

What is the Beyond ABC report?

Since 1996, Children's HealthSM has published Beyond ABC, an in-depth look at the quality of life of children in seven counties: Dallas, Collin, Cooke, Denton, Fannin, Grayson and (new to the report) Tarrant.

This report examines four key areas that shape children's quality of life today and influence their opportunities for tomorrow: health, economic security, safety and education. As Texas continues to be an epicenter for growth and development, the report reveals progress and challenges we can solve together as a community.



Oliver, age 1



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beyond **A B C** Assessing the Well-Being of Children in North Texas 2023-2024



beyond **A B C**

Assessing the Well-Being of
Children in North Texas

2023-2024



Lucas, age 10

2023-2024

beyond

Assessing the Well-Being of Children in North Texas

Published by  children'shealth

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On the cover:
Lily, age 6

Welcome to the 18th edition of Beyond ABC, a comprehensive report on the quality of life for children in North Texas.



Children's Health is proud to have published this report since 1996. With each edition, Beyond ABC seeks to identify and better understand the complex factors that impact the health and welfare of our children today. Through this analysis, we hope to spark dialogue among community stakeholders to effect resource allocation and policy and program changes.

As our report shows through the analysis of health, economic security, safety and education metrics, children today continue to confront the lasting effects of the global Covid pandemic. Loneliness during key developmental years, loss of loved ones and economic insecurities continue to affect our children. Fear of gun violence, weather extremes and the effects of living an open life through social media have also added to the state of their mental health.

In addition, many of our community's children experience other extreme hardships including living with generational poverty, food insecurity and poor nutrition, unstable housing, domestic violence, physical and mental abuse, and interruptions to their education. These hardships directly impact their overall health.

Building on recommendations outlined in previous editions, this year's Beyond ABC report provides a diverse set of recommendations from experts, community advocates and other thought leaders who serve on our Beyond ABC Advisory Board, which may point to a potential path forward for addressing these persistent challenges. The Advisory Board's foremost recommendation is to improve access to quality mental health care and to remove barriers to vital health care services that may exist based on a child's family's race, ethnicity, socioeconomic status or ZIP code.

New to this year's report is the inclusion of data from Tarrant County. Expanding our view into Tarrant County helps provide a broader comprehensive look into our interconnected growing North Texas region.

The challenges before us are real, but not insurmountable. While vulnerable, our children are strong and resilient. For 110 years Children's Health has helped lead the charge to ensure the next generation of children is healthier than the last. It is a privilege and a responsibility that we do not take lightly, and it is one that we remain committed to today. Together, we will make life better for children.

Chris

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

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Beyond ABC Online

In addition to the material printed in this report, you can access previously published information about children's well-being in North Texas at childrens.com/beyondabc. There you will find reports issued since 2010 that provide comprehensive information on the quality of life of children in North Texas.



ABOUT Children's HealthSM

Caring for the children of North Texas for more than 110 years,

Children's Health is established as not only the region's leading pediatric health care system but also a passionate advocate for children's health throughout our communities.

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

Our commitment to fulfilling our critical mission lies at the heart of a dynamic system with two full-service hospitals - Children's Medical Center Dallas and the expanding Children's Medical Center Plano - as well as the transformative Children's Medical Center Research Institute at The University of Texas Southwestern Medical Center, numerous specialty centers and urgent care locations, the Children's Health Andrews Institute for Orthopaedics & Sports Medicine, the Rees-Jones Center for Foster Care Excellence, groundbreaking telehealth services both in and out of schools, and the Children's Health Care Network, a collaborative network of health care providers who deliver the best care for children in our communities.

Through community health initiatives, outreach services and a growing network of health care providers in the area, we are continually expanding and improving our ability to deliver care. This strengthened access will allow us to better understand and address the significant health care needs of the children and families in our communities today and for the next 100 years.



Children's Medical Center Dallas



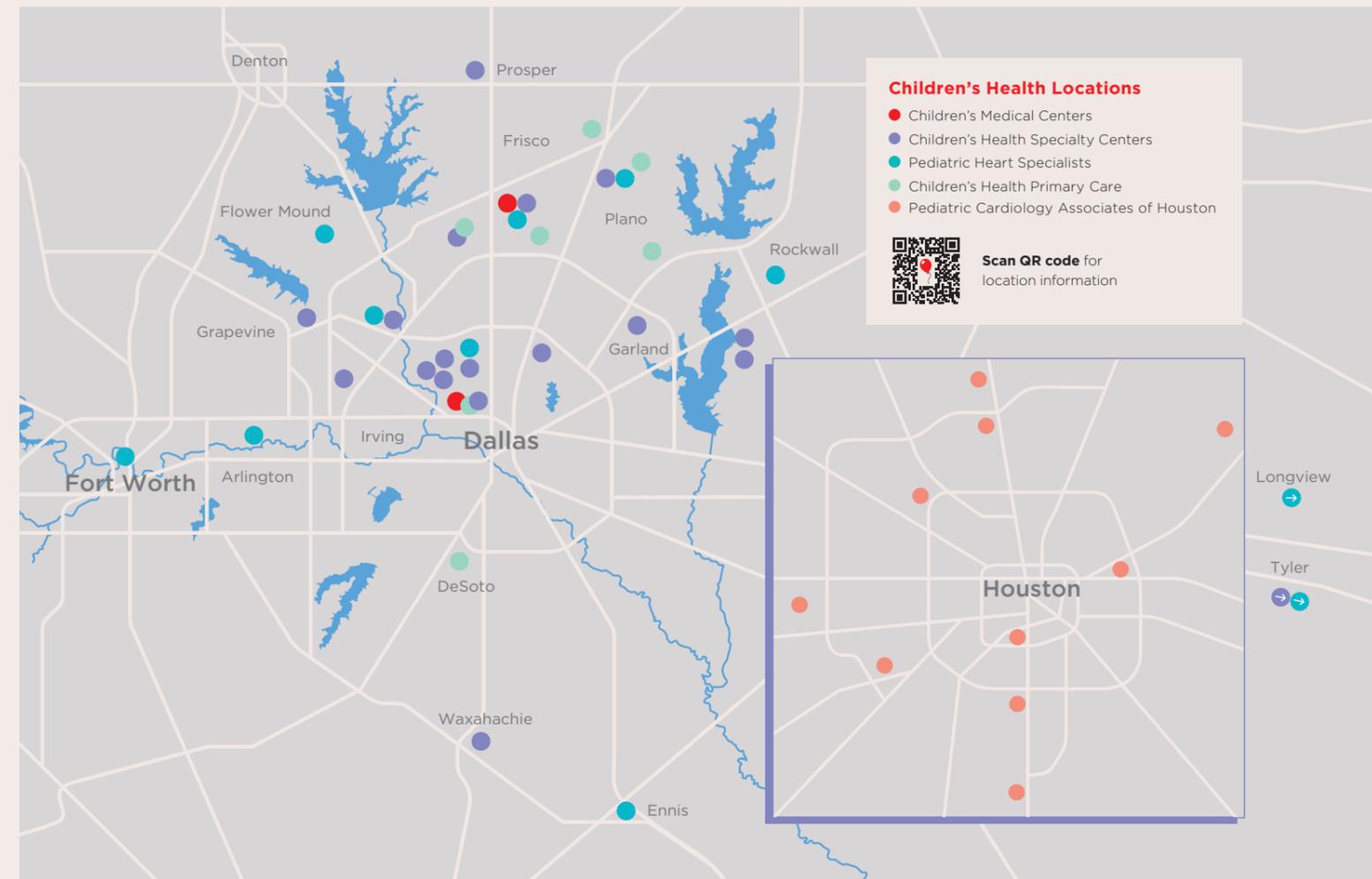
Children's Medical Center Research Institute at UT Southwestern



Children's Medical Center Plano



A Children's Health Specialty Center treatment room



Children's Health is making life better for children with care close to home

AT A GLANCE

- More than 919,000 patient visits annually
- Ranked by U.S. News & World Report in all 10 pediatric specialties for the fifth year in a row
- Affiliated with UT Southwestern Medical Center
- Recipient of the prestigious Magnet designation for nursing excellence, awarded to less than 10% of U.S. hospitals
- The only pediatric Level I trauma center in North Texas
- More than \$28 million in charity care* provided annually

Note: All numbers listed are as of Dec. 31, 2022

**Retail value of charity care*

2023-2024 Beyond ABC Advisory Board

Children's Health would like to thank the committed and knowledgeable members of the Advisory Board. The board convened a series of meetings early in 2023 to discuss and analyze the issues and current conditions affecting the health and well-being of children in North Texas. The recommendations included in the Beyond ABC report are the results of the trusted insights, expertise and ideas presented by the members of the Advisory Board.

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



Lily, age 6

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RECOMMENDATIONS Beyond ABC Advisory Board

OVERARCHING RECOMMENDATION

Strengthen mental and behavioral health care for Texas children and adolescents

In the past two Beyond ABC reports, the Advisory Board made overarching recommendations that applied to all four of the report's pillars: Health, Economic Security, Education and Safety. The Advisory Board continues that approach with the 2023-24 report, reiterating the importance of addressing children's mental and behavioral health needs. Data indicates that more children than ever are dealing with increased anxiety caused by factors such as gun violence in schools, continued Covid-19 pandemic repercussions and the potentially damaging effects of social media.¹

Mental health issues affect all races, ethnicities and cultures, yet often indicators are ignored or minimized because of inherent stigmas and misunderstandings. The Advisory Board advocates for access to mental health care and education that are culturally relevant and available in multiple languages. While gains have been made in the past few years, there is still much to do to increase access to quality mental and behavioral health care for children.

HEALTH RECOMMENDATIONS

Improve health coverage for uninsured Texas children and families

As Texans, we pride ourselves on being leaders known for our achievements and can-do attitude. But there is one area in which Texas is leading in the wrong direction: The state has the highest number (930,000) and percentage (11.4%) of uninsured children in the nation, far above the national average of 5.4%.² In a state with so much prosperity and growth, this is unacceptable. The Advisory Board hopes decision-makers and policymakers will address this disparity soon. Pediatric health is a prime indicator for a healthy adult life, and too many Texas children are starting with a disadvantage. An investment in the health of our children is an investment in the future of our state.

Remove barriers to high-quality, culturally competent care

In addition to a lack of insurance coverage, other barriers keep many North Texas families from being able to access high-quality, convenient health care for their children. One pervasive barrier is a general lack of knowledge and understanding of how to navigate existing systems and assistance programs. This results in confusion, which often prevents parents from obtaining the necessary care and services to improve the health of their children. The Advisory Board advocates for more multilingual materials and outreach to explain services and connect families with governmental assistance programs, as well as more sensitivity to the needs and customs of communities of color.

In addition, geographic barriers and access to providers are in play. The Advisory Board encourages more widespread distribution of health care facilities and services, and increased investment in the pediatric health care workforce to ensure there are adequate providers to meet the community needs. Telehealth options were lifelines during pandemic shutdowns and should be used even more now because they help overcome geographic barriers.

ECONOMIC SECURITY RECOMMENDATIONS

Increase access to affordable housing throughout North Texas

The explosive population growth North Texas has seen in the last decade comes with challenges. Many North Texans have been priced out of the housing market as population growth has increased demand, which, along with other factors, has resulted in escalating prices. In addition, the conclusion of the Covid-19 public health emergency ended critical rent, mortgage and utility assistance programs for many Texans, further contributing to housing and economic stressors. This has become increasingly evident in suburban communities, where a lack of diverse and affordable housing options has led to more families facing homelessness.

High-paying jobs in North Texas are often in areas with higher housing prices and a lack of public transportation, creating more barriers for families. Advisory Board members report that some landlords often don't want to rent to families receiving assistance and often shorten leases in order to enact rent hikes more quickly. Such practices are further impediments to affordable housing. North Texas families deserve safe, stable and affordable housing so children can grow into healthy and productive adults.

Mitigate the impact of inflation on children's health and well-being

Inflation continues to damage our economy, and it continues to affect families in Texas. While inflation is a systemic issue that most of us in North Texas have no control over, we need to be aware that inflation is detrimental to children's health. Although the job market remains strong, barriers prevent many from getting and keeping higher-paying jobs that will support their families. Parents are facing increased costs for housing, utilities, food and transportation. To cope, families are often forced to make difficult choices, such as postponing medical care for children. We must work to curb inflation and ensure families and children have the support they need to weather an economic downturn.

SAFETY RECOMMENDATIONS

Combat substance use and abuse in children and youth

Fentanyl has become a scourge in North Texas schools. Many students have died from accidental overdoses of this widely available and powerful synthetic drug, which is 50-100 times stronger than morphine, according to the U.S. Drug Enforcement Agency. But it is only one of the many substances that threaten young Texans as other drugs, vaping and alcohol continue to pose dangers. While the 88th Texas Legislature took steps to address the fentanyl crisis, the Advisory Board supports additional measures, such as increased access to Narcan to reverse overdoses, as well as more multilingual educational materials warning young people – and their parents – about the dangers of fentanyl and how it is often added to other recreational drugs and taken unknowingly. The Advisory Board also supports continued limits on teens' access to vaping products and alcohol and urges parents to vigilantly monitor their children's actions. Vaping and alcohol can rob our children of their health and happiness.

Improve student safety and strengthen protections for children against online threats

Texas students are increasingly suffering both in school and online from violence and assault, cyberbullying, harassment and sexual misconduct. Schools need to be safe, protected environments where young people can learn and grow. Beyond school walls, as young people spend more time online, the risks of cyberbullying, cyberstalking, exploitation and even trafficking are great. While the Texas Legislature has taken steps to improve student safety and equip schools to respond to school violence and threats, schools need additional resources to improve coordination and keep students safe. The Advisory Board urges policymakers to consider additional investments to strengthen school safety and additional measures to strengthen penalties against those preying on children.

EDUCATION RECOMMENDATIONS

Provide mental health support and training for teachers and school staff members

Teachers and other school personnel are on the front lines of spotting mental health issues in children and teens. Yet educators often lack the resources and specialized training needed to identify symptoms and indicators, and to know when and how to intervene. Teachers and school staff also report working under increasingly stressful conditions, and burnout and turnover in the teaching profession is exceptionally high. Educators also need access to mental health care and treatment. Teacher shortages are reaching a crisis point in Texas schools: The Charles Butt Foundation's Texas Teacher Poll reports that 77% of teachers in the state seriously considered leaving the profession in 2022, up from 58% in 2020.³ The Advisory Board recommends Texas invest more resources in supporting and retaining good teachers, including expanding access to mental health training and services for staff.

Prioritize social and emotional learning

The Covid-19 pandemic's lasting effects include declines in social and emotional learning and in students' development of interpersonal and communications skills. Contributing to these declines is the continued popularity of smartphones and online activities at the expense of interacting with others in person. Schools are still facing challenges in overcoming pandemic learning loss, and Elementary and Secondary Emergency Relief funding intended to help address the impact of the pandemic is coming to an end. Interpersonal and communication skills are foundational for children to develop into productive, healthy adults. The Advisory Board encourages parents, caregivers and educators to prioritize the cultivation of children's social skills and social and emotional learning, and the board supports programs and resources to address these gaps so that our kids are better prepared for future success.

¹ "Social Media and Youth Mental Health: Surgeon General's Advisory," U.S. Department of Health and Human Services, May 23, 2023

² Georgetown University Center for Children and Families analysis of the Table HIC-5, Health Insurance Coverage Status and Type of Coverage by State - Children Under 19: 2008 to 2021, U.S. Census Bureau American Community Survey (ACS)

³ "The 2022 Texas Teacher Poll: Persistent Problems and a Path Forward," Charles Butt Foundation.



Alex, age 8

CHILDREN'S HEALTH Pediatric Community Programs and Services

Children's Health has in recent years strengthened and expanded our community programs and services to catalyze wellness from the ground up, ultimately creating a healthier community. The Beyond ABC report is a critical part of that effort, allowing us to focus on and prioritize the most urgent community health needs.

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

This innovative approach is possible only through the relationships that Children's Health is forming with other clinical organizations, physician groups, nonprofit organizations and action-oriented neighborhood coalitions. Some of the services we provide through these efforts include school-based health care, our Asthma Management Program, our Get Up & Go weight management program, CHIP/Medicaid outreach and community forums.

But the work does not stop there. We understand there are numerous social determinants of health, so by working with community organizations, nonprofits and other service providers, we are able to share within our system information about additional resources that families can access to help ensure the best quality of life for their children.

School-Based Telehealth and Telehealth at Home

School nurses can now connect students with health care providers right from school using School-Based Telehealth by Children's Health Virtual Care. As one of the fastest-growing telemedicine programs in the country, our School-Based Telehealth program has expanded to more than 200 schools throughout 28 school districts in Texas, conducting more than 15,000 visits since 2014. A recent survey showed the program has resulted in decreased absenteeism and a perceived 84% cost savings for families. In fact, out of the 465 survey respondents, more than 75% reported their children would have missed at least a half day of school without the program.

School-Based TeleBehavioral Health and Texas Child Health Access Through Telemedicine

Our Behavioral Health team has two exciting programs available to more than 400 public school districts and charter schools in North Texas. Both programs provide mental health services to students during the school day using a tablet provided by Children's Health. Our Legacy School-Based TeleBehavioral Health program, started in 2017, provides up to eight counseling sessions to students with behavioral health concerns, including depression, anxiety and attentional concerns. Our state-funded Texas Child Health Access Through Telemedicine (TCHAT) program operates in partnership with UT Southwestern and is fully funded by the Texas Child Mental Health Care Consortium. TCHAT offers short-term therapy as well as psychiatric consultation, and both programs include case management, psychoeducation and referrals to community resources. And both programs are offered at no cost to families. Families can reach out to school counselors to ask if our Legacy and TCHAT programs are available at their children's school.

Asthma Management Program

The nationally certified Asthma Management Program at Children's Health has proved to reduce asthma-related ER visits, as well as school and work absences. This three- to six-month program helps those 18 and younger better manage their condition for more symptom-free sleep, learning and play.

Children's Health Andrews Institute for Orthopaedics & Sports Medicine

As the only institute of its kind in the region, Children's Health Andrews Institute works to get young athletes back on the field. Developed under the direction of nationally renowned orthopedic surgeon James Andrews, M.D., this state-of-the-art institute offers a full spectrum of services from orthopedic surgery, a same-day fracture clinic and spinal care to rehabilitation, performance training, nutrition planning, advanced imaging and diagnostics.

The Rees-Jones Center for Foster Care Excellence

The only clinic of its kind in North Texas, the Rees-Jones Center provides primary medical and behavioral care to young people with current or past child welfare involvement. The center provides extended appointments and a collaborative, trauma-informed environment able to serve a range of special needs, including medical complexity, in-utero drug and alcohol exposure and pregnant or parenting youth. Through health services research, policy analysis and medical education, the center's experts promote policies and practices that advance care and outcomes for children and families involved in the child welfare system.

Get Up & Go Weight Management Program

Designed by physicians and registered dietitians, Get Up & Go by Children's Health addresses the needs of children with high weight or obesity by creating awareness and understanding of how lifestyle choices affect health. It offers a wide range of free programs and services at several YMCA and community locations in Dallas, Denton and Collin counties to empower families in making lasting healthy lifestyle changes.

Injury Prevention

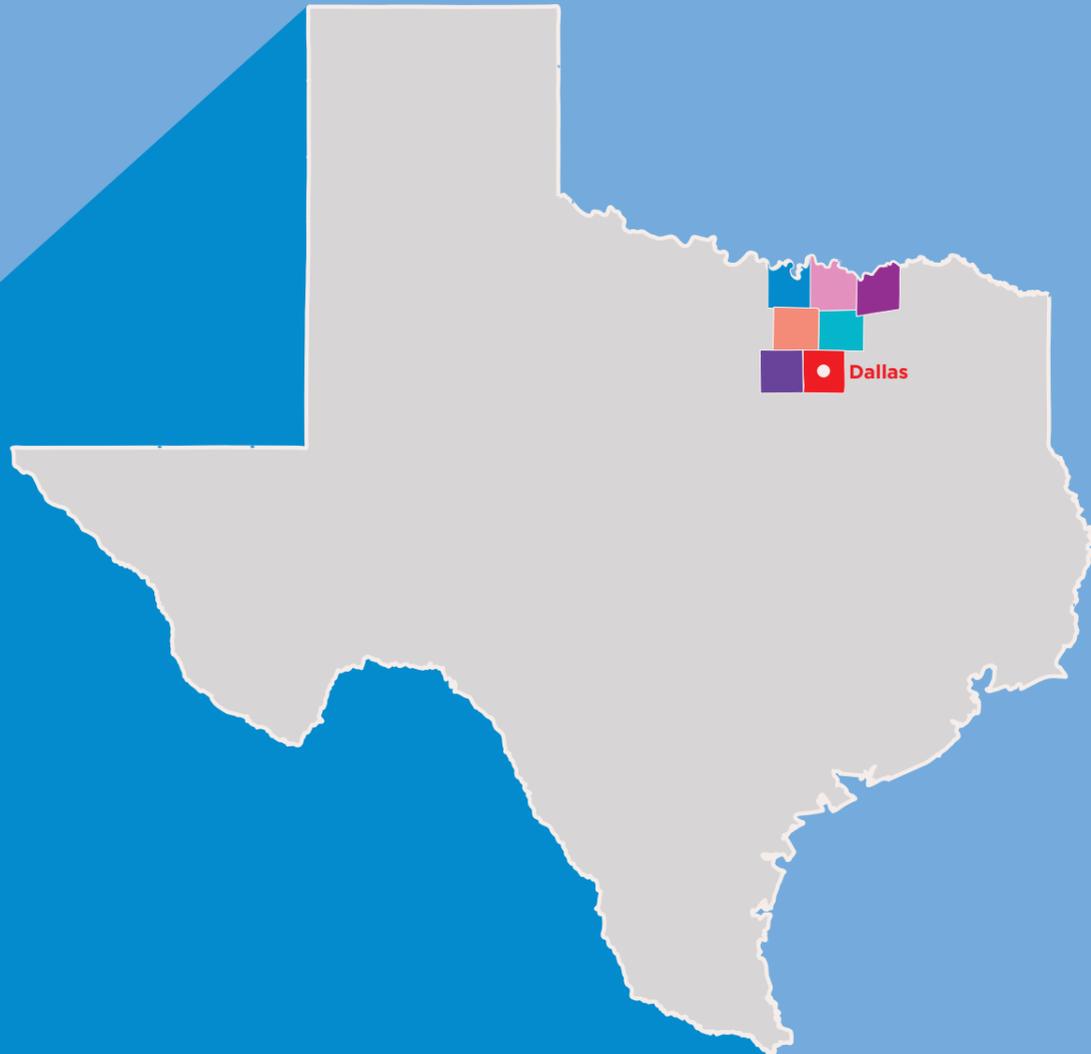
Injuries are the No. 1 cause of death for children, but they are preventable. With evidence-based education tools, in the hospital and the community, the Injury Prevention Service at Children's Health helps keep children safe from traumatic injuries. From car seat safety to water safety and firearm safety, our program provides educational materials, interactive events and resources in English and Spanish.

Children's Health Insurance Program and Children's Medicaid Outreach

Children in Texas without health insurance now have a way to get either low-cost health care through the Children's Health Insurance Program (CHIP) or no-cost health care with Children's Medicaid, both of which are government programs. The programs cover office visits, prescription drugs, dental care, eye exams and glasses. Outreach representatives help families apply for assistance virtually or in-person throughout their community, whether at a child's school, a public library or another location.

DEMOGRAPHIC SUMMARY

Brooklyn, age 8



DALLAS COUNTY

With more than 2.6 million people, Dallas County is the most populous county in North Texas. With the city of Dallas as the county seat, Dallas County boasts several cities with populations over 200,000. And the county has more children than the surrounding counties. Dallas County was the only county in North Texas to have its child population decline, dropping by almost 2,500 from 2017 to 2021.

Demographic shifts among the county's children mirror those of the state. The percentage of non-Hispanic white children fell one percentage point, while the percentage of children of other or multiple races rose 10 points from 2017 to 2021. The percentage of Hispanic and/or Latino children remained constant at 53% of the child population.

While about 1 in 5 Dallas County children live below the poverty line, stark differences are seen across racial and ethnic groups. Black and Hispanic and/or Latino children had higher poverty rates, 27% and 24.8% respectively, while white non-Hispanic children had a rate below 10%.

