

2013 BOULDER COUNTY PUBLIC HEALTH (BCPH) ANNUAL REPORT

PROGRAM NUMBER 460: GENESIS PROGRAM

Goal: To promote positive parenting practices in Boulder County's pregnant and parenting teen population, thereby mitigating associated risk factors for both the teen and her baby, optimally impacting these families for generations to come.

Needs Statement: Liz Schorr, in her landmark book *Within Our Reach*ⁱ notes, "The baby of an adolescent mother is born into peril... Teenage childbearing may impose its heaviest burden on the next generation when it comes of age... They are more likely to have children themselves while still adolescents, their school dropout rates are higher, their achievement is lower, and they are more frequently retained in grade. The children of teenage mothers also start sexual activity earlier than their peers, are more frequently suspended from school, and more often run away from home, get drunk, and hurt someone seriously." Although written in 1988, teen pregnancy continues to be of paramount concern today. Dr. Thomas Friedan, director of the Centers for Disease Control and Prevention (CDC), recently cited teen pregnancy as a public health priority and one of six winnable battles in the public health field. On the local level, it was among the seven focus areas being considered for a BCPH Public Health Improvement Process (PHIP) priority and unintended pregnancy is one of Colorado's winnable battles. Intensive and comprehensive early intervention geared toward enhancing bonding and attachment can mitigate the negative consequences of adolescent childbearing. In taking a comprehensive and holistic approach to service provision, GENESIS successfully impacts numerous social determinants of health among an identified high risk population. In addition, because services are geared toward the child, GENESIS is a primary prevention and early intervention program. Its focus on a marginalized population is in line with the BCPH strategic plan focus on health disparities. In 2012, 503 families participated in GENESIS, which would minimally include the mother and child and often fathers and grandparents as well. Seventy-one percent of the 2012 caseload was Latina, and 65% resided in the city of Longmont.

National, state, and county teen pregnancy rates have been steadily decreasing since 1991. Colorado experienced a 40% drop in teen pregnancy rates between 1991 and 2010; the Boulder County teen pregnancy rate decreased by 50% during this same time frame.ⁱⁱ GENESIS is able to positively impact subsequent pregnancies among current clients, contributing to the drop in county birth rates. GENESIS continues to have remarkable success in preventing subsequent births to the teen parenting population. National rates of subsequent births within two years typically run 20-25%.ⁱⁱⁱ Colorado's subsequent birth rate averages 27%.^{iv} The GENESIS subsequent birth rate has averaged between 5-10%. (In 2012, the rate was 10%). The national recidivism rate in teens under age 17 giving birth to their first babies is estimated to be 31%; yet in 2012, only 4% of GENESIS clients who entered the program under age 17 had a repeat birth.^v

Educational attainment is critical to GENESIS client success for multiple reasons. Higher educational attainment translates into greater earning potential and decreased poverty rates. In addition, as noted in Healthy People 2020, academic success and achievement are strong predictors of overall adult health outcomes. Proficient academic skills are associated with lower rates of risky behaviors and higher rates of healthy behaviors. In addition, high school graduation leads to lower risk for incarceration, as well as enhanced financial stability during adulthood. High school dropout is frequently an overlooked public health issue. A recent study measuring the impact of selected behavioral risk factors rates high school dropout, along with poverty and smoking, as imposing the greatest burden of disease in the United States.^{vi} Only 38% of teen mothers nationally earn a high school diploma.^{vii} In 2012, 84% of the GENESIS caseload was either working or in school.

GENESIS identified postpartum depression (PPD) as a service need for clients beginning in 2009. PPD is becoming an increasing concern among maternal/child health workers. Recent studies indicate that up to 80% of PPD cases go undiagnosed, particularly in high-risk populations. The incidence of PPD is currently estimated at approximately 20% of all pregnant women, and prevalence is higher in women with the following risk factors: young (under 25), low income, unmarried, and lower educational attainment – putting GENESIS clients at particular risk. PPD can occur both during and after a pregnancy and can affect pregnancy outcomes; severe depressive symptoms during a pregnancy doubles the risk of a preterm delivery.^{viii} The impact of a depressed mother on an infant can be significant and has been associated with cognitive and speech delays, increased visits to urgent care/emergency rooms, disruptive behavior in childhood, and insecure attachment between mother and child.^{ix} In addressing PPD, GENESIS is aligning with the BCPH PHIP mental health focus area. In addition, GENESIS supervisors provide short-term, solution-focused therapy to amenable clients involved in the Prenatal Plus Program. GENESIS staff is often the first to respond to client mental health crises and is trained to appropriately recognize and refer clients in need of intensive mental health services. In 2012, 100% of GENESIS clients whose postpartum depression screen indicated risk were referred for mental health services and, with the support of program staff, 68% followed up with care.

