

Community Health Needs Assessment 2013



Children’s Medical Center
Community Health Needs Assessment
2013

Contents

Introduction	1
Summary of Community Health Needs Assessment.....	2
General Description of Children’s Medical Center	3
Community Served by Children’s Medical Center	5
Identification and Description of Geographical Community	5
Defined Community	5
Community Details.....	7
Community Population and Demographics.....	7
Socioeconomic Characteristics of the Community	9
Income and Employment.....	9
Poverty.....	10
Uninsured	12
Education.....	13
Child Health and Welfare Statistics.....	13
Health Status of the Community.....	16
Leading Causes of Death.....	16
Primary Conditions Responsible for Inpatient Hospitalization	17
Primary Conditions Responsible for Outpatient Services	18
Health Outcomes and Factors	19
Select Findings Comparing Collin and Dallas Counties – Per the <i>Beyond ABC Reports</i>	22

Children’s Medical Center
Community Health Needs Assessment
2013

Community Input – *Beyond ABC* – Assessing Children’s Health 26

Beyond ABC 2013 – Assessing Children’s Health in Dallas County 26

 Advisory Board Members 27

 Methodology 28

 Key Findings 28

 Recommendations 29

Beyond ABC 2012 – Assessing Children’s Health in the North Texas Corridor 30

 Advisory Board Members 30

 Methodology 31

 Key Findings 31

 Recommendations 32

Community Input – Regional Healthcare Partnership Plans 35

Health Care Resources 36

**Health Issues of Uninsured Persons, Low-Income Persons
and Minority Groups 38**

Information Gaps 38

Prioritization of Identified Health Needs 39

Appendices

Sources A

Beyond ABC 2013 – Assessing Children’s Health in Dallas County B

Beyond ABC 2012 – Assessing Children’s Health in the North Texas Corridor C

Introduction

IRC Section 501(r) requires health care organizations to assess the health needs of their communities and adopt implementation strategies to address identified needs. Per IRC Section 501(r), a byproduct of the *Affordable Care Act*, to comply with federal tax-exemption requirements, a tax-exempt hospital facility must:

- Conduct a community health needs assessment every three years.
- Adopt an implementation strategy to meet the community health needs identified through the assessment.
- Report how it is addressing the needs identified in the community health needs assessment and a description of needs that are not being addressed with the reasons why such needs are not being addressed.

The community health needs assessment must take into account input from persons who represent the broad interest of the community served by the hospital facility, including those with special knowledge of or expertise in public health. The hospital facility must make the community health needs assessment widely available to the public.

This community health needs assessment, which describes both a process and a document, is intended to document Children's Medical Center's (Children's) compliance with IRC Section 501(r). Health needs of the community have been identified and prioritized so that Children's may adopt an implementation strategy to address specific needs of the community.

The *process* involved:

- Collection and analysis of a large range of data, including demographic, socioeconomic, child and adolescent health indicators and health care resources.
- Review data contained in the *2013 Beyond ABC Report* for Dallas County and the *2012 Beyond ABC Report* for the North Texas Corridor.
- Participation in Regional Health Partnerships – Texas Healthcare Transformation and Quality Improvement Programs for:
 - Region Nine which included a regional health needs assessment for Dallas, Denton and Kaufman counties
 - Region Eighteen which included a regional health needs assessment for Collin, Grayson and Rockwall counties

This *document* is a summary of all the available evidence collected during the initial cycle of community health needs assessments required by the IRS. It will serve as a compliance document as well as a resource until the next assessment cycle.

Both the process and document serve as the basis for prioritizing the community's health needs and will aid in planning to meet those needs.

Summary of Community Health Needs Assessment

The purpose of the community health needs assessment is to document compliance with new federal laws outlined above. Children's engaged **BKD, LLP** to assist with preparation of this report. **BKD, LLP** is one of the largest CPA and advisory firms in the United States, with approximately 2,000 partners and employees in 33 offices. BKD serves more than 900 hospitals and health care systems across the country.

Based on current literature and other guidance from the treasury and the IRS, the following steps were conducted as part of Children's community health needs assessment:

- The "community" served by Children's was defined by utilizing inpatient and outpatient data regarding patient origin. This process is further described in Community Served by Children's.
- Population demographics and socioeconomic characteristics of the community were gathered and reported utilizing various third parties (see sources in Appendices).
- Data regarding child health indicators and factors was gathered utilizing various third parties (see sources in Appendices).
- An inventory of health care facilities and resources was prepared.
- Community input was provided through Advisory Board Members for *2013 Beyond ABC Report* for Dallas County and the *2012 Beyond ABC Report* for the North Texas Corridor.
- Consideration was given to health needs identified through Regional Health Care Partnership Plans in Regions Nine and Eighteen.
- Information gathered in the steps above was analyzed and reviewed to identify health issues of uninsured persons, low-income persons and minority groups and the community as a whole. Advisory Board Members prioritized needs and made recommendations regarding what priorities the community should focus on.
- To validate the prioritized needs, Children's Administrative team reviewed the priorities identified in the *2012 and 2013 Beyond ABC Reports* and the Regional Healthcare Partnership Plans considering the identified needs and the magnitude of their impact on the community and alignment with Children's Mission and Strategic Plan. The amount of resources required to address the issue and the hospital's ability to impact each issue were also considered. The list below comprises the top health needs on which the hospital has decided to focus its resources and integrate into strategic and operational plans:
 - Access to Care/Appropriate Utilization of Emergency Services
 - Prevention and Management of Chronic Diseases
 - Improve Education & Economic Security Indicators for Children
 - Support and Expansion of Infrastructure for Public Health
 - Child Advocacy and Safety

General Description of Children's Medical Center

Children's is a private, not-for-profit entity that operates the fifth-largest pediatric health care provider in the United States. As the only academic health care facility in North Texas dedicated exclusively to the comprehensive care of children from birth to age 18, Children's provides pediatric patient care ranging from simple eye exams to specialized treatment in areas such as heart disease, hematology-oncology and cystic fibrosis.

In addition, Children's is a major pediatric kidney, liver, intestine, heart and bone marrow transplant center. As the primary pediatric teaching facility for The University of Texas Southwestern Medical Center, the medical staff at Children's conducts research that is instrumental in developing treatments, therapies and greater understanding of pediatric diseases.

The Children's system is licensed for 595 beds and has more than 50 subspecialty programs spanning two campuses – the main hospital in Dallas and a second full-service hospital in Plano. Combined, the two facilities serve children through more than 677,000 patient encounters annually. Children's was the first pediatric hospital in Dallas designated as a Level I Trauma Center.



“We work to make life better for children.”

Children's provides care through over 50 pediatric specialty programs. The programs include, but are not limited to:

- After the Cancer Experience (ACE)
- AIDS and HIV (ARMS)
- Allergy and Immunology
- Analytical Imaging and Modeling Center (AIM)
- Asthma Education
- Asthma Management Program
- Audiology
- Autism: Center for Autism and Developmental Disabilities
- Center for Cancer and Blood Disorders
- Cochlear Implantation
- Critical Care Services
- Cystic Fibrosis
- Diabetes
- Diagnostic and Consultation Clinic
- Down Syndrome
- Eating Disorder Services
- Epilepsy Center
- Family-Focused Center for Deaf and Hard of Hearing Children (FFC)
- Feeding Disorders
- Genetics
- Hand and Upper Extremity Clinic
- Heart Center
- Maternal Fetal Medicine
- Neuro-Oncology
- Plastic and Craniofacial Surgery
- Psychiatry and Psychological Services
- Pulmonary Function Laboratory
- Stem Cell Transplant
- Trauma

For a complete listing of Children's programs and services offered as well as additional information related to Children's please visit <http://www.childrens.com/specialties/>.

Community Served by Children's Medical Center

Children's main campus is located at 1935 Medical District Drive, Dallas, Texas. The city of Dallas is the county seat of Dallas County. The city of Dallas is one of the most populous cities in Texas, as well as the United States.

Children's also has an inpatient facility located at a second campus in Plano, Texas. Plano is in Collin County; which is also home to fast-growing cities like Frisco, Allen, McKinney and Prosper.

Identification and Description of Geographical Community

The city of Dallas is the third largest city in Texas. The city of Dallas is accessible from I-30, I-35E, I-45 and I-635. Patients primarily originate from Texas (94.8 percent). Nearly 50 percent (48.8 percent) of Children's discharges originate in Dallas County, Texas.

Collin County is one of the fastest growing areas in the United States, with its population between 2000 and 2010 growing from 491,000 to over 782,000.

Defined Community

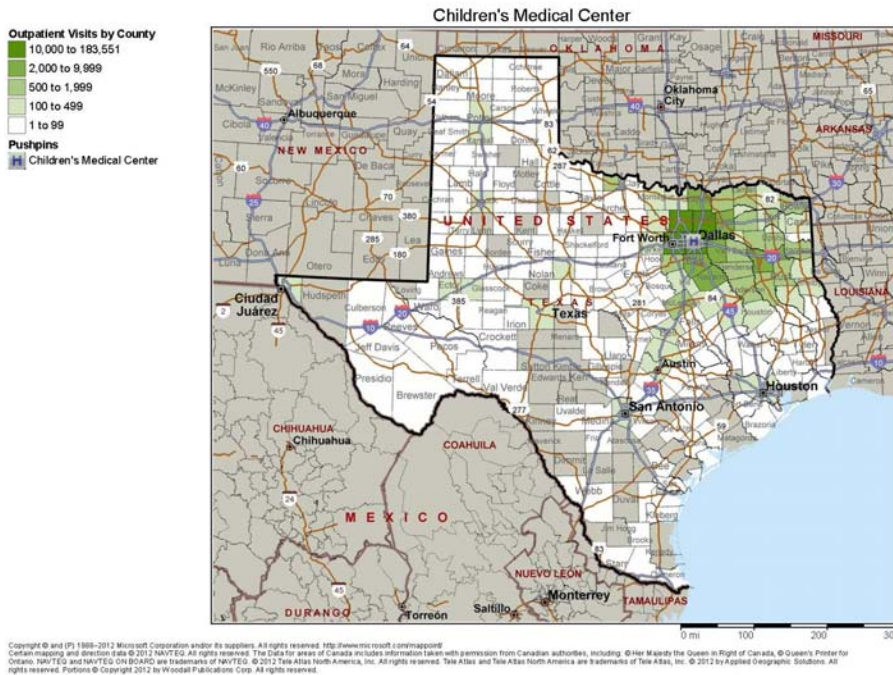
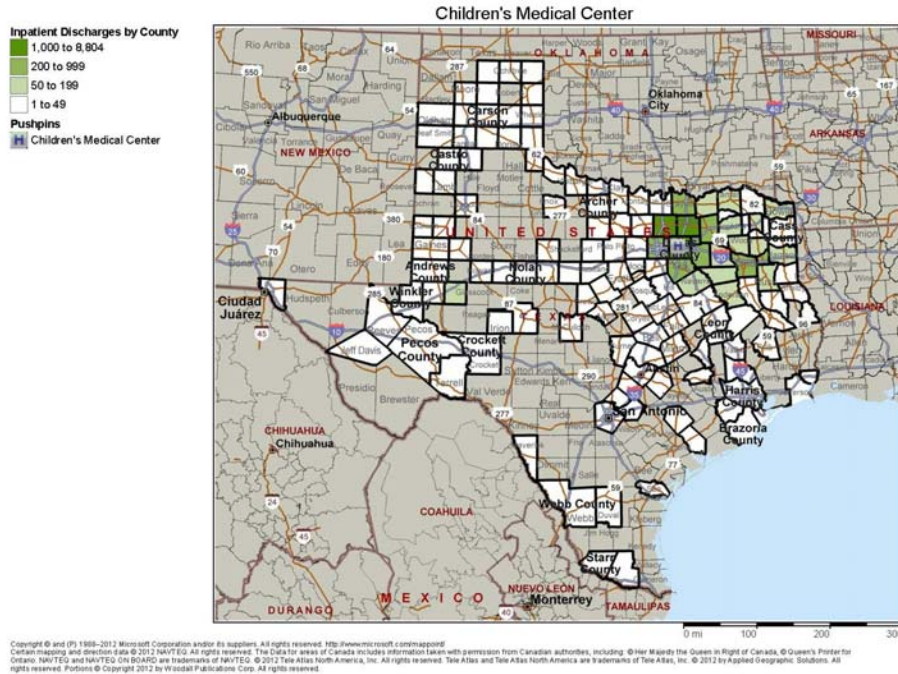
A community is defined as the geographic area from which a significant number of the patients utilizing hospital services reside. While the community health needs assessment considers other types of health care providers, the hospital is the single largest provider of pediatric health services. For this reason, the utilization of hospital services provides the clearest definition of the community.

