CONTENTS

A Note from Al Martinez, Executive Director of Denver Great Kids Head Start ........................................ 3

Introduction ................................................................................................................................................ 3

Data ......................................................................................................................................................... 4
Head Start Regulations ............................................................................................................................ 5
2018 Child Well-Being Index .................................................................................................................. 6

Early Head Start and Head Start in Denver .......................................................................................... 6
Grantee Profile .......................................................................................................................................... 7
Denver Great Kids Head Start Enrollment ............................................................................................... 8
Kindergarten Bound Head Start Students ............................................................................................... 8
DGKHS Turnover Rate ............................................................................................................................. 9
Eligibility .................................................................................................................................................. 9
Young Children in Poverty in Denver ....................................................................................................... 10
Enrollment in DGKHS ............................................................................................................................. 10

Total Population ................................................................................................................................... 11
Denver’s Asian Population ......................................................................................................................... 13
Denver’s Black Population ......................................................................................................................... 14
Denver’s Hispanic Population .................................................................................................................... 15
Denver’s Non-Hispanic White Population ............................................................................................... 15

Child Population ................................................................................................................................... 17
Children under Age Five .......................................................................................................................... 18
Child Population by Race/Ethnicity .......................................................................................................... 19
Children in Immigrant Families ............................................................................................................... 20
Children of Color ..................................................................................................................................... 21
Language .................................................................................................................................................. 22
Children in Foster Care ............................................................................................................................ 23

Early Childhood ..................................................................................................................................... 24
Child Care in Denver ................................................................................................................................ 24
Quality Child Care ..................................................................................................................................... 25
Child Care Deserts .................................................................................................................................... 26
Child Care Capacity in Denver .................................................................................................................. 27
Family, Friend, and Neighbor Child Care ................................................................................................. 28
Preschool .................................................................................................................................................. 29
The Denver Preschool Program ................................................................................................................. 30
Colorado Preschool Program .................................................................................................................... 31
Denver Public Schools Early Childhood Education .................................................................................. 31
Colorado Child Care Assistance Program ............................................................................................... 31

Health ...................................................................................................................................................... 32
Early Prenatal Care ................................................................................................................................... 32
Women Who Smoked During Pregnancy ................................................................................................. 34
Births ......................................................................................................................................................... 35
Births by Race/Ethnicity ............................................................................................................................. 35
Low Birth Weight Births ............................................................................................................................ 37
Three Risk-Factor Births ............................................................................................................................ 38
Teen Births ................................................................................................................................................ 39
Births to Women with No High School Diploma ..................................................................................... 40

Health Insurance ...................................................................................................................................... 41
Uninsured Children .................................................................................................................................... 41
Medicaid .................................................................................................................................................... 42
Child Health Plan Plus ............................................................................................................................... 42
Eligible But Not Enrolled in Public Health Insurance ............................................................................ 43

Family and School-Based Health Care Centers ...................................................................................... 44
Children with Disabilities .......................................................................................................................... 45
Special Education in Denver Public Schools ............................................................................................ 45
Children with Disabilities in Denver Great Kids Head Start .................................................................... 45
A NOTE FROM AL MARTINEZ, EXECUTIVE DIRECTOR OF DENVER GREAT KIDS HEAD START

Dear Friends,

On behalf of Denver Great Kids Head Start and the Office of Children’s Affairs I am pleased to present the 2018 Head Start Community Assessment. This report represents a comprehensive description of the strengths and needs of children and families in Denver, particularly those at-risk families that could be eligible for Head Start. I hope that you find this compendium of charts, tables and graphs rich in data that can inform program planning efforts.

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. Differences in 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 varying 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 affluent peers.

The DGKHS Community Assessment is a resource is intended to be used to inform programs, services, and investments in children and youth as they relate 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, and counties. 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.
2018 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 2018 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;
- Kindergarteners NOT at Grade Level: Cognitive Domain;
- 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 provides the reference for neighborhood and center names used throughout this report. Also illustrated are the Denver Great Kids Head Start delegate center locations over the Child Well-Being Index.
EARLY HEAD START AND HEAD START IN DENVER

In Denver, there are three Early Head Start grantees that serve children birth through age two and two Head Start grantees, the Rocky Mountain Service Employment and Redevelopment (RMSER) and Denver Great Kids Head Start (DGKHS) that serve children ages three through five. During the 2017-2018 school year, 1,956 children were served across all Early Head Start and Head Start programs in Denver with combined enrollment totals for Early Head Start (446 children), DGKHS (1,153 children), and RMSER (357). DGKHS is authorized to serve children in all Denver neighborhoods.

The five Early Head Start and Head Start grantees collectively served approximately 26 percent of the eligible population in 2017 (Figure 2).¹ The need for service is far greater than Head Start resources alone can meet. Other programs that help serve these and other eligible children include the Colorado Child Care Assistance Program, the Colorado Preschool Program, the Denver Preschool Program, and Denver Public Schools early childhood programs.

![Figure 2: Early Head Start and Head Start Program Enrollment vs. Estimated Need in Denver](image)

GRANTEE PROFILE

Table 1: Delegate Agency Funded Enrollment

<table>
<thead>
<tr>
<th>Delegate Agency</th>
<th>Funded Enrollment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Catholic Charities</td>
<td>224</td>
</tr>
<tr>
<td>Clayton Educare</td>
<td>228</td>
</tr>
<tr>
<td>Denver Public Schools</td>
<td>302</td>
</tr>
<tr>
<td>Family Star</td>
<td>37</td>
</tr>
<tr>
<td>Mile High</td>
<td>277</td>
</tr>
<tr>
<td>Volunteers of America</td>
<td>85</td>
</tr>
<tr>
<td><strong>Total:</strong></td>
<td><strong>1,153</strong></td>
</tr>
</tbody>
</table>


Denver Great Kids Head Start (DGKHS) contracts with six delegate agencies (preschool providers) and three vendors (comprehensive service providers) to provide high quality preschool and direct services to 1,153 children and their families (Table 1). Preschool providers operate 28 center locations with 77 classrooms.
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 2017-2018 school year, 154 two-year-old, 558 three-year-old, 781 four-year-old, and 2 five-year-old children participated in the program (Figure 3).

