Children's Health℠
Community Health Needs Assessment

DECEMBER 2025

children'shealth®

Contents

Introduction

About Children's Health

Children's Health is the leading pediatric health care system in North Texas and has long been recognized as a leader in pediatric health. Children's Health campuses include Children's Medical Center Dallas, Children's Medical Center Plano and multiple Children's Health Specialty Centers. With its academic partner, UT Southwestern, Children's Medical Center Dallas is consistently recognized among the nation's best pediatric hospitals by U.S. News & World Report. Its commitment to excellence and providing outstanding care has resulted in being the only children's hospital in the region to be honored across all pediatric specialties for eight consecutive years, including Cancer, Cardiology & Heart Surgery, Behavioral Health, Diabetes & Endocrinology, Gastroenterology & GI Surgery, Neonatology, Nephrology, Neurology & Neurosurgery, Orthopedics, Pulmonology and Urology.

In addition, Children's Health nurses have received the Magnet® designation for the past 16 years, the highest honor for nursing excellence, and the health care system has been named a 2025 top place to work by Forbes and USA Today and one of the 150 Best Places to Work in Healthcare by Becker's Hospital Review for 13 consecutive years. In addition, Children's Health was named one of Fast Company's Most Innovative Companies of 2024 for its pioneering model to train physicians to treat children's mental health.

Beyond clinical excellence, Children's Health takes a holistic approach to pediatric care — supporting the physical, emotional and social needs of every child and family. Our system offers a wide range of resources, including child life services, school-based programs, interpreter support, virtual visits, remote patient monitoring and integrated therapies that make care more accessible and personalized.

Mission and Values

For more than 112 years, the Children's Health mission has been to make life better for children. This guiding principle shapes every aspect of care, research, and community outreach.

Children's Health's core values are the foundation of its culture and daily operations. These include:

- Selfless Service: serving others with an enthusiastic spirit
- Passionate Advocacy: standing as a champion for children
- Commitment to Excellence: driving innovation and quality care to maximize outcomes
- Unwavering Integrity: creating an environment of trust through honesty, transparency, and authenticity

Children's Health values are lived out by the more than 10,000 team members who bring the mission to life every day. Whether it's through cutting-edge medical treatments, comforting a child during a difficult procedure, or advocating for public health policies, Children's Health remains steadfast in its pursuit of a healthier, brighter future for every child.

Services

Inpatient Services

Children's Medical Center Dallas is an academic medical center campus with a 488-licensed bed, full-service hospital, including the only pediatric Level 1 trauma center in North Texas. It is one of the largest pediatric hospitals in the country and includes:

- Level I Pediatric Trauma Center – providing emergency care for critically injured children.
- Level IV Neonatal and Pediatric Intensive Care Units (NICU & PICU) – for infants and children requiring intensive monitoring and treatment.
- Transplant Programs – including heart, kidney, and liver transplants with nationally recognized outcomes.
- Neurology and Neurosurgery Services – Level IV pediatric epilepsy center, brain injuries, and complex neurological conditions.
- Hematology and Oncology Units – offering inpatient chemotherapy, radiation therapy, and bone marrow transplants.
- Surgical Services – covering everything from routine procedures to complex surgeries in cardiology, neurology, orthopedics, and more.
- Behavioral Health and Rehabilitation – inpatient programs for mental health and physical recovery.

Children's Medical Center Plano is a 212-licensed bed, full-service hospital designated as a Level III trauma center. Additional services offered there include:

- Level III Pediatric Trauma Center – providing emergency care for critically injured children.
- Pediatric Intensive Care Unit (PICU) – providing advanced monitoring and treatment for critically ill children.
- Inpatient Medical and Surgical Units – supporting recovery from a wide range of conditions and procedures.
- Inpatient Eating Disorders Program – one of the few pediatric-focused programs in Texas offering medical stabilization and therapeutic care for children and teens.
- Neurology and Neurosurgery Services – Level III pediatric epilepsy center, brain injuries, and complex neurological conditions.
- Hematology and Oncology Units – delivering inpatient chemotherapy, transfusions, and supportive care for cancer and blood disorders.
- Orthopedic and Rehabilitation Services – post-surgical care, integrated therapy unit and physical therapy for musculoskeletal conditions and injuries.

These inpatient services are supported by child life specialists, pediatric-trained nurses, social workers, and family-centered care programs to promote healing and emotional well-being.

Outpatient Services

Children's Health also operates a robust outpatient network across the Dallas-Fort Worth area, including specialty centers and primary care clinics. These services include:

- Primary Care Pediatrics – routine checkups, immunizations, and developmental screenings.
- Specialty Clinics – for conditions such as asthma, diabetes, epilepsy, and gastrointestinal disorders.
- Outpatient Surgery and Procedures – minimally invasive treatments and same-day surgeries.
- Therapy Services – physical, occupational, and speech therapy tailored to pediatric needs.
- Behavioral and Mental Health Services – outpatient counseling, psychiatric evaluations, and therapy for children and adolescents.
- Telehealth and Virtual Visits – convenient access to care from home for follow-ups and consultations.

Family-Centered Care and Community Programs

Children's Health embraces a family-centered care philosophy that prioritizes collaboration, compassion, and empowerment for families throughout the healing journey. Their community programs extend this care beyond hospital walls, ensuring children and families across North Texas have access to vital resources and support.

Children's Health is deeply committed to improving child health across the region through innovative outreach initiatives. Their school-based telehealth programs bring virtual care directly to students, reducing absenteeism and improving access to pediatric expertise. The TeleNICU program allows neonatologists to consult remotely with NICUs in distant hospitals, ensuring timely and expert care for newborns.

Other community efforts include:

- Health education and wellness initiatives targeting nutrition, physical activity, and mental health.
- Educational outreach events focused on preventive care, including asthma management and healthy weight strategies.
- Community outreach initiatives that help families navigate enrollment in CHIP and Medicaid programs.

- Legislative advocacy to promote child health policies and insurance coverage.

These programs reflect Children's Health's mission to make life better for children – not just through clinical excellence, but by building healthier communities and empowering families with knowledge and support.

Source: www.childrens.com

Background

This report is provided in fulfillment of Internal Revenue Code Section 501(r)(3)(A) which requires a not-for-profit, tax-exempt hospital organization to conduct a Community Health Needs Assessment once every three years and to adopt an implementation strategy to meet the community health needs identified through the CHNA. In accordance with Federal tax regulations, 26 CFR § 1.501(r)-3(b)(1)(iv) the 2025 Children's Health Community Health Needs Assessment report was approved in December of 2025 by the Children's Health System of Texas Board of Directors, the authorized body for the hospital facilities included in this report.

2025 Community Health Needs Assessment Process and Methodology

Understanding community health needs is central to the Children's Health mission. To achieve this, Children's Health partnered with Forvis Mazars, the eighth-largest healthcare management consulting firm in the U.S., according to Modern Healthcare. With 950 professionals nationwide, Forvis Mazars brought the expertise and resources needed for this critical project.

Forvis Mazars collaborated with Children's Health to develop the project plan, conduct research, organize secondary data, analyze survey input, and supported reporting of findings. The assessment process combined secondary and primary data, reviewed by Children's Health leadership, and leveraged Forvis Mazars' expertise. Data sources included local public health agencies, healthcare associations, and other regional providers. This effort also fostered collaboration among administrators, providers, partners, and community organizations.

The community health needs assessment process consists of five steps pictured below:

Market Assessment	Community Input	Community Health Needs Prioritization	Implementation Plan	Reporting Ongoing Monitoring
Perform analysis of the various parts of your markets such as demographics, disease prevalence, competitor presence, access, etc. to identify trends and changes that will impact service needs and access	Conduct interviews and surveys with key community, business, nonprofit, and government leaders and stakeholders for additional insight into community needs	1 hour facilitated meeting to identify and prioritize community health needs with hospital leaders for the CHNA report to be submitted appropriately	Collaboratively develop a 3-year implementation plan with strategies to be documented and submitted	Submit CHNA Report and Implementation Plan prior to end of fiscal year **Ongoing Monitoring** Monitor implementation efforts over the next 3 years to identify completed tasks and gaps for future CHNA updates
ASSESS	**ANALYZE**	**PRIORITIZE**	**PLANNING**	**ONGOING**

The 2025 Community Health Needs Assessment examines the community's health and medical needs and identifies the priority issues Children's Health is committed to addressing. This document suggests areas where other local organizations and agencies might work with Children's Health to achieve desired improvements and illustrates ways, as a medical community, Children's Health is meeting their obligations to efficiently deliver medical services.

The data assessment piece was completed in the Fall of 2025. In this step, service areas were defined, external data research was completed, and key findings were summarized. As the data assessment was completed, the community input phase was started.

Surveys were distributed among community health professionals, key community members, providers, facility administration, and government representatives. A summary of these findings was created and is included in this report. Prioritization then took place to summarize and overlay data elements with key community input findings.
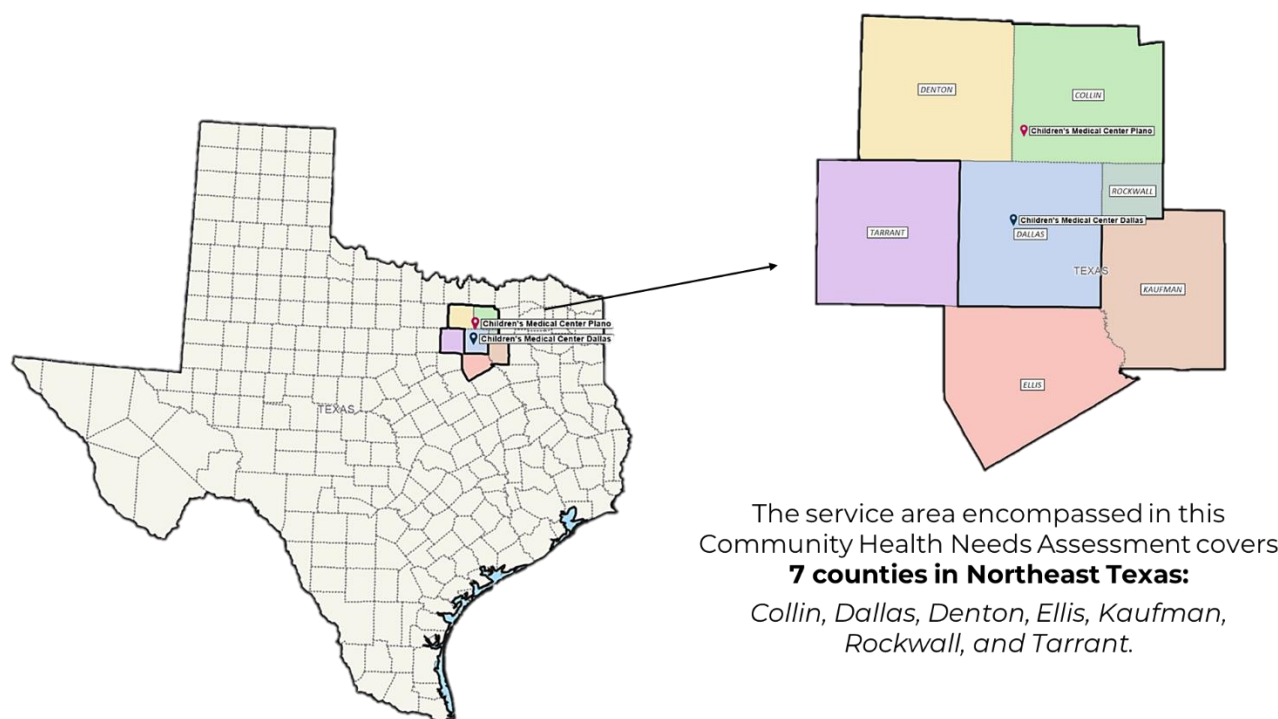
Health priorities were determined based on the significance of each need within the service area and Children's Health's ability to address those needs. From this prioritization, Children's Health selected which priorities to include in its implementation strategy and outlined approaches to address the community's most pressing health concerns. These decisions are documented in the Implementation Strategy.
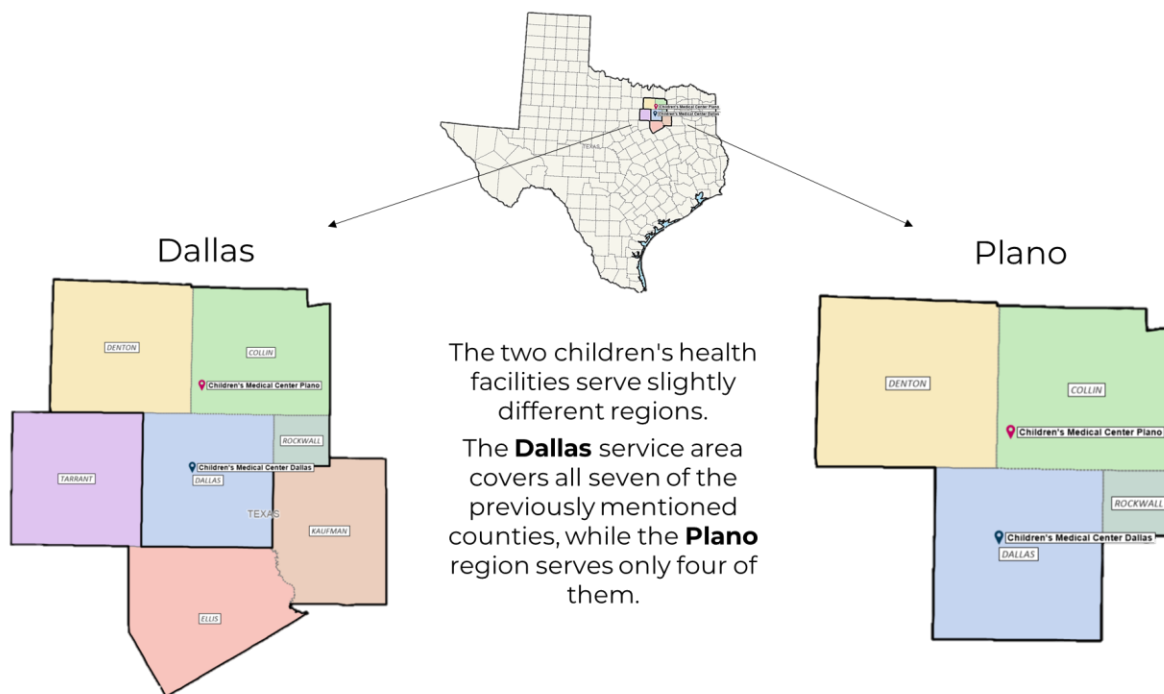
Communities Served

Children's Health serves a wide and diverse community across North Texas, with a particular focus on children and families who face barriers accessing quality health care. As one of the largest pediatric health systems in the region, Children's Health provides care to patients from North Texas and surrounding areas. Many families travel from across Texas and even from out of state to receive specialized pediatric care at Children's Medical Center Dallas, the system's flagship hospital.

