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INTRODUCTION

Denver Great Kids Head Start (DGKHS) serves as the grantee for the federal Head Start Program and is managed by the Office of Children’s Affairs. DGKHS serves 1,153 eligible children and their families through contracts with six community providers, including: Catholic Charities, Clayton Early Learning, Denver Public Schools, Family Star Montessori, Mile High Montessori Early Learning Centers, and Volunteers of America. In addition, it provides supplemental comprehensive Head Start services in the areas of health, dental and mental health; disabilities services; and nutrition, through contracts with Denver Health and Hospitals Authority, Sewall Child Development, and Nutrition Consultants respectively.

The mission of Denver Great Kids Head Start is: to prepare Head Start children to enter kindergarten confidently with the social, physical, emotional and cognitive skills and the competencies necessary for continuing school success. Accordingly, there is a great emphasis on school readiness and deliberate efforts on the part of the City Head Start office to use data to drive program development and continuous improvement.

The Community Assessment is a comprehensive report providing in-depth information on how Denver children and their families are faring using a variety of indicators – looking at the actual numbers as well as the places with high or low concentrations of particular factors. This resource addresses both opportunities and challenges in Denver and is intended to be used to inform programs, services, and investments in children and youth.

In addition to the wealth of descriptive data contained in this Community Assessment, the Office of Children’s Affairs has created neighborhood resource maps that identify key community resources that are responsive to the myriad of needs that families have. For purpose of brevity these neighborhood resource descriptions are not incorporated into this report but may be accessed by contacting the Office of Children’s Affairs.

HEAD START REGULATIONS

According to the 45 Code of Federal Regulations (CFR) Chapter XIII (10-1-07 Edition), each Head Start (HS) grantee must conduct a Community Assessment within its service area once every three years.

This Assessment must include:

- The demographic make-up of Head Start eligible children and families, including their estimated number, geographic location, and racial and ethnic composition;
- Other child development and child care programs that serve Head Start eligible children, including publically funded state and local preschool programs, and the approximate number of Head Start eligible children served by each;
- The estimated number of children with disabilities four years old and younger, including types of disabilities and relevant services and resources provided to these children by community agencies;
- Data regarding the education, health, nutrition and social service needs of Head Start eligible children and their families;
- The education, health, nutrition and social service needs of Head Start eligible children and their families as defined by families of Head Start eligible children and by institutions in the community that serve young children; and
- Resources in the community that could be used to address the needs of Head Start eligible children and their families, including assessments of their availability and accessibility.
DATA

The most complete census of the United States population is conducted once every 10 years. The data collected from Census 2010 provides the best count of the population currently available for the country, states, and counties. The American Community Survey provides estimates of yearly population changes along with additional social, demographic, and economic data. These data, however, are estimates based on a sample of the population and are not as robust as the basic population data collected during the decennial census.

Census tracts are statistical areas defined by the U.S. Census Bureau and generally have a population between 1,200 and 8,000 people with the optimal size of 4,000 people. They are continuous areas that vary in size based on population density. Census tracts are frequently used throughout this document as the statistical unit from which demographic data is aggregated and displayed within Denver neighborhoods. Census tract data is only available in five-year estimates from the U.S. Census and is significantly less accurate than estimates for larger population areas.

Neighborhood data (aggregated from census tracts) is available using five-year averages of the data and contain errors. Caution should be used when interpreting the results in any detail. The data and maps provided in this document are meant to give a general impression of variation by neighborhood and not exact counts of people.

The data used in this update are the most current from the best available sources and include the U.S. Census Bureau, the Colorado Department of Public Health and Environment, and other reliable publications and resources. Data describing the same phenomena may differ due to the source, method of collection, time period, aggregations, or margin of error. All sources used in the document are clearly cited.
EARLY HEAD START AND HEAD START IN DENVER

In Denver there are three Early Head Start grantees that serve children birth through age two and two Head Start grantees, the Rocky Mountain Service Employment and Redevelopment (RMSER) and Denver Great Kids Head Start (DGKHS) that serve children ages three through five. During the 2014-2015 school year, 2,221 children were served across all Early Head Start and Head Start programs in Denver with combined enrollment totals for Early Head Start (384 children), DGKHS (1,153 children), and RMSER (684 children). RMSER serves 15 neighborhoods in Denver's northwest region, while DGKHS serves the 63 remaining neighborhoods.

Due to the dramatic drop in the number of children ages four and younger in poverty in Denver, the five Early Head Start and Head Start grantees collectively served 26 percent of the eligible population in 2014. Although the gap is closing, the need for service is far greater than Head Start resources alone can meet. Other programs that help serve these and other eligible children include the Colorado Child Care Assistance Program, the Colorado Preschool Program, the Denver Preschool Program, and Denver Public Schools early childhood programs.

Figure 1: Early Head Start and Head Start Program Enrollment vs. Estimated Need in Denver

---

Denver Great Kids Head Start (DGKHS) contracts with six delegate agencies (preschool providers) and three vendors (comprehensive service providers) to provide high quality preschool and direct services to 1,153 children and their families (Table 1). Preschool providers operate 33 center locations with 74 classrooms.

<table>
<thead>
<tr>
<th>Delegate Agency</th>
<th>Funded Enrollment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Catholic Charities</td>
<td>224</td>
</tr>
<tr>
<td>Clayton Educare</td>
<td>236</td>
</tr>
<tr>
<td>Denver Public Schools</td>
<td>302</td>
</tr>
<tr>
<td>Family Star</td>
<td>37</td>
</tr>
<tr>
<td>Mile High Montessori</td>
<td>269</td>
</tr>
<tr>
<td>Volunteers of America</td>
<td>85</td>
</tr>
<tr>
<td><strong>Total:</strong></td>
<td><strong>1,153</strong></td>
</tr>
</tbody>
</table>

The RMSER area (Figure 2) identifies the area not served by Denver Great Kids Head Start. Also illustrated are the Denver Great Kids Head Start delegate center locations, as well as Denver neighborhoods served by DGKHS. This map provides the reference for neighborhood and center names used throughout this report.

Figure 2: Map of Denver Neighborhoods and Head Start Service Areas
DENVER GREAT KIDS HEAD START ENROLLMENT

Denver Great Kids Head Start (DGKHS) primarily serves three- and four-year-old children in Head Start. In the 2014-2015 school year, 116 two-year-old, 586 three-year-old, 768 four-year-old, and 28 five-year-old children participated in the program (Figure 3). Approximately 24 percent of these children were enrolled for two years.

Denver Great Kids Head Start programs offer the following comprehensive services to ensure that all children in the DGKHS service area have opportunities for future success in school and life: early childhood education, mental health and disability, medical and oral health, and family and community support services.

Figure 3: DGKHS Children by Age

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2-YEARS-OLD</td>
<td>1%</td>
<td>2%</td>
<td>5%</td>
<td>4%</td>
<td>8%</td>
</tr>
<tr>
<td>3-YEARS-OLD</td>
<td>41%</td>
<td>47%</td>
<td>38%</td>
<td>41%</td>
<td>39%</td>
</tr>
<tr>
<td>4-YEARS-OLD</td>
<td>55%</td>
<td>51%</td>
<td>55%</td>
<td>54%</td>
<td>51%</td>
</tr>
<tr>
<td>5-YEARS-OLD</td>
<td>4%</td>
<td>0.3%</td>
<td>3%</td>
<td>1%</td>
<td>2%</td>
</tr>
</tbody>
</table>

DGKHS TURNOVER RATE

Children that stay in the DGKHS program the entire school year benefit from consistent participation. Year-end results from the Teaching Strategies GOLD® school-readiness assessment used in Denver Great Kids Head Start programs show that the children who participate in the program from fall to spring demonstrate significant progress towards school readiness (see Figures 77-80). These positive results are evident for most children tested regardless of primary language, disability, or gender. Unfortunately, for a variety of reasons, 25 percent (381 children) left the program and did not re-enroll in the 2014-2015 school year (Figure 4).²

Figure 4: DGKHS Turnover Rate

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>CHILDREN WHO LEFT THE PROGRAM</td>
<td>24%</td>
<td>28%</td>
<td>22%</td>
<td>18%</td>
<td>25%</td>
</tr>
</tbody>
</table>

Eligibility

Eligibility for Head Start is determined by two major categories: categorical eligibility (including factors such as Foster Care, SSI, Public Assistance or Homeless); and income eligibility (including factors such as below 100% of the Federal Poverty Level, Between 100% and 130% of FPL, and Over 130% of FPL).

As a result, programs report the number of children served whose eligibility was determined on the basis of these factors. In response to changes in the Federal Head Start eligibility regulations that became effective late in the program year, DGKHS will be determining categorical and income eligibility in a different manner.

The major factors for participation in Denver Great Kids Head Start include the following:

- Age (must be three by October 1st)
- Children living within the DGKHS Service Area (refer to Map)
- Categorically Eligible (Public Assistance, SSI, Foster Care, Homeless)
- Income Eligible (<100% FPL, Between 100% and 130% of FLP, Over 130% of FPL)

The breakdown of Denver Great Kids Head Start students by eligibility is illustrated in Figure 5.³

**Young Children in Poverty in Denver**

Children are most sensitive to the negative impacts of living in poverty when they are young and their brains are developing. Research shows that when young children are raised in poverty the negative impact can extend well into adulthood. Programs such as Head Start mitigate the impacts of poverty on children and their families and help prepare them for kindergarten and future academic success.

