



**KIDS  
COUNT!**  
in Colorado **2016**  
COLORADO CHILDREN'S CAMPAIGN

# KIDS COUNT! in Colorado 2016

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THE  
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*We also acknowledge the generous support of countless contributors whose investments make possible the work of the Colorado Children's Campaign, including sharing this critical data throughout the year.*

The Colorado Children's Campaign is a nonprofit, nonpartisan advocacy organization committed since 1985 to realizing *every chance for every child* in Colorado. We advocate for the development and implementation of data-driven public policies that improve child well-being in health, education and early childhood. We do this by providing Coloradans with trusted data and research on child well-being and organizing an extensive statewide network of dedicated child advocates. Every day, we work to:

- **Eliminate gaps** in student achievement and health outcomes between low-income children and children of color and their peers.
- Provide all of Colorado's young children with high-quality **early learning and development** experiences so they are ready for school and on track for success in life.
- Secure quality, affordable **health** care and healthy communities for all Colorado children.
- Ensure all students in Colorado have access to the quality **K-12 education** they need to graduate from high school prepared for college, careers and life.



# 2016 KIDS COUNT in Colorado!



## FUTURES IN THE BALANCE

***KIDS COUNT in Colorado!*** is an annual publication of the Colorado Children's Campaign that provides the best available state- and county-level data to measure and track the education, health and general well-being of our state's children.

***KIDS COUNT in Colorado!*** informs policy debates and community discussions, serving as a valuable resource for policymakers, community leaders, advocates and citizens.

***KIDS COUNT in Colorado!*** is part of the national **KIDS COUNT** project and is generously funded by the Annie E. Casey Foundation.

The ***KIDS COUNT in Colorado!*** project is directed by Sarah Hughes, MSW, Research Director at the Colorado Children's Campaign.

This report was designed by Rob Sherow, Colorado Children's Campaign.

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## STATE OF COLORADO

### EXECUTIVE CHAMBERS

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John Hickenlooper  
Governor

March 28, 2016

A strong, sustainable society depends on the well-being of its children. That's why we keep a close eye on the well-being of our own children, and also why every Coloradan should be aware of—and engaged in—the well-being of all Colorado children. *KIDS COUNT in Colorado!* gives us the opportunity to examine how kids are faring and guides us on how we ensure positive outcomes for all children.

More than one in seven Colorado kids lives in poverty—down from nearly one in five at the end of the recession—but still too many. It's a number we've worked hard to reduce by supporting innovative, two-generation approaches to move families out of poverty and toward economic security.

Few people may think of health insurance coverage as a two-generation approach. But we know that after thousands of newly eligible Colorado adults enrolled in coverage through the Affordable Care Act that thousands of Colorado kids—most who were already eligible—came along with them. When whole families are covered they are more likely to use preventative services that reduce costs down the road.

A 2015 estimate by the Colorado Health Institute estimates that 97.5 percent of Colorado kids now have health insurance. That puts us a big step closer to making Colorado the healthiest state in the nation.

The Colorado Child Abuse & Neglect Hotline has received more than 175,000 calls to date, making it easier to report suspected abuse and get kids the protection they need if they're in an unsafe situation.

Similarly, Colorado's Mental Health Crisis Support Hotline has received tremendous engagement since its launch in August 2014. But in many communities, the stigma around mental health—and lack of access to services—often prevents people from seeking help. Through our State Innovation Model, we're working to make it as easy to get support for your mental health as it is to see your primary care doctor. We're working with the Suicide Prevention Commission, local communities and national experts to figure out why we have one of the highest suicide rates in the nation and develop better tools for prevention.

We know our collective good fortune—both economic and social—depends on these successes and many other efforts to come. We've made a lot of progress in recent years toward ensuring opportunity for every Colorado child, but there is still work to be done. I'm honored to work alongside Coloradans to get there.

John W. Hickenlooper  
Governor



# Letter from the President



March 28, 2016

This year's *KIDS COUNT in Colorado!* brings good news for our state in many areas of child well-being. Our child poverty rate has declined again this year, marking the first time Colorado has seen back-to-back declines in its child poverty rate in more than a decade. Five years after the Great Recession ended, our state's child poverty rate fell to its pre-recession level of 15 percent. With this indicator come a number of other positive trends in the early development, health and education of Colorado kids.

Some 100,000 more kids have health insurance now than in 2008 and fewer families are reporting cost as a barrier to accessing prescriptions, dental care and specialist care for their child. More than 3 in 4 kindergartners are in a full-day program, and graduation rates have improved during the past several years as well.

Yes, these trends are buoyed by our economic progress, but we shouldn't lose sight of the fact that they are also the result of intentional policies supported by solid research. Each breakthrough came after significant thought and deliberation by policymakers and was made possible through the passion and hard work of professionals, providers and parents in every part of Colorado.

Before you dive into those promising details in these pages, it's important to note that more than 190,000 Colorado children still live in poverty. Despite our impressive economic growth, there are too many families who aren't benefiting from the progress. Disparities between children who are doing well and those who aren't are too often based on race and ethnicity.

Homelessness in several urban school districts has skyrocketed as housing costs have increased. While fewer kids have an unemployed parent, still 1 in 4 Colorado children lives in a household in which no parent has secure full-time employment.

By far, the kids feeling the most significant impacts of poverty are children of color. While the poverty rate for white children stands at 8 percent, about 31 percent of black children and 27 percent of Latino children still live in poverty in our state.

As we see improvements in KIDS COUNT data because of strong policy decisions and economic progress, we need to continue to ensure that that momentum includes all kids. When we fight for every chance for every child—no matter his or her race, ethnicity or family finances—we all benefit.

Sincerely,

A handwritten signature in black ink that reads "Chris Watney".

Chris Watney  
President and CEO  
Colorado Children's Campaign

# Table of Contents

Introduction  
1



Colorado  
Child  
Well-Being  
Index  
2

Child and  
Family  
Demographics  
5

Family  
Economic  
Security  
9

Child  
Health  
23

Early  
Childhood  
Learning and  
Development  
55

Education  
71



County  
Data  
93

County  
Data  
Definitions  
159

Acknowledgments  
164



If you find the data and research in *KIDS COUNT in Colorado!* helpful, consider supporting the work of the Colorado Children's Campaign with a tax-deductible donation. Complete this page and mail it with payment information.

**I would like to support the Colorado Children's Campaign's efforts today!**

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We'd like to keep in touch. Can we add you to our weekly electronic KidsFlash newsletter?  Yes  No

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- Children's Health  Early Childhood Development and Learning  K-12 Education

**COLORADO CHILDREN'S CAMPAIGN**  
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# Futures in the Balance



Imagine the complex factors that influence a child's opportunities in life set on either side of an old-fashioned scale. The teeter-totter of each child's scale can be influenced by parents, schools, communities and, in many ways, public policies.

Positive experiences and influences—a loving and nurturing caregiver, a safe and stable place to call home, or high-quality educational opportunities—are placed on one side. These factors help tip the scale in the positive direction and make it more likely that a child will thrive.

Negative experiences—abuse, neglect, violence, poverty, or racism—push the scale in the negative direction. For some children, the weights on the negative side are so heavy that we need to work harder to balance them out.

This year's KIDS COUNT report shows some developments that will help tip the scale toward the positive for many children: More Colorado children are covered by health insurance than at any point in recent history. Fewer children are living with the daily stresses of poverty. More children have access to full-day kindergarten and preschool programs.

But for too many of our state's children, the odds remain weighted against them. Despite the decline in our state's child poverty rate, more than 190,000 Colorado children still lived in poverty in 2014, with 82,000 living in extreme poverty. Colorado school districts identified nearly 25,000 students who were experiencing homelessness. More than 240,000 children lived in households that were uncertain about whether they would have enough food for their families.

When we ensure children get what they need to learn and grow, we are not only outweighing past negative experiences, but ensuring they are able to handle future challenges as well. Our goal as a state must be to ensure that every child has strong and stable support during their earliest years, access to affordable health care and healthy foods, and a high-quality education. By stacking the scale with these positive factors, we help give every Colorado child the best possible chance of success.



<sup>1</sup> Isserman, A. M. (2005). In the national interest: Defining rural and urban correctly in public policy. *International Regional Science Review* 28(4), pp. 465-499.



Children need many things to grow up healthy, safe and well-educated, so it is important to look at multiple factors when assessing child well-being. The Colorado Child Well-Being Index provides a broader picture of how children are faring in Colorado's largest 25 counties by using 11 indicators to assess children's health, education, and family and community support.

In communities where children face a number of risk factors, the cumulative effect of these challenges may present barriers to children's success. On the other hand, in communities where children have numerous assets working in their favor, children enjoy greater opportunities for success. No community lacks an opportunity for improvement, and every Colorado community has assets that help children grow up healthy and strong. By harnessing each community's strengths and mitigating the effects of its risk factors, we can ensure that all Colorado children have a bright future.

Due to data limitations and in the interest of reliability, only 25 counties—those for which consistent, reliable data are available—are included in the Colorado Child Well-Being Index. These 25 counties are home to approximately 95 percent of Colorado's child population under 18, or 1,200,754 children (Table 1).<sup>1</sup> The counties ranked in this analysis are shaded in Figure 1. The indicators included in the index, listed below, were selected based on their contribution to child well-being and the availability of consistent, reliable data. Definitions and individual indicator rankings can be found throughout KIDS COUNT.

## Health Indicators

- Teen birth rate (page 27)
- Low birthweight births (page 29)
- Infant mortality rate (page 31)
- Uninsured children (page 36)
- Overweight and obese children (page 45)

## Family and Economic Indicators

- Single-parent families (page 8)
- Children in poverty (page 15)
- Births to women without a high school diploma or GED (page 28)

## Education Indicators

- Fourth-graders not proficient in reading on the CMAS assessment (page 84)
- High school dropout rate (page 88)
- Teens ages 16 to 19 not attending school and not working (page 91)



<sup>1</sup> Colorado State Demography Office. Estimates obtained December 3, 2015.



**Table 1**

**Counties Included in the 2016 Colorado Child Well-Being Index**

County	2014 Child Population
Adams	134,236
Arapahoe	151,154
Boulder	64,860
Broomfield	15,291
Delta	6,250
Denver	146,471
Douglas	88,149
Eagle	12,847
El Paso	169,670
Elbert	5,156
Fremont	7,666
Garfield	15,378
Jefferson	116,533
La Plata	10,866
Larimer	68,058
Logan	4,275
Mesa	33,950
Montezuma	5,918
Montrose	9,650
Morgan	7,753
Pueblo	37,798
Routt	4,854
Summit	5,171
Teller	4,330
Weld	74,470

**Figure 1**

**Child Well-Being Index Counties**

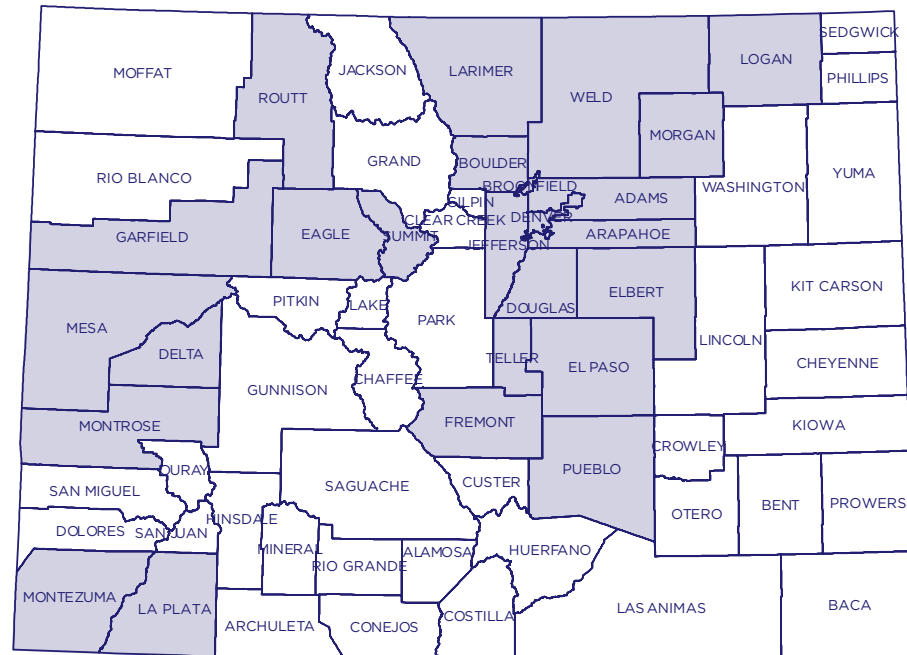


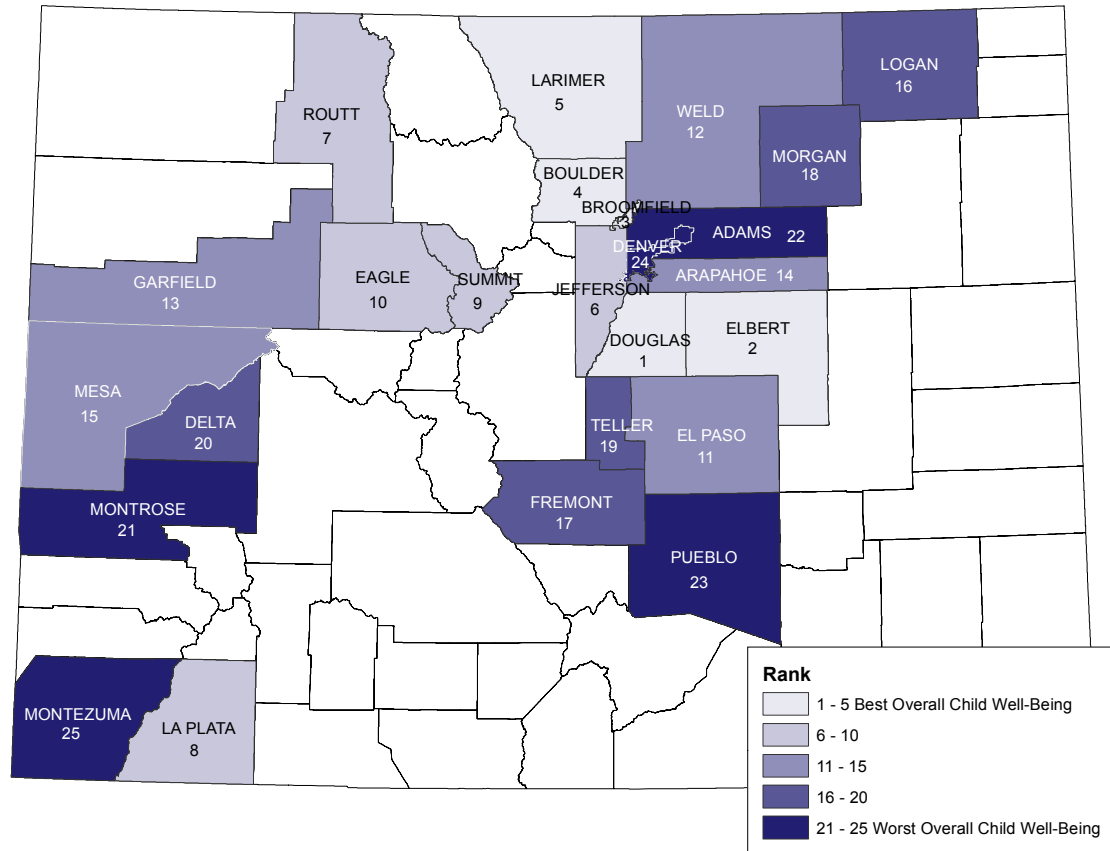
Table 2 and Figure 2 indicate how the 25 counties ranked in child well-being, based on the composite score of the 11 key indicators. The county that ranked the highest (best) based on the index is Douglas County. Elbert County ranked second, and Broomfield County ranked third. The three counties that ranked the lowest on the composite index are Montezuma, Denver and Pueblo.

**Table 2**

County	Rank
Douglas	1
Elbert	2
Broomfield	3
Boulder	4
Larimer	5
Jefferson	6
Routt	7
La Plata	8
Summit	9
Eagle	10
El Paso	11
Weld	12
Garfield	13
Arapahoe	14
Mesa	15
Logan	16*
Fremont	17
Morgan	18
Teller	19
Delta	20
Montrose	21
Adams	22
Pueblo	23
Denver	24
Montezuma	25

Due to changes in data availability for some indicators in the Child Well-Being Index, 2016 county rankings are not comparable to rankings from previous years.

**Figure 2** Counties Ranked by 2016 Child Well-Being Index



\*Note: A large correctional facility located within Logan County was sampled as part of the U.S. Census Bureau's 2012 American Community Survey. The inclusion of these incarcerated individuals artificially inflated the number of teens ages 16 to 19 who were not enrolled in school and not working in this community, one of the indicators included in the Child Well-Being Index. Due to this data anomaly, it was necessary to use previous years of data from 2007-2011 for this indicator in Logan County. Therefore, Logan County's ranking in the 2016 index should be interpreted with caution.

## Child Population

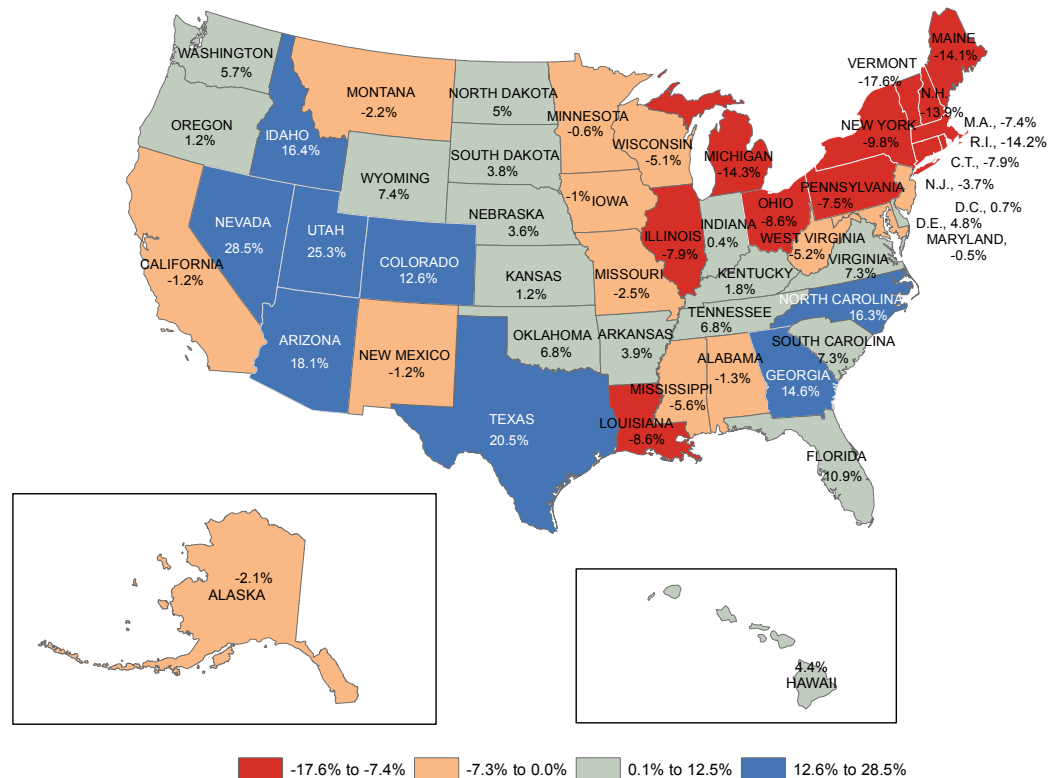
A robust, thriving child population is one of Colorado's most important assets. Today's children are tomorrow's community leaders, parents, educators and entrepreneurs. As Colorado's child population continues to grow, it is critical that we ensure all Colorado children—no matter their race, ethnicity or family income—are equipped with the knowledge and skills they need in order to reach their goals.

### Data Highlights

- Colorado's child population continues to grow. In 2014, Colorado was home to 1,264,587 children—an increase of more than 15,335 children since 2013 and more than 155,000 children since 2000.<sup>2</sup>
- The number of children has grown faster in Colorado than in the U.S. as a whole. According to the U.S. Census Bureau, the number of children living in Colorado grew by 13 percent between 2000 and 2014 (Figure 3). This is the eighth-fastest increase in the country. In comparison, the total number of children in the United States grew by only 1.7 percent during that time period.<sup>3</sup>
- The birth rate is an important contributor to changes in the child population. After several years of increases in the early to mid-2000s, Colorado's birth rate began to decline steadily during the Great Recession. The birth rate peaked in 2006 at approximately 71 live births per 1,000 women ages 15 to 44, before falling to approximately 61 births per 1,000 women in 2014.<sup>4</sup>

- Families moving into or out of Colorado also contribute to changes in the child population. In Colorado, the share of the child population that was born in a different state is higher than the national average. Nearly a quarter of Colorado children ages birth to 17 (23 percent) were born outside the state as of 2014. Nationwide, 18 percent of children were born outside the state in which they were currently residing.<sup>5</sup>

**Figure 3** Child Population Changes, 2000-2014 (Children Under 18)



<sup>2</sup> Colorado State Demography Office. Estimates obtained December 5, 2015.

<sup>3</sup> U.S. Census Bureau, Population Division.

<sup>4</sup> Colorado Department of Public Health and Environment. Live births to females ages 15 to 44.

<sup>5</sup> U.S. Census Bureau, 2014 American Community Survey 1-Year Estimates.



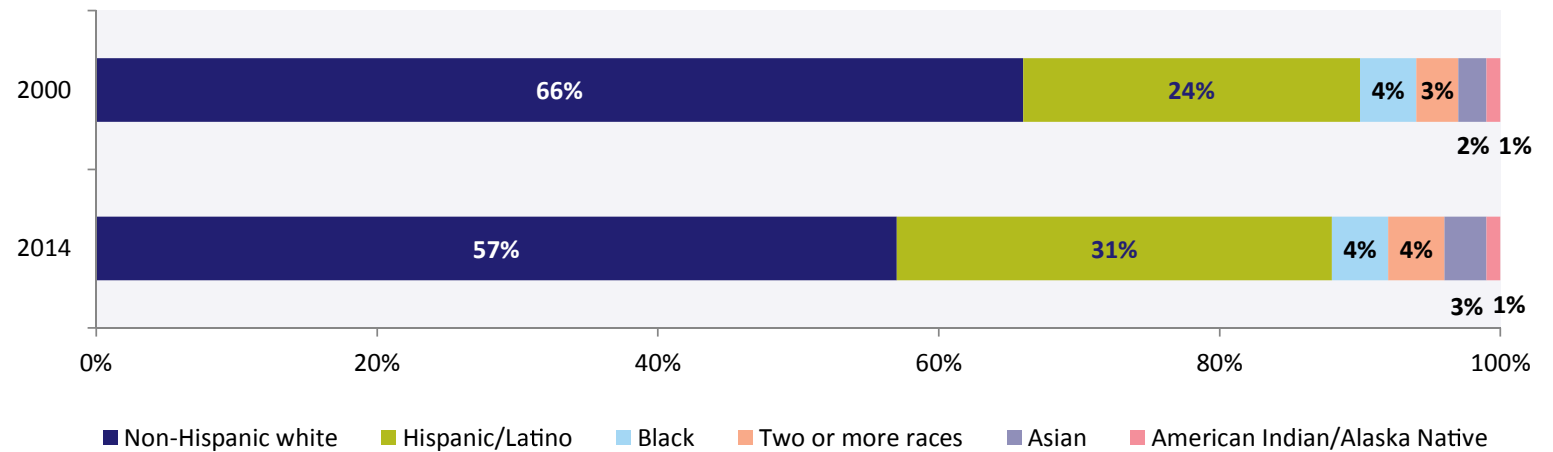


## Increasing Population Diversity

Building on a rich history of racial and ethnic diversity, Colorado's population remains very diverse today. As of 2014, the ethnic heritages of Coloradans included Guatemalan, Nepalese, Somalian, Spanish and Navajo, among dozens of others.<sup>6</sup>

As the number of Colorado children has grown, the racial and ethnic makeup of the child population has changed as well. Non-Hispanic white children have historically been the majority among kids in Colorado, but recent trends indicate this will change in the near future.

**Figure 4** Colorado Child Population by Race/Ethnicity



### Data Highlights

- Between 2000 and 2014, children of color have made up an increasingly large share of Colorado's child population, largely driven by an increase in the number of Hispanic/Latino children.<sup>7</sup>
- In 2014, nearly a third of Colorado children (31 percent) were Hispanic/Latino, compared to about a quarter (24 percent) in 2000. Meanwhile, the percentage of children who are non-Hispanic white declined from 66 percent in 2000 to 57 percent in 2014 (Figure 4).<sup>8</sup>
- The broad racial and ethnic group categories used by the U.S. Census can mask the diversity of cultures that exist within each group. Colorado's Hispanic/Latino population, for example, is made up of people from Cuba, Peru, Mexico, Puerto Rico, El Salvador and Spain, among others. The state's Asian population includes people from India, Korea, Pakistan and Vietnam, among other countries.<sup>9</sup>

<sup>6</sup> U.S. Census Bureau. 2014 American Community Survey 1-Year Estimates.

<sup>7</sup> U.S. Census Bureau, Population Division.

<sup>8</sup> *Ibid.*

<sup>9</sup> U.S. Census Bureau. 2014 American Community Survey 1-Year Estimates.

## Children in Single-Parent Families

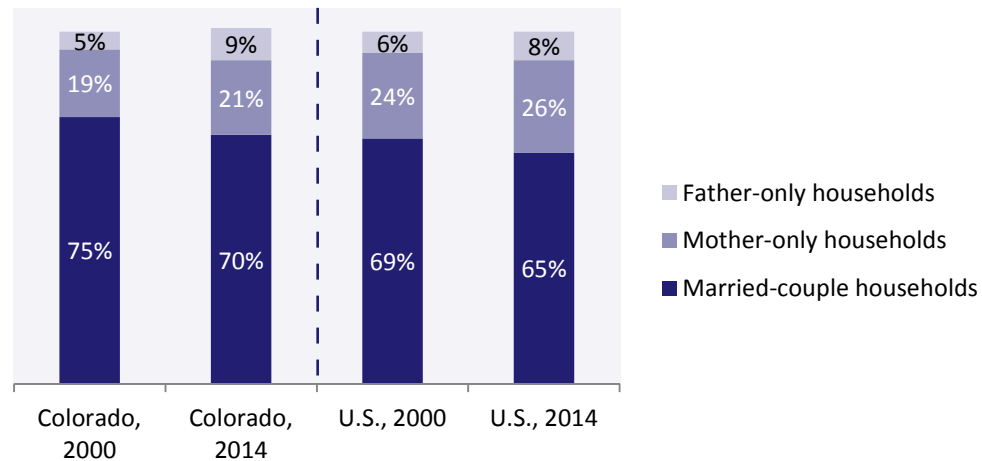
While children can thrive in all family types, research shows that children living in single-parent families often have fewer economic and social resources than their peers in two-parent families. Children who grow up in single-parent households are at higher risk of living in poverty, dropping out of school and becoming a teen parent.<sup>10</sup>

### Data Highlights

- Mirroring national trends, the number of Colorado children living in single-parent families is rising. In 2014, approximately 31 percent of Colorado kids (367,000 children) lived in a single-parent household, up from 26 percent (273,000 kids) in 2000. Even when this increase is taken into account, however, Colorado kids remain more likely to live in a married-couple family than their peers across the country (Figure 5).<sup>11</sup>
- The fastest growth among children in single-parent families occurred among children living with single fathers. The number of children living with single fathers in Colorado nearly doubled between 2000 and 2014.<sup>12</sup>



**Figure 5 Children by Household Type**



<sup>10</sup> Mather, M. (2010). U.S. children in single-mother families. Population Reference Bureau: Washington, D.C. Retrieved from <http://www.prb.org/pdf10/single-motherfamilies.pdf>.

<sup>11</sup> Population Reference Bureau, analysis of data from the U.S. Census Bureau, 2000 and 2014 American Community Surveys. As reported by the Annie E. Casey Foundation, KIDS COUNT Data Center. Percentages may not add up to 100 percent due to rounding.

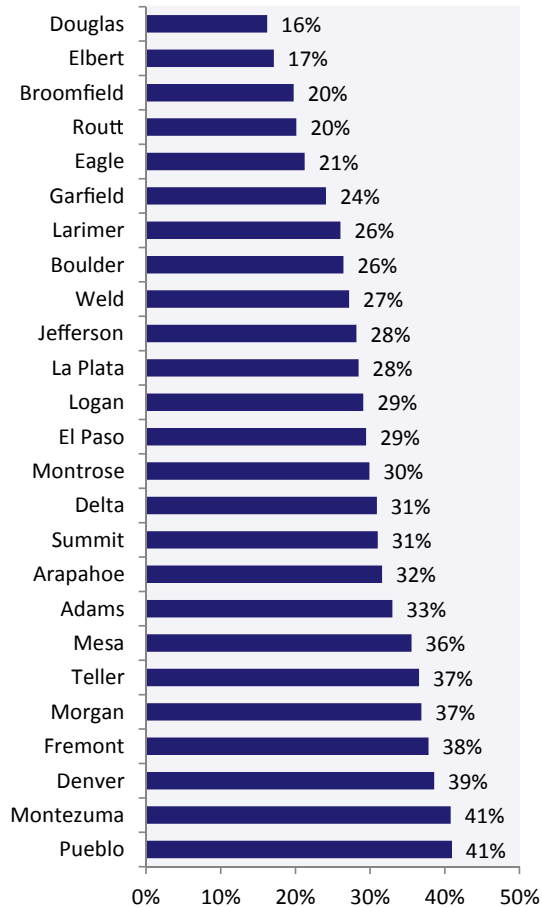
<sup>12</sup> *Ibid.*



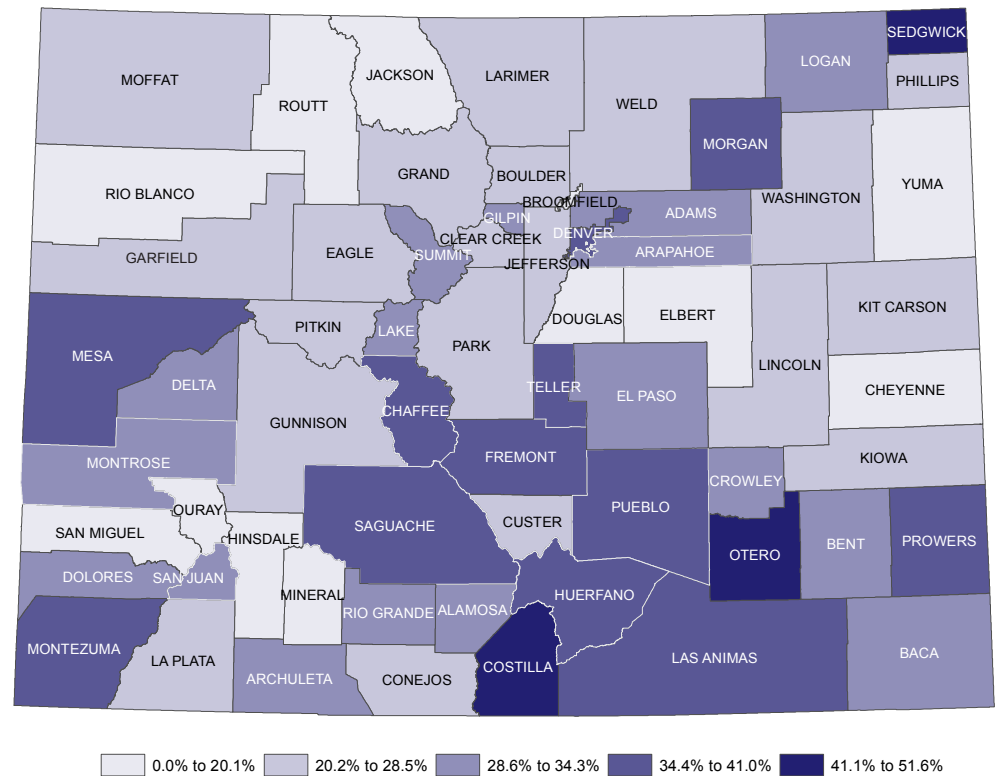
## Colorado Child Well-Being Index: Children in Single-Parent Families

The percent of children in single-parent families varies widely among the counties included in the Child Well-Being Index. On average, between 2010 and 2014, Douglas County had the lowest percentage of children in single-parent families at 16 percent. Pueblo and Montezuma counties had the highest rate of children in single-parent families at 41 percent (Table 3, Figure 6).<sup>13</sup>

**Table 3**



**Figure 6** Children in Single-Parent Families



<sup>13</sup> U.S. Census Bureau, 2010-2014 American Community Survey 5-Year Estimates.



# Family Economic Security

Perhaps more than any other single factor, family economic security tips the scale of child well-being dramatically in a child's favor. Economic security helps ensure families have stable housing, adequate amounts of healthy food, quality health care and educational options, peace of mind and hope for the future. All of these factors help lay a strong foundation on which children can build throughout their lifetimes.

When families experience poverty or lack the financial resources necessary to fulfill basic needs, children can feel the effects in all areas of their lives. Poverty is defined as a scarcity of resources, but it is more than that. Poverty is a tangle of conditions that often conspire to keep families mired in the economic instability they are working hard to escape: poor housing conditions that lead to poor health; sickness that causes parents to miss work, often without pay; unreliable forms of transportation that limit a parent's ability to seek a better job outside the family's neighborhood; the inability to take a job because of a lack of consistent child care; and the constant stress of trying to make ends meet that can take a toll on mental health. This is the rhythm of everyday life for far too many children and families in Colorado and across the U.S.

Recent U.S. Census data brought the welcome news that poverty among Colorado children declined for the second year in a row in 2014. Other indicators of our state's economic health, such as the unemployment rate, are trending in the right direction as well. However, more than 190,000 Colorado kids still lived in poverty in 2014—more than one in every seven children. As the cost of housing, child care and other necessities continues to rise, many families with incomes above the poverty line are struggling to meet basic needs as well. As Colorado's economy continues to grow, we must ensure that we provide opportunities for all of our state's children and families to experience the benefits of prosperity.





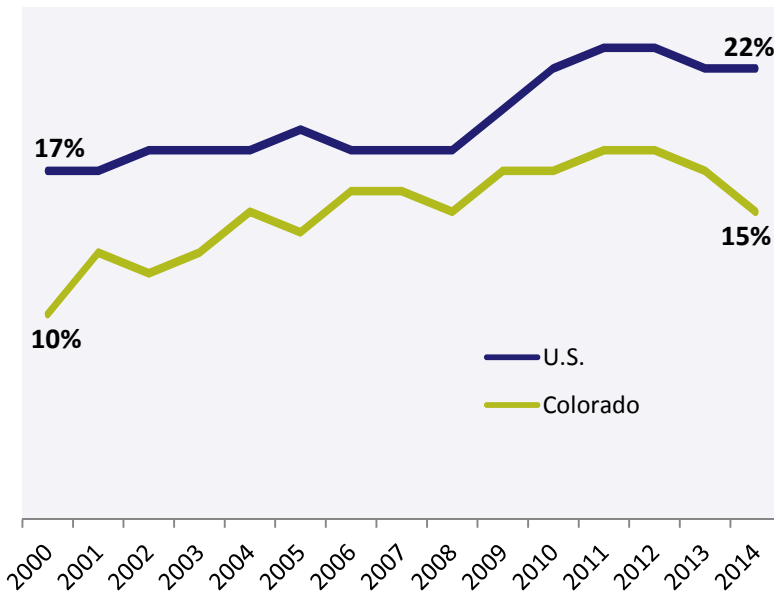
## Children in Poverty

In 2013, the American Academy of Pediatrics identified poverty as “the most important problem facing children in the U.S. today.”<sup>14</sup> Decades of research show that children who experience poverty are at higher risk for health problems, more likely to start school at a disadvantage, less likely to graduate high school on time and more likely to live in poverty as an adult. Unfortunately, poverty and the challenges that often accompany it—a lack of access to healthy foods, crowded or substandard housing and high levels of stress, for example—are preventing too many Colorado children from being able to reach their goals.

### Data Highlights

- In 2014, 15 percent of Colorado children (approximately 190,000 kids) lived in poverty, down from 17 percent (207,000 kids) in 2013 (Figure 7). Colorado’s child poverty rate dropped for the second year in a row, marking the first back-to-back decrease in the state’s child poverty rate since the U.S. Census Bureau began releasing annual estimates in 2000.<sup>15</sup>
- Although Colorado’s child poverty rate dipped below its pre-recession level in 2014, the child poverty landscape in Colorado looks very different today than it did in 2000, when only 10 percent of Colorado kids lived in poverty. Between 2000 and 2007, the percent of children living in poverty in Colorado soared from 10 percent to 16 percent—an increase of more than 100,000 children. During that time period, child poverty grew faster in Colorado than in any other state in the nation.<sup>16</sup>

**Figure 7 Children Under 18 in Poverty**



<sup>14</sup> Academic Pediatric Association and the American Academy of Pediatrics. (2013). *A Strategic Road-Map: Committed to Bringing the Voice of Pediatricians to the Most Important Problem Facing U.S. Children Today*. Retrieved from [http://www.academic-peds.org/public\\_policy/pdf/APA\\_Task\\_Force\\_Strategic\\_Road\\_Mapver3.pdf](http://www.academic-peds.org/public_policy/pdf/APA_Task_Force_Strategic_Road_Mapver3.pdf).

<sup>15</sup> U.S. Census Bureau, 2014 American Community Survey 1-Year Estimates.

<sup>16</sup> Population Reference Bureau, analysis of data from the U.S. Census Bureau 2000 and 2001 Supplemental Survey and 2002-2014 American Community Surveys

## What is Poverty? The 2014 Federal Poverty Guidelines

Table 4

Persons in Family or Household	100 Percent of Poverty	130 Percent of Poverty	150 Percent of Poverty	185 Percent of Poverty	200 Percent of Poverty	250 Percent of Poverty	300 Percent of Poverty
1	\$11,670	\$15,171	\$17,505	\$21,590	\$23,340	\$29,175	\$35,010
2	\$15,730	\$20,449	\$23,595	\$29,101	\$31,460	\$39,325	\$47,190
3	\$19,790	\$25,727	\$29,685	\$36,612	\$39,580	\$49,475	\$59,370
4	\$23,850	\$31,005	\$35,775	\$44,123	\$47,700	\$59,625	\$71,550
5	\$27,910	\$36,283	\$41,865	\$51,634	\$55,820	\$69,775	\$83,730
6	\$31,970	\$41,561	\$47,955	\$59,145	\$63,940	\$79,925	\$95,910
7	\$36,030	\$46,839	\$54,045	\$66,656	\$72,060	\$90,075	\$108,090
8	\$40,090	\$52,117	\$60,135	\$74,167	\$80,180	\$100,225	\$120,270

The U.S. Department of Health and Human Services issues annual guidelines defining the poverty level for individuals and families in the United States (Table 4).<sup>17</sup> Eligibility for programs such as Medicaid, the Colorado Child Care Assistance Program (CCCAP) and the National School Lunch and School Breakfast programs is determined by using percentages of the federal poverty level (FPL).

The federal poverty level is not a perfect measure of whether a family is experiencing financial hardship, however. Many experts consider it to be outdated and inadequate. Some significant flaws with the measure include:

- **No adjustment for differences in cost of living from place to place.** The cost of living varies dramatically across Colorado. According to the *Self-Sufficiency Standard for Colorado 2015*, the cost of living for a two-parent family with an infant and a preschooler in Pitkin County is nearly twice as high as the cost of living for a similar family in Bent County.<sup>18</sup> Despite these differences in cost of living, the federal poverty level is the same in both communities.
- **An outdated method of determining the amount of income a family requires to meet basic needs.** The federal poverty measure was originally developed in the early 1960s and has not been modified to account for significant changes in the average American family's expenses. When it was developed, the federal poverty level was based on food costs, on which the average American family spent one-third of its income. However, the average family's expenses have changed since the measure was devised. Food is no longer such a large portion of an American household's budget. Housing, transportation, health care and child care costs, which make up increasing shares of family expenses, have risen dramatically, but they are not considered in the federal poverty level. As a consequence, most experts agree that the federal poverty measure underestimates the true cost of supporting a family. According to more realistic estimates, families need income of about twice the official poverty level to meet basic needs (200 percent of the FPL as indicated in Table 4).<sup>19</sup>
- **Failure to account for certain benefits or expenses.** The current federal poverty measure does not account for the value of benefits such as food stamps, low-income housing vouchers or tax credits, as well as common expenses like taxes or out-of-pocket health care costs.



<sup>17</sup> U.S. Department of Health and Human Services, Administration for Children and Families. *Federal Register*, Vol. 79, No. 14, January 22, 2014, pp. 3593-3594.

<sup>18</sup> Colorado Center on Law and Policy & The Center for Women's Welfare. (2015). *The Self-Sufficiency Standard for Colorado 2015*.

<sup>19</sup> U.S. Department of Health and Human Services. *Further Resources on Poverty Measurement, Poverty Lines, and Their History*.





## A New Approach to Measuring Poverty

Recent years have seen renewed attempts to more accurately quantify the amount of income the average American family requires to meet basic needs. The Census Bureau, with help from other government agencies, has developed an experimental poverty measure called the Supplemental Poverty Measure (SPM). While the official poverty measure only considers pretax income and cash benefits, the Supplemental Poverty Measure takes into account common expenses such as health care costs, transportation expenses and taxes, as well as government benefits such as the Earned Income Tax Credit and benefits from the Supplemental Nutrition Assistance Program (SNAP, formerly known as food stamps), when calculating a family's income (Table 5).<sup>20, 21</sup>

**Table 5**

How Resources are Calculated Using the Supplemental Poverty Measure	
Income, Plus...	Minus...
Tax credits such as the Earned Income Tax Credit (EITC)	Taxes
Supplemental Nutrition Assistance Program (SNAP)	Expenses related to work
National School Lunch Program	Child care expenses
Special Supplementary Nutrition Program for Women, Infants and Children (WIC)	Medical out-of-pocket expenses
Housing subsidies	Child support paid
Low-income home energy assistance	

*Table modified from: Short, K. (2014). The Supplemental Poverty Measure 2013.*

Currently, there are no plans to replace the official poverty measure with the Supplemental Poverty Measure, but the SPM provides a helpful comparison to the poverty rates derived from the official measure.



<sup>20</sup> Greenberg, M. (2009, August 25). It's time for a better poverty measure. Washington, DC: Center for American Progress.

