	30.1
Grayson	41.4	42.2	37.9	20.3

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

Texas has the 14th-highest adult obesity rate and the seventh-highest obesity rate for youth ages 10-17. This is directly related to the prevalence of other diseases in the state. In Texas, 11.9 percent of adults have diabetes, making it the 10th-highest state in the country for diabetes prevalence. About one in three adults have hypertension, placing it along the middle in terms of state rankings. If current trends continue, the number of adults with heart diseases related to obesity in Texas will increase by five times by 2030, and the prevalence of cancers linked to obesity will more than double.[1] On the flipside, between 2010 and 2014, the obesity rate for 2- to 4-year-olds enrolled in WIC fell to 14.9 percent from 16.9 percent.[2]

The Centers for Disease Control and Prevention (CDC) define obesity as having a body mass index (BMI) at or above the 95th percentile of the CDC sex-specific BMI-for-age growth charts. Nationwide, the prevalence of obesity among children ages 2 to 19 is 18.5 percent, or about 13.7 million youths. Obesity is more common among Latino youth (25.8 percent) and black youth (22 percent) than it is among white youth (14.1 percent).[3] For children and teens, its prevalence decreases if the heads of household have higher levels of education. Obesity prevalence is 18.9 percent among children and teenagers in the lowest income group and 10.9 percent among children and teenagers in the highest income group.[4]

Obesity is among the leading causes of preventable life-years-lost in the United States. People living with obesity are more likely to have a decreased quality of life and are at an increased risk of developing a serious health condition such as hypertension, Type 2 diabetes, heatstroke, osteoarthritis, sleep apnea and even some cancers. A 2017 study estimated that the medical costs due to obesity were $342 billion (in 2013 dollars). Obese adults spend over $3,000 more per person annually on medical care, compared to adults with a normal BMI.[5]

In addition to the preventable conditions that are associated with obesity, it is common for children with obesity to be bullied and teased more than their peers with normal weight. Because of this they are more likely to suffer from social isolation, depression and lower self-esteem. This can have long-term effects that extend into adulthood.[6]

Nationwide, the **prevalence of obesity** among children ages 2 to 19 is

18.5 PERCENT

or about **13.7 million youths.**

Childhood Cancer

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

	2012	2013	2014	2015	2016
Dallas	156	145	141	157	128
Collin	54	49	61	62	72
Cooke	2	3	4	2	4
Denton	27	44	45	62	46
Fannin	2	1	2	0	5
Grayson	4	10	5	7	1

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

The National Cancer Institute estimates that 11,060 new cases of cancer will be diagnosed among children from birth to age 14 in 2019 in the United States. Among those, at least 1,190 children are estimated to die from the disease. Though the number of children dying from cancer has greatly declined from 1970 to 2016, cancer still remains the leading cause of death from disease among children.[1]

In 2016, North Texas had a total of 256 new cancer diagnoses. This is down from 290 cases in 2015. Dallas, Denton and Grayson counties had a decline in childhood cancers; however, Collin, Cooke and Fannin counties all had slight increases, which may have been the result of population growth in those areas.

The most common types of cancer diagnosed up to age 14 are leukemia, brain and other central nervous system (CNS) tumors, and lymphomas. Leukemia, which is a cancer that affects the blood, is still the most common cancer in children and adolescents 20 and younger. An estimated 3,715 children are diagnosed with leukemia each year in the United States.[2]

The causes of most childhood cancers are still unknown. Only 10 percent of cancers in children are caused by an inherited mutation, some of which can increase the risk of cancer. In fact, children with Down syndrome are 10 to 20 times more likely to develop leukemia. In addition to genetic causes, environmental factors such as cigarette smoke, asbestos and ultraviolet radiation from the sun can possibly be a cause. However, this is difficult to prove because doctors are unable to determine what a child may or may not have been exposed to early in development.[3]

Surviving childhood cancer can still have long-term health effects on children, largely due to the side effects of treatment. Cancer treatments may harm the body's organs, tissues or bones. While most late effects are not life-threatening, they may cause serious problems that affect health and quality of life, such as growth and development issues, mood and emotional changes, risk of second cancer and social and psychological adjustment issues.[4]

Collaborative research efforts throughout the United States have been a key factor in understanding, analyzing and neutralizing childhood cancers. The National Cancer Institute (NCI) has played a vital role through cooperative groups focusing specifically on particular child-hood cancers such as leukemia. These groups are divided into subsets for clinical trials, which have resulted in the development of new drugs, prevention treat-ments and general understanding of the unique challenges posed by childhood cancer.[5]

Though the number of children dying from cancer has **greatly declined** from 1970 to 2016,

CANCER STILL REMAINS THE LEADING CAUSE OF DEATH

from disease among children.

DIABETES

Diabetes Prevalence

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

	2013	2014	2015	2016	2017
Dallas	1,276	1,083	1,236	1,166	1,403
Collin	448	385	443	425	517
Cooke	18	15	17	16	19
Denton	367	314	363	348	426
Fannin	14	12	13	12	14
Grayson	55	47	54	50	61

Data Source: Centers for Disease Control and Prevention; National Health Interview Survey, 2003-2017; 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

		2013	2014	2015	2016	2017
Dallas	Type 1	240	254	209	163	206
	Type 2	52	49	38	18	25
	TOTAL	292	303	247	181	231
Collin	Type 1	85	108	84	62	61
	Type 2	12	4	0	4	3
	TOTAL	97	112	84	66	64
Cooke	Type 1	1	2	2	1	2
	Type 2	1	0	0	0	0
	TOTAL	2	2	2	1	2
Denton	Type 1	49	63	82	52	75
	Type 2	3	5	6	2	9
	TOTAL	52	68	88	54	84
Fannin	Type 1	10	10	6	4	5
	Type 2	0	0	0	0	0
	TOTAL	10	10	6	4	5
Grayson	Type 1	11	13	10	13	17
	Type 2	2	3	1	0	0
	TOTAL	13	16	11	13	17

Data Source: Texas Department of State Health Services; Center for Health Statistics, Texas Hospital Inpatient Discharge Public Use Data Files 2011-2017

In 2017, more than 2,400 children in the North Texas region were diagnosed with or had Type 1 or Type 2 diabetes, an increase of 21 percent from the previous year. Dallas County reported the highest number of child diabetes cases with 1,403 occurring or existing in 2017, followed by Collin County at 517 cases, Denton County at 426 cases, Grayson County at 61 cases, Cooke County at 19 cases and Fannin County at 14 cases. All counties observed a net increase in the number of cases compared to the previous year. For the entire North Texas region, there were more than 400 hospitalizations of children with a primary or secondary diagnosis of Type I or Type 2 diabetes in 2017, an increase of 26 percent from the previous year. However, over the five-year period, the number of childhood diabetes hospitalization cases in North Texas fell by 13.5 percent, from 466 in 2013 to 403 in 2017.

Rates of Type 1 and Type 2 diabetes are increasing among youth in the United States.[1] Diabetes prevalence for Type 1 diabetes is increasing faster among young males (2.2 percent) than among young females (1.5 percent). Furthermore, poor people and racial and ethnic minorities are disproportionately affected by diabetes. For Type 1, the rate of new cases increased most sharply among Hispanic youth at 4.2 percent, followed by non-Hispanic black youth at 2.2 percent and non-Hispanic white youth at 1.2 percent. For Type 2, the rate of new cases increased most among Native American youth at 8.9 percent, followed by Asian American/Pacific Islander youth at 8.5 percent, non-Hispanic black youth at 6.3 percent, Hispanic youth at 3.1 percent and non-Hispanic white youth at 0.6 percent.[2]

Diabetes is a disease that occurs when blood glucose, also known as blood sugar, is abnormally high. Type 1 diabetes occurs more frequently in the younger population. Often referred to as juvenile diabetes, it occurs when the body does not produce enough insulin due to the immune system attacking and destroying insulin-producing cells. Type 2 diabetes is commonly referred to as adult-onset diabetes; however, it can still affect children. This type of diabetes is more likely to occur when a person is overweight or obese. Type 2 diabetes is caused when the pancreas can no longer produce enough insulin to counterbalance higher blood sugar levels.[3]

Diabetes increases the risk of developing life-threatening conditions if not managed properly. Skin and eye conditions are prevalent among people who have been diagnosed with diabetes, as are neuropathy and higher risks of high blood pressure, heart attack and stroke.[4] With treatment, access to affordable and nutritious food options and physical activity, people with diabetes are able to live healthy lives and are able to avoid and possibly prevent future complications.

All North Texas counties observed a

NET INCREASE

in the **number of diabetes cases** compared to the previous year.

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

		2013	2014	2015	2016	2017
Dallas	Lifetime	85,295	91,339	89,243	87,117	89,727
	Current	55,744	58,186	57,665	56,935	57,977
	Asthma Attack	32,276	27,929	27,391	30,574	29,916
Collin	Lifetime	29,962	32,450	31,984	31,783	33,069
	Current	19,581	20,672	20,667	20,772	21,368
	Asthma Attack	11,338	9,922	9,817	11,154	11,026
Cooke	Lifetime	1,196	1,287	1,231	1,176	1,204
	Current	782	820	796	769	778
	Asthma Attack	453	393	378	413	401
Denton	Lifetime	24,542	26,532	26,214	26,018	27,233
	Current	16,039	16,902	16,938	17,004	17,597
	Asthma Attack	9,287	8,113	8,046	9,131	9,080
Fannin	Lifetime	923	980	936	904	927
	Current	603	624	605	591	599
	Asthma Attack	349	300	287	317	309
Grayson	Lifetime	3,655	3,985	3,889	3,759	3,900
	Current	2,389	2,539	2,513	2,456	2,520
	Asthma Attack	1,383	1,219	1,194	1,319	1,300

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

Asthma Hospitalizations

Hospitalizations of children with a primary or secondary diagnosis of asthma

	2013	2014	2015	2016	2017
Dallas	1,160	1,259	887	738	1064
Collin	205	232	151	128	164
Cooke	6	8	3	3	9
Denton	220	214	278	152	167
Fannin	7	6	9	7	4
Grayson	25	28	33	9	21

Data Source: Texas Department of State Health Services; Center for Health Statistics, Texas Hospital Inpatient Discharge Public Use Data Files 2013-2017

According to 2017 estimated prevalence rates provided by the National Health Interview Survey (NHIS) conducted by the Centers for Disease Control and Prevention (CDC), about 156,000 children in North Texas had experienced asthma at some point in their lifetime. More than 89,000 of these were in Dallas County. Collin and Denton counties each had about 33,000 and 27,000 children respectively. From 2013 to 2017, all counties observed an overall increase in the number of children who had asthma at some point; however, the incidence of asthma attacks fell in all counties during the same period. North Texas had an overall decline in the number ofhospitalizations of children with a primary or secondary asthma diagnosis. Specifically, the number of childhood hospitalizations for asthma fell from 1,623 in 2013 to 1,429 in 2017.

Asthma is one of the most common chronic (and lifelong) health conditions in the United States with an estimated 16.4 million adults and 7 million children with a diagnosis.[1] In Texas, approximately 1 in 13 adults and 1 in 11 children currently have asthma. Its prevalence varies by race and socioeconomic status. African American children in Texas have more than twice the prevalence rate at 19.2 percent compared to white (8.5 percent) and Hispanic (7.5 percent) children.[2] Similarly, children in poorer households have higher prevalence than those in richer households. According to one estimate, patients in households making less than $50,000 a year are one-and-a-half times more likely to see treatment fail and twice as likely to have an asthma exacerbation.[3]

The cost of managing asthma is steep, both for those with the disease and the nation as a whole. The CDC estimates that the average cost of care for a child with asthma is $1,039 a year and that children lose more than 12 million days of school as a result of the disease.[4] Of course, having health coverage can be a huge relief for patients. The Dallas metropolitan area ranks second in the nation in terms of having the highest number of uninsured residents.[5] Texas has not expanded Medicaid under the Affordable Care Act (ACA) and remains the state with the largest number of uninsured people in the country. According to a survey conducted by the Asthma and Allergy Foundation, the top three reasons people with asthma do not follow prescribed treatments are the inability to afford medicines, high cost of medicines and the lack of health insurance coverage.[6] Furthermore, North Texas ranks high on the list of metropolitan regions in the country with the fewest asthma specialists per asthma patients, meaning low access to care.[7] Living in an area with few asthma specialists means longer waiting times and traveling longer distances to see a specialist, both of which can adversely affect care.

A single cause of asthma remains unknown, but there are known causes of asthma attacks. Some common triggers are allergens, tobacco smoke, air pollution and exercise. The CDC defines asthma as a chronic disease that affects the airways in the lungs, and its symptoms include wheezing, coughing, trouble breathing and chest pains.[8] Sufferers face the risk of having an asthma attack, which results in inflamed airways and can vary in severity, ranging from mild to deadly.[9] While asthma can be a life-threatening disease if not properly managed, deaths due to asthma are rare among children.

From 2013 to 2017, all counties observed an

OVERALL INCREASE

in the number of children who had experienced asthma

at some point in their lifetime.

Air Quality

Average of the annual fourth-highest daily maximum eight-hour ozone concentration measured at each monitoring site

		2013	2014	2015	2016	2017	2018
Dallas	Dallas Executive Airport	80	73	68	64	64	66
	Dallas North	83	77	75	72	74	75
	Dallas Hinton Street	84	78	75	71	74	74
Collin	Frisco	84	78	76	74	74	75
Denton	Pilot Point	84	79	79	76	74	72
	Denton Airport	87	81	83	80	79	75

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

Across all monitoring sites in the three North Texas counties that monitor air quality, the ground-level ozone has decreased steadily from 2013 to 2018. Despite the decline, only the monitoring site at Dallas Executive Airport has consistently met the standard set forth by the EPA in 2008, which is to have a three-year average of less than 71 parts per billion (ppb).[1] Dallas, Collin and Denton counties all received "F" ratings from the American Lung Associations for high ozone days. Dallas and Denton each had 20 "level orange" days, while Denton County reported 37 orange days and four red days.[2] On level orange days, sensitive groups like those with asthma are at increased risk, while red days indicate that any child or adult engaged in prolonged outdoor exertion is at risk.[3]

Using ozone as a standard, the Dallas-Fort Worth area ranks as the 17th most polluted metropolitan area in the nation; however, it is also tied for first for cleanest metropolitan areas by 24-hour particle pollution.[4] Ground-level ozone is the result of a chemical reaction that occurs when pollutants like those emitted from automobiles, refineries and chemical plants react in sunlight. High temperatures and low wind speeds can exacerbate these conditions, making summer a time of greater risk.[5] Particle pollution, on the other hand, refers specifically to the dirt and other particles emitted in various types of exhaust. Both types of pollution contribute to increased risk of development and reproductive harm, asthma, lung cancer, shortness of breath and wheezing and coughing, among other health complications.[6]

According to a report by the Environment Texas Research and Policy Center, industrial malfunction and maintenance are significant contributors to pollution in North Texas. Two of the region's worst industrial polluters in 2017 are located in North Texas – the Munson Compressor Station in Denton County and the Wylie Water Plant in Collin County.[7] According to the North Texas Municipal Water District, which operates the Wylie plant, a gasket failure led to a gaseous ammonia leak that lasted more than two days.[8]

Despite these significant industrial pollution events, the Dallas-Fort Worth region was the fourth-best region (out of 16) in Texas with regard to industrial pollution.[9]

Dallas, Collin and Denton counties all received "F" **ratings** from the **American Lung Association** for high ozone days.

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

Number of STD cases in children younger than 18

		2013	2014	2015	2016	2017	2018
Dallas	Syphilis	46	30	40	34	66	95
	Chlamydia	2003	1985	1767	1651	2158	2008
	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

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

The incidence of children becoming infected with sexually transmitted diseases (STDs) in North Texas differs with each disease. While the decrease in new infections for certain diseases might be good news, the rise among others is nothing short of alarming. Between 2013 and 2018, the number of new gonorrhea cases fell by 11.5 percent, and there was no change in HIV infections. Chlamydia, the most common of the STDs for which data was collected in this report, saw an increase of 2.6 percent, and syphilis infections have increased by 127 percent during the past five years.