According to latest U.S. Census Bureau estimates, approximately 8,700, or 19 percent, of Denver children under age five were living in poverty in 2014. The number of young children living in poverty declined dramatically in Denver from 29 percent in 2013. The poverty rate for Denver children is higher than the state average of 16 percent (Figure 6).5

---


DENVER CHILDREN AND FAMILIES

TOTAL POPULATION

According to analysis of the U.S. Census Bureau data, the United States is undergoing a dramatic shift in the racial and ethnic composition of the population. There has been rapid growth of new minority groups composed of Hispanics, Asians, and multiracial populations. William Frey, a demographer with the Brookings Institution, states that over the next 40 years each of these minority groups is expected to double in size.6

Denver’s population mirrors these national trends. In 2014, the total population of Denver County was estimated at 664,000 people. Hispanics, representing the largest ethnic group in Colorado, comprised 31 percent of the total county population (Table 2).7

Table 2: 2014 Population Characteristics for Denver, Colorado and the United States

<table>
<thead>
<tr>
<th></th>
<th>Denver</th>
<th>Colorado</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
<td>Number</td>
</tr>
<tr>
<td>Total Population</td>
<td>663,862</td>
<td>100%</td>
<td>5,355,866</td>
</tr>
<tr>
<td>Hispanic or Latino</td>
<td>204,375</td>
<td>31%</td>
<td>1,135,107</td>
</tr>
<tr>
<td>Non-Hispanic White</td>
<td>353,627</td>
<td>53%</td>
<td>3,686,726</td>
</tr>
<tr>
<td>Non-Hispanic Black</td>
<td>61,627</td>
<td>9%</td>
<td>205,894</td>
</tr>
<tr>
<td>Non-Hispanic American Indian</td>
<td>3,483</td>
<td>.5%</td>
<td>30,777</td>
</tr>
<tr>
<td>Non-Hispanic Asian</td>
<td>24,351</td>
<td>4%</td>
<td>155,985</td>
</tr>
<tr>
<td>Non-Hispanic Pacific Islander</td>
<td>57</td>
<td>0%</td>
<td>6,092</td>
</tr>
</tbody>
</table>

---


<table>
<thead>
<tr>
<th>Race</th>
<th>Count</th>
<th>%</th>
<th>Count</th>
<th>%</th>
<th>Count</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Hispanic Other Race</td>
<td>1,139</td>
<td>0.2%</td>
<td>7,508</td>
<td>0.1%</td>
<td>679,100</td>
<td>0.2%</td>
</tr>
<tr>
<td>Non-Hispanic Two or More Races</td>
<td>15,203</td>
<td>2%</td>
<td>127,777</td>
<td>2%</td>
<td>7,097,378</td>
<td>2%</td>
</tr>
</tbody>
</table>
DENVER’S ASIAN POPULATION

Nationwide, the largest growth in the Asian population took place after 1965 and was primarily due to changes in U.S. immigration policies. As of 2010, eighty-five percent of U.S. Asians were first- or second-generation Americans. In Denver, the Asian population has grown 57 percent since 2005 (Figure 7).

The map in Figure 8 illustrates the distribution of the Asian population by Denver neighborhood.

---

DENVER’S BLACK POPULATION

For most of U.S. history, blacks represented the largest minority group in the nation. As of the 2000 Census, Hispanics represented the largest minority. In 2014, the U.S. Census estimated nine percent of Denver’s population to be black. This is lower than 12 percent nationally.

In Denver, the black population grew 15 percent since 2005 (Figure 9). The map in Figure 10 illustrates the distribution of the black population by Denver neighborhood.

Figure 9: Denver’s Black Population over Time

Figure 10: Map of Denver’s Black Population

**DENVER’S HISPANIC POPULATION**

Adding to the long-standing population of Hispanic people in the U.S., waves of immigration in the 1970’s through the 1990’s more than tripled their numbers nationwide. The most recent population growth, however, is due to natural increase rather than immigration.  

Denver’s Hispanic population has grown seven percent since 2005 (Figure 11).  

The map in Figure 12 illustrates the distribution of the Hispanic population by Denver neighborhood.  

---

Figure 11: Denver’s Hispanic Population over Time

![Figure 12: Map of Denver’s Hispanic Population](image)

---


Denver’s Non-Hispanic White Population

Nationwide, the white population is the largest racial group. However, white growth has slowed due to low immigration and fertility rates. The white population is moving within the country from large metropolitan coastal areas into areas in the South and West. By 2010, 64 percent of the U.S. population was white. By 2040, whites will become a minority of the total population.18

Denver’s Non-Hispanic white population has grown 30 percent since 2005 (Figure 14).19

The map in Figure 15 illustrates the distribution of the Non-Hispanic white population by Denver neighborhood.20

Figure 14: Denver’s Non-Hispanic White Population over Time

![Graph showing Denver’s Non-Hispanic White Population over Time with data points for 2005, 2010, and 2014 with population numbers: 271,600, 315,000, 353,600.]

![Map of Denver’s Non-Hispanic White Population showing distribution by neighborhood.]


CHILD POPULATION

The number of children under age 18 living in Denver increased 23 percent since 2005 (Figure 16). The Colorado State Demography Office estimates that approximately 150,201 children under age 18, 47,993 age four and younger and 102,208 school-aged children are living in Denver in 2015. Child Population projections are portrayed as a dotted line on the graph in Figure 16. Single-age estimates for 2015 are provided in Table 3.  

Figure 16: Denver Children under Age 18

Table 3: 2015 Denver’s Child Population by Single Age

The percentages of children under age 18 and children under age five by Denver neighborhood are illustrated in Figures 17 and 18.\textsuperscript{22}

Figure 17: Map of Denver Children under Age 18

\begin{table}[h]
\centering
\begin{tabular}{|c|c|c|c|c|c|}
\hline
\textbf{Age} & \textbf{Population} & \textbf{Age} & \textbf{Population} & \textbf{Age} & \textbf{Population} \\
\hline
0 & 9,943 & 5 & 9,188 & 10 & 8,042 \\
1 & 9,714 & 6 & 9,073 & 11 & 7,720 \\
2 & 9,323 & 7 & 8,812 & 12 & 7,582 \\
3 & 9,287 & 8 & 8,544 & 13 & 7,342 \\
4 & 9,726 & 9 & 8,156 & 14 & 7,268 \\
\hline
\end{tabular}
\end{table}

Figure 18: Children under Age Five

Percent of the Population Under Age Five

Source: U.S. Census Bureau, American Community Survey, 5-Year Estimates 2002-2013. Aggregated to the Neighborhood

Denver Great Kids Head Start Community Assessment 2015
**Child Population by Race/Ethnicity**

Similar to national trends, data from the U.S. Census Bureau indicate that Colorado, and Denver specifically, are undergoing significant demographic changes. Denver’s population is becoming increasingly diverse, with children of color making up a growing portion of children age 17 and younger.

Hispanic origin is not considered a race, but an ethnicity. Hispanic children can be counted in any racial category. White children make up 74 percent of Denver’s child population, followed by 11 percent of black or other categories. Asian children make up four percent, and American Indian, two percent (Figure 19).23

A greater number of children of color are eligible and participate in the Denver Great Kids Head Start Program than are represented in the child population of Denver (Figures 20, 21).24

Figure 20: DGKHS Race/Ethnicity Compared to Denver

![Chart showing race/ethnicity comparison between Denver and DGKHS](chart1.png)

Figure 21: DGKHS Children by Race

![Bar chart showing children by race](chart2.png)

---


**ETHNICITY**

In Denver, 33 percent of children age 17 and younger were categorized as non-Hispanic white in 2014. Forty-eight percent were reported to be of Hispanic origin of any race.\(^{25}\)

In DGKHS, the percentage of children of Hispanic or Latino origin participating in the program has dropped from 64 percent in the 2010-2011 school year to 60 percent in the 2014-2015 school year (Figure 22).\(^{26}\)

**Figure 22: DGKHS Children by Ethnicity**

<table>
<thead>
<tr>
<th>Year</th>
<th>Hispanic or Latino Origin</th>
<th>Non-Hispanic or Non-Latino Origin</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010/2011</td>
<td>36%</td>
<td>64%</td>
</tr>
<tr>
<td>2011/2012</td>
<td>40%</td>
<td>60%</td>
</tr>
<tr>
<td>2012/2013</td>
<td>41%</td>
<td>59%</td>
</tr>
<tr>
<td>2013/2014</td>
<td>41%</td>
<td>59%</td>
</tr>
<tr>
<td>2014/2015</td>
<td>40%</td>
<td>60%</td>
</tr>
</tbody>
</table>

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Children in Immigrant Families

Children in immigrant families are defined as children age 17 and younger who are either foreign-born or who have at least one foreign-born parent, regardless of citizenship status or year of arrival in the United States. In 2013, 39 percent (53,000) of Denver’s children were living in immigrant families (Figure 23).27 Most of the children in immigrant families in Denver and in Colorado originate from Latin America (Figure 24).28 Data from the U.S. Census Bureau indicate the majority, or 82 percent, of children in immigrant families are U.S. citizens and only five percent of their parents have been in the country less than five years.29 The distribution of children in immigrant families varies across Denver neighborhoods (Figure 25).30

Figure 23: Children in Immigrant Families - Trends

Figure 24: Children in Immigrant Families by Region of Origin 2013

Figure 25: Children in Immigrant Families

Children in Immigrant Families

- 0% - 11%
- 12% - 25%
- 26% - 40%
- 41% - 56%
- 57% - 76%

- Head Start Program Locations
- Head Start Administrative Offices
- RMSER Area Boundary
- Denver Neighborhoods
- Low Numbers

Source: U.S. Census Bureau, American Community Survey, 5-Year Estimates 2009-2013, Aggregated to the Census Tract.
**Children of Color**

Denver is made up of a majority of children who reported race/ethnicity other than non-Hispanic white. In other words, children of color, mixed race/ethnicity, and others made up 67 percent (92,600) of the total child population in Denver in 2014. The map highlights the 45 Denver neighborhoods where children of color make up the majority of the child population (Figure 26).

Figure 26: Census Tracts with less than 50 Percent Non-Hispanic White Children

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**YOUTH IN FOSTER CARE**

The children that are in foster care represent a high-risk population whose negative life circumstances necessitated their placement into the child welfare system. Some of the challenges they face that may impact their chances for success in school include:

- Low birth weight;
- Abusive homes;
- Increased hunger and poor nutrition;
- Frequently changing schools;
- Exposure to environmental hazards such as drugs, alcohol, and violence;
- Lack of home support in reading and language development;
- Single-parent homes; and
- Less involved home-school connections.33

Consequently, children and youth in foster care are more likely than their peers to have lower test scores, repeat grades, require special education services, exhibit behavior problems, have lower attendance, and drop out of school. The number of youth by zip code are mapped in Figure 27.34

Children in foster care are categorically eligible for Head Start programs and therefore qualify for enrollment. The intensive Head Start support for both the child and the foster family helps mitigate the negative effects caused by the challenging life experiences these children experience.