In 2011, the GENESIS team piloted a new objective to reduce obesity rates among GENESIS babies. Recent research indicates that obesity prevention needs to start as soon as prenatally. In addition, poor feeding practices, insufficient sleep, and televisions in bedrooms are more prevalent among minority children. Risk factors among mothers include gestational diabetes, low birth weight, and pregravid overweight BMI.^x Although research is new and ongoing in this area, there is universal agreement that very early intervention plays an important role in obesity prevention. The most recent data available (CDC, 2008) indicates that obesity rates among low-income pre-school age children was 14.5%, and 18.5% among Hispanic children; Boulder County WIC obesity rates among children ages 2-5 average 12%.^{xi} In 2012, only 5% of GENESIS babies (ages 2-3) had an obese BMI. In adding this objective, GENESIS is addressing the PHIP focus area of healthy eating and active living.

GENESIS also addresses substance use issues among all pregnant and parenting teen families, the third PHIP priority area. All clients receive a thorough psychosocial assessment upon enrollment. Teens who struggle with substance use upon enrollment or at any point during their involvement with GENESIS are referred and linked to appropriate treatment programs. Staff monitor families for signs of use and reinforce treatment plans developed by providers.

Responding to the growing concern about oral health among Boulder County children, GENESIS piloted an oral health objective in 2012. The American Academy of Pediatric Dentistry (AAPD) recommends that infants see the dentist for their first dental exam by their first birthday. In collaboration with the Child Health Promotion Program, 41% of GENESIS babies meet this goal; in 2011, only 11% of Boulder County babies had seen a dentist in their first year.^{xii}

All GENESIS objectives align with both Healthy People 2020 (HP 2020) objectives and the ten essential public health services. In addition to the identified essential services, all GENESIS activities are evaluated on a biannual basis and staff continuously strives to develop innovative solutions to health problems. The program's rigorous and ongoing evaluation assures that services are effective, as well as providing continuous feedback for program improvement. GENESIS has been nationally recognized for its innovation and impact, and although not independently evaluated, the program consistently demonstrates, through its internal evaluation, that it operates in an evidence-based framework. The GENESIS Program provides Colorado Core Public Health Services, specifically Prevention and Population Health Promotion. GENESIS provides services in collaboration with an extensive web of community partners to ensure that interventions are coordinated and messaging is consistent and reinforcing, increasing the collective impact of the work being done in the community.

Planning Assumptions:

1. Despite sequestration, BCPH will continue to grow and thus will need more administrative services (i.e. budget, contracts, purchasing, human resources, etc.).
2. Boulder County will continue to push for centralization of some accounting and human resources functions (e.g. payroll).
3. Public health accreditation requirements may instigate changes in current administrative processes and procedures.

Number of Clients Served: 424

OBJECTIVE	SERVICES/ACTIVITIES	EVALUATION	ACTUALS COMPLETED	RESULTS*	COMMENTS
1. GENESIS will deliver supportive prenatal services to approximately 95% pregnant GENESIS clients. EPHS #3, 7 HP2020: MICH-1, 8, 10, 11, 12, 13, 19	a. GENESIS staff will assist with: <ul style="list-style-type: none"> ▪ Nutritional education and/or referral. ▪ Substance use education and/or referral. ▪ Childbirth education and/or referral. ▪ Tobacco cessation and/or referral. ▪ Transportation to necessary prenatal appointments. ▪ Stress reduction. ▪ Case conferencing with 	<ul style="list-style-type: none"> ▪ Chart notes will be reviewed on a biannual basis by supervisory staff to determine the percentage of clients who received supportive prenatal services. ▪ Data will be managed on the Statistical Package for the Social Sciences (SPSS). 	<ul style="list-style-type: none"> ▪ 98% of pregnant GENESIS clients received supportive prenatal services. 	M	