According to the Centers for Disease Control and Prevention (CDC), the United States has 20 million new cases of STDs each year, with about half among people ages 15 to 24.[1] Young people are at greater risk of getting an STD for many reasons: young women's bodies are biologically more prone to STD infection, young people might feel hesitant to talk to a medical professional about their sex lives and many young people face barriers like lack of insurance or lack of transportation to get tested for STDs. In addition, they are more likely to have multiple sexual partners.[2]

Rates of infection are higher among blacks and Latinos. Public health professionals recognize that many young people of color face more barriers to seek STD testing and treatment. In response, Dallas County Health and Human Services is developing mobile clinics to take testing to areas with less access.[3]

The CDC estimates that last year there were 14.1 million new cases of human papillomavirus (HPV) with half of those cases being with 15- to 24-year-olds.[4] While around 90 percent of new HPV cases will resolve themselves within two years of infection, the rest will take hold in their hosts and develop into serious diseases like cervical cancer. The CDC recommends that all children get vaccinated for HPV starting at age 11 or 12 and recommends the same for all adults up to age 26 who have not yet been vaccinated.[5]

While the **decrease in new infections** for certain diseases might be good news, the **RISE AMONG OTHERS** is **nothing short of alarming.**

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ECONOMIC SECURITY

This report uses several indicators to assess the economic well-being of North Texas children, with poverty often being the underlying factor. In 2017, 196,110 North Texas children lived in households below the poverty threshold. About one in every five children in Dallas, Cooke, Fannin and Grayson counties lives in poverty.[1]

And one in three children in the region live in a single-parent family, which is a significant risk factor.[2] Growing up in poverty means exposure to additional environmental stressors that affect a child's developing brain; the adversity associated with it can reduce the likelihood of academic and professional success. Moreover, the toxic stress of poverty can inhibit development and have a negative impact on physical and mental health for a lifetime.[3] In fact, some studies show that the constant stress of poverty contributes to the development of chronic diseases, and it ultimately contributes to 10 to 15 years of life lost.[4]

Living in poverty can affect every aspect of a child's life, including access to stable housing and food security. In 2017, while nearly half a million North Texas children qualified for free or reduced-price lunch at school, 250,980 lacked access to nutritionally adequate foods at home.[5] More than 15,000 North Texas kids were without stable housing during the 2016-2017 school year, while about 30,000 families utilized housing vouchers.[6] Poverty-related experiences such as hunger and homelessness contribute to the long-term health of children. Children without adequate access to food are more likely to develop chronic illnesses like diabetes and high blood pressure.[7] Similarly, children who experience homelessness or housing instability have diminished academic achievement and are more likely to experience substance abuse, STDs and teen pregnancy.[8]

Ultimately, economic security is an issue that affects every major system that a child encounters, especially education and health. A family's economic circumstances and the geographic distribution of income and wealth leads to disparate access to those various systems. Solving the long-term outcomes of childhood poverty means not only that systems must work together to address all of a child's needs, but they must do so in a way that drives equitable access to resources and services.

CONTENTS

22.5%
OF DALLAS COUNTY CHILDREN
live in poverty

25,000 FEWER
North Texas children are living in **single-parent households**

Number of Fannin County children receiving subsidized child care **has increased**
60%

27% of Texas children are from families receiving public assistance
higher than the national average of 25%

1,034
the number of Collin County families using **housing vouchers**

$835 A MONTH
the **cost of pre- and after-school care** for 2 children in the Dallas area

115,676 TEXAS STUDENTS
were **homeless** during the 2016-2017 school year

LBGTQ YOUTH
are **twice as likely** to be homeless as their peers

Drop in number of **North Texas infants and children** in WIC
26%

Children Living in Poverty

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

In 2017, 196,110 children in North Texas lived below the poverty line. The national poverty rate was 12.3 percent, and the state's poverty rate was 14.7 percent,[1] making Collin (6 percent) and Denton (8 percent) counties the only two in the region to be lower than the national and state averages.

The federal poverty threshold for a household with two adults and two children in 2017 was defined as making $24,858 or less per year. Research shows that children living in single-parent households are more likely to live in poverty. Forty-two percent of single-mother families live in poverty nationwide, which is twice the rate of single-father families. Poverty rates are highest for Latina single mothers at 46 percent and lowest for white single mothers at 24 percent.[2] In Texas, 34 percent of children live in single-parent homes, and 58 percent of these households live below the poverty line.[3]

Across the state, approximately one in five children (20.9 percent) lived in poverty in 2017. Significant racial and ethnic disparities exist within the state as well. A Hispanic or black child is three times as likely to live in poverty as a white or Asian child. Native Americans also have twice the percentage of children living in poverty compared to white or Asian children, with 20 percent. Seventeen percent of children who are mixed race are below the poverty level in Texas.[4]

		2012	2013	2014	2015	2016	2017
Dallas	Number	196,252	198,612	198,829	183,178	172,363	154,688
	Percent	29.5	29.8	29.7	27.2	25.3	22.5
Collin	Number	23,645	24,740	22,087	21,653	18,087	15,119
	Percent	10.3	10.2	9.2	8.9	7.2	6.0
Cooke	Number	1,822	2,243	2,036	2,028	2,269	2,237
	Percent	18.8	24.3	21.9	22.0	25.0	24.7
Denton	Number	19,305	21,440	18,328	17,755	20,547	16,532
	Percent	10.1	11.3	9.4	8.9	10.1	8.0
Fannin	Number	1,410	1,737	1,628	1,615	1,407	1,356
	Percent	19.0	24.1	22.6	22.5	19.9	19.1
Grayson	Number	7,506	5,184	6,508	7,464	4,982	6,178
	Percent	26.2	18.3	22.6	25.4	16.4	20.0

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

The number of children living in poverty has decreased in the past year for all North Texas counties except Grayson. The poverty numbers in Dallas, Fannin and Collin counties have steadily decreased each year since 2013, with the biggest improvement being in Dallas County.

Children under 18 years old represent only 25.8 percent of the population in Texas, but they account for 32 percent of all people in poverty. Research shows that poverty is the single greatest threat to a child's well-being, as it affects a child's education, mental and physical health, behavior and overall safety.[5]

Children Receiving TANF

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

Temporary Assistance to Needy Families (TANF) enrollment is declining in North Texas. Between 2013 and 2018, the total number of TANF enrollees in the reporting area fell by 43 percent. Cooke County was the only county that had more TANF enrollees in 2018 than 2016, by a mere five new recipients. In the same period, Dallas County experienced an enrollment decline of 18 percent, while the North Texas region had an enrollment decline of 16.7 percent.

TANF is intended to provide a financial safety net to families with children going through a time of crisis such as job loss, foreclosure or medical emergency. It is grant program funded by the U.S. Department of Health and Human Services (HHS), but each state can administer its TANF program with little oversight as long as it's implemented to accomplish four HHS directives.[1] TANF programs are designed to be a resource allowing children to be cared for by their parents or family. The program aims to avoid long-term welfare dependence through workforce development and the promotion of marriages that result in two-parent households. Additionally, it aims to lower the incidence of pregnancies outside of marriage.[2]

In Texas, the monthly income cutoffs are significantly below the federal poverty line. The federal government defines the poverty level for a household of two to be an annual income below $16,910, or $1,409 a month.[3] For a family of one caretaker and one child to qualify for TANF in Texas, income cannot be more than $163 a month. The TANF benefit for a one-caretaker one-child household is $255 per month.[4] In other words, the cutoff for a family of two to qualify for TANF is just under 12 percent of the poverty income. A family that qualifies for TANF is not only poor – they are destitute.

Households with two or more caretakers receive higher benefits than do single-parent households. If a family with two caretakers and two children apply for TANF, they will receive up to $363 in benefits, while a family of two children with one parent would receive up to $295 in benefits.[5]

According to the Center for American Progress, a major shortcoming of TANF is its lack of built-in accountability. It is estimated that only 25 percent of TANF dollars go toward needy families, while the rest can be allocated by states to projects outside the federal scope of TANF. The federal agencies that manage TANF do not require states to report outcomes, making it nearly impossible to evaluate effectiveness or compare state implementations.[6]

	2013	2014	2015	2016	2017	2018
Dallas	5,889	5,189	4,345	4,033	3,507	3,296
Collin	443	350	331	308	258	268
Cooke	55	54	57	44	53	49
Denton	344	287	288	283	255	249
Fannin	78	69	56	44	39	44
Grayson	245	177	145	132	118	131

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

A family of two poor enough to qualify for TANF will receive benefits that raise their monthly income to

JUST 12 PERCENT OF THE POVERTY LINE.

Housing Instability

Number of children and youth without a permanent residence

	2013	2014	2015	2016	2017	2018
Dallas	6,717	8,536	6,821	10,748	9,892	9,643
Collin	2,548	2,895	2,873	2,934	2,254	2,052
Cooke	69	91	124	101	47	68
Denton	1,068	1,690	2,064	2,275	2,086	3,107
Fannin	110	92	105	146	146	171
Grayson	1,118	1,155	848	806	806	688

Data Source: Texas Education Agency; Public Information Request

The number of children and youth without a permanent residence in North Texas has fluctuated during the past three years, specifically in Denton, Fannin and Cooke counties. Dallas, Collin and Grayson counties have shown a steady decrease in the number of children and youth without a permanent residence since 2016. In 2018, Dallas County had the largest decrease in youth homelessness since 2016.

According to *U.S. News & World Report*, the number of homeless students enrolled in public schools from kindergarten through 12th grade has increased by 70 percent nationwide during the past decade.[1] In the 2016-2017 school year, Texas reported an estimated 115,676 public school students who experienced homelessness over the course of the year. Of that total, 4,591 students were unsheltered, 11,474 were in shelters, 8,263 were in hotels/motels and 91,348 were doubled up – a situation in which a child is living in the home of a family or friend.[2]

Students with disabilities were the most likely to experience homelessness. They are prone to struggle with academics and behavioir, as homelessness greatly affects consistency measures that these children specifically need to maintain and thrive in an academic setting.[3]

Many factors contribute to the number of children and youth without permanent residency. Factors that contribute to child homelessness include lack of affordable housing, economic insecurity, violence at home, behavioral health, lack of social support and involvement in the child welfare system.[4] There are multiple risk factors that contribute to youth homelessness, such as demographics, human development and foster care.

Studies indicate that LGBTQ youth are twice as likely to experience homelessness than their peers. Human development plays a vital factor in youth housing instability. Rational decision-making is stifled during this age, which creates the inability to reason. This irrational thinking leads to engagement in high-risk behaviors such as running away from home. Children and youth in foster care face multiple factors that increase their risk of homelessness.

Poor physical and mental health, disruptive behavior and low academic achievement in school are just a few of the short- and long-term effects of homelessness. Homeless children also lack stability and consistency; nationwide, 97 percent of homeless students experience at least one relocation on an annual basis. Relocations during the academic year are disruptive to schooling and hinder academic achievement. A quarter of these children have witnessed violence, and 22 percent have been separated from their families. Unaccompanied youth are more likely to experience substance abuse and engage in sexually risky behaviors that might lead to pregnancy or STDs.[5]

The **number of homeless students enrolled in public schools** from kindergarten through 12th grade has

INCREASED BY 70

percent nationwide during the past decade.

Subsidized Housing

Number of families using Housing Choice Vouchers

		2013	2014	2015	2016	2017
Dallas	Number of Families Using Vouchers	27,758	26,570	26,654	26,886	26,257
	Number of Authorized Vouchers	29,154	29,562	29,656	29,943	29,837
Collin	Number of Families Using Vouchers	1,114	1,042	1,067	1,085	1,034
	Number of Authorized Vouchers	1,263	1,263	1,263	1,293	1,278
Cooke	Number of Families Using Vouchers	346	286	298	340	310
	Number of Authorized Vouchers	416	416	416	416	416
Denton	Number of Families Using Vouchers	1,477	1,391	1,471	1,498	1,438
	Number of Authorized Vouchers	1,526	1,526	1,526	1,526	1,536
Fannin	Number of Families Using Vouchers	207	173	164	166	155
	Number of Authorized Vouchers	277	277	277	289	301
Grayson	Number of Families Using Vouchers	625	612	631	651	658
	Number of Authorized Vouchers	718	718	718	731	743

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

According to the Center on Budget and Policy Priorities, 377,400 people living in 148,800 households in Texas use a Housing Choice Voucher to afford their housing. Of those, 77 percent are in families with children. Statewide, 78,800 families with 185,500 children use housing vouchers. For families with children, housing vouchers provide foundational stability that supports other improvements to quality of life. For instance, these children change schools less often and are 20 percent less likely to suffer from food insecurity and 34 percent less likely to be victims of domestic violence.[1]

From 2013 to 2017, the number of authorized vouchers remained stable across the region, although the number of families using those vouchers fluctuated. Dallas, Collin, Cooke and Denton counties all experienced increases from 2015 to 2016 that then returned to prior levels in 2017. Over the five years, however, each of these counties has seen a net decrease in the number of families utilizing vouchers despite the number of authorized vouchers remaining the same or increasing.

The Housing Choice Voucher Program helps low-income families obtain safe and sanitary housing. Recipients are qualified based on the household's income, size, assets, medical and child care expenses, and citizenship status, among other factors. In order to be eligible, a household's annual income cannot exceed 50 percent of the area median income as defined by the Department of Housing and Urban Development.[2] For the Dallas area, this translates to $38,600 for a family of four.[3]

Recipients of Housing Choice Vouchers are not limited to public housing projects; instead, they can use the voucher toward the rental of most apartments, townhomes or single-family residences. In some cases, they may even be able to apply their housing voucher toward the purchase of a home. For most families, the housing voucher is paid directly to the landlord, and tenants are responsible for any remaining difference between the voucher and the negotiated rent.[4]

While the number of vouchers available in North Texas has remained constant, the number of families using those vouchers

DECREASED

in 2017.

Food Insecurity

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

		2012	2013	2014	2015	2016	2017
Dallas	Number	175,810	179,020	173,400	162,240	157,870	156,630
	Percent	26.8	27.1	26.0	24.2	23.3	22.9
Collin	Number	44,530	50,380	50,380	47,920	44,420	45,920
	Percent	19.9	22.0	21.6	20.2	18.4	18.7
Cooke	Number	2,410	2,560	2,510	2,340	2,270	2,250
	Percent	24.5	26.6	26.4	24.7	24.1	23.9
Denton	Number	37,230	41,360	41,140	38,970	36,810	37,700
	Percent	20.4	22.2	21.7	20.1	18.7	18.7
Fannin	Number	1,980	2,210	2,080	1,870	1,680	1,630
	Percent	26.5	30.1	28.6	26.0	23.6	22.8
Grayson	Number	7,670	8,140	7,970	,480	7,060	6,850
	Percent	26.5	28.0	27.3	25.6	23.9	22.8

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

In 2017, more than 250,000 children in North Texas were considered food insecure, with all six counties reporting a child food insecurity rate higher than the national average of 17 percent. The child food insecurity rate in Texas is 22.5 percent, and only Collin and Denton counties reported food insecurity rates lower than the state average. The organization Feeding America estimates that across the six counties, households need an additional $359 million to meet the annual food budget shortfall. All counties in North Texas experienced a general decline in child food insecurity rates since 2013.

Food insecurity refers to a lack of access to nutritious foods that are required to lead an active, healthy lifestyle for all members of a household.

