

2010
beyond **a b c**

Assessing Children's Health in the
North Texas Corridor



The North Texas Corridor

This Beyond ABC 2010 report covers five contiguous counties served by Children's at Legacy in Plano: Collin, Cooke, Denton, Grayson and Fannin counties, a corridor stretching from north of Dallas to the Oklahoma border. The total population of children in the five-county area is 420,582.





Children's Medical Center is pleased to present the 2010 edition of BEYOND ABC, a comprehensive report on the health and well-being of children in the North Texas Region.

For this second North Texas edition, we have expanded our viewpoint into five contiguous counties served by Children's at Legacy in Plano. This report covers Collin, Cooke, Denton, Grayson and Fannin counties, stretching from north of Dallas to the Oklahoma border.

As we enter the second decade of the 21st century, we at Children's are witnessing explosive growth in North Texas, with Collin County leading the way. Texas has one of the youngest populations in the nation, with more than 28 percent of Texans being younger than age 18.

But Texas also has the highest rate of uninsured children in the United States — and in the North Texas Region, about 18 percent of our children are without healthcare coverage. Another 18 percent have only limited access to healthcare through Medicaid or the Children's Health Insurance Program, currently accepted by about 40 percent of Texas healthcare providers.

At Children's, it is our mission to serve every child who comes through our doors — including the four out of seven who need financial assistance of some kind. We are a private, not-for-profit hospital, receiving no state or county tax dollars.

Yet we provide nearly \$50 million in verified charity care, supplementing what insurance doesn't cover or, in some cases, covering an entire medical bill for the neediest families. We also take care of abused and neglected youngsters, some of whom have suffered more than most of us could ever imagine.

For nearly a century, it's been our privilege to bring these children the gift of good healthcare. Our goal is to make life better for all children, because we see healthy childhood as an essential investment in the future for Texas and for our nation.

Please read the BEYOND ABC report, take its recommendations to heart, 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



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2010
beyond 

Assessing Children's Health in
the North Texas Corridor

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About Children's Medical Center

For nearly a century, Children's Medical Center 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.

In 2008 the hospital opened the Children's Medical Center at Legacy in Plano in order to better serve the region's pediatric population, which is growing at three times the national average.

By opening Children's at Legacy, we have been able to expand our sub-specialty programs to Plano and now see more than 5,000 patients every month through our 40-plus pediatric specialists. This includes expanding key programs such as the Heart Center, the Center for Cancer and Blood Disorders and the introduction of new programs like the Sports Medicine Center.

- Children's at Legacy's full-service emergency room will see more than 28,000 visits over the course of the next year.
- Children's at Legacy's inpatient and perioperative areas are equipped to treat several pediatric subspecialties, including general surgery, ENT, orthopedics, urology and gastroenterology.
- Children's at Legacy provides a footprint that will allow for expansion over the coming years, including opportunities to grow or relocate services such as the eating disorders program.

RECOGNITION

- Children's has been ranked among the top pediatric hospitals in the country by *U.S. News & World Report*.
- *Parents* magazine named Children's among the top pediatric hospitals in the nation in 2009.
- Both *The Dallas Morning News* and the *Dallas Business Journal* recognized Children's as one of the best places to work in Dallas in 2009.

DISTINCTION

- Children's, which is a private, not-for-profit hospital, is the only pediatric hospital in the nation awarded six disease-specific certifications by the Joint Commission.
- Children's 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 Dallas 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.

SERVICES

- Children's is licensed for 559 beds, with 72 of those at the Children's at Legacy campus.
- Children's has more than 50 subspecialties and serves children through more than 360,000 patient visits each year.
- Children's has 84 dedicated intensive care beds, more pediatric ICU beds than any other healthcare provider in Texas.
- Children's features 24 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 an 18-bed dedicated pediatric cardiovascular ICU.
- 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.



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Summary

People have discovered that North Texas is a good place to live. The region that stretches from above Dallas County to the Oklahoma border — the “North Texas Corridor” of Collin, Denton, Cooke, Fannin and Grayson counties — can rightfully boast of attractions that steadily draw new residents.

Affordable housing, high-quality school systems, burgeoning volunteer organizations, and economic bases that generally are doing better than most: These are quantifiable reasons to move to the area, reasons to bring up a family here and to put down roots.



And the positive word is getting around. McKinney was No. 5 on Money magazine’s 2010 list of the Best Places to Live, and Allen ranked No. 16. In Money’s survey, Collin County ranked as No. 7 on a national list of counties offering the best job markets.

Four of Collin County’s five largest cities — Frisco, Allen, Plano and McKinney — are ranked among the top 100 wealthiest U.S. cities, according to the “Wealth Centers” survey by Portfolio.com.

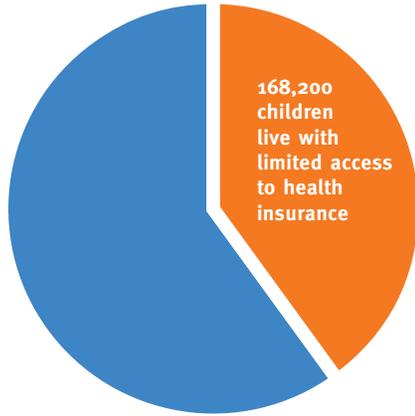
So perhaps it’s no wonder that Frisco, the nation’s fastest-growing city in 2009, added 6,250 residents, while McKinney, the county seat of Collin County, added 5,050. The smaller town of Prosper led the growth in its category by adding 2,250 residents, resulting in a 32 percent increase in population. Meanwhile, the neighboring city of Denton, the county seat of Denton County, grew by 3,050 persons in 2009.

Such explosive growth is, in many ways, a double-edged sword. This is especially true in the current economic downturn, where an aging infrastructure and shrinking governmental budgets can scarcely keep up with the expanding demands of a growing population, many of whom are youngsters.

**At Children’s Medical Center, we treat
150,000 patients every year.**



Access to Healthcare in North Texas Corridor
(Number of children with limited access)



Most children in our region are, fortunately, healthy. Still, many have medical needs that may be far more costly than most working parents can afford. These families, the uninsured and underinsured, need help that their communities are hard-pressed to provide.

About 40 percent of the 420,500 children in the North Texas Corridor either have no health insurance or have only limited access to healthcare through Medicaid or CHIP. Hundreds of North Texas kids don't get even the



most basic immunizations, and thousands never visit a dentist. Being uninsured usually means these children never see a doctor, unless injury or illness brings them to the last resort of a desperate parent: the emergency room.

Even in a wealthy county like Collin, pockets of poverty mean there are thousands of children who are chronically undernourished. They depend on school meal programs for the only hot food they may get all day.

Here at Children's Medical Center, we treat 150,000 patients every year, with three times that number of individual visits. Precisely because of the huge population growth in the counties north of Dallas, Children's at Legacy opened in Plano in 2008.

Collin County has no public, tax-supported hospitals like Dallas County's Parkland. So Children's at Legacy — which is a private, not-for-profit hospital, one that does not get city or county tax dollars — has taken on the mission of caring for children in Collin and its neighboring counties.

This *Beyond ABC* report covers five very different counties. Two, Collin and Denton, are more urbanized, containing at least two cities with populations of more than 100,000. Two, Fannin and Cooke, are mostly rural, with their populations centered at the county seats of Bonham and Gainesville. One county, Grayson, is a mixture of rural and urban, with most of its population concentrated in and around the Sherman-Denison metropolitan area.

Clearly, this North Texas Corridor contains considerable variety. Thus the report is not intended to compare one county's statistics to the next. Each stands on its own as a sampling of life in North Texas, with statistical tables showing each county's arcs of change and growth over the past several years.

The *Beyond ABC* report's 2010 research revealed several areas of concern, with the following issues identified as having particular urgency by the report's advisory board.



ACCESS TO CARE

According to the Center for Public Policy Priorities (CPPP.org), about 403,000 children lived in the five counties of the North Texas Corridor. This year, the number was estimated to be 420,582. In 2010, 80,681 children were uninsured. More than 80,000 additional low-income children in this area, or about one in every five, were enrolled in either Medicaid or CHIP in late 2010.

But only a limited number of medical and dental providers in the five-county area will accept children in these programs. The percentage of Texas physicians who reported acceptance of new Medicaid/CHIP patients dropped from 67 to 42 percent between 2000 and 2010, according to a survey by the Texas Medical Association.

Without a regular source of care, children can get behind on their immunizations, and chronic conditions such as obesity and asthma often are left untreated. The American Academy of Pediatrics recommends that all children have access to comprehensive healthcare through a medical “home,” or primary-care provider.

Following the settlement of *Frew v. Hawkins*, a class-action lawsuit, Texas took corrective measures in 2008 to ensure that Medicaid participants had access to care. However, more than one-third of the children enrolled in Medicaid in the five-county area in 2008 did not receive full, recommended preventive and dental care.



In 2007, nearly half of Texas children (49.7 percent) did not have a medical home, including 72 percent of uninsured children, 67 percent of children enrolled in Medicaid and the Children’s Health Insurance Program (CHIP) and one-third of privately insured children. One-quarter of the children in Texas are uninsured, the highest rate in the nation.

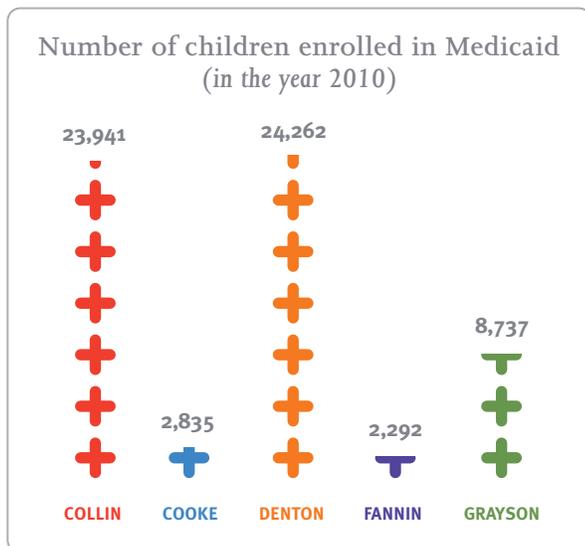
Indicators: Children Without Health Insurance; Children Enrolled in CHIP; Children Enrolled in Medicaid; Children Enrolled in Medicaid and Receiving Dental Care; Children Enrolled in Medicaid and Receiving Texas Health Steps Screening Services.

See pages 17–22 for details.

CHRONIC HEALTH CONDITIONS

The prevalence of chronic health conditions among children in the U.S. doubled between 1994 and 2006, according to a study published in *The Journal of the American Medical Association*.

Childhood obesity has reached epidemic rates. In 2009, 29.2 percent of Texas high school students were overweight or obese, exceeding the national average of 27.8 percent according to the Youth Risk Behavior Survey conducted by the Centers for Disease Control and Prevention. Statewide, only about 30 percent of Texas students were able to achieve the Healthy Fitness



Zone (HFZ) for their age and gender in the state-mandated FITNESSGRAM tests in 2008, according to the Texas Youth Fitness Study. In the five counties of this study, 79.2 percent of Collin County students achieved the HFZ within the acceptable Body Mass Index (BMI) for their age and gender. In Cooke County, 73.1 percent of students achieved an acceptable BMI; in Denton County, 77.2 percent; in Fannin County, 72.4 percent; and in Grayson County, 73.0 percent.

Health issues associated with obesity in children ages 6 to 11 include diabetes, orthopedic conditions, gallbladder disease, sleep apnea and mental-health problems. Children’s Medical Center annually provides services to 7,500 patients with obesity-related diagnoses.

Asthma affects an estimated 40,000 children — one in 10 — in the five-county area, according to the American Lung Association’s “State of the Air 2010” report. Triggers such as secondhand smoke and air pollution can cause asthma symptoms or an attack and may make asthma worse. The DFW area ranked 13th-worst in the nation for levels of ozone pollution in 2010. Both Collin and Denton counties received an “F” for the number of high-ozone days. Asthma is the top reason for emergency visits and hospitalizations at Children’s Medical Center at Legacy and Children’s in Dallas. In 2009, Children’s saw 7,222 visits to the ER for asthma, and 2,555 of these resulted in hospitalization.

Approximately 20,000 children in the five-county area — one in 20 — have a diagnosable mental illness resulting in significant functional impairment. Children and youth with mental illness go without treatment for several reasons, according to Mental Health America. Those reasons include the stigma associated with mental illness, the limited availability of publicly funded care, and families’ inability to pay for services and medications.

Almost 12,000 children — or one in 33 — in the five-county area have a developmental disability. Children younger than 21 with a limiting, long-term, chronic physical or developmental condition may qualify for the state’s Children with Special Health Care Needs (CSHCN) Services Program, which covers medical care, case management, home health, hospice care and family expenses such as meals and transportation. In the five-county area, 83 children received CSHCN services in 2009, and 28 children were on the waiting list, due to limited state funding.

Indicators: Children Receiving Government Funded Mental Health Services; Prevalence of Overweight and Obese Children; Asthma; and Prevalence of Children with Mental Illness.

See pages 30–31, 33–34 for details.

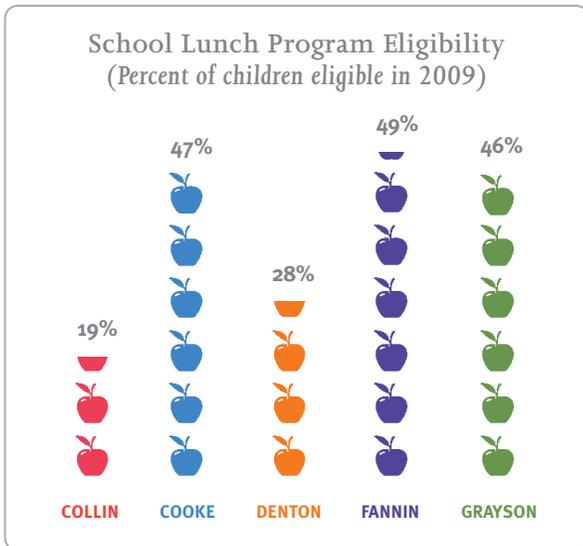




CHILD POVERTY

In 2008, poverty affected one in 12 children in Collin and Denton counties and one in 5 children in the counties of Cooke, Grayson and Fannin. (A family of four with an income below \$21,834 met the federal definition of poverty in 2008.)