<sup>21</sup> U.S. Census Bureau. (2014). *The Research Supplemental Poverty Measure: 2013.*



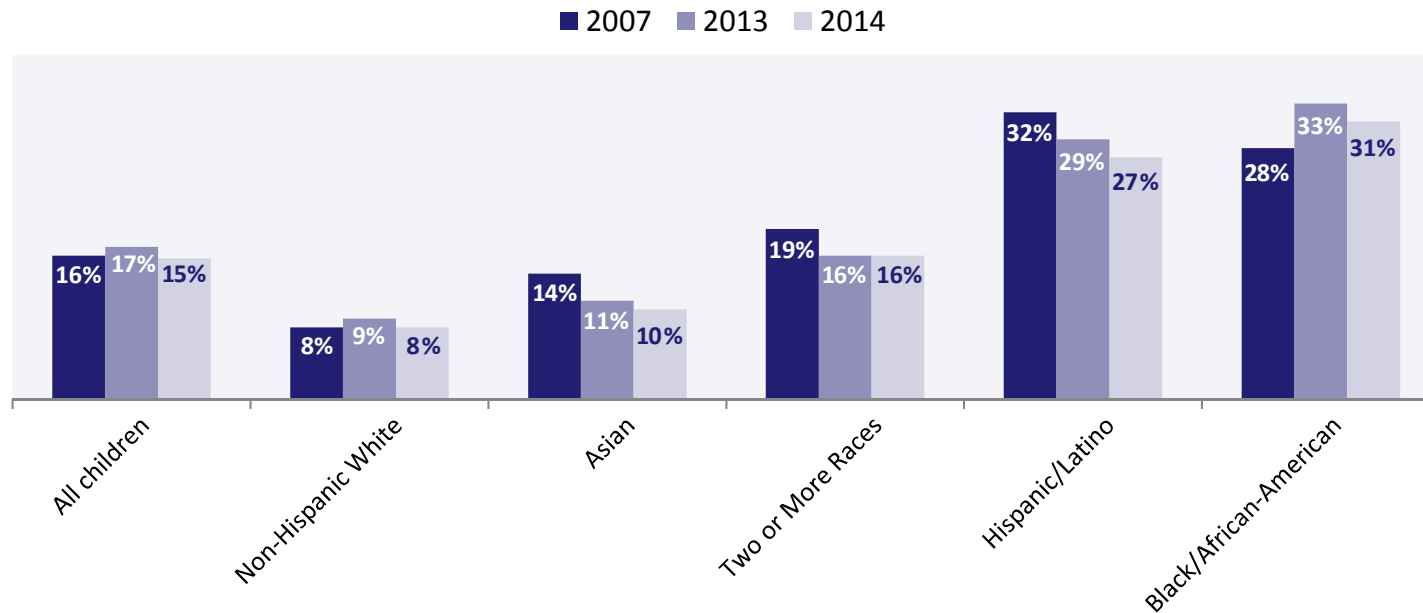
## Poverty by Race and Ethnicity

Due to long-standing structural barriers to opportunity, children of color in Colorado and throughout the United States experience higher poverty rates than their non-Hispanic white peers. The inequitable practices that have taken place throughout our country's history in many of society's most important institutions—the practice of denying home loans to people living in communities of color or discrimination in the employment market, for example—have produced inequitable outcomes for kids and families of color that persist today. In order for Colorado to thrive now and into the future, our state must actively work toward ensuring all children have the opportunity to reach their full potential, regardless of their background.

### Data Highlights

- Between 2013 and 2014, poverty rates decreased for children of nearly all racial and ethnic backgrounds, but the gaps between children of color and their non-Hispanic white peers remained very wide.<sup>22</sup>
- Black/African-American and Hispanic/Latino children were more than three times as likely to live in poverty as non-Hispanic white children in 2014, while children of two or more races were twice as likely to live in poverty (Figure 8).<sup>23</sup>

**Figure 8** Colorado Child Poverty Rates by Race/Ethnicity



<sup>22</sup> Population Reference Bureau, analysis of data from the U.S. Census Bureau, 2007, 2013 and 2014 American Community Survey 1-Year Estimates.

<sup>23</sup> *Ibid.*



## Children in Extreme Poverty

Families earning less than 50 percent of the federal poverty level—or approximately \$12,000 per year for a family of four—are living in extreme poverty, sometimes referred to as deep poverty. In other words, these families must survive on less than \$8 per person, per day. Families at this income level often live without even the most basic necessities.

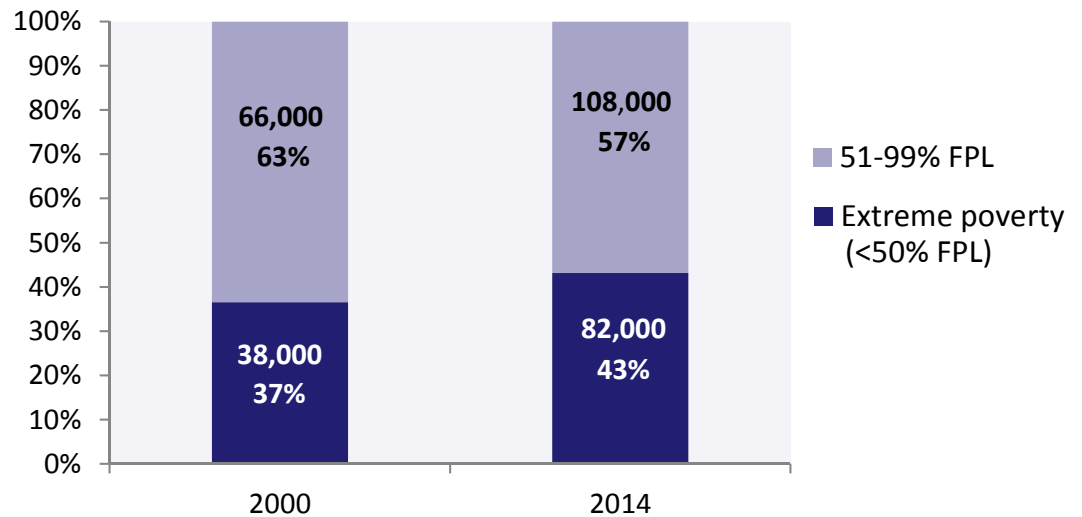
This level of deprivation is deeply harmful to a child’s development. A recent brief from the National Center for Children in Poverty found that young children living in extreme poverty fared much worse on several indicators of healthy development than their peers who were poor, but not deeply poor. Deeply poor children under age 9 were three times more likely than other poor children and 17 times more likely than non-poor children to have elevated blood lead levels, which are linked to significant behavior and learning challenges and poor school performance. They were also more likely to be obese and to have a mother who reported being in fair or poor mental health.<sup>24</sup>

Although families at this level of poverty are facing the most significant challenges to becoming economically secure, they are less likely than other low-income families to receive support intended to help them meet their basic needs. The Center for the Study of Social Policy reports that while 62 percent of U.S. families with incomes at 200 percent of the federal poverty level (approximately \$48,000 for a family of four) receive some form of means-tested benefit, only 14 percent of families in extreme poverty receive these benefits.<sup>25</sup>

### Data Highlights

- In 2014, 7 percent of Colorado children—more than 82,000 kids—were living in extreme poverty. In other words, of the 190,000 children living in poverty in Colorado, more than 40 percent were experiencing the most severe form of poverty (Figure 9).<sup>26</sup>
- Although the percent of children living below 100 percent of the federal poverty line declined between 2013 and 2014, the percent of children living in extreme poverty remained flat.<sup>27</sup>
- Very young children are at the highest risk of living in extreme poverty. In 2014, 8 percent of Colorado children under 6 lived in extreme poverty, compared to 6 percent of children ages 6 to 17.<sup>28</sup>

**Figure 9** Percent of Poor Colorado Children Living in Extreme Poverty



<sup>24</sup> Ekono, M., Jiang, Y., Smith, S. (2015). Young children in deep poverty. New York: National Center for Children in Poverty.

<sup>25</sup> Center for the Study of Social Policy.

<sup>26</sup> U.S. Census Bureau, 2014 American Community Survey 1-Year Estimates.

<sup>27</sup> U.S. Census Bureau, 2013 and 2014 American Community Survey 1-Year Estimates.

<sup>28</sup> U.S. Census Bureau, 2014 American Community Survey 1-Year Estimates.

## Colorado Child Well-Being Index: Children in Poverty by County

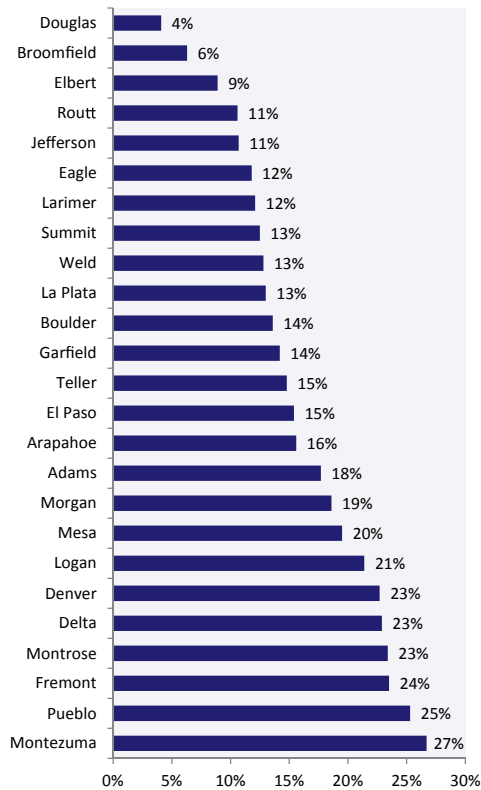
Child poverty is an issue that impacts every Colorado community, whether large or small, urban or rural. Some communities have experienced high levels of poverty for generations, while others are confronting new challenges related to growing numbers of poor children and families.

Historically, Colorado's highest child poverty rates have been found in the San Luis Valley and the southeastern region of the state. Three counties in the San Luis Valley (Alamosa, Costilla and Saguache) are considered "persistently poor" counties. These counties have had at least 20 percent of their overall population living in poverty during the past 30 years, as measured by the 1980, 1990 and 2000 decennial censuses and the 2007-2011 American Community Survey.<sup>29</sup> Poverty that persists through generations presents unique challenges for a community, not only because of the decades of economic hardship but also because persistently poor counties are often geographically isolated from other resources.<sup>30</sup>

Among the 25 counties included in the Child Well-Being Index, Montezuma County had the highest child poverty rate in 2014, with 27 percent of children living in poverty. Douglas County had the lowest child poverty rate of 4 percent (Table 6, Figure 10).<sup>31</sup>

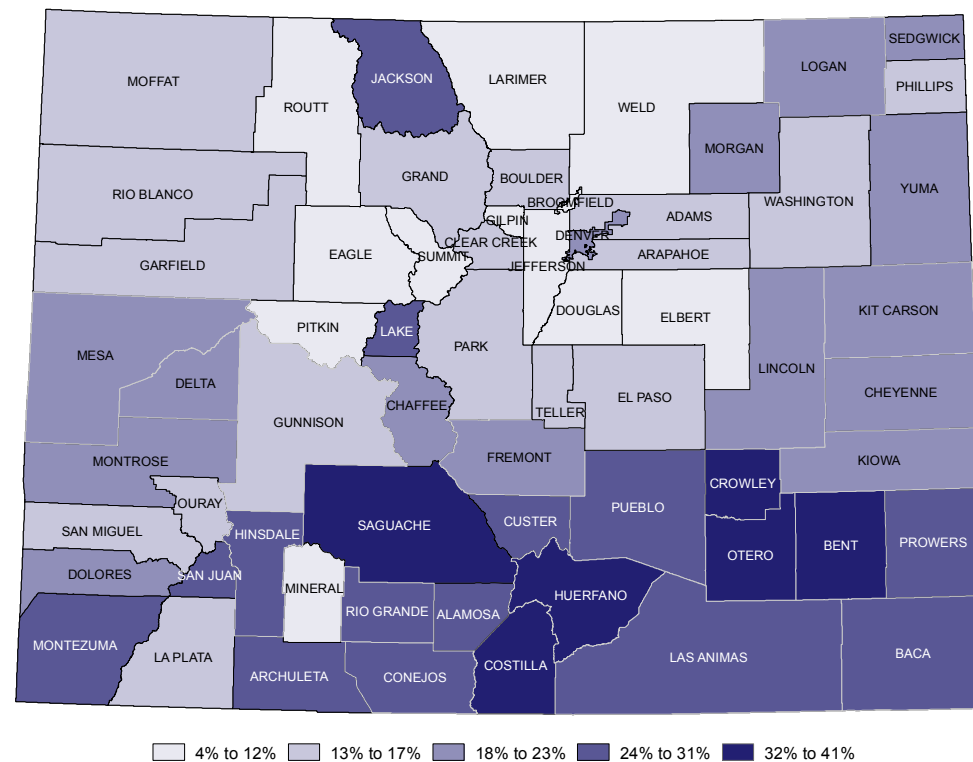


**Table 6**



**Figure 10**

**2014 Child Poverty Rates**



<sup>29</sup> U.S. Department of Agriculture, Economic Research Service. (2014). Geography of poverty. Retrieved from <http://www.ers.usda.gov/topics/rural-economy-population/rural-poverty-well-being/geography-of-poverty.aspx>.

<sup>30</sup> Housing Assistance Council. (n.d.). Persistent poverty. Retrieved from <http://www.ruralhome.org/sct-initiatives/mn-persistent-poverty>.

<sup>31</sup> U.S. Census Bureau, 2014 Small Area Income and Poverty Estimates (SAIPE).



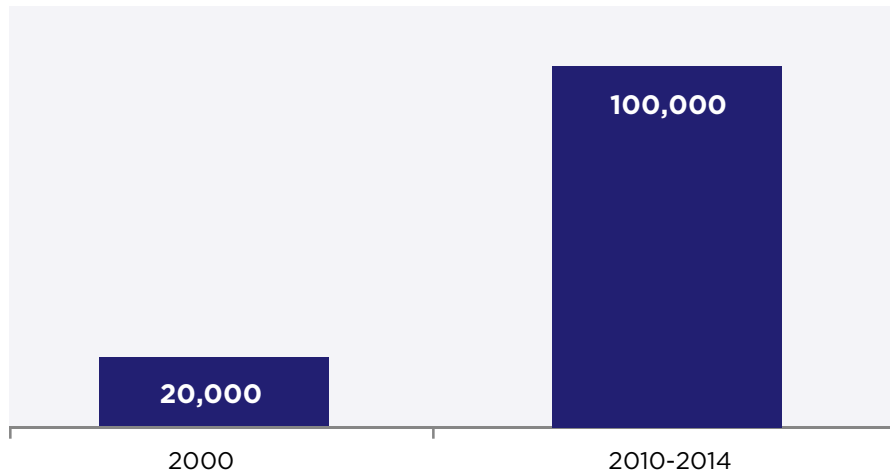
## Children in High-Poverty Areas

Poverty at the individual or family level affects nearly every aspect of a child's life. A poor child who lives in a very poor community, however, faces a double disadvantage. Communities in which the overall poverty rate exceeds 30 percent are considered "high-poverty areas" or communities with concentrated poverty. Residents of high-poverty communities are often socially and geographically isolated from important resources that could otherwise help them escape poverty. For example, many high-poverty communities lack employers that pay a living wage or high-quality child care. Traditional childhood activities like playing outside may be dangerous due to neighborhood crime and violence. Schools in communities with high poverty levels are tasked with educating children with significant needs, yet often face severe resource constraints. Poor public transportation in some areas of concentrated poverty compounds many of these problems.<sup>32</sup> As a result of these disadvantages, children living in high-poverty communities are more likely to suffer from harmful levels of stress and behavioral or emotional problems, even if their families have incomes well above the official poverty line.<sup>33</sup>

### Data Highlights

- On average, between 2010 and 2014, 100,000 Colorado children lived in areas of concentrated poverty (Figure 11).
- The number of Colorado children living in high-poverty areas increased by 400 percent between 2000 and 2010-2014, much faster than the 64 percent increase nationwide.<sup>34</sup>

**Figure 11 Colorado Children Living in Concentrated Poverty**



<sup>32</sup> Community Affairs Offices, Federal Reserve System and Metropolitan Policy Program, Brookings Institution. (2008). The enduring challenge of concentrated poverty in America: Case studies from across the U.S. Retrieved from [http://www.brookings.edu/~media/research/files/reports/2008/10/24%20concentrated%20poverty/1024\\_concentrated\\_poverty](http://www.brookings.edu/~media/research/files/reports/2008/10/24%20concentrated%20poverty/1024_concentrated_poverty).

<sup>33</sup> Turner, M. A. & Kaye, D. R. (2006). How does family well-being vary across different types of neighborhoods? Washington, D.C.: The Urban Institute. As cited by the Annie E. Casey Foundation. (2012). Data snapshot on high-poverty communities.

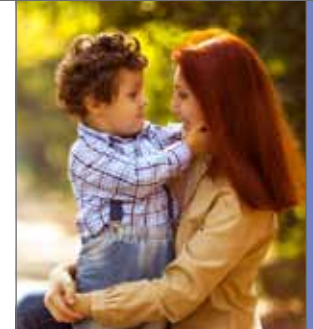
<sup>34</sup> Population Reference Bureau. Analysis of data from the 2000 Decennial Census and the 2010-2014 American Community Survey.



## Parental Employment

Thousands of Coloradans lost their jobs during the Great Recession. The state's unemployment rate topped out at almost 9 percent in late 2010. It has declined in the years since; as of November 2015, Colorado's seasonally adjusted unemployment rate stood at 3.6 percent.<sup>35</sup> As the overall unemployment rate declines, fewer Colorado children are living in a family in which at least one parent is unemployed.

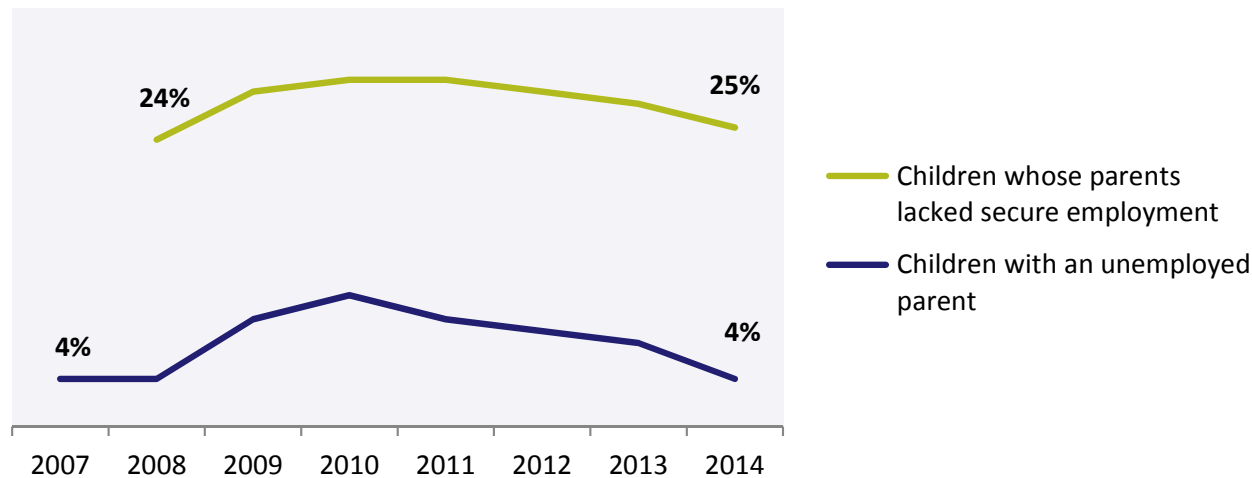
Parental job loss can be harmful to children in ways beyond the financial hardship a family experiences due to the sudden loss of income. The economic stress a family experiences when a parent is unemployed can result in more family conflict and poorer mental health among parents.<sup>36</sup> Children feel the effects of this added stress on the family; studies have found that children with a parent who is unemployed have poorer school attendance, a higher risk of suspension and expulsion and lower math scores.<sup>37</sup>



### Data Highlights

- In 2014, the percent of Colorado kids with at least one unemployed parent dropped sharply from 7 percent (79,000 children) in 2013 to 4 percent (51,000 children) (Figure 12).<sup>38</sup>
- Although fewer Colorado kids have a parent who is unemployed, the number of children whose parents lack secure employment remains high. In 2014, more than 311,000 children—one in four Colorado kids—lived in a family in which no parent had regular, full-time employment (Figure 12).<sup>39</sup>

**Figure 12 Colorado Children by Parental Employment Status**



<sup>35</sup> Bureau of Labor Statistics.

<sup>36</sup> Isaacs, J. (2013). *Unemployment from a child's perspective*. Washington, DC: The Urban Institute.

<sup>37</sup> *Ibid.*

<sup>38</sup> U.S. Census Bureau, Current Population Survey Basic Monthly Data Files, 2007-2014.

<sup>39</sup> Population Reference Bureau, analysis of data from the U.S. Census Bureau's 2008-2014 American Community Survey 1-Year Estimates.

## Family Economic Security



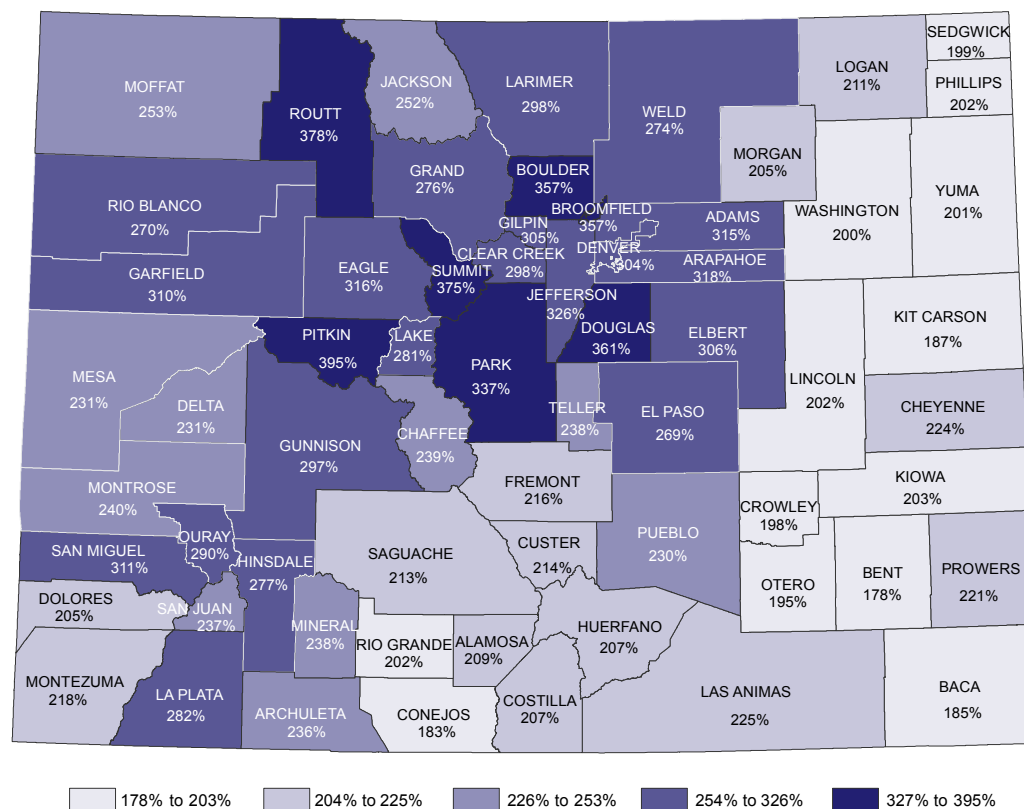
### Self-Sufficiency

The federal poverty level is widely considered to be an unrealistic estimate of the amount of income a family requires to meet its members' basic needs. Efforts to develop a more realistic benchmark for the income level required for a family to be economically stable have emerged in recent years. One of these efforts is the Self-Sufficiency Standard for Colorado, developed by the Center for Women's Welfare at the University of Washington for the Colorado Center on Law and Policy. Unlike the federal poverty level, the Self-Sufficiency Standard takes into account geographic differences in the cost of living and the varying budget needs of different family types. It is based on the cost of basic household expenses including child care, transportation, health care and taxes, among others.<sup>40</sup>

#### Data Highlights

- According to the Self-Sufficiency Standard, in no Colorado county would income at 100 percent of the federal poverty level be adequate to meet the basic needs of a family of four made up of two parents, an infant and a preschooler (Figure 13).<sup>41</sup>
- The income at which a family can be self-sufficient varies widely across Colorado counties. As of 2015, a family of two adults, an infant and a preschooler living in Bent County would need to earn at least \$43,168 (1.8 times the federal poverty level) in order to be self-sufficient, while a Pitkin County family would need to make at least \$95,667 per year (nearly four times the federal poverty level).<sup>42</sup>

**Figure 13 2015 Self-Sufficiency Standard for Two Parents, an Infant and a Preschooler as a Percent of the Federal Poverty Level**



<sup>40</sup> Pearce, D.M. (2015). The Self-Sufficiency Standard for Colorado 2015. Center for Women's Welfare, University of Washington School of Social Work.

<sup>41</sup> Ibid.

<sup>42</sup> Ibid.

## The Supplemental Poverty Measure and Anti-Poverty Programs

Programs that help prevent families from falling deeper into poverty or that mitigate the effects of poverty on children are critical to thousands of Coloradans, particularly during economic downturns and recoveries. Several public programs help families fulfill their children's basic needs and assist them in getting back on their feet during times of economic hardship, and research shows that these programs are effective at reducing poverty among kids and families.

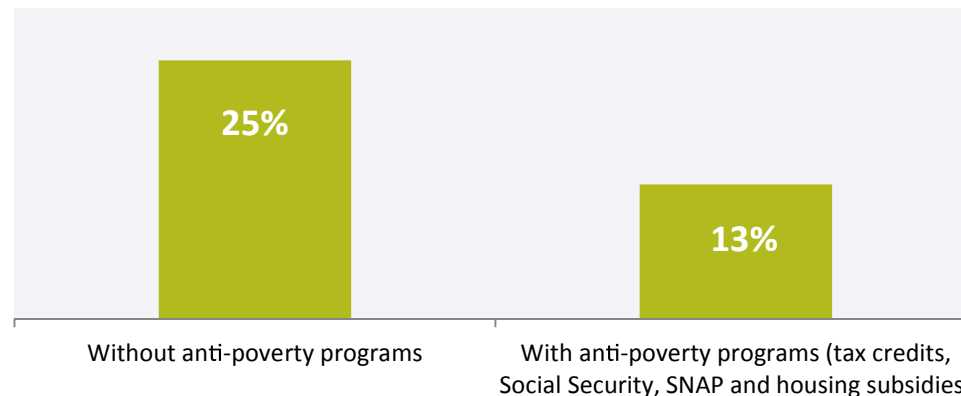
The impact of most anti-poverty programs is not reflected in the poverty numbers reported using the federal poverty level, because the federal poverty level only takes into account a family's income and cash benefits. Many anti-poverty programs, including the Supplemental Nutrition Assistance Program (SNAP), the Earned Income Tax Credit (EITC) and housing subsidies, for example, provide non-cash benefits that are not included in poverty estimates obtained using the federal poverty level. In contrast, the Supplemental Poverty Measure (SPM), discussed on page 12, does account for the impacts of these programs. This measure shows that anti-poverty programs kept more than 8 million U.S. children out of poverty in 2014.<sup>43</sup>

### Data Highlights

- On average, between 2011 and 2013, anti-poverty programs including SNAP, Social Security, housing subsidies and tax credits such as the Earned Income Tax Credit (EITC) and Child Tax Credit (CTC) kept 147,000 Colorado children out of poverty.<sup>44</sup>
- Without anti-poverty programs, Colorado's child poverty rate (using the Supplemental Poverty Measure) would have been 25 percent between 2011 and 2013, compared to 13 percent when the impact of these programs is considered (Figure 14).<sup>45</sup>



**Figure 14** Colorado Children in Poverty With and Without Anti-Poverty Programs (Using the Supplemental Poverty Measure), 2011-2013



<sup>43</sup> Trisi, D. (2015). Safety net cut poverty nearly in half in 2014. Washington, DC: Center on Budget and Policy Priorities. Retrieved from <http://www.cbpp.org/blog/safety-net-cut-poverty-nearly-in-half-in-2014>.

<sup>44</sup> Annie E. Casey Foundation. (2015). Measuring access to opportunity in the United States.

<sup>45</sup> *Ibid.*



## Affordable Housing

All children fare better when they have a safe, stable place to call home—a secure and consistent place to sleep, play, color, spend time with family or do homework. When a family experiences housing problems, children can be affected in many ways. Families who must spend a significant portion of their income on housing—sometimes referred to as “housing-burdened” families—will have fewer resources available to spend on other basic needs, such as food or medical care. Children whose families are doubled- or tripled-up with other families often have no quiet place to study or do homework. Research shows that children who live in these overcrowded settings have poorer academic achievement and are at higher risk for behavioral problems.<sup>46</sup> Children who live in poor-quality housing are at higher risk for health problems. Asthma, for example, is much more common among children in low-income families, and studies have attributed this higher prevalence to a higher likelihood of living in substandard housing.<sup>47</sup> Children who are without shelter entirely face significant stress and instability that can impede their development and hinder their ability to succeed in school.<sup>48</sup>

A growing number of Colorado children are living without safe and affordable housing, as housing costs in many communities skyrocket to levels that are unattainable to low-income and even middle-class families.

### Data Highlights

- In 2014, 32 percent of all Colorado children (approximately 403,000 kids) lived in families with a high housing cost burden, defined as spending more than 30 percent of their income on housing expenses. When housing costs exceed one-third of family income, families often struggle to afford other necessities.<sup>49</sup>
- High housing cost burdens are more common among low-income families in Colorado. Approximately two-thirds of low-income children in Colorado (66 percent, or 300,000 children) lived in families who spent more than a third of their income on housing, compared to 63 percent nationwide.<sup>50</sup>
- The percent of Colorado children living in crowded housing increased significantly during the Great Recession and has remained high well into the recovery. In 2014, 12 percent of Colorado kids lived in housing that was overcrowded.<sup>51</sup>
- The percent of Colorado children living in homes that are owned has steadily declined during the past several years. In 2014, 62 percent of Colorado kids lived in households that were owned (either with a mortgage or loan or owned free and clear), down from 70 percent in 2006.<sup>52</sup> Homeownership can help provide stability, since families do not have to worry about a landlord raising the rent or declining to renew a lease. In addition, home equity is the primary source of wealth for many American households.<sup>53</sup>



<sup>46</sup> Solari, C.D., & Mare, R.D. (2012). Housing crowding effects on children’s well-being. *Social Science Research* 41(2), pps. 464-476.

<sup>47</sup> Krieger, J.W., Song, L., Takaro, T.K., Stout, J. (2000). Asthma and the home environment of low-income urban children: Preliminary findings from Seattle-King County Healthy Homes Project. *Journal of Urban Health* 77(1), pps. 50-67.

<sup>48</sup> Hart-Shegos, E. Homelessness and its effects on children. Minneapolis, MN: Family Housing Fund.

<sup>49</sup> Population Reference Bureau, analysis of data from the U.S. Census Bureau 2014 American Community Survey.

<sup>50</sup> *Ibid.*

<sup>51</sup> *Ibid.*

<sup>52</sup> Population Reference Bureau, analysis of data from the U.S. Census Bureau 2006 through 2014 American Community Surveys.

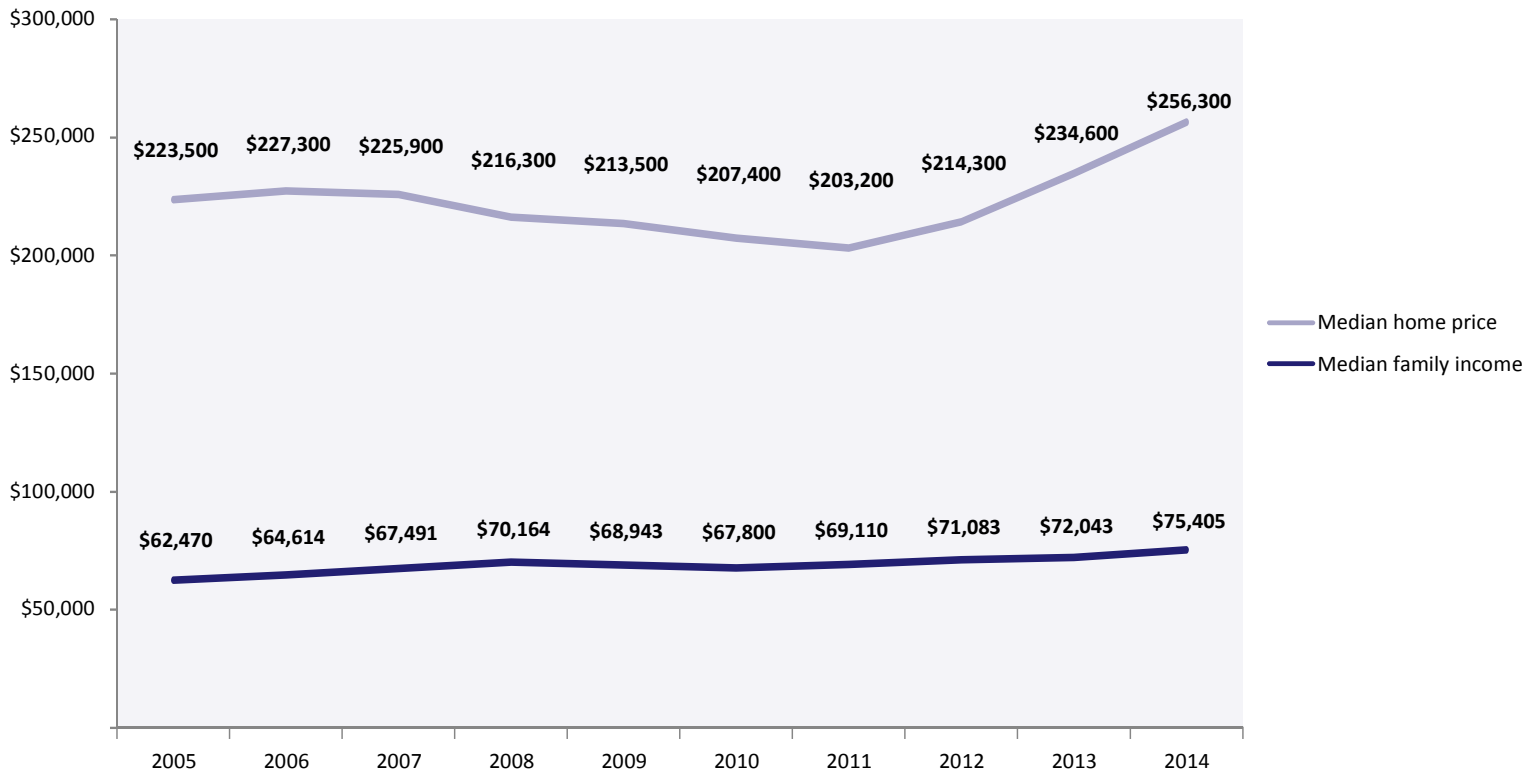
<sup>53</sup> Economic Policy Institute. (2012). *The State of Working America: 12th Edition*. Ithaca, NY: Cornell University Press.

## Affordable Housing

### Data Highlights

- Like the rest of the country, Colorado’s housing market experienced a downturn during the Great Recession and immediately afterward. Beginning in 2011, however, Colorado’s housing prices and rents began increasing at a rapid pace. Since 2011, the median home value in Colorado has increased by more than 26 percent, and median rent for a two-bedroom apartment has increased by 38 percent.<sup>54,55</sup> Median family income in Colorado has not kept pace with rapidly rising home prices and rents, increasing by only 9 percent during the same time period (Figure 15).<sup>56</sup>
- Median home value varies widely among the 28 Colorado counties for which data are available. As of December 2015, median home values ranged from \$118,300 in Logan County to more than \$1.1 million in Pitkin County.<sup>57</sup>

**Figure 15 Median Colorado Home Value vs. Annual Median Family Income**



<sup>54</sup> Zillow Real Estate Research. Zillow Home Value Index: All Homes Time Series. Values above based on housing values in December of each year.

<sup>55</sup> Zillow Real Estate Research. Zillow Rent Index: ZRI Time Series: Multi-family, SFR, Condo/Co-op.

<sup>56</sup> U.S. Census Bureau. 2005-2014 American Community Survey 1-Year Estimates.

<sup>57</sup> Zillow Real Estate Research. Zillow Home Value Index: All Homes Time Series.



# Family Economic Security

## Montrose: Success of Zumba class sparks cross-cultural veggie prescriptions

A few years ago, Maria Gonzalez started offering Zumba classes—a high-energy aerobic workout based on Latino dances—in her home. Montrose-area Latinas, many with children, multiple jobs, and long commutes, soon became addicted. The group grew and moved into a gymnastics studio in downtown Montrose, where up to 30 women gather five days a week to sweat, dance and laugh. The class is offered at a fee of \$1 per class, which covers Gonzalez’s Zumba license and facility fee.



“Some of them, after work, they don’t go home,” Gonzalez said. “They come directly to Zumba because they are feeling so good with their body and mind. It’s helping them to get rid of the stress every day.”

Five days of Zumba each week wasn’t enough to contain Gonzalez’s passion for healthy living. She asked Abbie Brewer of LiveWell Montrose Olathe what else she could do to improve the health of families in the community.

“Maria really inspired us,” Brewer said. “She would tap on us and say: ‘This LiveWell work: I want to be involved.’ That’s when we got her involved in the Local Farmacy Rx program.”

The Local Farmacy Rx program is an innovative idea to help Montrose and Olathe residents access more affordable, locally grown fruits and vegetables. The 12-week program includes nutrition and cooking classes for low-income kids and parents, as well as vouchers for fruits and vegetables at farm stands and farmers markets. Families with children are referred to the program by doctors or food assistance case managers who write a prescription for fruits and veggies.

With the advice and enthusiasm of Gonzalez and the Hispanic Affairs Project, LiveWell Montrose Olathe adapted the program for Latinos. Classes were offered in Spanish and traditional Hispanic recipes were reimaged to take advantage of Western Slope veggies like kale and kohlrabi.

The program’s tagline, “Nurturing Farms and Families,” reflects its success in sending ripples into the community and economy. Local families are not only eating healthier, they are channeling dollars back into the local farms that employ so many in the valley.

“In developing those groups over 12 weeks it helped create a bond, not only culturally but community wide,” Brewer said. “Those members went to the farmers’ market or local farm stands and understand what grows here and take it back to cook together and eat together with their families.”

*LiveWell Montrose Olathe and the Local Farmacy Rx program are projects of the Valley Food Partnership.*



**KIDS  
COUNT!**  
in Colorado **2016**

**SUCCESS  
STORY**

# Child Health



Maintaining Colorado's reputation as one of the healthiest states in the nation requires that we focus on the health of our state's children right from the start. In order to thrive, all Colorado children must have adequate amounts of healthy food, plenty of opportunities for physical activity, and access to high-quality and affordable medical, dental and behavioral health care.

Thanks to policy changes and concerted community efforts, Colorado has made remarkable strides in several areas that are important to children's health. Recently released U.S. Census data show that the number of Colorado children without health insurance is at a record low. In 2014, an estimated 5.6 percent of Colorado children lacked health insurance, and more than 100,000 children have gained insurance since 2008. In conjunction with these historic gains in kids' health coverage, fewer families are reporting difficulty affording needed medical care or prescriptions for their children.

These accomplishments will go a long way in ensuring the health of our state's children, but challenges remain. Despite the historic improvement in the overall uninsured rate for kids, nearly one in 10 Hispanic/Latino children remain uninsured, a rate much higher than any other racial or ethnic group. Mental health, as critical to overall child well-being as physical health, remains a concern for Colorado children and adolescents. Too many go without the mental health care they need in order to lead full and healthy lives.

Good health lays the groundwork for success in every other area of a child's life. By building on Colorado's recent momentum in several areas of child health, we can help ensure that every child has the resources he or she needs to grow up healthy and strong.





## Access to Prenatal Care

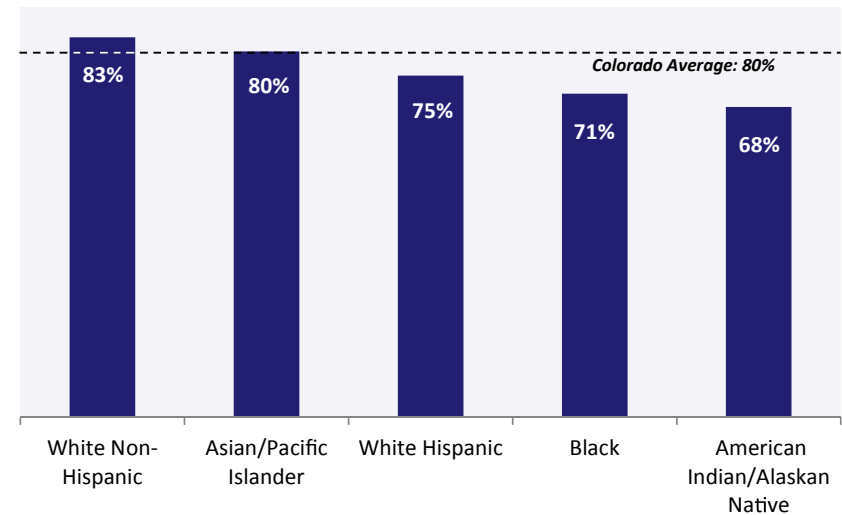
Supporting an expectant mother's health during pregnancy provides one of the earliest opportunities to ensure that babies have a healthy start to life. Early prenatal care helps inform women about steps they can take to maintain a healthy pregnancy and can detect potential complications early. Early prenatal care also reduces the risk of preterm birth and infant mortality; babies born to mothers who receive *no* prenatal care are three times more likely to have a low birthweight and five times more likely to die in infancy than those born to mothers who do receive care.<sup>58</sup>

### Data Highlights

- The percent of babies born to Colorado women who had early prenatal care (defined as prenatal care beginning during the first trimester) has changed little during the past five years. In 2014, 80 percent of all babies born in Colorado were born to moms who had early prenatal care, up only slightly from 79 percent in 2004.<sup>59</sup>
- Nearly all babies in Colorado were born to mothers who received prenatal care at some point during their pregnancy, however. Only 2 percent of babies were born to mothers who received no prenatal care in 2014.<sup>60</sup>
- Among women who did not receive early prenatal care, the most commonly cited barriers were not enough money or being uninsured (42 percent), not having a Medicaid card (29 percent), or not being able to get an earlier appointment (31 percent). A significant portion of women (22 percent) also reported that their doctor or health insurance plan would not allow them to begin prenatal care earlier.<sup>61</sup>
- Access to prenatal care varies by race and ethnicity. Black, Hispanic and American Indian/Alaskan Native babies in Colorado were more likely to be born to a mother who did not get early prenatal care, highlighting the disparities in health care access for many Colorado families (Figure 16).<sup>62</sup>



**Figure 16 Births to Colorado Women Receiving Early Prenatal Care, 2014**



<sup>58</sup> March of Dimes. (2009.)

<sup>59</sup> Colorado Department of Public Health and Environment, Health Statistics Section.

<sup>60</sup> *Ibid.*

<sup>61</sup> Colorado Department of Public Health and Environment, Health Statistics Section, 2011 Pregnancy Risk Assessment Monitoring System (PRAMS).

<sup>62</sup> Colorado Department of Public Health and Environment, Health Statistics Section.