Approximately 27 percent of these children were enrolled for two years.²

KINDERGARTEN BOUND HEAD START STUDENTS

In the 2017-2018 school year, 47 percent of DGKHS students planned to enter kindergarten in the next school year. This proportion has stayed relatively constant over the last 10 years (Figure 4).³

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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. These positive results are evident for most children tested regardless of primary language, disability, or gender. Unfortunately, for a variety of reasons, 26 percent left the program and did not re-enroll in the 2017-2018 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 7,400, or 17 percent, of Denver children under age five were living in poverty in 2017. The poverty rate for Denver children under the age of five is higher than the state average of 13 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 green) 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 100,000, 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 2017, the total population of Denver County was estimated at 704,621 people (Figure 9). Hispanics, representing the largest ethnic group in Colorado, comprised 30 percent of the total county population (Table 2).

Table 2: Population Characteristics for Denver, Colorado and the United States, 2017

<table>
<thead>
<tr>
<th></th>
<th>Denver</th>
<th>Colorado</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
<td>Number</td>
</tr>
<tr>
<td>Total Population</td>
<td>704,621</td>
<td>100%</td>
<td>5,607,154</td>
</tr>
<tr>
<td>Hispanic or Latino</td>
<td>210,821</td>
<td>30%</td>
<td>1,206,724</td>
</tr>
<tr>
<td>Non-Hispanic White</td>
<td>382,735</td>
<td>54%</td>
<td>3,822,055</td>
</tr>
<tr>
<td>Non-Hispanic Black</td>
<td>63,110</td>
<td>9%</td>
<td>219,500</td>
</tr>
<tr>
<td>Non-Hispanic American Indian</td>
<td>3,470</td>
<td>.5%</td>
<td>32,102</td>
</tr>
<tr>
<td>Non-Hispanic Asian</td>
<td>26,595</td>
<td>4%</td>
<td>176,176</td>
</tr>
<tr>
<td>Non-Hispanic Pacific Islander</td>
<td>746</td>
<td>.1%</td>
<td>7,137</td>
</tr>
<tr>
<td>Non-Hispanic Other Race</td>
<td>416</td>
<td>.1%</td>
<td>11,528</td>
</tr>
<tr>
<td>Non-Hispanic Two or More Races</td>
<td>16,728</td>
<td>2%</td>
<td>131,932</td>
</tr>
</tbody>
</table>

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 36 percent since 2007 (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

---

DENVER’S BLACK POPULATION

For most of U.S. history, blacks represented the largest minority group in the nation. As of the 2000 Census, Hispanics represented the largest minority. In 2017, 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 11 percent since 2007 (Figure 13).

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

---


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.\(^\text{19}\)

Denver’s Hispanic population has grown six percent since 2007 (Figure 15).\(^\text{20}\)

![Figure 15: Denver's Hispanic Population over Time](image)

The map in Figure 16 illustrates the distribution of the Hispanic population by census tract for Denver and the surrounding counties.\(^\text{21}\)

![Figure 16: Map of the Hispanic Population](image)

---


Denver’s Non-Hispanic White Population

Nationwide, the white population is the largest racial group. However, white growth has slowed due to low immigration and fertility rates. The white population is moving within the country from large metropolitan coastal areas into areas in the South and West. By 2010, 64 percent of the U.S. population was white. By 2040, whites will become a minority of the total population.22

Denver’s Non-Hispanic white population has grown 29 percent since 2007 (Figure 18).23

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

---


**CHILD POPULATION**

After a significant drop during the Great Recession, the number of children in Denver has increased (Figure 20). In 2017, approximately 140,200 children were estimated to be living in Denver.\(^{25}\)

![Figure 20: Denver Children under Age 18 Trends](image)

Five-year estimates from the U.S. Census Bureau provide the data for Denver by census tract and the surrounding counties (Figure 21).\(^{26}\)

![Figure 21: Map of Children under Age 18](image)

---


CHILDREN UNDER AGE FIVE

Single-year estimates for the U.S. Census Bureau illustrate a five percent decline in the number of Denver children under age five over the last five years from 2013 to 2017 (Figure 22). As of 2017, approximately 43,000 children under age five lived in Denver. 27

The percentage of children under age five in Denver and the surrounding counties is illustrated in Figure 23. 28

---


CHILD POPULATION BY RACE/ETHNICITY

Denver’s child population is diverse. In Denver, 34 percent of children under age 18 were categorized as non-Hispanic white in 2017. The largest ethnic group in Denver is Hispanic with 47 percent of children reported to be of Hispanic origin of any race.

Including the Hispanic ethnicity in any racial category, white children make up 68 percent of Denver’s child population, followed by 10 percent of black children. Asian children make up four percent, and American Indian, one percent (Figure 24). [29]

In the 2017-2018 school year, Hispanic students made up 60 percent of the Denver Great Kids Head Start (DGKHS) student body (Figure 25). DGKHS students are identified by race and year in the graph in Figure 26. [30]

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 2016, 36 percent (50,000) of Denver’s children were living in immigrant families (Figure 27).\(^{31}\)

Seventy-one percent of the children in immigrant families in Denver originate from Latin America, four percent from Europe, ten percent from Asia, and 13 percent from Africa.\(^{32}\) The majority, or 92 percent, of children in immigrant families are U.S. citizens.\(^{33}\) Only three percent of their parents have been in the country less than five years.\(^{34}\) The distribution of children in immigrant families varies across the region.

The map in Figure 28 illustrates the proportion of children in immigrant families by census tract in Denver and surrounding counties.\(^{35}\)

---


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 66 percent (92,000) of the total child population in Denver in 2017. Not unlike other urban centers, Denver has a higher proportion of children of color than Colorado and the United States. (Figure 29).36

The map highlights the areas in Denver and the surrounding counties where children of color make up more than half of the child population over age 18 (Figure 30).37

Figure 29: Children of Color over Time

<table>
<thead>
<tr>
<th>Year</th>
<th>Denver</th>
<th>Colorado</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007</td>
<td>68%</td>
<td>68%</td>
<td>66%</td>
</tr>
<tr>
<td>2012</td>
<td>42%</td>
<td>17%</td>
<td>44%</td>
</tr>
<tr>
<td>2017</td>
<td>39%</td>
<td>43%</td>
<td>50%</td>
</tr>
</tbody>
</table>

Figure 30: Areas in with less than 50 percent Non-Hispanic White Children


LANGUAGE

According to the U.S. Census Bureau, 39,000 children, or 40 percent, under the age of 18 spoke a language other than English at home in 2017 (Figure 31).38

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 32.39

---


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.

