



2013 beyond a b c

Assessing Children's Health in Dallas County













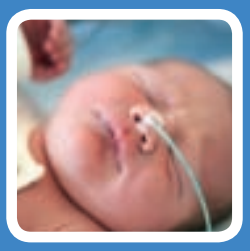





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100 Years of Making Life Better for Children


childrens
MEDICAL CENTER

On behalf of Children's Medical Center Dallas, I am pleased to present the 12th edition of *Beyond ABC*, our annual report examining the quality of life for children in Dallas County. As we celebrate our Centennial, one thing is clear: Investing in our children's health and welfare is investing in our state's future.

We began in 1913 as the "Dallas Baby Camp" housed in four donated tents. Today, Children's is the fifth-largest pediatric hospital and the second-busiest pediatric emergency room in the nation. Our various facilities receive nearly 750,000 patient visits annually from all 50 states and around the world, as we work to provide the right care in the right place at the right time.

Children's plays a pivotal role in addressing our community's needs. We provide approximately $157 million annually in community benefits, half of which is charity care, with no tax support from the city or the county. We never turn a child away because the family is unable to pay for medical care.

Beyond ABC offers a foundation for understanding the socioeconomic and health issues that face our children. For example, approximately 30 percent of Dallas County children live at or below the federal poverty line, with an annual income of $23,550 for a family of four. In the past decade, that percentage has risen 6 points. Poverty is the common factor in substandard academic achievement, exposure to crime, domestic abuse and emotional distress. Without access to preventive health care, impoverished children also suffer from needless illnesses.

We must reverse this trend, simply because it is the right thing to do. Moreover, healthy children help create a more prosperous community. A healthy child misses fewer school days; a parent misses fewer work days. That parent then has more job security and earning power. For the child, good health means a greater chance of succeeding in school and becoming a better-educated, working adult, with greater prospects to contribute to our community's well-being.

While much of the data in the *Beyond ABC* report causes concern, other indicators give us reason to hope. More Dallas County children than ever are on Medicaid, but at the same time, the percentage of uninsured children has dropped by almost 3 percent since 2011. There is a slow but heartening improvement in the percentage of two-year-olds who are fully immunized. Child mortality overall declined by 50 pediatric deaths since 2011.

Please read the *Beyond ABC* report, consider the recommendations made by our prestigious advisory board and take the experts' advice to heart. If you join Children's in our mission to make life better for children, you will help us build a future that makes Dallas County a better place for everyone.

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

En nombre de Children's Medical Center Dallas, me complace presentarles la 12.a edición de *Beyond ABC,* nuestro informe anual que examina la calidad de vida de los niños del condado de Dallas. Al celebrar nuestro centenario, una cosa es clara: invertir en la salud y el bienestar de nuestros niños es invertir en el futuro de nuestro estado.

Comenzamos en 1913, cuando el Dallas Baby Camp albergó cuatro carpas donadas. En la actualidad, Children's es el quinto hospital pediátrico más grande y tiene la segunda sala de emergencias pediátricas más concurrida del país. En nuestras diferentes instalaciones, recibimos cerca de 750.000 visitas anuales de pacientes de los 50 estados y de todo el mundo, y trabajamos para brindar la atención adecuada en el lugar y el momento justos.

El papel de Children's es fundamental para abordar las necesidades de nuestra comunidad. Donamos alrededor de $157 millones anualmente en forma de beneficios comunitarios, y la mitad de estos está destinada a brindar servicios a los niños, sin apoyo fiscal de la ciudad ni del condado. Nunca rechazamos a ningún niño porque su familia no puede pagar la atención médica.

Beyond ABC ofrece una base para comprender los problemas socioeconómicos y de salud que enfrentan nuestros niños. Por ejemplo, aproximadamente el 30 % de los niños del condado de Dallas vive en la línea federal de pobreza o por debajo de esta, con un ingreso anual de $23.550 para una familia de cuatro miembros. En la última década, ese porcentaje se elevó en 6 puntos. La pobreza es el factor común en el desempeño académico deficiente, la exposición a la delincuencia, el maltrato familiar y los problemas emocionales. Si los niños pobres no tienen acceso a una atención preventiva de la salud, también pueden sufrir enfermedades innecesarias.

Debemos revertir esta tendencia: es lo que corresponde hacer. Además, los niños saludables ayudan a crear una comunidad más próspera. Un niño saludable pierde menos días de escuela y sus padres pierden menos días de trabajo. Los padres, por lo tanto, tienen una mayor seguridad laboral y una mayor capacidad para generar ingresos. Para el niño, una buena salud implica mejores oportunidades para triunfar en la escuela y para convertirse en un adulto trabajador, con una mejor educación y con mayores perspectivas de contribuir al bienestar de nuestra comunidad.

Si bien muchos datos del informe *Beyond ABC* causan preocupación, otros indicadores nos dan razones para tener esperanzas. Cada vez más niños del condado de Dallas son beneficiarios de Medicaid, pero, al mismo tiempo, el porcentaje de niños no asegurados ha disminuido solo un poco más de tres por ciento desde el año 2011. Hay una lenta, pero esperanzadora, mejora en el porcentaje de niños de dos años que están totalmente vacunados. La mortalidad infantil descendió, en general, a 50 muertes pediátricas desde 2011.

Lea el informe *Beyond ABC*, considere las recomendaciones de nuestro prestigioso Consejo Asesor y siga los consejos de los expertos al pie de la letra. Si se suma a Children's en nuestra misión de mejorar la vida de los niños, nos ayudará a construir un futuro que haga del condado de Dallas un mejor lugar para todos.

Christopher J. Durovich

Presidente y director ejecutivo
Children's Medical Center Dallas

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Assessing Children's Health in Dallas County

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Real Children's Stories

Beyond ABC Online

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

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

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About Children's Medical Center

For 100 years, the mission of Children's Medical Center has been to make life better for children. Our beginnings in 1913 were humble, starting with four donated tents set up as an open-air clinic. But our vision even then was big, thanks to one nurse who dreamed of a hospital dedicated exclusively to children. Today, our team of 5,600 takes great pride in being the fifth-largest pediatric health care provider in the country, and the only academically affiliated pediatric hospital in the area.

Children's considers it a privilege and a responsibility to serve as an ardent advocate for children. Through a combination of programmatic initiatives, organizational affiliations and community events, Children's spreads its influence throughout the region and provides North Texas children with much-needed access to an improved quality of life. Advocacy efforts extend into the areas of children's health insurance (Medicaid and CHIP), child abuse, childhood obesity, asthma, immunizations and community health. Children's also leads the Safe Kids Dallas Area Coalition, spearheading local efforts to raise awareness about childhood injury prevention.

AT A GLANCE

- Children's is a private, not-for-profit pediatric hospital system that doesn't receive any city or county tax dollars.
- Children's was the first pediatric hospital in Texas to be designated as a Level I Trauma Center.
- The only pediatric hospital in the nation with seven disease-specific management program certifications by The Joint Commission: Asthma Management, Autism Evaluation/Diagnostic, Diabetes Education, Eating Disorders, Comprehensive Epilepsy Program, Fetal Heart Program and Pediatric Pain Management.
- As the primary pediatric teaching facility for UT Southwestern Medical Center, the top medical school in the region, Children's hosts research conducted by its medical staff members that is instrumental in developing treatments, therapies and a greater understanding of pediatric diseases.
- The Children's Medical Center Research Institute at UT Southwestern focuses on the discovery of transformative advances related to the understanding and treatment of cancer, birth defects and metabolic disease.

RECOGNITION

- Children's is ranked among the top pediatric hospitals in the country by *U.S. News & World Report*.
- Among only 5 percent of the nation's hospitals named a Magnet Recognition Program by the American Nurses Credentialing Center.
- Accredited by the National Cancer Institute.
- In 2013, *Hospital and Health Networks* magazine named Children's as a "Most Wired" hospital for the ninth time.
- Selected by *Becker's Hospital Review* as one of its "100 Great Places to Work in Healthcare" in 2013.
- Texas Diversity Council recognized Children's with a DiversityFIRST™ Corporate Leadership Achievement Award for outstanding accomplishments and sustained commitment in promoting appreciation for diversity, inclusion, and cultural understanding in the workplace and community.

SERVICES

- Children's is licensed for 595 inpatient beds at two campuses, including 523 beds at its main campus in the Southwestern Medical District and 72 beds at Children's at Legacy in Plano.
- Children's has more than 50 specialty and subspecialty programs, serving children through more than 677,000 patient encounters each year.
- The Emergency Department logged 173,225 patient visits in 2012.
- Children's has 71 dedicated pediatric intensive care unit beds, making it one of Texas' largest ICUs just for children.
- Children's features 28 of the largest, most technologically advanced operating rooms available in pediatrics today.
- Children's boasts a 20-bed dedicated pediatric cardiac intensive care unit, the largest heart center for children in North Texas.
- Children's operates a nationally renowned pediatric regional transport services team with accreditation in three modes of transportation: ground ambulance, helicopter and jet.
- Children's is a major pediatric kidney, liver, heart and bone marrow transplant center.
- Children's specialty centers are among the largest in the country, including centers for cancer, sickle cell and cystic fibrosis patients.

Our Beginning

"Someday, the Dallas Baby Camp will be a great hospital. Watch us grow!"

— Nurse May Smith

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1913

In 1913, a group of nurses, led by May Forster Smith, organized the Dallas Baby Camp, an open-air clinic on the lawn of the old Parkland Hospital. The nurses recognized that children received better care when it was focused only on them. Nurse Smith wasn't satisfied with just a camp; she wrote her vision on a chalkboard: "Someday, the Dallas Baby Camp will be a great hospital. Watch us grow!" A skeptical doctor kept erasing her prediction, but she kept rewriting it.

For 100 years, the mission of Children's Medical Center has been to make life better for children.

1914

Treating children as children

The baby camp's success was clear evidence that treating children as children rather than as small adults resulted in healthier kids. Over time, a clinic and three hospitals — the forerunners of Children's Medical Center — joined in the mission to make life better for children.

1921

The Presbyterian Clinic: free outpatient care for poor children

A chance meeting in 1921 between a local pediatrician and the pastor of First Presbyterian Church of Dallas resulted in the Presbyterian Clinic, the first free children's clinic in the Southwest not associated with a hospital.

1930

Bradford Memorial Hospital for Babies opens

Medical and nursing students train alongside mothers in a classroom at Bradford.

1940

Opening of Children's Hospital of Texas

Community and medical leaders launched a fundraising campaign to build a comprehensive hospital that would serve children between the ages of 2 and 12. Their vision, delayed by the Great Depression, was finally realized in 1940 when Children's Hospital of Texas opened adjacent to the Freeman Clinic.

A baby in an iron lung at Bradford during a 1940s polio outbreak

1947

Children's Medical Center is incorporated

By the mid-1940s, health care leaders, clinicians and community supporters recognized that children would be better served if providers consolidated some functions. In 1944, Bradford, Freeman and Children's Hospital of Texas aligned their patient and financial reporting systems. In 1947, Children's Medical Center was incorporated as the operating entity for the three facilities and a year later, an administrator was hired.

"We must relentlessly pursue, discover and apply new knowledge every day for

1951

Fighting tuberculosis: The Ivor O'Connor Morgan Hospital for Tuberculous Children

Concerned by the spread of tuberculosis, Mrs. Ivor O'Connor Morgan willed $1 million for a hospital in Dallas for children with TB. The Ivor O'Connor Morgan Hospital for Tuberculous Children opened in temporary space in 1949 and moved in 1951 to a permanent facility connected to Children's Hospital of Texas.

1961

Joining forces within an academic medical center

In 1961, a decision was made that Children's would move to land adjacent to UT Southwestern Medical School and serve as its pediatric teaching hospital. This decision set the stage for Children's to become a nationally recognized pediatric academic medical center focused on patient care, research, teaching and community outreach.

1970

Children's Medical Center a "modern wonder"

To meet the needs of an increasingly complex patient population, Children's transformed itself during the 1970s from a community hospital to an academic medical center focused on excellence across a spectrum of pediatric health care specialties and professional disciplines.

1979

Expanding to meet the health care needs of North Texas

As the reputation of Children's grew, so did demand for its services. In 1979, the medical center launched an ambitious $10 million capital campaign to add a transport service and outpatient space and increase the number of beds. The $17 million expansion was completed in 1984.

1984

Lifesaving transplants

In 1984, 2-year-old Melissa Lively became the first child in Texas to receive a transplanted liver. The program at Children's — the first pediatric-only liver transplant program in the nation — was established in collaboration with UT Southwestern. Today, Children's has one of the busiest organ transplant programs in the country.

1991

Taking care of severely injured children

Until the 1990s, children needing emergency care were treated with adults at other area hospitals. In 1991, the Charles E. and Sarah M. Seay Emergency Referral Center opened at Children's. The center expanded a few years later to include a broader range of services for children with severe traumatic injuries.

each child we serve. They deserve nothing less.” — Christopher J. Durovich, President & CEO

1996

Beyond the walls of Children’s

Children’s championed a report on the health and welfare of children in Dallas County. *Beyond ABC: Growing Up in Dallas County* included important statistical benchmarks that provided information to local governments and community organizations wanting to improve the lives of area children.

2008

The right place for a second hospital

During the early 2000s, increasing numbers of children from Dallas’ northern suburbs made the long drive to Children’s for care. In 2004, the medical center’s board approved the construction of a second hospital in the suburb of Plano. Children’s Medical Center at Legacy, which includes inpatient beds, outpatient services, an ICU, an emergency room and surgical services, opened in 2008.

2012

A new era of scientific discovery

In 2012, the Children’s Medical Center Research Institute at UT Southwestern opened with the vision of building a premier biomedical research program focused on transformational discoveries leading to new treatments and therapies.

2013

Bronze statue and Texas historical marker commemorating the Dallas Baby Camp, located on the grounds of the original Parkland Hospital at the corner of Maple and Oak Lawn avenues, are installed.

Children’s President and CEO Chris Durovich cuts the ribbon to open Children’s at Legacy.

Summary

As Children's Medical Center marks its centennial as the oldest and largest pediatric institution in North Texas, **consider how Dallas has changed in the past century.**

In the year just before World War I broke out in Europe, we were 92,000 people living in a small but ambitious city of local merchants and manufacturers. People settled in close-knit neighborhoods built along dusty streets used by Model Ts, horse-drawn wagons and electric interurban railways.

Dallas already was the commercial center of North Texas in 1913, a railroad hub surrounded by scattered farm towns on the blackland prairie. The Neiman Marcus store was downtown, catering to the well-to-do; Highland Park was taking shape along the pastoral upper stretches of Turtle Creek. White Rock Lake was so new that the lake levels were still being filled.

"North Dallas," back then, was the area near lower Turtle Creek in Oak Lawn. And it was there, in the spring of 1913, that a group of nurses created a "baby camp" dedicated to pediatric care in four donated tents, on the grounds of what we now call Old Parkland Hospital.

At the time, Parkland was brand-new, the first brick hospital in Texas, in fact. And this new idea – the thought that babies and children needed a specialized type of medical care, and that even the poorest children deserved such care – took hold quickly among the doctors, nurses and community leaders of Dallas.

Today, Children's Medical Center Dallas is a state-of-the-art institution ranked as one of the pre-eminent pediatric medical centers in the nation. Its mission still is what it has always been: to make life better for children. We operate as a not-for-profit hospital that receives no monies from the city or the county.

Moreover, Children's still believes that every child deserves the best medical care possible, and we never turn away a child who comes to us for help.

Children's believes that every child deserves the best medical care possible, and we never turn away a child who comes to us for help.

Our city today is a sprawling metropolis that has changed almost beyond recognition during the past century. We take for granted things that the Dallas citizens of 1913, even if they were readers of Jules Verne's fantasy stories, never could have dreamed.

Imagine if those long-ago Dallasites could time-travel to inspect the technical wonders of today. What would most amaze them? Smartphones, satellite television, iPods and space shuttles? The climate-controlled vastness of an indoor stadium?

Believe it or not, what might be most amazing of all to the parents of 1913 is the fact that, in this 21st century, we no longer have to worry that 20 percent of our babies won't make it to their first birthdays. Those time-travelers would be astounded to learn that in the year 2013:

- Our children need never get polio, measles, mumps, whooping cough, tuberculosis or smallpox. Or even the flu.
- We don't worry about unclean tap water or unpasteurized milk.
- We do not fear that our babies, if fed on infant formula, will develop scurvy or rickets.
- A very premature birth or a congenital heart defect need not be a death sentence.

The medical wonders of the past century, including ground-breaking surgeries, preventive health regulations and inoculations against many serious diseases, will surely continue into Children's second century. The question for us is: How can we make sure that these benefits are available to all the children who need them?

In Dallas County, we have seen the percentage of children living at or under the federal poverty level – which is $23,550 for a family of four – creep steadily upward in the past decade. Today, 29.5 percent of our county's 670,000 children live in families surviving on $64 or less per day.

This is far less than a living wage would provide for the true costs of shelter, food, child care, transportation and health care. In Dallas County, a living wage for two adults and two children would require an income of $40,415 before taxes, according to the Massachusetts Institute of Technology's Poverty in America Project. Since 2009, the minimum wage has been $7.25 per hour. For a family of four in Dallas County in 2013, a living wage would need to be $19.43 per hour, or nearly twice the "poverty wage" of $10.60 per hour. Even some professions requiring a college degree do not pay their employees a living wage.

Here in Texas, during recent legislative sessions, we have seen taxes and business regulations cut on a regular basis. We also have seen health benefits, including family-planning services, cut for low-income women and their children. We have seen our state education budgets cut. We have seen state social-services budgets cut. All this has happened while Texas' child population is growing faster than any other state's.

Today, one child of every nine in the United States is a resident of Texas. We are nurturing a generation that, simply by virtue of its numbers, will have a huge influence on the economic future of our nation.

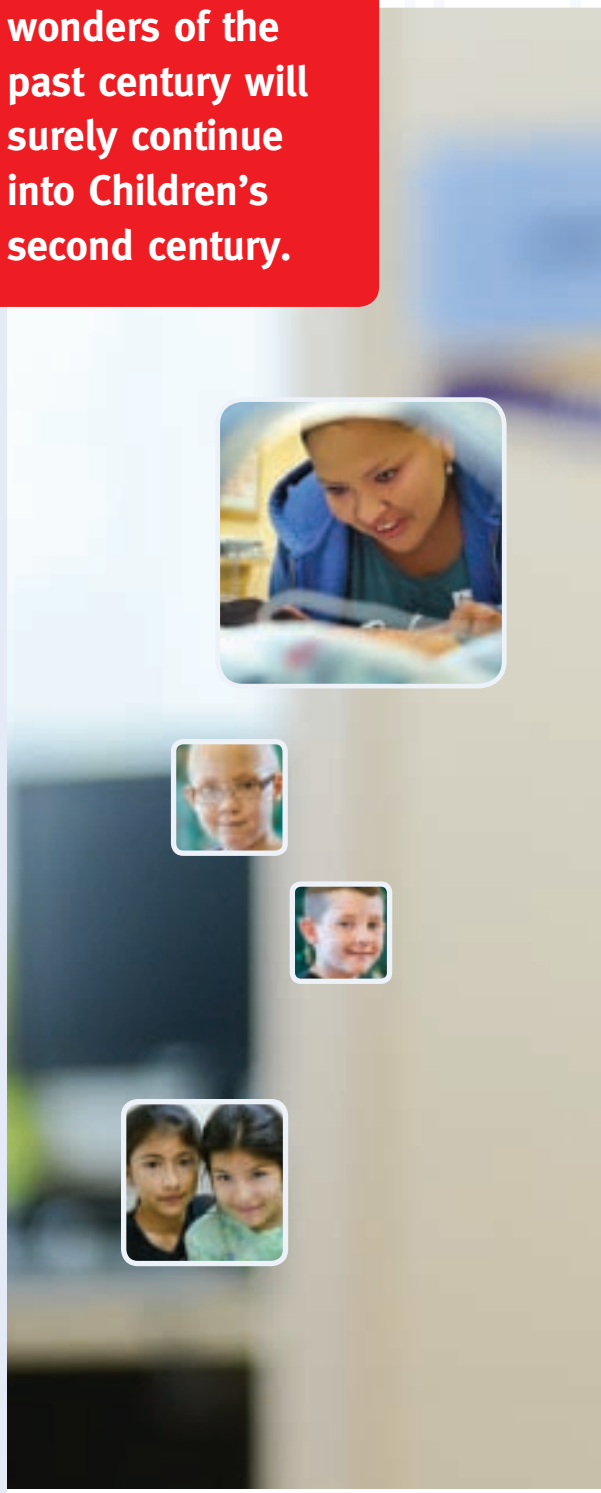
Yet we are giving these children substandard health care and substandard education – civic failures that will surely come back to haunt us 20 and 30 years hence. If nothing changes, that will be the time when we cannot muster a skilled, educated and healthy workforce, one capable of supporting the Social Security and Medicare needs of the aging Baby Boom and Gen X populations.

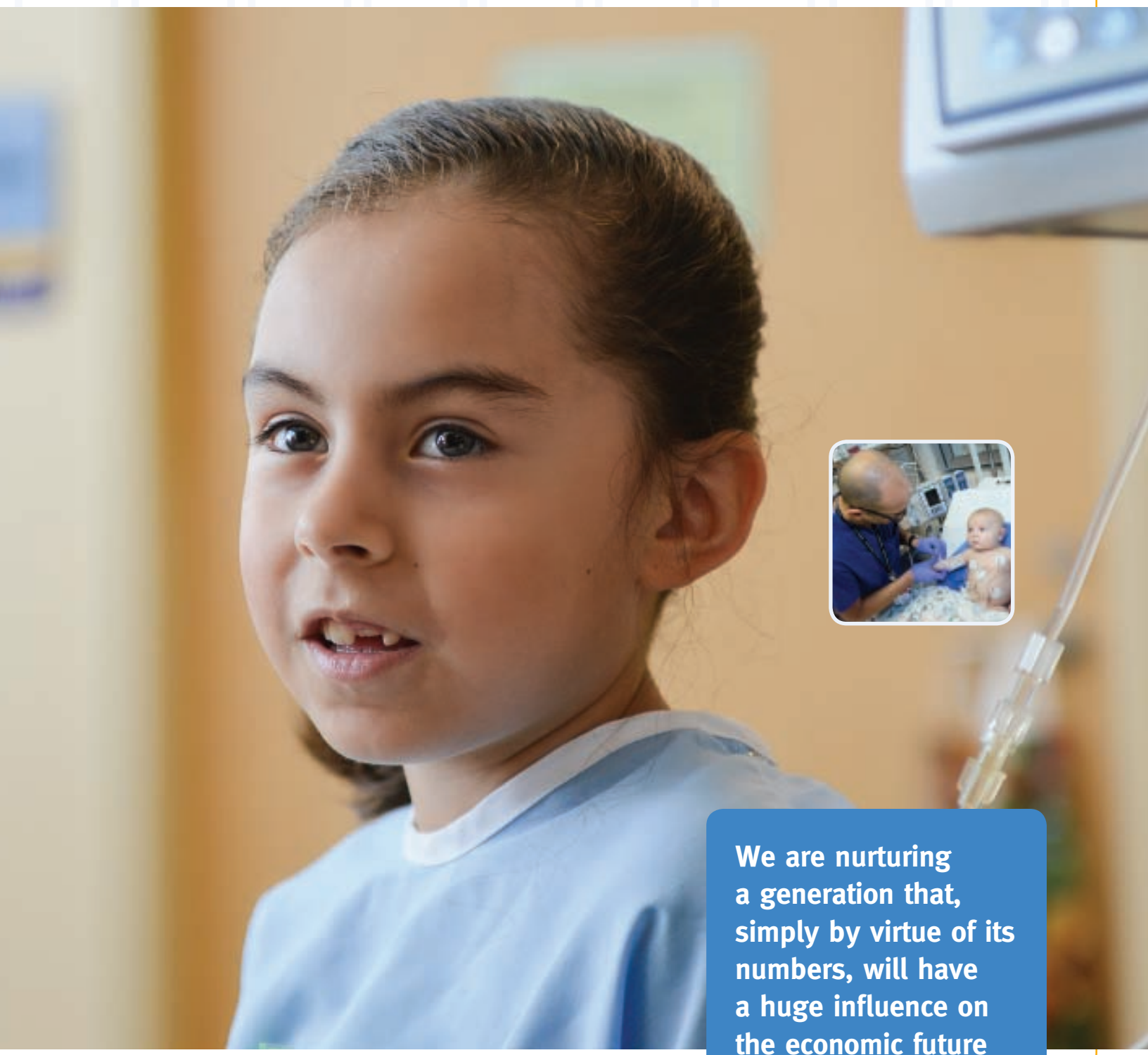
We need to ask ourselves and our policymakers: Is this shortsightedness really wise? Even from a purely pragmatic standpoint, it clearly is not wise to gamble with our own futures by denying today's children the life-changing advantages of a decent education and good health care. From another standpoint – the one that asks, "What is the right thing to do?" – we must concede that we are falling short.

Some prominent citizens have brought this message home in a powerful way for those who are willing to listen. In March 2013, retired Trammell Crow CEO J. McDonald Williams informed a Dallas Country Club meeting of developers that the rising economic tide is only widening the disparity between rich and poor. "The class you are born in, that's probably where you are going to be," Williams told them. "The American Dream is fading for so many of our citizens."

Likewise, in July 2013 Marv Knox, a Dallas resident and the longtime editor of *The Baptist Standard,* wrote an editorial titled "Get Ready for All Those Babies." As the 83rd Texas Legislature's first special session ended, Knox noted: "With new abortion laws in place, Texans

The medical wonders of the past century will surely continue into Children's second century.





We are nurturing a generation that, simply by virtue of its numbers, will have a huge influence on the economic future of our nation.

can expect a significant increase in the number of babies born every year. ...We can expect the mothers of a multitude of these 'extra' babies to be teens, unwed and/or poor...

"Texas is among the nation's leaders in child poverty, teen pregnancy, dropout rates and illiteracy. We're also among the nation's lowest-spending states on child poverty, teen pregnancy, dropout rates and illiteracy. Some people attribute these maladies to dependence on government, the product of a so-called welfare state. If that were true, then their incidence would be higher in states that spend the most on child welfare, anti-poverty programs and education, not in the least-spending, small-government states, like Texas.

"Ironically, conservative states...suffer the blights of child poverty, teen pregnancy, dropout rates and illiteracy much more promiscuously than their more secular counterparts. ...If Texans' conservative values prompt our state to implement one of the nation's most stringent abortion codes, then we should accept the responsibility for all those babies we will bring into the world. We need to do right by them. That means enacting better laws and public programs that protect women and children, make certain no child goes hungry and ensure our young people receive quality education."

Knox's sensible recommendations include streamlining adoption laws, providing more education for at-risk parents, changing penal codes affecting non-violent offenders, increasing nutrition programs and expanding Head Start and vocational training. He also wants the faith community to be much more involved in assisting the less fortunate among us.

These are the same types of recommendations that for years have come from Texas public-policy groups on the other end of the political spectrum. Coming now from the editor of a conservative Baptist publication, this gives us hope that perhaps these seemingly disparate philosophies could find common ground in a great and worthy cause: bringing Texas children to a status of parity with their fellow Americans, rather than lagging behind in nearly every important sector.

The *Beyond ABC* report's 2013 findings, compiled by the University of Texas at Dallas' Institute for Urban Policy Research, revealed several pressing areas of concern. We hope that all who read this report, like each of us here at Children's Medical Center, will commit to the mission of making life better for children in Dallas County.

Joyce Sáenz Harris, Editor
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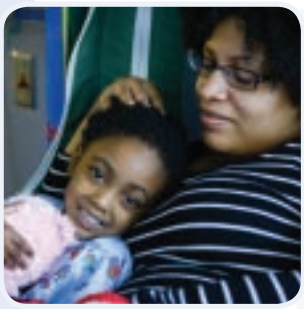


Dallas County's children have been greatly affected by changes in the economy and by shifts in demographics. While the county's pediatric population is not growing as quickly as that of Collin County, the ethnic mix is changing, with the Latino influence becoming stronger as the youthful Hispanic population continues to grow. In addition, almost 30 percent of the county's children now live in homes under the federal poverty line ($23,550 for a family of four).

Access to Care

According to the 2012 American Community Survey, more than 90,000 children in Dallas County are without health insurance. That equals 13.4 percent of all children in Dallas County—a slightly higher percentage than for the state overall (12.4 percent) and nearly double the national uninsured rate for children (7.2 percent).

Still, this is a significant improvement from 2011, when the rate was 16.3 percent, and it is an even greater improvement considering that five years ago, in 2008, the uninsured rate was 25.5 percent.

The decline in uninsured rates for children naturally coincides with an increase in enrollment in CHIP and children's Medicaid that resulted from outreach programs funded through the Children's Health Insurance Program Reauthorization Act (CHIPRA). Similar outreach and education programs can be expected with the continuing implementation of the Affordable Care Act (ACA).

The website HealthCare.gov acts as a public guide to the new law and has been redesigned to focus on consumer education in preparation for major implementations that began in October 2013 and will continue starting in January 2014. Similarly, major nonprofits such as Enroll America and Organization for Action have already begun outreach and education programs to increase awareness, educate the public and promote participation in both Medicaid and the new health insurance exchanges.

One of the main focal points for the new law has been prevention and early detection, particularly through programs that make certain diagnostic tests more affordable to patients. This should be good news for Dallas County, where nearly 83 percent of all emergency-room visits are for preventable, avoidable or non-emergent conditions, according to the United Way of Metropolitan Dallas.