Children with family incomes below 185 percent of the poverty line are eligible for free or reduced-price meals at school. The percentage of public-school children eligible for free or reduced-price meals has increased steadily in the five counties' districts since 2000. In 2009 one-fifth of students in Collin County, one-quarter of students in Denton County, and nearly half the students in Cooke, Grayson and Fannin counties qualified for free or reduced-price meals.



According to the U.S. Census Bureau, families headed by single mothers are most at risk of poverty, with 29 percent of such families having incomes below the federal poverty level in 2008. Childhood poverty is associated with poor outcomes in children's health, education and emotional welfare, as well as higher rates of delinquency.

Indicators: Percent of Children Living below the Federal Poverty Level; Percent of Children Eligible for the School Lunch Program.

See pages 40, 42 for details.

BIRTH OUTCOMES

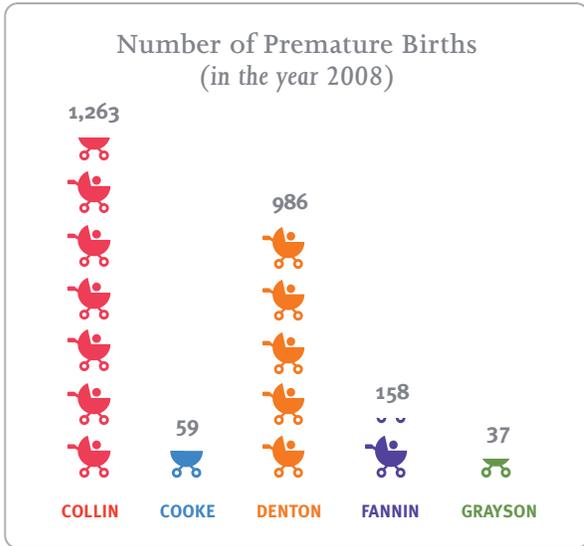
An average of 52 babies are born each day in the five-county area. While most are born healthy, an average of two infants per week will die before their first birthdays.

In 2008, about one-third of the pregnant women in Denton and Collin counties had no prenatal care in the first trimester. The situation is more serious in the smaller counties of Cooke, Grayson and Fannin, where nearly half of pregnant women had no prenatal care in the first trimester.

The Center for Health Statistics reports that the leading cause of newborn death is prematurity. Babies born before 37 completed weeks of pregnancy are considered premature. Even if they survive, they are at risk for low birth weight, mental retardation, cerebral palsy, lung and gastrointestinal problems, and vision and hearing loss, as well as death.

The number of pre-term births decreased 16 percent between 2006 and 2008 in the North Texas Corridor, paralleling the national trend. In May 2010, a *Los Angeles*





Times report highlights that the U.S. has achieved a two-year reduction in premature births for the first time in three decades.

Ethnicity plays a role in premature birth rates. In Texas, pre-term birth rates in 2004-2006 were highest for black infants (18.7 percent), followed by Hispanics (13.3 percent), Native Americans (13.1 percent), whites (12.7 percent) and Asians (11.3 percent), according to the March of Dimes.

Indicators: Premature Birth, Low Birth Weight Babies; Infant Mortality; Early Prenatal Care.

See pages 23–25, 27 for details.

CHILD ABUSE AND NEGLECT

The tragedy of child abuse and neglect exists in every community. In the five-county area in 2009, 10 children died from child abuse or neglect; 2,515 children were confirmed as victims of child abuse or neglect; and Child Protective Services (CPS) managed 1,267 children who were removed from their homes because of abuse or neglect.

The number of children removed from their homes and placed in state conservatorship by CPS decreased by 25 percent between 2008 and 2009 in the five-county area, mirroring a statewide trend. During the same time period, child deaths in Texas from abuse or neglect increased 31 percent.

According to the Center for Public Policy Priorities, the decrease in removals and the number of children in conservatorship in 2009 are likely due in part to the continued effect of CPS reforms and, in part, to CPS' initial reaction to the 2008 *Gates v. Texas CPS* decision. In *Gates*, the Fifth Circuit Court of Appeals delineated the circumstances under which a child could be removed from the home without a court order.

Texas has a higher child abuse and neglect death rate per capita compared to other states. Factors that contribute to the higher rate may include better investigation of child abuse deaths, very limited funding for child abuse and neglect prevention services, and high rates of child poverty and teen pregnancy, according to the Center for Public Policy Priorities.

Advocates are concerned that the post-Gates changes in CPS policies may have resulted in children being left in unsafe home situations. This trend appears to be reversing. In 2010, the percentage of new cases involving a removal has increased statewide and is approaching 2008 levels.

There is a serious shortage of foster homes in the North Texas Corridor. As a result, children who have been removed from their homes may be placed in other counties, away from familiar surroundings.



In May 2010, 479 children were in foster care in the five-county area. Three-fourths of these children were placed in another county, including 10 percent who were placed in an even more distant location, such as the Houston area.

Indicators: Rate and Number of CPS Confirmed Victims of Child Abuse and Neglect; Number of Confirmed Deaths from Child Abuse and Neglect; Average Number of CPS Cases for Each Caseworker per Month; Rate and Number of Children in Conservatorship.

See pages 44–45 for details.

RISKY ADOLESCENT BEHAVIOR

The Nemours Center for Children’s Health reports a predictable link between teenage substance abuse and the likelihood of adolescent pregnancy, sexually transmitted diseases (STDs), suicide, inconsistent academic performance, juvenile crime and other risky behaviors. In recent studies, many Texas teens admit to taking such risks.

In 2009, 988 students were disciplined for possession of alcohol, tobacco or controlled substances on school grounds in the five-county area. In addition, nearly half of Texas students in grades 7 to 12 reported having used alcohol within the past 30 days. One in five students reported smoking cigarettes within the past 30 days; one in five also reported using marijuana during the past 30 days. Three percent reported using some form of cocaine in the past 30 days, according to the 2009 Youth Risk Behavior Survey (YRBS) conducted by the Centers for Disease Control.

The 2009 YRBS found that half of the Texas high school students surveyed had experienced sexual intercourse, and 6.1 percent had had intercourse before their 13th birthday. One in five surveyed students also reported using alcohol or drugs prior to their most recent sexual experience. Moreover, 42.3 percent reported that they did not use a condom during their last sexual experience.



Adolescent pregnancy raises concern for the health and future success of both mother and child. In 2008, 663 teenage girls (ages 13-17) in the five-county area became pregnant. Adolescent pregnancy rates have remained static in the larger, more urbanized counties. However, rural counties are recording higher rates of adolescent pregnancy. The National Institutes of Health reports that in teenage pregnancies, prenatal care often is ignored due to a combination of ignorance and fear of stigma.

Sexually transmitted diseases (STDs) also are on the rise in the five-county area, where more than 1,000 cases of chlamydia and 156 cases of gonorrhea were reported for persons younger than 20 in 2009.

Serious juvenile crime decreased 12.8 percent between 2008 and 2009 in the five-county area. However, during the same period, juvenile misdemeanors increased 4.6 percent in the North Texas Corridor, and 37 youths were committed to the Texas Youth Commission in 2009.

Indicators: Adolescent Pregnancy; Teen Suicide; Sexually Transmitted Diseases; HIV; Truancy; Students Disciplined for Possessing Alcohol, Tobacco or Controlled Substances on School Grounds; Juvenile Offenses; Children Referred to Juvenile Probation Services; Commitments to Youth Commission.

See pages 28, 35–37 for details.



UNINTENTIONAL DEATHS OF CHILDREN: MOTOR VEHICLE COLLISIONS

Deaths of children younger than 20 in the five-county area decreased 37 percent between 2004 and 2007. However, the sobering fact is that 29 area children died in motor-vehicle collisions in 2007.

Car crashes are the leading killer of children ages 2 to 14 and the second leading cause of death of children ages 1 to 14 in the United States, according to Safe Kids Worldwide. (Those figures don't take into account the young children who die of hyperthermia due to being left in hot cars — a national average of 37 such deaths per year over the past decade, with 6 occurring in Texas in 2009.)

In 2009, Texas passed tougher child passenger-restraint laws. All children younger than 8 (unless taller than 4 feet 9 inches) are required to be in the back seat and in an appropriate, properly installed child safety-seat system every time they ride in a passenger vehicle.

Enforcement of this law began June 1, 2010, and officers may arrest or issue a citation to drivers who fail to comply. Properly installed car seats can reduce fatal injury by 71 percent for children younger than 1 and by 54 percent for toddlers ages 1 to 4, according to the National Highway Traffic Safety Administration.

Texas has a graduated licensing system for new drivers younger than 18, including a six-month learning permit, restricted driving after midnight and restrictions on carrying passengers. Young drivers are at greater risk of fatal collisions: In 2008, eight Texas drivers younger than 15 and 586 drivers between ages 15 and 20 were involved in a fatal crash.

Alcohol often plays a role in these fatalities. In Texas, 262 juveniles (younger than 17) were arrested for Driving While Intoxicated in 2008. According to the 2007 Youth Risk Behavior Survey, 36 percent of Texas students reported that they rode one or more times in the past 30 days in a vehicle driven by someone under the influence of alcohol, and 15 percent said they actually drove while or after drinking.



*Indicator: Unintentional Deaths of Children:
Motor Vehicle Collisions.*

See page 48 for details.

Properly installed car seats can reduce fatal injury by 71% for children younger than 1.



Recommendations

The *Beyond ABC: Assessing the Health of Children in the North Texas Corridor* Advisory Board identified the following recommendations.

PRIORITY RECOMMENDATIONS FOR COLLIN, COOKE, DENTON, GRAYSON AND FANNIN COUNTIES

- Protect funding for state programs that address the health and safety of children as the Texas Legislature deals with a budget shortfall for FY 2011-2012.
- Ensure that the implementation of national health reform guarantees continuous and uninterrupted coverage for all children from birth through age 21.
- Enhance the public health infrastructure, especially in rural areas.
- Increase the percentage of pregnant women who receive prenatal care within the first trimester of pregnancy.

HEALTH

- Mobilize faith groups, civic leaders and volunteers to help low-income families access resources such as Medicaid, CHIP, WIC, food stamps and child-care subsidies.
- Ensure that the Texas Medicaid and CHIP eligibility systems effectively and correctly determine a child's eligibility in order to fully eliminate delays, backlogs and erroneous denials.
- Increase access to health and dental services for children and pregnant women through outreach and health education programs.
- Strengthen the infrastructure for mental-health and substance-abuse treatment to increase the capacity of services for children and youth.
- Increase efforts to provide comprehensive sex education for adolescents in their homes, schools, faith groups and communities.
- Increase reimbursement rates to primary care providers who accept Medicaid or CHIP.
- Fund graduate medical education and loan forgiveness programs to help recruit and train pediatricians, especially for rural areas.

- Increase coordination of immunization efforts and strengthen the use of the state's central immunization registry (ImmTrac).
- Increase the availability of healthy foods, including fresh fruits and vegetables, in underserved areas.
- Ensure the implementation of the state's approved school health programs in all public schools and increase student physical activity levels to prevent childhood obesity.
- Improve the air quality in the North Texas Corridor.
- Ban smoking in bars, restaurants and all indoor public places, as well as at outdoor sporting or music events and within 15 feet of public building entrances.

SAFETY

- Establish a family justice center to deal more effectively with family violence.
- Expand the availability of evidence-based after-school and summer programs that are affordable, safe, engaging and are on the school campus or that include transportation.
- Increase the utilization of mentoring resources by eligible children and families.
- Increase investment in proven child-abuse prevention programs.
- Increase the number of foster and adoptive homes for children in custody of Child Protective Services by increasing recruitment and foster care rates.
- Provide adequate resource for the Texas Child Protective Services system to reduce caseloads, hire and retain workers and professional staff.
- Invest in effective child-abuse-prevention services.
- Intensify enforcement of child passenger safety regulations.

ECONOMIC SECURITY

- Increase the stock of safe, affordable housing units.
- Support local efforts to ensure children in low-income families receive adequate nutrition.



Demographics of the Youth Population

Demographic snapshot of the region's youth by race, ethnicity, and poverty status.

	Total Youth Population	Percent White or Caucasian	Percent African-American	Percent Asian	Percent Other Single Race	Percent Hispanic or Latino	Percent of All Children Living in Poverty	Percent of White or Caucasian, Non-Hispanic Children Living in Poverty	Percent of African-American Children Living in Poverty	Percent of Hispanic Children Living in Poverty
COLLIN	205,443	77%	9%	10%	3%	17%	8%	3%	17%	22%
COOKE	9,877	81%	4%	0%	16%	22%	18%	14%	**	26%
DENTON	169,298	80%	9%	5%	6%	22%	8%	4%	14%	13%
FANNIN	7,257	91%	5%	0%	4%	11%	20%	15%	**	25%
GRAYSON	28,707	83%	7%	1%	9%	16%	18%	13%	32%	37%
TOTAL	420,582	79%	8%	7%	5%	19%	9%	5%	17%	19%

Source: American Community Survey 3-Year Estimates, 2006-2008.

NOTE: Because race and ethnicity are counted separately by the U.S. Census, the Hispanic or Latino population is spread across other race designations.

An estimated 420,582 children younger than 18 lived in the five-county area, ranging from more than 7,000 in Fannin County to more than 200,000 in Collin County. By race, 79 percent of the region's children were Caucasian, followed by 8 percent African-American and 7 percent Asian.

Across the North Texas Corridor, 9 percent of children lived in poverty. The urbanized counties (Collin and Denton) had levels slightly less than this (8 percent), while percentages were significantly higher in the smaller northern counties — 18 percent in Cooke and Grayson, and 20 percent in Fannin.

Poverty disproportionately affects youth of different races. While one out of every 20 white, non-Hispanic children (5 percent) in the region were living in poverty, almost one in five African-American children (17 percent) lived in poverty.

Likewise, one in five Hispanic children (19 percent) lived in poverty. These racial and ethnic disparities were even more pronounced within the counties of the North Texas Corridor, with one county's African-American youth experiencing poverty rates more than five times the rate for Caucasian youth.



Mallory, it's time to wake up," Leah Moore said, stroking her daughter's long, blond hair. "Mallory, can you hear me?"

A small nod of her head and a request for water brought tears of relief to Mallory's parents. These gestures meant their 13-year-old was probably going to recover fully from brain surgery.

Less than 48 hours before, doctors at Children's discovered that the pounding, debilitating headaches Mallory had been having for a month were not migraines. They were caused by a racquetball-sized mass in the back of her head. The headaches became so severe that Mallory's mom took her to a local hospital, which referred her to Children's. An MRI revealed the tumor, and surgery was scheduled for the next day.

