

The Status of Children in Boulder County

2014

The Status of Children in Boulder County has been published annually since 1995. The report summarizes quantitative indicators of the well-being of children and youth, tracks changes in those indicators over time, and identifies trends that are encouraging and those that are areas of concern. The report is produced by the Boulder County Movement for Children, an affiliate of the YWCA of Boulder County that seeks to stimulate awareness of and involvement in children's issues.

One of the primary goals of **The Status of Children** is to help inform public policy discussions and decisions that will ultimately improve the lives of our children. Trends in a wide range of topics as they relate to children are reported, including a number of issues identified by local initiatives as focus areas for improving the general health and well-being of our community: poverty and homelessness, access to high-quality, affordable child care, gaps in health outcomes and educational achievement, obesity, mental health, substance abuse, and teen births.

The data were compiled from local, state, and federal agencies. Where possible, the indicators for Boulder County were

compared to statewide indicators and to the goals identified by Healthy People 2020, a cooperative effort among government and non-government agencies that identified a wide range of public health priorities and goals for the nation.

In addition to the hard copy, this year's report and a separate document containing the statistical tables on which this report was based can be accessed electronically on the following websites. In each website's search box, enter "status of children 2014".

Boulder County Community Services:
www.BoulderCountyCommunityServices.org

Boulder County Public Health:
www.BoulderCountyHealth.org

The Early Childhood Council of Boulder County:
www.eccbouldercounty.org

YWCA of Boulder County:
www.ywcaboulder.org

To find out more about Boulder County Movement for Children, please visit our website at:
www.ywcaboulder.org/programs/publicpolicy/bcmc/

Basic Facts

In 2014, there were an estimated 64,582 children under age 18 in Boulder County, 20.7% of the county's total population. The county's child population has *increased* by 2.9% since 2010, when the population under age 18 was 62,754. During the same time period, the county's total population grew faster than did the child population, by 6.2%. Colorado's total and child populations grew slightly faster between 2010 and 2014 than did those populations in Boulder County, by 6.7% and 3.8%, respectively. Boulder County's child population in 2014 was smaller than in 2000, when it was 66,837.

Among the county's children below age 18 between 2010 and 2014:

- The population under age 6 was the only child age group to show a *decrease*, from 20,089 to 18,695, a decline of 6.9%. Statewide, there was a small increase of 0.3% in that age group.
- The number of children aged 6 to 11 *increased* by 5.0%, from 21,623 to 22,696, about the same growth rate as in Colorado.
- The number of children aged 12 to 17 *increased* by an even higher percentage, 10.2%, from 21,042 to 23,191. Statewide, that age group increased by 6.0%.

In 2024, the county's population below age 18 is projected to be 64,368, about the same as in 2014. In contrast, the county's total population is projected to increase by 11% during that time period.

Between 2000 and 2013, Hispanic children in Boulder County increased from 16.1% of the total population under age 18 to 23.7% (a 41% increase in size). During the same time period, white non-Hispanic children decreased from 76.8% to 66.1% (an 18% decrease).

Between 2000 and 2013, Longmont experienced a growth rate of 15.9% in its population under the age of 18. In Boulder, the growth rate in its child population was 4.5%. Between 2000 and 2010, Superior experienced a growth rate in its child population of 48.4%. (As of this writing, the 2010 Decennial Census provides the most recent reliable population data for age groups in Lafayette, Louisville, and Superior.)

Changes in Boulder County's Population Below Age 18 by City

	2000	2013	% change 2000-2013
Boulder	14,042	14,678	4.5%
Longmont	19,823	22,968	15.9%
	2000	2010	% change 2000 - 2010
Lafayette	6,374	6,223	-2.4%
Louisville	5,439	4,476	-17.7%
Superior	2,653	3,936	48.4%

TRENDS

A number of trends in Boulder County are encouraging, but there are trends about which our community should be concerned:

Economic Well-Being

Encouraging Trends:

- Boulder County's **child poverty rate** since 2005 peaked at 16.6% in 2010 with lower rates over the next three years (13.6% in 2013).
- The percentage of the county's children living below the federal poverty level who live in **deep poverty** (below 50% of federal poverty) has declined since 2006, when it was 57.9%. In 2013, nearly one-third (31.5%) of Boulder County's children in poverty were in deep poverty.

Areas of Concern:

- Although the **child poverty rate** decreased after 2010, it remained higher than in the pre-recession years of 2005 and 2006 (11.2%). That was also true for the total poverty rate.
- Poverty is **not equally distributed** among the county's children. The 2013 poverty rate among Hispanic children was 42.1%; for white non-Hispanic children, it was 4.6%.
- In 2013, 9.5% of Boulder County's children lived at the edge of poverty, with family incomes between **100% and 200% of federal poverty**. Nearly 1 in 4 Boulder County children were **below 200% of poverty**.
- Sixty-one percent of the 2,366 **homeless** people in Boulder County who participated in the annual metropolitan Denver homeless survey on the night of January 28, 2013 were in families with children under 18 years old.
- The percentage of students in each of the county school districts who were eligible for **free lunches** (family income ≤ 130% of federal poverty) increased substantially between 2001 and 2013, from 9.3% to 16.0% in Boulder Valley School District (BVSD) and from 13.8% to 31.4% in St. Vrain Valley (SVVSD).
- More than 1,500 homeless students enrolled in the county school districts were provided services through the federal **McKinney-Vento Homeless Education Assistance Act** in the 2012-13 school year, 941 in SVVSD and 561 in BVSD.

Health

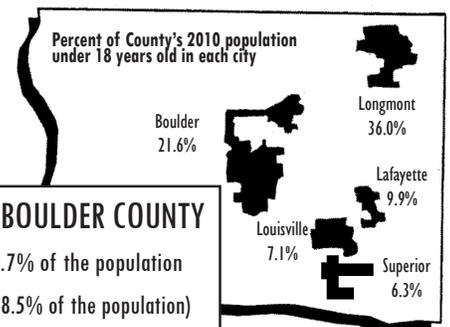
Encouraging Trends:

- **Access to medical care:** 92.9% of the county's children under age 18 had health insurance (public or private) in 2013. A statewide survey conducted in 2012 and 2013 found that 93.7% of the county's children aged 1 to 14 had a personal health care provider and 92.1% of those who needed health care in the previous year received it.
- **Access to dental care:** The same survey found that 86.5% of children aged 1 to 14 had a regular source of dental care.

- In 2013, **hospitalization rates due to injuries** for children from birth to age 14 reached their lowest point since 2000. County rates were lower than statewide rates.
- Between 2000 and 2013, Boulder County's **mortality rates** for children aged 1 to 14 generally trended downward and were lower than statewide rates.
- In 2013, **teen birth rates** were at a 24-year low in the state and county, both for teens aged 15-17 and aged 18-19.
- In 2013, Boulder County and the state saw a continuation of the decline since 2001 in **rates of hospitalizations due to injuries among teens aged 15 to 19**.
- Between 2002 and 2013, the rate of **hospitalizations for motor vehicle accidents** among Boulder County teens decreased by 90%.

Areas of Concern:

- In 2012, 1 in 5 low-income children younger than 19 who were eligible for **CHP+ or Medicaid** were not enrolled in these programs.
- Although similar percentages of Hispanic and white non-Hispanic children under age 6 had health insurance in 2013, there was a substantial **gap** in insured rates between Hispanic and white non-Hispanic children aged 6 to 17.
- In 2012-2013, only 11.5% of the county's children aged 1 to 14 had **visited the dentist** by their first birthday.
- In April 2013, nearly 1 in 4 of the county's WIC-enrolled children aged 2 to 5, were **overweight or obese**, about the same percentage as Boulder County children aged 2 to 14 in the general population in 2012-2013.
- In 2013, percentages of women in Boulder County with **late or no prenatal care, with less than adequate prenatal care, and who smoked during pregnancy** were twice as high among women younger than 18 as among all women.



CHILDREN UNDER 18 IN BOULDER COUNTY

2014 64,582 children make up 20.7% of the population
 2024 (projected) 64,368 children (18.5% of the population)

TRENDS

- **Suicide/intentional self-harm** accounted for a growing percentage of the county’s teen injury hospitalizations. In 2013, it accounted for 35.0%, compared to 13.5% in 2002.
- Between 2001 and 2008, one-quarter of the deaths among Boulder County’s teens aged 15 to 19 were caused by **suicide**. Between 2009 and 2013, 34% of the deaths in that age group were caused by suicide.
- Results of the 2011 Boulder County **Youth Risk Behavior Survey (YRBS)** indicated that **LGBQ high school students**, in particular, and Hispanic high school students, were significantly less likely than were other high school students in the county to report a wide range of attitudes, beliefs, and behaviors that may help to prevent or reduce risk behaviors.