Free or reduced-priced school lunches play an important role in providing nutritionally adequate foods to children experiencing food insecurity. Across the region, more than 450,000 qualified for a free or reduced-price lunch in 2018.[1] All students in the Dallas Independent School District receive a free lunch regardless of family income. Still, according to one study, 68.5 percent of high school students in Texas did not eat breakfast in the previous week. In the southern Dallas region, food insecurity is partly attributable to food deserts, areas without ready access to affordable and quality fresh food. A recent City of Dallas plan to offer grocers $3 million to build at least one healthy-eats oasis in the region failed to ignite interest.[2] Given the unwillingness of supermarkets to locate in poor urban areas, research suggests that it might be more equitable for government programs to financially partner with locally owned grocery stores that offer nutritious fresh foods rather than offer incentives to large supermarket chains to move to the area.[3]

Nationally, food insecurity persists despite the fact that most people who are food insecure do not live in poverty, and a majority of those in poverty are not food insecure. In fact, as many as 26 percent of food-insecure people live in households that earn too much money to qualify for most food assistance programs. Households with children are often hit the hardest, especially if they are headed by a single parent, and black and Hispanic households are more likely than their white counterparts to experience food insecurity.[4]

In 2017, more than
250,000 CHILDREN
in North Texas were considered food insecure.

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

Number of women, infants and children who received WIC services

		2013	2014	2015	2016	2017	2018
Dallas	Infants and Children	72,721	71,539	68,306	64,265	60,864	56,683
	Women*	28,444	28,593	27,585	26,637	25,411	23,552
Collin	Infants and Children	8,153	7,878	7,051	6,818	6,578	5,733
	Women*	2,920	2,901	2,625	2,415	2,203	2,098
Cooke	Infants and Children	881	866	814	779	762	716
	Women*	301	295	307	327	294	269
Denton	Infants and Children	11,295	8,766	7,916	7,174	6,362	5,647
	Women*	3,301	3,237	2,964	2,696	2,294	2,140
Fannin	Infants and Children	683	683	624	592	579	501
	Women*	225	234	226	226	199	166
Grayson	Infants and Children	2,529	2,504	2,287	2,113	2,194	2,027
	Women*	842	884	819	756	782	762

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

Participation in the Special Supplemental Food Program for Women, Infants, and Children (WIC) has steadily declined in North Texas over time. From 2013 to 2018, the number of infants and children in WIC dropped by 26 percent, while the number of women in the program decreased by 20 percent. This pattern is also reflected by how much of the WIC-eligible population is enrolled. In 2018, 35.3 percent of the WIC-eligible population in North Texas participated in the program, a 4.2 percent decrease from 2017.[1] The reasons for the decrease are unclear. The decrease could reflect that the material conditions of North Texas residents are improving so there is less demand. However, that might not be the case. The estimated WIC-eligible population grew by 2.3 percent between 2017 and 2018. The only county in the region where there was a decrease in the estimated WIC-eligible population was Denton County.[2] If the eligible population is increasing and participation is decreasing, then there are eligible people who do not know WIC exists or despite knowing choose not to participate.

In a study of New York-area women between 2004 and 2007, researchers found that though Latina and black women are more likely to participate in WIC, experiencing barriers such as lack of access to transportation was a common deterrent to participation. The *Beyond ABC* Advisory Board consulted in developing this report suggested that immigrant groups might not seek out social services due to lack of cultural competency from workers at local social service agencies, or fear of detention and deportation for those lacking U.S. residency documentation.[3]

WIC is a federally funded program that serves low-income, nutritionally at-risk women while pregnant and up to a year after giving birth, as well as their children for the first five years of their lives. The program provides more holistic services than other social welfare programs, as participants receive health screenings and nutritional services.

THE ONLY COUNTY
in the region where there was a decrease in the estimated WIC-eligible population was **Denton County**.

SNAP Enrollment

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

	2013	2014	2015	2016	2017	2018
Dallas	219,669	219,262	235,492	227,173	215,531	202,062
Collin	20,451	20,585	22,054	21,585	21,508	21,662
Cooke	2,187	2,209	2,448	2,611	2,770	2,568
Denton	21,411	22,129	24,883	24,941	24,262	23,199
Fannin	1,815	1,812	1,920	1,866	1,884	1,741
Grayson	7,490	7,340	8,210	7,951	8,009	7,760

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

The Supplemental Nutrition Assistance Program (SNAP) is a federal program that provides nutritious food benefits to low-income individuals and families. The program is still widely referred to by its old name – food stamps. Qualification for SNAP is based on meeting several requirements, including income and employment. A family of four can qualify if they earn $3,452 or less per month and have an adult working at least 20 hours per week. Adults with a disability or who are pregnant may not have to work in order to qualify. A qualifying family of four can receive up to $642 per month to be used for food, plants or seeds to grow food.[1]

Households in Texas receive SNAP benefits on electronic benefit transfer (EBT) cards (called the Lone Star Card), which can be used only to purchase food at the 20,100 selected retail stores in Texas. The cards cannot be used to buy tobacco, alcohol, items that cannot be consumed or to pay for owed food bills.[2] SNAP recipients in Texas received $5.81 billion in overall benefits in 2017. The average for individual households with children was $401 per month.[3]

In 2018, there was an average of 258,993 children under 18 years old in the region enrolled in SNAP each month. Only Collin County reported an increase in the number of children receiving SNAP from 2017 to 2018. Dallas, Denton and Grayson counties have experienced relatively steady declines in CHIP enrollment since 2015.

In 2017, SNAP reached 14 percent of the state's population or about one in seven individuals. This percentage is slightly more than the federal rate of 13 percent. Texas has a high rate of SNAP participants who are families with children (79 percent), which is significantly more than the national average of 68 percent. According to the Center on Budget and Policy Priorities, SNAP kept 913,000 people out of poverty in Texas, including 479,000 children, each year between 2009 and 2012.[4]

Twenty-seven percent of children in Texas are in families receiving public assistance, which is higher than the average 25 percent of children nationwide. Research shows a divide between race and ethnicity for Texas families receiving public assistance. Forty percent of black children live in households receiving public assistance, as do 35 percent of Hispanic or Latino children, but only 13 percent of white children in Texas live in households that received public assistance.[5]

In 2018, there was an average of
258,993 CHILDREN
under 18 years old in the region
enrolled in SNAP each month.

School Meal Eligibility

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

		2013	2014	2015	2016	2017	2018
Dallas	Number	345,053	353,009	355,458	365,046	359,513	354,895
	Percent	72.8	72.7	71.9	73.0	72.4	71.3
Collin	Number	41,148	41,626	42,922	43,154	42,578	42,882
	Percent	23.1	22.6	22.6	22.0	21.6	21.2
Cooke	Number	3,445	3,565	3,568	3,533	3,582	3,686
	Percent	55.6	56.7	56.1	55.5	55.2	55.6
Denton	Number	39,552	39,964	41,088	41,843	41,191	42,082
	Percent	33.4	33.1	33.3	33.3	33.4	33.2
Fannin	Number	3,067	3,107	3,040	3,047	3,072	3,132
	Percent	57.6	58.1	57.1	57.8	57.4	57.6
Grayson	Number	11,491	11,845	11,877	12,045	12,185	12,477
	Percent	54.2	54.9	54.5	54.3	54.1	53.8

Data Source: Texas Education Agency: Academic Excellence Indicator System (2011); Texas Academic Performance Reports (2012-2018), Economically Disadvantaged Students

More than 450,000 children in North Texas are eligible for free or reduced-price lunches based on the requirements of the National School Lunch Program (NSLP). In Dallas County, 71.3 percent of all students can receive free or reduced-price lunches, as can more than half of all students in Cooke, Fannin and Grayson counties. The proportion of students qualifying in Collin and Denton counties is much lower, at 21.2 percent and 33.2 percent respectively.

Children in households with incomes at or below 130 percent of the federal poverty level are eligible for free school meals. For children in households with income between 130 and 185 percent of the federal poverty level, a reduced-price meal will cost no more than 30 cents for breakfast and 40 cents for lunch.[1] Children in households participating in the Temporary Assistance for Needy Families (TANF) program, the Supplemental Nutritional Assistance Program (SNAP) and the Food Distribution Program on Indian Reservations (FDPIR), as well as those in foster care, Head Start, and those with migrant, homeless or runaway status are automatically eligible for free school meals. All students in the Dallas Independent School District receive free meals, regardless of their household income level.[2]

Despite no-cost or low-cost food options at school, with more than 250,000 food-insecure children in North Texas, many children still miss meals on weekends or over the summer.[3] The Summer Food Service Program (SFSP) provides nutritious meals at no cost to children when school is not in session. For sites located in geographic areas where more than half of the local children are eligible for free or reduced-price lunches, there is no eligibility requirement for children seeking meals. Meals may also be distributed through SFSP sites housed in summer camps or nonresidential day camps that provide educational or recreational activity between meals.[4] The United Way of Metropolitan Dallas coordinates a significant group of SFSP partners that provide meals during the summer. Similarly, local food pantries and churches often run non-SFSP meal programs.

In Dallas County,
71.3 PERCENT
of all students can receive free or reduced-price lunches.

Children Living in Single-Parent Families

Number and percent of children in families living with one parent

		2013	2014	2015	2016	2017
Dallas	Number	266,787	270,522	267,236	276,772	258,669
	Percent	41.6	42.3	41.3	42.0	39.0
Collin	Number	54,996	46,978	47,926	53,961	47,024
	Percent	23.9	20.0	19.9	22.0	18.8
Cooke	Number	2,525	2,524	2,389	2,575	2,895
	Percent	28.0	27.7	26.4	29.5	33.2
Denton	Number	47,973	43,886	45,713	46,031	45,325
	Percent	25.8	22.9	23.5	23.2	22.5
Fannin	Number	2,631	2,507	2,398	1,887	1,865
	Percent	37.8	36.1	35.2	28.6	28.1
Grayson	Number	10,976	9,527	13,028	9,042	9,013
	Percent	41.0	34.3	47.0	31.3	30.6

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

Texas is on par with the national average of children living in single-parent homes at 34 percent. Dallas County is the only county in the region with a higher average (39 percent). Collin (18.8 percent), Cooke (33.2 percent), Denton (22.5 percent), Fannin (28.1 percent) and Grayson (30.6 percent) counties all report rates lower than the state and national averages.

From 2016 to 2017, the number of children living in single-parent families in the region decreased by more than 25,000. Cooke County hit a five-year high of 33.2 percent, up from the five-year low of 26.4 percent in 2015. Cooke County is also the only county in the region where the number of children living in single-parent households in 2017 was higher than it was in 2013, and that increased from 2016 to 2017. Dallas County, despite being above the national and state average, has had the largest decrease of children in single-parent homes. Both Dallas and Collin counties have dropped around three percent in the last year.

Research indicates children living in single-parent homes are more likely to experience poverty. Forty-two percent of single-mother families live in poverty nationwide, which is twice the rate of single-father families. Poverty rates are highest for Latina single mothers at 46 percent and lowest for white single mothers at 24 percent.[1] In Texas, 58 percent of single-parent households live below the poverty line.[2] One in four children in Texas live with a single mother, and 38 percent of these single-mother families live below the poverty line, as opposed to 19 percent of children in households headed by single fathers.[3]

The percentage of children living with only their father in the United States has increased from 12.5 percent in 2007 to 16.1 percent in 2017. A majority of children in single-parent households live with their mothers, but that number has decreased. In 2017, 83.9 percent of children living with one parent lived with their mothers, compared to 87.5 percent in 2007.[4]

Texas continues to have racial and ethnic factors in living arrangements for children under 18. In 2017, 58 percent of black children lived with one parent, while 38 percent of Hispanic children, 21 percent of white children and 11 percent Asian children did so. Thirty-five percent of children living in single-parent homes consist of two or more races.[5]

The number of children living in single-parent families in the region **has decreased by**

OVER 25,000

from 2016 to 2017.

Families With All Parents Working

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

		2013	2014	2015	2016	2017
Dallas	Number	189,388	194,341	89,886	199,775	196,270
	Percent	66.0	66.9	66.6	69.2	67.1
Collin	Number	83,030	89,542	90,838	93,607	95,439
	Percent	70.3	70.9	69.9	70.8	71.5
Cooke	Number	3,086	3,281	3,342	3,124	3,236
	Percent	77.5	77.2	78.7	75.7	74.5
Denton	Number	68,842	74,066	77,228	74,877	77,848
	Percent	72.5	73.5	75.0	73.5	75.9
Fannin	Number	2,425	2,402	2,403	2,280	2,392
	Percent	74.5	75.5	73.8	72.3	75.2
Grayson	Number	9,492	8,552	9,475	9,938	11,426
	Percent	72.6	65.9	73.2	75.5	75.0

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

Across the North Texas region, approximately 70 percent of families with children report that all parents are employed or in the armed forces. In Cooke, Denton, Fannin and Grayson counties, about three of four families report all parents working. Dallas County reported the lowest rate of working parents with 67.1 percent. Overall, there is no discernable trend across the region. The numbers remained largely stable, with slight year-to-year fluctuations during the observed time period.

Nationwide, 90.8 percent of families with children have at least one working parent, and 63 percent of married-couple families report that both parents are working. Employment is greater among fathers than mothers and also varies by the age of their children. Parents with younger children are less likely to be employed. Moreover, employed fathers are more likely to work full time than employed mothers. According to the Bureau of Labor Statistics, 96 percent of employed fathers work full time; whereas, 78 percent of employed mothers report holding full-time jobs.[1]

Whether all parents present in a household work can have wide-ranging effects on children. Dual incomes can improve the financial well-being of a family and provide a better physical quality of life, but parents must find balance to also be emotionally available for their children.[2] Emotional availability that goes beyond mere presence is an important factor. At least one study suggests that children benefit emotionally if their parents prioritize family over work, regardless of the time spent at work. When working fathers report high job satisfaction and lower psychological investment in their jobs, children are more likely to thrive. On the other hand, children demonstrated fewer behavior problems when their working mothers could exert autonomy in work, hold authority and exercise discretion.[3]

Families with children face a number of challenges in balancing the care of their children and the demands of work. Policymakers have begun to address some of these issues by expanding funding for pre-K programs statewide to better allow schools to expand from half-day to full-day pre-K. The change, which Dallas Independent School District (DISD) had already made, will improve the children's education while providing additional flexibility for parents.[4]

Dallas County reported the

LOWEST RATE OF WORKING PARENTS

with **67.1 percent.**

ACCESS TO CHILD CARE

Licensed or Registered Child Care Slots

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

	2013	2014	2015	2016	2017
Dallas	89,688	91,468	89,243	98,429	95,842
Collin	52,157	55,326	57,389	60,992	61,843
Cooke	751	784	928	928	1,089
Denton	34,418	36,027	38,358	42,825	45,034
Fannin	704	640	674	787	865
Grayson	3,308	3,151	3,234	3,538	3,337

Data Source: Texas Department of Family and Protective Services, Legacy HHS Data, 2008-2017

Licensed or Registered Child Care Facilities

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

	2013	2014	2015	2016	2017	2018
Dallas	2,144	2,154	2,006	1,860	2,482	2,404
Collin	825	835	787	780	853	872
Cooke	48	51	45	42	47	45
Denton	713	732	722	719	740	737
Fannin	27	25	18	17	25	30
Grayson	99	98	96	94	105	110

Data Source: Texas Department of Family and Protective Services, Annual Report and Data Book, 2013-2018

In 2017, there were 4,252 licensed or registered child care facilities in North Texas. Those facilities were licensed to care for 208,010 children collectively. Most were licensed child care centers, which account for many of the child care slots, but some children received care in home-based settings.

The total number of licensed child care facilities greatly increased from 2016 to 2017 across all six counties; however, Dallas and Grayson counties experienced a decrease in the number of children they could serve despite this growth. The National Conference for State Legislatures (NCSL) states that the increase in child care facilities is in large part due to an increase in the number of working families. These care settings now include home-based child care, center-based child care and informal care, which can be provided by friends, family, neighbors or others. While some families can care for their own children, at least 12 million U.S. children are enrolled in some type of outside child care within their lifetimes.