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

The number of out-of-home placements (foster care, kinship/relative care, congregate care) by month for children birth through age 18 is illustrated in Figure 33.

The average monthly number of Denver children placed in 2017 was 959.

---


41 Denver Department of Human Services. (2018, February). *Number of Youth in Foster Care by Month*.
**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 often 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.\(^{42}\)

The U.S. Census Bureau estimates 65 percent of Denver children age five and younger had all available parents in the labor force in 2016. This means that approximately 33,000 young children in Denver needed care during the day while their parents work.\(^{43}\) There are approximately 23,100 licensed child care slots in day care centers, day care homes, and preschools in Denver.\(^{44}\) 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 70 percent of the need fulfilled with licensed care in Denver.

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

**CHILD CARE IN DENVER**

According to the Colorado State Office of Early Childhood licensed facilities list, there were 544 licensed child care facilities in the City and County of Denver as of March 20, 2018. These facilities include day care centers, homes, preschools, neighborhood youth organizations, and school-aged child care (Table 3).\(^{45}\)

<table>
<thead>
<tr>
<th>Type of Child Care Facility</th>
<th>Number of Facilities in Denver</th>
<th>Total Number of Children Each Provider Type is Licensed to Serve</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Care Center</td>
<td>271</td>
<td>21,568</td>
</tr>
<tr>
<td>Child Care Home</td>
<td>117</td>
<td>809</td>
</tr>
<tr>
<td>Neighborhood Youth Organization</td>
<td>21</td>
<td>2,694</td>
</tr>
<tr>
<td>Preschool</td>
<td>19</td>
<td>741</td>
</tr>
<tr>
<td>School-Age Child Care</td>
<td>116</td>
<td>11,529</td>
</tr>
</tbody>
</table>


\(^{45}\) Ibid.
QUALITY CHILD CARE

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

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

The levels of quality represent the following characteristics:

- Level 1: providers follow licensing standards
- Level 2: providers show they have completed quality activities to promote positive experiences for children
- Levels 3, 4, and 5: providers have demonstrated various quality investments and have earned cumulative points

All licensed child care centers, homes, and preschools in Colorado are rated for quality. For preschools, 51 percent were rated a Level 4 or 5, the highest levels of quality (Figure 34).

Compared to Colorado, Denver has a higher percent of day care centers and preschools rated at high levels. Thirty percent were rated a Level 4 or 5 in all of Colorado as of March 20, 2018.

A Level 1 rating is assigned to licensed child care centers and preschools that have not been rated.

---

CHILD CARE DESERTS

The increasing need for all parents 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 22 states live in neighborhoods classified as child care deserts. 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. This lack of availability for child care unfortunately causes 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 or have inflexible job schedules.

The census tracts in Denver identified in the study as child care deserts are highlighted in dark purple in the map in Figure 35. Denver Great Kids Head Start program locations are also illustrated by blue dots.

Figure 35: Child Care Deserts in Denver

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CHILD CARE CAPACITY IN DENVER

The map in Figure 36 illustrates an estimate of child care capacity by neighborhood. It represents the number of licensed child care slots by neighborhood compared to the population of children under age ten. The darker shaded areas represent the highest capacity per child population and the lightest areas the lowest. The capacity for child care is inequitably distributed across Denver.

This rough estimate of neighborhood capacity illustrates that in some parts of Denver, choice is limited based on the availability. Not all families choose child care in their home neighborhood and may choose providers based on other criteria than home location, such as location to work, quality, or types of care. Transportation, affordability, and the time programs are open may also limit access.

There is an increasing need in some neighborhoods to support families, enabling them to work and allowing children the opportunity to attend quality programs that set them up for future success.

Figure 36: Estimated Child Care Capacity

Licensed Child Care Slots by Child Population

Child Care Capacity includes
Child Care Centers, Family Care Homes, and Preschools
Does NOT include School-Aged Care and Neighborhood Youth Organizations

Licensed Child Care Data provided by
the Colorado Department of Human Services
Office of Early Childhood
Child Population Data from the US Census Bureau, 2013-2015 5-Year Estimates
March 21, 2018.
**FAMILY, FRIEND, AND NEIGHBOR CHILD CARE**

Informal child care in the home of trusted family or community members is called family, friend, and neighbor (FFN) child care and is the most common form of non-parental child care in the United States. Because this type of care is not monitored or licensed, the quality of care children are receiving is unknown. It is estimated that half of all young children under age six spend time in family, friend, and neighbor care nationally.\(^{50}\)

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

Drawing from current research around FFN care in the United States, several indicators were identified as key to understanding which factors often characterize FFN providers and which factors measure a child’s readiness for school.\(^{51}\) Indicators can be combined to highlight geographic areas in Denver where FFN providers are likely prevalent and may need additional support to improve outcomes for the children for whom they care (Figure 37).

The key indicators include:

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

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Children enrolled in 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. Quality in programs, however, is an essential factor necessary to achieve the desired outcomes that matter for lasting impacts.

After a significant increase by 2014, the percentage of three- and four-year-old children enrolled in preschool in Denver has declined to 54 percent in 2017 (Figure 38). Fifty-seven percent of those in publicly funded preschool programs and 43 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 higher percent of three- and four-year-old children living in higher-income neighborhoods in Denver participated in preschool programs more often than their peers in low-income neighborhoods (Figure 39).

THE DENVER PRESCHOOL PROGRAM

The Denver Preschool Program's vision is to ensure every child in Denver enters kindergarten ready to reach their full potential. The organization achieves this vision by making quality preschool possible for all Denver families with 4-year-old children through a dedicated sales tax first approved by voters in 2006 and renewed in 2014. The map in Figure 40 illustrates where DPP funded students live and the total tuition support by neighborhood.

Through the 2016-2017 school year, DPP has provided $92 million in tuition support to help nearly 46,000 Denver children. More information about the Denver Preschool Program and its participating preschools are available at www.dpp.org.\textsuperscript{56}

Figure 40: Denver Preschool Program Tuition Support

\textsuperscript{56} Denver Preschool Program, March 2018.
COLORADO PRESCHOOL PROGRAM

The state funded Colorado Preschool Program (CPP) provides high-quality early childhood education programs to at-risk three- and four-year-old children across Colorado. Denver Public Schools received funding for 4,024 preschool slots for the 2017-2018 school year.\(^\text{57}\) The average funding statewide per slot was $3,805 in 2016-2017. This is lower than the national average of state preschool spending per slot of $4,976.\(^\text{58}\)

The at-risk factors include poverty as measured by free or reduced-price meal eligibility, in need of 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 80 percent of CPP enrolled children statewide.\(^\text{59}\)

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 2017-2018 school year, 6,088 Denver three- and four-year-old children participated in DPS early education programs. This is a 1.2 percent decrease since the prior school year.\(^\text{60}\)

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.\(^\text{61}\)


\(^{59}\) Ibid.


