2011 beyond a b c

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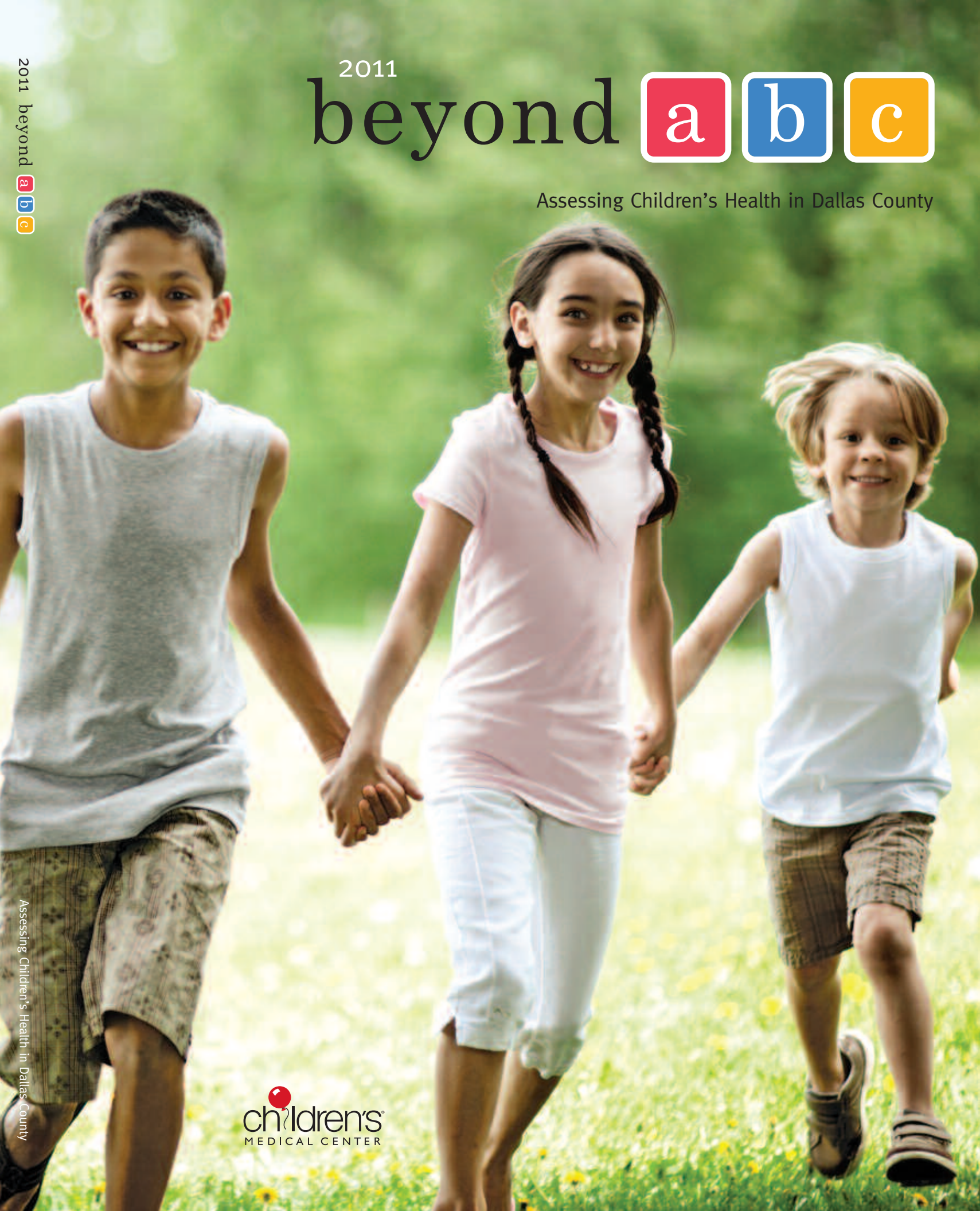
Assessing Children's Health in Dallas County



children's MEDICAL CENTER

Assessing Children's Health in Dallas County

Contents

Real Children's Stories

Children's Medical Center is pleased to present the 2011 edition of *Beyond ABC: Assessing Children's Health*, a comprehensive report on the quality of life for children in Dallas County. Texas has the highest rate of uninsured children in the United States, and this new report finds that of the 654,263 children under age 18 in our county, more than 29 percent live in poverty. More than a quarter of a million children living in Dallas County are on Medicaid, and 17.9 percent of the county's children have no health insurance at all.

Here at Children's, we are so committed to serving children that we provide almost $50 million annually in verified charity care. We believe we have a sacred trust to serve every child who comes through our doors – including the four out of seven who need financial assistance of some kind.

We believe that the health of our children as a vital community issue. In recent years, the six MyChildren's Pediatric Practices that we have opened in the Dallas area have created medical homes providing primary care and preventive services for thousands of children in underserved neighborhoods. Our goal is to make life better for all children, because we see healthy childhood as an essential investment in the future for Dallas, for Texas and for our nation.

For nearly a century, it has been our privilege to bring children the gift of good healthcare through the wide range of medical and dental services we offer at Children's, a private, not-for-profit institution that receives no county tax dollars.

We are the seventh-largest pediatric hospital in the nation as well as one of the most acclaimed — widely recognized for our 54 subspecialties and our ability to treat the most specialized of cases. We diagnose and treat one quarter of all the pediatric cancer cases in Texas, and we are a major center for organ and bone-marrow transplants, cardiac surgery, blood disorders and orthopedics. Children's also was the first designated Level I pediatric trauma center in Texas, and it is the primary pediatric teaching facility for the University of Texas Southwestern Medical Center, the top medical school in the region.

Please read the *Beyond ABC* 2011 report, consider its recommendations and join us in this vital mission. Together, you and Children's Medical Center can work to create a healthier, safer world for all of our children.

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

Children's Medical Center se complace en presentar la edición 2011 de *Beyond ABC: Assessing Children's Health (Más allá del ABC, una evaluación de la salud de los niños)*, un completo informe sobre la calidad de vida de los niños del condado de Dallas. Texas tiene la tasa más grande de niños sin seguro de los Estados Unidos. Este nuevo informe muestra que más del 29 % de los 654,263 niños menores de 18 años del condado vive en la pobreza. Más de un cuarto de millón de niños que viven en el condado de Dallas es beneficiario de Medicaid. Y un 17.9 % de los niños del condado no tiene ningún tipo de seguro de salud.

En Children's, nos comprometemos de tal manera a brindar servicios a los niños que donamos casi $50 millones por año para este fin. Creemos que tenemos el sagrado deber de prestar servicios a todos los niños que llegan a nuestro centro, incluidos los cuatro de siete que necesitan ayuda económica.

Consideramos que la salud de nuestros niños es un asunto vital para la comunidad. En los últimos años, los seis centros pediátricos "MyChildren's" que hemos inaugurado en el área de Dallas se han convertido en hogares médicos que prestan servicios de atención primaria y preventiva a miles de niños de vecindarios marginados. Nuestro objetivo es mejorar la vida de todos los niños, porque consideramos que una infancia saludable es una inversión esencial para el futuro de Dallas, de Texas y de nuestro país.

Durante casi un siglo, hemos tenido el privilegio de ofrecer una buena atención de salud a los niños mediante la gran variedad de servicios médicos y dentales que ofrecemos en Children's, una institución privada sin fines de lucro que no recibe fondos de los impuestos del condado.

Somos el séptimo hospital pediátrico más grande del país y uno de los más reconocidos, sobre todo por nuestras 54 subespecialidades y nuestra capacidad para tratar los casos más excepcionales. Diagnosticamos y tratamos la cuarta parte de los casos de cáncer pediátrico de Texas. Somos un importante centro de trasplantes de órganos y médula ósea, cirugía cardíaca, atención de trastornos sanguíneos y ortopedia. Además, Children's fue el primer hospital de Texas designado centro de trauma pediátrico de nivel I, y es el centro de enseñanza de atención pediátrica primaria del Southwestern Medical Center de la Universidad de Texas, la mejor facultad de medicina de la región.

Lea el informe *Beyond ABC 2011*, tenga en cuenta sus recomendaciones y acompáñenos en esta importante misión. Juntos, usted y Children's Medical Center pueden lograr un mundo más saludable y seguro para todos nuestros niños.

Christopher J. Durovich
Presidente y Director Ejecutivo
Children's Medical Center

2011

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Assessing Children's Health in Dallas County

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Children's Medical Center

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FIND US ON THE WEB

See this and previous years' *Beyond ABC* reports at http://www.childrens.com/about-us/leading-the-way/child-advocacy/beyond-abc.aspx

Acknowledgments

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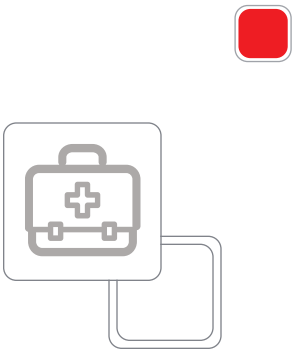
About Children's Medical Center of Dallas

For nearly a century, Children's Medical Center of Dallas has earned its stellar reputation as one of the finest pediatric healthcare providers in the United States by fulfilling its mission to make life better for children.

Child advocacy is a vital part of our mission as we continually work to educate officials and the public. Advocacy efforts extend into the areas of children's health insurance (Medicaid and CHIP), child abuse, pediatric AIDS, childhood obesity, immunizations and community health. Children's also leads the Safe Kids Dallas Area Coalition, spearheading local efforts to raise awareness about childhood injury prevention.

RECOGNITION

- Children's has been ranked among the top pediatric hospitals in the country by U.S. News & World Report.
- The only pediatric hospital in the nation with seven disease-specific management program certifications by The Joint Commission: Asthma Management Program; Autism Evaluation and Diagnostic Program; Diabetes Education Program; Eating Disorders Program; Comprehensive Epilepsy Program; Fetal Heart Program; and The Pediatric Pain Management Center.
- In 2011, Hospital and Health Networks magazine named Children's as a "Most Wired" hospital for the seventh time.
- Children's Medical Center was selected by Becker's Hospital Review as one of its "100 Best Places to Work in Healthcare" in 2011.

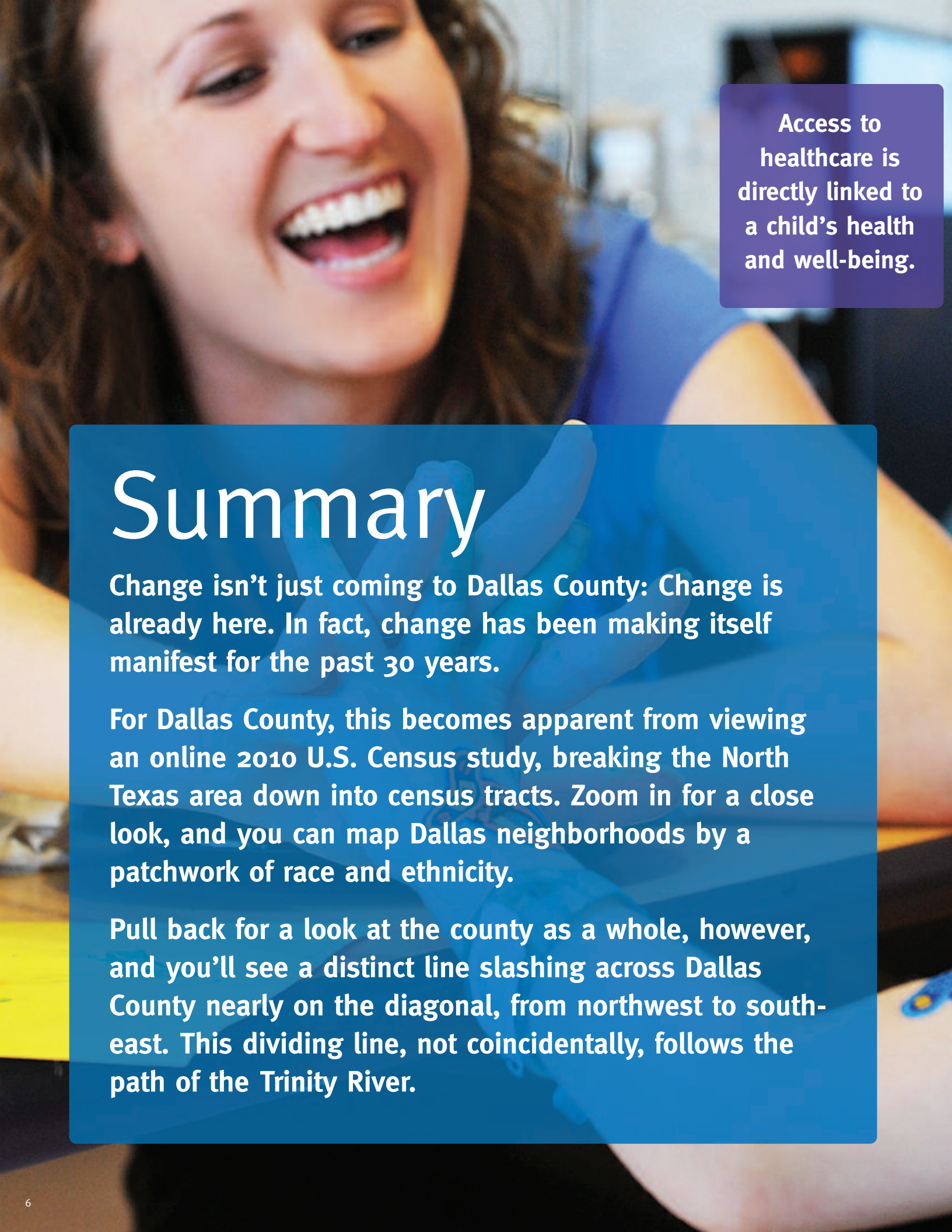


DISTINCTION

- Children's, which is a private, not-for-profit hospital, is among only 6 percent of the nation's hospitals to be named a Magnet Recognition Program by the American Nurses Credentialing Center.
- Children's was the first designated Level I Trauma Center for pediatrics in Texas.
- 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.
- Children's is one of only 14 national pediatric research centers sanctioned by the National Institutes.

SERVICES

- Children's is licensed for 559 inpatient beds at two campuses, including 487 beds at its main campus in the Southwestern Medical District and 72 beds at Children's at Legacy in Plano.
- Children's has 54 subspecialties and serves children through more than 570,000 patient visits each year.
- 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 the largest heart center for children in North Texas, and the only pediatric heart center with a 21-bed dedicated pediatric cardiovascular ICU.
- 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, intestinal 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.



Access to healthcare is directly linked to a child's health and well-being.

Summary

Change isn't just coming to Dallas County: Change is already here. In fact, change has been making itself manifest for the past 30 years.

For Dallas County, this becomes apparent from viewing an online 2010 U.S. Census study, breaking the North Texas area down into census tracts. Zoom in for a close look, and you can map Dallas neighborhoods by a patchwork of race and ethnicity.

Pull back for a look at the county as a whole, however, and you'll see a distinct line slashing across Dallas County nearly on the diagonal, from northwest to south-east. This dividing line, not coincidentally, follows the path of the Trinity River.

There is no more critical priority for the Dallas community than preparing our children for a healthy, successful and productive future.

Thousands of children never visit a dentist.

Dallas County Children Living in Poverty

The wedge of Dallas County to the northeast has a population that is 40.4 percent white, 36.7 percent Hispanic, 16.2 percent black and 4.9 percent Asian, for a total population of 1,455,973.

The wedge of Dallas County to the southwest, meanwhile, is 40.8 percent Hispanic, 31 percent black, 21.5 percent white and 5.1 percent Asian, for a total population of 912,166.

These numbers forecast our future, which is mirrored in every other major metropolitan area of the state.

The Hispanic population is growing faster than any other. Among Texas children ages 17 and younger, the census counted 3,317,777 Hispanics in 2010, or 48.3 percent of this age group. The number of Hispanic children in Texas grew 39 percent over the decade.

These are the adults of tomorrow — the face of the Texas workforce of the year 2036. Twenty-five years from now, they'll be the taxpayers whose wage deductions will fund the aging baby-boom generation's Social Security checks. They'll be the parents, the military, the teachers and policemen, the entrepreneurs and corporate executives who someday will take the place of Gen X and the Millennials in our society.

These kids also will be our city-council members, state legislators and congressional leaders. By 2056, the children of today — the ones born in the 21st century — will be running the nation. One of them, perhaps a Texas boy or girl who is only 10 or 11 years old right now, could even be in the White House as Commander in Chief.

But now that we've looked decades ahead, let's look at today — at 2011. Let's view the near future of 2012. There are 654,263 children and teens living in Dallas County. What are we providing for them now, in the way of health, education, economic security and safety?

In Dallas County, we are giving children up to 40 days a year of unhealthy air quality, due to ozone in the air they breathe. The result: an asthma epidemic among children of all income levels.

Almost 18 percent of Dallas County children are without health insurance — and that is actually an improvement over previous years. More than a quarter of a million Dallas County children are on Medicaid; nearly 60,000 are on the Children's Health Insurance Plan (CHIP).

The result: At Children's Medical Center alone, we see 135,000 visits to the Emergency Department every year, many of them for non-emergencies. They come to Children's because there is nowhere else they can go, and because we never turn away a child in need of treatment, regardless of the family's ability to pay.

In Dallas County, 29.4 percent of our children live in poverty, defined in 2011 as an income of less than $22,350 for a family of two adults and two children. That means that about 192,502 children live below the poverty line — enough to fill Cowboys Stadium more than twice over. Tens of thousands more Dallas County children live just above poverty level, in families that can be best classified as "the working poor."

Hunger is a fact of life here: About 28 percent of Dallas County children — more than 183,000 — suffer from food insecurity and inadequate nutrition. Seven out of every 10 public school children in Dallas County are eligible for free and reduced-price meals.

Aren't there publicly funded assistance programs for these children and their families? Yes, there are. But you would be hard-pressed to find a single public program that actually serves all the children who desperately need help, or to find a public program that is not being trimmed in the political throes of Texas' latest budget crisis.

Remember those 135,000 visits to Children's Emergency Department? Many children come to the Emergency Department not for true emergencies, but for basic ailments such as colds, coughs and pink eye (conjunctivitis). The reason so many of those visits are for non-emergencies is a simple one: the roughly 117,700 Dallas County children without health insurance, the nearly 60,000 youngsters on CHIP and the 257,315 children on Medicaid, who don't have a true medical home.

Dallas County

The wedge of Dallas County to the northeast of the Trinity River has a population that is 40.4 percent white, 36.7 percent Hispanic, 16.2 percent black and 4.9 percent Asian, for a total population of 1,455,973.

The wedge of Dallas County to the southwest, meanwhile, is 40.8 percent Hispanic, 31 percent black, 21.5 percent white and 5.1 percent Asian, for a total population of 912,166.

There are 654,263 children and teens living in Dallas County.

Thousands of children also come to Children's for true medical emergencies or for the world-class pediatric care that only we, with our 54 subspecialties, can provide in Dallas County. Saddest of all are the emergencies involving abused or neglected children, who are 37 percent of the deaths at our hospital.

That is the reality we at Children's see every single day. That is the reality of why we annually provide almost $50 million in verified charity care. That also is the reality of serving as the safety-net pediatric hospital for Dallas County without receiving any county tax dollars.

Here is another reality: Texas Medicaid is estimated to be $5 billion short in projected state funding levels for 2012-13. What does that mean for the children of Dallas County?

Children near or below the poverty line will be hit hardest, because fewer physicians than ever will accept Medicaid patients. (Only 42 percent of Texas doctors currently accept them.) Most private dentists already do not accept Medicaid patients.

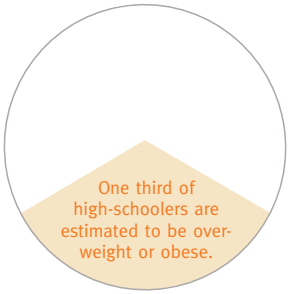
Children who are lucky enough to have private health insurance will be affected, too. There will be even bigger crowds and longer waiting times in emergency rooms, and private insurance rates will go up for everyone.

Our children are getting both more overweight and more malnourished.

Texas' budget cuts will likely have a disproportionate effect on children's hospitals, which treat the state's youngest and poorest patients. The financial implications will not mean halting operations or necessarily curbing patient care, children's hospital advocates say. But it will mean cutting back on expansions needed to serve a rapidly growing population of children, and it will affect our ability to recruit and retain the best pediatric specialists and faculty.

Those are disturbing facts. Now think about these:

Overweight or Obese Dallas County Children



Our children, paradoxically, are getting both more overweight and more malnourished. According to FeedingAmerica.org, vast sections of southern and western Dallas County are "food deserts," lacking in neighborhood supermarkets that supply healthy foods. While school athletic programs continue to be supported, physical education and fitness programs for the general student population have been cut. Children of all income levels spend more time being sedentary, watching TV or playing video games rather than engaging in physical activities that would help build healthy bodies and minds.

Education should be the key to escaping poverty, and historically, it has been exactly that. But Dallas County's poor children attend public schools that too often are in disrepair, overcrowded and chronically underfunded. In the past decade, Texas schools have lost $500 to $700 per student per year, according to former Texas state demographer Steve Murdock, and the state's school system has had to absorb about 150,000 new students without any new funding.

Our Beyond ABC advisory board members who work in social welfare tell us that they see too many Dallas County children who live with domestic uncertainty on a daily basis. These children do not know when they will eat, where they will sleep, or who — if anyone — will care for them after school. They inhabit a world that is impoverished, unpredictable, noisy, violent, polluted and downright scary — a world that spares too little thought for the welfare of "somebody else's children."

For these children, the system is permanently broken. It is no wonder that they might feel forgotten and marginalized, that they might become discouraged and reach adulthood having given up on the possibility of success.

We must remember that when institutions and governments fall short of the ideal, even a single individual — perhaps a parent, family member, caregiver, teacher, clergy person, counselor, nurse, doctor or social worker — can make a life-changing difference for a child or teenager. We hope that each of you, like each of us here at Children's Medical Center, will become an advocate and commit to the mission of making life better for all children.

The Beyond ABC report's 2011 findings, compiled by the University of Texas at Dallas' Institute for Urban Policy Research, revealed several pressing areas of concern in regard to the welfare of Dallas County's children. The following issues were identified as having particular urgency by the report's citizen advisory board.

Joyce Sáenz Harris, Editor
Communications & Policy Manager
Community Relations
Children's Medical Center

We must remember that when institutions and governments fall short of the ideal, even a single individual — perhaps a parent, family member, caregiver, teacher, clergy person, counselor, nurse, doctor or social worker — can make a life-changing difference for a child or teenager.

The most pressing issues facing Dallas County's children can be best articulated against a backdrop of changing economic and demographic conditions, which have led to changes in childhood health, education and safety outcomes.

The most pressing issues facing Dallas County's children can be best articulated against a backdrop of changing economic and demographic conditions, which have led to changes in childhood health, education and safety outcomes.

Economic Security

As has been the case for several years, residents continue to experience the troubles associated with the global recession. Dallas County is not unique in this sense, as similar experiences have been shared by the residents of urban counties throughout the nation. The impact, however, is particularly severe for those with children. Economic security has been shown, time and time again, to be the gateway to educational opportunities and stable health.

In the first decade of the 21st century, the percentage of Dallas County's children living in poverty increased by more than 10 percentage points — from 19.2 percent in 2000 to 29.4 percent in 2010. Moreover, with the increase in Dallas County's population, this percentage change equates to 69,564 more impoverished children today than were here just 10 years ago.

Not surprisingly, this increase in the number of economically disadvantaged children has ramifications in many other areas. Over the same 10-year period, the percentage of Dallas County public school children eligible for free- and reduced-price lunches has jumped from 50.3 percent in 2000 to 66.9 percent in 2009. By 2011, that number had reached 70.9 percent of children — meaning that 7 out of every 10 public school children are eligible for free and reduced-price meals.