Child Care

Areas of Concern:

- Few licensed providers in Boulder County are **accredited** by a national child care accrediting organization.
- At \$334 a week or \$17,368 a year, the cost of **center-based infant care** in Boulder is 74% of the income of a family of four living at the federal poverty level.
- After adjusting for inflation, the **average hourly wage rates** of Boulder County center/preschool staff were lower in 2014 than in 2012. The percentages of staff that received **benefits** (including paid vacation, free or reduced cost child care, health insurance, a retirement plan, and disability insurance) were generally lower in 2014 than in 2012.

Education

Encouraging Trends:

- In both county school districts, the **gaps** between the performance of Hispanic students and white non-Hispanic students on the **4th-grade CSAP/TCAP reading test** declined between 2008 and 2013. Those gaps, while still substantial in 2013, especially in BVSD, decreased because Hispanic students showed improvement in the percentages scoring at or above proficiency, while the percentages among white non-Hispanic students remained about the same in both school districts.
- **Four-year (on-time) graduation rates** increased in both SWVSD and BVSD between 2010 and 2013, to a greater extent than statewide.

- Although on-time graduation rates for **white non-Hispanic students** in both county school districts were relatively stable between 2010 and 2013, the rates for **Hispanic students** increased substantially in BVSD between 2010 and 2012 and in SVVSD between 2010 and 2013.
- In school year 2012-13, **dropout rates** continued to decline in BVSD and the state, although SVVSD saw a small increase in dropout rates compared to the previous three years.

Areas of Concern:

- After seeing increases between 2008 and 2011, the percentages of the county’s public kindergarten students in **full-day kindergarten** remained about the same between 2011 and 2013. In BVSD in 2013, only 1 in 4 kindergarten-enrolled children was in full-day kindergarten.
- The **gaps** in percentages scoring at/above proficiency in the **10th-grade TCAP math test** between Hispanic students and white non-Hispanic students were greater in the two county school districts than statewide.
- Gaps between student groups in **median growth percentiles** persisted in both school districts in both the 4th-grade CSAP/TCAP reading test and the 10th-grade CSAP/TCAP math test.
- In 2013, 54.2% of **homeless students** in BVSD and 58.8% in SVVSD graduated on time. The graduation rate for all students was 90.9% in BVSD and 82.9% in SVVSD.

Safety/Protection

Encouraging Trends:

- Boulder County’s **child maltreatment** rates continued to trend downward between Federal Fiscal Year (FFY) 2003-04 and FFY 2012-13. During that time period, statewide rates increased by a small amount.

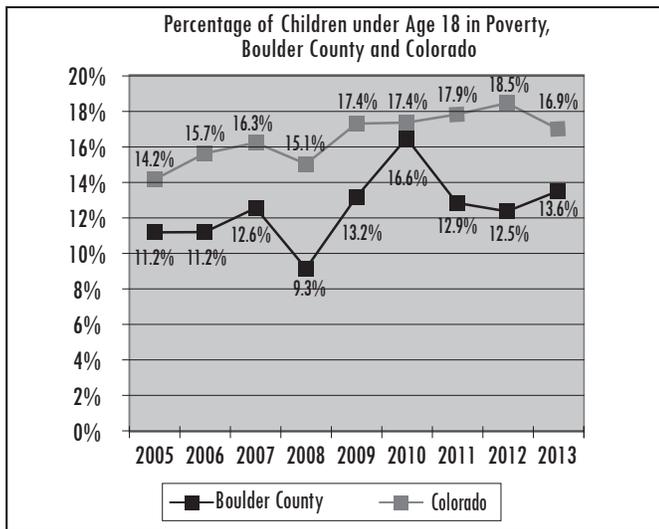
Areas of Concern:

- Of Boulder County’s 287 substantiated cases of child abuse/neglect in 2013, 43% were in households with **domestic violence** and 28% were in households with **alcohol abuse**.
- Having shown steady declines from State Fiscal Year (SFY) 2003-04 to SFY 2011-12, **out-of-home placements** in Boulder County have been stable over the past three years.

All Children Under Age 18

Economic Well-Being

According to the Census Bureau's annual poverty estimates, Boulder County's **child poverty rate** peaked since 2005 at 16.6% in 2010, with lower rates over the next three years. In 2013, 13.6% of Boulder County's children under age 18 were in poverty, about 8,600 children. That rate is within the margin of error of the 2011 and 2012 estimated rates. Although the child poverty rate decreased after 2010, it remained higher than the 11.2% of the pre-recession years of 2005 and 2006. The county's **total poverty rate** held steady between 2009 and 2013, when it was 13.9%, although it too remained higher than in the pre-recession years. Statewide, the 2013 child poverty rate was 16.9%, a decrease from the 2012 rate of 18.5%, which was the peak since 2005.



Boulder County's 2013 poverty rates for **children under age 5** and for **children aged 5 to 17** were not significantly different, 15.6% and 12.8%, respectively.

The Federal Poverty Level, which is used to determine eligibility for Food Stamps, free and reduced price school lunches, Head Start, and other programs, was set at \$23,550 in 2013 for a family of four in the 48 contiguous states. That income is not nearly high enough for **economic self-sufficiency** in Boulder County. According to the Economic Policy Institute, a Boulder County family of two adults and two children needed \$71,999 in 2013 to "attain a secure yet modest living standard." This is three times the Federal Poverty Level.

Poverty is not equally distributed among the county's children. The 2013 poverty rate among **Hispanic children**, 42.1%, was more than nine times that among **white non-Hispanic children**, 4.6%.

In addition to the 13.6% of the county's children who lived below the federal poverty level in 2013, an additional 9.5% (6,020) of children lived on the **edge of poverty**, between 100% and 200% of federal poverty. That represents an estimated 14,628 children or 23.1% of Boulder County children living **below 200% of poverty**. The percentage of near-poor children in 2013 was lower than in 2012, when it was 15.9% of children in Boulder County, and lower than the average of 14.8% between 2006 and 2012.

In 2013, nearly one-third (31.5%) of Boulder County's children who lived below the federal poverty level were in "**deep poverty**," which is defined as below 50% of federal poverty. That percentage has remained stable since 2009. However, the percentage has declined since 2006, when it was 57.9% and 2007, 43.3%.

For some families, insufficient income results in **homelessness**. A total of 2,366 Boulder County homeless people participated in the annual metropolitan Denver homeless survey on the night of January 28, 2013 – 1,180 in Longmont, 748 in Boulder, 259 in Lafayette, and 179 in other places in the county. Sixty-one percent of those surveyed were in families with children under 18 years old. The percentage of homeless people in families with children was highest in Lafayette, 77.2%, followed by Longmont, 68.1%, and lowest in Boulder, 44.4%.

Safety-net benefits have helped prevent many low-income families in Boulder County from falling more deeply into poverty. Among the lowest-income families are those who are eligible for **Temporary Assistance for Needy Families (TANF)**. The average monthly rates of households and children receiving TANF showed a small decrease between 2012 and the first half of 2014, from 3.5 per 1,000 households to 3.2 (from 444 households to 414) and from 12.9 per 1,000 children under 18 years old to 12.4 (825 children to 801). During the same time period, the average monthly rates of households and children receiving **SNAP (Food Stamps)** also decreased, from 68.3 per 1,000 households to 64.8 (8,575 households to 8,380) and from 143.8 per 1,000 children to 133.2 (9,203 children to 8,606). (County data on households and children receiving TANF and SNAP before 2012 cannot be compared to data from 2012 on due to changes in reporting.) In 2013, 27.1% of the county's children under age 5 were enrolled in **WIC**, the same as the average for the previous 10-year period between 2002 and 2012. (WIC enrollments are not available for 2011.) However, the enrollment number in 2013 was the lowest since before 2002, 4,204 children compared to 4,587 in 2012.

TRENDS

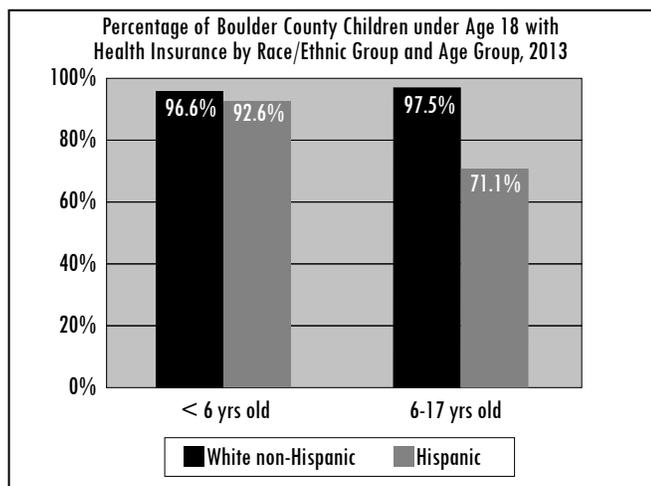
Health

According to combined results from the 2012 and 2013 Colorado Child Health surveys, about 9 in 10 Boulder County children aged 1 to 14 had **access to medical and dental care**:

- 93.7% had a personal health care provider. *That was far higher than the Healthy People 2020 target of 63.3%.*
- 92.1% who needed health care in the in the previous year received it.
- 86.5% had a regular source of dental care.