\(^{61}\) 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 PREGNATAL 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. Free and low-cost clinics are in located in Denver for those who need it (Figure 63).

The percentage of women receiving early prenatal care in Denver has improved to 83 percent and, as of 2017, is higher than the state percentage of 82 percent of women receiving early care during pregnancy (Figure 41).

Figure 41: Women Receiving Early Prenatal Care

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 42).65

There is variation by neighborhood. Women living in high-income neighborhoods received early prenatal care more often than women living in low-income neighborhoods (Figure 43).66

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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.67

So in 2017 in Denver, four percent of new mothers reported smoking during pregnancy. This rate is lower than the state rate of six percent.68 Despite the lower rate in Denver, there is dramatic variation by race/ethnicity and neighborhood (Figures 44 and 45).69 The highest rates are generally in high poverty, low-opportunity neighborhoods, further contributing to the health risks of children living in them.

Figure 44: Denver Women Who Smoked During Pregnancy

![Figure 44: Denver Women Who Smoked During Pregnancy](image)

Figure 45: Map of Women Who Smoked While Pregnant

![Figure 45: Map of Women Who Smoked While Pregnant](image)


BIRTHS
The Colorado Department of Public Health and Environment reported 8,950 births to Denver women in 2017. The number of births has declined 13 percent over the last decade (Figure 46).\(^\text{70}\)

**Figure 46: Number of Denver Births**

BIRTHS BY 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 26 percent and births to black women held steady at around 11 percent. Births to white women decreased slightly to 49 percent (Figure 47).\(^\text{71}\)

**Figure 47: Proportion of Denver Births by Race/Ethnicity 2007-2017**

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\(^\text{71}\) Ibid.
The Hispanic birth rate is declining dramatically. The rate per 1,000 Hispanic women dropped from 109.8 in 2008 to 53.8 in 2017 (Figure 48).\textsuperscript{72}

Figure 48: Denver Birth Rates by Race/Ethnicity 2017

The number of births in 2017 by neighborhood is illustrated in the map in Figure 49.\textsuperscript{73}

Figure 49: Number of Births by Neighborhood


\textsuperscript{73} Ibid.
LOW BIRTH WEIGHT BIRTHS

Babies born at a low birth weight have a high probability of experiencing developmental problems. Poverty, poor prenatal nutrition, smoking, stress, infections and 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 2017. Variation exists by race/ethnicity (Figure 50) and neighborhood (Figure 51). 74

Figure 50: Low Birth Weight Trends by Race/Ethnicity in Denver

![Bar Chart: Low Birth Weight Trends by Race/Ethnicity in Denver]

Figure 51: Low Birth Weight Babies

![Map: Low Birthweight Babies by Neighborhood of Residence in Denver]

THREE RISK-FACTOR BIRTHS

Babies born to young women under age 25 who are unmarried and without a high school diploma are often at risk for poor education, social, and economic outcomes throughout their lives.

In Denver, three risk-factor births have declined 43 percent since 2012 with 253, or three percent, births to women in this risk category in 2017 (Figure 52).75

Some neighborhoods shaded in dark green in the map have a higher proportion of three risk-factor births (Figure 53).76

Figure 52: Three Risk-Factor Births

Figure 53: Map of Three Risk-Factor Births


**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.

In Denver, approximately five percent of all births are to teens between the ages of 15 and 19. The proportion of these teen births varies by race and ethnicity. According to the Colorado Department of Public Health and Environment, the greatest percent of teen births (per population group) in Denver are to Hispanic women with nine percent. Trends of teen births by race and ethnicity are illustrated in Figure 54. Teen births by Denver neighborhood are illustrated in Figure 55.

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BIRTHS TO WOMEN WITH NO HIGH SCHOOL DIPLOMA

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 2017. Although this rate is decreasing in Denver, there is significant variation by race/ethnicity. The highest rate by race/ethnicity is among Hispanic women, with 33 percent of births to women without a high school diploma (Figure 56). There is also significant variation by geography (Figure 57).

Figure 56: Births to Women with less than 12 Years Education by Race/Ethnicity

Figure 57: Map of Births to Women with less than 12 years Education

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HEALTH INSURANCE

UNINSURED CHILDREN

The ability for all children to see a health care provider for routine exams, screenings, immunizations, and care when sick is essential for healthy growth and development. Unfortunately, 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 five percent of children in Denver were without health insurance in 2017. This is a dramatic increase over the two percent uninsured children reported for 2016.

Denver has a lower percentage of uninsured children than Colorado at four percent (Figure 58). 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 59).

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**MEDICAID**

Medical Assistance, or Medicaid, is a public health insurance program available for children age 19 and younger in families earning 142 percent of the federal poverty level or less. The number of children receiving medical assistance in Denver has decreased to 83,932 by February 2018 (Figure 60).  

![Figure 60: Denver Children Under Age 20 Receiving Medicaid](image)

**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 September 2018, 10,014 Denver children received CHP+ benefits (Figure 61).

![Figure 61: Denver Children Age 18 and Younger Receiving CHP+ Benefits](image)

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ELIGIBLE BUT NOT ENROLLED IN PUBLIC HEALTH INSURANCE

Many children live in families whose annual incomes qualify them to participate in publicly financed health insurance programs such as CHP+ or Medicaid. Despite meeting eligibility requirements, many children are not enrolled. 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 six percent.

Denver has also done a great job of enrolling eligible children in health insurance, with a decrease from 33 percent eligible but not enrolled children in 2008 to four percent in 2016 (Figure 62).\textsuperscript{85}

Figure 62: Children Eligible but not enrolled in CHP+ or Medicaid

FAMILY AND SCHOOL-BASED HEALTH CARE CENTERS

Access to a primary care in a nearby clinic is essential for all families to maintain healthy living. Providers can monitor health, manage chronic conditions, and assist patients with diagnosis and treatment of medical conditions. These services are available to all Denver residents through the network of family health centers across Denver. These centers are conveniently located in neighborhoods of highest need (see child well-being index on page 6) where access might otherwise be difficult due to transportation or cost.