Based on the patient origin discharges and outpatient procedures from Fiscal Year 2012 and the locations of Children's hospital facilities, management has identified the CHNA community to include Dallas and Collin Counties. As reported in *Exhibit 1*, the primary CHNA Community of Dallas and Collin Counties represents 61 percent of the discharges and 67 percent of outpatient procedures. Page 6 presents a detailed map of Children's geographical location. Those areas shaded in darkest green represent the areas that comprise Children's primary community. Corresponding demographic information is reported in *Exhibits 1 and 2*.

Exhibit 1
Children's Medical Center
Summary of Inpatient and Outpatient Discharges by Zip Code
January 1, 2012 to December 31, 2012

County	Inpatient Discharges	Percent of Total Discharges	Outpatient Procedures	Percent of Total Procedures
Dallas County	8,804	48.8%	183,551	54.0%
Collin County	2,194	12.2%	44,946	13.2%
	10,998	61.0%	228,497	67.2%
Other Texas Counties	6,097	33.8%	97,986	28.8%
All Other	929	5.2%	13,462	4.0%
Total Discharges	18,024	100.0%	339,945	100.0%

Source: Children's Center of Dallas Discharge Information



Community Details

Community Population and Demographics

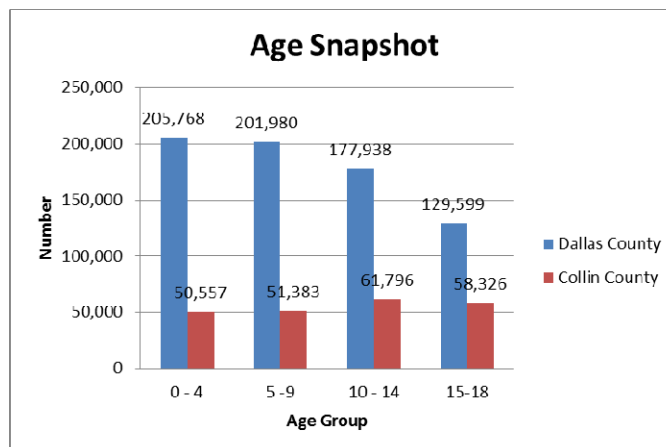
The U.S. Bureau of Census has compiled population and demographic data based on the 2010 census. The Nielsen Company, a firm specializing in the analysis of demographic data, has extrapolated this data to estimate population trends from 2013 through 2018. *Exhibit 2* illustrates that the overall population is projected to increase over the five-year period from 3,320,715 to 3,608,755. The age categories that represent youth and adolescents (0-14 and 15-20) is projected to increase 7.0 percent and 8.9 percent, respectively.

Exhibit 2
Children's Medical Center CHNA Community
Estimated 2013 Population and Projected 2018 Population

County, State	0-14 Years	15-20 Years	21-44 Years	45 and Over	Total
Estimated 2013 Population					
Dallas, TX	584,959	210,917	901,523	829,661	2,527,060
Collin, TX	187,834	66,339	260,766	278,716	793,655
CHILDREN'S SERVICE AREA	772,793	277,256	1,162,289	1,108,377	3,320,715
Projected 2018 Population					
Dallas, TX	627,731	223,584	916,695	952,159	2,720,169
Collin, TX	199,389	78,443	269,902	340,852	888,586
CHILDREN'S SERVICE AREA	827,120	302,027	1,186,597	1,293,011	3,608,755

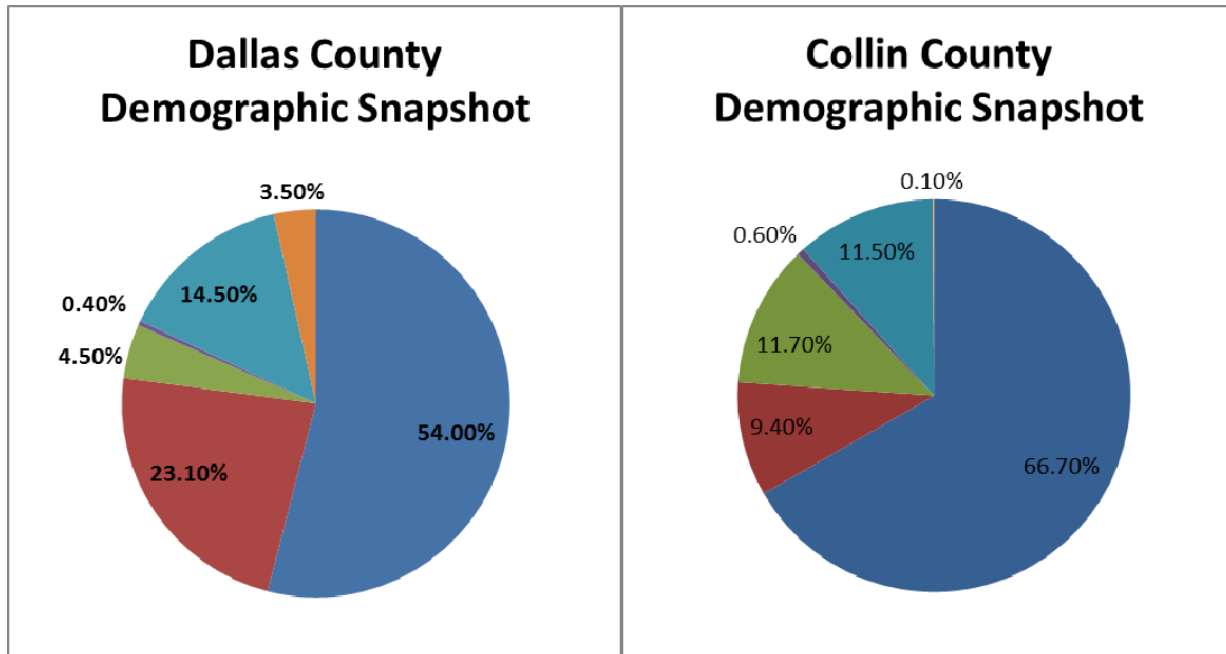
Source: The Nielsen Company

A population snapshot of children 18 years of age and younger living in Dallas and Collin Counties in 2012 is shown below. As indicated by the graph, the population in Dallas County is greater than in Collin County.



Data Sources:
 Texas Department of State Health Services

Below is a demographic snapshot of Dallas and Collin Counties' children by race. According to the American Community Survey, 670,217 children under the age of 18 lived in Dallas County in 2012. Nearly 54 percent of all the children in Dallas County were Caucasian compared to approximately 67 percent in Collin County.



- White
- Black/African-American
- Asian
- American Indian/Alaskan Native
- Other
- Two or more races

Data Sources:
 *Beyond ABC 2013 (Dallas County); Beyond ABC 2012 (Collin 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.

Socioeconomic Characteristics of the Community

The socioeconomic characteristics of a geographic area influence the way residents access health care services and perceive the need for health care services within society. The economic status of an area may be assessed by examining multiple variables within the community. The following exhibits are a compilation of data that includes household income, poverty and educational attainment for the community served by Children's. These standard measures will be used to compare the socioeconomic status of the service area internally as well as to the state.

Income and Employment

Exhibit 3 presents the average and median income for households in each county. Average and median household income is expected to decrease less than 1 percent in Dallas County, which compares unfavorably to state and national trend estimates. Average and median household income is expected to increase more than 7 percent in Collin County; an increase that is favorable when compared to state and national estimates.

Exhibit 3
Children's Medical Center CHNA Community
Estimated Family Income and Wealth for 2013 and 2018 With Percent Difference

County, State	Estimated 2013		Projected 2018		Percent Difference	
	Avg. Household Income	Median Household Income	Avg. Household Income	Median Household Income	Avg. Household Income	Median Household Income
Dallas, TX	\$ 68,832	\$ 46,547	\$ 68,759	\$ 46,436	-0.1%	-0.2%
Collin, TX	\$ 105,183	\$ 80,607	\$ 113,463	\$ 86,486	7.9%	7.3%
Texas	\$ 68,955	\$ 48,645	\$ 71,829	\$ 49,974	4.2%	2.7%
United States	\$ 69,637	\$ 49,297	\$ 71,917	\$ 49,815	3.3%	1.1%

Source: The Nielsen Company

Poverty

Exhibit 4 presents the percentage of total population in poverty (including under age 18) and median household income for households in each county versus the state of Texas and the United States.

Exhibit 4
Children's Medical Center CHNA Community
Poverty Estimate: Percentage of Total Population in Poverty and Median Household Income
2010 and 2011

County, State	2010			2011		
	All Persons	Under Age 18	Median Household Income	All Persons	Under Age 18	Median Household Income
Dallas, TX	19.0%	29.3%	\$ 46,909	20.0%	30.0%	\$ 47,335
Collin, TX	7.7%	9.6%	\$ 77,862	8.2%	9.9%	\$ 82,765
Texas	17.9%	25.7%	\$ 48,622	18.5%	26.6%	\$ 49,390
United States	15.3%	21.6%	\$ 50,046	15.9%	22.5%	\$ 50,502

Source: U.S. Census Bureau, Small Areas Estimates Branch

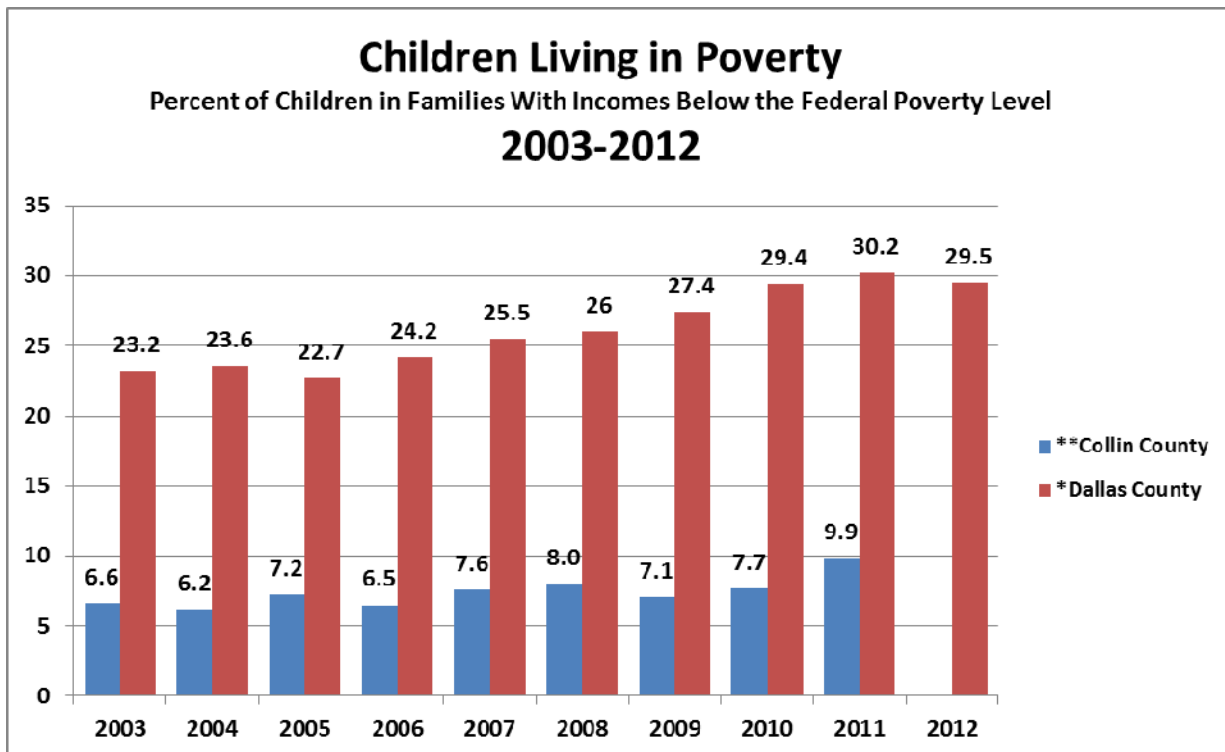
In 2011, a family of two adults and two children was considered poor if their annual household income fell below \$22,350. Poverty rates in Dallas County rank unfavorably when compared to the state and national averages, while Collin County ranks favorably to state and national averages.

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. Dallas County has seen the percentage of children living at or under the federal poverty level rise from 2010 to 2011. As stated above, 30 percent of Dallas County's 670,000 children live in families surviving under the poverty level.

Children Living in Poverty: Child poverty is on the rise in Dallas County, with rates that exceed the state and national averages. Since 2003, the percentage of children living in poverty in Dallas County has increased from 23.2 percent to 29.5, with 196,252 now living in poverty (American Community Survey). Collin County experienced a surge in population growth over the last decade, but the proportion of children living in poverty has not spiked significantly.

In 2012, the percentage of children living in poverty in Dallas County decreased slightly from 30.2 percent to 29.5 percent. Research has suggested that children in poor families spend twice as many days in the hospital than children from families living above the poverty line.