## Teen Birth Rate

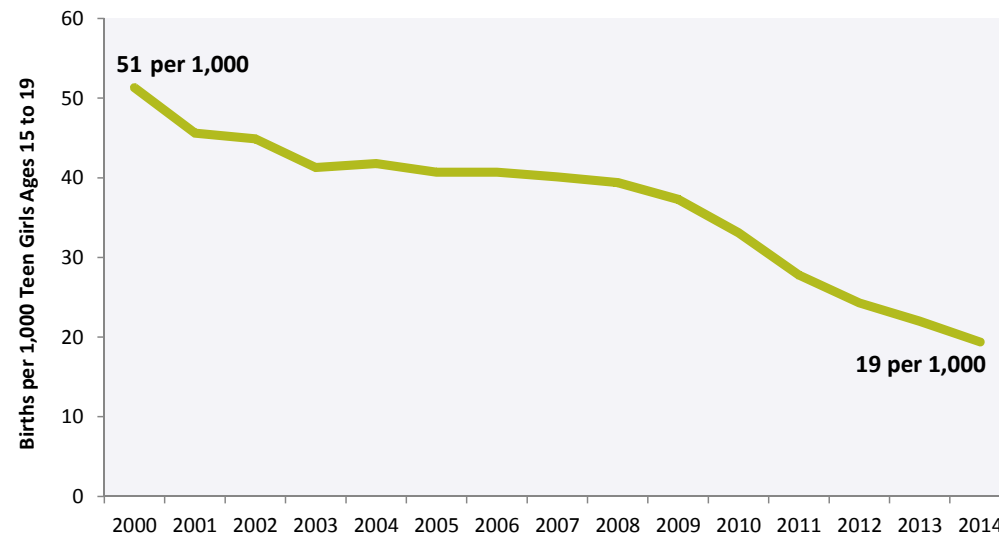
Women of all ages fare better when they are able to plan their pregnancies in ways that are right for them. According to health survey data, however, 43 percent of Colorado women of all ages, and three out of four women who became pregnant as teenagers, did not intend to get pregnant.<sup>63</sup> Scarce resources and lack of support can compound the challenges of starting a family as a teenager.

Many women who have children as teenagers are still working to complete their education, and without support (including resources like child care), they are less likely to graduate from high school or earn as much as women who have children later in life. Nationally, 30 percent of teen girls who dropped out of high school cited pregnancy or parenthood as one of their primary reasons for leaving.<sup>64</sup> Only half of all women who have children as teenagers are able to earn a high school diploma by age 22, and only 2 percent graduate college by age 30.<sup>65</sup> Educational attainment, in turn, affects a woman's income throughout her lifetime.

In 2008, grant funding was awarded to the Colorado Department of Public Health and Environment to expand existing family planning services in Title X family planning clinics across Colorado. This initiative expanded access for low-income women to the most effective birth control methods, long-acting reversible contraception (LARC), including IUDs and implants. IUD and implant use among family planning clients grew from 4.5 percent before the initiative began to 29.6 percent in 2014. Nationally, only about 12 percent of women who report using any form of contraception use these most effective forms of birth control.<sup>66</sup> In the 37 counties where the CFPI operated, birth rates among low-income women were lower than expected, and abortion rates declined as well.<sup>67</sup>



**Figure 17 Colorado Teen Birth Rate, Girls Ages 15 to 19**



<sup>63</sup> Colorado Department of Public Health and Environment, Health Statistics Section. Colorado Pregnancy Risk Assessment Monitoring System (PRAMS), 2013.

<sup>64</sup> Shuger, L. (2012). *Teen pregnancy and high school dropout: What communities are doing to address these issues*. Washington, D.C.: The National Campaign to Prevent Teen and Unplanned Pregnancy and America's Promise Alliance

<sup>65</sup> Perper, K., Peterson, K., Manlove, J. (2010). *Diploma attainment among teen mothers*. Washington, D.C.: Child Trends.

<sup>66</sup> Live births to girls ages 15 through 19 per 1,000 female teens in that age range. Colorado Department of Public Health and Environment, Health Statistics Section, 2013.

<sup>67</sup> Ricketts, S., Klingler, G., & Schwalberg, R. (2014). *Game change in Colorado: Widespread use of long-acting reversible contraceptives and rapid decline in births among young, low-income women*. *Perspectives on Sexual and Reproductive Health* 46(3).

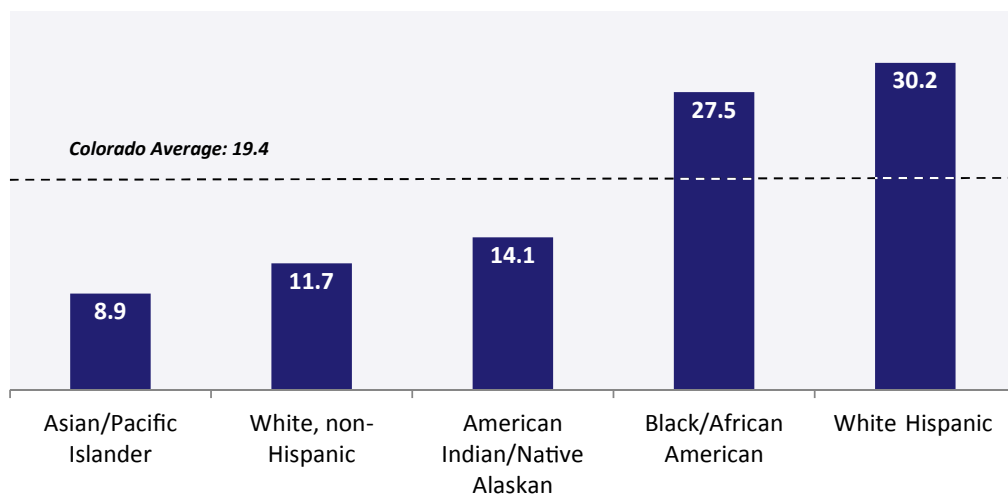


## Teen Birth Rate

### Data Highlights, continued

- The birth rate for women ages 15 to 19 continued its sharp decline in 2014. Since 2009, this rate has declined by nearly half, falling from 37 births per 1,000 girls in this age group to 19 births per 1,000 girls in 2014 (Figure 17).<sup>68</sup>
- Between 2009 and 2013 (the most recent year for which state-by-state comparisons are possible), Colorado had the second-fastest decrease in births to women ages 15 to 19 in the nation.<sup>69</sup>
- Between 2009 and 2014, Colorado's abortion rate for women ages 15 to 19 decreased by 48 percent. This decline suggests that not only are fewer teens giving birth, fewer teen girls are becoming pregnant, despite the fact that sexual activity among teens has remained fairly stable in recent years.<sup>70, 71</sup>
- Colorado's teen birth rate varies significantly by race and ethnicity (Figure 18). Although Hispanic and black/African American teens had higher-than-average birth rates, these groups have also experienced the fastest rates of decline during the past decade.<sup>72</sup>
- The number of teens giving birth for a second or third time has fallen even faster than the overall teen birth rate. Since the Colorado Family Planning Initiative began in 2009, the number of births to teen women who already had one child dropped 57 percent, from about 1,900 in 2009 to just 1,000 in 2014.<sup>73</sup>

**Figure 18** 2014 Colorado Teen Birth Rate by Race/Ethnicity, Girls Ages 15 to 19



<sup>68</sup> Colorado Department of Public Health and Environment, Health Statistics Section, 2013.

<sup>69</sup> Analysis of data from the Centers for Disease Control and Prevention, National Center for Health Statistics and U.S. Census Bureau, Population Division. As reported by the Annie E. Casey Foundation, KIDS COUNT Data Center.

<sup>70</sup> Colorado Department of Public Health and Environment, Vital Statistics Program.

<sup>71</sup> Colorado Department of Public Health and Environment, 2009-2011 Youth Risk Behavior Surveys.

<sup>72</sup> Colorado Department of Public Health and Environment, Health Statistics Section.

<sup>73</sup> *Ibid.*

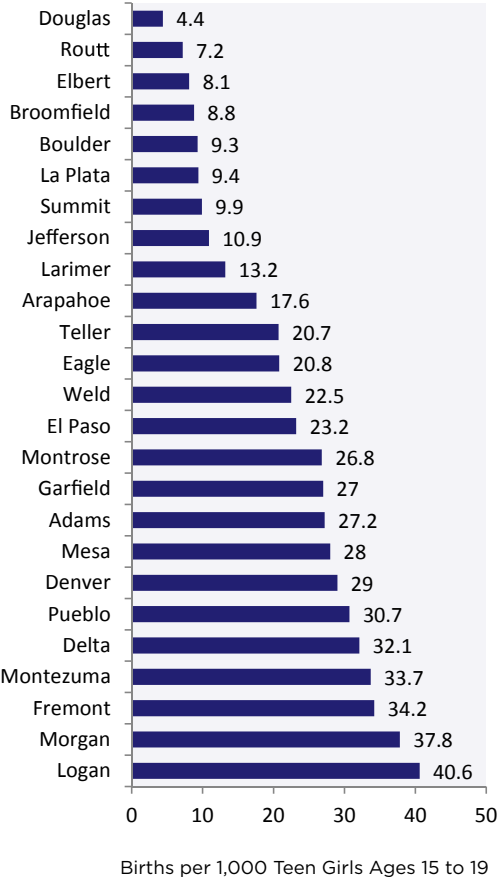


# Colorado Child Well-Being Index: Teen Birth Rate

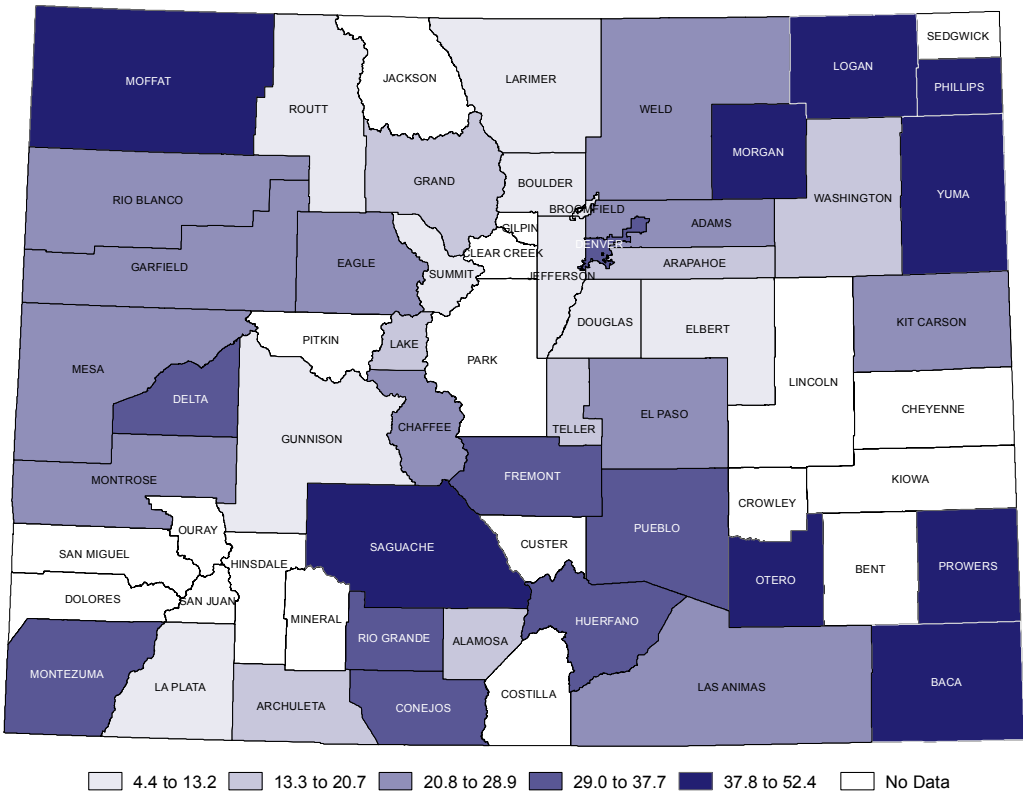
Among Colorado's largest counties, Logan County had the highest teen birth rate in 2014 at 41 births per 1,000 girls ages 15 to 19. Douglas County had the lowest teen birth rate, at about 4 births per 1,000 teens (Table 7, Figure 19). Since 2010, the teen birth rate has declined in 24 of the 25 counties included in the Child Well-Being Index. All but two of the 25 counties have seen their teen birth rate drop by at least 25 percent over that same time period.<sup>74</sup>



**Table 7**



**Figure 19 2014 Colorado Teen Birth Rate, Girls Ages 15 to 19**



<sup>74</sup> Colorado Department of Public Health and Environment, Health Statistics Section.



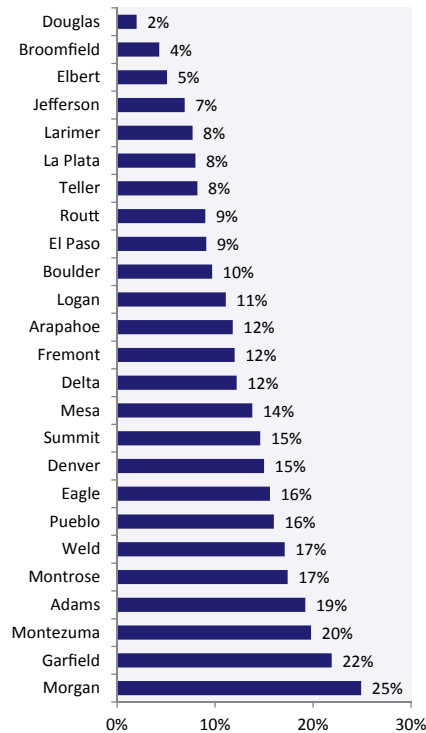
### Colorado Child Well-Being Index: Births to Women Without a High School Diploma or GED

Research has consistently demonstrated the importance of maternal education to early childhood development. National data show that children born to mothers with no high school diploma score lower on math and reading tests than children whose mothers have a higher level of education.<sup>75</sup> Mothers with lower educational attainment also have a much harder time earning a wage that can sufficiently support a family; in Colorado, women with a bachelor's degree or higher earn 77 percent more than women with a high school diploma or equivalent.<sup>76</sup> As a result, children born to parents who did not graduate from high school are much more likely to live in poverty for at least half of their childhood than other children.<sup>77</sup>

#### Data Highlights

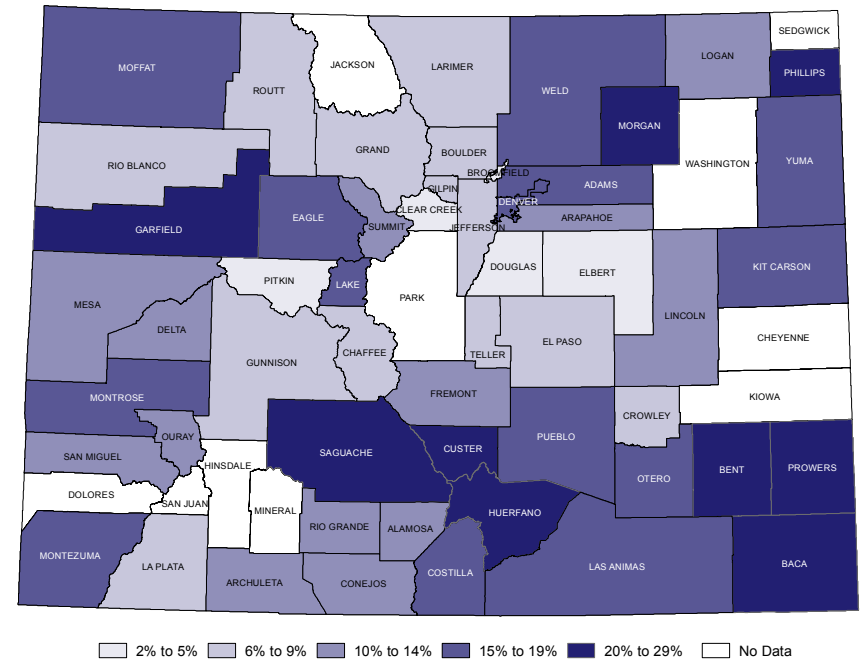
- For the past decade, Colorado has seen a steady decline in the number of babies born to women without a high school diploma or GED. The percent of births to Colorado women who did not complete high school or obtain a GED has dropped by nearly half since 2004, from a statewide average of 23 percent in 2004 to 12 percent in 2014.<sup>78</sup>
- Among Colorado's largest counties, the percent of births to women without a high school diploma or GED ranged from 2 percent in Douglas County to 25 percent in Morgan County (Table 8, Figure 20).<sup>79</sup>

**Table 8**



**Figure 20**

**2014 Births to Women Without a High School Diploma or GED**



<sup>75</sup> Mulligan, G.M., Hastedt, S., & McCarroll, J.C. (2012). First-Time Kindergarteners in 2010-11: First Findings from the Kindergarten Rounds of the Early Childhood Longitudinal Study. U.S. Department of Education, Washington, D.C.: National Center for Education Statistics.

<sup>76</sup> Colorado Department of Public Health and Environment. "Education, Self-Sufficiency, and Economic Opportunity." Retrieved from: [https://www.colorado.gov/pacific/sites/default/files/HPF\\_FP\\_UP-Education-Self-Sufficiency-Economic-Opportunity.pdf](https://www.colorado.gov/pacific/sites/default/files/HPF_FP_UP-Education-Self-Sufficiency-Economic-Opportunity.pdf).

<sup>77</sup> Ratcliffe, C., & McKernan, S. M. (2012). Child poverty and its lasting consequence: Summary. Washington, DC: Urban Institute.

<sup>78</sup> Colorado Department of Public Health and Environment, Health Statistics Section.

<sup>79</sup> *Ibid.*

## Colorado Child Well-Being Index: Low Birthweight Births

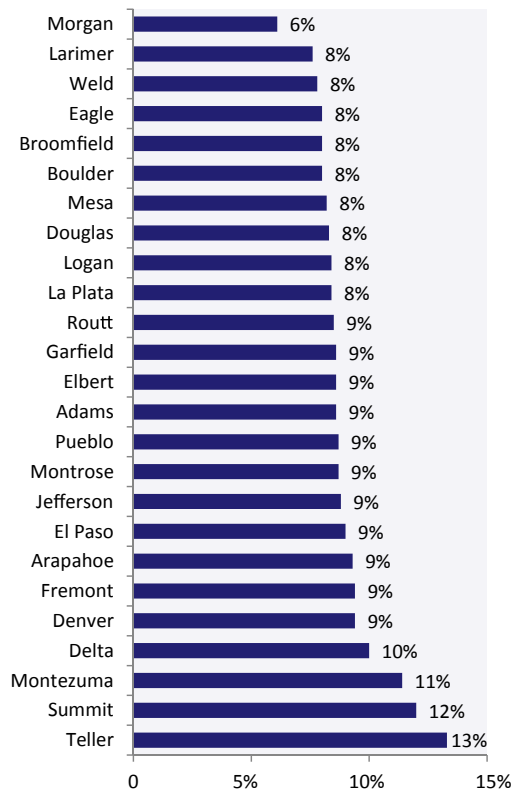
Babies born at a low birthweight (less than 5.5 pounds) have an increased risk of experiencing developmental problems, developing short- and long-term disabilities, and dying within the first year of life. Many factors contribute to the likelihood of low birthweight, including smoking during pregnancy, poor prenatal nutrition, poverty, stress, infections and violence.<sup>80</sup> Living at a high altitude, common in Colorado, can also contribute to low birthweight. Research has shown that each 1,000 foot increase in altitude between 3,000 and 11,000 feet above sea level is associated with a decrease of about one ounce of weight at birth.<sup>81</sup>

### Data Highlights

- The percent of babies born at a low birthweight has remained flat in Colorado during the past five years. In 2014, 8.8 percent of all babies born in Colorado were born at a low birthweight, slightly higher than the national average of 8.0 percent.<sup>82</sup>
- Among the counties included in the Child Well-Being Index, Teller County had the highest rate of babies born at a low birthweight, while Morgan County had the lowest rate (Table 9, Figure 21).<sup>83</sup>

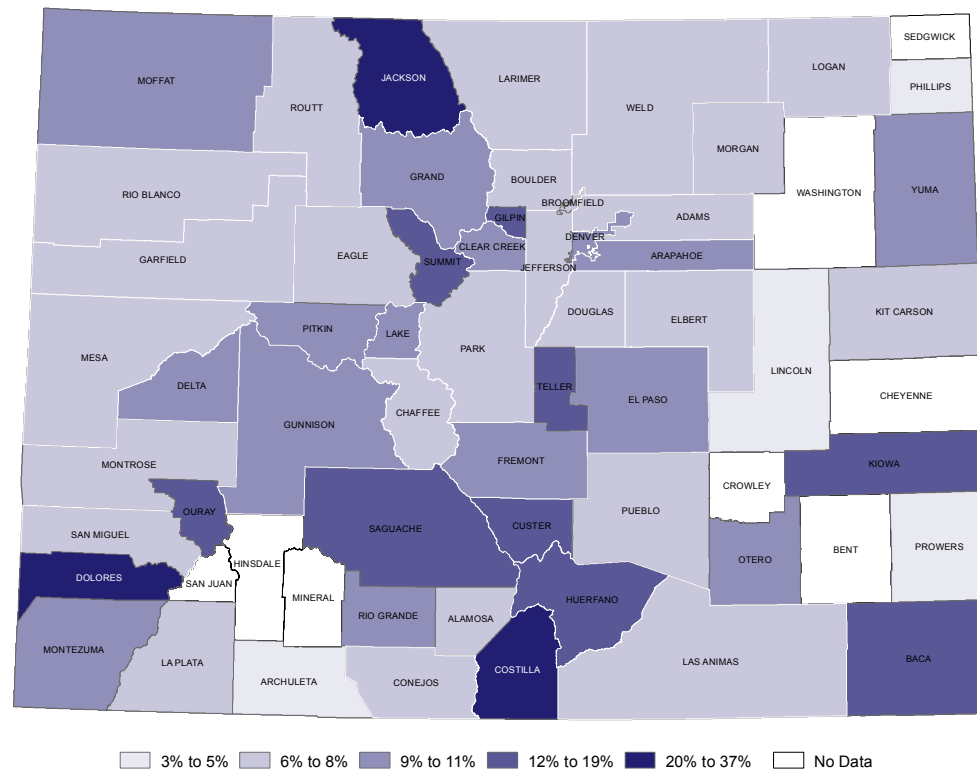


**Table 9**



**Figure 21**

**2014 Low Birthweight Births**



<sup>80</sup> American College of Obstetricians and Gynecologists. (2000). Intrauterine growth restriction. *ACOG Practice Bulletin*, 12.

<sup>81</sup> Colorado Department of Public Health and Environment. (2000). Tipping the scales: Weighing in on solutions to the low birth weight problem in Colorado.

<sup>82</sup> Colorado Department of Public Health and Environment, Health Statistics Section.

<sup>83</sup> *Ibid.*



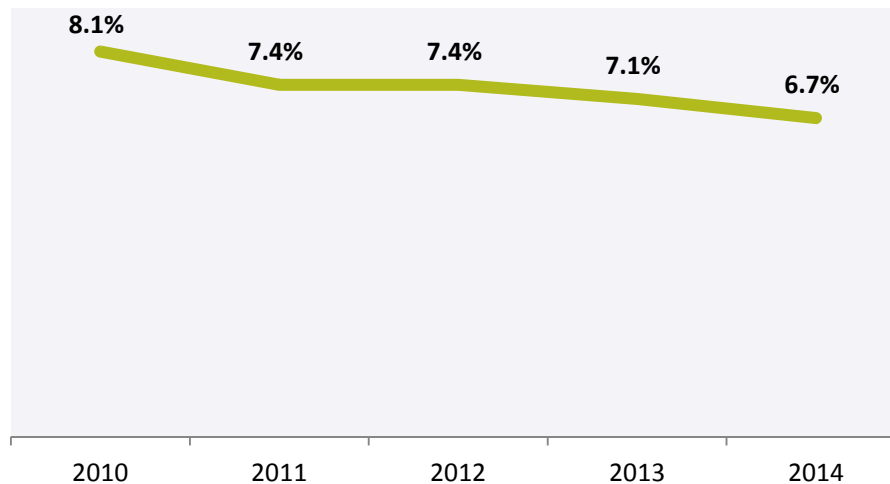
## Births to Women Who Smoked During Pregnancy

Smoking during pregnancy carries a number of risks for a mother and her baby. On top of increasing a mother's risk of cancer, heart disease, and other major health problems, smoking during pregnancy increases the likelihood of premature birth, certain birth defects, miscarriage, low birthweight or infant death.<sup>84</sup>

### Data Highlights

- The percent of babies born to mothers who reported smoking during their pregnancy has declined somewhat in Colorado in recent years (Figure 22). In 2014, 6.7 percent of live births in the state occurred to women who smoked while pregnant, down from 8.1 percent in 2010. This decline means nearly 1,000 fewer babies were born to mothers who smoked during pregnancy.<sup>85</sup>
- American Indian and black/African American babies are more likely to be born to a mother who smoked during pregnancy.<sup>86</sup>
- Births to women who smoked during pregnancy are more common in some parts of the state than in others. In Huerfano County, 36 percent of all babies born in 2014 were born to mothers who smoked while pregnant, compared to only 1 percent of births in Eagle County.<sup>87</sup>

**Figure 22** Babies Born to Women Who Smoked During Pregnancy



<sup>84</sup> U.S. Department of Health and Human Services. (2010). *A Report of the Surgeon General: How Tobacco Causes Disease and What it Means to You*. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health.

<sup>85</sup> Colorado Department of Public Health and Environment, Health Statistics Section.

<sup>86</sup> *Ibid.*

<sup>87</sup> *Ibid.*

## Infant Mortality Rate

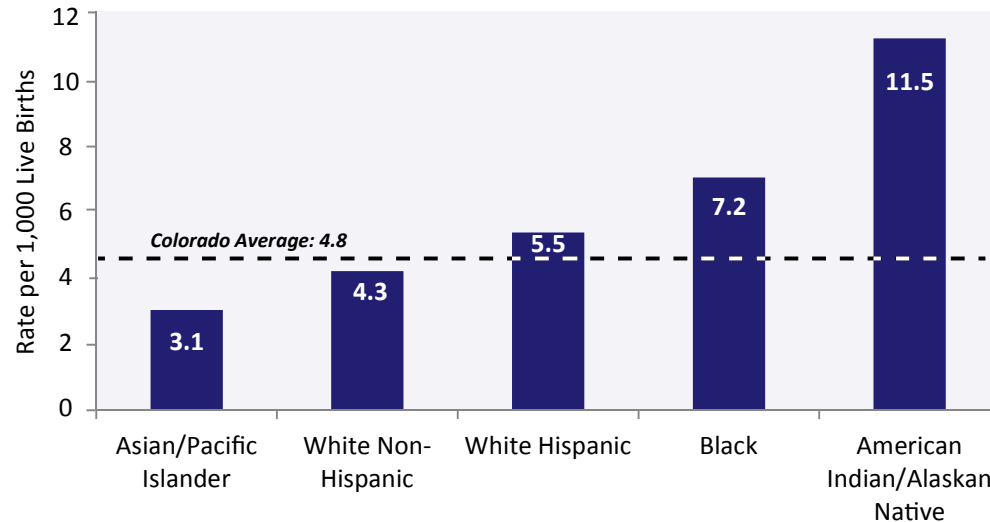
Infant mortality refers to the death of a baby before his or her first birthday. The most common causes of infant mortality are birth defects, preterm birth or low birthweight, Sudden Infant Death Syndrome (SIDS), maternal pregnancy complications and injuries.<sup>88</sup> The infant mortality rate reflects many factors important to both maternal and child well-being, including access to high-quality health care, nutrition and safe environments.

### Data Highlights

- Colorado's infant mortality rate decreased by 24 percent during the past decade, to 4.8 deaths per 1,000 live births. It remained consistently below the national average, which was 6 deaths per 1,000 births in 2013.<sup>89</sup>
- Infant mortality rates vary widely by race and ethnicity (Figure 23). Racial disparities in parents' economic opportunity, access to health care and educational attainment, among other factors, place some infants at a considerable disadvantage in surviving their first year of life.<sup>90</sup>



**Figure 23** Infant Mortality Rate in Colorado by Race/Ethnicity, 2014



<sup>88</sup> Centers for Disease Control and Prevention. (2012). Infant mortality.

<sup>89</sup> Centers for Disease Control and Prevention, National Center for Health Statistics.

<sup>90</sup> Colorado Department of Public Health and Environment, Health Statistics Section

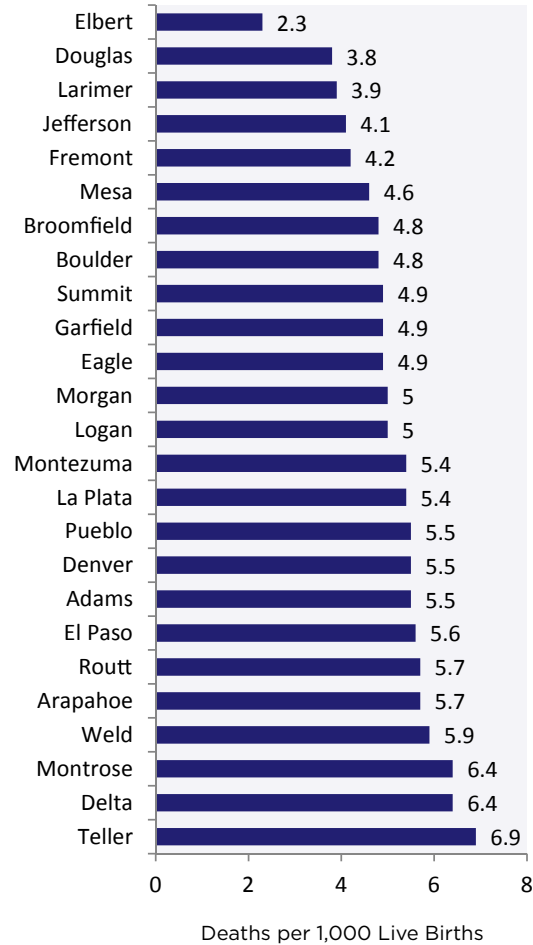




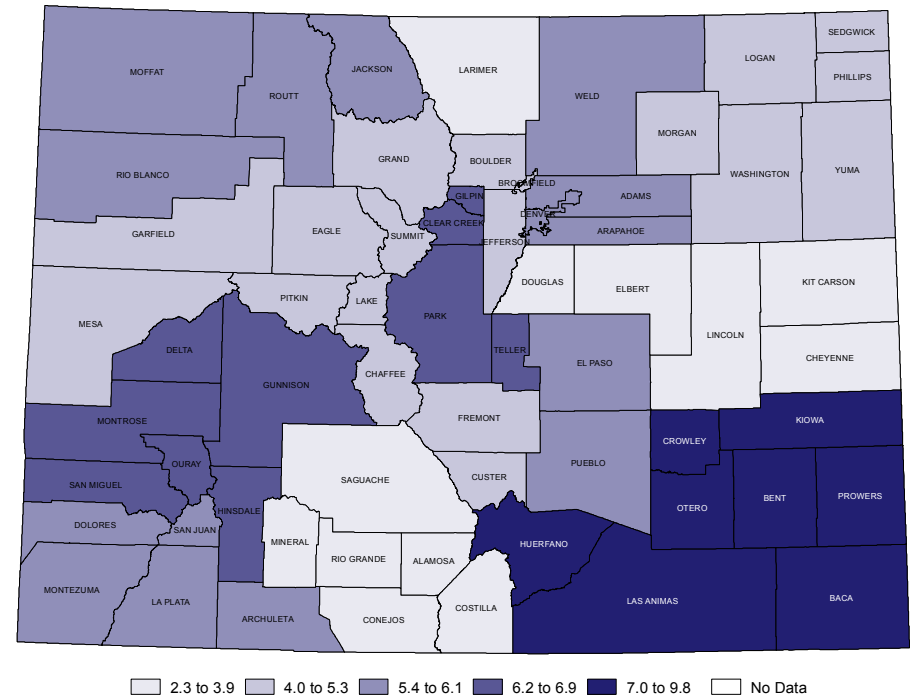
### Child Well-Being Index: Infant Mortality Rate

On average, between 2010 and 2014, Elbert County had the lowest infant mortality rate among the counties included in the Child Well-Being Index, at just 2 infant deaths per 1,000 live births. Teller County had the highest at 7 deaths per 1,000 live births (Table 10, Figure 24).<sup>91</sup>

**Table 10**



**Figure 24** Infant Mortality Rate by Health Statistics Region, 2010-2014



<sup>91</sup> Deaths in the first year of life per 1,000 live births by health statistics region. Data Source: Colorado Department of Public Health and Environment, Health Statistics Section, 2010-2014. Health Statistics Regional data provided (<http://www.chd.dphe.state.co.us/healthProfiles.aspx>).

## Insurance Coverage

Being able to visit a doctor on a regular basis is critical during childhood. The American Academy of Pediatrics recommends that infants see a health care provider several times during their first year of life for preventive reasons alone. Without health insurance, these doctor's visits may pose a financial burden too high for many families to afford. Children without insurance are five times more likely than insured children to go for more than two years without seeing a doctor.<sup>92</sup> No family should have to delay taking their child to the doctor because they cannot afford it.

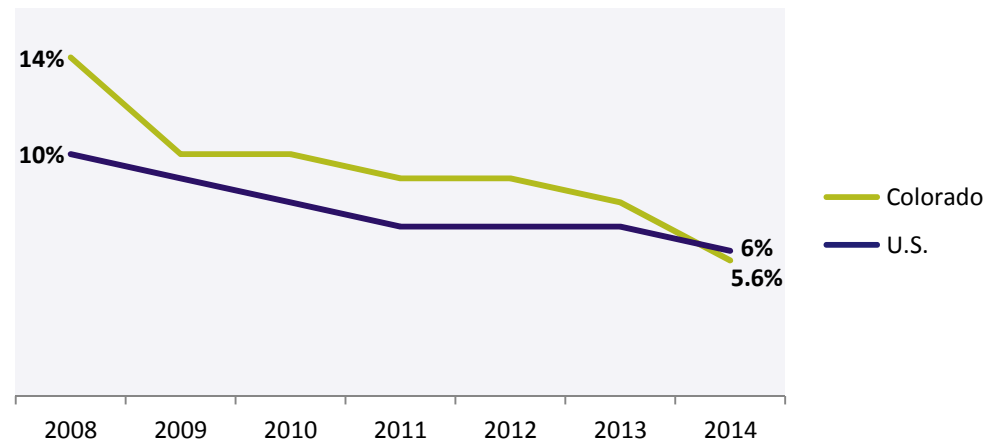
Increasing the number of Colorado children who have health coverage has been one of Colorado's greatest policy success stories in recent years. Even prior to the implementation of federal health care reform, coordinated efforts at the state and community level helped thousands of Colorado children get covered. The uninsured rate for Colorado kids has declined even further now that key provisions of the Affordable Care Act have been implemented.

### Data Highlights

- In 2014, Colorado's uninsured rate for children under 18 reached a record low of 5.6 percent (approximately 70,000 children), down from 8 percent in 2013 (Figure 25).<sup>93</sup>
- Since 2008, more than 100,000 Colorado kids have gained health coverage.<sup>94</sup>



**Figure 25** Children Under 18 without Health Insurance



<sup>92</sup> Children's Defense Fund. (n.d.). Uninsured children. Retrieved from <http://www.childrensdefense.org/policy-priorities/childrens-health/uninsured-children/>.

<sup>93</sup> U.S. Census Bureau. 2014 American Community Survey 1-Year Estimates.

<sup>94</sup> U.S. Census Bureau, 2008 and 2014 American Community Survey 1-Year Estimates.



### Data Highlights, continued

- Uninsured rates have fallen by nearly half for Colorado children of nearly all racial and ethnic backgrounds since 2009—and by more than half for some groups—but disparities remain.<sup>95</sup>
- In 2014, black children in Colorado had the lowest uninsured rate at 2 percent, while Hispanic/Latino children had the highest rate at 10 percent (Figure 26). The uninsured rate for Hispanic/Latino children in 2014 was more than twice as high as that for any other racial or ethnic group.<sup>96</sup>
- Trends in kids' coverage status vary by family income, with the greatest reductions in uninsured rates occurring for children in low-income families. Between 2009 and 2014, the uninsured rates for children in Colorado's lowest-income families fell by more than half (Figure 27).<sup>97</sup>
- Historically, Colorado fared poorly when it came to insuring children in poverty, even though children at this income level generally qualify for coverage through Medicaid. In 2009, Colorado ranked 44th in the nation for insuring children in poverty; by 2014, the uninsured rate for children in poverty had fallen by more than half, and the state's rank had improved to 25th.<sup>98</sup>
- In 2014, the highest uninsured rates for children under 18 were among children whose families earned between 150 and 199 percent of the federal poverty level (approximately \$35,775 to \$47,700 per year for a family of four in 2014), even though these children are generally eligible for coverage through the Child Health Plan *Plus* (CHP+). Children in families earning more than 400 percent of the federal poverty level (approximately \$95,400 per year for a family of four) had the lowest uninsured rates.<sup>99</sup>

<sup>95</sup> U.S. Census Bureau, 2009 and 2013 American Community Survey 1-Year Estimates

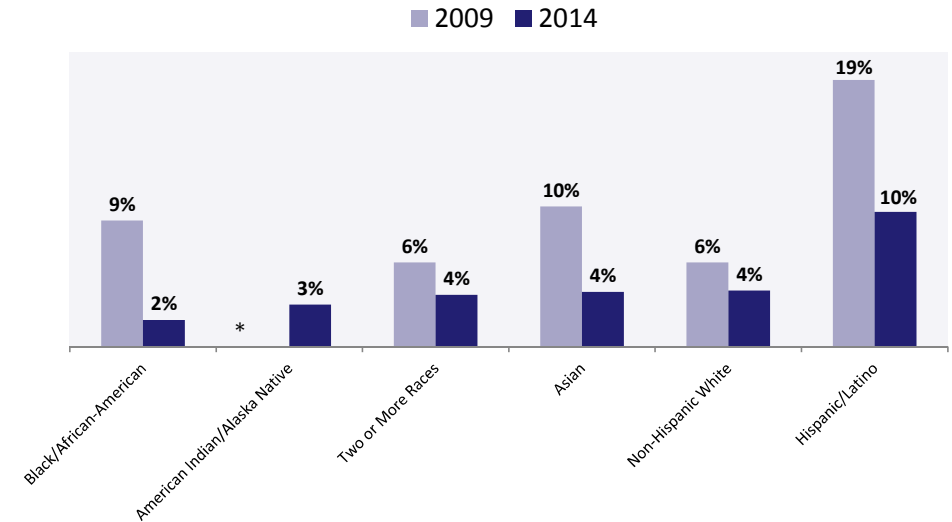
<sup>96</sup> *Ibid.*

<sup>97</sup> *Ibid.*

<sup>98</sup> *Ibid.*

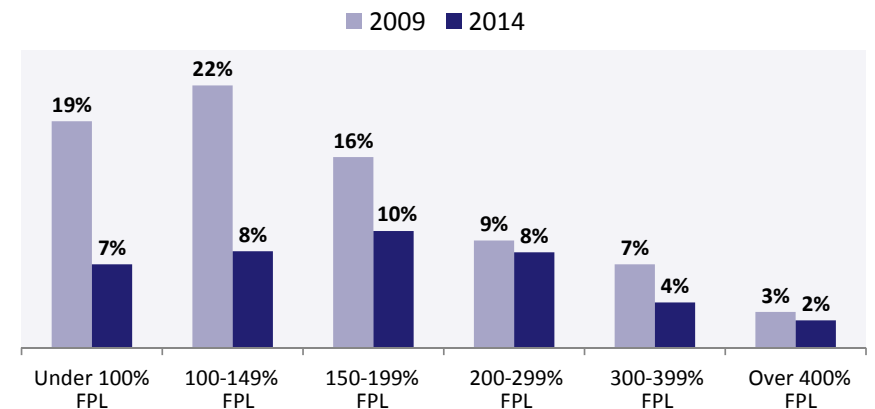
<sup>99</sup> *Ibid.*

**Figure 26 Children Under 18 Without Health Insurance by Race/Ethnicity**



\*The uninsured rate for American Indian/Alaska Native children was unavailable in 2009 due to a small sample size.

**Figure 27 Children Under 18 Without Health Coverage by Ratio of Family Income to Poverty**



## Public Health Coverage Programs

Public health coverage programs such as Medicaid and CHP+ offer critical support for hundreds of thousands of Colorado families. Medicaid provides health insurance to children in families with incomes up to 142 percent of the federal poverty level (approximately \$33,867 for a family of four in 2014). CHP+ covers children in families with incomes too high to qualify for Medicaid, but below 260 percent of the federal poverty level (approximately \$62,010 for a family of four in 2014).

### Data Highlights

- In fiscal year (FY) 2014-2015, 42 percent of Colorado children ages birth to 18 were enrolled in Medicaid at some point during the year (more than 555,000 kids).<sup>100</sup>
- Between FY 2013-2014 and 2014-2015, the number of Colorado children covered by Medicaid at some point during the year increased by nearly 60,000.<sup>101</sup> Some of this increase may be due to program improvements, such as the implementation of 12-month continuous eligibility for children in Medicaid in March 2014. However, much of this increase was likely associated with the expansion of Medicaid for adults; research shows a correlation between adult coverage and child coverage. While Medicaid eligibility for children was not expanded through the Affordable Care Act, the eligibility cutoff for adults with dependent children was raised from 100 percent of the federal poverty level to 138 percent of FPL. When newly eligible adults enrolled in Medicaid, those with children also had the option to enroll their children, who may have been previously uninsured.
- In 2014-2015, 6 percent of Colorado kids ages birth through 18 (approximately 84,000 children) were covered by CHP+ at some point during the year, down from 9 percent (116,000 children) in FY 2013-14. The number of children covered through CHP+ declined by more than 32,000 between FY 13-14 and FY 14-15.<sup>102</sup> In January 2013, Colorado eliminated the CHP+ “stair step” in which children ages birth to 5 were eligible for Medicaid up to 133 percent of the federal poverty guidelines, but children ages 6 to 19 were eligible for Medicaid only up to 100 percent of FPL, and eligible for CHP+ between 100 percent and 133 percent of FPL. Beginning in 2013, all children became eligible for Medicaid up to 133 percent of FPL, which had the impact of significantly reducing CHP+ enrollment. However, CHP+ enrollment has been fluctuating significantly over the last year for reasons that are not yet fully understood.



<sup>100</sup> Colorado Department of Health Care Policy and Financing. Unique client counts for children ages 0-18 with Medicaid or Child Health Plan Plus eligibility in fiscal year 2014-2015. Note: These numbers do not match official Health Care Policy and Financing caseload numbers; these numbers are much higher than those reported in caseload reports. Caseload reports include the number of clients eligible during any given month by eligibility categories. The numbers above include all children with eligibility at any given time during the fiscal year. Since some clients lose eligibility and others gain eligibility throughout the year, the numbers above are much higher than the number of children being served during any one month during the year. The numbers above also include children with disabilities included in the Aid to Needy Disabled category of the caseload reports; these children are not included in the low-income child category of the caseload reports.