School-Based Health Centers in Denver Public Schools provide a convenient option for care for Denver students. Services available include primary care, mental health, reproductive health education, and insurance enrollment assistance (Figure 63).86

Figure 63: Family and School-Based Health Care Centers

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CHILDREN WITH DISABILITIES

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

These categories include:
- Autism;
- Deaf-blindness;
- Deafness;
- Hearing impairment;
- Intellectual disability;
- Multiple disabilities;
- Orthopedic impairment;
- Specific learning disability;
- Speech or language impairment;
- Traumatic brain injury; or
- Visual impairment.87

SPECIAL EDUCATION IN DENVER PUBLIC SCHOOLS

In Denver, approximately 10,000 (11 percent) students were enrolled in special education classes in Denver Public Schools in 2017.88 Special education programs are designed for children with disabilities and special needs, and support services are offered through the public school system at no cost to families.

CHILDREN WITH DISABILITIES IN DENVER GREAT KIDS HEAD START

There were 188, or 13 percent of children with an Individual Education Plan (IEP) participating the DGKHS programs during the 2017-2018 school year (Figure 64). Primary disability type of Denver Great Kids Head Start students is illustrated in the graph in Figure 65. Speech or language impairments and developmental delays make-up most the disability types.89 Head Start mandates that at least ten percent of enrollment opportunities in Head Start must be provided to children with disabilities.

Figure 64: DGKHS Children with an Individual Education Plan

Figure 65: DGKHS Primary Disability 2017-2018

**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 $3.00.\(^{90}\) Due to the higher costs of living in Denver, an average meal costs $3.39.\(^{91}\) 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 66).

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 69 percent of food insecure children are likely income-eligible for federal nutrition assistance (185 percent of the federal poverty line), leaving 31 percent of food insecure children likely not eligible for federal assistance.\(^{92}\)

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.\(^{93}\)

In 2016, approximately 22,300 children, or 16.2 percent, were counted as food-insecure in Denver. The number of food-insecure children has decreased 38 percent from 2009 to 2016 (Figure 67).\(^{94}\)

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\(^{92}\) Ibid.


\(^{94}\) Ibid.
The City and County of Denver offered summer and snacks and supper meal programs that fed children 186,334 meals in 2017. The map in Figure 68 illustrates the number of meals served by site in 2017 through the Office of Children’s Affairs (OCA) meal program over the Child Well-Being Index. The 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 68: 2017 Office of Children’s Affairs Meal Sites

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 2012. As of January 2018, nearly 37,000 children under the age of 19 were receiving SNAP benefits in Denver (Figure 69).96

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 70).97

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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”. 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 USDA compiled U.S. Census Bureau data to identify food deserts by census tract. These food deserts are low-income areas where the poverty rate is greater than 20 percent or the median family income is less than or equal to 80 percent of the metropolitan area’s median income. They are also areas where a significant number of the people (at least 500 people or 33 percent) live at least one half a mile from the nearest large grocery store or supermarket.

In Denver, 54 percent or nearly 70,000 children live in food deserts (Children ages 0-17 from the 2010 Census of Population and Housing tract-level counts). The map in Figure 71 illustrates the food deserts in purple that were identified in this study from the USDA by census tract.

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 (15.7 percent obese and 14.6 percent overweight).100

The graph in Figure 72 describes overweight and obese students for each school year. The percentage of students at an unhealthy weight status remained flat for the last five school years.

Figure 72: Prevalence of Childhood Obesity Among Children Ages 2 to 17

DGKHS BODY MASS INDEX (BMI)

Of the enrolled children in Denver Great Kids Head Start (DGKHS), 21 percent of the children were overweight or obese during the 2017-2018 school year.

Four percent in DGKHS programs were underweight. Underweight is defined as a BMI less than fifth percentile for child’s age and sex (Figure 73).101

Figure 73: DGKHS Students BMI

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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.102

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 74).103

Maternal poverty, consumption of sugar, and stress were identified as prenatal risk-factors leading to higher rates of obesity in Hispanic children in a study published in the Journal of Community Health.104

A map illustrating the percentage of school-aged children who are obese is provided in Figure 75.105

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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”.106 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.107

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.108

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 (Figure 76).109

Figure 76: Mental Health Disorders of Colorado Children Ages Four Through 14


107 Ibid.


MENTAL HEALTH SERVICES IN DGKHS

Beginning in August of 2010, DGKHS received two grants from the Colorado Health Foundation totaling over $1.2 million. These grants increased the capacity of DGKHS to provide on-site mental health consultation, parent and staff training and intervention services that allowed DGKHS to sustain on-site mental health services making a significant impact on children and their families as demonstrated through the social/emotional domain of the Teaching Strategies GOLD, and other measures.

Unfortunately, as funder strategies shifted, DGKHS gradually decreased on-site services to prolong funding. Beginning in 2016, additional funding has been secured from the Caring for Colorado Foundation, Temple Hoyne Buell Foundation and the Tony Grampsas Youth Services Program. Through a blend of Head Start and private funding, DGKHS can currently support 5.3 FTE to provide on-site mental health services from Denver Health and Hospital Authority.

The average monthly hours a mental health professional spends on-site, including DGKHS and individual delegate agency resources, is illustrated in the graph in Figure 77.110

Figure 77: Average Hours Mental Health Professional on DGKHS Site

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CHILD ABUSE AND NEGLECT

Safe, stable and nurturing relationships and environments are best for children to grow and develop to their full potential. Unfortunately, some children suffer physical, sexual or emotional abuse or neglect. Child abuse and neglect can have severe effects on children’s cognitive, social-emotional, language, mental health, and behavioral development that can last well into adulthood. Adults who were neglected or abused as children are at greater risk for substance abuse, eating disorders, mental health issues and chronic disease.111

Young children under the age of four are at greatest risk for the most severe consequences of abuse and neglect. These negative outcomes include disrupted brain development, improper development of the nervous system, serious physical injury or death.112 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; and
- Parenting stress, poor parent-child relationships, and negative interactions.