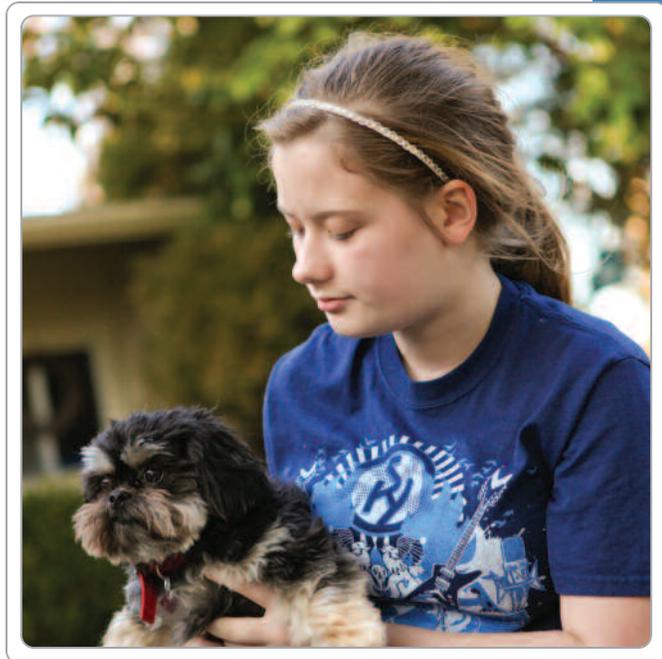
Nurses in the ICU arranged for Leah to take Mallory to get a shower. It was then that Mallory raised the hard questions: "Do I have cancer? Am I going to die?" Leah didn't have all the answers, but she did know this was the only chance her daughter had to get rid of the headaches.

The closer surgery drew, the more anxious Mallory became. Child Life specialists helped Mallory and her sister understand and cope; Mallory's pediatric anesthesiologist, Dr. Maria Ortega, eased Mallory's pre-surgery fears by giving her medicine to calm her nerves. By the time her parents had to leave, Mallory was almost asleep.

In the operating room, renowned pediatric neurosurgeon Dr. Bradley Weprin worked carefully on a tumor that had to be removed in fragments. During surgery, test results gave Mallory's family the news they'd hoped to hear: The tumor was not cancer.

But something Dr. Weprin did as he neared the end of the process was as important to Mallory's emotional health as her surgery was to her physical healing. He requested a caregiver wash Mallory's hair — now covered in iodine from the operation — with baby shampoo and saline. Dr. Weprin, understanding the importance of a teen's self-image, knew Mallory would want to wake up to clean hair.

He was right. As Mallory roused from surgery, she felt her hair and smiled.



Children Without Health Insurance

The percent of children without healthcare coverage.

	2000	2005	2010
COLLIN	13.3%	17.6%	18.1%
COOKE	15.8%	17.1%	18.1%
DENTON	12.7%	18.5%	19.1%
FANNIN	14.5%	16.2%	16.9%
GRAYSON	13.7%	16.5%	17.7%

Data Sources: Texas State Demographer, Centers for Disease Control and Prevention, and U.S. Census Bureau.

In 2010, it is estimated that more than 160,000 or 40 percent of North Central Texas children in this report’s five-county population have limited access to healthcare as a result of being uninsured (80,681) or being enrolled in Children’s Medicaid (65,274) or in CHIP, the Children’s Health Insurance Program (17,268). Texas has the highest rate of uninsured children in the nation. Between 2006 and 2007, 1.5 million or 22 percent of Texas’ children were uninsured, compared to 11 percent nationally.

According to the 2009 Texas Medical Association Report, the 160,000 uninsured or underinsured children identified in this report comprise: 60.4 percent of Hispanics/Latinos, 43.0 percent of African-Americans, and 35.8 percent of “other” ethnic minorities were uninsured, compared to 29.2 percent of white children.

Children who lack health insurance are less likely to have timely access to a doctor or to specialty care when

needed. They are more likely to receive sporadic care from emergency rooms or clinics, and that drives up healthcare costs for everyone. Uninsured children are also less likely to be immunized against serious childhood illnesses, and they face higher odds of becoming healthy, productive adults.

Texas leads the U.S. in the rate of children without any healthcare coverage.

The average cost of private health insurance in Texas is \$900 per month for family coverage. According to the Texas Department of Insurance, Texas workers are less likely to have employment-based health insurance coverage than workers in other states. In 2007, Texas ranked 50th in the nation, with only 46.7 percent of Texans having employment-based health insurance coverage. In fact, 80 percent of uninsured children have at least one parent who works either full-time or part-time.

More than 1 million Texas children may be eligible for Medicaid or CHIP but are not enrolled. Some explanations for non-participation provided by public health officials include:

- Many families do not realize they may qualify for these programs.
- Many families think of Medicaid as a “welfare” program instead of a health insurance program, and do not enroll due to the stigma associated with welfare.
- Some parents believe the application process is too burdensome, and they are not aware of important changes made to simplify the process.

In addition, many children are underinsured: Their health insurance is not comprehensive and thus limits their access to healthcare. Aside from public hospitals’ emergency rooms, very limited resources are available for uninsured and underinsured children.



Children Enrolled in CHIP

The number of children enrolled in the Children's Health Insurance Program (CHIP).

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
COLLIN	289	2,152	4,122	4,131	3,448	3,665	3,791	4,802	7,073	8,386	8,902
COOKE	59	571	673	514	430	395	410	422	591	672	685
DENTON	420	3,247	4,944	4,957	3,831	3,944	3,850	4,634	6,933	8,077	8,494
FANNIN	102	492	663	536	413	357	363	365	459	501	496
GRAYSON	253	1,562	2,054	1,770	1,354	1,230	1,216	1,335	1,563	1,649	1,772

Data Sources: Texas Health and Human Services, Children's Health Insurance Program Monthly Enrollment Report.

CHIP is a joint federal and state program providing affordable health-care coverage for working families who earn too much to qualify for Medicaid but can't afford commercial health coverage. To be eligible, a child must be a U.S. citizen or legal permanent resident, younger than 19 and uninsured for 90 days. Family income and resources must be above the Medicaid eligibility limit and at or below 200 percent of the federal poverty level (meaning a family of four would qualify with an annual income of \$44,100 in 2010). Children's Medicaid and CHIP enrollment is strongly tied to state policies that affect the difficulty or ease of application and eligibility criteria for families.

Nearly 90,000 low-income children in this five-county report were enrolled in either Medicaid or CHIP. But in recent years, fewer healthcare providers accept children in these programs. The percentage of Texas physicians who reported acceptance of new Medicaid/ CHIP patients dropped from 67 to 42 percent

between 2000 and 2010, according to a survey by the Texas Medical Association. As a result, families often must seek healthcare outside their counties.

On February 4, 2009, President Barack Obama signed the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA) into law. This act reauthorized CHIP for four and a half years and increased federal funding for the program during that time period by \$32.8 billion.

Nearly 90,000 low-income children in this five-county report were enrolled in either Medicaid or CHIP.

Despite the significant increase in funding, the 2010 Health Care Reform Act also presents an uncertain future for the CHIP program. It is expected that, at a minimum, CHIP will remain in effect in its current form during a multi-year implementation period.

A number of issue areas have been emphasized in CHIPRA that deal specifically with more stringent rules on citizenship; a matching rate reduction for children with a gross family income above 300 percent of the federal poverty level; and compliance with Medicaid managed-care standards for CHIP plans. Additionally, eligibility has been extended to legal-immigrant children and pregnant women.

Despite easing of eligibility requirements, the Center for Public Policy Priorities estimates that more than 1 million Texas children may be eligible for Medicaid or CHIP but are not enrolled. Undocumented children in Texas are not eligible for CHIP or Medicaid, and other health resources available to them are very limited. Although faith groups, healthcare providers and local philanthropic groups partner to operate health clinics for uninsured, low-income and immigrant clients, lack of access to adequate care continues to present an ever-increasing problem.



Children Enrolled in Medicaid

The number of children younger than 19 enrolled in Medicaid.

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
COLLIN	3,518	4,167	7,530	10,715	13,031	14,353	16,751	18,004	19,879	22,859	23,941
COOKE	1,097	1,227	1,840	2,315	2,544	2,370	2,778	2,754	2,749	3,188	2,835
DENTON	4,105	5,468	7,915	11,729	13,401	15,030	17,132	17,803	18,775	22,822	24,262
FANNIN	1,010	1,018	1,437	1,847	2,114	1,939	2,076	2,236	2,248	2,522	2,292
GRAYSON	3,638	4,166	5,896	6,914	7,563	7,348	8,084	8,398	8,486	9,505	8,737

Data Sources: Texas Health and Human Services Commission, Center for Public Policy Priorities.

Children’s Medicaid is vital to the health of nearly 2 million of the poorest Texas children — including more than 60,000 in the five North Texas counties included in this report. Statewide, enrollment in Children’s Medicaid increased 83 percent between 2000 and 2007.

More than 1 million Texas children may be eligible for Medicaid or CHIP but are not enrolled. Eligibility criteria for Children’s Medicaid in Texas include family income, the child’s citizenship status and the family’s assets. To qualify, children must be citizens or legal permanent residents. For school-age children, the family’s earnings must be at or below the federal poverty level,

which in 2010 is an annual income of \$22,050 for a family of four.

Younger children are eligible at income levels up to 185 percent of the poverty level (meaning a family of four would qualify with an annual income of \$40,079 in 2010). A large number of working families with low incomes either do not realize their children are eligible for Medicaid coverage or are unable to complete the stringent application process.

Despite the steadily increasing enrollment of children in Medicaid, there is a severe shortage of physicians who accept Medicaid patients. A low reimbursement fee was the primary

reason physicians reported for limiting their participation in Medicaid.

From 2000 to 2010, the percentage of Texas physicians who reported accepting new Medicaid patients dropped from 67 to 42 percent, according to a survey by the Texas Medical Association. The projected state budget shortfall for fiscal year 2010 will also have a significant effect on the program.

In addition to caring for disadvantaged children, the Medicaid program also supports physician training, pediatric specialty procedures and high-technology care that benefit the community as a whole.

Growing numbers of North Texas children and teens are enrolled in Medicaid, and more are eligible.



Children's Medical Center has performed 350 successful kidney transplants since the program began in 1979. This is the story behind one that happened last year.

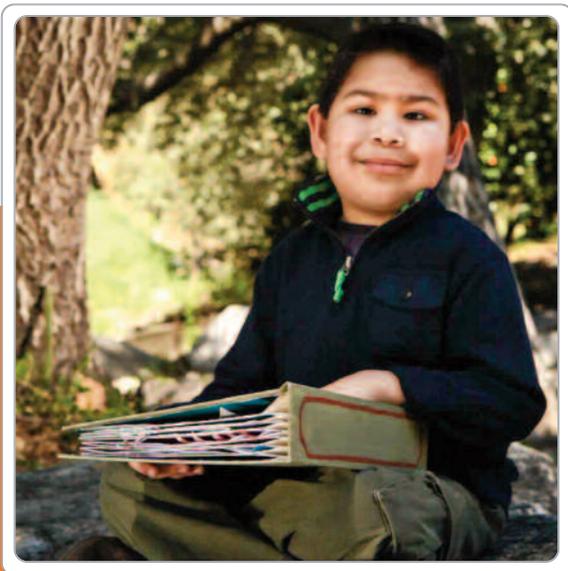
Adrian Garcia was born with bilateral renal hypoplasia — small kidneys that did not develop normally in utero. In May 2009, Adrian's renal function significantly deteriorated. After subsequent evaluation, doctors placed Adrian on the transplant list in August 2009.

Adrian at first thought his mom was going to give him a kidney, but it turned out that she couldn't be his donor. Instead, she told him, the doctors wanted to give him a superhero kidney.

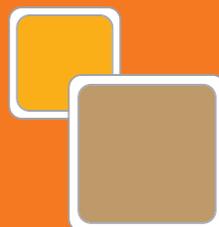
Everyone on the floor played along; even the cleaning lady knew that Adrian was waiting for his superhero kidney. Whenever Adrian visited the hospital for checkups, his mom would tell him that the wait was because the new kidney was so powerful, they had to make it just right for him.

Finally, a kidney became available for Adrian on October 23, 2009, and he received his transplant before having to go on dialysis.

Today, Adrian has the energy of any normal eight-year old. He loves video games, Transformers and playing with his little sister, five years his junior. He's happy to show you his muscles or teach you all about Raptors.



But instead of downing soft drinks like most kids his age, Adrian prefers water...because it's good for his new kidney.



Children Enrolled in Medicaid and Receiving Dental Care

The number of eligible children who receive dental care through Medicaid.

	2000	2001	2002	2003	2004	2005	2006	2007	2008
COLLIN	1,569	1,805	2,970	6,290	7,688	8,791	9,667	10,768	12,145
COOKE	440	582	753	1,023	1,166	1,151	1,228	1,334	1,723
DENTON	2,064	2,481	3,134	5,558	7,420	8,960	9,662	10,666	12,035
FANNIN	417	485	644	884	907	969	986	1,026	1,127
GRAYSON	1,811	2,298	2,770	3,330	3,655	4,034	4,013	4,310	5,180

Data Sources: Texas Department of State Health Services, Medical and Dental Statewide Reports. HHSC THSteps HISR303A, State Fiscal Year Reports 2000-2008.

Of the 52,137 children enrolled in Medicaid in this report's population, more than one-third did not receive full, regular dental care in 2008. A 2010 National Institutes of Health (NIH) publication finds 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.

One of the main reasons for the disparity in care between publicly and privately insured children, according to the NIH study, probably is a shortage of dentists who accept Medicaid. The article highlighted that — unlike general health, where providers such as community clinics may be available — the dental-care field is

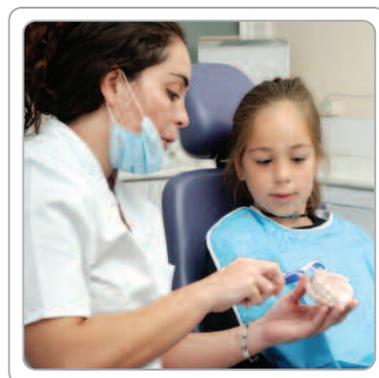
dominated by privately practicing dentists.

Fewer and fewer dentists in this report's five-county population will treat children enrolled in Medicaid because of low state reimbursement rates and the difficulties of dealing with the state program. Texas Department of State Health Services reimburses these dentists on a fee-for-services basis at just 50 to 60 percent of their usual fees. As a result, there is a severe shortage of dentists serving children of low-income families in Texas.