Over the past decade, the demand for quality child care has grown sharply. As a higher percentage of women join the workforce and the dynamics of the American family change, the need for affordable, quality child care becomes an increasingly complex issue, especially for single-income, poverty-wage families.[1] Access to quality child care is directly associated with the healthy development of children. Research shows that high-quality child care can increase cognitive ability, improve language development and improve social interaction.[2] Preschool and high-quality child care can also improve school readiness, particularly for children from low-income households. When child care is consistent, developmentally appropriate and emotionally supportive, and it is provided in a healthy and safe environment, it has a positive effect on children and their families.[3]

The quality of child care facilities and how they are regulated vary from state to state. In fact, Child Care Aware of America notes only 10 states meet the definition of "quality child care." The Federal Child Care and Development Fund (CCDF) provides grants to states for child care but does not mandate standards or requirements. States are responsible for implementing their own regulations such as background checks and on-site inspections. The CCDF noted that only 13 states required background checks for child care providers. The level of education required for child care providers is minimal; in 17 states, child care providers need only a high school diploma or equivalent to be considered for employment. States also have different standards for what "quality" looks like in child care facilities.

As important as quality child care is for most families, the need for affordable child care is just as significant, as its cost accounts for a large portion of the average household's budget. A family with two children ages 4 and 8 living in the Dallas-Fort Worth area pay an average of $835 per month for preschool and after-school care. This means that the family of four needs to make at least $61,000 per year to achieve a comfortable standard of living, according to the Economic Policy Institute. In Texas, the average annual cost is $8,759 for an infant and $6,730 for a 4-year-old. The average weekly payment for child care has increased 60 percent over the past three decades. In some cases, child care costs have now exceeded average housing costs and college tuition. Families living below the poverty line are unable to afford the average cost for quality child care; for low-income families, as much as one-third of their household living expenses can go toward child care.[4,5]

Texas is among the states with programs to combat the high cost. In Dallas, families that live below the poverty line are eligible for federally funded child care through Head Start. Dallas Independent School District, as well as other districts across North Texas, offer free pre-K to the 4-year-old and some 3-year-old children of low-income families.[6]

Eligible Children in Subsidized Child Care

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

In 2018, about a quarter of eligible low-income children under age 7 received free or subsidized child care in Dallas County. Moreover, Workforce Solutions of Greater Dallas, which oversees child care in the county, reported the second-largest waitlist in the state with 6,400.[1] The Texas Workforce Commission (TWC) operates the state's subsidized child care system, which is funded by the federal Child Care & Development Block Grant (CCDBG). More than 1.3 million children in Texas need subsidized child care services; however, less than 10 percent receive assistance.[2]

	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

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

Most counties in North Texas expanded access to free or reduced-price child care in 2018. Cooke had the largest coverage increase at 36 percent, followed by Fannin (22 percent) and Grayson County (14 percent). Collin and Dallas counties reported increases of 4 and 3 percent each. Denton was the only county with a decrease in child care subsidy utilization. Notably, Fannin has increased the number of children in subsidized child care by almost 60 percent since 2013.

In addition to allowing parents to go to work and school, child care facilities are key in developing the workforce of tomorrow. Research suggests quality early education substantially improves cognitive development, pre-reading and writing skills, decreases special education needs, increases high school graduation rates and reduces antisocial behaviors like aggression and disobedience.[3] Nonetheless, Texas parents face significant barriers to affordable quality child care. Texas Rising Star (TRS) is the only certified quality rating system for early childhood programs in Texas. Approximately half of the 15,000 child care providers receive government assistance, but less than 7 percent are TRS-certified.[4]

Texas has one of the most expensive child care markets in the country. In 2016, a single mother with an infant and a toddler earning $25,000 per year spent an average of $225 per month, as opposed to $221 in Georgia and $143 in New York.[5] Despite the high cost, children do not always receive appropriate care. The *Austin American-Statesman* "Unwatched" series revealed thousands in child care have been seriously injured with almost 90 incidents resulting in the death of a child as a result of abuse or neglect.[6]

Texas is taking several steps to improve child care. In 2018, CCDBG assigned an additional $230 million to the state to increase access to subsidized quality child care, reduce waitlists and promote cooperation among local educational agencies and reliable child care facilities.[7] An additional 30,000 children are expected to be taken off the waitlist as a result of the grant.[8]

More than 1.3 million children in Texas are in need of subsidized childcare services; however,

LESS THAN 10%

receive assistance.

END NOTES

Introduction

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Safety-related incidents that happen to children are often a symptom of institutional, structural and social failures that haven't been addressed. Unsafe conditions for children can be the unintended consequence of households operating with a lack of resources, inclusion, equity or accessibility.

For example, inadequate supervision, one of the most common types of neglect, often occurs when a parent can't secure adequate child care due to cost or time constraints but still needs to go to work to provide shelter and food for the family.[1]

The 2018 shootings in Santa Fe, Texas, and Parkland, Florida, provided a concrete example of how safety issues intersect with schools.[2] A 2018 poll revealed that 34 percent of parents now fear for their children's safety in school, a dramatic increase from 12 percent in 2013.[3] Despite these fears, schools are still one of the safest places for children to spend their day, and the risk of an active shooter is still low. The biggest safety threats to children in schools continue to be petty theft and sexual predators.[4]

Moreover, when children are affected by violence, it is not likely to be at the hands of a stranger. Infants and children are far more likely to be murdered by one or both of their parents or a member of their family, while adolescents are more likely to experience violence at the hands of friends or acquaintances within their neighborhood.[5] And unintentional injury is the most common form of traumatic injury to children, often resulting from falls or motor vehicle collisions.[6]

Keeping children safe can be increasingly difficult as they begin to engage in risky behaviors as adolescents. Data collected by the Texas Education Agency show a significant increase in the number of students being disciplined for possessing tobacco.[7] Although discipline reports do not specify the type of tobacco a student had, the increase is likely due to the rising use of electronic cigarettes among teenagers. One study funded by the National Institutes of Health in 2018 found that 37 percent of high school seniors reported vaping during the previous school year.[8] As tobacco companies innovate new ways to deliver nicotine, parents, teachers and medical professionals are struggling to find solutions that are adequate for this new generation of nicotine addicts.[9]

CONTENTS

An **African American child** in Texas is

6X MORE LIKELY

to die from homicide as a white child

ONE-QUARTER

of Texas 7th-12th-graders **reported using marijuana** in the past month

44%

of the **youth incarcerated** in the Texas Juvenile Justice Department system in 2018 had a **moderate or severe mental health issue**

MORE THAN **DOUBLE THE RATE** 3 years earlier

666

Texas children died of **unintentional injuries** in 2017

IN 2017

Texas Department of Family and Protective Services cared for

50,293 CHILDREN

OF THE

22,000

Child Protective Services investigations in North Texas in 2018

14,000

WERE IN DALLAS COUNTY

BOYS ARE

4 TIMES MORE LIKELY

to die from suicide

—

GIRLS ARE more likely to

ATTEMPT SUICIDE

CHILD ABUSE AND NEGLECT

Confirmed Victims of Child Abuse and Neglect

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

		2013	2014	2015	2016	2017	2018
Dallas	Number	5,505	5,967	5,847	4,535	6,242	7,174
	Rate	8.3	8.9	9.0	6.6	9.0	10.0
Collin	Number	1,168	1,393	1,297	1,183	1,149	1,340
	Rate	4.8	5.6	5.1	4.6	4.4	5.0
Cooke	Number	208	198	225	206	253	312
	Rate	21.4	20.3	23.0	21.1	25.7	31.5
Denton	Number	898	972	902	806	932	1,337
	Rate	4.5	4.8	4.3	3.8	4.3	6.0
Fannin	Number	91	126	108	135	99	124
	Rate	12.1	16.6	14.1	17.7	12.8	16.0
Grayson	Number	559	584	675	589	459	509
	Rate	19.1	19.9	22.9	19.9	15.5	17.2

Data Source: Texas Department of Family and Protective Services; Annual Report and Data Book, 2011-2018

Deaths from Child Abuse and Neglect

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

	2013	2014	2015	2016	2017	2018
Dallas	17	14	24	24	7	19
Collin	2	4	1	4	4	2
Cooke	1	0	1	0	0	3
Denton	2	3	2	3	0	2
Fannin	1	0	0	1	1	0
Grayson	3	1	1	4	0	0

Data Source: Texas Department of Family and Protective Services; Annual Report and Data Book, 2011-2018

In 2018, North Texas had 10,796 confirmed cases of child abuse and neglect, an increase of 18 percent over the previous year. Dallas, Cooke, Fannin and Grayson counties reported rates of child maltreatment that were higher than the state average of 7.9 cases per 1,000 children. Collin and Denton counties, on the other hand, had low rates, at 5 and 6 cases per 1,000 children, respectively. Additionally, 26 child deaths were reported in North Texas in 2018. A notable drop in child deaths in the region in 2017 was driven in part by low child death numbers in Dallas County, where seven deaths were reported that year.

Child Protective Services conducted more than 22,000 Child Protective Investigations in North Texas in 2018.[1] More than 14,000 of those were in Dallas County, with an average of 20.6 investigations per 1,000 children. North Texas is one of the eight regions in Texas where Child Protective Investigations (CPI) has implemented Alternative Response (AR) strategies to combat child abuse and neglect.[2] These allow CPI to handle less serious allegations of abuse or neglect with greater flexibility by incorporating support from children's families, while reports that are more serious take the traditional investigation route. This helps CPS conserve resources and direct them to cases where they are needed most. AR differs from traditional investigations in that there is no final case disposition or designation of a perpetrator of abuse or neglect at the investigation's conclusion; no one is added to the Central Registry as a result of investigation, and work with families is less confrontational in nature.

Three common types of maltreatment constitute child abuse: physical abuse, sexual abuse and emotional abuse.[3] Neglect refers to failure to meet a child's basic physical and emotional needs such as food, housing, clothing, education and medical care. Child abuse and neglect can have a lasting impact on its victims; not only is there suffering at the time of abuse, but many victims are shown to experience depression, anxiety, higher rates of early-age drinking and smoking, and an elevated risk of STDs later in life.[4] Research shows that all mass shooters over the past 53 years shared some common traits, one of which was adverse childhood experiences (ACEs).[5] ACEs refer to traumatic events occurring before the age of 18 and include all types of abuse and neglect as well as parental mental illness, divorce, domestic violence, incarceration and substance use. While this certainly does not imply that people with ACEs are more likely to commit violent acts (the vast majority of them do not), it does mean that prevention and treatment of people with ACEs needs to be part of violence-prevention strategies.

Supportive family environments and social networks are important protective factors that buffer children from being abused and neglected. The United Way of Metropolitan Dallas, a member of the *Beyond ABC* Advisory Board, serves as the coordinating agency for the Dallas County implementation of Healthy Outcomes through Prevention and Early Support, called Project H.O.P.E.S., which focuses on early intervention and prevention of abuse and neglect among children up to age 5. It is a community-based program emphasizing home visiting, early childhood education and other family services to provide the support necessary to alleviate the stressors that often lead to child abuse and neglect among at-risk populations.[6]

North Texas is one of the **eight regions in Texas** where Child Protective Investigations (CPI) **has implemented** Alternative Response (AR)

STRATEGIES TO COMBAT CHILD ABUSE AND NEGLECT.

Children Receiving Services for Domestic Violence

Number of children younger than 18 living in family violence shelters

		2013	2014	2015	2016	2017	2018
Dallas	Brighter Tomorrows	311	309	344	289	265	233
	The Family Place	652	600	572	587	616	718
	Genesis Women's Shelter	697	496	353	288	151	186
	Peaceful Oasis	49	60	58	29	27	51
Denton		176	176	171	152	149	89
Grayson		161	162	234	154	132	131

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

In 2018, 1,408 North Texas children lived in a family violence center at some point during the year. Dallas County accounted for 1,188 of these children. The numbers have remained mostly stable over the past several years, except for a downward trend of children served at Genesis Women's Shelter and Peaceful Oasis.

In 2017, 22 local domestic violence-related programs in Texas laid off or left vacant 49 staff positions. Sixty-three percent of these positions were shelter staff or legal advocates, meaning fewer people to directly help those in need, either through answering calls or providing services.[1]

According to the Dallas Domestic Violence Task Force, shelters remain close to capacity each month, even though space has increased. Families may not be able to access shelters for many reasons, including complex cases with incomplete picture of needs, inability to bring teenage sons, mental health issues, immigration status and no-pets policies. From 2017-2018, 13,378 individuals weren't served due to lack of space.[2]

Dallas County has four shelters for victims of domestic and sexual violence that provided data for this report. This includes two shelters that have been in operation for more than 30 years – The Family Place and Genesis Women's Shelter. Both provide emergency and transitional or long-term shelter.[3,4] Dallas County is also served by Brighter Tomorrows and Peaceful Oasis, which serves Muslim women by addressing their specific language, faith, diet, social and legal needs.[5] Denton and Grayson counties are supported by Denton County Friends of the Family and the Grayson County Crisis Center, respectively.

Nationally, as many as 10 million children each year are witnesses to violence between their parents or guardians.[6] Children can heal from the stressful situation of domestic violence through guidance, attention and support. Not all children are equally affected by exposure to domestic violence. Some immediate reactions from children in domestic violence situations may be increased aggression or anxiety, sleeplessness or nightmares, and difficulty concentrating, which can contribute to poor school performance. Long-term effects, especially from chronic exposure to intimate partner violence, may include physical health problems, behavior problems (delinquency, alcohol or substance abuse) or emotional difficulties in adulthood (depression, anxiety or PTSD).[7]

According to the Dallas Domestic Violence Task Force, **shelters remain**

CLOSE TO CAPACITY

each month, even though space has increased.

Child Protective Services (CPS) Caseloads

Average number of cases assigned to each CPS caseworker per month

	2013	2014	2015	2016	2017	2018
Dallas	24.9	25.3	23.4	27.9	19.7	17.6
Collin	21.8	20.8	18.8	19.6	18.7	17.7
Cooke	22	20.4	17.7	21.7	20.4	21.7
Denton	23.5	19.9	19.2	22.6	21.0	21.4
Fannin	21.7	35.3	34.0	50.3	42.9	24.8
Grayson	22.3	23.5	24.0	29.5	26.1	19.2

Data Source: Texas Department of Family and Protective Services: Data Books and Annual Reports 2011-2018

The average number of cases assigned to each Child Protective Services (CPS) caseworker per month has decreased from 2017 to 2018 in each county except Cooke and Denton; however, all counties are down from 2016. Since that year, Dallas and Grayson counties decreased their average caseload by about 10 cases, while Fannin County reduced its caseload by half from 50.3 in 2016 to 24.8 in 2018. Overall, Collin and Dallas counties reported the lowest caseloads at 17.7 and 17.6, respectively.

Child Protective Services has often experienced significant staff turnover; however, staff turnover decreased from 25.4 percent in 2016 to 18.4 percent by August 2017. Because of this, CPS investigation caseloads declined by 32.5 percent, conservatorship caseloads by 12.1 percent and family-based safety services caseloads by 29.6 percent. Lower rates of turnover are believed to lower caseloads, increase tenure and improve the overall quality of service. Some contributing factors for higher retention rates include salary increases, more training opportunities, additional hires and staff recognition.[1]

During the intake process, the case is assigned a priority based on the immediacy of the risk and the severity of possible harm to the child. Priority 1 reports include those in which the safety of the child is in immediate danger of abuse or neglect. Priority 2 reports are those accepted for abuse or neglect but do not meet the criteria for Priority 1. The remainder fall into Priority None.[2] Initial contact must be within 24 hours for Priority 1 investigations and 72 hours for Priority 2 cases. The number of completed investigations based on priority ranking and timely initiations ranged from county to county in the region in 2017.