Median family incomes in Dallas County grew 13% from 2017 to 2021, from \$65,242 (in 2021 dollars) to \$73,706. For married-couple families with children, median household incomes grew similarly and rose to \$85,603 in 2021. Median incomes in single-father and single-mother households grew significantly, 33% and 16% respectively, but rose from much smaller bases. In 2021, the median household income for single-father households with children was \$48,755. Single-mother households had lower incomes at \$33,092.¹

DALLAS	2021
Total Youth Population	680,444
Percent American Indian	0.5
Percent Asian	5.9
Percent Black/African American	22.1
Percent Hispanic and/or Latino	53.0
Percent Other or Multiple Races	23.2
Percent Pacific Islander	0.0
Percent White/Caucasian Non-Hispanic	16.2
Percent All Children Living in Poverty	21.2
Percent Black/African American Children Living in Poverty	27.0
Percent Hispanic and/or Latino Children Living in Poverty	24.8
Percent White/Caucasian Non-Hispanic Children Living in Poverty	7.6

¹ IUPR analysis of U.S. Census Bureau American Community Survey 5-Year Data for 2017 and 2021.

COLLIN COUNTY

Collin County, located directly north of Dallas County, is one of the fastest-growing counties in the country. Its population resides primarily in its four largest cities – Plano, Frisco, McKinney and Allen – all located in the southwest portion of the county. McKinney serves as the county seat. Collin County had the fastest population growth in North Texas, growing 14% from 914,075 in 2017 to 1,039,812 in 2021. The county's child population grew 9% to 268,898.

A plurality of Collin County children were white non-Hispanic (46%), falling six percentage points from 2017. The groups with larger increases are those identifying as other or multiple races, rising six percentage points to 15% of children in 2021. The population of Asian children grew three percentage points over the same period.

Collin County has the region's lowest child poverty rate at 7%, less than one-half the poverty rates of Dallas and Tarrant counties. The rate fell from nearly 8% in 2017. Similarly, the poverty rates for African American and Hispanic and/or Latino children (12% and 15% respectively) are well below those in other counties, though still higher than the overall county rate. Fewer than four in every 100 non-Hispanic white children lived below the poverty line.

Collin County also enjoys the highest median family incomes. Among all families, the 2021 median family income was \$122,867, up 7% from 2017's median of \$114,430 (in 2021 dollars). Children in non-Hispanic white families had a higher median family income of \$144,413, up 7% from 2017. While single-parent families have lower median incomes, these are much higher than in Dallas and Tarrant counties. The median family income for a single father-headed family was \$81,652, up 16% from 2017 and close to the median family income in Dallas County. Although lower than their single-father-headed neighbors, the median income for single-mother-headed households at \$57,027 was nearly double that of single-mother-headed families in Dallas and Tarrant counties.¹

COLLIN	2021
Total Youth Population	268,898
Percent American Indian	0.5
Percent Asian	17.2
Percent Black/African American	10.2
Percent Hispanic and/or Latino	19.7
Percent Other or Multiple Races	14.6
Percent Pacific Islander	0.1
Percent White/Caucasian Non-Hispanic	46.2
Percent All Children Living in Poverty	7.2
Percent Black/African American Children Living in Poverty	11.8
Percent Hispanic and/or Latino Children Living in Poverty	15.4
Percent White/Caucasian Non-Hispanic Children Living in Poverty	3.8

¹ IUPR analysis of U.S. Census Bureau American Community Survey 5-Year Data for 2017 and 2021.

COOKE COUNTY

Cooke County lies in the region's northwest corner, north of Denton County and west of Grayson County. Gainesville is the largest town and county seat. The county's 2021 population was 41,215, which was a 6% increase from its 2017 population of 39,064. The county's child population was 9,863, up 5% from the 2017 child population of 9,424. At 59.7% of the population, the largest demographic group was white non-Hispanic youth, but it decreased three percentage points from 2017. Those identifying as other or multiple races comprised 17%, up eight percentage points from 2017. Similarly, almost one-third of the county's youth were Hispanic and/or Latino, up two percentage points from 2017.

The county's child poverty rate was the highest in the region at 28%, up from the 2017 rate of 25%. The poverty rate soared to 80.6% among Black or African American children, up 23 percentage points from 57% in 2017. The rate for Hispanic and/or Latino youth remained relatively stable at 47%.

Median family income in the county rose 8% to \$81,329 from 2017's \$75,511 (adjusted to 2021 dollars). Married-couple families with children had a higher median family income of \$92,460, up 3% from 2017. The median family income for single-mother-headed families was much lower at \$30,957, only one-third the income of married-couple families. However, this is a 42% increase over the 2017 median income of \$21,739 (in 2021 dollars). Median incomes for single-father-headed families dropped slightly, from 2017's \$64,058 (in 2021 dollars) to \$63,016 in 2021.¹

COOKE	2021
Total Youth Population	9,863
Percent American Indian	0.9
Percent Asian	0.4
Percent Black/African American	3.1
Percent Hispanic and/or Latino	30.7
Percent Other or Multiple Races	16.5
Percent Pacific Islander	0.0
Percent White/Caucasian Non-Hispanic	59.7
Percent All Children Living in Poverty	27.6
Percent Black/African American Children Living in Poverty	80.6
Percent Hispanic and/or Latino Children Living in Poverty	46.9
Percent White/Caucasian Non-Hispanic Children Living in Poverty	16.9

¹ IUPR Analysis of U.S. Census Bureau American Community Survey 5-Year for 2017 and 2021.

DENTON COUNTY

Located north of Tarrant County and west of Collin County, Denton County rounds out the region's four largest urban and suburban counties. Its 885,012 population grew at a rate (13%) just under that of Collin, though the child population grew slower, growing 8% from 201,209 in 2017 to 216,685 in 2021. Its racial and ethnic composition is similar to Collin County, with 48.4% of children identifying as non-Hispanic white. Likewise, those identifying as Hispanic and/or Latino and those of other or multiple races comprise the next largest groups, at 26% and 16% respectively. As in surrounding counties, children identifying as other or multiple races had the largest growth, up six percentage points from 2017.

While higher than Collin County, Denton County's child poverty rate of 8% is lower than its urban neighbors to the south. As in other counties, poverty rates for children of color were higher than the overall county rate. While the rate for all children fell by one percentage point, that for Hispanic and/or Latino children fell by nine, from 20% in 2017 to 11% in 2021. Unlike its three larger neighboring counties though, the poverty rate for Black or African American children grew seven percentage points, with 18.3% living below the poverty line.

From 2017 to 2021, median family income in Denton County grew 9%, from \$106,702 (in 2021 dollars) to \$116,298. Median incomes for families with children grew significantly for families of all types. Married-couple families median family income rose 11% to \$140,473. Similarly, single-father-headed families' median income rose to \$73,277, a 13% jump. Single-mother-headed families saw an 18% increase with a 2021 median family income of \$52,029.¹

DENTON	2021
Total Youth Population	216,685
Percent American Indian	0.6
Percent Asian	9.9
Percent Black/African American	9.8
Percent Hispanic and/or Latino	25.6
Percent Other or Multiple Races	16.3
Percent Pacific Islander	0.1
Percent White/Caucasian Non-Hispanic	48.4
Percent All Children Living in Poverty	8.0
Percent Black/African American Children Living in Poverty	18.3
Percent Hispanic and/or Latino Children Living in Poverty	11.4
Percent White/Caucasian Non-Hispanic Children Living in Poverty	5.1

¹ IUPR analysis of U.S. Census Bureau American Community Survey 5-Year Data for 2017 and 2021.

FANNIN COUNTY

With 35,453 people, Fannin County is the smallest county in North Texas. Located in the northeastern corner of the region, Fannin is east of Grayson County and northeast of Collin County, situated along the Red River bordering Oklahoma. Bonham is the largest town and the county seat. Fannin County’s population grew 5%, along with the rest of the region. The youth population was 7,563 in 2021, up 6% from its 2017 count of 7,137. Most of the county’s youth identify as non-Hispanic white (72%); 18.7% Hispanic and/or Latino, and 9.1% identified as other or multiple races. These latter two were the only demographic groups to grow in the county.

The latest child poverty rate was 14%, down six percentage points from 2017. Like Cooke County, African American children in Fannin County had the highest poverty rate at 53%, up 11 percentage points from 2017. Poverty rates for Hispanic and/or Latino children fell from 25% in 2017 to 15.9% in 2021. Non-Hispanic white children had a much lower rate of 10.6%.

The median income for Fannin County families was \$75,367, a 17% increase from the 2017 median income of \$64,230 (in 2021 dollars). For married-couple-headed families with children, the median income was \$87,280. As in other counties, single-mother-headed households with children had a median income less than one-third that of married-couple-headed households with children - \$29,602. Families headed by a single father had a median income more than double that of single-female-headed families at \$61,615.¹

FANNIN	2021
Total Youth Population	7,563
Percent American Indian	0.2
Percent Asian	0.2
Percent Black/African American	3.8
Percent Hispanic and/or Latino	18.7
Percent Other or Multiple Races	9.1
Percent Pacific Islander	0.0
Percent White/Caucasian Non-Hispanic	72.0
Percent All Children Living in Poverty	13.6
Percent Black/African American Children Living in Poverty	52.6
Percent Hispanic and/or Latino Children Living in Poverty	15.9
Percent White/Caucasian Non-Hispanic Children Living in Poverty	10.6

¹ IUPR Analysis of U.S. Census Bureau American Community Survey 5-Year for 2017 and 2021.

GRAYSON COUNTY

Grayson County is located north of Collin County along the Red River border between Texas and Oklahoma. Its primary cities are Sherman, the county seat, and Denison. Most of the county is exurban or rural, with residents residing in and close to those two cities. The county’s population is 134,205, up 6% since 2017. Its child population grew more at 7%, rising to a 2021 level of 32,139. Non-Hispanic whites made up 61.9% of Grayson’s child population, while Hispanic and/or Latino children comprised 22.9%. Children identifying as other or multiple races had the highest relative growth, increasing seven percentage points to 15.7% of the population.

Poverty rates are generally higher in the northern border counties than in neighboring suburban counties to the south. The childhood poverty rate in Grayson County was 17.4%, down from 2017’s rate of 20%. Non-Hispanic white children, who typically have the lowest rates, had a poverty rate of 12%. Among Black and African American children, the poverty rate was 44.5%, relatively unchanged from 2017.

Median family income in Grayson County rose to \$74,990 in 2021, up 5% from 2017’s \$71,190 (adjusted to 2021 dollars). Median family income for married-couple families with children was \$89,367. Median family income for single-father-headed families fell 5%, from \$43,933 in 2017 (adjusted to 2021 dollars) to \$41,824 in 2021. Median family income for single-mother-headed families was the lowest at \$32,073.¹

GRAYSON	2021
Total Youth Population	32,139
Percent American Indian	0.5
Percent Asian	1.7
Percent Black/African American	5.7
Percent Hispanic and/or Latino	22.9
Percent Other or Multiple Races	15.7
Percent Pacific Islander	0.0
Percent White/Caucasian Non-Hispanic	61.9
Percent All Children Living in Poverty	17.4
Percent Black/African American Children Living in Poverty	44.5
Percent Hispanic and/or Latino Children Living in Poverty	25.8
Percent White/Caucasian Non-Hispanic Children Living in Poverty	11.6

¹ IUPR analysis of U.S. Census Bureau American Community Survey 5-Year Data for 2017 and 2021.

TARRANT COUNTY

Tarrant is the second largest county in the region, and its county seat, Fort Worth, is the region's second largest city. From 2017 to 2021, Tarrant County's population rose 6% from 1.9 million to 2.1 million. Its child population grew slightly less, from 534,079 to 549,926, a 3% increase. The most significant changes were among children of other or multiple races, which grew from 14% to 23% of children. While other racial and ethnic groups had minimal to no growth, white non-Hispanic children's percentage of the population dropped by three percentage points.

In 2017, about 20% of Tarrant County children lived in poverty; by 2021, that rate fell to 16.4%. African American and Hispanic and/or Latino children had poverty rates above that mark, at 22.9% and 21.6% respectively. However, both groups had significant percentage decreases. While the general rate fell by about three percentage points, the African American child poverty rate dropped five percentage points, and the rate for Hispanic and/or Latino children fell seven. While non-Hispanic white children had the lowest rate at 8.1% in 2021, they had a slight increase of 0.8 from 2017.

Commensurate with the decrease in the childhood poverty rate, median household income in Tarrant County rose 9% from \$80,124 (in 2021 dollars) to \$86,991. Non-Hispanic white children, whose families had the largest median income of \$103,527, saw a more modest 7% increase. Single-father and single-mother families had larger increases (19% and 10% respectively), but had much lower bases. In 2021, male-headed families with children had a median family income of \$53,704; female-headed families had an even smaller median income of \$35,967.¹

TARRANT	2021
Total Youth Population	549,926
Percent American Indian	0.5
Percent Asian	5.0
Percent Black/African American	18.3
Percent Hispanic and/or Latino	38.5
Percent Other or Multiple Races	23.1
Percent Pacific Islander	0.2
Percent White/Caucasian Non-Hispanic	33.4
Percent All Children Living in Poverty	16.4
Percent Black/African American Children Living in Poverty	22.9
Percent Hispanic and/or Latino Children Living in Poverty	21.6
Percent White/Caucasian Non-Hispanic Children Living in Poverty	8.1

¹ IUPR analysis of U.S. Census Bureau American Community Survey 5-Year Data for 2017 and 2021.

HEALTH



Nehemiah, age 2



KJ, age 4

The indicators in this section provide a snapshot of the physical and behavioral health of North Texas children.

While health is vital to children’s well-being, it is more than a mere component – health is the building block on which all other domains of care rest. A child who is not healthy cannot realize the full benefits of education or economic well-being.

Mental and behavioral health is emphasized as a critical health indicator for North Texas youth in this Beyond ABC report, as it has been in past reports. Adolescents’ increasingly complex behavioral health needs have been part of public discourse for more than a decade. A 2014 systematic review of studies of adolescent behavioral health issues found this is more than a mere increase in attention to the problem: Teenage girls are indeed experiencing more behavioral health problems than in years past, while the evidence presented a mixed picture for adolescent boys.¹ And the Covid-19 pandemic lockdowns in 2020 and 2021 exacerbated many behavioral health concerns, exposing a behavioral health crisis among young people.

Shortly after the release of the 2021-22 Beyond ABC report, the U.S. Surgeon General issued an advisory placing adolescent mental health in a state of crisis due to increased suicide, self-harm and depression.² In 2023, he released an advisory about the detrimental effects of social media on our children’s social and psychological well-being.³ To address this crisis, the American Psychological Association stresses the importance of making behavioral health care more accessible through such practices as school-based preventative care, expansion of the workforce addressing the crisis and training those who work with children to recognize early warning signs.⁴

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Due to ongoing issues with data compilation and availability, data for the following indicator, which was included in past reports, was not available:

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

Percentage of Texas children without health insurance (12.7%)

IS MORE THAN
DOUBLE
the national average (5.4%)

85%
of eligible Texas children participate in Medicaid or CHIP
WHILE 92% OF ELIGIBLE CHILDREN NATIONALLY PARTICIPATE

40.1%
OF NORTH TEXAS STUDENTS WERE OVERWEIGHT OR OBESE IN 2022, UP FROM 34.4% in 2017.

In addition to medical issues, CDC* says obesity can lead to mental health problems for youth

*Centers for Disease Control and Prevention

THE NUMBER OF **childhood vaccinations given declined** in all 7 counties FROM 2017 TO 2022

UNHEALTHY AIR: ONLY **1 of 10** air-monitoring sites in North Texas met the EPA standard in 2022 for healthy ground-level ozone

The Texas infant mortality rate dropped over 8% FROM 2009 TO 2019

ABOUT **22%** of middle and high school students across the country contemplated suicide in 2021

Mental health struggles

EXPOSE CHILDREN TO HIGHER RISKS OF DRUG ABUSE, CONTRACTING STIs AND HIV, AND BECOMING PREGNANT

MORE CHILDREN WITH CANCER ARE SURVIVING: THE 5-YEAR SURVIVAL RATE FOR CHILDREN WITH CANCER HAS RISEN BY ALMOST

30
PERCENTAGE POINTS
SINCE THE 1970S



Children Without Health Insurance

Percent of children without health insurance

Texas continues to have the highest percentage of uninsured adults and children in the nation: 18% as of 2021.¹ Although the percentage of uninsured children in Texas fell from 12.7% in 2019 to 11.8% in 2021,² the percentage of uninsured children in Texas is more than double the national average of 5.4%.³ Uninsured rates are highest among children ages 6 to 18, with 13.1% lacking coverage, while 8.7% of children under 6 are without insurance.⁴

From 2020 to 2021, the most significant increases in the percentage of uninsured children were in Dallas and Grayson counties, with Denton and Tarrant counties having only slight increases. In contrast, Collin, Cooke and Fannin counties saw fewer uninsured children from 2020 to 2021. These percentage decreases may be attributed to Texas receiving federal funding under the Public Health Service Act (PHS), which remained in effect until April 2023. The PHS facilitated continuous Medicaid enrollment for children without requiring coverage renewal.⁵

In Texas, 84.5% of eligible children participate in Medicaid or the Children's Health Insurance Program (CHIP).⁶ Medicaid is the primary health insurance program for assisting the uninsured.⁷ Families that earn too much to qualify for Medicaid but cannot afford health insurance may be able to obtain coverage through

	2016	2017	2018	2019	2020	2021
Dallas	12.7	13.5	13.2	13.8	13.7	14.7
Collin	7.7	7.8	7.1	7.4	7.9	7.7
Cooke	13.0	11.4	12.0	11.4	13.7	13.3
Denton	8.2	7.9	7.4	7.5	7.3	7.5
Fannin	10.6	10.5	11.2	11.4	11.7	11.0
Grayson	10.7	11.0	11.6	13.2	13.0	14.7
Tarrant	10.5	10.5	10.3	10.6	11.1	11.7

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

CHIP. Even though many eligible children in Texas meet the criteria for these programs, a considerable number of them are still not enrolled, resulting in a rise in the number of uninsured children in the state.⁸ The rise in uninsured children in Dallas, Denton, Grayson and Tarrant counties could be attributed to insufficient enrollment in these insurance programs.

Members of racial and ethnic minorities are more likely than others to be uninsured.⁹ According to the 2021 American Community Survey, Hispanic and American Indian children were among the highest proportion of uninsured children in Texas:¹⁰ 16.1% of

Hispanic children and 17% of American Indian children did not have health insurance.¹¹ A lack of health insurance for children can cause adverse health effects that can continue into adulthood.

**In 2021,
16.1% of Hispanic
children in Texas didn't
have health insurance.**

Medically Complex Children Receiving Special Education Services

Number of children enrolled in public and charter schools receiving special education services for a health impairment

Medically complex children are those dealing with chronic health conditions that threaten their well-being.¹ These children require frequent medical attention and often face limitations in their activities. As no standard definition of the conditions that comprise medical complexity exists, estimating its prevalence is difficult.² The state of Texas estimates that about 1 in 5 children in the state will have a special health care need.³ National estimates suggest that the number of children with complex medical issues grows at about 5% per year.⁴

Beyond ABC assessed this issue in previous editions by charting subscription rates to Texas' Children with Special Health Care Needs Program. This year, Beyond ABC reports on students in Texas public and charter schools who receive special education services due to complex health problems. The federal Individuals with Disabilities Education Act requires public and charter schools to provide an appropriate education in the least restrictive environment.⁵ Estimates point to many more medically complex children participating in the public and charter school system than in the Special Health Care Needs program.

In 2023, 3,432 students received special education services due to an orthopedic impairment, hearing

	2019	2020	2021	2022	2023
Dallas	1,656	1,639	1,478	1,464	1,411
Collin	675	666	657	655	661
Cooke	0	0	0	0	0
Denton	394	394	389	422	399
Fannin	0	0	11	0	0
Grayson	61	82	74	71	77
Tarrant	944	907	888	887	884

Source: Texas Department of Education Special Education Reports, 2018-2019 - 2022-2023

or vision trouble, and deafness or blindness. This is down 8% from 2019, when more than 3,700 students received these services. Dallas County experienced the steepest decline, with 15% fewer students receiving services in 2023 than in 2019. All other counties fell slightly or held stable except for Grayson County, which increased 26%, rising from 61 students in 2019 to 77 in 2023.

**Medically complex children
are those dealing
with chronic health
conditions that threaten
their well-being.**

ACCESS TO CARE

Children Enrolled in CHIP

Number of children enrolled in the Children’s Health Insurance Program

	2017	2018	2019	2020	2021	2022
Dallas	48,427	50,396	46,458	41,430	29,012	11,768
Collin	7,603	7,939	7,696	7,047	5,165	2,182
Cooke	489	524	492	472	333	122
Denton	7,883	8,297	7,886	7,174	5,303	2,239
Fannin	378	401	416	351	263	107
Grayson	1,477	1,678	1,593	1,480	1,009	440
Tarrant	31,627	32,924	30,749	27,723	19,416	7,382

Source: Texas Health and Human Services; Records and Statistics, Healthcare Statistics

Children’s Medicaid

Number of children enrolled in Children’s Medicaid

	2017	2018	2019	2020	2021	2022
Dallas	320,099	309,092	297,112	296,988	346,085	388,580
Collin	39,161	39,834	40,050	42,536	53,991	64,227
Cooke	3,965	3,915	3,839	3,823	4,614	5,236
Denton	40,993	39,996	39,214	41,101	51,852	61,738
Fannin	2,805	2,840	2,729	2,866	3,449	3,898
Grayson	11,789	11,726	11,645	11,766	14,135	16,361
Tarrant	197,776	193,159	187,773	191,603	229,913	264,228

Source: Texas Health and Human Services; Records and Statistics, Healthcare Statistics

Medicaid and the Children’s Health Insurance Program (CHIP) help eliminate health disparities across the United States. Low household incomes keep many families from accessing health care in a timely and regular manner; CHIP and Medicaid help reduce the cost of health care for these families.

In Texas, 85% of eligible children participate in Medicaid or CHIP.¹ Medicaid allows children to receive medical, dental and prescription health care coverage without prolonged delays.² CHIP provides health care coverage for families whose income is too high to qualify for Medicaid but too low to afford private coverage.

CHIP enrollment increased in all seven counties from 2017 to 2018, then dropped the next year in most counties. A more substantial decline began in 2020, and in 2022 CHIP enrollment dropped by over 50% from the previous year.

Children’s enrollment in Medicaid, by comparison, decreased from 2017 to 2019 across all counties except Collin, but since 2020 enrollment has increased significantly.

As of 2022, a family of four must have a monthly pre-tax income of \$3,083 or less to qualify for Medicaid, which is then free for qualifying families.³ To be eligible for CHIP, a family of four’s monthly pre-tax income must be less than \$4,649.⁴ Enrollment in CHIP is based on a sliding scale, with monthly premiums of \$50 or less and copays between \$3 and \$35.⁵

A Kaiser Family Foundation study found that between February 2020 and December 2022 nationwide enrollment in Medicaid or CHIP surged by 21.2 million, reaching 92.3 million children.⁶ The number of children enrolled in CHIP and Medicaid has increased consistently in every state since the beginning of the pandemic,⁷ with Medicaid enrollment substantially surpassing CHIP enrollment.⁸

During the pandemic, the Families First Coronavirus Response Act allowed temporary continuous Medicaid enrollment, suspending the requirement for annual re-enrollment.⁹ But Congress set March 31, 2023, as the end date for the temporary continuous Medicaid enrollment,¹⁰ which could affect how many children are enrolled in Medicaid and CHIP.

The number of children enrolled in CHIP across the seven counties **dropped by over 50%** from 2021 to 2022.

Nonemergency ER Visits

Number and percent of ER visits classified as preventable, avoidable or nonemergency

The Texas Department of Health and Human Services (HHS) defines a potentially preventable ER visit as a situation in which a physician or other health care provider could have managed or prevented a condition,¹ however emergency treatment became necessary for immediate medical intervention.² A 2023 Texas HHS report concluded that about 1.3 million potentially preventable emergency visits in the state resulted in \$559 million in Medicaid expenditures.³

In 2000, a New York University research team developed an algorithm for categorizing the nature of ER visits.⁴ The research sorted visits into four primary categories:

- Nonemergency
- Emergency but treatable by primary care providers
- Emergency and not treatable by primary care providers but preventable or avoidable
- Emergency and not preventable or avoidable

It is the last category that is considered to be a necessary ER visit. The table above presents the number and percent of ER visits that were not true emergencies (those that were unclassified or considered to belong in one of the three other categories).