<sup>101</sup> *Ibid.*

<sup>102</sup> *Ibid.*



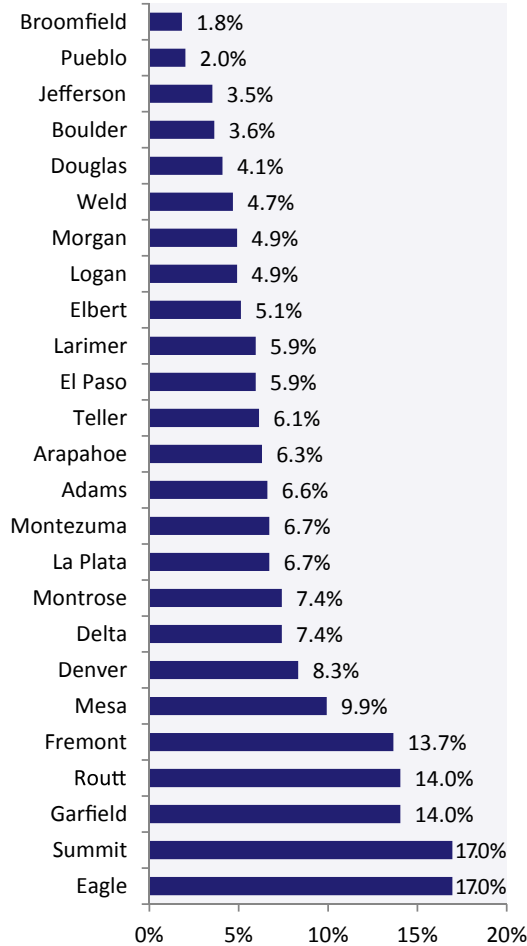




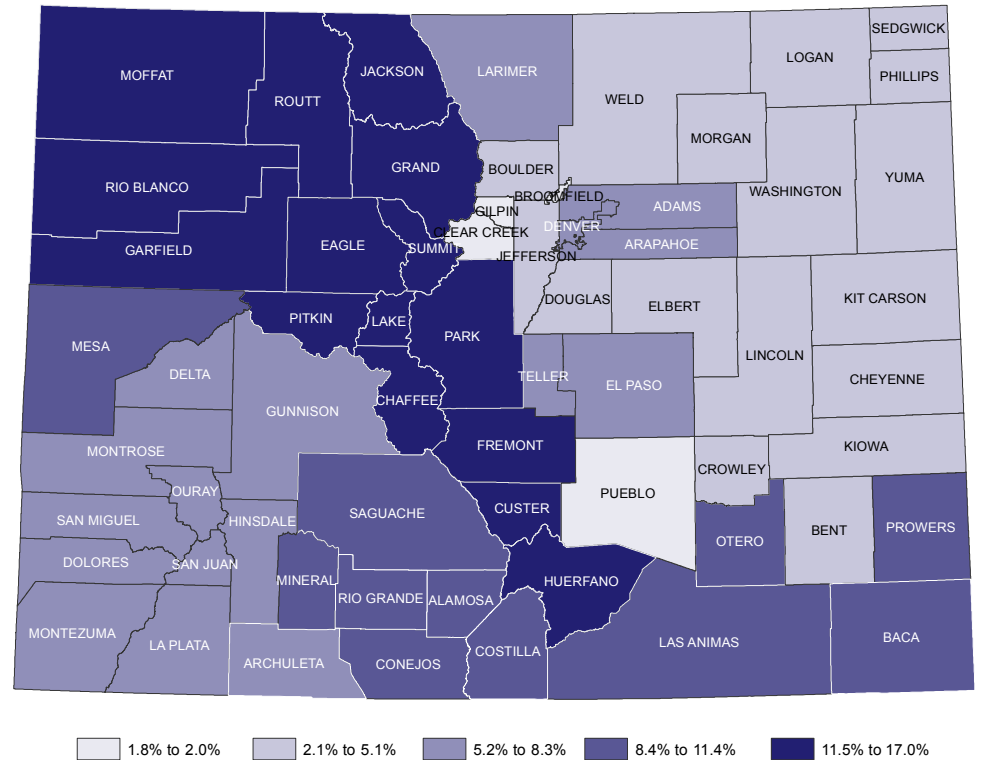
## Colorado Child Well-Being Index: Uninsured Children by County

Colorado has made remarkable progress toward decreasing the uninsured rate among kids, but that progress is uneven across the state. At 2 percent, Broomfield County had the lowest uninsured rate among counties included in the Child Well-Being Index, while Eagle and Summit counties had the highest uninsured rates at 17 percent (Table 11, Figure 28).<sup>103</sup>

**Table 11**



**Figure 28** 2014 Uninsured Rate (Children Ages 0-18)



<sup>103</sup> Colorado Health Institute. Analysis of data from the 2014 American Community Survey.

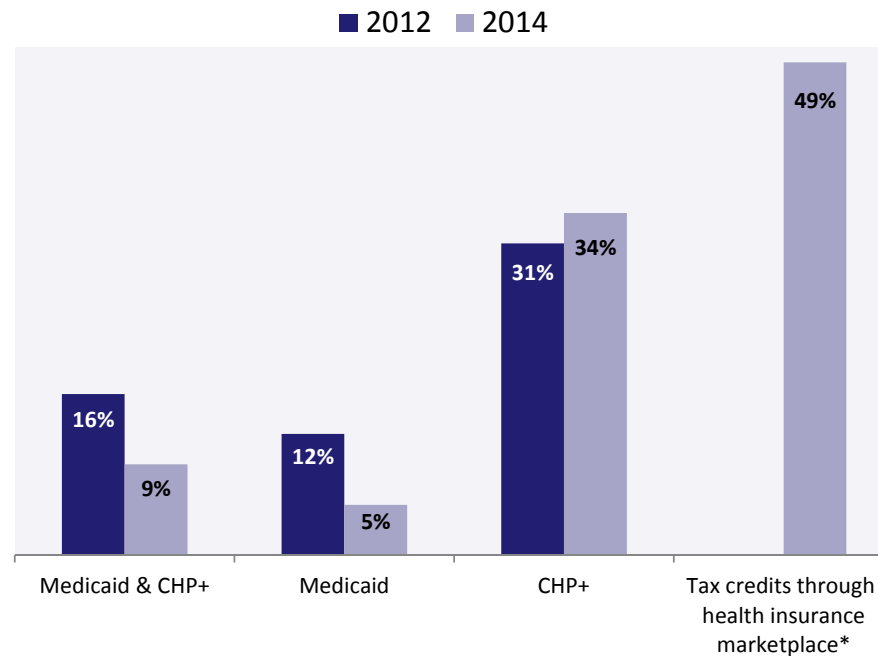
## Children Who Are Eligible for Health Coverage but Not Enrolled

Now that important provisions of the Affordable Care Act have been implemented in Colorado, most children in families with incomes below 400 percent of the federal poverty level (approximately \$95,400 for a family of four in 2014) are eligible for some type of assistance with health coverage, whether through Medicaid, the Child Health Plan *Plus* (CHP+) or tax credits through the state's health insurance marketplace, Connect for Health Colorado. As of 2014, however, thousands of Colorado children who qualified for assistance with coverage remained uninsured.

### Data Highlights

- According to the Colorado Health Institute, the percent of children ages birth to 18 who were eligible for Medicaid or CHP+ but not enrolled in either program dropped to 9 percent in 2014, down from 16 percent in 2012. This decline was due to a drop in the percent of children who were eligible for Medicaid but not enrolled. The percent of children who qualified for CHP+ but were not enrolled actually increased between 2012 and 2014 (Figure 29).<sup>104</sup>
- Eligible but not enrolled rates were much higher among children in families who qualified for tax credits through the health insurance marketplace. Nearly half of all children (49 percent) who qualified for tax credits through the exchange remained uninsured in 2014.<sup>105</sup>
- In total, three out of four uninsured children in Colorado were eligible for some sort of assistance with coverage in 2014.
- Children who are eligible for assistance with health coverage but are not enrolled are more likely to live in a family in which at least one parent is undocumented.<sup>106</sup>
- While only 2 percent of Colorado children are not U.S. citizens, undocumented children make up 14 percent of the uninsured children in Colorado, according to Colorado Health Institute estimates. Undocumented children are not eligible for Medicaid, CHP+ or the tax credits offered through the health insurance marketplace.<sup>107</sup>

**Figure 29 Colorado Children Ages Birth to 18 Who are Eligible for Health Coverage but Not Enrolled**



\*Colorado's health insurance marketplace did not begin operating until the end of 2013. Therefore, eligible but not enrolled rates for 2012 are not available.



<sup>104</sup> Colorado Health Institute. (2015). Health insurance status of Coloradans: Higher rate of eligible Coloradans are getting health coverage.

<sup>105</sup> *Ibid.*

<sup>106</sup> *Ibid.*

<sup>107</sup> *Ibid.*



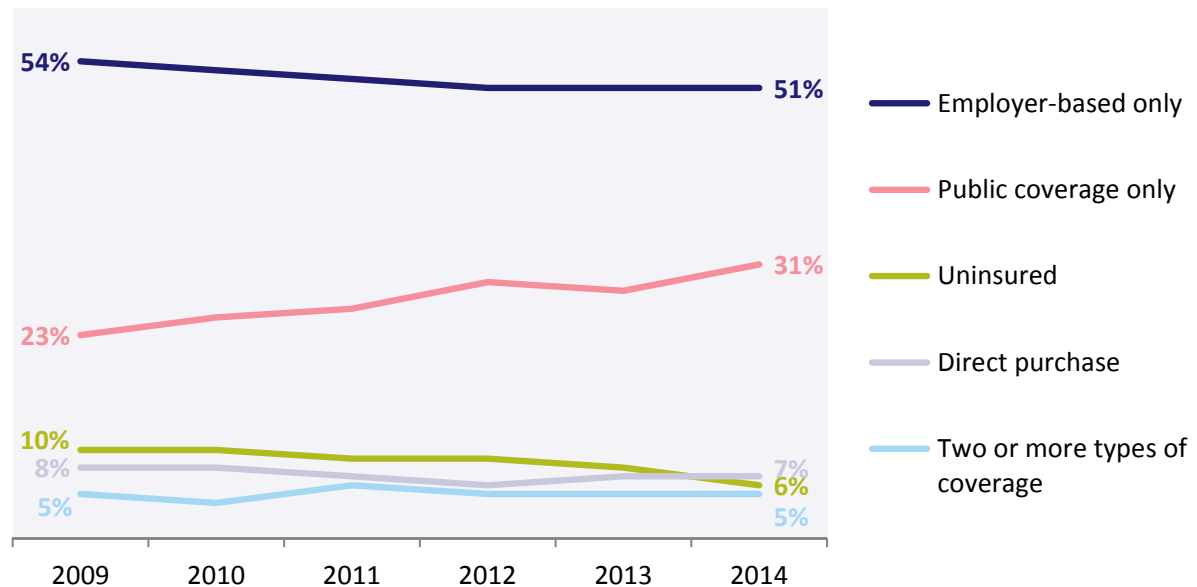
## Type of Health Coverage

As more children gain access to health coverage, the methods through which children are covered are shifting. Historically, most children with health insurance were covered by a plan offered through their parent's or caregiver's employer. As early as 2000, however, the percent of American employers offering health coverage began to decline, along with the percentage of children who were covered through employer-sponsored coverage.<sup>108</sup> With fewer Americans able to access health insurance through their employer, public coverage programs—and now, private coverage offered through the health insurance marketplace—became even more critical to ensuring children can get the health care they need.

### Data Highlights

- In 2014, 51 percent of Colorado children under 18 were covered through an insurance plan offered by a parent or relative's employer, down from 54 percent in 2009 (Figure 30).<sup>109</sup>
- An increasing number of Colorado children are covered by public programs like Medicaid and CHP+, which have cushioned the decline in employer-sponsored coverage. According to the U.S. Census Bureau, 31 percent of Colorado children were covered by public health insurance in 2014, up from 23 percent in 2009.<sup>110</sup> The actual proportion of Colorado kids enrolled in public coverage programs is likely even higher. Research shows that surveys like those administered by the Census Bureau tend to undercount the percent of people who are covered by a public insurance program.<sup>111</sup>

**Figure 30** Colorado Children Under 18 by Health Insurance Type



<sup>108</sup> Gould, E. (2012). A decade of declines in employer-sponsored health insurance

<sup>109</sup> U.S. Census Bureau, 2009-2014 American Community Survey 1-Year Estimates.

<sup>110</sup> *Ibid.*

<sup>111</sup> Boudreaux, M. et al. (2013). Accuracy of Medicaid reporting in the ACS: Preliminary results from linked data. Washington, DC: State Health Access Data Assistance Center & U.S. Census Bureau.

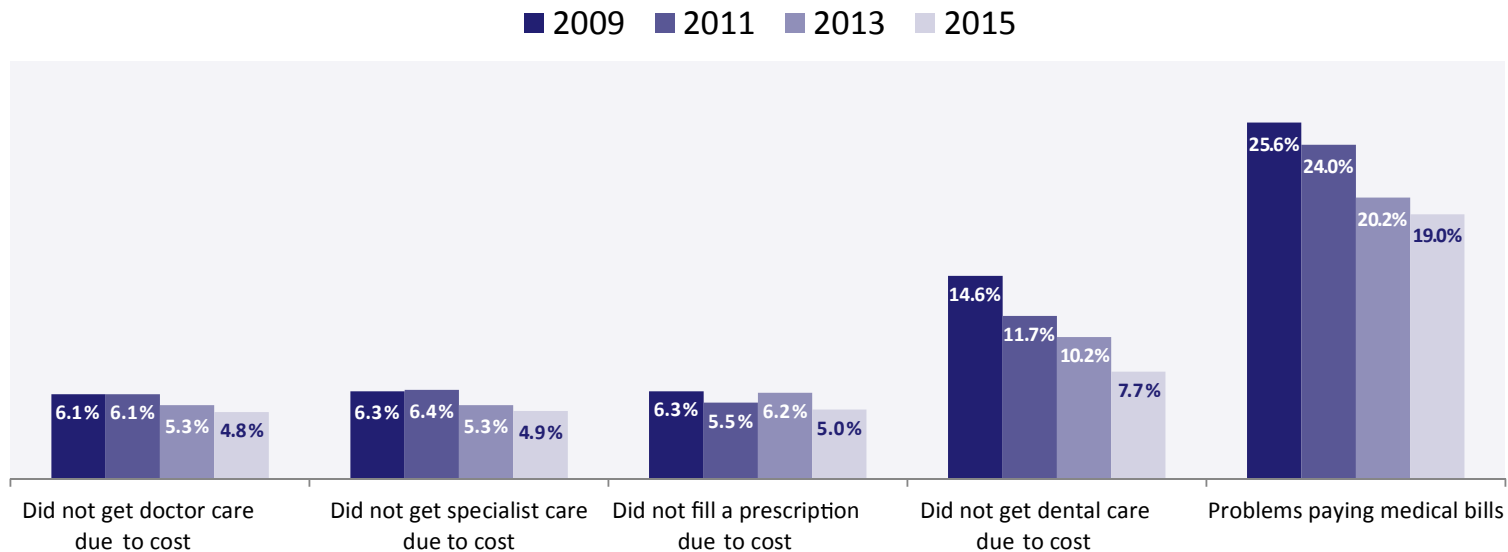
## Affordability of Children's Health Care

Improving access to health coverage is a critical step in ensuring all children can access the health care they need to grow up healthy and strong. Even when children have health insurance, however, the cost of health care can remain a barrier for some families. The Colorado Health Access Survey (CHAS) is a Colorado-specific survey fielded and analyzed by the Colorado Health Institute and funded by The Colorado Trust. It provides more detailed information on barriers to health care than is available from U.S. Census Bureau surveys, including data on affordability of care. Results from the most recent CHAS show that fewer Colorado children have parents who report foregoing care for their child due to cost.

### Data Highlights

- The percent of Colorado children whose parents reported they had problems paying their child's medical bills has declined significantly since 2009, according to the Colorado Health Access Survey. In 2015, 19 percent of Colorado children under 18 had a parent who reported problems paying medical bills for their child in the previous 12 months, down from 26 percent in 2009.<sup>112</sup>
- Approximately 5 percent of Colorado kids had a parent who reported not filling a prescription for their child due to cost in the past 12 months, down from 6.3 percent in 2009.<sup>113</sup>
- In 2015, nearly 5 percent of Colorado kids had a parent who reported they did not get needed doctor or specialist care for their child due to the cost, while 8 percent of kids had parents who reported that cost had been a barrier to obtaining needed dental care for their child. The percent of children whose parents reported foregoing care for their child declined in all categories between 2009 and 2015 (Figure 31).<sup>114</sup>

**Figure 31** Affordability of Health Care, Colorado Children Ages 0-18



<sup>112</sup> Colorado Health Institute analysis of data from the 2015 Colorado Health Access Survey. The Colorado Health Access Survey is fielded and analyzed by the Colorado Health Institute and funded by The Colorado Trust.

<sup>113</sup> *Ibid.*

<sup>114</sup> *Ibid.*





## Immunizations

Vaccines are one of the safest and most cost-effective tools for protecting the health of individual children and the population at large. In addition to helping ensure young children get a healthy start in life, they prevent disease from spreading to others in the community who may not be vaccinated, such as children who are too young to receive vaccinations or individuals with compromised immune systems.<sup>115</sup> Diseases such as polio, diphtheria and measles, which together were responsible for hundreds of thousands of illnesses and deaths in the U.S. before the advent of vaccines, were nearly eradicated in the U.S. thanks to immunizations.<sup>116</sup> Recently, however, outbreaks of measles and pertussis, often known as whooping cough, began to occur in certain parts of the country after vaccination rates fell below recommended levels.

### Data Highlights

- After a slight dip in 2013, the percentage of Colorado 2-year-olds who were fully immunized rose to 74 percent in 2014, just below the national average of 75 percent.<sup>117</sup>
- Although the proportion of Colorado 2-year-olds who were fully immunized improved slightly in 2014, vaccination rates for many diseases remain dangerously below the threshold required to protect those who cannot be immunized for medical reasons. This threshold often requires vaccination rates of roughly 95 percent. In 2014, only 87 percent of Colorado 2-year-olds had been vaccinated against measles, mumps and rubella (MMR), while only 85 percent had been vaccinated against whooping cough (Figure 32).<sup>118</sup>
- In many states, children are required to be vaccinated in order to attend most schools and child care centers unless their parents claim a religious or medical exemption. Colorado also allows parents to exempt their child from vaccinations through what is known as a personal belief exemption. As a result, Colorado has one of the highest rates of nonmedical exemptions in the country. In the 2014-2015 school year, an estimated 5.4 percent of Colorado kindergartners were not vaccinated for a nonmedical reason—the fifth-highest in the U.S. Of the approximately 3,800 kindergartners in Colorado who were unvaccinated for a nonmedical reason, about 200 were exempted for religious reasons; the remainder were exempted through the personal belief exemption.<sup>119</sup>

<sup>115</sup> Centers for Disease Control and Prevention. (2009). How vaccines prevent diseases. Retrieved from <http://www.cdc.gov/vaccines/vac-gen/howvpd.htm>.

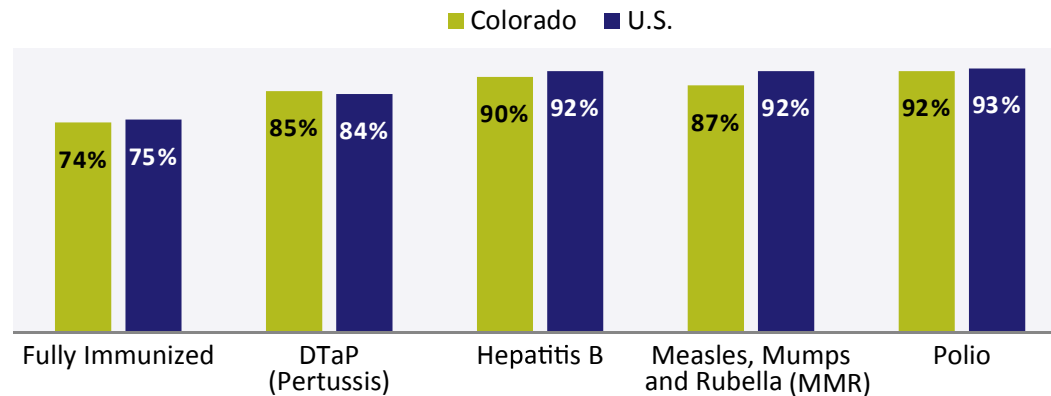
<sup>116</sup> Centers for Disease Control and Prevention. (2014). What would happen if we stopped vaccinations? Retrieved from <http://www.cdc.gov/vaccines/vac-gen/whatifstop.htm>.

<sup>117</sup> Centers for Disease Control and Prevention. (2015). National, State, and Urban Area Vaccination Levels Among Children Aged 19-35 Months - United States.

<sup>118</sup> *Ibid.*

<sup>119</sup> Centers for Disease Control and Prevention. (2015). Vaccination coverage among children in kindergarten - United States, 2014

**Figure 32** Vaccination Rates of 2-Year-Olds, 2014



## Oral Health and Access to Care

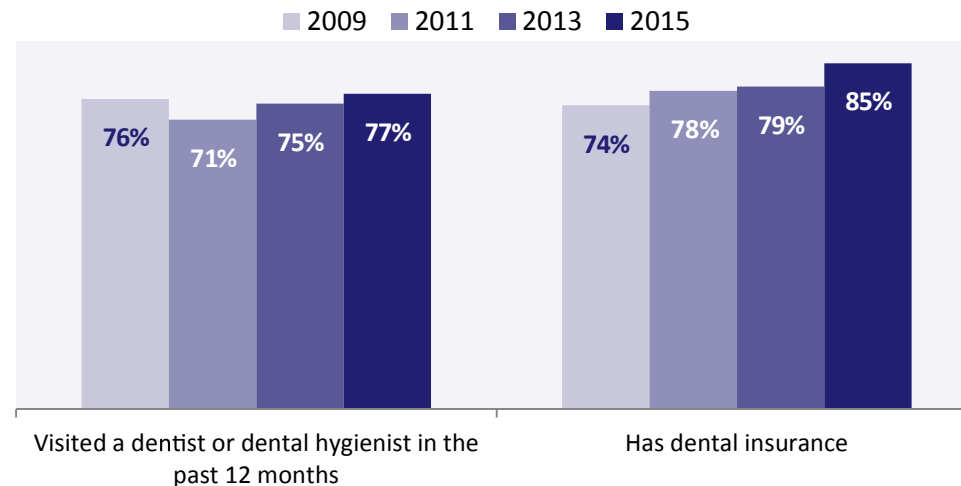
Good oral health is essential to overall health. Too many Colorado children miss out on the oral care they need and experience tooth decay as a result. Tooth decay is the most prevalent chronic disease among young children. Left untreated, tooth decay can lead to serious health problems such as infection or pain so severe that it can cause difficulty eating, sleeping and learning.<sup>120</sup> Poor oral health can affect children’s attendance and performance in school. It is estimated that preventable oral disease costs Colorado more than \$1 billion per year.<sup>121</sup>

In addition to ensuring that children have oral health care, focusing on the oral health of expectant mothers is another way to prevent health problems among children. Research shows that the bacteria associated with poor oral health can pass from mother to baby with the potential to cause dental decay in infancy or early childhood. In addition, mothers who experience gum disease during their pregnancy are at higher risk of having a preterm birth or a baby born at a low birthweight.<sup>122, 123</sup>

### Data Highlights

- Health experts recommend that pregnant women see a dentist early in their pregnancy. In 2013, only 48 percent of pregnant mothers in Colorado reported visiting a dentist for a cleaning while they were pregnant. Only 56 percent reported having their teeth cleaned in the 12 months prior to their pregnancy.<sup>124</sup>
- Not having dental insurance is a significant barrier to accessing dental care. As of 2013, approximately one in three pregnant women in Colorado (35 percent) lacked dental coverage.<sup>125</sup>
- The percent of Colorado children with dental insurance jumped significantly in 2015, according to the Colorado Health Access Survey. Nearly 85 percent of Colorado kids ages 0 through 18 had dental insurance in 2015, up from 79 percent in 2013 (Figure 33).<sup>126</sup>
- As more Colorado kids gain health coverage, the percent of kids who visited a dentist or dental hygienist is rising as well. In 2015, 77 percent of Colorado children had visited a dentist or hygienist in the past year, up from 75 percent in 2013 (Figure 33). Still, nearly one in four children is not getting the dental care they need to prevent tooth decay and other oral health problems.<sup>127</sup>

**Figure 33** Access to Oral Health Care, Colorado Children Ages 0 to 18



<sup>120</sup> American Academy of Pediatrics. (n.d.). Oral health and children. Retrieved from <http://www.2.aap.org/compeds/dochs/oralhealth/index.html>.

<sup>121</sup> Colorado Department of Public Health and Environment. (2012). The Basic Screening Survey: Children’s Oral Health Screening Colorado 2011-2012.

<sup>122</sup> U.S. Department of Health and Human Services. (2015). Retrieved from <http://www.healthypeople.gov/2020/leading-health-indicators/2020-lhi-topics/Oral-Health>

<sup>123</sup> American Academy of Periodontology. (2013) Expectant Mothers’ Periodontal Health Vital to Health of Her Baby. Retrieved from [https://www.perio.org/consumer/AAP\\_EFP\\_Pregnancy](https://www.perio.org/consumer/AAP_EFP_Pregnancy).

<sup>124</sup> Colorado Department of Public Health and Environment, Health Statistics Section. Colorado Pregnancy Risk Assessment Monitoring System (PRAMS), 2013.

<sup>125</sup> *Ibid.*

<sup>126</sup> Colorado Health Institute and The Colorado Trust. (2015). 2015 Colorado Health Access Survey.

<sup>127</sup> *Ibid.*



## Food Insecurity

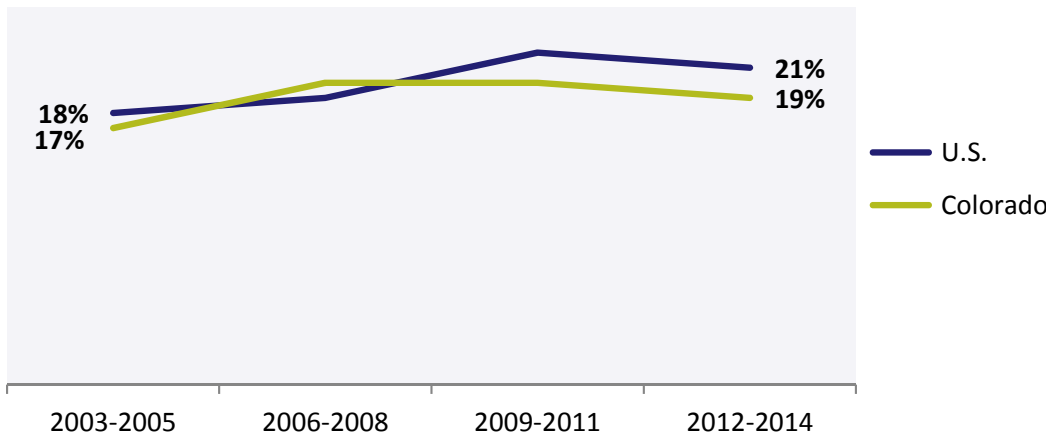
Between 2012 and 2014, nearly one in five Colorado children lived in a family that experienced food insecurity, meaning their access to adequate food was limited by a lack of money and other resources.<sup>128</sup> Children’s growing brains and bodies demand plenty of the vitamins and nutrients essential for proper development, leaving them especially vulnerable to inadequate nutrition. Food insecurity also threatens children’s performance in school, with correlations to poor performance in math and reading, less engagement in school, and behavioral problems such as aggression, depression, and anxiety and attention challenges.<sup>129</sup>

Not having enough food can threaten a child’s healthy development, but too much of the wrong food can do the same. When a family’s food budget is stretched thin, they may rely on low-cost, highly processed foods that are less nutritious. The connection between food insecurity and obesity may seem counterintuitive, but poverty contributes to an undeniable link between the two.<sup>130</sup>

### Data Highlights

- On average between 2012 and 2014, 19 percent of Colorado children (approximately 242,000 kids) lived in households that were food-insecure at some point in the past year.<sup>131</sup>
- The economic recovery has helped reduce the percent of Colorado families experiencing food insecurity. Still, nearly 40,000 more children experienced food insecurity in 2013 than did in the years leading up to the recession (Figure 34).<sup>132</sup>

**Figure 34** Children in Households that were Food-Insecure at Some Point in the Year



<sup>128</sup> U.S. Department of Agriculture, Economic Research Service. (2014). Food insecurity in the U.S.: Measurement. Retrieved from <http://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/measurement.aspx#insecurity>.

<sup>129</sup> Kimbro, R.T., & Denney, J.T. (2015). Transitions into food insecurity associated with behavioral problems and worse overall health among children. *Health Affairs* (34)11, pps. 1949-1955.

<sup>130</sup> Food Research and Action Center. (2011). Food insecurity and obesity: Understanding the connections. Retrieved from: [http://frac.org/pdf/frac\\_brief\\_understanding\\_the\\_connections.pdf](http://frac.org/pdf/frac_brief_understanding_the_connections.pdf).

<sup>131</sup> Population Reference Bureau, analysis of data from the U.S. Census Bureau, Current Population Survey, Food Security Supplement, Three-Year Average.

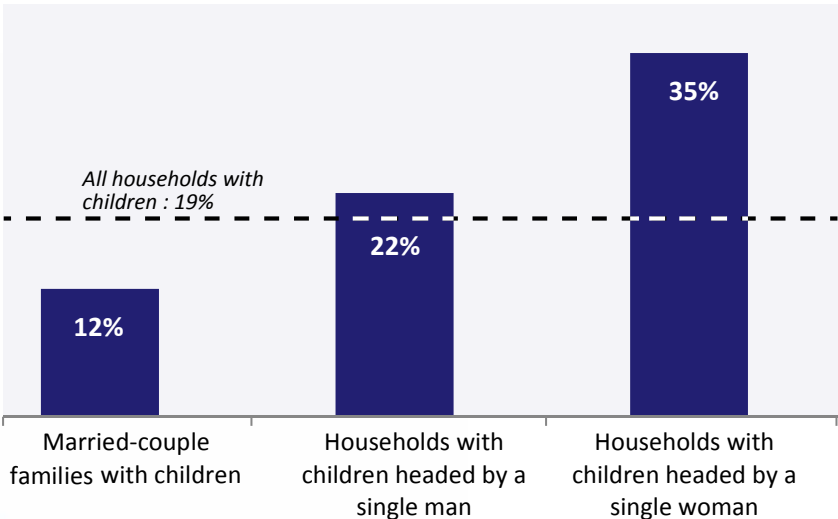
<sup>132</sup> *Ibid.*

Data Highlights, continued

Some types of households are at higher risk of experiencing food insecurity than others. Only 12 percent of married-couple families with children experienced food insecurity in 2014, well below the national average of 19 percent for all households with children. Households headed by single mothers, who face many challenges to earning a family-supporting income, experienced food insecurity at nearly three times the rate of married-couple families (Figure 35).<sup>133</sup>



Figure 35 U.S. Food Insecurity by Household Type



<sup>133</sup> U.S. Department of Agriculture, Economic Research Service. (2015). Household Food Security in the United States. Retrieved from <http://www.ers.usda.gov/media/1896841/err194.pdf>.





## Overweight and Obese Children

Although Colorado has one of the lowest obesity rates in the country, the prevalence of adult obesity in our state has more than doubled over the last 20 years.<sup>134</sup> Alarming rates of childhood obesity also present a major public health challenge in Colorado. Children growing up at an unhealthy weight are more likely to experience a host of preventable health issues, including high blood pressure, cardiovascular disease, and Type 2 diabetes.<sup>135</sup> Left unaddressed, these weight-related challenges may diminish their health and well-being throughout their lives.

Research shows that children growing up in poverty are more likely to be overweight or obese than their peers in economically stable families.<sup>136</sup> When financial resources are limited, families are often forced to choose highly processed, calorie-dense foods over fresh, healthy foods that typically cost more. Additionally, low-income families are more likely to live in “food deserts” with little or no access to full-service grocery stores that offer nutritious foods, such as produce, whole grains, lean meats and other healthier options. Instead, families may need to rely on convenience stores that are more likely to sell processed, unhealthy foods. As a result, children growing up in low-income or food-insecure families are both more likely to be overweight and to have challenges getting the nutrients they need for proper growth and development.

### Data Highlights

- Although Colorado’s childhood overweight and obesity rates remain below the national average, almost 230,000 children ages 2 to 14 (about 27 percent) were overweight or obese between 2010 and 2014.<sup>137</sup>
- Colorado’s youngest children experience some of the highest rates of obesity of any age group in the state; on average, 20 percent of Colorado’s 2- to 4-year-old children are obese.<sup>138</sup>
- Children in lower-income families are more likely to be overweight or obese. Thirty-two percent of children living at or below 250 percent of the federal poverty level were overweight or obese, compared to 23 percent of children living above 250 percent of the federal poverty level.<sup>139</sup>



<sup>134</sup> Colorado Department of Public Health and Environment. (2015). Overweight and Obesity in Colorado: Data Infographic. Retrieved from <http://www.chd.dphe.state.co.us/Weight/obesity-in-Colorado-infographic.html>.

<sup>135</sup> Centers for Disease Control. (2012). Basics about childhood obesity. Retrieved from <http://www.cdc.gov/obesity/childhood/basics.html>.

<sup>136</sup> Food Research and Action Center. (2011). Food insecurity and obesity: Understanding the connections. Retrieved from [http://frac.org/pdf/frac\\_brief\\_understanding\\_the\\_connections.pdf](http://frac.org/pdf/frac_brief_understanding_the_connections.pdf).

<sup>137</sup> Colorado Department of Public Health and Environment. Health Statistics Section, 2010-2014 Child Health Surveys.

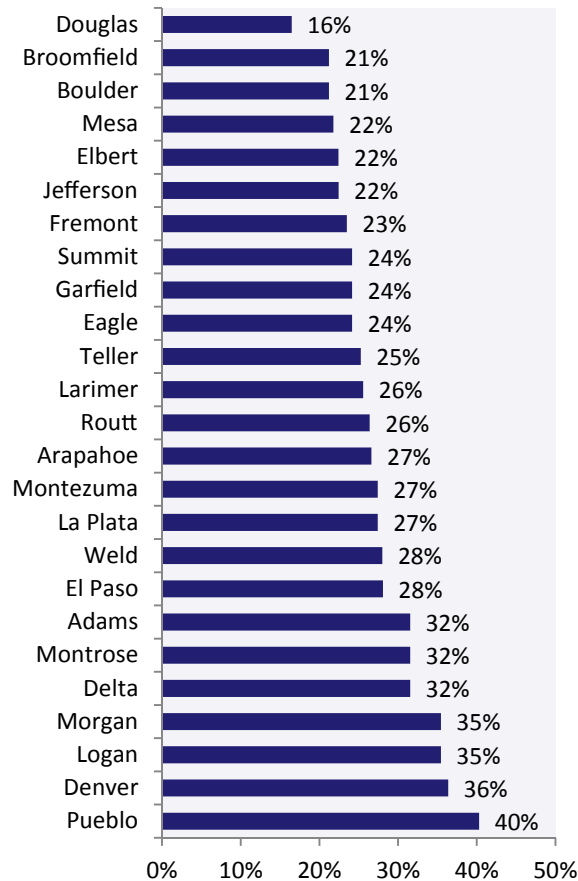
<sup>138</sup> Colorado Department of Public Health and Environment.

<sup>139</sup> *Ibid.*

## Child Well-Being Index: Overweight and Obese Children

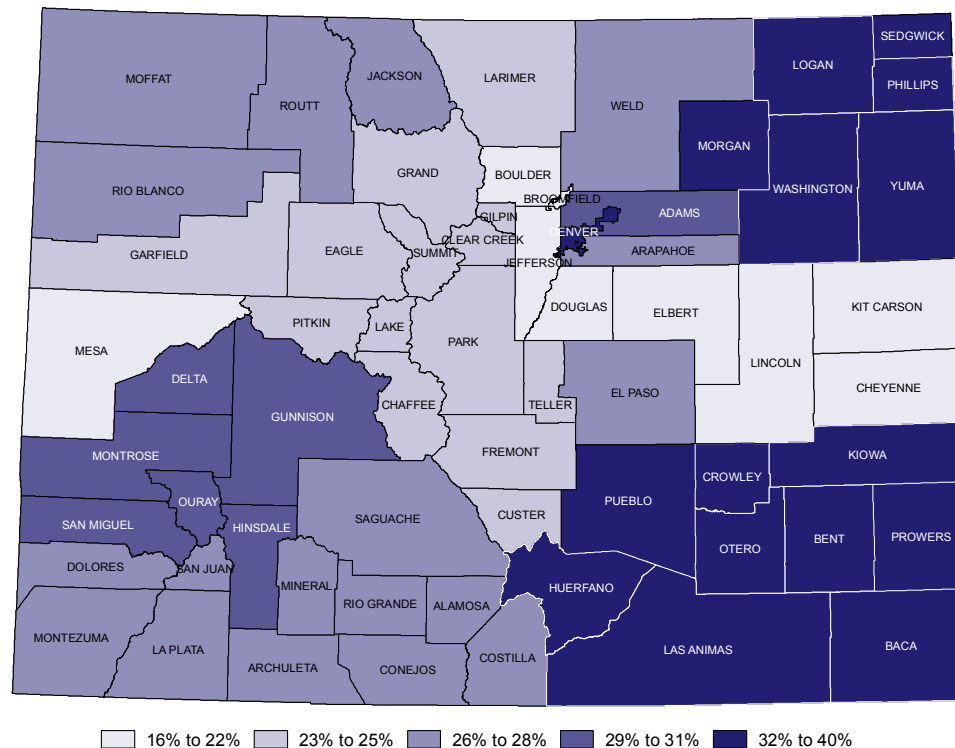
Among the counties included in the Child Well-Being Index, Pueblo County had the highest percentage of overweight and obese children at 40 percent. Douglas County had the lowest at 16 percent (Table 12, Figure 36).<sup>140</sup>

**Table 12**



**Figure 36**

**Overweight and Obesity Rates by Health Statistics Region: Children Ages 2-14 (2010-2014)**



<sup>140</sup> Colorado Department of Public Health and Environment, Health Statistics Section, 2010-2014 Child Health Surveys. Health Statistics Regional data provided.



## Investments in Health and Nutrition

All kids deserve access to the nutritious food that fuels healthy growth and development. Several programs across Colorado combat obesity and food insecurity in children by improving access to healthy food.

### National School Lunch and School Breakfast Programs

For some children, school meals may be their most dependable source of balanced nutrition. The National School Breakfast and Lunch Programs are federally funded programs that provide students with free breakfast and lunch if their family earns less than 130 percent of the federal poverty level (FPL), or \$31,525 for a family of four. Students whose families earn 185 percent of the FPL—or \$44,863 for a family of four—are eligible for reduced-price meals. All other students can purchase school meals at full price.

### Breakfast After the Bell

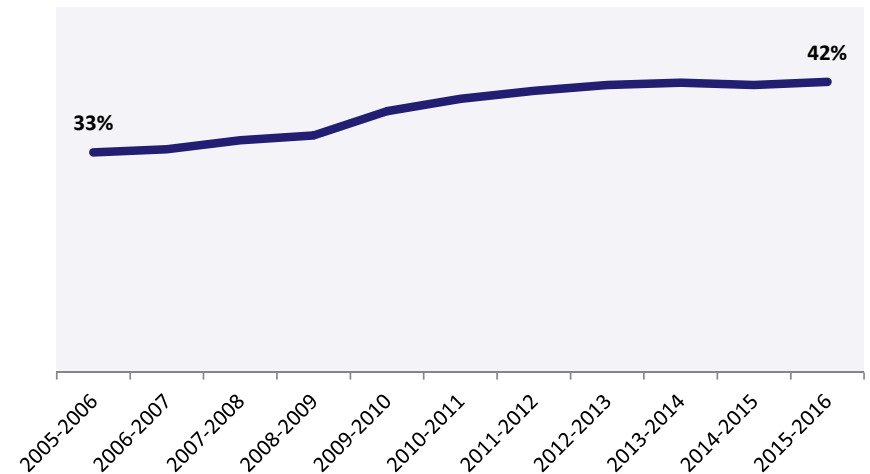
Participation in school breakfast programs has been linked to many positive outcomes for students, including a higher-quality diet; a lower probability of being overweight and obese; fewer instances of tardiness, absenteeism, and disciplinary problems in school; fewer visits to the nurse; and improved academic achievement. However, far fewer children have historically participated in school breakfast than in school lunch.<sup>141</sup> It can be difficult for families to get students to school before class starts, and students sometimes fear being identified as low-income by claiming their free or reduced-price breakfast in the cafeteria.

To address these barriers, in 2013 Colorado lawmakers passed “Breakfast After the Bell,” making Colorado one of the first states to require free breakfast for all students in high-poverty schools. As the program enters its second year in 2015-16, schools in which more than 70 percent of students qualify for free or reduced-price lunch must offer free breakfast after the start of the school day. Teachers and school officials have reported increased participation in school breakfast, as well as improved student attention and concentration in the classroom since the program began.<sup>142</sup>

### Data Highlights

- In the 2015-16 school year, 376,078 students in Colorado (42 percent of Colorado PK-12 students) qualified for free or reduced-price lunch. The percent of students eligible for free and reduced-price lunch has remained stable for the past four years (Figure 37).<sup>143</sup>
- About 176,000 Colorado students across 40 districts attend schools that must offer breakfast after the bell (approximately 20 percent of all students).<sup>144</sup>
- Even before implementation of the new school breakfast law, Colorado had seen improvement in participation in school breakfast programs. In the 2013-14 school year, 54.2 percent of students who participated in free and reduced-price lunch also participated in the school breakfast program, up from 50.5 percent in 2012-13.<sup>145</sup>

**Figure 37** Percent of Colorado PK-12 Students Who Qualify for Free or Reduced-Price Lunch



<sup>141</sup> Food Research and Action Center. (2014). Breakfast for learning. Retrieved from <http://frac.org/wp-content/uploads/2009/09/breakfastforlearning.pdf>.

<sup>142</sup> Hunger Free Colorado (2016). Breakfast After the Bell Bill. Retrieved from: <http://www.hungerfreecolorado.org/policy-and-advocacy/breakfast-after-the-bell-bill/>.

<sup>143</sup> Colorado Department of Education, Pupil Membership for 2015. Retrieved from: <http://www.cde.state.co.us/cdereval/pupilcurrentdistrict.htm>.

<sup>144</sup> *Ibid.*

<sup>145</sup> Food Research and Action Council. (2015). *School Breakfast Scorecard: 2013-2014 School Year*.