Community risk factors include:
- Community violence; and
- Concentrated neighborhood disadvantage and poor social connections.113

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 78).114

Figure 78: Rate of Child Abuse and Neglect

![Graph showing the rate of child abuse and neglect for Colorado and Denver from 2006 to 2016.](image)

112 Ibid.
DRUG AND ALCOHOL ABUSE

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 in Figure 79.\textsuperscript{115}

Figure 79: Trends in Risky Behaviors for Denver High School Students

MARIJUANA

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, the perception of marijuana’s harmfulness is decreasing, fewer students disapprove of marijuana use, and marijuana is easier to get.\textsuperscript{116}

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 2017, there were 283 marijuana-related juvenile arrests. The Denver neighborhoods with the greatest number of juvenile arrests for marijuana violations include Lincoln Park, Highland, Harvey Park, Montbello, Capitol Hill, and Green Valley Ranch (Figure 80).\textsuperscript{117}

\begin{figure}[h]
\centering
\includegraphics[width=\textwidth]{trend_chart.png}
\caption{Trends in Risky Behaviors for Denver High School Students}
\end{figure}

\begin{figure}[h]
\centering
\includegraphics[width=\textwidth]{arrest_chart.png}
\caption{Juvenile Arrests for Marijuana Violations}
\end{figure}

\begin{table}[h]
\centering
\begin{tabular}{|c|c|c|}
\hline
Drug & 2013 & 2015 & 2017 \\
\hline
Smoked cigarette & 23% & 19% & 14% \\
Binge drinking recently & 20% & 15% & 16% \\
Recent marijuana use & 49% & 45% & 40% \\
Cocaine use & 7% & 7% & 3% \\
Heroin use & 3% & 2% & 1% \\
Prescription drug use, unauthorized & 11% & 10% & 10% \\
Sexual intercourse experience & 40% & 37% & 31% \\
\hline
\end{tabular}
\caption{Trends in Risky Behaviors for Denver High School Students}
\end{table}

\begin{figure}[h]
\centering
\includegraphics[width=\textwidth]{arrest_chart.png}
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\hline
\end{tabular}
\caption{Trends in Risky Behaviors for Denver High School Students}
\end{table}


117 Denver Police Department. 2017
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 as measured by proficiency on the state standardized tests 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 2017-2018 school year, 92,984 students were enrolled in 207 Denver Public Schools (DPS) consisting of four Early Childhood Education schools, 92 elementary, 18 ECE-8, four ECE-12, 34 middle, 12 grades 6-12, and 44 high schools (Figure 81).^{118} The largest proportion, or 55 percent, of Denver Public School students was Hispanic or Latino compared to 24 percent classified as non-Hispanic white in the 2017-2018 school year. Black students made up 13 percent of the school population (Table 4). Forty-nine percent of DPS students are female and 51 percent are male.^{119}

<table>
<thead>
<tr>
<th>DPS Student Profile</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian</td>
<td>592</td>
<td>.6%</td>
</tr>
<tr>
<td>Asian or Pacific Islander</td>
<td>3,004</td>
<td>3.2%</td>
</tr>
<tr>
<td>Black</td>
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<td>13.2%</td>
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<td>White (Not Latino)</td>
<td>22,318</td>
<td>24.0%</td>
</tr>
<tr>
<td>Pacific Islander</td>
<td>298</td>
<td>.3%</td>
</tr>
<tr>
<td>Two or More</td>
<td>3,685</td>
<td>4.0%</td>
</tr>
<tr>
<td>All Students</td>
<td>92,984</td>
<td>100%</td>
</tr>
</tbody>
</table>

Figure 81: Student Enrollment

Table 4: DPS Student Population by Race/ethnicity

---


**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.\(^\text{120}\)

In the 2017-2018 school year, approximately 33,650 (37 percent) Denver Public School students, including early childhood children, were English Language Learners.\(^\text{121}\)

The map in Figure 82 illustrates the percentage of English Language Learners by school location.\(^\text{122}\)

**LANGUAGES IN HEAD START**

The primary languages of DGKHS families spoken at home are English and Spanish. African, Mid-Eastern and S. Asian languages spoken in the home have steadily increased since the 2008-2009 school year (Figure 83).\(^\text{123}\)

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FREE AND REDUCED-PRICE LUNCH ELIGIBILITY

The Colorado Department of Education provides annual district-level data on those children eligible for free or reduced-price meals. Free lunch eligibility is set at 130 percent of the federal poverty level (approximately $32,630 for a family of four) and reduced-price lunch eligibility is at 185 percent of the federal poverty level (approximately $46,435 for a family of four).124

In Denver, 67 percent, or more than 62,000, public school students qualified for free or reduced-price lunch in the 2017-2018 school year (Figure 84).125

The proportion of free or reduced-price lunch students by Denver neighborhood is illustrated in Figure 85.126

Figure 85: Students Eligible for Free or Reduced-price Lunch by home neighborhood


126 Denver Public Schools. Department of Planning and Analysis. 2017-2018 School Year.
**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.\(^\text{127}\)

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.\(^\text{128}\)

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.\(^\text{129}\)

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 25,000 students, or 27 percent, were chronically absent in the 2017-2018 school year. This means that about one in four 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 49 percent of 12\(^\text{th}\) graders missing ten percent or more of the school year (Figure 86).\(^\text{130}\)

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\(^\text{130}\) Denver Public Schools. Department of Planning and Analysis. 2017-2018 School Year.
The map in Figure 87 illustrates the percentage of preschool children in Denver Public School programs that are chronically absent by school mapped over the well-being index (described on page 6). Unfortunately, it is apparent that many schools with a high percentage of chronically absent children are in areas of high need. Too often, children who need the support of preschool to prepare to succeed in kindergarten are not attending regularly.

Figure 87: Chronic Absences in Preschool

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 88).  

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.

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ACHIEVEMENT

Achievement gaps begin long before they are measured by standardized tests in the third grade. Disparities in academic skills are apparent in preschool and kindergarten but begin even earlier in a child’s life. Studies show that these disparities are associated with family income, parental education, family structure, neighborhood conditions and exposure to language and other educational experiences. Factors including a child’s health, nutrition, and exposure to emotional stress and violence are also known to impact a child’s early cognitive and social development.134

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

FALL 2017-SPRING 2018 TEACHING STRATEGIES GOLD

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

Head Start program administrators can use TS Gold reports to:

- Collect and gather child outcome data as one part of a larger accountability system;
- Guide program planning and professional development opportunities; and
- Inform strategic investments to close learning gaps.