Poverty is experienced differently by youth, not only in age, but in race. One out of every eight Caucasian, non-Hispanic children in Dallas County were living below the poverty level (12 percent), one in three Hispanic or African-American children live in poverty (35 and 33 percent, respectively).



***2012 data for Collin County was not available

Data Sources:

*Beyond ABC 2013; American Communities Survey (1-year estimates 2008, 2009, & 2010 for Collin County).

**Small Area Income & Poverty Estimates, U.S. Census Bureau: 2009; Center for Public Policy Priorities; Texas Kids Count; American Community Survey.

Uninsured

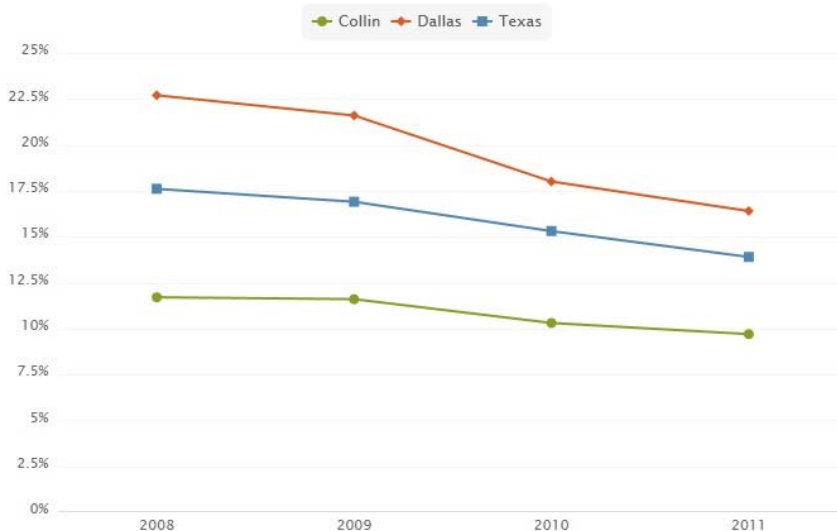
Exhibit 5 presents health insurance coverage status by age (under 65 years) and income (at or below 400 percent) of poverty for Dallas and Collin Counties versus the state of Texas.

**Exhibit 5
Children's Medical Center CHNA Community
Health Insurance Coverage Status by Age (Under 19 years)
2011**

County, State	All Income Levels			
	Under 19 Uninsured	Percent Uninsured	Under 19 Insured	Percent Insured
Dallas, TX	113,089	16.4%	576,734	83.6%
Collin, TX	23,210	9.7%	215,934	90.3%
Texas	1,006,390	13.9%	6,210,825	86.1%
United States	6,059,050	7.9%	70,692,857	92.1%

Source: U.S. Census Bureau, SAHIE/ State and County by Demographic and Income Characteristics

As you can see from the table above and the trend below, Dallas County's rates for uninsured residents rank unfavorably to Texas rates, while Collin County ranks favorably to state rates in all categories. However, significant improvements have been made since 2008.



**Uninsured Children
(0 -18)
2008 - 2010**
The percent of children ages 0 – 18 that do not have health coverage through either private or public insurance according to Small Area Health Insurance Estimates.

Data Sources:
Kids Count, The Annie E. Casey Foundation

Children without health insurance are more likely to receive care in the emergency room than those who are covered. In 2010, 90 percent of emergency-room visits for children in Dallas County were preventable, primary-care treatable or nonemergent, costing \$200 million in medical costs.

Education

Exhibit 6 presents the percent of students from a class of ninth graders who graduated four years later in each county versus the state of Texas.

**Exhibit 6
Children's Medical Center of Dallas CHNA Community
Educational Attainment - High School Graduation Rates
2009 - 2010**

	Number	Percentage
<u>2009</u>		
Dallas, TX	21,780	73.0%
Collin, TX	8,362	92.2%
Texas	248,500	80.6%
<u>2010</u>		
Dallas, TX	23,086	78.5%
Collin, TX	8,888	93.6%
Texas	264,632	84.3%

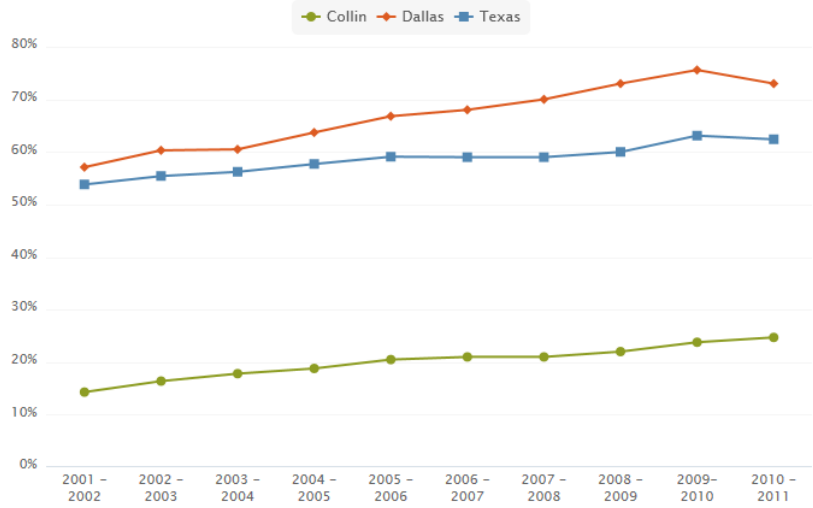
Source: Texas Education Agency

Dallas County has one of the lowest high school graduation rates in the state, ranking 232th out of 254 Texas Counties according to Kids Count Data Center of the Annie E Casey Foundation, 2011 Rankings. Collin County's high school graduation rate exceeds the state average. In 2011, about 81 percent of Dallas students completed high school in the prescribed four years.

Child Health and Welfare Statistics

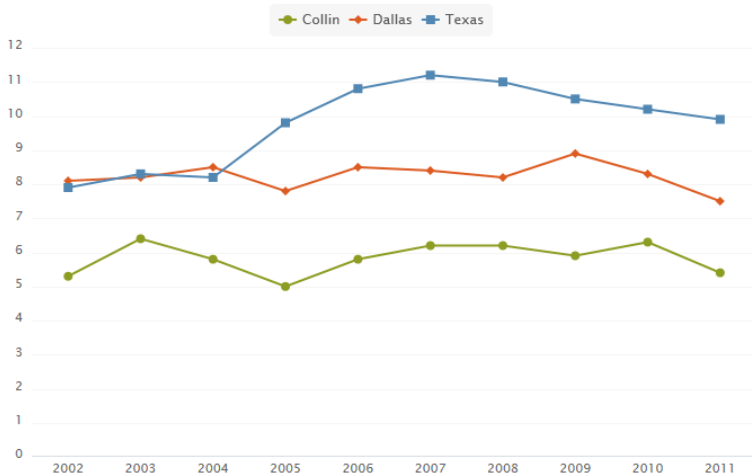
The trend data which follows is a snapshot for Dallas and Collin Counties compared to Texas for each indicator. The source for this data is primarily from Center for Public Policy Priorities as referenced in the KIDS COUNT project of the Annie E. Casey Foundation.

Free & Reduced Lunch 2012
The percentage of public school students who are approved for the Free and Reduced Price Lunch Program at the beginning of the academic year.



Data Sources:
Kids Count, The Annie E. Casey Foundation

The percentage of children eligible for free and reduced lunch in Collin County is significantly lower than Dallas County and state percentages. In 2010–2011, 24.7 percent of children in Collin County were eligible for free and reduced lunch, compared to 73 percent in Dallas County and 62.4 percent across the state of Texas.



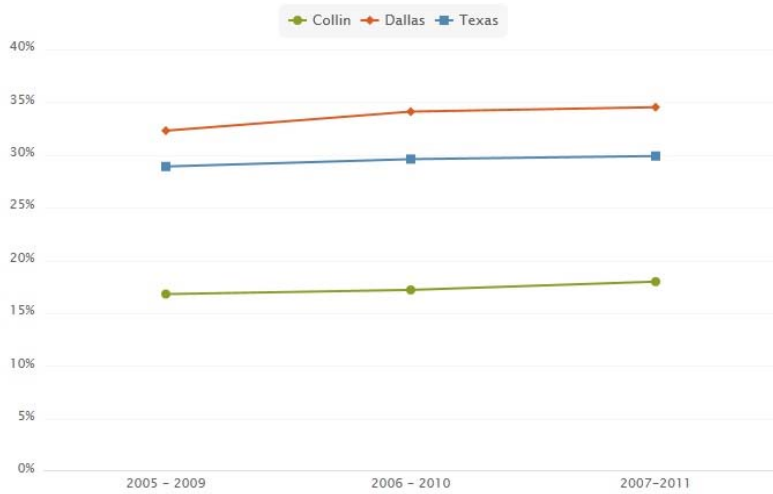
Confirmed Victims of Child Abuse 2011
Number and rate per 1,000 of children ages 0-17 confirmed as victims of child abuse.

Data Sources:
Kids Count, The Annie E. Casey Foundation

In 2011, both Collin and Dallas Counties reported lower rates of confirmed victims of child abuse, 5.4 and 7.5 respectively, than Texas as whole for which the rate for 2011 was 9.9.

Children in Single-Parent Families
2007 - 2011

Number and percent of all children (ages 0 -17) living in families headed by a parent without a spouse present in the home.



Data Sources:
 Kids Count, The Annie E. Casey Foundation

Living in a single-parent household can have a significant economic impact on children. Dallas County has a higher percentage of children living in single-parent families as compared to Texas as a whole. According to the U.S. Census Bureau, approximately 27 percent of single-parent families live in poverty.

Health Status of the Community

Leading Causes of Death

Exhibit 7 ranks the leading causes of death in 2006-2007 by age group. Overall, nearly one in five (18.7 percent, 167 children) child *deaths was determined to be preventable*.

**Exhibit 7 Five leading causes of death by age group, 0-17 years
Dallas County, 2006-2007**

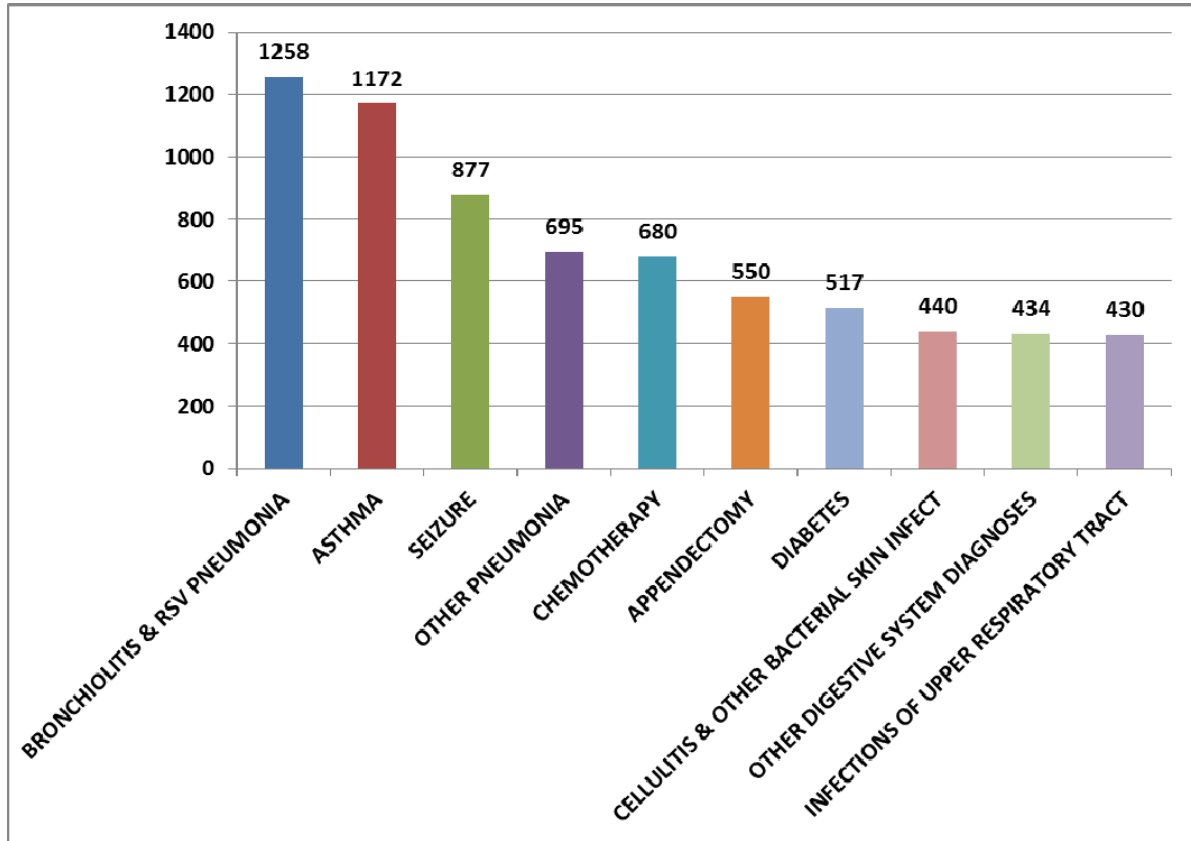
Rank	Under 1 year	1-4 years	5-9 years	10-14 years	15-17 years
1	Prematurity-related* N=317	Unintentional injury N=21	Unintentional injury N=12	Unintentional injury N=12	Unintentional injury N=21
2	Congenital anomaly N=141	Homicide N=17	Malignancy/tumor N=7	Malignancy/tumor N=11	Homicide injury N=23
3	SIDS/SUDI N=63	Congenital anomaly N=16	Homicide N=3	Congenital anomaly N=7	Suicide N=7
4	Unintentional injury N=22	Malignancy/tumor N=9	Other disease N=3	Other disease N=7	Malignancy/tumor N=6
5	Undetermined N=21	Infections N=5	Seizure disorder Cardiovascular Infections N=2	Homicide N=5 Infections N=5	Other disease N=5

* Prematurity-related deaths were coded for the underlying cause.