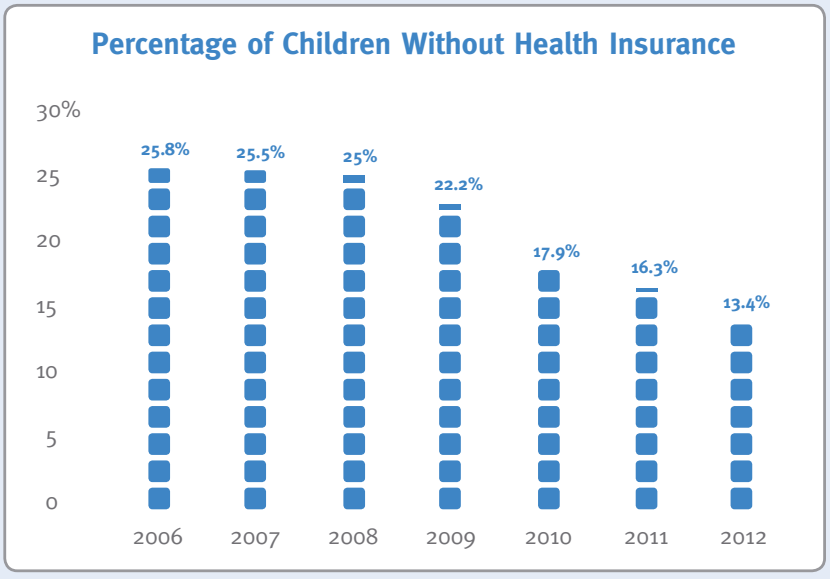
Education

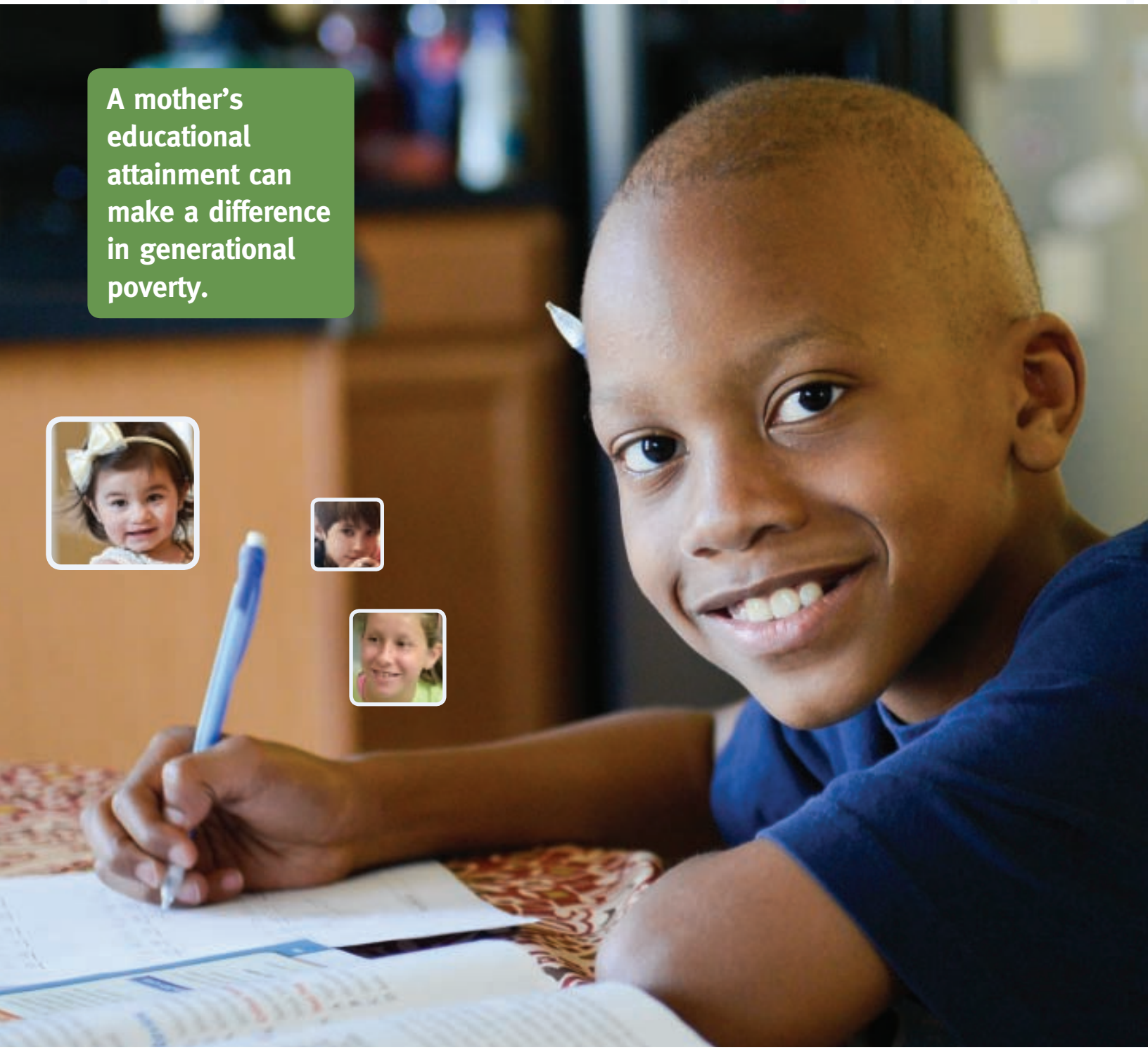
Over the past 10 years, the number of children in Dallas County participating in Head Start has remained fairly stable, and public pre-kindergarten enrollment has increased.

Still, early childhood education (ECE) programs in Dallas County cannot meet the current need. Moreover, Dallas County has one of the smallest relative supplies of ECE slots needed for 3- to 4-year-old children when compared to the rest of the state.

Although high-quality pre-kindergarten education was once considered a luxury for upper-income families or a remedial program for disadvantaged children, a growing body of research demonstrates that pre-kindergarten education is at least as important as kindergarten and first grade. In fact, children who receive quality pre-kindergarten education are less likely to be held back a grade, to need special education or to require long-term public assistance. Similarly, these children are more likely to graduate from high school.

The impact of early childhood interventions can be significant throughout a lifetime and even across generations. Not only does quality pre-kindergarten increase the likelihood of high-school graduation, but high-school graduates also earn more than a quarter of a million dollars more over the course of a career than do their non-graduating peers.




A mother's educational attainment can make a difference in generational poverty.

Furthermore, additional research suggests that a mother's educational attainment can make a difference in generational poverty. If a mother gets a high-school diploma, she reduces the likelihood that her children will remain in poverty throughout their lives.

Safety

The number of child deaths in Dallas County dropped from 416 to 366, a decline of 12 percent, between 2011 and 2012, continuing a fairly steady decline from a recent high of 479 deaths in 2003.

Accidents continue to be the leading cause of death for children in Texas. In 2012, there were 5,107 confirmed victims of child abuse and neglect. Though this is relatively stable when compared to 2011's 5,069 victims, it is down nearly 13 percent from the 2009 high of 5,862. Deaths from abuse and neglect, however, have dropped precipitously in 2012 – down from 30 in 2011 to 11 in 2012.

Recent increases in Texas Department of Family and Protective Services caseloads, coupled with biennial decreases in the number of confirmed victims of abuse and neglect, have been attributed to reductions in the department's budget in the 2012-13 biennium. In the Texas Legislature's most recent budget cycle, however, there was a renewed investment in the infrastructure required to keep children safe from abuse and neglect.

The cycle of violence has a disruptive effect on the lives of children. In 2012, 594 children were displaced by violence, seeking shelter with their mothers in the Family Place shelter. This shelter alone saw a 29 percent increase in children from 2011 to 2012.

Exposure to violence in the home has significant effect on children's futures. A 2003 review found that children who witnessed physical violence had significantly worse outcomes than children who did not, and that they also fared worse than children who witnessed only verbal aggression. Taking steps now to prevent the exposure of children to violence will provide a significant return on investment when considering the effect on their futures.

Economic Security

In 2012, 29.5 percent of Dallas County children lived in poverty, down marginally from 2011's 30.2 percent, and on par with the 2010 level of 29.4 percent.

While the rate has remained relatively stable, the slight increase in Dallas County's population means that there are an additional 3,500 children living in poverty in Dallas County. Moreover, there has been an 11.1 percent increase since 2000, with an additional 84,000 children now living in families at or below the poverty level.

Research has suggested that children in poor families are 1.8 times more likely to be reported in fair to poor health, are 3.5 times more likely to experience lead poisoning and spend twice as many days in the hospital than children from families living above the poverty line. The effects are worse for children who spend more time in poverty and for those who live in pervasive poverty.

This growth in the poverty rate has been matched by growth in the average monthly enrollment for the Supplemental Nutrition Assistance Program (SNAP). Since 2000, SNAP enrollment has increased by 410 percent, from 43,488 in 2000 to 221,864 in 2012. Despite that increase, 26.6 percent of children still lived in homes that were food-insecure, or lacking sufficient access to the food necessary to live a healthy life, thus demonstrating the wide-ranging effects of economic insecurity.

Research suggests that children in poor families spend twice as many days in the hospital than children from families living above the poverty line.

[1] U.S. Department of Health and Human Services. (2011). CHIPRA Cycle II Grant Summaries. Retrieved from InsureKidsNow.gov: http://www.insurekidsnow.gov/professionals/outreach/get_covered_campaign/CHIPRA-Cycle-II-Grant-Summaries.pdf

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[3] Marcial, G. (2013, August 9). Obamacare Focuses On Prevention And Wellness By Spending More On Medical Tests. Retrieved from Forbes Website: http://www.forbes.com/sites/genemarcial/2013/08/09/obamacare-focuses-on-prevention-and-wellness-by-spending-more-on-medical-tests/

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

[7] U.S. Department of Education, National Center for Education Statistics. (2013). The Condition of Education 2013 (NCES 2013–037),Annual Earnings of Young Adults.

[8] Cortez, M. (2011, September 23). Moms' educational attainment key to generational poverty. Retrieved from Deseret News: http://www.deseretnews.com/article/705391293/Moms-educational-attainment-key-to-generational-poverty.html?pg=all

[9] Texas Department of State Health Services, Center for Health Statistics.

[10] Texas Department of Family and Protective Services Data Book

[11] Kitzmann, K., N. Gaylord, A. Holt, and E. Kenny. (2013). Child witnesses to domestic violence: A meta-analytic review. Journal of Counseling and Clinical Psychology 71(2): 339-352.

[12] Brooks-Gunn, J., G. Duncan. (1997). The effects of poverty on children. The future of children and poverty 7(2): 55-71.

Recommendations

The citizen advisory board for *Beyond ABC 2013: Assessing Children's Health in Dallas County* identified the following recommendations for advocates and public officials:

Taking action in the community:

Urge lawmakers and educators to support universal pre-kindergarten –something that is essential for the educational success of low-income children, especially for those who have not learned English at home before attending pre-K.

health

- **The immunization rate for children should be no less than 90 percent.** Currently, the rate for full immunization of two-year-olds is 68.6 percent, and the all-time high for that cohort was 71.5 percent in 2005. In 2013, there were notable outbreaks of pertussis and measles in the North Texas area – two diseases that should not even exist in a First World society. However, groundless fears or a lack of informed awareness, as well as a lack of health care access, often lead to parents not getting themselves and/or their children protected against such entirely preventable diseases.
- **Promote the establishment of more medical homes.** Early access to medical homes, such as the 16 MyChildren's Pediatric Practice offices located around the North Texas area, will keep low-income children healthier. This goes hand-in-hand with access to health insurance, such as Medicaid and CHIP, in which more than 350,000 Dallas County children were enrolled in 2012. Only 31 percent of Texas physicians (including pediatricians) accept all new Medicaid patients, so medical homes like MyChildren's are essential for pediatric primary care.
- **Encourage more widespread assessment of young children for special needs,** including mental-health issues, to prevent more serious problems later. Prevention is the best way to save on medical costs.

economic security

- **Establish partnerships between schools and businesses** to help train and educate a skilled workforce that contributes to the tax base.
- **Increase the county's stock of safe, affordable housing units** in neighborhoods where children can be unafraid to walk or play outdoors.

education

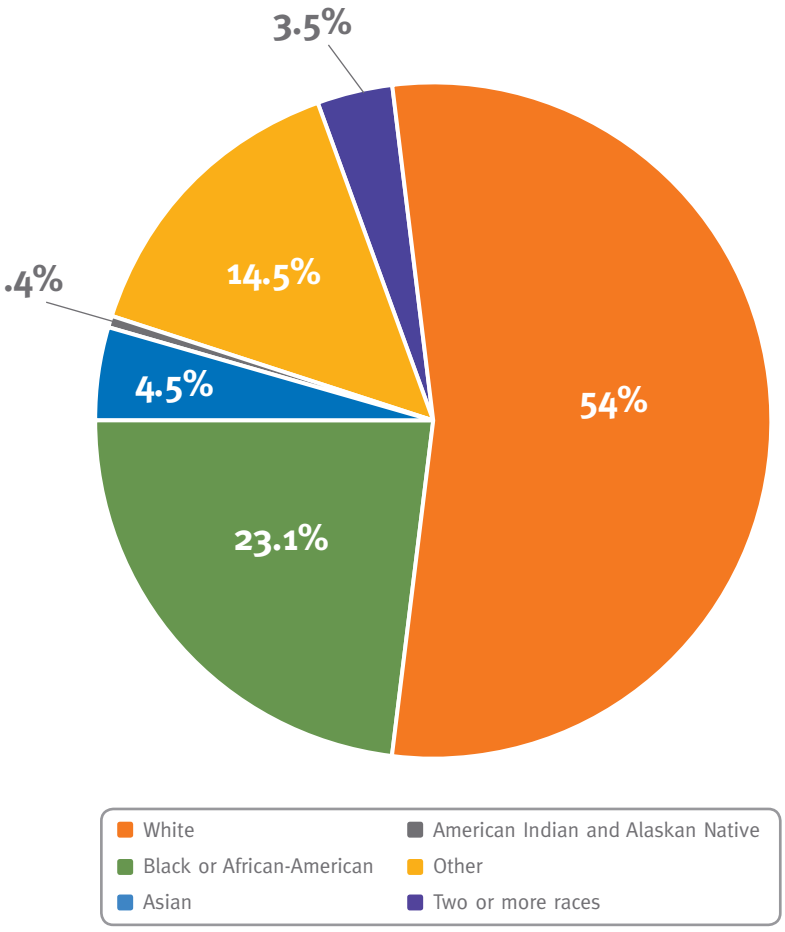
- **Encourage dual-generation early childhood education** for parents and children, especially for those from low-income homes and from homes where English is not the first language.
- **Expand meal programs** to all eligible public schoolchildren, and make sure that parents understand how good nutrition leads to success in education.

safety

- **Increase awareness of the need for more foster** homes in Dallas County.
- **Increase the number of specialty courts** handling juvenile justice cases.

Demographic Snapshot

Dallas County Children by Race



According to the American Community Survey, 670,217 children under the age of 18 lived in Dallas County in 2012, accounting for approximately 27 percent of the total population of Dallas County.

In terms of race, nearly 54 percent of all children in Dallas County were Caucasian, followed by 23 percent African-American. Although more than half of the children in Dallas County are Caucasian, only 35 percent of the Caucasian child population is non-Hispanic. Moreover, Hispanic children make up more than 52 percent of the child population of Dallas County.

An estimated 196,252 children lived in poverty in Dallas County in 2012, which amounts to 29.5 percent of the total population under the age of 18. In the city of Dallas, 37.6 percent of all children lived below the federal poverty line ($23,550 per year for a family of four).

Poverty was experienced differently by youth of different races. While only one out of every eight Caucasian, non-Hispanic children (12 percent) in Dallas County were living below the poverty level, about one in three Hispanic or African-American children lived in poverty (35 and 33 percent, respectively).

Source: American Community Survey 2012 1-Year Estimates, U.S. Census Bureau, 2013.

health

Children Without Health Insurance

Percent of children (under age 18) without health insurance

2006	2007	2008	2009	2010	2011	2012
25.8	25.5	25	22.2	17.9	16.3	13.4

Data Sources: U.S. Census Bureau: Small Area Health Insurance Estimate (2006 & 2007), American Community Survey (2009-2001).

According to the American Community Survey, 13.4 percent of Dallas County children lacked medical insurance in 2012. This is nearly double the rate for the nation and slightly above the rate for the state. Still, it is a significant improvement over 2011, when the rate was 16.3 percent, and an even greater improvement over 2008, when the rate was 25.5 percent. Despite this improvement, only Nevada had a greater percentage of uninsured children from 2010 to 2011, according to the Kaiser Family Foundation.[1]

According to the Texas Medical Association, uninsured persons are up to four times less likely to have a regular medical home and are more likely to die from health-related problems than those with insurance.[2] Regardless of insurance status, one in three children under 18 do not make even one visit to a medical provider over the course of a year – compared to one in four for adults.[3]

Children without health insurance are more likely to receive care in the emergency room. In 2010, more than 90 percent of emergency-room visits for children in Dallas County were preventable, primary-care treatable, or non-emergent. These visits accounted for $200 million in medical costs.[4]

It is likely that the number of children without health insurance will be affected as more features of the Affordable Care Act (ACA) are activated. In October 2013, the exchanges for the sale of subsidized individual health-insurance plans were opened for business. Texas has opted for a federally-facilitated marketplace, rather than a state-based marketplace.[5] Insurance plans purchased in the exchange will take effect on January 1, 2014 – the same date that the individual mandate to purchase health insurance takes effect.

Families reporting incomes below 133 percent of the federal poverty level would be eligible under the Medicaid expansion;[6] however, the state of Texas has opted out of the Medicaid expansion.[7] It remains unclear what the options are for those families not eligible for traditional Medicaid, but unable to afford a subsidized policy from the state exchange.

[1] The Henry J. Kaiser Family Foundation. (2013). Health Insurance Coverage of Children 0-18. Retrieved from Kaiser Family Foundation Website: http://kff.org/other/state-indicator/children-0-18/

[2] Texas Medical Association. (2013). Uninsured in Texas. Retrieved from TexMed.org: http://www.texmed.org/Uninsured_in_Texas/

[3] U.S. Census Bureau, Survey of Income and Program Participation. (2008). Panel, Wave 10 topical module and core survey data. For information on confidentiality protection, sampling and non-sampling error see ‹http://www.census.gov/sipp/source.html›.

[4] The Institute for Urban Policy Research. (2012). Health in the United Way Service Area: 2010 Baseline Report. Retrieved from The United Way of Metropolitan Dallas Website: http://my.unitedwaydallas.org/page/-/docs/Scorecard/United2020_Report_2013_Health.pdf?nocdn=1

[5] The Henry J. Kaiser Family Foundation. (2013). Health Insurance Coverage of Children 0-18. Retrieved from Kaiser Family Foundation Website: http://kff.org/other/state-indicator/children-0-18/

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[7] Luhby, T. (2013, July 1). States forgo billion by opting out of Medicaid expansion. Retrieved from CNN Money: http://money.cnn.com/2013/07/01/news/economy/medicaid-expansion-states/index.html

In Dallas County, 13.4 percent of children lacked medical coverage in 2012.

Children Enrolled in CHIP

Number of Dallas County children enrolled in the Children's Health Insurance Program in December of each year

2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
41,475	33,873	33,325	36,931	40,207	54,000	56,490	59,424	62,504	66,334

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

Over the past five years, the number of Dallas County children enrolled in the Children's Health Insurance Program (CHIP) has increased by 65 percent, coinciding with a substantial decrease in the percent of Dallas County children who are uninsured. This increase in CHIP enrollment comes following the Children's Health Insurance Program Reauthorization Act (CHIPRA), which authorized new federal funding for outreach to children eligible for Medicaid or CHIP but not enrolled. This included $100 million made available between Fiscal Years 2009 and 2013.

In August 2011, the Centers for Medicare and Medicaid Services awarded $40 million in CHIPRA outreach and enrollment grants, including nearly $900,000 to the Community Council of Greater Dallas. Through this grant, the Community Council of Greater Dallas is to assist eligible North Texas families, especially Latinos, in obtaining CHIP coverage through one-on-one assistance with families.[1]

CHIP is a state-administered program jointly funded by the federal government and the states. In Texas, CHIP is separate from children's Medicaid. CHIP provides medical coverage to children and families with incomes too high to qualify for Medicaid, but who cannot afford private insurance.[2] A family of four may qualify for CHIP benefits with an annual income of less than $47,100 or a monthly income of less than $3,925.[3]

The Affordable Care Act (ACA) will have a greater impact on Medicaid as more provisions become active, but there will be some effect on CHIP enrollees. Specifically, some children living in families earning less than 138 percent of the federal poverty level will transfer from separate CHIP programs into children's Medicaid, or vice versa. This is due to changes in the way income is counted under the ACA.[4] The effect of the ACA is further complicated by the state's decision not to expand Medicaid, as well as the decision to maintain separate state programs for children's Medicaid and CHIP.

[1] U.S. Department of Health and Human Services. (2011). *CHIPRA Cycle II Grant Summaries.* Retrieved from InsureKidsNow.gov: http://www.insurekidsnow.gov/professionals/outreach/get_covered_campaign/CHIPRA-Cycle-II-Grant-Summaries.pdf

[2] Centers for Medicare and Medicaid services. (2013). *Children's Health Insurance Program (CHIP).* Retrieved from Medicaid.gov: http://www.medicaid.gov/medicaid-chip-program-information/by-topics/childrens-health-insurance-program-chip/childrens-health-insurance-program-chip.html

[3] Texas Health and Human Services Commission. (2013). *Can I Get It?* Retrieved from CHIP and Children's Medicaid: http://www.chipmedicaid.org/en/Can-I-Get-It

[4] Kenney, G. M. (2012, June 24). *Maximizing Benefits for Children under the Affordable Care Act and Beyond.* Retrieved from Academy Health: http://www.academyhealth.org/files/2012/sunday/kenney.pdf

CHIP enrollment of children in Dallas County is up by 65 percent in the past five years.

Children Enrolled in Medicaid

Number of children younger than 19 enrolled in Medicaid in December each year

2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
166,143	179,551	180,943	176,850	185,636	184,372	217,559	257,304	283,684	292,398

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

Over the last five years, the number of children enrolled in Medicaid in Dallas County has increased by nearly 58 percent, from 185,636 in 2007 to 292,398 in 2012. Over the same time period, Children's Health Insurance Program (CHIP) enrollment has increased by 65 percent, while the percentage of children without health insurance has steadily declined.

One reason for this may be the signing of the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA), which authorized new federal funding to improve enrollment and retention of eligible children in both CHIP and Medicaid at the state level.

One provision of CHIPRA was to offer performance bonuses to states that implement at least five of eight specific program features designed to streamline and increase enrollment in Medicaid above a baseline level. Since the implementation of this program, Texas has not received any performance bonuses.[1] However, two different grant awards have been made within the state of Texas as part of the CHIPRA legislation, including one to the Community Council of Greater Dallas.[2]

The income threshold for children's Medicaid is much lower than that for CHIP. In order to qualify for services under children's Medicaid, a family of four must have an annual poverty-level income of less than $23,550 or a monthly income of less than $1,963. Families making about twice that can qualify for CHIP.[3]

The implementation of the Affordable Care Act (ACA) will have some impact on children's Medicaid as more provisions become active. Some children in families under 138 percent of poverty will have to transfer from CHIP into Medicaid or vice-versa. This is due to changes in the way that income is counted under the ACA.

Overall, the ACA should allow for greater access to affordable coverage for low-income families and those with chronic health problems. However, it is unclear how the decision to forgo Medicaid expansion in Texas will affect the impact of the law.[4]

[1] U.S. Department of Health and Human Services. (2013). *CHIPRA Performance Bonuses*. Retrieved from InsureKidsNow.gov: http://www.insurekidsnow.gov/professionals/eligibility/performance_bonuses.html

[2] U.S. Department of Health and Human Services. (2011). *CHIPRA Cycle II Grant Summaries*. Retrieved from InsureKidsNow.gov: http://www.insurekidsnow.gov/professionals/outreach/get_covered_campaign/CHIPRA-Cycle-II-Grant-Summaries.pdf

[3] Texas Health and Human Services Commission. (2013). *Can I Get It?* Retrieved from CHIP and Children's Medicaid: http://www.chipmedicaid.org/en/Can-I-Get-It

[4] Kenney, G. M. (2012, June 24). *Maximizing Benefits for Children under the Affordable Care Act and Beyond*. Retrieved from Academy Health: http://www.academyhealth.org/files/2012/sunday/kenney.pdf

Dallas County has seen an increase of almost 58 percent in children's Medicaid enrollment over five years.

Children Enrolled in Medicaid Receiving Texas Health Steps Medical Screening Services

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

2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
124,727	140,724	149,128	154,116	165,885	146,368	154,644	184,895	204,701	218,857

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

Over the past five years, the number of children receiving screening services through Texas Health Steps program has increased 32 percent. Texas Health Steps, a program specific to children's Medicaid in Texas, provides medical and dental preventive care to children from birth through age 20. The program is designed to assist eligible families in the process of finding a Medicaid provider for both medical and dental services, making appointments to see those doctors, arranging for transportation or providing reimbursement for gas money and answering questions about services.[1]

The basic services provided through Texas Health Steps include preventive-care medical checkups, dental checkups, the Comprehensive Care Program, and laboratory services. Generally, medical checkups include a traditional physical examination and any medically necessary treatment resulting from the medical checkup is handled through the Comprehensive Care Program. In addition to the services themselves, Texas Health Steps is dedicated to expanding recipient awareness of existing services, as well as recruiting and retaining a qualified provider pool.[2]

Through the "Teen Page" – launched in 2010 – Texas Health Steps links teens to additional resources, such as an adolescent Health Program offered through the Department of State Health Services, information about eating disorders and substance abuse, and bilingual programing aimed at preventing smoking and tobacco use. The page also provides links to the youth component at the Department of Family and Protective Services (DFPS): Texas Youth Connection.[3]

[1] Texas Medicaid and Healthcare Partnership. (2013). *Texas Health Steps (THSteps)*. Retrieved from Texas Medicaid: http://www.tmhp.com/pages/medicaid/medicaid_thsteps_program_info.aspx

[2] Texas Department of State Health Services. (2013). *About Texas Health Steps*. Retrieved from Texas Department of State Health Services: http://www.dshs.state.tx.us/THSteps/about.shtm

[3] Texas Department of State Health Services. (2013, April 23). *Teens*. Retrieved from Texas Department of State Health Services Website: http://www.dshs.state.tx.us/thsteps/teen.shtm

Texas Health Steps enrollment has increased 32 percent in five years.

Early Prenatal Care

Percent of women in Dallas County receiving prenatal care beginning in the first trimester of pregnancy

2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
76.4	79.9	58	51.8	48.7	49.8	52.9	56.1	58.1	55.7*

*Data Source: Texas Department of State Health Services, Center for Health Statistics. *2012 data are provisional and subject to errors and change. (04/15/2013)*

In 2011, between 55 percent and 75 percent of pregnant women received adequate prenatal care in Texas.[1] Dallas County, at 55.7 percent in 2012, falls within this range. But it is below national averages, which are reported at just above 70 percent since 2008.

Babies born to mothers who do not receive prenatal care are three times more likely to have a low birth weight and are five times more likely to die than those born to mothers who do receive care.[1] Early prenatal care is vital because of the important developments that take place during the first trimester of pregnancy. Prenatal screenings help to identify babies or mothers at risk for complications and allow health care providers to educate expectant mothers about ways to increase the likelihood of a healthy birth.

Since the early 1990s, the reported rate of women receiving prenatal care in the first trimester of pregnancy has been steadily increasing. However, changes made to the standard birth certificate in 2003 makes comparisons over time impossible. Of the areas that used the revised birth certificate by 2008 (representing 65 percent of all U.S. births), 71 percent of pregnant women were reported to have received early prenatal care, while 7 percent received prenatal care beginning in the third trimester or not at all.[2]

There have been health and socio-economic challenges for racial and ethnic minorities who are less able to access prenatal care, primarily due to the lack of health insurance. The Texas Department of State Health Statistics reported in 2010 that 70 percent of white women began prenatal care in their first trimesters, with the proportion of black and Hispanic women at 52.1 percent and 55.5 percent, respectively.[3] Minority women have been found to be twice as likely as white women to receive late or no prenatal care.[4]

State and federal policymakers have responded to reports which recognize the importance of early prenatal care and the financial obstacles many women face. Eligibility to Medicaid for low-income pregnant woman has been expanded, with Medicaid now financing more than 40 percent of all U.S. births and few women being uninsured by the time they deliver.[3] While insurance and financial concerns are a few of the issues influencing access to early prenatal care, considerations should also be given to the availability of health providers in low-income areas, as well as to language barriers.

[1] United Health Foundation. (2011). *America's Health Rankings: United States Prenatal Care.* Retrieved from America's Health Rankings Website: http://www.americashealthrankings.org/ALL/PrenatalCare

[2] U.S. Department of Health and Human Services: Health Resources and Services Administration. (2011). *Child Health USA 2011.* Retrieved from HRSA Website: http://mchb.hrsa.gov/chusa11/more/downloads/pdf/c11.pdf
Texas Department of State Health Services. (2010). Healthy

[3] *Texas Babies: Infant and Maternal Health Data.* Retrieved from the Texas DSHS Website: http://www.dshs.state.tx.us/healthytexasbabies/data.aspx

[4] The Henry J. Kaiser Family Foundation. (2009). *Putting Women's Health Care Disparities on the Map: Examining Racial and Ethnic Disparities at the State Level.* Retrieved from The Kaiser Family Foundation Website: http://kaiserfamilyfoundation.files.wordpress.com/2013/01/7886.pdf

Only 55.7 percent of pregnant women in Dallas County received adequate prenatal care in 2012.

Infant Mortality

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

	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Number	340	285	300	334	322	290	310	302	286	253
Rate	8	6.7	7.1	7.6	7.2	6.7	7.3	7.6	7.4	6.5

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

The national infant mortality rate was found in 2011 to be 6.5 infant deaths per 1,000 live births, decreasing slightly but not significantly from 2010. The rate for the state of Texas as a whole is on par with the rest of the nation. However, Dallas County itself had a higher rate of 6.5 percent in 2012.

According to the Centers for Disease Control and Prevention, 25,000 infants die each year in the United States. The top five leading causes of the death of babies include serious birth defects, preterm birth or low birth weight, Sudden Infant Death Syndrome, maternal complications of pregnancy and unintentional accidents or injuries. These causes of infant mortality together accounted for more 56 percent of all infant deaths in the United States in 2011.

The mortality rate for black infants is more than twice that of Hispanic and white infants.[1]

The first day of life has been reported to be the most dangerous day, especially for babies born prematurely or with a low birth weight. The Save the Children Federation reported 60 percent of newborn deaths in the United States occur on the first day of life. More than half of all "first-day deaths" in the industrialized world occur in the United States, due in large part to high rates of preterm birth. The U.S. is ranked 30th in the world in the Save the Children's 2013 rankings of "the best and worst places to be a mother," with mothers and babies in sub-Saharan Africa facing the greatest risks.[2]

Good preconception health care and healthy behaviors such as taking folic acid, maintaining a healthy diet and weight, being physically active and avoiding tobacco, alcohol, and illicit drug use have been deemed important keys in reducing issues during pregnancy and future problems for a mother and baby. Prenatal care and becoming educated about issues an expecting mother may face also exponentially increases the potential for delivering and raising a healthy baby.

[1] Centers for Disease Control and Prevention. (2012). *National Vital Statistics Reports*, 61(6). Retrieved from CDC Website: http://www.cdc.gov/nchs/data/nvsr/nvsr61/nvsr61_06.pdf

[2] Save the Children Federation. (2013). Surviving the First Day: State of the World's Mothers. Retrieved from Save the Children Website: http://www.savethechildren.org/site/c.8rKLIXMGIpI4E/b.8585863/k.9F31/State_of_the_Worlds_Mothers.htm

Dallas County had an infant mortality rate of 6.5 percent in 2012.