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	<ul style="list-style-type: none"> prenatal providers. ▪ Counseling and/or referral to address psychosocial concerns relating to pregnancy. ▪ Prenatal Plus enrollment. 				
<p>2. Less than 8% of babies born to GENESIS clients will be low birth weight:</p> <p>a. The percentage of low birth weight babies born to GENESIS clients will be lower than the percentage of low birth weight babies born to non-GENESIS Boulder County females 20 years and under.</p> <p>b. The percentage of low birth weight babies born to GENESIS clients will be lower than the percentage of low birth weight babies born to Colorado women 20 years and under.</p> <p>EPHS #3, 4, 7</p> <p>HP2020: MICH-1, 8, 13</p>	<p>a. Staff will collaborate closely with health care providers and WIC (Women, Infants, and Children) staff to reinforce health and nutritional recommendations that contribute to healthy birth weight outcomes.</p> <p>b. All GENESIS clients who are eligible will receive Prenatal Plus services.</p>	<ul style="list-style-type: none"> ▪ The proportion of low birth weight babies born to participating GENESIS teens, non-participating Boulder County teens, and Colorado teens will be tracked through birth data provided by CDPHE. 	<ul style="list-style-type: none"> ▪ GENESIS had a low birth weight rate of 4.5% compared with non-GENESIS county teens who had a low birth weight rate of 12.2%. ▪ The state low birth weight rate for years 2010-2012 was 9%. 	E	
<p>3. At least 85% of GENESIS clients will receive the Edinburgh Postnatal Depression Scale (EPDS) screening at intake and within 8 weeks postpartum; 95% of clients who score above "10" will be referred for treatment.</p> <p>EPHS #1, 2, 7</p> <p>HP2020: MHMD-1, 6, 11</p>	<p>a. Staff will administer the EPDS screen at both intake and then within eight weeks postpartum.</p> <p>b. Client scoring higher than 10 (indicating depression risk) will be referred for treatment.</p> <p>c. Staff will educate clients about the signs and symptoms of PPD and will provide clients with information on self-care, coping, and support services that are available.</p>	<ul style="list-style-type: none"> ▪ Chart notes will be reviewed on a biannual basis by supervisory staff to determine the percentage of clients who received the EPDS at intake and within 8 weeks postpartum, as well as the percentage of clients who scored about "10" who were referred for treatment. 	<ul style="list-style-type: none"> ▪ 88% of GENESIS clients received the EPDS at intake and within eight weeks postpartum. ▪ 98% of clients whose screens indicated depression were referred for mental health services, and 57% followed up on the referral with the support of GENESIS staff. 	E	

