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A NOTE FROM AL MARTINEZ, EXECUTIVE DIRECTOR OF DENVER GREAT KIDS HEAD START

Dear Friends,

On behalf Denver Great Kids Head Start and the Office of Children’s Affairs I am pleased to share our 2019 Community Assessment Report. These data provide a comprehensive overview of the health and well-being of children in Denver, particularly the Head Start eligible population. It is our intent that this report will be widely used by program planners in their design of various early childhood programs and interventions. Finally, these data provided Denver Great Kids with a framework to prepare a comprehensive expansion grant application for the first time in our 24-year history.

Sincerely,

Al Martinez, Ph.D.
Denver Great Kids Head Start Executive Director

INTRODUCTION

Denver Great Kids Head Start (DGKHS) uses data to help understand who Denver’s children are and where they live. These data help Head Start program administrators, policy makers, advocates, and community partners form a common understanding of the challenges and opportunities faced by Denver’s children and youth. To improve outcomes for all our children, it is necessary to appreciate the environmental contexts that shape how they experience the world.

Many factors influence a child’s chances for success. School quality, the presence of positive adult role models, neighborhood safety, access to healthy foods, health insurance, a medical home, and quality early care and education experiences all have impacts on child outcomes. It is easier for some children to overcome obstacles throughout their development when those obstacles are not cumulative and persistent. Children who live in low-income or chronically disadvantaged neighborhoods often experience significantly lower outcomes in health, early childhood education, K-12 education, and post-secondary success than their more advantaged peers.

The DGKHS Community Assessment is a resource intended to be used to inform programs, services, and investments in children and youth as they relate to Head Start programming in Denver.
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, counties, and census tracts. The American Community Survey provides estimates of yearly population changes along with additional social, demographic, and economic data. These data sets, 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 are aggregated and displayed within Denver neighborhoods. Census tract data are only available in five-year estimates from the U.S. Census and are significantly less accurate than estimates for larger population areas.

Neighborhood data (aggregated from census tracts) are 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 intended to give a general impression of variation by neighborhood and not exact counts of people.

The data used in this report 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.
HEAD START REGULATIONS

According to the 45 Code of Federal Regulations (CFR) Chapter XIII, each Head Start (HS) grantee must conduct a Community Assessment within its service area at least once every five years.

To design a program that meets community needs, and builds on strengths and resources, a program must conduct a community assessment at least once over the five-year grant period. The community assessment must use data that describes community strengths, needs, and resources and include, at a minimum:

(i) The number of eligible infants, toddlers, preschool age children, and expectant mothers, including their geographic location, race, ethnicity, and languages they speak, including:

   (A) Children experiencing homelessness in collaboration with, to the extent possible, McKinney-Vento Local Education Agency Liaisons (42 U.S.C. 11432 (6)(A));

   (B) Children in foster care; and

   (C) Children with disabilities, including types of disabilities and relevant services and resources provided to these children by community agencies;

(ii) The education, health, nutrition and social service needs of eligible children and their families, including prevalent social or economic factors that impact their well-being;

(iii) Typical work, school, and training schedules of parents with eligible children;

(iv) Other child development, child care centers, and family child care programs that serve eligible children, including home visiting, publicly funded state and local preschools, and the approximate number of eligible children served;

(v) Resources that are available in the community to address the needs of eligible children and their families; and,

(vi) Strengths of the community.

In addition:

(2) A program must annually review and update the community assessment to reflect any significant changes including increased availability of publicly-funded pre-kindergarten - (including an assessment of how the pre-kindergarten available in the community meets the needs of the parents and children served by the program, and whether it is offered for a full school day), rates of family and child homelessness, and significant shifts in community demographics and resources.

(3) A program must consider whether the characteristics of the community allow it to include children from diverse economic backgrounds that would be supported by other funding sources, including private pay, in addition to the program’s eligible funded enrollment. A program must not enroll children from diverse economic backgrounds if it would result in a program serving less than its eligible funded enrollment.
2019 CHILD WELL-BEING INDEX

Using the poverty measure alone to determine advantage and disadvantage by place is inadequate. Rather, it is the culmination of factors together that present significant challenges to children and families. The child with fewer obstacles to overcome in everyday experiences is likely to have more opportunities for both academic and life success.

Consistent patterns of advantage and disadvantage are apparent in the maps provided throughout the 2019 Denver Great Kids Head Start Community Assessment. It is possible to statistically aggregate key indicators to highlight areas of cumulative disadvantage. These areas can then be used to identify and focus on societal and systemic problems that limit opportunity for children in Denver. Unpacking the complex barriers that our children face will ultimately lead to solutions for meaningful change to improve outcomes for all Denver’s children. The eleven indicators that measure differences in education, health, and community opportunities were statistically aggregated to provide a snapshot of opportunity for Denver children by neighborhood (Figure 1). These indicators include:

- Births to Women without a High School Diploma;
- Teen Births;
- Overweight or Obese Children;
- Kindergarten Readiness;
- Third Graders Not Reading at Grade Level;
- Ninth Graders Chronically Absent;
- Adults without a High School Diploma;
- Children in Single-Parent Families;
- Child Poverty;
- Violent Crime; and
- Unemployment.

The map in Figure 1 illustrates the Denver Great Kids Head Start delegate center locations over the Child Well-Being Index.

![2019 Child Well-Being Index Map](image-url)
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 2018-2019 school year, 1,893 children were served across all Early Head Start and Head Start programs in Denver with combined enrollment totals for Early Head Start (440 children), DGKHS (1,153 children), and RMSER (350). DGKHS is authorized to serve children in all Denver neighborhoods.

The five Early Head Start and Head Start grantees collectively served approximately 28 percent of the eligible population in 2018 (Figure 2).¹ The need for service is far greater than Head Start resources alone can meet. Other programs that 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 2: Early Head Start and Head Start Program Enrollment vs. Estimated Need in Denver**

![Figure 2](image_url)
COMPREHENSIVE COMMUNITY ASSESSMENT

GRANTEE PROFILE

Denver Great Kids Head Start (DGKHS) contracts with 7 delegate agencies (preschool providers) and three major vendors (comprehensive service providers) to provide high-quality preschool and direct services to 1,153 children and their families (Table 1). Preschool providers operate 31 centers and 81 classrooms.

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<tr>
<th>Delegate Agency</th>
<th>Funded Enrollment</th>
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<td>Catholic Charities</td>
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<tr>
<td>Clayton Educare</td>
<td>201</td>
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<tr>
<td>Denver Public Schools</td>
<td>302</td>
</tr>
<tr>
<td>Family Star</td>
<td>34</td>
</tr>
<tr>
<td>Mile High</td>
<td>281</td>
</tr>
<tr>
<td>Volunteers of America</td>
<td>80</td>
</tr>
<tr>
<td>Sewall</td>
<td>60</td>
</tr>
<tr>
<td>Total:</td>
<td>1,153</td>
</tr>
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Table 1: DGKHS Delegate Enrollment

DENVER GREAT KIDS HEAD START ENROLLMENT

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

DGKHS primarily serves three- and four-year-old children in Head Start. In the 2018-2019 school year, 121 two-year-old, 576 three-year-old, 765 four-year-old, and 31 five-year-old children participated in the program (Figure 3).

Approximately 23 percent of these children were enrolled for two years.²

Figure 3: DGKHS Enrollment by Age

Figure 4: Kindergarten Bound Rate

KINDERGARTEN BOUND HEAD START STUDENTS

In the 2018-2019 school year, 42 percent of DGKHS students planned to enter kindergarten in the next school year (Figure 4).³

³ Ibid.
**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. These positive results are evident for most children tested regardless of primary language, disability, or gender. Unfortunately, for a variety of reasons, 25 percent left the program and did not re-enroll in the 2018-2019 school year (Figure 5).4

**Eligibility**

Eligibility for participation in Denver Great Kids Head Start (DGKHS) is determined by several factors including:

- Age (must be three by October 1st);
- Children must live in Denver;
- The family's income is equal to or below the federal poverty line (FPL), or
- The family is eligible for public assistance; including TANF child only payments or,
- The child is homeless, as defined by the McKinney-Vento Act; or
- The child is in foster care; or
- The family’s income is above 100 percent FPL (limitations apply).