Individuals using Medicare visited the ER for care twice as often in 2021 as individuals with private

		2017	2018	2019	2020	2021
Dallas	Number	150,014	140,169	151,772	74,054	104,496
	Percent	58.6	59.1	59.0	51.2	50.3
Collin	Number	27,195	26,849	28,133	15,686	23,133
	Percent	50.2	50.6	51.3	44.3	43.0
Cooke	Number	2,048	2,180	2,507	1,176	1,811
	Percent	53.4	54.7	56.4	48.9	49.4
Denton	Number	34,109	31,354	32,955	18,337	26,172
	Percent	53.8	53.0	53.9	47.5	45.0
Fannin	Number	2,162	2,164	2,223	1,268	1,712
	Percent	54.0	57.2	55.2	46.7	47.9
Grayson	Number	93,401	96,940	101,811	56,782	83,791
	Percent	55.2	56.5	57.0	50.0	50.5
Tarrant	Number	93,401	96,940	101,811	56,782	83,791
	Percent	55.2	56.5	57.0	50.0	50.5

Source: Texas Health Care Information Collection - Public Use Emergency Department Data; NYU Wagner School Emergency Department Classification Taxonomy

insurance.⁵ A U.S. Census Bureau paper found that individuals with lower household incomes visited the ER for treatment more often than higher-income households.⁶ People with less formal education, those with disabilities and women (when compared to men) also had more preventable ER visits.⁷ Elevated ER use may signal insufficient access to health care, suboptimal care coordination or a combination of both, which can affect the patient's treatment.⁸

A 2017 study found that the

most common avoidable ER visits concerned dental conditions, headaches, sore throats and mental health issues related to psychosis.⁹ ERs frequently lack the resources to effectively address dental conditions and mental health issues, potentially resulting in discharging patients without proper care, including necessary tests and medications.¹⁰

Across North Texas, nonemergency uses of ERs were down in 2021 from 2017 levels. Dallas County had almost 50,000 fewer visits, dropping to about 50% of the county's total ER visits.

Elevated ER use may signal insufficient access to health care, suboptimal care coordination or a combination of both.

Childhood Cancer Diagnoses

New cancer diagnoses for children and adolescents 19 and under

The American Cancer Society projects that 9,910 children in the United States will be diagnosed with cancer in 2023.¹ In contrast to cancer in adults, childhood cancer is not associated with common risk factors such as smoking, lack of exercise and poor diet,² which often take years to produce health consequences. Sadly, the causes of childhood cancer are poorly understood, which makes development of preventive measures more challenging.³ Experts have only identified general risk factors, including prenatal developmental issues, certain infections, genetic predisposition and radiation exposure.⁴ The absence of clear causes for childhood cancer provides a perplexing challenge for experts as they attempt to tackle the leading cause of disease-related death among U.S. children.⁵

Childhood cancer rates in North Texas varied across the seven counties from 2016 to 2020. While some counties, such as Tarrant and Denton, saw increasing rates of diagnoses until 2020, smaller counties like Grayson and Fannin saw their diagnosis rates remain relatively stable. Dallas County had the most cases out of the seven counties for all five years, with Tarrant County following closely behind, primarily due to these counties' larger populations. Overall, the number of cases in North Texas dropped from 478 in 2019 to 436 in 2020. The drop may be an indirect effect of the

	2016	2017	2018	2019	2020
Dallas	128	178	179	156	161
Collin	72	73	63	74	65
Cooke	4	1	3	0	1
Denton	46	56	50	76	61
Fannin	5	4	2	2	2
Grayson	1	16	9	16	3
Tarrant	*	132	148	154	143

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

pandemic, which restricted access to medical facilities and testing,⁶ and therefore would not indicate an improvement in children's health.

Fortunately, treatment for childhood cancer has made remarkable advancements in the last five decades. The five-year survival rate for children diagnosed with cancer has risen by almost 30 percentage points since the 1970s.⁷

The causes of childhood cancer are poorly understood, WHICH MAKES DEVELOPMENT OF PREVENTIVE MEASURES MORE CHALLENGING.

MENTAL HEALTH

Emotional Disturbance and Addictive Disorders

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

		2017	2018	2019	2020	2021
Dallas	Any Disturbance or Disorder	72,875	71,771	74,180	71,715	70,718
	Serious Disturbance or Disorder	17,434	17,170	17,746	17,157	16,918
Collin	Any Disturbance or Disorder	29,140	30,197	31,037	29,726	31,409
	Serious Disturbance or Disorder	6,971	7,224	7,425	7,112	7,514
Cooke	Any Disturbance or Disorder	965	975	1,001	1,023	1,017
	Serious Disturbance or Disorder	231	233	240	245	243
Denton	Any Disturbance or Disorder	22,955	22,967	23,577	23,283	25,352
	Serious Disturbance or Disorder	5,492	5,495	5,640	5,570	6,065
Fannin	Any Disturbance or Disorder	850	833	871	835	840
	Serious Disturbance or Disorder	203	199	208	200	201
Grayson	Any Disturbance or Disorder	3,441	3,696	3,711	3,420	3,376
	Serious Disturbance or Disorder	823	884	888	818	808
Tarrant	Any Disturbance or Disorder	58,395	59,248	59,847	59,445	59,637
	Serious Disturbance or Disorder	13,970	14,174	14,317	14,221	14,267

Source: U.S. Surgeon General Report; U.S. Census Bureau, American Communities Survey 1Y Estimates (Collin, Dallas, Denton, Grayson and Tarrant), 5Y Estimates (Cooke, Fannin), 5Y Estimates for all counties in 2020

Children with a Mental Health Diagnosis

Number of children with a mental health diagnosis under Medicaid managed care

	2017	2018	2019	2020	2021	2022
Dallas	10,944	15,741	15,816	14,722	17,466	17,206
Collin	1,664	2,367	2,634	2,638	3,510	3,401
Cooke	262	262	269	222	260	254
Denton	2,267	2,544	2,625	2,487	3,149	3,135
Fannin	287	298	272	295	301	255
Grayson	1,178	1,162	1,142	1,037	1,053	1,130
Tarrant	12,251	12,549	12,809	11,893	14,404	13,443

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

Adolescent mental health concerns have escalated notably in recent decades. Nearly 22% of students across the country contemplated suicide in 2021, underscoring the gravity of the issue.¹ While mental health issues affect people at all stages of life, mental illness is the most common cause of disability among children, making them a high-priority group for policy related to this issue.² Mental health struggles expose children to higher risks of drug abuse, contracting STIs and HIV, and becoming pregnant.³ For these reasons, the federal government provides mental health services through Medicaid managed care, which is now one of the country's largest payers for mental health-related care.

The Texas Health and Human Services Commission took measures in 2018 to improve mental health through two new grant programs. The Community Mental Health Program emphasizes the seamless provision of care, a reduction of redundant services and implementation of early intervention measures.⁴ The Mental Health Grant Program for Justice-Involved Individuals focuses on minimizing arrests and repeat offenses among mentally ill individuals.⁵

As a result of these programs, the number of people receiving publicly funded services for mental health increased significantly in 2018. Dallas County had more than 4,500 new recipients, and the number of recipients increased 42% in Collin County. Individuals receiving publicly funded mental health services increased in

Dallas, Collin, Cooke and Tarrant counties, while the number of individuals receiving services in the other three counties remained relatively unchanged. While these trends may indicate mental health was worsening among North Texas children, it is more likely that adolescents who had not previously had access to resources are now receiving the care they need, thus increasing the number of diagnoses.⁶

While the number of children with mental health diagnoses covered by Medicaid managed care increased across the region over the past five years, the estimated number of children ages 9 to 17 facing emotional disturbance and addictive disorders fluctuated only slightly each year. This difference should not raise immediate concern, as many children experiencing emotional disturbance and addictive disorders receive mental health support through private health care services.

The number of children ages 9 to 17 in Denton and Tarrant counties who experience emotional disturbance and addictive disorders seems to rise and fall each year in unison with the number of children in the two counties with a mental health diagnosis covered by

publicly funded services. In Collin, Cooke, Dallas, Fannin and Grayson counties on the other hand, convergence between the two counts has been sporadic over the past five years.

Throughout the Covid-19 pandemic, the number of children with diagnoses of serious disturbances or disorders decreased in North Texas. This aligns with expectations, given that services remained limited during the pandemic, resulting in significant difficulty in obtaining a diagnosis and related support.

MENTAL ILLNESS IS THE MOST COMMON CAUSE OF DISABILITY AMONG CHILDREN.

Births to Adolescent Mothers

Number and rate per 1,000 population of hospital births to mothers ages 10-17

The teen birth rate in the United States has consistently declined over the past two decades, except for a brief uptick in 2006 and 2007.¹ In 2021, the U.S. birth rate for females ages 15 to 19 was 13.9 births for every 1,000 women,² while the rate in Texas was 20.3.³ A Vital Statistics study indicated the teen birth rate is highest among non-Hispanic American Indian/Alaska Natives, at 29.2 in 2019.⁴ That same year, Asians had the lowest rate among other races and ethnicities at 2.7.⁵

The average age of menarche, the onset of menstruation, has decreased over the years and now occurs at the age of 12.8.⁶ Furthermore, studies show that about 54% of females have experienced their first heterosexual vaginal intercourse before turning 18, with 15% having had it before 15.⁷ The decreasing age of menarche and a high percentage of heterosexual females having intercourse before age 18 contribute to a higher risk of pregnancy and giving birth as an adolescent.⁸

Adolescent pregnancy has implications for both the mother and child. Teenage and adolescent mothers are less likely to graduate from high school, according to the American Academy of Family Physicians.⁹ Additionally, children of adolescent mothers are at greater risk of complications such as preterm birth and low birth

		2017	2018	2019	2020	2021
Dallas	Number	840	792	729	677	649
	Rate	5.90	5.44	4.97	4.55	4.29
Collin	Number	67	51	58	65	45
	Rate	1.19	0.87	0.96	1.05	0.70
Cooke	Number	16	15	13	16	<10
	Rate	8.06	7.43	6.44	7.99	—
Denton	Number	98	83	75	72	75
	Rate	2.16	1.82	1.59	1.50	1.50
Fannin	Number	<10	<10	<10	<10	<10
	Rate	—	—	—	—	—
Grayson	Number	33	33	28	27	27
	Rate	4.83	4.69	3.85	3.90	3.67
Tarrant	Number	430	383	357	395	308
	Rate	3.69	3.24	2.98	3.24	2.47

Source: Texas Health Care Information Collection Public Use Hospital Discharge Data 2017-2021
Counts of 1-9 have been suppressed to protect the identity of the individuals in confidential data

weight.¹⁰ And more than 75% of adolescent mothers in the United States receive public assistance within five years of delivering their child.¹¹

In previous years, Beyond ABC reported on adolescent pregnancies using birth certificate data from the state of Texas. Given lags in processing and the provisional nature of the data, this Beyond ABC is instead reporting the number and rate of hospital births by adolescent mothers.

Note that the numbers shared here may be less than those in previous Beyond ABC reports, as births occurring outside of hospitals are not included.

North Texas has experienced a general decline in adolescent mothers giving birth. Collin County experienced the largest reduction in births to adolescent mothers, falling 33% from 2017 to 2021. The county's rate fell 41% over the same period.

North Texas has experienced a decline in adolescent mothers giving birth.

Early Prenatal Care

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

Prenatal care refers to medical care provided to pregnant women throughout their pregnancies. The objective of prenatal care is to decrease the risks of maternal complications with pregnancy, labor and delivery, and risks to the baby's development and birth.¹

Early prenatal care has been shown to reduce the incidence of low birth weight and preterm deliveries, so medical professionals have emphasized the need to begin prenatal care during the first three months of pregnancy (the first trimester).² The current recommended care schedule, which has been in place for decades, is for monthly visits through the 28th week of pregnancy, semi-monthly visits through 36 weeks and weekly visits after that.³ With the Covid-19 pandemic came the first fundamental changes in prenatal care scheduling, as virtual visits were introduced for low-risk early pregnancy mothers, and the number of recommended visits was more flexible.⁴

In 2022, the United States recorded 3,588,546 births in which the mothers started prenatal care, and of those 77% received care in the first trimester. That same year, Texas had 374,037 births, with 69% of mothers receiving care in the first trimester.⁵

For most North Texas counties since 2018, the percentage of

	2018	2019	2020	2021	*2022
Dallas	62.8	60.9	63.2	64.7	62.4
Collin	76.2	78.1	79.9	80.5	81.1
Cooke	NA	NA	NA	NA	NA
Denton	74.2	75.3	76.0	77.0	75.6
Fannin	NA	NA	NA	NA	NA
Grayson	68.5	68.5	66.2	67.8	67.7
Tarrant	64.1	65.6	63.5	64.1	63.2

Source: Centers for Disease Control and Prevention, Natality Data on WONDER
*Data for 2022 is provisional and subject to future revision
Data for Cooke and Fannin counties is not available due to population size

births to mothers with prenatal care in the first trimester has remained relatively stable. In 2022, only Collin County did better than the national percentage, with 81% of mothers receiving first-trimester care, an increase of almost five percentage points since 2018. Denton County was the only other county to have an increase, rising from 74.2% in 2018 to 75.6% in 2022.

Dallas, Grayson and Tarrant counties had care percentages lower than the state's 69%. Grayson and Tarrant counties saw their percentages decrease by about one percentage point from 2018 to 2022. Dallas has the

lowest percentage of all North Texas counties.

MOST NORTH TEXAS COUNTIES HAD A lower percentage of mothers receiving prenatal care in the first trimester THAN THE NATIONAL PERCENTAGE IN 2022.

BIRTH OUTCOMES

Premature Deliveries

Number and percent of hospital deliveries occurring before 37 weeks of pregnancy

		2017	2018	2019	2020	2021
Dallas	Number	6,653	6,245	6,322	5,586	5,814
	Percent	16.3	15.8	16.1	14.8	15.8
Collin	Number	1,393	1,393	1,441	1,334	1,674
	Percent	13.3	13.4	13.6	12.6	15.0
Cooke	Number	73	56	59	45	75
	Percent	14.6	11.4	12.9	10.4	15.3
Denton	Number	1,504	1,344	1,450	1,458	1,592
	Percent	14.0	12.6	13.6	13.8	14.1
Fannin	Number	48	46	55	40	46
	Percent	14.9	15.2	16.5	11.6	14.4
Grayson	Number	256	234	272	236	256
	Percent	15.5	14.1	16.3	15.9	16.2
Tarrant	Number	4,143	4,330	4,215	4,160	4,523
	Percent	15.3	16.2	15.9	15.9	17.1

Source: Texas Health Care Information Collection, Public Use Hospital Discharge Data File, 2017-2022

Low Birth Weight Babies

Number and percent of hospital births in which newborns weigh less than 2,500 grams (about 5.5 pounds)

		2017	2018	2019	2020	2021
Dallas	Number	3,560	3,847	3,767	3,788	3,883
	Percent	9.4	10.3	10.2	10.8	11.3
Collin	Number	766	817	708	822	890
	Percent	7.5	8.2	7.0	8.2	8.5
Cooke	Number	30	28	29	25	30
	Percent	6.4	5.7	6.4	6.1	6.4
Denton	Number	849	781	829	877	927
	Percent	8.2	7.5	8.1	9.0	9.0
Fannin	Number	24	17	27	24	24
	Percent	7.9	6.0	9.0	8.1	8.5
Grayson	Number	105	108	101	116	150
	Percent	6.8	6.9	6.6	7.9	9.2
Tarrant	Number	2,128	2,386	2,372	2,277	2,472
	Percent	8.2	9.5	9.5	9.7	10.5

Source: Texas Health Care Information Collection Public Use Hospital Discharge Data 2017-2021

The Centers for Disease Control and Prevention (CDC) defines a preterm birth as a baby born before the mother completes 37 weeks of pregnancy.¹ In 2021, the U.S. preterm birth rate was 10.5%,² however Texas' preterm birth rate was 11.38%.³ From 2019 to 2021, the average rate of preterm birth in Texas was highest for Black infants at 14.8%, and lowest for Asian/Pacific Islanders at 9.3%.⁴

In previous reports, Beyond ABC assessed the prevalence of preterm births using birth certificate data, which was often issued provisionally in recent years. For this report, Beyond ABC followed a methodology found to be highly accurate, estimating preterm deliveries using hospital records.⁵

Prematurity has remained relatively stable across North Texas, falling by 0.6% from 2017 to 2021. Tarrant County had the highest rate of premature births in 2021 at 17.1%, up two percentage points from 2017. Collin, Cooke and Denton counties each experienced their highest number of premature deliveries in 2021. In contrast, 2020 had the lowest numbers of premature births during the five-year period in Dallas, Collin, Cooke and Fannin counties.

Factors known to potentially elevate the risk of a preterm birth include a history of previous premature deliveries, multiple pregnancies and having less than 18 months between pregnancies.⁶ Also, lifestyle factors such as smoking, drinking and recreational drug use may increase the risk of preterm labor.⁷

The CDC defines a low birth weight baby as weighing less than 2,500 grams.⁸ The low birth weight rate in the U.S. was 8.52% in 2021, with 311,932 babies born with low birth weights.⁹ In 2021, Texas had a low birth weight rate of 8.65%.¹⁰ In 2021, an estimated 13,980 babies were born at low birth weight, down 0.6% from 2017.

Low birth weight trends varied across North Texas. In Grayson County, low birth weight births rose 43% from 105 in 2017 to 150 in 2021. Grayson County's rate also rose, from 6.8% to 9.2%. Dallas and Tarrant counties had the highest number of low birth weight births and the highest rates, at 11.3% and 10.5% respectively. Collin, Denton and Fannin counties saw more modest increases, while Cooke County remained relatively unchanged.

The primary cause of low birth weight is premature birth, as a baby has less time to grow in the womb.¹¹ However, intrauterine growth restriction may also be a cause, as the mother's health or problems with the placenta impede the baby's development.¹² Mothers who engage in recreational drug use, smoking or alcohol consumption are at a higher risk of having babies with low birth weight.¹³

A baby born prematurely or with low birth weight is cause for concern as both conditions carry an elevated risk of developmental disabilities and developing chronic health conditions in adulthood.¹⁶

In Texas between 2019 and 2021, the likelihood of Black infants being born with low birth weight was about double that of white infants.¹⁴ Specifically, 13.9% of Black infants had low birth weight, while only 7.1% of white infants had low birth weight.¹⁵

In Texas, the likelihood of Black infants being born with low birth weight is about double that of white infants.

Infant Mortality

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

Infant mortality is defined as a baby's death before reaching his or her first birthday.¹ Dallas, Collin, Denton and Tarrant counties combined recorded 532 infant deaths in 2022, the most in the past five years and 56 more than the lowest level in 2020. While the local data does not reveal much of a trend, between 2009 and 2019, the infant mortality rate in Texas dropped over 8%.²

The Centers for Disease Control and Prevention (CDC) reports that the U.S. infant mortality rate in 2020 was 5.4 deaths per 1,000 live births.³ Collin (at 4.3 per 1,000) and Denton (at 4.6 per 1,000) had 2021 rates that fell below the U.S. mark. But Dallas County recorded a rate of 6.7 deaths per 1,000 live births, 25% higher than the national rate, and Tarrant County's rate of 6.0 was also higher.

The leading cause of infant deaths in Texas in 2019 was congenital disabilities, such as congenital malformations, deformations and chromosomal abnormalities.⁴ Research indicates that smoking, drinking alcohol, certain medications, obesity and uncontrolled diabetes may increase the chances of having a baby with a congenital disability.⁶ Congenital disabilities can occur during any stage of pregnancy, but most often happen during the first three months.⁵

		2018	2019	2020	†2021	†2022
Dallas	Number	227	231	228	223	248
	Rate	6.0	6.2	6.3	6.3	6.7
Collin	Number	43	46	47	49	55
	Rate	3.9	4.0	4.1	4.0	4.3
Cooke	Number	<10	<10	<10	<10	<10
	Rate	*	*	*	*	*
Denton	Number	37	39	45	47	58
	Rate	3.8	3.8	4.4	5.0	4.6
Fannin	Number	<10	<10	<10	<10	<10
	Rate	*	*	*	*	*
Grayson	Number	11	11	<10	13	<10
	Rate	**	**	*	**	*
Tarrant	Number	174	151	156	168	171
	Rate	6.4	5.6	5.9	6.2	6.0

Source: Texas Department of State Health Services; Center for Health Statistics, Vital Statistics Annual Reports
 *Counts of 1-9 have been suppressed to protect the identity of the individuals in confidential data
 **Due to the misleading nature of very small numbers, rates and ratios are not presented when there are fewer than 21 cases
 †Data for 2021 and 2022 is provisional, tabulations are based on data that is not yet finalized and may be incomplete.

In Texas, the mortality rate was highest for Black infants at a rate of 10 per 1,000 live births, according to the March of Dimes.⁷ The rate in Texas was lowest for individuals who identify as Asian or Pacific Islander, at 3.9.⁸

The leading cause of infant mortality IN TEXAS IN 2019 WAS congenital disabilities.

Children with Developmental Disabilities

Estimated number of children under 18 with developmental disabilities

Developmental disabilities encompass a range of conditions resulting from physical, learning, language or behavioral impairments, according to the Centers for Disease Control and Prevention.¹ These conditions appear during childhood development and typically continue for life.² As defined in the 2000 Developmental Disabilities Assistance and Bill of Rights Act, disabilities become evident before age 22, leading to significant constraints in performing essential activities of daily life.³

About 485,000 adults and children in Texas had diagnoses of intellectual and developmental disabilities in 2022, which encompasses about 1.64% of the state's population.⁴

Before the onset of Covid-19, North Texas showed annual increases in the number of children with a developmental disability diagnosis. In 2017, 263,197 children had these disabilities, and that number increased to 264,530 in 2018. The pandemic brought about a slight, temporary reduction in the number of children diagnosed in the region, down to 263,874. In 2021, the number of cases diagnosed surpassed pre-pandemic numbers.

More populous North Texas counties saw more fluctuation in the number of children diagnosed, while smaller counties

	2017	2018	2019	2020	2021
Dallas	104,068	103,724	102,296	103,147	99,236
Collin	38,340	39,176	39,900	39,300	41,959
Cooke	1,417	1,429	1,436	1,449	1,483
Denton	31,594	31,884	32,405	31,959	33,578
Fannin	1,073	1,089	1,101	1,116	1,137
Grayson	4,695	4,714	4,810	4,766	5,000
Tarrant	82,010	82,514	82,304	82,137	82,202

Source: American Academy of Pediatrics; U.S. Census Bureau, American Communities Survey 1Y Estimates (Collin, Dallas, Denton, Grayson and Tarrant), 5Y Estimates (Cooke and Fannin) and 5Y Estimates for all counties for 2020

saw incremental increases. In 2019, Dallas County saw a reduction in the number of children diagnosed, followed by an increase of 851 cases in 2020 during the pandemic. Tarrant County saw incremental increases and decreases over the past five years.

These disabilities become evident before age 22, LEADING TO SIGNIFICANT CONSTRAINTS IN PERFORMING ESSENTIAL DAILY ACTIVITIES.