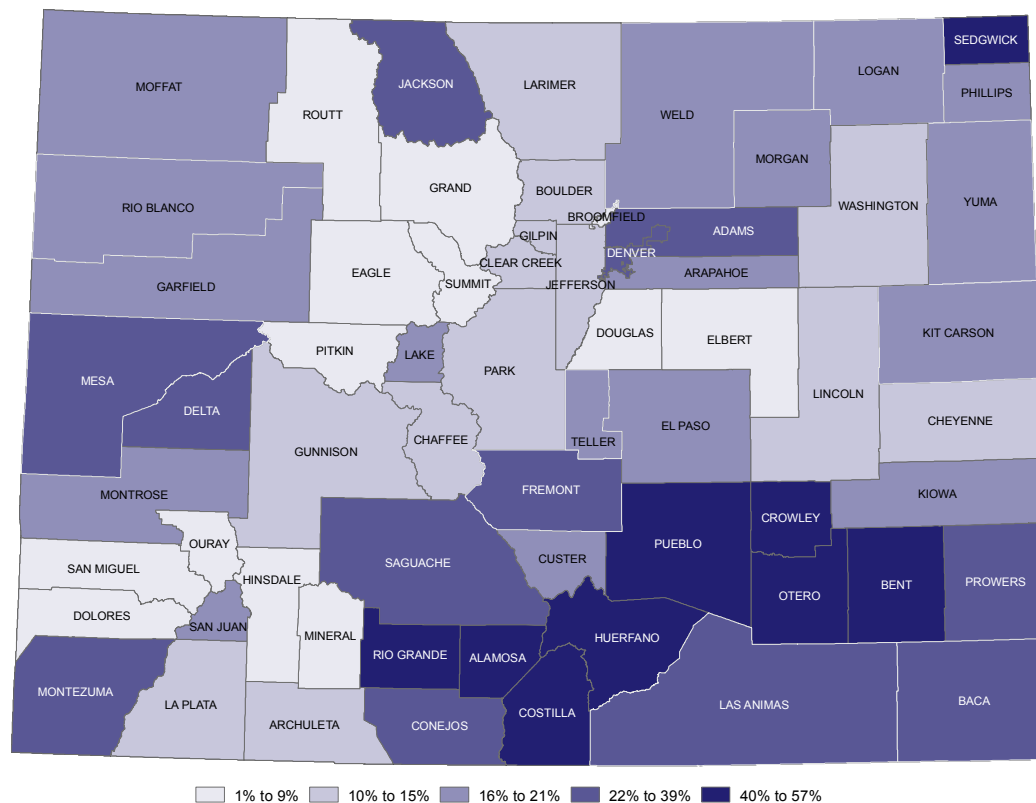
## Supplemental Nutrition Assistance Program (SNAP)

The Supplemental Nutrition Assistance Program (SNAP, formerly known as food stamps) is a federally funded program that combats food insecurity by providing eligible families with electronic benefits that can be used like cash at most grocery stores. SNAP helps supplement families' food budgets in times of economic hardship to make sure children don't go hungry. SNAP has also proven to be one of the most effective tools for helping families move out of poverty and toward self-sufficiency. Census data using the Supplemental Poverty Measure show that in 2014, SNAP benefits lifted 4.7 million Americans out of poverty, including 2.1 million children.<sup>146</sup>

### Data Highlights

- In 2015, approximately 19 percent of Colorado children received SNAP benefits in any given month. Average participation varied widely by county, from 2 percent of children in Pitkin County to 57 percent in Costilla County (Figure 38).<sup>147</sup>
- In Colorado, the average monthly SNAP benefit per household was \$276 in 2015, down from its peak of \$325 in 2010.<sup>148</sup> The 2015 monthly benefit amounted to approximately \$130 per person or \$1.42 per person, per meal, assuming each person eats three meals per day.<sup>149</sup>
- In 2012 (the most recent year for which estimates are available), SNAP reached 85 percent of all eligible individuals in the United States. Colorado typically has lower-than-average participation in SNAP; in 2012, SNAP reached an estimated 76 percent of eligible individuals. Colorado ranked in the bottom quarter of states for SNAP participation.<sup>150</sup>

**Figure 38** Percent of Children Receiving SNAP Benefits: Average Monthly Participation, 2015



<sup>146</sup> White House Council of Economic Advisers. (2015). Long-term Benefits of the Supplemental Nutrition Assistance Program. Retrieved from [https://www.whitehouse.gov/sites/whitehouse.gov/files/documents/SNAP\\_report\\_final\\_nonembargo.pdf](https://www.whitehouse.gov/sites/whitehouse.gov/files/documents/SNAP_report_final_nonembargo.pdf).

<sup>147</sup> Colorado Department of Public Health and Environment.

<sup>148</sup> U.S. Department of Agriculture, Food and Nutrition Service. (n.d.). Supplemental Nutrition Assistance Program: Average Monthly Benefit per Household and Average Monthly Benefit per Person. Retrieved from <http://www.fns.usda.gov/pd/supplemental-nutrition-assistance-program-snap>.

<sup>149</sup> *Ibid.*

<sup>150</sup> U.S. Department of Agriculture. (2013). Reaching Those in Need: Estimates of State SNAP Participation Rates in 2012. Retrieved from <http://www.fns.usda.gov/sites/default/files/ops/Reaching2012.pdf>.





### WIC

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) provides services to help prevent nutrition-related health problems in pregnancy, infancy and early childhood. Eligible pregnant women, new mothers, infants and children up to age 5 can receive checks to purchase nutritious groceries from specific retailers across the state, as well as health education, breastfeeding support and referrals for other services that can benefit the whole family. In order to qualify, family income must be below 185 percent of the federal poverty level (approximately \$44,900 for a family of four), and mothers and children must be determined by a health professional to be at risk of poor nutrition.

### Data Highlights

- In 2015, WIC served 107,593 children under the age of 5 in Colorado; however, the number of women and children who qualify for the program is estimated to be much higher.<sup>151</sup>
- The number of children under age 5 served by WIC has declined by more than 14 percent during the past five years in Colorado, from a peak of more than 125,000 children in 2011.<sup>152</sup>



<sup>151</sup> Colorado Department of Public Health and Environment, Special Supplemental Nutrition Program for Women, Infants, and Children. (2013). Colorado WIC Annual Report. Retrieved from: [https://www.colorado.gov/pacific/sites/default/files/PF\\_WIC\\_2013-WIC-Annual-Report-8\\_5x11-single-page-printout.pdf](https://www.colorado.gov/pacific/sites/default/files/PF_WIC_2013-WIC-Annual-Report-8_5x11-single-page-printout.pdf).

<sup>152</sup> Governor's Office of Information Technology (2015). WIC unduplicated caseload by county for children under 5.

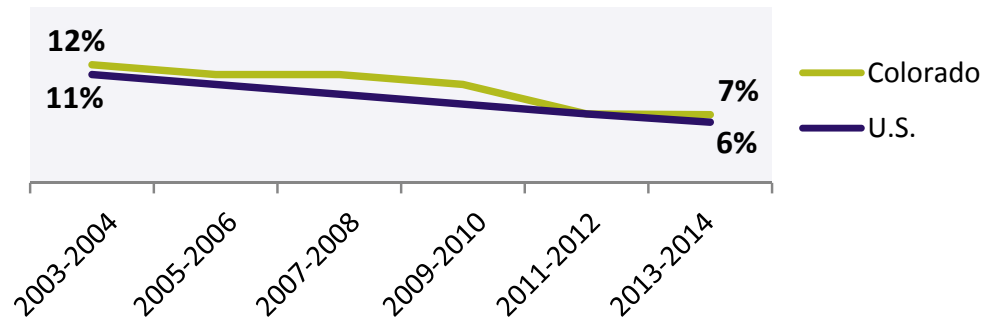
## Teen Substance Use

Substance use or abuse can lead to a number of harmful behaviors on the part of children and teens. Alcohol and drug abuse is associated with driving under the influence, engaging in risky sexual behavior and poor academic performance, among other problems. Such abuse can also contribute to long-term physical or cognitive issues that can affect teens into adulthood. The National Survey on Drug Use and Health shows that trends in substance use among Colorado teens ages 12 to 17 have varied during the past decade based on the type of substance.

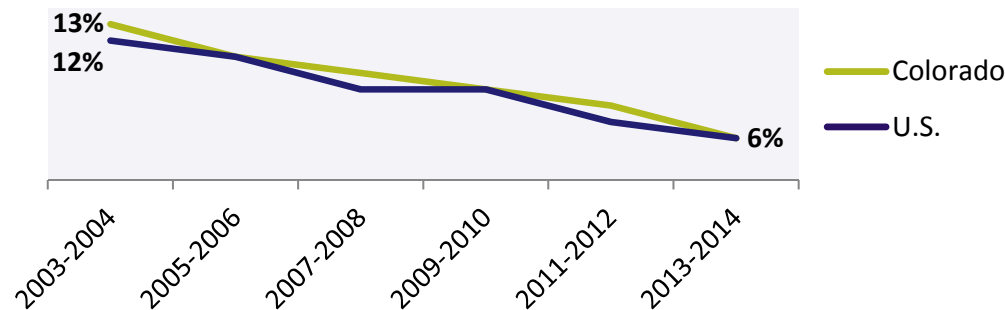
### Data Highlights

- The percent of Colorado teens who reported binge drinking during the previous 30 days declined from 12 percent in 2003-2004 to 7 percent in 2013-2014 (Figure 39).<sup>153</sup>
- Cigarette use among Colorado teens fell by more than half since 2003-2004. On average, in 2013-2014, 6 percent of Colorado teens reported having used cigarettes in the past month, down from 13 percent in 2003-2004 (Figure 40).<sup>154</sup>
- The percent of Colorado teens who reported using illicit drugs other than marijuana also fell by half during the past decade, dropping from 6 percent in 2003-2004 to 3 percent in 2013-2014 (Figure 41).<sup>155</sup>

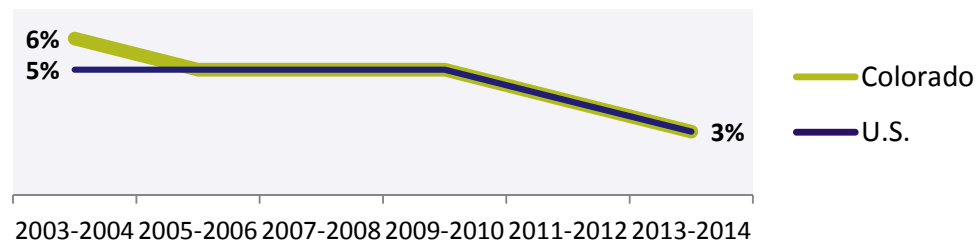
**Figure 39** Binge Drinking During Past Month, Ages 12 to 17



**Figure 40** Cigarette Use During Past Month, Ages 12 to 17



**Figure 41** Illicit Drug Use (Other than Marijuana) During Past Month, Ages 12 to 17



<sup>153</sup> U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Office of Applied Studies. (2015). State Estimates of Substance Use from the National Survey on Drug Use and Health accessed online at <http://www.oas.samhsa.gov>.

<sup>154</sup> *Ibid.*

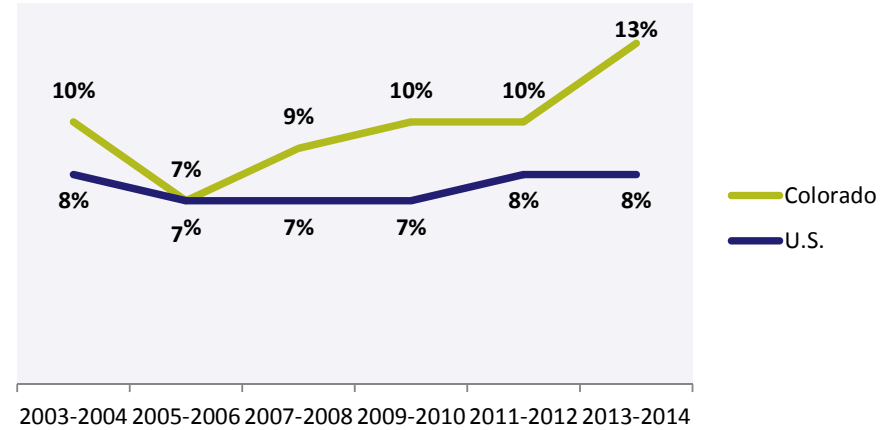
<sup>155</sup> *Ibid.*



## Data Highlights, continued

- Historically, marijuana use has been more common among Colorado teens than among teens in the U.S. as a whole. This trend preceded the legalization of marijuana for recreational use by adults in 2013 (Figure 42).<sup>156</sup>
- The most recent data available from the National Survey on Drug Use and Health show that marijuana use among teens increased between 2011-2012 and 2013-2014 (Figure 42).<sup>157</sup>
- On average, in 2013-2014, 13 percent of Colorado teens ages 12 to 17 reported using marijuana during the past month, up from 10 percent in 2011-2012 and above the national average of 8 percent.<sup>158</sup> Additional years of data will help determine whether this increase is the start of a long-term trend of rising marijuana use among teens or a single-year jump.

**Figure 42 Marijuana Use During Past Month, Ages 12 to 17**



<sup>156</sup> U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Office of Applied Studies. (2015). State Estimates of Substance Use from the National Survey on Drug Use and Health accessed online at <http://www.oas.samhsa.gov>.

<sup>157</sup> *Ibid.*

<sup>158</sup> *Ibid.*



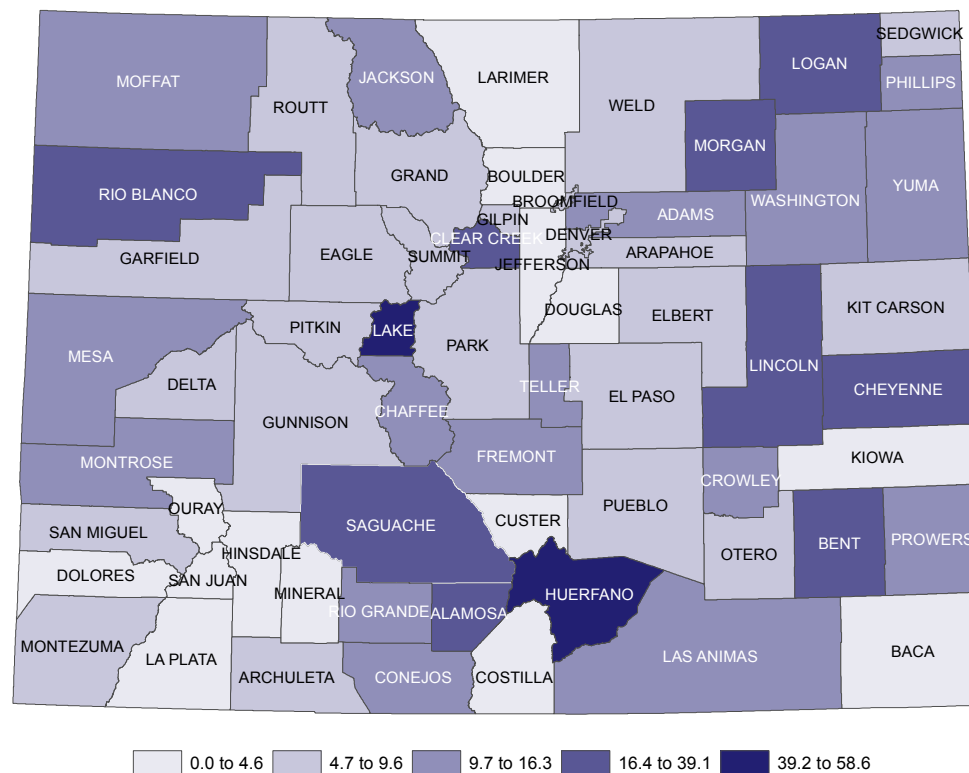
## Child Abuse and Neglect

Of all of the things a child needs to grow up healthy and happy, a safe and nurturing home environment is perhaps the most important. The interactions children have with parents and other caregivers help build the foundation for the social-emotional and cognitive skills they will need throughout their lives. When a child is neglected or experiences physical, sexual, verbal or emotional abuse, the impacts can be lifelong. Children who are abused or neglected are at higher risk of becoming pregnant as a teen, becoming involved in criminal activity and abusing drugs.<sup>159</sup> Young children are particularly vulnerable to the immediate and long-term effects of abuse and neglect given the tremendous amount of brain development that occurs during the early years.<sup>160</sup> In Colorado, the child abuse and neglect rate among all children under 18 is starting to decline after increasing for much of the 2000s.

### Data Highlights

- In 2014, nearly 10,000 Colorado children were confirmed victims of abuse or neglect—approximately 8 out of every 1,000 Colorado children. That is a slight decline from a high of 9 per 1,000 children in 2009.<sup>161</sup>
- Rates of confirmed abuse and neglect vary widely across the state. In 2014, five Colorado counties (Custer, Hinsdale, Mineral, Ouray and San Juan) had confirmed abuse and neglect rates of zero. Lake County had the highest child abuse and neglect rate at 59 per 1,000 children (Figure 43).<sup>162</sup>
- Our youngest and most vulnerable children continue to be the most likely to experience abuse or neglect. In 2013, 12 out of every 1,000 children under age 5 were confirmed victims of maltreatment, compared to 5 out of every 1,000 children between the ages of 12 and 17.<sup>163</sup>
- Neglect is the most common form of maltreatment experienced among children in Colorado. In 2013, neglect was cited in 83 percent of Colorado child maltreatment cases.<sup>164</sup>

**Figure 43 2014 Child Abuse and Neglect Rates (per 1,000 children under 18)**



<sup>159</sup> Child Welfare Information Gateway. (2013). Long-term consequences of child abuse and neglect. Washington, DC: U.S. Department of Health and Human Services

<sup>160</sup> American Humane Association, Center for the Study of Social Policy, Child Welfare League of America, Children's Defense Fund, and Zero to Three. (2011). *A Call to Action on Behalf of Maltreated Infants and Toddlers*. Retrieved from <http://www.zerotothree.org/public-policy/federal-policy/childwelfareweb.pdf>

<sup>161</sup> Colorado Department of Human Services.

<sup>162</sup> *Ibid.*

<sup>163</sup> U.S. Department of Health and Human Services. (2015). *Child Maltreatment 2014*.

<sup>164</sup> *Ibid.*





## Mental Health

Children's overall well-being encompasses mental health as well as physical health. Across the U.S., it is estimated that 13 percent to 20 percent of children experience a mental disorder in any given year.<sup>165</sup> Children of any age can experience mental illness, and symptoms often start in early childhood.<sup>166</sup> Mental illness can affect every aspect of a child's life, causing difficulties at school, with friends, and at home. Children who receive appropriate treatment for mental illness can go on to lead healthy and productive lives, but untreated mental illness can lead to school failure, involvement in crime, and in some cases, suicide.<sup>167</sup>

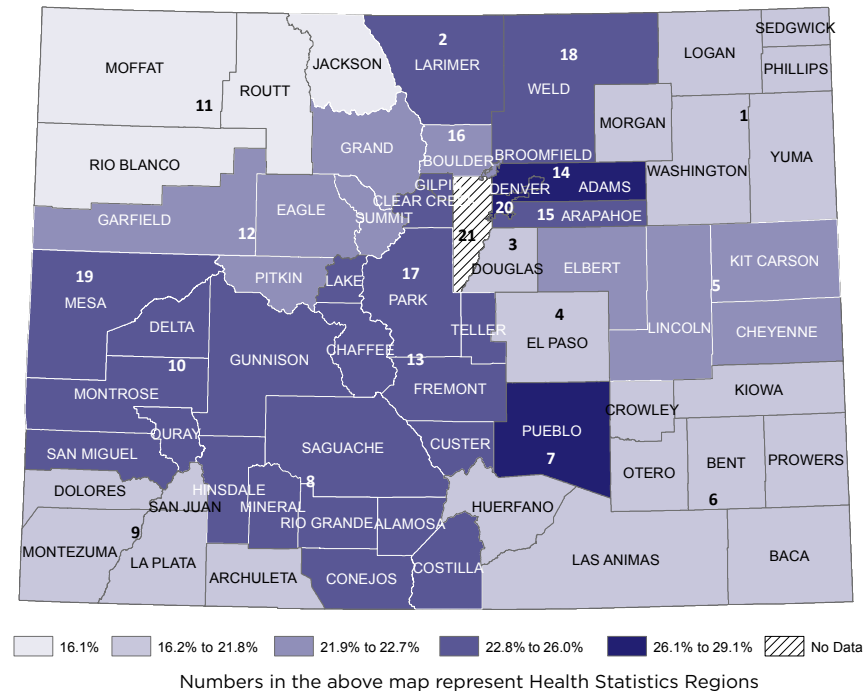
Too many children cannot access appropriate mental health care due to cost, a shortage of providers, stigma and other barriers. The U.S. Surgeon General estimates that in any given year, only 20 percent of children with mental health disorders are actually identified and receive treatment.<sup>168</sup> Co-locating and integrating primary care and behavioral health services can reduce barriers to behavioral health care by helping health care providers work together as part of a health team and making it easier for families to access services.

Comprehensive data on mental health issues among children are somewhat limited due to confidentiality concerns, stigma and the fact that most children with mental health disorders are not identified or treated. Existing data sources indicate that a significant portion of Colorado children and adolescents experience mental health problems.

### Data Highlights

- About a quarter of all Colorado high school students (24 percent) reported feeling so sad or hopeless almost every day for two weeks or more in a row that they stopped doing their usual activities. Experiencing sadness or hopelessness at a level that impacts daily activities is often a sign of clinical depression.<sup>169</sup>
- Examining the percent of students who exhibited this symptom of depression by Health Statistics Region highlights some disparities (Figure 44). Many regions of the state aligned closely with the statewide average of 24 percent, but some areas were clear outliers. More than 29 percent of Denver high school students reported persistent sadness or hopelessness, compared to 16 percent of high school students in northwest Colorado. Adams and Pueblo counties also had high percentages of students reporting this symptom, at 28 percent and 27 percent, respectively.<sup>170</sup>
- Approximately 15 percent of Colorado high school students reported that they had seriously considered attempting suicide during the past 12 months, and nearly 7 percent of students reported that they had actually attempted suicide one or more times during the previous year.<sup>171</sup>

**Figure 44 High School Students who Reported Sadness or Hopelessness that Lasted Longer than 2 Weeks and Impacted Usual Activities**



<sup>165</sup> National Research Council and Institute of Medicine. (2009). Preventing mental, emotional, and behavioral disorders among young people: progress and possibilities. Washington, DC: The National Academic Press. As cited by the Centers for Disease Control.

<sup>166</sup> Centers for Disease Control and Prevention. (2013). Children's mental health - New report. Retrieved from <http://www.cdc.gov/Features/ChildrensMentalHealth/>.

<sup>167</sup> National Alliance on Mental Illness. (n.d.). Facts on children's mental health in America.

<sup>168</sup> U.S. Public Health Service. (2000). Report of the Surgeon General's Conference on Children's Mental Health: A National Action Agenda. Washington, DC: Department of Health and Human Services. As cited by the National Alliance on Mental Illness.

<sup>169</sup> Colorado Department of Public Health and Environment. (2014). Healthy Kids Colorado Survey.

<sup>170</sup> *Ibid.*

<sup>171</sup> *Ibid.*

## Teen Suicides

Suicide is a tragic problem among children and adolescents in Colorado and across the country. In 2010, suicide was the second-leading cause of death for U.S. adolescents ages 12 to 17.<sup>172</sup>

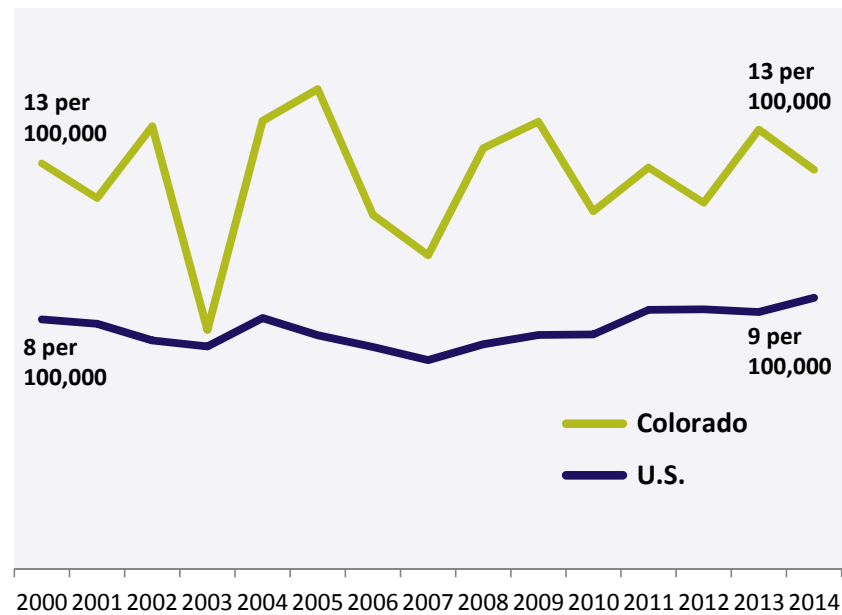
### Data Highlights

- In 2014, 44 Colorado teens between the ages of 15 and 19 committed suicide, down slightly from 48 in 2013. The state's teen suicide rate was 13 suicides per 100,000 teens in this age group.<sup>173</sup>
- Colorado's teen suicide rate has varied during the past decade, reaching a low of 8 suicides per 100,000 teens ages 15 to 19 in 2003 and peaking at 15 suicides per 100,000 teens in 2005 (Figure 45).<sup>174</sup>
- Colorado has historically had a high teen suicide rate relative to the rest of the country. In 2014, only 13 other states had higher teen suicide rates than Colorado.<sup>175</sup>



**Figure 45**

**Teen Suicide Rates  
(Rate Per 100,000 Colorado  
Teens Ages 15 to 19)**



<sup>172</sup> Centers for Disease Control. (2013). Children's mental health. Retrieved from <http://www.cdc.gov/Features/ChildrensMentalHealth/>.

<sup>173</sup> *Ibid.*

<sup>174</sup> *Ibid.*

<sup>175</sup> National Center for Health Statistics Vital Statistics System.

# Child Health

## Sugar-Mergency: Integrating Healthy Eating and Learning in Montbello

“Ms. Becky! I have something serious I need to tell you, we have a ‘sugar-mergency’ on our hands!”



First-grader Aza-Riyah knows how to command an audience. With an imaginary microphone in her hand, she bombards her teacher with a 4.5 ounce juice box and proceeds to tell her that it was unacceptable that: a.) her fruit was in a box, and b.) this tiny box of juice had 12 grams of sugar in it. Aza-Riyah says that juice is not the same thing as real fruit; too much sugar will hurt her teeth and tummy. It will also not do anything for her body as she prepares to start learning.

At her Denver public charter school, Academy 360, Aza-Riyah receives what every student at school deserves—access to healthy eating, staff that models healthy habits, daily opportunities for physical activity and social/emotional skill-building.

Academy 360 is a public charter school in its third year of instruction in far Northeast Denver. Together with the Montbello community, the school’s mission is focused on the whole child: educating students’ minds, bodies and characters so they may lead healthy and fulfilling lives in school, college and beyond.

This mind, body and character mission is enacted at the beginning of each school day. The school’s long-term goal is to leverage academics, health, wellness and character traits to serve individuals from cradle to career. For two years, the Colorado Education Initiative has recognized the school as a Healthy Schools Champion by measuring ways in which the school incorporates best practices using the Center for Disease Control and Prevention’s Whole School, Whole Community, Whole Child model. Last spring, the school partnered with the Colorado School of Public Health to conduct a qualitative assessment to identify whether students were taking what they learned about health and wellness at school back home to their families and positively influencing habits. The data said: Yes.

This past July, Academy 360 relocated to its permanent home in Montbello. Students and school leadership together will design different ways in which active, nontraditional play spaces can excite students, their families, and the Montbello community to be physically active. The student-designed play spaces will be outdoor classrooms suitable for yoga, unstructured play, climbing and more. Students will no longer eat in their classroom, but rather in a cafeteria environment furthering access to fresh fruits and vegetables. The school community will bring awareness to this access to ignite conversations and education about the food desert in Montbello and why it is a social injustice. The larger classrooms will allow dedicated areas for movement and brain breaks.



*Thanks to Becky McLean  
and The Colorado Health Foundation  
for this story.*

**KIDS  
COUNT**  
in Colorado **2016**

SUCCESS  
STORY



# Early Childhood Learning and Development

The earliest years of life are a particularly sensitive time of development. Early experiences have the power to tip the scale of child well-being more than experiences later in life. The presence of a nurturing caregiver, access to high-quality physical and behavioral health care and financial security can all tip the scale toward the positive, while abuse, neglect or the material deprivation often associated with poverty can tip the scale in the opposite direction. When children are exposed to several of these adverse experiences, moving the scale in a positive direction becomes more and more difficult as they get older. In order to give children the best possible opportunities to succeed, we must ensure that all kids have healthy environments and high-quality early learning right from the start.

Recent years have brought the good news that poverty rates among our youngest children have fallen significantly, and more Colorado children are participating in preschool. However, these positive developments are tempered by a lack of access to child care in some areas, and a shortage of affordable child care in nearly every Colorado community. In addition, too many of Colorado's young children are going without the social-emotional support and behavioral health care they need in order to thrive.

Early childhood is a time of tremendous opportunity. Ensuring that all children have the family and community support they need during their earliest years will help create a strong foundation on which children can build throughout their lives.





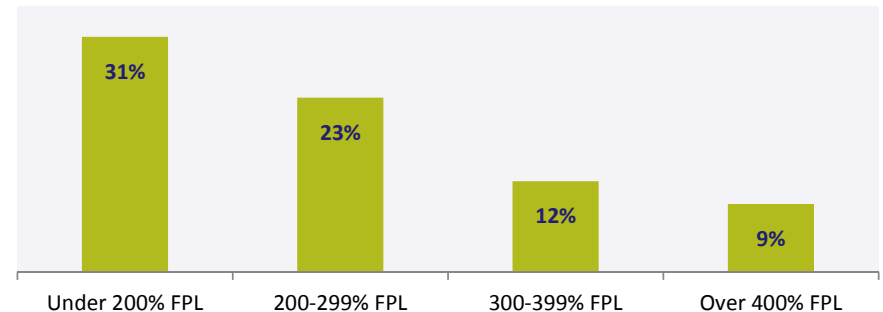
## Adverse Childhood Experiences

Evidence is mounting that significant adversity during childhood can have lifelong impacts. A large study conducted by the Centers for Disease Control and Kaiser Permanente examined the association between adverse childhood experiences (ACEs) and certain physical and mental health outcomes in adulthood. An adverse childhood experience could include socioeconomic hardship, parental divorce or separation, the death of a parent, having an incarcerated parent, witnessing domestic violence or living with someone with a mental illness, among others. The study's findings were clear: with every adverse experience a child is exposed to, his or her risk of experiencing physical and mental health problems increases. Study participants who had four or more adverse childhood experiences were four to 12 times more likely to suffer from alcoholism, drug use or depression; two to four times more likely to smoke; and 1.4 to 1.6 times more likely to be obese. Heart disease, diabetes and sexually transmitted diseases were also more common among those who had experienced more adversity as a child.<sup>176</sup> Unfortunately, significant childhood adversity is all too common. According to the National Survey of Children's Health, nearly half of all children in the United States have been exposed to at least one traumatic social or family experience.

### Data Highlights

- In 2011-2012, 9 percent of Colorado children under age 6 had already been exposed to two or more adverse childhood experiences, or ACEs.
- The percentage of children who experienced two or more ACEs increases to nearly 20 percent when all children under age 18 are considered.
- Trauma and adversity can affect children from any socioeconomic background, but data show that those in low-income families are particularly at risk (Figure 45). Nearly a third (31 percent) of all Colorado children under 18 who lived in low-income families experienced two or more adverse experiences in 2011-2012, compared to 9 percent of children in the highest-income families.<sup>177</sup>

**Figure 45** Colorado Children Under 18 Who Faced Multiple Adverse Childhood Experiences (ACEs), 2011-2012



<sup>176</sup> Felitti, V.J., et al. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) study. *American Journal of Preventive Medicine* 14(4), pp. 245-258

<sup>177</sup> U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau. (2013). 2011-2012 National Survey of Children's Health.

## Foundation for a Healthy Life: Why the Earliest Years are Critical

The human brain never stops developing or learning new skills, but the earliest years of life are a particularly important period of development when the brain is building the foundations for everything else to come. During the first few years of life, more than 700 new neural connections form in the brain every second, a rate that will not be matched at any other subsequent stage. These connections form the building blocks for important brain functions like working memory, mental flexibility and self-control, known as executive functions. Executive functions enable children to perform tasks associated with school readiness, such as following instructions from a teacher or controlling impulses to focus on the task at hand. The importance of these skills also extends into adulthood. Strong executive function and self-regulation skills help people make healthy choices throughout their lives.

Because of the rapid pace at which the brain develops in the first years of life, children's environments during the early years are all the more important. For the brain's architecture to develop the way it should, children need stable environments with consistent, positive interactions with caring adults. The presence of a nurturing adult is particularly important in helping children develop a healthy stress response system.

All children will experience stress or adversity of one form or another during their childhood. This process helps them regulate their body's response to stress and develop ways to cope with adversity, skills that will be important throughout their lifetime. When children experience a stressor, their stress response systems—the "fight or flight" response—are activated. Their bodies respond with an elevated heart rate, higher blood pressure and the release of stress hormones. As long as a child's stress is buffered by a nurturing adult, his or her stress response system will soon return to normal. When young children exposed to significant adversity do not receive a nurturing response from a parent or caregiver, their stress response systems remain on high alert; the "fight or flight" response remains activated for an extended period of time. This prolonged response to stress floods their brains with toxic levels of stress hormones that disrupt the formation of the brain's architecture—at precisely the time when the brain should be building the foundation for skills that children will need throughout their lifetimes. As a result, damage to the developing brain's architecture during the early years can have lifelong repercussions on a child's mental and physical health.

*Sources: Center on the Developing Child at Harvard University. (n.d.). Key concepts: Brain architecture; Center on the Developing Child at Harvard University. (2011). Building the Brain's "Air Traffic Control" System: How Early Experiences Shape the Development of Executive Functioning; Working Paper No. 11; Center on the Developing Child at Harvard University. (n.d.). Key concepts: Toxic stress.*







## Developmental Screenings

Screening children for developmental issues, including exposure to adverse childhood experiences, social-emotional issues and mental illness, promotes early identification of and intervention with problems. Nationally, however, fewer than half of the social-emotional, developmental or mental health problems children experience are detected before they enter school, despite the fact that many mental health problems have their roots in early childhood.<sup>178</sup> Left untreated, social-emotional and mental health issues can compromise a child's school readiness, academic success and family and peer relationships. Screening for and identifying early signs and symptoms of mental health conditions can help ensure all Colorado children have a healthy start.<sup>179</sup>

## Data Highlights

- The rate of young children receiving a developmental screening is higher in Colorado than in almost any other state in the country. Yet, fewer than half of all Colorado kids under age 6 (45 percent) received a screening to identify parents' concerns about their child's development between 2011 and 2012. The national average was 30 percent.<sup>180</sup>
- When developmental screenings flag concerns, only half of families are referred for in-depth evaluation. Fewer than 11 percent of children who fail an initial screening receive mental health services.<sup>181</sup>
- According to the Colorado Child Health Survey, 27 percent of Colorado children have parents who report concerns about the emotions, concentration, or behavior of their children. While about half (46 percent) of these parents describe their concerns as moderate or severe, only 37 percent of parents accessed mental health care of any kind for their child.<sup>182</sup> For developmental screening to be most effective, children must be able to complete the pathway from screening to receiving services.<sup>183</sup>

<sup>178</sup> Centers for Disease Control and Prevention. (2015.) Developmental Screening Fact Sheet. Retrieved from <http://www.cdc.gov/ncbddd/childdevelopment/screening.html>.

<sup>179</sup> Colorado Children's Campaign, Colorado Children's Health Care Access Program & Children's Hospital Colorado. (2015). *Young Minds Matter: Supporting Children's Mental Health Through Policy Change*.

<sup>180</sup> U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau. (2013). 2011-2012 National Survey of Children's Health.

<sup>181</sup> Kavanagh, J., et al. PolicyLab, The Children's Hospital of Philadelphia. (2012). SERIES: An integrated approach to supporting child development. Retrieved from: [http://policylab.chop.edu/sites/default/files/pdf/publications/PolicyLab\\_EtoA\\_SERIES\\_Developmental\\_Screening\\_Summer\\_2012.pdf](http://policylab.chop.edu/sites/default/files/pdf/publications/PolicyLab_EtoA_SERIES_Developmental_Screening_Summer_2012.pdf).

<sup>182</sup> Colorado Department of Public Health and Environment, Health Statistics Section. 2011 Colorado Child Health Survey.

<sup>183</sup> Kavanagh, J., et al. PolicyLab, The Children's Hospital of Philadelphia. (2012). SERIES: An integrated approach to supporting child development. Retrieved from: [http://policylab.chop.edu/sites/default/files/pdf/publications/PolicyLab\\_EtoA\\_SERIES\\_Developmental\\_Screening\\_Summer\\_2012.pdf](http://policylab.chop.edu/sites/default/files/pdf/publications/PolicyLab_EtoA_SERIES_Developmental_Screening_Summer_2012.pdf).



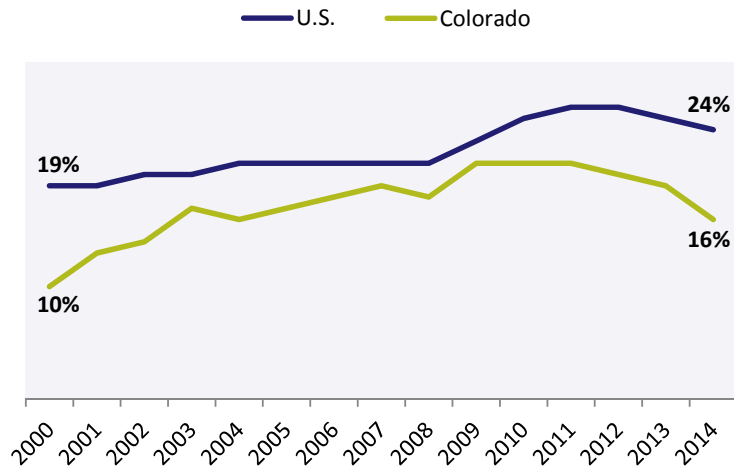
## Children Under 6 in Poverty

Because brain development is so significant in the first few years of life, young children under 6 are particularly sensitive to their environments. Poverty can impact the development of children of any age, but poverty experienced during early childhood is particularly harmful.<sup>184</sup> One study found that people who experienced poverty between birth and age 5 completed two fewer years of school, were twice as likely to be arrested (among men) and were nearly three times as likely to be in poor health as adults than those who lived in moderate- to upper-income families during their early years. Early childhood poverty appeared to have a larger impact on adults' lives than did poverty experienced in adolescence. The study also found that boosting the income of low-income families with young children by \$3,000 per year was associated with improved outcomes as these children reached adulthood, including a 17 percent increase in adult earnings and an increase in the number of hours worked.<sup>185</sup> Efforts to boost the incomes of young families with children and to mitigate the impact of poverty on our youngest kids can help prevent poverty's lifelong adverse effects on health and learning.

### Data Highlights

- In 2014, the poverty rate for Colorado children under age 6 declined sharply, dropping to 16 percent from 19 percent the previous year. Approximately 66,000 young Colorado children lived in poverty in 2014, down by 10,000 children since 2013 and by nearly 25,000 children since 2009 (Figure 46).<sup>186</sup>
- Colorado children under 6 remain slightly more likely to live in poverty than school-age children (16 percent vs. 15 percent).<sup>187</sup>
- Of the 66,000 Colorado kids under 6 living in poverty, nearly half (approximately 30,000 children) lived in extreme poverty. Extreme poverty is defined as annual income of less than \$12,000 for a family of four.<sup>188</sup>

**Figure 46 Children Under Age 6 in Poverty**



<sup>184</sup> Duncan, G., & Magnuson, K. (2011). The long reach of early childhood poverty. *Pathways*, Winter 2011.

<sup>185</sup> *Ibid.*

<sup>186</sup> U.S. Census Bureau, 2000 and 2001 Supplemental Surveys and 2002-2014 American Community Survey 1-Year Estimates.

<sup>187</sup> U.S. Census Bureau, 2014 American Community Survey 1-Year Estimates.

<sup>188</sup> *Ibid.*





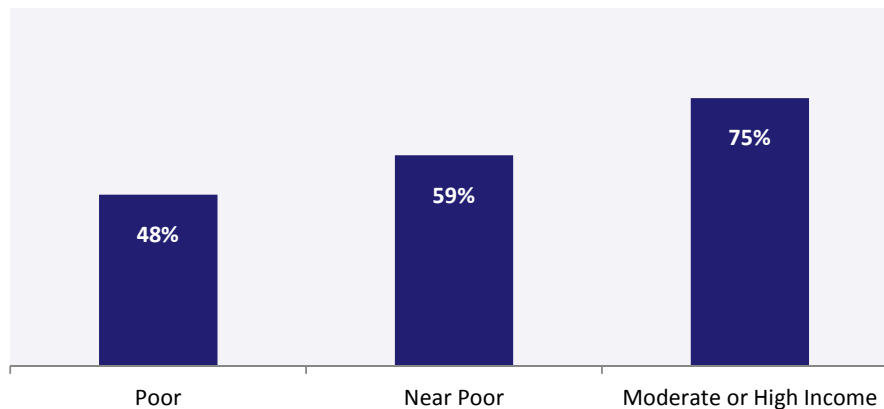
## School Readiness

The thousands of Colorado children who enroll in kindergarten every fall enter school with varying skills and abilities. Some children are already reading, while others may never have had a book in their homes. A child's readiness for school upon entering kindergarten is shaped by early experiences: the number of words heard, access to a high-quality preschool program and the presence of a nurturing parent or caregiver, among other factors. Children who enter school with fundamental skills such as being able to identify sounds or words or listen to instructions from a teacher are equipped with important building blocks for developing the language, literacy and social skills they will use throughout their education. Those who start school behind have a hard time catching up. Children living in or near poverty are particularly at risk for starting school unprepared.

### Data Highlights

- The Brookings Institution found that fewer than half of all children in poor families were school-ready by age 5, compared to three-quarters of children in moderate or high-income families (Figure 47). On every component of school readiness (math, reading, physical health, learning-related behaviors such as paying attention, and problem behaviors such as disrupting the class), children from poor families lagged behind their middle- to upper-income peers.<sup>189</sup>
- At 18 months, children from upper-income families are better able to identify common objects like a dog or a ball than children in low-income families.<sup>190</sup>
- By age 2, children from low-income families are already six months behind in their language development.<sup>191</sup>

**Figure 47** School Readiness at Age 5 by Socioeconomic Status at Birth



Source: Isaacs, J.B. (2012). Starting school at a disadvantage: The school readiness of poor children. Washington, D.C.: Brookings Institution.



<sup>189</sup> Isaacs, J.B. (2012). Starting school at a disadvantage: The school readiness of poor children. Washington, D.C.: Brookings Institution.

<sup>190</sup> Fernald, A., Marchman, V., & Weisleder, A. (2013). SES differences in language processing skill and vocabulary are evident at 18 months. *Developmental Science* 16(2), pp. 234-248.

<sup>191</sup> *Ibid.*

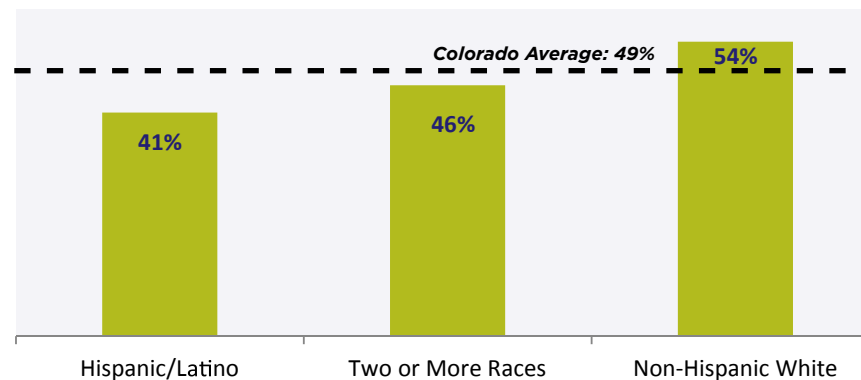
## Preschool Enrollment

High-quality early learning programs can help boost school readiness skills for children of all backgrounds and prevent gaps from developing between children in low-income families and their higher-income peers. Preschool programs help children develop cognitive skills such as identifying letters or numbers, as well as important social skills such as taking turns, sharing and following directions from a teacher. Preschool enrollment among 3- and 4-year-olds in Colorado has increased in recent years, but preschool remains out of reach for some families who would like to enroll their children. Note that for the indicators below, a child's preschool enrollment status was reported by his or her parents, and the quality of the preschool program is unknown.

