



20

YEARS YOUNG

2005

**KIDSCOUNT
IN COLORADO!**

Colorado Children's Campaign

2005 KIDSCOUNT IN COLORADO!

The **KidsCount in Colorado!** project is directed by Kaye Boeke at the Colorado Children's Campaign.

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

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COLORADO CHILDREN'S CAMPAIGN CELEBRATING 20 YEARS WITH 20 GOALS FOR 2010

- ★ Increase the capacity of publicly funded, high-quality preschool programs to serve 100% of at-risk 4-year-olds.
- ★ Increase the number of Colorado children participating in full-day kindergarten to 45%.
- ★ Reduce the average class size of grades K-2 to 17 students.
- ★ Increase the number of Colorado children ready for school by kindergarten to at least 80%.
- ★ Reduce “three-risk-factor births” to 7.5%.
- ★ Reduce child poverty by expanding Colorado’s investment in programs that let low-income families keep more of their earnings or increase available income.
- ★ Establish assessments of individual longitudinal growth in all publicly funded K-12 programs and incorporate those assessments into school accountability systems.
- ★ Increase statewide high school graduation rates to 75%.
- ★ Increase the percentage of low-income high school students who progress to post-secondary education by 10%.
- ★ Ensure that 80% of low-income students attend schools rated “average” or higher.
- ★ Close the achievement gap, as measured by CSAP performance, between low-income and minority students and all other students.
- ★ Increase the effectiveness of middle schools by increasing the percentage of 9th graders who progress to the 10th grade in one year to 96%.
- ★ Reduce the percentage of babies born to women with less than a high school diploma to 15%.
- ★ Reduce the percentage of children without health insurance to 7%.
- ★ Increase the percentage of women receiving prenatal care in their first trimester of pregnancy to 90%.
- ★ Increase the percentage of Colorado children who are fully immunized by age 3 to 80%.
- ★ Increase the percentage of children with access to school-based health center care to 20%.
- ★ Reduce the percentage of Colorado children with untreated dental decay to 21%.
- ★ Improve the behavioral health of Colorado teens.
 - Reduce marijuana use to 1%.
 - Reduce cigarette smoking to 21%.
 - Reduce alcohol use to 11%.
 - Reduce attempted suicides to 1.0% or fewer.
 - Reduce the teen suicide rate to 6.0 deaths per 100,000.
- ★ Increase the number of health care and early childhood care and education providers who are formally trained to provide mental health assessments of young children to 120.

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INTRODUCTION

The Colorado Children’s Campaign is thrilled to mark its 20th anniversary this year. At this important milestone, we are especially grateful to the community leaders who, in 1985, recognized that the effects of the economic downturn could be especially detrimental for our children. By founding the Colorado Children’s Campaign, these individuals helped to mitigate the harsh effects of budget cuts, ensuring that all Colorado kids—and especially those from low-income families—could look forward to bright futures.

During our 20-year history, the Colorado Children’s Campaign has advocated for kids in countless ways. We have been instrumental in creating programs like the Child Health Plan *Plus*, the Colorado Preschool Program and the Colorado Small Schools Initiative. As a direct result of these programs, uninsured children from working families have access to health care, increased numbers of low-income and minority children are attending high-quality preschools and small high schools are giving thousands of students the individual attention they need.

Yet for all of our gains, many Colorado children still desperately need our help. Ironically, much like the situation we faced 20 years ago, recent budget cuts have meant tough times for many kids. Even though public health insurance programs have expanded, 160,000 kids still do not have coverage. Despite extensive research demonstrating the advantages of high-quality preschool, 29% of Colorado’s at-risk 4-year-olds do not attend good preschools. And even though we are working hard to improve high schools, the dropout rate is staggering: 40% of Colorado students do not graduate, ranking Colorado 48th in the nation for high school graduation rates.

The following 20 goals signify what we see as the most significant challenges facing Colorado’s children. Please help us continue the momentum started 20 years ago and join us in working to meet these goals. We look forward to fulfilling our mission of creating hope and opportunity in Colorado – one million kids at a time.



EARLY CHILDHOOD CARE AND EDUCATION

The early years in a child's life are the foundation for later social and cognitive development. Done well, early childhood education can help level the playing field, especially for low-income children, by boosting school performance and self-sufficiency over a lifetime.

The Colorado Children's Campaign was instrumental in creating the Colorado Preschool Program and helping write a blueprint for Early Childhood Education for Colorado. We will continue to support programs that provide affordable high-quality early childhood experiences for at-risk children.

GOAL: Increase the capacity of publicly funded, high-quality preschool programs to serve 100 percent of at-risk* 4-year-olds.

Why this matters.

More than 40 years of research shows that quality early childhood education leads to improved success in school and throughout the lives of children. Improved outcomes include higher test scores on 3rd grade CSAPs, less remediation, and even increased graduation rates and higher rates of college attendance.

For our most at-risk youth, educational achievement depends, in large part, on children's experiences before they ever begin kindergarten. Low-income children who participate in high-quality, well-run early learning programs are less likely to drop out of school, repeat grades or become teen parents. Long term studies of at-risk children demonstrate that the best way to put these students on the same level as middle-income children is to help them attend a high-quality preschool program by age four, or ideally age three, for at least four half-days per week.



Where we are today.

Publicly funded, high-quality preschool programs have the capacity to serve 71 percent of at-risk 4-year-olds in Colorado.

* For the Colorado Preschool Program, a child may be considered "at-risk" if he or she is at least 3 years old and has a combination of any three of the following risk factors: low-income background, homelessness or frequent relocation, an abusive adult living in the home, and in need of language development or receiving services from Human Services as a neglected or dependent child. In order to measure the progress toward this goal, we are defining "at-risk" as a child living in a family below 185 percent of the federal poverty level.

EARLY CHILDHOOD CARE AND EDUCATION

GOAL: Increase the number of Colorado children participating in full-day kindergarten to 45 percent.

Why this matters.

Kindergarten typically covers many of the skills and concepts that provide an important foundation for learning through the elementary school years. The Early Childhood Longitudinal Study found that at-risk children participating in a full-day kindergarten program made gains that helped close the gap between themselves and their more advantaged peers in terms of basic reading skills—such as recognizing letters.

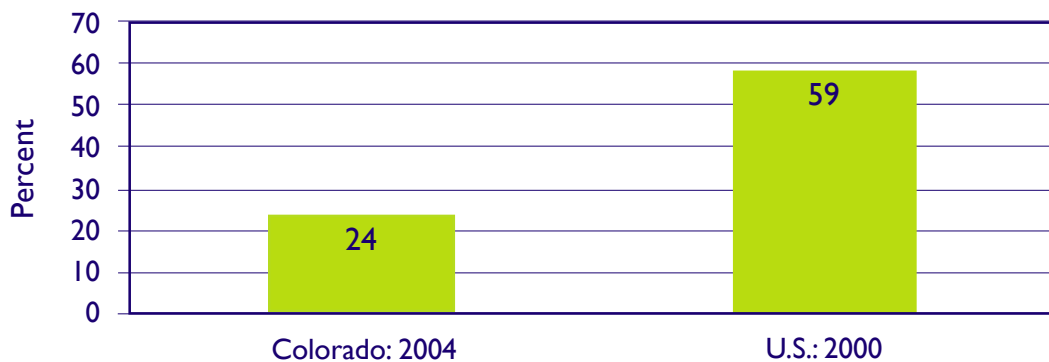
Research has also demonstrated that participation in full-day kindergarten can lead to immediate gains in cognitive test scores, higher rates of promotion to first grade, lower special education placement, and higher rates of high school graduation. In addition, children who learn to read in kindergarten have higher achievement scores, both at the end of their kindergarten year and as seniors in high school.

Where we are today.

24 percent of Colorado kindergartners currently attend full-day programs, compared with 59 percent nationally. Nearly all students of kindergarten age attend a kindergarten program, with 92 percent attending public kindergarten and 8 percent attending private kindergarten. All Colorado school districts offer kindergarten.

2004-05 School Year	Number of Students	Percent of Total
Half Day	76%	43,252
Full Day	24%	13,616
Total Kindergartners	100%	56,968

Kindergartners in Full-Day Programs:
Colorado, 2004 and U.S., 2000



EARLY CHILDHOOD CARE AND EDUCATION

GOAL: Reduce the average class size of grades K-2 to 17 students.

Why this matters.

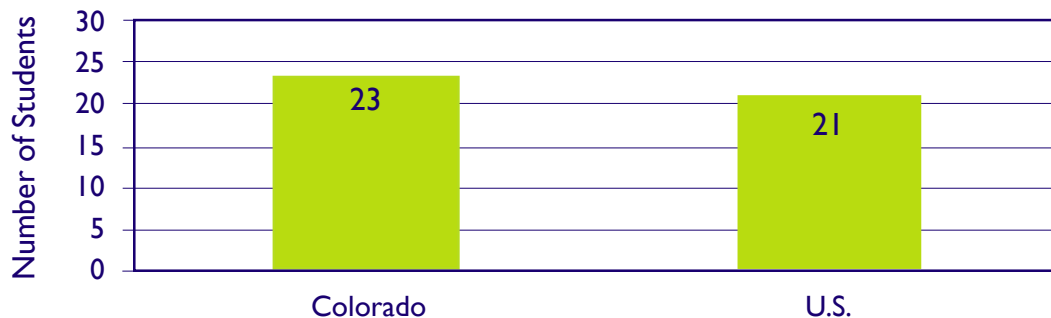
Students receive more individualized attention in small classes, which leads to increased academic achievement. Research shows that primary grade children can benefit significantly when class size is reduced from an average of 25 students to an average of 15 students. In one four-year, large-scale study, small class size improved the performance of all children, including low-income children and especially minority children.

Where we are today.

According to the U.S. Department of Education, the average class size of grades K-2 in Colorado is 23 students, compared with the national average of 21 students per class.



Average Elementary Class Size:
Colorado and U.S., 1999-2000



EARLY CHILDHOOD CARE AND EDUCATION

GOAL: Increase the number of Colorado children ready for school by kindergarten to at least 80 percent.

Why this matters.

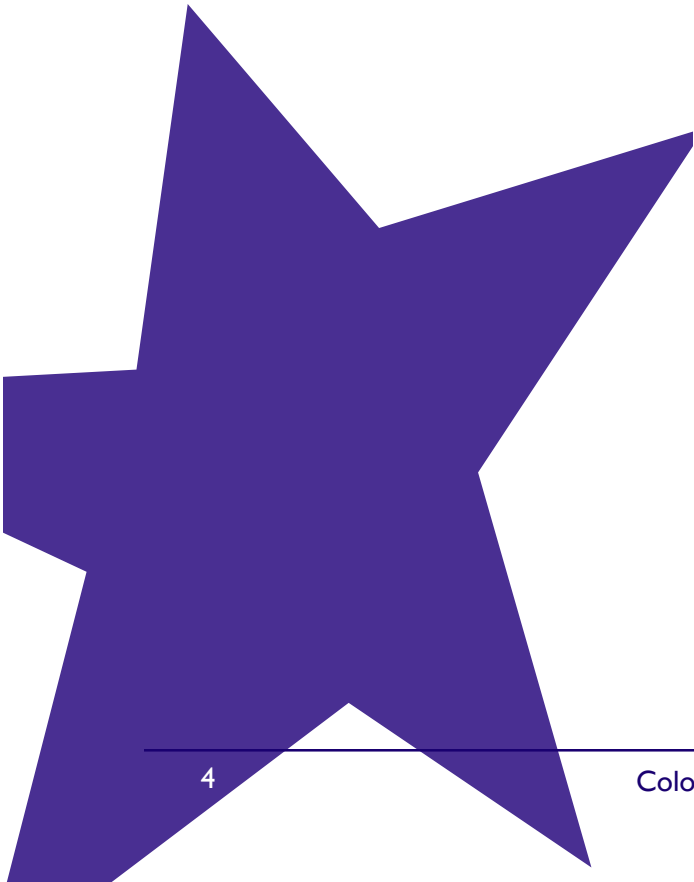
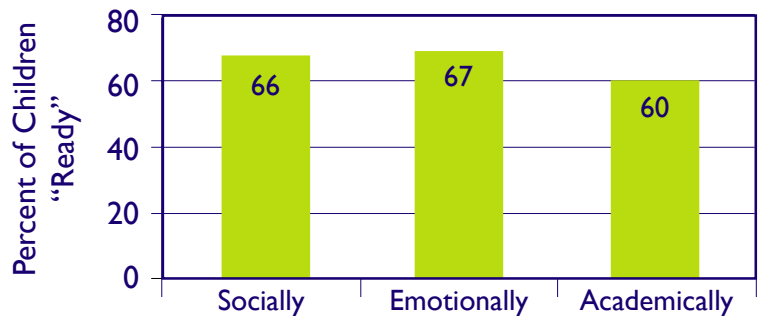
Children are deemed “ready” for kindergarten when they meet basic academic, social and emotional standards, such as knowing how to hold a pencil correctly, knowing most of the alphabet, and being able to interact positively with other students. According to a 2002 kindergarten and 1st grade teacher survey, at least one out of every three children who enters school is “unready” to learn. Many of these students are unable to count to 20 or recognize their name in print or even differentiate between numbers and letters. Furthermore, the teachers involved in the survey did not have much faith that students who started out behind academically could catch up. Of the kindergarten teachers interviewed, 70 percent stated the students could “sometimes” catch up, and 25 percent said they could “rarely” catch up.