Figure 27: Youth in Foster Care

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34 Denver Department of Human Services. (2015, July 8). *Number of Youth in Foster Care by Zip Code as of 7-8-2015*. 
EARLY CHILDHOOD

Research shows that the most critical period in a child’s development occurs within the first five years of life. The quality of learning experiences at home and school during this period often has a life-long impact on later school success, behavior, and health. Data show that children in high-quality early learning programs demonstrate higher cognitive outcomes as well as non-cognitive skills that are critical for school success. These benefits of high-quality early learning programs are evident in children from all socio-economic backgrounds but are particularly strong for children in low-income families.35

The U.S. Census Bureau estimates 67 percent of Denver children age five and younger have all available parents in the labor force. This means that approximately 34,500 young children in Denver need some kind of care during the day while their parents work.36

Ensuring that quality child care and preschool is affordable and accessible for all families and children who need it is essential to preparing Denver children for kindergarten and future success.

QUALITY CHILD CARE IN DENVER

In general, the higher the quality rating, the more the program is committed to providing a high quality early learning experience for children. This effort may include:

- Highly trained and educated teaching staff;
- Strong and knowledgeable leadership;
- Strong foundational business administration practices;
- Highly interactive and valued partnerships with families;
- Quality learning environment for children that incorporates curriculum, informed instruction, lower teacher/child ratios, and consistent health and safety practices; and
- Incorporation of resources and opportunities for collaboration related to child health.37

The levels of quality represent the following characteristics:

Level 1: providers are in compliance with licensing standards

Level 2: providers show they have completed quality activities to promote positive experiences for children

Levels 3, 4, and 5: providers have demonstrated various quality investments and have earned cumulative points 38

Figure 28: Quality Child Care in Denver

**Preschool**

Children enrolled in quality preschool programs are less likely to repeat grades, need special education, or get in future trouble with the law, and are more likely to graduate from high school, earn more money, and own homes as adults.\(^{39}\) Quality in programs, however, is an essential factor necessary to achieve the desired outcomes that matter for lasting impacts.

Figure 29: Children Enrolled in Preschool

Up from 56 percent in 2013, 65 percent of three- and four-year-olds were enrolled in preschool in Denver in 2014 (Figure 29). Sixty-five percent of those in publicly funded preschool programs and 35 percent are in privately funded (family-pay) programs.\(^{40}\)

Figure 30: City Ranking of Preschool Participation

Of the cities with populations between 500,000 and 1,000,000, Denver ranks third highest in the percentage of three- and four-year-old children attending preschool (Figure 30).\(^{41}\) This increase in access may be due, in part, to Denver voters who have made access to preschool more affordable through the Denver Preschool Program.

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\(^{41}\) Ibid.
Research shows that high quality early learning programs benefit all children and better prepare at-risk children for kindergarten. Unfortunately, 65 percent of children in poor families attend preschool compared to 90 percent of children in more educated, wealthier families across the nation.42

Mirroring these trends, a higher percent of three-and four-year-olds living in higher-income neighborhoods in Denver participated in preschool programs more often than their peers in low-income neighborhoods (Figure 31).43

Figure 31: Denver Three- and Four-Year-Old Children in Preschool

DENVER PRESCHOOL PROGRAM

The Denver Preschool Program (DPP) provides Denver families with tuition support to help pay for high quality preschool for their four-year-old children attending preschool the year before kindergarten. According to DPP, 4,356 children received tuition support from the program during the 2014-2015 school year. Since 2007, Denver Preschool Program has distributed $67.7 million in tuition credits to 36,174 children. There are more than 250 preschools that participate in the program with 86 percent earning a high quality level in DPP’s Classroom Rating (a combination of the Qualistar Rating™ and the CLASS® Observation to provide a comprehensive view of quality) during the 2014-2015 school year; 89 percent of DPP children were enrolled in these top rated schools.44

44 Denver Preschool Program, September 2015.
**CHRONIC ABSENCES IN PRESCHOOL**

No matter the grade or school, students must participate regularly to benefit from what is taught there. For a variety of reasons, children miss school throughout the school year. The more school time that is missed by children, the harder it is to keep up with the coursework. According to the report by Attendance Works, students’ test scores on the National Assessment for Educational Progress (NAEP) who missed more school than their peers who attended regularly were consistently lower. This is true for every age and every racial or ethnic category analyzed.45

Chronic absenteeism is defined by Denver Public Schools as missing 10 percent (approximately 18 school days) or more of the school year and is tracked by grade and school.

The map in Figure 32 illustrates the percentage of preschool children in Denver Public School programs that are chronically absent by school.46 Unfortunately, it is apparent that many schools with a high percentage of chronically absent children are located in areas of high need. Too often, children who need the support preschool can offer to get prepared to succeed in kindergarten are not attending regularly.

Figure 32: Chronic Absences in Preschool

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COLORADO PRESCHOOL PROGRAM

The state funded Colorado Preschool Program (CPP) provides high-quality early childhood education programs to at-risk three- and four-year-old children across Colorado. Denver Public Schools received funding for 4,024 preschool slots for the 2014-2015 school year. The at-risk factors include poverty as measured by free or reduced-price meal eligibility, parents without a high school degree, teen parents, homelessness, parental substance abuse, and abusive home environments. Poverty is the most prevalent risk factor accounting for more than 80 percent of CPP enrolled children statewide.

DENVER PUBLIC SCHOOLS EARLY CHILDHOOD EDUCATION

The number of children participating in early childhood education programs through Denver Public Schools (DPS) has more than doubled since 2000 (Figure 33). In the 2015-2016 school year, approximately 7,400 Denver four-year-old children are expected to participate in DPS early education programs. DPS early childhood programs are provided in schools across the City of Denver (Figure 34).

Figure 33: Number of Children Enrolled in DPS Preschool Programs

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Figure 34: DPS Preschool Enrollment by School 2015-2016

DPS Preschool Enrollment 2015-2016 School Year

- 16 - 40
- 41 - 68
- 69 - 82
- 83 - 128
- 129 - 272

Denver Neighborhoods

Source: Planning and Analysis, Denver Public Schools, 2015-2016 Final School Projections.
COLORADO CHILD CARE ASSISTANCE PROGRAM

The Colorado Child Care Assistance Program (CCCAP) provides child care support to eligible parents with newborns to children through age 12 and youth with special needs up to age 18. Denver CCAP is administered by the Denver Department of Human Services and is funded by a mix of federal, state, and county dollars.

The income eligibility for Denver’s CCAP program is currently 225 percent of the federal poverty level. The amount CCAP pays towards care is set up on a sliding scale based on a family’s size and monthly income. Participating families are responsible for a portion of the cost. Denver CCAP currently serves parents in income eligible families who are:

- Employed or self-employed and earn at least minimum wage;
- Attending high school or working towards a GED or participating in ESL, college for a first bachelor’s degree or a vocational program; and/or
- Currently searching for a job.

Denver reimburses participating local child care providers according to a tiered reimbursement structure. The program is also supported with funding through the passage of Measure 2A. Denver Human Services, in partnership with the Denver Early Childhood Council, is wrapping up the second year of the Denver Quality Care Initiative Program (DQCIP) grant. The grant, which focuses on child care quality improvement, has provided DHS with very useful feedback from the community through a variety of focus groups, interviews and site visits. DHS is putting the information collected to use in a variety of improvement efforts for families and child care providers.\(^\text{51}\)

Family, Friend, and Neighbor Child Care

Family, friend, and neighbor (FFN) child care is the most common form of non-parental child care in the United States. With only licensed child care slots in centers and family care homes to serve 55 percent of the estimated need, it is possible that as many as 15,000 Denver children under age five may attend informal child care by family, friends, and neighbors on a regular basis. Because this type of care is not monitored or licensed, the quality of care children are receiving is unknown.

These early learning years are critical to preparing children to enter school ready to learn. The need to support FFN providers in order to improve child outcomes is a recognized strategy both nationally and locally. However, identifying FFN providers that need or want support is difficult.

Drawing from current research around FFN care in the United States, several indicators were identified as key to understanding which factors often characterize FFN providers and which factors measure a child’s readiness for school. Indicators can be combined to highlight geographic areas in Denver where FFN providers are likely prevalent and may need additional support to improve outcomes for the children for whom they care (Figure 35).

The key indicators include:

- Children with all available parents in the labor force;
- People in poverty;
- Three- and four-year-old children not in preschool;
- Adults without a high school diploma;
- Hispanic or Latino origin;
- Kindergarteners not ready for reading; and
- Children living in immigrant families.

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Areas in Denver Where Family, Friend, and Neighbor Care Providers May Need Additional Support to Improve Child Outcomes

Analysis Based on Seven Indicators:
- Children with all available parents in the labor force
- People in poverty
- Three- or four-year-old children not in preschool
- Adults without a high school diploma
- Hispanic or Latino origin
- Kindergarteners not ready for reading
- Children living in immigrant families

Source: U.S. Census Bureau, American Community Survey, 2013 Five-year estimates by census tract
Denver Public Schools, Department of Planning and Analysis
HEALTH

EARLY PRENATAL CARE

Prenatal care is the first step to keeping women and their newborns healthy. Babies of mothers who do not get prenatal care are three times more likely to have a low birth weight and five times more likely to die than those born to mothers who do get care. Early diagnosis of many health problems that occur during pregnancy can lead to successful treatment. Doctors can also educate mothers on what they can do to ensure that their baby has a healthy start to life. Exposure to maternal stress and toxic substances such as tobacco, drugs, and alcohol can affect development before a child is born, impacting the child’s academic, social, and physical outcomes throughout their life. Free and low-cost clinics are located in Denver for those who need it (Figure 51).

The percentage of women receiving early prenatal care in Denver has improved to 81 percent and, as of 2014, is higher than the state percentage of 80 percent of women receiving early care during pregnancy. However, disparities exist between women of different race and ethnicity (Figure 36). As with other indicators, there is variation by neighborhood. More women living in the higher-income neighborhoods receive early prenatal care than those women living in low-income neighborhoods (Figure 36).