Childhood Immunizations

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

		2017	2018	2019	2020	2021	2022	2023
Dallas	DTP/DTaP/DT/Td	96.1	96.6	96.7	96.7	94.8	91.7	93.7
	Hepatitis A	96.2	96.8	96.7	96.7	95.6	93.2	94.4
	Hepatitis B	97.6	97.9	97.7	97.7	95.7	95.2	96.2
	MMR	96.6	97.3	97.2	97.2	94.8	92.0	94.2
	Polio	96.5	97.0	96.9	96.9	94.5	92.0	94.1
	Varicella	95.8	96.6	96.1	96.1	94.4	91.2	93.2
Collin	DTP/DTaP/DT/Td	96.5	95.9	95.5	95.5	90.8	94.8	94.0
	Hepatitis A	95.6	95.1	94.8	94.8	91.6	94.2	93.5
	Hepatitis B	96.9	96.3	95.9	95.9	91.3	95.7	94.7
	MMR	96.5	96.0	95.6	95.6	90.6	95.0	94.2
	Polio	96.6	95.9	95.6	95.6	90.8	95.0	94.2
	Varicella	95.8	95.6	94.7	94.7	90.2	94.4	93.5
Cooke	DTP/DTaP/DT/Td	98.0	96.1	97.9	97.9	93.6	93.9	92.4
	Hepatitis A	96.9	95.2	97.0	97.0	94.5	93.7	95.6
	Hepatitis B	98.6	96.6	98.5	98.5	94.5	95.8	96.7
	MMR	98.2	96.5	98.1	98.1	95.4	95.3	93.4
	Polio	98.0	96.4	97.8	97.7	94.1	94.6	92.9
	Varicella	97.6	96.5	97.7	97.7	95.9	94.8	93.1
Denton	DTP/DTaP/DT/Td	95.2	94.6	95.0	95.0	86.6	91.0	92.2
	Hepatitis A	94.5	94.5	94.5	94.5	87.0	91.2	92.2
	Hepatitis B	95.8	95.7	95.5	95.5	87.0	93.2	93.7
	MMR	95.6	95.1	95.3	95.3	86.2	91.2	92.6
	Polio	95.3	95.0	95.0	95.0	86.7	91.1	92.5
	Varicella	94.7	94.6	94.4	94.4	84.7	90.2	91.9
Fannin	DTP/DTaP/DT/Td	97.4	94.8	93.2	93.2	94.7	91.9	92.8
	Hepatitis A	96.7	95.1	95.1	95.1	95.2	92.5	92.6
	Hepatitis B	97.4	95.8	95.4	95.4	96.0	95.6	92.8
	MMR	97.4	94.4	95.1	95.1	95.4	93.2	92.8
	Polio	97.4	94.7	93.4	93.4	95.3	92.5	92.6
	Varicella	97.0	94.4	94.9	94.9	94.9	91.9	92.6
Grayson	DTP/DTaP/DT/Td	97.3	96.4	96.3	96.3	96.0	93.7	93.7
	Hepatitis A	95.8	95.1	94.9	94.9	94.5	94.0	94.1
	Hepatitis B	98.2	97.2	96.8	96.8	96.6	95.7	95.1
	MMR	97.9	97.0	96.5	96.5	94.8	93.9	94.2
	Polio	97.9	96.9	96.5	96.5	96.0	93.7	94.5
	Varicella	97.2	96.2	95.7	95.7	94.6	93.1	94.1
Tarrant	DTP/DTaP/DT/Td	94.2	94.4	95.2	95.2	92.8	91.8	91.8
	Hepatitis A	93.4	93.5	95.2	95.2	93.0	93.2	92.4
	Hepatitis B	94.1	94.5	96.6	96.6	93.3	95.4	94.5
	MMR	93.1	93.9	95.9	95.9	92.6	92.4	92.4
	Polio	93.8	94.6	95.7	95.7	92.8	92.3	92.4
	Varicella	92.1	93.1	95.0	95.0	92.2	91.5	91.3

Source: Texas Department of State Health Services: Vaccination Coverage Levels in Texas Schools (2016-2020)
 *County-level data includes only children enrolled in public schools

The Centers for Disease Control and Prevention (CDC) defines immunization as the process by which a person becomes protected against a disease through vaccination.¹ Vaccines help those in vulnerable groups, such as children, as the spread of disease and infection is slowed when most people in a community are immunized.² Childhood immunizations are given to fight serious diseases and to strengthen children's immune systems. Since 1924, U.S. childhood vaccination programs have averted about 103.1 million cases of diphtheria, hepatitis A, measles, mumps, rubella and other potentially deadly diseases.³

Administering vaccines according to recommended schedules is crucial for effective protection. The CDC's recommended schedule is based on how a child's immune system responds to vaccines at different ages and the likelihood of exposure to a certain disease.⁴ Doctors recommend that the hepatitis B vaccine is administered at birth, the DTaP (diphtheria, tetanus and pertussis) and polio vaccines at 2 to 6 months and the MMR (measles, mumps and rubella), hepatitis A and varicella vaccines when children reach their first birthday.⁵

Since 2017, 90% to 95% of North Texas kindergarteners have received the required vaccinations by the time they started kindergarten.

All seven counties experienced declines in vaccination rates for the six variants from 2017 to 2022. While numbers for 2023 are also lower, they were gathered before the end of the school year,

so are subject to change. Collin, Denton and Tarrant counties saw significant decreases in vaccination rates in 2021; Denton County experienced the biggest declines, with rates dipping to 84.7% for varicella and 86.2% for MMR. This may be related to the Covid-19 pandemic in multiple ways. The pandemic limited access to medical care facilities, causing delays in childhood immunization schedules, which were often deemed nonessential at the time.⁷ The pandemic also saw a rise in vaccine skepticism and hesitancy. Factors fueling that rise included increased access to misinformation and declining trust in medical experts.⁸ Lower trust in vaccines may be one of the causes behind the decline in childhood vaccinations across North Texas and could create long-term health effects for children in the region.⁹

Since 1924, U.S. childhood vaccination programs have averted about **103.1 million cases** of diphtheria, hepatitis A, measles, mumps, rubella and other potentially deadly diseases.

Sexually Transmitted Infections (STIs) and Human Immunodeficiency Virus (HIV)

Number of STI cases in children younger than 18

Sexually transmitted infections (STIs) can severely impair children’s sexual and reproductive health, yet adolescents often lack the necessary knowledge and medical services to avoid contracting them.¹ The World Health Organization projects that each year 1 in 20 young people worldwide will contract an STI.²

The number of STI cases in North Texas varies widely based on the disease and county. Syphilis rates increased approximately 38% from 2017 to 2021, with Dallas County’s cases almost doubling between 2020 and 2021. Chlamydia is one of the most common STIs nationwide and accounts for the most STI cases in North Texas.³ Six out of seven counties experienced a decline in chlamydia rates from 2017 to 2020, with three counties seeing a spike in cases for 2021. But the fall in cases recorded in 2020 is likely attributable to fewer opportunities for testing and diagnosis during the Covid-19 pandemic than to an actual decline in infections.⁴

Gonorrhea rates increased 12% from 2017 to 2021 across the region. Dallas County consistently accounted for the most HIV cases during that period, followed by Tarrant County.

		2017	2018	2019	2020	2021
Dallas	Syphilis	70	67	81	50	94
	Chlamydia	3,496	3,439	3,350	3,006	3,099
	Gonorrhea	974	945	1,021	1,008	1,091
	HIV	35	24	15	13	10
Collin	Syphilis	4	3	6	1	12
	Chlamydia	541	498	407	355	356
	Gonorrhea	114	97	90	91	94
	HIV	3	3	2	6	3
Cooke	Syphilis	0	0	1	1	1
	Chlamydia	41	30	23	19	32
	Gonorrhea	3	4	4	3	1
	HIV	0	0	0	0	0
Denton	Syphilis	3	6	5	4	11
	Chlamydia	360	368	321	299	350
	Gonorrhea	92	86	81	95	81
	HIV	1	5	3	2	6
Fannin	Syphilis	0	1	0	0	0
	Chlamydia	11	13	16	15	15
	Gonorrhea	6	1	5	3	2
	HIV	0	0	0	0	0
Grayson	Syphilis	0	0	1	2	0
	Chlamydia	109	106	89	77	80
	Gonorrhea	21	14	17	26	25
	HIV	0	0	0	0	0
Tarrant	Syphilis	22	20	25	14	19
	Chlamydia	1,664	1,946	1,722	1,542	1,454
	Gonorrhea	414	530	464	563	527
	HIV	15	12	16	12	10

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

The World Health Organization projects that each year

1 IN 20 YOUNG PEOPLE WORLDWIDE WILL CONTRACT AN STI.

Overweight and Obese Children and Teens

Percentage of children in third to 12th grade who are overweight or obese

The FitnessGram test is administered annually in Texas school districts to measure students’ body mass index (BMI) or body fat percentage. Using Centers for Disease Control and Prevention (CDC) definitions, each student is placed into one of four categories. A student whose BMI or body fat percentage falls between the fifth and 85th percentiles is in the healthy weight category. Those between the 85th and 95th percentiles are considered overweight, and those above the 95th percentile are regarded as obese (these two categories are tracked in the table on this page). Students whose BMI falls below the fifth percentile are categorized as underweight.¹

Obesity was identified as an epidemic among young people in the early 2000s because of the number of individuals affected.² Data from the CDC’s National Health and Nutrition Examination Survey 2017-2018 report revealed that 35.4% of U.S. youth were overweight or obese.³ This is the most recent national data available because the Covid-19 pandemic interrupted data collection. In Texas, 39.3% of youth were identified as overweight or obese in 2021.⁴

In North Texas, 40.1% of students were overweight or obese in 2022, up from 34.4% in 2017.⁵ Dallas, Grayson and Tarrant counties had obesity rates that

	2017	2018	2019	2020	2021	2022
Dallas	38.7	39.4	39.8	NA	48.5	47.1
Collin	27.5	27.5	27.9	NA	37.1	29.8
Cooke	49.2	51.8	49.6	NA	28.7	36.0
Denton	28.9	30.4	30.3	NA	34.5	36.9
Fannin	28.6	31.3	33.6	NA	41.1	29.5
Grayson	30.9	33.0	33.4	NA	54.1	44.4
Tarrant	35.5	36.0	36.6	NA	36.4	39.4

Source: Texas Education Agency; Physical Fitness Assessment Initiative and FitnessGram, BMI Students at Some Risk or High Risk; note that fitness data was not collected during the 2019-2020 school year

exceeded the state rate, at 47.1%, 44.4% and 39.4% respectively. Grayson County experienced the most significant increase, up 13.5 percentage points from its 2017 rate of 30.9%. Dallas and Tarrant counties also experienced increases, but to a lesser extent. Denton County’s 2022 rate of 36.9% was up from 2017, as was Collin County’s rate of 29.8%. Cooke was the only county to experience a decrease in obesity rates, dropping from 49.2% in 2017 to 36.0% in 2022.

Overweight and obesity in children are precursors to several adolescent and adult chronic health conditions, including hypertensive disorders, Type 2

diabetes, respiratory conditions, digestive issues and joint problems. In addition to medical challenges, obesity can lead to mental health problems for young people.⁶ Programs seeking to reduce the prevalence of obesity among children and adolescents extend beyond traditional, clinically focused weight-loss interventions. Improving health knowledge and access to healthy food can also help battle this epidemic.

In addition to medical challenges, **obesity can lead to mental health problems for young people.**

DIABETES

Diabetes Prevalence Among Children

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

	2018	2019	2020	2021	2022
Dallas	1,241	1,655	2,050	2,806	2,931
Collin	469	646	781	1,109	1,158
Cooke	17	23	29	41	42
Denton	382	524	635	894	933
Fannin	13	18	22	31	33
Grayson	56	78	95	133	138
Tarrant	973	1,323	1,633	2,268	2,369

Source: Centers for Disease Control and Prevention; National Health Interview Survey, 2015-2019; U.S. Census Bureau, American Communities Survey 5Y Estimates (2021 Population Used for 2022)
 Data has been computed by adding the NHIS survey results from 2020, 2021 and 2022. The prevalence estimate is determined by applying each year's prevalence estimate from NHIS to the estimated population under 18 (from U.S. Census)
 The prevalence rate increased 239% from 0.18% to 0.43% from 2018 to 2022

Diabetes Hospitalizations

Number of hospitalizations of children with a primary or secondary diagnosis of Type 1 or Type 2 diabetes

	2017	2018	2019	2020	2021	
Dallas	Type 1	210	182	156	164	233
	Type 2	25	29	16	55	56
Collin	Type 1	65	82	62	65	64
	Type 2	<10	<10	<10	<10	<10
Cooke	Type 1	<10	<10	<10	<10	<10
	Type 2	0	0	0	0	0
Denton	Type 1	75	71	60	45	65
	Type 2	<10	<10	<10	<10	<10
Fannin	Type 1	<10	<10	<10	<10	<10
	Type 2	0	0	0	<10	0
Grayson	Type 1	19	23	26	15	21
	Type 2	0	0	<10	<10	0
Tarrant	Type 1	136	173	162	143	143
	Type 2	29	30	31	19	35

Source: Texas Department of State Health Services; Center for Health Statistics, Texas Hospital Inpatient Discharge Public Use Data Files 2015-2019
 Counts of 1-9 have been suppressed to protect the identity of the individual

Diabetes prevalence in the United States has increased over the past decade.¹ The Centers for Disease Control and Prevention (CDC) defines diabetes as a chronic disease that affects how the body processes sugar into energy.² People with diabetes may experience frequent urination, frequent thirst, unintended weight loss, blurry vision, numbness or tingling in the hands or feet and sores that heal slowly, among other symptoms.³ Although no cure for diabetes exists, diabetes can be managed through medications, eating well and exercise.⁴

The three main types of diabetes are Type 1, Type 2 and gestational diabetes.⁵ Type 1 diabetes can develop at any age but is more likely to develop in young children and adolescents.⁶ Type 1 diabetes also more often affects white individuals instead of other racial groups.⁷

Type 2 diabetes occurs most commonly in adults, but the increase in childhood obesity has led to more children being diagnosed with it.⁸ From 2017 to 2020, 19.7% of U.S. children and adolescents were obese.⁹ However, data from the 2021 National Survey of Children's Health found that in Texas, 39.5% of children ages 10 to 17 were overweight or obese.¹⁰ Type 2 diabetes disproportionately affects those living below the poverty level.¹¹ A child living in poverty can find it very challenging to receive proper health care and food and nutrition and to adopt a healthy and active lifestyle to help manage their diabetes.¹²

Diabetes prevalence among children in North Texas is a

growing concern. Over the last five years, the number of North Texas children with diabetes has grown 140%. The number of diabetic children in Fannin County has seen the largest increase at 153%. Dallas County has seen the smallest increase at 136%.

Children with diabetes had a higher risk of developing serious complications from Covid-19.¹³ Viral infections can increase inflammation, internal swelling and the risk of diabetic ketoacidosis for those with Type 1.¹⁴ The CDC in 2020 reported a higher rate of deaths and hospitalizations for people with underlying medical conditions such as diabetes.¹⁵

The number of North Texas pediatric hospitalizations for diabetes was at its lowest in 2019. But Denton, Grayson and Tarrant counties experienced their lowest case counts in 2020.

Over the past five years, Cooke and Fannin counties have had fewer than 10 hospitalizations of children with Type 1 diabetes. The counties with the highest number of Type 2 diabetes hospitalizations were Dallas and Tarrant. Dallas County had the highest number of Type 2 diabetes hospitalizations in 2021 with 56, while Tarrant County had 35.

The National Institutes of Health placed the overall mortality rate of children with Type 1 diabetes at 4.1 per 1,000 patients in 2018.¹⁶ In 2021, diabetes was Texas's eighth leading cause of death.¹⁷

THE INCREASE IN CHILDHOOD OBESITY HAS LED TO MORE CHILDREN BEING DIAGNOSED WITH TYPE 2 DIABETES, which is more common in adults.

ASTHMA

Asthma Prevalence

Estimated number of children who have had asthma in their lifetime, have asthma currently or have suffered an asthma attack in the previous 12 months

		2018	2019	2020	2021	2022
Dallas	Lifetime	79,781	72,170	64,635	69,216	67,078
	Current	51,583	48,114	39,847	44,024	42,374
	Asthma Attack	27,751	21,314	11,241	11,252	14,348
Collin	Lifetime	29,115	26,892	24,626	27,353	26,508
	Current	18,825	17,928	15,182	17,397	16,745
	Asthma Attack	10,128	7,942	4,283	4,447	5,670
Cooke	Lifetime	1,102	1,003	908	1,003	972
	Current	713	669	560	638	614
	Asthma Attack	383	296	158	163	208
Denton	Lifetime	23,789	21,936	20,026	22,042	21,361
	Current	15,381	14,624	12,346	14,019	13,494
	Asthma Attack	8,275	6,478	3,483	3,583	4,569
Fannin	Lifetime	840	768	699	769	746
	Current	543	512	431	489	471
	Asthma Attack	292	227	122	125	159
Grayson	Lifetime	3,547	3,266	2,987	3,269	3,168
	Current	2,293	2,177	1,841	2,079	2,001
	Asthma Attack	1,234	964	519	531	678
Tarrant	Lifetime	62,673	57,083	51,469	55,940	54,212
	Current	40,521	38,055	31,731	35,580	34,246
	Asthma Attack	21,800	16,858	8,952	9,094	11,596

Source: Centers for Disease Control and Prevention; National Health Interview Survey, 2018-2022; U.S. Census Bureau, American Communities Survey 5Y Estimates
2021 population used to produce 2022 estimates

Asthma Hospitalizations

Hospitalizations of children with a primary or secondary asthma diagnosis

	2017	2018	2019	2020	2021
Dallas	1,095	873	842	399	653
Collin	170	138	132	56	141
Cooke	9	6	5	3	4
Denton	173	144	138	69	112
Fannin	4	9	5	3	6
Grayson	22	32	23	13	17
Tarrant	613	675	462	250	364

Source: Texas Department of State Health Services; Center for Health Statistics, Texas Hospital Inpatient Discharge Public Use Data Files 2017-2021

Asthma is a chronic disease that affects the lungs and may cause repeated episodes of wheezing, coughing, chest tightness and breathlessness, according to the Centers for Disease Control and Prevention (CDC).¹ Approximately 7% of Texas children have asthma.² A D Magazine report indicated that pediatric asthma affects about 11% of North Texas children.³ Asthma may react to environmental conditions such as smoke, pollen, dry air and pet dander and activity triggers such as exercising.⁴ Asthma can be managed with medications in pill form or through an inhaler.⁵

Between 2018 and 2022, North Texas experienced a consistent decline in the prevalence of asthma attacks, current asthma cases among children and the occurrence of asthma during a child's lifetime. The number of young people with asthma had declined, except for a notable increase in all counties in 2021. Numbers decreased again in 2022. Grayson County saw the most significant reduction in asthma attacks among children, with a 58% decrease from 2018 to 2022. And Dallas County had the most significant decline in children who have had asthma in their lifetime, with a reduction of 17% over the five years.

A 2020 report ranked Texas with the second-lowest asthma prevalence rate among adults, at 7.4%.⁶ However, data from the National Survey of Children's Health indicates that Texas ranks 33rd for the percentage of children 17 and under with asthma, a rate of 7.1%.⁷ In 2023, the

American Lung Association gave Collin, Dallas, Tarrant and Denton counties an F (on an A-F scale) for high ozone days.⁸ Vehicle traffic, heavy transports and diesel engines contribute to air pollution, a known asthma trigger.⁹

Southeastern Dallas County near U.S. Highway 175 had the highest risk of asthma compared to children who live approximately 20 minutes away.¹⁰ Among the 228 schools in the Dallas ISD, 18 have an asthma rate exceeding 17%, and over 80% of these schools are located in South Dallas neighborhoods with high poverty rates.¹¹ The data indicating that children in Dallas who live in poverty have a higher risk of asthma correlates with American Lung Association data that asthma rates have been significantly higher for those living below the poverty threshold.¹²

According to the CDC, 1 in 20 children with asthma are hospitalized yearly.¹³ In 2017, 232 Texas children died due to asthma.¹⁴ From 2017 to 2021, asthma hospitalizations in North Texas fell 38%. Only Fannin County did not see a decrease. After dipping in 2020 during the pandemic, hospitalizations increased in all counties the next year.

The number of young people with asthma decreased in North Texas from 2018 to 2022.



Air Quality

Three-year average of the annual fourth-highest daily maximum eight-hour ozone concentration measured in parts per billion

The Environmental Protection Agency (EPA) established the eight-hour standard in 2008 to protect the health of residents from prolonged exposure to high levels of ozone.¹ A site complies with the eight-hour standard when the three-year average of eight-hour ozone concentration is less than 71 parts per billion.² The only site that met the EPA standard in 2022 was Dallas Hinton Street, with a ground-level ozone level of 63. All other monitoring sites in North Texas had ground-level ozone levels higher than 71, with one reaching 80.

Oil and gas production areas can be responsible for elevated ozone levels, with 2.3 million Texans living within a half-mile of such areas.³ Elevated ozone levels can be dangerous to overall health. The Clean Air Task Force reports that smog and toxic pollutants resulting from oil and gas production can increase the risk of bronchitis, asthma and cancer.⁴

The Dallas-Fort Worth area ranked 16th among the most heavily polluted U.S. areas according to the 2022 State of Air Report from the American Lung Association (ALA).⁵ The most prominent pollutants in the area are particle pollution and ozone. The ALA also found that despite shutdowns during the Covid-19 pandemic, the DFW area had no improvements in air quality⁶ and from 2021 to 2022

	2017	2018	2019	2020	2021	2022
Dallas						
Dallas Executive Airport	64	66	67	67	70	77
Dallas North	74	75	73	69	73	72
Dallas Hinton Street	74	74	65	64	74	63
Collin						
Frisco	74	75	76	70	81	73
Denton						
Pilot Point	74	72	73	71	85	77
Denton Airport	79	75	71	71	81	78
Tarrant						
Grapevine Fairway	73	82	71	77	75	78
Fort Worth Northwest	73	76	67	75	76	80
Arlington Municipal Airport	71	76	64	68	71	77
Eagle Mountain Lake	70	75	75	76	76	77

Source: Texas Commission on Environmental Quality, Compliance with Eight-Hour Ozone Standard (https://www.tceq.texas.gov/cgi-bin/compliance/monops/8hr_attainment.pl)

had a notable increase in particle pollution, which can be extremely dangerous and even lethal.⁷

Most monitoring sites in North Texas measured increased ground-level ozone levels between 2020 and 2021, while the level decreased at the Grapevine Fairway site in Tarrant County. The ground-level ozone level at the Eagle Mountain Lake site remained unchanged between 2020 and 2021.

No recent policies have been implemented to address poor air quality in Texas.

THE DALLAS-FORT WORTH AREA RANKED 16TH AMONG THE MOST HEAVILY POLLUTED U.S. AREAS, according to the 2022 State of Air Report from the American Lung Association.



Lily, age 6

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ECONOMIC SECURITY



Vivianna, age 4

Economic security refers to the financial security that affects how North Texas children are able to grow and develop. This section presents indicators that describe the economic security of North Texas children.

A 2020 comprehensive review of scholarly research showed that prolonged exposure to poverty increased the toxic stress biological markers in children, which are the predominant mechanisms for poverty to affect children’s health.¹ Adverse effects include increased risk of adult-onset chronic health conditions, increased risk of adolescent-onset behavioral health problems and myriad other conditions. Noted pediatrics professor Dr. Jack P. Shonkoff, after reviewing the effects of poverty and other childhood adversities, suggested, “that many adult diseases should be viewed as developmental disorders that begin early in life and that persistent health disparities associated with poverty, discrimination or maltreatment could be reduced by the alleviation of toxic stress in childhood.”²

In 2021, 277,825 North Texas children lived in poverty, comprising 16% of children in the region. North Texas fared better than the state, as the Texas child poverty rate was 20%, ranking as the 13th highest poverty rate among the states. The region’s poverty rate was lower than the 17% U.S. rate.

North Texas’ child poverty rate has decreased significantly, down from 20% in 2017. In 2021, 56,000 fewer North Texas children lived in poverty, enough to fill Dallas’ American Airlines Center almost three times. Over the same period, the number of children in poverty across the U.S. fell 15%, while the number in Texas fell by only 12%.³

Although childhood economic security in North Texas is improving, significant issues remain. Notably, access to safe, affordable housing remains a principal challenge.⁴

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Dallas County has the highest rate of single-parent households

40.1%

while Collin County has the lowest

19.3%

FROM 2018-2022, almost **50,000 fewer children were getting SNAP benefits**, a **12.5% DROP**

SINGLE-MOTHER HOUSEHOLDS IN NORTH TEXAS HAVE **median incomes LESS THAN HALF** that of married-couple households

Number of licensed/registered child care operations has **DROPPED 17%** ACROSS NORTH TEXAS SINCE 2018

66% of North Texas children in 2021 had parents who were employed or serving in the armed forces

North Texas has a child poverty rate (16%) lower than the Texas rate (20%)

At 22%, Texas had one of the highest rates of childhood food insecurity in the U.S., affecting almost

1.6 million children

73% of Dallas County public school students are eligible for free or reduced-price school meals

Children Living in Poverty

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

More than 1.4 million Texas children (20%) lived in poverty in 2021. The news was better in North Texas, where 277,825 children lived in poverty, for a child poverty rate of 16%, lower than the U.S. and Texas rates. North Texas saw a decline in child poverty from 2017 to 2021, with 56,000 fewer North Texas children living in poverty.¹

Child poverty rates fell in every North Texas county except Cooke. Although the Dallas County rate fell from 27% in 2017 to 21% in 2021, it was still where more than half of North Texas' poor children resided. Tarrant County was home to about one-third of the region's poor children; the county's 2021 child poverty rate of 16.4% was down from 19.4% in 2017.

Collin and Denton counties, the suburban counties just north of Dallas and Tarrant, had the region's lowest child poverty rates, at 7.2% and 8% respectively. Both counties experienced decreases in childhood poverty rates since 2017. While Collin County's fell from 8.2%, Denton County saw its rate decrease more, from 9.4%.