Where we are today.

A recent Colorado Children’s Campaign/Educare survey indicated that 60 percent of students are academically “ready” for kindergarten at the beginning of the school year.



Kindergartners “Ready for School”:
Colorado, 2001-02



EARLY CHILDHOOD CARE AND EDUCATION

GOAL: Reduce “three-risk-factor births”* to 7.5 percent.

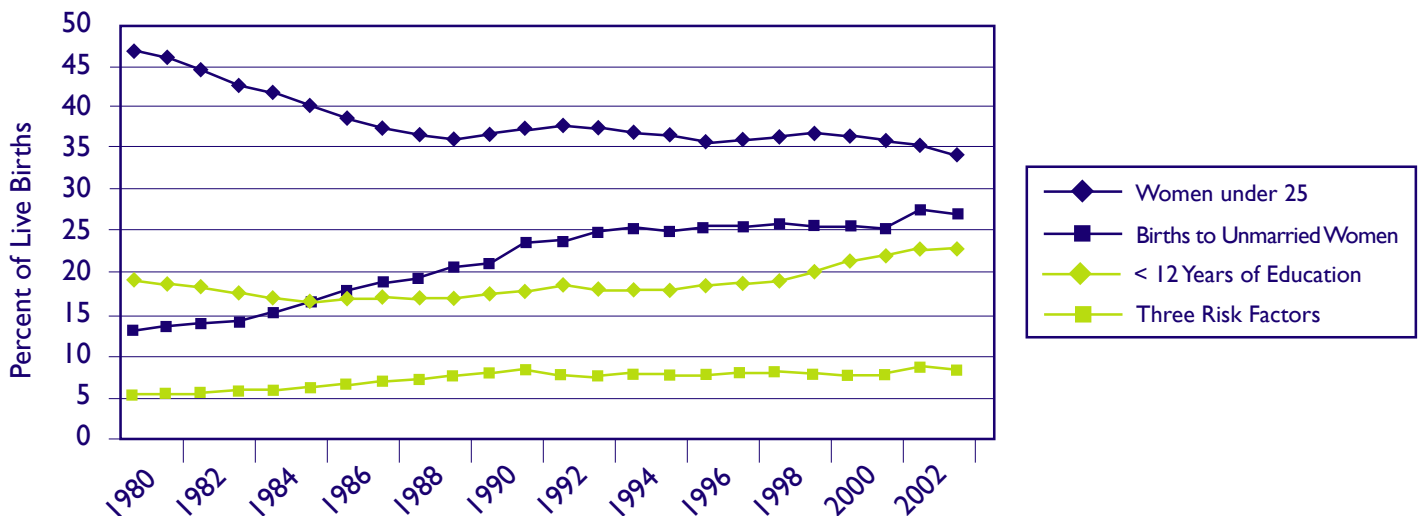
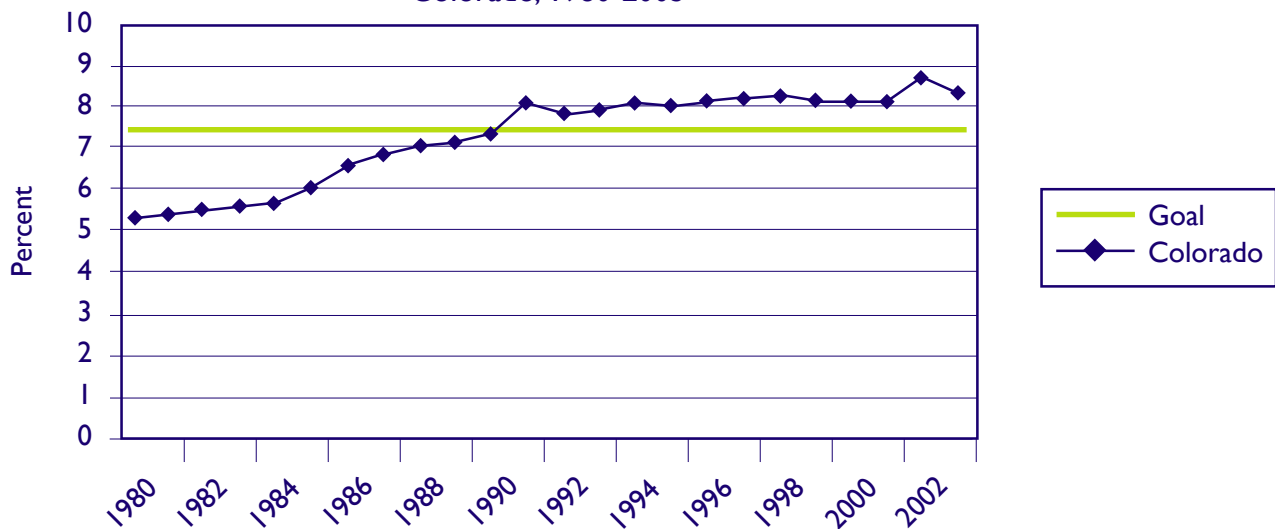
Why this matters.

These risk factors increase the likelihood that children will be born into poverty and suffer the related consequences. Children born to “three-risk-factor” mothers – those who are unmarried, under the age of 25, with less than a high school diploma – are more likely to drop out of school, give birth out of wedlock, to divorce or separate, and to be dependent on welfare. Most striking, children born to a three-risk-factor mother are nine times more likely to live in poverty.

Where we are today.

8.3 percent of Colorado women who had babies in 2003 were unmarried, under the age of 25, and did not have a high school diploma. The proportion of babies born into this vulnerable situation steadily increased in the 1980s and leveled off in the 1990s. While the percentage of women younger than 25 giving birth decreased, the percentage of unmarried women giving birth without a high school diploma has increased since the 1980s.

Three Risk Factor Births:
Colorado, 1980-2003



EARLY CHILDHOOD CARE AND EDUCATION

GOAL: Reduce child poverty by expanding Colorado's investment in programs that let low-income families keep more of their earnings or increase available income.

Why this matters.

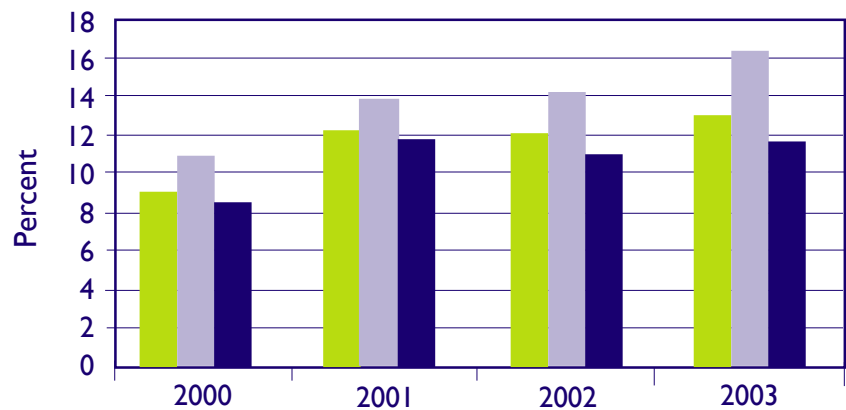
Time and again, studies show that childhood poverty is the most consistent predictor of problems in school and throughout life. When compared to more affluent children, poor children are more likely to demonstrate low academic achievement, drop out of school, become teen parents and have health and emotional problems.

Studies have shown that when parents' income improves, their children stay in school and complete more years of education. The Colorado Earned Income Tax Credit (EITC) is intended to subsidize such low- to moderate-income wage earners, however this credit is only available during years of budget surplus. As a result, many families do not receive this much-needed tax credit, especially in an economic downturn when it is most needed.

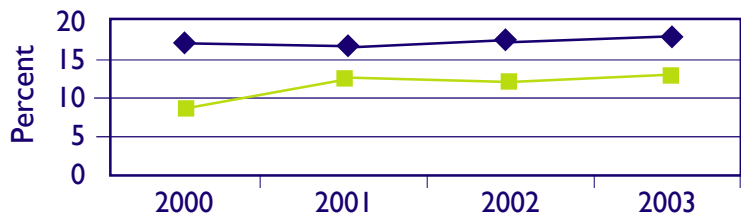
Where we are today.

12 percent of Colorado children are living below the Federal Poverty Level. Our youngest children are the most likely population to live in poverty with more than 16 percent of children under age 5 living in families with incomes below the poverty level. Child poverty has increased in Colorado throughout this current decade. While child poverty nationally is higher than child poverty in Colorado, the increase in child poverty has been more dramatic in Colorado.

Child Poverty by Age:
Colorado, 2000-03



Child Poverty:
Colorado and U.S., 2000-03



K-12 EDUCATION

Academic achievement for urban and minority students is the biggest social challenge of our era. Forty percent of Colorado students do not complete high school, putting Colorado 48th in the nation in our high school graduation rates.

The Colorado Children's Campaign and its Small Schools Initiative have provided both the expertise and the support for the creation of more than 12 small schools. We will continue to promote reliable school accountability systems, innovative educational approaches designed to address the current achievement gap, and programs that emphasize high academic standards for all children.



K-12 EDUCATION

GOAL: Establish assessments of individual longitudinal growth* in all publicly funded K-12 programs and incorporate those assessments into school accountability systems.

*Longitudinal growth assessments, or value-added growth assessments, measure how much a student or a group of students learn over time. In contrast, the state's current assessments compare two different groups of students by taking a "snap shot" of each group's performance on the same test over two years.

For example, to evaluate changes in third-grade performance under the current system we must compare this year's third graders with the next year's third graders taking the same test a year later. A value-added assessment would test a single group of third graders during the fall of the year, and then test the same students at the end of the school year, or the next fall as they enter the fourth grade, to see how much better this set of students performed after a year of schooling.

Why this matters.

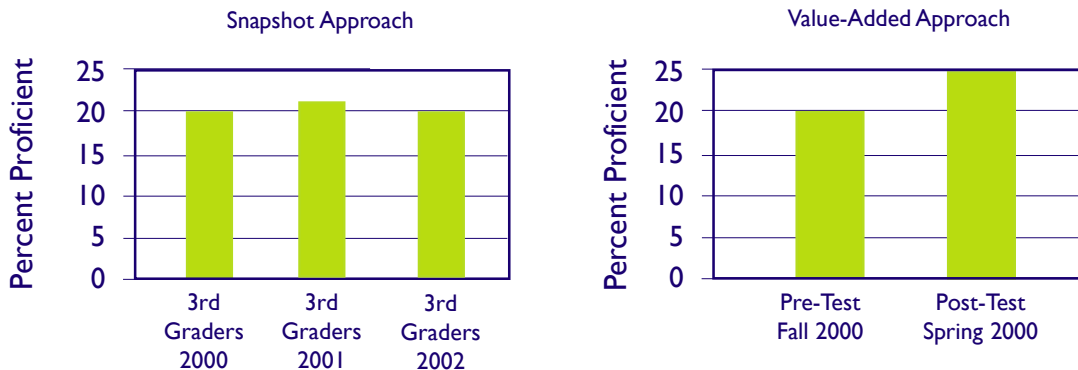
Under the current system, using the snapshot approach, we must compare two different groups of students, making it difficult to determine if changes in performance over time are due to the schooling or are merely a reflection of differences between the two groups of students. The value-added approach allows us to determine whether kids are learning, controlling for differences in the students being tested from year to year.