To accurately define the community served in this assessment, a detailed analysis was conducted of the hospital's inpatient and outpatient catchment areas to establish a comprehensive service area. A county-based approach was selected as the foundation for this analysis, given that the majority of relevant secondary data is reported at the county level. This methodology enables consistent and meaningful comparisons between the hospital's service area, the broader state of Texas, and national benchmarks. The visual below illustrates the full scope of the defined service area, including the counties represented and the geographic distribution of inpatient and outpatient origins. The service area encompassed in this assessment covers seven counties in Northeast Texas: Collin, Dallas, Denton, Ellis, Kaufman, Rockwall, and Tarrant.
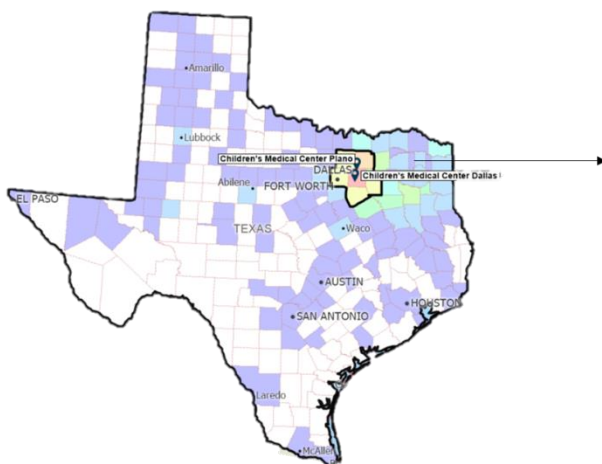
Total Service Area

The service area encompassed in this Community Health Needs Assessment covers **7 counties in Northeast Texas:** Collin, Dallas, Denton, Ellis, Kaufman, Rockwall, and Tarrant.

Service Area by Facility

Dallas

The two children's health facilities serve slightly different regions.

The **Dallas** service area covers all seven of the previously mentioned counties, while the **Plano** region serves only four of them.

Plano

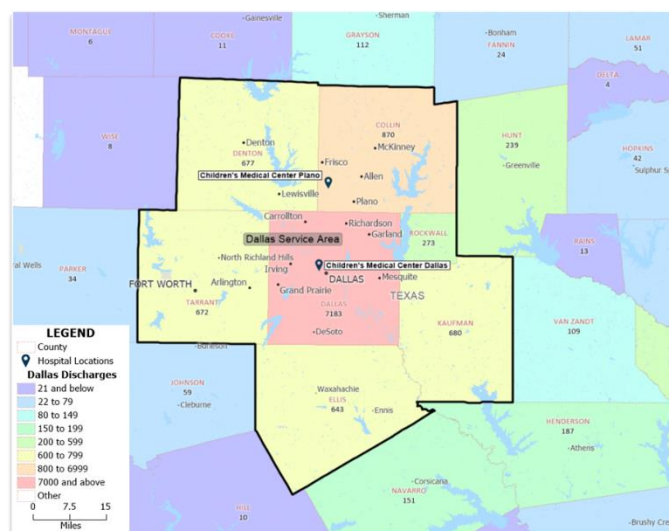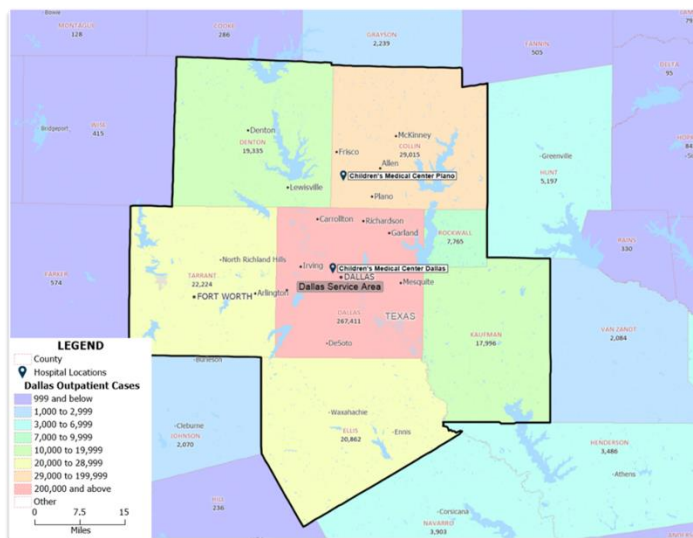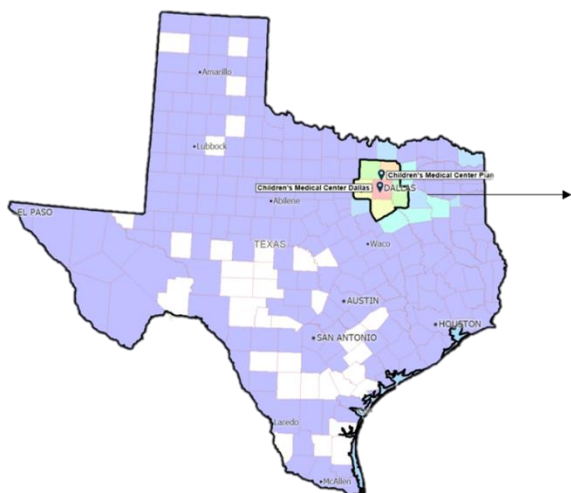## Dallas Service Area: Inpatient Origin

The **majority** of Dallas discharges come from **Dallas County** (7,138 discharges), followed by **Collin County** (870 discharges) and **Kaufman County** (680 discharges).

Dallas Service Area

Dallas Service Area: Outpatient Origin

The **majority** of Dallas' outpatient visits come from **Dallas County** (267,411 visits), followed by **Collin County** (29,015 visits) and **Tarrant County** (22,224 visits).

Dallas Service Area

Plano Service Area: Inpatient Origin

The **majority** of Plano's discharges come from **Collin County** (1,778 discharges), followed by **Dallas County** (874 discharges) and **Denton County** (802 discharges).

Plano Service Area
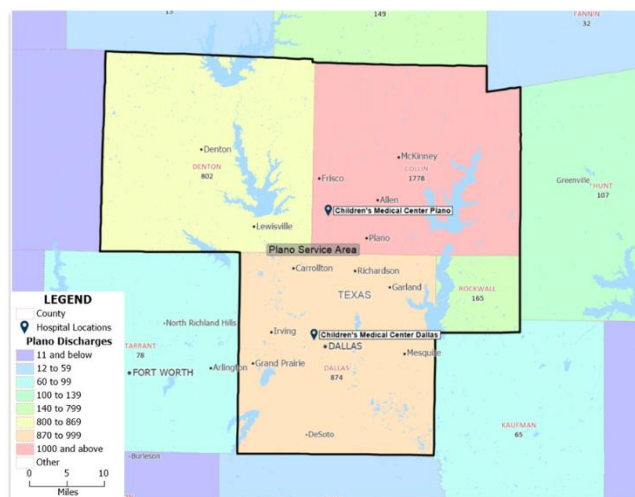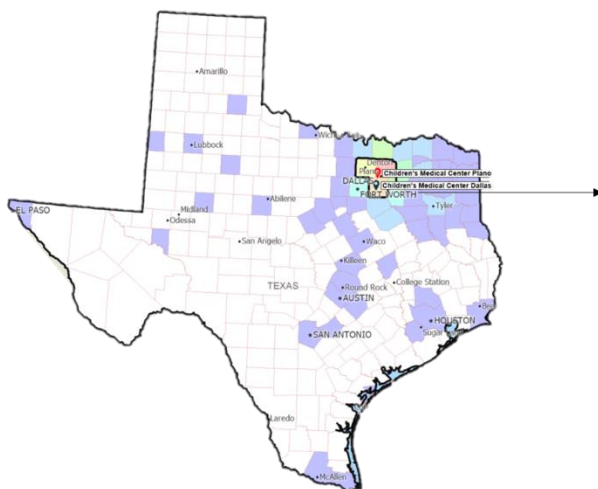
Plano Service Area: Outpatient Origin

The **majority** of Plano's outpatient visits come from **Collin County** (47,981 visits), followed by **Dallas County** (25,741 visits) and **Denton County** (20,531 visits).
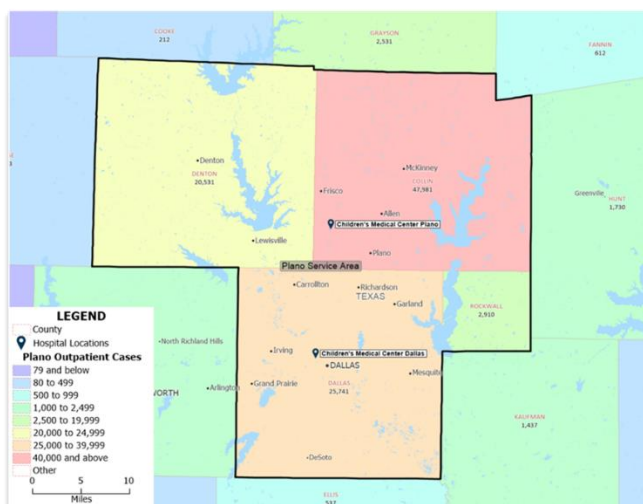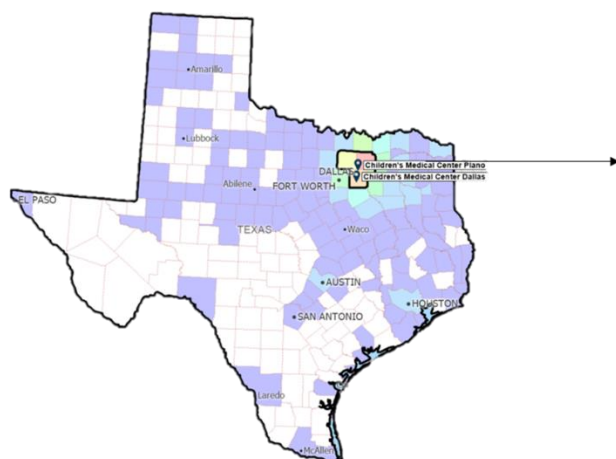
Plano Service Area

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Community Population and Demographics

A thorough understanding of local demographics is essential to evaluating the health needs of a community. Equally important is recognizing the unique characteristics and disparities that exist among different communities within the broader service area. To support this analysis, Claritas demographic data was examined at the county level, enabling comparisons between local population trends and broader state and national benchmarks. The maps below provide a visual representation of the current distribution of the pediatric population (ages 0–17) and highlight areas within the service area where growth or decline is projected, offering valuable insight into future healthcare demand.

2025 Pediatric Population (Ages 0-17)
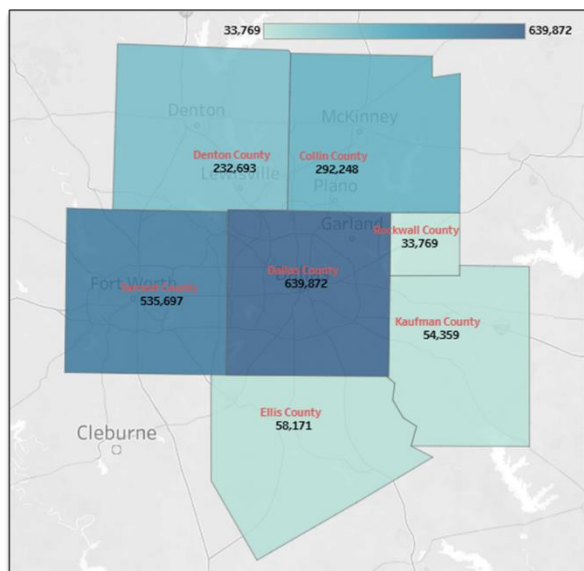
2025 – 2030 5 Year Pediatric (Ages 0-17) Population Growth

Claritas 2025
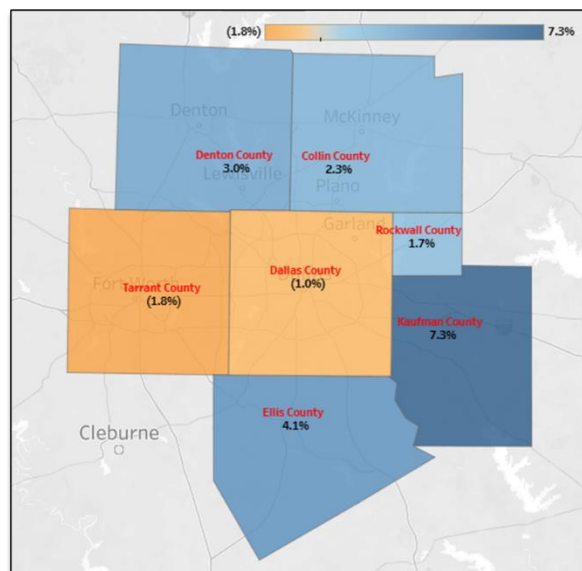
Pediatric population growth through 2030 is modest overall (+0.2% compound annual growth rate), led by continued expansion in Kaufman (+7.3%) and Ellis (+4.1%) counties, while more mature areas such as Tarrant and Dallas experience negative growth.

In addition to the pediatric population trends, it is important to understand the racial and ethnic makeup of the total population within the service area. In 2025, 36.8% of the population identifies as White (non-Hispanic), and 17.5% identifies as Black or African American (non-Hispanic). The total population across the service area is becoming increasingly diverse, with the largest five-year growth projected among Asian (+22.1%) and Two or More Races (+17.5%) residents, while the White (non-Hispanic) population is expected to decline (-6.8%). The table below displays the current and forecasted racial and ethnic diversity in the service area.