Source: Dallas County Child Death Review Team 2010 Annual Report (2006-2007 data)

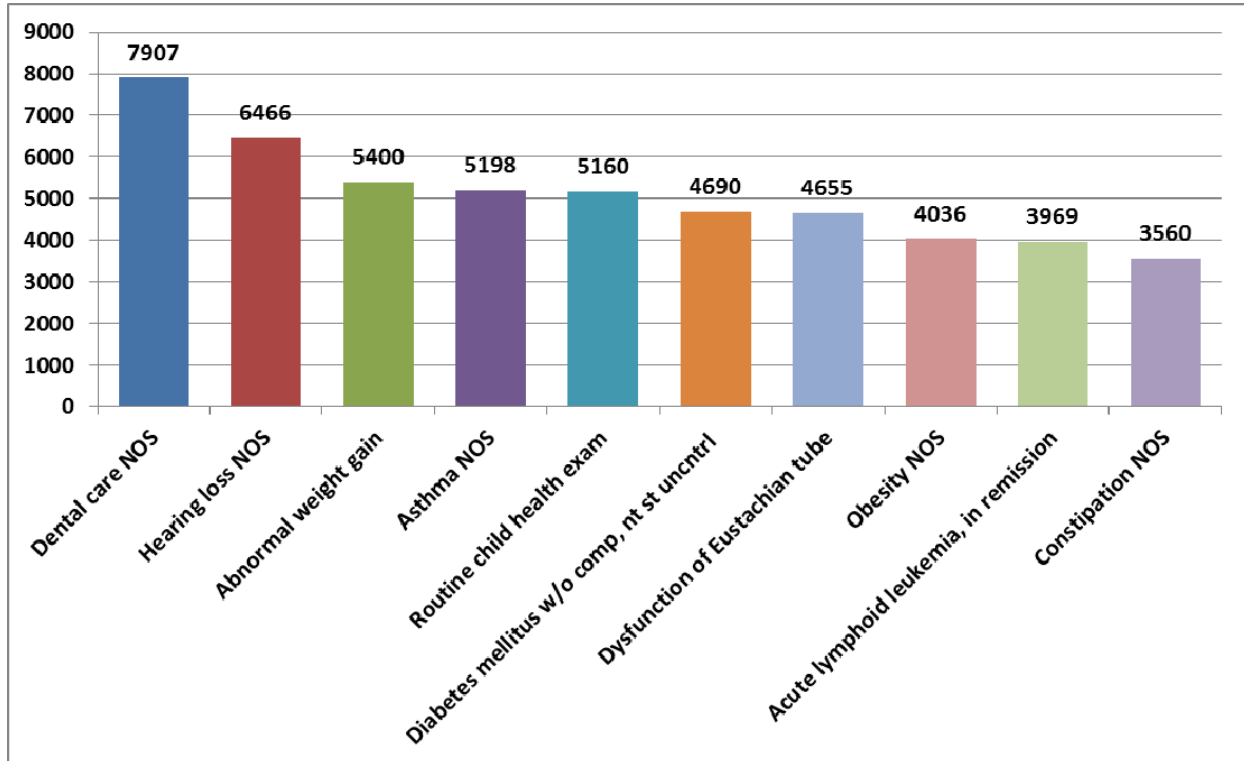
Primary Conditions Responsible for Inpatient Hospitalization

The leading causes for inpatient hospitalization for Children's are shown below:



Primary Conditions Responsible for Outpatient Services

The following shows a graphical representation of the 10 most common uses of outpatient services as reported by Children's for 2012.



Health Outcomes and Factors

Children's Medical Center CHNA Community
National Survey of Children's Health
2001-2012

Indicator	Explanation	Nationwide (%)	Texas (%)
Health Status			
Child Health Status	percent of children in excellent or very good health	84.2	82.0
Oral Health Status	percent of children with excellent or very good oral health	71.3	66.3
Premature Birth	percent of children who were born premature, that is three or more weeks early	11.6	12.4
Breastfeeding	percent of children age 0-5 who were ever breastfed	79.2	79.9
Risk of Developmental or Behavioral Problems	percent of children age 4 months to 5 years determined to be at moderate or high risk based on parents' specific concerns	26.2	30.2
Child Weight Status	percent of children age 10-17 years who are overweight or obese (BMI-for-age at or above 85th percentile)	31.3	36.6
Missed School Days	percent of children age 6-17 who missed 11 or more days of school in the past year	6.2	4.2
Health Care			
Current Health Insurance	percent of children currently insured	94.5	90.6
Insurance Coverage Consistency	percent of children lacking consistent insurance coverage in the past year	11.3	17.9
Preventive Health Care	percent of children with a preventive medical visit in the past year	84.4	83.4
Preventive Dental Care	percent of children with a preventive dental visit in the past year	77.2	77.8
Developmental Screening	percent of children age 10 months to 5 years who received a standardized screening for developmental or behavioral problems	30.8	30.4
Mental Health Care	percent of children age 2-17 with problems requiring counseling who received mental health care	61.0	59.5
Medical Home	percent of children who receive care within a medical home	54.4	51.8

Source: "Texas Report from the National Survey of Children's Health." NSCH 2011/2012. Child and Adolescent Health Measurement Initiative, Data Resource Center for Child and Adolescent Health website. Retrieved [08/20/13] from www.childhealthdata.org.

In the above table, Texas percentages highlighted in red indicate a rate which is greater than the national rate by more than 5 percent, yellow indicates the rate is less than a 5 percent difference from the national rate and green indicates the Texas rate ranks positively when compared to the national rate.

The table below shows selected child health indicators by race from the National Survey of Children's Health. The most significant disparities per category have been highlighted in yellow. As shown below, children who are Hispanic and Black, Nonhispanic have the greatest disparities within the categories of physical and dental health, emotional and mental health, health insurance coverage and health care access and quality.

Selected Child Health Indicators	Overall	Hispanic	White, Non-Hispanic	Black, Non-Hispanic	Asian, Non-Hispanic	Other, Non-Hispanic
	% (95% CI) Pop. Est.	% (95% CI) Pop. Est.	% (95% CI) Pop. Est.	% (95% CI) Pop. Est.	% (95% CI) Pop. Est.	% (95% CI) Pop. Est.
Physical and Dental Health						
1.1: Children age 0-17 whose overall health status is excellent or very good	84.4 (83.7 - 85.0) 62,216,654	68.4 (66.0 - 70.8) 10,133,247	91 (90.4 - 91.6) 37,019,214	80.4 (78.8 - 82.1) 8,279,530	85 (81.2 - 88.9) 2,214,793	87.5 (85.6 - 89.4) 3,486,187
1.2: Children age 1-17 whose teeth are in excellent or very good condition	70.7 (69.9 - 71.5) 49,118,729	49.3 (46.8 - 51.9) 6,800,950	80.4 (79.7 - 81.2) 30,984,151	62.5 (60.5 - 64.6) 6,144,821	69.3 (64.3 - 74.3) 1,629,353	74.6 (71.6 - 77.7) 2,765,748
1.2a: Children age 1-17 who had two or more oral health problems (toothache, decay, broken teeth, bleeding gums) in the past six months	8.4 (7.9 - 8.9) 5,849,397	12.9 (11.2 - 14.7) 1,791,799	6.1 (5.7 - 6.6) 2,361,407	11.4 (10.1 - 12.8) 1,125,614	6.1 (2.9 - 9.3) 144,757	9.2 (7.5 - 10.9) 340,824
1.3: Children age 5 or younger who were ever breastfed or fed breast milk	75.5 (74.3 - 76.7) 18,391,356	82.4 (79.6 - 85.2) 4,475,303	76.7 (75.3 - 78.1) 9,935,164	55.5 (51.7 - 59.3) 1,650,034	84 (79.1 - 88.9) 786,516	74.4 (69.0 - 79.8) 1,165,622
1.3a: Children age 6 months to 5 years who were exclusively breastfed for their first 6 months	12.4 (11.4 - 13.5) 2,791,242	12.4 (9.5 - 15.2) 607,871	13.6 (12.2 - 14.9) 1,634,271	8.3 (5.8 - 10.8) 229,076	9.2 (6.1 - 12.3) 78,082	13.6 (9.5 - 17.7) 194,709
1.4a: Children age 10-17 who are overweight or obese (Body Mass Index at or above 85th percentile)	31.6 (30.5 - 32.8) 10,001,679	41 (36.8 - 45.1) 2,170,099	26.8 (25.7 - 28.0) 4,986,223	41.1 (38.2 - 44.0) 1,970,635	18.4 (11.5 - 25.4) 188,545	35.6 (31.2 - 40.1) 520,688
1.5: Children age 6-17 who engaged in vigorous physical exercise every day during the past week	29.9 (29.0 - 30.8) 14,565,413	25.1 (22.4 - 27.8) 2,315,411	31.1 (30.0 - 32.2) 8,541,146	31.2 (28.8 - 33.5) 2,223,633	22.7 (16.7 - 28.7) 366,489	37.4 (33.2 - 41.5) 898,210
1.6: Children age 6-17 who missed 11 or more school days due to illness or injury in the past 12 months	5.8 (5.3 - 6.3) 2,828,748	6.2 (4.7 - 7.7) 567,083	6.2 (5.6 - 6.8) 1,704,293	4.4 (3.5 - 5.3) 317,439	1.4 (0.5 - 2.3) 22,468	6.9 (5.2 - 8.6) 164,574
1.7: Children age 5 or younger who had injuries requiring medical attention in the past 12 months	10.4 (9.5 - 11.3) 2,547,666	7.5 (5.7 - 9.4) 410,374	12.2 (11.0 - 13.4) 1,584,824	8.3 (5.7 - 11.0) 250,275	8.5 (3.7 - 13.2) 82,369	10 (7.4 - 12.6) 156,696
1.9: Children who currently have one or more of 16 health conditions, described by their parents as moderate or severe	10.6 (10.1 - 11.1) 7,820,906	9.5 (8.1 - 10.9) 1,409,923	10.4 (9.8 - 11.0) 4,220,421	14.1 (12.7 - 15.6) 1,454,214	3.9 (2.2 - 5.7) 102,577	12.3 (10.3 - 14.2) 488,200
1.9a: Children who currently have two or more of 16 health conditions listed	8.7 (8.2 - 9.1) 6,399,652	7.4 (6.2 - 8.7) 1,104,080	8.6 (8.1 - 9.1) 3,494,089	11.6 (10.2 - 13.0) 1,189,774	2.4 (1.4 - 3.5) 63,488	10.8 (9.0 - 12.6) 429,363
1.13: CSHCN age 6-17 whose health conditions limit their participation in school, organized activities, or making friends (at least 2)	14.2 (12.8 - 15.5) 1,597,482	15 (11.0 - 19.0) 253,697	13.2 (11.7 - 14.8) 907,086	14.7 (10.8 - 18.7) 258,117	10 (2.5 - 17.4) 15,947	19 (13.5 - 24.5) 121,449
Emotional and Mental Health						
2.1: Children age 4 months to 5 years whose physical, behavioral or social development is of concern to their parents	40.1 (38.6 - 41.6) 9,347,979	48.1 (43.8 - 52.4) 2,473,202	34.9 (33.2 - 36.5) 4,329,493	45.2 (41.3 - 49.1) 1,294,070	49.1 (40.0 - 58.2) 449,208	40.6 (34.6 - 46.6) 604,800
2.2: Children age 4 months to 5 years who are at high risk for developmental, behavioral or social delay	10.6 (9.6 - 11.6) 2,468,116	16.1 (12.9 - 19.3) 825,664	7.1 (6.3 - 8.0) 884,028	14.5 (12.1 - 16.9) 414,181	18.3 (10.3 - 26.4) 167,584	8.4 (5.8 - 11.1) 125,921
2.2a: Children age 1-5 who play with other children their age every day	31.4 (29.8 - 32.9) 6,350,727	36.4 (31.8 - 41.0) 1,623,273	27.2 (25.4 - 28.9) 2,942,091	39.5 (35.4 - 43.6) 998,109	27.9 (19.9 - 35.8) 208,294	35.2 (27.9 - 42.5) 455,307
2.5: Children age 6-17 who consistently exhibit positive social behaviors	93.6 (93.2 - 94.1) 46,107,536	94.5 (93.2 - 95.8) 8,848,516	95.3 (94.7 - 95.8) 26,373,411	86.3 (84.5 - 88.0) 6,285,140	96 (93.6 - 98.5) 1,561,753	92.4 (90.2 - 94.6) 2,226,615
2.6: Children age 6-17 who often exhibit problematic social behaviors	8.8 (8.3 - 9.4) 4,356,839	10.7 (8.6 - 12.8) 998,997	7.5 (6.9 - 8.1) 2,076,953	11.8 (10.2 - 13.5) 862,295	3.4 (1.8 - 5.0) 55,772	11.8 (9.4 - 14.1) 283,871
2.7: Children age 2-17 who currently have ADHD or ADD and are taking medication for it	4.2 (3.9 - 4.5) 2,744,082	2.1 (1.5 - 2.7) 270,264	5 (4.6 - 5.4) 1,801,531	4.7 (3.7 - 5.6) 433,156	0.7 (0.3 - 1.1) 15,236	5.5 (4.0 - 7.0) 190,190
2.7a: Children age 2-17 who currently have moderate or severe ADHD or ADD	3.4 (3.1 - 3.7) 2,207,047	1.5 (1.1 - 2.0) 198,257	3.8 (3.4 - 4.2) 1,387,219	3.8 (3.0 - 4.6) 349,325	0.6 (0.2 - 0.9) 12,457	5.5 (3.8 - 7.1) 188,328
2.8: Children age 2-17 who currently have autism or other Autism Spectrum Disorder (National Only)	1 (0.9 - 1.2) 681,471	1 (0.5 - 1.4) 124,208	1.2 (1.0 - 1.4) 434,659	0.6 (0.3 - 0.9) 53,909	0.4 (0.2 - 0.6) 8,965	0.8 (0.5 - 1.2) 27,682
2.8a: Children age 2-17 who currently have moderate or severe autism or other ASD (National Only)	0.5 (0.4 - 0.7) 344,156	0.6 (0.2 - 1.0) 75,292	0.5 (0.4 - 0.7) 195,731	0.3 (0.1 - 0.6) 30,593	0.3 (0.1 - 0.5) 6,163	0.3 (0.1 - 0.5) 11,461
2.9: Children age 2-17 who currently take medication because of difficulties with emotions, concentration or behavior	6.2 (5.8 - 6.5) 4,018,952	3.3 (2.6 - 4.1) 428,578	7.3 (6.8 - 7.8) 2,663,521	6.3 (5.2 - 7.4) 585,958	1.3 (0.6 - 1.9) 28,523	7.8 (6.0 - 9.6) 269,928