The value-added approach also helps us evaluate schools and programs that serve kids who start with different levels of performance. Schools can appear to do well under the current system if the students entering these programs already perform at high levels — even if these students don't learn much while they're there. Likewise, a school can effectively teach students, but if the students entering these programs start the program a few years behind, these schools appear to be under-performing. Value-added assessments would give a more accurate picture of both programs.



Where we are today.

Currently there are no schools with publicly available longitudinal growth assessment data for grades K-12. Some pilot programs, such as the Colorado Small Schools Initiative, are using value-added assessments to evaluate schools. Other districts may be utilizing value-added assessments, but they are not required to report this information to the Colorado Department of Education, making it difficult to accurately determine their use.



K-12 EDUCATION

GOAL: Increase statewide high school graduation rates to 75 percent.

Why this matters.

Education remains the primary means to achieving equal economic opportunity and graduation from high school is crucial for reaching this goal. In the past, moderately well paying jobs were available to those who dropped out of high school without strong reading and math skills. This is no longer the case. Today, a high school diploma is the ticket to better jobs, higher wages, and more opportunities.

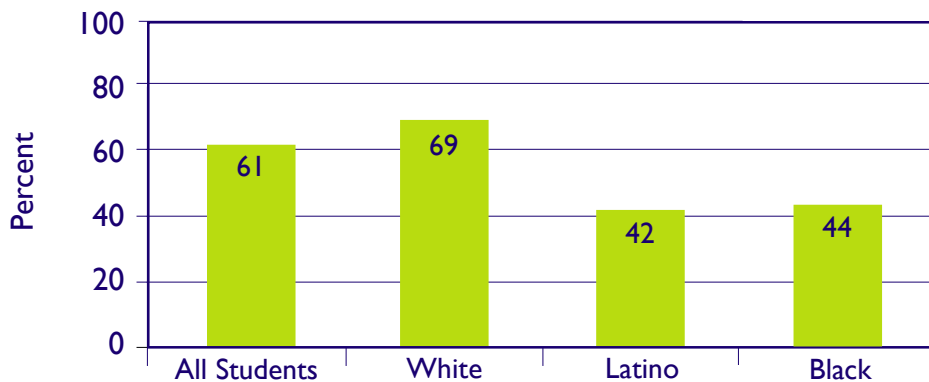
Many young people arrive at high school with tremendous economic, social and family pressures. In addition, poor and minority students as well as those learning English are becoming more concentrated in certain schools. Ensuring that our schools serve this increasingly challenged population will help direct at-risk students toward earning a much-needed high school diploma.

Where we are today.

The Colorado Children’s Campaign estimates a 61 percent graduation rate for Colorado’s Class of 2003. This number is significantly lower than what the state reports because we are attempting to capture the number of students who entered the ninth grade, did not officially drop out, but still did not graduate. Official state figures merely look at the number of students who began their senior year and did not graduate.

To calculate our graduation rate we divide the number of graduates in 2003 by the number of 9th graders in 1999. In this way, we are examining the class of 2003 throughout their high school experience rather than the legislatively mandated method which looks at the number of graduates compared to the number of seniors enrolled earlier that same school year.

Graduation Rates by Race:
Colorado, Class of 2003



K-12 EDUCATION

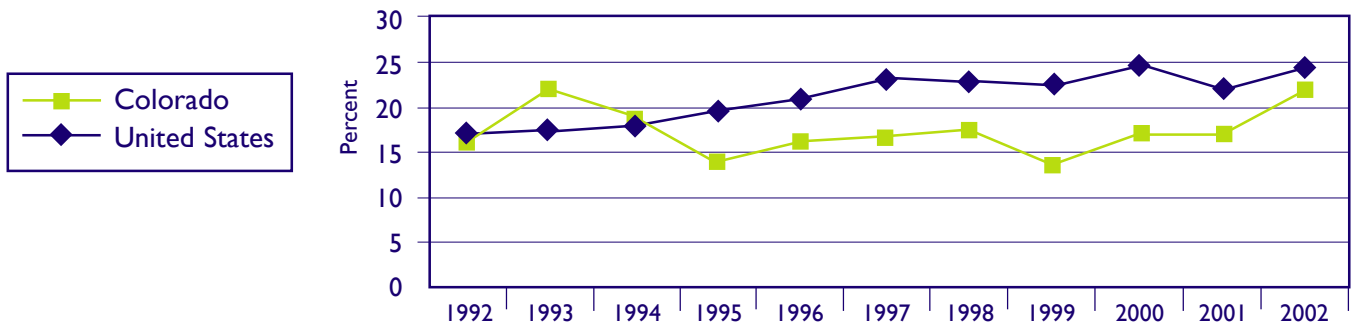
GOAL: Increase the percentage of low-income high school students who progress to post-secondary education by 10 percent.

Why this matters.

Education past high school is mandatory for many careers and provides countless life opportunities. Research shows that college graduates can expect to earn significantly higher wages than non-graduates and may also experience additional benefits ranging from greater health insurance coverage and better housing to longer life expectancy. The estimated difference between the lifetime earnings of a high school dropout and a student who goes on to finish college is \$1.1 million. Clearly, the ramifications of not progressing to college are significant.

Low-income and minority students face additional challenges as they enter college for a number of reasons including limited availability of financial aid and lack of adequate preparation from high school. Students in these categories also suffer because a larger proportion of poor and minority students attend low-quality high schools and are less likely to score well on CSAP tests.

College Participation Rates for Students from Low-Income Families: Colorado and U.S., 1992-2002

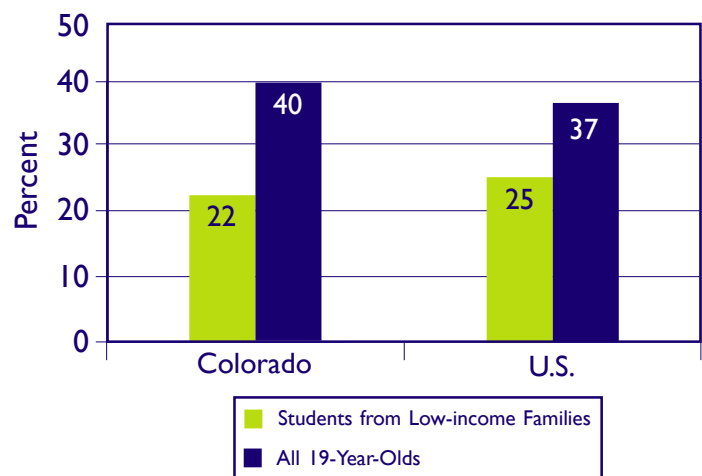


Where we are today.

Twenty-two percent of Colorado’s low-income students between the ages of 18 to 24 progressed to college in 2002-03, compared with 25 percent nationally. Colorado is one of a handful of states with large disparities in educational opportunity between students from low-income families and their more advantaged peers. Low-income students from Colorado are also among the least likely of all U.S. students to reach college.

The population of children in low-income families is growing in Colorado (see “Reduce Child Poverty” goal). How well these students are educated will play a major role in determining Colorado’s future social health and economic prosperity.

College Participation Rates: Colorado & U.S., 2002-03



K-12 EDUCATION

GOAL: Ensure that 80 percent of low-income students attend schools rated “average” or higher on Colorado’s School Accountability Reports.

Why this matters.

Low-income students often struggle in school. This problem is exasperated when the majority of students in a school are poor and the schools themselves are struggling. Studies demonstrate that children who receive a quality education are more likely to grow into productive adults who will contribute to their communities.

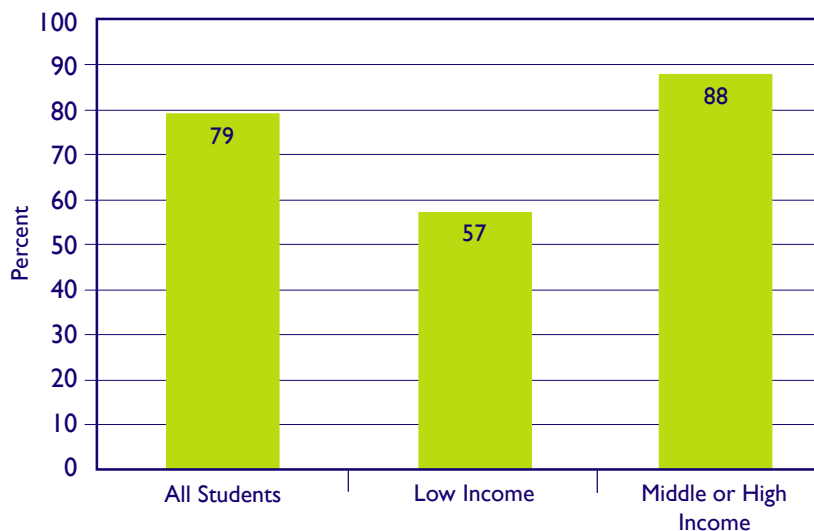
By improving schools that serve low-income students, we can greatly impact the students who may not have many other resources in their lives.

Where we are today.

79 percent of all Colorado students attend schools rated “average” or higher on Colorado’s School Accountability Reports, yet only 57 percent of low-income students attend schools that fall into these categories.



Students Attending Schools Rated “Average” or Above By Family Income:
Colorado, 2003



K-12 EDUCATION

GOAL: Close the achievement gap, as measured by CSAP performance, between low-income and minority students and all other students.

Why this matters.

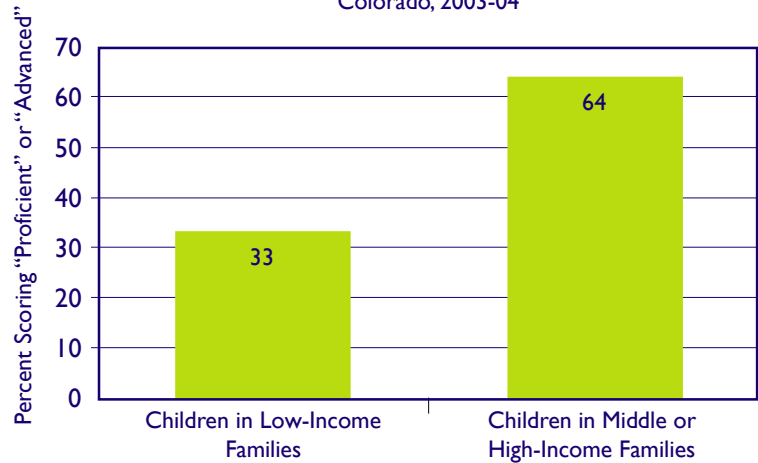
Numerous studies demonstrate that low-income and minority children are far behind their more advantaged peers in math and reading by the time they reach kindergarten. Frequently this gap persists, or even widens, as these children progress through school.

The long-term effects of this problem are significant. Children who do poorly during the early school years are less likely to succeed in middle school, high school, and ultimately, in life. These students have an increased chance of becoming teen parents, engaging in criminal activities, suffering from unemployment and becoming clinically depressed as adults.

Where we are today.

Approximately 35 percent of low-income and minority students scored “proficient” or “advanced” on combined CSAP tests, whereas 65 percent of white, non-Hispanic students scored “proficient” or above.

CSAP Performance by Family Income:
Colorado, 2003-04



CSAP Performance by Race:
Colorado, 2003-04



K-12 EDUCATION

GOAL: Increase the effectiveness of middle schools by increasing the percentage of 9th graders who progress to the 10th grade in one year to 96 percent.