Of the 4,552 Priority 1 cases in Dallas County, 84 percent were initiated within 24 hours. There were 10,403 Priority 2 cases, of which 76 percent were initiated within 72 hours. Collin County had 639 Priority 1 cases, and only 28 of those were not initiated in a timely fashion. Ninety-one percent of Collin County's Priority 2 cases were completed within 72 hours. In Cooke County, four of 81 Priority 1 cases were not completed within 24 hours, and 19 of 323 Priority 2 cases were not initiated on time. Denton County had 732 Priority 1 cases in 2017, and 702 were completed on time. Of Denton County's Priority 2 cases (2,304), only 197 were not initiated in 72 hours. Despite having the most number of cases per caseworker in the region, Fannin County completed 100 percent of the Priority 1 cases on time (54), and only seven of the 121 Priority 2 cases fell outside the 72-hour window. Grayson County completed 96 percent of Priority 1 cases in a timely fashion (297 cases total), and 92 percent of the 724 total Priority 2 cases were initiated within 72 hours.[3]

Child Protective Services has often experienced significant staff turnover; however, **staff turnover**

DECREASED

from **25.4 percent** in 2016 to **18.4 percent** by August 2017.

Approved Foster Care Homes and Residential Treatment Centers (RTCs)

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

		2013	2014	2015	2016	2017
Dallas	Approved Homes	741	720	783	767	739
	Residential Treatment Centers (RTCs)	4	4	3	3	3
Collin	Approved Homes	199	193	201	232	265
	Residential Treatment Centers (RTCs)	0	0	1	1	1
Cooke	Approved Homes	2	7	3	5	9
	Residential Treatment Centers (RTCs)	0	0	0	0	0
Denton	Approved Homes	174	203	215	212	238
	Residential Treatment Centers (RTCs)	0	0	0	0	0
Fannin	Approved Homes	11	12	10	8	9
	Residential Treatment Centers (RTCs)	0	0	0	0	0
Grayson	Approved Homes	20	12	18	20	33
	Residential Treatment Centers (RTCs)	0	0	0	0	0

Data Source: Texas Department of Family and Protective Services; Legacy HHS Data 2008-2017

In 2017, North Texas had 1,293 approved foster care homes and four residential treatment centers (RTCs). The number of approved homes has been slowly trending upward in the past five years but has fluctuated within each county. Dallas County peaked in 2015 with 783 approved foster care homes but has declined each year since. Collin, Denton and Grayson counties have seen a general increase since 2013, and there is no significant trend in Cooke and Fannin counties.

Texas children in foster care spent an average of 19.8 months in approved homes. The child was placed with relatives in more than half of substitute care placements. In more than 60 percent of cases, removal was the result of neglect.[1]

In 2017, Dallas had 2,852 children placed in foster care, while Denton and Collin counties had 513 and 456 children, respectively. Grayson County placed 203 children in foster homes, and Cooke and Fannin counties round out the region with 107 and 76 children placed, respectively. The number of children in foster care in each county varies due to population, but there is a large gap between the number of approved homes and the number of children who needed a foster home.[2]

In order to be a foster parent in Texas, an individual must be at least 21 years old, financially stable, responsible and mature. The application process includes information about the applicant's lifestyle, completion of a home study, background check, references and training.[3]

Texas has different service levels for foster care to ensure the safety and security of the child and the foster family. The basic service level is focused on a supportive family setting that allows the child to maintain or improve his or her routine. The characteristics of a child requiring basic services include occasional misbehavior and minor to moderate difficulties with mental, social and practical skills.[4]

There is
A LARGE GAP
between the **number of approved homes** and the **number of children who need a foster home.**

Children in Conservatorship

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

		2013	2014	2015	2016	2017	2018
Dallas	Number	4,049	4,382	4,646	4,626	4,310	4,735
	Rate	6.1	6.5	6.8	6.7	6.2	6.8
Collin	Number	468	504	541	515	536	615
	Rate	1.9	2.0	2.1	2.0	2.0	2.3
Cooke	Number	130	148	128	160	211	223
	Rate	13.4	15.2	13.1	16.4	21.4	22.5
Denton	Number	636	625	616	687	744	867
	Rate	3.2	3.1	3.0	3.2	3.4	3.9
Fannin	Number	25	39	50	76	117	128
	Rate	3.3	5.1	6.5	10.0	15.2	16.6
Grayson	Number	200	253	279	406	386	358
	Rate	6.8	8.6	9.5	13.7	13.1	12.1

Data Source: Texas Department of Family and Protective Services: Data Books and Annual Reports 2013-2018

Child Protective Services (CPS), a division of the Texas Department of Family and Protective Services (DFPS), advocates for children and families by investigating allegations of child abuse and neglect. CPS responsibilities include placing children in foster care, successfully transitioning foster children to adulthood and helping children get adopted. CPS also provides services to children and families in their own homes for cases in which the child is not in immediate danger and can stay safely at home.

There are several options to help children when they are in state care, or "substitute care." Foster care provides a temporary home for children who cannot live safely at home. Extended foster care is a program allowing children close to the age of 18 to stay in their foster care homes until they are ready to live independently. Kinship care is when children are placed with family members such as aunts, uncles, grandparents or cousins. If a child is placed by their parents in the care of a friend or volunteer, it is called volunteer care. Permanent custody is when a judge appoints a person to be legally responsible for the child without official adoption. And adoption is when a child legally becomes a part of a family different from the child's birth parents.[1]

In Texas, DFPS cared for 50,293 children in 2017. Of these children, 21,032 were Hispanic, 15,746 white and 10,099 black.[2] CPS placed 44 percent of children in state care with relatives, an increase from 43 percent in 2016. CPS also reduced the time it took to find permanency for children from 18.3 to 17.9 months.[3]

From 2017 to 2018, the number of children in state care increased in every county except for Grayson. Dallas County added the most children in conservatorship with an additional 425, nearly a 10 percent increase from 2017. Denton County added 123 children to conservatorship for a 16.5 percent increase, while Collin County increased 14.7 percent from 536 to 615. The rate per 1,000 children has shown no universal trend, although it has steadily increased since 2013 in Fannin and Grayson counties. Fannin County has increased the number and rate of children in conservatorship fivefold since 2013, while Grayson has nearly doubled its rate and increased the number of children by 79 percent.

From 2017 to 2018, the **number of children in state care**
INCREASED
in every county except for Grayson.

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

In 2018, North Texas had 944 confirmed victims of sexual abuse, an increase of 8.4 percent from the 871 in 2017. During the six-year analysis period, the number of confirmed victims of sexual abuse increased 22 percent from 776 in 2013.

North Texas indictments for sexual abuse or indecency with a child numbered 1,036 in 2018, an increase of about 12 percent from the previous year. During the six-year period studied, the number of indictments jumped a substantial 75 percent from the 592 reported in 2013.

Child sex abuse is often underreported for a variety of reasons, so it is likely that the actual rate of child abuse is much higher than the numbers reported here. Children may not feel they have anyone to tell when they are faced with such adverse experiences. In many cases, the perpetrator is a family member or someone the child already knows, so the child might not want the offender to get into trouble with law enforcement. Adults might also be scared of reporting child abuse due to the perceived burden of proving to law enforcement agencies that the abuse actually occurred.[1]

Any victim of sexual abuse is likely to experience long-term social, emotional and physical trauma as a consequence, and these effects can be intensified for children.

		2013	2014	2015	2016	2017	2018
Dallas	Indictments	309	295	329	295	618	745
	Confirmed Victims	517	508	474	387	596	631
Collin	Indictments	124	128	159	138	147	167
	Confirmed Victims	117	113	134	96	121	142
Cooke	Indictments	8	11	10	2	20	6
	Confirmed Victims	7	14	16	11	13	9
Denton	Indictments	103	85	83	69	103	89
	Confirmed Victims	85	86	96	88	90	112
Fannin	Indictments	23	24	11	17	15	6
	Confirmed Victims	10	11	5	5	8	15
Grayson	Indictments	25	17	29	21	23	23
	Confirmed Victims	40	41	49	56	43	35

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

Victims may exhibit signs of low self-esteem, lack of trust, guilt and shame.[2] The resulting stress may manifest in the form of adverse behavioral changes such as sleep disorders, drug and alcohol abuse, eating disorders and self-harm. Child sexual abuse is correlated with a range of mental health problems, and adults who were abused as children are more likely to demonstrate suicidal behaviors.[3]

Child sex abuse is often underreported, so it is likely **the actual rate of abuse is**

MUCH HIGHER

than the numbers reported.

Overall Child Mortality

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

Overall child mortality rose from 2015 to 2016. The exact percentage change cannot be calculated due to changes in the privacy policies at the data source, which suppresses counts of those under the age of 10. Looking only at the four counties for which data is consistently available, child mortality has increased by 4.8 percent.

Despite the increase in overall child mortality rates, Dallas and Grayson counties saw significantly fewer deaths in 2016 than in 2015. The marginal increase is due to large increases in Collin and Denton counties – deaths in Collin County rose by 29.9 percent, while those in Denton County increased by 54.5 percent.

Based on data from the Robert Wood Johnson Foundation's County Health Ranking and Roadmaps, which aggregates multiple years of data to provide county-level rates, Fannin County, at 110 deaths per 100,000 children from 2014-2017, had the highest average mortality rate among the six North Texas counties. And it was tied for second among all counties in Texas. Only Denton and Collin counties had aggregate child mortality rates lower than the state's average rate of 50 deaths annually; their rates were 40 and 30 per 100,000, respectively.[1]

In 2015 nationwide, there were an estimated 25 deaths per 100,000 people younger than 19, equating to about 20,000 deaths. This represents a 22 percent decrease nationally since 2005.[2]

Though these improvements are worthy of celebration, it is critical to recognize that the resources that have helped to lower the child mortality rate have been allocated such that they protect some children more than others. Rates of mortality differ widely by race and ethnicity. In 2016, the national mortality rate for white children was 25 per 100,000, while the rate for Native Americans was 28 and was 38 for black children.

	2013	2014	2015	2016
Dallas	412	452	450	424
Collin	93	98	87	113
Cooke	10	<10	<10	<10
Denton	58	89	66	102
Fannin	<10	<10	<10	<10
Grayson	19	15	23	17

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

Dallas and Grayson counties saw

SIGNIFICANTLY FEWER DEATHS

in 2016 than in 2015.

Child Homicide

Number of deaths from intentional injury of children under age 20

	2013	2014	2015	2016
Dallas	32	22	27	29
Collin	<10	<10	<10	<10
Cooke	0	0	0	0
Denton	<10	0	<10	0
Fannin	0	0	0	0
Grayson	<10	0	<10	<10

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

Dallas County reported 29 child homicides in 2016, with an average of 27.5 homicide cases per year during the four-year period of analysis. No child homicides were reported in Cooke, Denton and Fannin counties in 2016, and Collin and Grayson counties reported fewer than 10 that year. In Texas, counties with fewer than 10 child fatalities do not report the exact number to conceal the identities of the victims and their families.

According to the Texas Child Fatality Review Committee's latest annual report, child homicides are the second-leading cause of death for children ages 1-4, and the third-leading cause of death for children ages 5-9.[1] The rate of child homicide is highest among African Americans at 6 per 100,000 children in Texas, which is six times as high as that of white children at 1 per 100,000.[2] Statewide, there were 135 child homicides in 2014 and 122 in 2015. The rate of child homicides had remained steady since 2005 at 2 per 100,000 children. In 2015, 40 percent of child homicides were caused by abuse and neglect. The next most common contributing factor to homicide was assault, which was the cause of 26 percent of child homicides, and 65 percent of child homicides in 2015 involved a weapon.[3]

Several research studies indicate that child fatalities due to abuse and neglect are underreported.[4] This is partly due to the length of time (up to a year in some cases) it takes to establish abuse or neglect as the cause of death, and the ease with which the circumstances surrounding child maltreatment deaths may be concealed or deemed unclear. According to one analysis by the Children's Bureau at the U.S. Department of Health and Human Services, the most vulnerable group of children are infants.[5] Children under the age of 1 accounted for half the child fatalities in the country in 2017, and children under the age of 3 accounted for three-quarters of child fatalities. Furthermore, it is common for homicides with younger victims to be committed by family members. In 2017, parents – acting alone or with another parent or individual – were responsible for 80.1 percent of child fatalities nationwide.[6]

One of the most effective ways to curtail child fatalities is to have review teams that utilize data collection and analysis to identify high-risk families and provide prevention services before maltreatment happens.[7] Texas has had a child fatality review team since 1995. This public health approach to fatalities engages the community in prevention. According to the latest report of the Texas Child Fatality Review Team Committee, the state had an all-time low child death rate in 2015 at 55 per 100,000 children.[8]

CHILD HOMICIDES
are the **second-leading cause of death** for children ages 1-4, **and the third-leading cause of death** for children ages 5-9.

Adolescent Suicide

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

	2012	2013	2014	2015	2016
Dallas	16	11	16	15	19
Collin	<10	<10	<10	10	12
Cooke	0	<10	0	0	<10
Denton	<10	<10	<10	<10	<10
Fannin	<10	0	<10	<10	0
Grayson	<10	<10	<10	<10	<10

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

In 2016, Dallas County reported 19 adolescent suicides, an increase of 27 percent from the previous year. During the five-year period of analysis, the average number of adolescent suicides in Dallas County was 15.4. Collin County also had an increase in youth suicides, marking 12 cases in 2016, the highest number in the five-year period. The Texas Department of State Health Services only reports the exact number of suicides within a county if the number is more than 10. This is done to protect victims' identities. Cooke, Denton and Grayson counties each had less than 10 adolescent suicides in 2016, and Fannin County reported no adolescent suicides that year.

Suicide is the second-leading cause of death among those ages 15 to 24.[1] According to the Centers for Disease Control and Prevention (CDC), boys are four times more likely to die from suicide than girls.[2] However, girls are more likely to attempt suicide than boys.[3] According to a study published in the *Journal of the American Medical Association*, the youth suicide rate in 2017 (14.6 percent per 100,000 population) is the highest since the government began collecting such statistics in 1960.[4] While suicide rates for girls and boys have been on a steady upward trajectory since 2000, they turned up sharply two to three years ago. In 2017, males ages 15-19 died by self-harm at a rate of 17.9 per 100,000, up from 13 per 100,000 in 2000. The CDC reports that suicide rates in the United States rose by 33 percent between 1999 and 2017, and suicide jumped from being the 10th-leading cause of death for all ages to the second-leading cause of death for individuals ages 10-34.[5]

According to the 2017 Youth Risk Behavior Surveillance Survey (YRBSS), 17.2 percent of high school students seriously considered suicide in the 12 months preceding the survey, and 13.6 percent made a plan about how they could attempt it.[6] Despite data that indicate a greater rate of suicide among males, the YRBSS shows that female high school students were more likely to both consider suicide and make a plan. Female students were also more likely to actually attempt suicide and be treated by a doctor or nurse as a result.

Dallas' Parkland Health & Hospital System leads the way nationally with a suicide screening program meant to identify at-risk individuals and provide care to those needing it.[7] Research shows that 77 percent of people who die by suicide had contact with a primary care provider, and 40 percent had contact with an emergency department provider in the year before their death.[8] By conducting suicide screenings for all patients, Parkland seeks to identify risk at an earlier stage, even for patients who might go unrecognized because they had initially come in for non-psychiatric treatment.

Suicide is the
SECOND-LEADING
CAUSE OF DEATH
among those ages 15 to 24.

Unintentional Deaths of Children

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

		2013	2014	2015	2016
Dallas		53	77	72	80
	Motor Vehicle	24	33	31	43
	Drowning	<10	<10	12	<10
Collin		19	13	12	25
	Motor Vehicle	< 10	<10	<10	10
	Drowning	<10	<10	<10	<10
Cooke		<10	<10	<10	0
	Motor Vehicle	0	<10	<10	0
	Drowning	<10	<10	0	0
Denton		<10	12	10	26
	Motor Vehicle	<10	<10	<10	12
	Drowning	<10	<10	<10	<10
Fannin		0	<10	<10	<10
	Motor Vehicle	0	<10	<10	<10
	Drowning	<10	<10	0	<10
Grayson		<10	<10	<10	<10
	Motor Vehicle	0	<10	<10	<10
	Drowning	<10	<10	<10	<10

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

Unintentional deaths of children increased in Dallas, Collin and Denton counties from 2015 to 2016. In Collin and Denton counties, unintentional deaths more than doubled, while they increased by 11 percent in Dallas County. Motor vehicle deaths also increased in these three counties from 2015 to 2016, including a 38.7 percent increase in Dallas County.