While Dallas County has seen a significant and steady decline in the percentage of children without health insurance, its 2010 estimate of 17.9 percent of children uninsured is more than double the rate of 8.0 percent estimated for the nation.

Overall, the county's population grew by just over 6 percent from 2000 to 2010.

Demographic Shift

The continued issues of economic security are coupled with significant demographic shifts in the county's population. Overall, the county's population grew by just over 6 percent from 2000 to 2010. However, the demographic picture of the county's population shifted meaningfully.

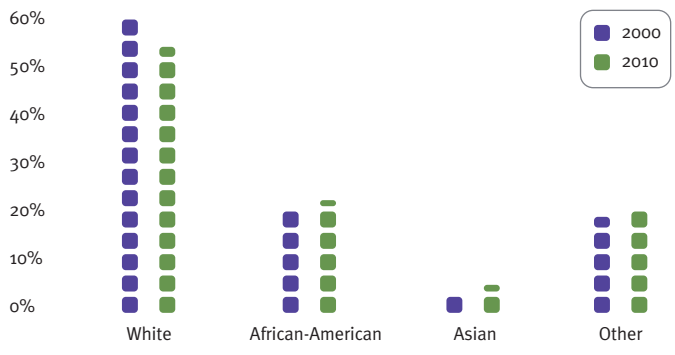
While the county's non-Hispanic population declined by 2.1 percent, the county's Hispanic population, its fastest growing segment, grew by 36.7 percent. Other racial groups grew by double digits as well, with the county's Asian population growing by 34.9 percent and the county's African-American population growing by 17.2 percent. The resulting racial and ethnic makeup of Dallas County looks decidedly different in 2010 than it did in 2000.

Moreover the percentage of families living below poverty from 2000 through 2009 increased from 10.6 percent to 14.2 percent, while the percentage of the population speaking a language other than English at home rose from 32.5 percent to 39.3 percent. These shifts have important bearing on the nature of services that the county's children will need and the manners and mechanisms by which they are delivered. Moreover, the shifts that Dallas County has experienced to date are suggested by many to be bellwethers of the changes to occur in the coming decades. It is crucial that organizations seeking to secure the health of Dallas County's children adequately prepare for this future shift by identifying new and innovative ways to embrace change and offer culturally competent solutions.

The table below depicts the shifting balance in population.

Percentage of Population by Race in Dallas County — 2000-2010

Source: US Census of Population and Housing, 2000, 2010



Access to Care

Children who are insured are more likely to have a medical home or an otherwise consistent source of medical care to receive preventative checkups, immunizations, and proper medications. Thus, the access to healthcare afforded by some form of health insurance is directly linked to a child's health and well-being.

Although Texas and Dallas County continue to have some of the highest uninsured rates for children around the nation, there has been some marked improvement. Over the past five years, the percentage of children in Dallas County without health insurance has declined by nearly 8 percent, from 25.8 percent to 17.9 percent. Over the same time period, CHIP enrollment has increased by more than 20,000, and Medicaid has added more than 80,000 enrolled children in Dallas County.

Although these trends indicate a relative increase in access to care, Dallas County continues to trail much of the nation in this respect, and the ability to continue with similar progress remains unclear. The likelihood of federal and state budget cuts could limit future increases in coverage from CHIP and Medicaid. Uncertainty surrounding the future of healthcare reform further complicates potential changes to the availability of insurance, public or private.

Child Abuse and Neglect

In 2010, there were 5,591 confirmed cases of child abuse or neglect in Dallas County. While this number is slightly down from 2009 and fairly representative of the past five years, it actually is a 39 percent increase since 2000.

Over the same time period, 210 children have died as a result of child abuse or neglect, 17 of them in 2010. From 2002 to 2008, domestic-abuse shelters have served a combined average of 1,526 displaced children per year.

During this time period, the Texas Legislature increased funding for the child-abuse report intake system and expanded middle- and high-school health curriculum to include parenting skills and child abuse prevention.

Still, children who are exposed to violence can experience significant emotional trauma, in addition to physical abuse and neglect. Furthermore, changing demographics mean that language and culture barriers often exacerbate the difficulties of navigating the legal, medical, and social support systems that are so necessary for children and families who experience abuse or neglect.

Measuring Educational Success

Over the past 10 years, Dallas County has seen considerable fluctuation in standardized test performance, but actual student performance has been clouded by administrative and institutional changes.

Standardized test scores steadily rose from 2000—2002, but the implementation of the TAKS test in 2003 was met with a sharp decline in performance. However, since 2005, performance has, again, steadily increased. Beginning with the 2011-12 academic year, Texas again will adopt a new standardized test, the State of Texas Assessments of Academic Readiness (STAAR). Moving forward, it will be important to note if the new assessment tool is accompanied by a distinct change in student performance similar to that of 2003.

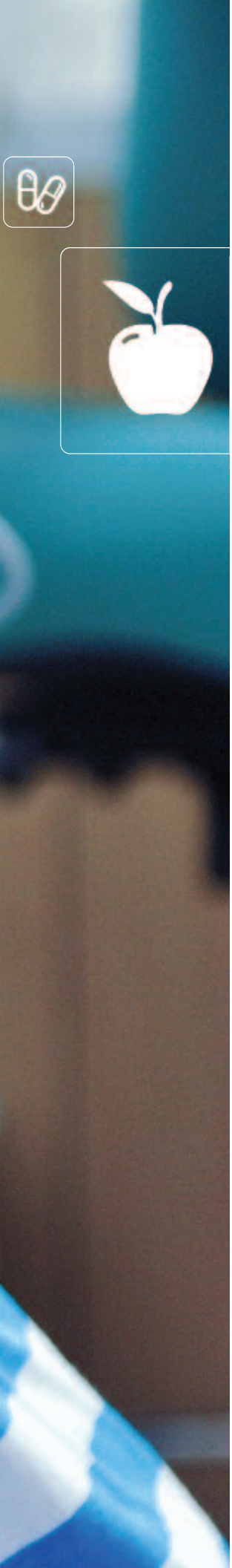
In addition to inconsistent standardized testing, the Texas Education Agency also ended the Texas Projection Measure (TPM), which awarded "exemplary" status to some schools based on projections of student success. Since the discontinuation of this measure, the state has seen a drastic increase in the number of academically unacceptable schools. The frequent changes made to assessment practices at both the student and school levels have complicated any ability to measure the success of Dallas County schools.

What are we providing our kids in the way of health, education, economic security and safety?

Recommendations

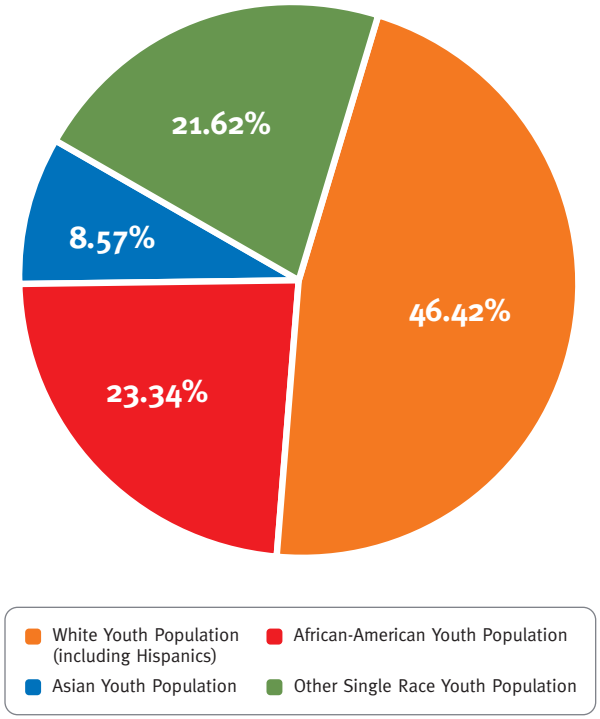
The citizen advisory board for "Beyond ABC 2011: Assessing Children's Health in Dallas County" identified the following recommendations.

- Enhance the infrastructure for public health and support national health reform to guarantee access to healthcare and coverage for all children from birth to age 21.
- Ensure that Texas Medicaid and CHIP systems work effectively for children and their families.
- Increase reimbursement rates to primary-care providers who accept Medicaid or CHIP.
- Fund graduate medical education, especially for pediatric training.
- Improve the air quality in Dallas County.
- Work to eliminate "food deserts" in southern and western Dallas County.
- Increase immunization efforts.
- Support efforts that assist those affected by family violence
- Invest in programs to help prevent child abuse and neglect.
- Mobilize against bullying in Dallas County schools.
- Increase the availability of safe, affordable housing.
- Provide adequate resources and staffing for Child Protective Services.
- Expand affordable daycare, including after-school and summer childcare options.
- Support local schools and teachers as they cope with budget crises.
- Mobilize faith groups, civic leaders, volunteers and community organizations to assist low-income families.



Demographic Snapshot

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



According to final U.S. Census 2010 reports, 654,263 children under the age of 18 live in Dallas County, making up approximately 28 percent of the county's total population.

In terms of race, 46 percent of the county's children were white, including Hispanics, followed by 23 percent African-American. By ethnicity, a slight majority of children in Dallas County (51 percent) were Hispanic; this indicates a significant upward trend in the Hispanic population, since Hispanics account for only 38 percent of the overall population of the county.

An estimated 192,502 children lived in poverty in Dallas County, which amounts to 29 percent of the total population under the age of 18; in the city of Dallas, 37 percent of all children lived below the poverty line.

Poverty was experienced differently by youth of different races. Only 1 out of every 12 white, non-Hispanic children (8 percent) in Dallas County were living below the poverty level, while one in three Hispanic children (34 percent) lived in poverty. For African-American children, 39 percent lived in poverty, five times the rate for white, non-Hispanic children.

Source: 2010 Decennial Census Summary File 1, 2011. American Community Survey 2010 1-Year Estimates, U.S. Census Bureau, 2011.

Zach Guillot

When Zach Guillot was five, he was a typical kindergartner who loved playing with Legos and dressing up in Star Wars or Indiana Jones costumes.

But one day, his mom, Julie, noticed that Zach had bruises on his legs. Shortly after that he was treated for a sore on his tongue, which went away. Zach also had a cough and stomach pain, and he complained of a headache that lasted for eight days.

On their third visit to their pediatrician, Julie requested a blood test. She had Googled the symptoms of leukemia 10 times and had begun to suspect her son had a serious illness, even before Zach was diagnosed with acute myelogenous leukemia (AML) on Feb. 3, 2010.

AML, a fast-growing cancer of the blood and bone marrow, usually is diagnosed in senior citizens. Despite the fact that fewer than 10 percent of AML patients are children, AML is the second most-common form of pediatric leukemia.

But AML can be successfully treated in children with chemotherapy, often followed by a bone-marrow transplant. The key is to find a donor whose marrow is a suitable match for the patient's.

All of Zach's family members were tested, and it turned out that his 3-year-old brother, Jake, was the perfect match for an allogeneic marrow transplant.

Zach first underwent three intense rounds of chemotherapy at Children's, and in early June 2010 he underwent the bone-marrow transplant. He has done remarkably well since the transplant, and his hair has now grown back.

Twenty-five percent of all the new childhood cancer cases in Texas are treated at Children's Medical Center, which has one of the largest pediatric hematology-oncology programs in the country. More than 600 children are newly diagnosed with cancer, sickle cell disease, hemophilia and other blood disorders at Children's each year. Children's is the only National Cancer Institute-designated pediatric cancer program in North Texas.

Children Without Health Insurance

Percent of Dallas County's children who are without healthcare insurance

2000	2005	2006	2007	2008	2009	2010
19.6	23.5	25.8	25.5	25.0	22.1	17.9

Data Source: The percentage of children without healthcare insurance: 2000, 2006 & 2007 Small Area Health Insurance Estimates; 2005 Texas State Demographer; 2009 & 2008 American Community Survey; 2010 Center for Public Policy Priorities.

According to the Institute of Medicine, children who are insured are more likely to have a medical home and to get their immunizations, preventive checkups, needed medications and dental care. They also get earlier diagnosis and treatment of serious health problems, are hospitalized less often, and have better-controlled asthma and improved attendance at school.

An estimated 750,000 uninsured Texas children are eligible for, but not enrolled in, Medicaid or CHIP. In 2004, steps were taken by the state to increase the number of Texas children covered by Medicaid or CHIP. These included easing the enrollment process for families, implementing a 12-month eligibility period for Medicaid, implementing an aggressive marketing and outreach campaign and increasing the reimbursement rates paid to healthcare providers.

Perhaps as a result, American Community Survey estimates from 2008 through 2010 demonstrate a clear downward trend in the percentage of children who are uninsured in Dallas County, which is consistent with the steady upward trend in the number of children on CHIP and Medicaid.

However, the new state budget for Fiscal Year 2011-12 cut inpatient children's hospital rates, as well as all doctor and dentist reimbursement rates, by 10 percent. According to the Texas Tribune, the budget decreases Medicaid outpatient rates for children's hospitals by 10 percent and reduces payments for non-urgent emergency room care.

The Children's Hospital Association of Texas estimates that nearly 60 percent of the patients treated at the seven nonprofit children hospitals it represents are on Medicaid. In some areas, that figure can reach as much as 80 percent.

In a welcome downward trend, 17.9 percent of Dallas County children now are uninsured.

Children Enrolled in CHIP

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

2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
12,072	41,688	47,783	41,475	33,873	33,325	36,931	40,207	54,000	56,490	59,424

Data Source: The number of Dallas children enrolled in the Children's Health Insurance Program in December: Children's Health Insurance Program Monthly Report.

As a joint federal and state program, CHIP provides affordable healthcare coverage for working families who earn too much to qualify for Medicaid but can't afford commercial health coverage. Eligibility requires that a child be a U.S. citizen or legal permanent resident, under age 19 and uninsured for at least 90 days. Family income and resources must be above the Medicaid eligibility limit and at or below 200 percent of the federal poverty level (an annual income of $44,700 for a family of four).

CHIP Perinate, established in 2007, provides another component of services to the unborn children of pregnant woman, regardless of citizenship status, with a family income of up to 200 percent of the federal poverty level. Coverage includes prenatal care, delivery and healthcare for the infant. In August 2011, CHIP Perinate enrollment in Texas was 36,824, including 6,938 in Dallas County.

Despite an easing of the enrollment process for participants, and the national projection to provide coverage through Medicaid and CHIP for 4.1 million children by 2013 that would otherwise have been uninsured, CHIP enrollment has only grown marginally in relation to the percentage of uninsured children in Dallas as a whole.

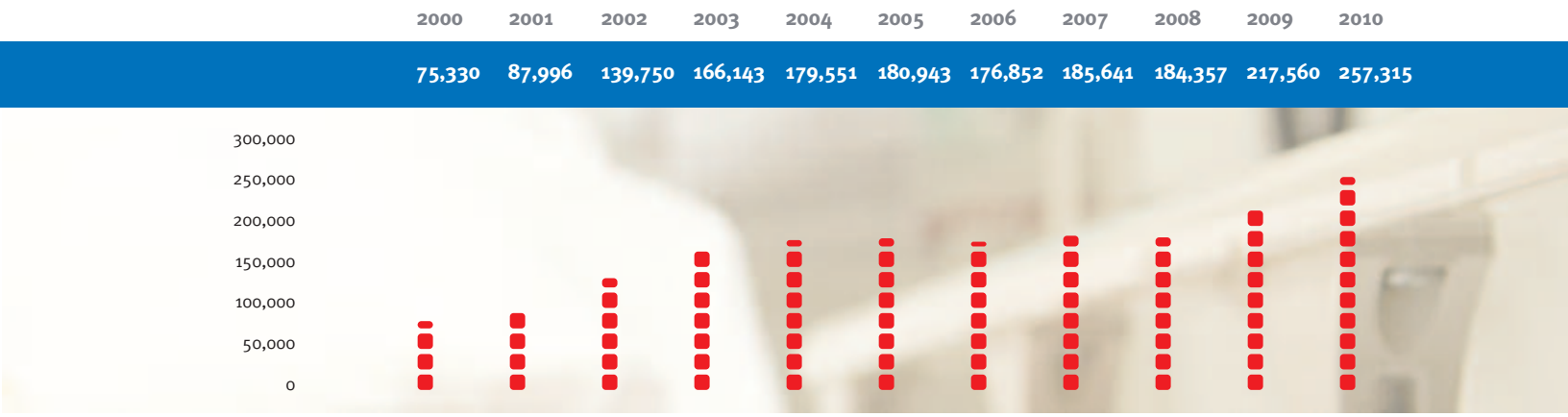
Due to pervasively low reimbursement rates for CHIP healthcare service providers, the network of physicians who accept CHIP continues to shrink, making it less likely for enrolled children to have a medical home with timely access to specialty care when needed. The percentage of Texas physicians who report acceptance of new Medicaid/CHIP patients dropped from 67 to 42 percent in 2010. The Dallas CHIP Coalition is one of a number of community-based organizations that link with schools, faith-based organizations, and service providers and business to increase the access of families to CHIP and Medicaid. The Center for Public Policy Priorities estimates that an estimated 1 million Texas children may be eligible for Medicaid or CHIP but are not enrolled. Additionally, with a large percentage of the nation's undocumented population residing in Texas, it should be noted that undocumented children are not eligible for CHIP or Medicaid.

> The percentage of Texas physicians who report acceptance of new Medicaid/CHIP patients dropped from 67 to 42 percent in 2010.

Budget cuts to Medicaid and CHIP programs will only serve to exacerbate the lack of, or inadequate access to, quality healthcare for Texas children.

Children Enrolled in Medicaid

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



Data Source: The Texas Health and Human Services Commission Strategic Decision Support: Point in time enrollment report.

For the nearly 200,000 Dallas County children living in poverty, Children's Medicaid is a vital part of any hope they may have of thriving and ultimately improving their economic positions in our society. While the number of Dallas County children enrolled in Medicaid has increased threefold over the past 10 years, more than 1 million Texas children may be eligible for Medicaid or CHIP but are not enrolled.

To qualify, children must be legal citizens or legal permanent residents. For school-aged children, their family's earnings must be at or below the federal poverty level, which in 2011 is an annual income of $22,350 for a family of four. Younger children are eligible at income levels of up to 185 percent of the poverty level, meaning a family of four would qualify with an annual income of $41,348. A significant number of families with low incomes either do not realize that their children are eligible for Medicaid or are unable to complete the application process, which can be quite cumbersome.

Advocacy groups have worked to increase awareness of eligibility, and hence increase the access to healthcare services for vulnerable children. However, the number of physicians who accept Medicaid patients continues to decrease sharply, and the primary reason physicians reported for limiting their participation in Medicaid is low reimbursement rates.

The cuts to state budgets will also have a significant impact on the program and likely will adversely affect the ability of Dallas County's poorest residents to have dependable access to healthcare. While Medicaid provides services for those most at risk in our society, the Medicaid program also supports physician training, pediatric specialty procedures and high-technology care that benefit the community as a whole.

More than 1 million Texas children may be eligible for Medicaid or CHIP but are not enrolled.

Children Enrolled in Medicaid and Receiving Dental Care

Number of eligible Dallas County children who receive dental care through Medicaid

2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
43,174	49,586	66,301	101,494	125,799	132,743	135,539	149,773	166,205	196,703

Data Source: Texas Department of State Health Services, Medical and Dental Statewide Reports.; HHSC THSteps HISR303A.

Of the 316,739 enrolled in Medicaid and CHIP in Dallas County in 2010, it is estimated that since 2009 more than one-third of that number did not receive full, regular dental care.

In 2010, the National Institutes of Health reported that children who have dental insurance through Medicaid and other public insurance programs are less likely to visit the dentist regularly than privately insured kids. According to the study, and as mirrored by the Medicaid program broadly, there is a shortage of dentists who accept Medicaid. Unlike general health, where providers such as community clinics may supplement private practices, the dental care field is dominated by privately practicing dentists. Dentists often cite the low levels of reimbursement and the difficulties of dealing with the state program as two reasons for not accepting Medicaid patients. Reimbursement rates for dental care are on a fee-for-services basis, at 50 to 60 percent of the usual fees charged by practitioners.

A 2010 study done by the National Institutes of Health found that Latino and black children are more likely than white children to have never seen a dentist, or to have had visits longer than six months apart, even if covered by Medicaid. Though recent studies have found that the proportion of U.S. children with a preventive dental visit is now higher, children who are at highest risk for dental problems still are least likely to receive preventive dental care.

Supporting these findings, the Pew Center on States identifies dental care as the greatest unmet need for health services among children. Eighty percent of dental disease is concentrated in 25 percent of children, and those from poor families face disproportionately high barriers to getting care. The 2010 NIH report concluded that when states cover care with maximum income-eligibility at 200 percent of the federal poverty level (instead of 185 percent), there is a greater likelihood that near-poor children will receive preventive dental care.

More than 100,000 children in Dallas County do not receive full regular dental care, despite being on CHIP and Medicaid.

Children Enrolled in Medicaid and Receiving Texas Health Steps Medical Screening Services

Number of eligible Dallas County children who receive medical screening services through Texas Health

2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
36,472	33,395	41,362	124,727	140,724	149,128	154,116	165,885	146,368	154,644

Data Source: The percentage of children without healthcare insurance: 2000, 2006 & 2007 Small Area Health Insurance Estimates; 2005 Texas State Demographer; 2009 & 2008 American Community Survey; 2010 Center for Public Policy Priorities.

Since 2000, Dallas County has seen a four-fold increase in Texas Health Steps enrollment. The program serves as a first line of intervention for low-income families by providing preventive and primary medical and dental-care coverage to eligible children from birth through age 20.

Through this extensive outreach and education program, the state encourages Medicaid-eligible families to get age-appropriate preventive care for their children. This encouragement comes in the form of calls to Medicaid families, mail reminders to clients and home visits when other attempts to reach families are unsuccessful.

Under its broad mandate, the program has taken many novel steps to be more user-friendly and increase participation and Medicaid enrollment. In 2010, Texas Health Steps launched "Teen Page," providing informational and interactive resources that encourage teens to participate in fully managing their personal health.

Despite these promising steps at increasing participation and expanding enrollment, due to the decreasing number of providers who accept Medicaid, access to Medicaid-funded healthcare continues to be a problem for many families who are already enrolled.

> In 2010, Texas Health Steps launched "Teen Page."

Early Prenatal Care

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

2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
69.6	71.3	75.5	76.4	79.9	58.0	51.8	48.7	49.8	52.0	54.6

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

In 2010, more than 45 percent of births in Dallas County were to mothers who had received inadequate prenatal care. The Center for Disease Control and Prevention estimates that nearly one-third of the women represented in this report will have had some kind of pregnancy-related complication.

The stark drop-off of women receiving prenatal care in the first trimester of pregnancy in 2005 is explained by the change in data collection on state birth certificates in 2005. Instances where the exact commencement of prenatal care is unknown are no longer included in the statistics. This change notwithstanding, since 2007 there has been a steady increase in the number of women receiving prenatal care beginning in the first trimester. This increase is likely due to the passage in 2008 of House Bill 2896, adopted by the 76th Legislature of Texas, which directed the Texas Department of Health and Human Services to devise new policies to promote early access to prenatal care.

Notable developments include the creation of Medicaid Perinate, which allows pregnant women with a family income of no more than 200 percent of the federal poverty level ($44,700) to enroll her unborn child. Services include prenatal care, delivery and health for the infant after birth. Women who are not U.S. citizens can receive emergency Medicaid to cover delivery, but do not receive prenatal or postpartum care.

The policy enhancements that have likely contributed to the steady increase in the number of women beginning prenatal care in the first trimester will now be tested by budget cuts that will inevitably have significant impact on Medicaid's ability to meet the prenatal needs of low-income women.

Low-income women may enroll their unborn children in the Medicaid Perinate program.