The exurban counties of Cooke, Grayson and Fannin had higher child poverty rates than their suburban peers. Cooke County's rate of 27.6% was higher than Dallas County's. It was the only county to experience an increased rate during the five-year reporting period, rising from 24.7% in 2017,

		2017	2018	2019	2020	2021
Dallas	Number	183,104	173,086	158,902	149,035	142,988
	Percent	27.1	25.4	23.3	21.9	21.2
Collin	Number	20,103	18,965	17,875	17,488	19,246
	Percent	8.2	7.6	7.0	6.7	7.2
Cooke	Number	2,237	2,347	2,230	2,215	2,646
	Percent	24.7	25.7	24.6	24.0	27.6
Denton	Number	18,749	17,910	17,390	17,629	17,236
	Percent	9.4	8.8	8.4	8.4	8.0
Fannin	Number	1,356	1,081	993	923	1,008
	Percent	19.1	15.1	13.7	12.6	13.6
Grayson	Number	5,823	5,968	5,729	5,599	5,474
	Percent	19.7	19.9	18.7	18.0	17.4
Tarrant	Number	102,567	99,647	91,928	89,913	89,227
	Percent	19.4	18.6	17.1	16.6	16.4

Source: U.S. Census Bureau American Communities Survey 2017-2021 5-Year Estimates
All data are based on American Community Survey 5-Year Estimates

with 409 more of the county's children living in poverty. Fannin County experienced a big drop in its rate, from 19.1% in 2017 to 13.6% in 2021.

Children living in poverty are at higher risk of experiencing behavioral, emotional and physical health issues.² Poverty may also expose children to toxic stress that can impair learning and decision-making due to adverse affects on the cortical and neuroendocrine systems.³ Hunger, stress, housing instability

and illness are not the only effects of poverty on children. Living in poverty can indirectly hamper children's educational achievement, physical and emotional development and skills.⁴

Collin and Denton counties had the region's **lowest child poverty rates** at **7.2% and 8%**, respectively.

Children Receiving TANF

Average monthly number of children receiving basic and state program benefits under the Temporary Assistance for Needy Families program

The Temporary Assistance for Needy Families (TANF) program provides grants to states and territories to give low-income families financial assistance and support services to help them achieve economic self-sufficiency.¹ Families can use monthly TANF funds to pay for food, clothing, housing, transportation and medical supplies.² An eligible applicant must be a U.S. citizen, a documented immigrant or an eligible immigrant and be unemployed or underemployed.³ Eligible applicants can also be pregnant or have a child 18 or younger, as well as be 18 or younger and a head of household.⁴

The number of families receiving TANF funds has declined in most North Texas counties over the past six years. Dallas County had a decrease of 2,401 TANF recipients from 2017 to 2022. Tarrant County had the second-largest reduction, with a decrease of 1,185 recipients between 2017 and 2022. The exceptions to that trend were Collin and Denton counties, which had increases in 2020. Collin County added 42 recipients between 2017 and 2020, followed by a decline from 2020 to 2022.

Qualified applicants in Texas find it challenging to access TANF benefits, according to The Texas Tribune.⁵ Applicants have said that officials at the Health and Human Services Commission

	2017	2018	2019	*2020	2021	**2022
Dallas	3,507	3,296	2,843	2,529	1,551	1,106
Collin	258	268	259	300	217	167
Cooke	53	49	33	32	30	15
Denton	255	249	225	282	225	154
Fannin	39	44	41	37	12	9
Grayson	118	131	120	106	85	56
Tarrant	1,976	1,795	1,778	1,738	1,186	791

Source: Texas Health and Human Services Commission, TANF Annual Reports
*The numbers for 2020 show a decrease compared to the previous report
**No data was available for February 2022

don't notify them promptly about their options,⁶ and that stricter requirements and application processes make it difficult for families who qualify for TANF to receive services.⁷ Texas set new criteria for TANF eligibility in 2023, restricting access to families with assets of \$1,000 or less, along with monthly incomes of \$188 or less for a single parent or caretaker responsible for two children.⁸

Texas spent 4% of federal and state TANF funds on basic assistance in 2021, allocating 40% of that year's funds to Texas child welfare programs, according to the Center on Budget and Policy

Priorities.⁹ Texas ranks 51st, behind all other states and the District of Columbia, for percentage of funds spent on basic assistance.¹⁰ Unspent block grant funds can carry over to future years.

TEXAS RANKED 51st, behind all other states and the District of Columbia, **for percentage of funds spent on basic assistance.**

Housing Instability

Number of children and youth without a permanent residence

North Texas counties recorded in 2017 the lowest number of children and youth without permanent residences - 13,158 across the region. However by 2023, the number reached a peak of 17,445, marking the highest count observed to date and a 32.6% surge compared to 2017.

	2018	2019	2020	2021	2022	2023
Dallas	5,951	6,124	7,253	6,602	7,050	8,564
Collin	1,269	1,050	1,076	838	1,128	1,225
Cooke	44	14	25	20	16	26
Denton	1,834	1,568	1,556	1,377	1,344	1,467
Fannin	114	100	93	52	61	89
Grayson	435	379	501	371	475	561
Tarrant	4,791	4,306	5,276	4,310	5,116	5,513

Source: Texas Education Agency: Student Program and Special Populations Reports

Rates of housing instability for children and youth in Cooke and Grayson counties have been erratic for the past six years. However, Denton County experienced a steady decline from 2018 to 2022 in young people without permanent residences. While Tarrant County's population of children and youth without housing has fluctuated, it has increased since 2018. Dallas County had a rise in its unhoused youth population each year, except for a decline in 2021.

About 10% of the U.S. homeless youth population is in Texas, according to Texas Appleseed, a nonprofit organization seeking to promote social, economic and racial justice for Texans.¹ The Department of Education defines "homeless children and youths" as individuals who do not have a fixed, regular and adequate residence to stay at night.² According to the National Center for Children in Poverty, lack of affordable housing, violence at home and involvement in the child welfare system contribute to young people having a higher risk of homelessness.³ These factors

make them more vulnerable to experiencing food insecurity, sexual exploitation, abuse, health problems, criminalization and disruptions to their education.⁴

Foster youth in the welfare system may run away from the homes where they are placed to avoid strict disciplinary environments and abuse.⁵ Additionally, LGBTQ youth are at particular risk of becoming homeless due to discrimination.⁶ Research shows that 20-40% of homeless youth identify as lesbian, gay, bisexual, transgender or queer.⁷

According to the Texas Network of Youth Services, more than 93,000 students in Texas were homeless or living without a parent or guardian during the 2020-2021

school year.⁸ Those experiencing homelessness or unstable housing are more likely to be suspended or chronically absent from school.⁹ Access to adequate transportation, including affordable public transportation, also poses a challenge for homeless students, as school and essential services may not be close by.¹⁰ School absences can then lead students to getting lower test scores or dropping out of school.¹¹

Denton County experienced a steady decline from 2018 to 2022 in children and youth without a permanent residence.

Subsidized Housing

Number of families using housing choice vouchers

		2017	2018	2019	2020	2021	2022
Dallas	Number of Families Using Vouchers	23,181	22,617	21,869	21,107	20,908	20,244
	Number of Authorized Vouchers	26,720	26,067	25,439	25,138	24,554	24,107
Collin	Number of Families Using Vouchers	1,904	2,040	2,143	2,242	2,477	2,599
	Number of Authorized Vouchers	2,235	2,407	2,568	2,806	2,975	3,290
Cooke	Number of Families Using Vouchers	274	297	198	175	213	233
	Number of Authorized Vouchers	389	386	387	398	390	386
Denton	Number of Families Using Vouchers	2,352	2,457	2,635	2,787	3,350	3,434
	Number of Authorized Vouchers	2,641	2,892	3,084	3,297	3,671	3,879
Fannin	Number of Families Using Vouchers	130	117	112	126	383	307
	Number of Authorized Vouchers	191	191	208	198	547	448
Grayson	Number of Families Using Vouchers	649	627	539	585	753	734
	Number of Authorized Vouchers	872	872	856	863	1,050	1,065
Tarrant	Number of Families Using Vouchers	12,121	12,117	11,930	12,397	12,850	12,807
	Number of Authorized Vouchers	12,773	13,019	13,340	13,753	13,996	14,318

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

The Housing Choice Voucher program is a U.S. Department of Housing and Urban Development initiative to help low-income families, seniors and those with disabilities secure affordable, safe and clean housing.¹ To be eligible, individuals' incomes cannot exceed 50% of the median income for the county or metropolitan area where they reside.² But by law, the Public Housing Authority must provide 75% of its vouchers to qualified applicants whose income does not exceed 30% of the area's median income.³

The median family income for the Dallas area in 2020 was \$86,200.⁴ Therefore, a single person earning less than \$18,100 annually and a family of four earning less than \$26,200 a year would be eligible.⁵

According to the Center on Budget and Policy Priorities, 69% of Texas households receiving federal rental assistance are families with children, totaling 433,300 individuals.⁶ The median rent including utilities for an apartment in Texas was \$1,090 a month in 2019, a 20% increase since 2001.⁷

The number of housing choice vouchers in Dallas County has steadily decreased since 2017, while Collin, Denton and Fannin counties had increases in vouchers used and issued during

that period. In 2021, the number of vouchers used increased in all counties except Dallas.

Notably, the number of vouchers issued and used increased dramatically in Fannin County. In 2020, Fannin County families used 126 of the 198 total vouchers issued. By the next year, the county more than doubled the number of used vouchers, with 383 used of the 547 issued.

The number of housing choice vouchers issued and used in Dallas County has steadily decreased since 2017, while Collin, Denton and Fannin counties had increases during that period.

Child Food Insecurity

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

Food insecurity can have a direct negative effect on a child’s well-being and development.¹ Children with food insecurity can face long-lasting mental and physical health consequences such as asthma, anemia and depression.² They are also more prone to chronic illnesses like blood pressure disorders and diabetes, as well as behavioral disorders such as anxiety.³ Education also suffers, as those affected are more likely to perform poorly in school due to a lack of focus and increased stress levels.⁴

A combination of adverse factors typically causes food insecurity. While poverty is the primary cause, other variables such as inflated housing costs and food deserts can impede parents’ ability to provide adequate food for their children.⁵ In these households, parents struggle to prioritize nutrition along with other necessities such as utilities, transportation, education and medical care.⁶ Those at higher risk of having food-insecure households are families with young children, people of color and single parents.⁷

Texas has one of the highest rates of childhood food insecurity in the country at almost 22%, with nearly 1.6 million children affected.⁸ Conditions have slowly improved for children in North Texas, with a general decline in food insecurity between 2017 and 2021. All seven

		2017	2018	2019	2020	2021
Dallas	Number	156,630	145,120	139,800	161,260	134,560
	Percent	22.9	21.1	20.3	23.5	19.8
Collin	Number	45,920	38,920	34,000	31,040	27,330
	Percent	18.7	15.5	13.3	11.9	10.2
Cooke	Number	2,250	2,250	2,050	2,030	1,900
	Percent	23.9	23.7	21.5	21.1	19.2
Denton	Number	37,700	32,610	28,860	27,910	23,620
	Percent	18.7	15.9	13.8	13.1	10.9
Fannin	Number	1,630	1,580	1,400	1,220	1,200
	Percent	22.8	21.9	19.2	16.5	15.9
Grayson	Number	6,850	7,190	6,660	6,170	5,570
	Percent	22.8	23.5	21.4	19.5	17.3
Tarrant	Number	114,390	107,160	100,290	108,870	93,320
	Percent	21.4	19.8	18.4	19.9	17.0

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

counties experienced drops in the rate of childhood food insecurity, with Denton and Collin counties having the biggest declines. But in 2021, five of the seven counties remained above the 12.5% national average of food-insecure households with children; Collin and Denton counties were below.⁹ So, while North Texas is improving food insecurity and maintaining lower rates than the state, it still falls behind the general U.S. population.

Conditions have slowly improved for children in North Texas, with a general decline in food insecurity between 2017 and 2021.



SNAP Enrollment

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

The Supplemental Nutrition Assistance Program (SNAP) is a federal subsidy program that provides those eligible with funds to purchase nutritious food.¹ Eligibility requirements include income and employment status. A household of four with a monthly income of \$3,816 or less can qualify for \$939 in monthly benefits.²

SNAP funds can be used to buy food and/or seeds to grow food.³ SNAP funds cannot be used to purchase tobacco, alcohol, non-food items or to pay past-due food bills. Those eligible in Texas receive SNAP benefits on electronic benefit transfer cards known as Lone Star cards. These are typically only accepted at approved SNAP retailers.⁴

From 2018 to 2022, the number of North Texas children receiving SNAP benefits fell by almost 50,000, a 12.5% decrease. Cooke County saw the largest decrease, with the number of children receiving benefits falling 18%. Four more counties experienced double-digit decreases: Dallas (15%), Fannin (14%), Grayson (12.7%) and Tarrant (11.7%). Decreases in Denton and Collin counties were small to negligible.

The Covid-19 pandemic, however, caused a short-lived rise in SNAP enrollment in North Texas. At the beginning of the pandemic, Congress raised SNAP benefits.⁵ This resulted in more SNAP enrollments in all seven counties,

	2018	2019	2020	2021	2022
Dallas	202,062	183,765	186,146	164,711	171,188
Collin	21,662	20,654	22,552	20,601	21,634
Cooke	2,568	2,314	2,353	2,109	2,100
Denton	23,199	21,568	23,205	20,983	22,383
Fannin	1,741	1,614	1,647	1,490	1,491
Grayson	7,760	7,105	7,307	6,413	6,767
Tarrant	127,931	117,246	120,951	106,872	112,972

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

adding almost 10,000 children across the region in 2020. Collin County had the largest jump, as enrollment grew 9%. However in 2021, the U.S. Department of Agriculture ended Covid-19 benefit increases and reduced the number of people eligible, so enrollment declined in 2021.⁶

While still below 2018 levels, SNAP participation among North Texas children increased in 2022. Five counties increased enrollment, while Cooke and Fannin counties remained relatively stable. Dallas County, where more than half of North Texas children receiving SNAP benefits reside, had a 3.9% increase. Denton experienced the biggest jump at 6.7%.

While still below 2018 levels, SNAP participation among North Texas children increased in 2022.

School Meal Eligibility

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

One in 8 U.S. children experiences food insecurity,¹ while 1 in 5 North Texas children faces this challenge.² Many children face food insecurity because of poverty, limited resources and/or parental unemployment.³

The portion of students eligible for free or reduced-price meals in Dallas County was 73% in 2022, the highest in the region. In Fannin, Grayson and Tarrant counties, more than 50% of students were eligible for free or reduced-price meals that year. But in Collin County, the percentage of eligible students was 23.1%, much lower than in the other counties.

Students face increased food insecurity during summer vacation.⁴ But the Summer Food Service Program offers meals and snacks to low-income students during school breaks. When school is in session, the National School Lunch Program (NSLP) provides free or reduced-price meals for public school students,⁵ with 3 million Texas children relying on it.⁶

As a response to Covid-19, federal pandemic regulatory waivers were enacted, which enabled students to receive free meals at school without completing an application. Students were able to pick up meals from schools or receive meals through delivery services.⁷ Those regulatory waivers have ended, stopping widespread availability of free meals without

		2017	2018	2019	2020	2021	2022
Dallas	Number	359,513	354,895	372,198	374,269	363,765	360,980
	Percent	72.4	71.3	72.6	73.2	73.0	73.0
Collin	Number	42,578	42,882	50,260	51,605	53,957	53,563
	Percent	21.6	21.2	23.4	23.7	24.1	23.1
Cooke	Number	3,582	3,686	3,868	3,672	3,497	3,287
	Percent	55.2	55.6	56.8	54.7	52.5	47.9
Denton	Number	41,191	42,082	46,980	46,435	45,713	49,433
	Percent	33.4	33.2	35.2	34.7	34.2	35.6
Fannin	Number	3,072	3,132	3,153	3,152	2,867	2,860
	Percent	57.4	57.6	57.2	56.8	53.7	52.3
Grayson	Number	12,185	12,477	12,936	12,984	12,948	14,220
	Percent	54.1	53.8	54.8	55.1	54.5	58.0
Tarrant	Number	199,701	198,039	213,464	212,703	204,578	203,975
	Percent	55.6	55.3	59.6	59.2	59.1	58.9

Source: Texas Academic Reports (2016-2022), Economically Disadvantaged Students

qualification,⁸ although the Keep Kids Fed Act extended some food assistance services through the 2022-23 school year.

Students had to complete applications to determine their eligibility for NSLP meals during the 2022-23 school year.⁹ This resulted in fewer students receiving free or reduced-price meals,¹⁰ as students may not have been aware of the new process. Eligibility requirements changed as well. To qualify for NSLP, a student's family must fall within

an income range that the U.S. Department of Agriculture sets each July.¹¹

Three million public school students in Texas rely on the National School Lunch Program for free or reduced-price meals.

Children Living in Single-Parent Families

Number and percent of children in families living with one parent

The U.S. Census Bureau defines a single-parent family/household as having only one parent present in the home. Often, living in single-parent families can be detrimental to children's economic security for several reasons. Chief among them is the lack of two incomes in the family: In every North Texas county, single-mother households have median incomes less than half that of households headed by married couples.¹ In the long term, this can lead to generational poverty.² Compared to children who grow up in two-parent households, those from single-parent families are more likely to drop out of high school, be teen parents and be unemployed.³

In 2021, 34% of U.S. children (23,909,672) resided in single-parent families, with the Texas rate also at 34%.⁴ The percentage of children residing in single-parent homes has remained relatively stable in all seven North Texas counties; changes in the number of children are primarily due to changes in the youth population in each county. Dallas County had the highest proportion of children residing in single-parent households, at 40.1% in 2021. Although this decreased slightly from 41.3% in 2017, it was significantly above the state and U.S. percentages. All other counties had levels at or below the Texas and national rates. Tarrant, Grayson and Cooke counties had the next highest rates, at 34%, 32.8% and 32.7% respectively.

		2017	2018	2019	2020	2021
Dallas	Number	268,595	268,561	264,375	264,485	260,525
	Percent	41.3	41.0	40.3	40.4	40.1
Collin	Number	49,122	47,341	48,836	50,672	50,522
	Percent	20.4	19.3	19.6	19.9	19.3
Cooke	Number	2,895	2,815	2,891	2,886	3,012
	Percent	33.2	32.3	33.9	33.2	32.7
Denton	Number	45,300	44,953	46,029	45,364	46,236
	Percent	23.3	22.6	22.8	22.0	22.0
Fannin	Number	1,865	1,721	1,463	1,598	1,748
	Percent	28.1	25.5	21.4	22.9	24.9
Grayson	Number	9,934	9,554	9,862	10,324	9,826
	Percent	35.4	33.4	34.0	34.7	32.8
Tarrant	Number	176,394	178,684	181,274	181,891	178,936
	Percent	34.4	34.5	34.8	34.8	34.0

Source: U.S. Census Bureau: American Communities Survey

While rates in Tarrant County remained stable, rates in Grayson and Cooke counties fell slightly from 2017 to 2021. Collin County had the lowest rate in 2021 at 19.3%.

Single-parent families benefit from programs that assist with affordable housing, provide healthy food and offer access to skills training for parents to help them earn higher wages. As the availability of these programs varies across counties, these families also benefit from

navigation programs that connect them to needed resources and help them with the application process. Also, many single-parent families struggle with affordable transportation; configuring programs to serve residents in more remote areas without requiring transportation is beneficial for these families.

THROUGHOUT NORTH TEXAS, SINGLE-MOTHER HOUSEHOLDS HAVE MEDIAN INCOMES LESS THAN HALF THAT OF HOUSEHOLDS HEADED BY MARRIED COUPLES.

Families With All Parents Working

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

Employment empowers parents and guardians to create a secure environment for their children’s growth by providing the financial resources to meet the family’s needs. In the past few decades, more mothers have joined the U.S. workforce. This increased the proportion of two-parent households in which both parents are employed full-time from 31% in 1970 to its recent level of 46%.¹

About 66% of North Texas children in 2021 had parents who were either employed or serving in the armed forces. The percentage of children in homes with both parents in the workforce increased slightly over the past five years, from 65% in 2016 to 66% in 2021. Cooke, Dallas, Denton and Tarrant counties have remained steady over the past five years. In contrast, Collin County fell from 66% to 65%, while Fannin County fell from 69% to 63%.²

Maternal employment rates dropped during the Covid-19 pandemic from 65% to 58%,³ while paternal employment rates decreased from 90% to 82%.⁴ A study of the pandemic’s impact on parents’ employment found that a reduction in child care options and home-schooling had more of a negative impact on mothers’ employment than that of fathers.⁵ For mothers with young children, the lack of outside-the-home child care increased their risk of job loss.⁶

		2017	2018	2019	2020	2021
Dallas	Number	184,582	183,384	182,398	183,786	180,219
	Percent	63.8	63.8	63.7	64.2	63.8
Collin	Number	85,486	87,195	88,748	90,988	92,167
	Percent	66.2	65.8	66.0	66.1	64.7
Cooke	Number	3,063	3,009	3,100	3,212	3,518
	Percent	70.5	69.9	71.5	71.5	70.9
Denton	Number	71,060	71,813	72,386	74,130	79,632
	Percent	69.7	69.8	69.8	69.8	70.1
Fannin	Number	2,184	1,969	2,080	2,030	2,004
	Percent	68.7	65.3	66.1	66.0	63.2
Grayson	Number	9,264	8,873	9,640	10,184	10,562
	Percent	67.9	66.5	70.5	73.5	73.4
Tarrant	Number	157,645	160,687	161,714	161,635	163,033
	Percent	66.1	66.7	67.4	67.9	67.4

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

Despite Covid-19 challenges in 2020, the percentage of families with working parents or those in the armed forces remained relatively stable in North Texas. But, the growing North Texas population meant more families with children have all parents in the workforce. From 2017 to 2021, an additional 17,851 families with children had all parents in the workforce.

The U.S. labor market continued its Covid-19 recovery in 2021 with an average unemployment rate

of 5.3%,⁷ although disparities were evident among racial and ethnic groups. Blacks, American Indians and those identifying as multiracial had higher jobless rates.⁸ Asians and Native Hawaiians/Pacific Islanders had rates closer to the national average (5.0% and 6.9% respectively).⁹ White individuals had a lower rate of 4.7%, while Hispanics and/or Latinos had a higher rate of 6.8%.¹⁰

Despite Covid-19 challenges in 2020, **the percentage of families with parents either working or serving in the armed forces remained RELATIVELY STABLE** in North Texas.

Eligible Children in Subsidized Child Care

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

The federal Child Care and Development Fund is the primary provider for child care subsidies in Texas, which is administered through the Texas Workforce Commission (TWC).¹ Subsidized care efforts comprise nearly half of TWC’s annual budget. Yet thousands of eligible children fail to receive discounted care.² Eligibility requirements vary from state to state and sometimes within states.³ To be eligible in North Texas, a child must be 12 or younger and living in the household, and there are income eligibility requirements based on family size. Parents must also have a valid reason for seeking subsidized care, such as work, school, training or a job search.⁴

Providing subsidized care to low-income families is crucial for improving child development. Decreasing the cost of child care leads to increased parental employment, higher parental wages and greater use of single center child care facilities rather than larger consolidated facilities. The Prenatal-to-3 Policy Impact Center reports that the household monthly income for eligible families increases 250% after receiving subsidized child care.⁵ Subsidized care helps strengthen the workforce by making more people available to work.⁶ Similarly, subsidized child care increases the prevalence of high-quality early education for children from low-income families.⁷ Early childhood is crucial for developing

	2018	2019	2020	2021	2022
Dallas	20,498	27,304	22,376	21,458	25,497
Collin	3,113	3,595	3,680	2,954	3,207
Denton	3,377	4,046	4,088	3,215	3,487
Tarrant	12,606	12,879	12,776	10,875	15,747
Cooke, Fannin & Grayson	1,211	1,315	1,284	1,462	1,846

Source: Workforce Solutions for North Central Texas, Workforce Solutions Dallas, Tarrant Workforce Solutions, and TWC Childcare by the Numbers Report

social, emotional and academic skills needed to succeed later in life.⁸ Children who participate in early childhood education have longer attention spans, higher test scores and increased productivity as adults.⁹

All seven counties expanded subsidized child care enrollment from 2018 to 2022. While some counties, such as Collin and Denton, experienced marginal increases, other counties, like Dallas and Tarrant, saw significant increases in the number of children enrolled. Dallas County expanded 24.4% and Tarrant County grew 24.9% over the five years. Dallas County maintained the highest rate of enrolled eligible children in state-funded care for all five years.

In 2021, Collin, Dallas, Denton and Tarrant counties experienced drops in subsidized child care enrollment, likely due to the Covid-19 pandemic. Child care providers struggled to manage supplemental funds and ran into roadblocks for supplying discounted care during the pandemic.¹⁰ The number of enrolled children in subsidized care recovered in 2022.

Subsidized child care increases the prevalence of high-quality early education for children from low-income families.