Figure 36: Women Receiving Early Prenatal Care Trends

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Figure 37: Map of Women Receiving Early Prenatal Care

Women with Early Prenatal Care

- 65% - 72%
- 73% - 77%
- 78% - 82%
- 83% - 86%
- 87% - 91%

- Head Start Program Locations
- Head Start Administrative Offices
- RMSER Area Boundary
- Low Numbers

Source: Health Statistics Section, Colorado Department of Public Health and Environment, 2010-2014 5-year-averages.
WOMEN WHO SMOKED DURING PREGNANCY

Centers for Disease Control and Prevention research has shown that smoking during pregnancy causes health problems for both mothers and babies. Problems can arise as complications during pregnancy, premature births, low-birth-weight infants, stillbirths, or Sudden Infant Death Syndrome (SIDS). In addition to reducing the babies’ lung functions, nicotine may reduce the amount of blood in the fetal cardiovascular system and is further transferred to nursing infants through the smoking mother’s breast milk.\(^{58}\)

In 2014 in Denver, five percent of new mothers reported smoking during pregnancy. This rate is significantly lower than the state rate of seven percent.\(^{59}\) Despite the lower rate in Denver, there is dramatic variation by race/ethnicity and neighborhood\(^{60}\) (Figures 38 and 39). The highest rates are generally in high poverty, low-opportunity neighborhoods, further contributing to the health risks of children living in them.

Figure 38: Denver Women Who Smoked During Pregnancy

Figure 39: Map of Women who Smoked While Pregnant

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BIRTHS

The Colorado Department of Public Health and Environment reported 9,330 births to Denver women in 2014 (Figure 40). The number of births has declined three percent since 2010.\textsuperscript{61}

Figure 40: Number of Denver Births

\begin{figure}[h]
\centering
\includegraphics[width=\textwidth]{births_graph.png}
\caption{Number of Denver Births}
\end{figure}

BIRTHS BY RACE/ETHNICITY

2014 birth data from the Colorado Department of Public Health and Environment describe the diversity in Denver's child population. Less than half of all children born in Denver in 2014 were non-Hispanic white, 29 percent were Hispanic. Eleven percent of births were black, five percent were Asian, and one percent was American Indian (Figure 41).\textsuperscript{62}

Over the last five years, Hispanic births have \textit{declined} by 25 percent, black by three percent and American Indian by five percent. Asian births have \textit{increased} by 20 percent and births to non-Hispanic white mothers by seven percent. The number of births that are categorized as “unknown” has grown 120 percent with more than 600 births in 2014 not included in any racial or ethnic category.\textsuperscript{63}

Figure 41: Proportion of Denver Births by Race/Ethnicity 2007-2014

\begin{figure}[h]
\centering
\includegraphics[width=\textwidth]{births_by_ethnicity.png}
\caption{Proportion of Denver Births by Race/Ethnicity 2007-2014}
\end{figure}
The Hispanic birth rate is declining dramatically. The rate per 1,000 Hispanic women dropped from 74 in 2013 to 64.9 in 2014 (Figure 42).\(^{64}\)

The number of births in 2014 by neighborhood is illustrated in the map in Figure 43.\(^{65}\)

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\(^{64}\) Colorado Department of Public Health and Environment. (2007-2014). General Fertility Rate for All Ages - Total Live Births per 1,000 Women Ages 15-44. Denver: Health Statistics Section.

\(^{65}\) Ibid.
**LOW BIRTH WEIGHT BIRTHS**

Babies born at a low birth weight have a high probability of experiencing developmental problems. Poverty, poor prenatal nutrition, smoking, stress, infections and violence can increase the risk of a baby being born with low birth weight. The number of children born at low birth weight in Denver has remained around nine percent over the last five years (Figure 44). Variation exists by race/ethnicity and neighborhood (Figure 45).\(^{66}\)

Figure 44: Low Birth Weight Trends by Race/Ethnicity

![Graph showing low birth weight trends by race/ethnicity]

Figure 45: Low Birth Weight Babies

![Map showing low birth weight babies by neighborhood in Denver]

TEEN BIRTHS

Teen pregnancy can compromise the well-being of both teen mothers and their children. Teen mothers are less likely than older mothers to receive adequate, timely prenatal care, putting them at risk for pregnancy complications. Children born to teen mothers are more likely to drop out of school, become teen parents themselves or be incarcerated as an adult. The teen birth rate in Denver has been on the decline over the last two decades. In 2014, the Denver rate of births to women between the ages of 15 and 19 was 30 per 1,000 (Figure 46).67

In Denver, approximately five percent of all births are to teens between the ages of 15 and 19. The proportion of these teen births varies by race and ethnicity. According to the Colorado Department of Public Health and Environment, 62 percent of all teen births in Denver are to Hispanic women. Trends of teen births by race and ethnicity are illustrated in Figure 46.68 Teen births by Denver neighborhood are illustrated in Figure 47.69

Figure 46: Teen Birth Rate Trends by Race/Ethnicity

![Figure 46: Teen Birth Rate Trends by Race/Ethnicity]

Figure 47: Map of Teen Births by Denver Neighborhood

![Figure 47: Map of Teen Births by Denver Neighborhood]


BIRTHS TO WOMEN WITH LESS THAN 12 YEARS EDUCATION

Low educational attainment of parents is associated with a number of risk factors that impact child well-being including a higher risk for living in poverty. In Denver, 15 percent of births were to women with less than a high school diploma or GED in 2014. Although this rate is decreasing in Denver, there is significant variation by race/ethnicity. The highest rate by race/ethnicity is among Hispanic women, with 38 percent of births to women without a high school diploma (Figure 48). There is also significant variation by geography (Figure 49).70

Figure 48: Births to Women with less than 12 Years Education

![Births to Women with less than 12 Years Education](image)

Figure 49: Map of Births to Women with less than 12 years Education

![Map of Births to Women with less than 12 years Education](image)

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**Family and School-Based Health Care Centers**

Access to a primary care in a nearby clinic is essential for all families to maintain healthy living. Providers can monitor health, manage chronic conditions and assist patients with diagnosis and treatment of medical conditions. These services are available to all Denver residents through the network of family health centers across the Denver. These centers are conveniently located in our neighborhoods of highest need where access might otherwise be difficult due to transportation or cost.

School-Based Health Centers are located in Denver Public Schools and provide a convenient option for care for Denver students. Services available include primary care, mental health, reproductive health education and insurance enrollment assistance (Figure 51).71

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HEALTH INSURANCE
UNINSURED CHILDREN

The ability for all children to see a health care provider for routine exams, screenings, immunizations, and care when sick is essential for healthy growth and development. Unfortunately, too many children live in families without health insurance due to high costs, limited access to providers, or enrollment barriers.

According to the U.S. Census Bureau, approximately six percent of children in Colorado and Denver were without health insurance in 2014 (Figure 52).\textsuperscript{72} Estimates for the uninsured population are available from the U.S. Census Bureau at the census tract level and differences between places within Denver are apparent (Figure 53).\textsuperscript{73}


**MEDICAID**

Family Medicaid is a public health insurance program available for children under age 18 in families earning 142 percent of the federal poverty level or less. Fifty-two percent of Denver children were enrolled in Medicaid in FY 2013-2014.\(^74\)

**CHILD HEALTH PLAN PLUS**

The Child Health Plan Plus (CHP+) is a low-cost, public health insurance program for children age 18 and younger in families earning between 142 percent and 260 percent of the federal poverty level. Ten percent of children participated in CHP+ in Denver in FY 2013-2014.\(^75\)

**ELIGIBLE BUT NOT ENROLLED IN PUBLIC HEALTH INSURANCE**

Many children live in families whose annual incomes qualify them to participate in publicly financed health insurance programs such as CHP+ or Medicaid. Despite meeting eligibility requirements, many children are not enrolled. In Denver, 13 percent of children who qualify for Medicaid or CHP+ were not enrolled. Denver had a lower rate than the state average of 16 percent of children who were eligible but not enrolled in 2013 (Figure 54).\(^76\)

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\(^75\) Ibid.

IMMUNIZATIONS

Vaccines protect children from potentially deadly diseases. Due to the high number of children vaccinated, many diseases, such as polio, measles, rubella, mumps, and Pertussis, which were once a widespread threat, are now rare in the United States. Failure to vaccinate children results in the risk of contracting and spreading preventable diseases. The Center for Disease Control lists three important reasons to vaccinate children:

1. Weaker child immune systems may not be strong enough to fight the disease resulting in severe illness at times resulting in death.
2. Children under age one are vulnerable to disease when their prenatal protection from their mother expires.
3. Immunizing children helps to protect the health of the broader community by protecting others that cannot be vaccinated for medical reasons. 77

Colorado law requires that any child attending a child care center or school to be up to date with required vaccines. In addition to required immunization, optional vaccines such as the influenza and Pertussis (DTaP) vaccine help prevent illness that often can be transmitted in child care settings where children engage in close contact with other children and staff.

Under current Colorado law, parents can sign an exempt form opting out of the required vaccines for religious or personal beliefs or medical reasons. Because of this option, some schools in Denver have a high proportion of students without up-to-date immunizations. Schools with a high percentage of exemptions are more likely to experience an outbreak of a vaccine prevented disease, such as measles. Depending on the disease, the immunization rate necessary to protect the general public varies. Generally, research shows that a minimum of 90 percent of the population needs to be vaccinated in order to have a lower risk for outbreak. Because of the highly infectious nature of Pertussis and measles, 94 percent of the population should be vaccinated to protect the community. 78

Schools in the higher-income neighborhoods generally have higher rates of immunization exemptions (Figure 55).

Figure 55: Immunization Exemption Rates

CHILDREN WITH DISABILITIES

Under the federal Individuals with Disabilities Education Act (IDEA) school-aged children and youth ages three through 21 are provided special education and related services through the school system. To qualify for these services, an evaluation is performed to see if the child has a disability defined in the IDEA legislation and to identify what special education and related services the child needs.

IDEA lists categories under which children may be eligible for services. These categories include:

- Autism;
- Deaf-blindness;
- Deafness;
- Hearing impairment;
- Intellectual disability;
- Multiple disabilities;
- Orthopedic impairment;
- Specific learning disability;
- Speech or language impairment;
- Traumatic brain injury; or
- Visual impairment.\(^7^9\)

SPECIAL EDUCATION IN DENVER PUBLIC SCHOOLS

In Denver, more than 9,400 (11 percent) students were enrolled in special education classes in Denver Public Schools in 2014.\(^8^0\) Special education programs are designed for children with disabilities and special needs and support services are offered through the public school system at no cost to families.