These rates are similar to statewide rates.

Census estimates for 2013 indicate that 92.9% of Boulder County children under age 18 had **health insurance** (public or private), similar to the statewide rate of 91.8%. Although similar percentages of Hispanic and white non-Hispanic children under age 6 had health insurance, there was a substantial **gap** in insured rates between Hispanic and white non-Hispanic children aged 6 to 17. The gap for this age group was much smaller statewide, 93.3% versus 84.6% of white non-Hispanic and Hispanic children, respectively.



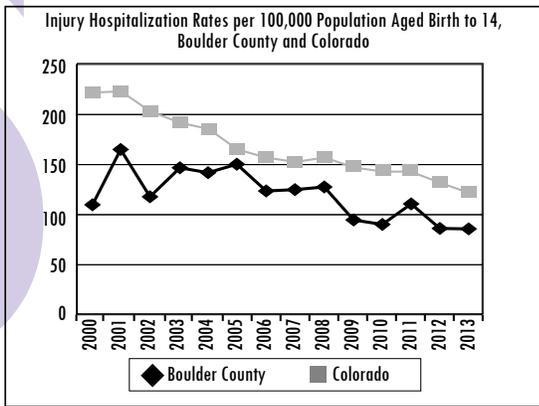
The American Academy of Pediatric Dentistry, American Dental Association, and American Academy of Pediatrics all recommend a **dental visit** for children by age one. However, combined results from the 2012 and 2013 Colorado Child Health surveys found that only 11.5% of Boulder County children aged 1 to 14 had visited the dentist by their first birthday. Almost three-quarters (70.9%) had their first visit between the ages of 13 and 48 months, and for 17.6%, the first visit was at or after 49 months or had not yet occurred.

The Colorado Health Institute estimated that of the 20,586 low-income Boulder County children younger than 19 who were eligible for **CHP+ or Medicaid** in 2012, 16,386 (80%) were enrolled and 4,200 (20%) were eligible but not enrolled. Statewide, an estimated 84% of eligible children were enrolled and 16% were not. (Because of the expansion of CHP+ and Medicaid eligibility, the 2012 estimates are not comparable to previous years' estimates.)

The Child Health Survey found in 2012-2013, based on parent reports of their child's height and weight, that 22.7% of Boulder County children aged 2 to 14 were **overweight or obese**, somewhat lower than the 27.5% of children statewide who were reported to be overweight or obese. Nearly 13% (12.5%) of Boulder County children were overweight and 10.2% were obese.

One in five parents in both Boulder County and the state reported in 2012-2013 that their child aged 1 to 14 had **difficulties with emotions, concentration, behavior, or getting along with others**. Much smaller percentages of parents indicated that their child needed treatment or counseling. Six percent of parents in Boulder County and 6.4% statewide stated that their child had emotional, developmental, or behavioral problems for which the child needed **treatment or counseling**. Eight percent of Boulder County parents of children aged 2 to 14 stated that their child had received **mental health treatment or counseling** in the past 12 months, as had 10.2% statewide.

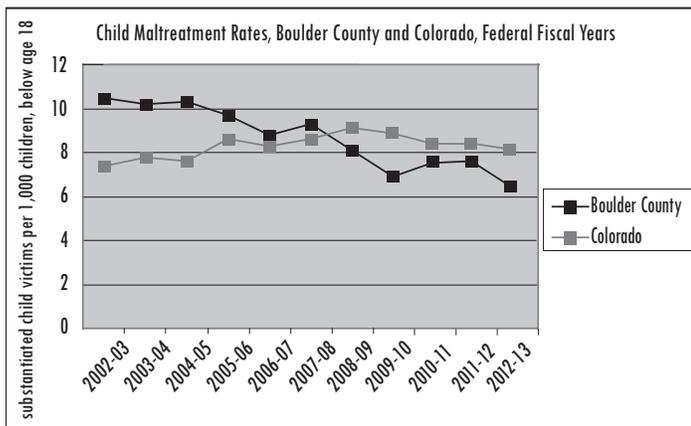
The rate of children's injuries resulting in hospitalization declined in both Boulder County and the state, although the decline was more uneven in the county. After reaching a peak since 2000 in 2001, the rate of **hospitalizations due to injuries** for children from birth to age 14 fell to a low point in 2013. In that year, there were a total of 45 injury hospitalizations among the county's children aged 0-14, a rate of 84.6 per 100,000. **Accidents** accounted for 88.4% of hospitalizations with known causes. The most common causes of injury hospitalizations were: for children aged birth to 4, poisoning accounted for 8 of the total of 17 injury hospitalizations with known causes; for children aged 5 to 9, falls accounted for 4 of the 8 injury hospitalizations; for children aged 10 to 14, falls accounted for 7 of the 18 injury hospitalizations and suicide/intentional self-harm for 4.



Between 2000 and 2013, Boulder County's **mortality rates** for children aged 1 to 14 were uneven but generally trended downward, from 26.4 deaths per 100,000 (14 deaths) in 2000 to 10.0 per 100,000 (5 deaths) in 2013. Statewide rates also declined during that time period, from 21.8 to 17.2, and were higher than county rates almost every year.

Safety/Protection

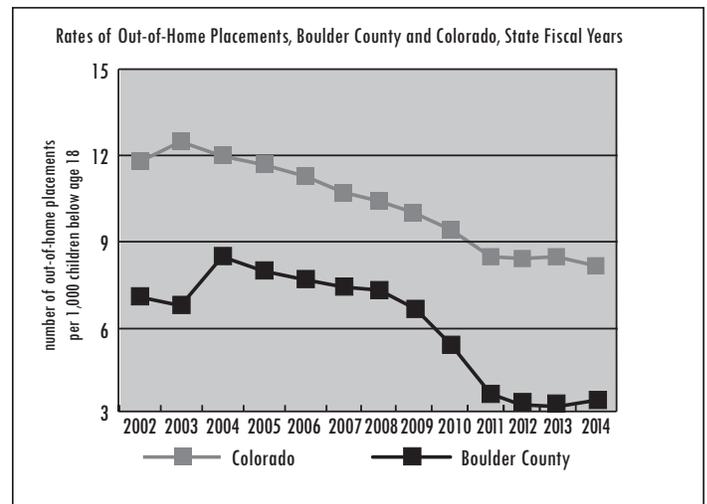
Boulder County's **child maltreatment** rates continue to trend downward, from 10.2 per 1,000 children under age 18 (640 children) in FFY 2003-04 to 6.4 per 1,000 (407 children) in FFY 2012-13. During that time period, statewide rates increased by a small amount, from 7.8 to 8.1. *Since 2009, Boulder County's rates have been below the Healthy People 2020 target of 8.5 child maltreatment victims per 1,000.*



Of Boulder County's 287 **substantiated cases of child abuse/neglect** in 2013, 43% were in households with domestic violence, 28% were in households with alcohol abuse, 19% were in households with illegal drug use, and 6% had methamphetamine involvement. Fifty-eight percent were in households in Longmont, 22% were in Boulder, and 20% were in Erie, Lafayette, or Louisville. Investigated households with substantiated abuse/neglect were about twice as likely to have domestic violence or alcohol use as were investigated households with unsubstantiated abuse/neglect, and that has been the case almost every year since 2003. There were no substantial differences between households with substantiated or unsubstantiated abuse/neglect in the presence of illegal drug use or methamphetamines. (A child abuse/neglect case may involve one or more than one child.)

In 2013, the **Safehouse Progressive Alliance for Nonviolence (SPAN)** shelter in Boulder served 101 children and **Safe Shelter of St. Vrain Valley** shelter in Longmont served 85 children. Twenty-seven percent of the 227 women served by the SPAN shelter were accompanied by children younger than 18, as were 39% of the 109 women served by the Safe Shelter program. For both shelters, more than 90% of children were aged 14 or younger.

After seeing steady declines from SFY 2003-04 to SFY 2011-12, **out-of-home placements** in Boulder County have been stable over the past three years. In SFY 2013-14, 201 children under 18, a rate of 3.2 per 1,000, were placed out of their homes due to abuse, neglect, serious emotional problems, conflict with parents, or juvenile delinquency. Statewide, rates declined from 12.5 in SFY 2002-03 to 7.6 in SFY 2013-14. Boulder County's out-of-home placement rate has been below the statewide rate every year since 1991-92.