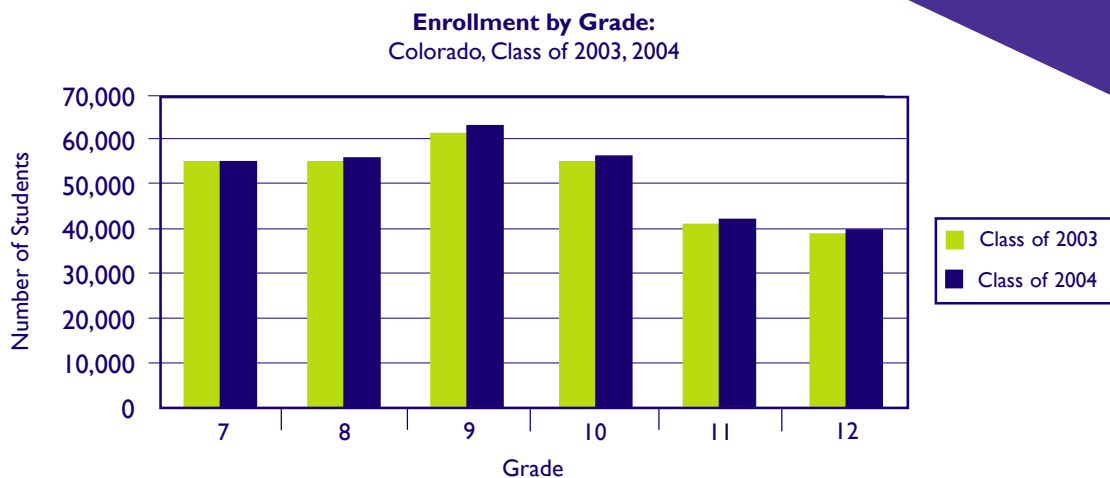
Why this matters.

Studies show that 9th grade is a particularly important milestone in a student's success. Students who do poorly academically during the 9th grade often run the risk of falling through the cracks of the educational system. Research demonstrates that 9th graders who seem likely to do poorly in 10th grade are often "pre-emptively" held back, so that the school can meet the stringent standards set for 10th grade assessments. As a result of being retained, students frequently drop out.

Recent data shows that while Colorado Student Assessment Program (CSAP) scores for elementary schools are improving or remaining steady, 8th grade scores in both reading and math are on the decline. This may be partially attributed to the ambiguous role of middle schools, which have historically focused on rigorously preparing students for high school academics or meeting the social-emotional needs of adolescents—but not both. As a result, many students suffer during the transition from middle to high school and are ill prepared for the challenging academic and social-emotional aspects of 9th grade.

Where we are today.

91 percent of students who began 9th grade in 2003 progressed to 10th grade in 2004.



K-12 EDUCATION

GOAL: Reduce the percentage of babies born to women with less than a high school diploma to 15 percent.

Why this matters.

A mother's education can affect many aspects of a child's well being, including readiness for school and overall educational achievement. Children of more highly educated mothers are more likely to attend an early childhood education program and are more likely to be read to daily by a family member. Sometimes mothers who have graduated from high school contribute to their children's success simply by providing an environment that is conducive to studying.

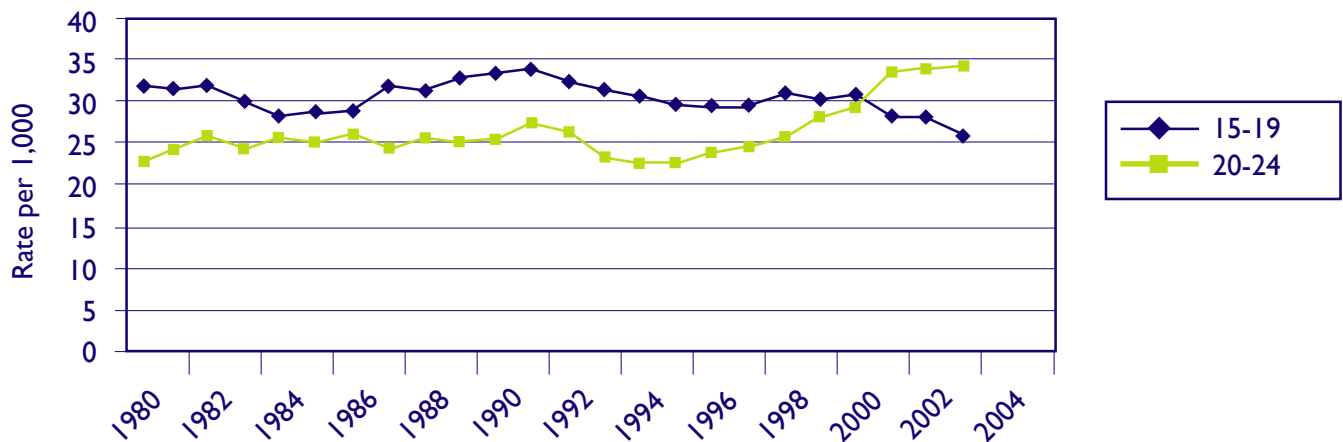
As indicated in the graph below, women between 20 and 24 are now the largest age group without high school diplomas to have children. Despite the usual advantages that accompany increased maternal age, these mothers are still poorly equipped to provide a healthy start for their children.

Where we are today.

Twenty-two (22.4) percent of women who had babies in 2004 had less than a high school diploma.



Births to Women with Less than 12 years of Education by Selected Age Groups:
Colorado, 1980-2003



CHILD HEALTH

There are 750,000 people in Colorado who have no health insurance, and 165,000 of these are children. We believe all children deserve access to high-quality health care.

The Colorado Children's Campaign was instrumental in creating the Child Health Plan *Plus* (CHP+) and in expanding school-based clinics, and we will continue to advocate for cost effective ways to provide access to high-quality health care.

GOAL: Reduce the percentage of children without health insurance to seven percent.

Why this matters.

Access to health insurance is an important determinant of whether a child has a regular and accessible source of health care. Health conditions that are treatable and that can affect a child's long-term development are much more likely to be addressed if the child is insured. Conditions such as asthma, iron-deficiency anemia and middle-ear infections, if left untreated, can adversely affect school performance, mental development and hearing.

The parents of insured children seek medical treatment more readily than their children's non-insured counterparts, and are less likely to allow minor problems to evolve into serious conditions that require an emergency room visit.

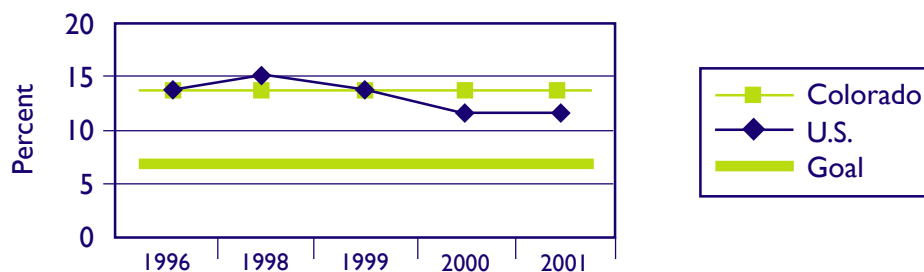
Where we are today.

14 percent of children in Colorado do not have health insurance, despite many of them being eligible for Medicaid and the Child Health Plan *Plus* (CHP+) program.

This problem is magnified for children in low-income families. Approximately 32 percent of our poorest children have no health insurance. Children may be eligible for public health insurance programs in Colorado such as Medicaid or Child Health Plan *Plus* if their family's income is at or below 185 percent of the Federal Poverty Level. Barriers to enrollment in these programs include: a complex eligibility determination processes; a lack of public awareness of program availability; unstable state and federal funding; strict income thresholds (among the strictest in the nation); and restrictive eligibility requirements, such as the Medicaid Asset test, which precludes families with assets of more than \$1500 from being eligible for Medicaid.

In response to the many child health needs facing our state, Colorado voters passed Amendment 35 in November 2004, earmarking more than \$75 million dollars for the expansion of Medicaid and the Child Health Plan *Plus* (CHP+) to a wider population of children and their families.

Children without Health Insurance:
Colorado and U.S., 1996-2001



CHILD HEALTH

Goal: Increase the percentage of women receiving prenatal care in their first trimester of pregnancy to 90 percent.

Why this matters.

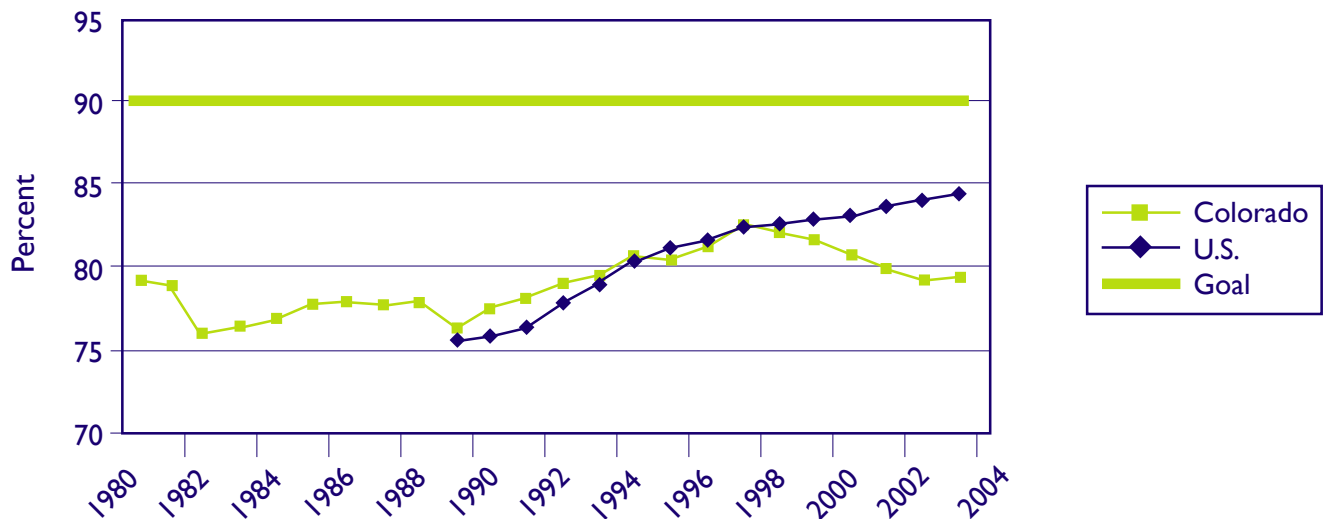
Children and their mothers need health care to get them off to the best start possible. Early and adequate prenatal care is crucial for pregnant women, who often need to be educated about proper nutrition, exercise and the avoidance of alcohol, tobacco and drugs. Prenatal care that addresses attitudes and educates parents about nutrition and psychological stress can be effective in improving the health of newborns. Women who receive care late in their pregnancy – or not at all – are at increased risk of bearing infants who are premature and of low birth weight and these babies are 24 times more likely to die during their first year of life than full term infants born at a healthy birth weight.

Where we are today.

79.3 percent of Colorado women receive prenatal care during their first three months of pregnancy compared to 84.1 percent nationally. The proportion of women receiving early prenatal care has declined in Colorado during recent years in contrast to the national trend.



Birth to Women Receiving Early Prenatal Care:
Colorado and U.S., 1980-2003



CHILD HEALTH

Goal: Increase the percentage of Colorado children who are fully immunized by age three to 80 percent.

Why this matters.

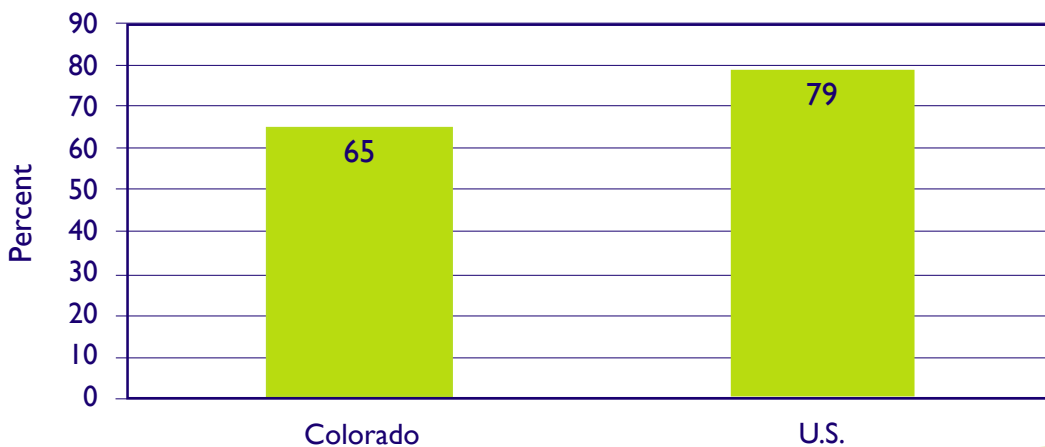
Immunizations are the cornerstone to a child's health – it is estimated that for every dollar spent on childhood immunizations \$21 are saved later in medical costs. Childhood vaccinations protect individual children as well as their communities from preventable illnesses. The increasing number of safe and effective vaccines has drastically improved over time, therefore reducing or eliminating the burden of many devastating illnesses such as measles, tetanus and polio.