Premature Births

Number and percent of babies born before 37 completed weeks of pregnancy

	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Number	4,403	4,864	5,739	6,039	6,328	5,551	5,519	4,984	4,623	4,551
Percent	11.2	12.8	13.8	13.9	14.4	13	13.2	12.6	12	11.8

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

Preterm birth is a leading cause of infant mortality in the United States, affecting nearly a half million babies, or one of every nine born each year. Many organ systems, including the brain, lungs, and liver, require the final weeks of pregnancy to fully develop. Preterm birth increases the risk of serious disability, including breathing problems, feeding difficulties, cerebral palsy, vision and hearing impairment, and delays in physical and intellectual development, if not death. The costs of preterm births to the U.S. health care system are more than $26 billion annually.[1]

Rates of preterm births have been declining in the U.S. since 2006, with the national preterm birth rate at 11.7 percent, but the nation received a "C" on the March of Dimes annual report card in 2012. The average for the state of Texas was higher than the national average, at 12.8 percent, with the state also receiving a grade of "C," although preterm birth rates have also been declining in Texas over this time.[2] The percentage of preterm births in Texas was highest for black infants (17.5 percent), followed by Hispanic infants (13.5 percent), with white infants having the lowest rates (11.6 percent).[3] In Dallas County, the preterm birth rate was 11.8 percent in 2012.

The state of Texas has pledged to reduce the preterm birth rate by 8 percent by 2014, taking a step in the right direction with professional guidelines concerning delivery prior to 39 weeks of gestation. However, the rate of uninsured women of childbearing age increased slightly in recent years, which may reduce an expectant mother's ability to identify and manage conditions that may contribute to preterm birth.

The March of Dimes has an ambitious 2020 goal for the national rate of preterm births of 9.6 percent,[4] with the Healthy People 2020 target being 11.4 percent.[5] Though there are a variety of complex and poorly understood causes of preterm births, important steps such as prenatal care, avoiding smoking, alcohol, and illicit drugs, and seeking medical attention for any symptoms of preterm labor can help reduce the risk of preterm birth. The collaboration of many organizations dedicated to the reducing preterm birth rates offers hope in achieving these goals.

[1] Centers for Disease Control and Prevention. (2013). Preterm Birth. Retrieved from the CDC Website: http://www.cdc.gov/reproductivehealth/MaternalInfantHealth/PretermBirth.htm

[2] CNN Health. (2013). "Premature Birth Rates." Retrieved from the CNN Website: http://www.cnn.com/interactive/2012/11/health/map-preterm-births/index.html

[3] Texas Department of State Health Services. (2010). Healthy Texas Babies: Infant and Maternal Health Data. Retrieved from the Texas DSHS Website: http://www.dshs.state.tx.us/healthytexasbabies/data.aspx

[4] March of Dimes. (2012). Premature Birth Report Card. Retrieved from the March of Dimes Website: http://www.marchofdimes.com/mission/prematurity-reportcard.aspx

[5] U.S. Department of Health and Human Services. (2013). Healthy People 2020: Reduce total preterm births. Retrieved from Healthy People Website: http://healthypeople.gov/2020/Data/SearchResult.aspx?topicid=26&topic=Maternal,%20Infant,%20and%20Child%20Health&objective=MICH-9.1&anchor=93911

In Dallas County, the preterm birth rate was 11.8 percent in 2012.

Low-Birthweight Babies

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

	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Number	3,980	4,162	4,254	4,453	4,568	4,251	4,231	3,997	3,963	3,853
Percent	9.4	9.8	10	10.1	10.2	9.9	10	10.1	10.3	9.9*

*Data Source: Texas Department of State Health Services, Center for Health Statistics. *2012 data are provisional and subject to errors and changes.*

The Centers for Disease Control and Prevention reported in 2010 that the national prevalence of babies born below normal birthweight was 9.6 percent.[1] In Dallas County, 9.9 percent of babies were born at a low birth-weight in 2012.

Trends in numbers of low birthweight babies in Texas have seen a steady increase from 8.7 percent in 2000 to 9.8 percent in 2010, which mirrors national trends relatively closely.[2] These figures include the total number of babies classified as "low birthweight" (1,500 to < 2,500 grams) and those classified as "very low birthweight" (< 1,500 grams, or 3.3 pounds).

Several risk factors may contribute to low birthweight, including maternal age, race, marital and socioeconomic status, as well as the use of tobacco, alcohol, or illicit drugs. Premature birth and fetal growth restriction are the two main reasons why a baby may be born with low birthweight.[3]

African-American women are almost twice as likely to give birth to a low birth-weight infant as women from other races or ethnicities, with white and Hispanic women having comparable rates. Additionally, women younger than 17 or older than age 34 are at a greater risk of delivering a low-birthweight infant. There are a variety of medical problems babies born with low birthweight may face later in life, including being at higher risk for high blood pressure, diabetes, and heart disease.

Because premature birth is the leading cause of low birthweight in babies, preventing preterm birth is necessary in reducing these numbers. Quitting smoking, avoiding alcohol and illicit drugs, seeking prenatal care early and throughout the pregnancy, and being aware of warning signs of preterm labor are considerable measures that can be taken to reduce preterm birth. Maintaining a healthy diet and gaining the proper amount of weight during pregnancy will also help promote fetal growth.

[1] Centers for Disease Control and Prevention. (2010). Births: Final Data for 2010. Retrieved from CDC Website: http://www.cdc.gov/nchs/data/nvsr/nvsr61/nvsr61_01.pdf#table25 Texas Department of State Health Services. (2010). Healthy

[2] Texas Babies: Infant and Maternal Health Data. Retrieved from the Texas DSHS Website: http://www.dshs.state.tx.us/healthytexasbabies/data.aspx

[3] March of Dimes. (2012). Your Premature Baby. Retrieved from the March of Dimes Website: http://www.marchofdimes.com/baby/low-birthweight.aspx

Almost 10 percent of babies in Dallas County were born at a low birthweight in 2012.

Infants Breastfeeding at 6 Months of Age

Percent of Texas 6-month-olds receiving any human milk

2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
36.5	37.5	35.5	37.3	43.8	48.7	43.6	42.2	50.7	45.5

Data Source: Centers for Disease Control and Prevention: Breastfeeding Report Card.

The 2013 Breastfeeding Report Card released annually by the Centers for Disease Control and Prevention reported that 76.5 percent of babies have been breastfed at some point since birth, with 49 percent of babies continuing to be breastfed at 6 months of age.[1] Dallas County reached parity for the first time in 2012, with 50.7 percent of babies breastfed at 6 months.

Though there have been overall improvements in the rates of breastfeeding over the last few decades, with rates increasing from a mere 5 percent in 1970, many disparities in breastfeeding still persist. Racially, African-American infants have breastfeeding rates about 50 percent lower than those of white infants at birth, age 6 months and age 12 months.

Socioeconomically, children participating in programs which use income to determine eligibility, such as the USDA's Special Supplemental Nutrition Program for Woman, Infants and Children (WIC), have been found to be less likely to be breastfed than children in middle and upper income families. Educationally, as the level of maternal education increases, the rate and longevity of breastfeeding has been shown to increase. Geographic disparities are also evident: Women living the southeastern U.S., as well as in rural areas, are less likely to breastfeed than women in other regions of the U.S. and in urban areas.[2]

Because breastfeeding is one of the most highly effective preventive measures a mother can take to protect the health of herself and her infant, there have been many programs developed to educate families and give mothers support and encouragement to breastfeed. Key barriers to breastfeeding, as identified in the 2011 Surgeon General's Call to Action to Support Breastfeeding, include lack of knowledge, lactation problems, poor family and social support, employment, child care and even social embarrassment.[2]

The U.S. General Services Administration pledged in 2011 that all of its child care centers would participate in Let's Move! Child Care, an initiative to encourage and support education and best practices for nutrition, physical activity, and breastfeeding. Practices such as "rooming-in" and "skin-to-skin contact," which promote immediate and continued contact between mother and baby during the hospital stay, have been shown to improve breastfeeding rates. Ultimately, mothers need to be given support and resources to breastfeed their babies, as families and communities continue to become educated about the importance of breastfeeding.

[1] Centers for Disease Control and Prevention. (2013). Breastfeeding Report Card. Retrieved from the CDC Website: http://www.cdc.gov/breastfeeding/pdf/2013BreastfeedingReportCard.pdf

[2] Department of Health and Human Services. (2011) Surgeon General's Call to Action to Support Breastfeeding. Retrieved from the Surgeon General Website: http://www.surgeongeneral.gov/library/calls/breastfeeding/calltoaction-tosupportbreastfeeding.pdf

In 2012, 50 percent of Dallas County infants were breastfed at age 6 months.

Adolescent Pregnancy

Number and rate of pregnancies per 1,000 females ages 13-17 in Dallas County (figures include live births, fetal deaths and aborted pregnancies)

	2003	2004	2005	2006	2007	2008	2009	2010	2011
Number	2,760	2,732	2,611	2,741	2,815	2,729	2,531	2,147	1,893
Rate	34	33.4	31.6	32.4	33	32	29.6	25.4	23.9

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

The rate of babies born to teenage mothers in the U.S. declined 8 percent from 2010 to 2011, with a live birthrate in 2011 of 31.3 per 1,000 women ages 15-19. This was a record low in the nation for this age group. However, about one out of every five teen births is a repeat pregnancy, with a baby being born to a teenage mother who has already had at least one child.[1]

Texas had the highest number of births to teen mothers in 2011 at 43,000[2] and the highest percentage of repeat pregnancies at 22 percent. Despite the overall state figures, Dallas County has seen a decrease in teen pregnancies to 23.9 per 1,000 in 2011. This represents a drop of just over 9 percent in the rate of pregnancies for females ages 13-17 since 2007.

Although the nation has experienced these decreases, the rates of pregnancy, childbearing, sexually transmitted disease and abortion for teenagers in the U.S. remain socially and economically costly. Socioeconomically disadvantaged youth of any race or ethnicity experience the highest rates of teen pregnancy and childbirth. Fifty-seven percent of U.S. teen births in 2011 were to black and Hispanic youth. However, decreases were greatest for Hispanic teens, with a drop of 11 percent from 2010.[3]

With teen pregnancy prevention being one of the Centers for Disease Control and Prevention's top priorities, evidence-based prevention programs which address specific protective factors based on knowledge, skills, beliefs, or attitudes related to teen pregnancy have been established and are seeing success. Making teens aware of the risks of teen pregnancy and STDs, discussing intent to abstain from sex or use a form of contraception and making clinical services available to teens are positive steps to continuing to reduce adolescent pregnancy rates.

[1] *The Dallas Morning News.* (April 2013). "Texas has the nation's highest incidence of repeat teen pregnancies." Retrieved from The Dallas Morning News website: http://www.dallasnews.com/news/20130403-report-texas-has-the-nation-s-highest-incidence-of-repeat-teen-pregnancies.ece

[2] AP. (2013). "Nearly all US states see hefty drop in teen pregnancy rates." Retrieved from Top News Today Website: http://us.topnewstoday.org/us/article/6092691/

[3] Centers for Disease Control and Prevention. (2013). *Teen Pregnancy.* Retrieved from the CDC Website: http://www.cdc.gov/TeenPregnancy/

Texas had the highest percentage of repeat teen pregnancies in 2011.

Full Immunizations at Age 2

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

2003	2004	2005	2006	2007	2008	2009	2010	2011
61.9	64.2	71.5	70.1	68.5	68.6	70.5	67.1	68.6

Data Source: Centers for Disease Control and Prevention: National Immunization Survey 2000-2011.

In Dallas County, the percentage of fully immunized 2-year-olds rose to a historic high of 71.5 percent in 2005, but it has since dropped to 68.6 percent in 2011. This is several points below the national average.

Vaccination is one of the best ways for parents to protect their children from many very serious, yet preventable diseases. It is important that children are fully immunized according to the recommended schedule, so that a child is not left vulnerable to serious illnesses. By following the recommended schedule and fully immunizing a child by 2 years of age, the child will continue to develop immunity from diseases including chickenpox, tetanus, whooping cough, measles, mumps, rubella, polio, and hepatitis A and B, among others.[1]

The Centers for Disease Control and Prevention (CDC) reported in 2011 that 72 percent of 2-year-olds were vaccinated on the recommended 4:3:1:3:3:1 schedule nationally.[2] Differences in vaccination coverage with regard to race and ethnicity have primarily been found to be associated with the poverty level, and the differences vary based on the vaccine. The CDC maintains careful monitoring of vaccination coverage levels overall, as well as by race, ethnicity and geographic area, to ensure all children remain adequately protected from vaccine-preventable diseases.[3]

Through the encouragement of evidence-based methods for improving and sustaining coverage — such as educating parents about the importance of immunizations, reducing out-of-pocket costs, immunization reminders and vaccination requirements and programs for child care centers — high vaccination coverage has become possible, resulting in historically low levels of vaccine-preventable childhood diseases in the U.S.

[1] Centers for Disease Control and Prevention. (2013). For Parents: Vaccines for Your Children. Retrieved from the CDC Website: http://www.cdc.gov/vaccines/parents/index.html

[2] U.S. National Immunization Survey. (2011). Estimated Vaccination Coverage with Individual Vaccines and Selected Vacination Series Before 24 Months of Age by State and Local Area. Retrieved from the CDC Website: http://www.cdc.gov/vaccines/stats-surv/nis/tables/11/tab09_24mo_iap_2011.pdf

[3] Centers for Disease Control and Prevention. (2011). National, State, and Local Area Vaccination Coverage Among Children Aged 19-35 Months. Retrieved from the CDC Website: http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6135a1.htm

Dallas County lags in fully immunizing toddlers.

Children with Developmental Disabilities

Estimated number of children with developmental disabilities

2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
89,550	89,112	94,681	100,885	100,450	102,462	103,807	98,401	100,341	100,831

Data Sources: American Academy of Pediatrics; American Community Survey; Decennial Census.

In 2012, an estimated 100,831 children in Dallas County experienced a developmental disability.[1] Some of the disabilities included in the estimate are cerebral palsy, autism, seizures, hearing loss, blindness, stuttering, intellectual disability and other developmental disabilities.

According to a study published by the American Academy of Pediatrics, the prevalence of developmental disabilities in children has been steadily rising for a decade. From 1998 to 2008, the prevalence of children with developmental disabilities increased from 12.8 percent to more than 15 percent.

Under the Individuals with Disabilities Education Act, eligible children ages 3 to 21 may receive free and appropriate public education. In Texas, Preschool Programs for Children with Disabilities are offered in partnership with local school districts to provide special education and related services to children ages 3 to 5. The Texas Education Agency developed the Key Elements of Early Transition Guide to provide a framework for building relationships between Early Childhood Intervention (ECI) programs and the local school districts as they work together to transition children and families from ECI programs into traditional public school services.[2]

Children with developmental disabilities may qualify for medical services under CHIP or Medicaid if their families are eligible to receive those services. Families who have a child with a disability, but earn too much to qualify for Medicaid, may participate in the Medicaid Buy-In for Children. This program allows families to pay a premium to receive special health care services through Medicaid. In order to qualify, children must meet the same disability requirements used for Supplemental Security Income.[3]

Qualifying disabilities include cerebral palsy, total blindness, muscular dystrophy and Down syndrome.[4] Qualifying children may also receive benefits through the Children with Special Health Care Needs (CSHCN) Services Program; but the CSHCN Services Program is the payer of last resort, and all applicants must first apply for CHIP and Medicaid before qualifying.[5]

[1] Boyle, C. A., Boulet, S., Schieve, L. A., Cohen, R. A., Blumberg, S. A., Yeargin-Allsopp, M., Visser, S., Kogan, M. D. (2011). Trends in the Prevalence of Developmental Disabilities in US Children, 1997-2008. *Pediatrics*, 11.

[2] Texas Education Agency. (2013, June 14). *Services for Texas Students with Disabilities Ages 3-5*. Retrieved from Texas Education Agency Website: http://www.tea.state.tx.us/index2.aspx?id=2147494988

[3] Texas Health and human Services Commission. (2013). *Health Care Coverage and Youth*. Retrieved from Texas Health and Human Services Commission Website: http://www.hhsc.state.tx.us/help/healthcare/children.shtml

[4] Social Security Administration. (2013, March). *Benefits for Children With Disabilities*. Retrieved from Social Security Administration Website: http://www.ssa.gov/pubs/EN-05-10026.pdf

[5] Texas Department of State Health Services. (2013). *Children with Special Health Care Needs (CSHCN) Service Program*. Retrieved from Texas Department of State Health Services Website: http://www.dshs.state.tx.us/cshcn/

More than 100,831 children in Dallas County have developmental disabilities.

Children Receiving Services for Special Health Care Needs

Number of children who receive services through the Children with Special Health Care Needs (CSHCN) Services Program

	2004	2005	2006	2007	2008	2009	2010	2011	2012
Receiving Services	**337**	**395**	**417**	**465**	**484**	**525**	**465**	**380**	**391**
Wait Listed	**113**	**217**	**236**	**276**	**128**	**109**	**171**	**148**	**104**

Data Source: Texas Department of State Health Services: Purchased Health Services Unit.

For 90 years, the Children with Special Health Care Needs (CSHCN) Services Program has helped children in Texas. Clients are offered a variety of services and help in areas including medical, dental, mental health, substance abuse, special therapies, health care costs and insurance premiums, case management and family support services.

In 2012, CSHCN services benefited 391 children in Dallas County. This is only a slight increase from 2011, but the number of children on a wait list due to limited state funding was reduced by nearly 30 percent. The reduction of the number of children on the wait list may be due to the program policy that each applicant's family is required to reapply every six months, regardless of whether they are receiving CSHCN services or are wait-listed.

Eligible program participants include any Texas resident under the age of 21, or of any age with cystic fibrosis, who is at a certain level of family income with a medical problem meeting certain qualifications. A participant's medical issue must be expected to last at least 12 months, limits more than one major life activity, requires more than average health care for children and has physical symptoms. Individuals with only a mental, behavioral or emotional condition, or a delay in development, do not qualify.

In Dallas County, 391 children received services for special health care needs in 2012.

Overweight or Obese Children/Teens

Percent of Dallas ISD children in 9-12th grade who are overweight or obese

2003	2004	2005	2006	2007	2008	2009	2010	2011
35.8	NA	38.4	NA	38.3	NA	36.1	NA	35.7

Data Source: Centers for Disease Control and Prevention (CDC): Youth Risk Behavior Surveillance Survey (YRBSS).

The percentage of overweight and obese adolescents in Dallas County has steadily declined since 2005; however, the 35.7 percent obesity rate remains much higher than both the state rate of 31.6 percent and the national rate of 28.2 percent.

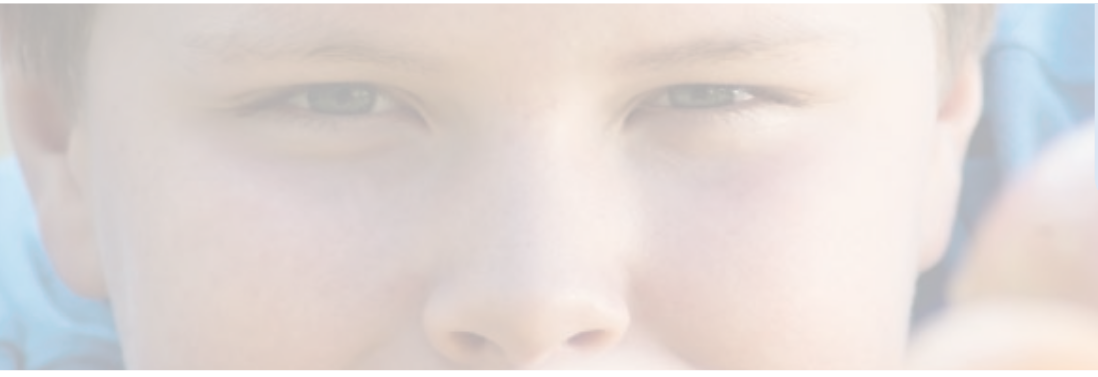
Nationally, racial and ethnic disparities are sizeable, as 34.4 percent of African-Americans and 31.5 percent of Hispanic adolescents are overweight or obese, compared to just 25.7 percent for their white counterparts.[1]

For the year 2010, federal analysis suggests that children consume fewer calories than they did a decade before; boys saw a 7 percent decline in caloric intake, while girls experienced a 4 percent drop.[2] While this is an encouraging development, it does not necessarily reflect on the quality of the calories consumed. For example, one in 10 Dallas children do not eat vegetables in a typical week, and more than one in four drink at least one soft drink per day.[3]

According to the Institute of Medicine, children should have at least 60 minutes of physical activity per day for proper health and physical fitness.[4] In Dallas County, only 37 percent of adolescents participate in at least 60 minutes of physical activity five or more days per week. Moreover, 16 percent of Dallas County adolescents do not participate in 60 minutes of physical activity on any day in a typical week.

Despite these numbers, nearly half of Dallas high school students played on at least one sports team in 2011, suggesting that even participation in athletics may not be enough to achieve the goal of 60 minutes of physical activity per day.

[1] Centers for Disease Control and Prevention. (2012). Youth Risk Behavior Surveillance - United States, 2011. *Morbidity and Mortality Weekly Report.*
[2] Tavernise, S. (2013, February 21). "Children in U.S. Are Eating Fewer Calories, Study Finds." *The New York Times*
[3] Centers for Disease Control and Prevention. (2012). Youth Risk Behavior Surveillance - United States, 2011. *Morbidity and Mortality Weekly Report.*
[4] Pittman, D. (2013, May 23). "Schools Need to Get Kids Moving, IOM Says." *MedPage Today.*



The percentage of overweight and obese children and teens in Dallas County is higher than the state and national rates.

Diabetes Hospitalizations

Number of hospitalizations of children with a primary or secondary diagnosis of Type I or Type II diabetes

	2005	2006	2007	2008	2009	2010	2011	2012*
Type I Diabetes	877	879	904	901	989	996	1,050	506
Type II Diabetes	2,278	2,382	2,447	2,447	2,620	2,871	2,837	1354
TOTAL	3,155	3,261	3,351	3,348	3,609	3,867	3,887	1860

Data Sources: Texas Hospital Inpatient Discharge Public Use Data Files, 2000-2012. Texas Department of State Health Services, Center for Health Statistics, Austin, Texas.
**2012 data is only for the first 2 quarters.*

Since 2005, diabetes hospitalizations have steadily increased for both Type I and Type II diabetes in Dallas County. Dallas County hospitals had almost 4,000 cases of diabetes hospitalizations for young county residents in 2011. Numbers for the first half of 2012 were on track for similar results.

Until recently, Type I diabetes – sometimes called juvenile diabetes – was the most common type in children. With Type I diabetes, the pancreas does not make enough insulin, the hormone needed to regulate blood sugar. Patients with Type I diabetes must take insulin daily, as there is no cure or preventive measure for Type I diabetes.[1,2]

Recently, more young people are developing Type II diabetes — previously referred to as adult-onset diabetes. Children have a higher risk of Type II diabetes if they are obese, have a family history of diabetes, are not active or do not eat well. Type II diabetes may be prevented by maintaining a healthy weight, staying physically active and eating healthier foods.[3]

Recent studies suggest that Type II diabetes progresses more quickly in children than in adults and can result the early onset of diabetes-related complications. The hormones of puberty, which can cause insulin resistance, are probably the main reason for the accelerated progression of complications such as hypertension and kidney disease.[4]

It is possible for children and teens with Type II diabetes not to notice common symptoms, which include increased thirst, blurry vision, and unusual fatigue. By drinking water rather than soda, staying active and eating fresh foods such as fruits and vegetables in order to maintain a healthy weight, children and teens can prevent the onset of Type II diabetes.[5]

[1] National Institutes of Health. (2013). *Diabetes in Children.* Retrieved from MedlinePlus: http://www.nlm.nih.gov/medlineplus/diabetesinchildrenandteens.html
[2] American Diabetes Association. (2013). *Preventing Type 2 in Children.* Retrieved from American Diabetes Association Website: http://www.diabetes.org/living-with-diabetes/parents-and-kids/children-and-type-2/preventing-type-2-in-children.html
[3] National Institutes of Health. (2013). *Diabetes in Children.* Retrieved from MedlinePlus: http://www.nlm.nih.gov/medlineplus/diabetesinchildrenandteens.html
[4] National Institutes of Health. (2013, May 23). Type 2 *Diabetes Progresses Faster in Kids.* Retrieved from MedlinePlus: http://www.nlm.nih.gov/medlineplus/news/fullstory_137136.html
[5] American Diabetes Association. (2013). *Preventing Type 2 in Children.* Retrieved from American Diabetes Association Website: http://www.diabetes.org/living-with-diabetes/parents-and-kids/children-and-type-2/preventing-type-2-in-children.html

There were nearly 4,000 diabetes hospitalizations of Dallas County youths in 2011.

Childhood Cancer Diagnoses

Number of new cancer diagnoses for children and adolescents 19 and under in Dallas County

2002	2003	2004	2005	2006	2007	2008	2009	2010
110	134	123	104	113	127	130	153	132

Data Source: Texas Department of Health Services: Cancer Epidemiology and Surveillance Branch.

In 2010, there were 132 cancer diagnoses of children age 19 and younger in Dallas County. Since 2002 there have been a total of 1,126 childhood cancer diagnoses. For the nine-year period, that is a rate of about 177 diagnoses per one million children age 19 and younger.

The most common types of cancers among Dallas County children since 2002 are leukemias, lymphomas and cancers of the central nervous system, such as gliomas. Combined, these types of cancer account for about 62 percent of pediatric cancer diagnoses in Dallas County since 2002.[1]

In the United States, approximately 1.2 million new cases of invasive cancer are diagnosed every year; of these cases, more than 12,000 are children.[2] The American Cancer Society estimates that just over 1,300 children under the age of 14 die of cancer each year. Cancer is the second-leading cause of death among children, second only to accidents.[3]

The Texas Cancer Registry estimates that about 1,300 Texans age 19 and younger were diagnosed with cancer in 2012. An estimated 198 Texas children and adolescents died of cancer in 2012, and in 2009 there were an estimated 13,700 pediatric cancer survivors diagnosed between 1995 and 2009.[4]

[1] Texas Department of State Health Services, Cancer Epidemiology and Surveillance Branch, Texas Cancer Registry, Incidence – Texas, 1995-2010.
[2] Kupfer, G. M. (2013, July). Childhood Cancer Epidemiology. (R. J. Arceci, Ed.) *Medscape Reference.*
[3] American Cancer Society. (2012). Cancer Facts and Figures 2012. Retrieved from American Childhood Cancer Organization Website: http://www.acco.org/LinkClick.aspx?fileticket=EcECXIUZyeA%3d&tabid=670
[4] Texas Cancer Registry. (2012). 2012 *Texas Selected Cancer Facts - Childhood and Adolescent Cancer.* Retrieved from https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&ved=0CEsQFjAA&url=http%3A%2F%2Fwww.dshs.state.tx.us%2FWorkArea%2Flinkit.aspx%3FLinkIdentifier%3Did%26ItemID%3D85899727 61&ei=zrcJUsXoFcTr2QX1slHYDw&usg=AFQjCNFXM6tiDu CBE_wHLln2GweKl4VtHw&sig2=

There were 132 pediatric cancer diagnoses in Dallas County in 2010.

Air Quality

Yearly summary of hourly ozone data collected by TCEQ's continuous ambient monitoring stations (CAMS)

		2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
SOUTH DALLAS	Mean	26	25	29	31	26	28	28	29	31	30
	Max	135	126	111	111	115	106	110	109	105	119
CENTRAL DALLAS	Mean	27	23	27	27	22	23	22	25	28	28
	Max	161	113	117	110	94	78	89	96	101	114
NORTH DALLAS	Mean	28	28	30	30	26	30	29	28	31	32
	Max	135	212	120	103	101	108	111	94	113	106

Data Source: Texas Commission on Environmental Quality.

Ground-level ozone, or "smog," is created by chemical reactions from certain noxious emissions, and breathing high levels of ground-level ozone can cause acute respiratory distress and aggravate symptoms of asthma. Smog forms its highest concentrations on sunny days with slow wind speeds, allowing pollutants to accumulate.

Ozone is measured in parts per billion (ppb). There are three Continuous Ambient Monitoring Stations (CAMS) within Dallas County which report ozone data: one in South, one in Central, and one in North Dallas County. The U.S. EPA Air Quality Index Level Orange (an eight-hour average of 76 ppb or a one-hour average of 125 ppb) is the target level for all areas. In 2012, all three CAMS within Dallas County reported yearly averages within the target level.[1]

Despite the research and steps in the right direction to improve air quality in Texas, the American Lung Association has given a grade of "F" to Dallas County for 2013 due to the number of high ozone days, with a weighted average of 13.3 days in unhealthy ranges. Dallas County is among the 25 most ozone-polluted counties in the U.S.[2]

Scientific research has been used by the Texas Commission on Environmental Quality to reduce ozone concentrations statewide. From 2000 to 2010, ozone levels across the state of Texas have decreased by 27 percent, compared to the rest of the nation which averaged only a 14 percent decrease over the same time period.[3] The state of Texas has devoted more resources to air quality research during the past decade than any other state in the U.S., while also sponsoring two major field studies which have led to dramatic decreases in ozone concentrations.

[1] Texas Commission on Environmental Quality. (2012). Data by year by Site by Parameter. Retrieved from the TCEQ Website: http://www.tceq.texas.gov/cgi-bin/compliance/monops/yearly_summary.pl

[2] American Lung Association. (2013). State of the Air. Retrieved from the State of the Air Website: http://www.stateoftheair.org/2013/assets/ala-sota-2013.pdf

[3] Texas Commission on Environmental Quality. (2013). Ozone: The Facts. Retrieved from the TCEQ Website: http://www.tceq.texas.gov/airquality/monops/ozonefacts.html

Dallas County is among the 25 most ozone-polluted counties in the U.S.

Pediatric Asthma

Estimated number of children who have had asthma during their lifetimes

2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
53,346	55,708	55,484	58,455	62,248	60,680	64,127	56,403	49,489	53,577

Data Source: American Lung Association: State of the Air Reports 2002, 2004 2013.

In 2013, the American Lung Association estimates 53,577 children in Dallas County have had asthma in their lifetimes. This is up from 49,489 in 2012, but it is down from the 2008 high of 62,248.

According to the 2012 State of the Air Report, the Dallas-Fort Worth area is home to an estimated 140,000 children suffering from pediatric asthma, which is undoubtedly related to the fact that DFW is the 12th most ozone-polluted metropolitan statistical area in the nation.[1]

In the United States, approximately 20 million people have asthma, and nine million of them are children. Asthma is especially serious in children because they have smaller airways. Children suffering from asthma may experience coughing, wheezing and chest tightness, especially early in the morning and at night. Many of these symptoms are exacerbated by the presence of ozone pollution.

Asthma can be caused by a number of things, such as exercise, changes in weather, mold and pollen and irritants such as ozone and particle pollution.[2] Asthma may start at any age, but it is most common in school-aged children.