Early Childhood: Prenatal Through Age 5

Child Care

According to Census Bureau estimates in 2013, nearly 60% (57.8%) of Boulder County's children under age 6 lived in families in which all parents were in the labor force. The large number of children from birth to age 5 with working parents combined with a growing emphasis on school readiness means that quality, affordable childcare is an essential need for Boulder County families.

In July 2014, there were 273 **licensed child care providers** in Boulder County – 159 centers and preschools (not including school-age facilities) and 114 family child care homes. Although the total number of licensed providers in Boulder County has remained about the same since at least 2002, there has been a substantial shift in the number of family child care homes and centers/preschools. Between 2002 and 2014, the number of homes decreased from 168 to 114. During the same time period, the number of centers/preschools (not including school-age sites) increased from 116 to 159.

Few licensed providers in Boulder County are **accredited** by a national child care accrediting organization. Accredited child care programs meet professionally established standards of quality that exceed the requirements of licensing. In 2014, 5.7% of centers/preschools and no homes were accredited, the same as in 2013. The percentage of accredited centers/preschools in the county has declined since 2008, when it was 8.9%. Since that time, the percentage of accredited homes has never been higher than 1.5%.

In 2013, the average **cost of full-time child care** ranged from \$334 a week for infant care in centers located in Boulder to \$176 a week for family child care homes for children aged 2 to 5 in Longmont. Many families in Boulder County are unable to afford licensed child care without financial assistance. At \$334 a week or \$17,368 a year, the cost of center-based infant care in Boulder was 74% of the income of a family of four living at the federal poverty level and 19% of Boulder County's 2013 median family income of \$91,551.

The **Colorado Child Care Assistance Program (CCCAP)** provides a subsidy to licensed providers that care for low-income children. In Boulder County, the income threshold is 225% of federal poverty. In the 2nd quarter of 2014, 164 licensed providers in Boulder County had CCCAP contracts, about 44% of all licensed providers in the county (including school-age sites). Since the 2nd quarter of 2013 when there were 168 CCCAP providers, the number has declined by 2%. Since 2009 when there were 279 CCCAP providers, there has been a 41% decline in these providers.

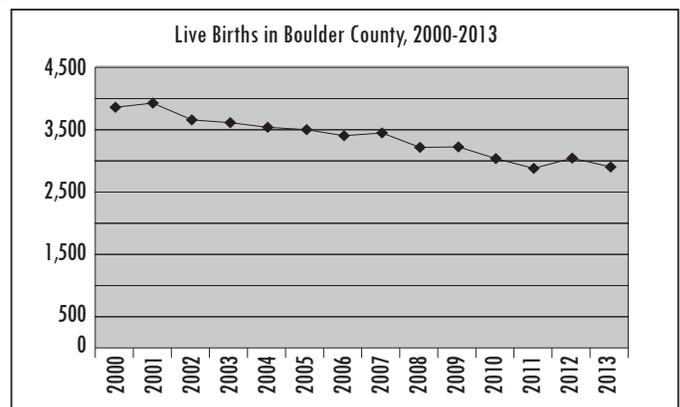
The CCCAP subsidy covers about 90% or more of the **average market rate of child care** for infants and toddlers in both centers/preschools and homes in the five largest communities in the county (Boulder, Longmont, Lafayette, Louisville and Superior). The major gap is in care for 2 to 5 year olds, where, with the exception of home care in Lafayette/Erie, the subsidy only covers

Average compensation for Boulder County's center/preschool workers has decreased. A 2014 survey of **child care center/preschool staff** in Boulder County found that **average full-time hourly wages** were \$21.94 for Directors, \$16.98 for Assistant Directors, \$13.41 for Infant Nursery Supervisors, \$15.07 for Early Childhood Teachers, \$11.74 for Assistant Early Childhood Teachers, and \$10.17 for Staff Aides. After adjusting for inflation, all six position categories earned less in 2014 than in 2012, ranging from a decrease of 3.4% for Assistant Early Childhood Teachers to a decrease of 9.4% for Infant Nursery Supervisors.

The same survey found that an average of 80% of staff in each position category received paid vacation, nearly two-thirds received free or reduced cost child care, and over half had health insurance. However, with few exceptions, the percentages of staff in each of the six position categories that received each type of **benefit** (paid vacation, free or reduced cost child care, health insurance, a retirement plan, and disability insurance) were lower in 2014 than in 2012.

Health

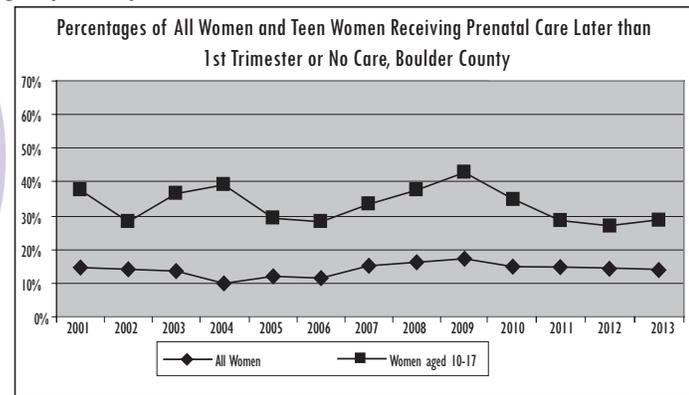
The year 2013 saw a continuation of declining **births and birth rates** in both Boulder County and Colorado. In that year, there were a total of 2,922 live births in Boulder County and a birth rate of 44.5 births per 1,000 women aged 15 to 44. That represents a decline of 25.7% in the number of births and a decline of 22.1% in the birth rate since 2001, when there were 3,931 births and a birth rate of 57.1. The birth rate also decreased in Colorado, by 8.6%, but has remained higher than the county's birth rate throughout that period, 61.5 in 2013.



Nearly 1 in 4 (23.3%) Boulder County women with live births were enrolled in **WIC** in 2013, a decrease since 2010 when it was 28.1%. There was also a decrease statewide in that time period, from 34.1% to 29.4%. One in 4 live births were paid for by **Medicaid** in Boulder County. That compares with 36.5% statewide. Since 2007, those percentages have remained stable in both the county and state. In 2013, nearly three-quarters (70.0%) of Boulder County **teens aged 15 to 17** with live births were enrolled in WIC and a similar percentage of births to women in that age group, 70.7%, were paid for by Medicaid.

Timing and frequency of prenatal care and smoking during pregnancy are important predictors of newborn and infant health. In 2013, 1 in 7 (13.9%) of Boulder County women with live births received either **no prenatal care or care after the first trimester**, about the same as the average for the preceding years 2001 to 2012 with no regular pattern of change during that time period. As in almost every year since 1992, the county's rate of late/no prenatal care was lower than the statewide rate, which was 18.5% in 2013. *Boulder County's rate of late/no prenatal care has been below the Healthy People 2020 goal of 22.1% every year since 1991.*

Similar to the statewide pattern, Boulder County's rate of late or no prenatal care among **women younger than 18**, 29.3% in 2013, was about twice as high as among all women, but remained lower than the state rate for this age group (38.7% in 2013) nearly every year since 1993. The state and the county rates have shown no regular pattern of increase or decrease since 2001. *The county's teen rate has been consistently higher than the Healthy People 2020 goal of 22.1% for all women.*



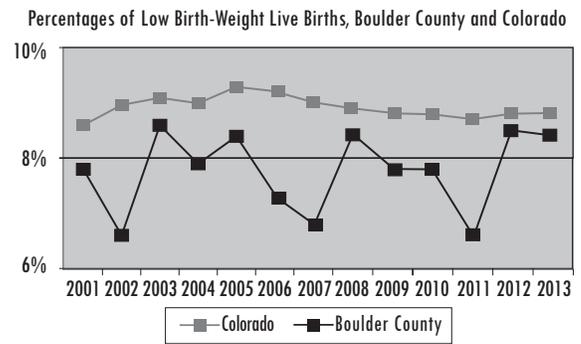
The 2013 rate of late/no prenatal care among the county's **Hispanic women**, 20%, continued a general trend of decline since 2001, when it was 26%, but remained higher than the rate among **white non-Hispanic women**, 11% in 2013.