Children who are not fully immunized pose a significant health risk to themselves as well as to members of their immediate community.

Where we are today.

Colorado ranks dead last in the nation in terms of immunizations. Only 65 percent of Colorado children are fully immunized by the age of three.

**Children Fully Immunized by Age 3:
Colorado and U.S., 2002**



CHILD HEALTH

Goal: Increase the percentage of children with access to school-based health center care to 20 percent.

Why this matters.

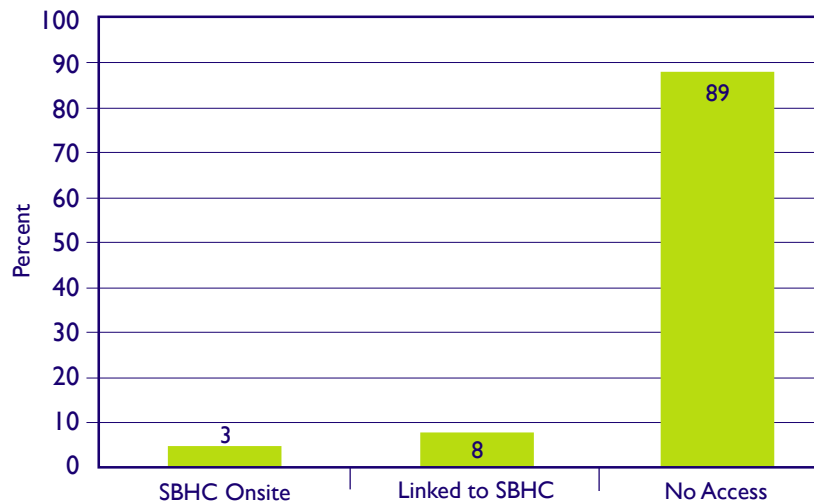
A school-based health center (SBHC) is a primary health care facility located at a school. It is staffed by a multi-disciplinary team of pediatric or adolescent health specialists, and includes school nurses, nurse practitioners, physician assistants, doctors, and behavioral health professionals.

While services vary from program to program, they may include immunizations, preventive medical care and sports physicals, substance abuse and violence prevention counseling, asthma treatment, tobacco cessation and prevention programs, acute medical care, and behavioral and/or mental health care. Students who have access to SBHC care miss fewer days of school and go to the emergency room less frequently than students who do not have such access.

Where we are today.

11 percent of Colorado children had access to school-based health center care during the 2003-04 school year. For 3 percent of Colorado students, a school-based health center is located at their school. Another 8 percent have access through a linked facility located at a nearby school. During the 2003-04 school year, nearly 72,000 visits were made to these centers. Of these visits, 25 percent were for behavioral health reasons.

Access to School-Based Health Centers:
Colorado, 2004



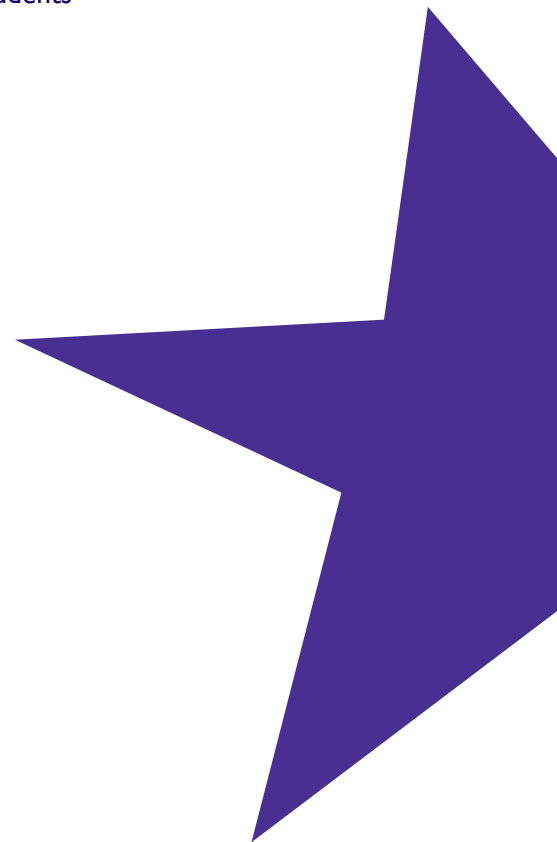
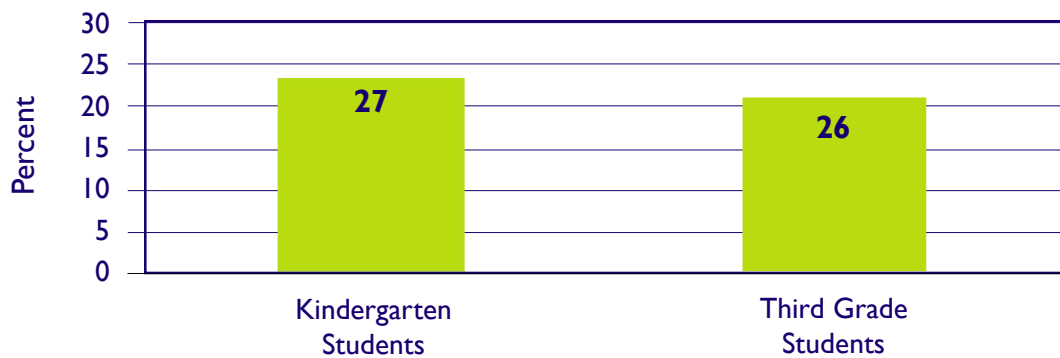
CHILD HEALTH

GOAL: Reduce the percentage of Colorado children with untreated dental decay to 21 percent.

Why this matters.

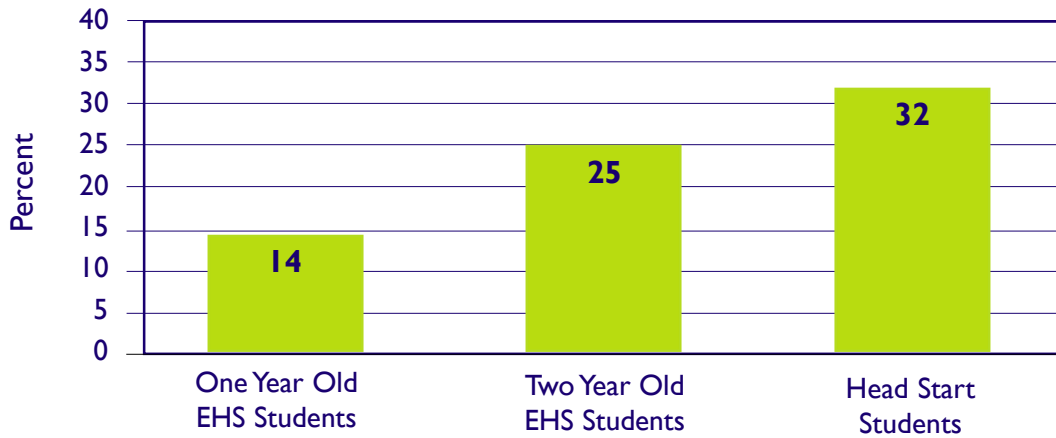
Good oral health is critical to maintaining the general health, development and well being of every child. Dental decay is the most common chronic disease among school-aged children – five to eight times more common than asthma, and can show up as early as 1 year of age. Chronic poor oral health in toddlers is associated with failure-to-thrive, poor nutrition and dysfunctional speech.

Early Elementary Students Experiencing Untreated Dental Decay:
Colorado, 2003-04



This problem is even worse for low-income children. In a recent study conducted by the Colorado's Department of Public Health of children enrolled in Colorado's Early Start and Head Start programs, 14 percent of 1-year-olds had untreated decay with the prevalence increasing to 25 percent by age 2. Low-income preschoolers in Head Start are nearly three times more likely to obtain a dental screening than other low-income children.

Early Head Start and Head Start Students Experiencing Untreated Dental Decay:
Colorado, 2003-04



Early childhood decay, also known as baby bottle decay, is rampant decay in the primary teeth of infants and toddlers caused by frequent and prolonged exposure to the teeth of carbohydrates, particularly sugar in juice, milk, or infant formula. This exposure is the result of putting a child to bed with a bottle containing sugary liquid, or allowing a child to drink from a bottle throughout the day.

Where we are today.

27 percent of kindergarten children have untreated dental decay (cavities). The American Academy of Pediatrics and the American Academy of Pediatric Dentists agree: after age two, the primary opportunity for prevention is already gone. Children should see a dentist by age one.



CHILD HEALTH

GOAL: Improve the behavioral health of Colorado teens.

- Reduce marijuana use to 1 percent
- Reduce cigarette smoking to 21 percent
- Reduce alcohol use to 11 percent
- Reduce attempted suicides to 1.0 percent or fewer
- Reduce the teen suicide rate to 6.0 deaths per 100,000

Why this matters.

Marijuana or other drug use, cigarette smoking, and alcohol use.

Substance abuse among youth is a major predictor of abuse or use as an adult, and can lead to physical and mental health problems. Substance abuse may also contribute to behaviors such as driving under the influence, unprotected or unwanted sex, and crime. In addition, brain researchers have shown that in growing teens, alcohol use may cause loss of memory and other skills.

Attempted or successful suicide.

Risk factors for attempted suicide in *youth* include depression, alcohol or other drug use, physical or sexual abuse, and disruptive behavior. As with people who die by suicide, many people who make serious suicide attempts have co-occurring mental or substance abuse disorders. The majority of suicide attempts are expressions of extreme distress and not just harmless bids for attention.

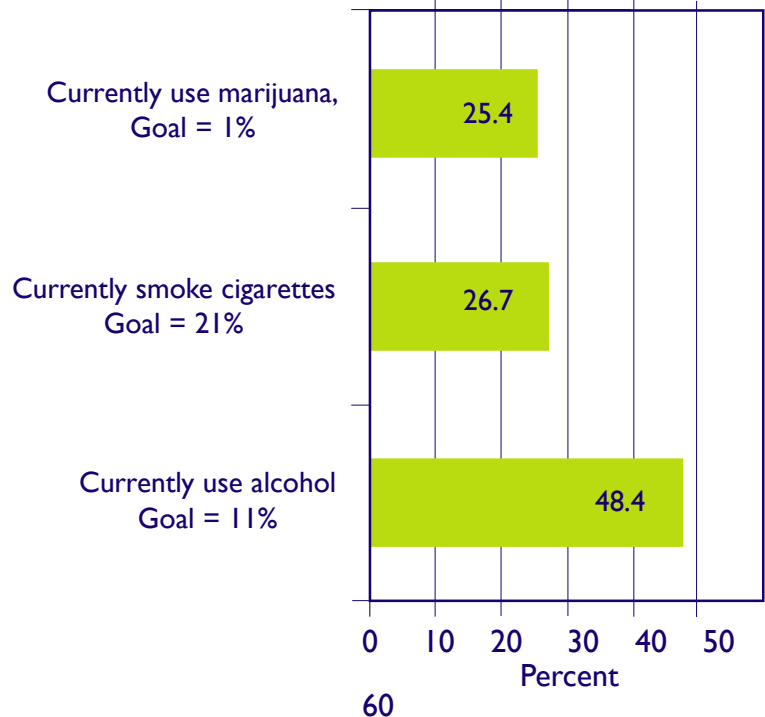
Where we are today.

Marijuana or other drug use, cigarette smoking, and alcohol use.

Nearly 50 percent of students surveyed in the 2003 Youth Risk Behavior Survey currently use alcohol and 25 percent currently use marijuana or smoke cigarettes.