In 2008, a study conducted by the Child Health Institute at the University of Washington found that although the proportion of U.S. children with a

preventive dental visit now is higher than previously reported, children who are at highest risk for dental problems still are those who are least likely to receive preventive dental care.

The 2010 study reported by the NIH also found that Latino and black children are more likely than white children never to have seen a dentist, or to have had visits longer than six months apart, even if they were covered by Medicaid. The report concluded that when states cover preventive dental care with maximum income-eligibility levels 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.



There is a severe shortage of dentists who accept Medicaid.



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

The number of eligible children who received medical screening services through Texas Health Steps (Medicaid).

	2000	2001	2002	2003	2004	2005	2006	2007	2008
COLLIN	1,801	1,473	2,218	7,143	9,056	10,501	11,244	12,663	12,092
COOKE	867	1,040	1,272	1,573	1,770	1,705	1,961	2,043	1,805
DENTON	1,648	1,419	1,807	6,446	10,054	10,378	12,510	12,325	12,314
FANNIN	529	595	774	1,096	1,151	1,153	1,168	1,318	1,248
GRAYSON	2,456	2,694	3,219	4,724	4,522	4,706	4,745	5,020	4,815

Data Sources: Texas Department of State Health Services, Medical and Dental Statewide Reports. NOTE: Data for 2001 was underreported.

Texas Health Steps (Medicaid) provides preventive and primary medical and dental care coverage to eligible children from birth through age 20. The number of children served by this program has increased significantly since 2000, due to expanded state and federal Medicaid eligibility policies and growing Medicaid enrollment.

Through Texas Health Steps, the state oversees an extensive outreach and education program to encourage

Medicaid-eligible families to get age-appropriate preventive care for their children. Outreach staff members call Medicaid families, mail reminders to clients and make home visits when other attempts to reach families are unsuccessful.

The program has taken significant steps to be more user-friendly and increase participation. In 2010, a Texas Health Steps “Teen Page” was launched. The resource encourages

teens to participate fully in the maintenance of their personal health. Transportation services or reimbursement for travel costs also are offered.

Despite the initiatives towards increasing participation, access to Medicaid-funded healthcare is a problem for many families, partly because many physicians are unwilling to accept new Medicaid patients due to low reimbursements.



Texas Health Steps is an extensive outreach and education program helping Medicaid-eligible families.



Early Prenatal Care

The percent of women receiving prenatal care beginning in the first trimester of pregnancy.

	2000	2001	2002	2003	2004	2005	2006	2007	2008
COLLIN	90	86.6	80.9	85.4	84.3	73.7	73.2	71	70.6
COOKE	84.5	81.6	85.3	88.7	84.9	62.2	57.7	55.2	50.7
DENTON	87.2	87	85.6	87.7	86.4	72.2	68.3	67.2	64.6
FANNIN	86.4	79.6	80.2	75.9	77.8	59.1	58.1	57.6	55.5
GRAYSON	82.9	85.3	86.9	84.6	86.2	62.2	57.3	55.5	55.4

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

In 2009, more than 40 percent of births in the five-county area were to mothers who had received inadequate prenatal care. According to the Centers for Disease Control and Prevention, nearly one-third of the women in this five-county population will have some kind of pregnancy-related complication.

Recent data shows that although all of the five counties have shown a marked decrease in the percentage of women receiving early prenatal care, counties with a more rural population have shown an average 35 percent decrease from 2004-2009.

In 2008, the Medicaid program sought to streamline the eligibility and enroll-

ment process for pregnant women. House Bill 2896, adopted by the 76th Legislature of Texas, directed the Texas Department of Health and Human Services and Texas Department of Health to devise new policies to promote early access to prenatal care.

A pregnant woman can enroll her unborn child during pregnancy if her family income is no more than 200 percent of the federal poverty level (meaning a family of four would qualify with an annual income of \$44,100 in 2010). Coverage includes prenatal care, delivery and healthcare for the infant after birth. Women who are not U.S. citizens can receive emergency Medicaid to cover the

delivery but do not receive prenatal or postpartum care.

More than 40 percent of the births in this region are to mothers who don't get enough prenatal care.

The streamlining of Texas' application and eligibility process should increase the number of women receiving prenatal care. However, continued private and public support is needed. Both sources will undoubtedly be affected by the projected public budgetary shortfalls and a still-sluggish economy in the private sector.



Infant Mortality

Rate and Number of Deaths of infants younger than 1 year old per 1,000 live births.

		2000	2001	2002	2003	2004	2005	2006	2007	2008
COLLIN	Rate	3.5	3.8	4.1	4.8	5.1	5.3	4.6		
	Number	30	36	26	32	33	37	35	42	56
COOKE	Rate	12	9.7	1.9	11.6	3.7	10.6	3.3		
	Number	6	2	1	2	1	3	1	4	6
DENTON	Rate	4	4.6	4.7	5.9	5.7	4.4	5		
	Number	30	25	23	36	39	27	34	41	40
FANNIN	Rate	2.9	5.9	2.8	5.5	7.3	0	7.1		
	Number	1	1	1	2	2	0	3	1	3
GRAYSON	Rate	5.2	10	5.2	5.7	4.2	3.2	4.5		
	Number	8	6	5	3	6	3	3	9	7

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

The Texas Department of State Health Services reports: “The infant mortality rate is a measure of the overall health of a community. High infant mortality rates may indicate poor maternal health, inadequate prenatal care, infant malnutrition and or limited access to adequate health care.”

Thus far in 2010, 112 children in the North Texas Corridor did not survive past their first birthday. The leading causes of death for infants include

premature birth, congenital abnormalities, infections, and sudden infant death syndrome or SIDS.

Significant racial disparities exist. The infant mortality rate for non-Hispanic black women was 2.4 times the rate for non-Hispanic white women. In 2005, 55 percent of the infants who died were white, 16 percent were black and 18 percent were Hispanic.

In 2007, 21.4 percent of the reported infant deaths were to black families.

African-Americans had 1.9 times the SIDS mortality rate as non-Hispanic whites in 2006.

Child and maternal health organizations nationwide recommend a wide variety of interventions beginning from the time of conception, and even before. Maternal health, nutrition and first-trimester onset of prenatal care have all been identified as major contributors to improved birth outcomes.



In the five counties this year, more than 112 babies did not survive their first year.



Premature Births

The percent and number of babies born before 37 completed weeks of pregnancy.

		2000	2001	2002	2003	2004	2005	2006	2007	2008
COLLIN	Percent	9.9	10.1	10.1	11	13.4	13.9	13.7	12.9	
	Number	764	860	909	1052	1328	1420	1474	1422	1263
COOKE	Percent	11.3	13.5	14.2	12.8	14.1	11.8	14	12.2	
	Number	54	67	72	65	76	66	78	67	59
DENTON	Percent	10.1	9.4	10.3	10.1	13.6	12.9	12.7	11.7	
	Number	701	697	798	835	1138	1138	1174	1083	986
FANNIN	Percent	7.3	8.2	11.1	11.9	17.3	12	13.8	11.4	
	Number	24	27	38	42	68	47	58	47	158
GRAYSON	Percent	8.9	12.5	8.9	10.2	13.7	14.1	12.7	11.3	
	Number	130	189	132	155	217	220	197	179	37

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

In the five counties of the North Texas Corridor, on average, two infants per week do not survive their first year of life.

The Center for Health Statistics reports that the leading cause of newborn death is prematurity. Babies born before 37 completed weeks of pregnancy are considered premature, and even if they survive, they are at risk for low birth weight, mental retardation, cerebral palsy, lung and gastrointestinal problems, vision and hearing loss, as well as death.

Black infants have the highest prematurity rate with 17.6 percent of live births; Native American (12.9 percent); Hispanic infants (11.4 percent); white infants (10.7 percent); and Asian infants (10.2 percent). Mothers

younger than 20 years of age or older than 35 years of age have higher rates of preterm delivery.

From 2006-08, the data shows a steady decline in the rate and number of premature births across the five counties. According to the Center for National Health Statistics this trend mirrors the decline of premature birth rates, for the same time period, for mothers of all age groups younger than 40 in most states.

Prematurity is the leading cause of illness and death for newborns.

After 20 years of ever-increasing rates of pre-term births, 2006-08 represents the first consecutive three-year

decline in pre-term birth rates nationally, in Texas, and in the five counties. Many reasons, such as changes in maternal demographics and increases in multiple births, have been suggested for the growth in preterm births. Another factor cited is the heightened use of obstetric interventions such as induction of labor and cesarean delivery earlier in pregnancy.

Although lower in 2008, preterm birth rates remain higher than most years from 1981 to 2002, with large differences still evident by race and Hispanic origin. The data also depicts additional differences between rural and urban populations. Further research is necessary to explain the factors behind the current downturn and to develop approaches to help ensure its continued decline.



Cheyene Guedea Mills

Tom Bean, Grayson County

When Cheyene Mills learned she had acute myelogenous leukemia and would have to undergo treatment for the blood cancer, she did what most teenage girls wouldn't dare even think of: She had her long hair cut off for charity before chemotherapy made it fall out.

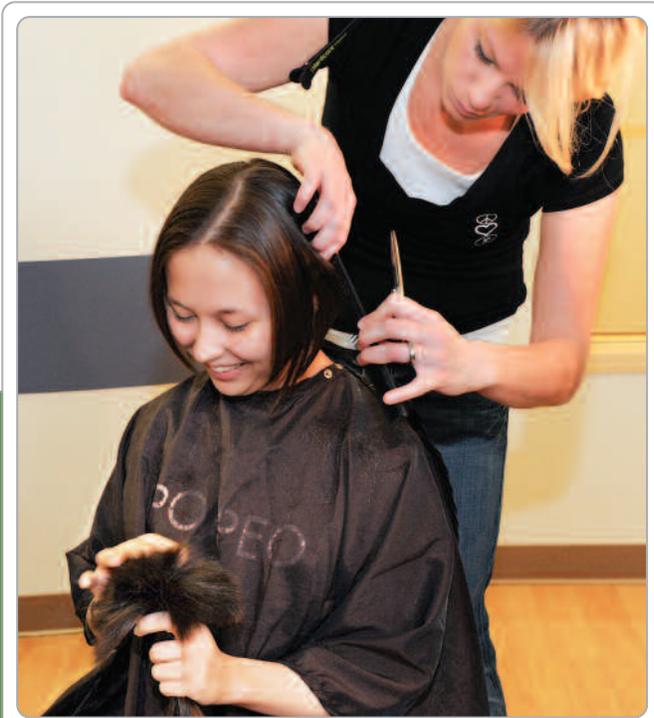
Cheyene's act of defiance against cancer was just the first part of her journey through treatment. To prepare for a stem-cell transplant, she had high doses of chemotherapy to wipe out her own diseased immune system.

When she was ready, the medical team at Children's Medical Center performed a stem-cell transplant to give her a new immune system. Giving the teenager stem cells from blood taken from donated umbilical cords saved her life; the cord blood had been donated for just such a use.

While her new immune system took over, Cheyene had to stay in her hospital room so she wouldn't develop infections. When she was strong enough, Cheyene returned to her small hometown of Tom Bean. Though she still had to stay home and guard against infections,

she got to finish high school along with her classmates, which was one of her goals.

Cheyene's goal for the future is to become an oncology nurse at Children's, to give back to the place that saved her life and to help other patients with cancer.



Low Birthweight Babies

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

		2000	2001	2002	2003	2004	2005	2006	2007	2008
COLLIN	Percent Number	6.9	7.3	7.3	7.8	7.6	7.7	7.7	7.6	815
COOKE	Percent Number	7.4	9.2	9	7.4	8.1	6.7	9.2	8.6	35
DENTON	Percent Number	6.7	6.8	6.9	6.9	7.1	7	7.5	6.8	640
FANNIN	Percent Number	5.4	5	8.3	9.1	10	6.5	7.1	8	27
GRAYSON	Percent Number	6.2	7.8	6.2	7.6	8.8	7	6.9	8.4	103

Data Sources: Texas Health and Human Services Commission.

The primary cause of low birthweight (2,500 grams, approximately 5.5 pounds or less) is premature birth, defined as a birth before 37 weeks of gestation. Very low-birthweight babies often are born before 30 weeks of gestation.

In the North Texas Corridor, the most recent numbers show that in 2008, 815 low-birthweight babies were born in Collin County; in Cooke County, 35; in Denton County, 640; in Fannin County, 27; and in Grayson County, 103.

The focus on reducing infant mortality has shifted to reducing the incidences of low-birthweight (LBW) babies and of birth defects or congenital anomalies, since both these health outcomes are the leading causes of infant mortality in the United States today. Many LBW infants experience severe neurological problems at birth, impairing their physical, emotional, and intellectual development.

It can take up to two or three years for a LBW infant to catch up to his peers. Very low birth-weight (VLBW) infants may never catch up, although they usually develop their own growth curve that parallels that of an infant born at normal weight.

Black infants are almost twice as likely to be born at a low birthweight compared to white babies. This birth complication is ranked as the most prevalent cause of death among African-American infants. African-American babies are four times as likely to die as infants due to complications related to low birthweight as compared to non-Hispanic white infants. Teen mothers, especially those younger than 15, have a much higher risk of having a baby with very low birthweight.

In 2008, more than 1,600 North Texas infants were born weighing 5.5 pounds or less.

For Latinas and Latinos, the adverse health outcomes associated with LBW babies and birth defects is complicated by the fact that the distribution of both differs significantly by Latina and Latino subpopulation.

For example, Puerto Rican women have a much higher incidence of LBW babies compared to Cuban women. In addition, despite relatively good birth outcomes for immigrant Mexican women, there

may be significant underreporting of birth outcomes since they are more than twice as likely as women in other racial or ethnic groups to give birth outside a hospital.

According to Children's Medical Center Dallas, women who are exposed to drugs, alcohol, and cigarettes during pregnancy are more likely to have low or very low-birthweight babies. Mothers of lower socioeconomic status are also more likely to have poorer pregnancy nutrition, inadequate prenatal care, and pregnancy complications — all factors that can contribute to very low birthweight.

Prenatal care is a key factor in preventing preterm births and very low-birthweight babies. At prenatal visits, the health of both mother and fetus can be checked. Because maternal nutrition and weight gain are linked with fetal weight gain and birthweight, eating a healthy diet and gaining the proper amount of weight in pregnancy are essential. Mothers should also avoid alcohol, cigarettes, and illicit drugs, which can contribute to poor fetal growth, among other complications.

Adolescent Pregnancy

The number and rate of pregnancies per 1,000 females ages 13-17.