Race / Ethnicity	Population CY	% of Total Population CY	Population 5-Yr	5-Yr Net Growth	5-Yr % Net Growth
Grand Total	7,766,497	100.0%	8,289,275	522,778	6.7%
American Indian/Alaskan Native (non Hisp)	23,630	0.3%	23,362	-268	-1.1%
Asian (non Hisp)	750,234	9.7%	916,299	166,065	22.1%
Black/African American (non Hisp)	1,358,465	17.5%	1,551,673	193,208	14.2%
Hispanic	2,430,361	31.3%	2,732,633	302,272	12.4%
Native Hawaiian/Pacific Islander (non Hisp)	8,117	0.1%	9,324	1,207	14.9%
Some Other Race (non Hisp)	30,142	0.4%	30,937	795	2.6%
Two or More Races (non Hisp)	304,894	3.9%	358,204	53,310	17.5%
White (non Hisp)	2,860,654	36.8%	2,666,843	-193,811	-6.8%

5-Yr Net Growth by County
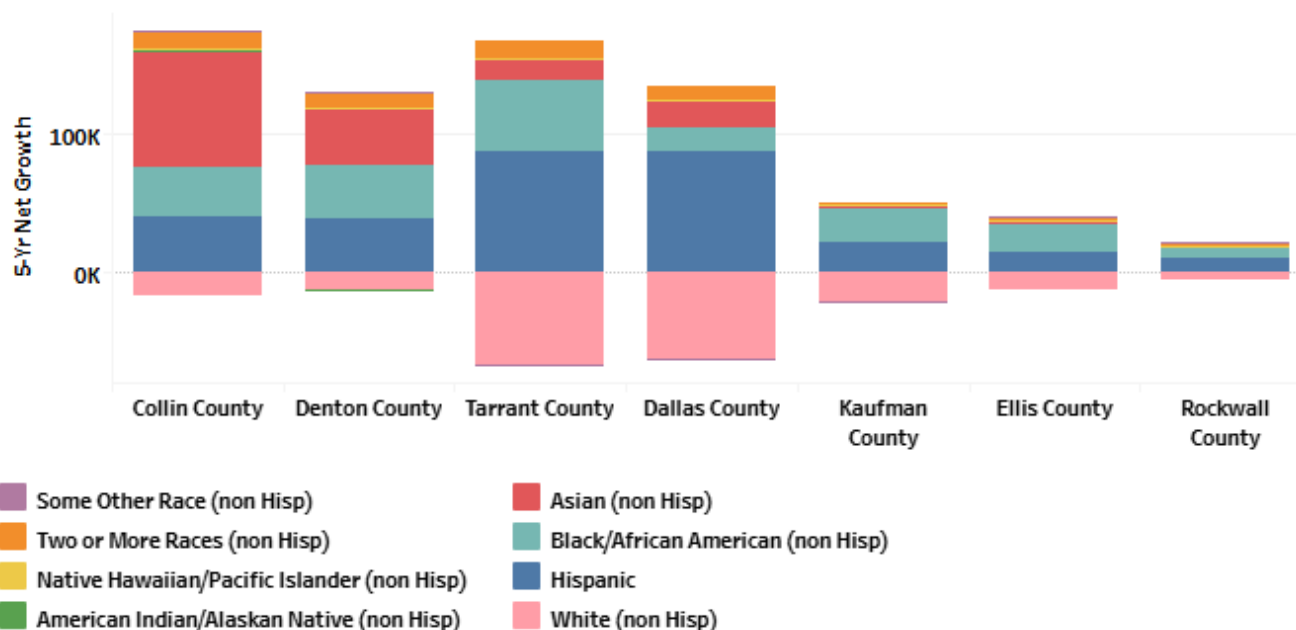
Claritas 2025

The service area's median household income ($93,595) surpasses both the state ($76,585) and national ($78,770) averages. Dallas County has the lowest median household income ($75,185), while Rockwall County has the highest ($131,642). Additional data on household income by age group shows that adults aged 35-44 have the largest share of high-income households in the service area.

Service Area	Median Household Income, Current Year	Median Household Income, 5-Yr	5-Yr Net Growth	5-Yr Net Growth %	% of Families < Poverty CY
Plano & Dallas (All 7 Counties)	$93,595	$104,555	$10,960	11.7%	7.7%
Texas	$76,585	$84,323	$7,738	10.1%	10.8%
USA	$78,770	$85,719	$6,949	8.8%	8.9%

Claritas 2025
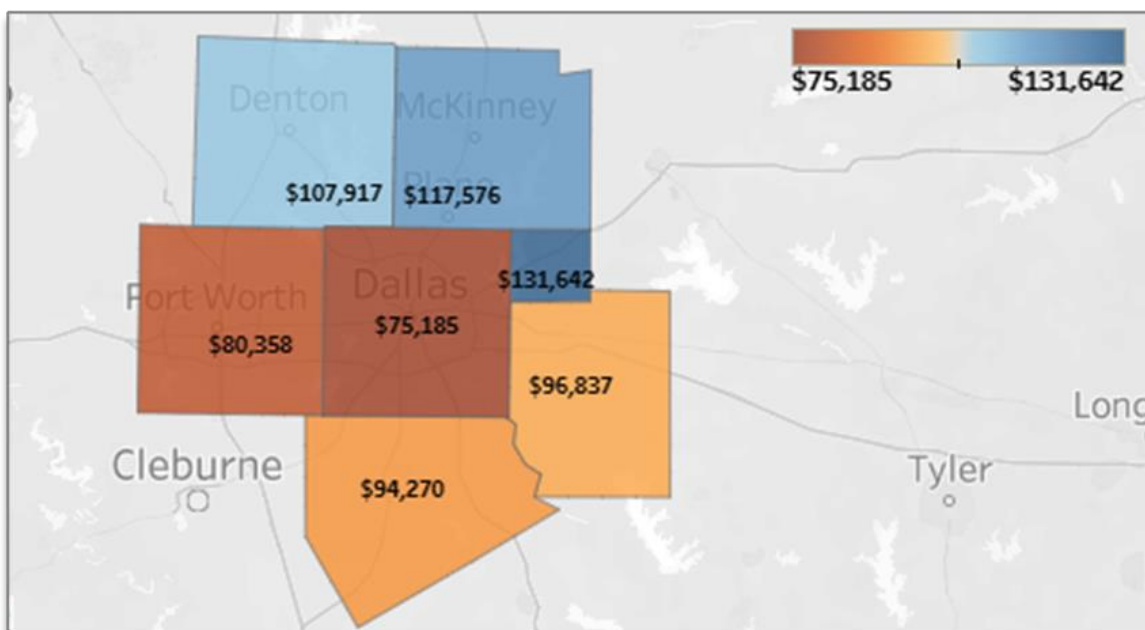
Claritas 2025

Health Needs Assessment

To effectively present data in a way that captures the narrative of community health needs and aligns with government guidelines, the Healthy People 2030 framework was chosen to guide both secondary data collection and community engagement. This nationally recognized and government-endorsed framework provides a structured, evidence-based approach for identifying and addressing key health challenges.

Healthy People 2030 includes 355 core measurable objectives, which are organized by topic to support focused analysis and meaningful dialogue throughout the Community Health Needs Assessment (CHNA) process. These five overarching topic areas—Health Conditions, Health Behaviors, Settings and Systems, Social Determinants of Health, and Populations—served as the foundation for research, stakeholder discussions, and strategic planning, ensuring that the assessment remains aligned with both local priorities and national health improvement goals.

Evaluates the organizations (facilities, payors, gov't, transportation, etc.) active in the market

Assesses the prevalence and occurrence of health conditions in the market

Addresses the social determinants of health like economic, education, and social stability

Tracks prevalence of healthy behaviors like healthy eating and tobacco use in the community

Settings and Systems

Health Conditions

Community Health Needs Assessment

Social Determinants of Health

Health Behaviors

Populations

Assesses the demographic trends in market including workforce and aging populations

Healthy People 2030

Foundational Principles

The following foundational principles guide decisions about Healthy People 2030:

- The health and well-being of all people and communities is essential to a thriving society.
- Promoting health and well-being and preventing disease are linked efforts that encompass physical, mental, and social health dimensions.
- Investing to achieve the full potential for health and well-being for all provides valuable benefits to society.
- Achieving health and well-being requires eliminating health disparities, improving health for all people, and attaining health literacy.
- Healthy physical, social, and economic environments strengthen the potential to achieve health and well-being.
- Promoting and achieving health and well-being nationwide is a shared responsibility that is distributed across the national, state, tribal, and community levels, including the public, private, and not-for-profit sectors.
- Working to attain the full potential for health and well-being of the population is a component of decision-making and policy formulation across all sectors.

Health Conditions

Health conditions, both chronic and acute, are among the most significant factors affecting the well-being of people across the United States. Advancing progress toward the Healthy People 2030 goals in these areas will lead to improved outcomes for individuals living with cancer, chronic illnesses, mental health disorders, and infectious diseases. Specific Healthy People 2030 health conditions were selected to complement the existing list and better align with the services offered at Children's Health.

Healthy People 2030 Objectives	
Addiction	Heart Disease and Stroke
Arthritis	Infectious Disease*
Blood Disorders	Mental Health and Mental Disorders*
Cancer	Oral Conditions
Chronic Kidney Disease	Osteoporosis
Chronic Pain	Overweight and Obesity*
Dementias	Pregnancy and Childbirth
Diabetes	Respiratory Disease
Foodborne Illness	Sensory or Communication Disorders*
Healthcare-Associated Infections	Sexually Transmitted Infections

*Objectives that are relevant to Children's Health community feedback will be explored further below.

Infectious Disease: *Healthy People 2030* focuses on reducing the impact of infectious diseases through prevention, early diagnosis, and improved treatment. The initiative emphasizes the importance of vaccination, public awareness, and infection control to protect individuals and communities from both acute and chronic infections.

Infectious Disease

- Infectious diseases are prevalent among children, with frequent examples including respiratory illnesses like **COVID-19, influenza, and RSV**, as well as other conditions such as chickenpox and strep throat.

- **235 children died during the 2024-2025** flu season nationwide. **15** of those deaths occurred in Texas.

- The counties within the service area experienced elevated activity of both influenza A and B, with a notable number of positive results from rapid flu tests, according to the MMWR for the week ending January 6, 2024.

County Influenza Activity Level

	No information
	No activity
	Influenza-like illness only
	Rapid test positive flu
	Flu A (confirmed by culture or CPR)
	Flu B (confirmed by culture or CPR)
	Flu A and B (confirmed by culture or PCR)
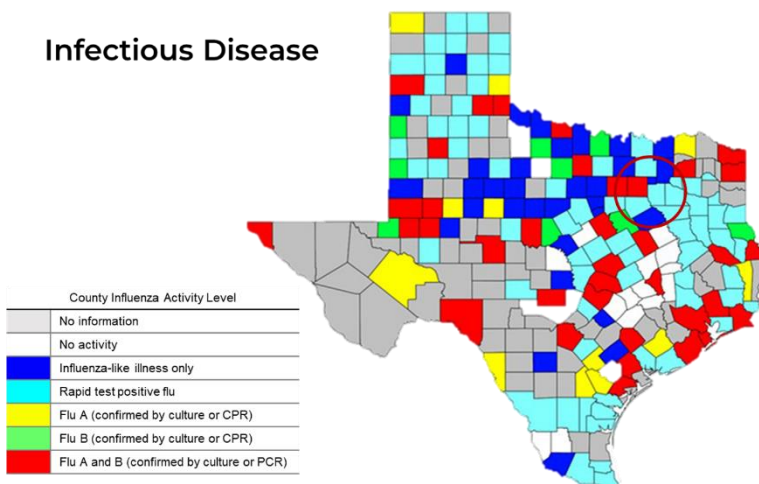
Map: Highest Level of Influenza or ILI Activity Reported by County for the Week Ending January 6, 2024 (MMWR Week 1)

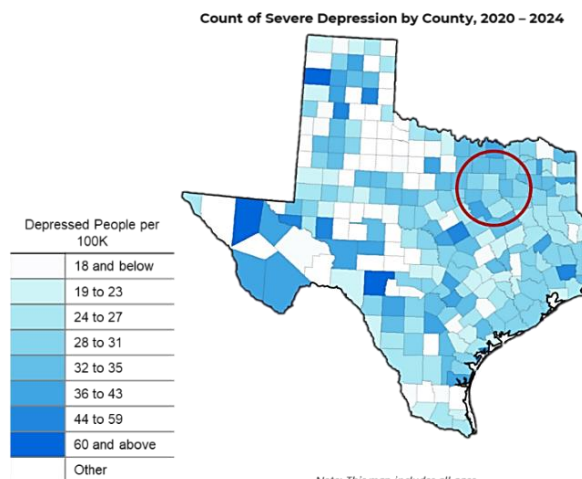*Note: This map includes all ages.*

Centers for Disease Control and Prevention; Texas Department of State Health Services

Mental Health and Mental Disorders: *Healthy People 2030* focuses on the prevention, screening, assessment, and treatment of mental disorders and behavioral conditions. For children with developmental disabilities – including autism, ADHD, and intellectual delays – access to early screening and intervention is critical to long term health and well-being. The following visual shows the prevalence of severe depression by county in Texas.

Mental Health and Mental Disorders

- Childhood mental health conditions affect many children and families. **More than 1.2 million Texas children under 18 years** report having at least one mental, emotional, developmental, or behavioral problem (MEDB). That is 17.2% of all Texans under 18 who are affected by a MEDB problem, or roughly 1-in-5 of all Texas youth.

- Mental health conditions can begin in early childhood and the prevalence changes with age. Although there are some exceptions, most mental health conditions are more common with increased age.

- **Denton County, TX has the highest number** of individuals experiencing severe depression within the service area (35 per 100,000 people), while **Dallas County, TX has the lowest** (27 per 100,000 people).

*Note: This data encompasses all age groups, as age-specific stratification was not possible.

Count of Severe Depression by County, 2020 – 2024

Depressed People per 100K

	18 and below
	19 to 23
	24 to 27
	28 to 31
	32 to 35
	36 to 43
	44 to 59
	60 and above
	Other

Note: This map includes all ages.
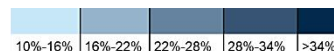
EveryTexan; Mental Health America

Overweight and Obesity: *Healthy People 2030* aims to reduce overweight and obesity by promoting healthy eating and physical activity across all age groups. The initiative highlights that about 2 in 5 adults and 1 in 5 children and adolescents in the United States have obesity, which significantly increases the risk of chronic conditions such as type 2 diabetes, heart disease, stroke, and certain cancers.

| 10%-16% | 16%-22% | 22%-28% | 28%-34% | >34% |

Overweight and Obesity

- **As of 2019, the obesity rate for 10- to 17-year-old children is 20.3%** and among high school students, these numbers have increased significantly.
  - Among US states, **Texas ranks 8th** when it comes to obesity rates among high school students.
- The average obesity rate across the service area stands at 28.9%, with Rockwall County reporting the lowest prevalence at 22.8%, while Tarrant County records the highest at 34%.