Infant Mortality

Rate and number of infants under 1 year old who died per 1,000 live births in Dallas County

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
Number	235	272	285	340	285	300	334	322	290	310
Rate	5.5	6.3	6.6	8.0	6.7	7.1	7.6	7.2	6.7	7.3

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

A report by the Texas Department State Health Services states: "The infant mortality rate is a measure of the overall health of a community." This report on Dallas County finds that in 2009, 310 children did not survive past their first birthdays.

From a high of 8.0 (equivalent to 340 deaths) in 2003, the infant mortality rate has jumped around, but since 2006 it has declined consistently. The .6 percent increase in the rate of infant deaths in 2009 can be attributed to a wide variety of social, cultural, economic, and policy-oriented factors. High infant mortality rates are often indications of poor maternal health, inadequate prenatal care, infant malnutrition and/or limited access to adequate health care. The leading causes of deaths for infants include premature birth, congenital abnormalities, infections, and sudden infant death syndrome (SIDS).

In 2009, 310 children in Dallas County did not survive past their first birthdays.

Race has been recognized as a significant predictor of infant mortality. The high prevalence of poor socio-economic conditions predispose non-Hispanic black women to an infant mortality rate 2.4 times the rate for non-Hispanic white women. Non-Hispanic black, American Indian or Alaska Native, and Puerto Rican women have the highest infant mortality rates; rates are lowest for Asian or Pacific Islander, Central and South American, and Cuban women.

Prematurity is the leading cause of illness and death for newborns. According to the CDC, 36.5 percent of infant deaths in the U.S. in 2005 were due to preterm-related causes. Maternal health, nutrition and first trimester onset of prenatal care have all been identified as major contributors to improved birth outcomes.

Brianna Lamar

Brianna Lamar, who is 15 and a sophomore at Skyline High School, plays the flute. She plays volleyball. She's got her sights set on earning a scholarship to Texas A&M University. After she gets her undergraduate degree, she wants to become a veterinarian.

Brianna also is living with HIV. Both of Brianna's parents had AIDS, and the now-common medications that prevent mother-to-child transmission of the disease were not yet available when Brianna was born.

HIV was considered an automatic death sentence for infants when Brianna was born. Doctors told her grandmother, Freddie Easley, that Brianna probably wouldn't live to see her first birthday.

Brianna was sent to Children's, where physicians were involved in a research trial to see if new medication cocktails that were showing positive results in adults would have similar effects in children. They enrolled Brianna in the trial.

"The doctors took us through the whole explanation of how it might not work and might be risky," said Mrs. Easley. "But if you're told your child will not live, you're willing to try just about anything."

The trial saved Brianna's life, and the medication has allowed her to grow and develop into the healthy teenager she is today.

The staff in the ARMS (AIDS-Related Medical Services) program at Children's have closely followed and supported Brianna her entire life. ARMS is the only program in North Texas devoted exclusively to caring for children with HIV and babies born to HIV-infected mothers.

Dr. Tess Barton, medical director of ARMS, has been Brianna's doctor for the last several years. She expects Brianna to live at least into her 30s or 40s, and says that Brianna could live much longer than that if medical advances continue.

"I'm confident," Dr. Barton said, "that Brianna will be alive long enough to be elected president."

Premature Births

Percent and number of babies born before 37 completed weeks of pregnancy

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Number	3,897	3,856	4,355	4,403	4,864	5,739	6,039	6,328	5,551	5,519	5,030
Percent	10.9	10.7	11.0	11.2	12.8	13.8	13.9	14.4	13.0	13.2	NA

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

Though the data must be treated as provisional, this report finds that in 2010, about 25 infants per month in Dallas County did not survive their first year of life. The Center for Health Statistics reports prematurity as the leading cause of newborn death. If they survive, babies born prematurely (before 37 completed weeks of pregnancy) are at risk for low birth weight, intellectual disability, cerebral palsy, lung and gastrointestinal problems and vision and hearing loss, as well as death.

Closely linked with the high rate of infant mortality in non-Hispanic black women, the highest prematurity rate (17 percent of live births) is found in black infants; Native Americans (12.9 percent); Hispanic infants (11.4 percent); white infants (10.7 percent); and Asian infants (10.2 percent). Mothers younger than 20 or older than 35 have higher rates of preterm delivery.

Similar to the up-and-down but decreasing pattern seen in the rate of infant mortality in the county,

> Mothers younger than 20 or older than 35 have higher rates of preterm delivery.

Dallas' rate of premature births since 2007 also has come down to a new five-year low. Complimentary to the trends in neighboring North Texas counties and nationally, from 2007-2010 Dallas exhibited three consecutive years of decline in preterm births. The substantial decrease in 2010 would require a deeper, more detailed investigation to explain. However, in addition to the touted effectiveness of aggressive prenatal care and maternal health initiatives, a 2011 published study of 465 women found evidence that the use of progesterone gel is associated with a 45 percent reduction in the rate of preterm birth and improved neonatal outcomes generally.

Low-Birthweight Babies

Percent and number of infants in Dallas County weighing 2,500 grams (5.5 pounds) or less at birth

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
Number	3,929	3,931	3,936	3,980	4,162	4,254	4,453	4,568	4,251	3,524
Rate	9.2	9.1	9.1	9.4	9.7	10.0	10.1	10.2	9.8	8.3

Data Source: Texas Health and Human Services Commission.

The primary cause of low-birthweight babies (LBW) is prematurity, defined as birth before 37 completed weeks of pregnancy. Very low birthweight (VLBW) babies often are born before 30 completed weeks of pregnancy.

The most recent numbers show that in 2009, 3,524 low-birthweight babies were born in Dallas County, more than a 20 percent decrease since 2008.

Low-birthweight babies and birth defects are the leading cause of infant mortality in the U.S. Many LBW infants experience neurological problems at birth, impairing their physical, emotional and intellectual development. For some LBW infants it takes up to 3 years to catch up their peers. Many very low-birthweight babies never catch up, and consequently develop a development curve parallel to that of an infant born at normal weight.

Low birthweight is ranked as the most prevalent cause of death among African-American infants. Black infants are almost twice as likely to be born at low birthweight, and they are four times as likely to die as infants due to complications associated with LBW as non-white Hispanic infants.

The adverse health outcomes for Latinos differ significantly by subpopulation. Puerto Rican women have a much higher incidence of LBW infants than Cuban women. Further, despite relatively good birth outcomes for immigrant Mexican women, there may be significant underreporting of birth outcomes, since they are more likely than women in other racial or ethnic groups to give birth outside of a hospital.

Prenatal care, where the health of mother and fetus is monitored, is a key factor in preventing preterm birth and very low-birthweight babies. Expectant mothers are advised to eat a healthy diet and gain the proper amount of weight during pregnancy. Additionally, pregnant women are advised to avoid alcohol, cigarettes and illicit drugs, which can contribute to poor fetal growth, among other complications.

In 2009, 3,524 low-birthweight babies were born in Dallas County.

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

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
Number	2,935	2,758	2,741	2,760	2,732	2,611	2,741	2,815	2,729	2,531
Rate	37.7	35.1	34.2	34	33.4	31.6	32.4	33	32	29.6

Data Source: Texas Department of State Health Services, Vital Statistics Annual Reports: Table 14.

The most recent data shows that the number of births to Dallas teens between the ages of 13-17 decreased by almost 10 percent, from 2,729 in 2008 to 2,531 in 2009.

The decrease in births to teens ages 13-17 notwithstanding, in 2010 The Dallas Morning News reported that Texas ranked third nationally in teen births and fourth-highest in teen pregnancy in the country. A 2010 report by the Guttmacher Institute found that in 2005, Texas had 88 pregnancies per 1,000 females 15-19, compared with a national average of 69.5. The article also found that in 2006, Dallas County led the nation in the percentage of repeat teen births. In 2008, with 3,529 births, Texas ranked as the third-highest state with teens reported to have had a repeat birth.

Births to Dallas teens decreased almost 10 percent in 2009.

An estimated 10 percent of the 176,223 deliveries paid for by Medicaid in 2008 were to teens ages 13-17, at a cost of $41 million. Teen pregnancies put both mother and child at risk. Statistics show that teenage mothers are more likely to experience health-related complications including death, anemia, physical assault, and sexually transmitted diseases (STDs) that may lead to pelvic inflammatory disease, ectopic pregnancy, infertility, cervical cancer and death. STDs can be passed to newborns before, during or just after pregnancy and can harm babies by causing blindness, premature delivery, mental retardation, low birthweight and death.

According to Texans Care for Children, although most teen pregnancies are unintended, research has shown that science-based, comprehensive sexuality education, access to contraception and youth development programs can help teenagers make choices that protect them from pregnancy.

Immunizations

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

2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
63.8	59.6	63.2	61.9	64.2	71.5	70.1	68.5	68.6	70.5	64.7

Data Source: Centers for Disease Control and Prevention, National Immunization Survey, 2000-2010; Madison Park and Elizabeth Landau (CNN).

In 2010, more than one-third of Dallas County children were not fully immunized, according to the National Immunization Survey conducted by the Center for Disease Control and Prevention.

Despite a 2004 Institute of Medicine of the National Academy finding to the contrary, some parents voice concerns that the MMR (measles, mumps and rubella) vaccine and thimerosal-containing vaccines are linked to the onset of autism. In 2010, a study linking the vaccine to autism was discredited and subsequently retracted by The Lancet, the respected British medical journal that had published Dr. Andrew Wakefield's controversial research. Even with this evidence, a CNN report found that few of the British parents who withheld inoculations from their children were swayed by the revelation that Dr. Wakefield's findings were in fact fraudulent.

The National Vaccine Advisory Committee has identified several barriers to timely vaccinations, including a lack of insurance and parental lack of education, which reduces the likelihood of parents understanding the importance of keeping vaccinations up to date. Faith, medical and community leaders are targeted to act as neighborhood-based advocates encouraging parents to fully immunize their children by age 2. When large numbers of children are not fully immunized, the chances of an epidemic increase substantially.

In 2010, more than one-third of Dallas County children were not fully immunized.

Infants Breastfeeding at 6 Months Old

Percent of 6-month-olds receiving any human milk

2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
28.4	NA	30.0	NA	36.5	37.5	35.5	37.3	43.8	48.7	43.6

Data Source: The percentage of children without healthcare insurance: 2000, 2006 & 2007 Small Area Health Insurance Estimates; 2005 Texas State Demographer; 2009 & 2008 American Community Survey; 2010 Center for Public Policy Priorities.

Despite a majority of newborns in Dallas County being breastfed before leaving the hospital, in 2010 less than 45 percent of babies are still being breastfed six months later.

The CDC reports that racial and ethnic disparities in breastfeeding rates are pronounced. Breastfeeding rates increased significantly among non-Hispanic black women from 36 percent in 1993-1994 to 65 percent in 2005-2006. Breastfeeding rates in 1999-2006 were significantly higher among those with higher income (74 percent) compared with those who had lower income (57 percent). Breastfeeding rates among mothers 30 years and older were significantly higher than those of younger mothers.

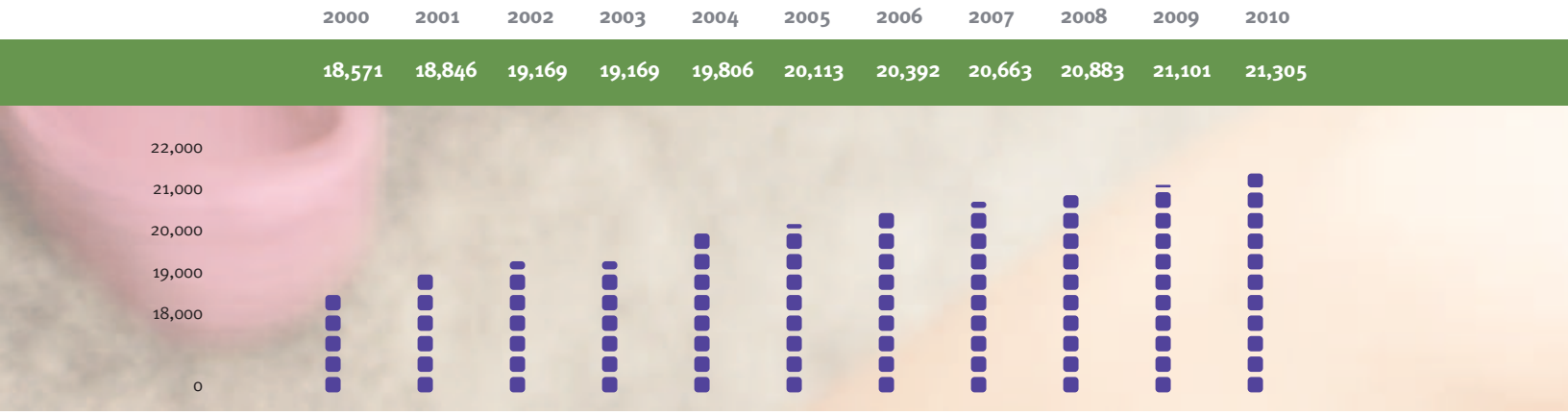
Nationwide, 54.4 percent of African-American mothers, 74.3 percent of white mothers and 80.4 percent of Hispanic mothers attempted to breastfeed, according to a CDC telephone survey. But the numbers shift widely, based on region, according to a 2010 report.

The American Academy of Pediatrics recommends exclusive breastfeeding for the first six months of life and continued breastfeeding until the child's first birthday. Breastfeeding is strongly encouraged because breast milk contains many antibodies not found in commercial formulas that help protect infants from disease.

In 2010, less than 45 percent of Dallas County babies were breastfed six months after birth.

Children With Developmental Disabilities

Estimated number of Dallas County children with developmental disabilities



Data Source: The Arc of Texas.

The Arc of Texas estimates that 3 percent of children in the US have developmental disabilities — physical or mental impairments that begin before age 22 and significantly affect a child's daily function. Autism spectrum disorders, cerebral palsy, degenerative disorders and disorders affecting the nervous system, are but some of the major causes of developmental disabilities. The children require individually planned and coordinated services from schools and social service programs. A 2008 report by the U.S. Department of Justice depicted the failure of state schools to meet the health and safety needs of their residents, especially children and the medically fragile.

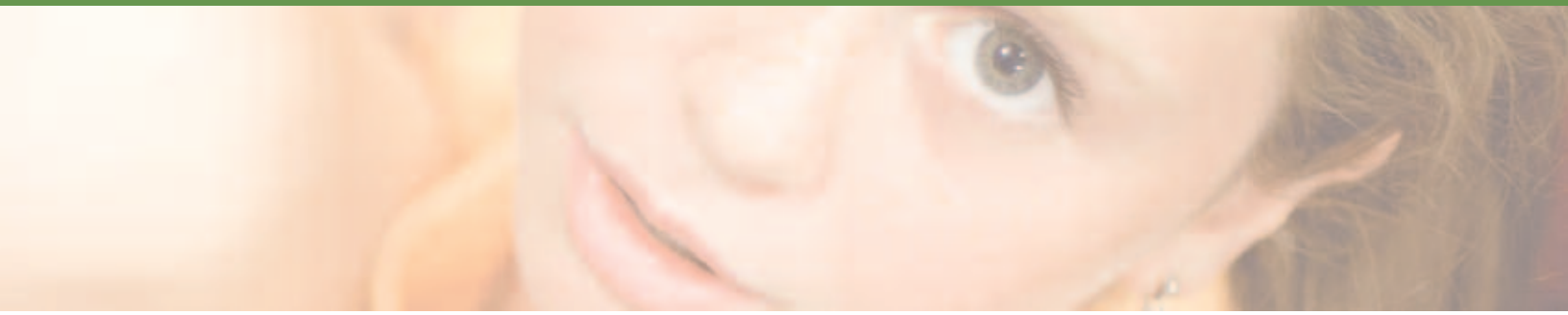
There was some responsiveness in 2009 from the 81st Legislature by increasing funding and expanding services to Texans living with developmental disabilities. The Medicaid Buy-In for Children program authorized by the Texas Legislature also provides assistance by paying medical bills for children with disabilities. Parents with income up to 300 percent of the federal poverty level ($67,050) are eligible. This program helps families who need health insurance but earn too much to qualify. Families may "buy in" to Medicaid by making a monthly payment (premium).

In 2010, there were 21,305 children in Dallas County with developmental disabilities.

Children Receiving Services for Special Healthcare Needs

Number of children in Dallas County receiving special healthcare services

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Receiving Service	456	287**	337	NA	NA	395	417	465	484	425	465
Wait Listed	NA	NA	201**	NA	113	217	236	276	128	109	171



Data Source: Texas Department of State Health Services.

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 2010, 465 Dallas County children and their families benefited from the services provided by this program. Another 171 were wait-listed. These numbers represent an almost 10 percent increase in the number of clients served from 2009.

Due to limited state funding, eligible children may be placed on a waiting list and would not receive vital services until a space opens up. Each applicant's family must reapply every six months, regardless of whether a child is already receiving CSHCN services or remains on the waiting list. Often, this requirement has the effect of reducing the number of children on the waiting list.

Texas residents younger than 21 (or of any age with cystic fibrosis) with a chronic medical problem limiting one or more major life activities and needing more healthcare than children usually require, are eligible. Income requirements are also factored into eligibility. The program does not cover clients with only a mental, behavioral or emotional condition, or a delay in development.

An annual telephone survey by the Centers for Disease Control and Prevention was conducted in 2009-10 in most U.S. states, and the Virgin Islands. The survey explores the extent to which children with special health care needs have medical homes, adequate health insurance, access to needed services, adequate care coordination, and that parents are satisfied with their child's care. Data is currently available on the CDC website for the years spanning 2001-07.

In Texas, a review of the rules that govern the state CSHCN program is scheduled for late 2011, and the Chronic Illness and Disability Transition Conference, to be hosted by the Baylor College of Medicine in fall 2011, should also provide a much-needed platform for all stakeholders to voice concerns and advocate for access to resources and support for CSHCN families.

In 2010, 465 Dallas County children and their families benefited from CSHCN services.

Overweight or Obese Children

Percent of Dallas County high-schoolers estimated to be overweight or obese

2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
NA	33.7	NA	35.8	NA	38.4	NA	38.3	NA	36.1	NA

Data Source: Youth Risk Behavior Survey 2000-2010, Centers for Disease Control and Prevention.

At 36.1 percent in 2009, Dallas County is significantly higher than the Texas estimates for high school students who are overweight or obese. Both state and county statistics are almost double the national averages according to the Department of State Health Services. Literally, one in every three Texas high-schoolers is overweight or obese.

A national trend, mirrored on the county level, finds that the incidence of overweight and obesity occurs at a much higher rate for African-Americans and Latinos than for whites. Generally, poor diets due low socio-economic status appear to be the main driver of these findings and other negative health outcomes. Being overweight or obese is linked with many common and costly health problems, including Type 2 diabetes (formerly adult-onset diabetes), stroke, heart disease, some forms of cancer, high blood pressure, asthma, sleep apnea, severe heartburn, and gallbladder disease.

Children's Medical Center provides services annually to more than 7,500 patients with obesity-related diagnoses. In a 2006 Policy Health Forum, held in Austin, it was reported that a child who is overweight at 12 has a 75 percent chance of being overweight as an adult, and it asserts that Texas is facing an unprecedented health care crisis if nothing is done.

Projected costs for obesity-attributable state expenditure were estimated at $15.6 billion in 2010, and are estimated to reach $39 billion by 2040. Texas continues to aggressively address this growing social and economic problem, by limiting the availability in schools of so-called "competitive foods," which are typically more calorie-dense and nutrient-poor than are traditional meals.

> One third of Dallas County high-schoolers are estimated to be overweight or obese.

Further legislation requires schools to increase physical activity from moderate to vigorous levels for elementary to middle school students. For these students a minimum of 30 minutes of physical activity is required, and recess has been removed as an acceptable standard.

Notably, on the national level, First Lady Michelle Obama has made childhood obesity the focus of her "Let's Move!" health initiative, which includes encouraging children to exercise, providing more free and reduced-price school meals, making food in schools more nutritious and generally engaging children more in discussions about diet, exercise and healthy living.

Teen Suicide

Number of intentional deaths by suicide and other self-inflicted injury by Dallas County residents ages 10 to 19

2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
13	12	14	16.0	12	14	8	16	16	14	6

Data Source: The Texas Department of State Health Service, Centers for Disease Control and Prevention.

In 2010, six Dallas County youths took their own lives. Despite the fact that this number was down by more than half from 2009, it is still troubling that with available services, and the multitude of new ways for individuals to stay connected in a society where social media dominates, that any number of teenagers would choose death over life.

Common risk factors contributing to the decision to take one's own life include mental illness (especially depression), a recent loss, drugs and alcohol abuse, school or personal failure, and disruptive or aggressive behavior. Experts also include the divorce of parents, violence in the home, feelings of worthlessness, and rejection by peers as other contributors to teen suicide.

The National Youth Violence Prevention Center identifies suicide as the third leading cause of death among adolescents. An additional cause for concern is that suicide has been identified as the fourth leading cause of death among children between the ages of 10 and 14.

According to the 2010 DAWN Report, nationally, between 2005 and 2009, there was a 36.7 percent increase in the number of emergency department (ED) visits for males aged 12-20, due to drug-related suicide attempts. Additionally during the same period, the number of males aged 12-20 using anticonvulsants to commit suicide saw a 265.5 percent increase.

Experts point out that the strongest predictor for a completed suicide is a previous attempt. Individuals with substance dependence or abuse are more likely to report serious thoughts of suicide. These troubling statistics notwithstanding, trends also show that almost three in every four ED visits for drug-related suicide attempts among adolescents were made by females.

Studies since 2008 have indicated that pharmaceuticals were involved in 95.4 percent of drug-related suicide attempts among adolescents. Though females are more likely to attempt suicide, males are four times more likely actually to die from suicide.

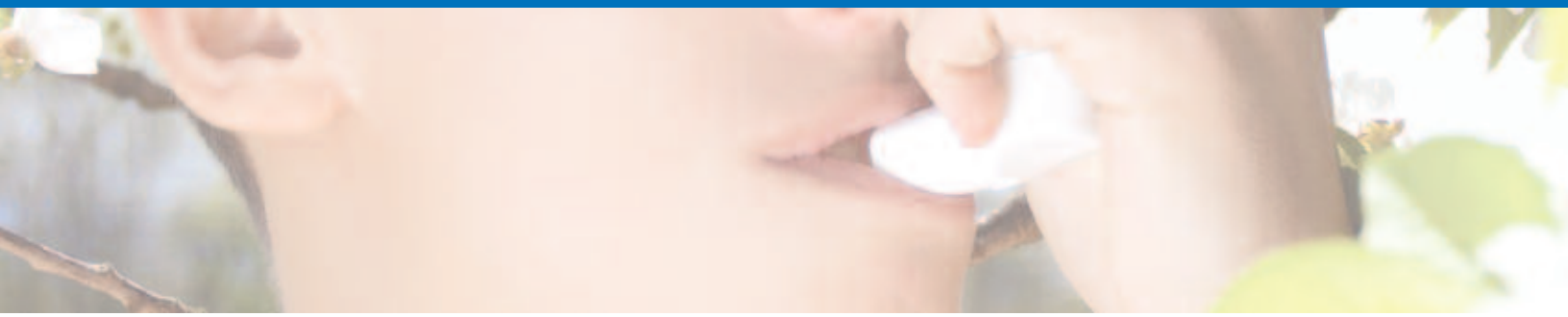
The National Institute of Mental Health reports that more than 60 percent of all suicides involve handguns, with 80 percent of those being committed by white males. As indicated, females are more likely to overdose, but their use of handguns has increased.

Six young Dallas County residents committed suicide in 2010.

Asthma

Estimated number of children who have had asthma during their lifetimes

2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
29,232	NA	53,346	55,708	55,484	58,455	62,248	60,680	64,127	56,403



Data Source: American Lung Association State of the Air Reports 2002, 2004-2010.

The Dallas/Fort Worth area has earned the dubious distinction of moving up a spot to No. 12 on the American Lung Association's "State of the Air Report" rankings this year. 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 rose by 9.4 percent in 2010, from 60,680 to 64,127. However, numbers appeared to be falling in 2011. The Asthma Coalition of Texas estimates that more than 10 percent of Texas children have had asthma over their lifetime.