While it is unknown why some individuals are more sensitive to asthma than others, it is understood that asthma runs in families. It is common for children with asthma to have siblings or parents who also suffered from pediatric asthma.[3]

[1] American Lung Association. (2012). *State of the Air* 2012. Retrieved from State of the Air: http://www.stateoftheair.org/2012/assets/state-of-the-air2012.pdf

[2] National Institutes of Health. (2013). *Asthma in Children.* Retrieved from MedlinePlus: http://www.nlm.nih.gov/medlineplus/asthmainchildren.html

[3] The Nemours Foundation. (2013). *Who Gets Asthma?* Retrieved from Kids Health from Nemours: http://kidshealth.org/kid/asthma_basics/what/asthma.html#

There are more than 53,500 children with asthma in Dallas County.

Asthma Hospitalization

Children who were hospitalized with a primary or secondary diagnosis of asthma or related respiratory conditions at Children's Medical Center

2005	2006	2007	2008	2009	2010	2011	2012*
2,745	2,834	2,884	2,802	3519	2,730	2,596	1,376

Data Sources: Texas Hospital Inpatient Discharge Public Use Data Files, 2000-2012. Texas Department of State Health Services, Center for Health Statistics, Austin, Texas.
**2012 data is only for the first 2 quarters*

In 2011, 2,596 Dallas County children were admitted to Children's Medical Center with a primary or secondary diagnosis of asthma, representing a fairly steady decline since 2007. One explanation for the decline may be the creation in 2008 of the National Asthma Control Initiative, which has put asthma guidelines and resources into schools and workplaces to promote awareness and proper action.[1]

Asthma can be difficult to diagnose, especially in children, because it is often confused with or even co-occurs with conditions like rhinitis, sinusitis, and respiratory syncytial virus. Children ages 6 and older can be tested in a similar manner as adults, but children younger than 6 present more difficulties, because it is not uncommon for young children simply to outgrow asthma-like symptoms.[2]

Several local programs exist for awareness and treatment of asthma in the area. The North Texas Asthma Consortium created the School Flag Program to educate children and parents about the effects of ozone and to promote indoor physical activity on poor ozone days. The program used color-coded flags to communicate the air quality conditions each day.[3]

At Children's Medical Center Dallas, the asthma education program provides individual education for inpatients and an asthma educator for patients seen in the Asthma Center. Upon discharge, the asthma care team prepares a management plan for the patient to maintain after returning home.[4]

[1] National Heart, Lung, and Blood Institute. (2013). *National Asthma Control Initiative (NACI)*. Retrieved from NIH: National Heart, Lung, and Blood Institute Website: http://www.nhlbi.nih.gov/health/prof/lung/asthma/naci/

[2] Mayo Foundation for Medical Education and Research. (n.d.). *Childhood Asthma: Tests and Diagnosis*. Retrieved from Mayo Clinic Website: http://www.mayoclinic.com/health/childhood-asthma/DS00849/DSECTION=tests-and-diagnosis

[3] National Asthma Consortium. (n.d.). *School Flag Program*. Retrieved from North Texas Asthma Consortium Website: http://northtexasasthma.org/programs.html

[4] Children's Medical Center of Dallas. (n.d.). Asthma Education, *Why Children's Medical Center?* Retrieved from Children's Medical Center of Dallas Website: http://www.childrens.com/specialties/asthma-education

Dallas County had almost 2,600 asthma hospitalizations in 2011.

Food-Based Allergies

Estimated number of children with food allergies

2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
24,517	24,397	25,921	28,843	28,719	29,294	35,200	33,367	34,025	34,191

Data Sources: Centers for Disease Control and Prevention: National Health Interview Survey; U.S. Census Bureau: American Community Survey; Decennial Census.

Based on prevalence rates collected by the National Health Interview Survey, conducted by the Centers for Disease Control and Prevention, an estimated 34,191 Dallas County children have food allergies. To help manage and treat this growing health problem, in 2010 Children's Medical Center Dallas opened the first academic-affiliated pediatric food allergy center in North Texas.

In the United States, 90 percent of all food allergic reactions are caused by just eight foods: peanuts, tree nuts, milk, eggs, wheat, soy, fish and shellfish. Mild symptoms of allergic reaction include hives, eczema, nausea and stomach pain. Severe symptoms include shortness of breath, chest pain, obstructive swelling of the throat and even anaphylaxis.[1]

Nationwide, 30.4 percent of food-allergic children have multiple food allergies, and 38.7 percent have a history of severe reactions. Among food-allergic children, peanut is the most common allergen, followed by milk and shellfish.[2]

Peanut allergies typically develop in youth and are lifelong; similarly, shellfish allergies tend not to be outgrown. On the other hand, milk, egg and soy allergies develop during childhood and are often outgrown by adulthood.[3]

Studies show that 16 to 18 percent of school-age children who have food allergies have had a reaction in school. Furthermore, in 25 percent of reactions that occur at school the student has not yet been diagnosed with a food allergy.[4] It is common for schools to implement response procedures for children with food allergies. In the Dallas Independent School District, policies are in place for managing food allergies that require disclosure of food allergies, as well as school plans that help students, parents, nurses and other school staff to coordinate prevention and response efforts in the event of an allergic reaction.[5]

[1] Food Allergy Research and Education. (n.d.). *About Food Allergies: Symptoms*. Retrieved from FARE: Food Allergy Research and Education Website: http://www.foodallergy.org/about-food-allergies

[2] American Academy of Allergy, Asthma & Immunology. (n.d.). *Allergy Statistics*. Retrieved from American Academy of Allergy Asthma and Immunology Website: http://www.aaaai.org/about-the-aaaai/newsroom/allergy-statistics.aspx

[3] Food Allergy Research & Education. (n.d.). *Tools and Resources: Facts and Statistics*. Retrieved from FARE: Food Allergy Research and Education: http://www.foodallergy.org/facts-and-stats

[4] Food Allergy Research & Education. (n.d.). *Tools and Resources: Resources for Schools*. Retrieved from FARE: Food Allergy Research & Education: http://www.foodallergy.org/resources/schools

[5] Dallas ISD: Food and Child Nutrition Services. (2012). School Planning for Food Allergic Children. *Nutrition Edition*

About 34,000 Dallas County children have food-based allergies.

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

Number of new STD cases in people under the age of 18

	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
HIV/AIDS	11	18	21	21	16	17	20	20	22	13
Syphilis	38	23	26	45	63	63	66	85	62	52
Chlamydia	2,045	1,903	1,625	1,682	1,532	2,247	2,373	2,479	2,580	2,825
Gonorrhea	948	771	635	755	668	920	896	717	820	836
TOTAL	3,042	2,715	2,307	2,503	2,279	3,247	3,355	3,301	3,484	3,726

Data Source: Texas Department of State Health Services: HIV/STD Prevention and Care Branch.

Engaging in sexual activities means risking unintended health outcomes to which young people may not give much consideration. In 2011, a survey among U.S. high school students revealed that 47.4 percent had had sexual intercourse, with nearly 40 percent of students reporting that they did not use a condom the last time they had sex, and just over 15 percent reporting they have had sex with four or more people.[1] The Centers for Disease Control and Prevention (CDC) estimates that nearly 20 million new sexually transmitted infections occur in the U.S. annually, with more than half of those cases being in young people ages 15-24.

Gonorrhea rates are highest among the 15-19 age group with rates of 556.5 per 100,000 for females and 248.6 for males. Blacks had the highest rates of gonorrhea with 427.3 cases per 100,000, or 17 times the rate among whites. Rates of primary and secondary syphilis are relatively low for individuals under 20 years of age, with females having a rate of 2.5 and males a rate of 5.5.[2] Youth under the age of 14 comprised less than 1 percent of infected populations for each STD discussed.

Testing for STDs and HIV is recommended by the CDC as one of the most important strategies recommended for reducing the spread of these diseases and infections. Approximately 65,600 young people ages 13 to 24 were living with HIV at the end of 2008, with nearly 60 percent of those not knowing they were infected. An estimated 8,300 new cases of HIV were diagnosed in this age group in 2009.[3] In 2011, 13 new cases of HIV/AIDS were reported in Dallas County residents under age 18.

Overall, reported rates of STDs and HIV in Texas in 2011 include 4,402 cases of HIV, 122,439 cases of chlamydia, 30,493 cases of gonorrhea, and 1,162 cases of primary and secondary syphilis (6,142 total cases of syphilis). The number of these cases in people under the age of 20 years includes 41,168 cases of chlamydia, 9,266 of gonorrhea, 127 of primary and secondary syphilis, and 627 total cases of syphilis, including congenital syphilis.[4]

[1] Centers for Disease Control and Prevention. (2013). Sexual Risk Behavior: HIV, STD, & Teen Pregnancy Prevention. Retrieved from the CDC Website: http://www.cdc.gov/healthyyouth/sexualbehaviors/index.htm

[2] Centers for Disease Control and Prevention: Division of STD Prevention. (2012). Sexually Transmitted Disease Surveillance 2011. Retrieved from the CDC Website: http://www.cdc.gov/std/stats11/Surv2011.pdf

[3] Centers for Disease Control and Prevention. (2012). HIV Testing Among Adolescents: What Schools and Education Agencies Can Do. Retrieved from the CDC Website: http://www.cdc.gov/healthyyouth/sexualbehaviors/pdf/hivtesting_adolescents.pdf

[4] Texas Department of State Health Services. (2011). Texas STD Surveillance Report. Retrieved from the DSHS Website: http://www.dshs.state.tx.us/hivstd/default.shtm

More than 3,700 new cases of STDs, including HIV/AIDS, were reported among Dallas County residents under age 18 in 2011.

Adolescent and Teen Suicide

Number of intentional deaths by suicide and other self-inflicted injury among 10- to 19-year-olds in Dallas County

2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
16	12	14	8	16	16	14	14	9	15

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

Suicide is the third leading cause of death for youth between the ages of 10 and 24, resulting in approximately 4,600 lives lost annually, with another 157,000 youth receiving medical care for self-inflicted injuries and suicide attempts. Firearms (45 percent), suffocation (40 percent), and poisoning (8 percent) are the top three methods of suicide of young people.[1]

Fifteen young people committed suicide in Dallas County in 2012. The topic of suicide is an uncomfortable one, but the facts are important to understand so that open communication about the causes of suicide and prevention strategies is possible. A nationwide survey of 9-12th graders in the U.S. revealed that 16 percent of students reported seriously considering taking their own lives, 13 percent reported creating a suicide plan, and 8 percent reported an actual suicide attempt.

The overwhelming majority of youth who die from suicide are male, at four times the rate of females, with Native-American/Alaskan-Native youth having the highest rates of suicide-related death when considering cultural variations.

There are several factors that can put a young person at risk for suicide, including previous suicide attempts, history of suicide within their family, extreme stress, depression or other mental illness, substance abuse, and other serious life complications and obstacles which some youth may have extreme difficulty managing. Recognizing warning signs, helping youth understand there are alternatives to suicide, and offering support through a challenging and troubling time in their lives are important steps in suicide prevention.

[1] Centers for Disease Control and Prevention. (2012). Suicide Prevention: Youth Suicide. Retrieved from the CDC Website: http://www.cdc.gov/violenceprevention/pub/youth_suicide.html

Suicide occurs among young males at four times the rate of females.

Emotional Disturbances and Addictive Disorders

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

	2005	2006	2007	2008	2009	2010	2011	2012
Any disturbance or disorder	**62,630**	**63,633**	**63,864**	**65,880**	**67,336**	**65,941**	**65,015**	**66,429**
Serious disturbance or disorder	**14,983**	**15,223**	**15,278**	**15,761**	**16,109**	**15,775**	**15,554**	**15,892**

Data Sources: U.S. Surgeon General Report; U.S. Census Bureau: American Community Survey, Decennial Census.

An estimated 65,015 Dallas County children ages 9 to 17 suffer from a diagnosable emotional disturbance or addictive disorder, and approximately 15,554 of those are a serious disturbance or disorder. The exclusion of children younger than 9 is primarily a result of the difficulty to diagnose children at that age.

The term "serious emotional disturbance" refers to children younger than 18 with a diagnosable mental-health problem that severely disrupts their ability to function socially, academically and emotionally. It is a legal definition qualifying individuals for various state- and federal-mandated services.[1]

The prevalence of emotional disturbance and addictive disorder for children ages 9 to 17 is about 21 percent nationwide, and 5 percent for serious emotional disturbance.

More specifically, about 13 percent of children ages 9 to 17 suffer from some type of anxiety disorder, such as panic disorder or any number of phobias.[2]

Just over 10 percent of children suffer from a disruptive disorder, such as oppositional defiant disorder or conduct disorder, and about 6 percent suffer from a mood disorder such as depression or bipolar disorder.[3,4] Finally, an estimated 2 percent of children ages 9 to 17 suffer from a substance-use disorder resulting in physical or psychological dependency.[5]

The Texas Department of State Health Services offers mental health services to children and adolescents through the Mental Health and Substance Abuse (MHSA) Division. Services include screenings and assessment of children exhibiting psychiatric symptoms that may occur in-person or over the phone. The division provides for a crisis hotline, as well as crisis intervention, transportation and residence services. Children receiving services through MHSA may encounter individual or family case management along with family training and counseling, among other services.[6]

[1] InCrisis. (2012, February). *The Prevalence of Mental Health and Addictive Disorders*. Retrieved from InCrisis Website: http://www.incrisis.org/Articles/PrevalenceMHProblems.htm
[2] Gelder, M., Mayou, R., & Geddes, J. (2005). *Psychiatry* (3rd ed.). New York: Oxford University Press
[3] American Academy of Pediatrics. (2013, May 11). *Disruptive Behavior Disorders*. Retrieved from Healthy Children: http://www.healthychildren.org/English/health-issues/conditions/emotional-problems/pages/Disruptive-Behavior-Disorders.aspx
[4] Carlson, N., Buskist, W., Heth, C. D., & Schmaltz, R. (2007). *Psychology: The Science of Behavior* (4th ed.). Pearson.
[5] InCrisis. (2012, February). *The Prevalence of Mental Health and Addictive Disorders*. Retrieved from InCrisis Website: http://www.incrisis.org/Articles/PrevalenceMHProblems.htm
[6] Texas Department of State Health Services. (2013, June 7). *Mental Health Services for Children and Adolescents*. Retrieved from Texas Department of State Health Services Website: http://www.dshs.state.tx.us/mhsa/mh-child-adolescent-services

More than 65,000 children in Dallas County have an emotional disturbance or addictive disorder.

Children Receiving Publicly Funded Mental Health Services

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

2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
8,147	10,285	10,715	11,015	11,554	13,066	15,449	17,670	19,815	20,982

Data Sources: Texas Department of State Health Services: Mental Health and Substance Abuse, Medicaid Services: Northstar.

The National Alliance on Mental Illness reported in 2011 that about one in 10 children live with a serious mental disorder, and funding for mental health services is in constant jeopardy.[1] A more recent report released by the Centers for Disease Control and Prevention (CDC) in 2013 estimated that up 20 percent of American children experience a mental health disorder each year, costing about $247 billion per year in treatment, special education, juvenile justice and decreased productivity.[2]

Thankfully, the number of children receiving publicly funded mental health services in Dallas County has continued to grow, reaching a new high in 2012. The NorthSTAR program under the Department of State Health Services is a Behavioral Health Organization that delivers mental health and chemical dependency services to eligible residents of Dallas and surrounding counties.

Using unique approaches such as blending funding from state and local agencies to fund treatment, integrating treatments for behavioral health issues, and using data-based decision support software to evaluate and manage systems of care are just some of the ways NorthSTAR provides proper and cost-efficient care to clients.[3]

A few specific behavior health issues that NorthSTAR offers services to children include attention-deficit disorder, anxiety and depression, bipolar disorder, eating disorders, disorders related to physical or sexual abuse, and other emotional disturbance disorders.

Children under the age of 21 may participate in the STAR+Plus Medicaid managed care program in Dallas County. Eligibility requirements specify that applicants must apply in person, verify residency in one of the seven counties NorthSTAR serves and meet state financial guidelines (200 percent of the federal poverty level or an annual salary of less than $46,100 for a household of four), and applicants may not carry private insurance that covers mental health and/or substance use disorder treatment.[4]

[1] National Alliance on Mental Illness. (2011). State Mental Health Cuts: A National Crisis. Retrieved from the NAMI Website: http://www.nami.org/ContentManagement/ContentDisplay.cfm?ContentFileID=126233

[2] The Washington Post. (2013). CDC says 20 percent of U.S, children have mental disorders. Retrieved from Washington Post Website: http://www.washingtonpost.com/politics/cdc-says-20-percent-of-us-children-have-mental-health-disorders/2013/05/19/8c316b42-c0b3-11e2-8bd8-2788030e6b44_story.html?hpid=z3

[3] Texas Department of State Health Services. (2013). Medicaid Services Unit: NorthSTAR. Retrieved from the DSHS Website: http://www.dshs.state.tx.us/mhsa/northstar/northstar.shtm

[4] North Texas Behavioral Health Authority. (2013). NorthSTAR Enrollment. Retrieved from the NTBHA Website: http://www.ntbha.org/enrollment.aspx

Nearly 21,000 Dallas County children received public mental health services in 2012.

economic security

Children Living in Poverty

Number and percent of Dallas County children living in poverty

	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Number	151,651	154,985	154,910	162,379	170,553	176,894	189,266	192,502	201,739	196,252
Percent	23.2	23.6	22.7	24.2	25.5	26	27.4	29.4	30.2	29.5

Data Source: U.S. Census Bureau: American Community Survey 1-Year Estimates (2001-2011).

For 2012, an estimated 196,252 Dallas County children lived in poverty – almost 30 percent of the county's entire child population. Since 2005, the number of children living in poverty has increased by nearly 25 percent, while the overall child population actually has decreased slightly. The child poverty rate for Dallas County is far greater than for the U.S., at 22 percent, or the state of Texas, at about 25 percent.[1]

For 2013, the federal poverty guidelines for the contiguous United States define poverty for a family of four – two adults and two children – as an annual income below $23,550, or about $64 per day.[2]

Around the country, poverty is increasing not just in cities, but also in the suburbs. The overall poor population in U.S. suburbs increased by 64 percent of the last decade. In the Dallas-Fort Worth metropolitan area, the number of poor people living in the suburbs has doubled. Still, poverty remains much higher in central cities – 23.3 percent in Dallas, compared to 11.5 percent in North Texas suburbs.[3]

Living in poverty has a significant impact on the lives of children across multiple domains. For example, children who experience poverty in preschool and early school years have lower rates of school completion than other students, even those who experience poverty later in childhood. Research suggests that early childhood interventions for children living in poverty will have the greatest impact on their educational outcomes.[4]

But the negative effects of poverty are not only educational. Poverty has been shown to be associated with health issues such as infant mortality and the prevalence of asthma, as well as physical and social harms such as injuries from accidents, exposure to domestic violence, child abuse and neglect.[5] Working to solve child poverty ultimately presents the greatest return on investment not only on the individual lives of poor children, but also on the lives of their families and communities, affecting the health, safety, education and economic status of all for the better.

[1] National Center for Children in Poverty. (2013, May 20). *Texas: Demographics of Poor Children.* Retrieved from National Center for Children in Poverty Website: http://www.nccp.org/profiles/TX_profile_7.html

[2] U.S. Department of Health and Human Services. (2012, February 9). *2012 HHS Poverty Guidelines.* Retrieved from Assistant Secretary for Planning and Evaluation Website: http://aspe.hhs.gov/poverty/12poverty.shtml

[3] Young, M. E. (2013, May 20). "Poverty Surging in Dallas-Fort Worth Suburbs More than Inner Cities, Study Finds." *The Dallas Morning News.*

[4] Brooks-Gunn, J., & Duncan, G. (1997). The Effects of Poverty on Children. *Children and Poverty.*

[5] Aber, J. L., Bennett, N. G., Conley, D. C., & Li, J. (1997). The Effects of Poverty on Child Health and Development. *Annual Review of Public Health.*

In 2012, 29.5 percent of the children in Dallas County lived in poverty.

Child Food Insecurity

Percent and rate of children who lack access to enough food for an active, healthy life

According to Feeding America in 2011, 16.7 million or 22.4 percent of children in the U.S. lived in food-insecure households where they did not have consistent access to enough of the nutritious foods necessary for a healthy life. The child food-insecurity rate for the state of Texas in 2011 was 27.6 percent.[1] In Dallas County, it was 26.6 percent in 2011. Considering that good nutrition is important for a child's physical and mental health, food insecurity threatens both academic achievement and economic productivity.

Feeding America is estimated to serve nearly 14 million children, more than three million of whom are under the age of 5. Participation in food assistance programs is a good option for children to receive proper nutrition. Fifty-four percent of client households with children under the age of 3 participated in the Special Supplemental Nutrition Program for Women, Infants, and Children.[2]

	2009	2010	2011
Percent	27.9	25.9	26.6
Rate	187,310	165,240	172,610

Data Source: Feeding America.

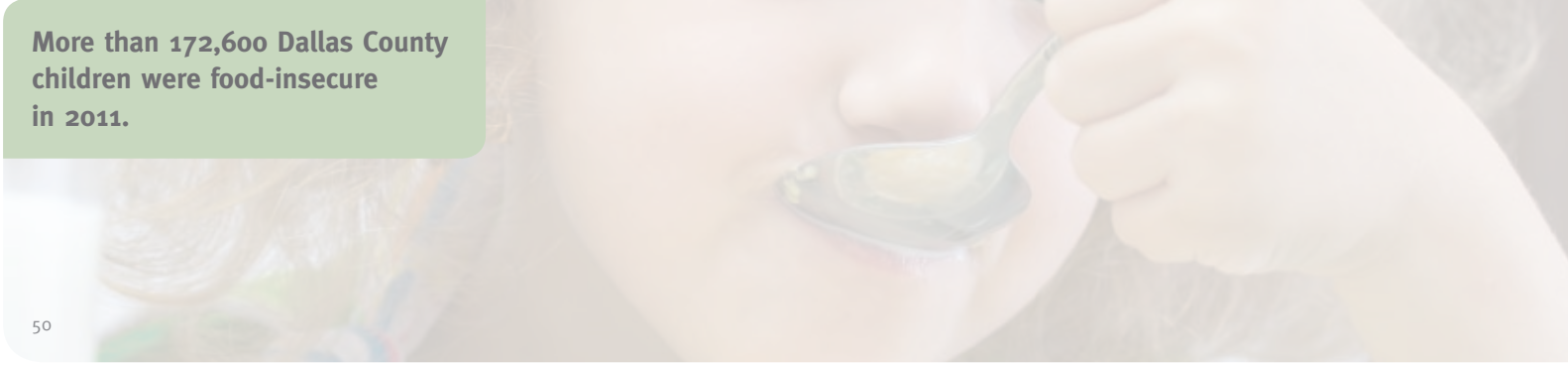
Participation in federal nutrition programs such as the National School Lunch Program was high in 2011, with more than 31 million low-income children receiving free or reduced-price meals. However, in the same year only 2.3 million children participated in the Summer Food Service Program, which provides children with free food when school is out.

A large percent of food pantries, kitchens, and shelters in the Feeding America network reported serving many more children during the summer. It is estimated that about 81 percent of children are income-eligible for nutrition programs, with incomes at or below 185 percent of the federal poverty level.

[1] Feeding America. (2011). Map the Meal Gap, Food Insecurity in your County. Retrieved from Feeding America Website: http://feedingamerica.org/hunger-in-america/hunger-studies/map-the-meal-gap.aspx/

[2] Feeding America. (2011). Child Hunger Facts. Retrieved from Feeding America Website: http://feedingamerica.org/hunger-in-america/hunger-facts/child-hunger-facts.aspx#_edn2

More than 172,600 Dallas County children were food-insecure in 2011.



Families with All Parents Working

Number and percent of families with children where all present parents are employed

	2005	2006	2007	2008	2009	2010	2011	2012
Number	171,223	173,382	165,511	172,884	170,067	159,654	160,798	167,221
Percent	61.0	59	56.7	58.8	59	56.9	57	59

Data Source: U.S. Census Bureau: American Community Survey 1-year estimates (2005-2011).

In 59 percent of Dallas County families with children, all parents present in the household are employed. This includes both two-parent and single-parent families.

According to U.S. Census data, 1998 was the first year in which both parents worked in a majority of the nation's two-parent households; this compares to 33 percent in 1976.[1] Moreover, in 2011, just one in five U.S. families consisted of a male breadwinner and a female homemaker.[2]

Having two working parents can increase a family's overall income, but it also results in the need for full-time child care. In Texas, an estimated 721,202 children in two-parent families and 563,528 children in single-parent families require full-time child care.

The average annual cost for full-time child care in Texas ranges from $7,850 for an infant to $6,600 for a 4-year-old.[3] The Child Care Management Services (CCMS) program of the Texas Workforce Commission helps eligible parents pay for the cost of child care. Low-income families and those receiving public assistance may qualify for CCMS vouchers, which can be used to pay for child care at licensed and registered providers or even with relatives.[4]

Families with two working parents can experience positive outcomes, such as more disposable income and greater equality in household and parenting roles. Still, while earning two incomes may ease the financial burden on a family, it also can increase the burdens of time management and stress.[5]

An additional stress on working families comes when children miss school due to illness. Nearly two-thirds of parents with children in child care say that their children missed at least one day due to illness, and one-third of parents with children under 6 report that they fear losing wages due to child illness.[6] Access to regular pediatric health care therefore can result in far greater economic security for the family.

[1] Lewin, T. (2000, October 24). Now a Majority: Families With 2 Parents Who Work. *The New York Times*

[2] Glynn, S. J. (2012, November 20). *Working Parents' Lack of Access to Paid Leave and Workplace Flexibility*. Retrieved from Center for American Progress Website: http://www.americanprogress.org/issues/labor/report/2012/11/20/45466/working-parents-lack-of-access-to-paid-leave-and-workplace-flexibility

[3] ChildCare Aware of America. (2012, March). 2012 *Child Care in the State of Texas*. Retrieved from ChildCare Aware of America: http://naccrrapps.naccrra.org/map/publications/2012/texas_sfs_2012_preliminary_3_20_12.pdf

[4] Texas Workforce Commission. (2013, March 25). *Child Care Services*. Retrieved from Texas Workforce Commission Website: http://www.twc.state.tx.us/svcs/childcare/child-care-services.html

[5] American Academy of Pediatrics. (2013, July 9). *Working Parents*. Retrieved from Healthy Children: http://www.healthychildren.org/English/family-life/work-play/pages/Working-Parents.aspx

[6] Glynn, S. J. (2012, November 20). *Working Parents' Lack of Access to Paid Leave and Workplace Flexibility*. Retrieved from Center for American Progress Website: http://www.americanprogress.org/issues/labor/report/2012/11/20/45466/working-parents-lack-of-access-to-paid-leave-and-workplace-flexibility

Even in two-parent households, most children no longer have a parent as the full-time caregiver.

Children Living in Single-Parent Families

Number and percent of children in families living with one parent

	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Number	220,475	237,600	216,041	223,126	220,843	240,692	248,568	253,086	253,103	251,813
Percent	35.7	38.6	35	35.4	35.3	37.4	37.9	40.5	39.9	39.4

Data Source: U.S. Census Bureau: Decennial Census (2000); American Community Survey 1-year estimates (2001-2011).

An estimated 251,813 children in Dallas County, or nearly 40 percent, live in single-parent families. This compares to 36 percent statewide and 35 percent for the nation.

Nationwide, 67 percent of African-American children live in single-parent families, compared to 42 percent for Hispanic children and 25 percent for Caucasian, non-Hispanic children.[1]

Living in a single-parent household can have a significant economic impact on children. According to the U.S. Census Bureau, approximately 6.2 percent of married couple families live in poverty, while 27.3 percent of single-parent families live in poverty. Furthermore, the poverty rate is 29.9 percent for single-mother households.[2]

Approximately 40 percent of U.S. children have divorced parents, and most single-parent families result from divorce;[3] still, many children are born into single-parent families. In 2011, 40.7 percent of all births in the United States were to unmarried women.[4] Non-marital birth rates are highest among Hispanic women, followed by African-American women; rates are much lower for non-Hispanic Caucasian and Asian women.[5]

In 2012, just 64 percent of U.S. children age 17 and younger lived with two married parents; 24 percent lived with just their mother, and 4 percent lived with only their father. Younger children are more likely to live with two parents: 72 percent of children ages 5 and younger lived with two parents in 2012, compared to 65 percent of children age 15 to 17.[6]

[1] The Annie E. Casey Foundation. (2013). *Children in Single Parent Families by Race.* Retrieved from Kids Count Data Center: http://datacenter.kidscount.org/data/tables/107-children-in-single-parent-families-by#detailed/1/any/false/867,133,38,35,18/10,168,9,12,1,13,185/432,431

[2] Matthews, R. (2012). *27.3% of Single Parent Households Live in Poverty.* Retrieved from Policy Mic: http://www.policymic.com/articles/11316/27-3-of-single-parent-households-live-in-poverty

[3] U.S. Department of Health and Human Services. (2013, April 5). *Good Talking, Good Listening.* Retrieved from Building Blocks for a Healthy Future: http://bblocks.samhsa.gov/family/TalkingListening/divorce.aspx.

[4] Centers for Disease Control and Prevention. (2013, August 5). *Unmarried Childbearing.* Retrieved from Centers for Disease Control and Prevention Website: http://www.cdc.gov/nchs/fastats/unmarry.htm

[5] Ventura, S. J. (2009). Changing Patterns of Nonmarital Childbearing in the United States. *NCHS Data Brief.*

[6] Federal Interagency Forum on Child and Family Statistics. (2013). *Family Structure and Children's Living Arrangements.* Retrieved from ChildStats.gov: http://www.childstats.gov/americaschildren/famsoc1.asp

Almost 40 percent of Dallas County children live with a single parent.

Child Support: Court-Ordered Compliance

Percent of Texas parents (on the Office of the Attorney General caseload) who paid any of their court-ordered child support

2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
78	80	82	81	80	81	80	78	79	79

Data Source: State of Texas Office of the Attorney General: Child Support Division.

According to the Office of the Attorney General (OAG), the percentage of Texas parents paying any of their child support has remained relatively stable at around 80 percent for nearly a decade.

In 2012, the OAG collected $3.5 billion in child support statewide, with nearly $323 million coming from Dallas County cases. The statewide OAG caseload as of August 31, 2012, was more than 1.3 million, with Dallas County representing 128,889 of those cases.

Though the percentage of parents paying in their child support has remained stable, about 46 percent of parents in Dallas County are past due in their payment, and caseloads statewide as well as for Dallas County have continued to increase over the past decade. Unpaid child support in Texas has risen to nearly $11 billion, with more parents either applying to have their obligations reduced (due to the weakened economy) or applying for enforcement services, thus increasing caseloads.[1]

The Child Support Division of the OAG declares responsibility to assist parents in obtaining the financial support necessary for children's maintenance.[2] Services offered include locating an absent parent, establishing paternity, establishing and enforcing child and medical-support orders, as well as reviewing, adjusting, collecting and distributing child support payments. All services pertaining to the management of child support are provided free of cost to families.