The **Adequacy of Prenatal Care Utilization Index** is a combined measure of timing of the start of prenatal care and number of prenatal visits compared to the recommended number of visits. In 2013, nearly one in 10 (9.4%) Boulder County women with live births received inadequate prenatal care. That percentage has remained about the same since 2001 and has shown no regular pattern of change during that time period. The county's rate has been consistently lower than the statewide rate (14.9% in 2013). *The 2013 Boulder County rate of inadequate prenatal care was well below the Healthy People 2020 goal of 22.4%.* Although the rate among Boulder County women aged 15 to 17 (19.4% in 2013) has been consistently higher than the rate among all women, *for the past four years, this group achieved or came close to the Healthy People 2020 goal of 22.4%.*

The percentage of women who **smoked during pregnancy** has remained about the same in the county since 2001 (3.9% in 2013). The state rates have been consistently higher (7.1% in 2013), and like the county, have shown no regular pattern of change during that period. Boulder County women aged 17 and younger had higher rates of smoking during pregnancy in most years since 2001 (9.8% in 2013). The 2013 rate was slightly higher than the statewide rate of 7.3%. *Smoking during pregnancy in Boulder County was higher than the Healthy People 2020 goal of 1.4% for women of all ages.*

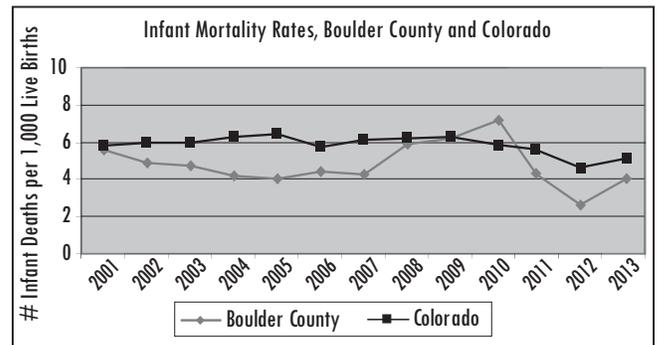
Between 2001 and 2013, there was no regular pattern of change in Boulder County's percentages of **low birth-weight births**, while state percentages

remained stable. County and state percentages were similar in the past two years. In 2013, the county rate was 8.4% and the state rate was 8.8%. *Both rates were close to the Healthy People 2020 goal of 7.8%.*

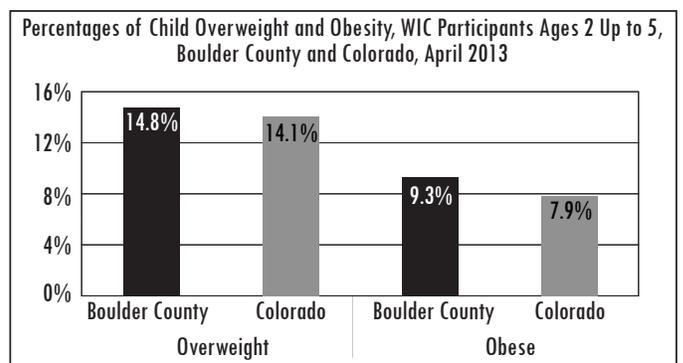


The percentages of low birth-weight births among **white non-Hispanic** and **Hispanic** women in Boulder County have been similar since 1990. Since 2001, there has been no regular pattern of change in either rate. The 2013 rate for white non-Hispanic women was 8.2% and for Hispanic women, 8.4%.

Between 2001 and 2013, there was no regular pattern of change in **infant mortality rates** in Boulder County or the state. During that time period, the county's rate was lower than the state rate every year except one. In 2013, the county's rate was 4.0 deaths per 1,000 live births (a total of 12 deaths) and the state's rate was 5.1. *The county rates were lower than the Healthy People 2020 target rate of 6.0 almost every year since 1991.*



Nearly 1 in 4 (24.1%) Boulder County children aged 2 to 5 who were enrolled in **WIC** in April 2013 were **overweight or obese**. The state rate (22.0%) was slightly less than the county rate. The county's WIC overweight and obesity rates were about the same as in the general population of the county's children aged 2 to 14 (22.7%). *Boulder County's 2013 WIC obesity rate of 9.3% met the Healthy People 2020 target of 9.6% for children aged 2 to 5.*

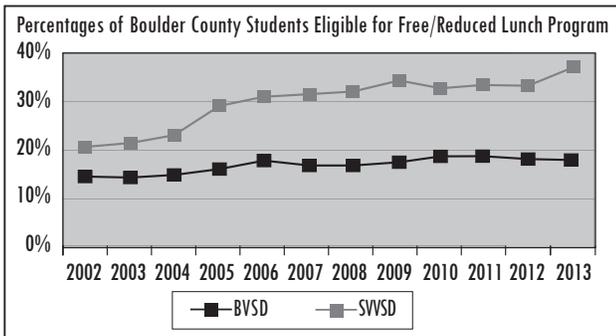


SCHOOL

School-Age: 6 to 11 Years

Economic Well Being

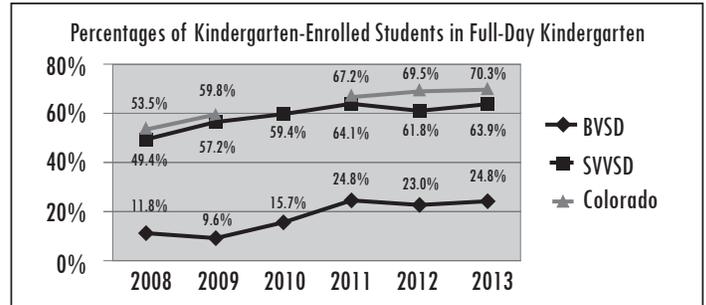
Between 2010 and 2013, the percentage of students eligible for the **free and reduced lunch program** (family income \leq 185% of federal poverty) remained stable in BVSD (18.3% in October 2013), after increasing almost every year between 2003 and 2010. In 2013, SVVSD's percentage of students eligible for free/reduced lunch increased to 37.5% after remaining at about 33% between 2009 and 2012. Although the percentage of students in both school districts who were eligible for **reduced-price lunches** (family income 131% to \leq 185% of federal poverty) remained stable since 2001 (2.3% in BVSD and 6.1% in SVVSD in 2013), the percentage eligible for **free lunches** (family income \leq 130% of federal poverty) increased substantially between 2001 and 2013, from 9.3% to 16.0% in BVSD and from 13.8% to 31.4% in SVVSD.



Services through the federal **McKinney-Vento Homeless Education Assistance Act** were provided to 1,505 homeless students enrolled in the county school districts during the 2012-13 school year, 944 in SVVSD and 561 in BVSD. In October 2013, homeless students comprised 3.5% of all students in SVVSD and 1.3% of all students in BVSD, a total of 2.4% countywide. The living situations of the county's homeless students varied considerably both within and between the two school districts. During the 2012-13 school year, 72.4% of SVVSD's homeless students lived in **doubled-up housing** with friends or relatives, 14.6% were in **shelters, transitional housing, or awaiting foster care**, 8.2% lived in **hotels or motels**, and 4.9% were **unsheltered**. In BVSD, 41.7% lived in doubled-up housing, 41.0% were in shelters, transitional housing, or awaiting foster care, 8.6% lived in hotels or motels, and 8.7% were unsheltered. In BVSD, 16.6% of homeless students were youth on their own, and in SVVSD, 6.4% were youth on their own.

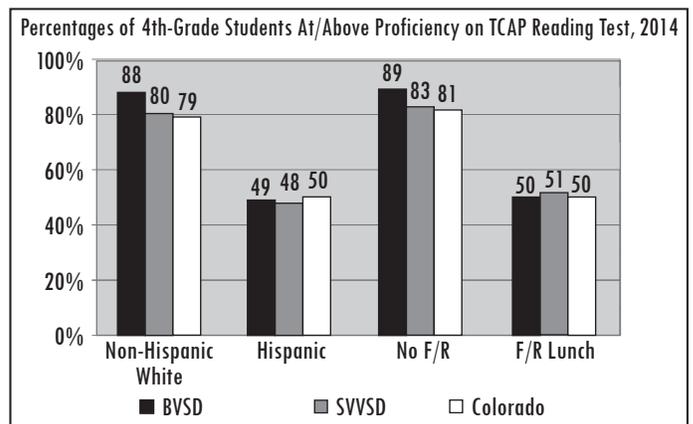
Education

Research has found that quality **full-day kindergarten** helps children to build on the skills they learn in their early years and prepares them for success in later years of school. The state currently provides funding for only a half-day of kindergarten. In order to offer a full day, school districts must raise their own money or charge tuition or both. According to the annual October counts, the percentage of the county's and state's public kindergarten students in full-day kindergarten increased between 2008 and 2011. BVSD had a greater increase than did SVVSD and the state, although its rates continued to be far below rates in both SVVSD and the state. County rates remained stable since 2011, while state rates increased by a small amount. (Data were not available for the state in 2010.)