The breakdown of eligibility for Denver Great Kids Head Start students over the last 10 school years is illustrated in Figure 6.5

---


5 Ibid.
**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.⁶

According to latest U.S. Census Bureau estimates, approximately 6,800, or 16 percent, of Denver children under age five were living in poverty in 2018. The poverty rate for Denver children under the age of five is higher than the state average of 12 percent (Figure 7).⁷

**Enrollment in DGKHS**

It’s important that Head Start program locations are accessible to the children that need these programs most. The locations Denver Great Kids Head Start students are mapped over the well-being index (discussed on page 6) in Figure 8. Children served by DGKHS programs generally live in areas of lowest opportunity (shaded in dark blue) in Denver.

---


**TOTAL POPULATION**

Denver is experiencing significant population growth. In the seven years since 2010, the number of people living in Denver has increased by more than 112,000, according to the U.S. Census Bureau. The demographic composition of the people moving into Denver will dramatically impact the income distribution, the housing market, and the ethnic and racial composition and characteristics of Denver neighborhoods. These demographic changes necessitate thoughtful changes to the policies, programs, and services the city controls for all Denver residents to have the best opportunity to thrive.

Analysis of the U.S. Census Bureau data show that 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.

Denver’s population mirrors these national trends. In 2018, the total population of Denver County was estimated at 716,492 people (Figure 9). Hispanics, representing the largest ethnic group in Colorado, comprised 30 percent of the total county population (Table 2).

<table>
<thead>
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<th></th>
<th>Denver</th>
<th>Colorado</th>
<th>United States</th>
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<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
<td>Number</td>
</tr>
<tr>
<td>Total Population</td>
<td>716,492</td>
<td>100%</td>
<td>5,695,564</td>
</tr>
<tr>
<td>Hispanic or Latino</td>
<td>212,562</td>
<td>29.7%</td>
<td>1,235,127</td>
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<tr>
<td>Non-Hispanic White</td>
<td>388,778</td>
<td>54.3%</td>
<td>3,859,171</td>
</tr>
<tr>
<td>Non-Hispanic Black</td>
<td>60,726</td>
<td>8.5%</td>
<td>223,299</td>
</tr>
<tr>
<td>Non-Hispanic American Indian</td>
<td>3,508</td>
<td>0.5%</td>
<td>31,977</td>
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<tr>
<td>Non-Hispanic Asian</td>
<td>26,332</td>
<td>3.7%</td>
<td>177,495</td>
</tr>
<tr>
<td>Non-Hispanic Pacific Islander</td>
<td>1,109</td>
<td>0.2%</td>
<td>6,616</td>
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<tr>
<td>Non-Hispanic Other Race</td>
<td>1,604</td>
<td>0.2%</td>
<td>10,755</td>
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<tr>
<td>Non-Hispanic Two or More Races</td>
<td>21,873</td>
<td>3.1%</td>
<td>151,124</td>
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The growth in the non-Hispanic white population in Denver has outpaced all other racial and ethnic groups in number. The graph in Figure 10 shows the change in population over time as well as the number of people by race/ethnicity.11

Figure 10: Growth in the Denver’s Population by Race/Ethnicity

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.¹²

Figure 11: Denver’s Asian Population over Time

In Denver, the Asian population has grown 46 percent since 2009 (Figure 11).¹³ The map in Figure 12 illustrates the distribution of the Asian population by census tract for Denver and surrounding counties.¹⁴

Figure 12: Map of the Asian Population


DENNVER’S BLACK POPULATION

For most of U.S. history, blacks represented the largest minority group in the nation. As of the 2000 Census, however, Hispanics represented the largest minority. In 2018, 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 4 percent since 2009 (Figure 13).

Figure 13: Denver’s Black Population over Time

The map in Figure 14 illustrates the distribution of the black population by census tract for Denver and the surrounding counties.

Figure 14: Map of the Black Population

---

DENVER'S HISPANIC POPULATION

Waves of immigrants arriving in the 1970's to 1990's added to the long-standing population of Hispanic people in the U.S. and more than tripled their numbers nationwide. The most recent population growth, however, is due to natural increase rather than immigration.¹⁹

Denver’s Hispanic population has grown three percent since 2009 (Figure 15).²⁰

The map in Figure 16 illustrates the distribution of the Hispanic population by census tract for Denver and the surrounding counties.²¹

---


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. As of 2010, 64 percent of the U.S. population was white. By 2040, whites will become a minority of the total population.22

Denver’s Non-Hispanic white population has grown 25 percent since 2009 (Figure 18).23

Figure 18: Denver’s Non-Hispanic White Population over Time

The map in Figure 19 illustrates the distribution of the non-Hispanic white population by census tract for Denver and the surrounding counties.24

Figure 19: Maps of Denver’s Non-Hispanic White Population

---

CHILD POPULATION

After a significant drop during the Great Recession, the number of children in Denver has increased (Figure 20). In 2018, approximately 139,699 children were estimated to be living in Denver.25

Figure 20: Denver Children under Age 18 Trends

CHILDREN UNDER AGE FIVE

Single-year estimates for the U.S. Census Bureau illustrate a 17 percent decline in the number of Denver children under age five over the last ten years from 2009 to 2018 (Figure 21). As of 2018, approximately 43,000 children under age five live in Denver.26

Figure 21: Children under Age Five

The percentage of children under age five in Denver and the surrounding counties is illustrated in Figure 22.27

Figure 22: Children under Age Five

CHILD POPULATION BY RACE/ETHNICITY

Denver’s child population is diverse. In Denver, 35 percent of children under age 18 were categorized as non-Hispanic white in 2018. The largest ethnic group in Denver is Hispanic with 46 percent of children reported to be of Hispanic origin of any race. In recent years, the percentage of Hispanic children is going down in Denver, while the percentage of non-Hispanic white children is rising (Figure 23).28

Including the Hispanic ethnicity in any racial category, white children make up 70 percent of Denver’s child population, followed by 11 percent of black children. Asian children make up four percent, and American Indian, one percent (Figure 24).28

In the 2018-2019 school year, Hispanic students made up 59 percent of the Denver Great Kids Head Start (DGKHS) student body. DGKHS students are identified by race and year in the graph in Figure 25.29

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Children in Immigrant Families

Children in immigrant families are defined as children under age 18 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 2017, 37 percent (52,000) of Denver’s children were living in immigrant families (Figure 26).30

Seventy-four percent of the children in immigrant families in Denver originate from Latin America, three percent from Europe, 11 percent from Asia, and 10 percent from Africa.31 The majority, or 92 percent, of children in immigrant families are U.S. citizens.32 Only six percent of their parents have been in the country less than five years.33

The distribution of children in immigrant families varies across the region. The map in Figure 27 illustrates the proportion of children in immigrant families by census tract in Denver.34

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CHILDREN OF COLOR

Denver is made up of a majority of children who reported to be of a race/ethnicity other than non-Hispanic white. In other words, children of color, mixed race/ethnicity, and others made up 65 percent (91,000) of the total child population in Denver in 2018. Not unlike other urban centers, Denver has a higher proportion of children of color than Colorado and the United States. (Figure 28).

The map highlights the areas in Denver and the surrounding counties where children of color make up more than half of the child population under the age 18 (Figure 29).