### Data Highlights

- On average, between 2011 and 2013, slightly less than half (49 percent) of all 3- and 4-year-old children in Colorado were enrolled in a preschool program of some type. Enrollment disparities exist along the lines of race, ethnicity and family income.<sup>192</sup>
- Only 38 percent of children in families with incomes below 200 percent of the federal poverty level were enrolled in a preschool program of any type between 2011 and 2013, compared to 57 percent of children in moderate- to upper-income families.<sup>193</sup>
- Children of color are less likely than their non-Hispanic white peers to be enrolled in preschool. Approximately 41 percent of Hispanic 3- and 4-year-olds and 46 percent of children of two or more races were enrolled in a preschool program between 2011 and 2013, compared to 54 percent of non-Hispanic white 3- and 4-year-olds (Figure 48).<sup>194</sup>

**Figure 48** Preschool Enrollment Among Colorado 3- and 4-Year-Olds by Race/Ethnicity: 2011-2013



A recent survey completed by Padres y Jóvenes Unidos, a Denver-based grassroots advocacy organization, examined the reasons behind low preschool enrollment rates among children in Southwest Denver, a predominantly Latino area. Of the 330 parents interviewed (of whom 90 percent identified as Latino/a), the vast majority cited availability or quality of nearby preschool programs as the greatest barriers to enrollment. Approximately 45 percent of parents whose 3- and 4-year-old children were not enrolled in preschool reported that there were no available slots in local sites; 26 percent reported there were no conveniently located sites; 19 percent reported poor quality of local sites; 18 percent reported they could not afford preschool; and only 10 percent reported that they preferred another form of child care for their child.

Source: Padres y Jóvenes Unidos. (2016). *The Great Unequalizer: How Denver's Pre-K System Fails the Children of Southwest Denver and Other Low-Income Communities of Color.*



<sup>192</sup> U.S. Census Bureau, American Community Survey 2011-2013 3-Year Estimates.

<sup>193</sup> Population Reference Bureau, analysis of data from the U.S. Census Bureau, American Community Survey 2011-2013 3-Year Estimates.

<sup>194</sup> *Ibid.*



## Colorado Preschool Program

The Colorado Preschool Program (CPP) is Colorado's state-funded, voluntary preschool program for 3- and 4-year-old children (as well as 5-year-olds not yet in kindergarten) who experience risk factors that are known to increase risk of academic failure. Each CPP slot includes a 2.5-hour day of preschool, four days per week, with the fifth day usually set aside for teacher professional development and family outreach activities.

### Data Highlights

- In the 2014-2015 school year, 174 of Colorado's 179 school districts (including the Charter School Institute) participated in CPP.<sup>195</sup>
- Among children who participated, 76 percent were served in public schools, 15 percent were served in a community program and 10 percent were served in a Head Start program.<sup>196</sup>
- The number of available slots in CPP is capped due to limited funding. As a result, not all children who qualify can enroll in the program. In 2014, CPP had the capacity to serve only 22 percent of all 4-year-olds in Colorado and 8 percent of all 3-year-olds.<sup>197</sup>
- For the 2015-2016 school year, the legislature authorized 20,160 traditional CPP slots and also approved additional CPP slots through an initiative called Early Childhood At-Risk Enhancement, or ECARE. The ECARE expansion in 2015-2016 included a total of 8,200 half-day slots that school districts can use flexibly to meet their needs.
- More than 4,100 children were on school district waitlists for CPP in 2014-2015. The Colorado Department of Education estimates that more than 11,400 4-year-olds qualified for CPP but had no preschool or Head Start program available to them in 2014-2015.<sup>198</sup>



<sup>195</sup> Colorado Department of Education. *CPP 2016 Legislative Report*.

<sup>196</sup> *Ibid.*

<sup>197</sup> Barnett, W.S., Carolan, M.E., Squires, J.H., & Clarke Brown, K. (2015). *The State of Pre-school 2014: State Preschool Yearbook*. New Brunswick, NJ: National Institute of Early Education Research.

<sup>198</sup> *Ibid* 195.

## Colorado Preschool Program

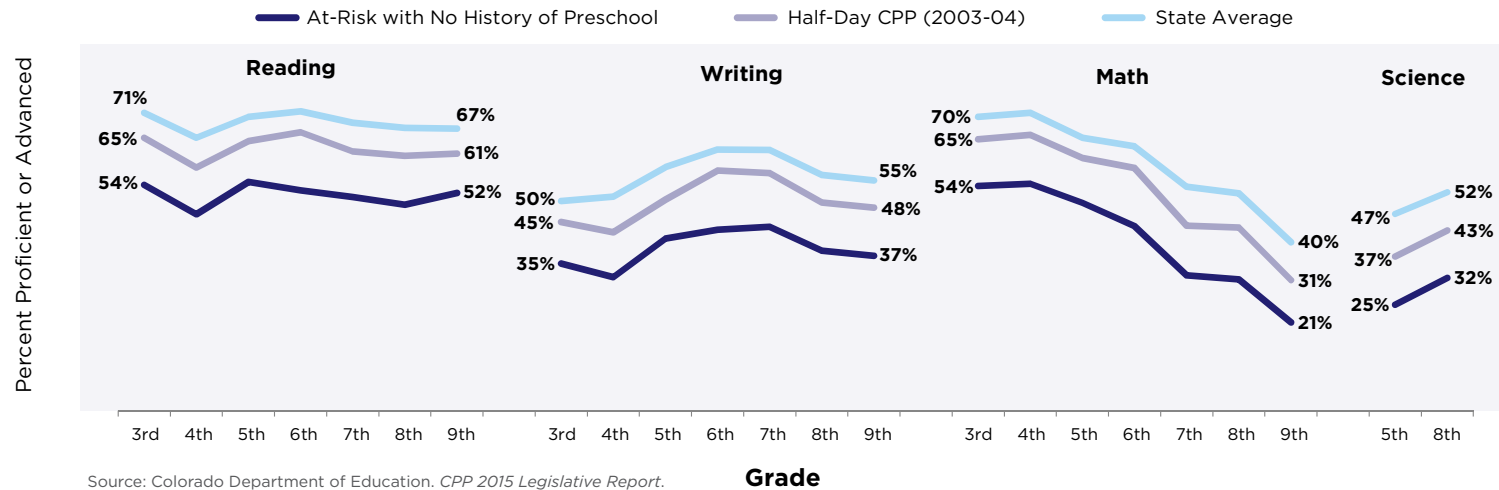
### Data Highlights, continued

- Children who participate in CPP make significant progress in several developmental domains. The tools used by CPP assess children in social-emotional, physical, language and cognitive development, as well as literacy and math. Results show that more than 90 percent of children enrolled in CPP meet or exceed widely held expectations for development in every area except math by the end of the preschool year. Additionally, Transitional Colorado Assessment Program (TCAP) scores show that at-risk children who participated in CPP consistently outperform their at-risk peers who did not participate in the program in reading, writing, math and science. This success persists throughout a child's academic career. Colorado Preschool Program participants outperform other at-risk students by as much as 10 percentage points in some subjects (Figure 49).<sup>199</sup>



**Figure 49**

### CSAP/TCAP Results: Grades 3-9



Source: Colorado Department of Education. CPP 2015 Legislative Report.

### How the Colorado Preschool Program Ranks Compared to Other State-Funded Preschool Programs

Each year, the National Institute for Early Education Research (NIEER) at Rutgers University releases *The State of Preschool*, a report that compares and ranks state-funded preschool programs across the United States based on factors like access, quality standards and funding. How did CPP rank in 2014?

- **Preschool access for 4-year-olds:** 22<sup>nd</sup> out of 41 states
- **Preschool access for 3-year-olds:** 9<sup>th</sup> out of 27 states
- **State spending:** 35<sup>th</sup> out of 41 states
- **All reported spending (local, state and federal):** 31<sup>st</sup> out of 41 states

Source: National Institute for Early Education Research (NIEER) (2013). *The State of Preschool 2014*. New Brunswick, NJ: Rutgers University.

<sup>199</sup> Colorado Department of Education. CPP 2015 Legislative Report.





## Early Childhood Suspensions and Expulsions

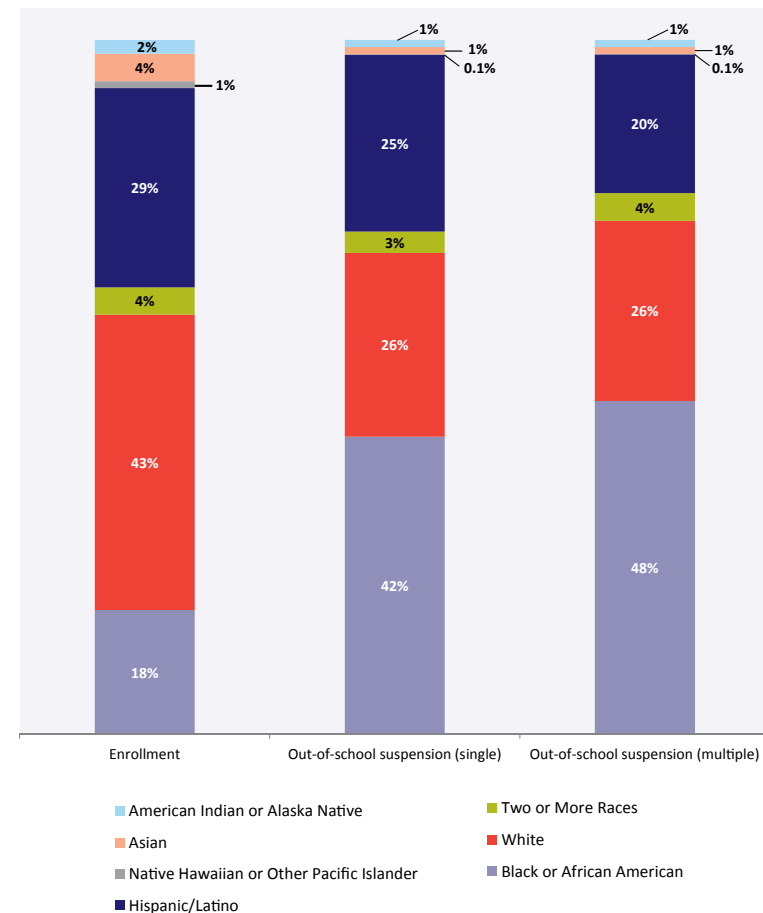
Because children under 8 years old are at a critical stage of development, their early experiences dramatically impact their health and school success. Suspension and/or expulsion from school for what may be developmentally appropriate (but challenging) behaviors does little to address the needs of children exhibiting these behaviors. The practice of suspending and expelling children—particularly those younger than age 8—from early elementary and early childhood settings can have profound consequences. These punitive measures come at a time when children are supposed to be forming the foundation of positive relationships with peers, teachers and the school institution. Instead, children who are suspended or expelled experience school as a place where they are not welcomed or supported, which serves as a troubling indicator of what is to come.<sup>200</sup>

Research shows that when young students are suspended or expelled from school, they are several times more likely to experience disciplinary action later in their academic experience; drop out of or fail high school; and be incarcerated later in life.<sup>201, 202</sup> The practice of suspending and expelling young children from early childhood or early elementary settings has been referred to as the “point of entry” to the school-to-prison pipeline.<sup>203</sup> While there are no common, universal data on preschool suspensions or expulsions in Colorado, national data point to several concerning trends.

### Data Highlights

- The most recent national data from the U.S. Department of Education Office for Civil Rights show that suspensions and expulsions are utilized in public preschool programs. In addition, racial disparities in discipline observed in the later grades also exist in preschool.<sup>204</sup>
- Nationally, black children represent 18 percent of preschool enrollment, but represent 42 percent of preschool students suspended once and 48 percent of preschool students suspended more than once (Figure 50).<sup>205</sup>
- Nationally, boys account for 54 percent of the preschool population, but represent 79 percent of preschool students suspended once and 82 percent of preschool students suspended more than once.<sup>206</sup>

**Figure 50 U.S. Preschool Enrollment Compared to Out-of-School Suspensions**



<sup>200</sup> Adamu, M., & Hogan, L. (2015). Point of entry: The Preschool-to-Prison Pipeline. Washington, DC: Center for American Progress. Retrieved from <https://www.americanprogress.org/issues/criminal-justice/report/2015/10/08/122867/point-of-entry>.

<sup>201</sup> Lamont, J.H., et al. (2013). Out-of-school suspension and expulsion. *Pediatrics* 131(3), pp. 1000-1007.

<sup>202</sup> Raffaele Mendez, L.M. (2003). Predictors of suspension and negative school outcomes: A longitudinal investigation. *New Directions for Youth Development* 99, pp. 17-33.

<sup>203</sup> Adamu, M., & Hogan, L. (2015). Point of entry: The Preschool-to-Prison Pipeline. Washington, DC: Center for American Progress. Retrieved from <https://www.americanprogress.org/issues/criminal-justice/report/2015/10/08/122867/point-of-entry>.

<sup>204</sup> U.S. Department of Education Office for Civil Rights. (2014). Data snapshot: Early childhood education.

<sup>205</sup> *Ibid.*

<sup>206</sup> *Ibid.*

## High Cost of Child Care

Child care is a necessary expense for the thousands of families across the state in which all parents are in the workforce. In Colorado, however, child care comes at an especially steep price that is out of reach for many families. Child care is expensive across the country, but Colorado consistently ranks as one of the least-affordable states, relative to median income, for both center-based child care and family child care homes. Unable to afford stable child care arrangements, parents may have difficulty maintaining employment. In Colorado, nearly one in five low-income families with children under 5 reported that child care issues affected their employment, leading them to change, quit or not take a job.<sup>207</sup>

**5th Least Affordable State  
for Infant Care in a Center**

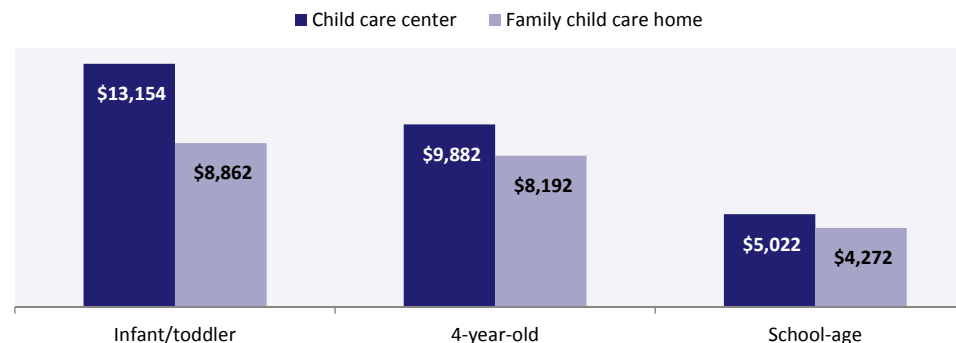
**7th Least Affordable State for  
4-Year-Old Care in a Center**

### Data Highlights

- According to Child Care Aware, the annual cost of center-based infant care in Colorado in 2014 was \$13,154—the fifth-least affordable in the country relative to median income and nearly 40 percent higher than the cost of tuition at a public four-year college or university.<sup>208</sup>
- Center-based care for a 4-year-old in Colorado was the seventh-least affordable in the country at \$9,882 per year (Figure 51).<sup>209</sup>
- Between 2007 and 2014, the annual cost of infant care in a child care center increased by 21 percent, while median family income in Colorado grew by only 12 percent. The cost of center-based care for a 4-year-old rose more slowly, increasing by only 1 percent during the same time period.<sup>210, 211</sup>



**Figure 51 Annual Cost of Child Care: Colorado, 2014**



<sup>207</sup> The Annie E. Casey Foundation. (2014). Creating opportunity for families: A two-generation approach. Retrieved from <http://www.aecf.org/m/resourcedoc/aecf-CreatingOpportunity-forFamilies-2014.pdf>.

<sup>208</sup> Child Care Aware of America. (2015). *Parents and the High Cost of Child Care: 2015 Report*.

<sup>209</sup> *Ibid.*

<sup>210</sup> *Ibid.*

<sup>211</sup> U.S. Census Bureau. 2007 and 2014 American Community Survey 1-Year Estimates.



## Child Care Quality

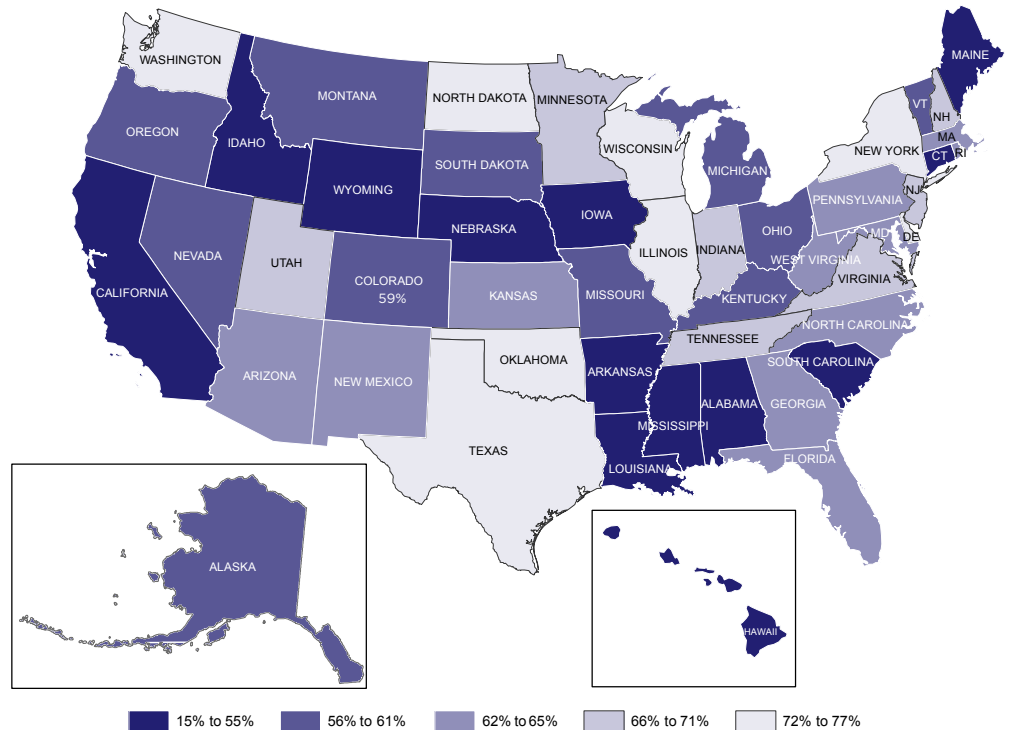
Child care centers and family child care homes perform one of the most important jobs in the world: caring for and nurturing young children. The settings in which Colorado children are cared for must be safe environments that help stimulate children’s learning and development. Research shows that high-quality child care settings are associated with lasting positive effects for children, while poor-quality environments can have long-term negative effects on children’s language, social-emotional development and school performance.<sup>212</sup> Those negative impacts tend to be magnified for children from disadvantaged backgrounds and children with special needs.<sup>213</sup>

Many features of quality child care settings, such as low group sizes and low child-to-staff ratios, require resources to implement and sustain. Particularly stringent child care regulations, however, do not appear to be the primary driver behind the high cost of child care in Colorado. The 2013 *We Can Do Better* report from Child Care Aware scored and ranked states on the strength of their child care center regulations and oversight, including factors such as comprehensive background checks for employees, health and safety requirements, staff-to-child ratios, and minimum education requirements for child care center directors and lead teachers, among others. Based on these factors, the report assigned each state a score out of a possible 150 points, as well as a letter grade. The report found Colorado’s regulations and oversight processes to be less rigorous than the national average.

### Data Highlights

- In 2013, Colorado ranked 35th in the nation for its child care center regulations and center oversight. The state earned 59 percent of the possible points for its child care center regulations, receiving an F grade along with 19 other states (Figure 52). No state received an A, and the Department of Defense child care system received a B. Ten states earned a C, and 21 states received a D.<sup>214</sup>
- As of 2013, Colorado fully met three of 11 program standards examined in the report: 1) requiring comprehensive background checks for employees; 2) following recommended health practices; and 3) adhering to recommended safety practices in 10 specific areas. The state partially met six standards but failed to meet two others entirely: 1) staff-to-child ratios that comply with the National Association for the Education of Young Children (NAEYC) accreditation standards for seven age groups; and 2) group size requirements that comply with NAEYC standards.<sup>215</sup>

**Figure 52** Percent of Points for Child Care Center Quality Regulations and Oversight: 2013 *We Can Do Better* report



<sup>212</sup> Johnson, C., et al. (2005). Quality early education and child care from birth to kindergarten. *Pediatrics* 115(1), pp. 187-191.

<sup>213</sup> Frank Porter Graham Child Development Center. (1999). *Cost, Quality and Outcomes Study*. Chapel Hill, NC: University of North Carolina. As cited in Johnson, C. et al. (2005). Quality early education and child care from birth to kindergarten. *Pediatrics* 115(1), pp. 187-191.

<sup>214</sup> Child Care Aware. (2013). *We Can Do Better: 2013 Update*.

<sup>215</sup> *Ibid.*

## Colorado Child Care Assistance Program: Participation and Eligibility

All Coloradans benefit when families can access affordable, quality child care. Employers benefit from reduced employee turnover and absenteeism. Parents benefit from knowing their children are safe and cared for while they work to support their families. And children reap benefits from positive, nurturing relationships with a stable child care provider.

Too many Colorado families, however, are unable to afford the high cost of consistent, high-quality care for their children. The Colorado Child Care Assistance Program (CCCAP) is the state's primary tool for helping make child care more affordable for eligible families across the state. CCCAP is a voluntary program that provides a subsidy for a portion of child care costs to child care providers who contract with the program.

### Data Highlights

- Funding for CCCAP is limited, and the program is typically not able to serve all families who qualify for it. In fiscal year 2014-2015, 30,181 children in Colorado used CCCAP subsidies—only a fraction of the low-income children in the state. As of January 2016, official waitlists reported only 19 children in three counties who were waiting for CCCAP subsidies, but the true number of children in families who qualify and could benefit from CCCAP is likely much higher.<sup>216</sup>
- Specific eligibility requirements for CCCAP vary by county, but in general, parents are required to be working, searching for employment, in workforce training or enrolled in the Colorado Works Program, and they must also meet income eligibility requirements. Counties may determine their own income eligibility levels, but may not set eligibility levels below 165 percent of the federal poverty level (FPL) or above 85 percent of state median income.



<sup>216</sup> CCCAP participation and waitlist data provided by the Colorado Department of Human Services.



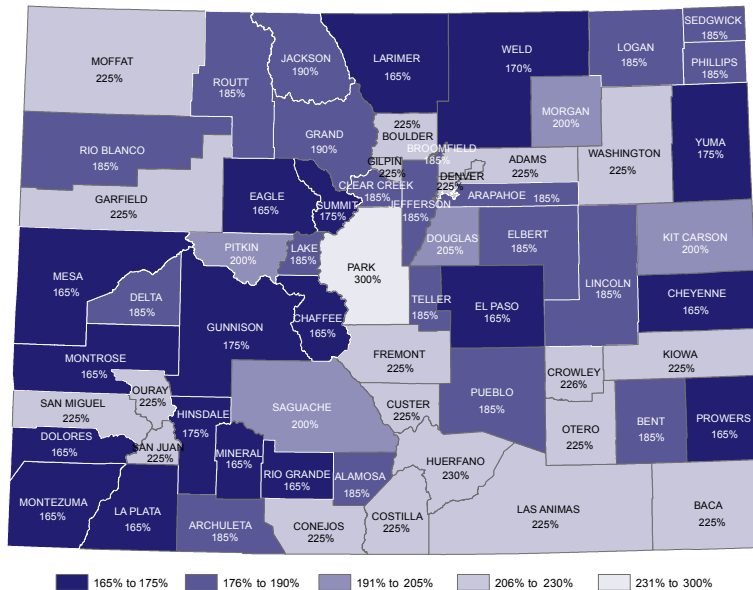


## Colorado Child Care Assistance Program: Participation and Eligibility

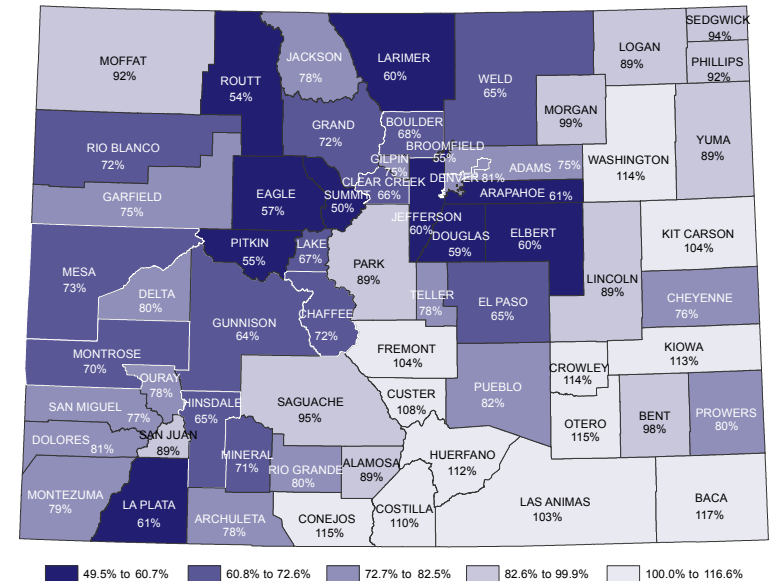
### Data Highlights, continued

- Because counties set their own income eligibility requirements within these parameters, eligibility levels vary widely across the state. As of January 2016, 13 Colorado counties set their initial income eligibility cutoffs at the state minimum of 165 percent FPL and 21 counties set their eligibility requirements between 225 percent and 300 percent of FPL (Figure 53).<sup>217</sup>
- Only a handful of Colorado counties have set their initial income eligibility cutoffs at a level that meets or exceeds the amount that families with young children require in order to meet their basic needs. Figure 54 illustrates county-level CCCAP eligibility thresholds as a percent of each county's Self-Sufficiency Standard for a two-parent family with one infant. Only 12 counties, primarily in southern and eastern Colorado, had income eligibility requirements that were at or above the Self-Sufficiency Standard for this family type (Figure 54). In many rural-resort communities, such as Summit, Routt and Pitkin counties, income eligibility levels were only about half of the Self-Sufficiency Standard for a two-parent family with an infant.<sup>218, 219</sup> In other words, families in these communities who are likely struggling to make ends meet would not qualify for child care assistance through CCCAP.

**Figure 53 CCCAP Eligibility Thresholds as of January 2016 (% FPL)**



**Figure 54 CCCAP Eligibility Thresholds as a Percent of the 2015 Self-Sufficiency Standard: Two Adults and One Infant**



<sup>217</sup> Colorado Department of Human Services.

<sup>218</sup> *Ibid.*

<sup>219</sup> Colorado Center on Law and Policy & The Center for Women's Welfare. (2015). *The Self-Sufficiency Standard for Colorado 2015.*

## Colorado Child Care Assistance Program: Provider Reimbursement Rates

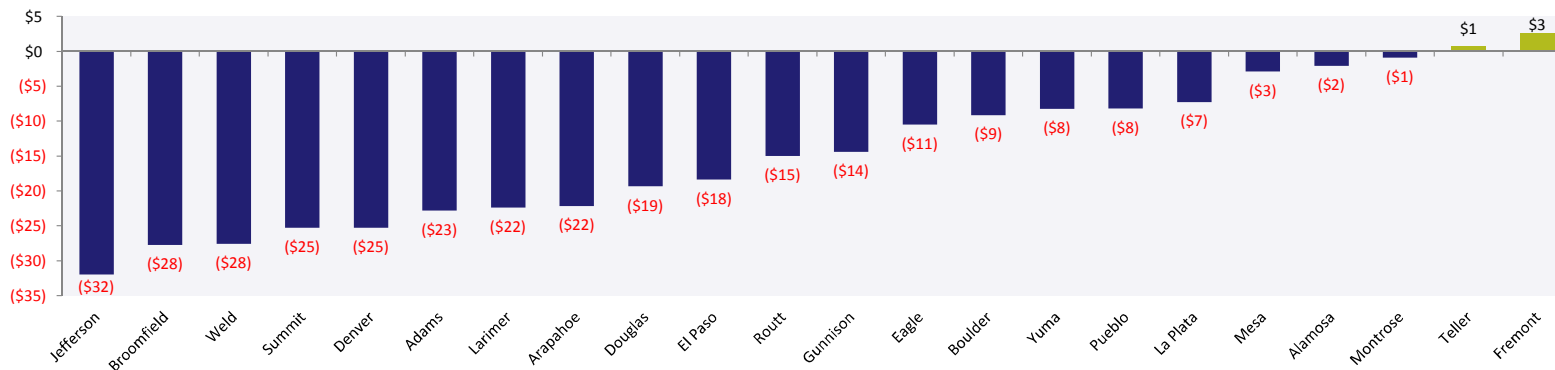
The federal Child Care and Development Block Grant (CCDBG) funds state child care assistance programs and establishes requirements for reimbursement rates paid to child care providers who contract with each state’s child care assistance program. The law sets this requirement, known as “equal access,” to help ensure that families using child care subsidies have the same choices of providers that are available to families who do not receive subsidies. The recommended reimbursement rate to meet the equal access requirement is set at the 75th percentile of the local child care market rate. When reimbursement rates are significantly below the market rate for child care, fewer providers are likely to accept child care subsidies, thereby limiting the choices of families who rely on the subsidies to afford care for their children.



### Data Highlights

- The Colorado Child Care Market Rate Survey contains county-level data on maximum daily CCCAP reimbursement rates for various age groups. Among the 22 counties for which reimbursement rates for infant care are available, only two counties (Teller and Fremont) had set daily CCCAP reimbursement rates at or above the equal access point (75th percentile of the market rate for care) (Figure 55).<sup>220</sup>
- While daily reimbursement rates in some counties fell within a few dollars of the equal access point, others were significantly below the 75th percentile. In Jefferson County, for example, the maximum daily reimbursement rate for center-based infant care was \$32 below the market rate of \$66.13. Over the course of a month, that \$32 daily shortfall would amount to several hundreds of dollars in lost revenue for a child care center—per child. Many child care providers, who are often operating on slim profit margins, cannot absorb this amount of lost revenue over time. Setting CCCAP reimbursement rates at a level that is comparable to the market rate for child care in each community is essential to ensuring that families using CCCAP subsidies have an adequate number of high-quality child care choices.

**Figure 55** Daily CCCAP Reimbursement Rates, Ages 0-12 Months: Amount Below the Equal Access Point (75<sup>th</sup> Percentile of Market Rate)



<sup>220</sup> Moldow, E., Velez, C., O'Brien, T., Walters, B., Krebill-Prather, R., and Carlson, B.L. (2015). 2015 Colorado Child Care Market Rate Study. University of Colorado Denver: The Evaluation Center, School of Education and Human Development.

# Early Childhood Learning and Development

## Cortez: Wrapping Families of Young Children in Support

For The Piñon Project in Cortez, the term “wraparound” means a lot more than hugs.

The Family Resource Center offers a high-quality early learning center for children ages six weeks to 12 years that is one of the few options in the region for low-income families with long work days. That alone is a community service, but the 21-year-old non-profit offers much more.

Emergency services, an early literacy curriculum, parenting support, health insurance enrollment, developmental and health screenings, supervised visits for court-ordered families—the list goes on.



“The family walks in the door,” said Executive Director Kellie Willis, “and we wrap around whatever supports and services that are appropriate for them—based on what they want.”

Supporting families from several directions means children have a better chance of success. A parent of a child in the preschool program can attend a parenting class or have an early education expert visit at home to offer support. The parent can check out a literacy kit from the library or attend preschool story time. She or he can enroll a child in public services like Medicaid. The Piñon Project provides all these services and more.

“We find families who are falling through the gaps and connect them into our programs,” said Maggie Tevault, Early Childhood Programs Coordinator. “Many of the parents who seek out Piñon’s services struggled with the effects of poverty or low educational attainment themselves as children and want something better for their own kids.”

We support them in developing family wellness goals and connect them with resources that will help them achieve those goals.”

Being tuned into the needs of families and community also drives new programming. The Youth Services department of The Piñon Project launched a youth suicide prevention program after seeing higher-than-average youth suicide rates. The peer suicide prevention model is designed for middle and high school students who are trained to mentor peers. Students learn about the issues and develop their own tactics and messages for reaching out to fellow students.

“The message is about opening up relationships with trusted adults to go to when needed,” Willis said. “If nothing else, we are opening up the conversation around suicide because it’s a hard subject. We’re getting kids involved and their friends involved. It is a really needed conversation in our middle school and high school.”

The staff launched the program using unrestricted funds from its current budget, a testament to the innovation that flexible funding can support.

“It’s all in our partners,” Willis said. “They see value in what we do and support us.”



**KIDS  
COUNT**  
in Colorado **2016**







## K-12 Education

Excellent schools are places where students master the basic reading, writing and math skills they need to be successful. More than that, they are places where children and youth learn to think deeply about the world around them, analyze complex problems and discover their passions. All children deserve access to the types of educational environments that will help them develop into thoughtful, engaged adults.

While some Colorado education indicators, such as participation in full-day kindergarten, are trending in the right direction, others point to additional work to be done. New assessments aligned to the Colorado Academic Standards illustrate that far too many children are not meeting grade-level expectations in core subjects like math and reading. Colorado continues to see vast achievement gaps between Hispanic, black and American Indian students and their white and Asian peers. These gaps exist in every subject and across all years for which data are available. Additionally, Colorado's per-pupil funding level continues to fall further and further behind the national average.

A high-quality education system benefits all Coloradans by developing engaged and informed residents, creating a more skilled workforce and increasing economic growth in our communities.

Our state has a responsibility to ensure that every child graduates from high school prepared for success in college, career and life. In order to fulfill that responsibility, we must eliminate opportunity gaps and guarantee all students access to high-quality programs and schools that meet their individual needs.





## Education Funding

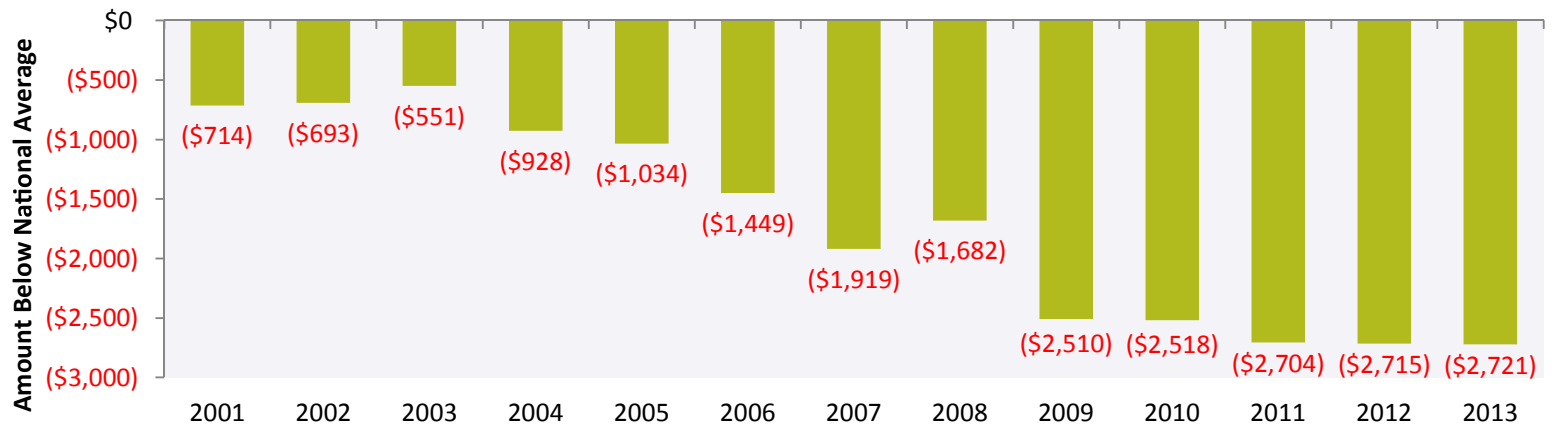
Economic conditions during the past decade brought significant challenges for schools and districts across Colorado. While schools were tasked with educating increasing numbers of students from economically struggling families and implementing reforms and innovations, they were also coping with budget cuts and working with increasingly limited resources. Stretched thin by cutbacks, many districts had to reduce staff, increase class sizes, delay building repairs or implement four-day school weeks. These changes occurred in the context of already lean budgets compared to other states.

Inadequate funding limits a school's ability to provide the high-quality professional staff, learning materials and facilities that help children succeed. Creating a great education system requires investment, and Colorado children deserve the best education system the nation has to offer. Ensuring that schools have the resources they need to create excellent learning environments for our state's children is a smart investment in Colorado's long-term prosperity.

### Data Highlights

- After accounting for differences in the cost of living from state to state, Colorado spends significantly less per student than many other states. In 2001, Colorado's per-pupil funding, adjusted for regional cost-of-living differences, was \$714 below the national average. By 2013, the gap in per-pupil funding between Colorado and the U.S. average had widened to more than \$2,700.
- The gap between Colorado's per-pupil funding and the national average has grown every year since 2008 (Figure 56).<sup>221</sup>

**Figure 56** Difference in Per-Pupil Spending, Between U.S. and Colorado, Adjusted for Regional Cost Differences



<sup>221</sup> National Center for Education Statistics. (n.d.). Revenues and Expenditures for Public Elementary and Secondary Education. As reported by the Annie E. Casey Foundation in the KIDS COUNT Data Center.

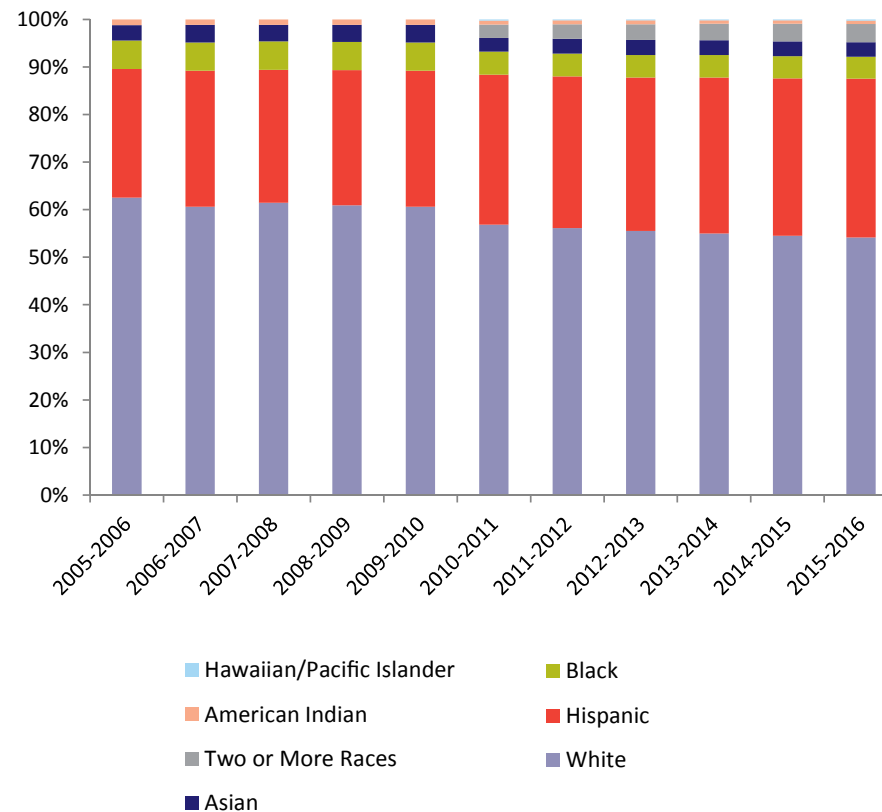
## Enrollment Trends

Schools around the state perform an official pupil count each year known as the “October count date.” The data collected help inform funding distributed through the state’s school finance formula and also provide valuable information on the demographics of Colorado’s student population.

### Data Highlights

- In the 2015-2016 school year, public school enrollment in preschool through 12th grade increased to 899,112 students, an increase of more than 10,000 students from the previous year. Enrollment in Colorado’s public schools has grown by 24 percent since the 2000-2001 school year.
- Children of color continue to make up a growing portion of Colorado’s student population. In the 2015-2016 school year, students of color made up 46 percent of all Colorado students, up from 38 percent 10 years earlier. The Hispanic and Asian student populations experienced the fastest growth during this time period, while the non-Hispanic white, black and American Indian student populations declined (Figure 57).<sup>222</sup>
- Approximately 14 percent of all students in grades PK-12 (128,041 students) were English Language Learners (ELLs) in 2015-2016, a slight increase from the previous school year.
- 92,687 students (approximately 10 percent of all students) were enrolled in special education programs, a 3 percent increase from 2014-2015.
- 214,482 students received Title I funded services in 2015-2016 (approximately a quarter of all students). Title I targets federal resources to high-poverty districts and schools.
- The number of students in gifted and talented programs increased to 68,716 students (8 percent of all students) in 2015-2016.<sup>223</sup>

**Figure 57 Colorado Pupil Enrollment by Race/Ethnicity**



<sup>222</sup> Colorado Department of Education. Pupil Membership 2004-2014. Note: The Hawaiian/Pacific Islander and Two or More Races categories were added in 2011.

<sup>223</sup> Colorado Department of Education. Fall 2013 Pupil Membership by County, District and Instructional Program.



## Full-Day Kindergarten

Children enrolled in full-day kindergarten programs receive twice the instructional time as children in half-day programs. As a result, children who participate in full-day programs make larger academic gains in reading and math than children enrolled in half-day programs.<sup>224</sup> Full-day programs also result in improved student attendance during kindergarten and lower rates of grade retention later in a child's schooling.<sup>225, 226</sup>

Despite these academic and social benefits, the state of Colorado only funds a little more than a half day of kindergarten for all students. If districts wish to offer full-day kindergarten, they must either find a local source of funding, such as a local bond or mill levy, or charge parents tuition.<sup>227</sup> Consequently, full-day programs are not available to all Colorado kindergartners.

### Data Highlights

- In 2015-2016, 76 percent of kindergartners in Colorado were enrolled in full-day programs. Enrollment in full-day kindergarten programs has increased significantly since 2007-2008, when only 40 percent of kindergartners were in full-day programs (Figure 58).
- In 2015-2016, 171 of Colorado's 179 school districts (including the Charter School Institute) served some portion of their kindergarten class in a full-day program, up from 141 of 179 districts in 2007-2008.<sup>228</sup>
- Black, Hispanic and American Indian children are more likely to be enrolled in a full-day kindergarten program than their white and Asian peers (Figure 59). In the 2015-2016 school year, 90 percent of black kindergartners, 88 percent of Hispanic kindergartners and 79 percent of American Indian kindergartners were enrolled in a full-day program, compared to 69 percent of white kindergartners and 65 percent of Asian kindergartners.<sup>229</sup>

<sup>224</sup> Walston, J., & West, J. (2002). Classroom organization and curriculum differences between full-day and part-day kindergarten programs in the nation's public schools

<sup>225</sup> WestEd. (2005). Full Day Kindergarten: Expanding Learning Opportunities.