A Texas court may order a parent to support a child until the child's 18th birthday or graduation from high school, whichever occurs later. Generally, a percentage of income is paid to the parent who has primary custody of the child.

This percentage is 20 percent for one child and increases slightly for each additional child.[3]

Factors a court may consider when determining child-support guidelines are included in the Texas Family Code and are applied on a case-by-case basis. The OAG works to ensure that parents understand their rights and responsibilities pertaining to child support.

Of the $35.1 billion in child support due nationally in 2009, the U.S. Census Bureau reported that 61 percent was received.[4]

[1] Associated Press. (2012). "Report: Unpaid child support in Texas nearly $11B." Retrieved from CBS DFW Website: http://dfw.cbslocal.com/2012/10/01/report-unpaid-child-support-in-texas-nearly-11b/

[2] The Office of the Attorney General of Texas. (2010). About the Child Support Program. Retrieved from the Texas OAG Website: https://www.oag.state.tx.us/cs/about/index.shtml

[3] Texas Law Help. (2013). Answers to questions about Child Support in Texas. Retrieved from the Texas Law Help Website: http://texaslawhelp.org/resource/answers-to-questions-about-child-support-in-t

[4] U.S. Census Bureau. (2009). Custodial Mothers and Fathers and Their Child Support: 2009. Retrieved from the Census Website: http://www.census.gov/prod/2011pubs/p60-240.pdf

Almost half of Dallas County parents are behind on child support payments.

Children Receiving TANF

Average number of children receiving basic and state program benefits under the Temporary Assistance to Needy Families program each month in Dallas County

2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
27,357	20,445	15,342	11,495	8,973	7,242	6,351	8,137	9,111	7,611

Data Source: Texas Health and Human Services Comission.

The average number of children receiving Temporary Assistance to Needy Families (TANF) benefits in Dallas County each month was 7,611 in 2012, a decline of nearly 20,000 since reaching a peak in 2003. This is consistent with the overall statewide trend of declining TANF caseloads. Texas is one of just five states seeing a decline in TANF caseloads since the beginning of the recession.

There are number of reasons why state caseloads might decrease, other than the temporary nature of the benefits. The block-grant structure of the program allows states to allocate TANF funds for non-cash benefits such as child-care assistance, homelessness prevention and child-welfare services, among other things.

As a result, when the demand for cash assistance increases, funds that have already been allocated are difficult to reclaim for cash benefits. Additionally, since states are rewarded for the employment rate of TANF recipients, there is an incentive to reduce caseloads to maintain high employment rates among recipients.[1]

TANF provides financial help for children and their parents in the form of Lone Star Card payments to help with food, clothing, housing, utilities and other basic needs. In order to receive TANF, families must meet income and resource requirements that consider rent, utility and child care costs, among other things.

Families approved for TANF receive payments for six months and apply for renewal for 12 to 36 months depending on education, work experience and economic security. While this time limit applies to parents and relatives, there is no time limit for children receiving TANF.

When a parent or relative is approved for TANF benefits, he or she must agree to a personal responsibility agreement that includes requirements to train or look for a job, get medical screening and ensure that children attend school.[2]

[1] Pavetti, L., Trisi, D., & Scott, L. (2011, January 25). *TANF Responded Unevenly to Increase in Need During Downturn.* Retrieved from Center on Budget and Policy Priorities Website: http://www.cbpp.org/cms/?fa=view&id=3379

[2] Texas Health and Human Services Commission. (2013). *Temporary Assistance for Needy Families (TANF).* Retrieved from Texas Health and Human Services Commission Website: http://www.hhsc.state.tx.us/help/financial/temporary-assistance.shtm

An average of 7,611 Dallas County children received TANF benefits each month in 2012.

SNAP (Supplemental Nutrition Assistance Program) Enrollment

Average monthly enrollment in SNAP for children under 18

2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
69,435	103,137	114,901	125,166	114,420	125,702	154,106	179,346	220,101	221,864

Data Source: Texas Health and Human Services Commission.

Although TANF enrollment has continued to decline, child participation in the Supplemental Nutrition Assistance Program (SNAP) has nearly doubled over the last five years with nearly a quarter of a million children receiving SNAP benefits in 2012. In Dallas County, there were 221,864 child recipients of SNAP.

SNAP benefits (formerly known as "food stamps") is a federally funded program administered through the Texas Health and Human Services Commission that helps low-income families purchase food they might not otherwise afford. Benefits are available to families, single adults and the elderly. A family of four may qualify with an annual income below $28,665 and a bank balance below $2,001.[1]

Since the SNAP program is funded by the U. S. Department of Agriculture, its reauthorization is part of the omnibus farm bill passed every five years.

SNAP is up for reauthorization this year. At press time, Congress had not reauthorized funding for SNAP.

[1] Benefits.gov. (2013). *Texas Health and Human Services Commission (HHSC)*. Retrieved from Benefits.gov: http://www.benefits.gov/benefits/benefit-details/1348

There were 221,864 SNAP recipients under age 18 in Dallas County in 2012.

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

Number of infants and children who received WIC services in Dallas County reported in the spring of each year

	2006	2007	2008	2009	2010	2011	2012	2013**
Infants & Children	66,494	72,652	60,031	86,388	88,171*	80,310	N/A	79,208**
Women†	22,100	25,017	43,253	28,895	30333*	28,855	N/A	30,280**

Data Sources: Texas Department of State Health Services: Clinical Services Branch — WIC Program. All numbers are from April, except where noted.
**May 2010 Report. ** January 2013 Report. †Pregnant, Postpardum, and Breastfeeding*

In January 2013, 79,208 infants and children and 30,280 women received benefits through the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) program in Dallas County. The WIC helps pregnant women, new mothers and children through nutrition education, counseling, healthy foods and assistance accessing health services.[1]

In order to qualify, clients must receive a medical screening to determine if they are at nutritional risk, and the household income must not exceed 185 percent of the federal poverty level.[2]

According to the Centers for Disease Control and Prevention, changes in the WIC program instituted in 2009 may be contributing to a decline in childhood obesity. Those changes include the elimination of juice from infant food packages, a reduction in saturated fat and policies that made the purchase of produce easier. The program has also done more to encourage breastfeeding, which is linked to lower rates of child obesity.[3]

[1] Texas Department of State Health Services. (2013, May 6). *WIC — Women, Infants and Children Program.* Retrieved from Texas Department of State Health Services Website: http://www.dshs.state.tx.us/wichd
[2] Texas Department of State Health Services. (2013, February 12). *WIC Eligibility.* Retrieved from Texas Department of State Health Services Website: http://www.dshs.state.tx.us/wichd/gi/eligible.shtm
[3] Stobbe, M. (2013, August 13). CDC: First national sign of childhood obesity drop. *Southeast Missourian*

More than 100,000 women, infants and children get WIC nutrition benefits in Dallas County.

School Meals Program Eligibility

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

	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Number	246,319	257,146	274,949	280,790	287,865	301,099	315,855	325,767	333,519	345,053
Percent	57.1	59.3	62.1	63.4	64.5	66.9	69.4	70.9	71.4	72.8

Data Source: Texas Education Agency: Economically Disadvantaged Statues Reports.

The National School Lunch Program is a federally assisted meal program which provides nutritionally balanced, low-cost or free lunches to children at more than 100,000 public and private schools and residential child care institutions in the U.S. The program cost $11.1 billion in Fiscal Year 2011, serving more than 31 million low-income children who received free or reduced-price meals.[1]

The total percent of children eligible for receiving free or reduced-price meals in the state of Texas during the 2012-13 academic year is 60.25 percent, or 3,058,894 children.[2] In Dallas County, 72.8 percent of school children are eligible for these meal programs. The number of children who are eligible for these services in Dallas County comprises about 11.3 percent of the total number of eligible children in the state of Texas. (Percentages in this table reflect the total number of children eligible for free meals and reduced-priced meals and those who are considered "other economically disadvantaged.")

Approximately 22 percent or 16.1 million children in the U.S. were living in poverty in 2011.[3] Children from families with incomes at or below 130 percent of the poverty level are eligible for free meals, and those between 130 percent and 185 percent of the poverty level are eligible for reduced-price meals, for which students pay no more than 40 cents.

About 81 percent of children deemed to be "food insecure" by Feeding America were income-eligible for nutrition programs, with incomes at or below 185 percent of poverty.[4] Nationwide, 22.4 percent of children are food insecure, and do not consistently receive enough nutritionally adequate food for a healthy life.

When school is not in session, children on the free and reduced-price meal program often face hunger, with these meals not being available on weekends or during the summer months. The North Texas Food Bank has a variety of programs for children, such as Food 4 Kids, which provides elementary school children with backpacks full of nonperishable, kid-friendly food for them to take home on weekends. This program served approximately 11,000 hungry children in the Dallas area in 330 schools.[5] Additionally, the Summer Food Service Program, a federal nutrition program that provides free food when school is out, served 2.3 million children in 2011.

[1] United States Department of Agriculture: Food and Nutrition Service. (2012). National School Lunch Program. Retrieved from FNS Website: http://www.fns.usda.gov/cnd/Lunch/AboutLunch/NSLPFactSheet.pdf

[2] Texas Education Agency. (2012-2013). Economically Disadvantaged Student: Statewide Totals. Retrieved from TEA Website: http://ritter.tea.state.tx.us/cgi/sas/broker

[3] Feeding America. (2011). Child Hunger Facts. Retrieved from Feeding America Website: http://feedingamerica.org/hunger-in-america/hunger-facts/child-hunger-facts.aspx

[4] Feeding America. (2011). Map the Meal Gap, Food Insecurity in your County. Retrieved from Feeding America Website: http://feedingamerica.org/hunger-in-america/hunger-studies/map-the-meal-gap.aspx

[5] North Texas Food Bank. (2012). Programs: Food 4 Kids. Retrieved from the NTFB Website: http://web.ntfb.org/page.aspx?pid=287#foodforkids

In Dallas County, 72.8 percent of school children are eligible for school meals.

Subsidized Housing Units

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

	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Public Housing	5,566	5,566	5,566	5,566	5,566	4,510	4,510	4,510	4,510	4,510
Section 8	26,867	26,862	26,862	26,895	26,895	29,604	29,604	29,598	29,155	27,919
TOTAL	32,433	32,428	32,428	32,461	32,461	34,114	34,114	34,108	33,665	32,429

Data Source: Texas Housing Association.

The National Low Income Housing Coalition reported in its 2013 "Out of Reach" report that the average hourly wage among renters is $14.31, with the housing wage being $18.79. This means that finding decent, affordable housing for low-income renters may be very difficult.[1]

The state of Texas is ranked No. 22 in a most-to-least expensive list of house wages for a two-bedroom dwelling. The hourly wage that a household must earn in Texas (working 40 hours a week, 52 weeks a year) in order to afford the Fair Market Rent (FMR) for a two-bedroom unit, without paying more than 30 percent of their income, is $16.67. In Dallas County, the hourly wage necessary is slightly higher, at $17.06.

There is no state in which a single, minimum-wage worker can afford a two-bedroom unit at FMR while working a standard 40-hour work week without paying more than 30 percent of their income. In the state of Texas, the hours needed to afford a unit are 92 per week, with an annual income of $34,671.

For every 100 extremely low-income renter households, there are just 30 affordable and available units. Extremely low-income renters earn less than 30 percent of the area's median income, which is set according to family size, varies by region, and is used to determine income eligibility for affordable housing programs.

The Texas Housing Authority administers subsidized housing programs for Dallas County. The U.S. Census Bureau reported in 2011 that nearly 19 percent of occupied housing units in Dallas County had household incomes below $20,000. Of these occupied housing units, 14.7 percent had monthly housing costs exceeding 30 percent.[2] Though there has been an increased need for low-income housing, the number of subsidized housing units in Dallas County has decreased slightly in the past few years.

[1] National Low Income Housing Coalition. (2013). Out of Reach 2013. Retrieved from the NLIHC Website: http://nlihc.org/sites/default/files/oor/2013_OOR.pdf

[2] U.S. Census Bureau. (2011). Housing Financial Characteristics; 2011 American Community Survey: Dallas County, Texas. Retrieved from the U.S. Census Bureau Website: http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_11_1YR_S2503&prodType=table

There is a dearth of subsidized housing for low-income families in Dallas County.

Homeless Children and Youth

Number of homeless children and unaccompanied youth identified in Dallas County

2005	2006	2007	2008	2009	2010	2011	2012
1,214	1,265	1,171	1,306	1,355	1,161	1,157	1,360

Data Source: Metro Dallas Homeless Alliance.

The "Point-In-Time Homeless Count and Census" conducted by the Metro Dallas Homeless Alliance in 2012 showed that the number of homeless children and youth in Dallas County has increased by more than 200 since 2011.[1] The report states that the increase is likely due to a new effort to count this population. In 2012, children and youth made up 22 percent of the total homeless population.

Of the homeless children and youth of known gender, 51 percent are female. The primary racial/ethnic demographic of this population is African-American at 66 percent, up 4 percent from 2011, followed by Hispanics at 16 percent and non-Hispanic Caucasians at 12 percent.

The age range representing the highest rate of homeless children is 1 to 3 years at 23 percent, followed closely by 4- to 6-year-olds at 22 percent, with rates decreasing with age. Of the adults surveyed, 496 reported they had children living with them, which is an 8 percent increase from 2011 and a 36 percent increase since 2010.

Beginning with the 2011 report, a separate Youth Survey was developed and administered within the Dallas Independent School District (DISD) in an effort to capture a more accurate portrait of homelessness among children and teenagers. Information provided in the survey included demographics, resources these individuals need most, and living arrangements.

Homeless youth who took the survey indicated their top five needs as counseling, emotional support, food, medical care and job training. Of those surveyed, 47 percent were living in an emergency shelter, 31 percent were doubled up with family or friends, 5 percent were in constant transition and another 5 percent were living outdoors.

The surveys indicate that 50 percent of adult individuals were homeless because of unemployment. Youth surveys from DISD reported the primary causes of homelessness to be family problems or lack of money. Other leading reasons for homelessness were reported as substance abuse/dependence, mental illness, medical disability, eviction, legal problems and domestic abuse.

[1] Metro Dallas Home Alliance. (2012). Point-In-Time Homeless Count and Census: Dallas County. Retrieved from the MDHA Website: http://www.mdhadallas.org/downloads/2012DallasHomelessCountCensusReportFINAL.pdf

Twenty-two percent of Dallas County's homeless are children and teens.

Eligible Children in Subsidized Child Care

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

2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
24,351	25,098	26,034	25,057	25,200	20,021	23,836	27,700	24,102	25,361

Data Source: Child Care Group.

In 2011, 32.7 million children were in a regular child care arrangement while their parents worked or were busy outside the home.[1] In 2012, there were 648,735 families in the state of Texas reported to be living in poverty, with the total amount of children under age 6 who potentially needed child care in Texas being more than 1.3 million.[2]

It is difficult for working parents in low-income jobs to afford child care, especially considering that the average annual fees for full-time care in a center in Texas range from $6,000 to $8,000 or more, depending on the child's age. The percent of income a Texas family of three at the poverty level spent on infant care in 2011 was almost 45 percent, and nearly 35 percent for toddler care. These costs can exceed nearly $15,000 in some states for one infant.

The cost of full-time child care as a percent of median family income in Texas is 12 percent for married couples and 37 percent for single parents. Center-based child care fees for an infant exceed annual median rent payments in 22 states and the District of Columbia. Fees for two children exceed annual median rent payments in all 50 states and the District of Columbia. In 35 states and the District of Columbia, the average cost of some center-based care was higher than one year of tuition at a four-year public college.[3]

However, unlike the cost of higher education, there is no public financing system to help with child care costs. Federal grants are provided to states through the Child Care and Development Block Grant to subsidize the monthly cost of child care for low-income families. About one of every six children is eligible, with around 1.7 million children receiving assistance.

Nonprofit agencies, such as the ChildCareGroup of Dallas, have many goals and strategies for promoting, delivering, and expanding early child care and education. Serving families and children through Relationship-Centered Child Care, the ChildCareGroup offers services in early childhood development, teacher and parent training, a food and nutrition program, and provides child care resource and referral services to parents and employers.[4]

To be eligible to receive child care assistance through ChildCareGroup, applicants must live in Dallas County, currently work or attend job training or an educational program for a minimum of 25 hours per week, have a monthly income within the specified guidelines, and have a child under the age of 13 who is a legal U.S. resident.

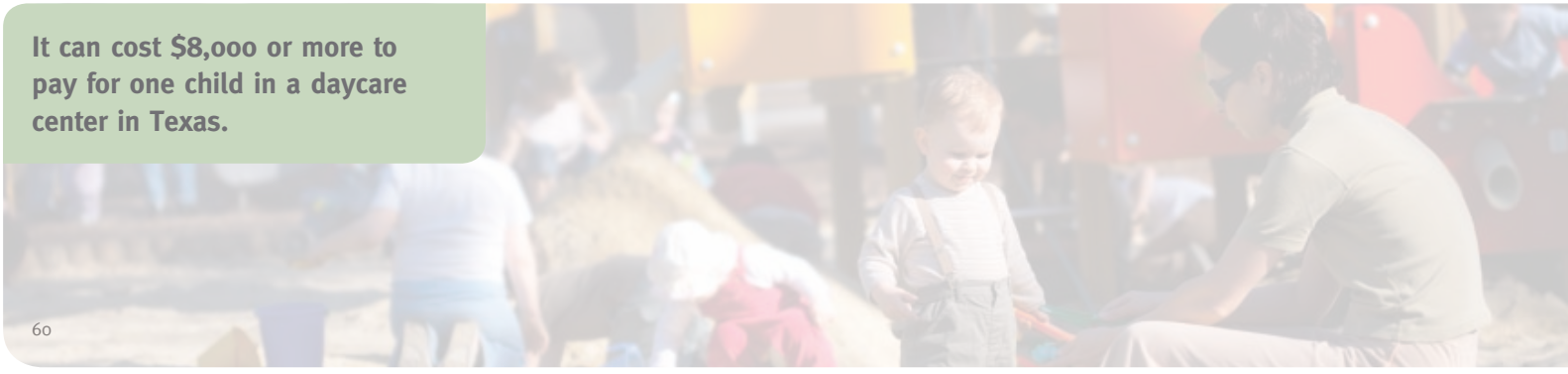
[1] U.S. Census. (2011). Child Care. Retrieved from the Census Website: http://www.census.gov/how/infographics/child_care.html

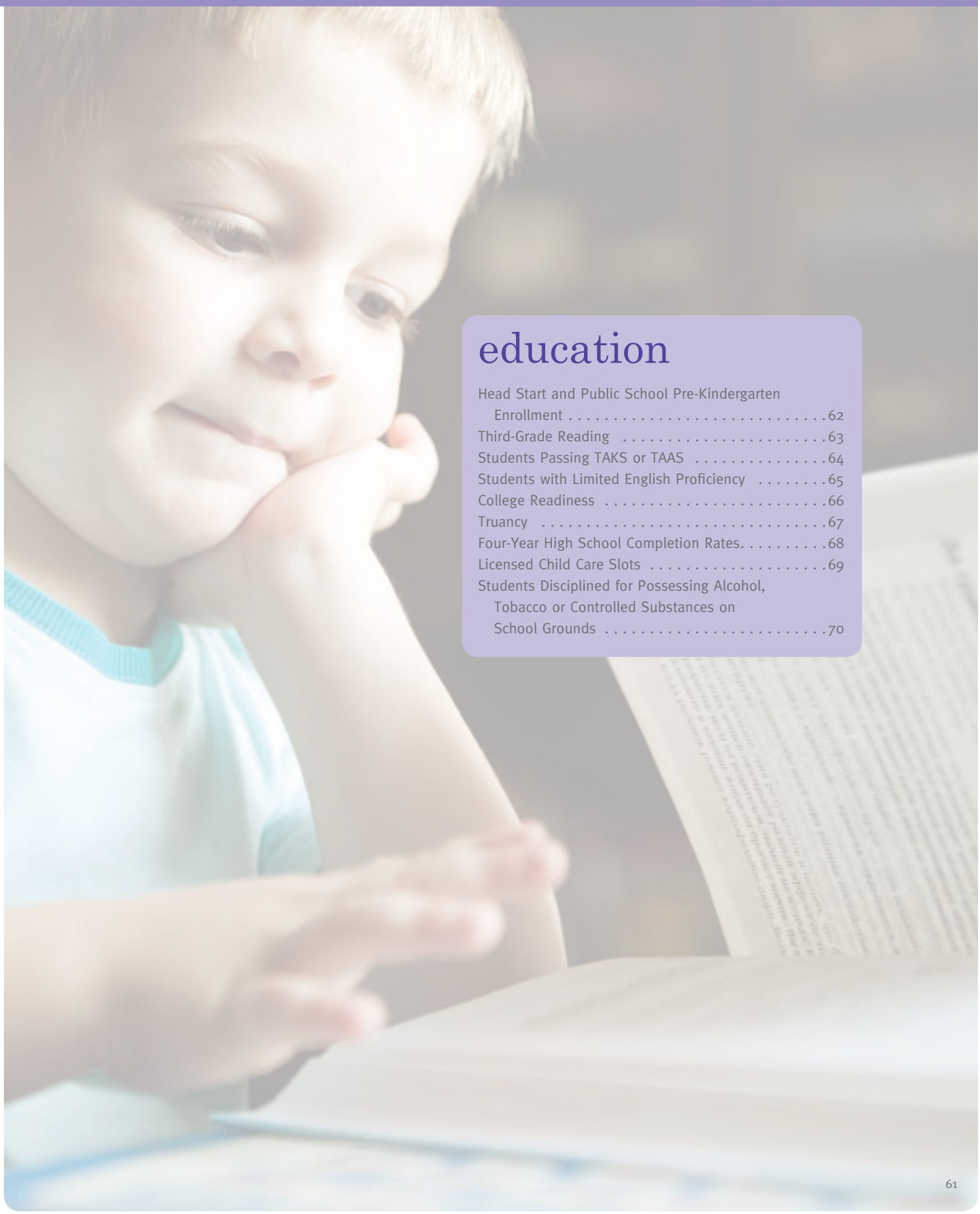
[2] Child Care Aware of America. (2012). Child Care in the State of Texas. Retrieved from the naccrra Website: http://www.naccrra.org/sites/default/files/default_site_pages/2012/texas_060612-3.pdf

[3] Child Care Aware of America. (2012). Parents and the High Cost of Child Care. Retrieved from the naccrra Website: http://www.naccrra.org/sites/default/files/default_site_pages/2012/cost_report_2012_final_081012_0.pdf

[4] ChildCareGroup. (2011). Child Care Assistance. Retrieved from ChildCareGroup Website: http://www.childcaregroup.org/Parents/CCA.html

It can cost $8,000 or more to pay for one child in a daycare center in Texas.





education

Head Start and Public School Pre-Kindergarten Enrollment

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

	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Head Start	4,259	4,259	4,399	4,259	4,259	4,259	4,259	4,403	3,827	4,116
Public Pre-K	14,870	15,899	16,638	17,653	18,296	18,593	19,400	19,384	20,289	20,896

Data Source: Head Start of Greater Dallas; Texas Education Agency (Public PreK).

Research has consistently indicated that high-quality early childhood education yields significant long-term benefits. The quality of life for a child and the contributions that child brings to society as an adult are inextricably linked to the first five years of life. Statewide, the Texas child population is growing rapidly, as is the need for quality early childhood programs. However, the total available supply of early childhood education programs could potentially serve only 45 percent of the need in 2010. Dallas County has one of the smallest relative supplies of slots needed in the state.[1]

Head Start provides low-income families with high-quality preschool programming and comprehensive wellness services for children ages 3 to 5. Statewide, Head Start was able to serve only 31 percent of eligible 3-year-olds and 39 percent of 4-year-olds.[2] Head Start generally operates through non-profit organizations. Dallas County has been served for more than 20 years by Head Start of Greater Dallas, which receives 80 percent of its operating budget from federal funds and the other 20 percent from community donations, for a total of nearly $9 million annually.

The number of students enrolled in Dallas County has been fairly constant over the past decade, but enrollment is expected to drop due to sequestration, the automatic spending cuts enacted on March 1, 2013, when Congress was unable to agree on lowering the federal deficit. Dallas County will lose approximately $1.85 million, depriving more than 360 children of services.[3]

The number of students enrolled in public pre-kindergarten in Dallas County has steadily increased over the last decade. Based on 2010 U.S. Census information, 85 percent of eligible students were served statewide. However, only 69 percent were served in Dallas County, meaning that 31 percent of eligible pre-K students were unenrolled.[4]

Steve Bell, senior director of the Bipartisan Policy Center, warns that immediate losses due to sequestration will have a lasting impact. “This is not like a government shutdown,” he said. “This is much more insidious because it’s slower, it’s cumulative and it’s more diffuse.”

[1] Schexnayder, D., Jauniper, C. & Schroeder, D. (2012) Texas Early Childhood Education Needs Assessment Retrieved from: http://www.utexas.edu/research/cshr/pubs/pdf/FINAL_Gap_Analysis_Nov_7_2012.pdf

[2] Schexnayder, D., Jauniper, C. & Schroeder, D. (2012) Texas Early Childhood Education Needs Assessment Retrieved from: http://www.utexas.edu/research/cshr/pubs/pdf/FINAL_Gap_Analysis_Nov_7_2012.pdf

[3] Head Start of Greater Dallas. (2013) FEDERAL CUTS TO HEAD START AND EARLY HEAD START AND THE IMPACT AT THE LOCAL LEVEL Retrieved from: http://www.hsgd.org/media/press-releases

[4] Schexnayder, D., Jauniper, C. & Schroeder, D. (2012) Texas Early Childhood Education Needs Assessment Retrieved from: http://www.utexas.edu/research/cshr/pubs/pdf/FINAL_Gap_Analysis_Nov_7_2012.pdf

Thirty-one percent of eligible pre-K students were unenrolled.

Third-Grade Reading Levels

Percent of third-graders in Dallas County public schools who met standard criteria on the reading section of standardized state tests

2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
82.9	84.0	87.0	84.5	85.6	83.8	84.5	87.2	90.4	87.7

Data Source: Texas Education Agency: Academic Excellence Indicator System.

Third-grade reading levels in Texas have been calculated based on whether students met the standard criteria on the Texas Assessment of Knowledge and Skills (TAKS) until 2012, when the state of Texas Assessment of Academic Readiness (STAAR) replaced it. In 2003, the Texas Education Agency adopted new standardized test requirements.

This change, coupled with the replacement of TAKS with STAAR in 2012, made it difficult to accurately measure student achievement over time. Dallas County was just below the statewide levels of 92 percent and 90 percent in the 2009-10 and 2010-11 school years, respectively.

Third-grade reading skills have become an educational benchmark because of the extensive literature that indicates proficiency is linked to high-school graduation rates. A recent study suggests that students who struggle in third grade will generally continue to struggle and are less likely to graduate high school by age 19.[1]

The latest research indicates that the gap between struggling and fluent readers does not diminish over time. Several factors are said to contribute to whether a child is able to read proficiently by the end of third grade, including general health and vision, participation in high-quality early childhood programs and family-related stressors (e.g., hunger, housing insecurity, family mobility).[2]

[1] D.J. Hernandez, (2011) "Double Jeopardy: How Third Grade Reading Skills and Poverty Influence High School Graduation"

[2] The Annie E. Casey Foundation. (2013) Early Warning Confirmed: A Research Update on Third- Grade Reading Retrieved from: http://www.aecf.org/~/media/Pubs/Topics/Education/Other/EarlyWarningConfirmed/EarlyWarningConfirmed.pdf

Third-grade reading levels in Dallas County rank just below statewide levels.

Students Passing All TAAS/TAKS Tests

Percent of children meeting the Texas Assessment of Academic Skills or Texas Assessment of Knowledge and Skills in Dallas County public school districts

2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
42.6	63.0	57.5	62.0	64.5	67.5	70.5	73.6	73.5	75.2

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

The Texas Assessment of Knowledge and Skills (TAKS) is a standardized test that aims to measure students' ability to analyze and comprehend core subject matters and is administered each year. The Texas Education Agency (TEA) has recently replaced the TAKS with the State of Texas Assessments of Academic Readiness (STAAR), said to be a more rigorous assessment tool.

STAAR passing rates on courses typically taken by high-school freshmen ranged from 88 percent on Biology to 54 percent on English I writing. TEA reports that results showed very little change from 2012 levels when comparing the performance of first-time test-takers.[1]

Overall, Dallas County students have shown a steady increase in the percentage of students who passed all TAKS tests. Dallas students are, however, performing below state averages.

On average, Latino and African-American students continue to experience higher failure rates on standardized tests in comparison to their Caucasian peers. There are many explanations for the achievement gap in Dallas County, and the debate generally falls into two schools of thought.

The first explains school failings among urban and minority youth as products of poverty, poor motivation and inadequate family socialization for academic competence. The other focuses on the characteristics of the schools, such as the level of segregation, curricular offerings, and level of teacher certification. The latter has a less comprehensive body of literature, but could potentially have a major impact on the understanding of students' academic performance in urban contexts.

[1] Texas Education Agency. (2013) Statewide STAAR® passing rates stable for 2012-13 school year Retrieved from: http://www.tea.state.tx.us/news_release.aspx?id=25769805453

Despite improvements, Dallas students are performing below state averages on standardized tests.

Students with Limited English Proficiency

Number and percent of students in Dallas County public schools who have Limited English Proficiency

	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Number	95,757	97,647	97,892	100,813	105,454	110,472	116,075	117,932	121,275	126,684
Percent	22.4	22.6	22.6	22.8	23.8	24.8	25.8	25.9	26.4	27.2

Data Source: Texas Education Agency: Economically Disadvantaged Statues Reports.

A large and growing number of children with Limited English proficiency (LEP) are students in U.S. public schools. Nationally, about one in nine students enrolled in pre-kindergarten through grade 12 were classified as LEP in 2008-09.

According to the Texas Education Agency (TEA), LEP students are those students whose primary language is one other than English and whose English-language skills are such that the student has difficulty performing ordinary classwork in English. These students receive bilingual education or English as a Second Language (ESL) instruction, depending on the school's LEP enrollment.