---

LANGUAGE

According to the U.S. Census Bureau, 39,000 children, or 40 percent, ages 5-17 spoke a language other than English at home in 2018 (Figure 30).37

The variation of people over the age of five who speak a language other than English at home in Denver and the surrounding counties is illustrated in the map in Figure 31.38

---


CHILDREN IN FOSTER CARE

Children 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.39

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.

Figure 32: Children Under Age 18 in Out-Of-Home Placement

The number of out-of-home placements (foster care, kinship/relative care, congregate care) by month for children under age 18 for Colorado and Denver is illustrated in Figure 32.40

The percentage of Denver Great Kids Head Start students in foster care by school year averages between one and two percent each school year and is illustrated in the graph in Figure 33.41

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CHILDREN IN SPECIAL POPULATIONS

YOUTH WHO IDENTIFY AS LGBTQ

In recent years, significant improvement has been made to recognize, respect and include all people, independent of gender identity, into the community, workplace, public office, and the media. However, many cultural challenges still exist for people who identify as gay, lesbian, bisexual, transgender, or other (LGBTQ). LGBTQ-identified youth have a particularly hard time in families and school, reporting mental health issues and concerns over safety in schools.

In recent years, more research and surveys have been conducted to identify the number of people who identify as gay, lesbian, bisexual, transgender, and other identity expressions. In Colorado, approximately 4.6 percent of the total population identify as gay, lesbian, bisexual, or transgender in a 2017 Gallup Daily tracking survey. Twenty-five percent of these individuals reported raising children. High school students in Denver Public Schools self-reported their choice for gender identity on the Health Kids Colorado Survey. In 2017, nearly 10 percent identified as gay, lesbian, or bisexual and one percent transgender (Figure 34).

The Human Rights Campaign Foundation and the University of Connecticut conducted a survey of over 12,000 LGBTQ youth aged 13-17 across the United States. They found 77 percent of LGBTQ teenagers experience depression and feelings of hopelessness. Twenty-six percent reported feeling safe in their schools and only five percent felt supported by school staff. The report concludes with recommendations for policy makers and advocates to help support this special population of youth. These recommendations include:

- Enact LGBTQ non-discrimination laws at the national, state and local level;
- Advocate for LGBTQ-inclusive anti-bullying laws and policies in schools;
- Support prohibitions on outdated and harmful practices such as conversion therapy; and
- Promote protections in areas where LGBTQ youth are overrepresented, including youth homelessness services, foster care and the juvenile justice system.

Figure 34: DPS Students Self-Identified Sexual Orientation

LGBT Demographic Data Interactive. (January 2019). Los Angeles, CA: The Williams Institute, UCLA School of Law.


**COMPREHENSIVE COMMUNITY ASSESSMENT**

**YOUTH EXPERIENCING HOMELESSNESS**

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 program 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 decreased 46 percent from the 2014-2015 school year to the 2017-2018 school year, most likely due to the improving economy and demographic changes after the end of the Great Recession (Figure 35).  

Figure 35: Homeless School-Aged Children in Denver

![Figure 35: Homeless School-Aged Children in Denver](image)

The number of children in the Denver Great Kids Head Start program who are homeless has consistently increased in recent years (Figure 36).

![Figure 36: DGKHS Students who are Homeless](image)


YOUTH INVOLVED WITH THE JUVENILE JUSTICE SYSTEM

The Denver Police Department collects data on juveniles that are arrested or cited for various types of offenses. The total of all arrests/citations for youth age 10 through age 17 is 3,036 for 2018. Sixty-seven percent of boys were arrested or cited by Denver police compared to 33 percent of girls. Assaults, drug violations, curfews and warrant violations make up most offenses for youth.

A breakdown by violation type and the race/ethnicity of the youth are illustrated in Figure 37.

Figure 37: 2018 Juvenile Arrests by Race/Ethnicity

Denver Police Department, 2018.
YOUTH 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.

DENVER GREAT KIDS HEAD START STUDENTS WITH AN INDIVIDUAL EDUCATION PLAN (IEP)

The percent of DGKHS students with an IEP by school year is illustrated in Figure 38.

SPECIAL EDUCATION IN DENVER PUBLIC SCHOOLS

In Denver, approximately 10,499 (11 percent) students were enrolled in special education classes in Denver Public Schools in the 2018-2019 school year. 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.


EARLY CHILDHOOD

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 has a life-long impact on later school success, behavior, and health. Children in high-quality early learning programs demonstrate higher cognitive outcomes as well as non-cognitive skills that are critical for future 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.

Ensuring that high-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.50

**LICENSED CHILD CARE IN DENVER**

The U.S. Census Bureau estimates 62 percent of Denver children age five and younger had all available parents in the labor force in 2017. This means that approximately 30,500 young children in Denver needed care during the day while their parents work. There are approximately 23,200 licensed child care slots in day care centers, day care homes, and preschools in Denver. Using a very rough estimate comparing the number of children under age six needing care during the day to licensed child care slots results in 76 percent of the need fulfilled with licensed care in Denver.

According to the Colorado State Office of Early Childhood licensed facilities list, there were 532 licensed child care facilities in the City and County of Denver as of December 2018. These facilities include day care centers, homes, preschools, neighborhood youth organizations, and school-aged child care. Since December 2016, the number of total facilities and slots has declined in Denver. However, disaggregating the data by type of care shows that this is primarily due to a decline in licensed neighborhood youth organizations. There is also a notable decline in the number of licensed family child care homes. The number of licensed child care centers and preschools remained about the same with the ability to serve approximately 22,600 children (Figures 39, 40). Where child care is located, as well as the type of child care offered, are important factors for many Denver families.

---

**Figure 39: Licensed Child Care Facilities in Denver**

<table>
<thead>
<tr>
<th>Facilities</th>
<th>December 2016</th>
<th>December 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Child Care</td>
<td>571</td>
<td>532</td>
</tr>
<tr>
<td>Centers and Preschool</td>
<td>297</td>
<td>292</td>
</tr>
<tr>
<td>Family Child Care Homes</td>
<td>137</td>
<td>109</td>
</tr>
<tr>
<td>Neighborhood Youth Organizations</td>
<td>18</td>
<td>7</td>
</tr>
<tr>
<td>School Age Child Care Center</td>
<td>119</td>
<td>124</td>
</tr>
</tbody>
</table>

**Figure 40: Licensed Child Care Slots in Denver**

<table>
<thead>
<tr>
<th>Slots</th>
<th>December 2016</th>
<th>December 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Child Care</td>
<td>37,010</td>
<td>35,369</td>
</tr>
<tr>
<td>Centers and Preschool</td>
<td>22,569</td>
<td>22,591</td>
</tr>
<tr>
<td>Family Child Care Homes</td>
<td>949</td>
<td>747</td>
</tr>
<tr>
<td>Neighborhood Youth Organizations</td>
<td>2,389</td>
<td>45</td>
</tr>
<tr>
<td>School Age Child Care Center</td>
<td>1,283</td>
<td>1,196</td>
</tr>
</tbody>
</table>

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A map illustrating the location of licensed child care centers and preschools, along with their capacity, is provided in Figure 41.

Figure 41: Licensed Child Care in Centers and Preschools
CHILD CARE DESERTS

The increasing need for all adults in the home to work to make ends meet has grown with the rising costs of housing, health care, food, and other living expenses.

A recent report by the Center for American Progress finds that more than half of the population across the United States live in neighborhoods classified as child care deserts. The graph in Figure 51 illustrates the higher percentage of low-income and people of color living in child care deserts more frequently that white people. In this report, child care deserts are defined as any census tract with more than 50 children under age five that contains either no child care providers, few options, or more than three times as many children as licensed child care slots.

The lack of options for licensed child care unfortunately may force families to choose between unlicensed child care arrangements or change/decline opportunities for work.

