THE STATUS OF CHILDREN
IN BOULDER COUNTY
2016
The *Status of Children in Boulder County* summarizes quantitative indicators of the well-being of children and youth in Boulder County, tracks changes in those indicators over time, and identifies encouraging and concerning trends. A primary goal of this report is to help inform policy discussions and decisions that will ultimately improve the lives of our children.

The report is structured by broad age groups: early childhood, school age, and adolescence. Topics include issues that have been identified as focus areas for improving the health and well-being of our community: economic well-being, health, child care, and education.

The data are compiled from local, state, and federal agencies. Where possible, Boulder County indicators are compared within the county, state, 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).

The *Status of Children in Boulder County* has been published annually since 1995 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. In 2016, Boulder County Public Health, a longtime collaborator on the report, assumed responsibility for developing the report.
In 2016, 1 in 5 people (20%) in Boulder County was a child under the age of 18. Boulder County’s child population increased from 62,754 in 2010 to 65,302 in 2016 (Table 1). This 4% growth in our county’s child population is not as much as the 9.3% growth in the total Boulder County population from 2010 to 2016.

Colorado’s total and child populations grew slightly faster from 2010 to 2016 (10% and 6% respectively) than did Boulder County’s. A decade from now, in 2026, Boulder County’s child population is projected to be 67,227, a 3% increase from 2016. In contrast, the county’s total population is projected to increase by 13% over the same period.

The racial and ethnic demographics of our community are changing. In 2015, 66% of Boulder County’s child population was white non-Hispanic; 24% was Hispanic; 5% was Asian; and 6% was 2 or more races. In particular, the number of Hispanic children in our county has grown; from 14,100 in 2010 to 15,239 in 2015, an 8% increase (Figure 2). During the same period, the proportion of white non-Hispanic children in the community decreased by 2%, and the proportion of Asian children increased by 15%.

### Table 1. Total Population and Child Population, by Age Group, Boulder County, 2010 and 2016. Source: Population of Children in Boulder County and Colorado by Age Group, 2010, and 2016, Colorado Department of Local Affairs, State Demography Office; U.S. Census Bureau

<table>
<thead>
<tr>
<th></th>
<th>2010</th>
<th>2016</th>
<th>% change 2010-2016</th>
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<tbody>
<tr>
<td>Total Population</td>
<td>294,567</td>
<td>321,872</td>
<td>9.3%</td>
</tr>
<tr>
<td>All Children &lt;18</td>
<td>62,754</td>
<td>65,302</td>
<td>4.1%</td>
</tr>
<tr>
<td>Children 0-5</td>
<td>20,089</td>
<td>18,569</td>
<td>-7.6%</td>
</tr>
<tr>
<td>Children 6-11</td>
<td>21,623</td>
<td>22,468</td>
<td>3.9%</td>
</tr>
<tr>
<td>Children 12-17</td>
<td>21,042</td>
<td>24,265</td>
<td>15.3%</td>
</tr>
</tbody>
</table>

### Figure 1. Population Under Age 18 in Boulder County Cities, 2015. Source: U.S. Census Bureau, American Community Survey

### Figure 2. Racial and Ethnic Origin of Children Under Age 18, Boulder County, 2015. Source: U.S. Census Bureau, American Community Survey
This section provides an overview of economic and health factors impacting most or all children younger than 18, as a group. Poverty, inadequate health care, severe injury, and maltreatment or abuse during childhood can have major impacts on lifelong physical and emotional health. This bird’s eye view summarizes the prevalence of child poverty, health indicators from surveys of parents with children aged 1-14, and injury and maltreatment data from Boulder County.

ECONOMIC WELL-BEING

The federal poverty level (FPL), which is used to determine eligibility for a wide variety of programs, was $24,250 in 2015 for a family of 4. In 2015, 12% of Boulder County’s children younger than 18 - an estimated 7,471 children - lived in poverty (Table 2). On average, the rate of childhood poverty in Boulder County has increased by 0.3% each year since 2005. The Colorado child poverty rate was 15% in 2015.

Poverty is not equally distributed among the county’s children and families. In 2015, Hispanic families with children were more than five times more likely to live in poverty than white non-Hispanic families with children. Single, female-headed families with children were six times more likely to live in poverty than married couple families with children (Figure 3).