**Teen Substance Abuse:
Colorado, 2003**



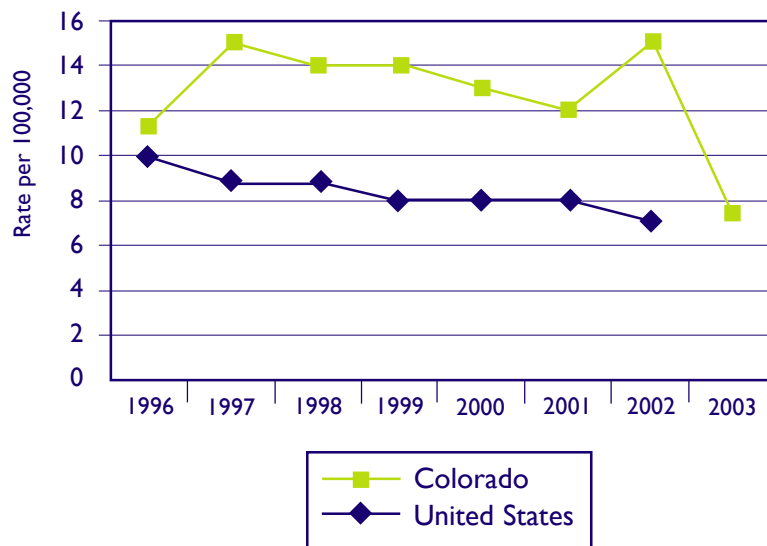
Attempted or successful suicide.

Nearly 20 percent of students surveyed in the 2003 Youth Risk Behavior Survey stated that they had seriously considered committing suicide and almost 15 percent said they had attempted suicide. Colorado's teen suicide death rate declined to 7.3 per 100,000 teens aged 15-19 in 2003.

Teen Suicide Ideation and Attempts:
Colorado, 2003



Teen Suicide Deaths:
Colorado and U.S., 1996-2003



CHILD HEALTH

GOAL: Increase the number of health care and early childhood care and education providers who are formally trained to provide mental health assessments of young children to 120.

Why this matters.

Finding and treating mental health and social and emotional development challenges early in a child's life dramatically improves a child's chances of recovery and a productive life. Addressing these problems early can help prevent long term consequences such as low self esteem, poor school performance and impaired social development.

While mood and behavior fluctuations in children are part of the normal developmental process, occasionally more severe symptoms will appear and continue over an extended period of time. A child should be checked by a doctor or mental health provider in these cases. For example, it is not normal for children to be painfully shy, always unhappy, frequently violent or angry, and it is important to note that many children will not outgrow these chronic symptoms — they need the help of an expert.

Where we are today.

At the start of 2005, there were 20 educators formally trained to provide mental health assessments of young children.

CONCLUSION

Looking back on 20 years of the Colorado Children's Campaign, we have much to celebrate but recognize there remain many challenges. These 20 goals stand as a challenge to all Coloradans to join us as we continue to work to address the most pressing needs of Colorado's children.

From expanding high-quality preschool programs, reforming high schools and ensuring access to health care, the Colorado Children's Campaign will continue to act on the behalf of the children most at risk, creating hope and opportunity in Colorado, more than one million children at a time.

GOAL METHODOLOGY

Goal 1: Increase the capacity of publicly funded, high-quality preschool programs to serve 100% of at-risk 4-year-olds.

- Number of 4-year-olds in CPP provided by the Colorado Department of Education plus
- Number of 4-year-olds in Head Start provided by Head Start State Collaboration Office divided by
- Number of 4-year-olds in 2003 (62,790) and projections of the number of 4-year-olds through 2010 provided by Demography Section, Colorado Department of Local Affairs multiplied by
- Proportion of young children in poverty (30.8%) from U.S. Census 2000, SF3, Table PCT50.

Goal 2: Increase the number of Colorado children participating in full-day kindergarten to 45%.

- Number of children in public and non-public kindergarten provided by Colorado Department of Education
- Number of children in full- and half-day kindergarten in Colorado provided by Colorado Department of Education
- Percentage of U.S. kindergartners in full-day programs, provided by U.S. Department of Education

Goal 3: Reduce the average class size of grades K-2 to 17 students.

- Average class size for primary grades for U.S. and Colorado provided by the U.S. Department of Education

Goal 4: Increase the number of Colorado children ready for school by kindergarten to at least 80%.

- Percent of children “ready for school” provided by the Kindergarten and 1st grade teacher survey conducted by the Colorado Children’s Campaign and Educare Colorado

Goal 5: Reduce “three-risk-factor births” to 7.5%.

- Number of live births to unmarried woman under the age of 25 with less than 12 years of education divided by the number of live births to Colorado residents provided by the Health Statistics Section, Colorado Department of Public Health and Environment

Goal 6: Reduce child poverty by expanding Colorado’s investment in programs that let low-income families keep more of their earnings or increase available income.

- Number of related children under 18 years of age living in families with incomes below the federal poverty level divided by the number of related children under 18 years of age for whom poverty status is determined provided by the American Community Survey, U.S. Census Bureau

Goal 7: Establish longitudinal growth assessment programs in all publicly funded K-12 schools and incorporate those assessments into school accountability systems.

- Emerging indicator, no data

Goal 8: Increase statewide high school graduation rates to 75%.

- Number of high school graduates provided by the Colorado Department of Education divided by
- Number of students enrolled in 9th grade four years earlier provided by the Colorado Department of Education

Goal 9: Increase the percentage of low-income students who progress to post-secondary education by 10%.

- Ratio of dependent Pell Grant recipients (Colorado residents) to 4th to 9th graders approved for free or reduced-price lunches in Colorado nine years earlier provided by Postsecondary Education Opportunity

Goal 10: Ensure that 80% of low-income students attend schools rated “average” or higher.

- Number of students attending schools rated Average, High or Excellent on Colorado’s School Accountability Reports (SARS, or “report cards”) provided by the Colorado Department of Education

Goal 11: Close the achievement gap, as measured by CSAP performance, between low-income or minority students and all other students.

- Number of CSAP tests taken in 2003-04 school year where the student scored Proficient or Advanced by free/reduced price lunch eligibility and racial/ethnic group provided by the Colorado Department of Education divided by
- Number of CSAP tests taken in 2003-04 school year provided by the Colorado Department of Education

Goal 12: Increase the effectiveness of middle schools by increasing the percentage of 9th graders who progress to the 10th grade in one year to 100%.

- Number of sophomores enrolled annually provided by the Colorado Department of Education divided by
- Number of freshmen enrolled in the previous year provided by the Colorado Department of Education

Goal 13: Reduce the percentage of babies born to women with less than a high school diploma to 15%.

- Number of births to women with less than 12 years of education divided by the number of live births to Colorado residents provided by the Health Statistics Section, Colorado Department of Public Health and Environment

Goal 14: Reduce the percentage of children without health insurance to 7%.

- Number and percentage of children without health insurance provided by the Annie E. Casey Foundation's tabulation of Current Population Survey data

Goal 15: Increase the percentage of women receiving prenatal care in their first trimester of pregnancy to 90%.

- Number of births to women who received prenatal care in the first three months of pregnancy divided by the number of live births to Colorado residents provided by the Health Statistics Section, Colorado Department of Public Health and Environment

Goal 16: Increase the percentage of Colorado children who are fully immunized by age three to 80%.

- Percent of children estimated to have received all doses of the 4:3:1:3:3 series of immunizations by 35 months of age provided by the National Immunization Survey
 - Four or more doses of DTP (diphtheria, tetanus, pertussis), three or more doses of poliovirus vaccine, one or more doses of any MCV (measles), three or more doses of Hib (Haemophilus influenzae type b), and three or more doses of HepB (hepatitis B)

Goal 17: Increase the percentage of children with access to school-based health center care to 20%.

- Percent of children and adolescents attending public schools who have access to services through school-based health centers provided by the Colorado Association of School Based Health Centers

Goal 18: Reduce the percentage of Colorado children with untreated dental decay to 21%.

- Estimated percentage of children in grade 3 with untreated tooth decay provided by the Oral Health Program, Colorado Department of Public Health and Environment

Goal 19: Improve the behavioral health of Colorado teens.

Reduce marijuana use to 1%

Reduce cigarette smoking to 21%

Reduce alcohol use to 11%

Reduce attempted suicides to 1.0% or fewer

- Responses the Youth Risk Behavior Survey (YRBS) of students in grades 9-12 attending public schools in Colorado provided by the Health Statistics Section, Colorado Department of Public Health and Environment

Reduce the teen suicide rate to 6.0 deaths per 100,000

- Number of deaths due to suicide for teens ages 15 to 19 divided by the estimated population ages 15-19 (multiplied by 100,000 to yield a rate) provided by the Health Statistics Section, Colorado Department of Public Health and Environment

Goal 20: Increase the number of health care and early childhood care and education providers who are formally trained to provide mental health assessments of young children to 120.