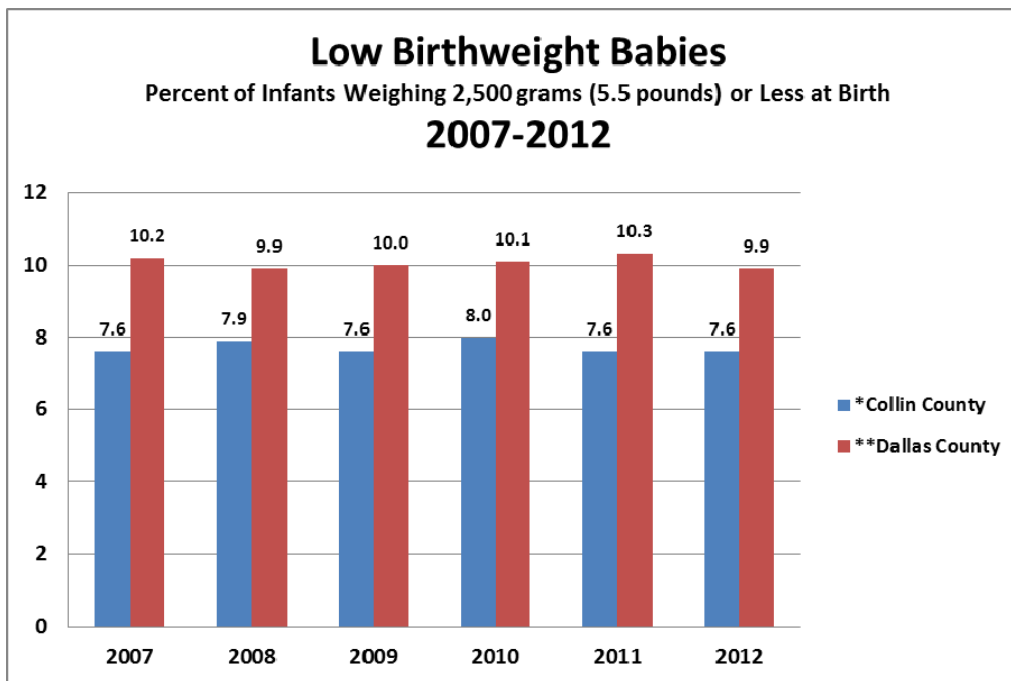
Selected Child Health Indicators	Overall	Hispanic	White, Non-Hispanic	Black, Non-Hispanic	Asian, Non-Hispanic	Other, Non-Hispanic
	% (95% CI) Pop. Est.	% (95% CI) Pop. Est.	% (95% CI) Pop. Est.	% (95% CI) Pop. Est.	% (95% CI) Pop. Est.	% (95% CI) Pop. Est.
3.1: Children who currently have health insurance coverage	90.9 (90.4 - 91.4) 66,882,846	81.1 (79.2 - 83.0) 11,996,209	93.9 (93.5 - 94.4) 38,167,383	91.2 (89.8 - 92.6) 9,354,356	95.3 (93.9 - 96.6) 2,440,072	92.5 (91.2 - 93.9) 3,679,465
3.2: Children who are currently uninsured or were uninsured at some time during the previous 12 months	15.1 (14.4 - 15.8) 11,098,007	28.3 (26.0 - 30.5) 4,179,370	10.4 (9.8 - 11.0) 4,209,640	16.9 (15.2 - 18.7) 1,730,423	8.7 (6.6 - 10.9) 414,235	13.7 (11.4 - 16.1) 545,577
3.3: Children who currently have public health insurance coverage	29.1 (28.3 - 29.8) 21,207,350	44.9 (42.3 - 47.4) 6,583,808	17.7 (17.0 - 18.4) 7,164,379	51.6 (49.5 - 53.7) 5,213,891	16.5 (12.2 - 20.9) 414,235	34.7 (31.4 - 38.0) 1,368,807
3.3: Children who currently have private health insurance coverage	61.8 (60.9 - 62.6) 45,077,489	36.1 (33.8 - 38.5) 5,305,651	76.2 (75.4 - 77.0) 30,781,095	39.5 (37.5 - 41.5) 3,992,158	78.6 (74.1 - 83.1) 1,970,512	57.8 (54.4 - 61.3) 2,284,733
3.4: Among currently insured children, those whose insurance does NOT usually/always cover child's needs, needed providers, or enough of costs	23.5 (22.8 - 24.3) 15,744,885	25.7 (23.3 - 28.2) 3,087,812	22.6 (21.8 - 23.4) 8,609,363	23.8 (22.0 - 25.7) 2,230,964	28.2 (22.9 - 33.4) 683,686	22.3 (19.0 - 25.6) 821,923
Health Care Access and Quality						
4.1: Children age 0-17 who had one or more preventive medical visits in the past 12 months	88.5 (88.0 - 89.0) 64,575,112	85.9 (84.2 - 87.6) 12,520,100	88.6 (88.0 - 89.1) 35,786,167	91.5 (90.4 - 92.7) 9,278,911	87.9 (83.8 - 91.9) 2,250,195	89.2 (87.1 - 91.3) 3,516,330
4.2: Children age 1-17 who had one or more preventive dental visits in the past 12 months	78.4 (77.6 - 79.1) 54,293,506	71.5 (69.2 - 73.9) 9,861,655	80.9 (80.1 - 81.7) 31,121,918	78.3 (76.5 - 80.1) 7,632,064	77.7 (74.0 - 81.4) 1,840,996	78.4 (75.3 - 81.5) 2,886,657
4.3: Children age 0-17 who had BOTH medical and dental preventive visits in the past 12 months	71.6 (70.8 - 72.4) 52,120,954	66.1 (63.8 - 68.5) 9,621,142	72.8 (72.0 - 73.7) 29,386,529	74.2 (72.4 - 76.1) 7,491,666	70.7 (65.9 - 75.5) 1,807,303	72.4 (69.2 - 75.7) 2,843,364
4.5: Among children age 2-17 needing mental health care in the past 12 months, those who received treatment from a mental health professional	60 (57.1 - 63.0) 3,037,412	50.6 (42.2 - 59.0) 430,595	63.8 (60.0 - 67.6) 1,820,475	54 (47.1 - 61.0) 476,308	44.6 (25.2 - 64.0) 26,287	70.1 (62.7 - 77.4) 235,474
4.6a: Children who had unmet needs for medical, dental, mental health or other health care at some time during the previous 12 months	6.9 (6.4 - 7.3) 5,051,258	8.2 (6.8 - 9.5) 1,203,250	5.9 (5.4 - 6.4) 2,417,289	8.9 (7.6 - 10.3) 917,894	3.3 (2.2 - 4.4) 84,402	9.2 (7.1 - 11.3) 364,828
4.8: Children who have a Medical Home: continuous, coordinated, comprehensive, family-centered, and compassionate health care services	57.5 (56.7 - 58.4) 40,602,320	38.5 (36.1 - 41.0) 5,379,880	68 (67.1 - 68.9) 26,773,401	44.2 (42.1 - 46.2) 4,336,839	49.8 (44.0 - 55.6) 1,172,810	59.2 (55.7 - 62.6) 2,274,982
4.9: Children with a personal doctor, nurse or other health professional (PDN) who knows them well and is familiar with their health history (component of Medical Home measure)	92.2 (91.7 - 92.7) 67,685,757	85.8 (84.1 - 87.4) 12,590,466	95.5 (95.2 - 95.8) 38,788,913	88.8 (87.4 - 90.2) 9,067,187	92.8 (89.7 - 95.9) 2,390,794	91.3 (89.5 - 93.1) 3,633,196
4.9a: Children who have a usual source for well and sick care (component of Medical Home measure)	93.1 (92.6 - 93.5) 68,478,484	85.3 (83.5 - 87.1) 12,603,143	96.8 (96.5 - 97.2) 39,318,115	89.4 (88.0 - 90.8) 9,195,562	92.1 (88.3 - 95.9) 2,394,945	93.9 (92.2 - 95.6) 3,720,084
4.9b: Children who receive family-centered health care (component of Medical Home measure)	67.4 (66.5 - 68.2) 46,915,042	49.2 (46.6 - 51.8) 6,672,472	77.5 (76.7 - 78.3) 30,251,857	54.6 (52.4 - 56.7) 5,254,826	54 (48.2 - 59.9) 1,281,169	70.5 (67.4 - 73.7) 2,680,357
4.9c: Among children needing referrals during the past 12 months, those who had no problem getting needed referrals (component of Medical Home measure)	82.3 (80.8 - 83.9) 9,607,909	76.2 (71.2 - 81.1) 1,458,697	85.3 (83.5 - 87.1) 5,788,757	77.9 (73.1 - 82.8) 1,295,134	86.3 (80.4 - 92.2) 315,471	79.3 (74.5 - 84.0) 604,614
4.9d: Among children needing care coordination in the past 12 months, those who received effective care coordination (component of Medical Home measure)	68.7 (67.5 - 70.0) 20,570,730	60.3 (56.5 - 64.1) 3,649,057	73.4 (72.1 - 74.7) 12,374,990	62.6 (59.2 - 65.9) 2,526,578	69.1 (61.3 - 76.8) 587,575	67.6 (63.5 - 71.8) 1,103,778
4.12: Children who needed and had problems getting specialist care during the past 12 months	6.2 (5.8 - 6.6) 4,567,964	7.1 (5.9 - 8.3) 1,052,124	5.4 (5.0 - 5.8) 2,199,105	7.8 (6.5 - 9.2) 805,791	5.7 (4.2 - 7.1) 146,843	7.1 (5.1 - 9.1) 281,403
4.12a: Children who saw health care specialists during the previous 12 months	22.3 (21.6 - 22.9) 16,397,465	16.7 (14.9 - 18.5) 2,477,032	25.8 (25.0 - 26.6) 10,493,623	18.4 (16.8 - 20.1) 1,892,854	16.5 (12.8 - 20.2) 429,213	21.3 (18.6 - 24.1) 849,033
4.14: Among children age 0-5 who had health care in the past 12 months, those whose parents were asked if they have concerns about child's learning, development, or behavior	48 (46.5 - 49.5) 11,267,674	38.3 (34.1 - 42.5) 1,989,365	54.7 (53.0 - 56.4) 6,829,650	39.9 (36.2 - 43.6) 1,141,802	37.4 (28.7 - 46.2) 348,406	50.5 (43.9 - 57.0) 770,162
4.16: Among children age 10 months to 5 years who had health care in the past 12 months, those who had developmental screening	19.5 (18.3 - 20.8) 3,880,957	19.1 (15.8 - 22.4) 824,734	18.6 (17.2 - 20.1) 1,996,008	24.4 (20.7 - 28.1) 606,872	19.6 (13.4 - 25.8) 140,315	20.7 (15.1 - 26.4) 267,521