Furthermore, the locations of nearby quality child care options impact low-income families dramatically if they depend on public transportation, have a disability, are in immigrant families, or have inflexible job schedules.

Figure 42: Proportion of People Living in a Child Care Desert

The census tracts in Denver identified in the study as child care deserts are shaded in purple in the map in Figure 43.

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Children enrolled in high-quality preschool programs are less likely to repeat grades, need special education, engage with law enforcement, and are more likely to graduate from high school, earn more money, and own homes as adults. The Colorado Office of Early Childhood measures quality based on how a program supports its children, families, and professionals. Quality in programs is an essential factor necessary to achieve the desired outcomes that matter for lasting impacts.

After increasing from 2007 to 2014, the percentage of three- and four-year-old children enrolled in preschool in Denver has declined to 48 percent in 2018 (Figure 44). Sixty-three percent of those in publicly funded preschool programs and 37 percent are in privately funded (family-pay) programs.

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 low-income families attend preschool compared to 90 percent of children in more educated, wealthier families across the nation.

Mirroring these trends, a greater number of three-and-four-year-old children living in higher-income neighborhoods in Denver participated in preschool programs than their peers in low-income neighborhoods (Figure 45).

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THE DENVER PRESCHOOL PROGRAM

The Denver Preschool Program (DPP) makes preschool possible for all Denver 4-year-olds—regardless of income or neighborhood—through tuition support and access to information to ensure all Denver children are ready to succeed in kindergarten. During the 2017-2018 school year, DPP distributed more than $13.5 million dollars in tuition support to approximately 60 percent of 4-year-olds in Denver. While DPP continues to serve a sizable proportion of Denver’s families, there is also a recognition that many of Denver’s families still face barriers due to child care deserts and geographic disparities throughout the city.

GEOGRAPHICALLY ISOLATED CHILD CARE DESERTS

Child care deserts are neighborhoods where there are more than three times as many children (ages 0 to 5) as there are licensed child care slots\(^6^0\), creating a limited opportunity to participate in early childhood education (ECE). Put simply, there are pockets of Denver where the need for child care far exceeds the availability. Geographically isolated child care deserts are neighborhoods that not only experience a severe lack of child care availability, but also the inability to access child care in adjacent neighborhoods because of the danger of crossing freeways and major cross streets. Utilizing DPP’s data\(^6^1\) and publicly available data,\(^6^2, 6^3, 6^4\) DPP found that one in five of Denver’s neighborhoods are geographically isolated child care deserts.

As DPP strives to provide access for all Denver four-year-old children, there is at least one high-quality DPP preschool in all but one geographically isolated child care desert. This points to DPP’s commitment to its core value of Intentional Inclusivity, to seek ways to overcome barriers to ensure equitable opportunity for all children to participate in early childhood education. As Denver continues to grow, more planning and coordination and needs to be developed in collaboration with our partners to increase access and provide equitable opportunities for high-quality ECE in these underserved areas.

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\(^6^3\) City and County of Denver, Community Planning and Development. (2018). Statistical Neighborhoods - Shapefile [Data file].
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 2019-2020 school year. The average funding statewide per slot was $4,095 for the 2018-2019 school year.

The at-risk factors include poverty as measured by free or reduced-price meal eligibility, need for language development, poor social skills, mobility, children in foster care, 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 nearly 78 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. In the 2018-2019 school year, 5,111 Denver three- and four-year-old children participated in DPS early education programs.

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, monthly income, and amount of care utilized. 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;
- Currently searching for a job; and/or
- Participating in the Colorado Works/TANF program.

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67 Ibid.
69 Denver Department of Human Services (May, 2018).
HEALTH

A child’s health is a key determinant to success in most other aspects of their lives. Access to a medical home and regular dental care are critical services every child needs to perform well in school.

Tracking other indicators such as early prenatal care, birth outcomes, maternal behaviors, access to health care, children with disabilities, food insecurity, overweight and obese children, mental health and drug and alcohol abuse, can tell us a great deal about some of the challenges that children and families may face in Denver. Identifying the type of health supports children and families need and where they live is a good first step in improving outcomes for all Denver’s children.

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 prenatal care can lead to the diagnosis of many health problems that occur during pregnancy and may result in successful treatment. During these visits, 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.

The percentage of women receiving early prenatal care in Denver has improved to 84 percent and, as of 2018, is higher than the state percentage of 82 percent of women receiving early care during pregnancy (Figure 46).

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Disparities exist, however, between women of different race and ethnicity. Women of color (black, Hispanic, and American Indian), had lower rates of early prenatal care than white and Asian women (Figure 47).  

Figure 47: Births to Women with Early Prenatal Care by Race/Ethnicity

There is variation by neighborhood. Women living in high-income neighborhoods received early prenatal care at higher rates than women living in low-income neighborhoods (Figure 48).  

Figure 48: Map of Women Receiving Early Prenatal Care

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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.\(^75\)

In 2018 in Denver, three percent of new mothers reported smoking during pregnancy. This rate is lower than the state rate of six percent.\(^76\)

Despite the lower rate in Denver, there is dramatic variation by race/ethnicity and neighborhood (Figures 49 and 50).\(^77\) The highest rates are generally in high poverty, low-opportunity neighborhoods, further contributing to the health risks of children living in them.


The Colorado Department of Public Health and Environment reported 8,797 births to Denver women in 2018. The number of births has declined 15 percent over the last decade (Figure 51).\(^{78}\)

### Births by Mother’s Race/Ethnicity

Birth data from the Colorado Department of Public Health and Environment describe the diversity in Denver’s child population. The number of births to Hispanic women decreased to 27 percent and births to black women rose slightly to 12 percent. Births to white women decreased to 47 percent (Figure 52).\(^{79}\)

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\(^{79}\) Ibid.
The Hispanic birth rate is declining dramatically. The rate per 1,000 Hispanic women dropped from 113.8 in 2007 to 53.4 in 2018 (Figure 53).\(^\text{80}\)

![Figure 53: Denver Birth Rates by Race/Ethnicity](image)

The number of births in 2018 by neighborhood is illustrated in the map in Figure 54.\(^\text{81}\)

![Figure 54: Number of Births by Neighborhood](image)


\(^{81}\) Ibid.
**LOW BIRTH WEIGHT BIRTHS**

Babies born at a low birth weight (less than 2,500 grams) have a higher probability of experiencing developmental problems. Poverty, poor prenatal nutrition, smoking, stress, infections and exposure to 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 risen slightly to ten percent in 2018. Variation exists by race/ethnicity (Figure 55) and neighborhood (Figure 56).82

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INFANT MORTALITY

Infant mortality is the death of a child before they turn one-year-old. The rate is per 1,000 live births. The national Centers for Disease Control and Prevention uses the infant mortality rate as a key indicator of the overall health of a community. The five leading causes of infant death are birth defects, preterm birth and low birth weight, maternal pregnancy complications, sudden infant death syndrome, and injuries.\(^83\) In Colorado, the rate is 4.7 per 1,000 live births. In Denver, the rate is 4.4 per 1,000 or 39 infant deaths in 2018.\(^84\)

There are wide disparities by race/ethnicity and geography. Black infant mortality rates are declining but still higher than the city average. Hispanic infant mortality rates are increasing and as of 2018, the highest in the community (Figures 57 and 58).\(^85\)

**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 adults.

Figure 59: Births to Denver Teens Ages 15-19 by Race/Ethnicity

In Denver, approximately four 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, the greatest percent of teen births (per population group) in Denver are to American Indian women with 9.2 percent. Trends of teen births by race and ethnicity are illustrated in Figure 59.66

Teen births by Denver neighborhood are illustrated in Figure 60.67

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Low educational attainment of parents is associated with several risk factors that impact child well-being including a higher risk for living in poverty. In Denver, 14 percent of births were to women with less than a high school diploma or GED in 2018. There is significant variation by race/ethnicity. The highest rate by race/ethnicity is among Hispanic women, with 32 percent of births to women without a high school diploma (Figure 61). There is also significant variation by geography (Figure 62).