The **Transitional Colorado Assessment Program or TCAP**, which was first administered in spring 2012, is a replacement for the CSAP, as Colorado transitions to an assessment system aligned to the new Colorado Academic Standards. In spring 2014, Boulder County had a higher percentage of 4th graders scoring **at or above proficiency on the TCAP reading test** than did the state: 76% of 4th graders in the two county school districts combined (80% in BVSD and 71% in SVVSD) and 67% statewide scored at or above proficiency.

The higher percentage scoring at/above proficiency in the county than in the state was at least partially a reflection of BVSD's **white non-Hispanic students and students not eligible for free/reduced lunch** having higher percentages at/above proficiency than their counterparts in SVVSD and statewide. In contrast, **Hispanic students and students eligible for free/reduced lunch** in both BVSD and SVVSD, and **white non-Hispanic students and students not eligible for free/reduced lunch** in SVVSD had similar percentages scoring at/above proficiency as did their counterparts statewide.



Achievement gaps in CSAP/TCAP between Hispanic and white non-Hispanic students in Boulder County have persisted for many years. However, the gaps in percentages scoring at/above proficiency on the 4th-grade reading test declined between 2008 and 2013 in both county school districts. Those gaps, while still substantial in 2013, decreased because Hispanic students showed improvement in the percentages scoring at or above proficiency, while the percentages among white non-Hispanic students were stable in both school districts. From 2013 to 2014, scores for both groups in both school districts remained about the same.

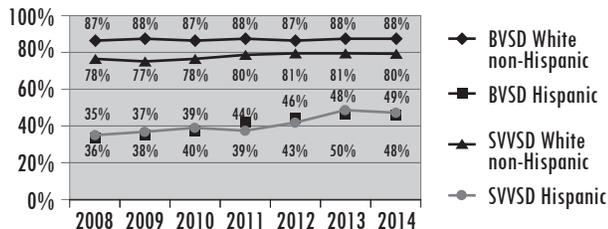
AGE

ADOLESCENT

Education

As with the TCAP 4th-grade reading scores, Boulder County had a higher percentage of 10th graders scoring **at/above proficiency on the TCAP math test** than did the state in 2014: 44% of 10th graders in the county and 33% statewide. In SVVSD, 38% of 10th-grade students scored at/above proficiency, as did 49% in BVSD. The gaps between Hispanic students and white non-Hispanic students were greater in the two county school districts than statewide, as was the gap between BVSD's students who were eligible and not eligible for free/reduced lunch.

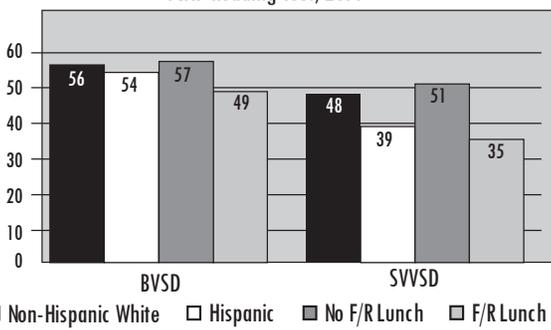
Percentages of 4th-Grade Students At/Above Proficiency on CSAP/TCAP Reading Test, 2008-2014



The **TCAP median growth percentile** shows how much change occurred in a group of students from one year to the next compared to other students in the state who had similar TCAP scores in the first year. Median growth percentiles higher than 50 indicate that the group had higher growth than the state as a whole. Because TCAP testing begins in 3rd grade, median growth percentiles are available beginning in 4th grade. The 2014 **4th grade median growth percentile** in reading was 56 in BVSD and 46 in SVVSD.

Gaps in **median growth percentile** between white non-Hispanic and Hispanic students and between students eligible and not eligible for free/reduced lunch were apparent in both school districts, with greater gaps in SVVSD.

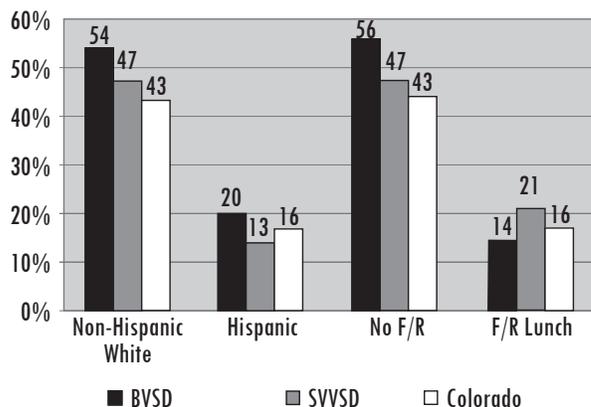
Median Growth Percentiles of 4th-Grade Students, TCAP Reading Test, 2014



Linguistic isolation, which the Census Bureau defines as speaking English less than "very well" among people who speak a language other than English at home, creates substantial challenges for school achievement. According to Census estimates for the combined years 2010 to 2012, 18.6% of children aged 5 to 17 in non-English speaking households spoke English less than "very well" in Boulder County, 4.1% of all children in that age group. Slightly less than one in five children in both Spanish-speaking households (18.4%) and in households with another non-English language (19.3%) were linguistically isolated.

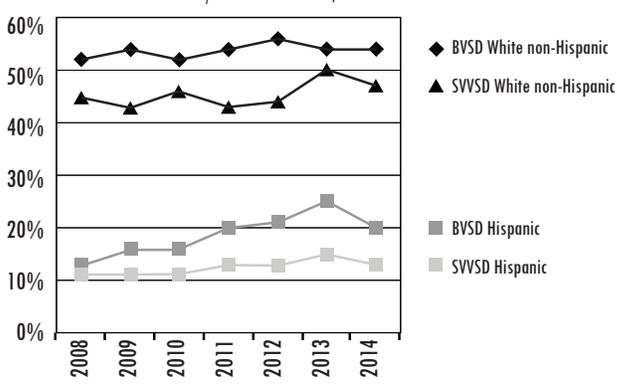
Students who have been identified as **English Language Learners (ELL)** are not fully proficient in English reading, oral skills, and/or writing, as determined by standardized testing. In October 2013, there were 2,547 ELL students enrolled in BVSD, comprising 8.4% of total enrollment. That was slightly higher than in 2000 when there were 2,428 ELL students, 8.8% of all students. In SVVSD, the number of ELL students more than doubled during that time period, from 2,572 ELL students, 13.6% of all students, to 5,568 ELL students, 19.3% of total enrollment.

Percentages of 10th-Grade Students At/Above Proficiency on TCAP Math Test, 2014



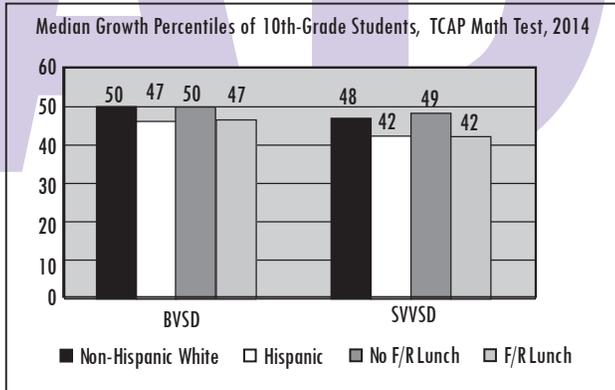
Between 2008 and 2013, the **gap between BVSD's Hispanic students and white non-Hispanic students** in the percentage scoring at/above proficiency decreased because the scores of Hispanic students increased while the scores of white non-Hispanic students remained relatively stable. However, there was an increase in the gap between 2013 and 2014 due to the decline in the scores of Hispanic students. SVVSD saw little change in the gap because the scores of both groups remained relatively stable between 2008 and 2014.

Percentages of 10th-Grade Students At/Above Proficiency on CSAP/TCAP Math Test, 2008 - 2014



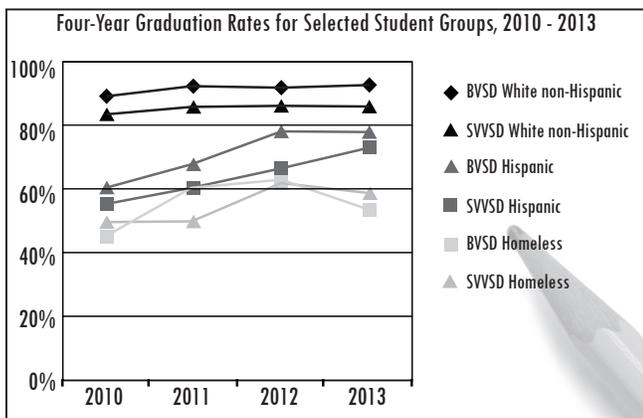
As with the 4th-grade reading test, there were **gaps** between student groups in median growth percentiles in both school districts in the 2014 10th-grade math TCAP. Hispanic and lower-income students had lower average growth in the math TCAP between 9th and 10th grade compared to students statewide who scored similarly in the 9th-grade test than did white non-Hispanic students and higher-income students.