The Texas Air Quality Research Program (AQRP), funded by the Texas Commission on Environmental Quality was directed by the 81st Legislature to fund emission reduction projects in eligible counties throughout Texas. To develop a better scientific basis for responding to this standard, the AQRP sponsored an air-quality measurements program in the Dallas/Fort Worth area. The public health benefits of attaining National Ambient Air Quality Standard can be substantial, but the costs of attaining the standards can also be high. EPA has estimated that compliance with a standard of 0.060 could cost up to $90 billion per year by 2020.

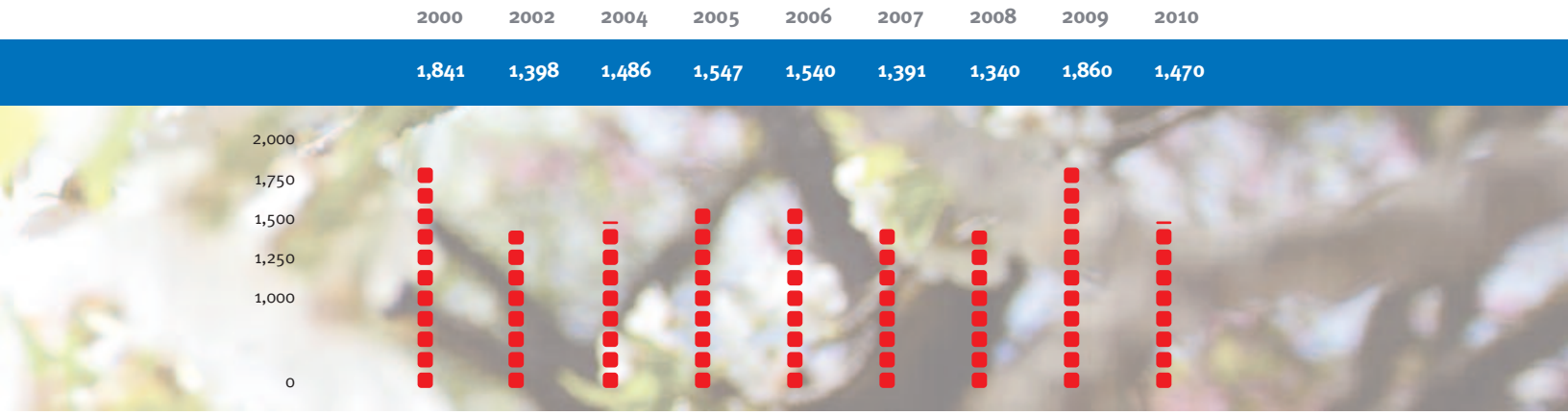
The EPA Advisory Committee received more than 5,000 unique comments on the proposed standards issued on January 6, 2010. In addition, more than 200 stakeholders testified at the public hearings held in Virginia, Texas and California. The projected costs led a bipartisan group of senators to request that EPA keep the current standards in place until 2013. On September 2, 2011, President Obama issued a statement that he had asked the EPA to withdraw the toughened ozone standards until the 2013 requested date.

With economic and political interests weighing in heavily on this issue, it is important not to ignore the reality that asthma is the most common chronic disease in children and accounts for 14 million missed school days per year, according to the Journal of School Health. Primary care-based treatment has shown to prevent hospitalization; however, such treatment is unavailable to many children who lack health insurance.

The estimated number of Dallas County children at risk from asthma rose by 9.4 percent to 64,127 in 2010.

Asthma Hospitalizations

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



Data Source: Children's Medical Center admission records.

In 2010, 1,470 Dallas County children were admitted to Children's Medical Center with asthma or related respiratory conditions. Additionally, asthma and related respiratory conditions led to 5,904 Emergency Department visits.

The notable drop in hospitalizations between 2009 and 2010 may in part be due to numerous campaigns, locally through various health organizations and nationally through the National Asthma Control Initiative (NACI), to increase awareness about the disease. Inexpensive primary care-based treatment standards for asthma have been established by the National Heart, Lung and Blood Institute (NHLBI). These standards help to reduce the incidence of asthma attacks, preserve lung function and facilitate a near-normal lifestyle for the estimated 23 million people — seven million of them children — with asthma.

The North Texas Asthma Consortium has developed an Asthma Toolbox that provides free educational tools for primary-care providers and school nurses, in addition to educating the local community about the serious nature of asthma. Making the correct diagnosis of asthma is extremely important. In symptomatic children, asthma, which now is understood to be a chronic inflammatory disorder, causes recurrent episodes of wheezing, breathlessness, chest tightness, and cough, particularly at night and in the early morning. Early clinical diagnosis is paramount, because signs and symptoms vary widely from patient to patient as well as within each patient over time.

The key components of primary care-based standards for asthma, as established by NHLBI, are the mitigation of asthma triggers and use of appropriate medications, as well as appropriate education for children and their families. Children's Medical Center offers an Asthma Management Program, which delivers a six-month, bilingual outpatient educational program for parents on how to successfully manage their child's asthma.

Asthma and related respiratory conditions led to 1,470 hospitalizations and 5,904 Emergency Department visits at Children's in 2010.

Juvenile Diabetes

Children who were hospitalized with a primary or secondary diagnosis of Type I, Type II or steroid-induced diabetes at Children's Medical Center

2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
314	335	320	320	396	413	431	445	436	452	471

Data Source: Children's Medical Center, 2010 Texas Chronic Disease Burden Report.

In 2010, there were almost 600 hospitalizations of Dallas County children under the age of 19 at Children's Medical Center, with a primary or secondary diagnosis of juvenile diabetes.

These hospitalizations represent the ongoing battle of 471 Dallas County children. Juvenile diabetes is a metabolic disorder where due to a lack of insulin in the body, the cells of the body are unable to digest glucose or carbohydrates for energy. Additionally, the inability of the body to facilitate glucose storage as glucagon rapidly increases the amount of glucose circulating in the blood, leading to several health problems.

Since 2000, the number of CMC admissions with a primary or secondary diagnosis of juvenile diabetes has risen by 34 percent. This increase alone would be of concern; however, the Texas Chronic Disease Burden report (2010) ranked diabetes as the sixth leading cause of death in the state in 2006. Diabetes was the fifth leading cause of death in both the African-American and Hispanic communities in 2006. The number of children with Type II diabetes also is increasing with the rise of sedentary lifestyles and obesity.

On a positive note, the overall Age-Adjusted-Mortality-Rate (AAMR) for diabetes decreased significantly from 31.7 per 100,000 in 2001 to 26.6 per 100,000 in 2006. However, the rate of diabetes-related deaths in African-Americans and Hispanics remains significantly higher compared to whites and other racial/ethnic groups. The report also indicated that the estimated average hospital per day cost for hospitalizations with a Type I/II diagnosis was $5,703.

Treatment of juvenile diabetes starts first in the identification of the disease process, its signs and symptoms, as well as its cause. There is no cure for diabetes. Eating the right kind of food, exercise and other forms of physical activity, and having a healthy lifestyle generally are key points in the treatment of juvenile diabetes.

Since 2000, the number of Children's admissions with a primary or secondary diagnosis of juvenile diabetes has risen by 34 percent.

Sexually Transmitted Diseases and HIV/AIDS

Number of new cases in people under the age of 20

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Total	6,770	6,352	5,737	5,340	4,632	5,375	4,805	6,534	6,814	6,981	7,371
HIV/AIDS	32	34	29	33	28	36	50	45	51	59	NA
Syphilis	4,147	4,135	3,831	3,710	3,249	3,595	3,137	4,393	4,859	5,172	5,455
Chlamydia	2,558	2,124	1,809	1,541	1,304	1,653	1,480	1,976	1,769	1,549	1,754
Gonorrhea	33	59	68	56	51	91	138	120	135	201	162

Data Source: Texas Department of State Health Services, HIV/STD Reporting Database.

In 2010, a total of 7,371 Dallas County residents younger than 20 were diagnosed with a sexually transmitted disease (STD) or infection.

With the exception of gonorrhea, which has declined somewhat, the numbers for each disease all represent an increase. In syphilis diagnoses for this age group there was an increase of 9 percent, and there was an increase of more than 8 percent in chlamydia. In 2009, HIV diagnoses were on a consecutive three-year increase, with 59 reported.

According to a 2011 report from the Kaiser Family Foundation, women of color, particularly black women, are disproportionately affected by HIV/AIDS. Black women accounted for 64 percent of estimated AIDS diagnoses among women ages 13 and older in 2009, but are only 12 percent of the U.S. population of women. Latinas accounted for 18 percent of estimated AIDS diagnoses, but are 14 percent of the female population ages 13 and over.

The 2009 Youth Behavior Survey reports that in Texas, 51 percent of high school students reported that they had sexual intercourse; 57.7 percent reported that they used a condom in their last sexual encounter; and 21.7 percent reported that they had used drugs and/or alcohol before their last sexual encounter.

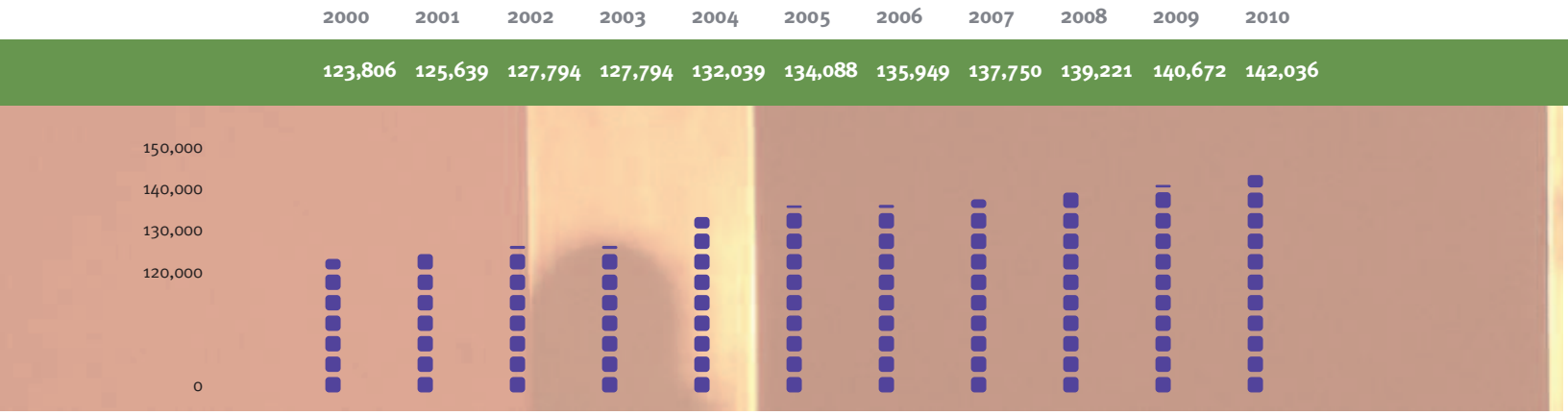
These statistics should be a cause of concern because contracting chlamydia can result in serious complications such as pelvic inflammatory disease (PID) and ectopic pregnancy. Adolescent females are more susceptible than adults to infection, and STDs pose significant health risks, including an increased likelihood of PID, premature birth, miscarriage, stillbirth or severe complications in newborns. Some STDs can be treated successfully with antibiotics, but many go undiagnosed and can result in severe damage to the nervous system, heart and brain.

> In 2009, 51 percent of Texas high school students reported that they had sexual intercourse.

The Centers for Disease Control and Prevention recommend that girls receive the human papillomavirus (HPV) vaccine prior to becoming sexually active. The HPV vaccine has been found to protect against 70 percent of cervical cancers. An additional treatment tool now used by Texas physicians to break the cycle of chlamydia and gonorrhea that plagues hundreds of thousands of residents each year is expedited partner therapy. Explicitly permitted by an amendment to the Texas Medical Board (TMB) rules, physicians may now provide a prescription for an infected patient's partner with whom the physician doesn't have a "proper professional relationship."

Emotional Disturbance or Addictive Disorder

Estimated number of children with severe emotional disturbance and addictive disorders



Data Source: U.S. Department of Health and Human Services, Texas State Demographers.

Experts estimate that 20 percent of all children have a diagnosable emotional disturbance or addictive disorder that results in at least minimal impairment. A subpopulation of this group, estimated at about 5 percent, includes children with a diagnosable disorder that results in significant impairment. By these estimates, approximately 142,036 Dallas County children have a diagnosable emotional disturbance or addictive disorder.

> About 142,036 Dallas County children have a diagnosable emotional disturbance or addictive disorder.

Of this number, 35,509 young people with an emotional disturbance may go without treatment for several reasons, according to Mental Health America of Greater Dallas.

The National Federation of Families reminds us that all mental illnesses and behavioral disorders are treatable. In general, the earlier the diagnosis and treatment, the less severe the disease or disorder becomes. Parents may be embarrassed or feel the stigma that is often associated with mental illness, symptoms are sometimes misidentified, and language or cultural barriers make accessing treatment more difficult.

Nearly 18 percent of Dallas County children have no healthcare coverage. Families may be unaware of publicly funded options and unable to pay for services and medications out of pocket. In addition, insurance policies often provide only minimal coverage for mental health and substance abuse treatment.

The National Association of Children's Hospitals and Related Institutions identifies a broad array of necessary services for the population, ranging from early intervention to hospitalization. Ideally, services should be family-focused, delivered through community-based, easily accessible systems and offer a continuum of care in order to prevent the development of more serious disorders and the need for more expensive treatment.

Children Receiving Publicly Funded Mental Health Services

Number of Dallas County children receiving publicly funded mental-health services through NorthSTAR

2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
6,450	6,047	6,505	8,147	10,285	10,715	11,015	11,554	13,066	15,449	17,670

Data Source: NorthStar,Texas State Demographers, HHS. Numbers exclude alcohol-related disorders, drug-related disorders and mental retardation.

The number of Dallas County children receiving publicly funded mental health services has tripled from 2000 to 2010. Even with this growth, according to data on the estimated number of children with developmental disabilities, an additional 25 percent of these children are not receiving the services they require.

NorthSTAR serves low-income children and adults who have severe emotional disturbance or substance-abuse issues. The Children's Hospitalization Association of Texas' 2006 "State of the State Report" states that mental-health services available to these children are limited, and those that are available are disproportionately crisis services. Services are available to families with an income at or below 200 percent of the federal poverty level ($44,700 for a family of four in 2011). Both public and private insurance plans fail to fully meet the level of need, neither do they necessarily guarantee mental healthcare, as most plans don't provide equal coverage for mental health and medical care.

The ICM Medicaid delivery model, created by House Bill 1771 in the 79th Legislature and rolled out in the Dallas and Tarrant service areas (comprising 12 North Texas counties) in 2007 and 2008, was criticized and deemed to be flawed by HHSC. In response to difficulties between the managed care programs that operate CHIP and the NorthSTAR service providers in Dallas, the Texas Conservative Coalition Research Institute (TCCRI) made the recommendation that STAR and STAR+Plus be expanded into the Dallas service areas.

According to HHS, as of February 2011, children under the age of 21 may voluntarily participate in the STAR+Plus Medicaid managed-care program in Dallas County. Whether the availability of a new managed-care model will increase the number of children receiving services remains to be seen, in light of impending budget cuts likely to disproportionately impact Medicaid and other programs that serve low-income children.

Both public and private insurance plans fail to fully meet the level of need for mental healthcare.

Annabella Spears

Alexa Spears looks at her 1-year-old and can't believe all she has been through. Baby Annabella's physical appearance doesn't reveal that she spent most of her first year waiting on a life-saving organ. Developmentally, she's right on track.

Only the scar across her belly serves as a daily reminder of the past year's events.

First-time parents Alexa and Shad brought newborn Annabella to their Dallas home, but after seven weeks, they noticed that her skin looked yellow. A trip to the pediatrician landed Annabella at Children's Medical Center, where she underwent extensive testing and was diagnosed with biliary atresia, a rare disease of the liver and bile ducts.

Without a transplant, Annabella's liver would fail. She was listed for a new liver in March 2011.

"I didn't want to ask, but I kept wondering if we would lose her, because I had no idea really what 'transplant' meant, and it sounded really scary," Alexa said. "I just kept thinking that we couldn't lose our little girl."

All her parents could do was to wait for a liver that would be a match for Annabella. She regularly visited the Solid Organ Transplant clinic at Children's and was closely monitored.

Dr. Dev Desai, division director of pediatric transplantation at Children's and associate professor of surgery at UT Southwestern Medical Center, would be the surgeon implanting the liver when the time came. "Annabella's liver failed rapidly, and because of the quickness of her disease, she went to the top of the waiting list," Dr. Desai said.

At 6:30 a.m. on June 16, Alexa and Shad received the call they had been waiting on for three months. They couldn't believe the day had finally come.

Dr. Desai flew in a jet to procure the organ, returning to Children's where 8-month-old Annabella was in the operating room being prepped. After a successful surgery, Annabella recovered perfectly.

"It's pretty amazing — her skin has gotten pinker, and the whites of her eyes are white again, instead of yellow," Alexa said. "She has energy plus, and she is rolling over, lying on her belly and having a great time. It's remarkable."

Food-Based Allergies

Estimated number of Dallas County children with food allergies

2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
49,522	50,256	51,118	51,118	52,816	53,635	54,380	55,100	55,688	56,269	56,814

Data Sources: The Centers for Disease Control and Prevention; Food Allergy Initiative.

According to the Centers for Disease Control and Prevention, a food allergy is a potentially serious immune response to eating specific foods or food additives. Eight types of food account for more than 90 percent of allergic reactions in affected individuals: milk, eggs, peanuts, tree nuts, fish, shellfish, soy, and wheat. In 2010, 56,814 Dallas County children were estimated to have some sort of food or digestive allergy.

However, in the July 2011 issue of Pediatrics, a Food Allergy Initiative study found that, according to its national survey of 38,480 families, 8 percent of children in the United States – 1 in 13 — suffer from a food allergy. This is nearly twice as many as previously believed.

In September 2010, Children's Medical Center opened the only academic-affiliated pediatric food allergy center in North Texas. In 2011, the 82nd Legislature passed Senate Bill 27, introduced by Sen. Judith Zaffirini, to help protect students from potential food allergies at school.

Allergic reactions to foods can range from a tingling sensation around the mouth and lips to hives to death, depending on the severity of the allergy. Food allergy is more prevalent in children than adults, and a majority of affected children will "outgrow" food allergies with age. However, a 2007 study has shown that milk allergy may persist longer in life than previously thought. Of 800 children with milk allergy, only 19 percent had outgrown their allergy by age 4; 79 percent had outgrown it by age 16.

During the 10-year period before 2006, food allergy rates increased significantly among both preschool-aged and older children. Children under age 5 had higher rates of reported food allergy compared with children 5 to 17 years of age. Boys and girls had similar rates of food allergy. Hispanic children had lower rates of reported food allergy than non-Hispanic white or non-Hispanic black children.

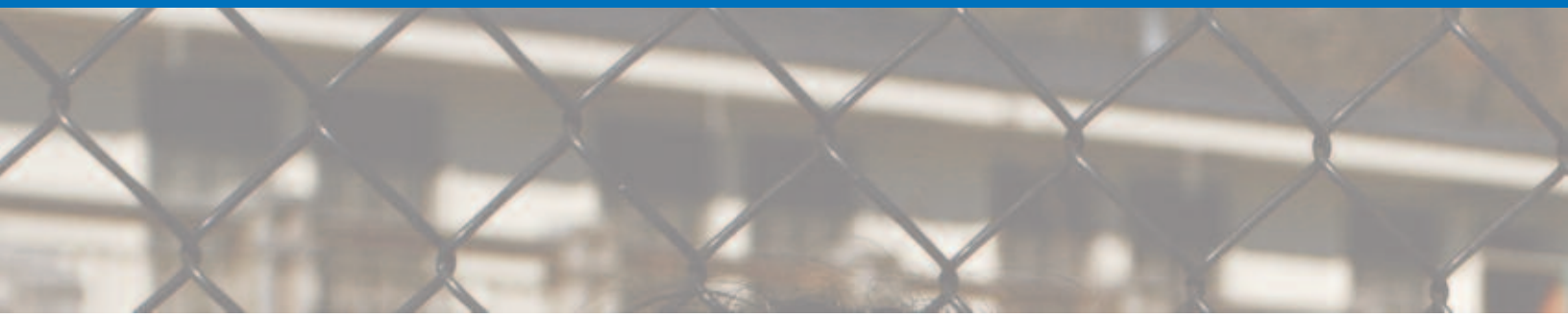
In 2010, 56,814 Dallas County children were estimated to have a food or digestive allergy.

Nationally, from 2004 to 2006, there were approximately 9,500 hospital discharges per year with a diagnosis related to food allergy among children under age 18. The CDC also reports that food allergies result in over 300,000 ambulatory-care visits a year among children.

Online resources for parents of children with food allergies include faiusa.org, kidswithfoodallergies.org and AllergicChild.com. These websites and others provide information, allergy guides, recipes, and general support for families.

Methicillin-Resistant Staphylococcus Aureus (MRSA)

Emergence of resistant staph infections as a serious health concern, especially for young athletes



Data Source: Children's Medical Center, 2010 Texas Chronic Disease Burden Report.

Methicillin-resistant Staphylococcus aureus (MRSA) is a bacterium responsible for several difficult-to-treat infections in humans. It may also be called multidrug-resistant Staphylococcus aureus or oxacillin-resistant Staphylococcus aureus (ORSA). MRSA is, by definition, any strain of Staphylococcus aureus that has developed resistance to beta-lactam antibiotics which include the penicillins (methicillin, dicloxacillin, nafcillin, oxacillin, etc.) and the cephalosporins (another sub-group of B-Lactam antibiotics). MRSA is especially troublesome in hospitals and nursing homes, where patients with open wounds, invasive devices and weakened immune systems are at greater risk of infection than the general public.

Few studies have estimated the occurrence of MRSA infections in a specific city or county. In 2007, the 80th Legislature adopted HB 1082, which established a pilot program for reporting methicillin-resistant Staphylococcus aureus (MRSA) infections. Amarillo Bi-City-County Health District, Brazos County Health Department and the San Antonio Metropolitan Health District were the three counties selected to participate in the pilot program.

In 2005, the Texas A&M Department of Epidemiology and Biostatistics conducted a study on staphylococcus-associated mortality in Texas. Using Geographical Information Systems (GIS) research tools, the study identified high concentrations of MRSA deaths in metropolitan areas, including Dallas-Fort Worth.

A Texas Department of State Health Services and University of Texas at Austin collaborative study on the prevalence of MRSA infections in high school athletes, was first done in 2003 and was repeated in 2008. The report focused specifically on athletes in the University Interscholastic League (UIL) 4A/5A Regions I-IV. Region II includes Dallas County and surrounding areas.

Mirroring the findings of the 2005 A&M study, Region II exhibited significantly higher prevalence of MRSA infections, by sport, than other regions, particularly in football and wrestling. Region II also exhibited a significantly higher number of MRSA infections, by individual cases, again, particularly in football and wrestling.