Head Start preschool providers can use the TS Gold reports to:

- Observe and document children’s development and learning over time;
- Plan instruction to support children’s needs;
- Identify children who might benefit from additional support, screening, or further evaluation; and
- Report and communicate progress with family members and others.

The following graphs illustrate the percentage of three-, four-, and five-year-old children in Denver Great Kids Head Start (DGKHS) programs who meet or exceed social, physical, and academic expectations for their age as defined by TS Gold’s “Widely Held Expectations.” Overall, those students who participated in the DGKHS program for a full program year demonstrated significant growth across all domains in all categories of students analyzed from fall 2017 through spring 2018 (Figure 89).135

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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.

Although the percentage of third graders reading at grade level has improved since the previous school year from 32 percent to 38 percent (Figure 90), still too many are not meeting the mark. Sixty-two percent, or 3,570 Denver Public School third graders were not meeting expectations on the English Language Arts (ELA) PARCC assessment in the spring of 2018.136

Figure 90: Students Meeting or Exceeding Expectations in Third Grade Reading

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 91).137

Figure 91: Students Meeting or Exceeding Expectations on the Third Grade Reading Assessment by Race/Ethnicity Over Time


Disparities also exist by geography. In four Denver neighborhoods (Globeville, DIA, West Colfax, and Kennedy) 85 percent or more of students were not meeting expectations on the ELA (Figure 92).  

Figure 92: Third Graders Not Proficient in Reading by Neighborhood

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

**INCOME**

In 2017, the median family (with child) income in Denver was $74,770, which is significantly higher ($7,402) than in 2016. As of 2017, Denver’s median family income surpassed the national median family income but still below the state median income of $82,853 (Figure 93).  \(^{139}\)

Figure 93: Median Family (With Child) Income

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.  \(^{140}\) In Denver the unemployment rate has dropped significantly since 2010.

The unemployment rate in Denver was three percent in December 2017, with approximately 12,000 people estimated to be unemployed (Figure 94).  \(^{141}\)

**UNEMPLOYMENT**


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. 142 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 2016, 29 percent (41,000) of Denver children lived in families where no parent had full-time, year-round employment (Figure 95). 143

Figure 95: Children Living in Families Where No Parent Has Full-Time, Year-Round Employment

![Children Living in Families Where No Parent Has Full-Time, Year-Round Employment](image)

Five-year estimates of unemployment rates illustrate the variation in employment by census tract in Denver and surrounding counties (Figure 96). 144

Figure 96: Unemployment Rate

![Unemployment Rate](image)

Of two-parent families with children in DGKHS, 15 percent were not employed in 2017-2018 (Figure 97). Forty-four percent of parents in single-parent families were not employed (Figure 98).  


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**Figure 97: Employment Status of DGKHS Two-Parent Families**

- 2008-2009: 80% Neither of Two Parent/Guardian Employed
- 2009/2010: 67% One of two Parent/Guardian Employed
- 2010/2011: 73% Both Parents/Guardians Employed
- 2011/2012: 62% Neither of Two Parent/Guardian Employed
- 2012/2013: 72% One of two Parent/Guardian Employed
- 2013/2014: 71% Both Parents/Guardians Employed
- 2014/2015: 71% Both Parents/Guardians Employed
- 2015/2016: 63% Neither of Two Parent/Guardian Employed
- 2016/2017: 74% One of two Parent/Guardian Employed
- 2017/2018: 70% Both Parents/Guardians Employed

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**Figure 98: Employment Status of DGKHS Single-Parent Families**

- 2008-2009: 36% Single-Parent Not Employed
- 2010/2011: 57% Single-Parent Not Employed
- 2011/2012: 57% Single-Parent Not Employed
- 2012/2013: 53% Single-Parent Not Employed
- 2013/2014: 53% Single-Parent Not Employed
- 2014/2015: 45% Single-Parent Not Employed
- 2015/2016: 43% Single-Parent Not Employed
- 2016/2017: 42% Single-Parent Not Employed
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.\textsuperscript{146}

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.\textsuperscript{147} The federal poverty measure underestimates what it costs to support a family.

According to the \textit{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).\textsuperscript{148} 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.

Since the peak at 33 percent of children living in poverty in 2010, rates continue to decline in Denver. In 2017, 17 percent, or 24,000, of children under age 18 were living in poverty (Figure 99).\textsuperscript{149}

\begin{figure}[h]
\centering
\includegraphics[width=\textwidth]{Figure_99_Child_Poverty_Trends.png}
\caption{Child Poverty Trends}
\end{figure}

\begin{flushleft}


\end{flushleft}
Poverty is not equally distributed throughout Denver’s neighborhoods, as illustrated in Figure 100.\textsuperscript{150}

Figure 100: Children in poverty in Denver

\begin{figure}
\centering
\includegraphics[width=\textwidth]{Figure100.png}
\caption{Children in poverty in Denver}
\end{figure}

\textbf{RATIO OF POVERTY TO INCOME TRENDS}

Many working families in Denver struggle to make ends meet. An estimated 56,000 children, or 42 percent, of Denver’s children live in families with incomes below 200 percent of the Federal Poverty Level (FPL), or less than $48,600 annual income for a family of four.\textsuperscript{151} The percentage of children living in families above 200 percent of poverty has grown to 58 percent in 2016 (Figure 101).

Figure 101: Children Living in Families by Ratio to Poverty

\begin{figure}
\centering
\includegraphics[width=\textwidth]{Figure101.png}
\caption{Children Living in Families by Ratio to Poverty}
\end{figure}


CHILD POVERTY BY RACE/ETHNICITY

Over time in Denver, the proportion of children in poverty has gone down from 28 percent to 25 percent for all children from the 2007-2011 time period to the 2012-2016 time period. Children of color, however, are more often in poverty than non-Hispanic white children according to the U.S. Census Bureau five-year estimates. (Figure 102).152

Figure 102: Child Poverty by Race/Ethnicity

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.153

The highest proportion of people living in areas of concentrated poverty occurred during the period of the Great Recession (December 2007-June 2009).154 By 2012-2016, the number of people living in areas of concentrated poverty dropped significantly. At the latest measure, nine percent of all Denver people lived in these high poverty areas. People of color live in these areas more often than non-Hispanic white people. Concentration of poverty is highest for Hispanics, with approximately 17 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 2012-2016 period, fewer children were living in these high-risk areas (Figure 103).155


In Denver, approximately 13 percent, or 18,000 children under age 18 lived in areas of concentrated poverty in 2012-2016 (Figure 104).