Figure 61: Births to Women with less than 12 Years Education by Race/Ethnicity

Figure 62: Births to Women with No High School Diploma

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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, some children live in families without health insurance due to high costs, limited access to providers, or enrollment barriers.

The U.S. Census Bureau reports approximately four percent of children in Denver were without health insurance in 2018 (Figure 63). Estimates for the uninsured population are available from the U.S. Census Bureau at the census tract level and differences between places within Denver and surrounding counties are apparent (Figure 64).

Figure 63: Uninsured Children

Figure 64: Map of the Uninsured Children by Neighborhood


**MEDICAID**

Medical Assistance, or Medicaid, is a public health insurance program available for children age 18 and younger in families earning 142 percent of the federal poverty level or less. 85,355 children received medical assistance in 2018 (Figure 65).92

**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. As of June 2019, 9,971 Denver children received CHP+ benefits (Figure 66).93

Most of the students enrolled in the Denver Great Kids Head Start program are accessing publicly available health insurance (Figure 67).94

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ELEIGIBLE 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. The Colorado Health Institute calculates the number of children eligible for these valuable health insurance programs but not enrolled (EBNE). In Colorado, the rate of EBNE children dropped statewide to 4.9 percent.

Denver improved the number of children eligible but not enrolled in health insurance from a high of 33.3 percent in 2008 to 5.4 percent in 2017 (Figure 68).

Figure 68: Children Eligible but not enrolled in CHP+ or Medicaid

OVERWEIGHT AND OBESE CHILDREN

One of the challenges currently facing Denver is the number of children who are overweight or obese. 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 to its social impact on the broader community.

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. These children are at risk for developing serious, long-term health problems such as diabetes and heart disease. Denver Health collects BMI data for children between the ages of two and 17. According to this source, 30 percent of Denver children were measured as overweight or obese (15.9 percent obese and 13.8 percent overweight). The graph in Figure 69 describes overweight and obese students for each school year.96

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.97

Figure 69: Prevalence of Childhood Obesity Among Children Ages 2 to 17

Mirroring national trends, the number of students in Denver Public Schools who are obese varies by race/ethnicity. Among black and Hispanic students, the percentage of students overweight or obese was higher than their white peers (Figure 70).98

Figure 70: Prevalence of Childhood Obesity by Race/Ethnicity, Children Ages 2 to 17

A map illustrating the percentage of school-aged children who are obese is provided in Figure 71.99

The proportion of Denver Great Kids Head Start students by BMI by school year is illustrated in Figure 72.100

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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 $3.02.\(^{101}\) Due to the higher costs of living in Denver, an average meal costs $3.49.\(^{102}\) 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.

The Healthy Kids Colorado Survey asks students a variety of questions related to their overall health. According to this survey, the number of high school aged students in Denver who felt hungry due to lack of food at home dropped to 14 percent in 2017 (Figure 73).\(^{103}\)

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 Denver, approximately 66 percent of food insecure children are likely income-eligible for federal nutrition assistance (185 percent of the federal poverty line), leaving 34 percent of food insecure children likely not eligible for federal assistance.\(^{104}\)

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.\(^{105}\)

In 2017, approximately 20,740 children, or 15 percent, were counted as food-insecure in Denver. The number of food-insecure children has decreased 42 percent from 2009 to 2017 (Figure 74).\(^{106}\)

\(^{102}\) Ibid.  
\(^{105}\) Ibid.  
The City and County of Denver offered summer and snacks and supper meal programs that fed children 186,334 meals in 2018. The map in Figure 75 illustrates the number of meals served by site in 2018 through the Office of Children’s Affairs (OCA) meal program over the Child Well-Being Index. This OCA 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.

Figure 75: Office of Children’s Affairs Meal Sites

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.

According to data from the Denver Department of Human Services, the number of children receiving SNAP benefits over time show a steep increase during the recession and slow decline since 2015. As of October 2018, nearly 37,000 children under the age of 19 were receiving SNAP benefits in Denver (Figure 76).\(^\text{108}\)

Data from the U.S. Census Bureau illustrate the percentage of households with children by census tract receiving SNAP benefits for Denver and the surrounding counties (Figure 77).\(^\text{109}\)

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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. The 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”\(^{110}\). In other words, food deserts are geographic areas where access to affordable, healthy food options are limited. In addition, food deserts often contain a higher proportion of fast-food restaurants and convenience stores that offer processed foods with high fat and sugar content directly contributing to the obesity problem in Denver.

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 map in Figure 68 was created by the Denver Office of Economic Development and highlights in green the areas of limited food access where the distance to a full-service grocery store is greater than ½ mile, the percentage of residents with no vehicle is greater than 11 percent, and the majority of residents have low to moderate income\(^{111}\).

Figure 78: Areas of Limited Food Access

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**MENTAL HEALTH**

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.\(^{113}\)

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.\(^{114}\)

The results of the Colorado Child Health Survey show that the prevalence of ADD/ADHD, anxiety, behavioral, and depression disorders has risen for children ages four through 14 in Colorado since 2012. Anxiety is the most prevalent mental disorder with 10 percent of children in this age group suffering in 2017.\(^{115}\)

In Denver Great Kids Head Start, mental health consultations are tracked. The types of consultations for students by school year are illustrated in Figure 79.\(^{116}\)

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\(^{113}\) Ibid.


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 at greater risk for substance abuse, eating disorders, mental health issues and chronic disease.117

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 80).118

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.119

RISKY BEHAVIORS

The use of drugs and alcohol by youth have serious consequences to their growth and development and lead to increased risk of addiction, involvement with the criminal justice system, poor school performance, and dropping out of school. Trends in risky drug and alcohol use behaviors are self-reported through the Health Kids Colorado Survey and summarized for Denver high school students in Figure 81.120

According to these responses, risky behaviors, including drug and alcohol use and sexual intercourse, has remained the same or gone down in all areas surveyed.

Figure 81: Trends in Risky Behaviors for Denver High School Students

MARIJUANA USE

Research shows that marijuana use by youth negatively impacts their brain development which impacts their performance in school. According to a report by the Colorado Department of Education, long-term use of marijuana before age 18 can cause permanent damage to the brain’s structure and functioning. For youth, marijuana use can impact decision making and affect school performance, leading to a higher risk of dropping out of school. The report also states that marijuana use is rising nationally, the perception of marijuana’s harmfulness is decreasing, fewer students disapprove of marijuana use, and marijuana is easier to get.121

In addition to the impact on the health of youth, involvement in the criminal justice system is another risk for Denver’s children involved with marijuana. In 2018, there were 379 marijuana-related juvenile arrests (Figure 82).122

The Denver neighborhoods with the greatest number of juvenile arrests for marijuana violations include Lincoln Park, Montbello, Highland, Bear Valley, Harvey Park, and Green Valley Ranch (Figure 83).123

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122 Denver Police Department. 2018
123 Ibid.
COMPREHENSIVE COMMUNITY ASSESSMENT

EDUCATION

Examining a variety of education indicators provides a holistic view of achievement in Denver. Student population data, languages spoken in schools, English language learners, full-day kindergarten enrollment, and students eligible for free or reduced-price lunch are included in this section.

Student achievement data by income, race/ethnicity, and subject, illustrate persistent gaps in achievement resulting from opportunity gaps impacting the success of students at various points in their development. Utilizing all these important indicators to craft effective policies, programs, services, and interventions are necessary to reduce achievement gaps and ensure opportunity for all of Denver’s children.