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<p>4. At least 70% of mothers participating in the program will initiate breastfeeding, and at least 30% will breastfeed for 6 months postpartum.</p> <p>EPHS #3 HP2020: MICH-21, 23</p>	<p>a. Staff will encourage and support participating GENESIS teens in breastfeeding their infants through at least 6 months postpartum by providing educational, referral, and emotional support.</p> <p>b. Nurses will do home visits with clients postpartum to troubleshoot breastfeeding problems.</p>	<ul style="list-style-type: none"> ▪ Chart notes will be reviewed on a biannual basis by supervisory staff to determine the percentage of mothers participating in the program who initiated breastfeeding and who continued through six months postpartum. 	<ul style="list-style-type: none"> ▪ 99% of GENESIS participants initiated breastfeeding and 32% continued at least through 6 months postpartum. 	E	
<p>5. No more than 15% of mothers participating in the program will have a subsequent birth within 2 years of the birth of their first GENESIS child.</p> <p>a. For clients entering the program prior to age 17, no more than 15% will have a subsequent birth within 3 years of the birth of their first GENESIS child.</p> <p>b. For clients entering the program at age 17 years or older, no more than 15% will have a subsequent birth prior to age 20.</p> <p>EPHS #1, 3, 4, 7, 10 HP2020: FP-1, 2, 3, 6, 7.1, 8, 10, 12</p>	<p>a. Staff will educate clients about the importance of creating at least a two-year time span between births to enhance bonding and subsequent emotional stability in children.</p> <p>b. Staff will assist clients in meeting personal goals that extend beyond the role of parenting, such as school or career, lessening the appeal of a second child.</p> <p>c. Staff will arrange home visits with a Women's Health nurse who can provide hormonal birth control in the home.</p>	<ul style="list-style-type: none"> ▪ Chart notes will be reviewed on a biannual basis by supervisory staff to determine the percentage of mothers who had a subsequent birth within two years of the birth of their first GENESIS child. ▪ Chart notes will be reviewed on a biannual basis by supervisory staff to determine the percentage of clients entering the program prior to age 17 who had a subsequent birth within 3 years of the birth of their first GENESIS child. ▪ Chart notes will be reviewed on a biannual basis by supervisory staff to determine the percentage of clients entering the program at age 17 or over who had a subsequent birth prior to reaching age 20. 	<ul style="list-style-type: none"> ▪ 10% of clients had a subsequent birth within 2 years of their first child. ▪ For clients entering the program under the age of 17, 7% had a subsequent birth within 3 years of the birth of their first child. ▪ No clients who entered the program at age 17 or above had a subsequent birth prior to age 20. 	E	<ul style="list-style-type: none"> ▪ GENESIS continues to show impressive results in subsequent pregnancy prevention. ▪ National rates estimate the recidivism rate to be between 20-37%.
<p>6. GENESIS staff will assess and provide individualized parenting/nurturing education/activities to 95% of clients to enhance parent/child bonding.</p> <p>EPHS #3, 7 HP2020: MICH-20, 21; EMC 2</p>	<p>a. Activities will include:</p> <ul style="list-style-type: none"> ▪ Warm Welcome visit. ▪ Referral to CIP (Community Infant Program), Special Connections, Child Protection, when appropriate. ▪ Attendance at GENESIS group/peer support activities. ▪ Home visits to address 	<ul style="list-style-type: none"> ▪ Chart notes will be reviewed on a biannual basis by supervisory staff to determine the percentage of clients who received individualized parenting/nurturing education/activities to enhance parent/child bonding. 	<ul style="list-style-type: none"> ▪ 95% of GENESIS clients received individualized parenting/nurturing activities to enhance parent/child bonding. 	M	

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	<p>clients' unique parenting needs.</p> <ul style="list-style-type: none"> ▪ Parenting education. ▪ Age-appropriate child development education. 				
<p>7. At least 85% of GENESIS babies will score at an appropriate developmental age according to the Ages & Stages Questionnaire (ASQ), 3rd edition.</p> <p>EPHS #1, 2, 7 HP2020: EMC-1</p>	<p>a. Staff will administer the Ages and Stages Questionnaire (ASQ), 3rd edition, annually for participating GENESIS babies.</p> <p>b. Staff will provide intervention and referrals for babies scoring below the normal developmental range.</p> <p>c. The GENESIS nurse will provide Children with Special Needs (CSN) Program services to GENESIS babies requiring more intensive interventions.</p>	<ul style="list-style-type: none"> ▪ Chart notes will be reviewed on a biannual basis by supervisory staff to determine the percentage of GENESIS babies who scored at an appropriate developmental age, according the ASQ, 3rd edition. 	<ul style="list-style-type: none"> ▪ 98% of GENESIS babies scored at an age-appropriate developmental level according to the ASQ. 	E	<ul style="list-style-type: none"> ▪ The CDPHE target for developmental screening ages 0-5 is 50%. ▪ In Boulder County, only 24% of children in this age group were screened. ▪ GENESIS was able to screen 95% of GENESIS babies.
<p>8. At least 65% of GENESIS clients who are eligible will actively pursue one of the following:</p> <p>a. Vocational training b. School c. Employment activities</p> <p>EPHS #3, 4, 5, 7 HP2020: AH-5</p>	<p>a. Staff will assist clients in school enrollment and will encourage attendance.</p> <p>b. Staff will collaborate with teen parenting school programs to optimize clients' educational achievement.</p> <p>c. Staff will refer clients to job training resource centers and will assist them with the resume and job application process.</p> <p>d. Staff will participate in the St. Vrain Valley School District (SVVSD) Teen Pregnancy Task Force to develop policy and plans to address the growing need for increased capacity for the teen parenting population in the district.</p>	<ul style="list-style-type: none"> ▪ Chart notes will be reviewed on a biannual basis by supervisory staff to determine the percentage of GENESIS clients who actively pursued vocational training, school, or employment activities. 	<ul style="list-style-type: none"> ▪ 85% of GENESIS clients were actively pursuing either vocational/school training or were working. 	E	<ul style="list-style-type: none"> ▪ GENESIS recognizes that education is critical to assisting young families out of poverty. ▪ Nationally only 38% of teen moms have a high school diploma by age 22.
<p>9. At least 70% of GENESIS clients will be utilizing 1 of the following highly effective, long-term methods of</p>	<p>Staff will:</p> <p>a. Check in with postpartum clients at least twice per reporting period on current</p>	<ul style="list-style-type: none"> ▪ Chart notes will be reviewed on a biannual basis by supervisory staff to determine the percentage of GENESIS 	<ul style="list-style-type: none"> ▪ 82% of GENESIS clients were using a long-acting, reversible contraception (LARC). 	E	<ul style="list-style-type: none"> ▪ Nationally it is estimated that less than 4% of teens are using a LARC. ▪ The phenomenal GENESIS