ACCESS TO CHILD CARE

Licensed Child Care Slots

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

	2018	2019	2020	2021	2022
Dallas	89,563	91,613	91,741	89,292	93,293
Collin	63,283	65,784	69,073	70,839	74,466
Cooke	997	1,017	1,190	1,160	1,194
Denton	42,497	43,620	43,731	42,563	44,067
Fannin	681	681	681	681	614
Grayson	3,206	3,304	3,471	3,508	3,711
Tarrant	78,347	78,883	79,783	78,574	80,122

Source: Texas Department of Family and Protective Services; Annual Report and Data Book, 2016-2017. Texas Health and Human Services Commission Child Care Licensing Data Book, 2018-2022

Licensed Child Care Facilities

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

	2018	2019	2020	2021	2022
Dallas	1,508	1,470	1,417	1,310	1,275
Collin	747	732	735	698	683
Cooke	32	30	30	31	28
Denton	655	637	593	547	523
Fannin	15	15	13	11	12
Grayson	99	96	81	83	87
Tarrant	1,461	1,358	1,306	1,198	1,157

Source: Texas Department of Family and Protective Services; Annual Report and Data Book 2020. Texas Health and Human Services Commission Child Care Licensing Data Book, 2018-2022

The number of licensed child care slots refers to the total licensed capacity of all facilities in the county for providing child care and other services under the state's child care licensing program. Child care slots increased in all but Fannin County from 2018 to 2022. The most significant increase was in Collin County, adding more than 11,000 during the five years. Fannin County saw a decline in child care capacity, dropping from 681 to 614. Although that decline was numerically slight, it represents a nearly 10% decrease in the county's capacity.

The Covid-19 pandemic didn't appear to affect licensed capacity in North Texas immediately, as numbers didn't change significantly in 2020 at the beginning of the pandemic.

Licensed child care facilities refers to the number of businesses licensed to provide services. This count includes home-based child care centers, employer-based child care centers, temporary shelter programs, age-based school programs and before/after school programs. In 2018, 4,517 licensed or registered child care operations were in the reporting area, with a combined licensed capacity to care for 278,574 children. By 2022, the combined child care capacity increased to 297,467, despite the number of licensed and registered facilities decreasing by nearly 17% to 3,765.

All seven counties exhibited a steady decline in licensed and registered child care facilities. Dallas County had the most in the region in 2022, with 1,275 licensed

facilities. Tarrant County was second with 1,157 facilities. The most significant decreases were in Denton, Fannin and Tarrant counties, each dipping 20% from 2018 to 2022. Tarrant County lost 304 facilities, going from 1,461 to 1,157. Licensed facilities in Denton County dropped from 655 to 523, and Fannin County dropped from 15 to 12 facilities. Collin County, with 683 licensed facilities, saw the smallest decrease at 8.5% from the 747 licensed facilities in 2018.

Children at Risk, a nonprofit research organization, reported that 25% of all child care centers closed as of August 2020 during the pandemic, creating child care deserts across Texas.¹ A child care desert happens when an area doesn't have sufficient licensed child care slots to meet the needs of the children residing there.² Low-income families returning to the workforce after the pandemic were most affected by child care closures.³ Also, some child care facilities in the region closed because of staffing shortages and overcrowding.⁴

The increase in child care slots and the reduction in facilities indicate a shift toward larger child care facilities. Financial analysts have observed that corporate (chain) child care facilities are increasing their market presence.

In 2022, corporate child care companies increased their facility acquisitions 8%.⁵ One potential shortcoming of this consolidation is decreased convenience. As more slots become concentrated in fewer facilities, some families will travel farther for child care. Also, increased overhead and decreased competition can prompt corporate-based care centers to raise fees.⁶ This could decrease equitable access to child care, which allows many parents to participate in the labor force.

All seven counties exhibited a steady decline in licensed and registered child care facilities.



Laszlo, age 8

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SAFETY



Luke, age 6

Growing up in a safe environment is fundamental to a child's well-being. This section primarily addresses adverse childhood experiences (ACEs), which have been shown to have detrimental effects that can last into adulthood.¹ ACEs include a wide range of events and circumstances, such as physical abuse, emotional abuse, neglect, sexual abuse, family mental illness, family violence, parental incarceration, family substance abuse and divorce.²

Texas had 56,944 confirmed victims of child abuse and neglect in 2022. Of those, 14,014 (25%) resided in North Texas. Confirmed victimization rates were down from 2016 levels in all counties but Denton.

Members of the Beyond ABC Advisory Board and other local leaders have expressed alarm about the increasing levels of substance use among youth, particularly with the opioid fentanyl. A recent spate of teenager fentanyl overdose deaths in Texas drew national attention.³

The data that follows in this section helps illuminate the programs needed to improve North Texas children's safety.

Dallas and Tarrant counties have seen

child homicides increase since 2018

UNDERAGE DRINKING

can bring increased risk of suicide, adverse changes in brain development, memory problems and social development issues,

ACCORDING TO THE CDC*

*Centers for Disease Control and Prevention

Texas Health and Human Services Commission:

Rate of youth suicides has been steadily rising since 1999



While decreasing across the region, **childhood traumatic injury hospitalizations INCREASED** in Dallas and Collin counties from 2017 to 2021



ALL 7 NORTH TEXAS COUNTIES HAD REDUCTIONS IN CHILD DEATHS FROM ABUSE AND NEGLECT FROM 2018 TO 2022

In 2022, Department of Family Protective Services had legal responsibility for **more than**

6,000

NORTH TEXAS CHILDREN BUT HAD A SHORTAGE OF FOSTER HOMES



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TEXAS EDUCATION AGENCY:
17,445 young people
IN NORTH TEXAS
DON'T HAVE A HOME

CHILD ABUSE AND NEGLECT

Confirmed Victims of Child Abuse and Neglect

Number of Child Protective Services-confirmed cases and rate per 1,000 children

		2018	2019	2020	2021	2022
Dallas	Number	7,174	6,860	7,145	6,679	5,818
	Rate	10.2	9.5	9.8	9.1	7.8
Collin	Number	1,340	1,328	1,149	1,278	1,096
	Rate	5.0	5.2	4.5	4.9	4.1
Cooke	Number	312	195	210	148	163
	Rate	31.5	21.7	23.4	16.5	18.2
Denton	Number	1,337	1,398	1,568	1,480	1,088
	Rate	6.0	5.2	7.4	6.9	5.0
Fannin	Number	124	111	117	84	75
	Rate	16.0	15.9	16.8	12.1	10.8
Grayson	Number	509	570	464	356	268
	Rate	17.2	18.7	15.2	11.5	8.6
Tarrant	Number	5,842	5,536	6,203	6,511	5,506
	Rate	10.9	10.3	11.5	11.9	10.0

Source: Texas Department of Family and Protective Services; Annual Report and Data Book, 2017-2022. (https://www.dfps.texas.gov/About_DFPS/Data_Book/Child_Protective_Investigations/Investigations/Victims.asp)

Deaths from Child Abuse and Neglect

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

	2018	2019	2020	2021	2022
Dallas	19	23	24	18	7
Collin	2	5	7	2	1
Cooke	3	1	1	0	0
Denton	2	5	3	3	7
Fannin	0	0	0	0	1
Grayson	0	3	2	1	1
Tarrant	21	14	15	12	13

Source: Texas Department of Family and Protective Services; Data Books and Annual Reports 2017-2022

In 2022, the Texas Department of Family and Protective Services (DFPS) conducted 166,187 inquiries into instances involving suspected child abuse and neglect. Among those, authorities confirmed abuse in 37,081 cases involving 56,944 victims. The data shows a decrease from 2018; investigations fell 3%, confirmed cases fell 10%, and the number of victims fell 14%.¹

According to the Centers for Disease Control and Prevention, impoverished children are more at risk of experiencing child abuse and neglect.² Children living in low socioeconomic homes are five times more likely to experience abuse and neglect due to the added strain placed on families grappling with poverty.³ Children at higher risk of abuse are younger than 4 years old, possess special needs, have an intellectual disability or neurological condition, or identify as lesbian, gay, bisexual or transgender.⁴

In 2022, Dallas County had 5,818 confirmed victims of abuse or neglect, a rate of 7.8 per 1,000 children. The number of victims in Dallas County fell 19% from 2018. Though a smaller county with only 163 confirmed victims in 2022, Cooke County had the highest rate of confirmed victims: 18.2 per 1,000 children. Cooke County's rate was more than twice that of Dallas and four times that of Collin County. Cooke also had a decrease in the number of victims from 2018.

Grayson County's 2022 victimization rate of 8.6 per 1,000 had the largest decrease. In 2018, the county's rate was 17.2 per 1,000. Fannin County

had the second-highest rate of substantiated child abuse and neglect cases, with a rate of 10.8 per 1,000 in 2022. Denton County and Collin County have consistently exhibited the lowest rates of confirmed child abuse and neglect victims among the counties.

In all seven counties, there has been a reduction in child deaths from abuse and neglect, indicating an overall improvement in child safety. The 30 deaths in 2022 were down 36% from 2018's 47 deaths. With the largest share of the region's children, Dallas County and Tarrant County also have the most child deaths from abuse and neglect. Fannin County had the least number of deaths and cases of child abuse and neglect for all five years compared to the other six counties.

Dallas and Tarrant counties have observed significant reductions in confirmed child deaths, with Dallas reporting 63% fewer deaths in 2022 than in 2018 and Tarrant reporting 38% fewer deaths. Denton County reported two child deaths in 2018 but seven in 2022.

The 2022 DFPS Child Maltreatment Fatalities and Near Fatalities Annual Report highlights that during the past decade children under 3 constituted 80% of all

documented child abuse and neglect cases.⁵ Nevertheless, in the last three years, there has been a decrease in confirmed child abuse and neglect fatalities among children 3 and younger, dropping to 61% in 2022. This reduction has been accompanied by a rise in deaths involving older children.⁶

Children living in low socioeconomic circumstances are **FIVE TIMES MORE LIKELY** to experience abuse and neglect due to the added strain placed on families grappling with poverty.

CPS Family Violence Investigations

Number and percent of Child Protective Services investigations in which family violence was reported

In the United States, most child abuse victims are abused by a parent.¹ The Texas Department of Public Safety defines family violence as an act by a family or household member against another member with the intent to cause physical harm, bodily injury, assault or a threat that places the individual in reasonable fear of imminent physical harm.² During the Covid-19 pandemic, 11.3% of adolescents experienced physical abuse by a parent, according to the Centers for Disease Control and Prevention (CDC).³ And, a second CDC study reported a greater portion of pediatric ER visits for child abuse despite an overall decrease in pediatric ER visits between January 2019 and September 2020.⁴

Previous Beyond ABC reports estimated children’s exposure to family violence using a survey of local domestic violence shelters. This year’s report instead explores the prevalence of family violence in Texas Child Protective Services (CPS) investigations. This provides a more representative assessment of the prevalence of family violence.

In North Texas, the number and percentage of CPS investigations in which family violence was reported decreased. In 2022, Collin, Dallas, Denton, Fannin and Grayson counties reached the lowest number of investigations involving family violence since 2018. North Texas reached its

		2018	2019	2020	2021	2022
Dallas	Number	4,373	4,208	4,447	4,198	3,819
	Percent	28.6	30.9	34.4	32.8	32.1
Collin	Number	827	855	735	827	711
	Percent	34.5	34.3	36.5	31.3	33.6
Cooke	Number	152	105	119	88	97
	Percent	42.8	40.0	37.0	27.3	33.0
Denton	Number	852	895	981	968	719
	Percent	36.6	32.2	32.3	32.9	33.1
Fannin	Number	67	71	76	57	51
	Percent	13.4	19.7	13.2	19.3	27.5
Grayson	Number	307	347	288	247	181
	Percent	22.1	21.0	21.2	21.1	20.4
Tarrant	Number	3,654	3,544	3,909	4,052	3,622
	Percent	32.4	32.8	32.6	34.1	35.4

Source: Texas Academic Reports (2016-2022), Economically Disadvantaged Students

peak in 2020, when the region had 10,555 family violence investigations.

Grayson County had the least family violence-related investigations. While most counties saw about 1 in 3 cases, 1 in 5 Grayson County cases involved family violence.

A 2022 Texas Department of Family and Protective Services report indicated that a child’s mother and/or father are the primary perpetrators of child

abuse when a fatality occurs.⁵

In addition to physical injury, children who have been physically abused may struggle to develop and maintain relationships, develop anxiety or post-traumatic stress disorders, or become aggressive themselves.⁶ Infant victims are at an increased risk of developing neurological damage and long-term physical problems such as seizures, mental and developmental delays, and blindness.⁷

The number and percentage of CPS investigations in which family violence was reported decreased across North Texas from 2018 to 2022.



CPS Caseloads

Average caseload for each Child Protective Services caseworker

Texas had 6,278 Child Protective Services (CPS) caseworkers employed in the field in 2022.¹ The Texas Department of Family and Protective Services (DFPS) reports that a typical caseworker maintains 16.2 cases daily.² In February 2020, a federal court case against the state of Texas established new internal guidelines for caseworkers to oversee only 14-17 children under state care.

However, these guidelines are not binding and have not caused significant changes in CPS procedures.³ As a result, the number of caseworkers in Texas significantly decreased as employees sought work elsewhere.⁴ In 2022, DFPS had the highest employee turnover rate of any state agency, losing nearly 2,300 employees due to organizational issues, caseworker burnout and limited resources.⁵ This 34% increase in departures is partly due to the foster home shortage, as the state doesn’t have enough to meet the needs of children in DFPS conservatorship. As a result, caseworkers often supervise the children themselves while housing them in inappropriate shelters such as churches, hotels or offices.⁶ These “child-without-placement rotations” are dangerous for workers and children as they assign caregiving tasks to unequipped social workers while putting children in unstable living conditions.⁷

	2018	2019	2020	2021	2022
Dallas	12.6	12.3	12.2	15.7	16.8
Collin	11.4	12.3	10.4	12.1	13.8
Cooke	12.0	9.7	12.3	20.6	16.7
Denton	18.2	14.0	15.6	19.3	17.9
Fannin	12.3	10.1	12.7	10.1	9.7
Grayson	13.5	12.1	12.8	12.3	13.0
Tarrant	13.3	15.0	14.0	21.4	17.6

Source: Texas Department of Family and Protective Services: Data Books and Annual Reports 2018-2022

The high employee turnover has caused caseworkers to take on bigger workloads, as seen in the increase in caseworkers’ monthly cases in Dallas, Tarrant, Grayson, Cooke and Collin counties between 2018 and 2022. Across the region, average daily caseloads rose 26%, from 13.2 cases per investigator to 16.6. Cooke County experienced the most significant increase in cases per worker, which rose 39% over the five years. Dallas County also experienced a large increase, with 2022’s caseload of 16.8, up 33% from the 12.6 seen in 2018. Three counties had caseloads decline: Fannin (down 21%), Grayson (down 4%) and Denton (down 2%). However, Denton County had the highest

average daily caseload in 2022 at 17.9 cases per caseworker.

The high CPS employee turnover caused caseworkers to take on bigger workloads in Dallas, Tarrant, Grayson, Cooke and Collin counties.

Availability of Foster Care

Number and percent of Child Protective Services removals of children to emergency shelters and number of children in foster care

		2018	2019	2020	2021	2022
Dallas	Youth Removed to Emergency Shelters	209	160	131	79	40
	Percent of Removals to Emergency Shelters	10.1	10.6	12.2	6.9	5.4
	Number of Children in Foster Care	1,543	1,557	1,318	1,199	869
Collin	Youth Removed to Emergency Shelters	18	21	20	6	7
	Percent of Removals to Emergency Shelters	6.9	9.2	14.1	3.7	6.7
	Number of Children in Foster Care	173	192	160	117	108
Cooke	Youth Removed to Emergency Shelters	14	10	8	0	0
	Percent of Removals to Emergency Shelters	16.1	18.5	16.7	NA	NA
	Number of Children in Foster Care	94	63	42	36	28
Denton	Youth Removed to Emergency Shelters	37	55	25	16	16
	Percent of Removals to Emergency Shelters	8.6	12.2	8.4	4.8	10.2
	Number of Children in Foster Care	291	353	322	270	204
Fannin	Youth Removed to Emergency Shelters	6	8	0	0	3
	Percent of Removals to Emergency Shelters	17.1	20.0	NA	NA	21.4
	Number of Children in Foster Care	44	34	47	31	22
Grayson	Youth Removed to Emergency Shelters	23	26	15	6	4
	Percent of Removals to Emergency Shelters	18.4	21.3	14.9	6.7	7.1
	Number of Children in Foster Care	113	117	103	97	80
Tarrant	Youth Removed to Emergency Shelters	72	42	38	34	45
	Percent of Removals to Emergency Shelters	10.5	6.4	5.9	5.1	8.1
	Number of Children in Foster Care	928	960	1,017	945	884

Source: Texas Department of Family and Protective Services Data Book 2018-2022

The foster care system is engaged when children cannot reside safely at home and lack suitable noncustodial parents, relatives or close friends willing and able to care for them.¹ Texas Child Protective Services (CPS) may remove children from their homes in emergencies or a court may grant CPS temporary legal custody.² CPS then places these children temporarily in foster care settings, including foster family homes, foster family group homes, residential group care facilities, facilities overseen by another state agency or emergency shelters.³ CPS policy requires that children be placed in the least restrictive environment. Generally, kinship care (living with a relative or family friend) is the least restrictive

option, followed by foster care and emergency shelter placement.⁴

Removals to emergency shelters highlight the shortage of foster homes. Foster care is a short-term solution until a permanent living arrangement is secured.⁵ In some cases, it may become permanent when a foster parent adopts or assumes permanent managing conservatorship of a child.⁶

While reliance on emergency shelters has decreased, there is still a shortage of foster care homes. In August 2023, CPS was overseeing an average of 95 children daily without a foster care placement, forcing the agency to rely on emergency shelters and nontraditional options.⁷ The foster care system requires additional capacity to meet North Texas' needs.

THE PERCENTAGE OF REMOVALS TO EMERGENCY SHELTERS HIGHLIGHTS THE SHORTAGE OF AVAILABLE FOSTER HOMES.

Children in Conservatorship

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

The Texas Department of Family and Protective Services (DFPS) uses conservatorship as a vital tool to aid children in neglectful, abusive or otherwise hazardous living situations. Conservatorship refers to assigning parental decision-making rights for the child, often dealing with their health, education and safety.¹ While many DFPS conservatorships are facilitated through the foster care system, other types of care include children being placed with a family relative through kinship care, adoption or volunteer care.² Children who are placed in state conservatorship have experienced homelife instability that causes mental and emotional challenges, often negatively affecting their education, health or other aspects of their lives.³ Minors in DFPS conservatorship, especially foster care, often have poorer physical health, lower grades and higher criminal activity rates.⁴

In 2022, more than 6,000 North Texas children were under the legal responsibility of DFPS. Over the past five years, Dallas, Collin, Cooke, Fannin and Grayson counties saw a consistent decline in the number of children in DFPS conservatorship. Numbers in Tarrant and Denton counties fluctuated but ultimately maintained similar amounts of children in conservatorship in 2022 as in 2017. Cooke and Fannin

		2017	2018	2019	2020	2021	2022
Dallas	Number	4,310	4,735	4,568	3,768	3,329	2,845
	Rate	6.09	6.62	6.33	5.18	4.52	3.82
Collin	Number	536	615	603	504	458	399
	Rate	2.13	2.43	2.36	1.95	1.75	1.51
Cooke	Number	211	223	196	156	120	88
	Rate	23.2	24.6	21.79	17.37	13.4	9.83
Denton	Number	744	867	1,064	1,010	934	716
	Rate	3.65	4.21	5.11	4.79	4.37	3.31
Fannin	Number	117	128	107	125	105	69
	Rate	16.59	18.29	15.33	17.94	15.09	9.96
Grayson	Number	386	358	208	279	282	225
	Rate	12.81	11.82	6.82	9.11	9.13	7.23
Tarrant	Number	1,998	1,996	2,005	2,048	2,044	1,943
	Rate	3.76	3.74	3.73	3.78	3.75	3.54

Source: Texas Department of Family and Protective Services: Data Books and Annual Reports 2017-2022 Rates are expressed as rate per 1,000 children in the population

counties had the highest rates of children in conservatorship relative to their populations. However, Cooke County also saw the most significant decrease in conservatorship rates, dropping from 23.2 in 2017 to 9.83 in 2022. Tarrant County experienced the smallest change in rate, dropping from 3.76 to 3.54. Tarrant and Dallas counties accounted for over 75% of North Texas children in conservatorship in 2022.

Even though the number of conservatorship cases is declining, DFPS still struggles to care for the children under its legal responsibility. As a result, the Texas Legislature has proposed new measures to address caseworker hiring practices while giving greater parental rights to those facing abuse allegations to improve child well-being without taking more individuals into DFPS conservatorship.⁵

Dallas, Collin, Cooke, Fannin and Grayson counties had a consistent decline in the number of children in DFPS conservatorship.



Child-related Sex Crimes

Number of indictments for indecency with a child or aggravated sexual assault with a child and the number of confirmed victims of sexual abuse

North Texas counties reported 1,324 confirmed cases of child sexual abuse in 2017. In 2022, the counties documented 1,489 confirmed cases, a 12.5% increase. But, no discernible consistent trend in confirmed victims is evident across any of the counties. In 2017, Collin, Denton, Fannin and Tarrant counties collectively recorded their lowest number of confirmed victims. Across North Texas, the highest number of confirmed cases from 2018 to 2022 occurred in 2021, totaling 1,585 cases, and in that year Dallas, Denton and Grayson counties each experienced their highest numbers of confirmed cases.

In 2018, North Texas counties reported 1,401 indictments for child sexual abuse or indecency with a child. By 2022, while confirmed victims in these counties had risen 12.5%, indictments fell 9.6% to 1,267. The region recorded the fewest indictments in 2021, with a total of 1,010. The peak in indictments occurred in 2019 with 1,470.

Children’s Advocacy Centers of Texas (CAC), a nonprofit serving children and families who have been affected by abuse, reports that 1 in 10 children are sexually abused before turning 18.¹ The majority of the 68,018 child victims served at CAC (67%) were victims of child sexual abuse.² Factors that increase the risk

		2018	2019	2020	2021	2022
Dallas	Indictments	745	763	425	392	458
	Confirmed Victims	631	606	583	643	583
Collin	Indictments	167	142	115	117	171
	Confirmed Victims	142	158	137	155	129
Cooke	Indictments	6	24	11	15	9
	Confirmed Victims	9	7	22	11	25
Denton	Indictments	89	11	101	118	155
	Confirmed Victims	112	135	126	156	126
Fannin	Indictments	6	13	11	18	12
	Confirmed Victims	15	12	21	14	18
Grayson	Indictments	23	25	23	26	37
	Confirmed Victims	35	46	44	60	42
Tarrant	Indictments	365	492	419	324	425
	Confirmed Victims	507	561	550	546	566

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

of child sexual abuse include a stressful home environment, children who identify as LGBTQ, unmonitored access to technology, children with low self-esteem and prior sexual abuse.³ Children with disabilities are more likely to be sexually abused, with an estimated rate four to 10 times as high as that among other children.⁴

Factors that INCREASE THE RISK of child sexual abuse

include a stressful home environment, children who identify as LGBTQ, unmonitored access to technology, children with low self-esteem and prior sexual abuse.

Traumatic Injuries

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

Traumatic injuries are the leading cause of death for children, according to the National Library of Medicine.¹ Traumatic injuries during childhood can lead to lifelong disabilities that hinder individuals’ mental and physical health while putting them at a higher risk of financial and social problems.² Young children are more likely to experience traumatic injuries through accidental head trauma in the home, while adolescents are more likely to be injured in the street, often due to violence.³ Some leading causes of childhood traumatic injury are accidental car crashes, suffocation, drowning, poisoning, burns and falls.⁴

All youth can be affected by traumatic injuries, however certain risk factors make some more likely to get hurt, including gender, a higher number of children in the household, the absence of a mother at home, parental education levels and a family history of alcoholism.⁵ Boys, younger siblings, children with impaired fine motor skills and children with younger parents are all at a higher risk for traumatic injury than the general population.⁶

In 2021, North Texas had 1,100 children hospitalized with traumatic injuries, down 6.5% from 2017’s 1,177 incidents. Five of seven counties had fewer

	2017	2018	2019	2020	2021
Dallas	468	487	563	487	496
Collin	134	134	164	136	149
Cooke	9	14	12	12	5
Denton	140	145	149	113	128
Fannin	13	7	<5	14	7
Grayson	40	20	37	41	35
Tarrant	373	396	358	315	280

Source: Texas Department of State Health Services; Center for Health Statistics, Texas Hospital Inpatient Discharge Public Use Data Files 2017-2021

incidents of traumatic injury hospitalization in 2021 than in 2017. Tarrant County dropped 25%, Grayson County fell 13%, and Denton County fell 9%. Dallas’ 496 hospitalizations in 2021 were up 6% from 2017, while Collin County’s 149 hospitalizations were up 11% from the 134 reported in 2017.