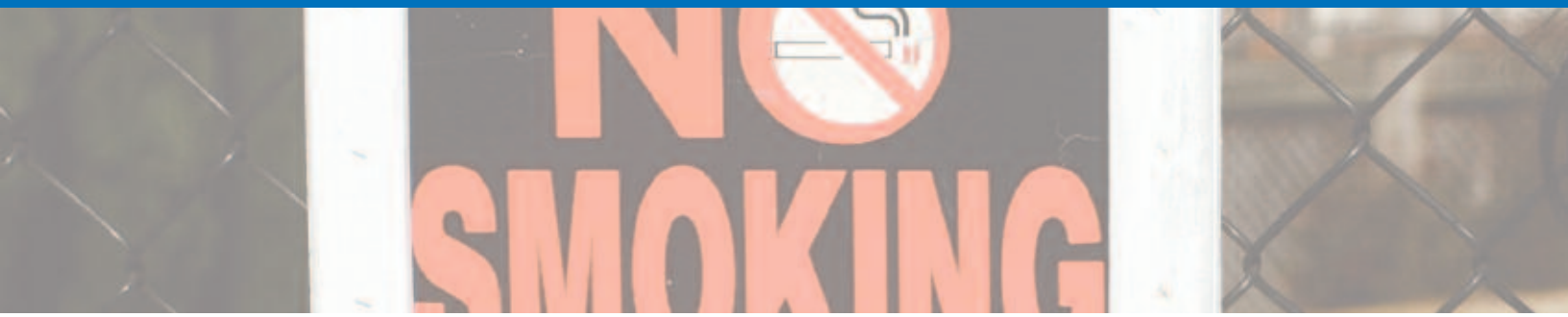
The most effective means of controlling the spread of MRSA include keeping infected areas covered; washing hands often; avoiding contact with persons with MRSA infections; washing clothes and linens contaminated with MRSA; and avoiding sharing personal items, such as towels.

A study identified high concentrations of MRSA deaths in metropolitan areas, including Dallas-Fort Worth.

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

Number of public-school students disciplined for possession of illicit substances

2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
1,134	1,929	1,946	2,247	2,473	2,289	2,338	2,753	2,722	2,964	3,182



Data Source: The number of children disciplined for possession of alcohol, tobacco or controlled substances at school. Texas Education Agency, PEIMS Reports: 2000-2011& http://www.dshs.state.tx.us/Substance-Abuse/

Disciplinary data from the Texas Education Agency depicts that substance abuse among young people remains a concern. In Dallas County, controlled-substance abuse among students has increased in the years from 2000-2011.

During the 2009-10 academic year, 3,182 public school students in Dallas County were disciplined for possessing alcohol, tobacco or controlled substances on school grounds. The majority of the offenses (73 percent) involved possession of controlled substances or drugs at school. Fifteen percent involved possession of tobacco, and 7 percent involved possession of alcohol.

The 2008 Texas School Survey of Substance Use, conducted by the Texas Department of State Health Services, surveyed 98,898 students in grades 7 to 12 from 62 school districts on their self-reported use of alcohol, drugs and tobacco. Forty-five percent of Texas secondary-school students in 2008 reported using alcohol, tobacco, inhalants, steroids or illicit drugs during the past school year, including the past month; 65 percent reported using some type of substance in their lifetime. The five substances most widely used by young people in Texas were alcohol, tobacco, marijuana, inhalants, and powder cocaine.

Alcohol was reported as the most widely used substance among secondary-school students, with 63 percent in 2008 reporting they had used alcohol at some point in their lives. Beer was the most popular alcoholic beverage among past-month drinkers, followed by liquor.

Marijuana remained the most commonly used illegal drug among Texas middle- and high-schoolers. About 25 percent of the students surveyed in 2008 reported having smoked marijuana at some point in their lives. Nearly 7 percent of Texas teens reported having used powder cocaine or crack, and 2.2 percent reported past-month use.

Texas Appleseed has published various reports examining the disciplinary data self-reported by school districts to the Texas Education Agency, calculating in-school suspension (ISS), out-of-school suspension (OSS) and Disciplinary Alternative Education Program (DAEP) referral rates for all Texas school districts. The mission of the organization is to ensure a fair solution to problems by focusing on the intersection of school discipline and gateways to the juvenile justice system – sometimes called "the school-to-prison pipeline."

The Texas Appleseed report's aim is to inform the community of existing issues, as well as to provide recommendations for educators and promote greater parental involvement within families, a goal that can reduce the number of disciplinary referrals for students at school.

During the 2009-10 academic year, 3,182 students in Dallas County were disciplined for possessing illicit substances at school.

Alcohol Related Deaths

Number of child deaths related to alcohol use in Dallas County

2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
2	0	2	0	2	1	0	1	0	3	2

Data Source: The number of children disciplined for possession of alcohol, tobacco or controlled substances at school. Texas Education Agency, PEIMS Reports: 2000-2011 and http://www.dshs.state.tx.us/Substance-Abuse/

The number of child deaths attributed to alcohol use has remained consistent over the past decade. A total of 13 Dallas County residents under age 20 have died due to either the direct or indirect use of alcohol.

According to the National Center on Addiction and Substance Abuse, alcohol is the most popular mind altering substance among secondary-school students. Moreover, a Dallas Public School survey from 2003 indicates an increase in alcohol use among student in grades 6 through 12.

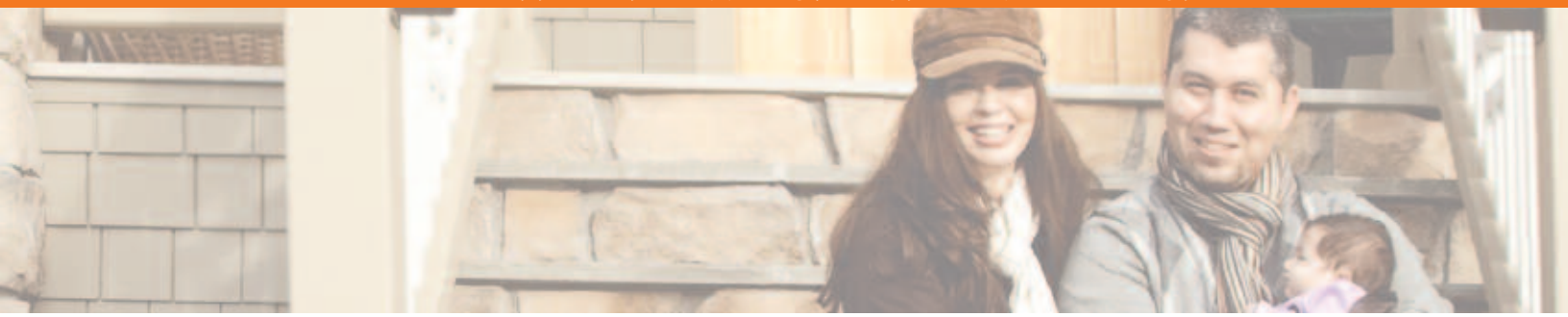
The North Central Texas Council of Governments suggests that the implementation of evidence-based prevention programs can make a favorable impact on alcohol use among children, provided that it is disseminated broadly and equitably among all schools.

Over the past decade, 13 Dallas County residents under age 20 have died due to either the direct or indirect use of alcohol.

Families With All Parents Working

Number and percent of families in Dallas with all parents in workforce

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
Number	383,961	359,048	409,395	411,490	184,638	179,517	193,173	182,302	196,103	189,697
Percent	68.0	60.0	67.7	66.7	64.4	63.9	65.7	62.4	66.6	65.7



Data Source: American Community Survey.

In 2009, almost two-thirds of Dallas County children lived in households with either both parents working, or the only parent in the household working.

Although the employment of a parent or parents is a good indicator for the economic stability of the household, it also points to a crucial need for dependable childcare. Affordable and dependable childcare is important for children at any age.

Childcare and the socialization that occurs in preschool are essential for healthy child development and children's school readiness. The average cost for the care of a preschool-aged child in Texas in 2010 was $6,454 annually — 10 percent more than the average public college and university tuition fee.

Working parents must balance high demands on their time and energy between family obligations and those in the workplace. Often the support of a well-established social network, including family, friends, faith groups, and community-based programs for parents and children are essential to meeting these many demands.

Almost 66 percent of Dallas County children need childcare because their parents work.

Children Living in Poverty

Percent of Dallas County children living in poverty (defined as an annual income below $22,350 for a family of two adults and two children)

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Number	112,505	122,938	131,929	153,274	154,985	152,672	158,381	167,374	171,467	184,940	192,502
Percent	17.8	19.2	20.2	23.5	23.6	23.6	24.0	25.5	25.5	27.2	29.4

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

Child poverty is on the rise in Dallas County, with rates that exceed the state and national averages. Since 2000, the percentage of children living in poverty in Dallas County has increased from 18.4 percent to 29.4, with 192,502 now living in poverty (American Community Survey).

According to the federal poverty guidelines of 2011, the federal poverty level is defined as an annual income below $22,350 for a family of two adults and two children (U.S. Census Bureau).

The 2011 Center for Public Policy Priorities' report on the State of Texas Children denotes poverty as the most reliable measure of child well-being, because of its effects on multiple developmental outcomes. Children who grow up in poverty face a higher risk of cognitive, emotional, educational, and health problems. Those who encounter longer periods of poverty are subject to more severe consequences which often lead to chronic health issues. Impoverished children run higher risks of dropping out of school, leading to inferior employment outcomes (National Center for Children in Poverty, 2009).

The U.S. government developed the federal poverty thresholds and guidelines to evaluate the needs of individuals and families and designed various income criteria for programs such as the Supplemental Nutrition Assistance Program (SNAP, formerly known as food stamps) and Medicaid.

As a result of the recession that started in 2008 and the rising levels of unemployment, a higher number of children have fallen under the poverty line. The increased level of poverty implies a greater need for assistance, which in turn places limitations on existing services.

According to the Census Bureau's Small Area Income and Poverty Estimates, Texas' poverty rate for 2008 was the fifth-worst in the nation. As a result of the economic downturn since then and the consequential loss of jobs, the child poverty rate increased to 29.4 percent in 2010.

As a result, 163,000 more children were living in poverty, or 1.6 million Texas children overall. According to the 2011 KIDS COUNT Data Book, compiled by the Annie E. Casey Foundation, 42 percent of our nation's children, or about 31 million, lived in low-income families in 2009 — an increase of more than 2 million children since 2007.

More than 29 percent of Dallas County children now live in poverty, exceeding state and national averages.

Children Living In Single-Parent Families

Number and percent of children living in single-parent families

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Number	92,126	103,302	94,756	93,371	103,877	95,317	102,425	98,639	101,337	103,130	100,067
Percent	29.1	37.8	32.7	33.4	36.2	33.9	34.8	33.8	34.4	35.7	35.1

Data Source: American Community Survey.

More than one-third of Dallas County children live in single-parent homes. This statistic is comparable to that of Texas households overall.

The 2010 Census showed that the state of Texas and other southern states are leading the U.S. in the rate of divorce. In Dallas County, about 60 percent of divorces involved children. Although the number of single-father-headed households is on the rise, the vast majority of these, 90 percent, households are headed by single mothers.

Female-headed single-parent homes are statistically more likely to live in poverty, due to the generally lower earning potential of women. Other contributing factors include the significant disparity in the education levels of married mothers in comparison to single mothers and the high occurrence of insufficient child-support payments.

Studies have identified a significant correlation between low measures of health, development and academic performance and single-parent families. Children from single-parent homes are likely to exhibit emotional and behavioral problems. These problems often go undiagnosed, and combined with academic challenges, they increase the likelihood that the child will drop out of school, earn less money as adults, and become single parents themselves.

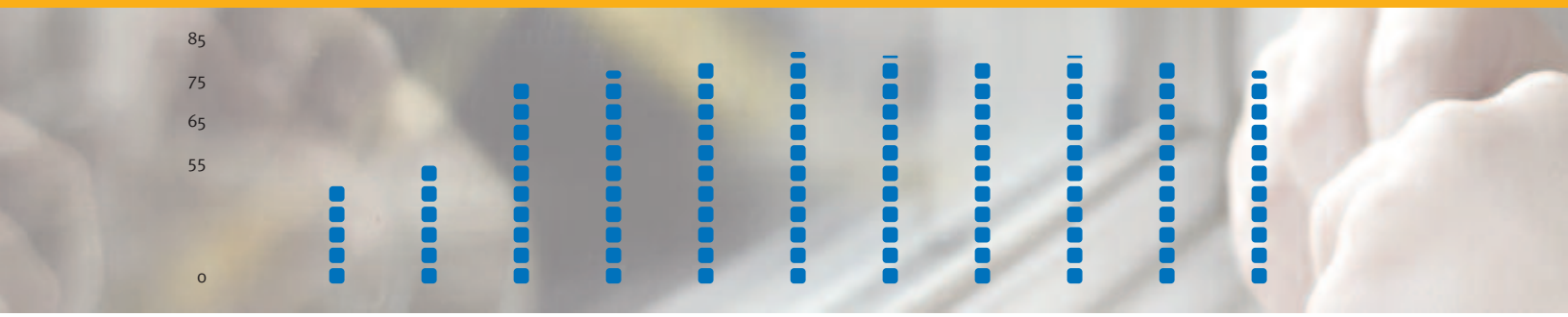
The U.S. Office of Family Assistance (OFA) partners with state and local governments and community-based organizations to deliver responsible marriage, responsible parenting and responsible fatherhood training for at-risk populations. These partnerships seek to deliver programming and support that address the underlying economic and sociological issues that contribute to negative outcomes for children and families.

In Dallas County, about 60 percent of divorces involved children.

Child Support: Court-Ordered Compliance

Percent of parents compliant with court-ordered child support

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Percent	51	55	74	78	80	82	81	80	81	80	78



Data Source: Texas Attorney General's Child Support Division.

In 2009, the Office of the Attorney General (OAG) collected $281.14 million in child support for Dallas County cases (OAG, 2010). Statewide data shows that nearly 78 percent of the parents who were responsible for making payments were in compliance. In 2010, the OAG collected more than $2.9 billion for nearly 1.2 million cases in Texas.

Since 1990, Texas has tightened child-support enforcement efforts, and that has more than tripled the rate of paying cases, the number of established paternities and the collection of child support.

One-fifth of Texas families who were authorized to receive court-ordered child support did not receive any payment in 2007. About half of U.S. families with obligated child support receive full payments, approximately one-quarter receive partial payments and about one-quarter receive no payments.

Guidelines for calculating the amount of child support are set in the Texas Family Code. In general, obligators are required to pay 20 percent of their monthly net resources for one child, 25 percent for two children and up to 40 percent for five or more children.

The Texas OAG offers free management of child support, including locating absent parents, establishing paternity, establishing, enforcing and modifying child- and medical-support orders, and collecting and distributing child-support payments.

The child-support division of the OAG has more than 2,100 field employees who directly serve the child-support customers. Through 66 field offices, they serve a caseload of over 1.2 million. The OAG has administered the child-support program in Texas for more than 25 years.

The state collected $281.14 million in child support for Dallas County children in 2009.

Children Receiving TANF

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

2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
21,778	22,514	24,705	27,357	20,445	15,342	11,495	8,973	7,242	6,351	8,137

Data Source: Texas Department of Health and Human Services, as reported by Kids Count.

TANF provides minimal cash assistance for children in families that face severe economic hardship and have few resources. The program provides temporary financial, medical and employment assistance to families with incomes below 130 percent of the poverty level. The average TANF benefit in Texas is $200 per month. More than half of the Texas children receiving benefits are younger than 6.

Although the average number of children receiving TANF benefits in Dallas County increased from 6,351 to 8,137 (an increase of 28 percent) from 2009 to 2010, these figures are significantly lower than the number of children who received assistance in the period between 2000 and 2005.

Federal and state safety-net or work-support programs provide assistance to low-income families, usually determined by eligibility based on the poverty line. In the case of TANF, eligibility for assistance is determined by the state. According to the Center for Public Policy Priorities' 2011 report, in order for children in a family of three in Texas to receive TANF, their family must make less than $2,256 annually, or 12.3 percent of the federal poverty level.

According to the Texas Department of Health and Human Services Commission, in the 2010 fiscal year the average number of families in Texas served per month (October 2009-September 2010) was 47,522. The average case count of children receiving TANF "assistance" in the first three quarters of the fiscal year 2010 was 3,033 cases per month. Together, these comprise 50,555 TANF assistance cases per month in Texas.

While 8,137 Dallas County children received monthly TANF benefits in 2010, Texas requires their families to be virtually destitute in order to qualify.

WIC: Special Supplemental Nutrition Program for Women, Infants and Children

Number of eligible women, infants and children who received services through Dallas County WIC program

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
April	NA	70,161	77,097	80,901	86,877	93,785	88,594	97,669	103,284	115,283	118,504*	109,165
Nov.	68,490	74,592	79,629	83,992	93,534	93,362	101,027	102,869	106,544	NA	113,821	NA

Data Source: Texas Department of State Health Services.

WIC provides nutritional education and food supplements to women, infants and children with low family incomes who are at risk of poor health outcomes.

In 2011, of the 131,737 infants, women and children who were eligible to receive WIC services in Dallas County, 109,165 were served. Although the number of eligible recipients who received assistance increased from 79.6 percent to 89.6 percent between 2008 and 2010, there was a significant decline (82.9 percent) in the number of recipients who were served as of April 2011.

In addition to nutrition education and counseling and nutritious foods, the program also provides help with accessing healthcare to low-income women, infants, and children. Each dollar spent on WIC saves $3.07 in Medicaid health services during a baby's first year.

Each dollar spent on WIC saves $3.07 in Medicaid health services during a baby's first year.

Cost-containment measures instituted by the Texas WIC program, combined with additional federal funding, has significantly increased the availability of nutritious food for pregnant and breastfeeding women and their children in Texas.

**May 2010*

School Lunch Program Eligibility

Percent of children eligible to receive free or reduced-price lunches at schools in Dallas County

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Number	201,050	211,118	225,405	236,021	246,319	257,146	274,949	280,790	287,865	301,099	315,855	325,767
Percent	50.3	51.4	53.4	55.1	57.1	59.3	62.1	63.4	64.5	66.9	69.4	70.9

Data Source: TEA: PEIMS Standard Reports 2000-2011.

The percentage of Dallas County children receiving free or reduced-price meals has risen by nearly 38 percent over the past decade, from 201,050 in 2000 to 325,767 in 2011. More than 70 percent of all public school children in Dallas County were eligible for assistance (either for free or reduced-price lunch) in the 2010-11 academic year.

The school lunch program provides free or reduced-price school meals for children who are economically disadvantaged. Children from families with incomes at or below 130 percent of the poverty level are eligible for free meals.

Those with incomes between 130 percent and 185 percent of the poverty level are eligible for reduced-price meals, for which students can be charged no more than 40 cents. (For the period covering July 1, 2009, through June 30, 2010, 130 percent of the poverty level was $28,665 for a family of four; 185 percent was $40,793).

Children from families with incomes over 185 percent of poverty pay full price for their meals; however, they receive a certain level of assistance toward meals. The nationwide program cost was $9.3 billion in 2008 (USDA School Lunch Program).

More than 70 percent of all public school children in Dallas County were eligible for free or reduced-price lunches in the 2010-11 academic year.

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

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Total	23,481	23,481	30,933	32,105	32,433	32,428	32,428	32,461	32,461	34,114	34,114	34,108
Public Housing	4,268	4,268	5,566	5,566	5,566	5,566	5,566	5,566	5,566	4,510	4,510	4,510
Section 8	19,213	19,213	25,367	26,539	26,867	26,862	26,862	26,895	26,895	29,604	29,604	29,598

Data Sources: Texas Housing Association, http://www.txtha.co. National Low Income Housing Coalition - Out of Reach 2011 report. Fiscal Year 2010 Fair Market Rent (HUD, 2010; revised as of March 11).

Because 11.3 percent of the families in Dallas County earned less than $25,000 annually, according to the 2009 estimates of the U.S. Census' American Community Survey, they needed assistance with affordable housing. In 2011, there were 29,598 units of subsidized housing or housing vouchers and 4,510 units of public housing allocated for residents of Dallas County.

According to the National Low Income Housing Coalition's "Out of Reach" report for 2011, the fair-market rent (FMR) for a two-bedroom apartment in Dallas County was $891 in 2011.

Subsidized housing programs in the Dallas County area are administered by the Dallas Housing Authority and include Balch Springs, Dallas, Garland, Grand Prairie, Lancaster and Mesquite.

Recent economic condition exacerbated the need for an increase in the proportion of subsidized housing. An increase in unemployment for middle to low-income families also led to a rise in late loan payment rates.

In a recent Dallas Morning News article (August 22, 2011) George Roddy, president of the Addison-based foreclosure tracking firm Foreclosure Listing Service, stated that the year-to-date residential postings in the DFW area has declined for the first time in 11 years, with rates lower in 10 of the last 12 months. The latest data from Foreclosure Listing Service, suggests that foreclosure filings in Dallas-Fort Worth area for September 2011 were 19 percent lower than a year ago, with rates declining for the seventh month in a row.

The 2010 Joint Center for Housing Studies at Harvard University states that more than 33 percent of US households spent more than 30 percent of their incomes on housing as per the 2009 measure, while 19.4 million of these households spent more than half. This number is up from 13.8 million in 2001.

In 2011, there were 29,598 units of subsidized housing or housing vouchers and 4,510 units of public housing allocated for residents of Dallas County.

Homeless Children and Youth

Number of homeless children and unaccompanied youth identified in Dallas County

2005	2006	2007	2008	2009	2010	2011
1,214	1,265	1,171	1,306	1,355	1,161	1,167

Data Source: Metro Dallas Homeless Alliance (MDHA). www.mdhadallas.org

Each year, the Metro Dallas Homeless Alliance (MDHA) conducts a point-in-time census of homeless persons in Dallas County, in order to collect basic information about the county's homeless population.

By race and ethnicity, 61 percent of homeless youth in 2011 were identified as African-American, down one percent from 2010, and the Hispanic share of the homeless population dropped four percentage points from 17 percent in 2010 to 13 percent in 2011.

The most drastic demographic change occurred among Caucasian youths, whose share of the homeless population increased from 11 percent in 2010 to 21 percent in 2011.

When separated by age group, the largest age groups for homeless children in Dallas County in 2011 were 1 to 3 years and 4 to 6 years, accounting for 21 and 23 percent of the homeless child population, respectively. In fact, just over half of all homeless children in Dallas County in 2011 were younger than 7 years old.

Of the homeless adults surveyed, 461 reported having a child living with them on the night of the census, a 27 percent increase from 2010.

In Dallas County, more than 1,160 children and teenagers were homeless in 2011.

Eligible Children in Subsidized Childcare

Number of Dallas County children receiving childcare services free or at a reduced price

2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
20,149	21,950	24,607	24,351	25,098	26,034	25,057	25,200	20,018	23,472	27,700

Data Source: Child Care Group; naccrf.org

Subsidized child care is available to low-income working families, parents receiving welfare who are enrolled in job training or who become employed, and children in the care of Texas Department of Family and Protective Services.

In 2010, 27,700 Dallas County children received subsidized childcare, more than any previous year, representing an increase of 18 percent from 2009 and more than a 38 percent increase from 2008. This reversed a downward trend from 2007 to 2008 of almost 26 percent. Despite the continued economic challenges faced by Texas and Dallas County, the Child Care Assistance program was able to serve 3,200 additional children in 2010.

According to the National Association of Child Care Resource and Referral Agencies, the average annual cost of childcare in Texas for a preschool-aged child is $6,454 in 2011, making it comparable to the annual tuition and fees at many public universities in Texas.

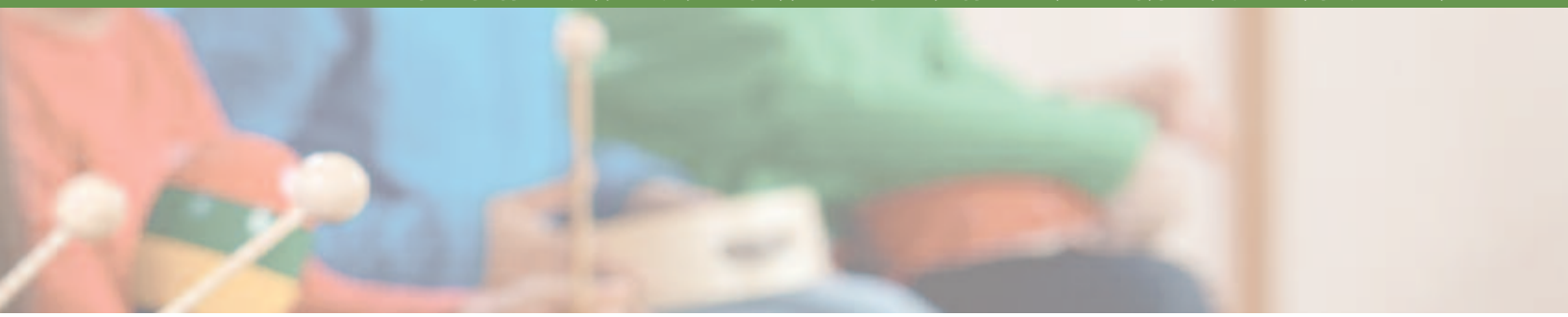
The average cost of childcare in Dallas County can range from about $103 to more than $200 per week. Consequently, low-income working families are forced to make difficult decisions regarding the supervision of their children and how to prioritize other expenses for the household.