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<p>contraception: Depo Provera through the Home-based contraception program, Implanon, or the IUD.</p> <p>EPHS #3, 4, 5, 7, 10 HP2020: FP-1, 2, 3, 6, 7.1, 8, 10, 12</p>	<p>b. Transport clients to family planning clinics, as necessary.</p> <p>c. Educate clients regarding the importance of and reasons behind spacing children by at least two years.</p> <p>d. Assist in accessing birth control funds for clients who experience financial barriers to family planning services.</p> <p>e. Encourage career development as an alternative to multiple children at a young age.</p> <p>f. Problem-solve with clients who are experiencing difficulties with side effects from contraceptive methods.</p> <p>g. Enroll and maintain clients in the Home-based Contraception Program.</p> <p>h. Collaborate with community health centers to identify and decrease barriers to contraception access</p> <p>i. Staff will participate in the Sexual Health Coalition to develop strategies and policy to decrease reproductive health inequities among disparate populations.</p>	<p>clients who utilized one of the following highly effective, long-term methods of contraception: Home-based contraception, Implanon, or IUD.</p> <ul style="list-style-type: none"> ▪ Utilization of contraception methods will be tracked on the SPSS database. 			<p>LARC rate is the product of intensive counseling and case management.</p>
<p>10. Less than 15% of GENESIS babies will have a Body Mass Index (BMI) at or above the 85th percentile (obese) at 2 years and at 3 years of age.</p> <p>EPHS #1, 2, 3, 7, 10 HP2020: NWS-12, 14, 15, 16, 17, 18, 19, 20</p>	<p>Staff will:</p> <p>a. Encourage breastfeeding through six months of age for GENESIS clients.</p> <p>b. Educate families on appropriate feeding guidelines and discourage early introduction of solids.</p> <p>c. Educate families on appropriate sleep schedules.</p> <p>d. Encourage families to increase physical activity op-</p>	<ul style="list-style-type: none"> ▪ BMI rates will be collected from WIC or CHC records at yearly intervals and recorded in GENESIS charts. ▪ Chart notes will be reviewed on a biannual basis by supervisory staff to determine the percentage of GENESIS babies who had a BMI at or above the 85th percentile (overweight/obese) at 2 years and 3 years of age. 	<ul style="list-style-type: none"> ▪ 9% of GENESIS babies had a BMI at or above the 85th percentile (overweight or obese). 	<p>E</p>	<ul style="list-style-type: none"> ▪ In 2012, 1 in 4 WIC-enrolled children ages 2-5 were overweight or obese.