While they decreased across the region, childhood traumatic injury cases were a growing issue for Collin and Dallas counties. Therefore, promoting awareness around basic preventative measures to keep children safe is crucial. Correctly positioning babies in their cribs, teaching

childhood swimming lessons, consistent bicycle helmet use and teaching children ways to stay safe during fires and shootings can help reduce the risk of traumatic injury.⁷

Boys, younger siblings, children with impaired fine motor skills and children with younger parents are all at a **HIGHER RISK FOR TRAUMATIC INJURY.**

Child Homicide

Number of deaths from intentional injury of those under 20

Homicide is defined as one person intentionally causing the death of another.¹ In 2022, North Texas had at least 104 child homicide victims, more than double the at least 47 homicides in 2018.² Dallas and Tarrant counties have experienced increased child homicides. Dallas County's 2022 homicide count of 56 was up 87% from 2018; Tarrant County's 44 homicides were up 238% from 2018, steadily increasing over that five years. Trends in the remaining counties are difficult to assess due to suppressed data.

The United States has the highest rate of child and teen firearm mortality among peer nations.³ Victims who were 11 and older were most often killed during a crime or an argument, while a parent or caregiver most often killed children 10 or younger through neglect or abuse.⁴ A study on filicide (the killing of a child by a parent) in the United States found that a parent or guardian most frequently commits child homicide, and stepparents are more likely than biological parents to kill children. Men are more likely to kill older children than women.⁵

Incidents of maternal filicide, like Andrea Yates' 2001 killing of her five children in Houston, have garnered significant media coverage in recent years.⁶ The Centers for Disease Control and Prevention reports an infanticide rate of 7 per 100,000 births,

	2018	2019	2020	2021	2022
Dallas	30	39	43	60	56
Collin	<10	<10	<10	<10	<10
Cooke	<10	0	<10	0	0
Denton	<10	0	<10	<10	<10
Fannin	0	0	0	0	<10
Grayson	<10	<10	0	0	<10
Tarrant	13	28	33	40	44

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

indicating cases in which children are killed before their first birthday.

Deaths linked to firearms and poisonings, including drug overdoses, have increased among U.S. children and adolescents.⁷ And children from minority groups are disproportionately more likely to be homicide victims. More than half of child and adolescent homicide victims are non-white, with high rates for Black and Hispanic juveniles.⁸

The death of a child can cause parents to suffer, leading to marital disruption, depression and cardiovascular health problems.⁹ The bereavement process for parents, siblings and family members may also be complicated.

Traditional burial services can be disrupted as the child's body may not be suitable for viewing. Plus, police investigations, autopsies, trials and the judicial process can take time and put emotional strain on the family.¹⁰

DALLAS AND TARRANT COUNTIES HAVE EXPERIENCED INCREASED CHILD HOMICIDES.

Adolescent Suicide

Number of intentional deaths by suicide and other self-inflicted injuries among children 19 and younger

The Texas Health and Human Services Commission reports that the rate of youth suicides has been steadily rising since 1999.¹ In 2020, the state's teen suicide rate was about 12 per 100,000 children, higher than the national rate.² While suicide is more common in adults, it is one of the leading causes of adolescent death.³

One contributing factor is that adolescents are more susceptible to mental health challenges as they undergo significant life transitions, shape their identities, navigate peer interactions and embark on their first intimate relationships.⁴ Without a stable home life and a robust family support system, the stress from these challenges can become overwhelming for those without adequate coping mechanisms.⁵

The prevalent age range for youth suicide is 7 to 20, with more females attempting suicide than males.⁶ Also, ethnic and social minority groups are more likely to consider suicide.⁷ According to the 2021 Texas Youth Risk Behavior Survey (YRBS), Asian and multiracial students reported the highest rate of serious suicidal thoughts among all racial groups.⁸ Experts partially attribute this to a culture of shame around mental health struggles in Asian and multiracial communities.⁹ Similarly, the rate of serious suicidal thoughts for students identifying as gay, lesbian or bisexual has been higher than in the general

	2018	2019	2020	2021	2022
Dallas	21	16	22	25	25
Collin	12	13	*	11	14
Cooke	<10	0	0	<10	0
Denton	<10	<10	<10	<10	<10
Fannin	<10	<10	0	<10	<10
Grayson	<10	<10	0	<10	0
Tarrant	20	33	32	38	28

Source: Texas Department of State Health Services, Center for Health Statistics
Counts of 1-9 are suppressed to prevent identification of individuals in confidential data
*Additional counts are suppressed to prevent the back calculation of suppressed small counts

population, with 51% of LGBTQ students reporting they have considered suicide, according to the 2021 YRBS.¹⁰

In North Texas, adolescent suicides varied substantially by county. Dallas County had an average of about 22 adolescent suicides annually from 2018 to 2022. Cooke, Denton, Grayson and Fannin counties had none or fewer than 10 suicides for each of the five years. Youth suicides increased in Tarrant and Collin counties during the five-year span.

These numbers may not encompass all cases because

under-reporting is a common issue as suicides are often mistaken for accidents.¹¹

ASIAN AMERICAN AND MULTIRACIAL STUDENTS REPORTED THE HIGHEST RATES OF SERIOUS SUICIDAL THOUGHTS AMONG ALL RACIAL GROUPS.

Child Mortality

Number of children ages 19 and under who died due to any cause

In 2022, 4,768 Texans ages 19 and under died. This was up 17% from 4,084 deaths in 2018. Factoring in population changes, the mortality rate for children rose 15%, from 49.8 to 57.5 deaths per 100,000 population. In 2018, the state's rate of 49.8 fell below the U.S. rate of 50.2. By 2022, the pattern reversed when Texas' rate of 57.5 exceeded the U.S. rate of 53.2.¹

The five leading causes of death for young Texans in 2022 were conditions originating during the first year of life, accidents, congenital malformations and chromosomal anomalies, assault and suicide. The top five causes in Texas were identical to those nationally, however Texas often had a higher rate. The state's mortality rate for congenital defects and chromosomal anomalies, the third leading cause of death, was 8.1 deaths per 100,000 children, 31% higher than the U.S. rate of 6.2. Texas' rate for assaults was 10% higher than the U.S. rate, while the rate for suicide deaths was 13% higher than the national rate.

In 2022, 1,081 North Texas young people died, up 20% from 904 in 2018. Denton County had the largest increase in child deaths, from 78 in 2018 to 111 in 2022, a 42% increase. Dallas County's number of child deaths rose from 414 in 2018 to 506 in 2022, an increase of 22%. Collin County child deaths rose 21%, going from 92 in 2018 to 111 in 2022.

		2018	2019	2020	2021	*2022
Dallas	Deaths	414	401	437	430	506
	Rate	54.9	53.2	58.0	57.5	67.6
Collin	Deaths	92	118	96	108	111
	Rate	33.6	42.1	33.6	36.7	37.7
Cooke	Deaths	<10	<10	<10	<10	<10
	Rate	-	-	-	-	-
Denton	Deaths	78	79	83	97	111
	Rate	34.4	34.1	35.2	40.2	46.1
Fannin	Deaths	<10	<10	<10	<10	<10
	Rate	-	-	-	-	-
Grayson	Deaths	20	22	16	25	16
	Rate	59.0	63.5	45.4	69.9	44.8
Tarrant	Deaths	300	296	321	365	337
	Rate	50.5	49.4	53.3	60.1	55.5

Source: Centers for Disease Control and Prevention Provisional Mortality Data on WONDER; American Community Survey 5-Year Estimates 2017-2021
*2022 data is provisional and subject to change, 2021 population numbers used for 2022 rates
Counts of 1-9 are suppressed to protect identities of individuals in confidential data

Dallas County had the highest child mortality rate in North Texas in 2022. Its rate of 67.6 was a sharp rise from 54.9 in 2018. Tarrant County also had an increase in its rate, rising from 50.5 in 2018 to 60.1 in 2021 but then to 55.5 in 2022. Child deaths in Grayson County fell from 20 to 16, although this decrease comes after an increase to 25 deaths in 2021.

 **The child mortality rate in Dallas County has increased SINCE 2018.**

Unintentional Deaths of Children

Number of unintentional deaths of those 19 and younger

In 2022, 938 Texans 19 and younger died of unintentional causes, a 31% increase from 2018. The rate of unintentional deaths increased as well, from 8.7 per 100,000 children in 2018 to 11.3 in 2022, a 30% rise. During the same period, unintentional deaths among U.S. children rose 23%, and the rate went from 9 per 100,000 in 2018 to 11 per 100,000 in 2022. Texas had a lower rate of unintentional deaths than the nation in 2018, but by 2022 the positions had reversed.¹

North Texas has seen increased attention to unintentional and accidental child deaths. Local medical professionals noted more cases of young parents having an infant sleep in the same bed as them or putting unneeded blankets and cushions in cribs, situations that can cause harm.² And long hot Texas summers bring more attention to the dangers of children being left in locked overheated vehicles or drowning while swimming.³

Rates and numbers of unintentional child deaths have increased in most North Texas counties. From 2018 to 2022, the region saw a 35% increase in deaths, from at least 127 to at least 171 (counts in some counties are suppressed for confidentiality). Collin County had the largest increase in the number of deaths and rate. The county's number of deaths rose 82% from 11 to 20, after peaking at 27 deaths in 2019, while the rate

		2018	2019	2020	2021	*2022
Dallas	Deaths	63	57	83	69	86
	Rate	8.4	7.6	11.0	9.2	11.5
Collin	Deaths	11	27	18	17	20
	Rate	4.0	9.6	6.3	5.8	6.8
Cooke	Deaths	0	<10	<10	<10	<10
	Rate	-	-	-	-	-
Denton	Deaths	15	13	16	20	18
	Rate	6.6	5.6	6.8	8.3	7.5
Fannin	Deaths	<10	0	<10	<10	<10
	Rate	-	-	-	-	-
Grayson	Deaths	<10	<10	<10	<10	<10
	Rate	-	-	-	-	-
Tarrant	Deaths	36	43	53	58	44
	Rate	6.1	7.2	8.8	9.5	7.2

Source: Centers for Disease Control and Prevention, Provisional Mortality Statistics on WONDER; American Community Survey 5-Year Estimates 2017-2021
*2022 data is provisional and subject to change, 2021 population used to compute 2022 rates
Counts of 1-9 are suppressed to protect the identity of individuals in confidential data

increased from 4.0 to 6.8. The number of unintentional deaths and rates also increased in Dallas, Tarrant and Denton counties. Dallas County was the only county with a rate exceeding the state and national rates, 11.5 compared to 11.3 and 11.0 respectively.

RATES AND NUMBERS OF UNINTENTIONAL CHILD DEATHS HAVE INCREASED IN MOST NORTH TEXAS COUNTIES.

ALCOHOL AND SUBSTANCE ABUSE

Alcohol and Substance Abuse ER Visits

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

		2017	2018	2019	2020	2021
Dallas	Alcohol	103	87	108	93	92
	Drugs	320	164	211	283	256
Collin	Alcohol	52	37	45	46	58
	Drugs	80	70	66	65	81
Cooke	Alcohol	<10	<10	<10	<10	<10
	Drugs	5	<10	<10	5	<10
Denton	Alcohol	50	38	42	24	20
	Drugs	63	49	41	33	37
Fannin	Alcohol	<10	0	0	<10	<10
	Drugs	<10	<10	0	<10	0
Grayson	Alcohol	7	6	9	5	<5
	Drugs	16	9	20	9	9
Tarrant	Alcohol	110	82	82	75	56
	Drugs	174	145	183	173	104

Source: Texas Department of State Health Services: Center for Health Statistics, Texas Hospital Emergency Discharge Public Use Data Files 2017-2021
Counts of 1-9 are suppressed to prevent identification of individuals in confidential data
Additional counts are suppressed to prevent the back calculation of suppressed small counts

Alcohol-related Collision (Motor Vehicle) Deaths

Number of alcohol-related motor vehicle deaths of those under 21

	2018	2019	2020	2021	2022
Dallas	8	6	13	8	15
Collin	0	1	4	0	3
Cooke	0	0	0	0	1
Denton	3	0	1	2	0
Fannin	1	1	0	0	1
Grayson	1	1	0	0	0
Tarrant	3	1	4	5	3

Source: Texas Department of Transportation: Texas Motor Vehicle Crash Statistics, 2011-2022

Underage alcohol and drug use is a significant problem for Texas communities. More than half of Texas students from seventh to 12th grades have used alcohol and 22% have used marijuana, according to Texans for Safe and Drug-free Youth.¹ While nearly 182,000 Texas children are estimated to have a substance abuse problem, only 5% receive treatment through public resources and programs.² Youth drinking and drug use can have long-term consequences detrimental to children’s mental and physical health. Underage drinking is associated with an increased risk of suicide, adverse changes in brain development, memory problems and social development issues.³ Adolescent drug use is associated with similar problems, as well as poor performance in school, family dysfunction and cognitive deficits.⁴

The number of drug- and alcohol-related ER visits for children in North Texas varied across the seven counties. From 2017 to 2021, ER visits for alcohol causes were down in most counties, as were drug-related visits. With most of the region’s children, Dallas and Tarrant counties had the majority of ER visits for drug-related illness, at 256 and 104 respectively. For alcohol-related visits though, Dallas and Collin had the most cases, at 92 and 58 respectively. Although its numbers were relatively stable, Collin County was the only county in the region to have an increase in drug and alcohol visits.

One in 4 car accidents involving teen drivers result from driving under the influence, according to the Substance Abuse and Mental Health Administration.⁵ About 17%

of fatal car accidents are caused by adolescent drunk drivers, making this an important issue for policymakers and parents.⁶ Teens drive under the influence for several reasons, including over-confidence behind the wheel, poor planning and lack of awareness of the dangers of drunk driving.⁷ When parents discuss alcohol use with teens and offer a safe alternative to driving when teens have no other means of transportation, teens’ likelihood of drunk driving is reduced.⁸ Also, legislation establishing zero-tolerance policies and a minimum drinking age have helped to deter teen drinking.⁹ As a result, teenage drunk driving has decreased by half nationally since 1991.¹⁰

Like many other states, Texas has a zero-tolerance policy for minors who drink. Anyone underage caught with detectable amounts of alcohol in their system while driving will be charged with a misdemeanor, resulting in fines, community service and loss or denial of driver’s licenses.¹¹

North Texas had increased alcohol-related collision deaths from 2018 to 2022. Dallas County had the largest relative increase in fatalities, from eight in 2017 to 15 in 2022. However, these numbers do not represent the totality of adolescent drunk driving cases,

only those involving a fatality. Many incidents go unreported or do not result in fatalities or hospitalizations.¹² Therefore, the extent of this problem may go beyond the scope of the data.

These trends may indicate increased alcohol and substance use among adolescents in most North Texas counties. Texas lawmakers passed in spring of 2023 a new anti-drug awareness curriculum for schools. The program will have a mental health-based approach to substance abuse awareness, providing students with information on healthy coping mechanisms and self-care as an alternative to drugs and alcohol.¹³

YOUTH DRINKING AND DRUG USE CAN HAVE LONG-TERM CONSEQUENCES THAT ARE DETRIMENTAL TO CHILDREN’S MENTAL AND PHYSICAL HEALTH.

Students Disciplined for Possessing Alcohol or Controlled Substances

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

Substance use is prevalent in Texas' secondary schools (grades 7-12). In 2022, 11% of secondary students reported using a tobacco product in the last 30 days, while 22% reported using it at some other time. Another 23% of students reported using alcohol during the previous 30 days and 52% reported consuming it prior to that. While almost 1 in 4 secondary students has used alcohol in the past month, for 12th graders, it is almost 1 in 3. Plus, 11% of students reported using recreational drugs in the past month, while 19% reported having used them in the past.¹

In 2015, with the increased availability of e-cigarette (vaping) devices, the Texas Legislature updated the Texas Education Code to include the possession and distribution of vaping devices as a punishable offense.² With the recent increase in the availability of THC, the primary psychoactive ingredient in marijuana, and other illicit drugs for use in e-cigarettes, the legislature increased penalties for possessing and distributing vaping devices. Possession on school grounds or at a school activity now mandates the student be placed in a district alternative education program, and possession of five or more vaping devices is now a felony offense. These enhanced penalties took effect for the 2023-24 school year.³

		2018	2019	2020	2021	2022
Dallas	Alcohol	442	185	97	<10	135
	Controlled Substances	4,747	2,880	2,611	630	3,885
Collin	Alcohol	223	78	78	<10	66
	Controlled Substances	1,003	428	382	209	586
Cooke	Alcohol	<10	<10	<10	<10	0
	Controlled Substances	<10	10	<10	<10	<10
Denton	Alcohol	156	70	48	25	60
	Controlled Substances	758	460	508	276	632
Fannin	Alcohol	<10	0	<10	<10	0
	Controlled Substances	<10	<10	<10	<10	<10
Grayson	Alcohol	<10	<10	<10	<10	<10
	Controlled Substances	108	62	48	31	42
Tarrant	Alcohol	76	110	71	<10	46
	Controlled Substances	1,121	1,482	1,146	435	1,420

Source: Texas Education Agency: Discipline Report
Data on students disciplined for controlled substance violations are taken from the Texas Education Agency's (TEA) student discipline data. Each disciplinary action is recorded with a "reason code." These reason codes include "misdemeanor alcohol violation," "felony controlled substances violation" and the like. Beginning in the 2020-21 school year, TEA abandoned the "tobacco use" reason code, and these offenses are now reported with other code of conduct violations. As such, they are no longer reported here. Counts of 1-9 are suppressed to prevent identification of individuals in confidential data

Since 2018, the number of students disciplined for drugs and alcohol in North Texas has dropped by about 66% for alcohol violations and 15% for controlled substances. This trend held in each county, with one exception. Tarrant County's number of students disciplined for controlled substances rose 27%.

The impact of the Covid-19 pandemic can be seen in the table on this page. Many school districts in Texas completed the 2019-20 school year virtually, and for the 2020-21 school year, they offered virtual instruction or made in-person attendance optional. Therefore, the number of students disciplined for substances fell drastically across all counties, sometimes by more than 50%.

DURING THE PANDEMIC
the number of students disciplined for substances **FELL DRASTICALLY**
ACROSS ALL COUNTIES.

Gunfire-related ER Visits

Number of gunfire-related ER visits for those under 18

The United States has the highest rate of firearm-related deaths among children and teenagers compared to other developed nations.¹ Texas experienced six mass shootings from 2017 to 2023, some tragically involving the loss of children or adolescents.² However, self-inflicted gunshot wounds make up 62% of all firearm deaths in Texas.³ In 2019 alone, 152 children or teens died from gun-related suicides in the state.⁴

The Covid-19 pandemic complicated the situation nationwide. The American Association of Pediatrics reported increased lethal and nonlethal gunshot injuries among children during the first six months of the pandemic.⁵ A notable rise came in 2020, with the most substantial increase among children 14 and under.⁶ The Centers for Disease Control and Prevention noted that increased firearm accessibility combined with extended periods spent at home due to shutdowns and physical distancing could have heightened the risk of gun injuries.⁷

But the story is different in North Texas. Since 2017, children's ER visits related to gunfire have decreased in all seven counties. While the extent of the declines varies by county, the biggest drops were from 2021 to 2022.

Between 2017 and 2022, Tarrant County saw a decrease of over 50% in ER visits related to gunfire incidents. Other counties also

	2017	2018	2019	2020	2021	2022
Dallas	155	123	176	155	200	115
Collin	17	21	23	18	17	9
Cooke	6	2	3	3	0	2
Denton	22	24	8	16	16	7
Fannin	4	2	3	0	2	1
Grayson	7	4	8	7	4	1
Tarrant	102	72	85	122	124	50

Source: Texas Department of State Health Services: Center for Health Statistics, Texas Hospital Emergency Department Public Use Data Files 2017-2022

experienced large reductions during the same period: Collin (47%), Cooke (66%), Dallas (25%), Denton (68%), Fannin (75%) and Grayson (85%).

During the six-year period, Collin and Grayson counties had their highest ER visits in 2019, with 23 and eight respectively. The most populous counties, Dallas and Tarrant, had their highest number of ER visits in 2021. Notably, Dallas County recorded the highest number of ER visits among all counties, reaching 200 that year. All counties except for Cooke saw a reduction in 2022.

Since 2017, children's ER visits related to gunfire have decreased in all seven North Texas counties.

Commitments to the Texas Juvenile Justice Department

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

The Texas juvenile justice system emphasizes treatment and rehabilitation, while the adult penal system prioritizes public safety and punitive measures in response to criminal behavior.¹ Every year, more than 50,000 juveniles in Texas are referred to the juvenile probation system.² However, only the most serious offenders with felony-level offenses are committed to the Texas Juvenile Justice Department (TJJD).³

In 2022, 138 youths were committed to TJJD custody, up 5% from 2018. However in all but two North Texas counties, the number of commitments decreased. Fannin and Grayson counties fell to no commitments in 2022. Collin County dropped from nine commitments in 2018 to seven in 2022. Dallas County had a similar change, falling 21% from 53 commitments in 2018 to 42 in 2022. Denton County had a different trend, as its count more than doubled, rising from 15 commitments in 2018 to 32 in 2022.

In 2019 and 2021, Tarrant County sentenced more youth to juvenile prisons than any other county in Texas.⁴ The county's TJJD commitments surged from 50 in 2018 to 79 in 2019, a 58% jump, but then dropped 72% from 2019 to 2020, the first year of the Covid-19 pandemic. However, commitments were up again in 2021 with 61 and in 2022 with 57.

	2018	2019	2020	2021	2022
Dallas	53	59	50	50	42
Collin	9	14	4	6	7
Cooke	0	1	0	1	0
Denton	15	21	24	21	32
Fannin	2	1	1	0	0
Grayson	2	5	2	3	0
Tarrant	50	79	22	61	57

Source: The State of Juvenile Probation Activity in Texas Statistical and Other Data; Texas Juvenile Justice Department

In recent decades, numerous scandals and allegations of child abuse and mistreatment within its facilities have marred the Texas juvenile justice system.⁵ The Texas Tribune reported on allegations of juveniles spending up to 23 hours confined in their cells, a growing number of juveniles being placed on suicide watch and reports of children resorting to using water bottles in lieu of not having access to toilets.⁶ As a result of severe understaffing in several detention centers, where most new employees have an average turnover rate of around six months, the agency has reduced the number of juveniles it admits.⁷

In July 2022, the agency had 331 vacant juvenile corrections officer positions of its 722 total.⁸ Understaffing affects the lives of the youth in the facilities, as it can result in interrupted rehabilitation programs, isolation of a child and increased violence in the facilities, creating safety problems for the youth and staff.⁹ In 2022, TJJD announced pay raises of 15% to make salaries more competitive.¹⁰

IN 2019 AND 2021, **Tarrant County** sentenced more youth to juvenile prisons than any other county in Texas.

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EDUCATION



Oscar, age 11

Education prepares students for success later in life, whether from high school to college, into the military or directly into the workforce. Education prepares students not only academically, but also through experiences that shape their character. For example, math skills learned in kindergarten correlate with social and emotional well-being later in school.¹

Education begins at birth, in the home, where infants learn from family and caregivers. It extends through early childhood and then into primary and secondary school. As such, indicators about education consider more than schools. Other important factors influencing children’s well-being are preparing first-time parents to be parents, increasing access to quality early child care and improving school performance.

Education is said to scaffold, with each year building on top of the previous year’s work. Recent research shows that children with more exposure to language in early childhood, typically in the home, have more structural connectivity in the brain.² Thus, early childhood education not only prepares children with knowledge, but also prepares their brains to acquire new knowledge in the future. Kindergarten readiness has been shown to predict both math and reading abilities in the fourth grade.³ And third-grade reading proficiency sets up high school success: 17% of kids who do not read proficiently in third grade drop out of high school.⁴

This is why education is essential to each child’s well-being, and therefore each family’s future and each community’s success. Education is vital at all stages of life, and it is most critical to our youngest children.