This is reflective of all ages

Obesity Prevalence by County, 2021*
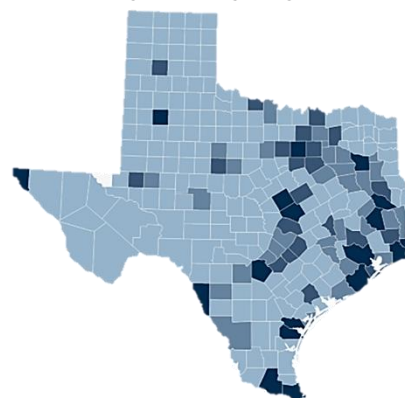
this map includes all ages

Robert Wood Johnson Foundation; Rural Health Information Hub

Sensory or Communication Disorders: *Healthy People 2030* focuses on preventing, diagnosing, and treating sensory or communication disorder disorders in people of all ages. Many children in the United States will experience a sensory or communication disorder in their lifetime. These disorders can significantly affect a child's social, emotional, and academic outcomes.

Sensory or Communication Disorders

- **Speech/Language Disorders:**
  - National prevalence is **7.7%** among children aged 3-17 (NIDCD). Estimated **36,000 children aged 0-4** and **142,000 across all age groups within the service area** may be affected.
- **Hearing Loss:**
  - Affects approximately **1.7%** of children (CDC). Estimated **8,000 children aged 0-4** and **31,000 total** across all age groups within the service area may experience hearing loss.
- **Traumatic Brain Injury (TBI):**
  - Serious TBIs occur in approximately **0.2%** of children annually (CDC/BIAA). Estimated **900 children aged 0-4** and **3,600 total** across all age groups within the service area may be present with TBI.
- **Speech/language disorders are the most common concern across all age groups,** showing a high need for accessible therapy and early intervention services.

Projected Inpatient Volume with Sensory & Communication Disorder Estimates within the Service Area

Age Group	Speech/ Language Disorders (7.7%)	Hearing Loss (1.7%)	TBI (0.2%)
0-4 years	36,967	8,162	960
5-9 years	38,731	8,551	1,006
10-14 years	41,474	9,157	1,077
15-17 years	25,032	5,527	650
Total	142,204	31,396	3,694

Data derived using national prevalence rates and inpatient volume estimate for total patient service area.

Centers for Disease Control and Prevention (2022-2023); National Institute on Deafness and Other Communication Disorders (2022); Brain Injury Association of America (2022); Claritas (2024)

Health Behaviors

Health Behaviors are the behaviors that influence the health of individuals related to family and personal health, healthcare prevention, substance abuse, violence, as well as other health behaviors such as emergency preparedness and safe food handling. The table above displays the Healthy People 2030 measurable objectives that fall under the health behaviors topic.

Healthy People 2030 Objectives	
Child and Adolescent Development*	Physical Activity
Drug and Alcohol Use	Preventative Care*
Emergency Preparedness	Safe Food Handling
Family Planning	Sleep
Health Communication*	Tobacco Use
Injury Prevention	Vaccination*
Nutrition and Healthy Eating*	Violence Prevention

*Objectives that are relevant to Children's Health community feedback will be explored further below.

Child and Adolescent Development: *Healthy People 2030* focuses on promoting healthy physical, mental, emotional, and behavioral development in children and adolescents. Caregiver support plays a crucial role in early childhood development, influencing learning, emotional security, and health outcomes. The following visual shows the level of caregiver engagement through reading practices in Texas, showing opportunities to strengthen family-based developmental support.

Child and Adolescent Development

- According to the Child Mind Institute, reading and regular exposure to language play a vital role in **enhancing children's cognitive and linguistic development**. Even the simple act of holding or touching a book provides sensory stimulation that supports brain growth in infants.

- Data from the 2022–2023 National Survey of Children's Health reveals a concerning trend in Texas: only 29.4% of parents or family members read to their child daily, **significantly below the national average** of 40.4%.

  - 13.7% of Texas families reported not reading to their child at all during the week – higher than the nationwide average of 8.3%.

- These figures point to a gap in early childhood engagement across Texas, highlighting the need for **stronger family involvement** in nurturing foundational literacy and cognitive skills.

2022-2023 National Survey of Children's Health.

"During the past week, how many days did you or other family members read to this child, age 0-5 years?"

Region	0 Days	1-3 Days	4-6 Days	Every day
Texas	13.7%	41.9%	15.0%	29.4%
US	8.3%	34.8%	16.5%	40.4%

Number of days children were read aloud to during the past week
Children age 0-5 years
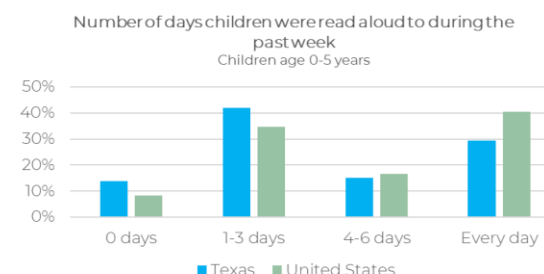
Health Communication: *Healthy People 2030* prioritizes enhancing health communication to make health information more accessible, understandable, and actionable for all individuals. More than half of Texas' counties have populations where 25% or more of the residents have below basic literacy skills, indicating challenges in understanding medical instructions, prescriptions, and care plans.

Health Communication

28.2% of adults in Texas have low literacy
Texas ranks 48 out of 50 in the U.S.

The percent of 4th graders with below basic reading by race

White — 22%
Latinx/Hispanic — 48%
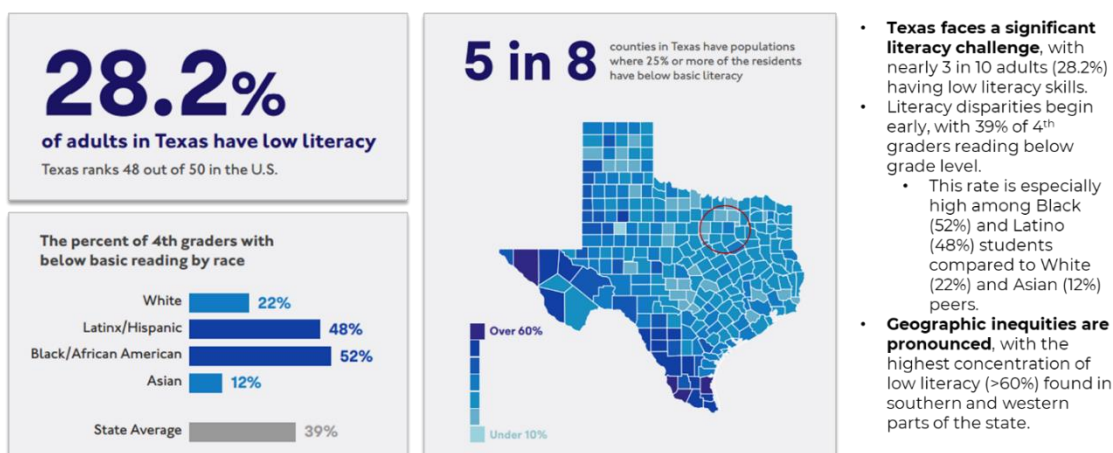Black/African American — 52%
Asian — 12%
State Average — 39%

Barbara Bush Foundation for Family Literacy

5 in 8 counties in Texas have populations where 25% or more of the residents have below basic literacy

Over 60%
Under 10%

- **Texas faces a significant literacy challenge**, with nearly 3 in 10 adults (28.2%) having low literacy skills.
- Literacy disparities begin early, with 39% of 4th graders reading below grade level.
  - This rate is especially high among Black (52%) and Latino (48%) students compared to White (22%) and Asian (12%) peers.
- **Geographic inequities are pronounced**, with the highest concentration of low literacy (>60%) found in southern and western parts of the state.

Nutrition and Healthy Eating: *Healthy People 2030* aims to empower individuals to consume the recommended amounts of nutritious foods to lower the risk of chronic diseases and enhance overall well-being. However, access to healthy food options remains uneven across Texas. On average, 5% of residents in the service area are low-income and live far from a grocery store, compared to the statewide average of 8%, highlighting significant disparities in food accessibility.

Nutrition & Healthy Eating

- Collin, Kaufman, and Rockwall Counties had the lowest percentage of low-income population without close access to grocery store (3%), while Tarrant County had the highest (8%).
- The service area average (5%) was slightly lower than the state (8%), indicating that residents in this region generally have better access to grocery stores and healthier food options compared to the broader Texas population.

Percentage of population who are low-income and do not live close to a grocery store

Collin 3%
Dallas 7%
Denton 5%
Ellis 7%
Kaufman 3%
Rockwall 3%
Tarrant 8%

BEST — WORST — MISSING
2025 Limited Access to Healthy Foods – Texas

2025 County Health Rankings; Years of Data Used: 2019.
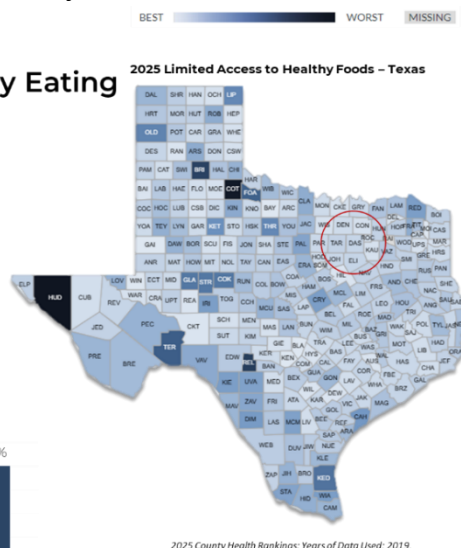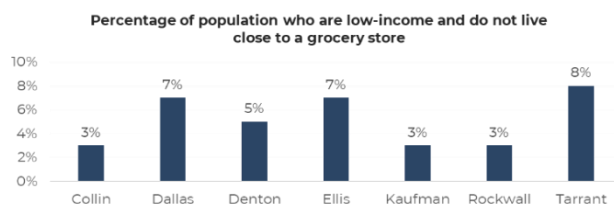
Preventive Care: Preventative care is vital for identifying developmental, behavioral, and physical health issues in children early. Screenings like vision, hearing, immunizations, and well-child visits support long-term health. In Texas, just 74.3% of children ages 0–17 received at least one preventive medical visit in the past year.

Preventative Care

Well-Child Visits Trended: Texas & The United States

	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023
Texas	75.6%	69.2%	72.3%	75.9%	72.3%	73.7%	74.3%
United States	82.1%	76.3%	76.9%	80.7%	76.7%	76.8%	78.7%
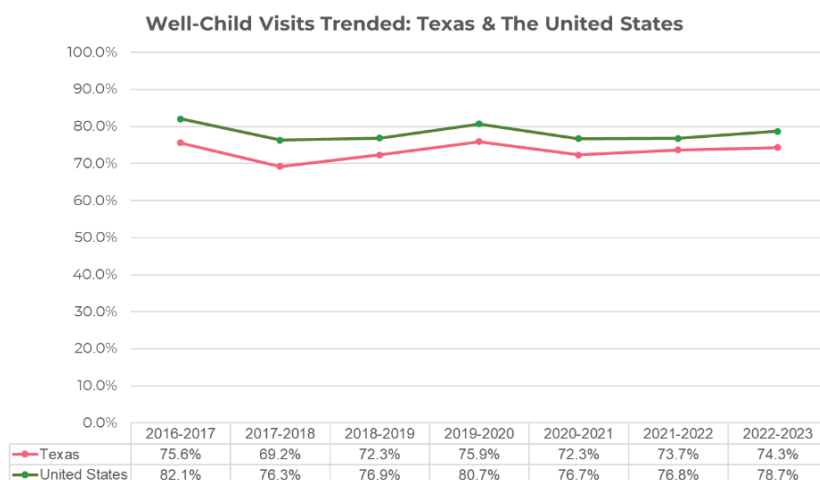
America's Health Rankings

- Only **74.3%** of children ages 0–17 in Texas received at least one preventive medical visit in the past 12 months, placing the state **46th nationally for this measure**.

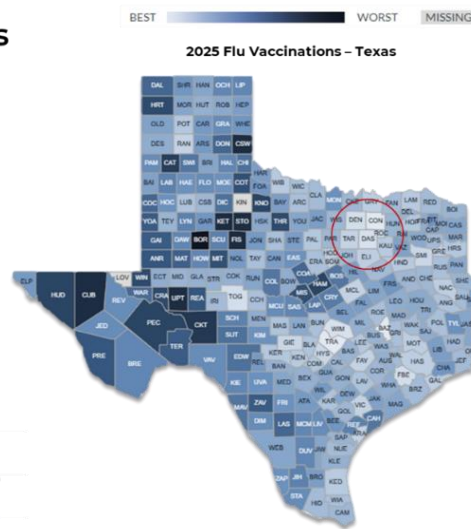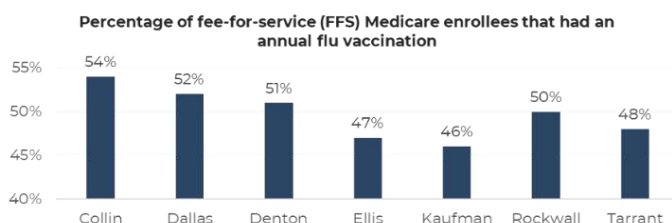- This low ranking highlights **significant gaps in access** to essential pediatric care and underscores the need for targeted outreach and improved healthcare infrastructure to support early intervention and long-term child health.

Vaccination: Vaccination remains one of the most effective tools for preventing the spread of infectious diseases, especially among children. Yet in Texas, flu vaccination rates among Medicare enrollees remain concerningly low. Only 45% received their annual flu shot, with county-level rates ranging from a mere 9% to 54%.

Vaccinations

- Collin County had the highest rate of annual flu vaccination among fee-for-service Medicare enrollees at 54%, while Kaufman County had the lowest at 46%.

- Although this map shows adult vaccination rates, **early childhood vaccination remains a concern.**

  - In 2020, 1.4% of children born in 2015 had received no recommended vaccines by age 2.