In 2010, 27,700 Dallas County children received subsidized childcare.

Head Start and Public School Pre-Kindergarten Enrollment

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

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Head Start	4,170	4,259	4,259	4,259	4,259	4,399	4,259	4,259	4,259	4,259	4,403	NA
Public Pre-K	11,863	13,153	14,097	14,870	15,899	16,638	17,653	18,296	18,593	19,400	19,384	20,289



Data Source: Texas Education Agency, Head Start of Greater Dallas.

In 2010, the number of children enrolled in the Head Start of Greater Dallas program was 4,403, compared to 4,259 during most of the previous decade.

Research indicates that a child's earliest years of life have the greatest impact on their growth and development and cognitive skills. Several publicly funded programs are designed to increase young children's school readiness, including the Even Start Family Literacy Program, Early Childhood Intervention (ECI), Head Start and public school pre-kindergarten. The number of children enrolled in public school pre-kindergarten in Dallas County in 2011 was 20,289, which showed an increase of 71 percent from 2000 through 2010.

Head Start provides 3-to-5-year-olds (whose families are at or below the poverty level) with developmentally appropriate educational curricula, general healthcare and nutritious meals, as well as psychological exams and needed treatment. The program strongly encourages parental participation. Head Start of Greater Dallas has used The Scholastic Early Childhood Program for eight years in all of its classrooms across Dallas County. Student performance is being monitored yearly by the LAP-3 assessment tool. The objective of the program is to increase children's language and literacy skills.

> Head Start of Greater Dallas had 4,403 children enrolled in 2010.

Children are observed and assessed at the beginning and end of each year to evaluate the effects of the program. Each year, Head Start children make significant gains in these areas. Results consistently indicate that children make significant gains in math and science subjects because of their interactions with the Little Scientist program. Head Start hopes to expand the Little Scientist program to reach more children within the next five years. Currently the program reaches more than 1,100 of the 4,000 children enrolled in Head Start centers.

The Texas Education Agency advocates "high-quality early learning" to encourage kindergarten school readiness for Texas children. In collaboration with The University of Texas Health Science Center in Houston (UTHSC-Houston), the Education Service Centers and numerous licensed child care programs, including Head Start, the State of Texas has been actively improving the standards for Early Childhood Education, including the formulation of guidelines emphasizing research-based instructional strategies, which can help preschool students to become "school ready." The state has committed to helping parents choose programs based upon quality measures validated by the Texas School Ready Certification System (SRCS).

Third-Grade Reading

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

2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
80.7	81.5	82.9	84.0	87.0	84.5	85.6	83.8	84.5	87.2	90.4

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

In the 2009-10 academic year, 90 percent of Dallas County third-graders met the standard reading criteria for the Texas Assessment of Knowledge and Skills (TAKS) test.

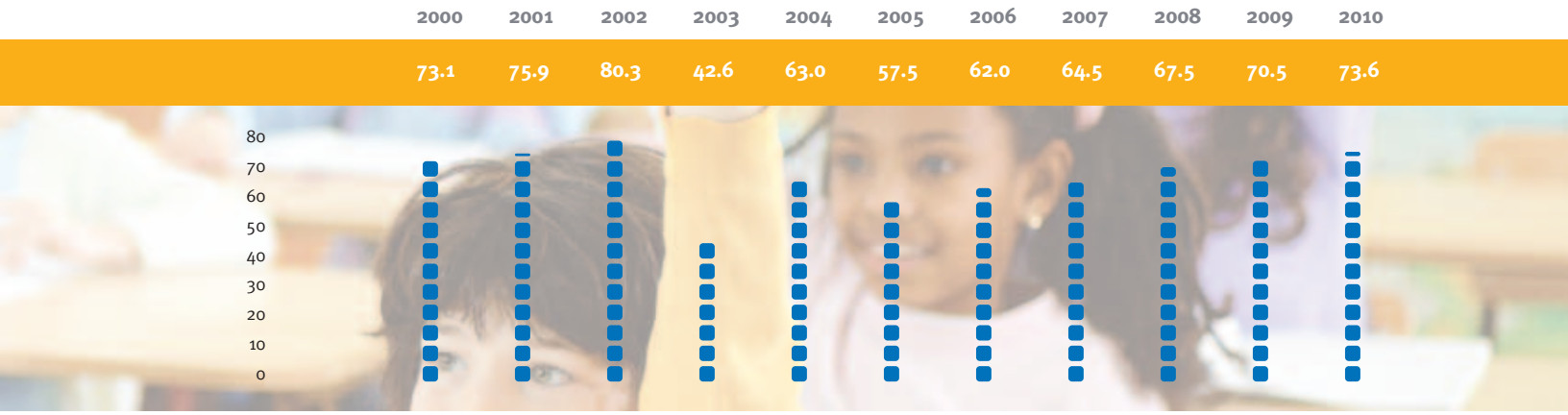
Early childhood reading success acts as a pivotal benchmark to determine school success and life-long learning.

The Texas Assessment of Knowledge and Skills test is a rigorous testing program aligned with the state-mandated curriculum. It is imperative for third-graders to pass the TAKS reading test to be promoted to the fourth grade.

In 2009-10, 90 percent of Dallas County third-graders met standard reading criteria.

Students Passing All TAAS or TAKS Tests

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



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

A review of the Dallas County sample shows a steady increase in the percentage of students who passed the TAAS and TAKS test from 2005 to 2010. The 2002-03 school year was the first year that the TAKS test was used. Generally, the percentage of students passing has trended upward since the TAKS was introduced, with a passing rate of nearly 74 percent in 2010.

Despite the increasing TAKS passing rates, a recent TV news report (published on WFAA.com, July 29, 2011) said the number of "academically unacceptable" schools in the Dallas Independent School District has doubled since last year, whereas the number of "exemplary" schools has decreased by half. As per the report, in a list released by the Texas Education Agency, 33 schools received the state's lowest rating.

> The TAKS passing rate was nearly 74 percent in 2010.

District officials claimed that the sudden decline was due to the elimination of a "controversial measure" known as the Texas Projection Measure (TPM) that had given schools credit for students who had failed the TAKS test, but were predicted to pass it in the future.

According to the TEA news release of July 29, 2011, improvements to the current system include the addition of students receiving special education services who were tested on the TAKS-Modified and TAKS-Alternate assessments; the inclusion of a measure for English language learners based on TAKS passing standards and progress on the Texas English Language Proficiency Assessment System (TELPAS) reading, to measure a student's English reading proficiency and progress; increasing the TAKS indicator standards for the Academically Acceptable rating by five points each for mathematics and science; addition of a new commended performance indicator; and increasing the accuracy of the annual dropout rate for grades 7-8.

Texas will move to an entirely new ratings system in 2013, including a new set of tests. The TAKS will be replaced with the State of Texas Assessments of Academic Readiness, or STAAR, which is expected to be more rigorous and a better measure of academic performance.

Students with Limited English Proficiency

Percent and number of students in Dallas County public schools who have limited English proficiency

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Number	82,467	86,010	92,963	95,757	97,647	97,892	100,813	105,454	110,472	116,075	117,932	121,275
Percent	20.6	20.9	22.0	22.4	22.6	22.6	22.8	23.8	24.8	25.8	25.9	26.4

Data Source: Texas Education Agency. Legislative Budget Board.

In 2011, 26 percent of the students in Dallas County public school districts received bilingual or English-as-a-second-language (ESL) instruction. The Texas Education Agency (TEA) provides supplemental funding for public school districts to offer bilingual education to their students if more than 20 students with limited English proficiency (LEP) are enrolled in any grade level in the district.

If bilingual education is not offered in the district, ESL classes must be offered as an alternative. Students enrolled in bilingual education programs receive part of their instruction in English and part in their native language. A large portion of the school day is devoted to ESL instruction, which involves intensive instruction in English.

According to the Legislative Budget Board report published in January, 2011, Dallas Independent School District's population counts showed that 35 percent (or 55,025) of its students were classified as Limited English Proficient, compared to the state percentage of 16.9.

Students with LEP face many social and educational challenges. Bilingual students are required to follow the same curriculum as English-speaking students, while at the same time learning a new language. This creates an additional burden on students who may be already struggling with acculturation issues and the inability to fully express themselves in English. In addition, schools face greater difficulties in working effectively with non-English-speaking parents.

One quarter of Dallas County public school students receive bilingual or ESL instruction.

College Readiness

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

2009	2010
42.3	44.1

Data Source: Texas Education Agency, District Accountability Standards Report, 2009-2010.

Previous *Beyond ABC* reports utilized a proxy measure for College Readiness by counting the percentage of students who graduated from the Recommended High School Program (RHSP) and or the Distinguished Achievement Program (DAP) to calculate how many were deemed ready for college.

The Texas Education Agency (TEA) now has initiated an improved methodology to measure the number and/or percentage of students who could be considered to be ready for pursuing higher education.

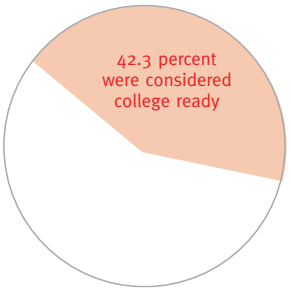
According to the 2009 Texas College and Career Readiness Standards report (published by the Educational Policy Improvement Center in conjunction with TEA and the Texas Higher Education Coordinating Board), 42.3 percent of Dallas County graduates were considered to be college-ready in 2009. In 2010, 44.1 percent of the graduates were ready for college.

According to the TEA's District Accountability Standards Report, the percentage of college-ready graduates is defined as the percentage of graduates who scored at or above the criterion score on both the TAKS exit-level, SAT, or ACT ELA and mathematics tests.

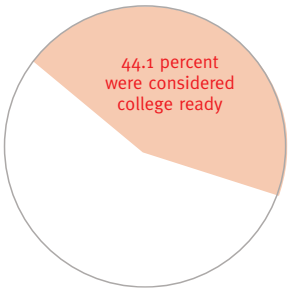
In order for an academic center to receive acknowledgment on this indicator, the AEC or charter must have at least 65 percent of its examinees scoring at or above the TSI standard. The Coordinating Board set the standard of college readiness on the exit-level TAKS at 2,200 for mathematics, and on ELA with a score of 3 or higher on the ELA essay.

According to the 2009 College Readiness report from TEA, in the past 10 years the State of Texas has been very eager to ensure that students are "prepared for a changing and increasingly complex future."

High School Graduates Ready for College



2009



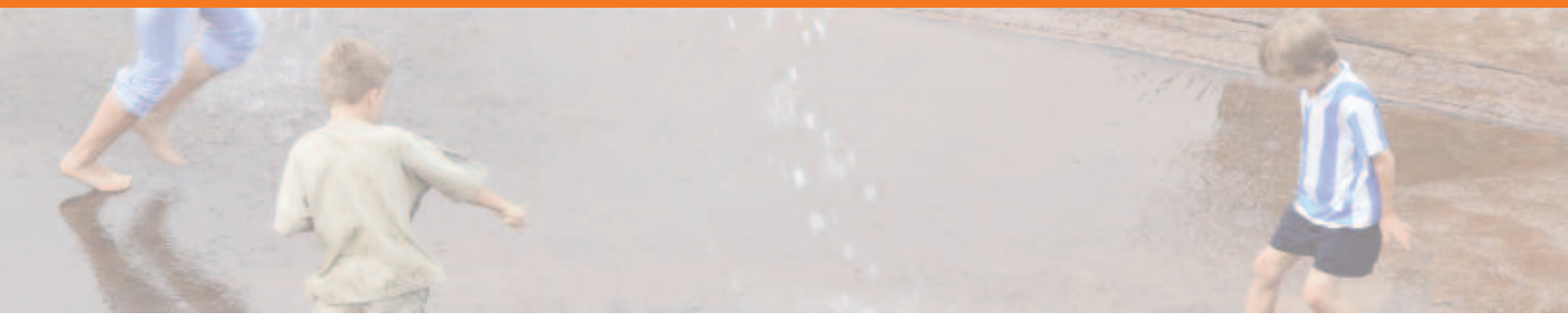
2010

In 2010, 44.1 percent of Dallas County graduates were deemed ready for college.

Truancy

Number of truancy filings for the school districts in Dallas County

2004	2005	2006	2007	2008	2009	2010
19,061	14,053	NA	13,401	35,184	38,695	46,043



Data Sources: The Dallas County Truancy Court.

Dallas County Truancy Courts received more than 46,000 truancy filings during the 2009-2010 school year, a 19 percent increase from 2008-09. According to court reports, the number of truancy filings has steadily increased since 2007.

Truancy is highly correlated with high-school dropout rates and often is a predictor of juvenile delinquency. Police departments nationwide say that students who are not in school are more likely to commit crimes such as vandalism and shoplifting. Absenteeism is detrimental to students' achievement, promotion, graduation, self-esteem and employment potential. Students who miss school fall behind their peers in the classroom, which increases the likelihood that they will drop out of school. The Texas Education Code requires compulsory school attendance for children ages 6-17.

The Truancy Enforcement Center was created to address the growing problem of truancy in the Dallas area. Existing juvenile justice practices, in collaboration with prevention and intervention services provided by Dallas Challenge, have created a unique environment and helped to get youth off the streets and back in school. According to the Truancy Enforcement Center, over 70 percent of the youth seen each year by the Truancy Enforcement Center return to school with no further truancy problems.

In all states, the first body responsible for enforcing truancy laws is usually the school. School officials, such as school truancy officers, teachers and school principals, refer truancy cases to the appropriate administrative authority. However, if truants are spotted in a public area, they may be detained by police or taken to a detention facility. In Texas and many other states, parents can also be fined and jailed if they have not taken reasonable steps to ensure their child is attending school during regular school hours.

County truancy courts had more than 46,000 truancy filings in the 2009-10 school year.

Middle School and High School Dropout Rates

Number of middle- and high-school students who dropped out of Dallas County public schools

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Total	1,705	1,584	1,694	228	2,018	1,987	7,853	7,961	6,795	5,505	4,777
PERCENTAGES											
African American	1.3	1.2	1.1	0.3	1.0	1.0	4.7	.9	4.7	3.7	3.1
Hispanic	1.3	1.2	1.2	0.5	1.4	1.3	4.6	4.7	3.7	2.9	2.5
White	5.0	0.4	0.5	0.1	0.7	0.6	2.4	2.3	1.7	1.5	1.7
Economically Disadvantaged	1.0	0.8	0.9	0.4	0.8	0.9	3.4	3.6	2.8	2.0	1.5
At-risk	NA	NA	NA	NA	1.2	1.3	4.6	4.9	3.9	3.1	2.7

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

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

Data from the 2009-10 academic year shows the senior graduation rate in Dallas County was greater than 72 percent.

The percentage of students who dropped out from middle school and high school in Dallas County has gradually declined from 4 percent in 2007 to 2.4 percent in 2010. In 2010, the dropout rates were highest for African-American students at 3.1 percent and lowest for white students at 1.7 percent. Dropout rates also have declined for economically disadvantaged students, from 3.4 percent in 2006 to 1.5 percent in 2010.

Data from the 2009-10 academic year shows the senior graduation rate in Dallas County was greater than 72 percent. The graduation rate reflects the percent of seniors who stayed in school until they finished their senior year in high school. However it does not quantify the percent of students who dropped out prior to their senior year. It also does not reflect the number of students who graduated in the summer or winter after their senior year.

Studies indicate that high-school dropout rates are a good predictor of future employment possibility, and research shows that high-school graduates are more likely to earn higher salaries than those who dropped out.

Licensed Childcare Slots

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

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Total Slots	**104,863**	**112,586**	**108,152**	**107,402**	**103,052**	**95,430**	**101,600**	**101,522**	**100,676**	**99,209**	**100,513**
Childcare Centers	97,411	98,360	94,231	93,698	91,043	86,910	90,764	91,295	89,522	88,475	89,275
Registered Family Day Homes	7,020	13,536	13,188	12,900	10,920	7,578	9,864	9,300	9,108	8,532	8,592
Listed Homes	432	690	733	804	1,089	942	972	927	2,046	2,202	2,646

Data Source: Texas Department of Family and Protective Services, Childcare Licensing.

Nearly two-thirds of Dallas County families have either both parents or the only parent working. This situation makes childcare, after-school care and summer care critical.

Quality, affordable childcare and preschool are essential to healthy child development and children's school readiness. Research clearly indicates that high-quality childcare increases children's language and literacy development as well as their mathematical and reasoning abilities.

Children who receive attentive, personalized care are more likely to be emotionally secure, socially competent and intellectually capable. They also are more likely to develop trusting relationships with caregivers, which is one key to future success in school and as productive adults.

The number of childcare centers has declined by almost 10 percent between 2001 and 2010, and the total number of slots has declined by over 10 percent for the same time period.

> Over the past decade, the availability of regulated childcare has declined.

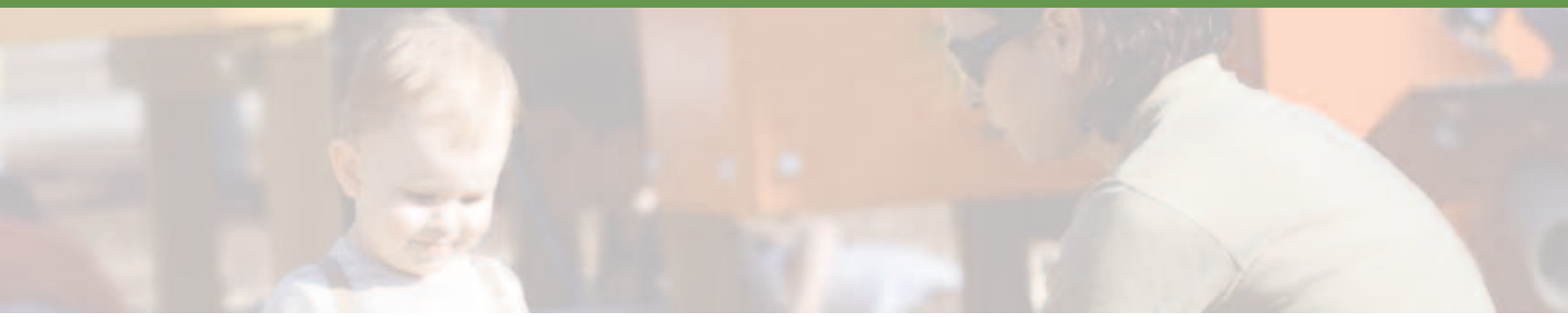
According to the 2010 U.S. Census, the Dallas County population grew by almost 7 percent between 2000 and 2010. The percentage of individuals under the age of 5 is just over 8 percent, while the percentage of individuals under age 18 is almost 30 percent.

The Child Care Licensing Division of the Texas Department of Family and Protective Services is responsible for protecting the health, safety and well-being of children in regulated childcare operations. Childcare permits in the form of listings, registrations or licenses are offered for different types of operations. Accreditation of child-care centers, however, is voluntary.

Licensed, Registered, or Listed Childcare Facilities

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

2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
2,288	2,372	2,348	2,319	2,554	1,996	2,050	1,724	2,322	2,319	2,486



Data Source: Texas Department of Family and Protective Services, Childcare Licensing.

Although the actual number of licensed or listed facilities has declined by almost 3 percent from a 2004 high of 2,554, the number of such facilities in 2010 — 2,486 — still represents the second-highest over the past decade.

According to the U.S. Census, Dallas County is home to nearly 550,000 children under the age of 15, representing almost one quarter of the total population for the county, and that number is growing.

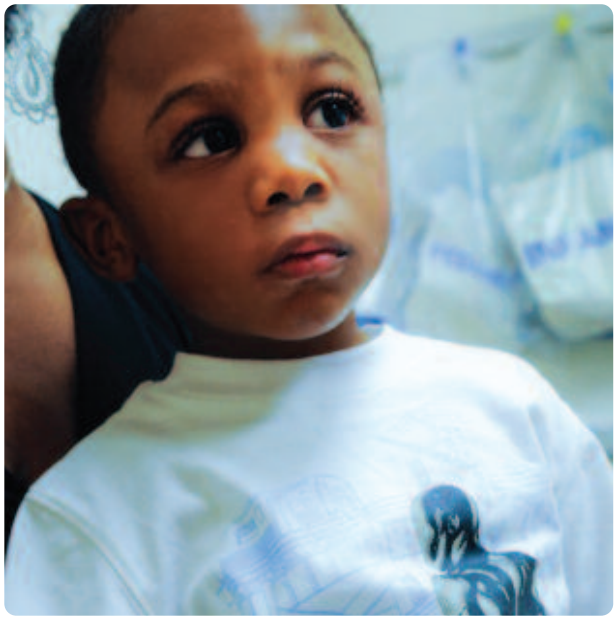
The majority of these children spend at least part of each day in childcare because their parents work. Whether center- or family-based, substandard childcare can cause a variety of health, educational, emotional and behavioral problems.

Accreditation of childcare centers is voluntary. Child Care Licensing, a division of the Texas Department of Family and Protective Services, is responsible for licensing and monitoring all regulated childcare facilities.

In 2010, Dallas County had 2,486 licensed or listed childcare facilities.

Vaughn Washington

Vaughn Washington receives as much attention as a Hollywood star wherever he goes. What makes him noticeable is simply that he is adorable.



Vaughn accepts the attention, but he is sensitive about his right hand. It's hard to see why at first glance. But if you look closely, you can tell that his right thumb doesn't look exactly like his left thumb.

That's because his right thumb is actually a toe.

Vaughn sucked his thumb as a toddler, and his foster parent at the time thought that wrapping his thumb in duct tape would break the habit. Instead, the duct tape cut off the circulation to his thumb, resulting in gangrene. The only option at that point was to amputate the thumb.

Losing the thumb could have been devastating for Vaughn, since thumbs are vital to gripping and to performing many other everyday functions. But the experts on the Plastic Surgery team at Children's decided to move the second toe on Vaughn's right foot to replace his lost thumb. It was the first such transplant procedure at Children's.

"The procedure has become fairly common in adults, but it is very rare in children," said Dr. Michel Saint-Cyr, one of Vaughn's surgeons. "However, we feel like in Vaughn's case, the transplant was an absolute success."

Within a few months after surgery, Vaughn developed a wide range of movement with his new thumb. "His mind has already accepted the toe as a thumb," Dr. Saint-Cyr said. "So we expect it to grow and behave like any other thumb would. His thumb won't hold him back from doing anything he wants."

Neither will the missing toe. Vaughn does not limp at all. In fact, he runs as much as he walks.

"We are so grateful to everyone at Children's," said Kim Washington, Vaughn's adoptive mother. "Vaughn is going to be able to live like nothing ever happened to his thumb now."

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

2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
4,802	4,337	5,138	5,292	5,518	5,116	5,532	5,443	5,403	5,862	5,591

Data Source: Texas Department of Family and Protective Services, Data Books and Annual Reports, 2001-2010.

In Dallas County, the number of confirmed victims of child abuse and neglect in 2010 declined from 2009 but escalated from 2008. According to the U.S. Census, the total Dallas County population increased by 6.7 percent from 2000 to 2010. However, the number of confirmed victims of child abuse and neglect increased by almost 29 percent during the decade.