Adolescence: 12 to 18 Years



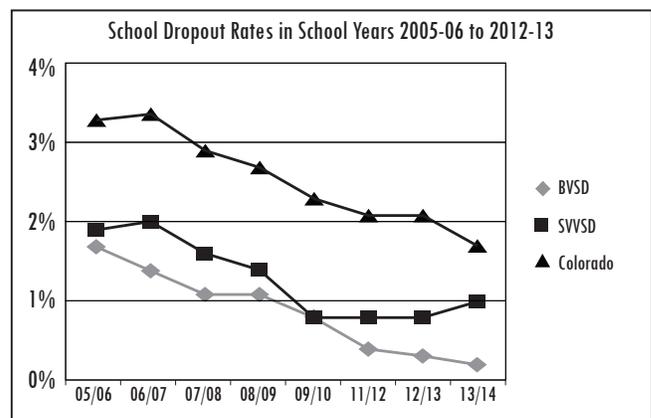
Four-year (on-time) graduation rates increased in both SVVSD and BVSD between 2010 and 2013. In SVVSD, the rate increased from 76.5% to 82.9%, and in BVSD, it increased from 84.7% to 90.9%. The statewide rate increased by a smaller amount, from 72.4% to 76.9%. *The Healthy People 2020 target four-year graduation rate is 82.4%. Both county school districts met this goal in 2013.*

Although on-time graduation rates for **white non-Hispanic students** in both county school districts were relatively stable between 2010 and 2013, the rates for **Hispanic students** increased substantially in BVSD between 2010 and 2012 and in SVVSD between 2010 and 2013. As a result, the gaps between race/ethnic groups narrowed considerably during that time period. The on-time graduation rate for **homeless students** lagged well behind the rates for the other two student groups. In 2013, 54.2% of homeless students in BVSD and 58.8% in SVVSD graduated on time.



In school year 2012-13, **school dropout rates** continued to decline in BVSD and the state, while SVVSD saw a small increase compared to the previous three years. BVSD's gap between white non-Hispanic and Hispanic dropout rates narrowed. In 2010-11, the white non-Hispanic dropout rate was 0.2% and the Hispanic rate was 1.5%. In 2012-13, the rates were 0.1% and 0.4%, respectively. In SVVSD, the white non-Hispanic rate increased slightly during that time period, from 0.5% to 0.8%, while the Hispanic rate remained stable (1.6% in 2012-13).

(The dropout rates do not include adult and alternative education. Dropout rates prior to 2005-06 are not comparable to later rates due to state legislation enacted in 2005 that defined a student as a dropout if he/she stopped attending school and the original district did not have adequate documentation that the student transferred to another educational program.)



Health

In 2013, the **teen birth rates** in both Boulder County and the state continued their long-term downward trend that began in the early to mid-1990s, consistent with the decline nationwide. In both the state and county, teen birth rates were at a 24-year low. In 2013, there were 41 births to Boulder County **teens aged 15 to 17** and a birth rate of 7.3 per 1,000 women in that age group, compared to 79 births and a birth rate of 15.0 10 years earlier in 2003. Among Boulder County **teens aged 18 to 19**, there were 62 births in 2013 and a birth rate of 10.2, compared to 136 births and a birth rate of 23.2 in 2003. The state birth rate was higher than the county rate for both younger and older teens every year since at least 1990. In 2013, the state rates were 11.4 births per 1,000 younger teens and 37.4 per 1,000 older teens.

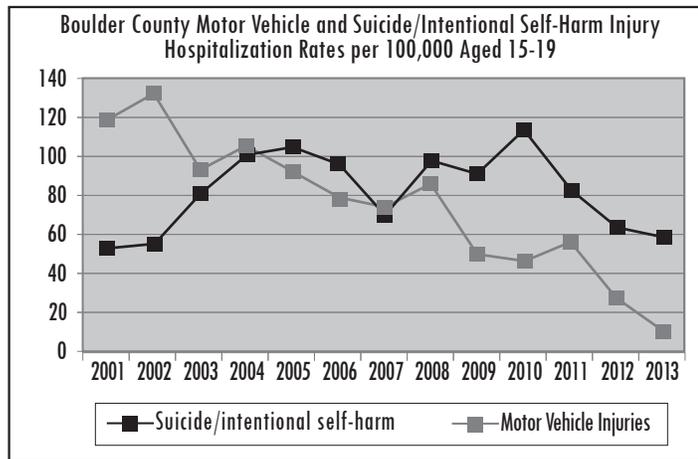
Beginning in 2009, 68 family planning clinics in Colorado, including one in Boulder County, participated in a privately-funded statewide program, the **Colorado Family Planning Initiative**. Its purpose is to provide low-income women with free, long-acting forms of birth control. Among **women aged 15-19**, Boulder County's birth rate decreased by 51% (from 17.8 births per 1,000 to 8.8) between 2009 and 2013. During that time period, Colorado's rate decreased by 41% (from 37.5 to 22.3). For both the county and state, that was a much greater decrease than in the previous 4-year period from 2004 to 2008, when the rates decreased in the county by 26% and in the state by 5%. Between 2009 and 2013, the county's birth rate for Latino women aged 15-19 decreased by 66% (from 80.8 to 27.5), and for white non-Latino women in the same age group, the birth rate decreased by 60% (from 7.7 to 3.1).

SCENARIO

In 2013, 54% of the county's births to women aged 15 to 17 were to teens from **Longmont**, the lowest it has been since 2000. Twenty-four percent of teen mothers were from **Boulder** and 15% from **Lafayette**. The remaining 7% were from Louisville/Superior or elsewhere in the county.

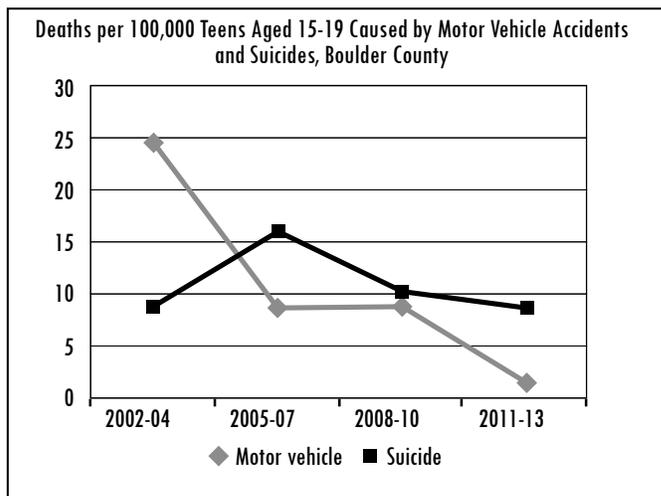
In 2013, Boulder County and the state saw a continuation of the decline since 2001 in **rates of hospitalizations due to injuries among teens aged 15 to 19**. The Boulder County rate in 2001 was 426.9 injury hospitalizations per 100,000; it declined by 61% to 168.4 in 2013. During the same time period, the state rate decreased from 628.8 to 337.3, a decline of 46%. The state rates remained higher than the county rates every year since 2000.

Teen hospitalizations due to motor vehicle injuries declined by 90% between 2002, when the rate was 132.5 per 100,000, and 2013, with a rate of 12.6. During that time period, **teen hospitalizations due to suicide/intentional self-harm** generally increased, although at an uneven pace, from 55.5 to 59.0, an increase of 6%. As a result of those two trends, the **comparative frequency** of the two causes of teen hospitalizations reversed during the 2000s. In 2002, motor vehicle injuries accounted for 32.3% of teen injury hospitalizations and suicide injuries for 13.5%. In 2013, motor vehicle injuries accounted for 7.5% of teen injury hospitalizations and suicide injuries for 35.0%.



Boulder County's **mortality rates for teens aged 15 to 19** generally trended downward between 2005 and 2012. They declined from a rate of 55.1 per 100,000 in that age group (13 deaths) in 2005 to a rate of 8.6 (2 deaths) in 2012. However, there was an increase in 2013, to 54.7 per 100,000 (13 deaths). Although the state's teen mortality rates have decreased since 1994, state rates have usually been higher than Boulder County rates every year since 1990. The exception is 2013 when the Boulder County rate of 54.7 deaths per 100,000 was higher than the state rate of 48.4 per 100,000. *Boulder County's teen mortality rates have met the Healthy People 2020 target of 55.7 per 100,000 aged 15 to 19 every year but one since 1990.*

As with injury hospitalizations, the pattern of **causes of adolescent deaths** has changed in Boulder County. Between 2001 and 2008, 50% of the 78 deaths in that age group were caused by accidents, and three-quarters of those accidental deaths were due to **motor vehicle injuries** (30). One-quarter of all deaths were caused by **suicide** (20). Between 2009 and 2013, 46% of the 35 adolescent deaths were caused by accidents, and 19% of those accidental deaths were due to motor vehicles (3). During the same period, 34% (12) of all deaths in that age group were caused by suicide. The chart below shows trends in Boulder County's teen mortality rates from motor vehicle accidents and suicides in 3-year intervals between 2002 and 2013.