Percentage of fee-for-service (FFS) Medicare enrollees that had an annual flu vaccination

Collin	Dallas	Denton	Ellis	Kaufman	Rockwall	Tarrant
54%	52%	51%	47%	46%	50%	48%

2025 Flu Vaccinations – Texas

2025 County Health Rankings; Years of Data Used: 2022.

Settings and Systems

Settings and Systems provide insights into the infrastructure that influences the health outcomes and behaviors of populations. The availability of healthcare resources outside of the traditional healthcare settings plays a vital role in the overall health of individuals. The following table displays the Healthy People 2030 measurable objectives that fall under the settings and systems topic.
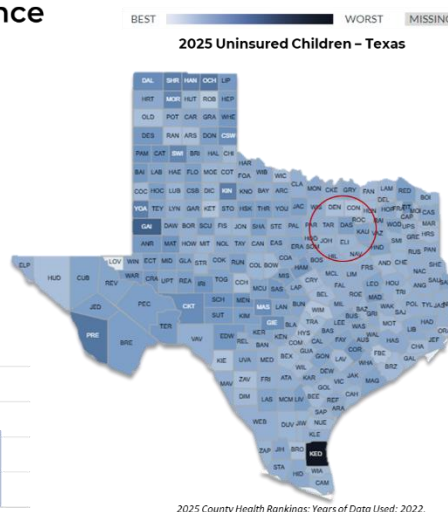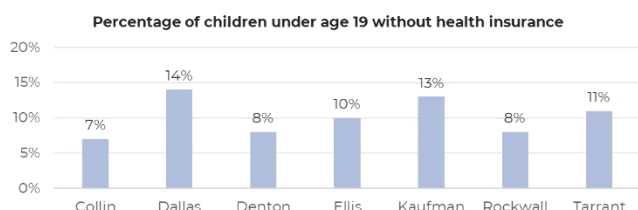
Settings and Systems	
Community	Health Policy
Environmental Health	Hospital and Emergency Services
Global Health	Housing and Homes*
Health Care	Public Health Infrastructure
Health Insurance*	Schools*
Health IT	Transportation
	Workplace

*Objectives that are relevant to Children's Health community feedback will be explored further below.

Health Insurance: Access to health insurance is a foundational element of health equity and a key objective in the *Healthy People 2030* framework. Individuals without coverage face significant barriers to preventive care, chronic disease management, and timely treatment. Of particular concern is the number of children who remain uninsured, leaving them vulnerable to missed vaccinations, delayed diagnoses, and untreated health conditions. Healthy People 2030 aims to increase the proportion of people with health insurance, with a special emphasis on expanding coverage for children to ensure a healthier start in life and reduce long-term disparities.

Health Insurance

- In Texas, 11% of children under the age of 19 lacked health insurance – slightly above the service area average of 10% and more than twice the national average of 5%.

- This disparity highlights ongoing challenges in ensuring equitable access to healthcare coverage for children across the state.

2025 Uninsured Children – Texas

2025 County Health Rankings; Years of Data Used: 2022.

Percentage of children under age 19 without health insurance

Collin	Dallas	Denton	Ellis	Kaufman	Rockwall	Tarrant
7%	14%	8%	10%	13%	8%	11%

Housing and Homes: Safe, stable, and affordable housing is a cornerstone of physical and mental well-being and a key social determinant of health emphasized in Healthy People 2030. Children living in substandard or unstable housing conditions are particularly vulnerable to developmental delays, respiratory issues, and poor academic outcomes. Healthy People 2030 calls for improvements in housing quality and access to reduce health disparities and promote healthier, more resilient communities.

Housing and Homes

- In Texas, 15% of households spent half or more of their income on housing – matching the national average.

- The service area average is slightly lower at 13%, suggesting relatively greater housing affordability or less financial strain for residents in that region.

Percentage of households that spend 50% or more of their household income on housing

Collin	Dallas	Denton	Ellis	Kaufman	Rockwall	Tarrant
13%	15%	13%	12%	12%	9%	15%
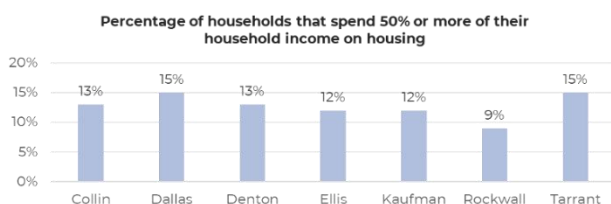
2025 Severe Housing Cost Burden – Texas

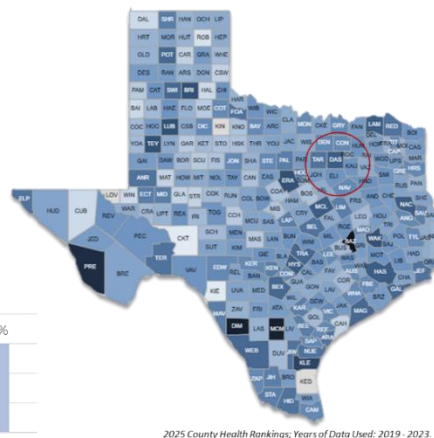BEST — WORST   MISSING

2025 County Health Rankings; Years of Data Used: 2019 - 2023.
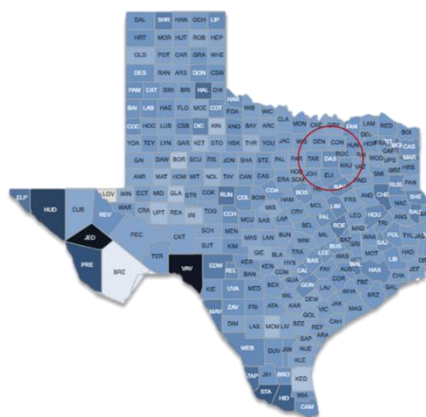
Schools: Access to quality education is a powerful predictor of long-term health outcomes and a central focus of Healthy People 2030. When schools lack adequate resources, staffing, or safe environments, students may face barriers to learning and increased risks of mental health challenges, poor nutrition, and limited access to health services. Healthy People 2030 emphasizes the importance of improving educational environments and outcomes to promote health equity and support the well-being of children and adolescents across all communities.

Schools

- In Texas, on average, per-pupil spending among school districts was $5,341 below the estimated amount needed to support students in achieving average US test scores.

- The service area's average shortfall was $3,285 per student, indicating a relatively smaller funding gap that may reflect stronger local investment in education or more efficient allocation of resources.

Service Area	The average gap in dollars between actual and required spending per pupil among public school districts	Service Area	The average gap in dollars between actual and required spending per pupil among public school districts
Collin	-$627	Kaufman	-$3,854
Dallas	-$7,232	Rockwall	-$1,120
Denton	-$1,522	Tarrant	-$3,506
Ellis	-$5,135		
Service Area Average			-$3,285
State Average			-$5,341

2025 School Funding Adequacy – Texas

BEST — WORST   MISSING

2025 County Health Rankings; Years of Data Used: 2022.

Social Determinants of Health

Social Determinants of Health describe the socioeconomic factors that play a role in the level of health people can achieve. This section looks at aspects outside of healthcare such as economic stability, education, and violence in the community. The following table displays the Healthy People 2030 measurable objectives that fall under Social Determinants of Health.

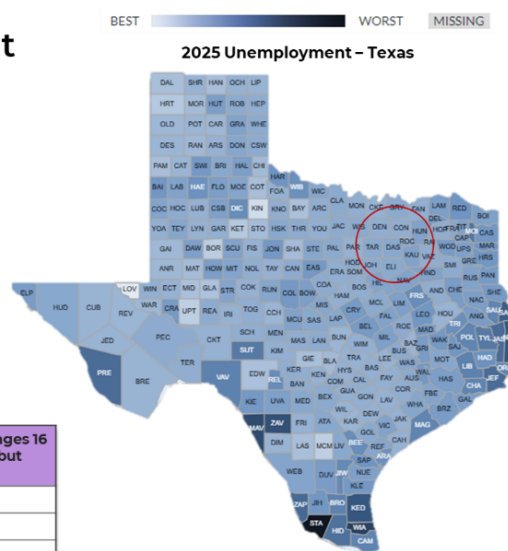| Social Determinants of Health	
Economic Stability*	Neighborhood and Built Environment
Education Access and Quality*	Social and Community Context
Health Care Access and Quality*	

*Objectives that are relevant to Children's Health community feedback will be explored further below.

Economic Stability: Economic stability is a critical driver of health outcomes and a core focus of Healthy People 2030. Individuals and families facing financial hardship often struggle to afford basic needs such as nutritious food, safe housing, transportation, and healthcare. Unemployment, underemployment, and low wages can lead to chronic stress, limited access to medical services, and increased risk of poor physical and mental health. *Healthy People 2030* emphasizes the importance of improving economic opportunities and reducing poverty to promote health equity and support the well-being of all community members.

Unemployment

- In Texas, 3.9% of people age 16 and older were unemployed but seeking work. The unemployment rate ranged from 0.3% to 9.3% across counties in the state.

- The service area average for individuals aged 16+ who are unemployed but actively seeking work is 3.7%, which is lower than the state average. This may reflect stronger local economic conditions, better access to employment opportunities, or more effective workforce development initiatives within the region.

2025 Unemployment – Texas

2025 County Health Rankings; Years of Data Used: 2023.

Service Area	Percentage of population ages 16 and older unemployed but seeking work	Service Area	Percentage of population ages 16 and older unemployed but seeking work
Collin	3.5%	Kaufman	4.1%
Dallas	3.8%	Rockwall	3.6%
Denton	3.5%	Tarrant	3.7%
Ellis	3.7%		
Service Area Average			3.7%
State Average			3.9%

Education Access and Quality: *Healthy People 2030* identifies education access and quality as key social determinants of health, with a focus on increasing high school graduation rates across all communities. Students who do not finish high school are more likely to face unemployment, lower income, and limited access to healthcare, which can contribute to poorer health outcomes. Improving educational equity and supporting high school completion are essential steps toward achieving health equity and advancing the goals of Healthy People 2030.

Education Access and Quality

- In Texas, 86% of adults (age 25 or older) had a high school degree or equivalent, such as a GED. This ranged from 47% to 98% of adults across counties in the state.

- The service area average stands at 89%, aligning with the national average and suggesting relatively strong baseline education levels in the region.

2025 High School Completion – Texas

2025 County Health Rankings; Years of Data Used: 2022.

Service Area	Percentage of adults 25+ with a high school diploma or equivalent	Service Area	Percentage of adults 25+ with a high school diploma or equivalent
Collin	94%	Kaufman	86%
Dallas	82%	Rockwall	94%
Denton	93%	Tarrant	87%
Ellis	88%		
Service Area Average			89%
State Average			86%
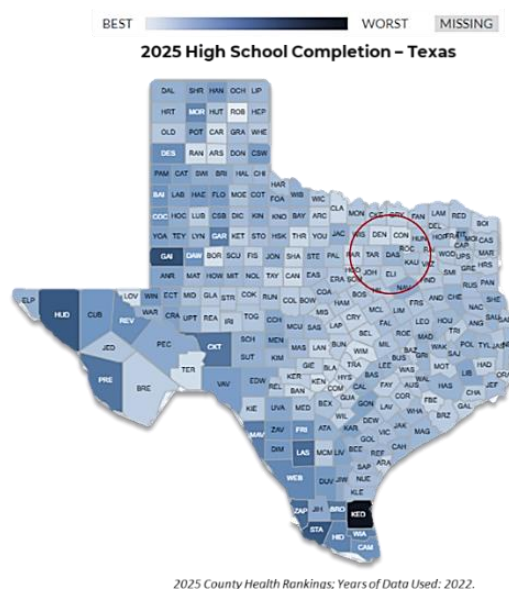
Health Care Access and Quality: Healthy People 2030 highlights health care access and quality as a key priority, emphasizing the importance of increasing the number of individuals who have a consistent and reliable source of care. When people lack access to primary care, they are more likely to delay treatment, rely on emergency services, and experience poorer health outcomes. Strengthening access to primary care is a vital step toward improving health equity and achieving the goals of Healthy People 2030.

Health Care Access and Quality

- In 2022, there was one primary care physician per 1,660 people in Texas. This ranged from one physician per 1 person, to one physician per 430 people across counties in the state.

- Compared to the national average of 1,310:1, Texas lags behind in provider availability. The service area faces an even greater shortage, with just one PCP for every 2,114 residents, underscoring significant gaps in access to essential healthcare services.

2025 Primary Care Physicians – Texas

2025 County Health Rankings; Years of Data Used: 2022

Service Area	Ratio of population to primary care physicians	Service Area	Ratio of population to primary care physicians
Collin	1,020:1	Kaufman	4,660:1
Dallas	1,380:1	Rockwall	1,520:1
Denton	1,800:1	Tarrant	1,700:1
Ellis	2,720:1		
Service Area Average			2,114:1
State Average			1,660:1
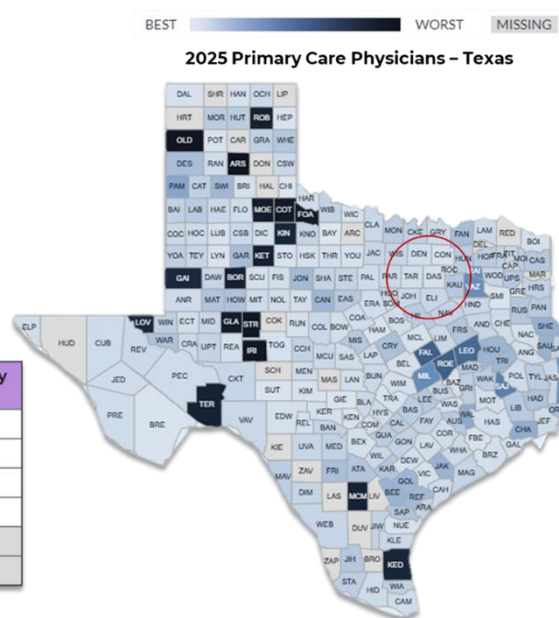
Populations

Populations refer to the groups and demographics that correspond with other objectives outlined in Healthy People 2030. The population information looks at age groups, gender, race and ethnicity, and disability status. Health and wellness metrics are also identified related to specific populations. The following table displays the Healthy People 2030 measurable objectives that fall under populations.
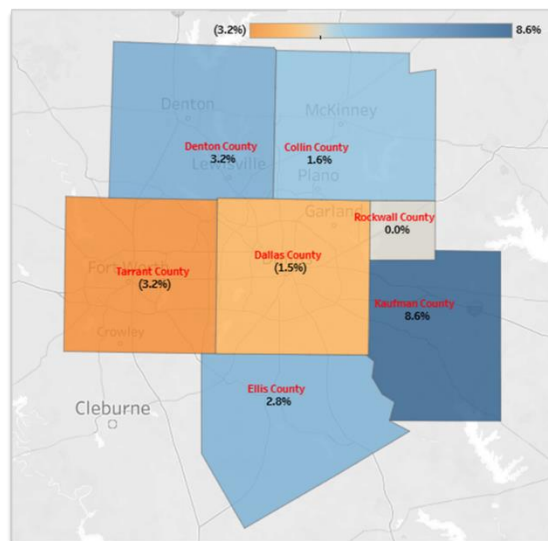
Populations	
Adolescents*	Older Adults
Children*	Parents or Caregivers*
Infants*	People with Disabilities*
LGBT	Women
Men	Workforce

*Objectives that are relevant to Children's Health community feedback will be explored further below.