		2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
COLLIN	Number	194	196	225	193	201	230	198	218	238	230
	Rate	12.3	11.8	12.1	9.7	9.4	10.0	8.0	8.1	8.3	
COOKE	Number	29	37	28	26	40	33	37	45	46	30
	Rate	22.6	25.9	19.7	17.7	26.7	21.9	24.9	30.6	32.5	
DENTON	Number	252	195	251	225	252	240	250	267	250	278
	Rate	16.7	13.1	15.6	13.4	14.4	13.2	13.2	13.6	12.4	
FANNIN	Number	31	22	29	22	23	22	26	24	26	26
	Rate	31.9	21.3	27.0	19.9	20.1	18.4	21.4	19.9	21.8	
GRAYSON	Number	122	112	92	101	99	92	96	81	101	99
	Rate	32.7	27.4	22.8	24.5	23.6	21.8	22.9	19.5	25.0	

Data Sources: Texas Department of State Health Services, Vital Statistics Annual Reports: Table 14B.
NOTE: Pregnancy figures include live births, fetal deaths and aborted pregnancies.

In January 2010, *The Dallas Morning News* reported that Texas is now ranked third nationally in teen births with the fourth highest teen pregnancy rate in the country.

Texas was steadily climbing from ranking fifth highest in 2000, according to the Guttmacher Institute. The article reported that the most current state-level data indicated that in 2005, Texas had 88 pregnancies per 1,000 females ages 15 through 19, compared with a national average of 69.5.

This five-county North Texas report shows that the less-populated, more rural counties are actually outpacing their more urban counterparts. High birth rates, relative to the more densely populated counties, have been a steady trend in the smaller counties captured in this study.

In 2008, 663 pregnancies were reported for teens between the ages of 13-17 in the five-county area. The Department of State Health Services (DSHS) reports that Medicaid paid for

173,226 deliveries in Texas at an estimated total cost of \$420 million. Approximately 10 percent of these deliveries were to mothers aged 13 to 17, at a cost of \$41 million.

Pregnant teenagers often are risking their own health, as well as their children's.

DSHS estimates that, on average:

- Every 10 minutes, a teen in Texas gets pregnant.
- Every 10 hours, a 14-year-old gets pregnant.
- Every 10 minutes, a teen gives birth.
- Every 48 minutes, a teen has an abortion.

Birth outcome statistics show that teenage mothers are more likely to experience health-related complications including death, anemia, physical assault, and sexually transmitted diseases (STDs), which can

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.

Babies born to teenage mothers are more likely to die, have low birth-weight and underdeveloped organs, and/or to be born prematurely. Prematurity involves a greater risk for neonatal death, chronic breathing and lung problems, cerebral palsy, mental retardation, and visual and hearing disabilities.

While at least 85 percent of 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, according to Texans Care for Children.

Immunizations

The percent of 2-year-old children vaccinated against vaccine-preventable diseases on the 4:3:1 schedule and at the appropriate age.

	2006	2007	2008	2009
COLLIN	83	84	71.3	N/A
COOKE	N/A	N/A	N/A	N/A
DENTON	N/A	N/A	76.6	N/A
FANNIN	N/A	N/A	N/A	N/A
GRAYSON	N/A	N/A	70.5	N/A
TEXAS TOTAL	79.5	82.8	79.6	N/A

Data Source: Centers for Disease Control and Prevention; National Immunization Survey, Department of State Health Statistics. Institute of Medicine of the National Academies (2004). Immunization safety review: Vaccines and autism. Immunization Safety Review. Zhou, F., Santoli, J., Messonnier, M.L., Yusuf, H.R., Shefer, A., Chu, S.Y. Rodewald, L. Harpaz, R. (2005). Economic evaluation of the 7-vaccine routine childhood immunization schedule in the United States, 2001. Archives of Pediatric and Adolescent Medicine 159, 1136-1144.

Approximately three-quarters of 2-year-old children in the three larger counties — Collin, Denton and Grayson — were fully immunized in 2008. Immunizations save lives, suffering and money. According to a national CDC control study, common childhood vaccines will prevent more than 14 million cases of disease, prevent 33,500 deaths over the lifetimes of the children born this year and save \$10 billion per year nationally.

Some parents have voiced concerns that the MMR [measles, mumps, rubella] vaccine and thimerosal-con-

taining vaccines are linked to the onset of autism.

A study conducted by the Institute of Medicine of the National Academies (2004) found no association between these vaccines and autism, a finding supported by the Centers for Disease Control and Prevention, the American Academy of Pediatrics and the National Institutes of Health. Moreover, when large numbers of children are not fully immunized, the chances of an epidemic increase.

The Texas Department of State Health Services (DSHS) has concluded that

parents may not fully understand the importance of keeping vaccinations up to date, and that the lack of health insurance and a medical home also are significant barriers to a child being adequately vaccinated.

DSHS strategies to increase the level of immunization among children include promoting a child's access to primary care through a medical home, strengthening the ImmTrac immunization registry, using reminder and recall systems by healthcare providers, educating the public and implementing community partnerships.



Most children in North Texas are fully vaccinated by age 2.



Prevalence of Overweight and Obese Children

Percent of Texas high school students who were overweight or obese.

	2001	2003	2005	2007	2009
TEXAS TOTAL PERCENTAGES	29.0%	30.3%	28.9%	31.5%	29.2%

Data Sources: NorthStar Data Book, 2001-2010, Department of Health and Human Services.

Among Texas high school-aged children, 29.2 percent are considered to be overweight or obese. This figure is more than double the national average, according to the Department of State Health Services. Children’s Medical Center annually provides services to 7,500 patients with obesity-related diagnoses.

Statewide, only about 30 percent of Texas students were able to achieve the Healthy Fitness Zone (HFZ) for their age and gender in the state-mandated FITNESSGRAM tests in 2008, according to the Texas Youth Fitness Study. In the five counties of this study, 79.2 percent of Collin County students achieved the HFZ within the acceptable Body Mass Index (BMI) for their age and gender. In Cooke County, 73.1 percent of students achieved an acceptable BMI; in Denton County, 77.2 percent; in Fannin County, 72.4 percent; and in Grayson County, 73.0 percent.

In 2006 the Policy Health Forum, held in Austin, reported that one in three

Texas children can be considered to be overweight or obese. The report found that a child who is overweight at 12 has a 75 percent chance of being overweight as an adult, and it asserts Texas is facing an unprecedented health care crisis if nothing is done. Unless this trend is reversed, obesity-attributable costs are projected to increase to \$15.6 billion by 2010 and \$39 billion by 2040.

Nearly one of every three Texas high-schoolers is overweight or obese.

In Texas, as in the rest of the U.S., overweight and obesity occur at a much higher rate for African-Americans and Latinos than for whites. Within these populations, persons of low socio-economic status appear to be particularly affected because of their generally poorer diets.

Texas has taken a notably assertive stance by limiting the availability in schools of so-called “competitive

foods,” which are typically more calorie-dense and nutrient-poor than traditional lunches. Legislation passed in 2007 requires schools to increase physical activity from moderate to vigorous levels for elementary and middle school students. The daily physical activity must be for a minimum of 30 minutes, and recess was removed as an acceptable standard.

Being overweight or obese is linked with many common and costly health problems. Eighty percent of people with Type 2 diabetes (formerly adult-onset diabetes) are overweight. Other conditions associated with weight gain include stroke, heart disease, some forms of cancer, high blood pressure, asthma, sleep apnea, severe heartburn, and gallbladder disease.

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 and making the food in schools more nutritious.



Asthma

The estimated number of children who have had asthma during their lifetime.

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
COLLIN	15,309	15,873	16,391	16,911	17,392	17,833	18,253	18,607	18,915	19,150	19,352
COOKE	1,093	1,087	1,069	1,061	1,056	1,054	1,050	1,049	1,047	1,045	1,046
DENTON	13,155	13,431	13,775	14,149	14,504	14,873	15,242	15,585	15,908	16,219	16,519
FANNIN	799	799	798	800	802	808	810	814	819	819	820
GRAYSON	3,085	3,066	3,048	3,042	3,040	3,035	3,030	3,038	3,040	3,040	3,030

Data Source: Texas Department of State Health Services. American Lung Association (2010). State of the Air: 2009. Asthma and Allergy Foundation (2000). The Costs of Asthma. Asthma Coalition of Texas (2007). Texas Asthma Plan. Moonie, S.A., Sterling, D.A., Figgs, L. & Castro, M. (2006). Asthma status and severity affects missed school days. Journal of School Health 76(1), 18-24

The incidence of asthma has steadily increased over the past decade and has doubled since 1980. According to the Asthma Coalition of Texas (2007), more than 10 percent of Texas children have had asthma in their lifetime.

The DFW area ranks as the thirteenth worst in the nation for ozone pollution levels, with a grade of “F” for its

number of high-ozone days, according to the American Lung Association.

Asthma is the most common chronic disease in children. Asthma-related issues account for 14 million missed school days per year. Children with asthma experience significantly higher absenteeism than their non-asthmatic peers.

Although inexpensive primary care-based treatment is effective to prevent hospitalization, it is unavailable to many children who lack health insurance. In addition, environmental factors such as air pollution and poor housing make asthmatic conditions worse.

More than 10 percent of Texas children have had asthma.



From the day he was born, 7-year-old Colby Elliott has been undergoing treatment for hypoplastic left heart syndrome, a rare congenital defect in which the left side of his heart is severely undeveloped. However, thanks to the dozens of specialists in The Heart Center at Children’s, Colby has grown into a happy, energetic child.

Last June, Colby repaid the favor by advocating for those specialists and others like them on Capitol Hill during the National Association of Children’s Hospitals’ Family Advocacy Day.

Colby met with members of Texas’ congressional delegation to tell them about his condition and his lifesaving medical team. Colby’s mom, Sheila Elliott, wrote about the family’s visit on the Children’s “From the Red Balloon” blog:

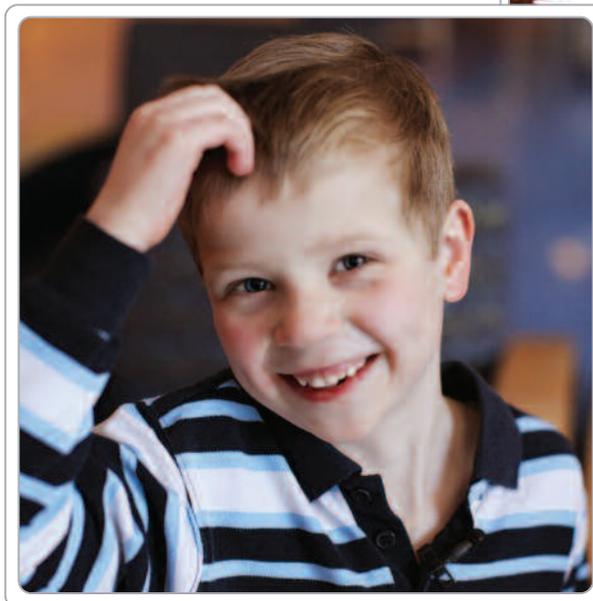
“We spent the day taking the boys to 10 different members of Congress. We met with Representatives Mike Conaway, Mike Burgess, Sam Johnson and Ralph Hall, Rep. Joe Barton’s aide, Kay Granger’s aide, Senator Kay Bailey Hutchison’s aide, Senator John Cornyn’s aide, Rep. Eddie Bernice Johnson’s aide, and Rep. Chet Edwards... what an absolutely amazing day! PRICELESS! The boys will remember this day for a long time!

...Our sweet Colby, who just seven years ago began his journey with his first open-heart surgery at 4.8 pounds, is now a 40-pound ball of energy who has sat in the offices of the very important people who make decisions for our country.

My husband and I are so thankful that we made the decision to put Colby in the hands of the specialists of Children’s Medical Center. They gave our child life, and it feels good to stand on Capitol Hill, speaking with members of Congress, representing all of the children and their families.”



Above: Colby visits U.S. Rep. Ralph Hall at his office.



Prevalence of Children with Mental Illness

The number of children estimated to have a diagnosable mental illness.

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
COLLIN	7,360	7,631	7,880	8,130	8,362	8,574	8,775	8,946	9,094	9,207	9,304
COOKE	526	523	514	510	508	507	505	505	503	503	503
DENTON	6,325	6,457	6,622	6,802	6,973	7,151	7,328	7,493	7,648	7,797	7,942
FANNIN	384	384	383	384	385	388	390	392	394	394	394
GRAYSON	1,483	1,474	1,466	1,463	1,462	1,459	1,457	1,461	1,462	1,462	1,457

Data Sources: U.S. Department of Health and Human Services, *Mental Health, A Report of the Surgeon General, 2001.*

In the five counties of this report, estimates indicate that nearly 20,000 children and youth have a diagnosable mental illness that results in significant functional impairment. In 2005, researchers supported by the National Institute of Mental Health found that half of all lifetime cases of mental illness begin by age 14. Despite effective treatments, there are long delays — sometimes decades — between the first onset of symptoms and a time when patients seek and receive treatment.

The study also reveals that an untreated mental disorder can lead to a more severe, more difficult-to-treat illness, and to the development of co-occurring mental illnesses. Unlike most disabling physical diseases, mental illness begins early in life.

Thus, mental disorders are really chronic diseases of the young. For

example, anxiety disorders often begin in late childhood, mood disorders in late adolescence, and substance abuse in the early 20s. Unlike heart disease or most cancers, young people with mental disorders suffer disability in the prime of life, when they would normally be the most vigorous and productive.

In the five counties, one child in 20 has a diagnosable mental illness.

A 2008 Government Accountability Office Report to Congress asserts that among children with serious mental illness, it is estimated that nearly 90 percent have more than one mental disorder, and they have significantly lower rates of high school graduation and post-secondary education.

Young adults with serious mental illness often have difficulty finding services that aid in the transition to adulthood, according to mental health advocates. Because available services for mental health, employment and housing are not always suited for young adults with mental illness, they may opt out of these services.

According to the National Association of Children's Hospitals and Related Institutions, children with mental illness need a broad array of services ranging from early intervention to hospitalization. Ideally, services should be family-focused; be 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 Mental Health Services through NorthSTAR

The number of children receiving publicly funded mental health services through NorthStar/MHMR Medicaid Managed Care.