DENVER PUBLIC SCHOOLS

STUDENT POPULATION

In the 2018-2019 school year, 93,356 students were enrolled in 232 Denver Public Schools (DPS) consisting 98 elementary, 16 K-8, 50 middle, and 60 high schools, 3 future schools, and 6 other schools (Figure 84).124

The largest proportion, or 54 percent, of Denver Public School students are Hispanic compared to 25 percent classified as white in the 2018-2019 school year. Black students made up 13 percent of the school population. Forty-nine percent of DPS students are female and 51 percent are male.125

The proportion of students identified as children of color, or any race or ethnicity other than non-Hispanic white, has decreased from 80 percent of total DPS student enrollment to 75 percent (Figure 85).126

---

The Colorado Department of Education publishes data on pupil enrollment over time. According to this source, the proportion of Hispanic students has decreased in Denver Public Schools from 59 percent to 54 percent while the non-Hispanic white student population has increased from 20 to 25 percent as illustrated in Figure 86.

Figure 86: Number and proportion of DPS students by Race/Ethnicity Over Time
LANGUAGE

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, French, Nepali, and Russian.127

In the 2018-2019 school year, approximately 30,000 (33 percent) Denver Public School students, including preschool, were English Language Learners.128

The map in Figure 87 illustrates the percentage of English Language Learners by school location.129

LANGUAGES IN HEAD START

The primary languages of DGKHS families spoken at home are English and Spanish (Figure 88).130

---

129 Denver Public Schools. (2019), October Count Report: 2018 English Language Learners (ELL). https://doc-08-a0-apps-viewer.googleusercontent.com/viewer/secure/pdf/3nb9bdfcv3e2h2k1cmgj0lee9cvc5ole/jjuveaa0n11ig2jigokkts31c8db3cs/1560190870000/drive/%23ACFrOqCwVudLnhYeqUNEL2ShYi_9KdKPU-ToDIhi00anIlt-9b45FI3NUn4F8Dw255dz_y9cwl8Y?print=true
In Denver, 65 percent, or approximately 60,000, public school students qualified for free or reduced-price lunch in the 2018-2019 school year (Figure 89).132

The proportion of free or reduced-price lunch students by Denver neighborhood is illustrated in Figure 90.133

Figure 89: Trends in Free and Reduced-Price Lunch in Denver

<table>
<thead>
<tr>
<th>Year</th>
<th>Eligible for Free or Reduced Lunch</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>72%</td>
</tr>
<tr>
<td>2011</td>
<td>72%</td>
</tr>
<tr>
<td>2012</td>
<td>71%</td>
</tr>
<tr>
<td>2013</td>
<td>72%</td>
</tr>
<tr>
<td>2014</td>
<td>70%</td>
</tr>
<tr>
<td>2015</td>
<td>68%</td>
</tr>
<tr>
<td>2016</td>
<td>68%</td>
</tr>
<tr>
<td>2017</td>
<td>67%</td>
</tr>
<tr>
<td>2018</td>
<td>65%</td>
</tr>
</tbody>
</table>

Figure 90: Students Eligible for Free or Reduced-price Lunch by home neighborhood


CHRONIC ABSENTEEISM

One well-supported strategy to improve outcomes for children and contribute to the overall well-being of Denver neighborhoods is to ensure that students attend school every day. The benefits of consistent school attendance include improved academic achievement, increased graduation rates, reduced juvenile justice costs, and decreased poverty.134

No matter the grade or school, students must participate regularly to benefit. The more school time missed by children, the harder it is to keep up with the coursework. Children miss school throughout the school year for a variety of reasons. These may include chronic illness, involvement with the juvenile justice system, housing issues, family responsibilities, bullying, unsafe conditions, or lack information on the importance of attending school. 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.135

The Attendance Works report also summarizes the current research around chronic absenteeism and lists what we know so far:

- Poor attendance in the first month of school can predict chronic absence for the entire year;
- Absenteeism in kindergarten can affect whether a child develops the grit and perseverance needed to succeed in school;
- Absenteeism in preschool and kindergarten can influence whether a child will be held back in third grade;
- Absenteeism in middle and high school can predict dropout rates;
- Absenteeism influences not just chances for graduating but also for completing college;
- Improving attendance is an essential strategy for reducing achievement gaps;
- When students reduce absences, they can make academic gains; and
- Research points to effective strategies for improving attendance.136

Chronic absenteeism is typically defined as missing ten percent or more of the school year and is tracked by grade and school. In Denver, approximately 31,000 students, or 33 percent, were chronically absent in the 2018-2019 school year. This means that about one in three Denver students was absent for at least ten percent of the time that they were enrolled and missed out on a significant amount of valuable instruction time.

The highest instances of chronic absenteeism occur in the early grades and then again in middle and high school, rising to 53 percent of 12th graders missing ten percent or more of the school year (Figure 91).137

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137 Denver Public Schools. Department of Assessment, Reporting, and Data Support. 2018-2019 School Year.
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.  

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 92).

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. In 2018-2019 school year, 100 percent, or 6,776 children, attended full day kindergarten in Denver.

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139 Colorado Department of Education. (2019). Pupil Membership-District Data: Pupil Membership by District and Grade Level, from Colorado Department of Education: http://www.cde.state.co.us/cdereval/pupilcurrentdistrict.
140 Ibid.
ACCEHMENT

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 or violence are also known to impact a child’s early cognitive and social development.141

Head Start programs primarily serve the most vulnerable children in Denver. When 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 2018-SPRING 2019 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 graph in Figure 93 illustrates 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 program year demonstrated significant growth across all domains in all categories of students analyzed from fall 2018 through spring 2019.142

Figure 93: DGKHS All Children in ALL Checkpoint Periods 2018-2019

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**Kindergarten Readiness**

School readiness determination depends not only on positive interactions and social skills, but on knowledge, attitudes, and approaches to learning.

In 2008, Colorado passed Senate Bill 08-212. This law, known as CAP4K is Colorado’s Achievement Plan for Kids and called for an alignment of the preschool through postsecondary educational systems. This legislation mandates that the Colorado State Board of Education and school districts define school readiness, assess a student's level of school readiness, and implement a system of reporting aggregated results.143

Denver Public Schools has defined a school-readiness measure based on the TS Gold Assessment that allows for analysis by neighborhood. The proportion of kindergarten students not meeting or exceeding expectations on at least two of four TS Gold major domains by neighborhood is mapped in Figure 94.144

Figure 94: Kindergarten Readiness by Denver Neighborhood

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144 Denver Public Schools. Department of Planning and Analysis. 2018.
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 their development. It is essential that children 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.\textsuperscript{145}

Although the percentage of third graders reading at grade level has improved to 39 percent (Figure 95), still too many are not meeting the mark. Sixty-one percent, or 3,358 Denver Public School third graders were not meeting expectations on the English Language Arts (ELA) PARCC assessment in the spring of 2019.\textsuperscript{146}

A significantly greater proportion of children of color (American Indian, black, and Hispanic) were not reading at grade level compared to their non-Hispanic white and Asian peers (Figure 96).\textsuperscript{147}

\begin{figure}[h]
\centering
\includegraphics[width=\textwidth]{third_grade_reading_graph.png}
\caption{Students Meeting or Exceeding Expectations in Third Grade Reading}
\end{figure}

\begin{figure}[h]
\centering
\includegraphics[width=\textwidth]{race_ethnicity_graph.png}
\caption{Students Meeting or Exceeding Expectations on the Third Grade Reading Assessment by Race/Ethnicity Over Time}
\end{figure}


\textsuperscript{146} Colorado Department of Education. (2018-2019). CMAS - English Language Arts and Math Data and Results. Retrieved from Colorado Department of Education Assessment Unit: \url{http://www.cde.state.co.us/assessment}.