CHILDREN WITH DISABILITIES IN DENVER GREAT KIDS HEAD START

There were 232, or 16 percent of children with an Individual Education Plan (IEP) participating the DGKHS programs during the 2013-2014 school year (Figure 57). Primary disability type of Denver Great Kids Head Start students is illustrated in the graph in Figure 56.\(^8^1\) Speech or language impairments and developmental delays make-up the majority of the disability types. Head Start mandates that at least ten percent of enrollment opportunities in Head Start must be provided to children with disabilities.


**FOOD INSECURITY**

Children in food-insecure households, or households that struggle to afford food for their families, are at an increased risk for numerous health problems and added emotional and physical stress that may affect a child’s ability to succeed in school. Feeding America reports that the national average for a meal costs $2.79. Due to the higher costs of living in Denver, an average meal costs $3.11.\(^\text{82}\) For a household struggling to afford housing, utilities, child care, and other necessary expenses, the additional burden of expensive food can have a significant impact on a family’s budget.

Although food-insecurity is linked to poverty, measuring need from poverty alone is insufficient. Many food-insecure children live in households with incomes above the federal poverty level and above the eligibility for federal nutrition programs such as SNAP and the Free and Reduced-Price Lunch program.

In order to improve the estimate of food-insecure children, Feeding America has published a model estimate of food-insecurity for children. The following indicators were used to calculate estimates of child food-insecurity at the county, congressional district and state levels:

- Unemployment rates;
- Child-poverty rates;
- Median income for families with children;
- Homeownership rates for families with children;
- African American children; and
- Hispanic children.\(^\text{83}\)

In 2013, approximately 30,000 children were counted as food-insecure in Denver. Although the number of children eligible for nutrition programs is increasing in Denver, the number of food-insecure children has decreased 18 percent from 2009 to 2013 (Figure 58). In Colorado, the number decreased seven percent.\(^\text{84}\)

![Figure 58: Child Food Insecurity](image)

The City and County of Denver offered summer and snacks and supper meal programs that fed children 149,612 meals in 2014. This program, along with other community partner programs, including Food Bank of the Rockies and Denver Public Schools, help ensure that no child need suffer hunger in Denver.


\(^\text{83}\) Ibid.

\(^\text{84}\) Ibid.
SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM

The Supplemental Nutrition Assistance Program (SNAP), formerly the Federal Food Stamp Program, helps mitigate the negative impacts of food insecurity on children and adults. This federally funded program provides eligible households with coupons or cards that can be used to purchase food at participating local grocery stores or markets. In Denver the program is administered by Denver Human Services. As of October 2015, nearly 41,000 children under the age of 19 were receiving SNAP benefits in Denver (Figure 59).85

Estimates from the U.S. Census Bureau provide a general snapshot of the percentage all people receiving benefits within Denver neighborhoods (Figure 60).86

Figure 60: Denver Children under Age 19 Receiving SNAP Benefits

Figure 59: People Receiving SNAP Benefits

FOOD DESERTS

Increases in diet-related diseases and obesity are major public health problems in cities across America. Limited access to supermarkets, grocery stores, and other sources of healthy and affordable food may make it harder for some Denver residents to eat a balanced diet.

A definition of a food desert is provided in the 2008 Farm Bill as an “area in the United States with limited access to affordable and nutritious food, particularly such an area composed of predominately lower-income neighborhoods and communities.” In other words, food deserts are geographic areas where access to affordable, healthy food options is limited. In addition, food deserts often contain a higher proportion of fast-food restaurants and convenience stores with an insufficient selection of fresh fruits and vegetables.

Cities across the nation, including Denver, are combating food deserts through community planning projects such as farmer’s markets, community gardens, local food promotion, youth agriculture, culinary training programs and improved nutritional guidelines in schools. The Denver Office of Economic Development created a map of Denver areas where low to moderate income families with no vehicle live more than ¼ miles from a full service grocery store. These underserved grocery areas are highlighted in green in the map in Figure 61.

Figure 61: Underserved Grocery Retail Areas in Denver

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89 Denver Office of Economic Development, September 2014.
MENTAL HEALTH

In order for children to have the best chance for success in life and school, they need to be healthy. Mental health is an important component of overall health. Children who are mentally healthy have “a positive quality of life and can function well at home, in school, and in their communities.” Children’s mental disorders can affect children of all ages, gender, and ethnic and racial backgrounds. Mental health disorders in children include:

- Attention deficit/hyperactivity disorder (ADHD);
- Behavior disorders;
- Mood and anxiety disorders;
- Substance abuse disorders; and
- Tourette syndrome.

Several factors can contribute to the development of mental disorders in children including family history, biological factors, toxic stress, and adverse childhood experiences, such as exposure to violence or substance abuse.

According to the Colorado Child Health Survey for 2013, anxiety was the most prevalent mental disorder for children surveyed, ages four through 14, in Colorado (Figure 62).

MENTAL HEALTH SERVICES IN DGKHS

Beginning in August of 2010, DGKHS received a two grants from the Colorado Health Foundation. These grants significantly increased the capacity of DGKHS to provide on-site mental health consultation, parent and staff training and intervention services and allowed DGKHS to sustain on-site mental health services that have made a significant impact on children and their families as demonstrated through the social/emotional domain of the Teaching Strategies GOLD, and other measures.

Unfortunately, due to a change in strategies, additional funding from the Colorado Health Foundation is no longer available. As a result, DGKHS has had to gradually decrease on-site services to prolong funding as long as possible, while at the same time pursue other funding sources which are vital to positive outcomes for children and their families. The drop in average monthly hours a mental health professional spends on-site is illustrated in the graph in Figure 63.

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91 Ibid.
93 Ibid.
CHILD ABUSE AND NEGLECT

Safe, stable and nurturing relationships and environments are best for children to grow and develop to their full potential. Unfortunately, some children suffer physical, sexual or emotional abuse or neglect. Child abuse and neglect can have severe effects on children’s cognitive, social-emotional, language, mental health, and behavioral development that can last well into adulthood. Adults who were neglected or abused as children are a greater risk for substance abuse, eating disorders, mental health issues and chronic disease.\(^95\)

Young children under the age of four are at greatest risk for the most severe consequences of abuse and neglect. These negative outcomes include disrupted brain development, improper development of the nervous system, serious physical injury or death.\(^96\)

Individual, family, and community factors contribute to the risk of child abuse and neglect. The Centers for Disease Control and Prevention lists these risk factors by group.

Individual Risk Factors include:
- Parents’ lack of understanding of children’s needs, child development and parenting skills;
- Parents’ history of child maltreatment;
- Substance abuse or mental health issues;
- Young age of parents, low educational attainment, single-parenthood, low-income; and
- Non-biological, transient caregivers in the home.

Family Risk Factors include:
- Social isolation;
- Family disorganization, dissolution, and violence;
- Parenting stress, poor parent-child relationships, and negative interactions.

Community Risk Factors include:
- Community Violence; and
- Concentrated neighborhood disadvantage and poor social connections.\(^97\)

Data available from the Division of Child Welfare Services with the Colorado Department of Human Services tracks the rate of substantiated incidences of maltreatment per 1,000 children for Denver and Colorado over time (Figure 64).\(^98\)

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\(^96\) Ibid.


OVERWEIGHT AND OBESE CHILDREN

A child’s health is a key determinant to success in all other aspects of their lives. One of the challenges currently facing Denver children and youth is the number of children who are at an unhealthy weight. Childhood obesity is less about how much a child weighs and more about the long term impact of obesity on a child’s overall health in addition its social impact on the broader community.

Childhood obesity is the result of consuming too many calories and not getting enough physical activity. Overweight children are those whose body mass index (BMI) falls between the 85th -94th percentile of normal weight for height. Obese children are those whose BMI is at or above the 95th percentile of normal weight for height or higher. All of these children are at risk for developing serious, long-term health problems such as diabetes and heart disease. Denver Public Schools together with Denver Health collects BMI data for Denver Public School students between the ages of three and 15. According to this source, 31 percent of Denver children were measured as overweight or obese (16 percent obese and 15 percent overweight).99

Typically, Colorado communities with high rates of obesity face limited access to healthy and affordable foods, recreational facilities, safe neighborhoods and preventive health care. Children living in poverty or in low-income families are more likely to be overweight or obese than their more affluent peers.100

The graph in Figure 65 describes overweight and obese students for each school year. The percentage of students at an unhealthy weight status remained flat for the last four school years. However, due to the annual growth of Denver Public School enrollment, the number of children at an unhealthy weight is most likely increasing.

DGKHS BODY MASS INDEX (BMI)

Of the enrolled children in Denver Great Kids Head Start (DGKHS), 23 percent of children were overweight or obese during the 2014-2015 school year. Underweight is defined as a BMI less than fifth percentile for child’s age and sex. Four percent in DGKHS programs were underweight. The percentage of DGKHS children at a healthy weight has declined since the 2011-2012 school year (Figure 65).101
A map illustrating the percentage of school-aged children overweight or obese is provided in Figure 67.  

Figure 67: Children with Excessive Weight

---


**EDUCATION**

**DENVER PUBLIC SCHOOLS**

**STUDENT POPULATION**

In the 2014-2015 school year, 90,150 students were enrolled in 185 Denver Public Schools consisting of three Early Childhood Education schools, 86 elementary, 20 ECE-8, four ECE-12, 22 middle, 19 grades 6-12, and 31 high schools. The number of Denver Public School Students by neighborhood is illustrated in Figure 68.\

---

**Table 4: DPS Student Population by Race/Ethnicity**

<table>
<thead>
<tr>
<th>DPS Student Profile</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian</td>
<td>583</td>
<td>.6%</td>
</tr>
<tr>
<td>Asian or Pacific Islander</td>
<td>2,958</td>
<td>3.3%</td>
</tr>
<tr>
<td>Black</td>
<td>12,683</td>
<td>14.1%</td>
</tr>
<tr>
<td>Hispanic or Latino</td>
<td>51,074</td>
<td>56.7%</td>
</tr>
<tr>
<td>White (Not Hispanic)</td>
<td>19,768</td>
<td>21.9%</td>
</tr>
<tr>
<td>Pacific Islander</td>
<td>203</td>
<td>.2%</td>
</tr>
<tr>
<td>Two or More</td>
<td>2,881</td>
<td>3.2%</td>
</tr>
<tr>
<td>All Students</td>
<td>90,150</td>
<td>100%</td>
</tr>
</tbody>
</table>

The largest proportion, or 57 percent, of Denver Public School students was Hispanic or Latino compared to 22 percent classified as non-Hispanic white in the 2014-2015 school year. Black students made up 14 percent of the school population (Table 4).\n
---


\[104\] Ibid.
Figure 69: DPS Students by Neighborhood

Denver Public School Students by Neighborhood
2014-2015 School Year

87 - 500
501 - 1200
1201 - 2500
2501 - 4500
4501 - 9612
Denver Neighborhoods
Data not Included

Source: Denver Public Schools
Department of Planning and Analysis
2014-2015 School Year
LANGUAGE
According to the U.S. Census Bureau, 42,000 children, or 44 percent, under the age of 18 spoke a language other than English at home in 2014 (Figure 70).