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	<p>portunities and decrease screen time.</p> <p>e. Discuss limiting/eliminating high sugar beverages and educate on alternatives to fast food.</p> <p>f. Collaborate with WIC and community health centers (CHCs) to provide clear and consistent messaging on healthy weight gain and nutrition.</p> <p>g. Pilot innovative strategies to decrease obesity among the children of teen parents.</p>	<ul style="list-style-type: none"> In instances where the rates are not available, the GENESIS nurse will obtain BMI measurements when possible. 			
<p>11. A minimum of 30% of GENESIS babies will have their first dental appointment by their first birthday.</p> <p>EPHS: #3, 7, 10 HP2020: OH 1, 2.1., 7, 8, 10.2</p>	<p>Staff will:</p> <p>a. Educate families about the importance of oral health, as well as the preventive measures they should be taking in the baby's first year.</p> <p>b. Assist families in accessing pediatric dental care, including, as necessary, providing information on insurance, scheduling appointments, and providing transportation.</p> <p>c. Provide Cavity Three by Three packets to all GENESIS families on a yearly basis.</p> <p>d. Assist clients with bottle weaning and educate about bottle rot.</p> <p>e. Coordinate dental screenings with the Child Health Promotion when opportunities arise.</p>	<ul style="list-style-type: none"> Chart notes will be reviewed on a biannual basis by supervisory staff to determine the percentage of babies who have had a dental appointment by their first birthday. 	<ul style="list-style-type: none"> 74% of GENESIS babies had their first dental appointment prior to age 1. 	E	<ul style="list-style-type: none"> In 2012, 10.3% of all Colorado babies had a dental visit by age 1; the Colorado Winnable battle goal is 14%. GENESIS case management and support resulted in such impressive results for this high-risk population.
<p>12. Staff will actively participate in efforts to align programming with the direction and guiding principles of the BCPH strategic plan.</p>	<p>a. Staff will participate in agency planning groups associated with the strategic plan, including facilitating communication from the group to other staff and from staff to the planning</p>	<ul style="list-style-type: none"> Participation in trainings, meetings and other aspects of the process will be documented. Results and decisions of the assessment and planning process will be documented. 	<ul style="list-style-type: none"> Staff has been actively involved in the Healthy and Intended Pregnancy (HIP) Assessment process. Staff has also been working to expand program activities to address a larger 	E	<ul style="list-style-type: none"> The GENESIS program manager is a co-lead for this process, and two additional GENESIS employees are assessment team members.

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	<p>group.</p> <p>b. Staff will participate in trainings to enhance staff competency to implement population-based and collective impact strategies and promote practices to advance health equity.</p> <p>c. Staff will participate in health assessment and planning activities designed to prioritize health issues and determine the agency role in addressing these issues.</p> <p>d. Staff will participate in Community Health Division discussions related to integration and collaboration.</p>		<p>population, including providing a training by a Denver-area expert on LARCs to People’s Clinic staff and developing an “askable adult” training with the local sexual health coalition.</p> <ul style="list-style-type: none"> ▪ In addition, program leadership attended the Shaping Policy for Health and Moving Upstream trainings. 		

ⁱ Schorr, L. and Schorr, D.: Within OurReach: Breaking the Cycle of Disadvantage. New York, Doubleday, 1988.

ⁱⁱ State of Adolescent Sexual Health in Colorado, 2012

ⁱⁱⁱ Klerman, L. “Another Chance: Preventing Additional Births to Teen Mothers” May 2009.

^{iv} State of Adolescent Sexual Health in Colorado 2009

^v Op cit, Klerman.

^{vi} Frudenberg, et.al “Reframing School Dropout as a Public Health Issue,” Preventing Chronic Disease, 10/2007

^{vii} Close Link between Teen Pregnancy and High School Dropouts, National Campaign to Prevent Teen Pregnancy, June, 2012.

^{viii} Brian Stafford, MD, PHD, Kempe Center: Perinatal Depression, Anxiety and Trauma 11/17/2006

^{ix} Ibid.

^x Pediatrics: Racial/Ethnic Differences in Early Life Risk Factors for Childhood Obesity, March 1, 2010

^{xi} 2012 Status of Children in Boulder County

^{xii} As cited in Boulder Daily Camera, 2/2/13, source unknown