In 2016, Texas had a total of 799 deaths due to unintentional injury among children up to age 19. The estimated death rate among this population was 9.9 deaths per 100,000 in the same age range. Nearly half (49.2 percentage) of these deaths were due to motor vehicle accidents. Drowning deaths were a distant second, accounting for 15.4 percent, while 12.5 percent of deaths were from suffocation. Drug poisoning, which includes overdoses, accounts for 6.9 percent of unintentional deaths of children.[1]

Across the United States, unintentional injury is the fifth-leading cause of death among infants and the leading cause of deaths for ages 1-44. For infants, unintended suffocation is the most common form of unintentional death, accounting for 1,106 deaths in 2016. Unintentional deaths among toddlers were largely due to drowning (424 cases in 2016) and unintended motor vehicle injuries (362 cases in the same year). Unintended motor vehicle deaths was the leading cause for ages 5-24, accounting for 7,452 deaths. Unintentional poisoning including overdoses is the second-leading cause of death for individuals 15-24 years old. Across all age groups, unintentional poisoning was the largest source of unintentional deaths in the United States (64,795 deaths) in 2016 followed by motor vehicle collisions (38,659 deaths).[2]

Most unintentional injuries – fatal and non-fatal – can be predicted and prevented. In the interest of improved injury prevention, public health professionals discourage the use of the term "accident" to describe unintentional injuries because it suggests a lack of control and culpability in health outcomes.[3,4].

In Collin and Denton counties,
unintentional deaths
MORE THAN DOUBLED,
WHILE THEY INCREASED BY 11 PERCENT
in Dallas County.

Traumatic Injuries

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

	2013	2014	2015	2016	2017
Dallas	754	704	484	294	365
Collin	213	201	146	73	96
Cooke	15	11	9	1	5
Denton	161	154	156	52	82
Fannin	9	16	22	2	10
Grayson	58	47	26	17	23

Data Source: Texas Department of State Health Services; Center for Health Statistics, Texas Hospital Inpatient Discharge Public Use Data Files 2013-2017

In 2017, 6,789,999 children in the United States visited an emergency room due to a nonfatal injury, a 7 percent decrease from the previous year.[1] By contrast, North Texas had an increase in children hospitalizations for traumatic injuries during the same year. This spike follows a notable decrease across the region in 2016.

In 2017, unintentional injury was the most common cause of nonfatal emergency department visits by young people in the United States. Common injury causes include falls, being struck by an object, overexertion, cuts and animal bites or stings.[2] Unintentional falls were the leading cause of hospitalization for children up to age 9 and the second-leading cause for ages 10-24. Unintentionally struck by an object was the primary cause of hospitalization for the 10-24 age group.[3]

Traumatic injuries can have a detrimental effect on children's overall health and may even result in death. In Texas, unintentional injuries resulted in the death of 666 children in 2017.[4] Acquired brain injuries (ABI) are common results of falls, crashes and other injuries. Traumatic brain injuries (TBI) are particularly worrisome for children because they can go undetected and then present in the form of cognition and behavioral issues during teenage years.[5] State and local policymakers have taken various measures to reduce TBIs by enforcing the use of bicycle helmets among children, providing education in schools about concussions and requiring the use of seatbelts and child seats.[6]

Traumatic injuries are likely undercounted at the national level because data maintain by the Centers for Disease Control and Prevention (CDC) is limited to emergency rooms at traditional hospitals. Children who received attention in non-hospital affiliated freestanding emergency centers (FECs) or urgent care clinics are not included. In 2018, Texas had approximately 345 FCEs, and two of five were not affiliated with a hospital system.[7] Furthermore, the Emergency Room Improvement Act introduced in the fall of 2018 would expand Medicaid coverage for these facilities, which if passed could increase the number of unreported children's hospitalizations.[8]

North Texas had an
INCREASE
in children hospitalizations **for traumatic injuries** in 2017, following a notable decrease across the region in 2016.

ALCOHOL AND SUBSTANCE ABUSE

Alcohol-Related Collision (Motor Vehicle) Deaths

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

	2013	2014	2015	2016	2017	2018
Dallas	10	13	13	15	14	7
Collin	0	3	2	3	1	0
Cooke	0	0	0	0	0	0
Denton	0	2	0	2	1	32
Fannin	0	0	1	0	0	1
Grayson	2	2	2	0	1	1

Data Source: Texas Department of Transportation: Texas Motor Vehicle Crash Statistics, 2013-2017

Alcohol- and Substance Abuse-Related ER Visits

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

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

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

In 2016, motor vehicle accidents were the primary cause of teen deaths in the United States.[1] And one in five motor vehicle fatalities among teenage drivers ages 15-18 involved alcohol use.[2] Fortunately, not all accidents involving substance use by minors result in hospitalization nor are fatal. But not all incidents are reported; therefore, these numbers represent a fraction of underage drinking and drug use among the state's youth.

Texas has a zero-tolerance law for minors operating a motor vehicle under the influence of alcohol. The 0.08 percent blood alcohol concentration (BAC) legal limit does not apply to minors. An underage driver caught operating a motor vehicle with any traceable amount of alcohol will be charged with driving under the influence of alcohol by a minor (DUIA by a Minor) and can be punished the same as an adult.[3] Sentences include temporary license suspension, alcohol awareness course for the offender (and the parent or legal guardian on occasion) and fines ranging from $500 to $10,000 depending on the frequency of the offense. A minor's refusal to take a field sobriety test results in automatic driver suspension and jail.[4]

Though the state's legal drinking age is 21 and it is illegal to consume drugs regardless of age, alcohol and substance abuse are widespread among teenagers. The 2016 Texas School Survey of Drug and Alcohol Use reported that more than 50 percent of high school students used alcohol in the past month, and more than half of the students had used alcohol at some point in their lives. Moreover, 17 percent of seniors stated they drank on average five or more drinks with liquor at one time.[5]

The survey also revealed marijuana is the most common drug among Texas students. Twenty-five percent of students in 7th-12th grades used marijuana in the past month, and 13 percent of all surveyed students used an illicit drug before reaching high school. Nonetheless, marijuana use remained highest among older teens. Two of five seniors indicated they had used marijuana compared to three of 10 11th-graders and one in four 10th-graders. Hallucinogens, cocaine and ecstasy were other common drugs among Texas youth; however, their prevalence did not surpass 3 percent.[6]

In 2016 at the national and state levels, teenage girls were more likely to engage in underage drinking and drug use than their male counterparts.[7] Teenage girls are more likely to start drinking before turning 18, and approximately 25 percent of those ages 14-15 were more likely than boys were to engage in risky behaviors.[8] The National Center on Addiction and Substance Abuse at Columbia University (CASA) states that teen girls have higher tendencies to fall into abuse than boys do because they are more prone to experience depression, eating disorders and sexual abuse.[9] Although girls start drinking at an earlier age, they are less likely to continue drinking after the age of 21; whereas, boys are more likely to carry those habits into adulthood.[10] The report also suggests early substance consumption has a more detrimental effect on girls' overall health than on boys' health and could lead to increases in female use in adulthood.[11]

The easy accessibility of substances is a problem. Two in five 12th-graders reported it would be "very easy" to obtain alcohol. Students also indicated it was easier to obtain marijuana (20.8 percent) than tobacco (19.8 percent).[12] According to the Drug Enforcement Agency (DEA), marijuana represents a major drug threat in Texas due to increased use among teenagers who find it easily available[13]. Although marijuana seizures at the border are not as frequent in recent years, domestic production has increased considerably, and its demand is connected to changes in patterns of consumption such as vaping.[14]

Although **girls start drinking at an earlier age,** they are less likely to continue drinking after the age of 21; whereas, **boys are more likely to carry those habits into adulthood.**

Students Disciplined for Possession of a Controlled Substance on School Grounds

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

In 2018, at least 5,765 North Texas students were disciplined for possession of alcohol, tobacco or a controlled substance on school grounds. That represents a 25.9 percent increase from 2017 when 4,581 students were disciplined for the same offenses. Between 2017 and 2018, controlled substances remained the highest portion of disciplinary action across North Texas, except for Fannin County where this cannot be determined due to low numbers.

		2013	2014	2015	2016	2017	2018
Dallas	Alcohol	210	225	258	228	289	285
	Tobacco	265	378	346	276	188	348
	Controlled Substances	2,608	3,063	2,780	2,953	2,731	2,720
Collin	Alcohol	111	111	115	139	122	137
	Tobacco	89	222	199	202	134	655
	Controlled Substances	443	400	379	417	317	510
Cooke	Alcohol	<10	0	<10	<10	<10	<10
	Tobacco	<10	11	13	<10	<10	12
	Controlled Substances	15	11	13	14	14	<10
Denton	Alcohol	71	79	93	92	89	117
	Tobacco	114	117	147	127	147	382
	Controlled Substances	289	256	324	388	453	447
Fannin	Alcohol	<10	<10	0	<10	0	<10
	Tobacco	<10	<10	14	21	<10	<10
	Controlled Substances	<10	<10	<10	0	<10	<10
Grayson	Alcohol	18	14	16	11	19	<10
	Tobacco	52	79	50	34	34	73
	Controlled Substances	62	41	78	60	44	79

Data Source: Texas Education Agency: Discipline Report

In Dallas County, only disciplinary actions for tobacco increased from 2017 to 2018, jumping by 85 percent from 188 to 348 incidents. Collin County experienced a slight increase in discipline for alcohol possession and much larger increases for possession of tobacco and controlled substances. Disciplinary action for controlled substances increased by 60.9 percent from 317 to 510 incidents, while discipline for possession of tobacco more than quadrupled from 134 to 655. Denton and Grayson counties also more than doubled the number of disciplinary actions taken for possession of tobacco. Across the region, the number of students disciplined for possession of tobacco nearly tripled from 503 in 2017 to 1,470 in 2018.

Changes and differences in the number of students disciplined across counties is likely a function of differing enforcement strategies. Similarly, fluctuations over time can also reflect the changing enforcement priorities of schools and school districts. That said, the rise in discipline for possession of tobacco across the region is notable. A recent survey funded by the National Institutes of Health (NIH) found that 37 percent of 12th-graders reported vaping in 2018, up from 27 percent in 2017. Electronic cigarettes have become more popular, especially among youth, because the flavors and general marketing are appealing.[1] Although vaping and e-cigarettes are not specifically identified in the disciplinary data, they likely contributed to the increase in tobacco-related disciplinary action.

ER Visits Related to Gunfire

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

Gunfire-related visits to the emergency room continue to decline in Dallas County, falling by 50 percent from 2014 to 2016 and another 21.9 percent from 2016 to 2017. Elsewhere in the region, the number has mostly fluctuated with no clear trends emerging among the fairly low numbers.

According to the National Center for Injury Prevention and Control, 2017 had an estimated 11,955 emergency room visits for firearm injuries to children. That is a rate of about 15 per 100,000 children. For male children, the rate is nearly 25 ER visits per 100,000 compared to 5 per 100,000 for female children. From 2013 to 2017, there were an estimated 53,119 firearm-related ER visits by children nationwide; of those, 39.7 percent, an estimated 21,117 visits, involved black victims.[1] While these rates refer to non-fatal firearm injuries, recent research shows that firearm injuries are more likely than other types of injuries to result in death. In particular, self-inflicted firearm injuries result in death 74 percent of the time, compared to 14 percent and 6 percent for assaults and accidents, respectively.[2]

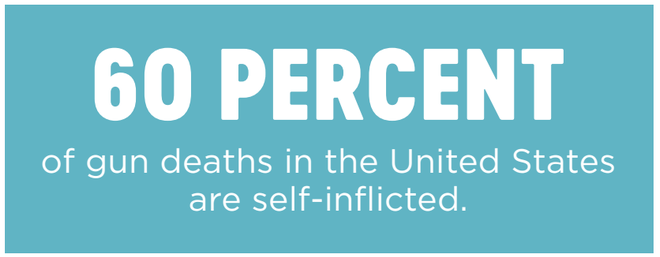
Mass shootings have elevated gun violence as a significant policy issue nationally and locally. Following the August 2019 shootings in El Paso and Dayton, Ohio, many policymakers have called for "red flag laws" aimed at keeping guns away from those who might be a danger to themselves or others. Experts say that these laws, which have been implemented in several states, have been successful tools in preventing suicides and could also help reduce mass shootings.[3] While shootings like those in El Paso and Dayton bring attention to certain types of gun violence, it is important to note that about 60 percent of gun deaths in the United States are self-inflicted. Furthermore, about half of all suicides nationally involved a gun.[4]

For children, gun violence is not only a physical threat but also an emotional and psychological one. According to a 2015 study, 16.8 percent of 14- to 17-year-olds reported exposure to gunshots.[5] Exposure to violence of any kind can be harmful to a child's development. Children who witness violence are more likely to engage in negative and violent behaviors like bullying, dating violence and carrying weapons.[6]

In 2017, Texas reported the highest number of gun deaths in the nation with 3,513, but this is largely a result of Texas being the second-most populous state. The death rate as result of gun violence in Texas in 2017 was 12.4 per 100,000 total population. Although this is considerably higher than the lowest statewide death rate (2.5 per 100,000 in Hawaii), it ranks as the 24th lowest rate in the nation.[7]

	2013	2014	2015	2016	2017
Dallas	58	64	34	32	25
Collin	7	11	8	5	0
Cooke	0	0	1	0	0
Denton	4	3	2	4	1
Fannin	0	0	0	2	1
Grayson	3	1	2	0	1

Data Source: Dallas-Fort Worth Hospital Council Foundation: Business Intelligence (2011-2015); Texas Department of State Health Services: Center for Health Statistics, Texas Hospital Inpatient Discharge Public Use Data Files 2015-2017



Commitments to the Texas Juvenile Justice Department (formerly TYC)

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

	2013	2014	2015	2016	2017	2018
Dallas	48	67	51	46	30	50
Collin	15	7	13	17	6	9
Cooke	1	3	4	0	0	0
Denton	12	10	10	16	15	12
Fannin	3	2	2	0	0	20
Grayson	2	5	4	7	2	2

Data Source: Texas Youth Commission; Texas Juvenile Justice Department

The number of youths committed to the Texas Juvenile Justice Department (TJJD) rose by more than 40 percent between 2017 and 2018. Most of the increase came from Dallas County, which saw commitments increase by two-thirds. Collin County experienced a 50 percent increase, while Denton County saw a 20 percent decrease in commitments. Despite this, the 75 youth entering TJJD in 2018 represent a marked decrease from the 94 youths who were committed in 2014.

In 2017, 92.5 percent of new commitments statewide were male, 43.6 percent were black and 39 percent were Hispanic or Latino. The vast majority of new commitments – 86.6 percent – were between the ages of 15 and 17. Dallas County had the fourth-highest number of commitments across all Texas counties, with 3.7 percent of newly admitted youth being adjudicated there.[1]

Statewide, the number of youths incarcerated by TJJD has dropped from 5,000 in 2004 to 800 in 2018; those who remain incarcerated are high-risk, high-need adolescents. Seventy percent of the youth in TJJD have at least one member of their family jailed in the corrections system. And 44 percent have a moderate or severe mental health need, which is more than double what it was in 2015. Approximately 80 percent of youths committed to TJJD are there for committing a violent crime.[2]

About one in five youths committed in 2017 (19.7 percent) are serving time for aggravated robbery. Burglary and aggravated assault are the second- and third-most-common commitment offenses at 12.2 percent and 10.5 percent, respectively. After that, 6.6 percent of TJJD youth was sentenced for aggravated sexual assault, and 4.5 percent was adjudicated for indecency with a child.[3] Combined, the percent of admitted youth who have been committed due to a sex crime is about equivalent to the number who have experienced sexual abuse, 12.5 percent.[4]

The Centers for Disease Control and Prevention uses the term adverse childhood experience (ACE) as an umbrella term to describe any form of trauma, neglect and abuse that a child under the age of 18 experiences.