LANGUAGES IN DPS
Over 120 languages are spoken in Denver Public Schools. The languages, other than English, spoken by the most students in DPS include Spanish, Vietnamese, Arabic, Somali, Amharic, Nepali, and Russian.

LANGUAGES IN HEAD START
The main primary languages of DGKHS families spoken at home were English and Spanish (Figure 71).

---


ENGLISH LANGUAGE LEARNERS

In the 2014-2015 school year, approximately 34,400 (38 percent) Denver Public School students, including early childhood children, were English Language Learners (Figure 72).  

Figure 72: English Language Learners by School

---

FREE AND REDUCED-PRICE LUNCH ELIGIBILITY

The Colorado Department of Education provides annual district-level data on those children eligible for free or reduced-price meals. Free lunch eligibility is set at 130 percent of the federal poverty level (approximately $31,000 for a family of four) and reduced-price lunch eligibility is at 185 percent of the federal poverty level (approximately $44,100 for a family of four).  

In Denver, 70 percent of public school students qualified for free or reduced-price lunch in 2014-2015 school year (Figure 73). The proportion of free or reduced-price lunch students by Denver neighborhood is illustrated in Figure 74.

---


Student Mobility

Families move for many reasons, including job change, housing type, affordability and size, eviction, domestic problems, neighborhood characteristics, or school choice. No matter the cause, changing schools can have an impact on student success, often negatively impacting student achievement. Students who change schools frequently often face challenges including:

- Lower academic achievement;
- Behavior problems;
- Difficulty making friends; and
- Dropping out.\textsuperscript{111}

Students who change schools during the school year for a reason other than normal grade progression are considered mobile. The student mobility rate, as defined by the Colorado Department of Education, is the unduplicated count of students who move schools at least one time during the school year. The mobility incidence rate is the unduplicated count. Each time a student moves schools during the school year, they will be counted as mobile.

During the 2013-2014 school year, 14,502 individual DPS students were mobile. 17,271 students moved schools, meaning that some students moved schools more than once in the school-year. The mobility incidence rate for DPS students was 19 percent (Figure 75).\textsuperscript{112}

Figure 75: Incidences of Mobility

Research shows that economically disadvantaged children have the highest mobility rates of any group. Children and youth in foster care, homeless children and children from migrant and military families are also highly mobile. Children of color are more mobile than non-Hispanic white children and children who did not expect to attend college were 70 percent more likely to change high schools than their peers who did expect to attend college.\textsuperscript{113}

In Denver Public Schools, the mobility incidence rate was 19 percent during the 2013-2014 school year. Male students had a higher incidence rate than


female students. American Indian, black, and Pacific Islander children had significantly higher than average mobility incidence rates (Figure 76).\textsuperscript{114}

High incidence of student mobility not only impacts the mobile students, but the entire school community. Research shows that in schools and classrooms with high student mobility, teachers often have to review materials and spend time on remedial education instead of progressing to new content to catch new students up with the work.

In Florida, researchers found that instruction and content was one year behind in highly mobile schools compared to students in more stable schools.\textsuperscript{115}

In Denver, the instances of mobility by school are mapped in Figure 77.\textsuperscript{116}

**Full-Day Kindergarten**

The skills learned in quality full-day kindergarten programs provide children the time and support they need to master the academic and social skills necessary for future achievement and life success. Full-day kindergarten programs benefit children in the following ways:

- Contributes to increased school readiness;
- Leads to higher academic achievement;
- Improves student attendance;
- Supports literacy and language development;
- Benefits children socially and emotionally; and
- Decreases costs by reducing retention and remediation rates.\textsuperscript{117}


As the benefits of participation in full-day kindergarten programs were more recognized, the number of children attending full-day kindergarten in Colorado and in Denver has increased. Denver’s participation rate has consistently been higher than the participation rate for Colorado over time. (Figure 78).⁷¹

Denver Public Schools offers full-day kindergarten programs to children and their families. The half-day kindergarten program is free to all families and the full-day option is free to those eligible for free or reduced-price lunch. For families earning more than 185 percent of the federal poverty level, tuition payments are determined based on a sliding scale.

Figure 78: Full-Day Kindergarten Enrollment

---


ACHIEVEMENT

Achievement gaps begin long before they are measured by standardized tests in the third grade. Disparities in academic skills are apparent in preschool and kindergarten, but begin even earlier in a child’s life. Studies show that these disparities are associated with family income, parental education, family structure, neighborhood conditions and exposure to language and other educational experiences. Factors including a child’s health, nutrition, and exposure to emotional stress and violence are also known to impact a child’s early cognitive and social development.¹¹⁹

Head Start programs primarily serve the most vulnerable children in Denver. When the children enter the program, they are given an assessment that measures their competency in several important domains. These assessments are used to measure progress towards school readiness throughout the academic year and show that Head Start program participation clearly begins to close the achievement gaps for these disadvantaged children.

FALL 2014-SPRING 2015 TEACHING STRATEGIES GOLD

Teaching Strategies GOLD® is an assessment system for children from birth through kindergarten and measures the knowledge, skills, and behaviors that are most predictive of school success. Teaching Strategies GOLD® (TS Gold) blends ongoing, authentic, observational assessment across all areas of development and learning with intentional, focused, performance-assessment tasks for selected literacy and numeracy objectives.

Head Start program administrators can use TS Gold reports to:
- Collect and gather child outcome data as one part of a larger accountability system;
- Guide program planning and professional development opportunities; and
- Inform strategic investments to close learning gaps.

Head Start preschool providers can use the TS Gold reports to:
- Observe and document children’s development and learning over time;
- Plan instruction to support children’s needs;
- Identify children who might benefit from additional support, screening, or further evaluation; and
- Report and communicate progress with family members and others.

The following graphs illustrate the percentage of three-, four-, and five-year-old children in Denver Great Kids Head Start (DGKHS) programs who meet or exceed social, physical, and academic expectations for their age as defined by TS Gold’s “Widely Held Expectations.” Overall, those students who participated in the DGKHS program for a full year demonstrated significant growth across all domains in all categories of students analyzed from fall 2014 through spring 2015 (Figure 79).¹²⁰

Figure 79: DGKHS All Children in ALL Checkpoint Periods 2014-2015

Children with an individual education plan (IEP) consistently exhibit remarkable growth in all domains.
from fall to spring. Although fewer students with an IEP are meeting or exceeding Widely Held Expectations than their peers without an IEP, their growth dramatically reduces the significant gaps apparent at the start of the program year (Figure 80).\textsuperscript{121}

A slightly higher percentage of girls were meeting or exceeding Widely Held Expectations in all domains except the physical domain by end of the program year. Both boys and girls showed significant growth in all domains from fall to spring (Figures 81 and 82).\textsuperscript{122}

Figure 81: DGKHS Female Children in ALL Checkpoint Periods 2014-2015

Figure 82: DGKHS Male Children in ALL Checkpoint Periods 2014-2015

\textbf{CHILDREN READING AT GRADE LEVEL AT THE END OF KINDERGARTEN}

The Developmental Reading Assessment (DRA2 for English and EDL2 for Spanish-speaking students) is an assessment given in Denver Public Schools (DPS) to measures phonemic awareness, letter/word

\begin{itemize}
\item \textsuperscript{121} Denver Great Kids Head Start. (June 2015). \textit{TS Gold Analysis: Fall 2014-Spring 2015}. TS Gold Data provided by the Colorado Department of Education.
\item \textsuperscript{122} Ibid.
\end{itemize}
recognition, and phonics. All kindergarten students are evaluated using the word analysis task component of the DRA2/EDL2 assessment in the fall of the school year and a complete assessment of reading levels at the end of the school year.

Seventy-one percent of all DPS kindergarteners tested were reading at or above grade level, as measured by the DRA2 assessment for the 2014-2015 school year. The map in Figure 83 illustrates the variability of kindergarten students who are not proficient on this assessment at the end of kindergarten by the neighborhoods in which they live.123

Figure 83: Kindergarteners Not Ready for Reading at the End of Their Kindergarten Year

---

123 Denver Public Schools. (2014). Percent of DPS kindergarteners who were reading at or above grade level by the end of kindergarten in 2014-2015.
THIRD GRADE READING

To ensure that all Denver children have what they need to be successful in school and life, they need the tools that will enable success at each stage in the life-cycle. Children need to enter school ready to learn and the ability to read at grade level by the end of third grade is an important marker for future academic success. Beginning in fourth grade, children transition from learning how to read to reading to learn. Unfortunately, 40 percent, or more than 2,500 third graders were not proficient in reading in the spring of 2014 (Figure 84).\(^{124}\)

Figure 84: Third Grade Students Scoring Proficient or Above (CSAP/TCAP)

Black and Hispanic children from low-income families often start kindergarten behind their white peers and they tend to stay behind throughout their academic career. Disparities in third grade reading proficiency exist by race/ethnicity\(^ {125}\) (Figure 85) and geography (Figure 86).\(^ {126}\)

Figure 85: Third Grade Students Proficient in Reading by Race/Ethnicity 2014

---


\(^{126}\) Denver Public Schools. (2014). Percent of DPS kindergarteners who were reading at or above grade level by the end of kindergarten in 2014-2015.
Figure 86: Third Graders Not Proficient in Reading
COLORADO STUDENT ASSESSMENT PROGRAM RESULTS

State standardized tests indicate that the overall percentage of Denver Public School (DPS) students proficient or advanced is improving over time in reading, math, writing, and science (Figure 87). Compared to Colorado, a fewer Denver Public School Students are proficient all subjects measured (Figure 88).\(^\text{127}\)

Figure 87: TCAP Performance in DPS

![Figure 87: TCAP Performance in DPS](image1.png)

Figure 88: 2014 TCAP Percent Students Proficient and Above

![Figure 88: 2014 TCAP Percent Students Proficient and Above](image2.png)

**Proficiency by Income**

These scores indicate that there is room for improvement by all students in both reading and math. However, persistent gaps exist in both reading and math between students who are economically disadvantaged and those who are not, as measured by free and reduced lunch eligibility (Figures 89 and 90).  