### Table 2. Children in Poverty, Boulder County and Colorado, 2015. Source U.S. Census Bureau, American Community Survey

<table>
<thead>
<tr>
<th></th>
<th>Boulder County</th>
<th>Colorado</th>
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<tbody>
<tr>
<td>Total population, all ages, in poverty</td>
<td>13%</td>
<td>12%</td>
</tr>
<tr>
<td>Children &lt;18 in poverty</td>
<td>12%</td>
<td>15%</td>
</tr>
<tr>
<td>Children &lt;5 in poverty</td>
<td>16%</td>
<td>14%</td>
</tr>
<tr>
<td>Children 5-17 poverty</td>
<td>10%</td>
<td>14%</td>
</tr>
</tbody>
</table>

### Figure 3. Poverty by Ethnicity and Household Composition, Boulder County, 2015. Source: U.S. Census Bureau, American Community Survey
It is important to consider the impact on those living near poverty. In 2015, more than 1 in 4 Boulder County children (28%) – an estimated 17,705 Boulder County children – lived in or near poverty (i.e., had a family income less than 200% of the federal poverty level, or $48,500), with 5% living in extreme poverty (i.e., had a family income less than 50% of the federal poverty level, or $12,125) (Figure 4). According to the Self-Sufficiency Standard for Colorado 2015, a Boulder County family of 2 adults, an infant, and a preschooler needed $86,644 to meet basic needs; this is more than 3 times the federal poverty level. Overall, 41% of children in Boulder County lived in households below the Self-Sufficiency Standard.

Safety-net benefits have helped to prevent many low-income families in Boulder County from falling more deeply into poverty. Despite an increase in poverty, fewer families accessed safety-net benefits in 2015. Among the lowest-income families are those who are eligible for Temporary Assistance for Needy Families (TANF). Between 2012 and 2015, children receiving TANF decreased by 19% (Figure 5). During the same time period, children receiving SNAP (Supplemental Nutrition Assistance Program or “food stamps”) decreased by 11%, and the percentage of children younger than 5 years enrolled in the Women, Infants, and Children (WIC) Program decreased by 31%. Decreases may be due to fewer people qualifying for assistance and/or fewer people accessing benefits for which they are eligible.
HEALTH

ACCESS TO CARE

The following section details our children’s access to health and dental care and provides a snapshot of their health.

U.S. Census estimates indicated that 98% of Boulder County children had either public or private health insurance in 2015, similar to the rate of coverage across Colorado. For the first time since 2009 (when these data became available), the percentage of Boulder County’s children with health insurance was similar among both Hispanic and white non-Hispanic children (98% versus 97%, respectively).

Having a primary doctor and dentist ensures that children get the important prevention care they need. In 2014-2015, more than 90% of children in Boulder County had a primary doctor or “medical home” (eclipsing the Healthy People 2020 target of 63.3%) and regularly received medical and dental care when they needed it (Figure 6). However, only 20% of Boulder County children between the ages of 1 and 14 had visited a dentist by their first birthday, as recommended by the American Academy of Pediatric Dentistry, American Dental Association, and American Academy of Pediatrics. Fifty-four percent of children had visited a dentist by age 2, indicating that 26% of children had not visited a dentist as soon as recommended.

Based on parent reports of their child’s height and weight, 26% of children in Boulder County between the ages of 5 and 14 were overweight or obese in 2014-2015. Statewide, 25% of children were reported to be overweight or obese (Figure 7).
MENTAL HEALTH

Many Boulder County parents are concerned about the mental and behavioral health of their children. One in five parents (20%) of children aged 2 to 14 reported that their child had difficulties with emotions, concentration, behavior, or getting along with others (Figure 8). Further, many children needed and had received treatment or counseling for emotional, developmental, or behavioral problems in the previous year.

INJURY AND MORTALITY

In 2014, there were 38 hospitalizations due to injuries among children aged birth to 14. This represents a rate of 73 per 100,000 – the lowest rate since 2000 and is much lower than the state rate of 125 per 100,000 (hospitalization data were not available for 2015 at the time of publishing this report).

Between 2005 and 2015, Boulder County’s mortality rates for children aged 1 to 14 varied between 8 and 14 per 100,000. In 2015, the mortality rate for the age group was 12 per 100,000 (6 deaths). Statewide mortality rates for children of the same age have been higher than Boulder County rates almost every year since at least 1990 (15 per 100,000 in 2015).

MALTREATMENT, ABUSE/NEGLECT

Child maltreatment, child abuse/neglect, and domestic abuse are low but persistent in Boulder County. In federal fiscal year 2015, the rate of maltreatment was 3.5 per 1,000 children younger than 18 (231 children), lower than the Colorado rate of 7.8 per 1,000 children and the Healthy People 2020 target of 8.5 per 1,000 children. Fortunately, Boulder County’s child maltreatment rates have decreased by 66% over the last decade, from 10.3 per 1,000 (640 children).
There were 155 substantiated cases of child abuse/neglect in Boulder County in 2015. In many of these cases, domestic violence and alcohol/drug abuse were identified as also present in the household (Figure 9). Sixty percent of abuse/neglect cases were in households in Longmont; 15% were in Boulder; and 25% were in Erie, Lafayette, or Louisville (a case may involve more than one child).