Source: "National Race/Ethnicity Snapshot." National Survey of Children's Health." NSCH 2007. Child and Adolescent Health Measurement Initiative, Data Resource Center for Child and Adolescent Health website. Retrieved [08/19/13] from www.childhealthdata.org

Select Health Findings Comparing Collin and Dallas Counties – Per the Beyond ABC Reports

Health Factors

Low Birthweight Babies: According to the Texas Department of State Health Services, the average birthweight after a normal, full-term pregnancy is 7½ pounds (3400g). A baby is considered low-birthweight if he or she is born less than 5½ pounds (2500 grams), and very low birthweight if less than 3 pounds and 4 ounces (1500 grams). Low birthweight is associated with a number of long-term disabilities such as cerebral palsy, mental retardation, vision and hearing impairments and other developmental disabilities. In Collin County, there has been a clear upward trend in low-birthweight babies since 2000 as can be seen in Exhibit 8 below. The most recent numbers show that in 2012, 3,853 low-birthweight babies were born in Dallas County, compared to 3,963 low-birthweight babies in 2011.



Data Sources:

*Texas Department of State Health Services, Center for Health Statistics & Countyhealthrankings.org.

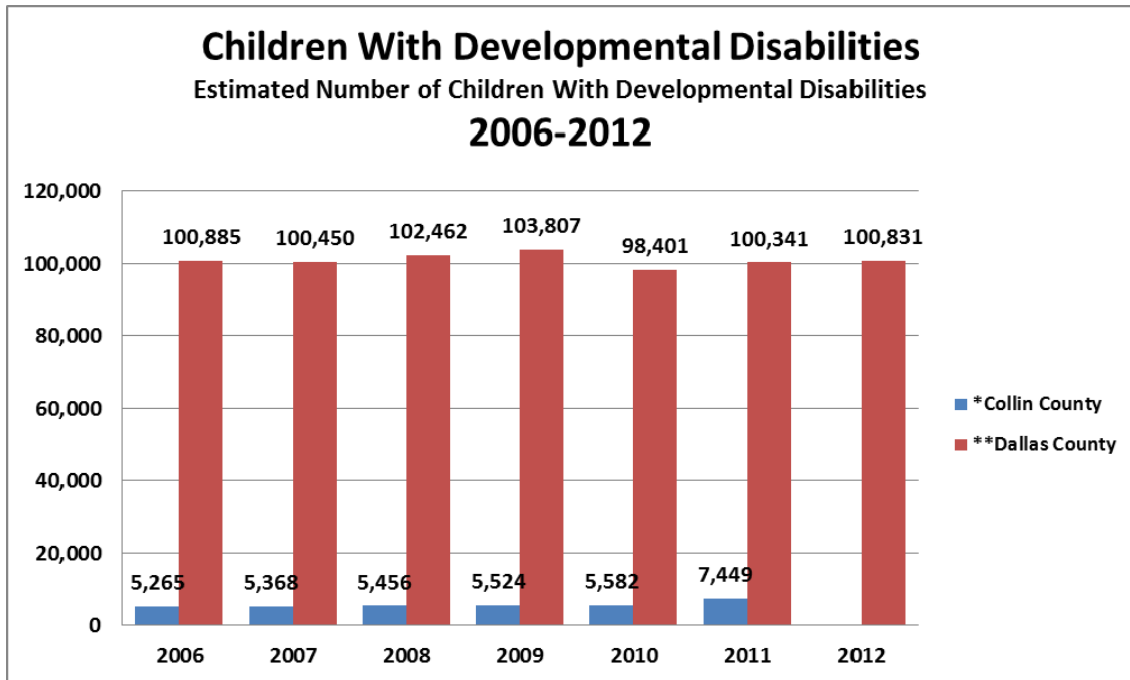
** Texas Department of State Health Services, Center for Health Statistics

Exhibit 8
Children's Medical Center CHNA Community
Low Birthweight Babies Trend (Rate)
2000 - 2010

County	2000	2005	2010
*Collin County	6.9	7.7	8.0
**Dallas County	9.2	10.0	10.1

Source: Texas Department of State Health Services

Children With Developmental Disabilities: Childhood developmental disabilities include diagnoses such as attention deficit and hyperactivity disorder (ADHD), autism, intellectual disability and cerebral palsy, seizures, stuttering, hearing loss, blindness and learning disorders. Recent research suggests an increase in the incidence of developmental disabilities with particularly large increases in autism and ADHD. Males are more likely than females to have a disability, and children of low socioeconomic status are at greater risk for certain disabilities. In 2012, there were 100,831 children in Dallas County with developmental disabilities.



***2012 data for Collin County was not available

Data Sources:

*U.S. Census Bureau, Children’s ABC 2012.

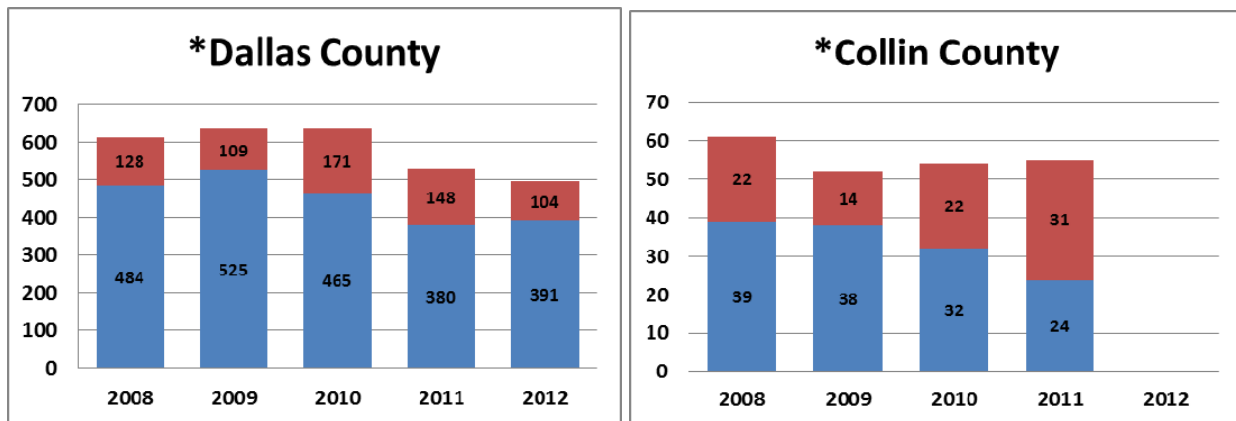
**American Academy of Pediatrics; American Community Survey; Decennial Census, Children’s ABC 2013

Children Receiving Services for Special Healthcare Needs: The Children with Special Health Care Needs (CSHCN) Services Program has been helping children in Texas with special needs for almost 90 years. Established in 1933, the program helps the families of children with a chronic physical or developmental condition manage the extreme financial and other challenges they face when caring for these very fragile children with the most severe disabilities. In 2012, 391 Dallas County children and their families benefited from the services provided by this program. Another 104 were wait-listed. The number of children on a wait-list due to limited state funding was reduced by nearly 30 percent in Dallas County between 2011 and 2012, which 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.

Children Receiving Services for Special Health Care Needs

Number of Children Receiving Special Health Care Services

2008-2012



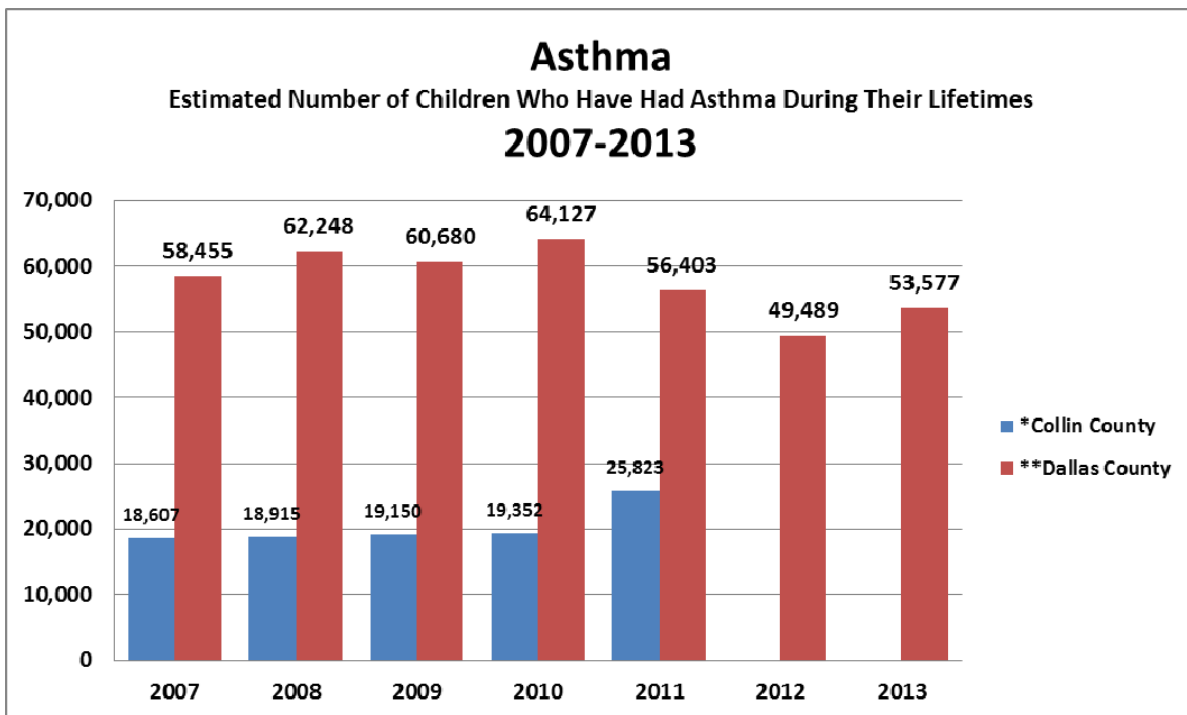
■ Waitlisted
■ Receiving Services

***2012 data for Collin County was not available

Data Sources:

*Texas Department of State Health Services.

Asthma: In their 2013, “State of the Air” report, the American Lung Association (ALA) gave Collin County a grade of “F” due to the high number of ozone days between 2009 and 2011. Unhealthy levels of ozone and particle pollution in urban areas can exacerbate the symptoms associated with asthma, which in turn can have a serious and substantial impact on the health care system. More than 50,000 children in the North Texas Corridor are estimated to have asthma, based on population and prevalence rates. The Dallas/Fort Worth area was ranked the 8th most ozone-polluted city on the American Lung Association’s “State of the Air Report”. The region has received repeated grades of “F” for its number of high-ozone days. The number of Dallas County children estimated to be at risk from pediatric asthma was highest in 2010 with 64,127 children. This was followed by decreases in 2011 and 2012; however the number of children at risk from pediatric asthma has increased by 8.3 percent in 2013 from 49,489 to 53,577. This represents a substantial economic impact on health care, especially in counties where access is limited or where children are uninsured or under insured. Asthma can generally be managed effectively and inexpensively in most primary-care settings.



***2012 and 2013 data for Collin County was not available

Data Sources:

*Texas Department of State Health Services, 2012 Beyond ABC

**American Lung Association State of the Air Reports 2002, 2004-2010, 2013 Beyond ABC.

Community Input – *Beyond ABC* – Assessing Children’s Health

Since 1996, Children’s has published *Beyond ABC* a biennial assessment of children’s health in Dallas County. Using 60 key indicators, *Beyond ABC* provides an in-depth report which tracks a wide variety of issues, with data on poverty levels, Medicaid enrollment, reading levels, college readiness, runaway reports, truancy, teenage pregnancies, foster care, abuse and neglect, immunizations, diabetes, asthma, mental health, school meals, homelessness, child support, food insecurity and infant and child mortality, among many other factors affecting pediatric health and well-being.