Texas has the second-largest LEP population next to California, and 99 percent are Spanish speakers.[1] The state average is 17 percent LEP students. Dallas County has consistently been about 10 percentage points higher than the state average for the past five years. The *Dallas Morning News* reported that there are 230 languages spoken in North Texas, and 42 percent of Dallas County households' primary language is one other than English.[2]

The large number of LEP students, and the diverse challenges the schools that serve them face, make Dallas County a good place to develop and explore best practices and models for serving LEP students. The Dallas-based non-profit organization COMMIT! reports that, despite nearly 30 percent of Dallas County students' classification as LEP, programs supporting English-language acquisition only receive 3 percent of philanthropic dollars.[3]

[1] Rossell, Christine (2009) Does Bilingual Education Work? The Case of Texas. Texas Public Policy Foundation retrieved at: http://www.texaspolicy.com/center/education-policy/reports/does-bilingual-education-work

[2] Landers, Jim (2013) "Language access and the cost of health care in Dallas County." *The Dallas Morning News* retrieved at: http://www.dallasnews.com/business/columnists/jim-landers/20130429-language-access-and-the-cost-of-health-care-in-dallas-county.ece

[3] COMMIT! (2013) Five Critical Questions about Ed Giving retrieved at: http://commit2dallas.org/five-critical-questions-about-dallas-ed-giving/

Ninety-nine percent of Texas students with Limited English Proficiency have Spanish as a first language.

College Readiness

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

2006	2007	2008	2009	2010	2011
32.2	33	40.1	42.3	46	46.7

Data Sources: 2008, 2009, 2010, 2011 ACS Data; 2006 & 2007 SAHIE Data.

According to the Texas Education Agency (TEA), "Texas was the first state to adopt college readiness standards, concepts that are to be taught in the public schools that help prepare students for success in the workplace or in college or university courses."[1]

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

In 2010, 52 percent of Texas graduates were deemed college-ready based on the above standard. Dallas County was roughly 5 percent below the state average for the same year. A recent report found that a majority of students who took the ACT in 2011 lacked the skills to pass introductory college courses.[2] Similarly, a report in 2012 found that Texas high school students had some of the lowest scores in more than a decade.[3]

It is unclear that the state standardized tests, ACT and SAT, are equally effective predictors of college success. In 2012, TEA recommended lowering the threshold for college readiness to include only students who meet the passing standard on the standardized tests.[4]

Students who meet college-ready standards do not have to take a placement exam before entering college. The placement test establishes whether the student needs remediation. The National Center for Education Statistics estimated in 2007-08 that approximately 21 percent of students nationwide take at least one remedial class when entering college. Only 25 percent of full-time students at Texas public universities earn a bachelor's degree in four years.[5]

[1] TEA (2010) Texas College and Career Readiness Standards more comprehensive than national standards retrieved at: http://www.tea.state.tx.us/index4.aspx?id=8061

[2] Stutz, Terrence (2011) "Majority of Texas students not ready for college, ACT results show." *Dallas Morning News* retrieved at: http://www.dallasnews.com/news/education/headlines/20110817-majority-of-texas-students-not-ready-for-college-act-results-show.ece

[3] Stutz, Terrance (2012) "SAT scores drop sharply in Texas as more students take exam." *Dallas Morning News* retrieved at http://www.dallasnews.com/news/education/headlines/20120924-sat-scores-drop-sharply-in-texas-as-more-students-take-exam.ece

[4] Alexander, Kate (2012) "In court, TEA official surprises with new definition of 'college ready'." Statesman.com retrieved at: http://www.statesman.com/news/news/in-court-tea-official-surprises-with-new-definitio/nTR3G/

[5] Complete College America (2011) Time is the Enemy. Retrieved at: http://www.completecollege.org/docs/Time_Is_the_Enemy.pdf

Less than half of Dallas County graduates were deemed college-ready in 2010.

Truancy

Number of truancy filings for the school districts in Dallas County

2004	2005	2006	2007	2008	2009	2010	2011	2012
19,061	14,053	N/A*	13,401	35,184	38,695	46,043	48,859	36,036

*Data Source: Dallas County Truancy Court. *2006 data is currently missing.*

Truancy is widely seen as one of the early warning signs of educational failure and the risk of dropping out of school. In the Texas Education Code, truancy is defined as a "failure to attend school." Juveniles violate the law when they fail to attend school on 10 or more days or parts of days within a six-month period in the same school year, or on three or more days or parts of days within a four-week period. Many schools count students absent if they arrive 10 minutes after class has begun; other schools count three unexcused tardies as an absence.

In 2013, three advocacy groups — Disability Rights Texas, Texas Appleseed and the National Center for Youth Law — filed a complaint with the U.S. Justice Department against Dallas County truancy courts, claiming students experience "cruel and unusual" punishment and face criminal misdemeanor charges because of errors in electronic attendance-tracking systems. In the 1990s, the state legislature designated truancy a Class C misdemeanor, meaning children may be tried as adults.

There has been a 12 percent decrease in county cases from 2011 to 2012. Dallas County Judge Clay Jenkins credits this to a model system that supplements truancy-only courts with social workers and case managers.[1] Despite the decrease, Dallas County still issued nearly half of the state's truancy citations during the 2011-12 school year. These citations accounted for more cases than any other Texas county and nearly three times more than Harris County, which has the state's largest school district, Houston ISD.[2]

[1] Formby, Brandon (2013) "Dallas truancy courts expected to face Justice Department complaint." *The Dallas Morning News*. Retrieved at: http://www.dallasnews.com/news/metro/20130611-dallas-truancy-courts-expected-to-face-justice-department-complaint.ece

[2] Texas Appleseed, National Center for Youth Law & Disability Rights Texas (2013) Briefing of compliant filed with DOJ retrieved at: https://s3.amazonaws.com/s3.documentcloud.org/documents/712557/doj-press-release-final-6-5-13-3.pdf

Dallas County issued nearly half of the state's truancy citations during the 2011-12 school year.

Four-Year High School Completion Rates

Percentage of 9th graders who graduated 12th grade in four years

2006	2007	2008	2009	2010	2011
72.8	68.6	68.7	69.6	75.8	81.1

Data Source: Texas Education Agency: Secondary School Completion and Dropouts in Texas Public Schools.

In 2011, just over 81 percent of Dallas County high-school students completed the 9th through 12th grades in the prescribed four years.

It is said that about 10 percent of all high schools produce more than 40 percent of the nation's dropouts.[1] African-Americans and Hispanics are four times more likely than Caucasians to attend one of these schools, which often are referred to as "dropout factories." Twenty-one Dallas schools made Johns Hopkins' 2007 list of "dropout factory" schools.[2]

In 2006, the Texas Legislature created the High School Allotment of approximately $335 million every year for dropout prevention and college readiness. Since then, Dallas County has shown a steady decline in drop-out rates. In 2011-12, the average promotion rate for the original 21 "dropout factory" in Dallas was 60.5 percent.

After years of using different graduation rate calculations, states now have moved toward using a common calculation. Beginning in 2010–11, Texas was required to use a common formula as defined by the U.S. Department of Education.

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

[1] Alliance for Excellent Education. (2012) Texas High Schools. Retrieved at: http://www.all4ed.org/files/Texas_hs.pdf

[2] Johns Hopkins University. (2007) Schools with a Three Year Average Promoting Power Ratio (Class of 2004, 2005 and 2006) of 60% or Less Retrieved at: http://web.jhu.edu/CSOS/images/ ListofSchoolswithaWeakThreeYearAveragePromotingPowerRatio.pdf

About 81 percent of Dallas students complete high school in the prescribed four years.

Licensed Child Care Slots

Number of child care slots available in state-licensed or state-registered facilities in Dallas County

2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
107,402	103,052	95,430	101,600	101,522	100,676	99,209	100,513	101,705	101,466

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

The numbers of licensed child care slots in Dallas County have remained relatively stable over the past decade, but the need far outweighs the supply. With 101,466 licensed slots, Dallas County has one of the smallest relative supplies available among the 20 largest counties in Texas.[1]

The majority of children under age 5 in the United States spend at least part of each day away from their parents or primary caregivers, who are in the labor force. The quality of the care these children receive is critical to ensuring school readiness. High-quality child care also is essential to parents and caregivers' ability to regularly participate in the workforce.

Research clearly indicates that high-quality child care increases children's social and emotional well-being, language and literacy development, as well as their mathematical and reasoning abilities. The Texas Early Learning Council, a governor-appointed advisory council, describes the current early child care and education system in Texas as a patchwork of programs, systems and entities that can often be difficult for parents, caregivers and providers to navigate.

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

[1] Schexnayder, Deanna (2012) Texas Early Childhood Education Assesment [PowePoint Slides] Retrieved from: www.earlylearningtexas.org

Dallas County has 101,466 licensed child care slots, but needs many more.

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

Number of public school students disciplined for possession of illicit substances

2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
2,247	2,473	2,289	2,338	2,753	2,722	2,964	3,182	2,619	2,743

Data Source: Texas Education Agency: Public Education Information Management System (PEIMS).

During the 2011-12 school year, there was a small increase in students disciplined for possession of illicit substances in Dallas County. Possession of alcohol or controlled substances on school grounds has mandatory consequences, as required by law in Texas. But zero-tolerance laws have not deterred drug and alcohol use among the youth of our state.

In 2010, the Department of State Health Services surveyed 96,271 students in grade 7-12 on their self-reported use of alcohol, drugs and tobacco for its biennial Texas School Survey of Substance Use. According to the survey, alcohol continued to be the most widely used substance among Texas secondary-school students, with 62 percent of the students surveyed in reporting they had used alcohol at some point in their lives, down about 1 percent from 2008.

Marijuana was still the most commonly used illegal drug among Texas youth, with about 26.2 percent reporting use, a slight increase from the 2008 survey. In addition, 5.4 percent of Texas middle- and high-schoolers reported they had tried cocaine or crack, with 1.7 percent reporting past-month use.[1]

National policy leaders in drug policy reform suggest shifting the focus of youth and substance use and abuse from fear and punishment to safety and informed decision-making. The "Safety First: Reality-based Approach to Teens and Drugs" suggests providing honest science-based information and an understanding of the legal and social consequences of substance use.[2]

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

[2] Drug Policy Alliance. (2012) Safety First: A Reality-Based Approach to Teens and Drugs. Retrieved from: http://www.drugpolicy.org/resource/safety-first-reality-based-approach-teens-and-drugs

Zero tolerance has not deterred students from using banned substances on school grounds.

safety

Confirmed Victims of Child Abuse and Neglect

Number of confirmed victims of child abuse and neglect in Dallas County for whom Child Protective Services provided remedial services

2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
5,292	5,518	5,116	5,532	5,443	5,403	5,862	5,591	5,069	5,107

Data Source: Texas Department of Family and Protective Services, Data Books and Annual Reports.

According to the Texas Department of Family and Protective Services (DFPS), there were 5,107 confirmed victims of child abuse and neglect in Dallas County in 2012, representing a slight increase from the previous year. Over the past decade, the number of confirmed victims in Dallas County peaked at 5,862 in 2009, declined for the next two years, and then saw a slight increase between 2011 and 2012.

Under Texas law, anyone who thinks a child is being abused, neglected or exploited is required to report it to DFPS.[1] Although Texas' definition lists a wide array of behavior that may encompass abuse and neglect, a more general definition of child abuse and neglect is: "Any recent act or failure to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual abuse or exploitation; or an act or failure to act, which presents an imminent risk of serious harm."[2]

Once a report is made, Child Protective Services caseworkers investigate and talk to family members and other individuals in order to make a decision about how to proceed. In addition to deciding whether or not a child has been abused or neglected, caseworkers also determine whether there is a reasonable likelihood that the child will face abuse or neglect in the foreseeable future. Drug and/or alcohol abuse on the part of the caregiver often is cited as a major factor in child abuse and neglect.

One of the resources available to Dallas County victims of child abuse and neglect is the Dallas Children's Advocacy Center (DCAC). The DCAC has seen a recent increase in the number of children needing their assistance and attention, but the reasons for the increase are not clear. Some have suggested that it may indicate an increase in the number of children being abused, but it may also be related to an increased reporting of abuse.

Regardless of the reason for the increase, DCAC will be better equipped to help with the opening of its new facility, which is considerably larger than the original building. This is of particular importance because children's advocacy centers provide therapy and education on preventing child abuse, as well as working to reduce future victimization and helping to get cases prepared for court to ensure that perpetrators are punished.[3]

[1] Texas Family Code, §261.101.
[2] The Child Abuse Prevention and Treatment Act (CAPTA), 42 U.S.C. §5101; U.S. Department of Health and Human Services, Administration for Children and Families. Child Maltreatment 2011. Downloaded from http://www.acf.hhs.gov/sites/default/files/cb/cm11.pdf.
[3] (Jan. 17, 2013). Miller, Robert. Dallas Children's Advocacy Center to open new facility. *The Dallas Morning News*. facility.ece; (January 14, 2013) Wigglesworth, Valerie. Children's advocacy centers see growing demand to help abused children. *The Dallas Morning News*.

Dallas County had 5,107 confirmed victims of child abuse and neglect in 2012.

Deaths from Child Abuse and Neglect

Number of child fatalities in Dallas County resulting from abuse or neglect

2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
12	16	17	13	31	24	29	17	30	11

Data Source: Texas Department of Family and Protective Services, Data Books and Annual Reports.

According to the most recent statistics currently available, an average of four children die each day from abuse or neglect in this country.[1]

In 2012, there were 11 deaths from child abuse and neglect in Dallas County, representing a 63 percent decrease from 2011. Over the past decade, the number of deaths from child abuse and neglect in Dallas County has fluctuated, ranging from 11 to 31 deaths each year, with an average of 20 deaths each year. In 2011, the number of deaths experienced a considerable spike, increasing by 76 percent from the previous year, but then dropped again considerably in 2012.

It has been suggested that we may not even know the true extent of fatalities resulting from child abuse and neglect, due to the possibility that many of these deaths may be underreported and/or misidentified as accidents.[2]

According to a recent report from Child Welfare Information Gateway, children age 4 and younger are most likely to be victims of child-abuse fatalities. In addition, this report also notes that in nearly 80 percent of cases involving deaths from child abuse and neglect, the perpetrator is the parent, acting alone or with another parent or partner.[3]

[1] Child Welfare Information Gateway. Child Abuse and Neglect Fatalities 2011: Statistics and Interventions. Downloaded from https://www.childwelfare.gov/pubs/factsheets/fatality.pdf on July 31, 2013.
[2] Child Welfare Information Gateway. Child Abuse and Neglect Fatalities 2011: Statistics and Interventions. Downloaded from https://www.childwelfare.gov/pubs/factsheets/fatality.pdf on July 31, 2013.
[3] Child Welfare Information Gateway. Child Abuse and Neglect Fatalities 2011: Statistics and Interventions. Downloaded from https://www.childwelfare.gov/pubs/factsheets/fatality.pdf on July 31, 2013.

Deaths from abuse and neglect in Dallas County averaged 20 per year over the past decade.

CPS Caseload

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

2006	2007	2008	2009	2010	2011	2012
29.0	29.5	23.7	20.0	27.3	30.3	30.1

Data Source: Texas Department of Family and Protective Services.

According to the Texas Department of Family and Protective Services (DFPS), the purpose of Child Protective Services (CPS) is to protect children, act in the children's best interest and solve problems that lead to abuse and neglect.[1] To achieve this goal, among other things, CPS investigates reports of abuse and neglect of children, provides services to children and families in their own homes, and places children in foster care and adoptive homes.[2]

In Dallas County in 2012, CPS caseworkers carried an average of 30.1 cases per month, which represents a very slight decrease from the previous year. Since 2006, county CPS caseloads have fluctuated, experiencing a low of 20 cases per month in 2009 and peaking at 30.3 in 2011. According to the Child Welfare League of America (CWLA), the recommended caseload for CPS caseworkers is 12 cases per month,[3] which means that Dallas County CPS workers have handled more than twice the recommended number during most years since 2006.

CPS caseload is important because a lower caseload improves the quality of work each caseworker does and increases the amount of time he or she is able to dedicate to each case.

Among the problems for CPS is a high rate of turnover, especially among those caseworkers handling abuse cases. Some of this turnover has been attributed to these caseworkers being overwhelmed by heavy caseloads, while also not being paid enough for their efforts.

Improved pay and working conditions may allow for a decreased caseload among CPS caseworkers as well as reducing turnover rates. In order to make these improvements, however, DFPS needs additional funding from the state.[4]

During the 2011 legislative session, DFPS suffered from budget cuts, which affected its ability to properly handle CPS responsibilities. In 2013, DFPS and other social-service agencies worked hard to secure increased funding from the 83rd Legislature. The approved budget (from this past legislative session) will afford the department the ability to hire new staff members, which should achieve the goal of reducing caseloads.[5]

[1] http://www.dfps.state.tx.us/handbooks/CPS/Files/CPS_pg_1000.asp#CPS_1110
[2] Texas Child Protective Services. Downloaded from http://www.dfps.state.tx.us/child_protection/ on July 30, 2013.
[3] Child Welfare League of America. Recommended Caseload Standards. Downloaded from http://www.cwla.org/newsevents/news030304cwlacaseload.htm
[4] (February, 11, 2013). "Agency chief seeks help on child abuse cases." *The Dallas Morning News*. Downloaded from http://www.dallasnews.com/news/state/headlines/20130211-agency-chief-seeks-help-on-child-abuse-cases.ece
[5] Texans Care for Children. "Children and the 83rd Texas Legislature: What Texas got done in 2013 for kids and our future."

Dallas County CPS caseworkers carried an average of 30.1 cases per month in 2012.

Children in Conservatorship

Average number of Dallas County children in Family and Protective Services legal conservatorship

2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
4,061	4,139	4,573	4,675	4,191	3,276	2,992	3,301	3,716	3,948

Data Source: Texas Department of Family and Protective Services: Data Book and Annual Reports.

The mission of Child Protective Services (CPS) is to protect children from abuse and neglect through investigations, services, foster care and adoption. Toward that end, CPS works to promote the safety and stability of families.

At times, however, it is in the best interest of the child for CPS to take legal responsibility for that child, meaning that the courts have appointed the Texas Department of Family and Protective Services (DFPS) temporary or permanent managing conservatorship over the child.

In 2012, CPS had legal responsibility for 3,948 Dallas County children, a 6 percent increase from 2011. The number of children in conservatorship has increased each year since the decade low of 2,992 children in 2009. Since 2003, the number of children in conservatorship increased each year from 2003 to 2006, then decreased for several years before increasing again.

As noted, being placed in conservatorship is not necessarily permanent. The ways in which a child may leave conservatorship include adoption, reunification with the family, permanent placement with relatives or other caregivers, and "aging out" of the system into adulthood.

Although DFPS experienced budget cuts during the 2011 legislative session that affected its ability to handle its many responsibilities, recently approved budgets from the 2013 session should allow DFPS to hire more CPS caseworkers for conservatorship cases.[1]

[1] Texans Care for Children. Children and the 83rd Texas Legislature: What Texas got done in 2013 for kids and our future. Downloaded from http://txchildren.org/Images/Interior/reports/children_and_texas_legislature_2013.pdf

CPS had legal responsibility for 3,948 Dallas County children in 2012.

Children Displaced by Violence

Number of children served in family abuse shelters in Dallas County

	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
New Beginnings Shelter	NA	233	250	233	216	254	NA	NA	NA	NA
Brighter Tomorrows	151	729	714	716	621	552	305	346	334	NA
The Family Place	572	530	654	502	428	432	390	433	461	594
Genesis Women's Shelter	251	146	203	240	241	282	290	270	186	NA
Peaceful Oasis	NA	NA	NA	NA	NA	NA	NA	NA	NA	5

Data Sources: New Beginnings Shelter; Brighter Tomorrows; The Family Place; Genesis Women's Shelter; Texas Muslim Women's Foundation (Peaceful Oasis).

The family-violence shelters in the Dallas area provide a wide range of services, including shelter, counseling, intervention and community education. In 2012, 594 children were served by The Family Place shelter in Dallas County, a 29 percent increase from 2011. Since 2003, the number of children served by local shelters has varied, with Brighter Tomorrows in particular experiencing a significant decrease from its peak of 729 children in 2004 to the 334 children that were served in 2011.

According to the Texas Council on Family Violence, 102 Texas women were killed by a partner or former partner in 2011. Eight of these were in Dallas County. In addition, 26 family members, friends and co-workers also were killed during the same incidents, and sometimes the children were present during their mother's murder.[1] That year there were almost 178,000 domestic-violence incidents in the state of Texas. The following year, 14,534 children in Texas were sheltered because of family violence.[2]

In most instances of family violence homicide, a previous history of domestic violence has been shown to be the most common risk factor.[3] This emphasizes the importance of helping those who have been victims of family violence to prevent them from serious harm in the future.

Keeping parents who are victims of domestic violence safe helps keep the children safe as well.[4] Children exposed to domestic violence are at risk for mental and emotional issues: more likely to be aggressive and angry, to exhibit low self-esteem and withdrawal, to have problems in school and suffer from slower cognitive development.[5]

Long-term impact may be affected by gender: Males exposed to family violence as a child are more likely to become abusers in the same type of situations, while girls are more likely to become victims.[6]

[1] Honoring Texas Victims: Family Violence Fatalities in 2011. Texas Council on Family Violence. Downloaded from http://www.tcfv.org/pdf/womenkilled/2011.pdf
[2] Texas Council on Family Violence. Facts and Statistics. Downloaded from http://www.tcfv.org/resources/facts-and-statistics
[3] Honoring Texas Victims: Family Violence Fatalities in 2011. Texas Council on Family Violence. Downloaded from http://www.tcfv.org/pdf/womenkilled/2011.pdf
[4] Honoring Texas Victims: Family Violence Fatalities in 2011. Texas Council on Family Violence. Downloaded from http://www.tcfv.org/pdf/womenkilled/2011.pdf
[5] (2009). Domestic Violence and the Child Welfare System. U.S. Department of Health & Human Services, Administration for Children & Families. Downloaded from https://www.childwelfare.gov/pubs/factsheets/domestic_violence/impact.cfm
[6] (2009). Domestic Violence and the Child Welfare System. U.S. Department of Health & Human Services, Administration for Children & Families. Downloaded from https://www.childwelfare.gov/pubs/factsheets/domestic_violence/impact.cfm

Shelters can keep children safe, but domestic violence always takes a toll.

Approved Foster Care Homes and Residential Treatment Centers

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

	2009	2010	2011	2012
Approved Foster Care Homes	652	665	769	691
Residential Treatment Centers	2	3	2	4

Data Source: Texas Department of Family and Protective Services.

There were four approved residential treatment centers in Dallas County in 2012, double the number in 2011. Residential treatment centers provide services only to children in need of treatment services for emotional disorders, providing 24-hour residential care to their residents.[1]

In 2012, there were 691 foster care homes approved by child-placing agencies (CPAs) in Dallas County, representing a 10 percent decrease from the 769 homes in 2011. CPAs are persons or organizations responsible for planning or placement of a child in a child care operation, foster home or adoptive home.[2]

Foster care homes provide a place for children to live when they cannot live safely in their own homes and there is no non-custodial parent, relative or close family friend who is able to take care of them. The court may give temporary custody to Child Protective Services, which then places the child in foster care, which is meant to be a temporary situation.[3]

Because being in foster care can be difficult, the Texas Department of Family and Protective Services apprise each child or youth of his or her rights while in foster care. These rights include knowing why they are in foster care, what will happen to them, and the right to receive good care while being protected from harm and treated with respect.[4]

In addition to the challenges involved in growing up in foster care, "aging out" of the system and leaving foster care can also be a daunting task. To that end, there are a number of resources in Texas aimed at helping this population as they shift from foster care to adulthood, providing mentoring and assistance on issues related to health, safety, housing and other transitional living expenses.[5]

Young women in Dallas County will have two new places to seek assistance in 2014. The nonprofit Juliette Fowler Communities will open Ebby House, a residence for young women as they transition out of foster care. In addition, the Letot Center Capital Foundation will open the Letot Girls' Residential Treatment Center to assist teenage girls who have been victims of sexual abuse, prostitution and abandonment. The program, which can assist up to 96 girls at a time, will be operated by the Dallas County Juvenile Department.[6]

[1] Texas Department of Family and Protective Services. Guide to Child Care in Texas. Downloaded from http://www.dfps.state.tx.us/Child_Care/Other_Child_Care_Information/childcare_types.asp

[2] Texas Department of Family and Protective Services. Guide to Child Care in Texas. Downloaded from http://www.dfps.state.tx.us/Child_Care/Other_Child_Care_Information/childcare_types.asp

[3] Texas Department of Family and Protective Services. Foster Care. http://www.dfps.state.tx.us/Adoption_and_Foster_Care/About_Foster_Care/

[4] Texas Department of Family and Protective Services. Rights of Children and Youth in Foster Care. http://www.dfps.state.tx.us/Adoption_and_Foster_Care/About_Foster_Care/rights.asp

[5] *The Dallas Morning News*. "Texas foster kids find transitional support, housing before 'aging out' of system." http://www.dallasnews.com/news/state/headlines/20130619 texas foster kids find transitional support housingbefore aging out of system.ece

[6] *The Dallas Morning News*. "Ebby House in Lakewood to help young women transition out of foster care" (June 26, 2013); "Help on the way for girls" (Sept. 20, 2013).

Dallas County residential centers doubled from two to four in 2012.

Child-Related Sex Crimes

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

2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
55	93	96	88	101	72	83	122	329	295

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

The numbers in the table represent cases filed via indictment or information in Dallas County against defendants for offenses of indecency with a child or sexual assault of a child. In 2012, there were 295 such cases filed in Dallas County, representing just over a 10 percent decrease from the previous year. Since 2003, these numbers have varied significantly, from a low of 55 in 2003 to a peak of 329 in 2011.

It is important to emphasize that the data included in the table reflect only those cases filed in court, meaning that there are potentially other child-related sex crimes of which law enforcement and the courts are unaware. There may also be cases known to law enforcement that do not result in court filings.

Children from all backgrounds and of all races, ethnicities and ages have the potential to be victims of sex abuse. In addition, children are more likely to be sexually abused by someone they know, rather than by a stranger.[1] In Texas, child advocacy centers aid in the investigations of these child-related sex crimes and play an integral role in this process.

In Dallas County, the Dallas Children's Advocacy Center (DCAC) provides assistance by conducting forensic interviews which allow the victim to tell his or her own story in a safe, comfortable setting with professionals who are properly trained and who understand the seriousness and sensitivity of such cases. The DCAC works with law enforcement agencies, Child Protective Services and other interested parties to ensure that victims are protected and that their cases are handled properly throughout the process, up to and including court proceedings, if necessary.[2] In 2012 alone, more than 1,700 forensic interviews were conducted in Dallas County.[3]

Identifying the victims of child and adolescent sexual abuse is extremely important because research suggests that these individuals suffer adverse effects, both short- and long-term, including depression, post-traumatic stress disorder, fear and guilt. In addition, victims may develop substance abuse problems, engage in destructive behavior, have problems in school, and they may go on to engage in criminal behavior as adults.[4]

[1] American Psychological Association. Child sexual abuse: What parents should know. http://www.apa.org/pi/families/resources/child-sexual-abuse.aspx
[2] Dallas Children's Advocacy Center. Forensic Services. Downloaded from http://www.dcac.org/how_we_help/forensic_services_.aspx
[3] (January 14, 2013) *The Dallas Morning News*. Wigglesworth, Valerie. Children's advocacy centers see growing demand to help abused children.
[4] American Psychological Association. Child sexual abuse: What parents should know. http://www.apa.org/pi/families/resources/child-sexual-abuse.aspx

In 2012, 295 cases were filed in Dallas County involving sex crimes against children.

Traumatic Injuries: Sports Related

Number of children treated at Children's for sports related injuries resulting in hospitalization

2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
27	33	58	95	61	73	79	90	46	65

Data Source: Children's Medical Center Dallas.

In 2012, Children's Medical Center treated 65 sports-related injuries, representing a 41 percent increase over 2011. Over the past decade, the number of children hospitalized for sports-related injuries has fluctuated from year to year, ranging from 27 in 2003 to 95 in 2006, with an overall average of about 62 hospitalizations each year.

In general, physicians have noted seeing an increase of sports-related injuries in children in recent decades. Some have attributed this to the playing of advanced-level youth sports year round, which increases the likelihood of injury.[1]

According to the American Association of Neurological Surgeons, sports-related injuries do not often result in fatalities. However, the leading cause of death from sports-related injury is a traumatic brain injury (TBI). TBIs may occur when a person's head suddenly experiences a violent blow or jarring, or when the skull is pierced by an object.[2] Cycling, football, baseball and softball have been identified as the leading causes of sports-related head TBIs.[3]

The best-known type of TBI is a concussion. The Centers for Disease Control and Prevention encourages parents and coaches to be familiar with the signs of a concussion, to create an action plan of how to address concussions before the beginning of the sports season, and to monitor the health and well-being of athletes as they participate in sporting events. In addition, it is important to educate young athletes about the dangers and possible long-term issues associated with concussions, so that they are aware of the seriousness of TBI and are able to identify the symptoms of concussions in teammates.[4]

[1] Texas Children's Hospital. Texas Children's Hospital to expand sports medicine services. http://www.texaschildrens.org/About-Us/News/Texas-Children%E2%80%99s-Hospital-to-expand-sports-medicine-services/

[2] American Association of Neurological Surgeons. http://www.aans.org/Patient%20Information/Conditions%20and%20Treatments/Sports-Related%20Head%20Injury.aspx

[3] American Association of Neurological Surgeons. http://www.aans.org/Patient%20Information/Conditions%20and%20Treatments/Sports-Related%20Head%20Injury.aspx

[4] Centers for Disease Control and Prevention. Injury Prevention & Control: Traumatic Brain Injury. Downloaded from http://www.cdc.gov/concussion/sports/prevention.html.

Children's treated 65 sports-related injuries in 2012.

Traumatic Injuries: Hospitalizations at Children's

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

2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
848	751	845	888	805	795	742	649	620	661

Data Source: Children's Medical Center Dallas.

In 2012, 661 children were admitted to Children's Medical Center Dallas for a traumatic injury, representing a 6.6 percent increase from the previous year. Admissions have fluctuated since 2003, with an average of 760 per year. Over the past decade, trauma-injury admissions peaked in 2006 at 888, while the low of 620 was seen in 2011. According to Children's, approximately 1,300 injured children visit the Trauma Service each year.

Virtually all child injuries are preventable, which signifies the importance of parents and caregivers being knowledgeable and vigilant about the steps that can be taken to prevent such injuries from happening.[1] Preventing childhood injuries also is one of the most effective ways to reduce health care costs.[2] A number of resources are available to caregivers that provide guidance on prevention and assistance to ensure children's safety.