Three of five youths admitted to TJJD in 2017 have between two and five ACEs. Incarcerated family members and traumatic sexual abuse are only two of the common ACEs recorded in this cohort; 84 percent of the admitted youth come from families in which parents are separated or divorced. Furthermore, 38 percent reported a household history of substance abuse, and about two in five report a history of family violence.[5]

The **75 youth entering TJJD** in 2018 represent a marked

DECREASE

from the **94 youths who were committed** in 2014.

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The experience children have during their time in school will have a profound impact on the trajectory of their lives. Though the primary function of schools is to imbue students with the academic knowledge they will need as adults, the majority of children will be affected by their education beyond only learning math, reading and writing.

Starting at an early age, children spend large portions of their days in child care centers and then in schools. According to the Department of Education, the average school day in Texas is 7.2 hours long, and the average academic year is 180 days[1].

Some children might receive their sole hot meal of the day at school. Others will have a significant part of their socialization and emotional development occur at school. Schools allocate time, space and resources so that children can enjoy recreation through recess, physical education and competitive sports. Schools bring children into contact with adults (educators, counselors, administrators) outside their families. In the best of circumstances, a teacher can become a child's role model, advocate or mentor. In the worst cases, teachers are just another channel through which systemic inequities steer vulnerable students into undesirable outcomes. It is no surprise that education in childhood is a significant predictor of income levels and health outcomes in adulthood.

In the *U.S. News & World Report* 2018 ranking of the quality of pre-K-12 education by state, Texas came in at 33rd. The overall ranking is an aggregate of five indicators. The state's highest ranking was fifth in high school graduation rates; its lowest was 41st in NAEP reading scores, though preschool enrollment came close at 38th. Texas ranked 24th in college readiness and NAEP math scores.[2]

The counties in the reporting area are reflective of Texas' underwhelming performance nationwide. Each fall, new kindergarteners enrolled in North Texas schools start at a disadvantage compared to their peers. Each spring, North Texas high schools graduate seniors who are unprepared for college. Between 2016 and 2018, kindergarten readiness among the counties fell on average 17 percent.[3] At the high school level, there is a paradox reflected in the data that exposes insidious shortcomings in Texas' education system. The six counties have good school completion rates ranging from 91.3 percent (Dallas County) to an impressive 99.7 percent (Fannin County).[4] However, the college readiness of North Texas high school graduates is nowhere near the rates of high school completion.

Public education is nearly universally available to North Texas children, as such it serves as a primary intervention point across systems and issues. Educational outcomes are often closely tied to economic well-being. In other words, the income of a child's family and where they live can have significant effects on a child's education. As systems become more intertwined through programs like telehealth, schools will have an even greater influence on children's well-being.[5] Schools are also the place where behaviors such as substance and technology addiction manifest themselves and often serve as first indicators to a child's mental health concerns.[6] So while educational achievement is an important part of childhood well-being, childhood interactions with the education system have wide-ranging consequences.

CONTENTS

North Texas high school graduation rates have remained

ABOUT 90%

since 2013

51% OF NORTH TEXAS KINDERGARTEN STUDENTS

demonstrated readiness for kindergarten in 2018

FEWER THAN HALF

of North Texas third-graders can read at their grade level

78% OF NORTH TEXAS STUDENTS

met the "approaches grade level" standard on STAAR tests

HIGHER THAN THE STATE AVERAGE OF 75.4%

The percentage of English Language Learners (ELLs) in Texas is

ALMOST DOUBLE

the national rate

In 2017

37%

of North Texas high school graduates **were college ready** – down from **42%** in 2016

Since 2016, **the number of students receiving special education services**

HAS INCREASED

ACROSS NORTH TEXAS

Kindergarten Readiness

Percent of assessed kindergarteners demonstrating readiness on an approved assessment

	2014	2015	2016	2017	2018
Dallas	64.4	62.0	65.5	62.0	52.0
Collin	83.4	76.9	78.9	70.8	61.9
Cooke	44.7	42.1	45.4	44.9	44.6
Denton	63.1	39.2	66.1	63.0	58.0
Fannin	46.2	53.3	64.8	63.3	44.5
Grayson	51.7	61.4	67.7	52.5	45.2

Data Source: Texas Education Agency: Texas Public Education Information Resource (TPEIR) 2013-2018

In 2018, 51 percent of North Texas kindergarteners – or 26,662 students – demonstrated kindergarten readiness. Collin and Denton counties reported the highest rates of kindergarten readiness at 61 percent and 58 percent, respectively. Dallas and Collin counties reported the highest count of students who were ready for kindergarten, with 28,868 in Dallas and 12,944 in Collin. However, there is a notable decline in kindergarten readiness across all six counties from 2016 through 2018. The counties experienced a 17 percent decrease on average, with Grayson County having the largest decline at 22.5 points.

The Texas Education Agency (TEA) reported a slight decrease in public kindergarten enrollment across the state from 371,984 in the 2016-2017 school year to 371,600 in 2017-2018. On the other hand, the percentage of kindergartners who were assessed to determine kindergarten readiness increased from 73 to 80 percent.[1] Across the reporting area, the proportion of kindergarteners who were assessed increased 7 percent on average. Collin and Grayson counties reported assessing 89 percent of their kindergarteners, while Fannin County reported assessing 93 percent, Dallas County reported assessments on 80 percent and Cooke County reported assessing 78 percent.

In Texas, a child must be 5 years old before Sept. 1 of the upcoming academic school year to enroll in kindergarten, but children develop cognitively, socially and emotionally at different rates. To bridge gaps in development, the TEA designed the newest kindergarten screening test called the Texas Kindergarten Entry Assessment (TX-KEA).[2] It will help schools determine whether students have mastered developmental benchmarks as described in the Texas Prekindergarten Guidelines and the Texas Essential Knowledge and Skills (TEKS). In the 2017-2018 academic school year, 61 districts reported that of the 5 percent of kindergartners given the TX-KEA assessment, 55 percent met the readiness standard.

Research suggests that many children face difficulties that may affect their long-term well-being and success, particularly those of color, from low-income families and with other adverse childhood experiences. A strong system that supports children from birth to third grade is important.[3] Texas has made great strides toward early intervention, such as establishing the Early Childhood Education Division at the TEA, which provides effective and aligned early learning opportunities through various programs.[4]

THERE IS A NOTABLE DECLINE

in kindergarten readiness across all six counties from 2016 through 2018.

Head Start and Public School Pre-Kindergarten Enrollment

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

		2013	2014	2015	2016	2017	2018
Dallas	Head Start	3,699	3,910	4,371	4,583	3,916	4,112
	Public Pre-K	22,622	22,808	22,052	23,570	24,328	25,600
Collin	Head Start	439	439	1,187	1,175	1,220	1,205
	Public Pre-K	2,884	2,796	2,619	2,526	2,667	2,918
Cooke	Head Start	70	70	630	630	712	699
	Public Pre-K	246	219	228	182	238	276
Denton	Head Start	246	219	228	182	238	276
	Public Pre-K	3,141	3,002	3,225	3,301	3,269	3,467
Fannin	Head Start	139	139	150	161	158	159
	Public Pre-K	310	325	353	338	327	325
Grayson	Head Start	290	290	1,041	1,029	1,064	1,050
	Public Pre-K	897	863	827	828	846	910

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

Having access to early childhood education is known to have long-term positive economic and health outcomes. The National Bureau of Economic Research found that pre-kindergarten enrollment was predictive of a student receiving treatment for vision, hearing or asthma complications.[1] In 2015, the U.S. Department of Agriculture reported that child care and early education are the second-highest expense for most families.[2] In order to expand pre-K, the Texas Legislature passed House Bill 4 in 2015 to allocate a $130 million grant for early childhood education. Despite this funding, the demand for pre-K was so high across the state that districts only received $367 per student instead of the intended $1,500.[3]

In 2019, the legislature again increased funding for pre-K education; this time, the aim was to expand full-day options.[4] Dallas Independent School District expanded to full-day pre-K several years ago. Based on experience and prior research, the district suggests that students who attend full-day pre-K report higher achievement and attendance than students who attended half-day programs.[5] In addition, DISD has also opened pre-K at some schools to families willing to pay tuition. While it continues to be available to economically disadvantaged students at no cost, families who do not qualify for free pre-K now have the option to pay for the program.[6]

Head Start is a federally funded grant program that provides low-income children with early education during preschool years. Established in 1965, the program was developed with a mission to help children from low-income families meet their emotional, social, health, nutritional and psychological needs, so they might grow up and break the cycle of poverty.[7] To participate in Head Start, a family must have an income below $25,750.[8]

The Head Start program across the region served 7,418 children in 2018, which is fewer children than were served in 2015 and 2016, but it is still a 2.1 percent increase since 2017 and a 53.6 percent increase since 2013. Texas Head Start funding was about $640 million in 2018, just 8 percent higher than it was in 2001 and far below what is necessary to keep up with the rising cost of providing quality early child care.[9]

Based on experience and prior research,

DISD suggests that students who attend full-day pre-K report higher achievement and attendance

than students who attended half-day programs.

Third-Grade Reading

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

		2013	2014	2015	2016	2017	2018
Dallas	Approaches Grade Level	73.2	70.7	72.0	68.4	67.0	74.5
	Meets Grade Level	36.4	37.9	35.6	38.8	40.5	41.0
Collin	Approaches Grade Level	91.1	90.2	89.2	86.7	85.0	88.1
	Meets Grade Level	57.9	62.4	58.7	61.8	62.5	60.3
Cooke	Approaches Grade Level	81.8	74.2	78.7	73.6	76.1	77.0
	Meets Grade Level	35.3	40.0	36.4	43.2	44.4	46.4
Denton	Approaches Grade Level	88.5	82.5	81.7	80.1	80.2	82.9
	Meets Grade Level	50.2	52.0	46.4	52.1	54.4	50.3
Fannin	Approaches Grade Level	82.1	82.5	81.1	75.3	74.4	84.2
	Meets Grade Level	39.0	43.1	39.8	43.1	43.9	44.9
Grayson	Approaches Grade Level	87.0	83.6	84.6	77.9	76.4	80.8
	Meets Grade Level	42.7	49.3	46.9	42.5	46.2	45.0

Data Source: Texas Education Agency; Texas Academic Performance Reports (2013-2018); STAAR Aggregate Data (2013-2018)

In 2018, 48 percent of students met their grade-level standard for the Reading Assessment portion of the 2018 STAAR test. This means that fewer than half of students in North Texas can read at a third-grade level. Meanwhile, 81 percent of students *approached* their grade-level standard. This is a warning that nearly one-fifth of students are unlikely to succeed in the next grade level unless they receive immediate, significant and ongoing academic intervention.[1] All six counties saw an increase from 2017 to 2018 in the percentage of students who approached their grade-level standard.

In 2017, 72 percent of third-grade students in Texas approached their grade-level standard. In 2018, 76 percent of third-graders in Texas did so. Each year, an increasing percentage of students are entering the next grade performing below standard. The TEA also estimates that more than 280,000 students will need ongoing academic intervention in their next grade.[2]

STAAR performance standards relate levels of performance to the expectations defined in the state-mandated curriculum standards known as the Texas Essential Knowledge and Skills (TEKS). Score cutoffs established by the TEA distinguish performance levels. The process of establishing such cutoffs is called "standard setting." The categories students are assigned and what the designation means based on their performance on the STAAR exams (English and Spanish) are 1) "Masters grade level" for students expected to succeed in the next grade level with little to no academic intervention; 2) "Meets grade level" for students with a high likelihood of success in the next grade level but possibly still requiring short-term targeted support; 3) "Approaches grade level" for students likely to succeed in the next grade level if they receive targeted academic intervention; and 4) "Did not meet level" for students unlikely to succeed in the next grade level without significant ongoing academic support.[3]

NEARLY ONE-FIFTH

of students are unlikely to succeed in the next grade level

unless they receive immediate, significant and ongoing academic intervention.

Students Who Are English Language Learners (ELLs)

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

	2013	2014	2015	2016	2017	2018
Dallas	29.3	28.5	29.5	30.3	31.0	31.3
Collin	8.6	8.7	8.8	8.9	9.1	9.3
Cooke	9.7	10.4	11.0	11.7	12.0	12.4
Denton	11.6	11.9	12.3	13.0	13.4	13.3
Fannin	4.7	5.1	5.2	5.6	6.5	6.9
Grayson	7.6	5.1	8.6	9.1	9.7	10.2

Source: Texas Education Agency; Texas Academic Performance Report (2013-2018), Student Information

The National Center for Education Statistics reported that 9.6 percent of the students receiving a public education across the country were English Language Learners (ELLs). This statistic nearly doubles to 17.2 percent in Texas, where the percentage of ELL students between kindergarten and fifth grade is higher than in any other grade range. Latino students constitute more than three-quarters of ELL students at 77.2 percent, making them the largest ethnic/racial group.[1]

Since 2016, the percentage of ELL students enrolled in public education has steadily increased in all six counties, as well as across the country. The National Education Association predicts that by 2025, an estimated 25 percent of public school students will be ELLs.[2]

ELLs are students whose difficulties in speaking, reading, writing or understanding English are enough to hinder their learning in classrooms where instruction is in English. Once they are identified as ELLs, they can participate in language assistance programs to help them attain English proficiency while meeting the academic content and achievement standards that all students are expected to meet.[3] Federal law requires all school districts and charter schools to have a system for determining the language spoken primarily at home. Texas conducts a two-question home language survey. For pre-K through first grade, once students are identified, districts are required to administer an approved oral language proficiency test. For second through 12th grades, a department-approved oral language proficiency assessment tests students' knowledge in English for reading and language arts.[4]

In 2015-2016, there were more than 4.6 million ELL students in public schools, yet there were only 78,000 teachers who could address those students' needs. Due to the increase in the percentage of ELL students, the demand for bilingual educators, administrators and counselors is greater than the supply. Given the wide cultural and linguistic diversity among these students, providing them with a quality education remains a challenge. Some of the challenges facing educators include teacher-student ratios that are higher than regular classes in the same school, diversity in the cultures and languages among ELL students, policies that are not inclusive toward ELL families, lack of resources, and students' personal and emotional challenges from being an immigrant in the United States. As the percentage of ELL students rises, it is crucial that a comprehensive framework is implemented to address these challenges.

Since 2016, the percentage of ELL students enrolled in public education has

STEADILY INCREASED

in all six counties.

Students Receiving Special Education in Public Schools

Number of students receiving special education in public schools

According to *US News & World Report*, the number of students receiving special education or related services in public education is on the rise. Approximately 13 percent of students qualify for these services.[1] Students between the ages of 3 and 21 who are eligible for special education are entitled to a free and appropriate public education in the least-restrictive environment. To keep public education accessible to students in special education, districts implement individualized education plans (IEPs) tailored to each child.[2]

	2013	2014	2015	2016	2017	2018
Dallas	39,527	39,882	38,793	40,108	40,509	42,254
Collin	16,569	17,031	17,601	18,419	18,914	20,127
Cooke	476	501	514	536	570	580
Denton	10,931	11,052	11,206	11,840	12,238	13,070
Fannin	576	574	562	579	597	620
Grayson	2,254	2,309	2,292	2,351	2,375	2,485

Source: Texas Education Agency; Texas Academic Performance Report (2013-2018), Student Information

The number of students receiving special education services has increased in all six counties since 2016. Dallas and Collin counties experienced the largest increases. Since 2016, Dallas County has seen an increase of more than 2,000 students qualifying, while Collin County has had an increase of more than 1,000 students.