Figure 103: People Living in Areas of Concentrated Poverty by Race/Ethnicity and Age Group

In Denver, approximately 13 percent, or 18,000 children under age 18 lived in areas of concentrated poverty in 2012-2016 (Figure 104).

Figure 104: Areas of Concentrated Poverty


SINGLE-PARENT FAMILIES

Single-parent families often struggle to provide basic needs for their families with only one income. In 2017, 45,000 children, or 34 percent, lived in single-parent households in Denver (Figure 105).\(^{157}\)

The distribution of children living in single-parent families in Denver and the surrounding region is illustrated on the map in Figure 106.\(^{158}\)

DGKHS FAMILIES

More than half, or 54 percent of all families participating in DGKHS were single-parent families in the 2017-2018 school year (Figure 107).\(^{159}\)


HOMELESS FAMILIES

The McKinney-Vento Homeless Education program objectives are to increase access to education and provide stability and opportunity for educational success for children and youth experiencing homelessness. The overall intent of the 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 36 percent from the 2014-2015 school year to the 2016-2017 school year, most likely due to the improving economy and demographic changes after the end of the Great Recession (Figure 109).160

Figure 109: Homeless School-Aged Children in Denver

<table>
<thead>
<tr>
<th>School Year</th>
<th>Hotels/Motels</th>
<th>Unsheltered</th>
<th>Doubled-up</th>
<th>Shelters</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006-2007</td>
<td>1,071</td>
<td>2,251</td>
<td>1,741</td>
<td>3,175</td>
</tr>
<tr>
<td>2007-2008</td>
<td>1,302</td>
<td>2,136</td>
<td>2,063</td>
<td>2,519</td>
</tr>
<tr>
<td>2008-2009</td>
<td>1,567</td>
<td>2,251</td>
<td>2,063</td>
<td>2,136</td>
</tr>
<tr>
<td>2009-2010</td>
<td>1,508</td>
<td>3,175</td>
<td>2,063</td>
<td>2,136</td>
</tr>
<tr>
<td>2010-2011</td>
<td>1,741</td>
<td>2,251</td>
<td>2,063</td>
<td>2,136</td>
</tr>
<tr>
<td>2011-2012</td>
<td>2,136</td>
<td>2,063</td>
<td>2,136</td>
<td>2,519</td>
</tr>
<tr>
<td>2012-2013</td>
<td>2,063</td>
<td>2,136</td>
<td>2,063</td>
<td>2,251</td>
</tr>
<tr>
<td>2013-2014</td>
<td>2,251</td>
<td>2,063</td>
<td>2,136</td>
<td>2,519</td>
</tr>
<tr>
<td>2014-2015</td>
<td>3,175</td>
<td>2,519</td>
<td>2,136</td>
<td>2,519</td>
</tr>
<tr>
<td>2015-2016</td>
<td>2,519</td>
<td>2,519</td>
<td>2,136</td>
<td>2,519</td>
</tr>
<tr>
<td>2016-2017</td>
<td>2,013</td>
<td>2,013</td>
<td>2,013</td>
<td>2,013</td>
</tr>
</tbody>
</table>

HOMELESS CHILDREN IN DENVER GREAT KIDS HEAD START

Fourteen percent of DGKHS children were reported living in homeless families during the 2017-2018 school year (Figure 110).161

Figure 110: DGKHS Homeless Children and Families

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 111).162

The percentage of children in households receiving benefits in Denver and surrounding counties is illustrated in Figure 112.163

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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.164

In Denver, approximately 14,000 children under age five were enrolled in WIC in 2017. This is a 24 percent decrease in the number of children participating in WIC since 2011 (Figure 113).165

The number of children participating in DGKHS that receive public assistance benefits increased in all program areas in 2017-2018, including SNAP, SSI, TANF, and WIC (Figure 114).166

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EDUCATIONAL ATTAINMENT OF ADULTS

Research shows that educational attainment is the most important social characteristic for predicting earnings.\(^{167}\) Figure 115 illustrates the breakdown of educational attainment by degree for Denver adults over time.\(^{168}\) 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 116).\(^{169}\)

![Figure 115: Educational Attainment of Denver Adults](image)

![Figure 116: Median Income for Denver Adults by Educational Attainment](image)

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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 and rely on public assistance.\(^{170}\)

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.\(^{171}\)

The map in Figure 117 illustrates where there are higher percentages of adults in the community without a high school diploma for Denver and surrounding counties.\(^{172}\)

Parents of children in Denver Great Kids Head Start programs generally have lower educational attainment levels than that of the general population. Thirty-one percent of parents did not have a high school diploma during the 2017-2018 school year compared to 12 percent city-wide.

Over time, the educational level of DGKHS parents has generally increased while the percentage of parents without a high school diploma has decreased as illustrated in Figure 118.\(^{173}\)

---


**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.174

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.175

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. 176

For children exposed to high rates of crime, mitigating the impact is important to future success in school and life. Overall crime 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 Denver International Airport (Figure 119).177

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177 Denver Police Department. 2017 Neighborhood Crime rates per 1,000 people by Denver neighborhood.
**VIOLENT CRIME**

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 attainment. The rates of violent crime by neighborhood are illustrated in the map in Figure 120.

**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. 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.

Domestic violence is crime where the victim’s relationship to the suspect includes spouse, common-law spouse, boyfriend/girlfriend, same sex relationship and ex-spouse. Domestic violence rates by neighborhood are illustrated in Figure 121.

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179 Denver Police Department. 2017 Neighborhood Crime rates per 1,000 people by Denver neighborhood.


182 Denver Police Department. 2017 Neighborhood Crime rates per 1,000 people by Denver neighborhood.
**POSITIVE POLICE INTERACTIONS WITH YOUTH**

The Denver Police Department tracks the number of contacts with youth through a variety of positive activities in the community. These activities include mentoring, meet and greet events, youth education, afterschool programs, youth sports, gang intervention and education, and events with parents, youth, and police.

In total, more than 10,405 positive police contacts with youth were recorded in 2017. The distribution of these contacts by police district are mapped in Figure 122.¹⁸³

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¹⁸³ Denver Police Department. Data Analysis Unit. 2017 Positive Police Interactions with Youth.
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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