For instance, falls have been identified as the leading causes of non-fatal injuries and emergency room visits for non-fatal injuries for children.[3] As such, Safe Kids Worldwide has suggested a number of precautions that parents and caregivers can take, including: properly strapping children in when using high chairs and strollers, using safety gates to prevent falls on stairs, securing furniture properly to prevent it from tipping over, and taking children to playgrounds with shock-absorbent surfaces that will better cushion a child in a fall.[4]

[1] Center for Disease Control and Prevention. Protect the ones you love. http://www.cdc.gov/safechild/
[2] Children's Medical Center. Safe Kids Dallas Area. http://www.childrens.com/about-us/leading-the-way/child-advocacy/safe-kids-dallas-area.aspx
[3] Center for Disease Control and Prevention. A National Action Plan for Child Injury Prevention: Reducing Fall-Related Injuries in Children. http://www.cdc.gov/safechild/NAP/overviews/falls.html; Safe Kids Worldwide. Falls. http://www.safekids.org/falls
[4] Safe Kids Worldwide. Falls. http://www.safekids.org/falls

About half of the 1,300 children who visit Children's with a trauma injury are admitted as inpatients.

Overall Child Mortality

Number of deaths of children under age 18 for any cause

2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
479	455	458	467	458	446	432	416	416	366*

*Data Source: Texas Department of State Health Statistics: Center For Health Statistics. *2012 data are provisonal, subject to errors and changes.*

In 2012, 366 children under the age of 18 died in Dallas County. Over the past decade, there have been 4,393 child deaths in Dallas County, with an annual average of 439 deaths. The number has varied slightly from year to year, with the decade low of 366 deaths in 2012 representing a 24 percent decrease from the peak of 479 in 2003.

According to the National Center for Health Statistics, unintentional injury is the leading cause of death for children. Unintentional injury covers generally preventable events such as car accidents, drownings, fire, poisoning, falls, hyperthermia and suffocation.[1]

Although such accidents are the leading cause of death for all children, other major causes may vary depending on the child's age. For instance, along with accidents, other leading causes of death for children ages 1 to 4 include congenital malformations, deformations and chromosomal abnormalities. In addition, for children between the ages of 5 and 14, a leading cause of death is cancer.[2]

Pursuant to state law, the Texas Department of State Health and Human Services coordinates a child fatality review committee whose ultimate goal is to reduce the number of preventable child deaths.[3] The purpose of this committee is to:

- Develop an understanding of the causes and incidence of child deaths in Texas;
- Identify procedures within the agencies represented on the committee to reduce the number of preventable child deaths; and
- Promote public awareness and make recommendations to the governor and the legislature for changes in law, policy and practice to reduce the number of preventable child deaths.[4]

[1] Center for Disease Control and Prevention. Protect the ones you love. http://www.cdc.gov/safechild/
[2] Children's Medical Center. Safe Kids Dallas Area. http://www.childrens.com/about-us/leading-the-way/child-advocacy/safe-kids-dallas-area.aspx
[3] Center for Disease Control and Prevention. A National Action Plan for Child Injury Prevention: Reducing Fall-Related Injuries in Children. http://www.cdc.gov/safechild/NAP/overviews/falls.html; Safe Kids Worldwide. Falls. http://www.safekids.org/falls
[4] Safe Kids Worldwide. Falls. http://www.safekids.org/falls

Accidental injuries, congenital illnesses and cancer are the leading causes of pediatric deaths.

Unintentional Deaths of Children: Motor-Vehicle Collisions

Number and rate (per 100,000 residents) of Dallas County children under the age of 18 killed in motor-vehicle collisions

	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012*
Number	31	42	32	23	25	25	23	17	21	18
Rate	4.9	6.6	5.0	3.5	3.8	3.8	3.4	2.6	3.1	NA

*Data Source: Texas Department of State Health Statistics: Center for Health Statistics. *2012 data are provisonal, subject to errors and changes*

In 2012, there were 18 unintentional deaths of Dallas County children under the age of 18 in motor-vehicle collisions. Over the past decade, the number of these types of accidental deaths has fluctuated, peaking at 42 deaths in 2004. The rate of these deaths exhibited similar trends, peaking at 6.6 in 2004, with a low of 2.6 in 2010. Since 2003, there has been an average of about 25 deaths per year in Dallas County.

Motor-vehicle accidents are the leading cause of pediatric death, but according to the Centers for Disease Control and Prevention (CDC), these fatalities are often predictable and preventable.[1] In fact, although the rates for unintentional deaths in motor-vehicle collisions declined by 41 percent over the preceding decade (2000-2009) nationwide, it still remains the leading cause of death among children.[2]

In an effort to reduce the number of these deaths, the CDC has suggested a number of goals and strategies, including conducting research to identify risk factors and interventions; communicating the importance of child passenger safety and car seat placement; and setting forth policies to enable safer environments and decision-making.[3]

In addition to concerns about child safety seats and ensuring the safety of young children, teen drivers are also of concern, especially considering that nearly half of teen deaths in this country each year are due to motor-vehicle accidents. The top five common causes of crashes involving teen drivers have been identified as: 1) driving at night, 2) speeding and street racing, 3) distractions, 4) low seat-belt use and 5) alcohol use.[4] These causes are usually combined with the fact that these young drivers are inexperienced.

Due to serious concerns about the safety of these drivers, teen drivers in Texas are subject to restrictions set forth in Graduated Driver Licensing laws. The goal of these laws is to provide these young drivers with the opportunity to obtain driving experience safely before they are allowed to have the full driving privileges enjoyed by adults. These laws affect drivers under the age of 18 and, depending on the driver's age, may restrict the number of passengers, restrict nighttime driving and may also require supervised driving.[5]

[1] Centers for Disease Control and Prevention. A National Action Plan for Child Injury Prevention: Reducing Motor Vehicle-related Injuries in Children. http://www.cdc.gov/safechild/NAP/overviews/mv-kids.html
[2] Centers for Disease Control and Prevention. Vital Signs: Unintentional Injury Deaths Among Persons Aged 0-19 years—United States, 2000-2009. http://www.cdc.gov/mmwr/preview/mmwrhtml/mm61e0416a1.htm
[3] Centers for Disease Control and Prevention. A National Action Plan for Child Injury Prevention: Reducing Motor Vehicle-related Injuries in Children. http://www.cdc.gov/safechild/NAP/overviews/mv-kids.html
[4] Teens in the Driver Seat. Downloaded from http://www.t-driver.com/about/
[5] Governors Highway Safety Association. Graduated Driving Licensing Laws. Downloaded from http://www.ghsa.org/html/stateinfo/laws/license_laws.html

Eighteen Dallas County children and adolescents died in motor-vehicle collisions in 2012.

Unintentional Deaths of Children: Drowning

Number and rate (per 100,000 residents) of Dallas County children under the age of 18 who died by accidental drowning

	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012*
Number	10	6	8	8	6	8	11	7	14	8
Rate	1.6	0.9	1.2	1.2	0.9	1.4	1.6	1.1	2.1	NA

*Data Source: Texas Department of State Health Statistics: Center for Health Statistics. *2012 data are provisonal, subject to errors and changes*

In 2012, there were eight unintentional deaths by drowning in Dallas County for children under the age of 18. Since 2003, there have been 86 drowning deaths in Dallas County. The number of deaths in Dallas County has fluctuated slightly over the last decade, peaking at 14 in 2011. The eight deaths in 2012 represent about a 43 percent decrease from the previous year.

According to the Centers for Disease Control and Prevention (CDC), children under the age of 4 have the highest drowning rates, and drowning is the second leading cause of unintentional death for children between the ages of 1 to 14.[1] Approximately 20 percent of the people who die from drowning are children under the age of 14.[2]

According to the Texas Department of Family and Protective Services, in 2012, children were more likely to drown in a pool than in any other location, and they also are most likely to drown during the summer.[3]

A number of factors have been linked to drowning risk, including but not limited to: lack of swimming ability, lack of close supervision, location, and failure to wear life jackets. The CDC suggests that taking formal swimming lessons as toddlers can help protect children under the age of 4 and reduce the risk that they will drown.[4] In addition, parents and caregivers should never allow themselves to become distracted by phones, TVs or video games when a child is in any proximity to a pool.

[1] Centers for Disease Control and Prevention. Unintentional Drowning: Get the Facts. http://www.cdc.gov/homeandrecreationalsafety/water-safety/waterinjuries-factsheet.html
[2] Centers for Disease Control and Prevention. Unintentional Drowning: Get the Facts. http://www.cdc.gov/homeandrecreationalsafety/water-safety/waterinjuries-factsheet.html
[3] Texas Department of Family and Protective Services. Child Drownings, 2012. www.dfps.state.tx.us/Watch_Kids_Around_Water/drownings-2012.asp
[4] Centers for Disease Control and Prevention. Unintentional Drowning: Get the Facts. http://www.cdc.gov/homeandrecreationalsafety/water-safety/waterinjuries-factsheet.html

Since 2003, there have been 86 drowning deaths in Dallas County.

Child Homicide

Number and rate (per 100,000 residents) of Dallas County children under the age of 18 who died from injuries purposely inflicted by another person

	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012*
Number	14	25	26	24	28	19	17	14	13	6
Rate	2.2	3.9	4.0	3.7	4.2	2.9	2.5	2.1	1.9	NA

*Data Source: Texas Department of State Health Statistics: Center for Health Statistics. *2012 data are provisonal, subject to errors and changes*

In 2012, six Dallas County children under the age of 18 were murdered. The decade's highest child-murder toll was in 2007, with 28 children killed.

The number of children murdered in 2012 represents a 78 percent decrease from that peak in 2007, and the number of homicides has declined each year since 2007. The rates of these homicides have experienced similar trends, peaking at 4.2 in 2007 and demonstrating a low of 1.9 in 2011.

Over the past decade, Dallas County has averaged about 18 child homicides each year, with 2012 experiencing the decade low of six. In total, there have been 186 child homicides in Dallas County since 2003.

Homicides of children age 5 and younger are most often perpetrated by family members using beatings or suffocations. Homicides of teenagers more often are committed by acquaintances using firearms, in incidents most often involving male victims and offenders.[1]

In addition, between the ages of 6 and 11, a child's risk of being a victim of a homicide is rather low, with varying causes for these deaths including maltreatment, firearms and sexually motivated crimes.[2]

According to a recent report from the Centers for Disease Control and Prevention (CDC), homicide rates for older children and younger adults have recently hit the lowest rates experienced in the past several decades.[3] In examining homicide rates from 2000-2010, the CDC also found that the rates remained the highest for blacks, while those for whites remained the lowest.[4]

[1] Crimes Against Children Research Center. Homicide. http://www.unh.edu/ccrc/homicide/; Finkelhor, D. and Ormrod (2001). Homicides of Children and Youth. Juvenile Justice Bulletin. NCJ187239, 1-12.
[2] Crimes Against Children Research Center. Homicide. http://www.unh.edu/ccrc/homicide/; Finkelhor, D. and Ormrod (2001). Homicides of Children and Youth. Juvenile Justice Bulletin. NCJ187239, 1-12
[3] Centers for Disease Control and Prevention. Morbidity and Mortality Weekly Report, 62, 545-548. Downloaded from http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6227a1.htm?s_cid=mm6227a1_w
[4] Centers for Disease Control and Prevention. Morbidity and Mortality Weekly Report, 62, 545-548. Downloaded from http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6227a1.htm?s_cid=mm6227a1_w

Child homicides have been on the decline in Dallas County since 2007.

Emergency Room Visits Related to Gunfire

Annual total of Dallas County children under 18 discharged from an emergency room with a firearm-related supplemental diagnostic code

2006	2007	2008	2009	2010	2011	2012	2013*
97	79	80	69	45	45	48	16

*Data Source: DFW Hospital Council Foundation. *2013 is a partial year.*

In 2010, 31,672 persons in the United States died from firearm injuries including those resulting from legal intervention; of those, 1,334 were children under the age of 18.[1,2] In 2009, firearms accounted for 18 percent of all injury deaths in the United States.[3] Overall, 61 percent of firearm deaths in the United States were from suicide and 35 percent were from homicide. That is, 96 percent of all firearm deaths in 2010 were intentional.[4]

As of 2010, the death rate from firearm injuries was 10.1 per 100,000 persons; that compares to a rate of 11.1 per 100,000 persons in the state of Texas. Although Texas' death rate from firearm injuries is higher than that of the nation, it ranks right in the middle with 23 of 51 states (including Washington, D.C.) reporting higher rates than Texas.[5]

In addition to firearm deaths, there were 7,351 gun-related injuries to children under 18 in 2010; that is 20 gun-related injuries per day just for children under 18.[6] Still, in Dallas County, there has been a noticeable decline in firearm-related emergency room visits over the past eight years.

[1] Murphy, S., Xu, J., & Kochanek, K. (2013, May 8). Deaths: Final Data for 2010. National Vital Statistics Report, 61(4)
[2] Children's Defense Fun. (2013, January 3). *Protect Children, Not Guns: Key Facts.* Retrieved from Children's Defense Fund Website: http://www.childrensdefense.org
[3] CDC: National Center for Health Statistics. (2012, May). *NCHS Fact Sheet: NCHS Data on Injuries.* Retrieved from Centers for Disease Control and Prevention Website: http://www.cdc.gov/nchs/data/factsheets/factsheet_injury.htm
[4] Murphy, S., Xu, J., & Kochanek, K. (2013, May 8). Deaths: Final Data for 2010. *National Vital Statistics Report, 61(4).*
[5] Kaiser Family Foundation. (2012). *Number of Deaths Due to Injury by Firearms per 100,000 Population.* Retrieved from Kaiser Family Foundation Website: http://kff.org/other/state-indicator/firearms-death-rate-per-100000/
[6] Children's Defense Fun. (2013, January 3). *Protect Children, Not Guns: Key Facts.* Retrieved from Children's Defense Fund Website: htt[://www.childrensdefense.org

There were 48 pediatric ER visits related to gunfire in Dallas County in 2012.

Runaway Reports

Number of runaway reports received by the Dallas County Juvenile Department

2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
978	950	959	1,035	1,273	1,178	983	851	789	811

Data Source: Dallas County Juvenile Department.

In 2012, 811 runaway reports were received by the Dallas County Juvenile Department, which is a slight increase from the previous year but also represents a 37 percent decrease from the decade-high number of 1,289 reports in 2007. Since 2003, the number of reports has fluctuated, experiencing a spike from 2006 to 2008 before beginning a decline in 2009.

It is important to note, however, that the numbers reflected in the table above include only those reports received by the Dallas County Juvenile Department. There are likely additional runaways each in year in Dallas County that are not recorded. Many children who run away each year either return on their own or are brought home by family members or law enforcement officials, without involving the Juvenile Department.

There are a number of risks faced by runaway youth, including dangers to their emotional and physical well-being through being drawn into human trafficking. The Centers for Disease Control and Prevention (CDC) program known as "Street Smart" targets runaway youth between the ages of 11 and 18. The program's goal is to reduce the HIV risk among runaway and homeless youth by reducing unprotected sex, the number of sex partners and substance use.[1] In general, it has been suggested that treatments aimed at runaway and homeless youth should emphasize on building rapport with these youth, showing them respect, offering them basic support services and involving their parents in this process as much as possible.[2]

Due to the concerns about the risks and harms faced by runaways, there are a number of sources available that are aimed at assisting this population. The Texas Department of Family and Protective Services operates the Texas Youth & Runaway Hotline, which has counselors available 24 hours a day, seven days a week. The hotline is free and confidential, and the counselors talk to callers about a wide array of issues, including problems with parents and family members, peer pressure, drugs and alcohol and the dangers of running away.[3]

In addition, the National Runaway Safeline (NRS) offers assistance to runaways nationwide, with the goal of helping to keep America's runaway and homeless children safe and off the streets. The NRS reported 5,416 calls in 2012.[4]

[1] Centers for Disease Control and Prevention. Street Smart: Reducing HIV Risk Among Runaway and HomelessYouth. http://www.cdc.gov/hiv/prevention/research/rep/packages/streetsmart.html

[2] Love, J.R. (2008). Runaways and street kids: Risks and interventions for homeless youth. Graduate Journal of Counseling Psychology, 1, 1-8. Downloaded from http://epublications.marquette.edu/cgi/viewcontent.cgi?article=1008&context=gjcp.

[3] Texas Department of Family and Protective Services. Texas Youth & Runaway Hotline. http://www.dfps.state.tx.us/Youth_Hotline/default.asp

[4] National Runaway Safeline. 2012 NRS Call Statistics. Downloaded from http://www.1800runaway.org/learn/research/2012_nrs_call_statistics/

The Dallas County Juvenile Department had 811 runaway reports in 2012.

Commitments to the Texas Juvenile Justice Department (formerly TYC)

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

2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
286	212	300	320	289	190	188	129	112	87

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

In December 2011, Texas created the Texas Juvenile Justice Department (TJJD), thereby abolishing the existing Texas Juvenile Probation Commission (TJPC) and Texas Youth Commission (TYC). The goal of TJJD, and of the Texas juvenile justice system in general, is to enhance public safety while providing rehabilitation for youth in the community and in residential settings.[1]

In 2012, Dallas County had 87 commitments to TJJD, accounting for 10 percent of all new commitments to TJJD that year.[2] The 87 commitments in 2012 represented a 22 percent decrease from the previous year and a 73 percent decrease from the decade high of 320 in 2006. Further, the number of commitments to TJJD has declined each year since its peak in 2006.

The numbers in Dallas County are likely in line with national trends. According to the Office of Juvenile Justice and Delinquency Prevention, the practice of committing juveniles to residential treatment facilities has decreased on the national level over the past 15 years.[3] Instead, the number of adjudicated delinquency cases receiving other court-ordered sanctions has doubled during the same time period.

The offenses for which juveniles in Texas were sent to TJJD in 2012 vary, including aggravated assault, aggravated robbery and drug offenses. In 2012, juveniles were committed for the offense of burglary more often than for any other crimes.[4] A court may sentence a juvenile to as many as 40 years for a felony.

The length of time that a juvenile will remain in the custody of TJJD varies and is based on the offense committed, the initial sentence given by the judge and the progress that the juvenile makes while in treatment.

[1] See http://www.tjjd.texas.gov/about/how_class.aspx. Downloaded July 30, 2013.
[2] Texas Juvenile Justice Department. Commitment Profile for New Commitments,. http://www.tjjd.texas.gov/research/profile.aspx
[3] *OJJDP Statistical Briefing Book*. Online. Available: http://www.ojjdp.gov/ojstatbb/court/qa06501.asp?qaDate=2010. Released on April 17, 2013.
[4] Texas Juvenile Justice Department. Commitment Profile for New Commitments,. http://www.tjjd.texas.gov/research/profile.aspx

In 2012, Dallas County had 87 commitments to TJJD.

Research Methodology

***Beyond ABC: Assessing Children's Health in Dallas County* represents the latest information available about the issues affecting children in Dallas County. What follows is a brief description of the methodology employed, data sources selected and issues faced.**

METHODOLOGY

As with years past, the compilation of this year's report was completed thanks to the input of a dedicated Advisory Board. After reviewing the indicators used in previous years, the Advisory Board established the 61 indicators to be included with this year's document. Research associates with the University of Texas at Dallas Institute for Urban Policy Research then worked to identify the most consistent recent and historical data available for Dallas County. For most indicators, this data is as recent as 2012 or even 2013.

In revisiting some sources to collect current and historical data for Dallas County, the research team found that source data had been updated since production of the 2011 report. As is not uncommon with official data sources, the team found instances where preliminary data used in previous *Beyond ABC* reports had since been updated by the original author. In an effort to ensure continuity in the computation of numbers across years, the research team asked for all indicator data to be reported by the source agencies for 2013 and all prior years.

What this means for the reader is that, on occasion, data presented in the 2013 *Beyond ABC* report may differ from data in the 2011 report, 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 2013 report is calculated consistently across all years.

Each year, this report strives to present the newest data of the highest integrity, and the development of new sources and methodologies sometimes presents an opportunity for significant improvement. For this reason, some indicators underwent significant methodological changes in the 2013 report. In most cases, these changes allowed for more comprehensive, consistent, and accurate information across all years. Some indicators that underwent methodological improvement include Children with All Parents Working and Children with Developmental Disabilities.

DATA SOURCES

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

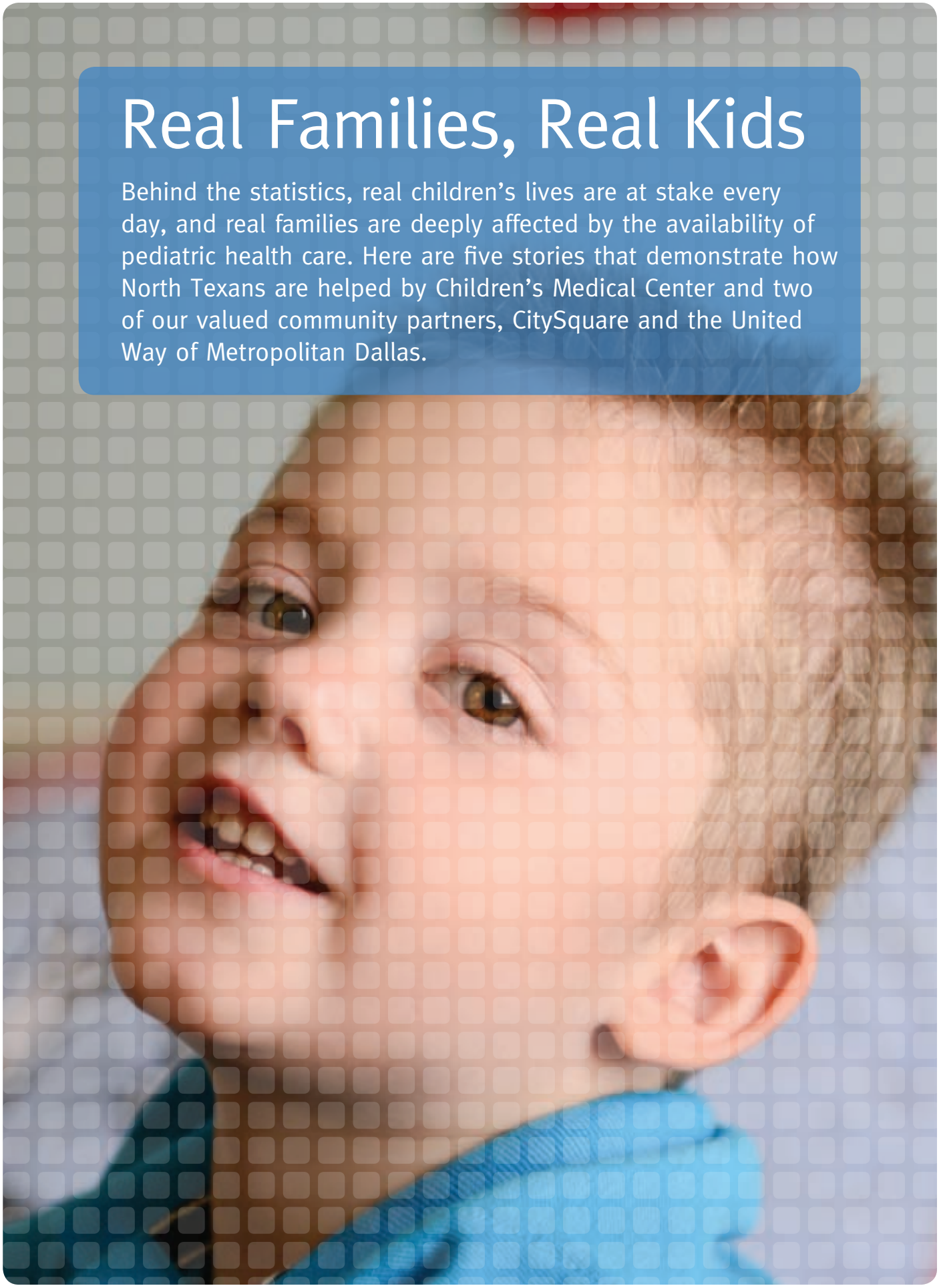
Because this report focuses on Dallas County, the team also utilized data from local sources when that data proved more recent or more directly germane to the intent of the indicator than state level data. In limited cases where county-level data might not be provided by the official agency, the need to summarize data to the county level necessitated some additional manipulation of data, often from the original sources (e.g., school districts).

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

As new data sources become available each year, the research staff sometimes makes determinations that a change in data source can greatly improve the quality of the information provided. For the 2013 report, several indicators have changed sources; in all cases, the change improves the overall quality and consistency of the data. Some indicators that have changed data sources include Food-Based Allergies and Asthma Hospitalizations.

Real Families, Real Kids

Behind the statistics, real children's lives are at stake every day, and real families are deeply affected by the availability of pediatric health care. Here are five stories that demonstrate how North Texans are helped by Children's Medical Center and two of our valued community partners, CitySquare and the United Way of Metropolitan Dallas.



Greyson Keenan

The tender moment when a mother first holds her newborn baby was cut short for Wendy Keenan on September 27, 2012.

"Five minutes — that's how long I got to hold Greyson before he was taken out of my arms," Wendy says.

A routine sonogram done during week 24 of Wendy's pregnancy picked up an abnormality in her baby's intestines. Greyson had intestinal atresia, a blockage in the small intestine. An estimated 1 in 2,000 newborns will have an intestinal obstruction of some type. If left untreated, the condition can lead to bowel rupture, infection and death. Greyson would need surgery within hours of birth.

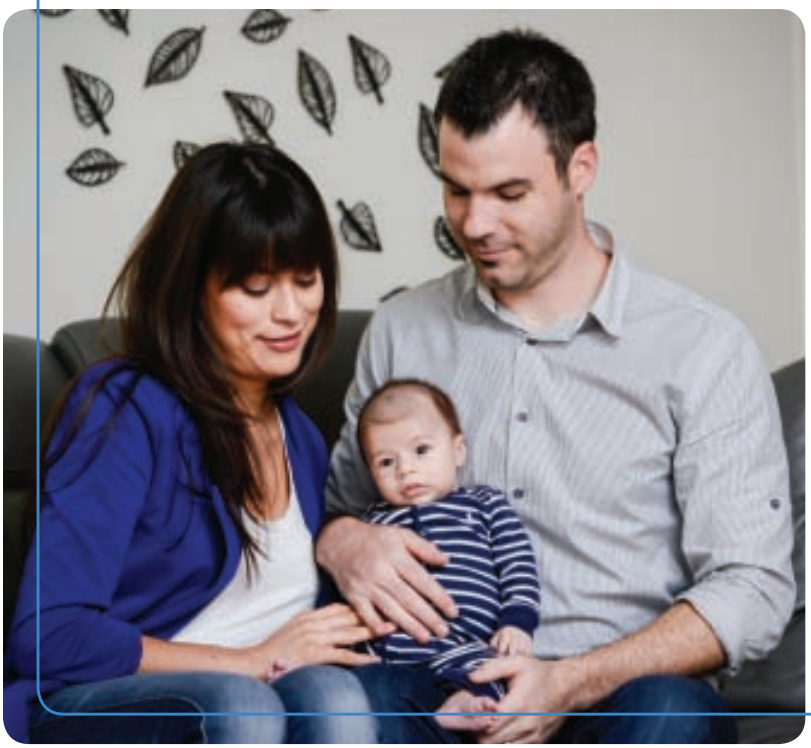
Wendy, a physical therapist at UT Southwestern Medical Center, is familiar with hospitals in the Dallas area. "I wanted him at Children's," says Wendy. "I have friends who worked there, and I knew it was the best place for my son."

Feeling confident they had made the right decision, Wendy and her husband, Edward, prepared the nursery at home just as any new parents would. "The day he was born went exactly as planned," says Wendy. "During labor, UT Southwestern University Hospital and Children's were in constant communication. After I held Greyson, they drained his stomach with a tube and took him to Children's."

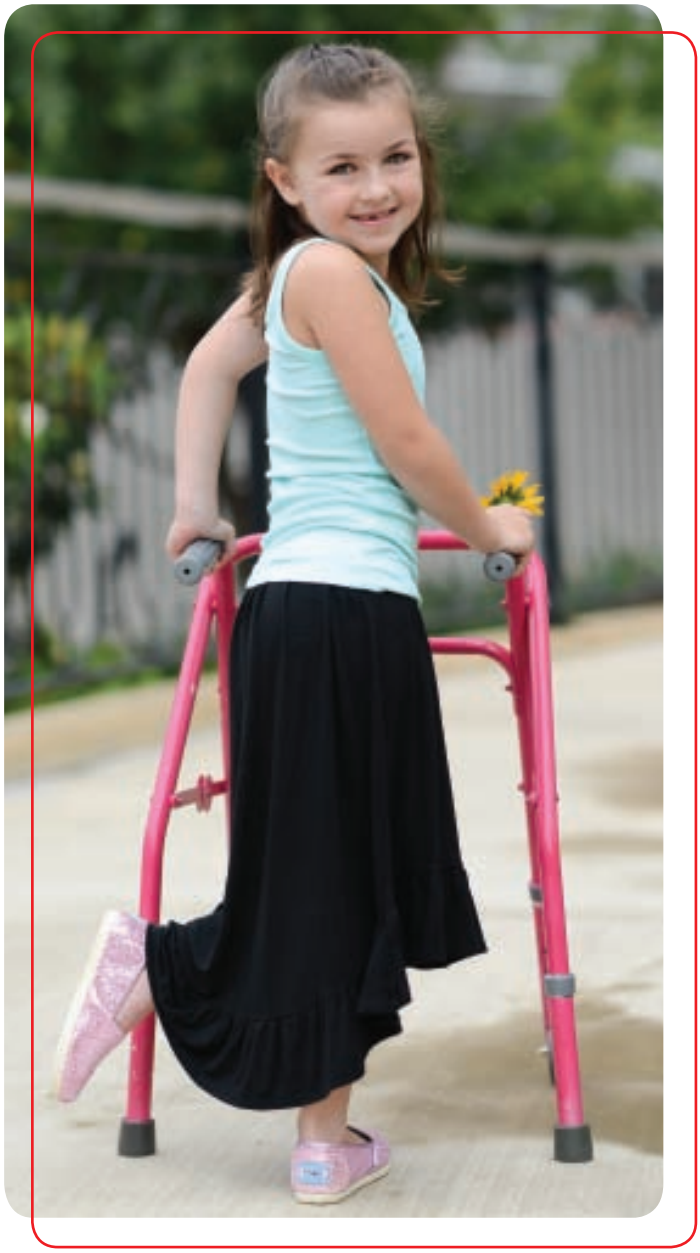
Newborn Greyson was taken by ambulance, with Edward and the Children's Transport team, to the Neonatal ICU where the neonatal team waited for him. General surgeon Joseph Murphy, M.D., performed the intestinal obstruction repair, leaving only a small incision on the navel and a breathing tube that was removed shortly after surgery.

Specialists in the Neonatal ICU cared for Greyson for the next eight days. As they monitored his incision and kept a close watch on his intestine, he initially received all of his nutrition through a central line. As his intestine recovered, Wendy's breast milk was introduced slowly to his digestive system.

"It was amazing. Everyone was so helpful and knowledgeable," says Wendy. "They were great with our baby and really good with me and my husband."



Sydney Mayrell



Sydney Mayrell was 3 years old when a lump on her left thigh was diagnosed as stage IV rhabdomyosarcoma. “Rhabdo” is a relatively rare and aggressive soft-tissue cancer, and UT Southwestern faculty physicians see as many as 20 rhabdo patients every year at Children’s Medical Center.