\textsuperscript{147} Colorado Department of Education. (2019). 2019 District and School Disaggregated Summary Results: Race/Ethnicity. Retrieved from Colorado Department of Education Assessment Unit: \url{http://www.cde.state.co.us/assessment}. 
Disparities also exist by geography. In four Denver neighborhoods (Globeville, DIA, West Colfax, and Kennedy) 85 percent or more of third grade students were not meeting expectations in ELA (Figure 97).  

Figure 97: Third Graders Not Proficient in Reading by Neighborhood

148 Denver Public Schools. Department of Planning and Analysis. 2017-2018 School Year.
FAMILY ECONOMICS

INCOME

In 2018, the median family (with child) income in Denver was $85,568, which is significantly higher ($10,798) than in 2017. Denver’s median family income has grown 72 percent in the last decade in contrast to national median family income growth at 27 percent and Colorado at 33 percent (Figure 98).\(^\text{149}\)

![Figure 98: 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.\(^\text{150}\) In Denver the unemployment rate has dropped significantly since 2010.

The unemployment rate in Denver was 3.4 percent in February 2019, with approximately 14,000 people estimated to be unemployed (Figure 99).\(^\text{151}\)


COMPREHENSIVE COMMUNITY ASSESSMENT

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. 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 2017, 25 percent (35,000) of Denver children lived in families where no parent had full-time, year-round employment (Figure 100).152

Current national research on economic mobility shows that the exposure to employed adults in the community has an impact on employment rates of all the people that live there. Specifically, Chetty et al, state that “what predicts upward mobility is not proximity to jobs but growing up around people who have jobs”.153 These data can help policy makers and community members identify and implement holistic policies, programs, and services that support working families in Denver neighborhoods.

Five-year estimates of unemployment rates illustrate the variation in employment by census tract in Denver and surrounding counties (Figure 101).154

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Of two-parent families with children in DGKHS, 10 percent were not employed in 2018-2019 (Figure 102). Forty-three percent of parents in single-parent families were not employed (Figure 103).155

Figure 102: Employment Status of DGKHS Two-Parent Families

Figure 103: Employment Status of DGKHS Single-Parent Families

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. Consequently, they are 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.156

Poverty is defined by the federal government as $25,100 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.157 The federal poverty measure underestimates what it costs to support a family.

According to the Self-Sufficiency Standard for Colorado 2018 published by the Colorado Center on Law and Policy, it costs approximately $83,940 to meet the basic needs of a family of four in Denver (two adults, an infant and preschooler).158 In other words, the cost to meet basic needs for a family of this type in Denver is more than three times the federal poverty level.

Over the last decade, the child poverty rate in Denver has declined 46 percent. In 2018, 16 percent, or 22,000, of children under age 18 were living in poverty (Figure 104).159

Poverty is not equally distributed throughout Denver’s neighborhoods, as illustrated in Figure 105.160


Many working families in Denver struggle to make ends meet. An estimated 55,000 children, or 41 percent, of Denver’s children live in families with incomes below 200 percent of the Federal Poverty Level (FPL), or less than $51,500 annual income for a family of four.¹⁶¹ The percentage of children living in families above 200 percent of poverty has grown to 59 percent in 2017 (Figure 106).

**Figure 106: Children Living in Families by Ratio to Poverty**

<table>
<thead>
<tr>
<th>Year</th>
<th>Not in Poverty-Over 200% FPL</th>
<th>Low Income-100%-199% FPL</th>
<th>Poverty-Under 100% FPL</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>43%</td>
<td>48%</td>
<td>47%</td>
</tr>
<tr>
<td>2011</td>
<td>47%</td>
<td>46%</td>
<td>53%</td>
</tr>
<tr>
<td>2012</td>
<td>55%</td>
<td>22%</td>
<td>22%</td>
</tr>
<tr>
<td>2013</td>
<td>58%</td>
<td>59%</td>
<td>16%</td>
</tr>
<tr>
<td>2014</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2015</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2016</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2017</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

**Figure 107: Denver Child Poverty by Race/Ethnicity**

Over time in Denver, the proportion of children in poverty has gone down from 28 percent to 23 percent for all children from the 2008-2012 time period to the 2013-2017 time period. Children of color, however, are more likely to be in poverty than non-Hispanic white children according to the U.S. Census Bureau five-year estimates (Figure 107).¹⁶²


**Areas of Concentrated Poverty**

All children need strong families and supportive communities to realize their full potential. Unfortunately, many Denver children are living in high-poverty areas that have the potential to negatively impact their chances for success. Approximately 13 percent of Denver’s children live in areas of concentrated poverty, defined as census tracts with a poverty rate of 30 percent and higher. Critical resources for their family’s healthy growth and development are often out of reach. Children living in areas of concentrated poverty are more likely to experience stress, have unmet basic needs, lower test scores, be exposed to violence, struggle with a lack of positive role models, and are more likely to drop out of school. The impacts may be greatest for younger children.\(^\text{163}\)

The highest proportion of people living in areas of concentrated poverty occurred during the period of the Great Recession (December 2007-June 2009).\(^\text{164}\)

By 2013-2017, the number of people living in areas of concentrated poverty dropped significantly. At the latest measure, eight percent of all Denver people lived in these high poverty areas. People of color are more likely to live in these areas than non-Hispanic white people. Living in areas of concentrated poverty is highest for Hispanics, with approximately 13 percent living in high-poverty areas.

During the 2006-2010 period, one-quarter of Denver’s children lived in areas of concentrated poverty. In the 2013-2017 period, 11 percent of Denver children were living in these high-risk areas (Figure 108).\(^\text{165}\)

In Denver, 15,000 children under age 18 lived in areas of concentrated poverty (shaded blue on the map) in 2013-2017 (Figure 109).\(^\text{166}\)

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SINGLE-PARENT FAMILIES

Single-parent families often struggle to provide basic needs for their families with only one income. In 2018, 41,000 children, or 31 percent, lived in single-parent households in Denver (Figure 110).\footnote{U.S. Census Bureau. (n.d.). \textit{American Community Survey 2005-2018 Single-Year Estimates. Household Type for Children Under 18 in Households} Table B09005.}

Figure 110: Children Living in Single-Parent Families

\begin{figure}[h]
\centering
\includegraphics[width=\textwidth]{figure110.png}
\caption{Children Living in Single-Parent Families}
\end{figure}

DGKHS FAMILIES

More than half, or 58 percent of all families participating in DGKHS were single-parent families in the 2018-2019 school year (Figure 111).\footnote{Denver Great Kids Head Start. (2009-2017). \textit{Performance Indicator Report}. Office of Head Start.}

Figure 111: DGKHS Families by Type

\begin{figure}[h]
\centering
\includegraphics[width=\textwidth]{figure111.png}
\caption{DGKHS Families by Type}
\end{figure}
Educational Attainment of Adults

Research shows that educational attainment is the most important social characteristic for predicting earnings. Figure 112 illustrates the breakdown of educational attainment by degree for Denver adults over time. Since 2010, the level of adults with college degrees has continued to increase as the percentage of adults with less than a high school diploma has decreased.

The median earnings for adults over the age of 25 increased substantially with higher levels of educational attainment. The lowest earnings are $25,847 for adults without a high school diploma. The greatest earnings are reported for adults with the highest levels of education earning an average of $70,657 per year. Over time, the increase in wages was 15 percent for adults with no high school diploma compared to a 34 percent increase since 2008 for those with graduate degrees (Figure 113).