Many agencies, both governmental and private, collect data about the health of children. However, the *Beyond ABC* report provides a critical baseline that allows us to compare certain key indicators over time to tell us how children are doing. We look at pediatric health numbers, yes, but we strive to capture a snapshot that truly evaluates how our children’s lives are getting better – or worse.

In 2008, Children’s opened a new campus, Children’s at Legacy, in the largest suburban city to our north, Plano. That year, we expanded *Beyond ABC*, publishing a new edition focused on the fast-growing county of Collin, which contains not only Plano but other burgeoning suburbs such as Frisco, Allen and the seat of the county government, McKinney. In 2010, Children’s expanded the northern edition of *Beyond ABC* to include four other counties that extend northward from Dallas to the Oklahoma border: Cooke, Denton, Fannin and Grayson counties, which together with Collin are known as “The North Texas Corridor.”

Now, in odd-numbered years, *Beyond ABC* focuses on Dallas County, which is primarily served by our main hospital campus in Dallas. In even-numbered years, the report examines the North Texas Corridor, which is the area served by Children’s at Legacy.

Each year, Children’s recruits a citizen advisory council made up of key stakeholders serving children and knowledgeable in public health. These community leaders meet monthly to discuss children’s health care issues and to contribute their experience, insights and expert recommendations for the *Beyond ABC* report. Additionally, the citizen advisory boards for *Beyond ABC* identify recommendations for advocates and public officials in order to improve the lives and health of children. Recent advisory boards have included city and county officials, former legislators, members of law enforcement, school district administrators, nonprofit organizations’ executives, child-advocacy representatives, chambers of commerce and senior staff from corporations and financial institutions.

As a supplement to this CHNA, the *Beyond ABC 2013 – Assessing Children’s Health in Dallas County Report* and the *Beyond ABC 2012 – Assessing Children’s Health in the North Texas Corridor Report* were reviewed and findings summarized. Together these reports offer great insight into the health and quality of life for children in Dallas and Collin Counties. Brief descriptions of these two reports and summarized findings can be found in the following pages. Full copies of each report are included in the *Appendices*.

Beyond ABC 2013 – Assessing Children’s Health in Dallas County

The *Beyond ABC* report was conducted by Children’s with the express purpose of assessing the health and well-being of children in Dallas County, which accounts for 48.8 percent of Children’s discharges in 2012. The report was made possible, large-in-part to the Advisory Board for *Beyond ABC 2013*.

Advisory Board Members

Diana Aguirre, Big Brothers Big Sisters Lone Star
Richard Amory, North Texas Food Bank
Syl Benenson, County Volunteer
Jennifer Bransom, Big Thought
Cedric Brasfield, Wal-Mart Stores Health and Wellness
Rev. Gerald Britt Jr., CitySquare
Ashley Brundage, United Way of Metropolitan Dallas
Lynn Cearley, Vogel Alcove
Joshua Clemmons, Catholic Charities of Dallas
Nathan Edgerton, United Way of Metropolitan Dallas
Sarah Feuerbacher, Ph.D., Southern Methodist University Center for Family Counseling
Kenneth Gilbert, Head Start of Greater Dallas
Lanet Greenhaw, Dallas Regional Chamber
Jenna Hanson, Trinity River Audubon Center
Jerry Hawkins, Wilkinson Center
Marilyn Herrick, March of Dimes
Kay L. Hopper, Community Volunteer
Kristin Jenkins, Dallas-Fort Worth Hospital Council Foundation
Pernilla Johansson, Ph.D., Dallas County Juvenile Department
Galileo Jumaoas, Greater Dallas Asian American Chamber of Commerce
Michelle Kinder, Salesmanship Club Youth and Family Center
Suzanna Kubelka, Dallas Independent School District
Loretta Landry, The Texas Hunger Initiative
Beverly Levy, Dallas CASA
Ellen Magnis, Dallas Children's Advocacy Center
Tori Mannes, ChildCareGroup
Demetria McCain, Inclusive Communities Project
Madeline McClure, TexProtects: The Texas Association for the Protection of Children
Paige McDaniel, Community Partners of Dallas
Sharon McGowan, Friends of Wednesday's Child
Tai McLemore, Mi Escuelita Preschool
Janie Metzinger, Mental Health America of Greater Dallas
Jaime Hanks Meyers, Children at Risk
Lori Millner, Texas Area Health Education Center
Maeve O'Neill, Phoenix House
Joanne Osterland, The Family Place
Margaret Tresch Owen, Ph.D., The University of Texas at Dallas Center for Children and Families
Lori Palmer, Girls Inc. of Metropolitan Dallas
Ray de los Santos, LNESD Dallas
Marilyn Self, Community Council of GreaterDallas
Kai Stansberry, American Heart Association
Latoya Stewart, The Concilio
Anne Thomas, AVANCE Dallas
David Thomas, Bryan's House
Zachary S. Thompson, Dallas County Health & Human Services
Dr. Ray Tsai, MyChildren's

Cindy Turek, W.H.O. Foundation (Women Helping Others)
Maria del Carmen Uceda-Gras, Las Obras de Nuestra Madre de las Americas, Inc.
Allen Vaught, Baron & Budd, PC
Connie S. Wilson, Ph.D., Dallas Independent School District
Cindy Wright, Rainbow Days Inc.
Kari Zerbe, The Rise School of Dallas

Methodology

After reviewing the indicators used in previous years, the Advisory Board established the 61 indicators to be used in the 2013 *Beyond ABC* report. 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 set is 2012. Where possible, the research team assembled data from as far back as 2000. Additional information regarding the Research Methodology may be found in the complete reports.

Key Findings

A summary of themes and key findings within the *Beyond ABC 2013* follows:

- Texas had the highest percentage of repeat teen pregnancies in 2011.
- Dallas County lags in fully immunizing toddlers.
- The percentage of overweight and obese children and teens in Dallas County is higher than the state and national rates.
- There were nearly 4,000 diabetes hospitalizations of Dallas County youths in 2011.
- There are more than 53,500 children with asthma in Dallas County.
- More than 65,000 children in Dallas County have an emotional disturbance or addictive disorder.
- Nearly 21,000 Dallas County children received public mental health services in 2012.
- In 2012, 29.5 percent of the children in Dallas County lived in poverty.
- More than 172,600 Dallas County children were food-insecure in 2011.
- Almost 40 percent of Dallas County children live with a single parent.
- In Dallas County, 72.8 percent of school children are eligible for school meals.
- Thirty-one percent of eligible pre-K students were un-enrolled.
- Despite improvements, Dallas students are performing below state averages on standardized tests.
- Less than half of Dallas County graduates were deemed college-ready in 2010.
- Dallas County had 5,107 confirmed victims of child abuse and neglect in 2012.

- Children's treated 65 sports-related injuries in 2012.
- Accidental injuries, congenital illnesses and cancer are the leading causes of pediatric deaths.
- Since 2003, there have been 86 drowning deaths in Dallas County.
- Texas has the highest rate of uninsured children in the United States.

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:

Health

- The immunization rate for children should be no less than 90 percent.
- Promote the establishment of more medical homes.
- Encourage more widespread assessment of young children for special needs, including mental-health issues, to prevent more serious problems later.

Economic Security

- Establish partnerships between schools and business to help 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 school children and make sure that parents understand how good nutrition leads to success in education.
- Establish and support universal pre-kindergarten, which is essential for the educational success of low-income children, especially for those who have not learned English at home before attending pre-kindergarten.

Safety

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

Beyond ABC 2012 – Assessing Children’s Health in the North Texas Corridor

This *Beyond ABC 2012* report covers five contiguous counties served by Children’s at Legacy in Plano: Collin, Cooke, Denton, Grayson and Fannin Counties, a corridor stretching from north of Dallas to the Oklahoma border. Collin County represents 12.2 percent of Children’s discharges and is the most populous county in the North Texas Corridor.

Advisory Board Members

Richard Amory, North Texas Food Bank
Vidya Ayyr, Community Volunteer
Sandy Barber, Fannin County Children’s Center
Shana Batten, American Heart Association, Dallas Division
Shirletta Best, City of McKinney
Candy Blair, Collin County Health Care Services
Ashley Brundage, United Way of Metropolitan Dallas
Nicole Bursey, Frisco Family Services Center
Mary Carpenter, Methodist Children’s Home
Rev. Janet Collinsworth, St. Andrew United Methodist Church
Tonia Cunningham, Frisco Police Department
Rebecca Egelston-Caso, Community Volunteer
Susan Etheridge, CASA of Collin County
Nicole Frazier, Allen Police Department
Jana Garner, CASA of Grayson County
Sherri Gideon, CASA of Denton County
Leanne Hall, Girls Incorporated of Metropolitan Dallas
Marilyn Herrick, March of Dimes
Christine Hockin-Boyd, Community Lifeline Center
Linda K. Horton, Texoma Community Center
Sheena Jackson, City of Lewisville
Graciela Katzer, Plano ISD Council of PTAs
Diane Kazlow, ECI of LifePath Systems
Jim Malatich, The Samaritan Inn
Glenda May, Allen Community Outreach
P.J. Holland Rasor, McKinney ISD
Commissioner Joe Strong, Fannin County Commissioners Court
Barbara A. TenBroek, Catholic Charities of Dallas, Inc.
Patrice Tosi, Hope’s Door
Ray Tsai, M.D., MyChildren’s
Commissioner Duncan Webb, Collin County Commissioners Court

Methodology

After reviewing the indicators used in previous years, the Advisory Board established the 60 indicators to be used in the 2012 *Beyond ABC* report. 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 set is 2011. Where possible, the research team assembled data from as far back as 2000. Additional information regarding the Research Methodology may be found in the complete reports.

Key Findings

In the 2012 *Beyond ABC* report, it was found that:

- Almost seventeen percent (16.7) of the quarter-million children in Collin County have no health insurance of any kind.
- All five northern counties have at least twice the national average of uninsured children. Grayson County has 19.1 percent; Cooke has 23.9 percent.
- Between 2008 and 2011, Collin County had a 69 percent increase in pediatric Medicaid enrollment; Denton County had a 76 percent increase.
- In 2011, there were 2,451 confirmed cases of child abuse and neglect across the five-county region.
- Between 2001 and 2011, the number of confirmed cases of child abuse or neglect in Collin County increased 95.5 percent, while Denton County saw an increase of 64.7 percent.
- All five counties' premature birth rates are higher than the March of Dimes' 2020 goal of 9.6 percent.
- Immunization rate for Texas is in decline at just above 75 percent.
- More children are in need of special health care services, but fewer are being provided the services.
- In 2011, an estimated 1,319 young people in the five counties had diabetes.
- More than 50,000 children in the North Texas Corridor are estimated to have asthma.
- In the North Texas Corridor in 2011, 25,398 children were estimated to have a diagnosable mental illness.
- In 2010, 40,130 children in Collin County and 33,440 in Denton County were living in food-insecure households.
- All counties in the North Texas Corridor were at or above state levels of college-ready graduates.
- Six children died of abuse and neglect in the North Texas Corridor in 2011.
- In 2010, 6 children from the Texas North Corridor drowned.

Recommendations

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

Health

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

- Improve air quality in the North Texas Corridor.
- Make air-quality measurement a priority in all communities that have heavy industry and/or more than 10,000 residents.
- Establish uniformity in communities' nonsmoking ordinances, with the goal to ultimately ban smoking in bars, restaurants and all indoor public places, as well as at outdoor sporting or music events and within 15 feet of public building entrances.

Economic Security

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

Education

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

Safety

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

Community Input - Regional Healthcare Partnership Plans

Texas Healthcare Transformation and Quality Improvement Program

As part of the Texas Healthcare Transformation and Quality Improvement Program, the state of Texas has been divided into 20 regions. Hospitals within each region have worked together to develop plans to respond to health needs and transform the health care delivery system. Children's hospital facilities are located in two regions. Region Nine includes Dallas County and Region Eighteen includes Collin County. Regional Healthcare Partnerships (RHPs) have spent significant time considering their respective community's health needs and challenges, developing ideas and refining collaborative strategies that will best serve their regions. Details regarding RHP Plans may be obtained at <http://www.hhsc.state.tx.us/1115-RHP-Plans.shtml>.

The development of regional plans included conducting CHNAs for each region.

Below are the health needs identified by the RHP for Region 9 and Region 18:

Health Needs RHP – Region 9	Health Needs RHP – Region 18
Primary and Specialty Capacity	Shortage of Primary Care Services - Adults
Behavioral Health Design and Capacity	Shortage of Primary Care Services - Children
Palliative Care Capacity	Prenatal Care Services
Oral Health Capacity	Urgent and Emergency Care Services
Chronic Disease Management	Co-morbid Medical and Behavioral Health Conditions for all ages
Emergency Department Over Use	Health Professions Shortage
Inpatient Re-admissions	Preventable Acute Care Admissions
Patient Safety/Hospital Acquired Conditions	Diabetes
	Cardiovascular Disease
	Elderly at Home & Nursing Home Patient Services
	Improved Behavioral Health for all ages (all components)
	Need for More Outreach to Other Special Populations At-Risk
	Communicable Disease Management
	Obesity and its Co-Morbid Risk Factors Management

Health Care Resources

The availability of health resources is a critical component to the health of a community's residents and a measure of the soundness of the area's health care delivery system. An adequate number of health care facilities and health care providers are vital for sustaining a community's health status. Fewer health care facilities and health care providers can impact the timely delivery of services. This section will address the availability of pediatric health care resources to the residents of the medical community.