The parent of the child in conjunction with a team of qualified professionals will determine whether the child has a disability and a need for special education or related services. They will review the child's discrepancies relative to standards for academics and behavior, observe the child's academic performance and behavior in the classroom and write specific documentation detailing those findings. The child will also undergo academic, psychological and other assessments to determine eligibility. If the assessment results indicate that the student has a learning disability, then that student will qualify for special education or related services.[3]

Due to the increase in the number of children requiring special education or related services, already strained teachers are being given additional responsibilities and expectations that may go beyond their training as educators. Funds to provide services are steadily decreasing due to districts' attempts to adhere to multiple IEP plans, which require extensive services such as speech, physical or occupational therapy; counseling; nursing; behavioral support; in-class support; and personal aides.[4] Due to the increasing financial pressures on schools and workload on teachers, current and upcoming policies and procedures that impact special education programs should be assessed to determine if the changes increase or decrease the number of special education students the school can accommodate. And if so, will appropriate funding be provided for each additional student placed in special education?[5]

The rising prevalence of chronic diseases and disabilities among children is a serious economic and public health concern. Students who cannot learn properly will grow up to be less productive than their peers. The Bureau of Labor Statistics reported that only 27 percent of people between the ages of 25 and 64 with disabilities are employed.[6,7]

Since 2016, Dallas County has seen an
INCREASE OF MORE THAN 2,000 STUDENTS
qualifying for special education services.

High School Completion Rates

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

During the past decade, the percentage increase in high school completion rates has doubled. Since 2013, the average graduation rate has remained above 90 percent. In 2017, Dallas, Collin and Fannin counties' average dropout rate fell to 5.9 percent. Among the counties in this report, Fannin County has the highest average completion rate at 99 percent. The TEA states that as of 2017, a student completing at least 22 credit requirements for the Foundation High School Program is eligible to receive a high school diploma.[1]

	2013	2014	2015	2016	2017
Dallas	90.9	90.5	90.5	90.9	91.3
Collin	98.8	98.7	98.8	98.8	98.9
Cooke	98.9	98.4	98.8	98.1	97.1
Denton	96.5	96.6	96.8	97.3	97.2
Fannin	97.3	99.2	97.6	98.6	99.7
Grayson	97.7	97.3	97.9	97.8	96.6

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

According to the most recent data collected by the U.S. Bureau of Labor and Statistics (BLS) as of May 2019, employees without a high school diploma earn an average of $9,000 per year while those with a high school diploma earn an average of $35,000 per year. The expected average earnings have decreased in just one year: In May 2018, BLS reported that employees without a high school diploma earned an average of $10,000 per year, and employees with a high school diploma earned an average of $35,800. The difference is due largely to jobs requiring little education now being performed by machines or being performed overseas. Recent studies show that by 2020, 65 percent of jobs will require some sort of education beyond high school. A decline in health care access, economic disparity and high incarceration rates are among the negative outcomes correlated with low high school completion rates.[2]

Due to average graduation rates being so high for the past five years, critics and researchers are asking: Why are so many high school graduates not ready for college? Among the responses are explanations backed by research, while others are theories that remain to be verified. Among the research-backed explanations are the large disparities between the quality of the education taught in high school and colleges' expectations, economic disparities, family versus peer dynamics, low participation in advanced placement (AP) courses and, more recently, design flaws in standardized college admission tests such as the SAT or ACT.[3]

It is important to note that the State of Texas has changed its graduation requirements multiple times during the past decade. Currently, Texas offers four high school graduation completeness programs, the newest of which is the Foundation Program. The average credit-hour requirement of past graduation plans is 26 credits.[4]

Fannin County has the
HIGHEST
high school graduation rate in North Texas.

Students Passing All STAAR Exams

Percent of students meeting the 'approaches grade level' standard on all STAAR exams

In 2017, more than 78 percent of students in North Texas met the "approaches grade level" standard on all State of Texas Assessments of Academic Readiness (STAAR) tests, higher than the state average of 75.4 percent. Collin and Denton counties led the way with 88.4 percent and 82.1 percent of students, respectively. Dallas, Cooke and Fannin counties, on the other hand, reported percentages lower than the state average, at 71.6 percent, 74.9 percent and 73.1 percent, respectively. The general trend for all counties shows a declining percentage of students meeting the standard compared to the 2015 peak of 81.3 percent.

Students who take the STAAR tests are provided with numerical grades that fall into one of four categories: masters grade level, meets grade level, approaches grade level and does not meet grade level. The "approaches grade level" standard discussed here was previously known as the satisfactory standard. Students at this level are considered to have met the minimum passing standard and are eligible for promotion to the next grade.[1] A student attaining this standard is likely to succeed in the next grade or course given that they are provided with adequate academic instruction. Students who achieve the "masters grade level" or "meets grade level" standards have also passed the STAAR test, but students who score within the "did not meet grade level" have not passed.

	2013	2014	2015	2016	2017
Dallas	74.4	72.6	73.3	71.2	71.6
Collin	90.4	90.5	91.2	88.5	88.4
Cooke	77.1	75.9	77.9	75.0	74.9
Denton	85.2	83.7	84.1	82.0	82.1
Fannin	77.7	77.7	78.7	74.4	73.1
Grayson	81.3	81.2	82.7	78.9	78.5

Data Source: Texas Education Agency; Texas Academic Performance Reports (2013-2018)

Beginning in third grade through high school graduation, STAAR tests students in the core subject areas of reading, writing, mathematics, science and social studies.

The STAAR tests serve as an important data point for teachers, parents, school administrators and legislators to measure a child's academic progress. The Texas Education Code requires school districts to provide accelerated instruction in the applicable subject area to students who fail to meet the "approaches grade level" standard from grades third to eighth. In addition, each school and school district receives an A-F letter grade based on metrics including how well students perform on standardized tests. In its latest ranking of school performance, the Texas Education Agency categorized nearly 1,200 campuses statewide as receiving a D or F score.[2] This means that nearly 606,000 students attend poorly performing schools. Furthermore, the National Assessment of Educational Progress (NAEP), the "nation's report card," shows declining performance in reading for students across Texas and across nearly all demographics. NAEP reports that Texas fourth-graders rank 45th in the nation in reading while eighth-graders rank 41st.[3] However, Texas students still perform above the national average on math tests, indicating that declining performance on reading tests could be attributable to the state's large percentage of students for whom English is a second language.

In the latest ranking of school performance, the Texas Education Agency categorized nearly 1,200 campuses statewide as receiving a D or F score. This means that

NEARLY 606,000 STUDENTS

attend poorly performing schools.

College Readiness

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

According to the Texas of Education Agency (TEA), high school graduates must maintain a level of preparation for English language arts and mathematics courses to achieve college readiness.[1] Based on TEA standards, 42 percent of North Texas graduates were college-ready in 2016, but that fell to 37 percent in 2017. When using the alternative definition – the percentage of graduates scoring college-ready on the SAT or ACT – only 20 percent of high school graduates in North Texas met the criteria in 2016. However, by 2017, that statistic increased slightly to 21 percent. According to the SAT/ACT standard, all six counties showed an increase in public high school graduates who met the criteria for college readiness in 2017. Collin and Denton counties led the way for highest percentage increases in 2017 for the SAT/ACT standard.

The TEA has established three criteria of college readiness, and meeting one is sufficient to be considered college-ready. Most students meet the Texas Success Initiative (TSI) criteria, which involves meeting the college-ready score on the TSI assessment on language arts, reading and mathematics, or passing the SAT or ACT, or successfully completing and earning credit for college prep courses in language arts and math. The TSI assessment evaluates a high school graduate's ability to perform college-level work and is required in Texas, unless a student meets the qualifications for exemption.[2]

		2013	2014	2015	2016	2017
Dallas	TEA Standard	52.9	51.3	23.5	28.6	29.5
	SAT/ACT Standard	14.6	14.6	21.4	13.2	14.2
Collin	TEA Standard	73.4	72.7	63.4	62.5	60.7
	SAT/ACT Standard	38.8	38.0	40.1	38.8	40.2
Cooke	TEA Standard	56.8	52.6	34.6	37.8	28.2
	SAT/ACT Standard	14.9	14.4	14.5	13.4	14.0
Denton	TEA Standard	65.9	62.5	53.3	56.2	48.9
	SAT/ACT Standard	28.3	27.9	32.1	28.7	29.4
Fannin	TEA Standard	54.3	57.4	32.7	31.4	23.4
	SAT/ACT Standard	12.7	11.8	15.7	10.8	11.4
Grayson	TEA Standard	62.4	58.1	41.2	38.3	35.0
	SAT/ACT Standard	17.3	17.3	17.1	16.2	16.6

Data Source: Texas Education Agency: Texas Academic Performance Reports (2013-2017)

Due to the average percent increase of North Texas high school graduates that are deemed college-ready by the SAT/ACT standard, Texas is experiencing an increase in enrollment in its institutions of higher education. In the fall of 2016, about 159,000 high school graduates enrolled in college. This number increased by 11,000 in 2018.[3]

Driven by a mission to close the achievement gap among students in historically underserved neighborhoods, the TEA has developed a statewide program called the Texas College and Career Readiness School Models (CCRSM), which gives students with limited resources the opportunity to learn technical skills, earn college credentials and degrees, and pursue in-demand career paths. The program drives continuous improvements through three learning modules to improve college readiness for students.[4]

According to the SAT/ACT standard, **all six counties** showed

AN INCREASE

in public high school graduates who met the criteria for college readiness in 2017.

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[4] Texas Education Agency (2019). Texas College and Career Readiness School Models (CCRSM). Retrieved from TEA.texas.gov: https://tea.texas.gov/CCRSM/

RESEARCH METHODOLOGY

Beyond ABC: Assessing the Well-Being of Children in North Texas 2019-2020 represents the latest information available about the issues affecting children in the region. What follows is a brief description of the methodology employed, data sources selected and issues faced developing the report.

Methodology

As with years past, the compilation of this year's report was completed thanks to the input of a dedicated Advisory Board. After reviewing the indicators used in previous years, the Advisory Board and Children's Health℠ staff determined the final list of indicators to be included with this year's document. The research staff at the University of Texas at Dallas Institute for Urban Policy Research then worked to identify the most consistent recent and historical data available for each of the six counties. For most indicators, the data is as recent as 2017, but some indicators report data for 2018 as well.

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 2017 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 2018 and prior years. What this means for the reader is that, on occasion, data presented in the 2019-2020 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 2019-2020 report is calculated consistently across all years.

Data Sources

For the vast majority of indicators, data were retrieved directly from the official government agencies charged with maintaining accurate records of events. Examples include 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 changed 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 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 district to the Texas Department of State Health Services.

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

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KEY WEBSITES AND RESOURCES

Regional

Air North Texas
www.airnorthtexas.org

Allen Community Outreach
www.acocares.org

Assistance Center of Collin County
www.assistancecenter.org

AVANCE-Dallas
www.avance-dallas.org

Big Thought
www.bigthought.org

Catholic Charities Dallas
www.ccdallas.org

ChildCareGroup
www.childcaregroup.org

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

Child Poverty Action Lab
https://childpovertyactionlab.org

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

Children's Health
www.childrens.com

City House
www.cityhouse.org

CitySquare
www.citysquare.org

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

Collin County Government
www.collincountytx.gov

The Commit! Partnership
https://commitpartnership.org/

Community Council of Greater Dallas
www.ccadvance.org

Community Partners of Dallas
www.cpdtx.org

Communities in Schools Dallas Region
www.cisdallas.org

Communities in Schools of North Texas
www.cisnt.org

The Concilio
www.theconcilio.org/

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

Cooke County United Way
www.cookeuw.org

The Cooper Institute
www.cooperinstitute.org

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

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

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

Dallas Area Breastfeeding Alliance
www.dallasbreastfeeding.org

Dallas Area Habitat for Humanity
www.dallasareahabitat.org

Dallas CASA
www.dallascasa.org

Dallas Children's Advocacy Center
www.dcac.org

Dallas Coalition for Hunger Solutions
www.dallashungersolutions.org

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

Dallas-Fort Worth Hospital Council
www.dfwhc.org

Dallas Housing Authority
www.dhadal.com

Dallas Independent School District
www.dallasisd.org

DallasKidsFirst
www.dallaskidsfirst.org

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

Early Matters Dallas
www.earlymattersdallas.org

Essilor Vision Foundation
www.essilorvisionfoundation.org

Fannin County Children's Center
www.fanninccc.org

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

Frisco Family Services
www.friscocenter.org

Genesis Women's Shelter
www.genesisshelter.org

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

Head Start of Greater Dallas
www.hsgd.org

Healthy North Texas
www.healthyntexas.org

Hope's Door
www.hopesdoorinc.org

Injury Prevention Center of Greater Dallas
www.injurypreventioncenter.org

LifePath Systems
www.lifepathsystems.org

Mental Health America of Greater Dallas
www.mhadallas.org

Minnie's Food Pantry
www.minniesfoodpantry.org

Momentous Institute
www.momentousinstitute.org

North Texas Food Bank
www.ntfb.org

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

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

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

Texas Woman's University
www.twu.edu

Texoma Community Center
www.texomacc.org

United Way of Denton County
www.unitedwaydenton.org

United Way of Metropolitan Dallas
www.unitedwaydallas.org

University of Texas at Dallas
www.utdallas.edu

YMCA of Metropolitan Dallas
www.ymcadallas.org

State

211 Texas
www.211texas.org

Center for Public Policy Priorities
www.forabettertexas.org

Children at Risk
www.childrenatrisk.org

CHIP | Children's Medicaid
https://hhs.texas.gov/services/health/medicaid-chip/programs/chip

Federal Reserve Bank of Dallas
www.dallasfed.org

First3Years
www.first3yearstx.org

Healthy Texas Babies
https://www.dshs.texas.gov/HealthyTexasBabies/home.aspx

Texas 2036
www.Texas2036.org

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

Texas CHIP Coalition
www.texaschip.org

Texas Council on Family Violence
www.tcfv.org

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

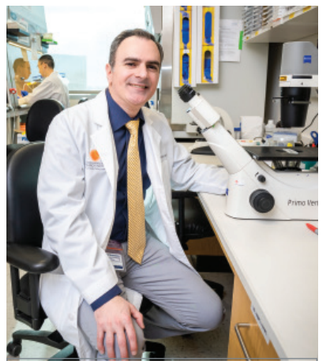
Texas Hunger Initiative
www.baylor.edu/texashunger

Texans Care for Children
www.texanscareforchildren.org

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

Philanthropy: I CHOOSE CHILDREN'S HEALTH℠

CARE



CURES

COMMUNITY

As a nonprofit, your support of Children's Health allows us to do more than treat illness and injury. Together, we help make life better for children.

Children's Health – the leading pediatric health system in North Texas – 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 **care** for children in need. You're choosing advanced medical research that is finding **cures** for kids. You're choosing to improve the health and wellness for kids across the North Texas **community**.

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Acknowledgements

BEYOND ABC PHOTO SHOOT

The photography in the 2019-2020 *Beyond ABC* report was conceived and made by Allison V. Smith of Dallas. Her subjects were 14 children who live in or frequently visit Joppa, the historic community in South Dallas.

Joppa was established as a Freedman's settlement in 1872. After emancipation, former slaves began to build their own communities in the area, however Joppa is one of the few that still exists with its own identity and sense of place. It has remained an important community in the history of African Americans in North Texas with residents whose families have lived in Joppa for generations. While it is only a few miles from the bustle of Downtown Dallas, it is close to nature, being situated on the banks of the Trinity River and adjacent to the Great Trinity Forest.

The children who participated in the photo shoot:

Anthony Benegas
Lian Hoih
Orlando Johnson
Elias Lara
Heidi Lara
Jose Lara
Laszlo Lendvay
Oscar Lendvay
Thang Mang
Ma'Kenzie Osin
Ma'Liyah Osin
Arlexius Smith
Julio Smith
Denise Soto

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Lisa Kot Stutzman
Suzanne Tameler
Michael Thomas
Kara Wyar

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

WHAT IS THE beyond ABC REPORT?

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

In this report, we examine four key areas that shape a child's quality of life today and influence their opportunities for tomorrow: **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.

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