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
COLLIN	166	145	199	278	564	619	632	639	611	719
COOKE	37	43	29	45	51	39	31	32	33	51
DENTON	483	468	608	666	632	652	560	559	559	533
FANNIN	61	63	34	47	43	30	22	21	36	56
GRAYSON	110	128	87	101	82	90	94	80	112	154

Data Source: NorthSTAR and MHMR

NorthSTAR and MHMR are North Texas public behavioral healthcare treatment initiatives, serving low-income children and adults who have severe mental illness or substance abuse issues. Services are available to families with an income at or below 200 percent of the Federal Poverty Level (\$44,100 for a family of four in 2010).

NorthSTAR/MHMR can serve only a fraction of the North Texas children who need mental healthcare.

Due to very limited state funding, NorthSTAR/MHMR served only 1,513 North Central Texas children in 2009. With an estimated population of

almost 20,000 children with a diagnosable mental illness, this level of service is well below the need. Data shows that there are more than 80,000 children without health insurance in North Central Texas today.

The “Children’s Mental Health Services in Texas: A State of the State Report” of May 2006, issued by the Children’s Hospital Association of Texas (CHAT), states that mental-health services available to these children are limited, and those that are available are disproportionately crisis services.

In addition, public insurance plans like Medicaid and CHIP do not fully meet the level of need and do not necessarily guarantee access to

mental healthcare. Even children who are covered by private insurance plans cannot always access mental healthcare, as these plans typically do not provide equal coverage for mental health and medical services.

CHAT recommendations for action included increasing state funds to support community-based services; requiring mental health benefits to be at par with physical health benefits; improving the identification and treatment of mental health issues in pre-school-age children; reducing barriers to Medicaid/CHIP enrollment and continued coverage; and increasing oversight and coordination of children’s mental health services as well as access to mental healthcare.



Teen Suicide Rate

The number of intentional deaths by suicide and other self-inflicted injury among 10- to 19-year-olds.

	2000	2001	2002	2003	2004	2005	2006	2007	2008
COLLIN	4	3	0	4	4	3	2	5	9
COOKE	0	0	0	0	0	0	0	0	0
DENTON	1	3	1	3	1	4	6	0	2
FANNIN	0	1	0	0	0	0	0	0	0
GRAYSON	0	1	0	0	2	3	0	1	2

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

In the five counties in 2008, 13 young people between the ages of 10 and 19 took their own lives.

Common risk factors contributing to the decision to take one's life include mental illness (especially depression), a stressful situation or recent loss, drug and alcohol abuse, school or personal failure, and disruptive or aggressive behavior.

Other factors that may contribute to teen suicide include:

- Divorce of parents.
- Violence in the home.
- Feelings of worthlessness.
- Rejection by friends or peers.
- Death of someone close to the teenager.
- The suicide of a friend or someone he or she "knows" online.

In the five counties of this report's population, children as young as 10 have committed suicide in recent years. The National Youth Violence Prevention Center cites suicide as the third leading cause of death among adolescents. Even more disturbing is the fact that suicide is the fourth-leading cause of death for children between the ages of 10 and 14. In April 2010, the *Fort Worth Star Telegram* reported that a 13-year-old boy hanged himself after a severe episode of bullying.

The DAWN Reports highlighted that during 2008, nationally, nearly one-tenth (8.8 percent) of drug-related emergency department (ED) visits made by adolescents aged 12 to 17 involved suicide attempts. Almost three of every four (72.3 percent) ED visits for drug-related suicide attempts among adolescents were made by females. Pharmaceuticals were

involved in 95.4 percent of drug-related suicide attempts among adolescents.

Nationally, males are four times as likely as females to die from suicide, according to the Centers for Disease Control and Prevention. However, females are more likely to attempt suicide than males.

In 2008, 13 young people took their own lives in the counties of the North Texas Corridor.

Males are statistically more likely to commit suicide using firearms or through hanging. 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. Females are more likely to commit suicide by drug overdose, but their use of handguns has increased.



Human Immunodeficiency Virus (HIV)

Number of residents younger than 19 who were newly diagnosed with HIV.

	2000	2001	2002	2003	2004	2005	2006	2007	2008
COLLIN	0	3	0	3	3	0	3	3	4
COOKE	0	0	0	0	0	3	0	0	0
DENTON	3	3	3	3	3	3	3	3	3
FANNIN	0	0	0	0	0	0	0	0	0
GRAYSON	0	3	0	3	3	3	3	3	3

Data Source: Texas Department of State Health Services; HIV/AIDS Reporting System Database
 NYU Medical Center (2009). HIV Info Source.
 UNICEF (2009). Children and HIV and AIDS: Providing Paediatric Treatment.
 Data Source: Texas Department of State Health Services; HIV/AIDS Reporting System Database

The number of new diagnoses of HIV in all five counties remains low. New HIV infections are an increasingly rare occurrence in the United States (NYU Medical Center, 2009).

Most HIV infections among children and adolescents are acquired perina-

tally, with the remainder acquired as a result of intravenous drug use or sexual contact. Infants and children afflicted with HIV are more vulnerable to bacterial infections, tuberculosis and recurrent pneumonia.

Because the symptoms of AIDS may not appear for several years, teens may continue to participate in high-risk activities such as unprotected sex and intravenous drug use after they become HIV-positive.



Few new cases of HIV are being reported among children and teens.



Sexually Transmitted Diseases (STDs)

The number of STD cases in people younger than 20.

		2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
COLLIN	Syphilis	3	43	0	43	3	43	4	43	43	6
	Chlamydia	278	270	300	297	351	372	374	447	562	633
	Gonorrhea	98	89	52	62	61	70	81	124	127	118
	Total	379	362	352	363	415	445	459	574	690	757
COOKE	Syphilis	0	43	43	0	0	0	0	0	0	0
	Chlamydia	37	33	44	23	29	35	29	33	23	31
	Gonorrhea	15	8	15	43	7	14	8	10	5	7
	Total	52	44	60	26	36	49	37	43	28	39
DENTON	Syphilis	0	43	43	43	43	0	43	43	6	4
	Chlamydia	253	241	239	286	217	259	288	358	443	396
	Gonorrhea	66	72	62	56	43	64	82	91	109	86
	Total	286	316	304	345	263	323	372	451	558	486
FANNIN	Syphilis	0	0	0	0	0	0	0	0	0	43
	Chlamydia	36	51	39	24	29	49	29	22	32	30
	Gonorrhea	19	11	17	8	7	22	10	7	12	5
	Total	59	62	58	32	36	71	39	29	44	37
GRAYSON	Syphilis	0	0	0	43	0	3	0	43	0	43
	Chlamydia	176	168	126	101	103	107	114	101	126	132
	Gonorrhea	64	47	53	55	25	37	51	27	34	26
	Total	240	215	179	157	128	147	165	131	160	161

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

In 2009, 1,222 North Texas Corridor residents younger than 20 were diagnosed with chlamydia, and 242 were diagnosed with gonorrhea.

The 2009 Youth Risk 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.

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, sterility, premature birth, ectopic pregnancy, miscarriage, stillbirth or severe complications in newborns.

Some STDs can be treated successfully with antibiotics, but many go undiagnosed. Untreated STDs can result in severe damage to the nervous system or reproductive system, and they can also cause heart disease and brain damage.

Some 1,500 young people in the five counties were diagnosed last year.

The Centers for Disease Control and Prevention recommend that girls receive the human papillomavirus (HPV) vaccine prior to becoming sexually active. The HPV vaccine protects against 70 percent of cervical cancers.

In 2009, the Texas Medical Association reported that Texas physicians were newly equipped with another treatment tool to break the cycle of chlamydia and gonorrhea infection that plagues hundreds of thousands of Texas residents annually. Doctors, confused by an ambiguous legal landscape in the past, now have definitive clearance to treat the sexual partners of established patients with sexually transmitted diseases without first examining the partners.

The practice, known as expedited partner therapy, is explicitly permitted thanks to an amendment to Texas Medical Board (TMB) rules. TMB allows a physician to provide a prescription for an infected patient's partner with whom the physician doesn't have a "proper professional relationship."

Children With Developmental Disabilities

The estimated number of children with developmental disabilities.

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
COLLIN	4,416	4,579	4,728	4,878	5,017	5,144	5,265	5,368	5,456	5,524	5,582
COOKE	315	314	308	306	305	304	303	303	302	302	302
DENTON	3,795	3,874	3,973	4,081	4,184	4,290	4,397	4,496	4,589	4,678	4,765
FANNIN	230	230	230	231	231	233	234	235	236	236	236
GRAYSON	890	884	879	878	877	875	874	876	877	877	874

Data Source: Texas State Demographers, ARC of Texas. NIH (2010), Developmental Disabilities.

In 2010, almost 12,000 children in the North Texas Corridor — or about one in every 33 — had a developmental disability.

An estimated 3 percent of children in the U.S. have developmental disabilities, defined as physical or mental

impairments that begin before age 22 and significantly affect a child's daily functioning.

Major causes of developmental disabilities include metabolic disorders, degenerative disorders, and disorders affecting the nervous system and

the senses (NIH, 2010). Children who have developmental disabilities require individually planned and coordinated services from schools and from various social service programs in order to thrive and be successfully integrated into society.

In the five counties, one in 33 children has developmental disabilities.



Children Receiving Services for Special Healthcare Needs

The number of children who receive services through the state's Children with Special Health Care Needs Services Program.

		2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
COLLIN	clients served	46	48	26	17	26	35	32	39	39	38
	waiting list	0	0	15	20	14	22	33	37	22	14
COOKE	clients served	1	2	3	1	0	0	0	0	0	1
	waiting list	0	0	0	0	0	0	1	1	0	1
DENTON	clients served	25	30	21	15	28	28	30	36	36	36
	waiting list	0	0	8	15	7	22	25	26	13	11
FANNIN	clients served	4	3	0	0	2	4	5	6	2	1
	waiting list	0	0	2	2	1	1	1	1	1	1
GRAYSON	clients served	16	15	8	9	8	8	7	7	6	7
	waiting list	0	0	3	6	4	4	2	2	1	1

Data Source: Texas Department of State Health Services: CHSCN.

The Children with Special Health Care Needs (CSHCN) Services Program has helped children in Texas with special needs since 1933. The families of children with a chronic physical or developmental condition face extreme challenges meeting their children's needs. CSHCN is designed to relieve the burden on the families by providing comprehensive benefits for these very fragile children with the most severe disabilities.

Children with Special Health Care Needs Services Program helps families facing extreme challenges.

CSHCN Services Program clients and families receive direct services such as health benefits, case management, and family-support services (such as respite care) to improve health, well-being and quality of life. The CSHCN Services Program, which is state- and federally funded, promotes collaboration between parents and providers, including hospitals, physicians, dentists, social workers and others.

In the five counties of the North Texas Corridor:

- The number of children served in Collin County decreased from 15 percent to nearly 13 percent from 2000 to 2009, and the number of children in the waiting list increased by 8 percent during the same time.
- The number of children served and those in the waiting list remained the same at 1 in Cooke County from 2000-09.
- The number of children served in Denton County increased from 9 to 13 percent, and the number of children in the waiting list remained at 50 percent of those served.
- The number of children served in Grayson County decreased from 16 to 7, and the number in the waiting list fluctuated between 4 and 1 from 2000-09.
- The number of children served in Fannin County decreased from 4 to 1, and the number in the waiting list decreased from 2 to 1.

Since 2002, counties in Texas have an option to place clients who are not served immediately on a waiting list; previously, all applicants requesting services were eligible to receive services. Due to limited state funding, eligible children may be placed on a waiting list and meanwhile receive no services. Each applicant's family must re-apply every six months, regardless of whether a child is already receiving CSHCN services or remains on a waiting list. This requirement has the effect of reducing the number of children on the waiting list.

The program is available to any Texas resident younger than 21 (or any age with cystic fibrosis), with a certain level of family income and with a chronic medical problem limiting one or more major life activities and needing more healthcare than children usually require. The program does not cover clients with only a mental, behavioral or emotional condition or a delay in development.



Children Living Below the Federal Poverty Level

Percent of children in families with incomes below the federal poverty level.

	2000	2001	2002	2003	2004	2005	2006	2007	2008
COLLIN	5.8%	5.8%	5.5%	6.6%	6.2%	7.2%	6.5%	7.6%	8.0%
COOKE	19.5%	19.6%	17.9%	19.3%	19.7%	21.0%	22.1%	20.6%	18.7%
DENTON	7.3%	7.7%	7.9%	9.7%	9.6%	8.1%	8.8%	7.5%	7.2%
FANNIN	20.1%	20.7%	19.6%	21.1%	20.7%	20.9%	21.8%	22.5%	20.2%
GRAYSON	17.2%	17.4%	17.6%	19.5%	19.3%	18.6%	20.2%	18.3%	18.8%

Data Source: Small Area Income & Poverty Estimates, U.S. Census Bureau (95-04); American Community Survey, U.S. Census Bureau (2005-06). Data collected from Small Area Income & Poverty Estimates, U.S. Census Bureau as at 2010. CPPP (2005). Texas Poverty 101. U.S. Census Bureau (2009). Table 4: People and families in poverty by selected characteristics: 2007 and 2009. Income, Poverty and Health Insurance in the United States: 2008.

The percentage of children living in poverty in four of the five counties has remained relatively stable over the past decade.

However, the child poverty rate increased 22 percent in Collin County between 2000 and 2008, and the 2010 census reveals that 8.3 percent of Collin County children currently live in poverty.

The current child poverty rate for Denton County is 9.4 percent; for

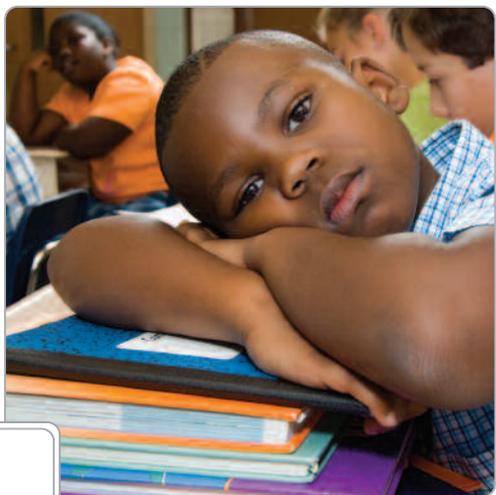
Grayson County it is 19.9 percent. (Current poverty rates for Cooke and Fannin counties were unavailable at press time.)

According to the Center for Public Policy Priorities, around one-quarter of Texas children live in poverty, exceeding the national average of 18 percent.

Families headed by single mothers were most at risk, according to the

U.S. Census Bureau (2009), with 29 percent of those families having incomes below the federal poverty level in 2008.