- Number of providers formally trained on the DC 0-3 provided by JFK Partners

	POPULATION			VULNERABLE FAMILIES						
	2003 Total Population (#)	2003 Children Under 18 (#)	2003 Children Under 5 (#)	2003 Live Births (#)	2003 Births to Single Women (%)	2003 Births to Moms with No High School Diploma (%)	2003 Teen Births (rate per 1,000 female teens 15-17)	2003 Three Risk Factor Births (%)	2003 Out-of-Home Placements (rate per 1,000)	FY03-04 Child Abuse and Neglect (rate per 1,000)
Colorado	4,585,130	1,161,612	330,533	69,304	26.7	22.4	24.3	8.3	11.9	9.0
Adams	384,490	108,190	31,760	7,369	32.4	32.5	39.4	11.8	14.8	15.0
Alamosa	15,546	4,199	1,112	248	45.6	18.2	43.5	7.7	17.3	41.2
Arapahoe	520,504	134,709	36,959	8,025	26.8	20.2	19.8	7.2	9.9	8.9
Archuleta	11,195	2,631	629	125	29.6	15.2	19.1	8.0	3.7	11.0
Baca	4,346	961	214	28	28.6	28.6	*	14.3	24.6	*
Bent	6,396	1,440	380	59	42.4	31.0	38.2	18.6	16.7	18.4
Boulder	282,588	63,556	17,787	3,620	18.4	16.3	14.3	5.0	7.8	11.2
Broomfield	43,484	12,718	3,427	639	13.6	9.6	9.9	3.6	4.9	7.2
Chaffee	16,750	3,159	773	143	30.8	16.1	23.1	9.8	14.4	9.1
Cheyenne	2,192	567	119	15	*	*	0.0	*	7.0	5.6
Clear Creek	9,646	2,090	552	99	18.2	7.1	*	3.0	12.9	5.7
Conejos	8,461	2,532	619	125	36.0	9.4	31.3	4.0	4.7	4.4
Costilla	3,730	886	224	36	47.2	37.1	39.0	13.9	27.6	7.9
Crowley	5,806	1,050	255	50	28.0	26.0	46.5	12.0	2.8	8.6
Custer	3,888	812	183	25	44.0	24.0	*	16.0	4.9	*
Delta	29,665	6,898	1,684	332	26.2	22.5	30.7	8.4	11.4	7.8
Denver	566,178	136,152	49,153	10,365	33.6	37.2	54.5	11.9	19.3	7.2
Dolores	1,846	404	105	21	23.8	14.3	0.0	0.0	14.6	17.1
Douglas	225,697	69,344	20,282	3,992	6.5	2.9	4.4	1.0	1.7	1.0
Eagle	46,928	11,540	3,826	808	21.4	33.4	25.7	7.5	1.6	2.4
El Paso	547,569	146,533	40,874	8,530	25.6	15.8	21.0	7.1	9.9	6.7
Elbert	22,224	6,006	1,289	224	11.2	6.3	7.4	3.1	7.9	6.0
Fremont	47,553	9,465	2,215	427	37.7	17.6	14.1	9.8	21.3	16.1
Garfield	48,397	13,227	3,986	871	29.4	35.8	27.5	9.4	10.4	9.0
Gilpin	4,919	1,037	298	48	14.6	0.0	0.0	0.0	13.4	8.8
Grand	13,727	2,930	835	153	20.3	13.2	*	5.2	6.1	1.7
Gunnison	13,983	2,875	798	179	19.6	10.1	*	3.9	10.4	16.5
Hinsdale	802	153	43	4	*	*	0.0	*	44.9	*
Huerfano	8,061	1,584	382	73	45.2	13.7	*	8.2	27.2	30.9
Jackson	1,593	374	79	14	*	*	0.0	0.0	0.0	10.7
Jefferson	529,479	127,382	32,241	6,520	21.3	14.3	12.7	5.7	9.7	10.1
Kiowa	1,543	359	83	16	25.0	31.3	78.9	*	2.7	*
Kit Carson	7,983	1,989	469	80	21.3	17.5	17.4	7.5	8.9	8.6
Lake	7,902	2,161	630	124	41.9	41.5	53.7	14.5	14.8	4.6
La Plata	46,788	10,159	2,431	522	28.7	11.3	14.2	5.9	6.6	11.9
Larimer	265,493	61,618	16,339	3,500	23.1	13.2	9.8	6.4	9.3	8.8
Las Animas	16,300	3,803	942	192	43.2	19.8	12.1	11.5	15.5	1.0
Lincoln	6,152	1,277	279	67	23.9	14.9	0.0	*	43.2	16.9
Logan	21,919	5,262	1,402	276	32.2	19.1	20.4	9.8	14.0	24.8
Mesa	125,070	30,302	7,929	1,662	23.2	22.4	26.3	7.4	16.6	9.6
Mineral	908	179	36	8	*	0.0	0.0	0.0	0.0	0.0
Moffat	13,350	3,646	954	205	28.8	25.6	17.6	9.8	12.3	12.1
Montezuma	24,553	6,473	1,674	312	40.1	19.9	18.1	9.0	15.2	6.6
Montrose	36,118	9,266	2,407	458	30.6	30.4	27.8	9.4	14.4	8.3
Morgan	28,239	8,420	2,403	448	40.0	42.5	48.2	15.8	14.1	24.2
Otero	19,759	5,142	1,418	301	49.8	22.9	58.0	15.3	17.3	7.4
Ouray	4,022	864	178	33	9.1	*	0.0	0.0	3.5	*
Park	16,115	3,660	897	148	16.2	6.1	*	2.0	7.3	4.3
Phillips	4,550	1,187	318	67	26.9	34.8	33.0	14.9	4.2	11.8
Pitkin	16,426	2,785	771	174	14.9	10.9	0.0	2.9	1.4	2.1
Prowers	14,157	4,176	1,193	219	41.6	39.0	36.8	15.1	9.8	2.4
Pueblo	148,701	37,443	10,127	1,998	46.3	27.9	34.3	16.5	28.4	10.0
Rio Blanco	6,030	1,484	340	77	15.6	9.1	*	*	28.4	7.6
Rio Grande	12,886	3,428	917	168	42.9	21.4	42.0	11.9	10.1	3.2
Routt	21,369	4,719	1,197	248	14.5	7.7	*	1.6	3.3	7.8
Saguache	6,356	1,702	468	86	48.8	40.0	51.9	18.6	19.5	9.3
San Juan	570	100	29	7	0.0	*	0.0	0.0	10.3	0.0
San Miguel	7,174	1,301	383	84	15.5	11.1	0.0	*	3.0	*
Sedgwick	2,757	603	155	27	29.6	11.1	*	*	8.2	18.2
Summit	27,118	5,057	1,662	329	22.2	17.9	17.3	6.7	2.4	6.1
Teller	22,160	5,349	1,202	223	19.3	10.8	9.5	3.1	16.1	3.6
Washington	5,096	1,228	277	53	17.0	11.3	*	5.7	23.0	34.9
Weld	209,904	58,375	17,269	3,880	27.2	29.3	38.5	10.9	12.7	9.0
Yuma	10,019	2,693	672	145	22.8	30.3	37.0	9.0	18.5	10.5

	FAMILY ECONOMICS					CHILD AND MATERNAL HEALTH						
	2003 Children Under 5 Receiving WIC (%)	2003 Children Enrolled in TANF (rate per 1,000)	2002-03 Children Qualifying for Free or Reduced Lunch (%)	2002 Median Household Income (\$)	2002 Children in Poverty (%)	2003 Low Birth Weight Births (%)	2003 Early Prenatal Care (%)	2003 Women Smoking During Pregnancy (%)	2003 3rd Graders with Untreated Tooth Decay (%)	2003 Infant Mortality (rate per 1,000)	2003 Child Deaths (rate per 100,000)	2003 Teen Deaths - Injuries (rate per 100,000)
Colorado	18.3	19.2	30.7	48,060	11.8	9.0	78.1	8.1	25.9	6.4	23.4	52.4
Adams	25.6	13.1	36.8	46,876	13.0	8.5	75.0	8.3	26.1	6.5	45.7	64.9
Alamosa	68.9	37.8	56.8	30,427	22.9	11.3	71.4	8.1	31.4	12.1	*	240.7
Arapahoe	27.9	20.3	24.5	55,188	8.7	9.4	77.8	7.0	24.3	5.5	24.2	20.4
Archuleta	25.1	9.5	39.0	37,345	17.2	7.2	48.0	9.6	28.4	*	0.0	*
Baca	49.9	23.8	47.9	25,364	23.2	10.7	71.4	17.9	31.2	0.0	0.0	0.0
Bent	50.7	31.0	58.4	26,485	23.3	6.8	69.5	18.6	30.5	0.0	0.0	*
Boulder	19.5	10.0	16.7	55,810	8.2	8.7	86.4	3.7	22.2	4.7	12.4	34.1
Broomfield	11.7	4.4	NA	65,155	4.7	8.6	88.7	3.9	NA	6.3	*	91.4
Chaffee	27.4	7.4	28.6	35,366	14.7	3.5	79.7	16.8	28.4	*	0.0	*
Cheyenne	113.7	15.4	35.5	32,739	15.7	0.0	80.0	*	29.8	0.0	0.0	*
Clear Creek	14.4	9.6	22.1	55,079	7.6	10.1	81.8	8.1	24.9	0.0	*	0.0
Conejos	9.8	28.8	66.3	24,959	24.8	7.2	76.0	8.8	36.8	0.0	0.0	*
Costilla	6.3	66.9	77.3	20,731	32.9	11.1	61.1	*	41.1	*	0.0	0.0
Crowley	39.7	62.5	62.1	23,963	28.6	8.0	66.0	16.0	31.4	0.0	*	*
Custer	16.5	11.7	27.9	35,938	16.7	12.0	76.0	24.0	28.4	0.0	0.0	0.0
Delta	30.8	28.9	42.4	32,894	18.5	8.4	75.9	13.0	29.3	15.1	*	140.0
Denver	7.6	39.3	64.7	40,082	20.5	9.7	68.4	6.7	35.6	6.9	15.1	42.7
Dolores	28.6	11.6	36.2	30,108	16.6	0.0	57.1	28.6	28.4	0.0	0.0	0.0
Douglas	3.0	1.2	2.9	93,927	2.2	8.7	92.0	3.1	18.4	4.8	5.4	50.0
Eagle	15.3	1.9	25.0	59,682	6.8	11.1	75.4	3.6	23.7	6.2	*	*
El Paso	27.8	20.7	25.7	48,626	11.6	10.2	77.3	9.4	24.6	6.9	23.0	29.8
Elbert	4.5	4.6	10.4	66,648	5.9	5.8	81.7	12.1	19.3	0.0	0.0	167.0
Fremont	40.8	24.8	38.1	33,548	16.3	9.1	80.8	29.3	28.4	*	*	*
Garfield	22.5	13.2	28.9	48,257	10.0	8.0	75.0	11.3	25.1	5.7	29.6	*
Gilpin	0.0	9.8	13.5	53,766	6.5	16.7	93.8	6.3	20.2	0.0	0.0	0.0
Grand	12.2	11.5	20.5	47,871	8.4	12.4	85.6	10.5	22.3	0.0	*	*
Gunnison	23.5	8.1	17.7	36,989	13.2	7.3	93.9	3.4	18.4	16.8	*	*
Hinsdale	0.0	27.2	26.5	36,706	21.9	0.0	100.0	0.0	28.4	0.0	0.0	0.0
Huerfano	45.1	68.1	55.9	25,249	26.4	6.8	74.0	17.8	30.7	0.0	*	*
Jackson	40.5	37.0	36.2	31,369	18.2	0.0	85.7	*	28.4	0.0	0.0	0.0
Jefferson	15.7	15.6	18.1	59,903	7.2	8.5	86.5	6.8	21.4	4.8	15.4	42.3
Kiowa	35.9	7.7	36.7	28,698	14.0	*	81.3	*	26.5	0.0	0.0	0.0
Kit Carson	34.5	14.2	47.2	31,728	17.3	5.0	81.3	15.0	30.3	*	0.0	*
Lake	42.5	12.3	49.2	35,947	13.8	14.5	68.5	8.9	31.4	*	0.0	0.0
La Plata	22.8	13.1	23.5	41,591	12.2	8.0	63.2	10.2	23.9	*	*	74.7
Larimer	15.9	15.4	22.0	49,638	8.6	8.5	79.7	10.3	23.9	6.6	14.9	48.4
Las Animas	42.0	42.2	37.6	29,044	20.7	8.9	76.0	15.6	29.6	0.0	*	*
Lincoln	54.3	29.3	35.0	30,160	16.1	9.0	77.6	16.4	28.7	0.0	0.0	0.0
Logan	38.0	22.8	38.9	34,242	14.7	4.7	76.1	18.8	27.8	*	0.0	*
Mesa	9.2	27.8	40.1	37,053	15.4	7.6	84.3	17.8	28.8	6.0	21.7	29.7
Mineral	0.0	32.1	30.8	34,694	12.7	0.0	87.5	0.0	28.4	0.0	*	0.0
Moffat	28.0	9.4	25.7	43,718	11.0	11.2	76.6	20.5	28.4	*	*	0.0
Montezuma	31.4	29.6	47.6	32,443	20.9	8.7	55.4	10.6	31.1	*	0.0	156.7
Montrose	42.8	13.4	40.7	36,741	16.8	7.0	71.4	11.4	30.2	6.6	*	*
Morgan	41.4	29.3	53.3	34,542	14.6	6.7	58.0	12.3	32.8	6.7	*	*
Otero	66.2	46.8	57.0	28,528	24.8	11.6	77.1	9.6	33.6	*	*	0.0
Ouray	8.5	3.2	18.4	43,747	8.0	*	69.7	*	18.4	0.0	0.0	0.0
Park	11.5	7.3	20.2	53,045	8.6	15.5	83.1	10.1	21.6	0.0	0.0	0.0
Phillips	45.1	11.9	31.2	33,225	12.7	10.4	73.1	10.4	25.9	0.0	0.0	0.0
Pitkin	7.4	1.3	1.8	60,821	4.8	8.0	88.5	2.9	18.4	0.0	0.0	*
Prowers	43.7	42.9	57.2	29,058	22.5	7.8	77.2	9.1	32.8	*	*	*
Pueblo	44.8	34.8	51.6	33,269	19.8	10.8	78.5	15.8	30.8	7.5	*	68.0
Rio Blanco	27.2	6.6	25.5	41,133	11.7	5.2	80.5	16.9	25.0	0.0	0.0	0.0
Rio Grande	26.7	54.6	54.7	32,858	28.4	11.3	75.6	10.1	31.0	0.0	0.0	0.0
Routt	5.6	2.4	10.3	53,299	6.6	11.7	93.5	10.5	21.6	0.0	0.0	0.0
Saguache	75.0	32.0	75.5	23,098	25.8	14.0	65.1	8.1	39.0	0.0	0.0	*
San Juan	1.6	11.7	67.9	30,733	26.9	*	42.9	0.0	31.4	0.0	0.0	0.0
San Miguel	15.1	0.8	16.8	47,274	10.1	10.7	90.5	4.8	21.4	0.0	0.0	*
Sedgwick	23.9	7.9	50.5	27,884	16.0	*	81.5	22.2	31.4	0.0	0.0	0.0
Summit	16.3	1.4	15.8	53,362	6.5	9.4	82.7	*	20.2	*	0.0	0.0
Teller	19.8	8.4	18.8	52,383	10.1	9.9	81.2	13.9	20.2	0.0	0.0	0.0
Washington	32.2	9.6	39.4	30,079	13.8	5.7	75.5	9.4	28.4	0.0	*	755.7
Weld	6.5	10.1	41.4	43,476	12.2	7.5	76.8	5.5	29.3	7.7	20.0	33.9
Yuma	45.5	13.9	50.2	33,722	14.8	4.8	86.2	9.7	31.3	*	*	0.0

*One or two reported events.