Adolescents: *Healthy People 2030* emphasizes supporting adolescent well-being through safety and health initiatives. Population trends for adolescents vary across the service area. The 10 to 14 age group is expected to decline by 2.8 percent, reflecting a consistent downward trend in most counties. Meanwhile, the 15 to 17 age group is projected to grow moderately, with a five-year net increase of 3.6 percent. These demographic shifts may impact the demand for youth-oriented services, including behavioral health programs, school-based care, and transitional support systems.

2025 – 2030 5-Year Adolescent (Ages 10-17) Population Growth

Age Group	Age Range	Population CY	Population 5-Yr	5-Yr Net Growth	5-Yr % Net Growth	CAGR
Grand Total		1,846,809	1,851,257	4,448	0.2%	0.0%
0-17	Total	1,846,809	1,851,257	4,448	0.2%	0.0%
	0-4	480,093	492,897	12,804	2.7%	0.5%
	5-9	502,994	498,180	-4,814	(1.0%)	(0.2%)
	10-14	538,627	523,504	-15,123	(2.8%)	(0.6%)
	15-17	325,095	336,676	11,581	3.6%	0.7%

- Adolescent population growth through 2030 is expected to be moderate overall. Within this group, individuals aged 15–17 are projected to experience a net increase over five years, with a compound annual growth rate (CAGR) of +0.7%. In contrast, the younger cohort aged 10–14 is anticipated to decline, showing a -0.6% CAGR.

Map reflects projected five-year percent growth in the adolescent (ages 10-17) population within the defined service area.

2025 Claritas Demographics
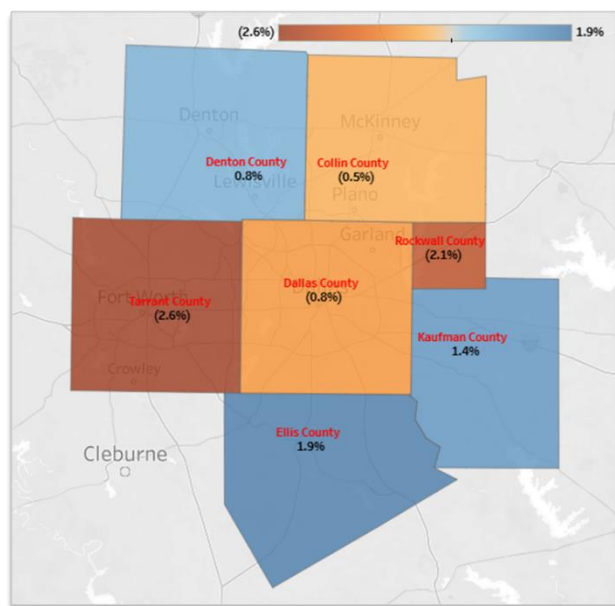
Children: *Healthy People 2030* prioritizes strategies that enhance children's health, safety, and overall well-being through both direct and indirect interventions. Across the service area, the population of children aged 5 to 9 is projected to decline by 1.0 percent over the next five years. Although Ellis and Kaufman counties are expected to see modest growth of 1.9 percent and 1.4 percent respectively, most other counties are facing population decreases. These trends may influence planning for school enrollment, pediatric healthcare services, and community programs focused on child development.

2025 – 2030 5-Year Children (Ages 5-9) Population Growth

Age Group	Age Range	Population CY	Population 5-Yr	5-Yr Net Growth	5-Yr % Net Growth	CAGR
Grand Total		1,846,809	1,851,257	4,448	0.2%	0.0%
0-17	Total	1,846,809	1,851,257	4,448	0.2%	0.0%
	0-4	480,093	492,897	12,804	2.7%	0.5%
	5-9	502,994	498,180	-4,814	(1.0%)	(0.2%)
	10-14	538,627	523,504	-15,123	(2.8%)	(0.6%)
	15-17	325,095	336,676	11,581	3.6%	0.7%

Map reflects projected five-year percent growth in the child (ages 5-9) population within the defined service area.

2025 Claritas Demographics

- The overall population of children aged 5-9 in the service area is projected to decline by 1.0% from 2025 to 2030.
- Despite general growth in the youth population (ages 0-17), the child segment is shrinking.

Infants: *Healthy People 2030* emphasizes promoting infant health and safety throughout the first year of life. Over the next five years, the pediatric population ages 0 to 4 is expected to grow by 2.7 percent across the service area. Notably, southeastern counties with smaller base populations are projected to experience more pronounced growth. These demographic shifts may shape future demand for infant health services, early intervention programs, and family-centered support throughout the region.

2025 – 2030 5-Year Infants (Ages 0-4) Population Growth

Age Group	Age Range	Population CY	Population 5-Yr	5-Yr Net Growth	5-Yr % Net Growth	CAGR
Grand Total		1,846,809	1,851,257	4,448	0.2%	0.0%
0-17	Total	1,846,809	1,851,257	4,448	0.2%	0.0%
	0-4	480,093	492,897	12,804	2.7%	0.5%
	5-9	502,994	498,180	-4,814	(1.0%)	(0.2%)
	10-14	538,627	523,504	-15,123	(2.8%)	(0.6%)
	15-17	325,095	336,676	11,581	3.6%	0.7%

- Infant population growth across the service area is projected to be modest through 2030, with a net increase of 2.7% over five years.
- However, growth trends vary significantly by county. Kaufman County is expected to lead the region with a robust 11.4% increase in children ages 0–4, while Dallas County is projected to experience a slight decline of 0.5% in the same age group.

Map reflects projected five-year percent growth in the infant (ages 0-4) population within the defined service area.

2025 Claritas Demographics
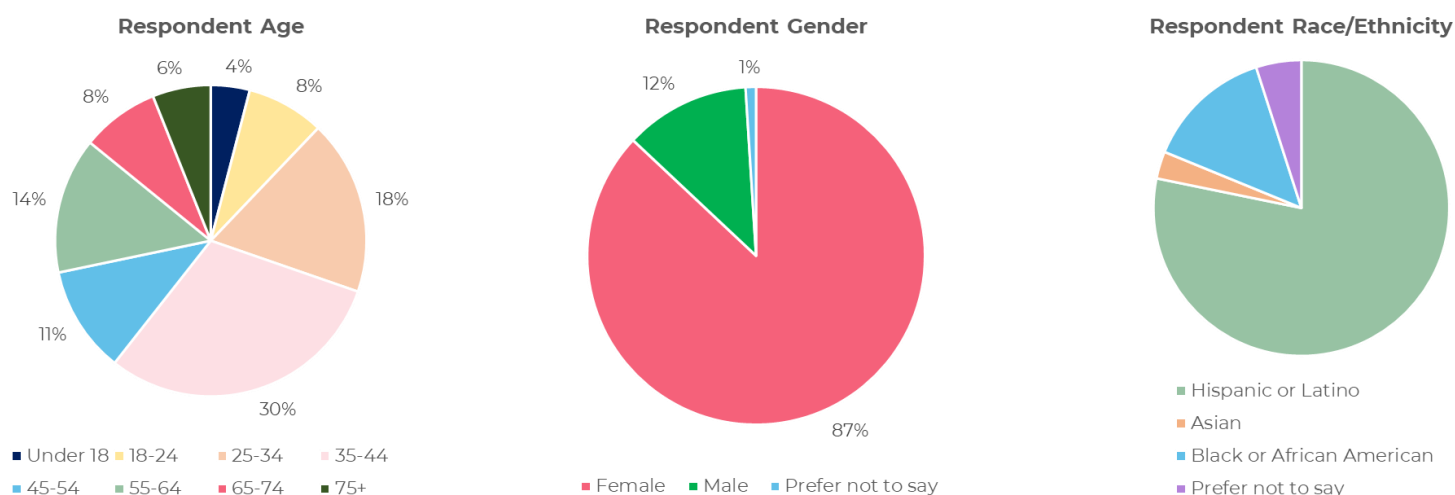
Community Input Findings

The final and most vital component of the Community Needs Assessment is input from the community itself. Children's Health led the distribution of a community health survey, engaging key stakeholders including hospital administrators, physicians, care coordinators, public health experts, community members, and individuals serving underserved and chronic disease populations. This phase focused on gathering insights directly from those with firsthand knowledge of community health needs. A total of 72 respondents across the service area completed the survey. The summary below reflects the distribution of their feedback.

Respondent Age

- Under 18
- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65-74
- 75+

4%, 8%, 18%, 30%, 11%, 14%, 8%, 6%

Respondent Gender

- Female
- Male
- Prefer not to say

87%, 12%, 1%

Respondent Race/Ethnicity

- Hispanic or Latino
- Asian
- Black or African American
- Prefer not to say

On a scale from 1 to 10, where 1 means 'very unhealthy' and 10 means 'very healthy,' how would you rate the overall health of children or young adults (ages 0–21) in your community?

Average Rating: 6.8

Rating 1-10

Rating	Count
1	2
2	1
3	2
4	0
5	10
6	12
7	10
8	14
9	8
10	5
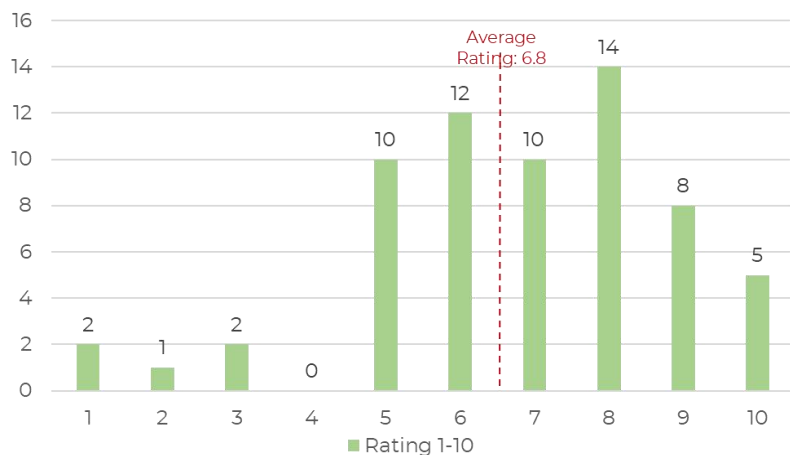
Using one word, please describe the health of children or young adults (Age 0 - 21) in your community.

Respondents were asked to identify the top three health or healthcare challenges affecting key pediatric age groups within the service area. They were then asked to elaborate on specific barriers affecting community health and to suggest additional program or service opportunities.

What do you see as the top three health or healthcare challenges affecting infants and toddlers in your community?

Challenge	%
Financial barriers	31%
Access to preventive…	22%
Nutrition and feeding…	19%
Behavioral issues (e.g.,…	19%
Caregiver support…	17%
Access to specialized…	17%
Insurance	14%
Housing insecurity	11%
Food insecurity	11%
Developmental delays…	10%
Management of chronic…	8%
Social development and…	8%
Opportunities for play…	6%
Exposure to…	4%
Transportation	1%
Lack of rehabilitation…	1%

What do you see as the top three health or healthcare challenges affecting children in your community?

Challenge	%
Financial barriers	38%
Access to preventive…	19%
Social development and…	15%
Access to specialized…	15%
Insurance	14%
Opportunities for play…	13%
Behavioral issues (e.g.,…	13%
Food insecurity	11%
Lack of rehabilitation…	11%
Transportation	10%
Caregiver support…	7%
Housing insecurity	6%
Parental substance…	4%
Exposure to…	4%
Management of chronic…	4%
Developmental delays…	4%
Nutrition and feeding…	1%

What do you see as the top three health or healthcare challenges affecting adolescents in your community?

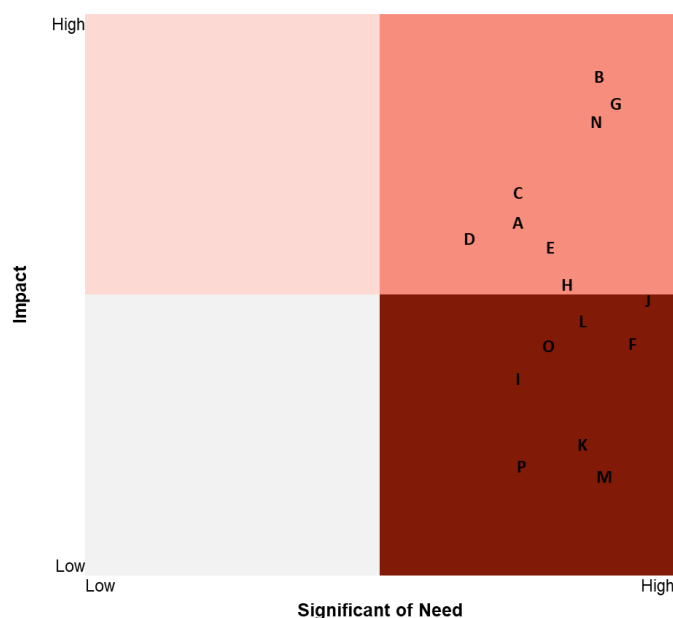| Challenge	%
Financial barriers	32%
Behavioral issues (e.g.,…	24%
Access to preventive…	17%
Food insecurity	14%
Access to specialized…	14%
Housing insecurity	13%
Opportunities for play…	13%
Nutrition and feeding…	11%
Exposure to…	8%
Insurance	8%
Parental substance…	6%
Management of chronic…	6%
Social development and…	6%
Caregiver support…	4%
Developmental delays…	3%
Lack of rehabilitation…	1%

Prioritized 2025 Community Health Needs

Once community health needs were identified and organized, the Community Health Needs Assessment Steering Committee convened a prioritization session. This collaborative effort led to the creation of a Prioritization Table, ranking issues based on the severity of need, determined through both quantitative and qualitative analysis, and Children's Health's capacity to address them. Through this process, the hospital identified the most pressing health challenges within the service area where it can make a meaningful impact.