---

**Figure 89: DPS Students Proficient and Above Reading CSAP/TCAP**

---

**Figure 90: DPS Students Proficient and Above on the Math CSAP/TCAP**

---

**Reading Proficiency by Income and Grade**

A gap persists between students eligible for free and reduced-price lunch (in poverty or low-income families) and those not eligible (not in poverty) as illustrated in Figures 91 and 92. This gap is apparent in all subjects tested, across all grades (three through 10) and over all years of available data.129 The achievement gap is already apparent by third grade suggesting it begins to form much earlier in a child’s academic career. The growth of students in Head Start programs meeting or exceeding expectations in reading as measured by TS Gold provides good evidence that high-quality early learning programs have the potential to close the gaps before they are evident in third grade.

Figure 91: 2014 Proficiency in Reading by Free and Reduced-price Lunch Status and Grade

---

Achievement Gaps by Race/Ethnicity

There is variability in the percentage of students proficient in reading and math on the CSAP/TCAP assessment by race/ethnicity. Consistent gaps are apparent over the past three years with more white and Asian students’ proficient than black and Hispanic students (Figures 92 and 93). In 2014, 86 percent of white students and 65 percent of Asian students were proficient or above in reading in Denver Public Schools while only 46 percent of black and 44 percent Hispanic students were proficient. Similarly, in math 78 percent white, 65 percent Asian, 38 percent Hispanic, and 31 percent black students were proficient in 2014.

Figure 92: DPS Students Proficient and Above on Reading CSAP/TCAP by Race/Ethnicity

Figure 93: DPS Students Proficient and Above on Math CSAP/TCAP by Race/Ethnicity

**Achievement Gaps by English Language Proficiency**

Children who struggle with English may face barriers to academic success. As illustrated in Figures 94 and 95, there is a significant achievement gap between students who are English Language Learners and those who are proficient in English in reading and math as measured by the state standardized tests (CSAP, TCAP). The percentage of students proficient in reading and math by school are illustrated in the maps in Figures 94 and 95.131

Figure 94: DPS English Language Learners and English Proficient on Reading CSAP/TCAP

Figure 95: DPS English Language Learners and English Proficient on Math CSAP/TCAP

---

Figure 96: Students Proficient in Reading by School

Students Proficient in Reading: 2014 by School

- 0% - 25%
- 26% - 50%
- 51% - 75%
- 76% - 100%

Denver Neighborhoods

Source: 2014 TCAP
Colorado Department of Education
Figure 97: Students Proficient in Math by School
**FAMILY ECONOMICS**

**INCOME**

In 2014, the median family (with child) income in Denver was $60,937 which is more than $10,400 more than in 2013. Denver’s median family income is approaching the national figure but still below the state median income of $71,982 (Figure 98).132

Figure 98: Median Family (With Child) Income

![Median Family (With Child) Income](image)

**UNEMPLOYMENT**

In many ways, the labor market and job stability determine the resources that parents have available to spend on care for their children. In addition, job related stress, job loss, and financial insecurity can negatively impact the entire household. These external factors related to the labor force may affect children’s development.133 In Denver the unemployment rate has dropped significantly since the height of the Great Recession.

Figure 99: Denver Unemployment Rate

![Denver Unemployment Rate](image)

The unemployment rate was 3.7 percent in August 2015 with approximately 14,000 people estimated to be unemployed (Figure 99).134

Five-year estimates of unemployment rates illustrate the variation in employment by neighborhood (Figure 101).135

---


The number of children under age six with no parent in the labor force has decreased from 6,000 in 2013 to 5,000 in 2014. This is another good sign for children in Denver’s improving economy.

The Annie E. Casey Foundation uses the percentage of children living in families where no parent has full-time, year-round employment as one measure of family economic security. When only one parent is employed full-time, children are more likely to live in poverty. Many families piece together part-time employment to make ends meet.

Furthermore, without a good education and relevant job skills, it is difficult for parents to earn a living wage to support their families. In 2013, 34 percent (46,000) of Denver children lived in families where no parent had full-time, year round employment (Figure 102).
CHILDREN IN POVERTY

Children living in poverty often experience the negative conditions of substandard housing, homelessness, inadequate nutrition, food insecurity, inadequate child care, lack of access to health care, unsafe neighborhoods, and under resourced schools. They are also at-risk for negative outcomes such as low academic achievement, dropping out of high school, abuse and neglect, behavioral and physical health problems, and developmental delays.138

Poverty is defined by the federal government as $24,250 annual income for a family of four and does not consider variations in the cost of living by place or necessary expenses such as housing, health care, child care, or transportation.139 Consequently, the federal poverty measure underestimates what it actually costs to support a family.

According to the Self-Sufficiency Standard for Colorado 2015 by the Colorado Center on Law and Policy, it costs approximately $73,749 to meet the basic needs of a family of four in Denver (two adults, an infant and preschooler).140 In other words, the cost to meet basic needs for a family of this type in Denver is approximately three times the federal poverty level.141

The most recent data available for the number of children under age 18 in poverty in Denver showed a significant drop in poverty from 2013 to 2014. Child poverty decreased from 30 percent (40,000 children) to 22 percent (Figure 104). Approximately 30,500 children were living in poverty in 2014.142

Figure 105: Child Poverty Trends

A county-by-county analysis of child poverty over time provides more information to better understand the significant drop in child poverty in Denver. While Denver has experienced a significant drop in child poverty, the trend was not replicated in neighboring counties (Table 5).  

<table>
<thead>
<tr>
<th>County</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>Change in the percent of children in poverty over the last 5 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adams</td>
<td>17.4%</td>
<td>24.0%</td>
<td>22.0%</td>
<td>17.0%</td>
<td>17.5%</td>
<td>0.1%</td>
</tr>
<tr>
<td>Arapahoe</td>
<td>15.8%</td>
<td>16.9%</td>
<td>16.0%</td>
<td>18.0%</td>
<td>16.5%</td>
<td>0.7%</td>
</tr>
<tr>
<td>Boulder</td>
<td>16.6%</td>
<td>12.9%</td>
<td>13.0%</td>
<td>14.0%</td>
<td>16.2%</td>
<td>-0.4%</td>
</tr>
<tr>
<td>Denver</td>
<td>32.6%</td>
<td>25.6%</td>
<td>29.0%</td>
<td>30.0%</td>
<td>22.3%</td>
<td>-10.3%</td>
</tr>
<tr>
<td>Douglas</td>
<td>3.0%</td>
<td>7.0%</td>
<td>4.0%</td>
<td>3.0%</td>
<td>5.2%</td>
<td>2.3%</td>
</tr>
<tr>
<td>El Paso</td>
<td>19.1%</td>
<td>18.1%</td>
<td>18.0%</td>
<td>13.0%</td>
<td>15.3%</td>
<td>-3.8%</td>
</tr>
<tr>
<td>Jefferson</td>
<td>12.1%</td>
<td>12.3%</td>
<td>13.0%</td>
<td>13.0%</td>
<td>10.3%</td>
<td>-1.8%</td>
</tr>
<tr>
<td>Larimer</td>
<td>12.9%</td>
<td>13.7%</td>
<td>13.0%</td>
<td>13.0%</td>
<td>11.8%</td>
<td>-1.2%</td>
</tr>
</tbody>
</table>

Poverty is not equally distributed throughout Denver’s neighborhoods. Some areas in Adams, Jefferson, and Arapahoe counties also experience high levels of child poverty, as illustrated in Figure 105.  

144 Change in poverty number differs in this table from the city-by-city comparison table due to rounding.  
Of the 25 cities in the United States with population estimates between 500,000 and 1,000,000 residents (2012 estimates), San Jose had the lowest percentage of child poverty at 10 percent. Detroit had the highest rate of 57 percent. Denver’s child poverty rate of 22 percent matches the national average for 2014 and is the fourth lowest in the nation among these comparably sized cities (Figure 107). Over the last five years, Denver had the greatest reduction in child poverty, 11 percentage points, of any of these cities.

Figure 107: City Ranking of Child Poverty 2013, 2014

<table>
<thead>
<tr>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>San Francisco</td>
<td>12%</td>
</tr>
<tr>
<td>San Jose</td>
<td>17%</td>
</tr>
<tr>
<td>Seattle</td>
<td>22%</td>
</tr>
<tr>
<td>United States</td>
<td>22%</td>
</tr>
<tr>
<td>Portland</td>
<td>24%</td>
</tr>
<tr>
<td>Charlotte</td>
<td>24%</td>
</tr>
<tr>
<td>Austin</td>
<td>26%</td>
</tr>
<tr>
<td>Louisville</td>
<td>27%</td>
</tr>
<tr>
<td>Jacksonville</td>
<td>30%</td>
</tr>
<tr>
<td>District of Columbia</td>
<td>31%</td>
</tr>
<tr>
<td>Fort Worth</td>
<td>31%</td>
</tr>
<tr>
<td>Las Vegas</td>
<td>33%</td>
</tr>
<tr>
<td>Alburquerque</td>
<td>34%</td>
</tr>
<tr>
<td>Oklahoma City</td>
<td>34%</td>
</tr>
<tr>
<td>El Paso</td>
<td>43%</td>
</tr>
<tr>
<td>Denver</td>
<td>46%</td>
</tr>
<tr>
<td>Indianapolis</td>
<td>48%</td>
</tr>
<tr>
<td>Nashville</td>
<td>59%</td>
</tr>
<tr>
<td>Baltimore</td>
<td>28%</td>
</tr>
<tr>
<td>Columbus</td>
<td>30%</td>
</tr>
<tr>
<td>Tucson</td>
<td>32%</td>
</tr>
<tr>
<td>Milwaukee</td>
<td>33%</td>
</tr>
<tr>
<td>Memphis</td>
<td>34%</td>
</tr>
<tr>
<td>Fresno</td>
<td>35%</td>
</tr>
<tr>
<td>Detroit</td>
<td>36%</td>
</tr>
</tbody>
</table>

**RATIO OF POVERTY TO INCOME TRENDS**

Many working families in Denver struggle to make ends meet. An estimated 62,000 children, or 47 percent, of Denver’s children live in families with incomes below 200 percent of the federal poverty level (FPL), or less than $48,500 annual income for a family of four. The percentage of children living in families above 200% of poverty has grown to 53% in 2014 (Figure 108).