The working poor face significant challenges in caring for their children's basic needs. Poverty is associated with poor outcomes in children's health, education and emotional welfare, as well as higher rates of delinquency.



Poverty was defined as an annual income of \$21,834 or less for a family of four in 2008.



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

The number of eligible infants, children and women who received services in local WIC program offices.

	2007	2008	2009	2010
COLLIN	8,467	9,612	10,769	11,422
COOKE	988	1,029	1,135	1,126
DENTON	9,535	9,926	12,101	12,906
FANNIN	938	1,000	1,036	1,080
GRAYSON	3,589	3,827	3,933	3,813

Data Source: Texas Department of State Health Services.

The number of eligible WIC recipients is defined as the number of eligible infants, children and women who receive services in local WIC program offices. WIC provides nutritional education and food supplements to low-income women, infants and children who are at risk of poor health outcomes.

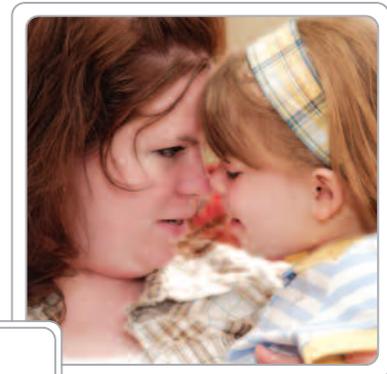
During the period of 2007-2010, the Texas Department of State Health Services (DSHS) reported a total of 108,232 eligible recipients received services from the local WIC offices of the five counties. Over the four-year

period, the number has steadily increased by 7 percent in Collin and Denton counties, by 3 percent in Cooke and Fannin counties, and by 1 percent in Grayson County.

According to DSHS reports, 41 percent of the total eligible WIC recipients in the North Texas Corridor were from Denton County, followed by 37 percent in Collin County, while 14 percent of the eligible recipients were from Grayson County and approximately 4 percent were residents of Cooke and Fannin counties.

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

The state says that more than 108,000 eligible recipients received services locally.



Children Eligible for School Lunch Program

The percent of children eligible to receive free or reduced-price lunches in the five counties.

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
COLLIN	12.2%	12.2%	12.9%	15.0%	16.1%	17.2%	19.7%	18.8%	17.6%	19.6%
COOKE	34.3%	37.3%	38.0%	38.9%	39.8%	43.2%	47.2%	43.7%	44.8%	47.3%
DENTON	16.5%	17.0%	18.4%	20.5%	20.2%	24.9%	25.4%	26.2%	26.9%	28.1%
FANNIN	41.5%	38.0%	40.2%	42.7%	44.4%	47.8%	48.1%	49.2%	48.1%	49.2%
GRAYSON	34.2%	34.0%	34.7%	37.3%	39.4%	41.4%	42.8%	43.4%	43.8%	46.3%

Data Source: TEA Economically Disadvantaged Status Report.

The percentage of children receiving free or reduced-price meals is on the rise, with nearly half of all public school children in some counties being eligible for assistance.

The school lunch program provides free or reduced-price school meals for children who are economically disadvantaged. Children from households with an income below 130 percent of the federal poverty level (\$22,050 for

a family of four) are eligible for free meals. Those from households with an income between 130 percent and 185 percent of the federal poverty level receive reduced-price meals.



In some counties, nearly half of all public school children are eligible for meal assistance.



Child Abuse and Neglect

The number and rate of reports per 1,000 children to CPS concerning alleged child abuse or neglect where mental abuse, physical abuse or injury could result in substantial harm to the child.

		2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
COLLIN	Number	2222	2415	2630	2994	3647	3894	4351	4450	4751	4695
	Rate	19.6	16.6	17.5	19.4	20.7	20.9	23.3	23.0	23.8	22.8
COOKE	Number	390	390	382	387	428	494	490	456	482	428
	Rate	46.0	40.0	39.6	40.5	43.4	50.0	49.9	46.4	49.0	43.5
DENTON	Number	2424	2515	2889	3009	3297	3910	3880	3936	4096	4339
	Rate	22.0	20.5	23.0	23.4	23.6	26.9	24.9	24.3	24.4	24.9
FANNIN	Number	256	263	259	293	373	423	395	408	380	397
	Rate	43.6	36.3	35.6	40.2	49.3	55.4	49.8	50.6	46.7	48.4
GRAYSON	Number	1126	1084	1202	1156	1361	1584	1483	1610	1496	1509
	Rate	47.4	39.0	43.5	41.9	48.7	56.7	52.7	57.0	52.8	53.2

Data Source: Texas Department of Family and Protective Services, Legislative Data Books 2000-2009.

The Texas Department of Family and Protective Services (TDFPS) received 252,594 initial intake calls representing 283,922 alleged victims of abuse or neglect in the 2009 fiscal year. School and medical professionals accounted for more than one-third of the calls. The most common allegation made (62 percent) was neglectful supervision. The typical victim was between one and three years old and female.

The five-county research for this report had 11,368 reports of child abuse or neglect in 2009, up 4,950 from 2000. In terms of the rate per 1,000 children, Grayson County was the highest and most varied. Interestingly, in all cases except Collin County, rates per 1,000

children spiked between 2003 and 2005. In 2004, TDFPS underwent substantial reforms that included hiring hundreds of new caseworkers and deploying new and upgraded technologies.

In the five counties, there were more than 11,300 reports of child abuse or neglect in 2009.

The number of children removed from their homes and placed in state conservatorship by CPS decreased by 25 percent between 2008 and 2009 in the five-county area, mirroring a statewide trend. During the same time

period, child deaths in Texas from abuse or neglect increased 31 percent.

Texas has a higher child abuse and neglect death rate per capita compared to other states. Factors that contribute to the higher rate may include better investigation of child abuse deaths, very limited funding for child abuse and neglect prevention services, and high rates of child poverty and teen pregnancy, according to the Center for Public Policy Priorities.

There is a serious shortage of foster homes in the North Texas Corridor. As a result, children who have been removed from their homes may be placed in other counties, away from familiar surroundings.



Child Abuse and Neglect: Confirmed Victims

Number of cases confirmed by CPS and rate per 1,000 children.

		2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
COLLIN	Number	483	561	798	989	1032	925	1090	1203	1246	1220
	Rate	4.2	3.8	5.3	6.4	5.8	4.9	5.8	6.2	6.2	5.9
COOKE	Number	106	121	141	96	142	163	157	179	122	105
	Rate	12.5	12.4	14.6	10.0	14.4	16.5	16.0	18.2	12.4	10.6
DENTON	Number	516	321	574	576	700	963	952	1040	1000	858
	Rate	4.6	2.6	4.5	4.5	5.0	6.6	6.1	6.4	5.9	4.9
FANNIN	Number	62	50	76	104	79	101	99	119	116	47
	Rate	10.5	6.9	10.4	14.2	10.4	13.2	12.5	14.7	14.2	5.7
GRAYSON	Number	286	315	195	274	309	371	340	413	340	285
	Rate	12.0	11.3	7.0	9.9	11.0	13.2	12.0	14.6	12.0	10.0

Data Source: Texas Department of Family and Protective Services, Legislative Data Books 2000-2009.

Of the 252,594 reports to the Texas Department of Family and Protective Services (TDFPS) of alleged abuse or neglect in 2009, 165,444 investigations were completed. Of those reports, 40,126 were confirmed cases of abuse or neglect resulting in a statewide total of 68,326 confirmed victims.¹

All five counties in the North Texas Corridor are in the TDFPS Region 3 reporting area, which also reported the greatest number of confirmed victims for 2009. Interestingly, the number of children removed from their homes went down 1,324, from 13,431 in 2004 to 12,107 in 2009.

Although the incidence of confirmed victims has more than doubled between 2001 and 2008 for Collin and Denton, the rate per 1,000 children is most dramatically expressed in Grayson, Fannin and Cooke counties. The number of confirmed victims also declined between 2008 and 2009, dramatically in Fannin County.

In the five-county region, 2,515 children were confirmed victims of child abuse and neglect in 2009.

According to the Center for Public Policy Priorities², the number of completed investigations by TDFPS determined as “ruled out” spiked, while the number determined as “reason to believe” declined after the decision was rendered in Gates³. Collectively, the data and policy dynamics suggest a concern for all five counties in regard to child abuse and neglect in North Texas.

¹ A single report of abuse or neglect can result in more than one victim.

² Burstain, JM. THE GATES CASE: WHAT IT MEANS FOR CHILD PROTECTIVE SERVICES. Center for Public Policy Priorities, December 2009.

³ Gates v. The Texas Department of Family and Protective Services, 2008.



Child Abuse and Neglect: Confirmed Deaths

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

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
COLLIN	1	0	2	3	4	2	10	2	2	6
COOKE	0	0	1	1	0	0	0	0	0	0
DENTON	4	2	2	0	2	4	3	6	2	4
FANNIN	0	0	0	0	0	1	2	1	2	0
GRAYSON	0	0	0	0	2	1	0	2	0	0

Data Source: Texas Department of Family and Protective Services, Legislative Data Books 2000-2009.

According to the Center for Public Priorities (CPPP)¹, Texas has the highest child death rate per capita due to child abuse and neglect. The Texas Department of Family and Protective Services (TDFPS) reported that between 2008 and 2009, child deaths from abuse and neglect increased by 31 percent for the

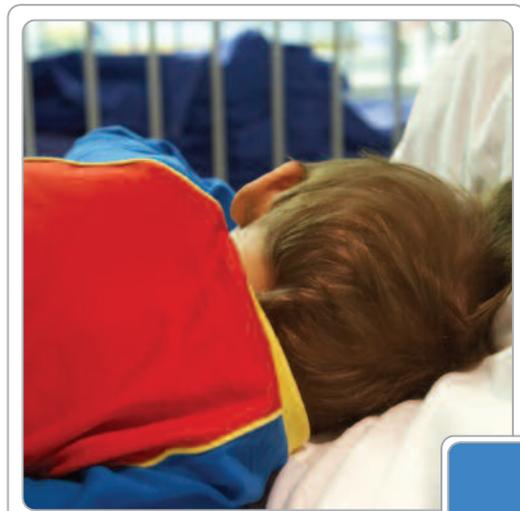
state, and 12 additional counties reported a child death.

TDFPS reported a total of 280 child deaths from abuse and neglect for 2009. Seventy-four children died in the five-county sample between 2000 and 2009.

No deaths have been reported by Cooke since 2003; Grayson since 2007; and Fannin since 2008. CPPP suggests that Texas' high child poverty and teen birth rate are likely contributors to the spike in child deaths from abuse and neglect.

¹ Burstain, JM. Child Abuse and Neglect Deaths in Texas. Center for Public Policy Priorities, December 2009.

In 2009, the deaths of 10 children were attributed to abuse and neglect.



Makayla Mayes

McKinney, Collin County

Makayla's mom, Brittany, knew her 2-year-old daughter was drawn to the backyard swimming pool. That's why she was always extra careful to keep close watch on Makayla while at home. But in November 2009, the unthinkable happened.

Brittany pulled clothes out of the washing machine while Makayla played nearby. As soon as Brittany turned her back, Makayla quickly slipped through the doggie door and into the backyard.

Suddenly, Brittany noticed the house was too quiet. Her first instinct was to check the pool, and she saw Makayla floating at the top.

With her adrenaline pumping, Brittany dived in to rescue her only child, who was in cardiac arrest. Makayla's grandfather began chest compressions and revived her before she was flown to Children's Medical Center.

For the next two days, Makayla stayed in the intensive-care unit, where a ventilator helped her breathe and a special blanket regulated her temperature.

In many cases, children like Makayla who are underwater for a couple of minutes have a high probability for irreversible brain damage. But Children's has the experts and resources needed for treating these children. "We know how lucky we are this didn't turn out in a completely different way," Brittany said.

As soon as Makayla began breathing on her own, she told her mom that Hank, the family's Labrador, knocked her into the water. Brittany immediately made plans for an iron fence to be built around the pool.

Because Makayla was taken to a place that specializes in critical care, the toddler has no lingering problems from the accident...not even a fear of water.



Number of Children with Traumatic Injuries Resulting in Hospitalization at Children's

The number of children treated at Children's Medical Center Dallas for trauma-related injuries.

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
COLLIN	58	47	54	91	88	111	125	94	120	91
COOKE	0	0	1	2	4	5	3	11	2	2
DENTON	24	31	42	50	31	45	38	56	67	69
FANNIN	4	6	8	7	14	12	9	12	7	6
GRAYSON	9	10	14	19	25	27	20	17	14	24

Data Source: Children's Medical Center Dallas.

Between 2005 and 2009, 987 children living in the five-county area were treated at Children's Medical Center for trauma-related injuries.

When compared to the prior five-year period (2000-2004), trauma-related injuries increased by more than 50 percent. Participation in sports may be a significant factor affecting childhood

traumatic injuries in North Texas.

According to the Centers for Disease Control (CDC), unintentional injury is the leading cause of death and disability for children and young adults (ages 1 to 24) in Texas and the United States. Ninety percent of unintentional injuries to children are

preventable, according to the Safe Kids Dallas Area Coalition, sponsored by Children's Medical Center.

The CDC also asserts that, unlike accidents, most unintentional injuries are preventable. Traumatic injuries occur among all socio-economic levels, neighborhoods, races, and ages.

Nearly 1,000 children were admitted to Children's for trauma-related injuries during 2005-09.



Unintentional Deaths of Children: Motor Vehicle Collisions

Number of motor-vehicle-related deaths of children younger than 21, and the rate per 100,000 children.

		2000	2001	2002	2003	2004	2005	2006	2007
COLLIN	Number	16	18	11	21	23	6	13	6
	Rate	10.2	10.4	6.1	11	11.5	2.9	5.9	
COOKE	Number	1	1	2	1	3	3	0	1
	Rate	8.6	8.5	17.1	8.6	25.8	25.9	0	
DENTON	Number	11	13	10	23	10	14	8	11
	Rate	7.8	8.8	6.6	14.8	6.3	8.5	4.6	
FANNIN	Number	2	6	1	4	4	2	2	1
	Rate	23.5	69.3	11.3	44.8	43.9	21.7	21.6	
GRAYSON	Number	6	7	3	4	6	11	5	10
	Rate	18.2	21.2	9	12.1	18.2	33.4	15.1	

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

According to Safe Kids Worldwide, car crashes are the leading killer of children ages 2 to 14 and the second-leading cause of death for children ages 1 to 14 in the United States. According to the National Highway Traffic Safety Administration, using properly installed car seats can reduce fatal injury by 71 percent for children younger than 1 and by 54 percent for toddlers ages 1 to 4.