EDUCATION					
	Fall 2003 K-12 Public School Enrollment (#)	2002-03 Kindergartners in a Full-Day Program (%)	2002-03 English Language Learners (%)	2002-03 High School Graduates (%)	2002-03 High School Dropouts (%)
Colorado	737,675	18.6	12.1	83.6	2.4
Adams	66,032	10.5	16.9	82.8	2.9
Alamosa	2,652	12.2	9.1	85.9	4.7
Arapahoe	99,878	27.3	19.7	89.6	1.6
Archuleta	1,553	0.0	1.7	94.9	0.5
Baca	1,032	72.9	2.2	73.9	0.6
Bent	810	67.2	3.4	84.6	4.3
Boulder	48,510	7.7	14.9	85.9	2.3
Broomfield	NA	NA	NA	NA	NA
Chaffee	2,141	12.3	0.7	92.7	0.7
Cheyenne	346	0.0	2.7	96.8	0.5
Clear Creek	1,138	21.1	0.9	85.5	1.7
Conejos	1,854	100.0	0.7	88.8	1.3
Costilla	454	45.5	24.3	88.2	0.6
Crowley	580	100.0	0.8	76.2	3.9
Custer	458	0.0	0.0	91.5	0.0
Delta	5,073	94.7	7.7	83.4	2.0
Denver	68,980	23.9	29.9	70.6	4.0
Dolores	265	0.0	0.0	100.0	0.0
Douglas	41,615	0.0	1.5	94.8	0.3
Eagle	4,944	0.0	29.8	84.3	1.9
El Paso	97,543	8.7	4.2	80.7	2.4
Elbert	3,910	0.4	0.4	85.6	2.3
Fremont	6,308	22.1	0.5	85.5	2.6
Garfield	9,394	31.0	22.3	78.3	2.3
Gilpin	371	0.0	2.6	75.0	5.3
Grand	1,820	73.9	6.3	88.0	1.2
Gunnison	1,601	15.1	4.0	84.8	1.1
Hinsdale	68	0.0	2.4	83.3	0.0
Huerfano	931	15.1	0.5	76.5	2.0
Jackson	246	100.0	1.4	95.2	1.1
Jefferson	84,609	33.2	5.5	81.8	2.2
Kiowa	259	64.3	0.0	100.0	0.0
Kit Carson	1,444	5.8	14.6	93.1	1.7
Lake	1,099	30.0	29.5	52.7	5.3
La Plata	6,541	12.6	2.4	79.8	2.4
Larimer	40,301	5.7	6.1	91.4	1.9
Las Animas	3,221	81.9	0.9	81.8	3.7
Lincoln	896	14.3	3.8	83.5	2.2
Logan	3,297	20.3	4.3	85.1	2.3
Mesa	20,350	30.3	2.7	80.6	3.9
Mineral	172	0.0	0.0	100.0	0.0
Moffat	2,372	0.0	6.3	82.0	2.3
Montezuma	4,452	0.0	25.7	72.1	3.3
Montrose	5,797	0.7	10.7	80.8	3.4
Morgan	5,369	15.7	16.9	75.0	2.3
Otero	3,586	26.2	5.3	84.6	2.7
Ouray	533	0.0	3.0	91.4	0.0
Park	1,881	50.8	0.7	95.2	0.5
Phillips	925	0.0	9.0	91.2	0.8
Pitkin	1,515	100.0	11.4	91.4	0.0
Prowers	2,619	83.4	11.8	78.5	4.8
Pueblo	25,042	15.8	4.9	86.8	3.7
Rio Blanco	1,132	0.0	1.1	97.0	0.7
Rio Grande	2,362	70.1	6.1	84.2	2.7
Routt	2,778	15.9	1.5	89.7	0.8
Saguache	1,023	89.3	21.4	84.1	2.7
San Juan	56	0.0	13.6	80.0	3.2
San Miguel	844	0.0	6.4	93.2	0.7
Sedgwick	434	40.0	4.2	96.7	0.5
Summit	2,724	39.3	17.3	77.4	1.8
Teller	3,593	18.3	0.6	86.7	1.7
Washington	911	55.6	2.4	88.1	0.8
Weld	32,448	10.3	19.1	81.3	1.9
Yuma	1,763	5.5	17.2	87.2	3.3

FOR INTERACTIVE COUNTY LEVEL DATA

Visit our
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at
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COUNTY DATA DEFINITIONS

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

POPULATION

Population figures (number)

Population by age provided by the Colorado Demography Section, Colorado Department of Local Affairs.

Live births (number)

Live births provided by the Health Statistics Section, Colorado Department of Public Health & Environment.

VULNERABLE FAMILIES

Births to single women (percent)

Births to unmarried women per 100 live births provided by the Health Statistics Section, Colorado Department of Public Health & Environment.

Births to moms with no high school diploma (percent)

Births to women who have no high school diploma or equivalent degree per 100 live births provided by the Health Statistics Section, Colorado Department of Public Health & Environment.

Teen births (rate per 1,000)

Live births to girls ages 15-17 per 1,000 Colorado female teens of that age (age-specific fertility rate) provided by the Health Statistics Section, Colorado Department of Public Health & Environment.

Three risk factor births (percent)

Births to unmarried women under 25 years of age with less than a high school education per 100 live births provided by the Health Statistics Section, Colorado Department of Public Health & Environment.

Children in out-of-home placements (rate per 1,000)

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

Child abuse and neglect (rate per 1,000 children)

Incidence of maltreatment of children younger than age 18 (including physical abuse, sexual abuse, emotional abuse, and/or neglect) in Federal Fiscal Year 2004 (October 1, 2003 to September 30, 2004). The value shown is the number of unique substantiated cases per 1,000 children less than 18 year of age in a county.

FAMILY ECONOMICS

Children enrolled in TANF (rate per 1,000)

Number of children under age 18 receiving Temporary Assistance to Needy Families provided by the Colorado Department of Human Services. The rate is the monthly average number of children receiving TANF during 2003 per 1,000 children. Calculations performed by the Colorado Children's Campaign.

Children under 5 receiving WIC (percent)

Number of infants and children under age 5 receiving services from the Special Supplemental Nutrition Program for Women, Infants, and Children provided by the Colorado Department of Public Health & Environment. The rate is the monthly average number of children served by WIC per 100 children less than 5 years of age. Note: Some county WIC programs provide services to children from other counties. Gilpin, Hinsdale and Mineral counties do not have a WIC program and children in these counties are served by neighboring counties. Children in Conejos, Costilla, Denver, Mesa, Rio Grande and Weld counties are served both by WIC and CSFP (Commodities Supplemental Food Program), with relatively few being served by WIC.

Children qualifying for free or reduced price lunch (percent)

Percent of children in public school who qualify for free or reduced price school lunches in school year 2002-2003 provided by the Colorado Department of Education. Public school children qualify for free lunches if their family's income is less than 130% of the federal poverty level. Public school children qualify for reduced price lunches if their family's income is less than 185% of the federal poverty level.

Median household income (dollars)

Median household income in 2002 provided by the U.S. Census Bureau, Small Area Income and Poverty Estimates (SAIPE).

Children under 18 in poverty (percent)

Number of children under age 18 living in families with incomes below poverty level in 2002 per 100 children living in families provided by the U.S. Census Bureau, Small Area Income and Poverty Estimates (SAIPE).

CHILD AND MATERNAL HEALTH

Low birth weight births (percent)

Babies born weighing 5.5 pounds or less (less than 2500 grams) per 100 live births provided by the Health Statistics Section, Colorado Department of Public Health & Environment.

Births to mothers receiving early prenatal care (percent)

Births in which prenatal care was initiated in the first trimester of her pregnancy per 100 live births with known start of prenatal care provided by the Health Statistics Section, Colorado Department of Public Health & Environment.

Births to women smoking during pregnancy (percent)

Births in which women reported smoking during pregnancy on infant's birth certificate per 100 live births provided by the Health Statistics Section, Colorado Department of Public Health & Environment. Please note that this data is most likely underreported on birth certificates across the state due to mothers knowing they shouldn't smoke during pregnancy.

3rd graders with untreated tooth decay (percent)

Estimated percent of children in grade 3 with untreated tooth decay provided by the Oral Health Surveillance System, Oral Health Program, Colorado Department of Public Health & Environment.

Infant mortality (rate per 1,000)

Deaths during the first year of life per 1,000 live births provided by the Health Statistics Section, Colorado Department of Public Health & Environment.

Child deaths (rate per 100,000)

Deaths per 100,000 children age 1 to 14 in Colorado provided by the Health Statistics Section, Colorado Department of Public Health & Environment. Includes deaths from natural causes (such as illness or congenital defects) and injury (including motor vehicle deaths, homicides and suicides). *Note:* This indicator differs from KidsCount reports prior to 2001 to be more consistent with the *Colorado Vital Statistics* series of reports.

Teen deaths due to injuries (per 100,000)

Deaths due to intentional and unintentional injuries per 100,000 teens age 15 to 19 in Colorado provided by the Health Statistics Section, Colorado Department of Public Health & Environment. Includes deaths due to homicide, suicide, and accidents.

EDUCATION

K-12 public school enrollment (number)

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

Kindergartners in full-day programs (percent)

Number of students enrolled in full-day kindergarten programs divided by the number of students enrolled in all public kindergarten programs provided by Colorado Department of Education.

English language learners (percent)

Number of students classified as English Language Learners divided by total enrollment provided by Colorado Department of Education.

High school graduates (percent)

The 2002-2003 graduation rate is based on all students reported by school districts, who were enrolled in 9th grade four years earlier. The rate includes students who transferred into, and excludes students who transferred out of, the class of 2003. The membership base of a school can be adjusted for a student reported as a dropout during the prior school year if the school has documentation that the student entered an education program subsequently. The 2002-2003 graduation rate provided by the Colorado Department of Education.

High school dropouts (percent)

The 2002-2003 dropout rate is the percentage all students enrolled in grades 7-12 who left school during the school year and are not known to have transferred to other public or private schools. In accordance with a 1993 legislative mandate, the drop-out rate calculation excludes expelled students. The 2002-2003 public school dropout rate provided by the Colorado Department of Education.

ACKNOWLEDGEMENTS

The Colorado Children's Campaign thanks the following people who helped provide data for this **2005 KidsCount in Colorado!**, and who dedicate themselves to the well-being of Colorado's children every day. We sincerely thank you for your generous contribution of time, data and advice.

Phyllis Albritton, Delta Dental Foundation

Cory Anderson, Annie E. Casey Foundation

Tracy Anselmo, Colorado Department of Public Health and Environment

Laura Beavers, Annie E. Casey Foundation

Mary Chase, Colorado Department of Public Health and Environment

Don Crary, Annie E. Casey Foundation

Sarah Davidon, JFK Partners

Marg Delgado, Colorado Department of Education

Jodi Drisko, Colorado Department of Public Health and Environment

Barbara Ford, Colorado Association of School-Based Health Centers

Jason Gannon, Colorado Department of Public Health and Environment

Lori Goodwin-Bowers, Colorado Department of Education

Rachel Hutson, Colorado Department of Public Health and Environment

Bill Kottenstette, Head Start State Collaboration Office

Tilak Mandal, Colorado Department of Education

Karen Mason, Colorado Department of Public Health and Environment

Mark Mather, Population Reference Bureau

Sean McCaw, Colorado Department of Human Services

Bill O'Hare, Annie E Casey Foundation

Carol Rickel, Annie E. Casey Foundation

Kerri Rivers, Population Reference Bureau

Patricia Rodriguez, U.S. Census Bureau

Ellen Sato, Colorado Association of School-Based Health Centers

Sarah Schulte, Schulte Consulting

A special thanks to Wendy Dunaway Wall.

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ERIN OVERTURF
Governmental Affairs Specialist

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1120 Lincoln Street, Suite 125 • Denver, Colorado 80203

Phone: 303.839.1580 • www.coloradokids.org