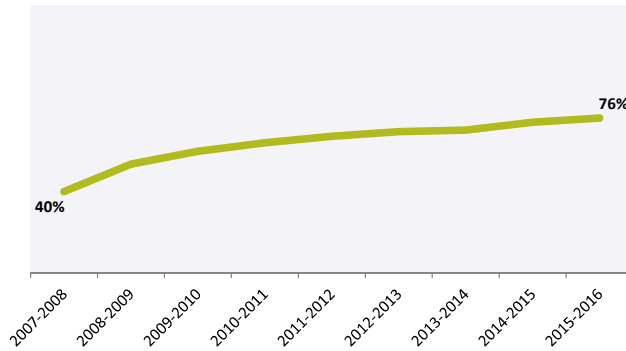
<sup>226</sup> Nieman & Gastright, as cited by Plucker, et al. (2004). The effects of full day versus half day kindergarten: Review and analysis of national and Indiana data. Center for Evaluation and Education Policy.

<sup>227</sup> State of Colorado Joint Budget Committee.

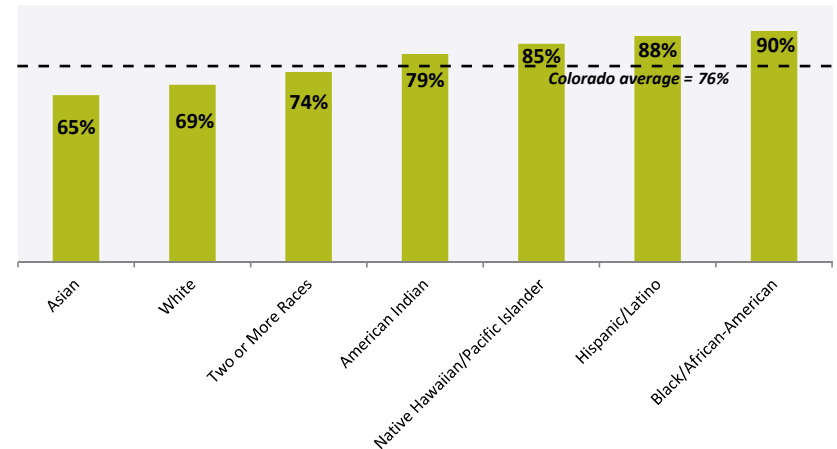
<sup>228</sup> Colorado Department of Education. Pupil Membership by District and Grade Level.

<sup>229</sup> Colorado Department of Education. 2015-2016 PK-12 Pupil Enrollment by School, Grade, Race/Ethnicity and Gender.

**Figure 58 Colorado Kindergartners in a Full-Day Program**



**Figure 59 Colorado Full-Day Kindergarten Participation by Race/Ethnicity, 2015-2016**



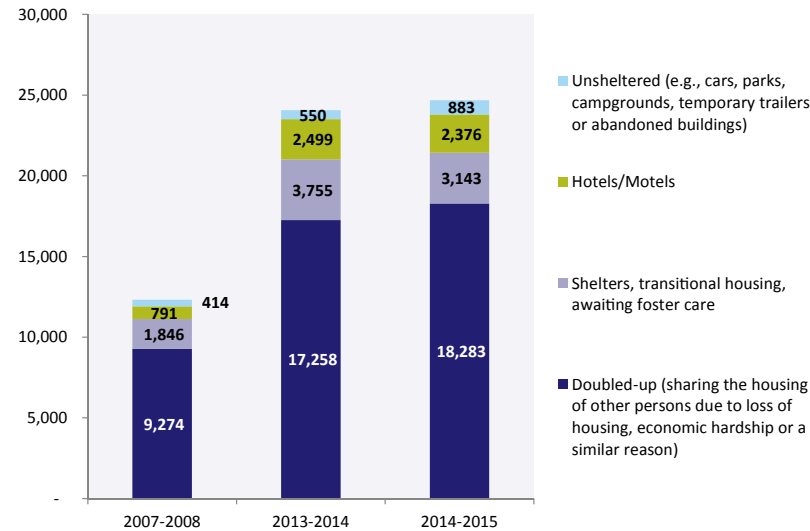
## Homeless Students

Being homeless affects every aspect of a child's life. Homelessness can range from unsheltered living in cars or abandoned buildings to a combination of hotel and shelter transitions, but the majority of homeless students in Colorado fall into the "doubled-up" category. In other words, their families are sharing housing with other families due to economic hardship or loss of their own housing. Although being doubled-up may be less dire than being completely unsheltered, research has found that when children are living in overcrowded housing situations, their academic performance suffers. Children who grow up in crowded housing have poorer math and reading skills, complete fewer years of school and are less likely to graduate from high school.<sup>230</sup> Addressing the shortage of affordable housing across the state is essential to ensuring Colorado students have the opportunity to fulfill their academic potential.

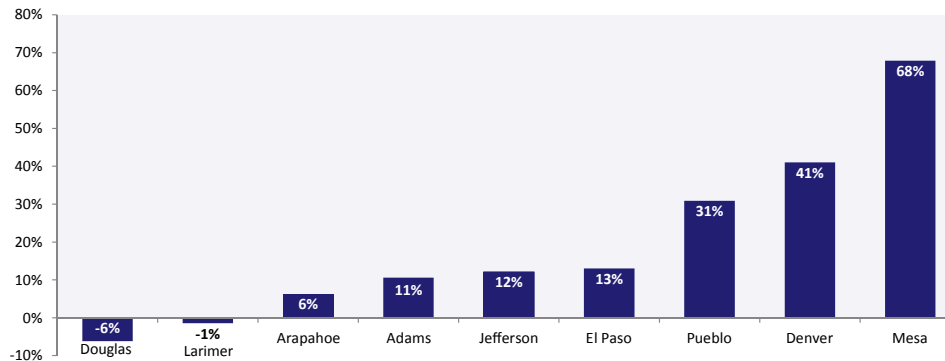
### Data Highlights

- The number of homeless students in Colorado rose for the second school year in a row in 2014-2015. School districts across the state identified 24,685 students who were homeless, up from 24,062 students the previous year (Figure 60). Due to challenges in identifying homeless students, the actual number of students who are homeless is likely much higher than what is reported by Colorado school districts.<sup>231</sup>
- This rise in the number of homeless students in Colorado was largely driven by increases in several Front Range counties, as well as a significant increase in Mesa County (Figure 61). Between the 2013-2014 and 2014-2015 school years, the number of homeless students in Denver County increased by 41 percent, or approximately 924 students—an unprecedented jump. In fact, there were more homeless students identified in Denver Public Schools in 2014-2015 than during the height of the recession. The number of homeless students in Mesa County rose by 68 percent (264 students) during the same time period. Adams, Pueblo and Jefferson counties saw large jumps in their homeless student populations as well.
- Statewide, the number of homeless students remains twice as high as its 2007-2008 level, when approximately 12,000 Colorado students were homeless (Figure 60).<sup>232</sup>

**Figure 60 Homeless Students in Colorado**



**Figure 61 Percent Change in the Number of Homeless Students among Large Counties, 2013-2014 to 2014-2015**



<sup>230</sup> Braconi, F. (2001). Housing and schooling. *The Urban Prospect*. New York, NY: Citizen's Housing and Planning Council; Conley, D. (2001). A room with a view or a room of one's own?: Housing and social stratification. *Sociological Forum* 16(2). As cited by Brennan, M. (2011). The impacts of affordable housing on education: A research summary. *Insights from Housing Policy Research*. Washington, DC: Center for Housing Policy.



<sup>231</sup> Colorado Department of Education.

<sup>232</sup> *Ibid.*





## Alternative Education Campuses

Alternative education campuses (AECs) are schools with a specialized mission. AECs in Colorado either serve students who have special needs; or serve a student population in which at least 95 percent have an Individualized Education Program (IEP) or meet the definition of a “high-risk” student.<sup>233</sup> AECs may serve students who are pregnant or parenting, students who have been involved in the corrections system or students who have behavioral struggles.

Schools that wish to be designated as an AEC are required to submit an application to the Colorado Department of Education, which must then be approved by the State Board of Education. Historically, accountability was limited for alternative education programs in Colorado. Beginning in 2011, however, the Colorado Department of Education began using a modified version of the school performance framework to hold alternative education programs accountable for student outcomes. Alternative education campuses are assessed on the same general areas as other schools—academic achievement, academic growth, post-secondary and workforce readiness, and student engagement—but the specific benchmarks for AECs take into account the unique purposes of the campus and the special needs of the students enrolled. According to the most recent school performance ratings, performance among alternative education campuses is mixed.

### Data Highlights

- In 2015-2016, 88 alternative education campuses operated across the state. More than 17,000 Colorado students (approximately 2 percent of all students) were enrolled in alternative education campuses in the 2015-2016 school year, up from approximately 13,000 in 2014-2015.<sup>234</sup>
- Students of color are disproportionately represented in alternative education programs. In the 2015-2016 school year, students of color made up 46 percent of all Colorado students, but 65 percent of students in alternative education programs (Figure 62).<sup>235</sup>
- As of 2013-2014, the most recent year for which school performance ratings are available, 34 alternative education programs were accredited with a performance plan, the highest rating schools can achieve; 29 schools were accredited with an improvement plan; 13 schools were accredited with a priority improvement plan; and 8 schools were on turnaround plans, the lowest rating schools can receive.<sup>236</sup>
- In 2014-2015, four-year graduation rates among Colorado alternative education programs ranged from a low of 0 percent in several schools to a high of 89 percent at Prairie Creeks Charter School in the Strasburg School District. The average on-time graduation rate for Colorado alternative high schools was approximately 30 percent, significantly below the statewide average of 77 percent.<sup>237</sup>

<sup>233</sup> Colorado Department of Education. (2014). Accountability for alternative education campuses: Policy guidance. Retrieved from [https://www.cde.state.co.us/accountability/policy\\_guidance\\_accountability\\_for\\_aecs](https://www.cde.state.co.us/accountability/policy_guidance_accountability_for_aecs).

<sup>234</sup> Colorado Department of Education. Schools designated as Alternative Education Campuses, 2015-2016.

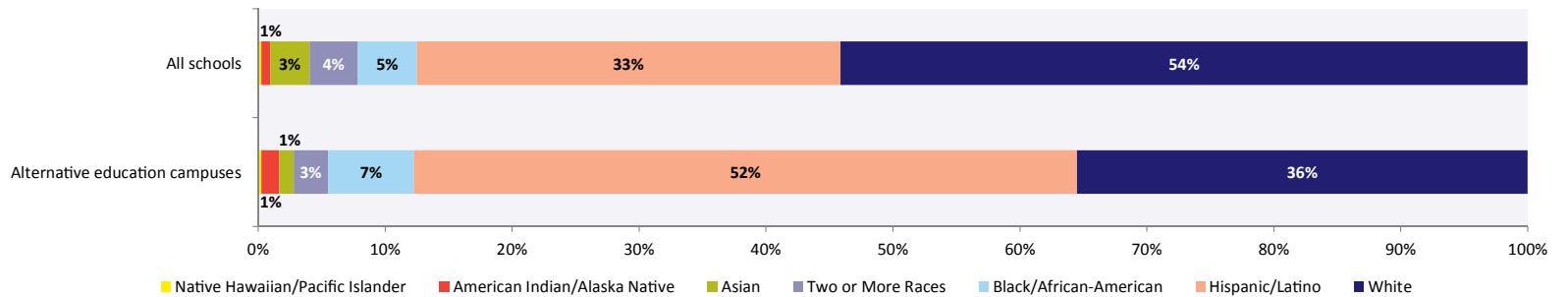
<sup>235</sup> Raw data from the Colorado Department of Education. Calculations performed by the Colorado Children's Campaign.

<sup>236</sup> Colorado Department of Education. CDE 2014 School Plan Type Assignments 2010-2014.

<sup>237</sup> Colorado Department of Education. Graduates and Completers by School, Gender and Race/Ethnicity. Overall calculations for alternative schools performed by the Colorado Children's Campaign.

**Figure 62**

**2015-2016 Student Demographics:  
Alternative Education Campuses vs. All Colorado Schools**



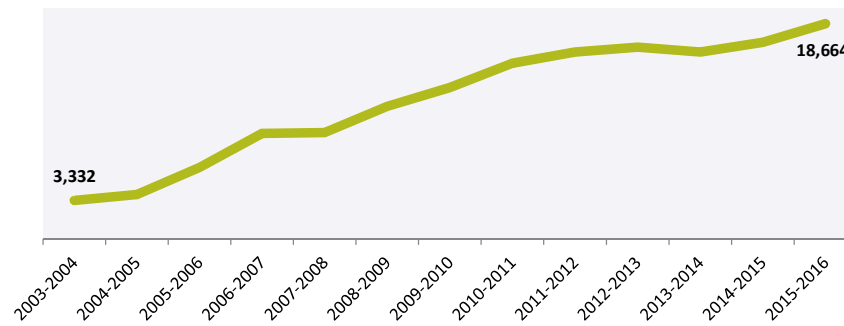
## Online Education Programs

Colorado is home to dozens of online schools and programs that together enroll thousands of students. Online schools and programs in Colorado are full-time academic programs and may enroll students from a single district or include students from districts across the state.<sup>238</sup> Recent pupil enrollment data show that online schools are experiencing some of the fastest growth in the state, but data also indicate that students in many online schools fare worse than their brick-and-mortar counterparts on indicators such as reading and math proficiency and graduation rates.<sup>239, 240</sup>

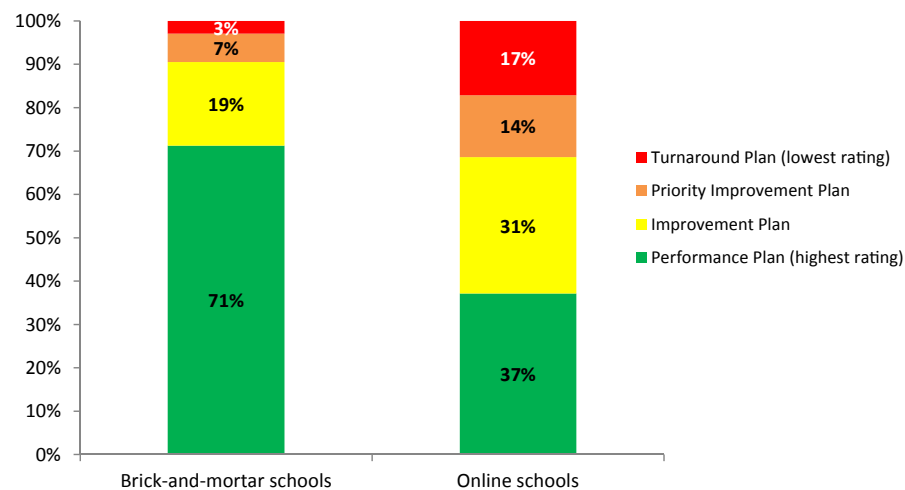
### Data Highlights

- The number of Colorado students enrolled in an online education program increased to 18,664 students in 2015-2016 (2 percent of students) from 17,060 in 2014-2015. Enrollment in online education programs has increased by more than 400 percent since the 2003-2004 school year (Figure 63).<sup>241</sup>
- Online schools were more likely than brick-and-mortar schools to receive priority improvement or turnaround ratings, the lowest ratings under Colorado's school performance framework. As of 2013-2014, the most recent year for which school accreditation ratings are available, 37 percent of all online schools were accredited with a performance plan, the highest rating schools can achieve; 31 percent of online schools were accredited with improvement plans; 14 percent of online schools were accredited with priority improvement plans; and 17 percent of online schools were accredited with turnaround plans, the lowest rating schools can receive (Figure 64). Seven online schools were approved as alternative education campuses (AECs), which are subject to different accountability benchmarks; five of these online AECs were accredited with performance ratings, while two were accredited with improvement plans.<sup>242</sup>
- On average, online education programs in Colorado have lower on-time graduation rates than brick-and-mortar schools. In total, the graduation rate for online high schools in Colorado was only 41 percent in 2015, significantly below the statewide average of 77 percent.<sup>243</sup>

**Figure 63 Colorado Students Enrolled in Online Schools or Programs**



**Figure 64 2013-2014 School Performance Ratings**



<sup>238</sup> Colorado Department of Education. (n.d.). Online schools and programs.

<sup>239</sup> Colorado Department of Education. (2016). Statewide preschool through 12th grade student enrollment continues to grow.

<sup>240</sup> Heiney, A., Lefly, D., & Anderson, A. (2012). Characteristics of Colorado's online students.

<sup>241</sup> Colorado Department of Education. (2016). Statewide preschool through 12th grade student enrollment continues to grow.

<sup>242</sup> Colorado Department of Education. CDE 2014 School Plan Type Assignments 2010-2014.

<sup>243</sup> Raw data from the Colorado Department of Education. Calculations performed by the Colorado Children's Campaign.



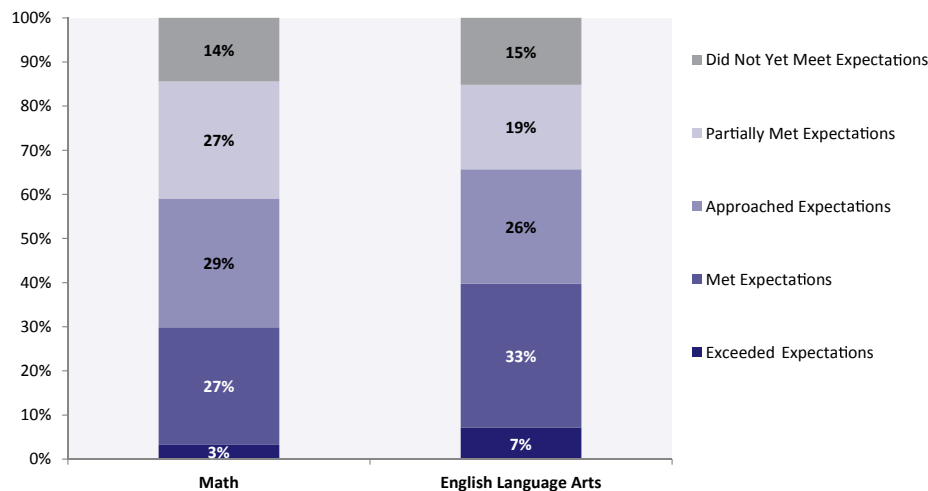
## Overall Student Achievement

Strong skills in core subjects such as reading, writing, math, science and social studies help prepare children for success when they enter college or the workforce. For years, Colorado has administered standards-based assessments to measure students' proficiency in these subject areas. While standardized assessments are not the only way to measure a student's knowledge and abilities, standardized test scores provide important information about what students have learned, where they need further support, and how groups of students are doing relative to their peers. Results from the new Colorado Measures of Academic Success (CMAS), implemented in 2014 and 2015 and fully aligned to the Colorado Academic Standards, indicate that many Colorado students are not performing at grade level in core subjects.

### Data Highlights

- In 2015, just 30 percent of Colorado students in grades 3 through 8 met or exceeded grade-level expectations on the new CMAS mathematics assessment (Figure 65). Percentages ranged from a high of about 37 percent in third grade to a low of 19 percent in eighth grade.<sup>244</sup>
- On the 2015 English language arts assessment, 40 percent of students in grades 3 through 11 met or exceeded grade-level expectations (Figure 65). The percent of students meeting or exceeding expectations ranged from a high of about 43 percent in fourth grade to a low of 37 percent in eighth grade.<sup>245</sup>

**Figure 65 2015 CMAS Math and English Language Arts**



<sup>244</sup> Colorado Department of Education.

<sup>245</sup> *Ibid.*

## COLORADO MEASURES OF ACADEMIC SUCCESS

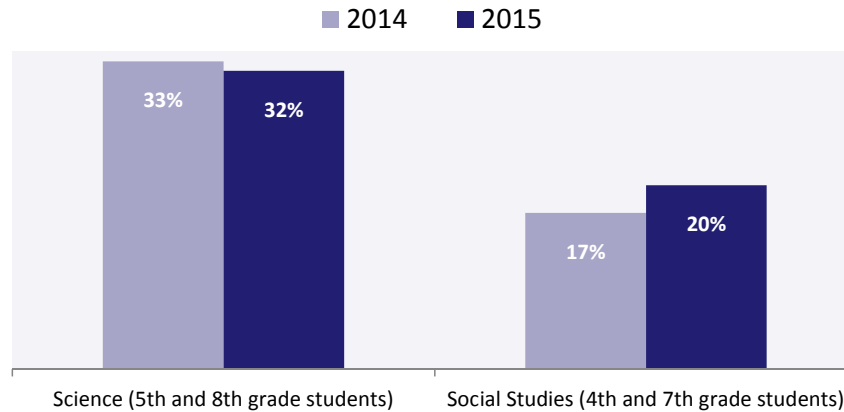
In 2012, the **Transitional Colorado Assessment Program (TCAP)** replaced the **Colorado Student Assessment Program (CSAP)** as the state's standardized assessment. The TCAP was used by school districts as they shifted to the new Colorado Academic Standards. In the fall of 2014, school districts transitioned to the **Colorado Measures of Academic Success (CMAS)**, aligned to the Colorado Academic Standards, with new assessments in science and social studies.

Colorado completed the transition to CMAS in the spring of 2015 with new English language arts (ELA) and math assessments, developed in part by Colorado educators through a multi-state consortium called the Partnership for Assessment of Readiness for College and Career (PARCC). The new online assessments use more advanced questioning and enable students to demonstrate the critical thinking, analytical writing and problem-solving skills needed to succeed in today's world. Students took the CMAS math and ELA assessments for the first time in spring 2015. The scores serve as a new baseline for students and cannot be compared to previous CSAP/TCAP results.

## Data Highlights, continued

- In 2015, 32 percent of Colorado students in fifth and eighth grades met or exceeded expectations on the CMAS science assessment, down slightly from 33 percent in 2014 (Figure 66).<sup>246</sup>
- Proficiency levels improved on the CMAS social studies assessment between 2014 and 2015: 20 percent of Colorado students in fourth and seventh grades met or exceeded expectations in 2015, compared to just 17 percent in 2014 (Figure 66).<sup>247</sup>
- The only year-over-year decline in science or social studies scores occurred in eighth-grade science, where 29 percent of students met or exceeded expectations in 2015, down 3.5 percentage points from 2014.

**Figure 66 Students Meeting or Exceeding Expectations on the CMAS**



<sup>246</sup> Colorado Department of Education.

<sup>247</sup> *Ibid.*





## Achievement Gaps by Family Income

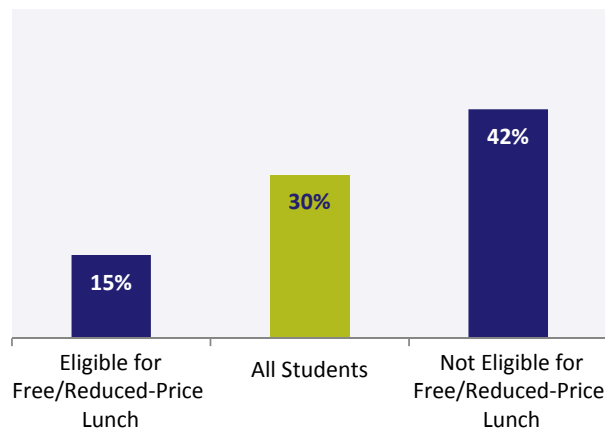
Looking only at statewide averages can mask differences in student performance based on factors such as family income. Children in low-income families often start school on unequal footing with their higher income peers. The achievement gaps between these students and their peers can be difficult to close over time without significant support. Identifying gaps in student achievement can help schools understand where to provide additional support to make sure that all Colorado students have the opportunity to learn, grow, and gain the skills they need to thrive in adulthood.

Colorado has long seen persistent gaps in student achievement by family income, and results from the 2015 CMAS assessment prove no exception. Students are considered low-income if their families earn below 185 percent of the federal poverty level, or about \$44,900 for a family of four, making them eligible for free or reduced-price school meals.

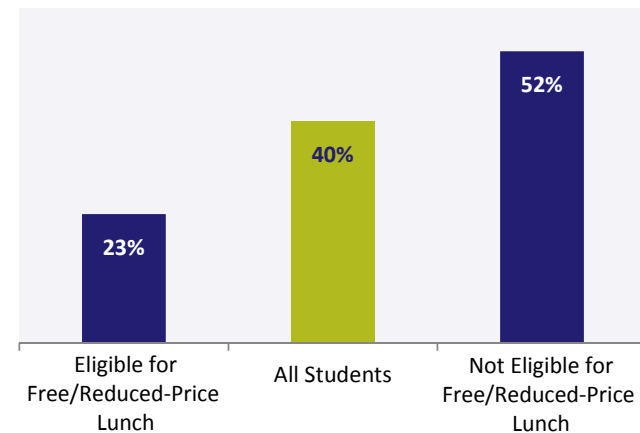
### Data Highlights

- The 2015 CMAS math assessments showed a 27 percentage point achievement gap based on family income: only 15 percent of low-income students performed at grade level, compared to 42 percent of moderate- and upper-income students (Figure 67).
- Similarly, results showed a 29 percentage point gap between low-income and higher-income students on the 2015 CMAS English language arts assessment. Students not eligible for free or reduced-price lunch were more than twice as likely to perform at grade level as their lower-income peers (Figure 68).<sup>248</sup>
- Colorado's income achievement gaps mirror the gaps that exist across the nation. Research shows that income-based achievement gaps across the U.S. are growing wider. One study found that the income achievement gap was 30 percent to 40 percent larger for children born in 2001 than for those born 25 years earlier.<sup>249</sup>

**Figure 67 2015 CMAS Math Proficiency by Family Income**



**Figure 68 2015 CMAS English Language Arts Proficiency by Family Income**



<sup>248</sup> Colorado Department of Education.

<sup>249</sup> Reardon, S.F. (2011). The widening academic achievement gap between the rich and the poor: New evidence and possible explanations. In Duncan, G.J. and Murnane, R.J., eds. (2011). Whither opportunity? Rising inequality, schools, and children's life chances. (2011). New York: The Russell Sage Foundation and Chicago: Spencer Foundation, p. 97. As cited by the Annie E. Casey Foundation in "Early warning confirmed: A research update on third-grade reading."

## Achievement Gaps by Race/Ethnicity

Racial and ethnic inequality in education has a long and persistent history in the United States. Even today, despite great progress, opportunities are not equally distributed to all children. Achievement gaps between students of color and white students provide one important measure of equality of educational outcomes.

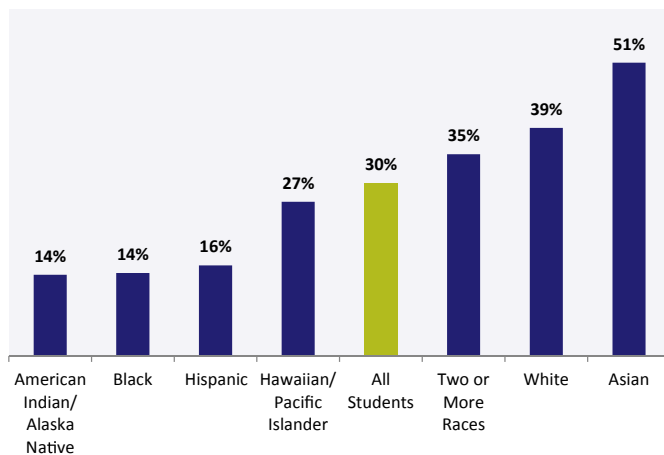
Colorado state assessment results show wide achievement gaps based on race and ethnicity. Across all subjects assessed by the CMAS, black, American Indian, Hispanic and Hawaiian/Pacific Islander students are less likely to perform at grade level than their non-Hispanic white or Asian peers. Because children of color are more likely to grow up in poverty, these achievement gaps are often attributed to socioeconomic factors or “opportunity gaps” in resources available during the first years of a child’s life.<sup>250</sup> However, these factors can be exacerbated by education and school funding policies. Students in low-income families and students of color are more likely to be enrolled in poorly funded schools with less access to more experienced, highly qualified teachers.<sup>251, 252</sup>



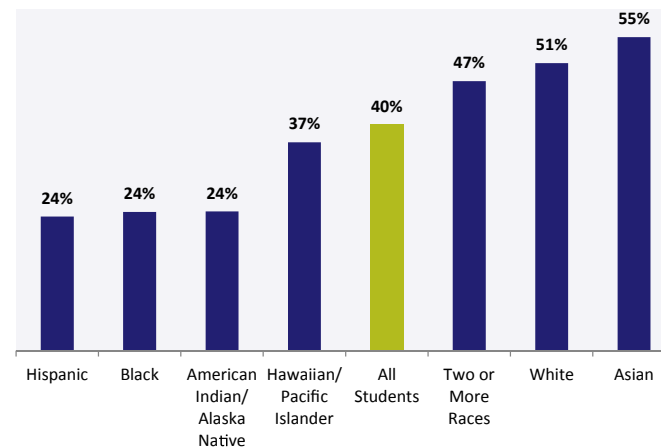
### Data Highlights

- In 2015, white and Asian students were significantly more likely to meet or exceed grade-level expectations on the CMAS math assessments than their black and Hispanic peers. For all students tested in grades 3 through 8, 39 percent of white students performed at grade level, compared to 14 percent of black and American Indian/Alaska Native students and 16 percent of Hispanic students (Figure 69).<sup>253</sup>
- While proficiency levels were higher in English language arts than in math for all groups, white and Asian students were still more than twice as likely as black, Hispanic and American Indian students to meet or exceed grade-level expectations. Among students in grades 3 through 11, 51 percent of white students were reading at grade level, compared to 24 percent of black, Hispanic, and American Indian/Alaska Native students (Figure 70).<sup>254</sup>

**Figure 69 2015 CMAS Math Proficiency by Race/Ethnicity**



**Figure 70 2015 CMAS English Language Arts Proficiency by Race/Ethnicity**



<sup>250</sup> Editorial Projects in Education Research Center. (2011, July 7). Issues A-Z: Achievement Gap. Education Week.

<sup>251</sup> Davis, T.M., & Welcher, A.N. (2013). School quality and the vulnerability of the black middle class: The continuing significance of race as a predictor of disparate school environments. *Sociological Perspectives*, 56(4), 467-493.

<sup>252</sup> U.S. Department of Education Office for Civil Rights. Data snapshot: Teacher equity. Retrieved from <http://www2.ed.gov/about/offices/list/ocr/docs/crdc-teacher-equity-snapshot.pdf>.

<sup>253</sup> Colorado Department of Education.

<sup>254</sup> *Ibid.*



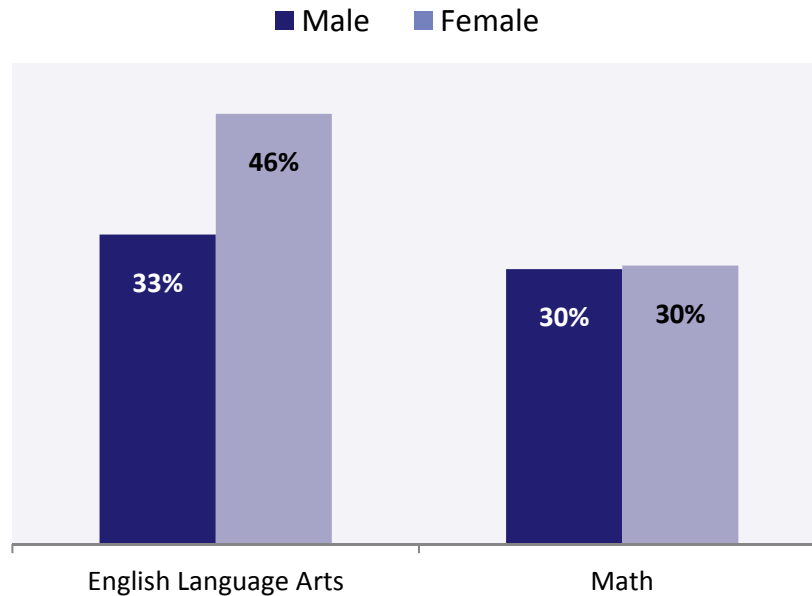
## Achievement Gaps by Gender

Proficiency levels also vary between male and female students in Colorado.

### Data Highlights

- In 2015, girls outperformed boys in English language arts. Across grades 3 through 11, 46 percent of girls met or exceeded grade-level expectations, compared to only 33 percent of boys (Figure 71).<sup>255</sup>
- Historically, boys have outperformed girls in math. In 2015, however, no gender-based achievement gap existed on CMAS math assessments: 30 percent of both boys and girls met or exceeded grade-level expectations across grades 3 through 8 (Figure 71).<sup>256</sup>

**Figure 71** 2015 CMAS Proficiency by Gender



<sup>255</sup> Colorado Department of Education.

<sup>256</sup> *Ibid.*



## Colorado Measures of Academic Success (CMAS) Participation Rates

Along with student achievement results, the Colorado Department of Education (CDE) releases school- and district-level participation rates for all CMAS assessments. Participation rates were strong for elementary school students but declined in older grades, particularly in high school. Districts and schools with participation rates below 95 percent could ordinarily see their accountability ratings lowered, but the state’s accountability system is in a one-year timeout, meaning participation rates and proficiency levels will not impact any school or district accountability ratings for 2015-16. While opt-outs due to parent refusal are called out separately in the data reported by CDE, all students without valid scores (for any reason) are counted against the overall participation rates.

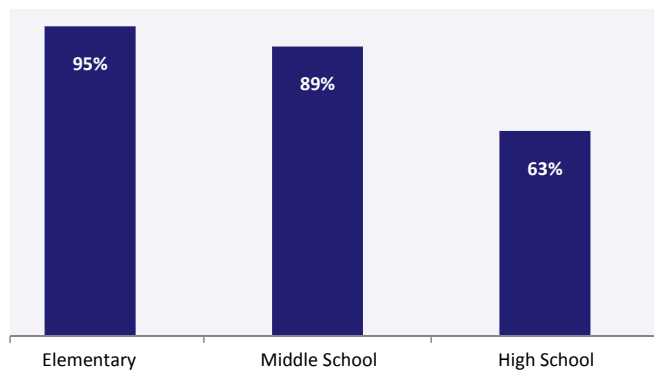
Meaningful and relevant assessments are a critical tool to help the state and school districts monitor student achievement and ensure that all students have access to the educational opportunities they deserve. While results from the 2015 CMAS assessments provide important baseline data on student achievement throughout the state, disparities in participation rates suggest results may not be representative of all of Colorado’s students.



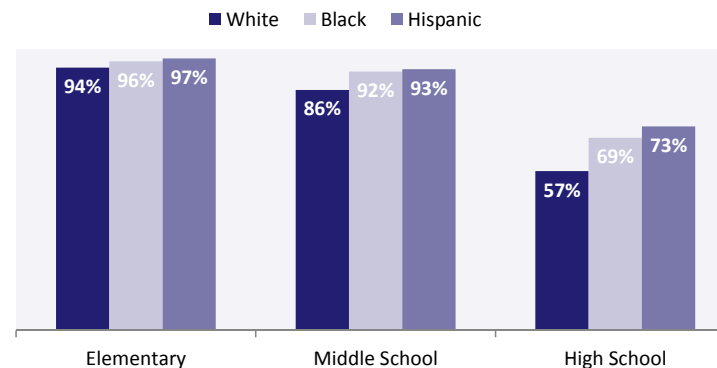
### Data Highlights

- Overall participation rates on 2015 math and English language arts assessments were highest among younger students, with 95 percent of elementary and 89 percent of middle school students participating. Only two-thirds of all high schoolers (63 percent) completed the tests (Figure 72).<sup>257</sup>
- Opt-out rates tended to be higher among white students and students from wealthy districts, making it more difficult to compare results and understand where achievement gaps exist. Across all grade levels, white students were more likely to opt out of the tests than their peers (Figure 73).<sup>258</sup>

**Figure 72 2015 CMAS Participation Rates: Math and English Language Arts**



**Figure 73 2015 CMAS Participation Rates by Race/Ethnicity: Math and English Language Arts**



<sup>257</sup> Colorado Department of Education.

<sup>258</sup> *Ibid.*





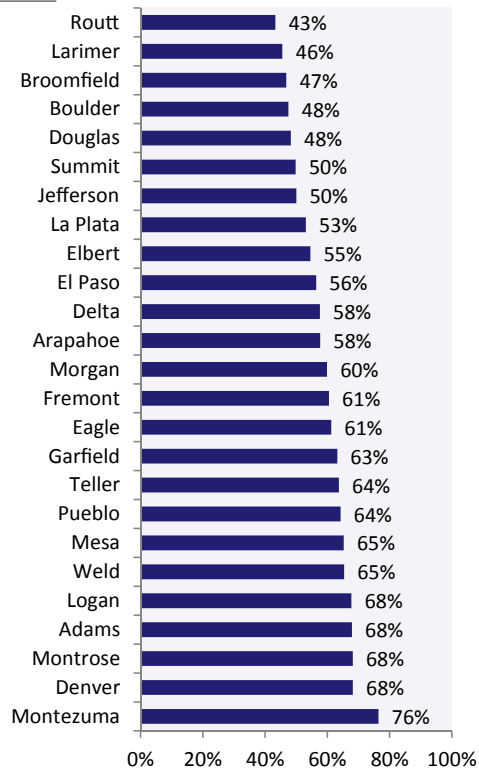
## Colorado Child Well-Being Index: Fourth-Graders Not Proficient in Reading

Fourth-grade reading proficiency is a crucial marker in a child's educational development and a strong predictor of future academic success. By fourth grade, children must use reading skills to learn other subjects, making mastery of reading critical to their ability to keep up academically. Children who are not reading at grade level by the end of third grade are four times more likely to drop out of high school than children who are reading proficiently.<sup>259</sup>

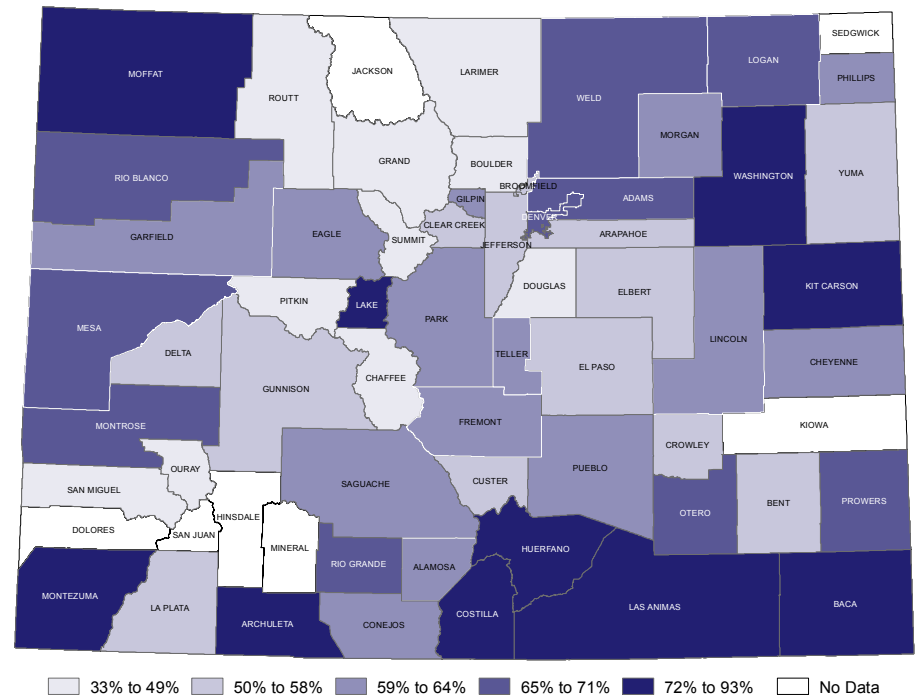
### Data Highlights

- In Colorado, 58 percent of all fourth-graders were reading below grade level in 2015, according to the CMAS English language arts assessment.<sup>260</sup>
- The percent of fourth-graders not reading at grade level varies across the state. Among Colorado's largest counties, Montezuma County had the highest percentage of fourth-graders not reading at grade level (76 percent). Routt County had the lowest, with 43 percent of fourth graders not reading at grade level (Table 13, Figure 74).<sup>261</sup>

**Table 13**



**Figure 74 Fourth-Graders Not Proficient in Reading on the 2015 CMAS**



<sup>259</sup> Hernandez, D. J. (2012). *Double Jeopardy: How Third-Grade Reading Skills and Poverty Influence High School Graduation*. Baltimore, MD: The Annie E. Casey Foundation.

<sup>260</sup> Colorado Department of Education.

<sup>261</sup> *Ibid.*

## National Achievement Gaps in Fourth Grade Reading

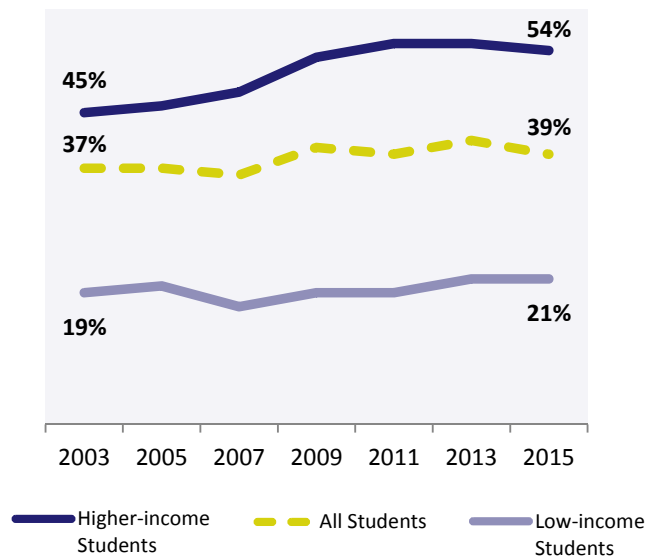
While states use their own assessments to measure proficiency in core subjects, the National Assessment of Educational Progress (NAEP) is currently the only standardized assessment that allows for comparisons of student proficiency across states. Often called “the nation’s report card,” the NAEP assesses randomly selected students in grades 4, 8 and 12 from across the nation to help provide a picture of nationwide student achievement over time. Like the CMAS, the NAEP also illustrates the achievement gap between low-income students and higher-income students, as well as between white students and students of color.



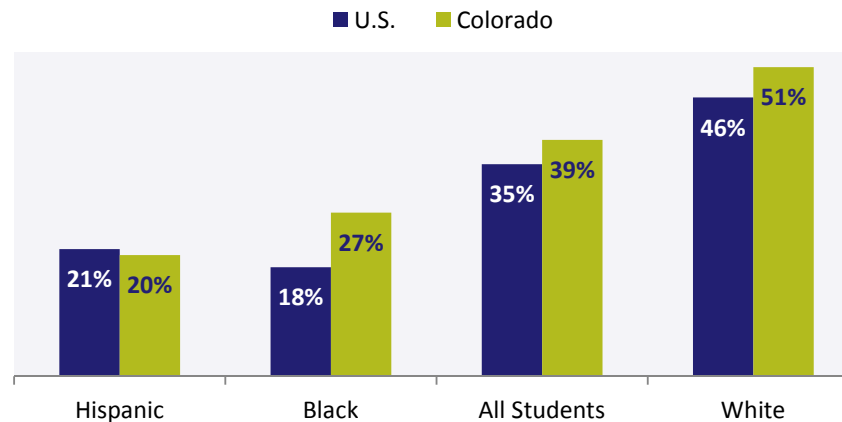
### Data Highlights

- In 2015, Colorado had the 12th-largest fourth grade reading achievement gap in the nation; only 21 percent of low-income students scored proficient or above in reading on the NAEP, compared to 54 percent of higher-income students (Figure 75).
- The income-based achievement gap in Colorado is widening over time. Between 2003 and 2015, the gap in reading proficiency levels between low-income and higher-income students grew by 27 percent.<sup>262</sup>
- While fourth-graders in Colorado scored slightly higher than the U.S. average, not all students fared equally. Only 20 percent of Colorado’s Hispanic students and 27 percent of black students were reading at grade level in 2015, compared to 51 percent of white students (Figure 76).