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10%
of students in Texas receive special education services, while 14% of students nationally do

Number of students learning to speak English HAS STEADILY INCREASED
in all 7 counties for the past 5 years

Covid-19 pandemic wiped out years of improving STAAR tests results across North Texas – only Fannin County has surpassed test results from BEFORE THE PANDEMIC

Head Start enrollment across North Texas dropped during the Covid-19 pandemic, but recovered in 2022
(Head Start is a predictor of later academic success)



Texas Higher Education Coordinating Board reports that

TEXAS LAGS BEHIND
other states’ post-secondary education readiness rates

More than half
OF NORTH TEXAS THIRD-GRADERS demonstrated reading capabilities below that grade level in 2022
(A child’s ability to read at grade level by third grade is the single greatest predictor of future success in school)

Kindergarten Readiness

Percent of assessed kindergarteners demonstrating readiness on an approved assessment

Kindergarten is an important component of children’s healthy development. The formative years of preschool exert a profound influence on their journey to adulthood and shape how they will navigate life as adults.¹ Strong family engagement is also essential for preparing children for school and for creating an adequate foundation for their future academic development and success.²

Several factors are considered when assessing a child’s readiness for school. The Texas Education Agency considers various aspects of development: physical, literacy, numeracy, language and communication, and health and wellness.³ The progress of each child is evaluated on an individual basis to ascertain the child’s preparedness for kindergarten.⁴ These developments complement each other and contribute to a child’s kindergarten readiness.⁵

Kindergarten readiness decreased in all seven counties from 2017 to 2018, but in 2019 kindergarten readiness increased in Dallas, Collin, Cooke, Fannin and Tarrant counties while dropping in Denton and Grayson counties. Progress from 2019 to 2020 varied by county. Dallas, Cooke, Denton and Grayson counties experienced an increase in kindergarten readiness, but Collin, Fannin and Tarrant counties experienced slight decreases.

	2017	2018	2019	2020	2021	2022
Dallas	62.07	52.47	60.27	63.25	71.43	59.58
Collin	70.80	61.85	65.48	64.62	74.92	69.75
Cooke	45.93	45.80	54.80	55.80	61.38	51.04
Denton	66.50	59.12	52.97	54.65	64.42	78.36
Fannin	84.39	48.84	53.92	45.00	73.44	59.32
Grayson	57.68	47.48	44.71	48.95	49.12	45.08
Tarrant	71.92	58.54	59.74	59.60	61.67	54.95

Source: Texas Education Agency; Texas Academic Performance Reports (TAPR) 2017-2022

Many schools switched to remote learning in 2021 in response to Covid-19. Remote learning was a new concept for most public schools, and brought many challenges for teachers and students alike.⁶ The shift from in-person classes to remote learning affected children’s mental health across the United States.⁷ Isolation from peers and teachers during the pandemic influenced children’s development.⁸ But all seven counties experienced an increase in kindergarten readiness in 2021. Many districts credited increased access to pre-K education as a factor in their improved readiness rates.⁹

After most schools returned to in-person learning in 2022, readiness rates decreased in all counties except Denton. Educators suggest that the return to in-person learning adversely affected school readiness because many kindergarten-age children had only experienced remote learning and were now required to adapt to in-person learning.¹⁰

Despite the pandemic, ALL SEVEN COUNTIES EXPERIENCED AN INCREASE IN KINDERGARTEN READINESS in 2021.

Head Start and Public School Prekindergarten Enrollment

Number of children enrolled in Head Start and public school prekindergarten

Public prekindergarten and Head Start education programs play pivotal roles preparing students to succeed at all levels of education. These early childhood programs initiate fundamental social, emotional and developmental skills necessary for academic success in subsequent educational levels.¹ Early childhood education also builds the foundations for learning in math, phonics and reading.² As the significance of these programs becomes increasingly apparent, policymakers and parents have been pressing for the establishment of universal prekindergarten programs that ensure all children have access to early childhood education.³

While public prekindergarten programs are available to all children for a fee, Head Start programs cater to economically disadvantaged students.⁴ And the Texas Legislature has established guidelines for providing free or reduced-rate public prekindergarten for eligible children. Head Start programs also help ensure students receive services that promote health and development.⁵ This enables children from low-income families to receive all the crucial benefits of early education,⁶ leading to fewer behavioral problems, improved test scores, fulfilled grade-level benchmarks and better school attendance.⁷ Quality prekindergarten also increases high school graduation rates, with students enrolled in prekindergarten 6% more likely to graduate from high school and attend college,

		2017	2018	2019	*2020	2021	2022
Dallas	Head Start	3,916	4,112	3,910	*	2,363	2,726
	Public Pre-K	24,328	25,600	27,205	27,372	22,316	25,361
Collin	Head Start	1,220	1,205	1,098	*	978	1,117
	Public Pre-K	2,667	2,918	2,988	3,336	3,177	3,963
Cooke	Head Start	712	699	630	*	698	704
	Public Pre-K	238	276	260	221	273	307
Denton	Head Start	193	193	193	*	179	193
	Public Pre-K	3,269	3,467	3,731	3,769	2,849	3,447
Fannin	Head Start	158	159	139	*	109	130
	Public Pre-K	327	325	360	365	304	318
Grayson	Head Start	1,064	1,050	952	*	827	945
	Public Pre-K	846	910	902	831	711	755
Tarrant	Head Start	2,808	3,172	3,032	*	1,510	1,489
	Public Pre-K	14,208	14,067	14,539	14,954	11,841	14,097

Source: Texas Education Agency; Texas Academic Performance Reports; Office of Head Start - Region VI
*Head Start data was not collected in 2020 due to the Covid-19 pandemic

according to a 2021 Massachusetts Institute of Technology study.⁸ Prekindergarten and Head Start enrollment are thus clear predictors of subsequent academic success.⁹

Head Start and public pre-kindergarten enrollment in North Texas varied across the region from 2017 to 2022, with public prekindergarten enrollment significantly higher than Head Start enrollment in all seven counties. Dallas, Collin, Denton and Tarrant counties saw an increase in public prekindergarten enrollment before

the Covid-19 pandemic, while enrollment in the other counties remained flat or showed slight declines. Head Start enrollment decreased or stayed the same until 2020 in six of the seven counties. But both programs experienced a drop in enrollment in 2021 due to Covid-19. This dip occurred because many parents opted to delay their children’s education rather than risk exposure to the illness or participate in online schooling.¹⁰ All counties recovered in 2022, however, as enrollment began returning to pre-Covid levels.

PREKINDERGARTEN AND HEAD START PROGRAMS provide good foundations for children’s later academic success.

Third Grade Reading

Percent of third graders meeting STAAR standards in reading

		2017	2018	2019	*2020	2021	2022
Dallas	Approaches Grade Level	67.8	73.3	73.4	*	60.5	70.0
	Meets Grade Level	41.5	40.0	42.7	*	33.0	44.5
Collin	Approaches Grade Level	85.3	88.1	87.3	*	80.7	87.7
	Meets Grade Level	63.0	60.1	61.1	*	54.3	67.5
Cooke	Approaches Grade Level	76.5	76.9	77.3	*	69.1	67.3
	Meets Grade Level	45.1	46.4	40.4	*	41.4	43.7
Denton	Approaches Grade Level	80.1	82.5	79.7	*	73.9	80.4
	Meets Grade Level	54.4	49.7	49.3	*	45.9	56.8
Fannin	Approaches Grade Level	75.0	84.2	79.1	*	70.0	78.8
	Meets Grade Level	43.9	44.9	45.5	*	39.2	50.4
Grayson	Approaches Grade Level	77.6	80.8	76.1	*	73.4	75.5
	Meets Grade Level	47.9	44.5	44.4	*	41.2	48.5
Tarrant	Approaches Grade Level	72.8	77.6	75.2	*	66.4	75.4
	Meets Grade Level	46.2	44.6	45.0	*	38.1	50.6

Source: Texas Education Agency; STAAR Aggregate Data *Data unavailable for 2020 due to the cancellation of the STAAR exams in response to the Covid-19 pandemic

The Covid-19 pandemic significantly affected North Texas students' skills and overall learning trajectory. While the Texas Education Agency canceled STAAR exams in 2020 to circumvent the effects of abnormal test results, schools are still experiencing consequences from major learning setbacks brought on by the pandemic. Schools experienced notable drops in third-grade reading scores across all seven counties in 2021. Only 51.7% of students met their grade-level standards for 2022, meaning almost half of North Texas third graders did not score high enough to demonstrate reading capabilities at that grade level or higher. And only approximately 76% of students approached their grade-level standard that same year, down from 78% in 2019. Dallas and Tarrant counties saw more sizeable drops in scores for 2021, indicating that the pandemic

may have more significantly affected schools in urban areas.

Setbacks in early education can have long-lasting effects on student learning. Therefore, local governments and school districts deployed federal stimulus dollars to galvanize education program recovery in the 2021-22 school year. Recovery efforts included expanding tutoring availability, reducing class size and increasing the number of counselors on school campuses.¹ As a result of these efforts, all seven counties saw an initial

recovery in third-grade reading scores for the 2022 STAAR exam. But Covid relief funds will expire in September 2024, providing no guarantee that test results will continue to improve as recovery efforts decline.²

About half of North Texas third graders did not score high enough to demonstrate reading capabilities at that grade level or higher in 2022.

Students with Limited English Proficiency

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

The National Center for Education Statistics (NCES) projects English language learners among the fastest expanding segments of public school enrollees in the United States. According to NCES, 1 in 5 students are classified as English learners (ELs) in Texas.¹ Approximately 20% of Texas students in third to 12th grades have limited English proficiency, almost double the national average of 10.3%.² North Texas counties exhibit a percentage comparable to the state's average, with 17.7% of the state's students identified as English language learners in 2022.

All seven counties have steadily increased EL enrollment among their student populations since 2017. In the most recent school year, 2022-23, every county had its highest ever EL student enrollment. Dallas County had the largest portion of EL students for all six years, with over one-third of its student population classifying as English learners in 2022. In contrast, the only county trailing behind the national average of EL students in 2022 was Fannin County, at 10.1%.

As the number of EL students continues to increase, so will the demand for resources to address these students' educational needs. Bilingual educators, culturally sensitive testing and funding for programs to help ELs are crucial for adjusting to the growing population. Every

	2017	2018	2019	2020	2021	2022
Dallas	30.8	31.2	32.2	33.6	34.3	35.8
Collin	9.1	9.3	10.2	11.4	11.2	12.5
Cooke	12.0	12.4	13.6	14.3	14.9	15.8
Denton	13.0	13.0	13.5	14.2	14.5	15.3
Fannin	6.5	6.9	8.1	8.3	9.0	10.1
Grayson	9.7	10.2	10.8	11.3	11.8	12.5
Tarrant	19.3	19.2	20.1	20.7	21.2	22.2

Source: Texas Education Agency; Texas Academic Performance Reports

facet of the educational system must be coordinated to foster communication between teachers and their EL students to ensure overall academic success.

Research indicates an achievement gap between English learners and fully fluent students, resulting in lower test scores and lower EL graduation rates.³ According to NCES, most EL students identify as belonging to racial or ethnic minorities, with Hispanic and Latino students making up the biggest group of English learners in schools.⁴ Therefore these minority students may face a higher risk of language-related struggles in their education. Similarly, the impact of the Covid-19 pandemic on the education gap was heightened in

2020 as EL students encountered restricted access to online learning resources and faced exacerbated language barriers during virtual schooling.⁵ The widening gap presents a challenge for schools as they move forward with efforts to counteract pandemic-induced learning setbacks.

MORE THAN ONE-THIRD OF DALLAS COUNTY STUDENTS ARE ENGLISH LEARNERS.

Students Receiving Special Education in Public Schools

Number of students receiving special education in public schools

United States public schools provide special education services to more than 7 million children every year, about 14% of the total enrollment.¹ In Texas 10% of all enrolled students receive special education services.² As a consequence of the Covid-19 pandemic, the number of children receiving special education services declined 1% nationally between the academic years 2019-20 and 2020-21.³

The number of students receiving special education services in public schools increased steadily in all seven counties from 2017 to 2021, when the number of children receiving special education services in public schools decreased in Dallas, Cooke and Tarrant counties and increased slightly in Collin, Denton, Grayson and Tarrant counties.

In response to the impact of the pandemic from 2020 to 2021, the Texas Education Agency recommended school guidelines for creating effective virtual learning plans.⁴ While schools were closed, public school students receiving special education services required technology to support their learning at home. The challenges posed by school closures could account for the 2021 decline in students receiving public school special education services in Dallas, Cooke and Tarrant counties. Then Texas lawmakers passed the Covid-19 Special Education Recovery Act in 2021 to compensate students

	2017	2018	2019	2020	2021	2022
Dallas	41,528	43,217	45,893	49,488	48,899	49,960
Collin	19,365	20,820	22,485	25,620	25,812	27,230
Cooke	571	580	643	761	752	818
Denton	12,653	13,432	14,353	16,787	17,311	19,050
Fannin	597	620	661	708	701	782
Grayson	2,375	2,485	2,635	3,029	3,114	3,453
Tarrant	29,702	30,508	32,709	35,638	35,293	37,370

Source: Texas Education Agency: Texas Academic Performance Reports (2015-22)

needing special education for the 2019-20 or 2020-21 school years. This program offered educational services to offset any learning gaps and skills deficits students may have experienced during the pandemic.⁵

The number of children receiving special education in public schools increased in all seven counties in 2022, following the reopening of schools in 2021, restoring the growth trend exhibited before the pandemic. But despite more students receiving special education in Texas public schools,⁶ parents, teachers and students have called for more post-pandemic improvements.

↑ The number of North Texas public school students receiving special education services **HAS INCREASED** for several years.

High School Completion Rates

Percent of ninth graders who graduated from high school in four years

Although Texas has one of the highest graduation rates in the country – 94%¹ on average – during the Covid-19 pandemic the state saw a significant increase in high school dropouts.² But North Texas had a relatively stable high school completion rate during the pandemic despite the statewide trend.

North Texas's prepandemic high school completion rate averaged 93% in 2017, 93% in 2018 and 92.9% in 2019. The completion rate in North Texas increased slightly or remained relatively flat in 2020 compared to pre-Covid completion rates. According to a Brookings Institute study, completion rates for the region may be linked to the statewide reduction in graduation standards.³

High school completion rates across North Texas remained relatively stable in 2021. More populous counties (Dallas, Tarrant, Collin, Denton and Grayson)⁴ averaged 91.6%, while rural counties (Cooke and Fannin) averaged 97.2%.⁵ Dallas County had the lowest completion rate in North Texas at 81.4%, and Fannin County had the highest completion rate at 97.5%. Based on previous data, high school completion rates should remain consistent in the coming years.

Although high school completion rates held steady during the pandemic, student enrollment at colleges and universities

	2017	2018	2019	2020	2021	2022
Dallas	84.0	84.2	83.3	81.8	81.4	*
Collin	96.8	96.6	96.6	96.8	96.5	*
Cooke	95.1	95.4	95.0	96.3	96.8	*
Denton	94.5	94.6	94.9	95.2	96.0	*
Fannin	97.7	95.8	97.1	97.0	97.5	*
Grayson	92.6	93.3	92.3	94.8	94.2	*
Tarrant	90.5	91.1	91.2	91.9	90.1	*

Source: Texas Education Agency: Research Reports and Data, Completion, Graduation and Dropout Rates
*High school completion data is not yet available for the class of 2022

decreased.⁶ A 2022 Federal Reserve Bank of Dallas study found that insufficient academic preparation during high school reduced college and university admissions.⁷ The lack of preparation is directly linked to high school completion rates during the pandemic.⁸

Research indicates that the benefits of completing high school include enhanced economic stability and better long-term health prospects.⁹ And a 2022 U.S. Bureau of Labor Statistics report indicated that unemployment decreases as education increases.¹⁰ Yet if students do not receive adequate preparation for higher

education, they will not complete education beyond high school.

NORTH TEXAS **had a stable high school graduation rate** DURING THE PANDEMIC.

Students Passing All STAAR Tests

Percent of children meeting STAAR standards in all subjects in all grades in public schools

In 2021 North Texas school districts saw the lowest performance on STAAR (State of Texas Assessments of Academic Readiness) tests in years. Until 2020 the STAAR exam passing rate in schools consistently increased in six of the seven counties. But the Covid-19 pandemic ended years of improving scores. Dallas, Cooke, Fannin and Tarrant counties all had passing rates below the statewide average of 72%, and the remaining three counties also experienced significant drops in their scores.¹ According to the Texas Education Agency (TEA), students from all socioeconomic backgrounds faced online learning challenges that caused educational setbacks.² But economically disadvantaged students bore the brunt of learning losses because of barriers to resources and a lack of additional support from schools.³

To qualify as “passing” the STAAR exams, students must meet the standard of “approaching grade level.”⁴ Students’ academic abilities must meet or be near the expectations for a typical student in their grade.⁵ If students fail to perform satisfactorily on these exams, a school’s overall rating within the A-F accountability system may fall, potentially triggering state intervention.⁶ Recognizing the adverse impact of low scores on school ratings, TEA announced that it would exclude the 2021 scores from accountability calculations.⁷

	2017	2018	2019	2020	2021	2022
Dallas	71.3	73.3	75.1	*	61.0	69.1
Collin	88.3	89.2	89.3	*	83.6	86.9
Cooke	74.9	76.5	76.3	*	70.6	74.2
Denton	81.9	83.3	83.1	*	75.3	79.3
Fannin	73.1	74.6	76.5	*	71.8	77.0
Grayson	78.4	78.9	79.3	*	74.5	76.3
Tarrant	75.7	77.1	77.6	*	65.8	73.1

Source: Texas Education Agency; Texas Academic Performance Reports (TAPR)
 *Data unavailable for 2020 due to the cancellation of the STAAR exams because of the Covid-19 pandemic

Teachers and school administrators prioritized their pandemic recovery initiatives prior to the 2022 exams.⁸ As a result, the passing rate increased for all seven counties in 2022, with Dallas County experiencing the lowest passing rate at 69.1% and Collin County the highest at 86.9%. While only Fannin County has returned to its pre-pandemic level, these improvements show promise for future school years as districts continue to rebuild their programs and adjust to the setbacks imposed by Covid-19 shutdowns.

Only Fannin County has surpassed STAAR exam results from before the pandemic.

College Readiness

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

Despite schools in Texas having dedicated efforts to improve the preparation of their students for college,¹ the state lags behind other states’ post-secondary education readiness rates, according to the Texas Higher Education Coordinating Board.² The Texas Education Agency (TEA) has formulated college and career readiness standards to assess students’ preparedness for employment or university instruction.³ TEA designed these standards to gauge readiness for entry-level courses and jobs by testing various critical-thinking skills that graduates would use in college and in the early stages of a career.⁴ The SAT and ACT standardized tests also provide benchmarks for college readiness among graduating high school students. To demonstrate preparedness for college, students must attain a score on the SAT or ACT that meets or exceeds the defined criteria.⁵

Over the last five years, counties in North Texas saw varying levels of college readiness. Using the TEA readiness standard, based on the results of the State of Texas Assessments of Academic Readiness (STAAR) tests, Dallas County experienced an increase of 10 percentage points from 2017 to 2021. In contrast, other counties experienced a consistent decline. For example, Grayson

		2017	2018	2019	2020	2021
Dallas	TEA Standard	39.6	41.9	46.0	42.3	49.9
	SAT/ACT Standard	14.2	24.7	23.9	24.8	20.8
Collin	TEA Standard	66.5	67.4	69.2	59.2	67.5
	SAT/ACT Standard	40.2	55.5	55.7	55.4	52.6
Cooke	TEA Standard	37.2	48.0	52.6	46.9	49.4
	SAT/ACT Standard	14.0	24.5	20.5	22.9	28.1
Denton	TEA Standard	53.9	57.2	58.6	47.6	53.3
	SAT/ACT Standard	29.4	43.8	42.0	40.9	36.3
Fannin	TEA Standard	34.0	38.1	39.4	34.0	50.0
	SAT/ACT Standard	11.4	16.2	19.4	16.8	17.4
Grayson	TEA Standard	50.1	48.5	49.9	46.9	46.3
	SAT/ACT Standard	16.7	24.3	26.8	25.0	21.4
Tarrant	TEA Standard	47.5	49.3	49.8	43.9	50.0
	SAT/ACT Standard	18.5	31.7	29.4	30.4	25.9

Source: Texas Education Agency; Texas Academic Performance Reports (TAPR)

County’s results decreased from 50.1% to 46.3% during the five-year span. And all seven counties experienced a decline in college readiness in 2020 due to the Covid-19 pandemic. The rates recovered in 2021, though, with Collin County producing the highest rate at 67.5%.

North Texas counties saw notably lower college readiness rates using the SAT/ACT criteria. Collin was the only county of the seven that reached 50% or more of

students scoring at or above the readiness threshold in 2021, while the other six counties’ scores were much lower than 50%.

OVER THE LAST FIVE YEARS, COUNTIES IN NORTH TEXAS SAW VARYING LEVELS OF COLLEGE READINESS.

END NOTES

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RESEARCH METHODOLOGY

The Beyond ABC Advisory Board, as in years past, has been instrumental in identifying the indicators collected in this year's Beyond ABC. Working closely with staff at Children's Health, members of the research team at the Institute for Urban Policy Research (IUPR) began collecting available data for the past five years. These efforts were expanded, as this edition of the Beyond ABC report includes Tarrant County for the first time, bringing the number of counties analyzed to seven.

Once the IUPR team defined each indicator, they set about collecting and analyzing the necessary data. In some cases, data was readily available from public sources. Other indicators necessitated requests of state agency staff to generate custom data runs. Still others required the team to use the Freedom of Information Act (FOIA) process, increasing the time needed for data collection.

When possible, the IUPR team collected all five years of data again, rather than only the most recent year. This was necessary to secure data for Tarrant County, as it wasn't included in previous editions. Also, the nature of administrative data is subject to change, a process sometimes called "settling." In these cases, numbers presented in previous Beyond ABC reports may not align with data for those same years in this report. Often, numbers published for recent years in previous books were provisional; as the pertinent agency had time to correct the data, the numbers have changed. This report presents the most current versions of the data.

Finally, in some cases the IUPR team switched data sources or indicator definitions. This was done for three principal reasons: to develop a better-rounded or representative picture of an indicator, to address issues with provisional or unavailable data and/or to provide data that speaks more directly to the indicator's underlying issue or concern. Where made, these changes have been noted in the text.



Emilia, age 8

PHILANTHROPY

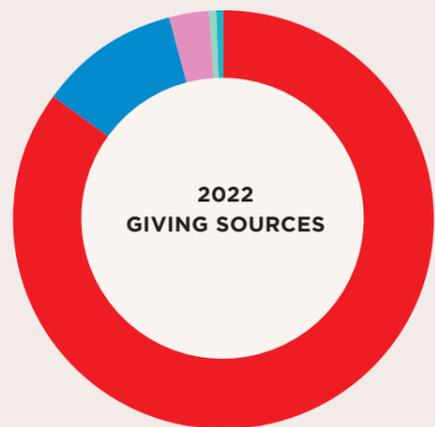
INDIVIDUALLY, WE'RE STRONG TOGETHER, WE'RE UNSTOPPABLE

Children's Health is a not-for-profit organization, and philanthropic support helps us do more than provide medical care. Charitable gifts help us make life better for children in many ways.

As the fundraising arm for Children's Health - the leading nonprofit pediatric health system in North Texas - Children's Medical Center Foundation secures philanthropic support through partnerships with individual donors, corporations and other organizations to benefit the entire health system and the children in our communities.

It takes incredible passion, incredible generosity and incredible supporters coming together to meet the needs of North Texas children. Investments in our facilities, in the care we provide and in the research we conduct play a significant role in ensuring Children's Health can continue to provide the best pediatric care to all who rely on us.

Our fundraising successes reflect the trust and confidence the community places in Children's Health to care for the children of today and tomorrow.



GIVING SOURCES	2022
Individuals	\$134,770,315.23
Other organizations	\$14,449,787.42
Foundations	\$4,704,787.15
Corporations	\$2,414,500.25
Estates and trusts	\$1,858,300.44
	\$158,197,690.49

MORE THAN
14,000 donors
helped us
make life better
for children

\$158 MILLION RAISED
for campus enhancements,
research, mental health initiatives
and many other programs

OVER
\$650,000
from more than 1,400 donors
raised on North Texas Giving Day

Children's Health team members gave more than \$397,000

15 patients
became part of our first-ever
Patient Ambassador Program

MORE THAN
150 corporate partners

OVER
240 gamers
from across the Metroplex
RAISED MORE THAN
\$83,800

3,000 superheroes
joined our Red Balloon League, raising funds to defend and protect kids

ACKNOWLEDGMENTS

The original photography that illustrates the 2023-24 Beyond ABC report was conceived and created by Allison V. Smith of Dallas. Her subjects were children who live in the North Texas counties that are analyzed in the report.

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KJ, age 4



Grover, age 9

View the Beyond ABC report online
at [childrens.com/beyondabc](https://www.childrens.com/beyondabc).