It should be noted that confirmed victims are a function of reports of child abuse and neglect. Therefore, the observed spike in the number of confirmed victims may be representative of a greater awareness and propensity to report possible incidents of child abuse and neglect by the community.

Maltreatment of children includes physical abuse, sexual abuse, psychological or emotional harm, physical and medical neglect, and neglectful supervision. The Texas Legislature has invested in CPS reform since 2005, but state funding remains inadequate to ensure CPS can effectively serve children.

In 2009, the 81st Texas Legislature took steps to improve Texas children's welfare by creating a task force to develop a strategy for improving child welfare and reducing child abuse and neglect. Legislators also created a committee charged with reviewing the adoption process and developing ways to improve the foster-care system.

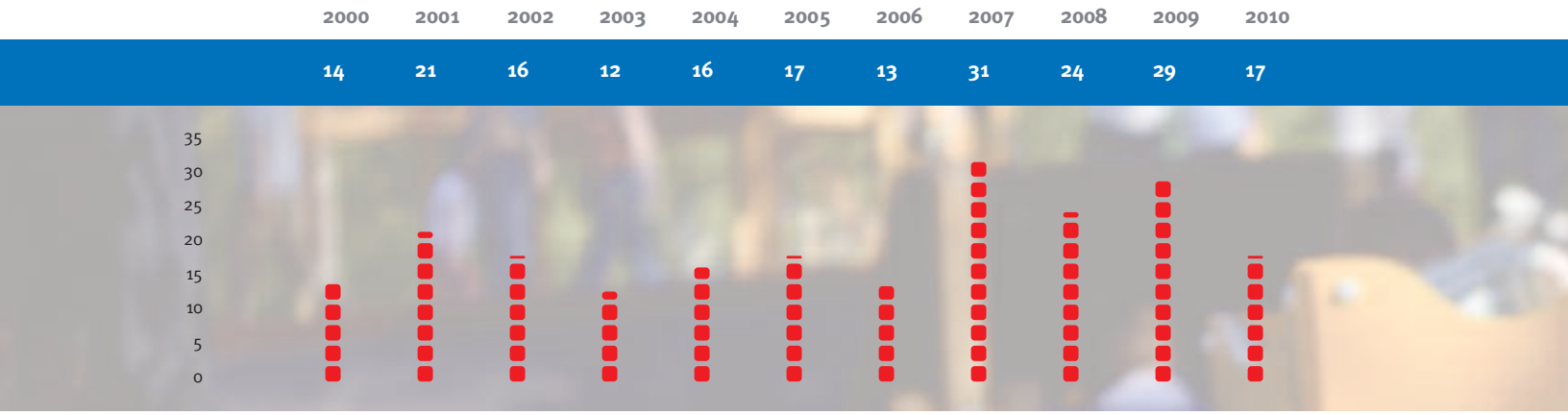
According to the Center for Public Policy Priorities, the 2011 Texas legislative budget session was "brutal" for most state agencies; however, the Department of Families and Protective Services, specifically Child Protective Services, wasn't impaired as badly as others. For example, "proposed rate cuts for foster care and adoption payments were not implemented and some caseload growth for these programs was funded. Overall, however, the agency's budget is 10 percent less than the estimated need. Family services, adoption services, and child abuse and neglect prevention were not able to be funded at adequate levels for the next biennium. Such funding cuts may further skew data downward.

The Legislature also expanded the parenting and paternity-awareness program used in the health curriculum for public schools to include middle-school students. The program allows for an optional expanded curriculum on parenting skills, including child abuse and neglect prevention, child development and relationship skills.

Dallas County recorded 5,591 confirmed victims of child abuse and neglect in 2010.

Deaths from Child Abuse & Neglect

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



Data Source: Texas Department of Family and Protective Services, Data Books and Annual Reports, 2001-2010; TexProtects.

In 2010, the deaths of 227 children in Texas and 17 children in Dallas County were attributed to child abuse or neglect. Parents, other relatives, and parents' domestic partners account for more than 95 percent of all perpetrators in Texas CPS cases.

For Dallas County, the change represents an almost 71 percent decrease from 2009, which saw 29 deaths.

For Dallas County, the change represents an encouraging drop of 71 percent from 2009, which saw 29 deaths. However, despite that one-year drop, the decade's overall trend shows an increase of 163 percent in the county's child-abuse deaths – five times the increase of the child population over this same period. Experts consider the number of child deaths to be a better indicator of actual abuse statistics than the number of confirmed abuse reports, because reporting of the latter is skewed by capacity restraints in the system. Currently, only 9 of every 1,000 children in Texas have access to child-abuse prevention services, versus 44 out of 1,000 children in the rest of the United States.

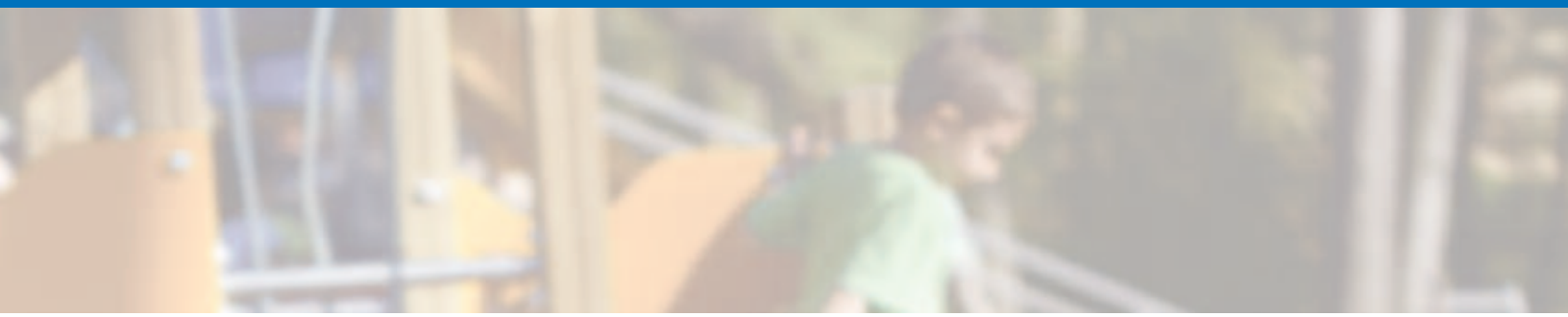
According to the Texas Department of Family and Protective Services, child deaths are reviewed by the agency as well as a number of other entities to include Citizen Review Teams, Child Fatality Review Teams child safety specialists, regional agency death review committees, and the state Child Safety Review committee.

In 2010, 227 children in Texas and 17 children in Dallas County died of child abuse or neglect.

Child Protective Services Caseload

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

2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
22.7	26	17.2	24.6	61.4	39.7	30.1	24.5	22.1	20.2	26.4



Data Source: Texas Department of Family and Protective Services, Data Books and Annual Reports, 2001-2010.

Texas Child Protective Services (CPS) caseworkers investigate child abuse reports, provide family support services to keep children in their homes, remove children when necessary, and then manage their legal cases while they are in state conservatorship. Each caseworker function is a critical part of effectively investigating and intervening in cases of child abuse and neglect.

In Region 3, which includes Dallas County, investigative caseworkers carried an average of 26.4 cases in 2010. Caseloads for CPS caseworkers across the state significantly exceed the Child Welfare League of America's recommended size of 12 cases per month. Aggregately for the State of Texas in 2010, investigative caseworkers carried an average of 29 cases, and substitute-care caseworkers carried an average of almost 30 cases, up from 20.7 and 28.2 cases, respectively, in 2009.

The ability of CPS to effectively intervene in child abuse and neglect cases is compromised by inadequate resources. According to the Center for Public Policy Priorities (CPPP), CPS weathered the brutal budget session better than most other state agencies; however, the agency was funded at 90 percent of the estimated need.

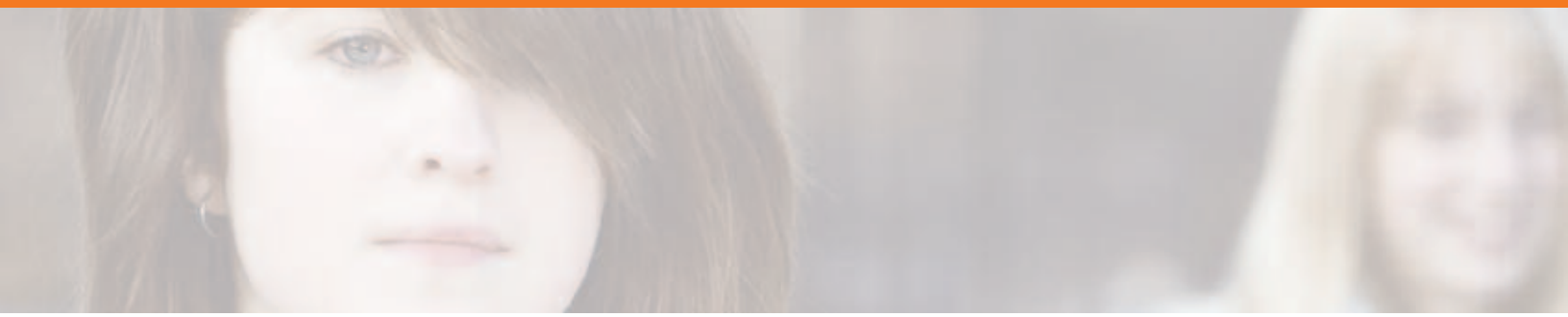
> Dallas County CPS caseworkers averaged more than 26 assigned cases per month in 2010, more than twice the recommended caseload.

Despite the funding gap, direct delivery staff (clerical staff, workers andsupervisors who provide direct delivery services to clients) was funded at a slightly higher level through the next biennium. Alarmingly, though, Child Abuse and Neglect Prevention programs were cut by 44 percent. CPPP suggested that the cuts-only approach that was taken by the Texas Legislature means important CPS initiatives were left underfunded, and thousands of children will lose important prevention services.

Children in Conservatorship

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

2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
3,164	3,718	3,954	4,061	4,139	4,573	4,675	4,191	3,276	2,992	3,301



Data Source: Texas Department of Family and Protective Services, Data Books and Annual Reports, 2001-2010.

Child Protective Services (CPS) is dedicated to ensuring children's safety while also promoting the integrity and stability of families. In some cases, however, children must be placed outside their homes temporarily while CPS staff members work with the children's families to make their homes safe. These situations usually involve removing children from families that have inadequate income, a lack of access to public assistance and/or a history of drug abuse or crime.

In 2010, CPS had legal responsibility for 3,301 Dallas County children who had been removed from their homes, a 10 percent increase from 2009. The 2010 number is still lower by almost 42 percent when compared to the decade high of 4,675 in 2006. State investments in the CPS system since 2005 have resulted in this significant shift, which encourages more children to be placed with relatives.

The Center for Public Policy Priorities (CPPP) indicates that CPS weathered the Texas legislative budget session better than most other state agencies, but it still did not get funded at a level that would maintain all the agency's initiatives or reduce caseloads.

Moreover, the CPPP also suggests that some of the cuts may result in unintended consequences, such as those made to programs for finding and preparing potential adoptive homes. In that there was a 30 percent cut made to this important strategy, the adoption process may be slowed, meaning children will remain in foster care for longer periods.

In 2010, CPS had legal responsibility for 3,301 Dallas County children.

Children Displaced by Violence

Number of children served in family-abuse shelters in Dallas County

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Total	**1,122**	**NA**	**1,801**	**NA**	**1,638**	**1,821**	**1,691**	**1,506**	**1,520**	**NA**	**NA**
New Beginnings Shelter	184	NA	270	NA	233	250	233	216	254	NA	NA
Brighter Tomorrows	221	59	491	151	729	714	716	621	552	305	346
The Family Place	487	596	684	572	530	654	502	428	432	390	433
Genesis Women's Shelter	230	NA	356	251	146	203	240	241	282	290	270

Data Source: The Family Place; Genesis Women's Shelter.

According to The Family Place, the number of Dallas-area children served in 2010 increased to 433, up 11 percent from 2009. However, the decade high of 1,821 in 2005 for all four family-violence shelters in Dallas County later declined by almost 20 percent, to 1,520 in 2008.

In Texas, more than 196,000 domestic-violence incidents were reported in 2009, according to the Texas Council on Family Violence. More than 15,900 children received shelter in the same year because of family violence.

Domestic violence affects children in many ways. They may act out their insecurities; they may become withdrawn or depressed. If moved from school to school, they may develop social and academic difficulties.

More than 12,000 adults received shelter from their abusive relationships, and 111 women were killed in 2009. Statewide, family violence hotline programs received 179,435 calls, and 35,588 adults received nonresidential services as well as 15,661 children.

Children who are exposed to violent acts can be helped by having an opportunity to talk about their experiences. Counseling about their experience allows children to sort through their emotions and to be reassured that the violence was not their fault.

Abused women encounter serious barriers to finding safety for themselves and their children when negotiating their way through the law-enforcement, legal, medical, educational and human-service systems while maintaining a job. Many victims also face the added burdens of language and cultural barriers.

In Texas, more than 196,000 domestic-violence incidents were reported in 2009.

Traumatic Sports-Related Injuries Treated at Children's Medical Center

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

2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
23	37	22	27	33	58	95	61	73	79	90

Data Source: Children's Medical Center.

In 2010, Children's Medical Center treated 90 sports-related injuries in children under the age 20, representing a 14 percent increase over 2009 but more than a 400 percent increase from the decade low of 22 in 2002.

Texas is a sports-crazed state, so it might not be surprising that sports injuries occur most frequently in children aged 5 to 14. Such injuries occur at the highest rates in sports involving contact, such as football, according to Children's Medical Center.

According to the National Federation of State High School Associations, approximately 140,000 secondary school students suffer a concussion every year nationally. In 2010, the Texas Legislature passed, and Governor Perry signed, one of the most detailed and comprehensive sports-concussion safety laws in the nation. According to Children's, death from a sports injury is rare. However, the leading cause of death from a sports-related injury is a brain injury.

Children's treated 90 sports-related injuries in 2010, a 400 percent increase from 2002.

Traumatic Injuries Resulting in Hospitalization at Children's Medical Center

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

2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
652	791	631	848	751	845	888	805	795	742	649

Data Source: Children's Medical Center.

In 2010, 649 children were admitted to Children's for a traumatic injury, representing the second-lowest number for the past decade and a 14 percent decrease from 2009.

In 2007, by comparison, 1,944 children in Dallas County under the age of 20 were injured and treated for any unintentional traumatic injury; 725 children were treated due to falls alone.

According to the Safe Kids Dallas Area Coalition, 90 percent of unintentional injuries to children are preventable. According to Children's Medical Center, approximately 14,000 children are seen every year for trauma-related injuries in the emergency department.

Traumatic injuries occur at all ages and socioeconomic levels and in all neighborhoods. But children whose families live in poverty, have low educational levels or are under-employed are at greatest risk of injury.

Most unintentional injuries occur in the summer months, when children are out of school and unsupervised. Unintentional injury is the leading cause of death and disability for children ages 1 to 14 in North Texas and the United States.

Accidental trauma is the leading cause of death and disability for children ages 1 to 14.

Unintentional Deaths of Children: Motor-Vehicle Collisions

Number and rate at which Dallas County children ages 19 and younger are killed in motor-vehicle collisions

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Number	54	81	60	56	59	46	37	37	40	26	28
Rate	7.9	11.7	8.6	8	8.4	6.5	5.2	5.1	5.5	NA	NA

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

The number of children killed in motor-vehicle collisions decreased by almost 300 percent over the decade, from a high of 81 in 2001 to a low of 26 in 2009 and 28 in 2010.

Although two years had increases in the number of child fatalities compared to the previous year, specifically 2004 and 2008, the overall trend has been downward over the decade. Several factors can be attributed to the decline, including efforts by child-safety advocates and improved medical technologies.

According to a National Highway Traffic Safety Administration report to the U.S. Congress in 2008, motor-vehicle crashes are the leading cause of death for 15- to 20-year-olds. The fact that teenagers use new technology, such as mobile phones and texting, at higher rates than older people was implicated as a risk factor for younger drivers.

In Texas, according to the Texas Department of Transportation, 387 drivers or passengers aged 19 and under were killed in motor-vehicle accidents in 2009, with 116 as the result of an alcohol-related collision.

Texas also has a graduated drivers' licensing system for new drivers younger than 18 that includes a six-month learner permit, restricted driving after midnight and restrictions on carrying passengers.

Motor-vehicle collisions account for the most fatalities in children aged 2 to 14 and second-leading cause of death in children ages 1 to 14 in the United States, according to Safe Kids Worldwide. Young children who are properly restrained in a safety seat have an 80 percent lower risk of fatal injury compared to unrestrained children.

There has been an overall trend downward for motor-vehicle fatalities of children.

Unintentional Deaths of Children: Drowning

Number and rate at which Dallas County children ages 19 and younger died by drowning

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Number	12	7	10	11	6	8	9	6	11	14	8
Rate	1.8	1	1.4	1.6	0.9	1.1	1.3	0.8	1.5	NA	NA

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

In 2010, eight children drowned in Dallas County, representing a 75 percent decrease from 2009, which was the decade high. Both 2004 and 2007 had the lowest numbers of drowning fatalities among children younger than 20 and commensurate rates of less than 1 death per 100,000 residents.

According to Safe Kids Worldwide, drowning is the leading cause of unintentional death among children ages 1 to 4 and 10 to 14, and the third-leading cause of death among children younger than 1 year. Accidental drowning accounted for 28 deaths of children ages 5 to 14 in Texas in 2008.

Children most frequently drown in a home swimming pool, spa, bathtub or toilet. Parental supervision is a key element that can reduce the risk of drowning of a child. Although 90 percent of parents say they actively watch their children while around water, many also acknowledge that it is easy to become distracted.

Eight children drowned in Dallas County in 2010, representing a 75 percent decrease from 2009.

Unintentional Deaths of Children: Hyperthermia

Number and rate of Dallas County children ages 19 and younger who died from hyperthermia

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Number	0	2	0	2	1	0	0	0	1	0	2
Rate	0	0.3	0	0.3	0.1	0	0	0	0.1	NA	NA

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

According to the Texas Department of State Health Statistics, two Dallas County children died as the result of hyperthermia in 2010. Unofficial media reports indicate that three children died as the result of hyperthermia in 2011, the highest number in the decade.

According to a news release on August 31, 2011, the National Weather Service officially declared 2011 as "the hottest summer on record" for the Dallas-Fort Worth area. The overall average temperature was 90.6 for 2011, compared to 89.2 for 1980, the second-warmest summer on record.

Hyperthermia occurs when the body's temperature escalates to a dangerous level, simply stated, the body becomes overheated. Children are at greater risk for heat stroke and heat-related illness because their bodies cannot regulate their temperatures very efficiently.

Hyperthermia deaths have increased in recent years, ever since legislation mandated that infants and small children in safety seats must be placed in the back seat of cars. Rear-facing safety seats are particularly a problem, because the child's face is not visible from the driver's viewpoint.

> Distraction is cited as the primary reason that parents and caregivers may forget there is a young child in the rear seat before exiting the car.

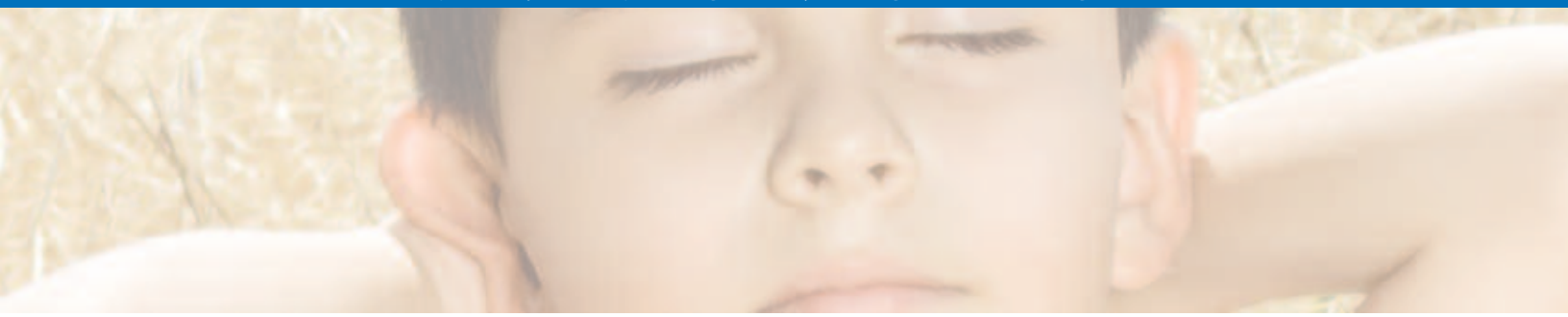
Distraction is cited as the primary reason that parents and caregivers may forget there is a young child in the rear seat before leaving the car for the workday or for any length of time.

According to San Francisco State University, 23 deaths of children left in hot cars have been recorded for 2011; 49 were recorded in 2010. A study published in the journal Pediatrics in 2005 indicated that hot vehicle fatalities of young children can occur even when the outside temperature is as low as 70 degrees Fahrenheit.

Unintentional Deaths of Children: Co-Sleeping

Number and rate of Dallas County children ages 19 and younger who died as the result of co-sleeping

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Number	1	3	5	3	2	6	9	4	2	10	9
Rate	0.1	0.4	0.7	0.4	0.3	0.9	1.3	0.6	0.3	NA	NA



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

The Texas Department of Family and Protective Services (TDFPS) reports that 177 Texas babies died due to accidental suffocation or strangulation due to co-sleeping, or sharing a family bed. Dallas County experienced a decade high of 10 co-sleeping deaths in 2009 and nine in 2010. The TDFPS has an ongoing campaign (www.babyroomtobreathe.org) to educate parents and caregivers about the risks of co-sleeping.

According to the American Academy of Pediatrics, parents should not place their infants to sleep in an adult bed with the parent(s), indicating that the practice puts babies at risk of suffocation and strangulation.

A 2009 report by the Centers for Disease Control disclosed a quadruple increase in the rate of infant strangulation and suffocation in the United States over a period of 20 years, with a very high correlation among babies who shared beds with their parents. Approximately 64 deaths of babies under the age of 2 have been attributed to accidental suffocation or strangulation.

Dallas County had nine co-sleeping deaths of babies in 2010.

Child Homicide

Number of Dallas County children ages 19 and younger who died from injuries purposely inflicted by another person

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Number	47	56	37	30	39	49	34	41	40	31	24
Rate	6.9	8.1	5.3	4.3	5.6	6.9	4.7	5.7	5.5	NA	NA

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

Homicide deaths include fatalities among children who were beaten, shot, abandoned to die or otherwise murdered. Between 2001 and 2010, Dallas County had an average of 38 child homicides per year, with a decade low of 24 in 2010 and high of 56 in 2001. The change represents a 233 percent decrease over the decade.

The decrease can be attributed to several factors, including improved medical technologies, significant reforms by the Dallas County Juvenile Department and expanded community-based prevention and intervention programs targeting high-risk youth.

In 2010, 24 Dallas County children ages 19 and younger were murdered. The decade's highest child-murder toll was in 2001, with 56 children killed.

Runaway Reports

Number of runaway reports received by the Dallas County Juvenile Department

2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
1,115	1,102	950	982	954	961	1,053	1,289	1,196	997	858

Data Source: Dallas County Juvenile Probation Department, Referrals, 1999-2010; National Runaway Switchboard.

In 2010, 10,983 Texas calls were reported by the National Runaway Switchboard, with more than 1,200 originating from the Dallas area. The Dallas County Juvenile Probation Department had 858 runaway reports in 2010, down 16 percent from 2009 and 50 percent from 2007.

It should be noted that the reported statistics represent reports, not individuals. Consequently, one individual may plausibly have more than one reported runaway incident.

Although the number has trended downward since 2007, more quality, evidence-based interventions need to be considered to address the issue. On the streets, runaways can be robbed, raped, or murdered. They are more likely to attempt and commit suicide, engage in criminal conduct and substance abuse, be drawn into human trafficking, prostitute themselves and expose themselves to communicable and sexually transmitted diseases.