Figure 108: Children Living In Families by Ratio to Poverty

---

146 2012 population estimates—city population as of July 1, 2012 as estimated by the United States Census Bureau.


**CHILD POVERTY BY RACE/ETHNICITY**

Children of color are more often in poverty than non-Hispanic white and Asian children and children of two or more races according to the U.S. Census Bureau, five-year estimates (Figure 109).  

Figure 109: Child Poverty by Race/Ethnicity

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Poverty Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>All</td>
<td>29%</td>
</tr>
<tr>
<td>Asian</td>
<td>24%</td>
</tr>
<tr>
<td>Black</td>
<td>54%</td>
</tr>
<tr>
<td>Native American</td>
<td>50%</td>
</tr>
<tr>
<td>Other</td>
<td>41%</td>
</tr>
<tr>
<td>Two or More Races</td>
<td>21%</td>
</tr>
<tr>
<td>White</td>
<td>23%</td>
</tr>
<tr>
<td>Hispanic-can be of any Race</td>
<td>38%</td>
</tr>
</tbody>
</table>

**AREAS OF CONCENTRATED POVERTY**

All children need strong families and supportive communities to realize their full potential. Approximately one quarter of Denver’s children are living in areas of concentrated poverty. Critical resources for their family’s healthy growth and development are often out of reach.

Areas of concentrated poverty are defined as census tracts with a poverty rate of 30 percent and higher. Children living in areas of concentrated poverty are more likely to experience stress, have unmet basic needs, lower test scores, and are more likely to drop out of school. The impacts may be greatest for younger children.

In Denver, approximately 30 percent, or 40,000 children age 17 and younger lived in areas of concentrated poverty (Figure 110).

Figure 110: Areas of Concentrated Poverty

---


**SINGLE-PARENT FAMILIES**

Single-parent families often struggle to provide basic needs for their families with only one income. In 2014, 47,000 children, or 35 percent of children age 17 and younger, lived in single-parent households in Denver (Figure 111). The number of children living in single-parent homes in Denver has decreased 10 percent since 2013.

Figure 111: Children Living in Single-Parent Families

![Graph showing percentage of single-parent families in Denver from 2005 to 2014.](image)

**DGKHS FAMILIES**

More than half, or 53 percent of all families participating in DGKHS were single-parent families in the 2014-2015 school year (Figure 112). The map in Figure 112 illustrates that some of the DGKHS centers are located in the neighborhoods with the highest percentage of single-parent families.

Figure 112: DGKHS Families by Type

![Bar chart showing percentage of families by type from 2010/2011 to 2014/2015.](image)

---


Figure 113: Single-Parent Families by Neighborhood

Children in Single-Parent Families
- 7% - 19%
- 20% - 30%
- 31% - 39%
- 40% - 54%
- 55% - 91%

Head Start Program Locations
RMSER Area Boundary
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HOMELESS FAMILIES

The McKinney-Vento Homeless Education program objectives are to increase access to education and provide stability and opportunity for educational success for children and youth experiencing homelessness. The overall intent of the McKinney-Vento Education for Homeless Children and Youth grant is to remove all educational barriers facing homeless children and youth with emphasis on educational enrollment, attendance, and success. In Denver, the number of homeless students increased from the 2012-2013 school year to the 2013-2014 school year. However, since the 2006-2007 school year, the number of homeless students has more than doubled with 2,251 students not living in stable housing during 2013-2014 (Figure 114).  

Figure 114: Homeless School-Aged Children in Denver

![Graph showing number of children in stable housing from 2006-2007 to 2013-2014 school years.]

HOMELESS CHILDREN IN DENVER GREAT KIDS HEAD START

The number of children participating in DGKHS in families who were homeless has increased from seven percent to 11 percent since the 2010-2011 school year (Figure 115). Two percent of these families acquired housing during the 2014-2015 enrollment year.

Figure 115: DGKHS Homeless Children and Families

![Bar chart showing families and children experiencing homelessness and families that acquired housing from 2010-2011 to 2014-2015.]


PUBLIC ASSISTANCE

The number of children under age 18 living in families receiving public benefits in the form of Supplemental Security Income (SSI), cash public assistance income, or Supplemental Nutritional Assistance Program (SNAP) benefits, has declined in Denver since 2013. The U.S. Census Bureau estimates that approximately 40,000 Denver children, or 29 percent, were living in families receiving public assistance benefits in 2014. This is higher than the Colorado rate of 21 percent (Figure 116).157

The breakdown of the public assistance programs DGKHS families participate in is illustrated in Figure 117. The distribution of children in households receiving public assistance by neighborhood is illustrated in Figure 118.158

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Figure 118: Children in Households Receiving Public Assistance Benefits

Children Under 18 in Households Receiving Public Assistance Benefits

- 0% - 9%
- 10% - 25%
- 26% - 40%
- 41% - 56%
- 57% - 91%

- Head Start Program Locations
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EDUCATIONAL ATTAINMENT OF ADULTS

Research shows that educational attainment is the most important social characteristic for predicting earnings. According to the U.S Bureau of Labor Statistics, on average nationally, workers without a high school diploma earned $488 per week compared to $668 with a high school diploma, $741 with some college, $792 with an Associate’s degree, and $1,101 with a Bachelor’s degree in 2014. Figure 120 illustrates the breakdown of educational attainment by degree for Denver and Colorado.

Figure 119: Educational Attainment of Adults

<table>
<thead>
<tr>
<th>Educational Attainment</th>
<th>Colorado</th>
<th>Denver</th>
</tr>
</thead>
<tbody>
<tr>
<td>Graduate or professional degree</td>
<td>14%</td>
<td>17%</td>
</tr>
<tr>
<td>Bachelor’s degree</td>
<td>24%</td>
<td>27%</td>
</tr>
<tr>
<td>Associate’s degree</td>
<td>8%</td>
<td>6%</td>
</tr>
<tr>
<td>Some college, no degree</td>
<td>22%</td>
<td>18%</td>
</tr>
<tr>
<td>High school graduate (includes equivalency)</td>
<td>22%</td>
<td>18%</td>
</tr>
<tr>
<td>Less than High School Diploma</td>
<td>9%</td>
<td>15%</td>
</tr>
</tbody>
</table>

In Denver, the percent of adults in the community that did not have a high school diploma has decreased since 2005 (Figure 120). Up by one percentage point since 2013, fifteen percent of adults did not have a high school diploma in 2014.

Figure 120: Adults in the Community without a High School Diploma

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162 Ibid.
Parents of children in Denver Great Kids Head Start programs generally have lower educational attainment levels than that of the general population. Over one-third of parents did not have a high school diploma during the 2014-2015 school year compared to 15 percent city-wide. Over time, the educational level of parents has increased while the percentage of parents without a high school diploma has decreased as illustrated in Figure 121.\textsuperscript{163}

Figure 121: Educational Attainment Levels of DGKHS Parents

In seven percent of DGKHS two-parent families, one parent was participating in job training or school. This is trending down over the last five years (Figure 122). Twenty-four percent of parents in single-parent families were participating in job training or school. This number is also trending down from 43 percent during the 2010-2011 school year (Figure 123).\textsuperscript{164}

Figure 122: DGKHS Two-Parent Families in Job Training or School

Figure 123: DGKHS Single-Parent Families in Job Training or School


\textsuperscript{164} Ibid.
In addition to earning more money, high school graduates tend to live longer and are less likely to fall into poverty and rely on public assistance.\textsuperscript{165} There is also evidence that the educational outcomes of children are impacted by the absence of educated, affluent adults in their communities.\textsuperscript{166} The map in Figure 124 illustrates where in our city there are higher percentages of adults in the community without a high school diploma.\textsuperscript{167}


CRIME

Unsafe, high-crime neighborhoods may expose children to violence which can cause a number of problems. According to the National Survey of Children’s Exposure to Violence, children who are living in high-crime neighborhoods and exposed to violence have the potential to suffer lasting physical, mental and emotional harm. They are also at risk for juvenile delinquency, further victimization, and involvement with the child welfare system.\(^\text{168}\)

Several factors contributing to poor student achievement in schools in high crime neighborhoods have been identified and include:

- Higher mobility rate of low-income children and families;
- Disruptive behavior of classmates;
- Provide an alternative pathway to hard work at school;
- Make it more difficult to recruit high-quality teachers; and
- Increase absenteeism in schools.\(^\text{169}\)

For children exposed to high rates of crime (Figures 125, 126) and domestic violence (Figure 127), mitigating the impact is important to future success in school and life. The highest rates of crime in Denver include areas in and around the central business district.\(^\text{170}\)

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\(^\text{170}\) Denver Police Department. 2013 Violent Crime rate per 1,000 people by Denver neighborhood. Figure 126: Violent Crime Rate Figure 125: 2014 Overall Crime Rate per 1,000 People
Figure 127: Domestic Violence Rate per 1,000 People

2014 Domestic Violence Rate per 1,000 People

- 0.7 - 2.8
- 2.9 - 5.0
- 5.1 - 7.2
- 7.3 - 13.5
- 13.6 - 30.4

- Head Start Program Locations
- Head Start Administrative Offices
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- Denver Neighborhoods
- Data not Included

Denver Police Department, 2014.
REFERENCES


Denver Department of Human Services. (2015, July 8). Number of Youth in Foster Care by Zip Code as of 7-8-2015.


The Denver Great Kids Head Start Community Assessment can be downloaded from the Office of Children’s Affairs website:

[Website Link]

For more information on any topic or data included in this document please contact:

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