Prioritization Exercise Results – Dallas Market

Emerging Community Health Needs

Category	Need
Health Conditions	A: Developmental Disorders
	B: Mental Health and Mental Disorders
	C: Overweight and Obesity
	D: Sensory or Communication Disorders
Health Behaviors	E: Child and Adolescent Development
	F: Food Insecurity
	G: Health Communication
	H: Nutrition and Healthy Eating
Settings & Systems	I: Environmental Health
	J: Health Insurance
	K: Housing and Homes
	L: Schools
Social Determinants of Health (SDOH)	M: Economic Stability (Median Household Income)
	N: Healthcare Access and Quality
	O: Education Access and Quality
	P: Neighborhood and Built Environment (Firearm Fatalities, Homicide)

CHNA Prioritization Grid

Prioritization Exercise Results – Plano Market

Emerging Community Health Needs

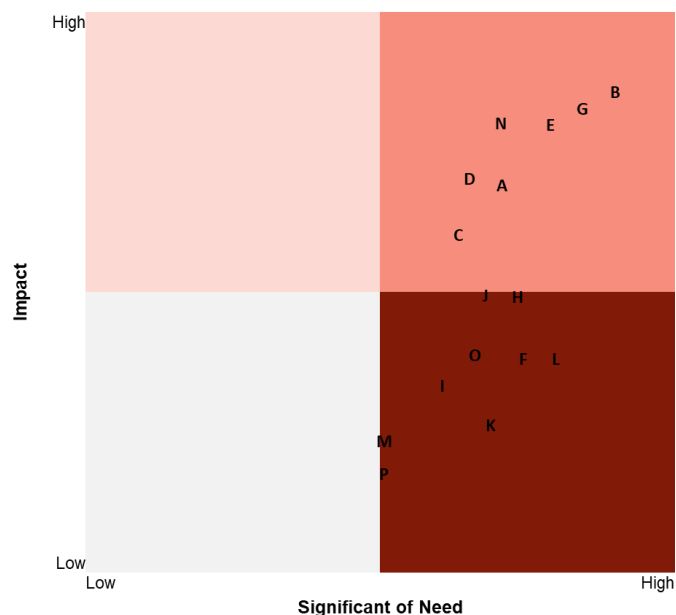|	
Health Conditions	A: Developmental Disorders
	B: Mental Health and Mental Disorders
	C: Overweight and Obesity
	D: Sensory or Communication Disorders
Health Behaviors	E: Child and Adolescent Development
	F: Food Insecurity
	G: Health Communication
	H: Nutrition and Healthy Eating
Settings & Systems	I: Environmental Health
	J: Health Insurance
	K: Housing and Homes
	L: Schools
Social Determinants of Health (SDOH)	M: Economic Stability (Median Household Income)
	N: Healthcare Access and Quality
	O: Education Access and Quality
	P: Neighborhood and Built Environment (Firearm Fatalities, Homicide)

CHNA Prioritization Grid

Impact (vertical axis, Low to High)
Significant of Need (horizontal axis, Low to High)

From these prioritization tables, the Children's Health Community Health Steering Committee team identified community needs that would be the basis for the development of the implementation strategy. Based on the secondary quantitative data, community input, the needs evaluation process, and the prioritization of these needs, the following community needs have been selected for implementation:

Dallas Health Needs

- Mental Health and Mental disorders
- Overweight and Obesity
- Healthcare Access and Quality

Plano Health Needs

- Mental Health and Mental Disorders
- Overweight and Obesity
- Developmental Disorders

The Children's Health Community Needs Assessment Steering Committee will initiate the development of implementation strategies for each health priority identified above. This implementation strategy will be carried out by the Children's Health team and, where collaboration is possible, with community partners and health issue experts over the next three years. The following key elements will be used in developing their implementation strategy:

- Identify existing community resources to address the health priority
- Develop strategies and tactics aligned to each health priority
- Develop specific and measurable goals so that the effectiveness of these approaches can be measured
- Define timeline and ownership to create clarity in accountability

The team will manage and monitor the implementation plan providing status updates and outcome notifications of these efforts to improve community health. Children's Health is committed to conducting another health needs assessment within the next three years.

Appendix

Appendix A – County Health Rankings Measures and Data Sources

Focus Area	Measure	Description	Weight	Source	Year(s)	Top Performers	US Overall
POPULATION HEALTH AND WELL-BEING							
LENGTH OF LIFE							
Life span	Premature Death*	Years of potential life lost before age 75 per 100,000 population (age-adjusted).	50%	National Center for Health Statistics - Natality and Mortality Files; Census Population Estimates Program	2020-2022	6,200	8,400
QUALITY OF LIFE							
Physical health	Poor Physical Health Days	Average number of physically unhealthy days reported in past 30 days (age-adjusted).	10%	Behavioral Risk Factor Surveillance System	2022	3.6	3.9
	Low Birth Weight*	Percentage of live births with low birth weight (< 2,500 grams).	20%	National Center for Health Statistics - Natality Files	2017-2023	6%	8%
Mental health	Poor Mental Health Days	Average number of mentally unhealthy days reported in past 30 days (age-adjusted).	10%	Behavioral Risk Factor Surveillance System	2022	4.9	5.1
Life satisfaction	Poor or Fair Health	Percentage of adults reporting fair or poor health (age-adjusted).	10%	Behavioral Risk Factor Surveillance System	2022	14%	17%
COMMUNITY CONDITIONS							
HEALTH INFRASTRUCTURE							
Health promotion and harm reduction	Flu Vaccinations*	Percentage of fee-for-service (FFS) Medicare enrollees who had an annual flu vaccination.	4%	Mapping Medicare Disparities Tool	2022	54%	48%
	Access to Exercise Opportunities	Percentage of population with adequate access to locations for physical activity.	4%	ArcGIS Business Analyst and ArcGIS Online; YMCA; US Census TIGER/Line Shapefiles	2024, 2022 & 2020	91%	84%
	Food Environment Index+	Index of factors that contribute to a healthy food environment, from 0 (worst) to 10 (best).	4%	USDA Food Environment Atlas; Map the Meal Gap from Feeding America	2019 & 2022	8.8	7.4

Clinical care	Primary Care Physicians	Ratio of population to primary care physicians.	2%	Area Health Resource File/American Medical Association	2021	1,030:1	1,330:1
	Mental Health Providers	Ratio of population to mental health providers.	1%	CMS, National Provider Identification	2024	220:1	300:1
	Dentists	Ratio of population to dentists.	1%	Area Health Resource File/National Provider Identifier Downloadable File	2022	1,180:1	1,360:1
	Preventable Hospital Stays*	Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees.	4%	Mapping Medicare Disparities Tool	2022	1,596	2,666
	Mammography Screening*	Percentage of female Medicare enrollees ages 65-74 who received an annual mammography screening.	1%	Mapping Medicare Disparities Tool	2022	53%	44%
	Uninsured	Percentage of population under age 65 without health insurance.	4%	Small Area Health Insurance Estimates	2022	6%	10%
PHYSICAL ENVIRONMENT							
Housing and transportation	Severe Housing Problems	Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities.	4%	Comprehensive Housing Affordability Strategy (CHAS) data	2017-2021	8%	17%
	Driving Alone to Work*	Percentage of the workforce that drives alone to work.	2%	American Community Survey, five-year estimates	2019-2023	69%	70%
	Long Commute - Driving Alone	Among workers who commute in their car alone, the percentage that commute more than 30 minutes.	1%	American Community Survey, five-year estimates	2019-2023	17%	37%
Air, water and land	Air Pollution: Particulate Matter	Average daily density of fine particulate matter in micrograms per	8%	Environmental Public Health Tracking Network	2020	5.6	7.3

		cubic meter (PM2.5).				
	Drinking Water Violations+	Indicator of the presence of health-related drinking water violations. 'Yes' indicates the presence of a violation, 'No' indicates no violation.	4%	Safe Drinking Water Information System	2023	
Civic and community resources	Broadband Access	Percentage of households with broadband internet connection.	4%	American Community Survey, five-year estimates	2019-2023	92%	90%
	Library Access	Library visits per person living within the library service area per year.	2%	Institute of Museum and Library Services	2022	5	2
SOCIAL AND ECONOMIC FACTORS							
Education	Some College	Percentage of adults ages 25-44 with some post-secondary education.	8%	American Community Survey, five-year estimates	2019-2023	74%	68%
	High School Completion	Percentage of adults ages 25 and over with a high school diploma or equivalent.	8%	American Community Survey, five-year estimates	2019-2023	95%	89%
Income, employment and wealth	Unemployment	Percentage of population ages 16 and older unemployed but seeking work.	8%	Bureau of Labor Statistics	2023	2.3%	3.6%
	Income Inequality	Ratio of household income at the 80th percentile to income at the 20th percentile.	8%	American Community Survey, five-year estimates	2019-2023	3.7	4.9
	Children in Poverty*	Percentage of people under age 18 in poverty.	8%	Small Area Income and Poverty Estimates; American Community Survey, five-year estimates	2023 & 2019-2023	10%	16%
Safety and social support	Injury Deaths*	Number of deaths due to injury per 100,000 population.	4%	National Center for Health Statistics - Mortality Files; Census Population Estimates Program	2018-2022	67	84
	Social Associations	Number of membership	2%	County Business Patterns	2022	18.0	9.1

		associations per 10,000 population.					
	Childcare Cost Burden	Childcare costs for a household with two children as a percentage of median household income.	4%	The Living Wage Institute; Small Area Income and Poverty Estimates	2024 & 2023	20%	28%

*Indicates subgroup data by race and ethnicity is available; + Not available in all states.

Focus Area	Measure	Description	Source	Year(s)
POPULATION HEALTH AND WELL-BEING				
LENGTH OF LIFE				
Life span	Life Expectancy*	Average number of years people are expected to live.	National Center for Health Statistics - Natality and Mortality Files; Census Population Estimates Program	2020-2022
	Premature Age-Adjusted Mortality*	Number of deaths among residents under age 75 per 100,000 population (age-adjusted).	National Center for Health Statistics - Natality and Mortality Files; Census Population Estimates Program	2020-2022
	Child Mortality*	Number of deaths among residents under age 20 per 100,000 population.	National Center for Health Statistics - Mortality Files; Census Population Estimates Program	2019-2022
	Infant Mortality*	Number of infant deaths (within 1 year) per 1,000 live births.	National Center for Health Statistics - Natality and Mortality Files	2016-2022
QUALITY OF LIFE				
Physical health	Frequent Physical Distress	Percentage of adults reporting 14 or more days of poor physical health per month (age-adjusted).	Behavioral Risk Factor Surveillance System	2022
	Diabetes Prevalence	Percentage of adults aged 18 and above with diagnosed diabetes (age-adjusted).	Behavioral Risk Factor Surveillance System	2022
	HIV Prevalence+	Number of people aged 13 years and older living with a diagnosis of human immunodeficiency virus (HIV) infection per 100,000 population.	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	2022
	Adult Obesity	Percentage of the adult population (age 18 and older) that reports a body mass index (BMI) greater than or equal to 30 kg/m2 (age-adjusted).	Behavioral Risk Factor Surveillance System	2022
Mental health	Frequent Mental Distress	Percentage of adults reporting 14 or more days of poor mental health per month (age-adjusted).	Behavioral Risk Factor Surveillance System	2022
	Suicides*	Number of deaths due to suicide per 100,000 population (age-adjusted).	National Center for Health Statistics - Mortality Files; Census Population Estimates Program	2018-2022
Life satisfaction	Feelings of Loneliness+	Percentage of adults reporting that they always, usually or sometimes feel lonely.	Behavioral Risk Factor Surveillance System	2022
COMMUNITY CONDITIONS				

HEALTH INFRASTRUCTURE				
Health promotion and harm reduction	Limited Access to Healthy Foods	Percentage of population who are low-income and do not live close to a grocery store.	USDA Food Environment Atlas	2019
	Food Insecurity	Percentage of population who lack adequate access to food.	Map the Meal Gap	2022
	Insufficient Sleep	Percentage of adults who report fewer than 7 hours of sleep on average (age-adjusted).	Behavioral Risk Factor Surveillance System	2022
	Teen Births*	Number of births per 1,000 female population ages 15-19.	National Center for Health Statistics - Natality Files; Census Population Estimates Program	2017-2023
	Sexually Transmitted Infections+	Number of newly diagnosed chlamydia cases per 100,000 population.	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	2022
	Excessive Drinking	Percentage of adults reporting binge or heavy drinking (age-adjusted).	Behavioral Risk Factor Surveillance System	2022
	Alcohol-Impaired Driving Deaths	Percentage of driving deaths with alcohol involvement.	Fatality Analysis Reporting System	2018-2022
	Drug Overdose Deaths*	Number of drug poisoning deaths per 100,000 population.	National Center for Health Statistics - Mortality Files; Census Population Estimates Program	2020-2022
	Adult Smoking	Percentage of adults who are current smokers (age-adjusted).	Behavioral Risk Factor Surveillance System	2022
	Physical Inactivity	Percentage of adults age 18 and over reporting no leisure-time physical activity (age-adjusted).	Behavioral Risk Factor Surveillance System	2022
Clinical care	Uninsured Adults	Percentage of adults under age 65 without health insurance.	Small Area Health Insurance Estimates	2022
	Uninsured Children	Percentage of children under age 19 without health insurance.	Small Area Health Insurance Estimates	2022
	Other Primary Care Providers	Ratio of population to primary care providers other than physicians.	CMS, National Provider Identification	2024
PHYSICAL ENVIRONMENT				
Housing and transportation	Traffic Volume	Average traffic volume per meter of major roadways in the county.	EJSCREEN: Environmental Justice Screening and Mapping Tool	2020
	Homeownership	Percentage of owner-occupied housing units.	American Community Survey, five-year estimates	2019-2023
	Severe Housing Cost Burden	Percentage of households that spend 50% or more of their household income on housing.	American Community Survey, five-year estimates	2019-2023
Air, water and land	Access to Parks	Percentage of the population living within a half mile of a park.	ArcGIS Online; US Census TIGER/Line Shapefiles	2024 & 2020
Climate	Adverse Climate Events*	Indicator of thresholds met for the following adverse climate and weather-related event categories: extreme heat (300 or more days above 90F), moderate or greater drought (65 or more weeks), and disaster (2 or more presidential disaster declarations) over the five-year period.	Environmental Public Health Tracking (EPHT) Network; U.S. Drought Monitor (USDM); OPEN FEMA Disaster Declaration Summaries	2019-2023
	Census Participation	Percentage of all households that self-responded to the 2020 census	Census Operational Quality Metrics	2020

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Civic and community resources		(by internet, paper questionnaire or telephone).		
	Voter Turnout+	Percentage of citizen population aged 18 or older who voted in the 2020 U.S. Presidential election.	MIT Election Data and Science Lab; American Community Survey, five-year estimates	2020 & 2016-2020
SOCIAL AND ECONOMIC FACTORS				
Education	High School Graduation+	Percentage of ninth-grade cohort that graduates in four years.	EDFacts	2021-2022
	Reading Scores*+	Average grade level performance for 3rd graders on English Language Arts standardized tests.	Stanford Education Data Archive	2019
	Math Scores*+	Average grade level performance for 3rd graders on math standardized tests.	Stanford Education Data Archive	2019
	School Segregation	The extent to which students within different race and ethnicity groups are unevenly distributed across schools when compared with the racial and ethnic composition of the local population. The index ranges from 0 to 1 with lower values representing a school composition that approximates race and ethnicity distributions in the student populations within the county, and higher values representing more segregation.	National Center for Education Statistics	2023-2024
	School Funding Adequacy+	The average gap in dollars between actual and required spending per pupil among public school districts. Required spending is an estimate of dollars needed to achieve U.S. average test scores in each district.	School Finance Indicators Database	2022
Income, employment and wealth	Children Eligible for Free or Reduced Price Lunch+	Percentage of children enrolled in public schools that are eligible for free or reduced price lunch.	National Center for Education Statistics	2022-2023
	Gender Pay Gap	Ratio of women's median earnings to men's median earnings for all full-time, year-round workers, presented as "cents on the dollar."	American Community Survey, five-year estimates	2019-2023
	Median Household Income*	The income where half of households in a county earn more and half of households earn less.	Small Area Income and Poverty Estimates; American Community Survey, five-year estimates	2023 & 2019-2023
	Living Wage	The hourly wage needed to cover basic household expenses plus all relevant taxes for a household of one adult and two children.	The Living Wage Institute	2024
Safety and social support	Child Care Centers	Number of childcare centers per 1,000 population under 5 years old.	Homeland Infrastructure Foundation-Level Data (HIFLD)	2010-2022
	Residential Segregation - Black/White	Index of dissimilarity where higher values indicate greater residential segregation between Black and White county residents.	American Community Survey, five-year estimates	2019-2023