The National Runaway Switchboard estimates between 1.6 and 2.8 million youth run away each year. It also estimates that 47 percent of youth run away because of conflicts with parents or guardians; 80 percent of female youth indicate they had been physically or sexually abused. Approximately 14 percent of runaway youth spent two months or more on the streets before calling the hotline.

> Dallas County's Juvenile Probation Department had 858 runaway reports in 2010.

On the streets, runaway youths become targets for robbery, rape or murder. They are more likely to attempt and commit suicide, to engage in criminal conduct and substance abuse, to be drawn into human trafficking, to prostitute themselves and thus expose themselves to sexually transmitted diseases. In fact, according to a Children at Risk report, "The State of Human Trafficking in Texas," an estimated one of every three children who run away will be lured into sex trafficking within 48 hours of leaving home.

Daniel Stiegler

Daniel Stiegler dreams about playing football. Visions of acrobatic catches, sideline sprints and game-winning touchdowns appear to him in his sleep.

Those visions were close to becoming real in the summer of 2009. He was poised to become his middle school's star wide receiver and planned to spend his summer training for the upcoming season. But first, he wanted to land a triple flip on the family trampoline.

He almost made it. But he stuck out his hand to brace himself before the third spin, resulting in a severely broken left forearm.

After that, no cast could hold his dream together. The break was going to require surgery to heal correctly.

For Daniel, this was a nightmare.

But Daniel came to Children's, where Dr. Christine Ho was doing a study on trampoline injuries. As one of the most-renowned pediatric hand surgeons in America, she gave Daniel his best chance to heal completely.

The surgery went very well. Dr. Ho told Daniel his arm would return to full strength, though not in time for his last scheduled game of the season. Still, Daniel showed up at every practice to support his teammates.

Daniel's team, the Irving Junior High Lions, didn't lose a game. Their perfect record earned a spot in the city championship game and extended their schedule a couple of weeks — just enough time for Daniel to receive one last checkup.

Dr. Ho saw Daniel the day before the big game. "I think he can go back to everything he wants to do," she said.

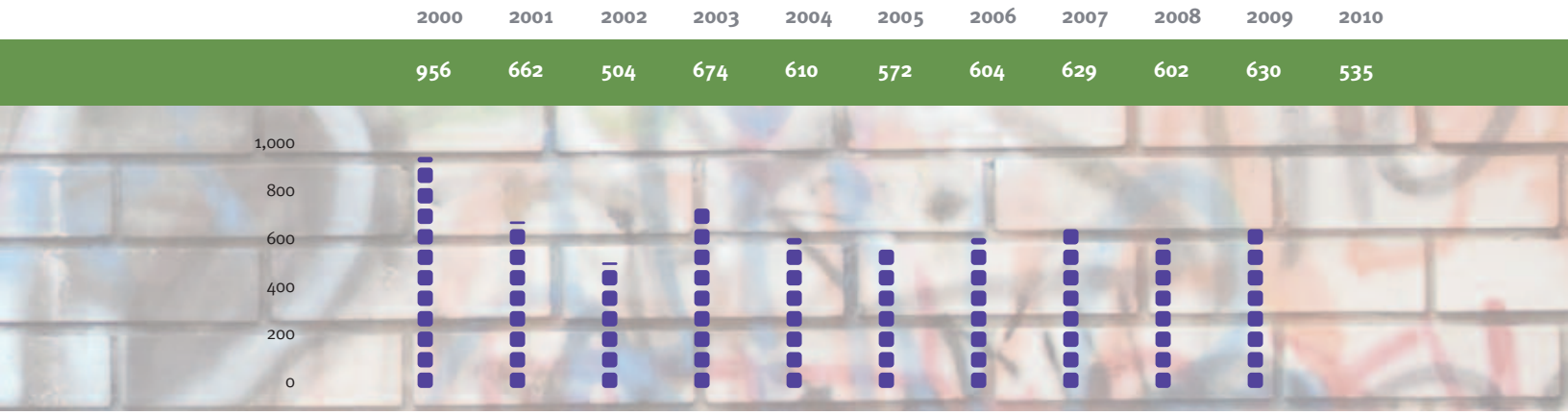
Daniel was only thinking about one thing. "I'm just glad I can play football again," he said.

The next night, Daniel's visions returned. Footballs flew his way. The crowd roared. He could even feel the weight of his helmet and shoulder pads as he led his team onto the field.

Except this time, he wasn't dreaming.

Gang Members

Number of young people in Dallas County who are known to be in gangs, according to the Dallas County Juvenile Probation Department



Data Source: Dallas County Juvenile Probation Department, Referrals, 1999-2010.

In Dallas County, reported gang membership declined from 2009 to 2010 and from 2007 to 2008. Additionally, 2010 was the second-lowest number of self-reported gang membership for the decade. Inasmuch as gang membership is self-reported, however, its prevalence is most likely underestimated.

Urban gangsterism continues to represent a source of significant violence, substance use and narcotics trafficking, as well as graffiti tagging and vandalism.

According to the Office of Juvenile Justice and Delinquency Prevention (OJJDP), youth join gangs to gain a sense of belonging, to substitute attachments for family and to assert themselves as more powerful than they might be otherwise. Allocating more resources to address gang membership, especially in terms of prevention, can make a favorable impact on crime, education and remediation.

Urban gangsterism continues to represent a source of significant violence.

Children Referred to the Juvenile Department

Number and rate of referrals for assessment and determination of the need for juvenile court intervention

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Number	10,706	10,483	9,626	9,793	10,584	11,070	10,803	10,996	10,504	9,654	8,229
Rate	483	449	399	402	421	439	418	432	417	378	318

Data Source: Dallas County Juvenile Probation Department, Referrals, 1999-2010.

The juvenile justice system is designed to focus on the rehabilitation of youth by providing education assistance and opportunities, family intervention, substance abuse treatment, mental health services, and after school programs.

Over the last decade in Dallas County, the average yearly referral rate for juveniles is 10,174, with a range from a low of 8,229 in 2010 to the decade high of 11,070 in 2005. The decrease from 2005 to 2010 represents an approximate 35 percent decrease, substantial for an urban center the size of Dallas County with an approximate juvenile population of 260,000.

It should be noted that a referral represents a single disciplinary episode (e.g., a theft); therefore, one individual can have more than one referral.

The 82nd Texas Legislature passed a bill that was signed into law by Governor Rick Perry, merging the two principal juvenile justice authorities: the Texas Youth Commission (TYC) and the Texas Juvenile Probation Commission (TJPC).

The new state agency will be called the Texas Juvenile Justice Department and will be headed by an 11-member board appointed by the governor. The sweeping measure also increases community-based programs in deference to prisons, meaning that some current TYC facilities may close.

Over the past decade in Dallas County, the referral rate for juveniles has trended downward and was 8,229 in 2010.

Commitment to the Texas Youth Commission

Number of adjudicated youth subsequently committed to the Texas Youth Commission

2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
273	286	247	286	212	300	320	289	190	188	129

Data Source: Texas Youth Commission; Dallas County Juvenile Probation Department.

The newly formed Texas Juvenile Justice Department is a super-agency that will include the Texas Youth Commission (TYC) under its authority. The TYC is responsible for the rehabilitation of youth committed to the commission by the juvenile court.

Dallas County had 129 commitments to TYC in 2010, a 46 percent decrease from 2009 and a 248 percent decrease from the decade high of 320 commitments in 2006.

2010 also had the fewest number of commitments to TYC over the decade beginning in 2001. The new Texas Juvenile Justice Department includes reforms that will increase community-based programs for youth, with the objective of intervention before being committed to a TYC facility.

According to TYC, the youth that are sentenced there "are the state's most serious or chronically delinquent offenders." Statewide in 2010, the median commitment age was 16; 83 percent had mean IQ scores of less than 100; 44 percent were admitted gang members; and 42 percent had a moderate to high need for mental health treatment. Almost three-fourths of the youth committed to TYC had a moderate or high need for substance-abuse treatment.

Dallas County had 129 commitments to TYC in 2010, a 46 percent decrease from 2009.

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 2011. Where possible, the research team assembled data from as far back as 2000.

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 2009 report. 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 2011 and all prior years. What this means for the reader is that, on occasion, data presented in the 2011 report may differ from data presented in the 2009 report. The reader can rest assured that the source of those discrepancies was typically a shift in the source agency's calculation or reporting practices, and that data presented in the 2011 report is calculated consistently across all years.

DATA SOURCES

For the vast majority of indicators, data were retrieved directly from the official government agencies charged with maintaining accurate records of events. Examples include 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 was more recent or more directly germane to the intent of the indicator than state level data. In limited cases where county-level data was not provided by the official agency, the need to summarize data to the county level necessitated some additional manipulation of data, 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.

Recent Studies Regarding Children's Issues

2011 Economic Development Guide; Dallas Regional Chamber. http://www.dallaschamber.org/index.aspx?id=DFWFacts

2011 KIDS COUNT Data Book: State Profiles of Child Well-Being; The Annie E. Casey Foundation. http://datacenter.kidscount.org/DataBook/2011/Default.aspx

2011-2016 Texas State Health Plan: A Roadmap To A Healthy Texas; Statewide Health Coordinating Council. http://www.dshs.state.tx.us/chs/shcc/reports/SHP2011-2016/

Adolescent Substance Use in the U.S.; National Center for Children in Poverty, Mailman School of Public Health, Columbia University, May 2011. http://www.nccp.org/publications/pdf/text_1008.pdf

America's Children: Key National Indicators of Well-Being, 2011; Federal Interagency Forum on Child and Family Statistics. www.childstats.gov

An Ounce of Prevention: Texans Speak Up for Immunizations; Nidhi M. Nakra, M.P.H., The Immunization Partnership, September 2010. http://www.immunizeusa.org/attachments/wysiwyg/1440/TIPPublication.pdf

A Report on the Bottom Line: Conditions for Children and the Texas of Tomorrow; Texans Care for Children, 2011. http://texanscareforchildren.org/Report

Breastfeeding Duration and Academic Achievement at 10 Years; Pediatrics: Official Journal of the American Academy of Pediatrics, January 2011. http://pediatrics.aappublications.org/content/127/1/e137.abstract

Building Strong Systems of Support for Young Children's Mental Health; National Center for Children in Poverty, Mailman School of Public Health, Columbia University, June 2011. http://www.nccp.org/publications/pdf/text_1016.pdf

Child Food Insecurity: The Economic Impact on Our Nation; Feeding America, 2010. http://feedingamerica.org/hunger-in-america/hunger-studies/child-food-insecurity-econ-impact.aspx

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Effects of Recession on Communities of Color, The Henry J. Kaiser Family Foundation, July 2009. www.kff.org/minorityhealth/upload/7953.pdf

F As in Fat: How Obesity Policies Are Failing America, Trust for America's Health, 2010. healthyamericans.org/reports/obesity2010/

Federal Food Policy and Childhood Obesity, Robert Wood Johnson Foundation, 2010. www.rwjf.org/childhoodobesity/product.jsp?id=55711

Feeding Our Future: Growing Up Healthy with WIC; Children's HealthWatch 2009, The Annie E. Casey Foundation. http://www.aecf.org/~/media/PublicationFiles/WICFinalReport.pdf

Gender Matters: An Analysis of the Texas State Budget 2010-2011; Dallas Women's Foundation. http://dallaswomensfoundation.org/sites/default/files/GenderMatters_Lz.pdf

Health Effects of Media on Children and Adolescents; Pediatrics: Official Journal of the American Academy of Pediatrics, 2010. http://pediatrics.aappublications.org/content/125/4/756.full.pdf+html

Healthy People 2020; U.S. Department of Health and Human Services, 2010. www.healthypeople.gov/hp2020/

Immigrant Children; The Future of Children Princeton University Brookings Institute, Spring 2011. http://futureofchildren.org/futureofchildren/publications/journals/journal_details/index.xml?journalid=74

Indicators of School Crime and Safety: 2010; Bureau of Justice Statistics. http://bjs.gov/index.cfm?ty=pbdetail&iid=2231

Kids' Share 2011: Report on Federal Expenditures on Children Through 2010; Brookings Urban Institute. http://www.brookings.edu/~/media/Files/rc/reports/2011/0721_kids_share_isaacs/0721_kids_share_isaacs.pdf

Living on the Edge: America's Low Earning Families; Sophia Parker, The Resolution Foundation, September 21, 2011. http://firstfocus.net/sites/default/files/LivingontheEdge_0.pdf

Out of Reach Report; National Low Income Housing Coalition, 2011. http://nlihc.org/oor/oor2011/

Protecting Children in Tough Economic Times; Jane Waldfogel, Columbia University & London School of Economics, June 16, 2011. http://www.firstfocus.net/sites/ default/files/ProtectingChildrenEconomicTimes_0.pdf

Putting Children on the Express Lane to Health Insurance, 2010, Kaiser Commission on Medicaid and the Uninsured. www.kff.org/medicaid/ kcmy103009pkg.cfm

Statistical Briefing Book; Office of Juvenile Justice and Delinquency Prevention. http://www.ojjdp.gov/ojstatbb/default.asp

Substance Use and Delinquent Behavior Among Serious Adolescent Offenders; Office of Juvenile Justice and Delinquency Prevention, December 2010. https://www.ncjrs.gov/pdffiles1/ojjdp/232790.pdf

The DAWN Report: Disposition of Emergency Department Visits for Drug-Related Suicide Attempts by Adolescents; Drug Abuse Warning Network, 2010. www.oas.samhsa.gov/2k10/DAWN001/SuicideAttemptsHTML.pdf

The Prevalence, Severity, and Distribution of Childhood Food Allergy in the United States; Pediatrics: Official Journal of the American Academy of Pediatrics, June 20, 2011. http://pediatrics.aappublications.org/content/early/2011/06/16/peds.2011-0204.abstract

The Secretary's Challenge: Connecting Kids to Coverage; U.S. Department of Health and Human Services, 2010. http://www.insurekidsnow.gov/chip/chipra_anniversary_report.pdf

The State of Texas Children: Texas KIDS COUNT Annual Data Book 2011; Center for Public Policy Priorities. http://www.cppp.org/sotc/pdf/TKC_11.pdf

The State of the Nation's Housing; Joint Center for Housing Studies, Harvard University, 2011. http://www.jchs.harvard.edu/publications/markets/son2011/index.htm

Texas' Child Population: More Kids, More Diversity, More Responsibility; Center for Public Policy Priorities, May 2011. http://www.cppp.org/files/10/TexasChildPopulation_paper.pdf

Texas Health and Human Services System FY 2007-2011 Coordinated Strategic Plan; Texas Health and Human Services Commission, 2006. http://www.hhs.state.tx.us/strategicplans/hhs07-11/Strategic-Pan_2007-11.pdf

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We Can Do Better: 2011 Update; National Association of Child Care Resource & Referral Agencies, 2011. http://www.naccrra.org/publications/naccrra-publications/we-can-do-better-2011.php

Who Are America's Poor Children? Examining Health Disparities by Race and Ethnicity; National Center for Children in Poverty, Mailman School of Public Health, Columbia University, July 2011. http://www.nccp.org/publications/pdf/text_1032.pdf

With One Voice 2010: America's Adults and Teens Sound Off About Teen Pregnancy; Bill Albert, The National Campaign to Prevent Teen and Unplanned Pregnancy, 2010. http://www.thenationalcampaign.org/resources/pdf/pubs/wov_2010.pdf

Youth Risk Behavioral Surveillance Report; Centers for Disease Control and Prevention, June 2010. www.cdc.gov/yrbs

Youth Violence: Electronic Media and Youth Violence: A CDC Research Brief for Researchers; Centers for Disease Control and Prevention, 2009. http://www.cdc.gov/violenceprevention/pdf/Electronic_Aggression_Researcher_Brief-a.pdf

Youth Violence National and State Statistics at a Glance; Centers for Disease Control and Prevention, 2009. www.cdc.gov/ViolencePrevention/youthviolence/stats_at-a_glance/index.html

How You Can Help

To get involved or for more information on a specific issue, please contact the following organizations, and/or the local organizations listed on the Key Web Sites pages.

CHILD ABUSE/NEGLECT

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

Dallas Children's Advocacy Center, 214-818-2600, www.dcac.org

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

CHILDREN AND YOUTH

Bea's Kids, 214-699-4800, www.beaskids.org

ChildCareGroup, 214-631-2273, www.childcaregroup.org

Dallas Bethlehem Center, 214-428-5171, www.dallasbethlehemcenter.org

Launch Ability, 972-991-6777, launchability.org

Rainbow Days, 214-887-0726, www.rdikids.org

Ready for Life (KERA), 214-740-9241, www.readyforlife.org

The Warren Center, 972-490-9055, www.thewarrencenter.org

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

CRIME PREVENTION/PUBLIC SAFETY

Injury Prevention Center of Greater Dallas, 214-590-4455, www.injurypreventioncenter.org

North Texas Crime Prevention Association, www.ntcpa.us/index.php

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

FAMILY VIOLENCE

Dallas County District Attorney's Office — Family Violence Department, 214-653-3528, www.dallasda.com/family-violence.html

Genesis Women's Shelter, 214-946-HELP, www.genesisshelter.org

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

Texas Council on Family Violence, 512-794-1133, www.tcfv.org

The Family Place, 214-941-1911 (24 hour crisis hotline), www.familyplace.org

HEALTH

Children's Medical Center, 214-456-7000, www.childrens.com

Asthma & Allergy Foundation of America, Texas Chapter, 817-297-3132, www.aafatexas.org

Mental Health America of Greater Dallas, 214-871-2420 www.mhadallas.org

HOMELESSNESS/DISPLACED TEENS

Metro Dallas Homeless Alliance, 214-670-1101, www.mdhadallas.org

Promise House, 214-941-8578, www.promisehouse.org

SUBSTANCE ABUSE

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

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

Mothers Against Drunk Driving Victim Services Help Line, 877-623-3435, www.madd.org

Key Websites

LOCAL

AVANCE-Dallas
www.avance-dallas.org

Bea's Kids
www.beaskids.org

Big Brothers Big Sisters Lone Star
www.bbbstx.org

Camp John Marc
www.campjohnmarc.org

Catholic Charities of Dallas
www.catholiccharitiesdallas.org/

ChildCareGroup
www.childcaregroup.org

Children's Medical Center
www.childrens.com

CitySquare
citysq.org

Community Council of Greater Dallas
www.ccgd.org

Community Partners of Dallas
www.cpdtx.org

Dallas Afterschool Network
www.dasn.org

Dallas Area Breastfeeding Alliance
www.dallasbreastfeeding.org

Dallas Bethlehem Center
www.dallasbethlehemcenter.org

Dallas Children's Advocacy Center
www.dcac.org

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

Dallas Independent School District
www.dallasisd.org

Essilor Vision Foundation
essilorvisionfoundation.org

Genesis Women's Shelter
www.genesisshelter.org

Girls Incorporated of Metropolitan Dallas
www.girlsincdallas.org

Inclusive Communities Project
www.inclusivecommunities.net

Injury Prevention Center of Greater Dallas
www.injurypreventioncenter.org

LaunchAbility
launchability.org

Legal Aid of NorthWest Texas
www.lanwt.org

Low Birth Weight Development Center
www.lowbirthweight.org

Mental Health America of Greater Dallas
www.mhadallas.org

North Dallas Shared Ministries
ndsm.org

North Texas Food Bank
www.ntfb.org

Rainbow Days, Inc.
www.rdikids.org

The Arc of Dallas
www.arcdallas.org

The Family Place
www.familyplace.org

The Warren Center
www.thewarrencenter.org

United Way of Metropolitan Dallas
www.unitedwaydallas.org

Wesley-Rankin Community Center
www.wesleyrankin.org

Wipe Out Kids' Cancer
wokc.org

YMCA of Metropolitan Dallas
www.ymcadallas.org

YWCA of Metropolitan Dallas
www.ywcadallas.org

STATE

211 Texas
www.211texas.org/211

Asthma & Allergy Foundation of America, Texas Chapter
www.aafatexas.org

Audubon Texas
tx.audubon.org

Center for Public Policy Priorities
www.cppp.org

Spina Bifida Association of North Texas
spinabifidant.org

Texans Care for Children
www.texanscareforchildren.org

Texas CHIP Coalition
www.texaschip.org

NATIONAL

American Academy of Child and Adolescent Psychiatry
www.aacap.org

American Diabetes Association
www.diabetes.org

American Heart Association
www.heart.org

American Lung Association
www.lungusa.org

Child Trends
www.childtrends.org

Children's Defense Fund
www.childrensdefense.org

ChildStats.gov: Forum on Child and Family Statistics
www.childstats.gov

FamiliesUSA
www.familiesusa.org

Kaiser Family Foundation
www.kff.org

March of Dimes
www.marchofdimes.com

Texas Council on Family Violence
www.tcfv.org

Texas Department of Protective and Regulatory Services
www.tdprs.state.tx.us

Texas Early Childhood Education Coalition
www.tecec.org

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

Texas Health Steps
www.dshs.state.tx.us

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

National Association for the Education of Young Children
www.naeyc.org

National Association of Dental Plans
www.nadp.org

National Campaign to Prevent Teen and Unplanned Pregnancy
www.teenpregnancy.org

National Center for Children in Poverty
www.nccp.org

National SAFE KIDS Campaign
www.safekids.org

Prevent Child Abuse America
www.preventchildabuse.org

The Future of Children
www.futureofchildren.org

Voices for America's Children
www.voices.org

“Beyond ABC” Online

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

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

Assessing Children’s Health in the North Texas Corridor 2010
(covering Collin, Cooke, Denton, Fannin and Grayson counties)

Growing Up in Dallas County 2009

Growing Up in Collin County 2008: Executive Summary

Growing Up in Collin County 2008: Detailed Findings

Contact us online at: beyondabc@childrens.com

MyChildren's

Children need primary health care when they are sick — and when they are well. We provide both at MyChildren's. 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 offices is staffed by physicians who are board-certified in Pediatrics; our clinical and administrative staffs are multi-lingual; and we are affiliated with Children's Medical Center, one of the nation's top 10 pediatric hospitals.

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

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

McKinney (University Drive)
Phone: 972-542-2800
1720 N. Central Expy.
Suite 150
McKinney, TX 75070
Hours:
8 a.m. to 5 p.m. Monday-Friday
and 8 a.m. to noon Saturday
(sick visits only on Saturdays)

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

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

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

National Recognition for Children's Medical Center

Cardiology

The Heart Center at Children's offers comprehensive, specialized care for children with congenital and acquired heart diseases and disorders.

Nephrology

Nephrology at Children's provides a spectrum of services for patients from birth to 21 years of age with congenital and acquired kidney-related conditions and disorders.

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.

Neurology

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.

Gastroenterology

The Gastroenterology (GI) program at Children's treats a variety of common and complex gastrointestinal and hepatobiliary disorders. The program uses state-of-the-art diagnostic and therapeutic procedures to provide advanced treatment and research to more than 600 patients per month.

Orthopaedics

The Orthopaedics program at Children's, ranked third nationally, is widely recognized as one of the best pediatric programs in the United States. Among orthopaedic programs in North Texas, the orthopaedic experts at Children's treat more children with bone fractures than any other program.

Hematology-Oncology

The largest program of its kind in North Texas and across most of the middle United States, the Center for Cancer and Blood Disorders at Children's is part of a National Cancer Institute-designated facility. The center carries out numerous clinical, translational and laboratory research studies and missions related to education and advocacy.

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.

Neonatal-Perinatal Medicine

The 36-bed, Level IIIC Neonatal Intensive Care Unit (NICU) at Children's combines advanced technology with highly trained healthcare professionals to provide comprehensive care for approximately 325 critically ill newborns annually.

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.


children's
MEDICAL CENTER
MAGNET
RECOGNITION
AMERICAN NURSES
CREDENTIALING CENTER