Sydney underwent a strict 54-week treatment plan that included chemotherapy every two weeks, radiation and surgery that left her with little to no quadriceps, the top front muscle on her left thigh. But “she is extremely tough, absolutely,” says her mother, Erin, a caseworker with Child Protective Services. “Nothing gets in her way.”

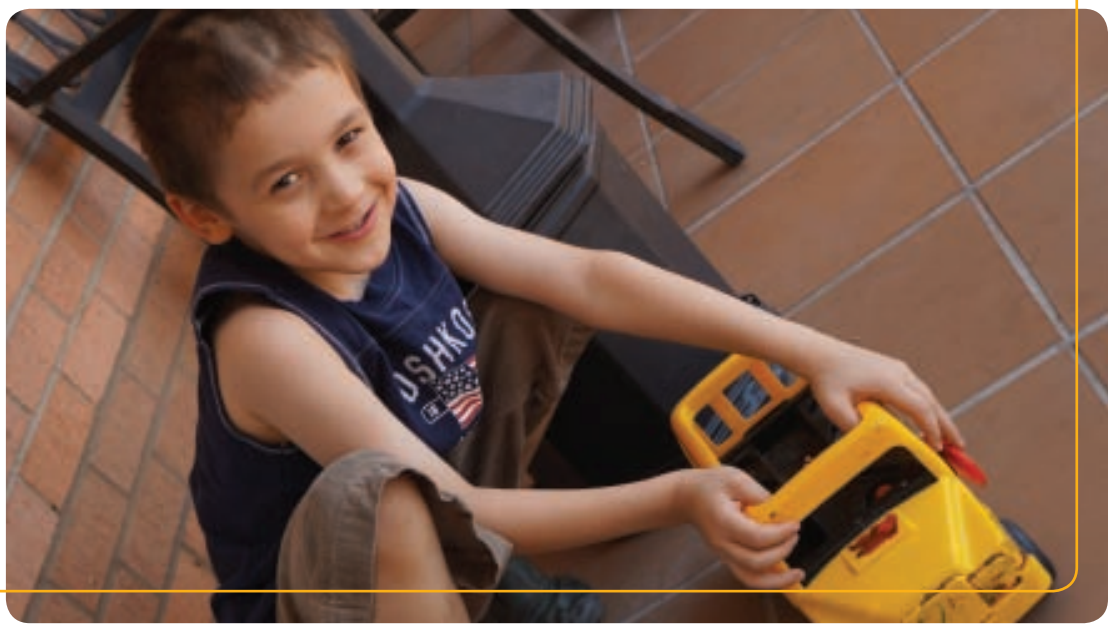
Erin says that Sydney was blessed to have an incredible team of oncologists, surgeons, nurses and physical therapists through the Center for Cancer and Blood Disorders at Children’s, and that team ultimately saved her life. She does have a scar that runs the length of her upper leg, but she is cancer-free, and she doesn’t mind telling her friends what happened to create that scar.

Moreover, after six months of intense physical therapy, Sydney now can walk, run and skip through her home without a limp. She does have to be more careful of falls than most children do, because the radiation left her femur more vulnerable to fractures. When Sydney broke her leg last spring, she used a tiny pink walker to help her get around for a time.

In June 2013, accompanied by representatives of Children’s, Sydney and Erin traveled to Washington, D.C., for the Children’s Hospital Association’s ninth annual Family Advocacy Day. Sydney met members of North Texas’ Congressional delegation, including U.S. Reps. Michael C. Burgess, M.D., Bill Flores, Ralph Hall, Kenny Marchant and Pete Sessions, as well as Senator Ted Cruz, and she charmed them all.

Now 7 years old and a first-grader, Sydney continues to astonish her family and teachers each day as she pursues her ambition to become a ballet-loving, rock-climbing surgeon. As Erin says: “She truly is a survivor, a warrior and the most precious hero a parent could ask for.”

The McClains



Before Beau McClain's third birthday, he had moved 11 times. Eventually, he and his mother, Carey, fell back into homelessness. Fed up with the constant fear of living without a stable home, Carey applied to move into CityWalk@Akard, a building in downtown Dallas operated by CitySquare, an organization that has been fighting the causes and effects of poverty for 25 years.

"Being able to have a situation where he's not being uprooted every time he starts getting a little bit of comfort or making some friends, it helps," Carey says. "At CityWalk, he's safe, he's secure, he's stable, and he has a positive environment to help him deal with some of the challenges he has."

Previously known as Central Dallas Ministries, CitySquare has grown from a small food pantry in East Dallas into an organization that provides care for any need, from homelessness to job training. CitySquare aims to improve all aspects of a person's life and allows individuals the opportunity to pull themselves out of poverty.

Focusing on four pillars—hunger, health, housing and hope—CitySquare has offered Carey and Beau more than a roof over their heads. Beau sees a pediatrician regularly at the CitySquare clinic. He also has benefited from Food on the Move, a collaboration between AmeriCorps and CitySquare that has provided one million well balanced meals, along with exercise and enrichment, to school-aged children across Dallas County.

For Carey, Food on the Move allows her to stretch her already tight food budget and provides some cushion to carry them through the school year. "If I am looking for a resource to get a little bit further and a little bit more ahead, there's always somebody at CitySquare who can direct me towards something that I'm working on," Carey says.

Now, Beau is six years old and in the first grade. He loves playing with trucks and socializing with his neighbors. Meanwhile, Carey is considering starting a business to sell handmade items. Carey credits CitySquare for providing her family with a priceless benefit, stability. "It's given us a place that we can call home," says Carey.

Nayeli Moreno

When she was only 6 days old, Nayeli Moreno underwent surgery at Children's Medical Center to begin the process of repairing her heart.

Since then, Children's cardiothoracic surgeon Joseph Forbess, M.D., has performed a second heart surgery on Nayeli. Now, at age 3, her daughter seems as healthy as any other toddler to her mother, Olga Moreno.

Olga is especially thankful because she remembers Nayeli's first year, which was anything but typical.

Nayeli was born with heterotaxy syndrome, a rare, congenital condition that causes the heart to form on the right side of the body, instead of on the left. In some cases, heterotaxy syndrome also may affect the development and function of other vital organs, such as the liver, spleen and intestines.

Nayeli needed life-saving treatments at Children's, starting with the echocardiogram that helped diagnose her condition immediately after her birth. Without the corrective surgery she had as an infant, she would not have survived past her first year.

After her baby recovered from each surgery, Olga gave Nayeli medicine every three to four hours. Now, Nayeli takes medicine only twice a day and is an active little girl.

"I don't know how to tell Dr. Forbess 'Thank you' for all he has done for my family and Nayeli," says Olga. "Every time I see him, I am very emotional and can't put into words how I feel that he saved my daughter's life."

Nayeli will need another heart surgery next year, and Olga is positive that it will turn out as successful as the others.

"I am so happy to be at Children's," Olga says. "Everyone has helped my baby get to where she is today."

The Robinsons

When you can't afford private health care for your children, family worries outweigh most other things. Wraylonta Robinson, a single mother of four with limited financial means, understood this struggle firsthand.

Wraylonta found it difficult, often frustrating, to find quality health care that accepted Children's Health Insurance Program (CHIP).

But for thousands of North Texas parents like Wraylonta, those concerns are alleviated thanks to MyChildren's, a Children's Medical Center initiative partially funded by United Way. MyChildren's increases access to health care for underserved children by providing cost-effective, community-based primary and preventive health care.

"I would always hear, 'Oh, we don't accept that,'" Wraylonta recalls. "But MyChildren's accepts Medicaid and CHIP. To know they're willing to accept it and you'll receive excellent health care is a true blessing."

From 2011 to 2013, United Way volunteers invested $2.1 million that enabled the expansion of the MyChildren's primary care network. The real winners are the more than 32,000 North Texas kids under 18 on CHIP and Medicaid who now have a medical home for their primary care, says Dr. Ray Tsai, medical director for MyChildren's. "This year, we will serve this community with 85,000 patient visits," Dr. Tsai explains.

Ensuring children get the regular checkups and immunizations they need is a critical part of preventing more costly health problems in the future.

"We know families will go to the ER to have their needs met, but an ER doesn't do well-child checkups," Dr. Tsai says. "Our goal is provide a medical care where it's comprehensive, and we can review everything about the child — vaccine records, developmental records. If children go without those, developmental issues may be missed."

Wraylonta appreciates that MyChildren's provides access to primary and preventive services, and that it does so with care. "When someone treats your children as their own, what else could you want?" asks Wraylonta.

National Recognition for Children's Medical Center

Cancer

The largest program of its kind in North Texas and across most of the middle United States, the Pauline Allen Gill Center for Cancer and Blood Disorders at Children's is part of a National Cancer Institute-designated facility. The center carries out numerous clinical, translational and laboratory research studies and missions related to education and advocacy.

Cardiology & Heart Surgery

The Heart Center at Children's offers comprehensive, specialized care for children with congenital and acquired heart diseases and disorders.

Diabetes & Endocrinology

The Endocrinology Center at Children's offers comprehensive evaluation, treatment, management and education for infants, children and adolescents in all areas of pediatric endocrinology, including diabetes, obesity and other endocrine disorders.

Gastroenterology

The Gastroenterology program at Children's treats a variety of common and complex gastrointestinal and hepatobiliary disorders. The program works to provide advanced treatment and research using state-of-the-art diagnostic and therapeutic gastrointestinal procedures to the more than 1,100 patients per month.

Neonatology

The 36-bed, Level IIIC Neonatal Intensive Care Unit at Children's combines advanced technology with highly trained health care professionals to provide comprehensive care for over 550 critically-ill newborns annually.

Nephrology

The Nephrology program at Children's provides a spectrum of services for children and adolescents with congenital and acquired kidney-related conditions and disorders. It is one of the largest pediatric nephrology divisions in the nation and the primary health care provider for children with end stage renal disease in North Texas, as well as one of the largest pediatric dialysis programs in the United States.

Neurology & Neurosurgery

The Neurology service at Children's is one of the leading pediatric neurology divisions in the nation. The program provides care for children with conditions across the neurological and developmental spectrum, with particular emphasis on muscular, physiologic and behavioral disorders.

Orthopedics

The Orthopedics program at Children's, ranked first nationally, is widely recognized as one of the best pediatric programs in the United States. The experts at Children's treat more children with bone fractures than any other orthopedic program in North Texas.

Pulmonology

The Respiratory Medicine Division at Children's offers consultative services for diagnosis and treatment of infants, children and adolescents with a variety of acute and chronic respiratory diseases.

Urology

Pediatric specialists affiliated with the University of Texas Southwestern Medical Center and Children's Medical Center comprise the North Texas area's most medically innovative program for children with urological needs.

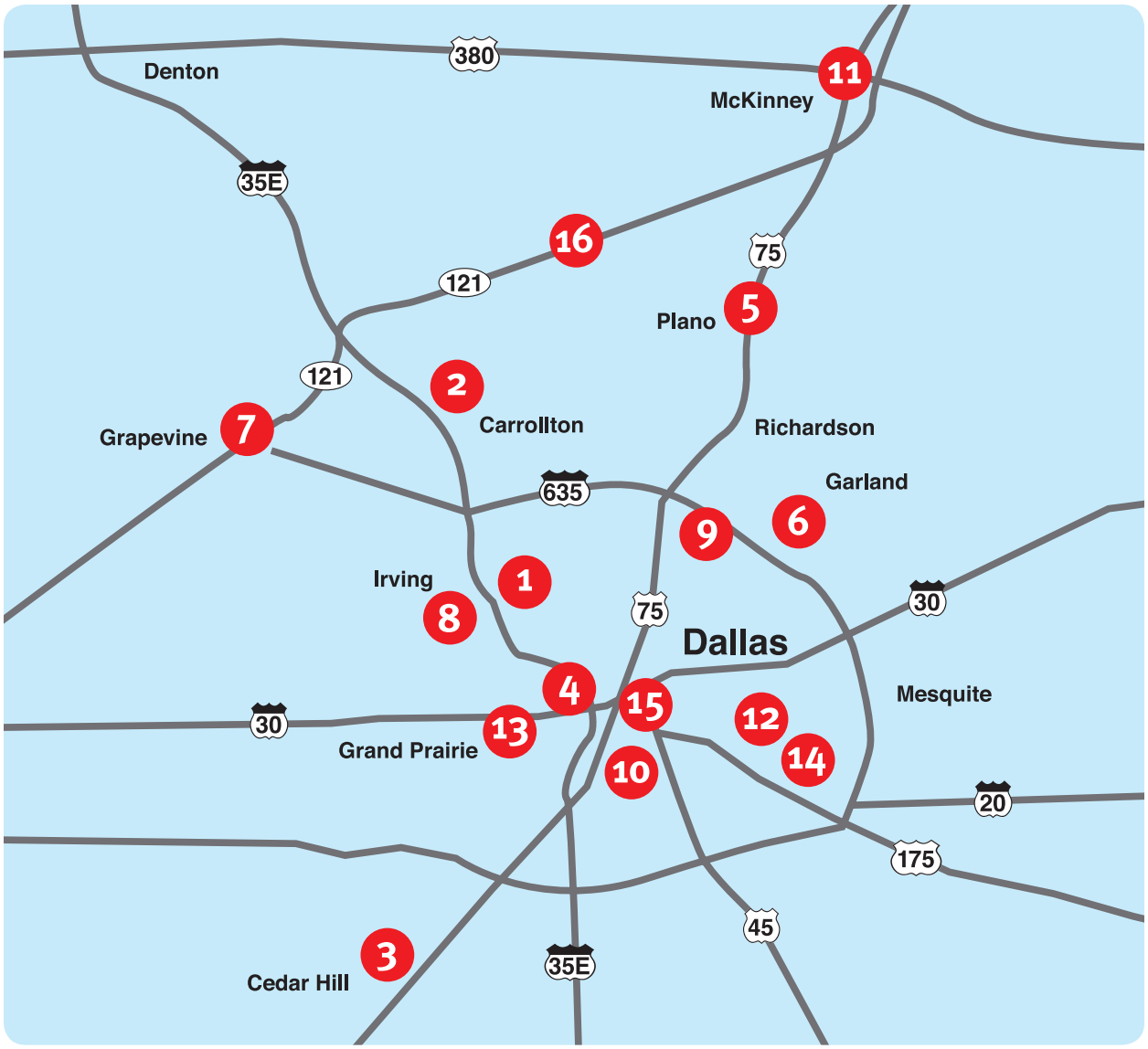
A PEDIATRIC PRACTICE

mychildren's

CHILDREN'S MEDICAL CENTER DALLAS

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

Our practice is dedicated exclusively to children. Each of our 16 offices is staffed by physicians who are board-certified in pediatrics. Our clinical and administrative staffs are multi-lingual. We are affiliated with Children's Medical Center, one of the nation's top 10 pediatric hospitals.



MyChildren's Locations

1 Bachman Lake
2750 W. Northwest Hwy.
Suite 170
Dallas 75220
214-654-0007

2 Carrollton
3044 Old Denton Rd.
Suite 138
Carrollton 75007
972-245-0007

3 Cedar Hill
294 Uptown Blvd.
Suite 120
Cedar Hill 75104
972-293-6300

4 Cockrell Hill
4351 DFW Turnpike
Suite 150
Dallas 75211
469-488-4300

5 East Plano
900 E. Park Blvd.
Suite 100
Plano 75074
972-943-6540

6 Garland
455 N. Garland Ave.
Garland 75040
469-488-4200

7 Grapevine
2805 E. Grapevine
Mills Cir.
Suite 120
Grapevine 76051
972-691-0200

8 Irving
1111 W. Airport Fwy.
Suite 143
Irving 75062
469-488-4500

9 Lake Highlands
8330 Abrams Rd.
Suite 112
Dallas 75243
214-342-4400

10 Lancaster Kiest
3200 S. Lancaster Rd.
Suite 181
Dallas 75216
469-488-4600

11 McKinney
1720 N. Central Expy.
Suite 150
McKinney 75070
972-542-2800

12 Mill City
4922 Spring Ave.
Dallas 75210
469-488-4700

13 Oak Cliff
3434 W. Illinois Ave.
Suite 306-3
Dallas 75211
214-623-1900

14 Pleasant Grove
1401 S. Buckner Blvd.
Suite 139
Dallas 75217
469-488-4400

15 St. Philip's
1600 Pennsylvania Ave.
Dallas 75215
469-227-2700

16 West Plano
7800 Preston Rd.
Suite 300
Plano 75024
972-608-3800

Recent Studies Regarding Children's Issues

100 Percent of Our Future: Improving the Health of America's Children; UnitedHealth Center for Health Reform & Modernization, August, 2013. www.unitedhealth.com

2013 KIDS COUNT Data Book: State Trends in Child Well-being; The Annie E. Casey Foundation. www.kidscount.org

A Dose of Reality: Texans Stand Up for Immunizations; The Immunization Partnership, September 2012. www.immunizeusa.org

America's Children: Key National Indicators of Well-Being 2013; Federal Interagency Forum on Child and Family Statistics. www.childstats.gov

An Uneven Recovery 2009-2011: A Rise in Wealth for the Wealthy; Declines for the Lower 93%; Pew Research Center, April 23, 2013. www.pewresearch.org

A Report to the Nation on Home Safety: The Dangers of TV Tip-Overs; Safe Kids Worldwide, December 2012. www.safekids.org

A Stronger Safety Net for America's Children; Foundation for Child Development and First Focus, June 2013. www.fcd-us.org

Cancer in Texas: Texas Cancer Registry 2012; Texas Department of State Health Services and Cancer Prevention and Research Institute of Texas, April 2013. www.dshs.state.tx.us/tcr

CHOICES: The Texas We Create. State of Texas Children 2012; Center for Public Policy Priorities. www.cppp.org

Collaboration to Build Healthier Communities: A Report for the Robert Wood Johnson Foundation Commission to Build a Healthier America; Wilder Research and Federal Reserve Bank of Minneapolis, June 19, 2013. www.rwjf.org

Expanding Access to Early Head Start: State Initiatives for Infants & Toddlers at Risk; CLASP policy solutions that work for low-income people and ZERO TO THREE National Center for Infants, Toddlers, and Families, September 2012. www.clasp.org

F as in Fat: How Obesity Threatens America's Future; Trust for America's Health, September 2012. www.healthyamericans.org

Health in Mind: Improving Education through Wellness; Healthy Schools Campaign and Trust for America's Health, January 2013. www.healthinmind.org

HORIZONS: The Dallas County Community Needs Assessment; Dallas County Health and Human Services, 2013. www.dallascounty.org/department/hhs/CHNA.html

How Health Care Reform Can Help Children and Families in the Child Welfare System; Urban Institute, June 2013. www.urban.org

Hunger Doesn't Take a Vacation: Summer Nutrition Status Report 2013; Food Research and Action Center, June 2013. www.frac.org

Identifying Mental Health and Substance Use Problems of Children and Adolescents: A Guide for Child-Serving Organizations; Substance Abuse and Mental Health Services Administration, 2012. www.samhsa.gov

Indicators of School Crime and Safety: 2012; National Center for Education Statistics and Bureau of Justice Statistics, June 26, 2013. www.nces.ed.gov

Invest in Texas Kids. It Matters. A 20-Year Look at Texas' Budget For Our Children; Texas KIDS COUNT and Center for Public Policy Priorities, 2013. www.forabettertexas.org/investinkids

Is the United States Bad for Children's Health? Risk and Resilience among Young Children of Immigrants; Migration Policy Institute, July 2013. www.migrationpolicy.org

Literacy Challenges for the Twenty-First Century; The Future of Children, Fall 2012. www.futureofchildren.org

Map the Meal Gap 2013; Feeding America, June 2013. www.feedingamerica.com

Mental Health Surveillance Among Children – United States, 2005-2011; Centers for Disease Control and Prevention, May 17, 2013. www.cdc.gov

Out of Reach 2013: America's Forgotten Housing Crisis; National Low Income Housing Coalition, 2013. www.nlihc.org

Portrait of Inequality 2012 – Hispanic Children in America; Children's Defense Fund, November 13, 2012. www.childrensdefense.org

Pre-K for Every Child: A Matter of Fairness; First Focus, July 10, 2013. www.firstfocus.net

Reducing Youth Incarceration in the United States; The Annie E. Casey Foundation, February 2013. www.aecf.org

Report of the Attorney General's National Task Force on Children Exposed to Violence; U.S. Department of Justice, December 12, 2012. www.justice.gov

Solutions to Our Texas Challenge: 30 Ways to Build a Better Future for Kids and Our State; Texans Care for Children, 2013. www.txchildren.org

State of the Air 2013; National Lung Association. www.stateoftheair.org

The Condition of Education 2013; National Center for Education Statistics, May 23, 2013. www.nces.ed.gov

The Future of North Texas: Assessing The Quality of Life of Our Children; Children at Risk, 2013. www.childrenatrisk.org

The Science of Neglect: The Persistent Absence of Responsive Care Disrupts the Developing Brain; Center on the Developing Child at Harvard University, 2012. www.developingchild.harvard.edu

The State of US Health: Innovations, Insights and Recommendations from the Global Burden of Disease Study; Institute for Health Metrics and Evaluation, July 10, 2013. www.healthmetricsandevaluation.org

We Can Do Better: 2013 Update: Child Care Aware of America's Ranking of State Child Care Center Regulations and Oversight; Child Care Aware of America, 2013. www.naccrra.org

Key Websites

LOCAL

ChildCareGroup
www.childcaregroup.org

Children's Medical Center
www.childrens.com

Communities in Schools Dallas Region
www.cisdallas.org

Community Council of Greater Dallas
www.ccgd.org

Community Partners of Dallas
www.cpdtx.org

Dallas Area Breastfeeding Alliance
www.dallasbreastfeeding.org

Dallas CASA
www.dallascasa.org

Dallas Children's Advocacy Center
www.dcac.org

Dallas Coalition for Hunger Solutions
www.dallashungersolutions.org

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

Dallas Independent School District
www.dallasisd.org

DallasKidsFirst
www.dallaskidsfirst.org

Essilor Vision Foundation
www.essilorvisionfoundation.org

Head Start of Greater Dallas
www.hsgd.org

Injury Prevention Center of Greater Dallas
www.injurypreventioncenter.org

Mental Health America of Greater Dallas
www.mhadallas.org

North Texas Food Bank
www.ntfb.org

United Way of Metropolitan Dallas
www.unitedwaydallas.org

YMCA of Metropolitan Dallas
www.ymcadallas.org

STATE

211 Texas
www.211texas.org/211

Center for Public Policy Priorities
www.forabettertexas.org

CHIP | Children's Medicaid
www.chipmedicaid.org

Texans Care for Children
www.texanscareforchildren.org

Texas CHIP Coalition
www.texaschip.org

Texas Council on Family Violence
www.tcfv.org

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

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

Texas Hunger Initiative
www.baylor.edu/texashunger

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

NATIONAL

American Academy of Pediatrics
www.aap.org

American Diabetes Association
www.diabetes.org

American Heart Association
www.heart.org

American Lung Association
www.lungusa.org

Centers for Disease Control and Prevention
www.cdc.gov

Children's Defense Fund
www.childrensdefense.org

Child Trends
www.childtrends.com

ChooseMyPlate
www.choosemyplate.gov

Families USA
www.familiesusa.org

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

Healthy Children
www.healthychildren.org

Let's Move!
www.letsmove.gov

March of Dimes
www.marchofdimes.com

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

National Campaign to Prevent Teen Pregnancy
www.thenationalcampaign.org

National Center for Children in Poverty
www.nccp.org

The Kid's Doctor
www.kidsdr.com

Kids Eat Right
www.eatright.org

The President's Challenge
www.presidentschallenge.org

Safe Kids Worldwide
www.safekids.org

StopBullying.gov
www.stopbullying.gov

Philanthropy

Giving to Children's Medical Center

GIVE THE GIFT OF HOPE

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

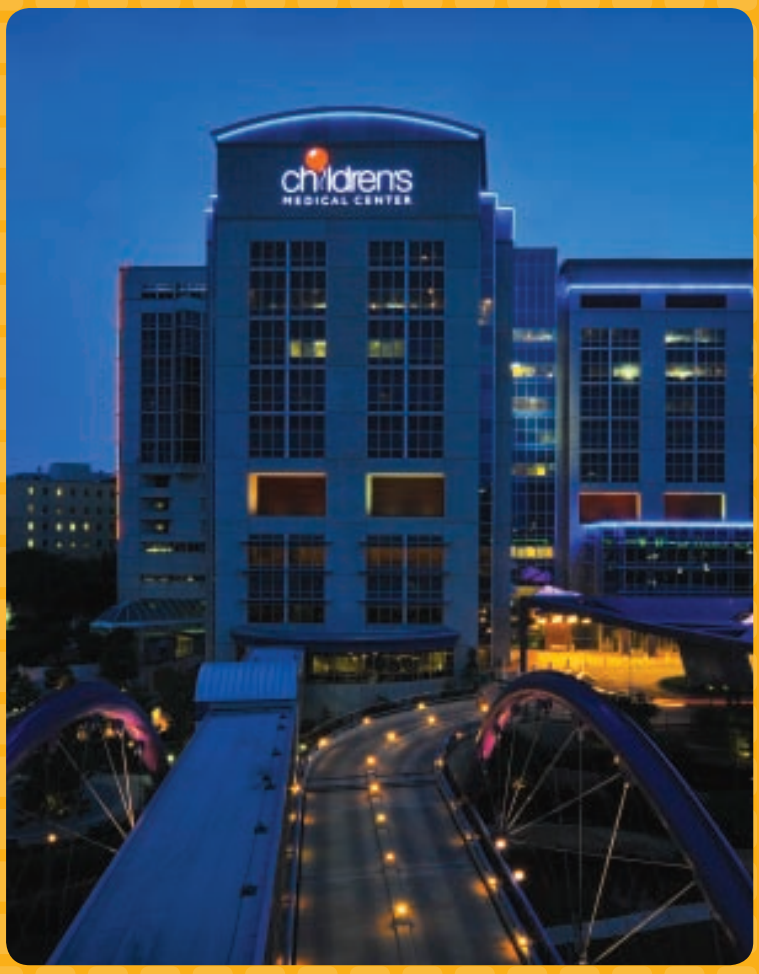
Widespread philanthropic support from across the community is necessary for Children's to:

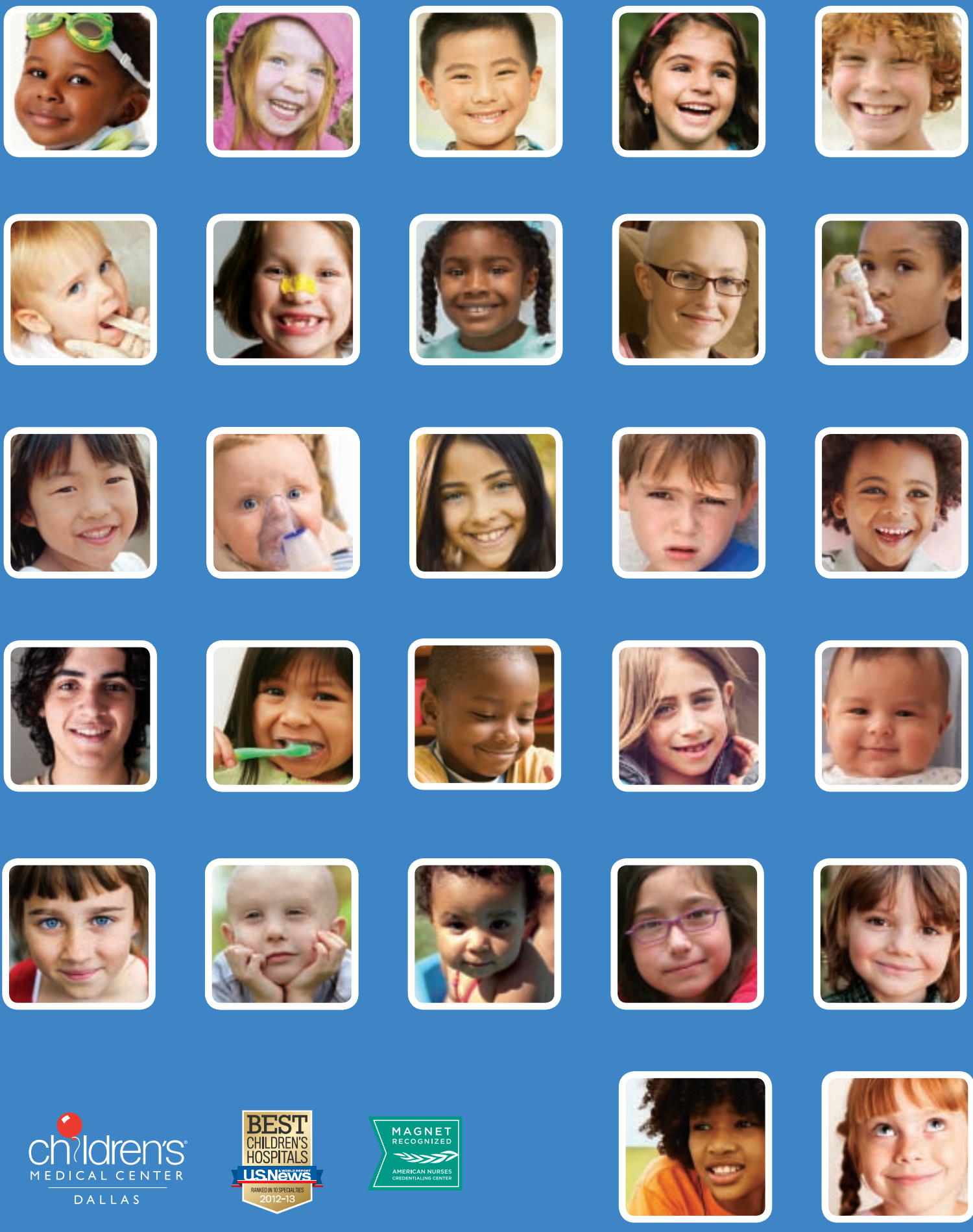
- Give every child care that is second to none.
- Pursue bold scientific research initiatives that will change the way disease is treated in both children and adults.
- Provide the right care in the right place at the right time to children who traditionally have not had access to primary care.
- Serve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

JOIN US IN MAKING LIFE BETTER FOR CHILDREN

Giving to Children's has never been easier. Choose from one of the options below.

- Go to **childrens.com/give.**
- Give the Children's Medical Center Foundation a call at **214-456-8360** to talk with one of our team members about how you can make a difference in the lives of the 200,000 children who depend on Children's every year.


childrens
MEDICAL CENTER



children's MEDICAL CENTER DALLAS

BEST CHILDREN'S HOSPITALS U.S.News & WORLD REPORT RANKED IN 10 SPECIALTIES 2012-13

MAGNET RECOGNIZED AMERICAN NURSES CREDENTIALING CENTER