Exhibit 9
Children's Medical Center CHNA Community
Children's Hospital Facilities

Name	Miles From Children's Medical Center	Address	City	State	Zip
X Children's Medical Center of Dallas	-	1935 Medical District Drive	Dallas	TX	75235
1 Cook Children's Medical Center	29.7	801 7th Avenue	Fort Worth	TX	76104
2 Covenant Children's Hospital	323.0	4015 22nd Place	Lubbock	TX	79410
3 Dell Children's Medical Center	195.0	4900 Mueller Boulevard	Austin	TX	78723
4 Driscoll Children's Hospital	418.0	3533 S Alameda Street	Corpus Christi	TX	78411
5 El Paso Children's Hospital	565.0	4845 Alameda Avenue	El Paso	TX	79905
6 Healthbridge Children's Hospital	254.0	2929 Woodland Park Drive	Houston	TX	77082
7 Our Children's House	28.5	1540 U.S. 77	Waxahachie	TX	75165
8 Santa Rosa Children's Hospital	276.0	333 N Santa Rosa Street	San Antonio	TX	78207
9 Texas Children's Hospital	249.0	6621 Fannin Street	Houston	TX	77030

Source: CostReportData.com

There are acute care facilities in Children's service area that, while not strictly a pediatric hospital, offer some pediatric care services. A complete list of acute care hospitals located in Collin and Dallas Counties is shown in *Exhibit 9.1* on the following page.

Exhibit 9.1
Children's Medical Center CHNA Community
Acute Care Hospital Facilities

Name	County	City	State	Bed Size
Baylor Heart and Vascular Hospital	Dallas	Dallas	TX	50
Baylor Medical Center At Frisco	Collin	Frisco	TX	68
Baylor Medical Center At Garland	Dallas	Garland	TX	208
Baylor Medical Center At Irving	Dallas	Irving	TX	184
Baylor Medical Center At McKinney	Collin	Mc Kinney	TX	Not Reported
Baylor Medical Center At Uptown	Dallas	Dallas	TX	24
Baylor Regional Medical Center At Plano	Collin	Plano	TX	112
Baylor University Medical Center	Dallas	Dallas	TX	888
Centennial Medical Center	Collin	Frisco	TX	118
Dallas Medical Center	Dallas	Dallas	TX	119
Dallas Regional Medical Center	Dallas	Mesquite	TX	176
Doctors Hospital	Dallas	Dallas	TX	189
Irving Coppel Surgical Hospital LLP	Dallas	Irving	TX	20
Lake Pointe Medical Center	Dallas	Rowlett	TX	Not Reported
Las Colinas Medical Center	Dallas	Irving	TX	90
Medical Center Of McKinney	Collin	McKinney	TX	Not Reported
Medical Center Of Plano	Collin	Plano	TX	320
Medical City Dallas Hospital	Dallas	Dallas	TX	668
Methodist Charlton Medical Center	Dallas	Dallas	TX	250
Methodist Dallas Medical Center	Dallas	Dallas	TX	394
Methodist Hospital For Surgery	Dallas	Addison	TX	32
Methodist McKinney Hospital	Collin	Mc Kinney	TX	19
Methodist Richardson Medical Center	Dallas	Richardson	TX	120
North Central Surgical Center LLP	Dallas	Dallas	TX	23
Parkland Health And Hospital System	Dallas	Dallas	TX	Not Reported
Pine Creek Medical Center LLP	Dallas	Dallas	TX	18
South Hampton Community Hospital	Dallas	Dallas	TX	111
Texas General Hospital	Dallas	Grand Prairie	TX	Not Reported
Texas Health Center For Diagnostics & Surgery Plan	Collin	Plano	TX	Not Reported
Texas Health Presbyterian Hospital Dallas	Dallas	Dallas	TX	Not Reported
Texas Health Presbyterian Hospital Allen	Collin	Allen	TX	Not Reported
Texas Health Presbyterian Hospital Plano	Collin	Plano	TX	338
Texas Institute For Surgery At Presbyterian Hospital	Dallas	Dallas	TX	9
Texas Regional Medical Center At Sunnyvale	Dallas	Sunnyvale	TX	70
The Heart Hospital Baylor Plano	Collin	Plano	TX	116
The Hospital At Craig Ranch	Collin	Mc Kinney	TX	24
UT Southwestern University Hospital	Dallas	Dallas	TX	313
UT Southwestern University Hospital-Zale Lipshy	Dallas	Dallas	TX	77

Source: <https://data.medicare.gov/Hospital-Compare/Texas-Hospital-List/3eae-pvd7>
www.costreportdata.com

Health Issues of Uninsured Persons, Low-Income Persons and Minority Groups

Based on information obtained through the *Beyond ABC* reports and other secondary data, the following populations are considered to be vulnerable or underserved in the community:

<p><u>Uninsured/Low Income</u></p> <ul style="list-style-type: none"> ✓ Lack of dental care ✓ Low rates of childhood immunizations ✓ Lack of mental health services ✓ Risk of trauma related injuries 	<p><u>Hispanic Population</u></p> <ul style="list-style-type: none"> ✓ Language and cultural barriers ✓ Lack of knowledge regarding healthy behaviors and choices ✓ Higher rates of diabetes and obesity ✓ Lack of dental care
<p><u>Black Population</u></p> <ul style="list-style-type: none"> ✓ High infant mortality ✓ Premature births/low birthweight ✓ High rates of obesity ✓ Lack of dental care ✓ Homelessness 	<p><u>Children With Mental Health Needs</u></p> <ul style="list-style-type: none"> ✓ Lack of services ✓ Lack of knowledge surrounding mental illness and conditions ✓ Higher rates of chronic diseases

Information Gaps

For a very small number of indicators included in the *Beyond ABC* reports, the nature of 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.

The *Beyond ABC* reports are issued every two years alternating between Dallas County and the Texas North Corridor, which includes Collin County. As indicated on several of the indicators included in this report, some information was not available for Collin County for 2012 and 2013 as this information will not be updated until 2014.

Prioritization of Identified Health Needs

The health needs of children and adolescents are increasing in Texas. Addressing these needs is important to the community. Children's Administrative team summarized the priorities identified in the 2012 and 2013 Beyond ABC reports considering magnitude of impact on the community and alignment with Children's Mission and Strategic Plan. They also considered the needs being addressed for each RHP. The amount of resources required to address the issue and the hospital's ability to impact each issue were also considered. The list summarized on the following pages comprises the top health needs on which the hospital has decided to focus its resources and integrate into strategic and operational plans.

**Children's Medical Center
Summary of Identified Needs**

Identified needs which Children's Medical Center will investigate and consider during the development of the Implementation Strategy for 2014 to 2016

Beyond ABC-Dallas County

RHP - Region 9

Beyond ABC - Collin County

RHP - Region 18

Access to Care/Appropriate Utilization of Emergency Services

Encourage more widespread assessment of young children for special needs, including mental health issues, to prevent more serious	Behavioral Health Design and Capacity	Increase the capacity of services for mental health and substance abuse treatment for children and youth.	Behavioral Health- all components - all ages Co-morbid medical and behavioral health conditions - all ages
	Primary and Specialty Capacity		Primary care - children Primary care - adults Health professions shortage
		Ensure that Texas Medicaid and CHIP Systems work effectively	
	Emergency Department Over Use		Urgent and Emergency Care
	Oral Health Capacity	Increase access to health and dental services for children and pregnant women through outreach and health education programs	
		Ensure that every county has at least one healthcare provider who will treat pregnant women on Medicaid	Other special populations at-risk

**Children's Medical Center
Summary of Identified Needs**

Identified needs which Children's Medical Center will investigate and consider during the development of the Implementation Strategy for 2014 to 2016

Beyond ABC-Dallas County

RHP - Region 9

Beyond ABC - Collin County

RHP - Region 18

Prevention and Management of Chronic Diseases

The immunization rate for children should be no less than 90 percent.		Coordinate immunization efforts and strengthen the use of the state's central immunization registry.	
Promote the establishment of more medical homes.	Chronic Disease Management	Protect and add to funding for preventive healthcare programs Ensure the implementation of the states approved school health programs in all public schools and increase student physical activities.	Diabetes Obesity and its co-morbid risk factors Cardiovascular disease
	Inpatient Readmissions	Mobilize Faith Groups, Civic Leaders and volunteers to assist low-income families	Preventable acute care admissions
		Improve air quality in the North Texas Corridor Make Air Quality Measurement a priority in all communities that have heavy industry and/or more than 10,000 residents Establish uniformity in communities non smoking ordinances.	

**Children's Medical Center
Summary of Identified Needs**

Identified needs which Children's Medical Center will investigate and consider during the development of the Implementation Strategy for 2014 to 2016

Beyond ABC-Dallas County

RHP - Region 9

Beyond ABC - Collin County

RHP - Region 18

Improve Education and Economic Security Indicators for Children

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 to make sure that parents understand how good nutrition leads to success in education.

Encourage development of supermarkets in food deserts and increase the availability of healthy foods; including fresh fruits and vegetables in low-income areas.

Economic Security

Education

Support and Expansion of Infrastructure for Public Health

Enhance the public health infrastructure

Child Safety

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

Safety

Children's Medical Center has determined priority areas to be 1) Access to Care/Appropriate Utilization of Emergency Services, 2) Prevention and Management of Chronic Diseases, 3) Improve Education and Economic Security Indicators for Children, 4) Support and Expansion of Infrastructure for Public Health and 5) Child Safety. Children's next steps include developing an implementation strategy to address these priority areas.

APPENDIX A
Sources

Sources

2013.1 Nielsen Demographic Update, The Nielsen Company, July 2013

2011 Poverty and Median Income Estimates – Counties, U.S. Census Bureau, Small Areas Estimate Branch, December 2012.

2010 Poverty and Median Income Estimates – Counties, U.S. Census Bureau, Small Areas Estimate Branch, November 2011.

2011 Health Insurance Coverage Status for Counties and States: Interactive Tables. U.S. Census Bureau, Small Area Health Insurance Estimates.

“American Lung Association, State of the Air Reports (2002, 2004-2010). <<http://www.lung.org/>>.

Annie E. Casey Foundation – Kids Count Data Center <http://datacenter.kidscount.org/>

Children’s Medical Center 2012 Beyond ABC: Assessing Children’s Health in North Texas Corridor.

Children’s Medical Center 2013 Beyond ABC: Assessing Children’s Health in Dallas County.

"Completion, Graduation, and Dropouts." *Texas Education Agency* -. N.p., n.d. Web. <http://www.tea.state.tx.us/acctres/dropcomp_index.html>.

"Cost Report Data Provides Hospital Financial Information from Medicare Cost Reports Filed by Hospitals and Contained in the CMS HCRIS File." *Cost Report Data Provides Hospital Financial Information from Medicare Cost Reports Filed by Hospitals and Contained in the CMS HCRIS File*. N.p., n.d. Web. <<http://www.costreportdata.com/>>.

County Health Rankings: Mobilizing Action Toward Community Health. 2012. Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. <<http://www.countyhealthrankings.org>>.

"Data.Medicare.gov." *Data.Medicare.Gov*. N.p., n.d. Web. <<https://data.medicare.gov/>>.

"Health and Human Services Commission." *Health and Human Services Commission*. N.p., n.d. Web. <<http://www.hhsc.state.tx.us/>>.

Leading Causes of Death by Age: Dallas County Child Death Review Team 2010 Annual Report (2006-2007 data).

“National Race/Ethnicity Snapshot.” National Survey of Children’s Health.” NSCH 2007. Child and Adolescent Health Measurement Initiative, Data Resource Center for Child and Adolescent Health website. Retrieved [08/19/13] from www.childhealthdata.org.

Texas Department of State Health Services Mobile. N.p., n.d. Web. <<http://www.dshs.state.tx.us/>>.

“Texas Report from the National Survey of Children’s Health.” NSCH 2011/2012. Child and Adolescent Health Measurement Initiative, Data Resource Center for Child and Adolescent Health website. Retrieved [08/20/13] from www.childhealthdata.org.

"Welcome to the Texas Education Agency." *Texas Education Agency*. N.p., n.d. Web. <<http://www.tea.state.tx.us/>>.

APPENDIX B

Beyond ABC Report for Dallas County 2013

APPENDIX C

Beyond ABC Report for North Texas Corridor 2012