**Figure 75 NAEP Fourth-Graders Reading at Grade Level by Family Income**



**Figure 76 2015 NAEP Fourth-Graders Reading at Grade Level by Race/Ethnicity**



<sup>262</sup> U.S. Department of Education, National Center for Education Statistics, National Assessments of Educational Progress.



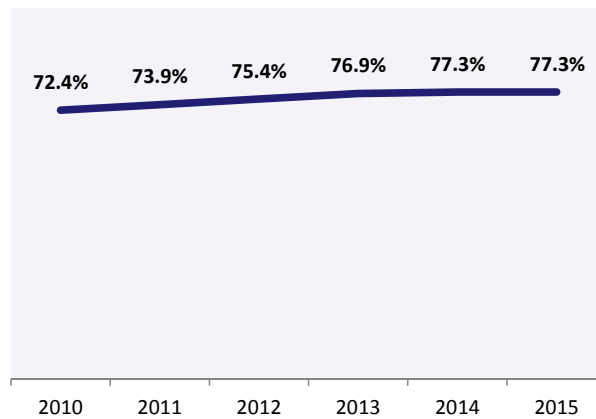
## Graduation Rates

A high school diploma opens the door to college, employment opportunities and greater earning potential. In Colorado, median annual earnings for workers who did not graduate from high school or earn a GED (\$23,000) were just 75 percent of those of a high school graduate (\$30,600).<sup>263</sup> High school graduates also have better health outcomes and are less likely to engage in risky behavior.<sup>264</sup> Supporting all Colorado students in obtaining a high school diploma will help ensure our state has a strong workforce in the years to come.

### Data Highlights

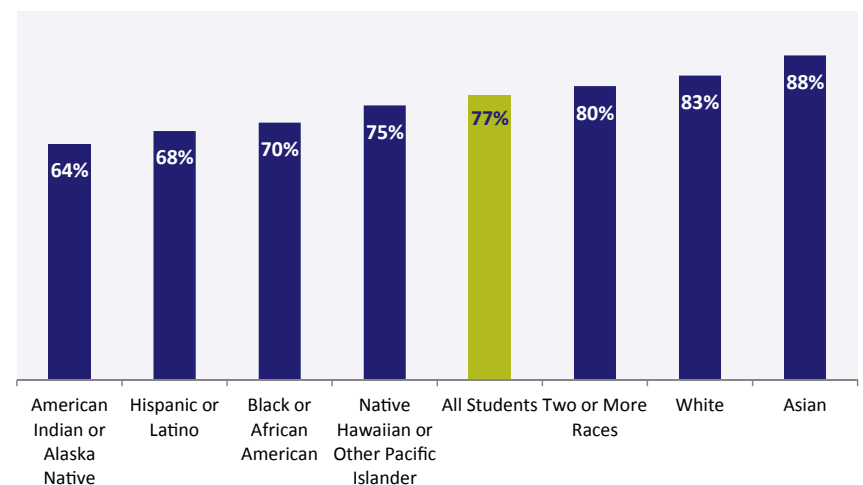
- After four consecutive years of improvement, Colorado's on-time high school graduation rate plateaued at 77.3 percent for the class of 2015 (Figure 77).<sup>265</sup>
- Although the graduation rate remained unchanged from 2014, the gap between students of color and white students narrowed slightly, as the rate for students of color increased by about 1 percentage point from 69.2 percent to 70.3 percent in 2015. However, large gaps in graduation rates persist for students of color (Figure 78).<sup>266</sup>
- Female students were significantly more likely to graduate on time than males; 81.2 percent of female students in Colorado graduated on time in 2015, compared to 73.6 percent of male students.<sup>267</sup>
- Students with limited English proficiency and those who qualified for free or reduced-price lunch graduated at much lower rates than their peers. Only 61.1 percent of English language learners and 65.5 percent of students from low-income families graduated on time in 2015.<sup>268</sup>

**Figure 77 On-Time Graduation Rate**



**Figure 78**

**2015 Colorado Graduation Rates by Race/Ethnicity**



<sup>263</sup> U.S. Census Bureau, 2014 American Community Survey 1-Year Estimates.

<sup>264</sup> Alliance for Excellent Education. (2006, November 1). *Healthier and wealthier: Decreasing health care costs by increasing educational attainment* (Issue Brief). Retrieved from <http://all4ed.org/reports-factsheets/healthier-and-wealthier-decreasing-health-care-costs-by-increasing-educational-attainment/>

<sup>265</sup> Colorado Department of Education.

<sup>266</sup> *Ibid.*

<sup>267</sup> *Ibid.*

<sup>268</sup> *Ibid.*

## Dropout Rate

Without a high school diploma, the chances of finding a job that pays enough to allow a young adult to reach self-sufficiency are slim. In 2014, 24 percent of Coloradans without a high school diploma lived in poverty, compared to 12 percent of Coloradans who completed high school and 4 percent of those with a bachelor's degree.<sup>269</sup>

Youth of color are at particularly high risk of dropping out of school. Many predictors of dropout, such as delayed reading skills, grade retention, absenteeism, and school disengagement, are significantly higher for students of color, due in large part to higher rates of poverty, less access to high-quality early childhood education, and higher representation at under-resourced schools.<sup>270</sup> Additionally, children of color are disproportionately met with suspensions, expulsions or police intervention instead of appropriate school intervention, placing them at higher risk of dropping out of high school or entering the juvenile justice system.<sup>271</sup>

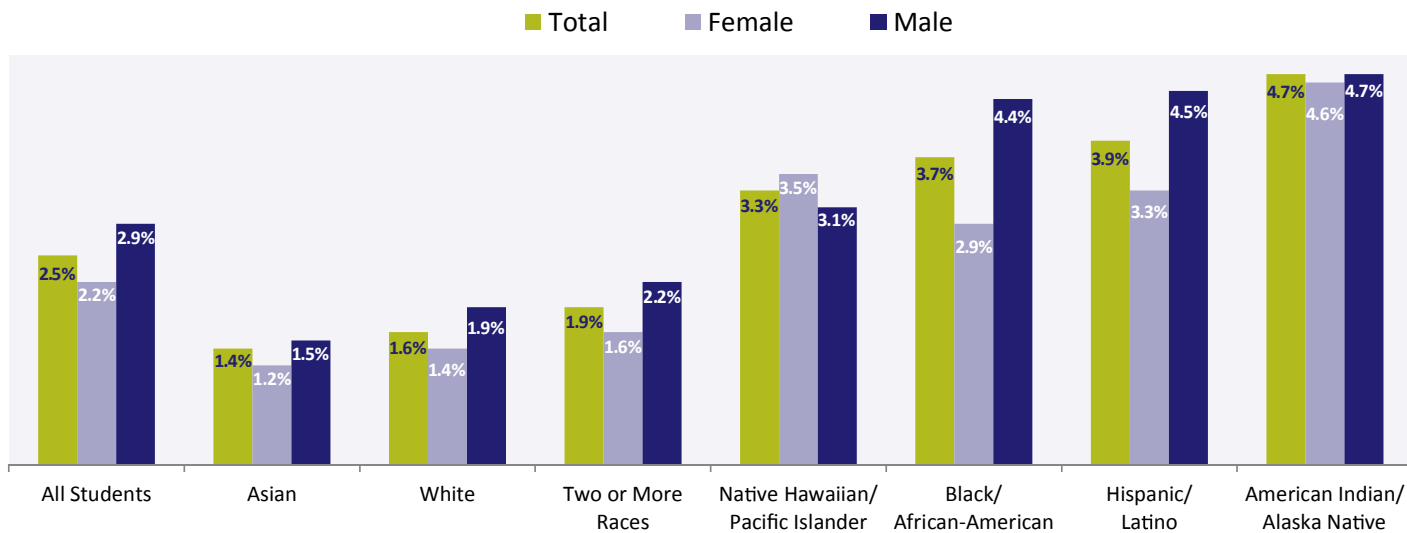
### Data Highlights

- For the first time in several years, Colorado's dropout rate increased in 2014-15. In 2014-15, Colorado's dropout rate was 2.5 percent (11,114 students), up slightly from 2.4 percent (10,546 students) in 2013-14. This 0.1 percentage point increase represents almost 600 additional students who dropped out during the 2014-15 school year.<sup>272</sup>
- Dropout rates reflect large differences based on gender, race and ethnicity (Figure 79). In Colorado, American Indian students have consistently had the highest dropout rates of any group; in 2014-15, they were almost twice as likely to drop out as Colorado students on average. Hispanic/Latino students, black/African-American students, and Native Hawaiian/Pacific Islander students also had higher dropout rates than their non-Hispanic white, Asian, and multiracial peers.<sup>273</sup>



Figure 79

2015 Dropout Rates



<sup>269</sup> U.S. Census Bureau, 2014 American Community Survey 1-Year Estimates.

<sup>270</sup> American Psychological Association. (2012). "Facing the School Dropout Dilemma." Retrieved from <http://www.apa.org/pi/families/resources/school-dropout-prevention.aspx>.

<sup>271</sup> Children's Defense Fund. (2007). "America's Cradle to Prison Pipeline." Retrieved from: <http://www.childrens-defense.org/library/data/cradle-prison-pipeline-report-2007-full-lowres.pdf>.

<sup>272</sup> Colorado Department of Education. 2014-15 Dropout Rates by District, Grade, Gender and Race/Ethnicity.

<sup>273</sup> *Ibid.*



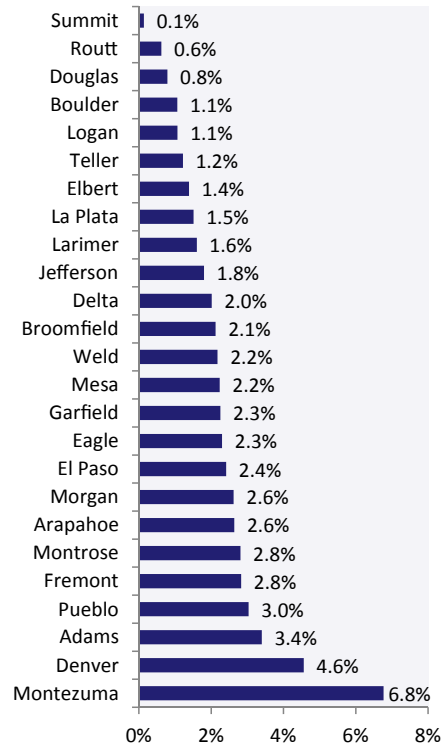


## Child Well-Being Index: Dropout Rate

### Data Highlights, continued

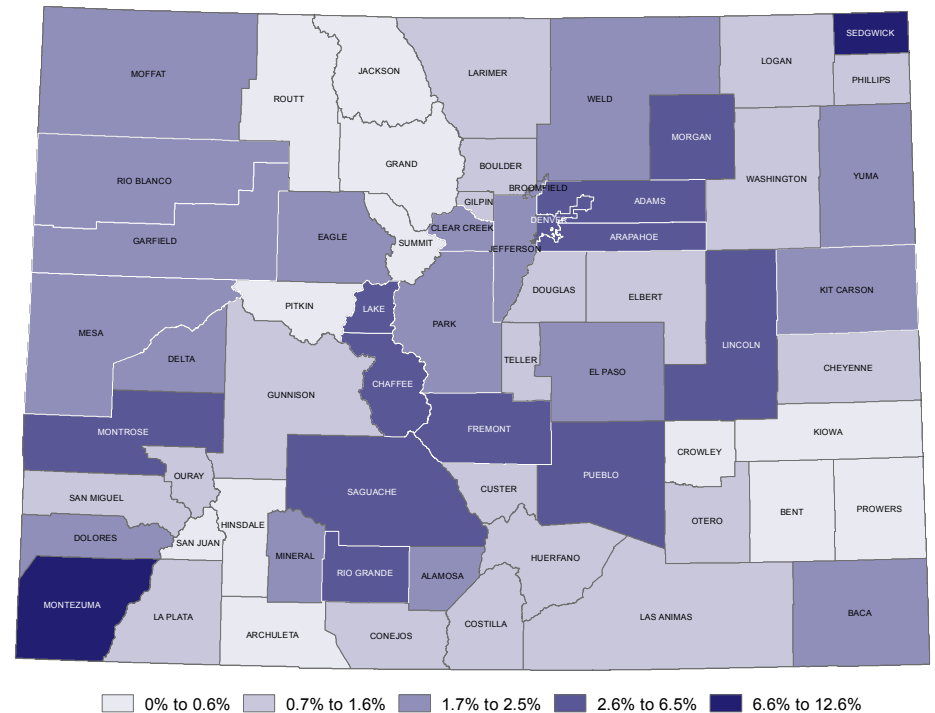
- Across all racial and ethnic groups, male students were more likely to drop out than female students.<sup>274</sup>
- Among the counties included in the Colorado Child Well-Being Index, dropout rates vary dramatically. In 2014-15, Summit County had the lowest dropout rate of the counties included in the index at 0.1 percent, while Montezuma County had the highest dropout rate at 6.8 percent (Figure 80, Table 14).<sup>275</sup>

**Table 14**



**Figure 80**

**Dropout Rates by County**



### What is the difference between graduation rates and dropout rates?

It is important to note that graduation and dropout rates do not combine to equal 100 percent of students. Each rate measures a different time period and different grade levels in school. The dropout rate is an annual percentage of all students enrolled in grades seven through 12 who leave school during a single school year without subsequently attending another school or educational program. Graduation rates, on the other hand, cover a four-year period, representing the percentage of students who receive a high school diploma within that four-year time period.

<sup>274</sup> Colorado Department of Education. 2014-15 Dropout Rates by District, Grade, Gender and Race/Ethnicity.

<sup>275</sup> *Ibid.*

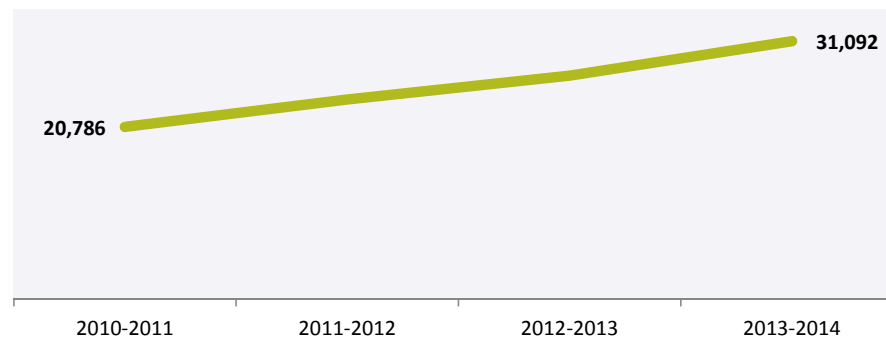
## Dual Enrollment Programs

Dual enrollment programs help create strong pathways between high school and higher education by offering opportunities for high school students to enroll in college-level courses and earn college credit without paying college tuition. Colorado has several dual enrollment options: Concurrent Enrollment programs, which were established by 2009 legislation; ASCENT, a program that allows students to continue to participate in Concurrent Enrollment during a fifth year of high school; and other high school dual enrollment programs, which are individually designed by institutions around the state.<sup>276</sup> Research shows a number of positive outcomes for students who participate in dual enrollment programs. The Colorado Department of Higher Education found that students who participated in one of the state’s dual enrollment options were 23 percent more likely to enroll in college and 10 percent less likely to need remediation. In addition, they had higher grade point averages and retention rates in college compared to their peers who did not participate in a dual enrollment program.<sup>277</sup>

### Data Highlights

- In the 2013-2014 school year, 31,092 Colorado students participated in dual enrollment programs, approximately 25 percent of all 11th and 12th graders in the state. The number of students participating in a dual enrollment program has increased by nearly 50 percent since the 2010-2011 school year (Figure 81).
- Of all students in a dual enrollment program in 2013-2014, 20,488 participated in Concurrent Enrollment programs, 415 participated in the ASCENT program and 10,189 participated in other high school dual enrollment programs.<sup>278</sup>
- Across Colorado, 94 percent of school districts offered Concurrent Enrollment programs in the 2013-2014 school year.<sup>279</sup>
- Nearly 90 percent of students who participated in Concurrent Enrollment programs passed all of the concurrent courses they attempted in the 2013-2014 school year, and more than 950 students earned some type of postsecondary credential as a result of their dual enrollment participation.<sup>280</sup>
- In 2013-2014, the racial and ethnic makeup of students who participated in a Concurrent Enrollment program was fairly representative of the Colorado high school population as a whole. Approximately 56 percent of students who participated in a Concurrent Enrollment program in the 2013-2014 school year were white; 21 percent were Hispanic; 4 percent reported more than one race; 3 percent were Asian; 3 percent were African-American; 1 percent were Native American/Alaskan Native; 0.2 percent were Native Hawaiian or Pacific Islander. Race was not provided for 11 percent of students in Concurrent Enrollment programs.<sup>281</sup>

**Figure 81 Colorado High School Students Participating in Dual Enrollment Programs**



<sup>276</sup> Colorado Department of Higher Education. (2015). *Annual Report on Concurrent Enrollment, 2013-2014 School Year.*

<sup>277</sup> *Ibid.*

<sup>278</sup> *Ibid.*

<sup>279</sup> *Ibid.*

<sup>280</sup> *Ibid.*

<sup>281</sup> *Ibid.*



## Remediation Rates

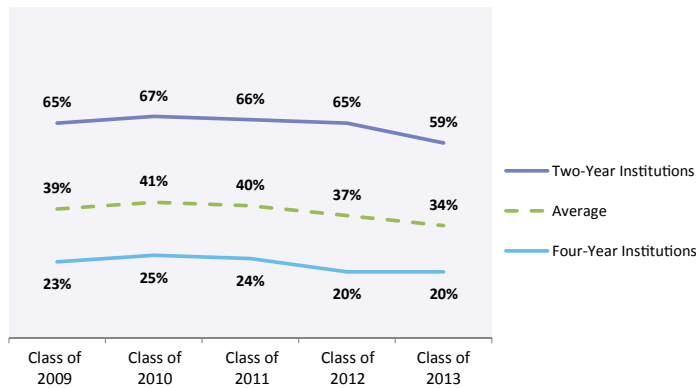
Earning a high school diploma is an important milestone and a solid step toward better employment opportunities later in life. However, too many Colorado students are graduating high school without having mastered the skills they need to succeed in college or the workforce. Each year, the Colorado Department of Higher Education (CDHE) tracks the percent of Colorado high school graduates whose skills are not yet strong enough for them to succeed in college courses. This measure is known as the remediation rate.

Remedial education is costly to students and to the state. In 2013-2014, the total cost associated with remedial education was \$47.1 million, of which \$31 million was charged to students as tuition. Remedial courses can be particularly burdensome for students because the cost associated with remedial courses is not always covered by a student's financial aid. Additionally, remedial courses do not count toward a student's college credits, meaning it will take them longer to earn a degree. Among students at four-year institutions, those who were required to take remedial courses were less likely to persist into their second year of college.<sup>282</sup>

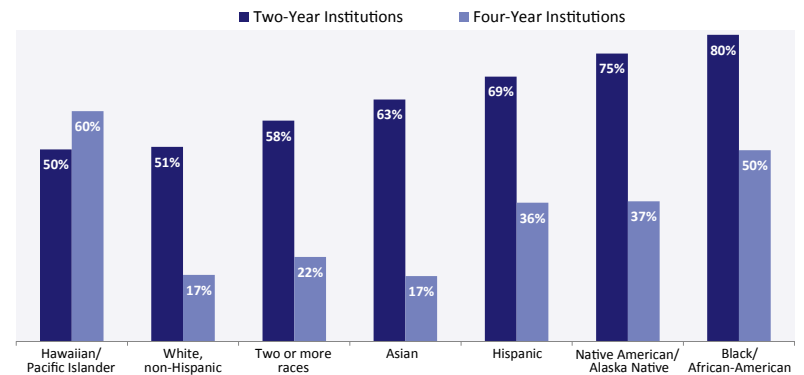
### Data Highlights

- Colorado has experienced three consecutive years of improvement in the remediation rate. According to CDHE, among Colorado students who graduated from a public high school in 2013 and entered a public Colorado college or university, 34 percent were either assessed as needing remediation or enrolled in a remedial course in at least one subject (Figure 82). This is an improvement of 7 percentage points since 2010, when 41 percent of students required remediation.<sup>283</sup>
- Students at Colorado's two-year colleges were much more likely to need remediation than students in four-year colleges (59 percent of students in two-year colleges vs. 20 percent of students in four-year institutions). However, two-year institutions saw a 6 percentage point drop in remediation rates from 2012 to 2013, while four-year institutions saw no year-over-year improvement (Figure 82).<sup>284</sup>
- Like many other education indicators, remediation rates vary by race and ethnicity. African-American students were most likely to require remediation at two-year institutions, while Hawaiian/Pacific Islander students had the highest remediation rates at four-year institutions. Hawaiian/Pacific Islander students were least likely to need remediation at two-year schools, while Asian and non-Hispanic white students had the lowest remediation rates at four-year institutions (Figure 83).<sup>285</sup>
- Remediation rates were higher for students from low-income families; 51 percent of students who qualified for free or reduced-price lunch (FRL) needed remediation, compared to 28 percent of non-FRL students.<sup>286</sup>

**Figure 82 Remediation Rates**



**Figure 83 Remediation Rates by Race/Ethnicity and Type of Institution**



<sup>282</sup> Colorado Department of Higher Education. (2015). 2014 Legislative Report on Remedial Education.

<sup>283</sup> *Ibid.*

<sup>284</sup> *Ibid.*

<sup>285</sup> *Ibid.*

<sup>286</sup> *Ibid.*

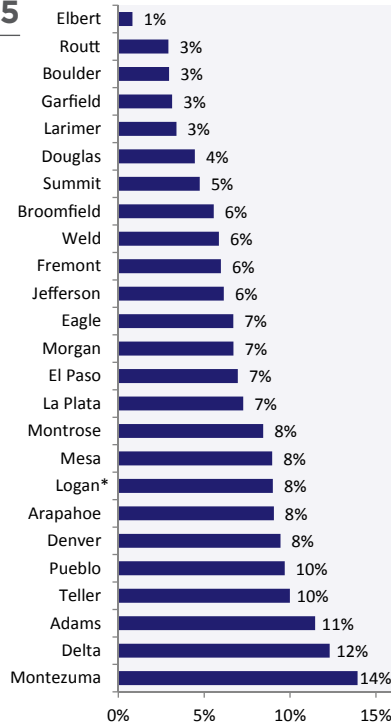
## Colorado Child Well-Being Index: Teens Not Attending School and Not Working

Teens who leave school and do not join the workforce are at high risk of experiencing negative outcomes as they transition to adulthood. These teens are commonly referred to as “disconnected youth,” since they are isolated from the activities that help young adults get a foothold into the workforce. Young people without sufficient education or adequate work experience are at higher risk for unemployment later in life.<sup>287</sup>

### Data Highlights

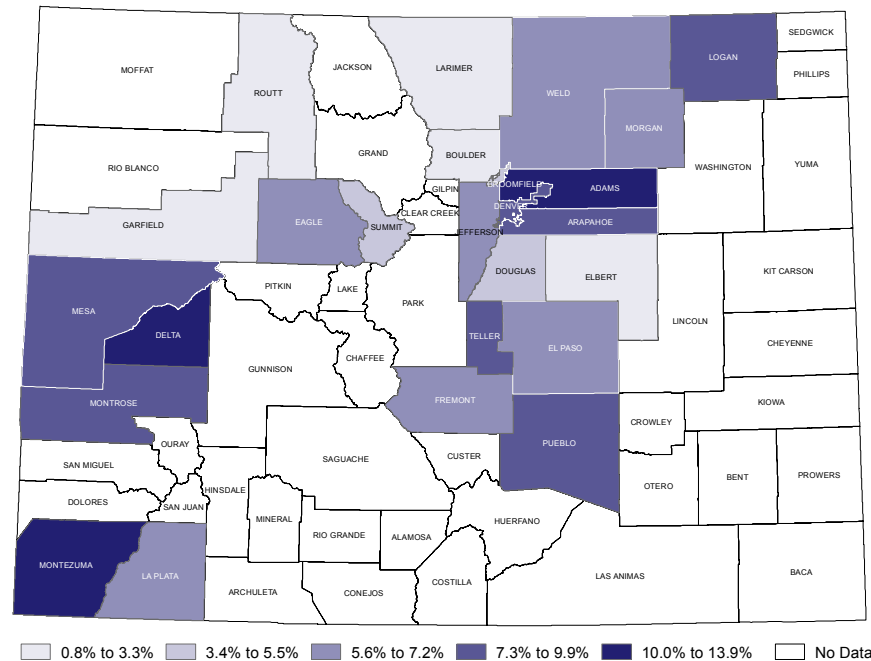
- Across Colorado, an average of nearly 20,000 teens between the ages of 16 and 19 (about 7 percent of young people in this age group) were not enrolled in school and not working between 2010 and 2014.
- Among Colorado’s largest 25 counties, teens in Montezuma, Delta and Adams counties were most likely to be disconnected from school and work between 2010 and 2014, while Elbert County teens were the least likely to be out of school and out of work (Table 15, Figure 84).<sup>288</sup>

**Table 15**



\*Note: The inclusion of a correctional facility in Logan County’s American Community Survey data artificially inflated the number of teens not in school and not working for 2010-2014. To account for this, data from 2007-2011 were used for Logan County.

**Figure 84** Teens Not Attending School and Not Working



<sup>287</sup> The Annie E. Casey Foundation. (2012). Youth and work: Restoring teen and young adult connections to opportunity.

<sup>288</sup> The percentage of teenagers ages 16 to 19 who are not enrolled in school and are either unemployed or not in the labor force. Data Source: U.S. Census Bureau, 2010-2014 American Community Survey 5-Year Estimates.



# K-12 Education

## Leadville: High School Embraces Restorative Justice

There's been a big shift at Lake County High School. In just one year, the slights, insults and conflicts that used to result in serious fights in the Leadville school are more likely to end in pizza parties. A restorative justice program created by Full Circle of Lake County has changed mindsets and given students the tools they need to resolve conflicts peacefully.



The program brings together students who have been involved in a fight or have broken a significant school rule with victims and peer counselors to explore what happened, who was affected and how a student can take responsibility for his or her actions. "People who come in with a great deal of animosity may come together and hug at the end," said Rohan Roy, Full Circle's Restorative Justice and Outdoor Leadership Director.

The program was launched in the 2014-15 school year after several high profile incidents involving high school students caught the attention of community members, Roy said. Working with the school district and justice systems, Full Circle received a grant from Tony Grampas

Youth Services to set up a process for offenders to take responsibility for their actions in a safe environment, and for victims to have a voice in finding justice.

Restorative justice holds promise for breaking the school-to-prison pipeline by preventing young people from becoming involved in the criminal justice system.

"It's such an opportunity to make lifelong changes in young people," said Alice Pugh, Executive Director of Full Circle. "They are learning how to make mistakes and learn from it as opposed to being expelled—figuratively or realistically—from school."

Referred students, their victims and a cadre of peers—a support team—go through a process of exploring the situation together and agreeing on how to make it right. The peers play a big role.

"Student RJ team members are really the magic fairy dust of the process," Roy said. "They are not directly related to the situation in many cases but they are trained to ask questions and reframe statements and make creative solutions. They also represent the school or community and how they might be affected by the situation because crime or wrong-doing tend to ripple out and affect the whole community."

After the team creates an action plan, the referred student has to follow through on their agreements. "We let the person leave that part of their selves behind and choose to move forward," Roy said. "If they don't complete that part of the agreement, we go back to the person who referred them and they may face other consequences."

After one and a half years in action, the restorative justice program is seeing more referrals to address conflict, and fewer for fighting. And in tandem with other school initiatives, there was a 61 percent drop in referrals last year as teens and teachers learn how to prevent escalation of conflicts.

"There will always be conflict because we are humans and they are adolescents," Pugh said, "but increasingly youth and teachers are more likely to want to go through this process. It's rippling throughout the school."



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COUNT!**  
in Colorado **2016**







# **2016 County Data Tables**



# County Data Definitions

The Colorado Children's Campaign relies on data from federal, state and local agencies. These sources are the final authority relating to the quality of any data. Please note that all vital statistics are reported by place of residence, not place of birth or death.

## POPULATION

### **Total Population** (number)

Population estimates provided by the Colorado State Demography Office, Colorado Department of Local Affairs. Estimates retrieved on December 3, 2015.

### **Child Population (Under 18)** (number)

Number of children less than 18 years of age provided by the Colorado State Demography Office, Colorado Department of Local Affairs. Estimates retrieved on December 3, 2015.

### **Children as a Percentage of Total Population** (percent)

Number of children less than 18 years of age provided by the Colorado State Demography Office, Colorado Department of Local Affairs. Calculations performed by the Colorado Children's Campaign. This statistic shows the proportion of a county's population that is under 18 years of age.

### **Young Child Population (Under 5)** (number)

Number of children less than 5 years of age provided by the Colorado State Demography Office, Colorado Department of Local Affairs. Estimates retrieved on December 3, 2015.

### **School-Aged Population (Ages 5-17)** (number)

Number of children ages 5 through 17 provided by the Colorado State Demography Office, Colorado Department of Local Affairs. Estimates retrieved on December 3, 2015.

## VULNERABLE FAMILIES

### **Births to Single Women** (percent)

Births to unmarried women per 100 live births provided by the Vital Statistics Program, Colorado Department of Public Health and Environment. Low number of events (LNE) indicates fewer than three births to single women in the county.

### **Births to Women without a High School Diploma or GED** (percent)

Births to women without a high school diploma or GED per 100 live births provided by the Vital Statistics Program, Colorado Department of Public Health and Environment. Low number of events (LNE) indicates fewer than three births to women with less than 12 years of education in the county.

### **Teen Births** (rate per 1,000 female teens ages 15-19)

Live births to women ages 15 through 19 per 1,000 women of that age (age-specific fertility rate) provided by the Vital Statistics Program, Colorado Department of Public Health and Environment. Low number of events (LNE) indicates fewer than three teen births in the county.

### **Three Risk Factor Births** (percent)

Births to unmarried women under 25 years of age with less than 12 years of education per 100 live births provided by the Vital Statistics Program, Colorado Department of Public Health and Environment. Low number of events (LNE) indicates fewer than three births in this category in the county.

### **Out-of-Home Placements** (rate per 1,000 children under 18)

Number of children removed from their homes by the Department of Human Services per 1,000 children under age 18 provided by the Child Welfare Services Division, Colorado Department of Human Services. Out-of-home placements include family foster care, specialized group homes, residential child care facilities, independent living situations, foster care with relatives, residential treatment centers, and both emergency and non-emergency placements or shelters.

# County Data Definitions

## **Students Served by the McKinney-Vento Homeless Education Program** (percent)

Number of PK-12 public school students served by the McKinney-Vento Homeless Education Program during the 2014-2015 school year provided by the Colorado Department of Education, based on Colorado school district submissions. The McKinney-Vento Homeless Education program serves homeless children and youth, defined as "individuals who lack a fixed, regular, and adequate nighttime residence...; and includes (i) children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or similar reason; are living in motels, hotels, inadequate trailer parks, or camping grounds due to the lack of alternative accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement; (ii) children and youths who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings...; (iii) children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and (iv) migratory children who qualify as homeless for the purposes of this subtitle because the children are living in circumstances described in clauses (i) through (iii)." Please note this indicator is derived only from school or school district records. This does not represent the total number of homeless children and youth in these communities, which would include both those children who were enrolled during the year and those who were not. Additionally, children and youth in homeless situations are difficult to identify for many reasons. High mobility, fear of stigma, and invisibility of populations not living in shelters or accessing other service agencies are examples of reported identification barriers. While the data are based on continual district efforts to identify students who are homeless, the complexity regarding identification challenges would suggest the actual numbers of students who are homeless in Colorado school districts and counties are most likely higher than those reported.

## **FAMILY ECONOMICS AND SUPPORTS**

### **Children Qualifying for Free or Reduced-Price Lunch** (percent)

Percent of children in public school grades PK-12 who qualified for free or reduced-price school lunches in the fall of 2015. Data provided by the Colorado Department of Education. Public school children qualify for free lunches if their family's income falls below 130 percent of the federal poverty level (FPL). Public school children qualify for reduced-price lunches if their family's income is between 130 percent and 185 percent of the FPL.

### **Children Qualifying for Free Lunch** (percent)

See above.

### **Children Qualifying for Reduced Price Lunch** (percent)

See above.

### **Median Household Income** (dollars)

Median household income in 2014, from the U.S. Census Bureau, Small Area Income and Poverty Estimates (SAIPE).

### **Children (Under 18) in Poverty** (percent)

Number of children under age 18 living in families with incomes at or below the federal poverty level in 2014 per 100 children, from the U.S. Census Bureau, Small Area Income and Poverty Estimates (SAIPE).

### **School-Aged Children (Ages 5-17) in Poverty** (percent)

Number of children ages 5 through 17 living in families with incomes at or below the federal poverty level in 2014 per 100 children, from the U.S. Census Bureau, Small Area Income and Poverty Estimates (SAIPE).

### **Children Receiving TANF Basic Cash Assistance Payments** (percent)

Percentage of children receiving Basic Cash Assistance payments as part of the Temporary Assistance for Needy Families (TANF) program during the 2015 calendar year. Caseload data by individual children is provided by the Colorado Department of Human Services. Calculations performed by the Colorado Children's Campaign.



## **Children Under 5 Receiving WIC Program Vouchers** (percent)

Percentage of children under age 5 (until their fifth birthday) served by the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) during the 2015 calendar year. Number reflects unduplicated count of WIC child participants. Data provided by the Office of Information Technology. Calculations performed by the Colorado Children's Campaign. Note: Some local WIC programs provide services to children from other counties. Conejos, Gilpin, Hinsdale, Mineral and San Juan counties did not have a WIC program in 2015 and children in these counties were served by neighboring counties.

## **CHILD AND MATERNAL HEALTH**

### **Live Births** (number)

Total number of live births provided by the Vital Statistics Program, Colorado Department of Public Health and Environment. Low number of events (LNE) indicates fewer than three births in the county.

### **Low Weight Births** (percent)

Babies born weighing 5.5 pounds or less (less than 2500 grams) per 100 live births provided by the Vital Statistics Program, Colorado Department of Public Health and Environment. Low number of events (LNE) indicates fewer than three low weight births in the county.

### **Early Prenatal Care** (percent)

Births in which prenatal care was initiated in the first trimester of pregnancy per 100 live births with known start of prenatal care provided by the Vital Statistics Program, Colorado Department of Public Health and Environment. Low number of events (LNE) indicates fewer than three births to mothers receiving early prenatal care in the county.

### **Births to Women Smoking During Pregnancy** (percent)

Births in which women reported smoking during pregnancy on infant's birth certificate per 100 live births provided by the Vital Statistics Program, Colorado Department of Public Health and Environment. Please note that these data are most likely underreported on birth certificates across the state due to mothers' knowledge of the risks of smoking during pregnancy. Low number of events (LNE) indicates fewer than three births to women who smoked during pregnancy in the county.

### **Child Abuse and Neglect** (rate per 1,000 children under 18)

Incidence of maltreatment of children under 18 (including physical abuse, sexual abuse, emotional abuse and/or neglect) provided by the Division of Child Welfare Services, Colorado Department of Human Services. The value is the number of unique substantiated cases per 1,000 children.

### **Infant Mortality** (rate per 1,000 live births)

Deaths in the first year of life per 1,000 live births provided by the Vital Statistics Program, Colorado Department of Public Health and Environment. Low number of events (LNE) indicates fewer than three infant deaths in the county.

### **Child (Ages 1-14) Deaths** (rate per 100,000 children ages 1-14)

Deaths per 100,000 children ages 1 through 14 provided by the Vital Statistics Program, Colorado Department of Public Health and Environment. The data include deaths from natural causes (such as illness or congenital defects) and injury (including motor vehicle deaths, homicides and suicides). Low number of events (LNE) indicates fewer than three child deaths in the county.

### **Teen (Ages 15-19) Deaths** (rate per 100,000 teens ages 15-19)

Deaths per 100,000 teens ages 15 through 19 provided by the Vital Statistics Program, Colorado Department of Public Health and Environment. The data include deaths from natural causes (such as illness or congenital defects) and injury (including motor vehicle deaths, homicides and suicides). Low number of events (LNE) indicates fewer than three teen deaths in the county.

### **Child (Ages 1-14) Deaths Due to Injury** (rate per 100,000 children ages 1-14)

Deaths due to intentional and unintentional injuries per 100,000 children ages 1 through 14 provided by the Vital Statistics Program, Colorado Department of Public Health and Environment. The data include deaths due to homicide, suicide and accidents. Low number of events (LNE) indicates fewer than three child deaths due to injury in the county.

# County Data Definitions

## **Teen (Ages 15-19) Deaths Due to Injury** (rate per 100,000 teens ages 15-19)

Deaths due to intentional and unintentional injuries per 100,000 teens ages 15 through 19 provided by the Vital Statistics Program, Colorado Department of Health and Environment. The data include deaths due to homicide, suicide and accidents. Low number of events (LNE) indicates fewer than three teen deaths due to injury in the county.

## **Children (Ages 0-18) Enrolled in CHP+** (percent)

Estimated number of children ages 0 through 18 enrolled in the Child Health Plan Plus (CHP+) during fiscal year 2014-2015 per 100 children. Data provided by the Colorado Department of Health Care Policy and Financing. Low number of events (LNE) indicates fewer than 30 clients in the county. Calculations performed by the Colorado Children's Campaign. As of 2014, children ages 0 through 18 whose family's modified adjusted gross income (MAGI) is below 260 percent of FPL but above the Medicaid income eligibility cutoff are eligible for CHP+.

Important note: The numbers used to calculate this percentage include a unique count of all clients ages 0 through 18 who were served at any point during FY14-15. The CHP+ numbers reported here do not match official budget numbers. Official budget numbers reflect an average monthly caseload over the course of a year and are lower than the numbers reported here.

## **Children (Ages 0-18) Enrolled in Medicaid** (percent)

Estimated number of children ages 0 through 18 enrolled in Medicaid during fiscal year 2014-2015 per 100 children. Data provided by the Colorado Department of Health Care Policy and Financing. Low number of events (LNE) indicates fewer than 30 clients in the county. Calculations performed by the Colorado Children's Campaign. As of 2014, children whose family's modified adjusted gross income (MAGI) is below 142 percent of the federal poverty level are eligible for Medicaid.

Important note: The numbers used to calculate this percentage include a unique count of all clients ages 0 through 18 who were served at any point during FY14-15. The Medicaid numbers reported here do not match official budget numbers. Official budget numbers reflect an average monthly caseload over the course of a year and are lower than the numbers reported here.

## **Uninsured Children (Ages 0-18)** (percent)

Uninsured rates based on Colorado Health Institute (CHI) analyses of data from the 2014 American Community Survey (ACS). A child was counted as uninsured if his or her parent reported that the child did not have any form of health insurance at the time at which the ACS questionnaire was administered. CHI applied a method developed by the University of Missouri to apportion ACS geographic strata to Colorado counties in order to yield county-level estimates. Due to several counties being part of the same ACS stratum, uninsured rates will be similar for several rural counties.

## **Eligible for Medicaid, CHP+ or Subsidies But Not Enrolled (Ages 0-18)** (percent)

EBNE estimates provided by the Colorado Health Institute. Estimates of the eligible but not uninsured (referred to as the eligible but not enrolled) population come from the U.S. Census Bureau's 2014 American Community Survey. The data are weighted to represent the state population as well as geographic sub-regions within Colorado. CHI applies a method developed by the University of Missouri to apportion the ACS regions and yield county-level estimates. A child was counted as uninsured if his or her parent reported that the child did not have any form of health insurance when the ACS questionnaire was administered. Eligibility is based on family income as a percentage of the federal poverty level (FPL). CHI, in order to calculate the ratio of annual family income to federal poverty guidelines, developed a method to identify and calculate nuclear family income within households in which multiple related families reside. This approach more closely approximates eligibility determination guidelines. These analyses are limited to Coloradans for whom ACS income data were collected. Income and poverty data are not available for foster children or for people living in prisons, nursing homes, mental hospitals, college dormitories or military quarters. Eligibility for Medicaid, CHP+ and advanced premium tax credits (APTCs) is based on age, income and residency status.

## EDUCATION

### **PK-12 Pupil Enrollment** (number)

Number of children enrolled in public schools in the fall of 2015 provided by the Colorado Department of Education.

### **Kindergartners in a Full-Day Program** (percent)

Number of kindergartners enrolled in a full-day kindergarten program in the fall of 2015 divided by the number of students enrolled in all public kindergarten programs, provided by the Colorado Department of Education. Calculations performed by the Colorado Children's Campaign.

### **English Language Learners** (percent)

Number of students classified as English Language Learners in the fall of 2015 divided by total enrollment, provided by the Colorado Department of Education. Calculations performed by the Colorado Children's Campaign.

### **High School Graduation Rate** (percent)

Percentage of students who graduated from high school in 2015, four years after entering ninth grade. Data provided by the Colorado Department of Education. Calculations performed by the Colorado Children's Campaign.

### **4th Grade Students NOT Proficient in Reading** (percent)

Percentage of 4th grade students who were not proficient in English Language Arts on the 2015 Colorado Measures of Academic Success (CMAS) provided by the Colorado Department of Education (CDE). CDE does not report CMAS data if the number of students taking the test is fewer than 16; low number of events (LNE) indicates data that has been suppressed for this reason. County data are based on scores from the districts that comprise each county.

### **Students Scoring Proficient or Above on CMAS Math** (percent)

The percentage of all students scoring proficient or above on the 2015 Colorado Measures of Academic Success (CMAS) in math provided by the Colorado Department of Education (CDE). CDE does not report CMAS data if the number of students taking the test is fewer than 16; low number of events (LNE) indicates data that has been suppressed for this reason. County data are based on scores from the districts that comprise each county.

### **Students Scoring Proficient or Above on CMAS English Language Arts** (percent)

The percentage of all students scoring proficient or advanced on the 2015 in English Language Arts provided by the Colorado Department of Education (CDE). CDE does not report CMAS data if the number of students taking the test is fewer than 16; low number of events (LNE) indicates data that has been suppressed for this reason. County data are based on scores from the districts that comprise each county.

### **Students Scoring Strong or Distinguished on CMAS Science** (percent)

The percentage of all students scoring strong or distinguished on the science section of the 2015 Colorado Measures of Academic Success (CMAS) assessment provided by the Colorado Department of Education (CDE). CDE does not report CMAS data if the number of students taking the test is fewer than 16; low number of events (LNE) indicates data that has been suppressed for this reason. County data are based on scores from the districts that comprise each county.

### **Students Scoring Strong or Distinguished on CMAS Social Studies** (percent)

The percentage of all students scoring strong or distinguished on the social studies section of the 2015 Colorado Measures of Academic Success (CMAS) assessment provided by the Colorado Department of Education (CDE). CDE does not report CMAS data if the number of students taking the test is fewer than 16; low number of events (LNE) indicates data that has been suppressed for this reason. County data are based on scores from the districts that comprise each county.

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