Homicides*	Number of deaths due to homicide per 100,000 population.	National Center for Health Statistics - Mortality Files; Census Population Estimates Program	2016-2022
Motor Vehicle Crash Deaths*	Number of motor vehicle crash deaths per 100,000 population.	National Center for Health Statistics - Mortality Files; Census Population Estimates Program	2016-2022
Firearm Fatalities*	Number of deaths due to firearms per 100,000 population.	National Center for Health Statistics - Mortality Files; Census Population Estimates Program	2018-2022
Disconnected Youth	Percentage of teens and young adults ages 16-19 who are neither working nor in school.	American Community Survey, five-year estimates	2019-2023
Lack of Social and Emotional Support+	Percentage of adults reporting that they sometimes, rarely, or never get the social and emotional support they need.	Behavioral Risk Factor Surveillance System	2022
DEMOGRAPHICS				
All	% Below 18 Years of Age	Percentage of population below 18 years of age.	Census Population Estimates Program	2023
	% 65 and Older	Percentage of population ages 65 and older.	Census Population Estimates Program	2023
	% Female	Percentage of population identifying as female.	Census Population Estimates Program	2023
	% American Indian or Alaska Native	Percentage of population identifying as American Indian or Alaska Native.	Census Population Estimates Program	2023
	% Asian	Percentage of population identifying as Asian.	Census Population Estimates Program	2023
	% Hispanic	Percentage of population identifying as Hispanic.	Census Population Estimates Program	2023
	% Native Hawaiian or Other Pacific Islander	Percentage of population identifying as Native Hawaiian or Other Pacific Islander.	Census Population Estimates Program	2023
	% Non-Hispanic Black	Percentage of population identifying as non-Hispanic Black or African American.	Census Population Estimates Program	2023
	% Non-Hispanic White	Percentage of population identifying as non-Hispanic white.	Census Population Estimates Program	2023
	% Disability: Functional Limitations	Percentage of adults reporting any of six specific functional limitations	Behavioral Risk Factor Surveillance System	2022
	% Not Proficient in English	Percentage of population aged 5 and over who reported speaking English less than well.	American Community Survey, five-year estimates	2019-2023
	Children in Single-Parent Households	Percentage of children that live in a household headed by a single parent.	American Community Survey, five-year estimates	2019-2023
	% Rural	Percentage of population living in a census-defined rural area.	Decennial Census Demographic and Housing Characteristics File	2020
	Population	Resident population.	Census Population Estimates Program	2023

*Indicates subgroup data by race and ethnicity is available; + Not available in all states.

Appendix B – 2022 Implementation Plan Update

In the previous Community Health Needs Assessment conducted in 2022, Children's Health chose four areas to address in their implementation strategies. Many of these strategies are ongoing in alignment with the 2025 strategies.

Priority #1: Health		
Priority 1A. Mental and Behavioral Health		
Action Items	**Anticipated or Potential Impact**	**Update**
Strengthen mental and behavioral health care for children and adolescents in the community by funding the addition of a ~ 100 bed child and adolescent unit at the new State psychiatric hospital in Dallas.	Greater access to behavioral health services for more North Texas children and adolescents with complex mental health needs to address the mental health crisis affecting pediatric patients in the community.	The Texas Child Health Access Through Telemedicine (TCHATT) program administered by Children's Health in collaboration with its subsidiary, Dallas Physician Medical Services for Children (DPMSC), connects students with licensed behavioral health providers at school via secure mobile technology, eliminating traditional barriers to access such as limited provider availability and transportation issues. As of the end of the 2024- 2025 school year, the program was in 889 elementary, middle, and high school campuses across nine North Texas counties
Strengthen mental and behavioral health care for children and adolescents in the community.	The Children's Health Behavioral Health Integration and Guidance (BHIG) initiative is focused on addressing the pediatric mental health epidemic by redistributing when and where children's mental health concerns are assessed and managed. The efforts of the initiative are guided by effectively and sustainably equipping and empowering pediatricians across North Texas to incorporate mental health services into standard primary care practice. The shift will lead to early intervention; convenient and trusted care management; a lower prevalence in severe cases; and reduced pressure on the limited mental health specialists. This initiative is administered by Children's Health and its subsidiary, Dallas Physician Medical Services for Children (DPMSC).	The BHIG initiative has trained 168 pediatricians since 2023

Priority 1B: Insurance Coverage

Action Items	Anticipated or Potential Impact	Update
Improve health coverage for uninsured Texas children and families.	Reduce the number of uninsured children in the State. Lack of access to or ability to maintain health insurance limits the access many children have to the care they need. Increasing the rates of insured children has the potential to positively impact health outcomes and quality of life.	Child Health Insurance Outreach Representatives help children in North Texas without health insurance get low-cost health care through CHIP or no-cost healthcare with Children's Medicaid through personalized one on one application assistance. Outreach representatives directly served 1,513 unique families and 3,610 unique individuals by assisting with applications for state benefits, including Children's Health Insurance Program (CHIP) and Medicaid enrollment. The outreach team reported more than 7,663 family encounters from 2022-2024. In addition, the team participated in 155 community resource and health fairs to share information about resources, programs and enrollment.

Priority 1C: Access to Pediatric Care

Action Items	Anticipated or Potential Impact	Update
Support greater access to emergency care by expanding the qualifications for financial assistance for patients receiving care from a Children's Health provider.	Increase in patients receiving the emergency care they need, where situational circumstances may have previously prevented or hindered them from seeking care.	Financial Assistance is available to all individuals seen in a Children's Health Provider's emergency department and who do not have the resources to pay for the services, including patients who have no permanent address or insurance coverage and those without access to the required application documentation. Our policy also covers catastrophic situations when families don't qualify under the normal family size and income, the catastrophic portion allows Children's to grant financial assistance if the families self-pay balance exceeds 10% of their yearly income. Our financial assistance program covers all Children's entities, and companies, and medically necessary care.

Support greater community health equity by advancing programs that provide greater access to care.	Ensure everyone has equal access to high-quality health care – regardless of race, ethnicity, and geography. If utilized effectively, technology and telemedicine can make significant strides towards improving health equity for vulnerable populations.	Children's Health connected with school nurses in more than 250 schools across nearly 30 school districts to deliver school-based telehealth services to students at school. The telehealth services provide point of care testing and full exams through innovative video technology, to provide high quality, cost effective and equitable care by eliminating traditional barriers, such as time, cost and transportation.

Priority 1D: Childhood Obesity		
Action Items	**Anticipated or Potential Impact**	**Update**
Offer programs and services focused on pediatric healthy weight management.	Reduce and help prevent chronic conditions and diseases that come from being overweight and having obesity. The goal is to help children live a healthier lifestyle.	The 10-week Get Up & Go (GU&G) flagship program demonstrates strong engagement and meaningful health improvements among participants. Most notably, 86% reported positive behavioral changes, 73% experienced a decrease in BMI, and 75% saw increased stamina by the end of the program. Engagement remains high, with 71% of participants who attend at least one class continuing through to graduation. The broader Get Up & Go weight management portfolio includes a range of specialized programs—such as Get Up & Go Weight Management, Type 2 Prevention, Adolescent Weight Loss Support, Autism Exercise Fitness, and Developmental Differences—that collectively support children and adolescents in achieving healthier lifestyles

Priority #2: Economic Security		
Priority 2A: Children Living in Poverty		
Action Items	**Anticipated or Potential Impact**	**Update**
Support and partner with community organizations dedicated to combating child poverty.	Measurable improvement to child poverty rates that furthers the health and well- being of children.	Children's Health has created a personalized approach, utilizing knowledgeable specialists who work with families to determine the root cause of reported concerns and help facilitate referrals to address such causes, including accessing Medicaid and SNAP benefits, transportation resources to access food distribution locations, employment opportunity sites, and more. If a family has an emergent need for food, our team members connect them with more immediately accessible resources, such as community gardens and school-sponsored meals, while simultaneously assisting with longer-term solutions. In 2024, there were 4,834 patients that were screened for food insecurity, and those families received 33,838 referrals to community resources.
Priority 2B: Childcare		
Action Items	**Anticipated or Potential Impact**	**Update**
Advocate and champion for more effective early childhood education and childcare system.	Access to affordable, safe, and quality childcare for all working parents, including low-income families.	Children's Health actively participates in the Collin County Early Childhood Coalition and the Early Matters Dallas Collaborative. These broad-based groups are dedicated to working together to raise awareness about the importance of quality early education, coordinate advocacy efforts and increase funding for quality early learning to ultimately ensure a strong future workforce.

Priority #3: Safety		
Priority 3A: Foster Care & Child Abuse and Neglect		
Action Items	**Anticipated or Potential Impact**	**Update**
Support safe and effective homes and services for kids in the foster care system	Advance care and outcomes for children and families involved in the child welfare system, through health services research, policy analysis and medical education. Our goal is to support caregivers and help neglected and abused foster children become happy, healthy adults	Children's Health continued to support and strengthen the Rees-Jones Center for Foster Care Excellence. It is the only clinic in North Texas dedicated exclusively to providing integrated primary medical care for children in foster care. Through the Rees-Jones Center's Community Development Program, team members work every day with caregivers, child welfare professionals, CASA advocates, judges, and attorneys. The Center's providers are experienced in treating victims of abuse and neglect and provide a wide range of support to caregivers and families. Through health services research, policy analysis and medical education, its experts promote policies and practices that advance care and outcomes for children and families involved in the child welfare system.

Priority #4: Education		
Priority 4A: Reading Proficiency, College Readiness, & Kindergarten Readiness		
Action Items	**Anticipated or Potential Impact**	**Update**
Support efforts to address unfinished learning and achievement gaps, through initiatives to keep children healthy.	Decrease the amount of time kids are out of school due to illness, thereby increasing the amount of time spent on learning. Research shows that improved health will lead to increased academic success.	- Children's Health connects families and school nurses in more than 250 schools across nearly 30 school districts to deliver school-based telehealth services to students at school. The telehealth services are provided through innovative video technology, eliminating traditional barriers to access such as transportation issues with a goal of keeping kids healthy and in school. - The Community Relations team collaborates with school districts, nonprofit organizations, and other community-based partners to provide families with valuable resources on prevention programs, CHIP/Medicaid enrollment, safety, and more. Through these efforts, we aim to support healthier children who are better able to attend school consistently and achieve higher academic success. From 2022-2024, the team participated in over 155 events and fairs. - The Injury Prevention program implements targeted education and resources on the top mechanisms of injury, according to local and state data. In 2022-2024, the team provided education to 6,127 caregivers and children throughout Dallas, Collin and Denton counties through local school districts and early childhood centers. The programs and classes covered risk areas such as child passenger safety, water safety, pedestrian safety, and home safety. Resources such as car seats, home safety locks, life jackets, and reflective pedestrian materials are provided.

Appendix C – Additional Data Sources and References

- American Burn Association – Burn Incidence Fact Sheet
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- American Burn Association – Burn Statistics and Resources (2019)
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- BMC Pediatrics – Pediatric Pain and Function Study
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- Cancer-Rates.com – Texas Cancer Data
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- CDC – Autism Data and Research
  https://www.cdc.gov/autism/data-research/index.html
- CDC – Congenital Heart Defects Data
  https://www.cdc.gov/heart-defects/data/index.html
- CDC Data Brief #473 – Preventive Medical Visits
  https://www.cdc.gov/nchs/data/databriefs/db473.pdf
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- CDC MMWR Vol. 74 – Developmental Disabilities Surveillance
  https://www.cdc.gov/mmwr/volumes/74/ss/ss7402a1.htm
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- PubMed – Birth Defects and Pediatric Outcomes
  https://pubmed.ncbi.nlm.nih.gov/27156185
- PubMed – Healthcare-Associated Infections in Pediatrics
  https://pmc.ncbi.nlm.nih.gov/articles/PMC7123828
- PubMed – Pediatric Pain Management Research
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- PubMed – Pediatric Rehabilitation Outcomes
  https://pmc.ncbi.nlm.nih.gov/articles/PMC2768686
- PubMed – Pediatric Therapy Utilization
  https://pmc.ncbi.nlm.nih.gov/articles/PMC8852792
- PubMed – Pediatric Infection Surveillance
  https://pmc.ncbi.nlm.nih.gov/articles/PMC2944329
- PubMed – Pediatric Injury Epidemiology
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- ScienceDirect – Pediatric Burn Outcomes Study
  https://www.sciencedirect.com/science/article/abs/pii/S0305417915003204
- Society of Pediatric Psychology – Chronic Pain Fact Sheet
  https://pedpsych.org/fact_sheets/chronic_pain
- Texas DSHS – 2022 Syndromic Surveillance Sickle Cell Report
  https://www.dshs.texas.gov/sites/default/files/newborn/pdf/2022%20Texas%20Syndromic%20Surveillance%20Sickle%20Cell%20Report.pdf
- Texas DSHS – 2023–2024 Influenza Surveillance
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- Texas DSHS – Impact of Asthma in Texas (2025 Report)
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- Texas DSHS – Newborn Screening Annual Report
  https://www.dshs.texas.gov/laboratory-services/programs-laboratories/newborn-screening-laboratory/nbs-annual-report
- Texas DSHS – Physical Therapists Factsheet (2022)
  https://www.dshs.texas.gov/sites/default/files/chs/hprc/publications/2022/Physical%20Therapists%202022%20-%20Factsheet%20A.pdf

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https://healthdata.dshs.texas.gov/dashboard/births-and-deaths/birth-defects#data-source
- Texas HHSC – Sickle Cell Disease Awareness Month
https://www.hhs.texas.gov/news/2024/09/hhsc