The Texas Department of State Health Services reports that 237 children age 14 and younger died in motor vehicle collisions in Texas in 2007. In the five counties, 29 people younger than 21 died in motor vehicle collisions in the same year.

Collin County experienced a 39 percent decrease in motor-vehicle deaths of children from 2001 to 2002 and 74 percent from 2004 to 2005. However, Collin also experienced sharp increases from 2002 to 2003 and 2005 to 2006.

In the North Texas Corridor, 29 people younger than 21 died in car crashes in 2007.

In 2006, Cooke County had no motor-vehicle deaths of children and was the only one of the five counties with that distinction. Fannin has the small

est population of children in the five counties, but had 54 percent more deaths overall than Cooke, which has 22 percent more children (2007). One logical explanation for the dynamics in the data is that a single motor-vehicle collision often may result in multiple fatalities, thus skewing the death rate sharply upward.

According to the 2009 Youth Risk Behavior Survey, 33 percent of Texas students rode one or more times in the past 30 days in a vehicle driven by someone under the influence of alcohol, and 12 percent actually drove while or after drinking.



Unintentional Deaths: Drowning

Number of drowning deaths of children younger than 21.

	2000	2001	2002	2003	2004	2005	2006	2007
COLLIN	1	1	1	3	4	4	2	4
COOKE	0	0	0	1	0	2	1	2
DENTON	5	2	3	3	0	2	3	0
FANNIN	1	0	0	0	0	2	1	1
GRAYSON	1	0	1	0	0	0	2	1

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

According to the Centers for Disease Control, drowning is the second leading cause of unintentional deaths among children younger than 14. Several children drown in North Texas every year, many in their own families' swimming pools.

The five-county area experienced a total of 27 child drownings from 2005 to 2007 — up by 11, or 69 percent,

from 16 drownings during the three previous years. A total of four children, younger than 5, drowned in the five-counties in 2007.

In the State of Texas in 2007, 78 children age 14 and under died as the result of drowning. Texas' extremely hot summers and popular recreational lakes are associated with children's unintentional deaths by drowning.

The Texas Department of Family and Protective Services spearheads a summer "Water Safety" campaign to educate families about the risks associated with summer water activities. Risk areas for drowning include home swimming pools, spas (hot tubs), ponds, lakes, rivers, bathtubs and toilets, as well as buckets and other areas of standing water (e.g., livestock tanks).

Every year, several children drown in North Texas, often in their own backyard pools.



Unintentional Deaths: Gunfire

The number of gunfire-related deaths of children younger than 21.

	2000	2001	2002	2003	2004	2005	2006	2007
COLLIN	1	0	0	0	0	2	0	0
COOKE	0	0	0	0	1	0	0	0
DENTON	1	1	0	0	0	0	0	0
FANNIN	0	0	0	0	0	0	0	1
GRAYSON	1	1	0	0	0	0	0	0

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

Between 2005 and 2007, three children younger than 21 in the five-county sample died as the result of the unintentional discharge of a firearm. This relatively low incidence of children's unintentional death by gunfire is encouraging, especially considering

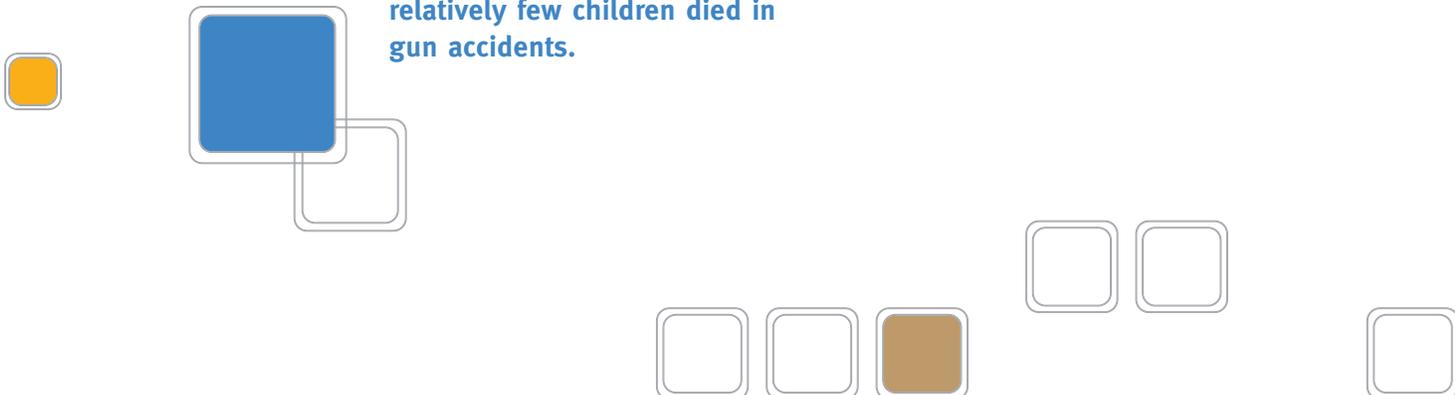
that in Texas, gun ownership is extremely common.

A study by Miller, Azrael, and Hemenway (2001)¹ examined the association between firearm availability and accidental firearm death. The authors found that children of any

racial group were significantly more likely to be victims of an unintentional firearm discharge if they resided in a state with "more rather than fewer guns."

¹ Miller, M; Azrael, D.; & Hemenway, D. (2001). Firearm Availability and Unintentional Firearm Deaths. *Accident Analysis and Prevention*, 33(4), 477-484.

In a state with many gun owners, relatively few children died in gun accidents.



Child Homicides

Number of deaths from intentional injury of children younger than 21.

	2000	2001	2002	2003	2004	2005	2006	2007
COLLIN	0	4	2	3	4	5	2	2
COOKE	1	1	0	0	0	0	1	0
DENTON	2	2	4	1	3	4	5	5
FANNIN	0	0	0	0	0	0	1	0
GRAYSON	1	1	0	0	2	2	1	0

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

Between 2000 and 2007 for the five-counties, 59 children died as the result of a homicidal act, with incidents spiking in 2005 for Collin County and 2006-07 for Denton County.

Three of the child deaths in Denton County in 2007 were the result of gunfire.

Similarly, two children in 2006 in Fannin and Grayson counties died as the result of gunfire.

In Texas in 2007, 68 children aged 14 and younger died as the result of a homicidal act not involving a firearm. Twenty-eight children died as the result of gunfire, of which two were younger than one year.

Homicide incidents included children who were beaten, abandoned and murdered. The homicides may involve suffocation, strangulation, bodily force, and blunt or sharp objects.

Some suggested measures to decrease child homicide include curfew enforcement and expanded community-based prevention and intervention programs targeting high-risk youths (e.g., gang members).

While child deaths in gun accidents were rare, child homicides by every means continued in shocking numbers.



Research Methodology

Beyond ABC: Assessing Children's Health in the North Texas Corridor represents the latest information available about the issues affecting children in the five counties. What follows is a brief description of the methodology employed, data sources 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 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 recent and historical data available for each of the five counties in the reporting area. For most indicators, this data is as recent as 2009 and as far back as 2000.

The inclusion of four additional counties in this year's report introduced additional considerations in the data selection process. For instance, in previous single-county reports, data was occasionally selected from local data sources. To ensure continuity of data sources across counties, data sources were switched to those that were able to provide similarly derived figures for each of the five counties.

Additionally, in revisiting some sources to collect current and historical data for the additional counties, the research team found that source data had been updated since production of the 2008 report. Again, in an effort to ensure continuity in the computation of

numbers across counties and years, the research team asked for all indicator data to be reported by the source agencies for 2010 and all prior years. What this means for the reader is that, on occasion, data presented in the 2010 report may differ from data presented in the 2008 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 2010 report is calculated consistently across counties and 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 Office of Court Administration, Texas Department of State Health Services Center for Health Statistics, and others. In limited cases where county-level data was not provided by the official agency, the need to summarize data to the county level necessitated some additional manipulation of data. Finally, for a very small number of indicators, the shift to a five-county area 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.



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What Works For Preventing And Stopping Substance Use In Adolescents: Lessons from Experimental Evaluations of Programs and Interventions. Child Trends, May 2008

What Works 2009, Curriculum Based Programs, The National Campaign to Prevent Teen and Unplanned Pregnancy. www.thenationalcampaign.org/resources/pdf/pubs/whatworks09.pdf

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

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 Websites listing.

CHILD ABUSE/NEGLECT

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

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

CHILDREN AND YOUTH

Children First! Collin County Coalition, 469-303-4036,
www.childrenfirstcollincounty.com

Collin County Social Services Association,
www.ccssa.net

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

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

CRIME PREVENTION/PUBLIC SAFETY

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

FAMILY VIOLENCE

Collin County Council on Family Violence,
972-769-0557, www.ccc-fv.org

Denton County Foster Parent Association,
www.dentoncountyfpa.com

Foster and Adoptive Parents of Collin County,
www.fapcc.com

Grayson County Foster and Adoptive Parent
Association, gcfapa.org

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

HEALTH

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

Healthcare Committee of Collin County,
collinhealthcare.org

North Texas Asthma Consortium, northtexasasthma.org

HOMELESSNESS/DISPLACED TEENS

Collin County Homeless Coalition,
collincountyhomelesscoalition.org

Denton County Homeless Coalition,
940-349-7726, cityofdenton.com

North Texas Youth Connection,
www.ntxyouthconnection.org

SAFETY

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

SUBSTANCE ABUSE

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

Alliance on Underage Drinking, 214-522-8600,
www.gdcada.org/coalitions/aloud.htm

Collin County Substance Abuse Program,
972-424-1460 ext. 5570, [collincountytx.gov/sub-
stance_abuse/index.jsp](http://collincountytx.gov/substance_abuse/index.jsp)

Greater Dallas Council on Alcohol and Substance Abuse
Hotline, 214-522-8600

Key Websites

REGIONAL

2-1-1 (Collin and Denton)
www.211texas.org/211/aic/details.do?aic=DA

2-1-1 (Cooke, Fannin and Grayson)
www.call211texoma.com

Children's Medical Center
www.childrens.com

North Texas Food Bank (Collin, Denton, Fannin and Grayson), www.ntfb.org

United Way of Metropolitan Dallas (Collin and Denton), www.unitedwaydallas.org

COOKE COUNTY

Cooke County Government
www.co.cooke.tx.us/ips/cms

Child Care Assistance Workforce Solutions
Texoma
www.workforcesolutionstexoma.com/

Children's Advocacy Center (Cooke County)
www.cacgc.org

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

COLLIN COUNTY

Collin County Government
www.co.collin.tx.us

Child Care Assistance Workforce Solutions
for North Central Texas (Collin and Denton)
www.dfwjobs.com

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

Collin County Juvenile Probation Services
www.co.collin.tx.us/juvenile_probation/index.jsp

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

DENTON COUNTY

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

Child Care Assistance Workforce Solutions
for North Central Texas, www.dfwjobs.com

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

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

Denton County Family Violence
www.dcfvf.org

Denton County Juvenile Probation Services
www.dentoncounty.com/juvenile

United Way of Denton County
www.unitedwaydenton.org

FANNIN COUNTY

Fannin County Government
www.co.fannin.tx.us/ips/cms

Child Care Assistance Workforce Solutions
Texoma
www.workforcesolutionstexoma.com/

Court Appointed Special Advocates (CASA)
of Fannin County, www.fanninccc.org/

Fannin County Children's Center
www.fanninccc.org

Fannin County Family Violence
www.fanninccc.org

GRAYSON COUNTY

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

Child Care Assistance Workforce Solutions
Texoma
www.workforcesolutionstexoma.com

Children's Advocacy Center of Grayson
County, www.cacgc.org

Court Appointed Special Advocates (CASA)
of Grayson County, www.casagrayson.org

Grayson County Family Violence Crisis
Center, www.grayson-crisiscenter.org

Grayson Juvenile Services
www.co.grayson.tx.us/juvenile/JuveMain.htm

United Way of Grayson County
www.unitedwaygrayson.org

TEXAS

Center for Public Policy Priorities
www.cppp.org

Texans Care for Children
www.texanscareforchildren.org

Texas CHIP Coalition, www.texaschip.org

Texas Council on Family Violence
www.tcfv.org

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

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

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

Texas Kids Count, www.cppp.org/kidscount

NATIONAL

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

Child Trends, www.childtrends.org

Children's Defense Fund
www.childrensdefense.org

FamiliesUSA, www.familiesusa.org

Kaiser Family Foundation, www.kff.org

March of Dimes, www.marchofdimes.com

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

National Campaign to Prevent Teen
Pregnancy, www.teenpregnancy.org

National Center for Children in Poverty
www.nccp.org

National SAFE KIDS Campaign
www.safekids.org

Prevent Child Abuse.org
www.preventchildabuse.org

The Future of Children
www.futureofchildren.org

Voices for America's Children
www.childadvocacy.org

Beyond ABC 2010 Online

In addition to the material printed in this book, you'll be able to access more information about children's lives in the North Texas Corridor, including:

Annual Family Income

Families with All Parents Working

Children in Single-Parent Families

Child Support: Court Order Compliance

Children Receiving TANF

Subsidized Housing Units

Homeless Children and Teens

Publicly Funded Early Childhood Education Programs

Third-Grade Reading

Students Passing All TAKS Tests

Students with Limited English Proficiency

Students Receiving Special Education in Public Schools

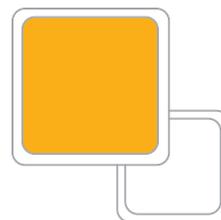
College Readiness and Senior Graduation Rate

Licensed Child-Care Slots

Truancy, Runaway Reports, Crime Rates and Juvenile Offenses

Children Displaced By Violence and CPS Caseload

See the complete Beyond ABC 2010 report online at www.childrens.com



**For copies of this printed report, please e-mail:
beyondabc@childrens.com**

Children's Medical Center at Legacy

Children's Medical Center at Legacy — which has 72 beds, four state-of-the-art operating rooms and 24-7 emergency services — opened on September 25, 2008, in Plano, Texas. The 155-acre campus preserves wide-open green spaces for an environment of healing and tranquility. Children's at Legacy was designed with patients and families in mind, down to the sparkle in the floor and the large kinetic sculpture hanging in our main atrium. With breezes stirring a 90-year-old oak tree, horses grazing in an adjacent field and a stream bubbling through an outdoor patio, the spirit of nature is everywhere at Children's at Legacy. *For more information, see www.childrens.com/AboutUs/OurLocations/Legacy.cfm*




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