Figure 112: Educational Attainment of Denver Adults

<table>
<thead>
<tr>
<th>Year</th>
<th>Less than High School Diploma</th>
<th>High School Graduate</th>
<th>Some College, No Degree</th>
<th>Associate's Degree</th>
<th>Bachelor's Degree</th>
<th>Graduate or Professional Degree</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>16%</td>
<td>14%</td>
<td>14%</td>
<td>5%</td>
<td>5%</td>
<td>16%</td>
</tr>
<tr>
<td>2011</td>
<td>14%</td>
<td>14%</td>
<td>14%</td>
<td>5%</td>
<td>5%</td>
<td>16%</td>
</tr>
<tr>
<td>2012</td>
<td>14%</td>
<td>14%</td>
<td>14%</td>
<td>5%</td>
<td>5%</td>
<td>16%</td>
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<tr>
<td>2013</td>
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<td>14%</td>
<td>5%</td>
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<td>16%</td>
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<tr>
<td>2014</td>
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<td>5%</td>
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<td>16%</td>
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<td>2015</td>
<td>14%</td>
<td>14%</td>
<td>14%</td>
<td>5%</td>
<td>5%</td>
<td>16%</td>
</tr>
<tr>
<td>2016</td>
<td>13%</td>
<td>14%</td>
<td>14%</td>
<td>5%</td>
<td>5%</td>
<td>16%</td>
</tr>
<tr>
<td>2017</td>
<td>12%</td>
<td>14%</td>
<td>14%</td>
<td>5%</td>
<td>5%</td>
<td>16%</td>
</tr>
</tbody>
</table>

Figure 113: Median Income for Denver Adults by Educational Attainment

<table>
<thead>
<tr>
<th>Year</th>
<th>Graduate or Professional Degree</th>
<th>Bachelor's Degree</th>
<th>Some College or Associate's Degree</th>
<th>High School Graduate</th>
<th>Less than High School Graduate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008</td>
<td>$70,657</td>
<td>$55,687</td>
<td>$44,692</td>
<td>$31,240</td>
<td>$19,228</td>
</tr>
<tr>
<td>2017</td>
<td>$70,657</td>
<td>$55,687</td>
<td>$44,692</td>
<td>$31,240</td>
<td>$19,228</td>
</tr>
</tbody>
</table>

Adults with a high school diploma generally report better life outcomes for themselves and their children. In addition to earning more money, high school graduates tend to live longer and are less likely to fall into poverty or rely on public assistance.\textsuperscript{172}

Positive role models and a strong network of caring, informed adults are important assets in a community. There is evidence that the educational outcomes of children are impacted by the absence of educated, affluent adults in their communities.\textsuperscript{173} The map in Figure 114 illustrates where there are higher percentages of adults in the community with a bachelor's degree or higher for Denver and surrounding counties.\textsuperscript{174}

\begin{flushleft}
\textbf{Figure 114: People Denver Adults with a Bachelor's Degree or Higher}
\end{flushleft}

\begin{figure}[h]
\centering
\includegraphics[width=\textwidth]{Figure114.png}
\caption{People Denver Adults with a Bachelor's Degree or Higher}
\end{figure}


Housing

Housing, and the availability of affordable housing is an important issue facing Denver and many other U.S. cities. Data is available to help policy makers and other community advocates better understand how some housing issues impact children.

Crowded Housing

Research clearly shows that children growing up in crowded housing is an important component of social inequality. Academic achievement, behavior and health are negatively impacted by the experience of living in crowded housing conditions.175 The U.S. Census Bureau defines crowded housing as housing with more than one person per room. According to this source, the number of children living in crowded housing has increased significantly in Denver from 2016 to 2017.

In 2017, 29,000, or 21 percent of children were living in crowded housing conditions compared to 12 percent statewide (Figure 115).176

Children Living in Cost Burdened Housing

Families that spend more than 30 percent of their income on housing and related expense are considered to be cost burdened. This is concerning for low-income families, where income for all the household expenses is limited. In cost burdened households, money for other necessary expenses, such as food or health care, may not be available. In Denver, 35 percent, or 49,000 children, lived in cost burdened households in 2017 (Figure 116).177

**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 30,000 Denver children, or 21 percent, were living in families receiving public assistance benefits in 2017. This is higher than the Colorado rate of 16 percent (Figure 117).  

The percentage of children in households receiving benefits in Denver and surrounding counties is illustrated in Figure 118.

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CHILDREN ENROLLED IN WIC

Federal grants are available to States for the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). These funds can be used for food, health care referrals and nutrition education for low-income pregnant, breastfeeding, and non-breastfeeding postpartum women, and to infants and children up to age five who may be at nutritional risk.\(^\text{180}\)

In Denver, approximately 13,500 children under age five were enrolled in WIC in 2018. This is a 26 percent decrease in the number of children participating in WIC since 2011 (Figure 119).\(^\text{181}\)

The number of children participating in DGKHS that receive public assistance benefits is illustrated in Figure 120.\(^\text{182}\)

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CRIME

High-crime neighborhoods may expose children to violence, which can cause several 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.\(^{183}\)

In a nationwide study of 300 metropolitan areas, data show that higher income neighborhoods have lower violent crime rates than do high-poverty areas. One theory of why crime is higher in low-income areas compared to high-income areas is that people choose to participate in criminal activities when the expected return of the crime outweighs the risk of arrest. In neighborhoods where the residents are more likely to intervene to stop crime, participate in neighborhood associations, and pick up trash and clean graffiti, the perceived risk of being caught is higher and therefore the crime rates are lower.\(^{184}\)

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; and
- Increased absenteeism in schools.\(^{185}\)

For children exposed to high rates of crime, mitigating the impact is important to future success in school and life. The overall crime indicator consists of serious offenses that are reported to the police and include homicide, rape, robbery, aggravated assault, burglary, larceny, auto theft, and arson. The highest rates of overall crime in Denver generally include areas in and around the Central Business District and Denver International Airport (Figure 121).\(^{186}\)

Figure 121: 2017 Overall Crime Rate per 1,000 People

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\(^{186}\) Denver Police Department. 2018 Neighborhood Crime rates per 1,000 people by Denver neighborhood.
Violent crimes are offenses to a person which involve force or the threat of force and includes homicide, rape, robbery, and aggravated assault. Research shows that violent crime in the community around elementary and middle schools is a barrier to overall child well-being. Exposure to violent crime doubles the likelihood that a child will perpetuate violence. Additionally, children exposed to violent crime can suffer post-traumatic stress disorder, anxiety, and depression. The mental health consequences of exposure to violent crime can hinder cognitive development and educational attainments.187

The 2018 overall rate of violent crime for Denver is 8.2 per 1,000 people. The rates of violent crime by neighborhood are illustrated in the map in Figure 122.188

Figure 122: Violent Crime Rate

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188 Denver Police Department. 2018 Neighborhood Crime rates per 1,000 people by Denver neighborhood.
DOMESTIC VIOLENCE

Not only are children at risk for witnessing violent crime in their neighborhood, but many experience violence in their own homes. Violence between parents, intimate partners, or other family members is a significant problem nationwide.

Researchers have found that exposure to domestic violence can impact the development of children in numerous ways. Children exposed to physical abuse in the home are more likely to be at increased risk for physical abuse themselves and can exhibit aggression towards others. Long term adverse effects can carry on into adulthood.\(^{189}\) Children from homes with domestic violence are also reported to display behavioral and emotional problems and are more likely to have issues with substance abuse, violent crime, and adult criminality.\(^{190}\)

Domestic violence crime is where the victim’s relationship to the suspect includes spouse, common-law spouse, boyfriend/girlfriend, same sex relationship and ex-spouse. The domestic violence rate is 1.8 per 1,000 people in Denver in 2018. Domestic violence rates by neighborhood are illustrated in Figure 12.\(^{191}\)

Figure 123: Domestic Violence


\(^{191}\) Denver Police Department. 2018 Neighborhood Crime rates per 1,000 people by Denver neighborhood.
The Denver Great Kids Head Start Community Assessment can be downloaded from the Office of Children’s Affairs website:

www.denvergov.org/childrensaffairs

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

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