Selected Findings from the 2011 Youth Risk Behavior Survey

Boulder County, in collaboration with BVSD and SVVSD, has conducted the Youth Risk Behavior Survey (YRBS) in all public high schools every two years since 2003. Starting in 2009, BVSD middle schools have also been surveyed. Findings from the 2011 YRBS show that there were considerable differences among student groups in characteristics that may help to prevent or reduce risk behaviors: (Results from the 2013 YRBS were not available as of this writing.)

- Nearly 90% of BVSD middle school students and nearly three-quarters of the county's high school students participated in vigorous physical activity in the previous week. Middle school Hispanic students and high school female, Hispanic, and LGBQ students were significantly less likely than were other students to engage in vigorous physical activity.
- Although nearly 70% of all county high school students had a physical check-up in the past year, less than half of LGBQ students did so.
- More than three-quarters of all high school students had a dental exam in the past year, but less than two-thirds of Hispanic and LGBQ students had seen a dentist in that time period.
- Only 4 in 10 high school students slept at least 8 hours on school nights. Even fewer female and LGBQ high school students, about a third, got at least 8 hours of sleep.
- Four in 10 high school students did community service in the past month; female and white non-Hispanic students reported significantly higher percentages than did males and Hispanic students.
- LGBQ high school students were significantly less likely than were other students to report that their parents had clear rules for behavior and that they ate frequently with their family.
- More than three-quarters of all high school students said that they had someone to talk to when they felt sad or hopeless. Significantly fewer male, Hispanic, and LGBQ students reported that they had someone to talk to when they felt sad or hopeless.
- Nearly all high school students, 9 in 10, believed that smoking a pack of cigarettes a day posed moderate to great risks, while 61.5% believed that having 1 or 2 drinks a day posed these risks, and 51.9% believed that regular use of marijuana posed risks.
- LGBQ high school students were significantly less likely than were other students to believe that using tobacco, alcohol, or marijuana posed moderate to great risks, that it was wrong for someone their age to use these substances, and that their parents felt it was wrong for someone their age to use these substances. Male high school students were significantly less likely than were female students to have most of those beliefs about substance use.

BVSD Middle Schools

	Males	Females	White Non-Hispanics	Hispanics	Total
Participated in vigorous physical activity* (1)(2)	86.1%	90.2%	91.0%	76.9%	88.2%
1 or more physical education classes per week (2)	77.6%	75.3%	78.4%	67.3%	76.4%
Played on at least one sports team, past 12 months	81.4%	79.3%	81.4%	77.3%	80.3%
Ever had AIDS/HIV education at school	61.4%	59.1%	61.5%	58.9%	60.2%

BVSD and SVVSD High Schools

	Males	Females	White Non-Hispanics	Hispanics	LGBQ	Total
Family						
Parents had clear rules and standards for behavior (1)(2)(3)	85.0%	88.0%	89.2%	82.0%	71.4%	86.5%
Ate 4 or more meals with family, past 7 days (1)(2)(3)	78.8%	71.7%	76.8%	73.2%	61.8%	75.3%
Community						
Had someone to talk to when feeling sad or hopeless** (1)(2)(3)	70.7%	83.1%	80.3%	70.3%	67.8%	77.4%
Did community service, past 30 days (1)(2)	35.9%	46.3%	42.8%	33.5%	43.9%	41.1%
Substance Use						
Believed smoking pack per day posed moderate to great risk (1)(2)(3)	86.4%	92.5%	92.7%	80.4%	84.3%	89.5%
Believed it was wrong for someone their age to smoke cigarettes (1)(3)	68.3%	75.7%	73.0%	69.5%	46.8%	72.0%
Believed their parents felt it was wrong for them to smoke cigarettes (1)(2)(3)	90.6%	94.6%	93.8%	91.1%	84.6%	92.6%
Believed 1 or 2 drinks/day posed moderate to great risk (1)(3)	53.5%	69.5%	62.3%	60.5%	54.3%	61.5%
Believed it was wrong for someone their age to drink alcohol (1)(3)	60.2%	68.7%	63.6%	64.2%	55.5%	64.4%
Believed their parents felt it was wrong for them to drink alcohol (1)(3)	83.0%	89.3%	87.1%	84.7%	76.4%	86.2%
Believed smoking marijuana regularly posed moderate to great risk (1)(3)	45.7%	58.1%	52.3%	49.7%	35.5%	51.9%
Believed it was wrong for someone their age to smoke marijuana (1)(2)(3)	50.4%	55.9%	52.2%	57.2%	33.5%	53.1%
Believed their parents felt it was wrong for them to smoke marijuana (3)	83.5%	85.1%	84.7%	86.4%	65.4%	84.3%
Healthy Living						
Participated in vigorous physical activity* (1)(2)(3)	79.1%	68.4%	76.9%	68.0%	60.2%	73.8%
Slept 8 or more hours on average school night (1)(3)	48.4%	35.9%	42.7%	43.6%	30.1%	42.1%
Last physical checkup when not sick or injured was in past 12 months (2)(3)	70.2%	68.5%	72.0%	65.9%	47.4%	69.4%
Last dentist visit was in past 12 months (2)(3)	78.3%	76.5%	81.7%	63.7%	62.4%	77.4%

(1) Difference between males and females is statistically significant at the 95% confidence level (p<.05).
 (2) Difference between white non-Hispanics and Hispanics is statistically significant at the 95% confidence level (p<.05).
 (3) Difference between LGBQ and heterosexual students is statistically significant at the 95% confidence level (p<.05).
 * For at least 60 minutes on 3 or more of the 7 days prior to the survey.
 ** Excludes the 10.3% of students who responded "I do not feel sad, empty, hopeless, angry or anxious" for this question.

Resources for Children and Families in Boulder County

boulder.co.networkofcare.org -----Link to community resources,
services & programs

Boulder County Housing & Human Services----- (303) 441-1000

Boulder County Public Health----- (303) 441-1100

Boulder Valley School District----- (303) 447-1010

Boulder Valley Women's Health Center ----- (303) 442-5160

City of Boulder Children,
Youth & Families Division ----- (303) 441-3544

City of Longmont Children, Youth & Families----- (303) 651-8580

Clinica Family Health Services (Lafayette)----- (303) 665-9310

Dental Aid

Boulder: ----- (303) 499-7072

Longmont: ----- (303) 682-2619

Louisville/Lafayette: ----- (303) 665-8228

Emergency Family Assistance ----- (303) 442-3042

Head Start:

Boulder County Head Start (serves BVSD area) - (303) 441-3980

Wild Plum Center Head Start (serves SVVSD area) - (303) 776-8523

Mental Health Partners (formerly the Mental Health Center

Serving Boulder and Broomfield Counties)----- (303) 443-8500

24-Hour Rape Crisis Line: ----- (303) 443-7300

24-Hour Crisis Line: ----- (303) 447-1665

OUR Center (Longmont) ----- (303) 772-5529

People's Clinic/Clinica (Boulder)----- (303) 449-6050

Safe Shelter of St. Vrain Valley

24-Hour Crisis Line:----- (303) 772-4422

Outreach:----- (303) 772-0432

Safehouse Progressive Alliance for Nonviolence, Inc.

24-Hour Crisis/Counseling Line: ----- (303) 444-2424

Outreach: ----- (303) 449-8623

Broomfield: ----- (303) 673-9000

St. Vrain Family Center ----- (303) 776-5348

St. Vrain Valley School District----- (303) 776-6200

Sister Carmen Community Center (Lafayette) ---- (303) 665-4342

Salud Family Health Center (Longmont) ----- (303) 772-1906

The Tiny Tim Center ----- (303) 776-7417

YWCA of Boulder County----- (303) 443-0419





This project was conducted by the Report Card Committee of the Boulder County Movement for Children, an affiliate of the YWCA of Boulder County: Judy Fry, Greta Maloney, Lynn Gilbert (committee chair), and Stephanie Greenberg (project director). It was supported by the Boulder County Community Services Department, Boulder County Public Health, City of Boulder Children, Youth, & Families Division, and YWCA of Boulder County. For more information, please contact Stephanie Greenberg (303-499-1404, research@swgreenberg.com).

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**eliminating racism
empowering women**
ywca
You, Women, Children, All of us