In 2015, the Safehouse Progressive Alliance for Nonviolence (SPAN) shelter in Boulder served 96 children, and Safe Shelter of St. Vrain Valley shelter in Longmont served 80 children. Of the 285 adults (women, men, and transgender people) served by the SPAN shelter, 22% were accompanied by children younger than 18, as were 60% of the 126 adults served by the Safe Shelter program.

Out-of-home placements of children in Boulder County reached an all-time low in State Fiscal Year 2015-16 of 2.4 per 1,000. In that year, 245 children younger than 18 were placed out of their homes due to abuse, neglect, serious emotional problems, conflict with parents, or juvenile delinquency. Meanwhile, statewide rates increased to 10.4 per 1,000 children, after having decreased for many years (Figure 10). Boulder County’s out-of-home placement rate has been below the statewide rate every year since 1991-92.
Early childhood spans prenatal to 5 years of age, covering the prenatal, birth, infant, toddler, and preschool life stages up to 5 years of age. Research shows that substantial and rapid brain development occurs in early childhood. This development can be impacted by nutrition, educational opportunities, poverty, family stability, and more. Children who have a healthy early childhood are more likely to graduate from high school and have other positive outcomes throughout their lives.

### HEALTH

#### BIRTHS

In 2015, there were 2,917 live births in Boulder County. This represents a birth rate of 43.8 births per 1,000 women aged 15 to 44. Births and birth rates in both Boulder County and Colorado continued to decline (Table 3). In Boulder County, however, birth rates remained higher for young Hispanic women compared to white non-Hispanic women (Figure 11).

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**Table 3. Comparison of Births and Birth Rate, Boulder County and Colorado, 2010 and 2015.**

<table>
<thead>
<tr>
<th></th>
<th>Boulder County</th>
<th>Colorado</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total live births, 2015</td>
<td>2,917</td>
<td>66,566</td>
</tr>
<tr>
<td>Birth rate, 2015</td>
<td>43.8 (per 1,000 women)</td>
<td>60.7 (per 1,000 women)</td>
</tr>
<tr>
<td>Total live births, 2010</td>
<td>3,043</td>
<td>66,346</td>
</tr>
<tr>
<td>Birth rate, 2010</td>
<td>52.5 (per 1,000 women)</td>
<td>66.6 (per 1,000 women)</td>
</tr>
<tr>
<td>% change in birth rate, 2010-2015</td>
<td>17% decrease</td>
<td>9% decrease</td>
</tr>
</tbody>
</table>

**Figure 11.** Birth Rate per 1,000 Women by Age and Ethnicity, Boulder County, 2015. Source: Colorado Department of Public Health and Environment

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TEEN BIRTHS

Teen births can have lasting impacts on two generations: mother and baby. Between 2010 and 2015, Boulder County’s teen birth rate (women aged 15 to 19) decreased by 49%, from 14.6 births to 7.4 per 1,000 women in that age group. During the same time period, Colorado’s rate also decreased by 45% from 33.1 to 18.3. Teen birth rates in Boulder County were higher among Hispanic women than among white non-Hispanic women (Figure 12).

Focusing on the younger teen mothers, of the 29 births to the county’s women aged 15 to 17 in 2015, 52% were to teens from Longmont, 28% from Boulder, 14% from Lafayette, and the rest (6%) were from Louisville/Superior or elsewhere in the county (Figure 13). About one-third of these births (32%) were to white non-Hispanic women, while about two-thirds (64%) were to Hispanic women.

Teen births have dropped considerably due to intensive efforts to provide long-acting reversible contraceptives (LARC). From 2009 through June 2015, 68 family planning clinics in Colorado, including 1 in Boulder County, participated in the Colorado Family Planning Initiative, a privately funded statewide program to provide women LARC at little or no cost. Due to the unprecedented statewide drop in teen pregnancy rates, in May 2016, the Colorado State Legislature voted to allocate $2.5 million to continue the effort.
Of all live births in Boulder County in 2015, 28% were paid for by Medicaid, and 23% were to women enrolled in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). The rates of both were much higher among mothers aged 15 to 17 (Figure 14). While the percentage of live births paid for by Medicaid has remained relatively stable, the percentage of live births to women enrolled in WIC declined by about 16% between 2010 and 2015 in both Boulder County (from 28% to 23%) and Colorado (from 34% to 29%). Enrollment in WIC or Medicaid is a proxy measure for low income.

**PRENATAL CARE**

Timing and frequency of prenatal care are important predictors of newborn and infant health. Two measures used to evaluate prenatal care are whether the mother received late or no prenatal care and the Adequacy of Prenatal Care Utilization Index (a lower value is desirable for both). In 2015, 1 in 7 (14%) of Boulder County women with live births received either no prenatal care or care after the first trimester. For almost every year since 1992, the county’s rate of late or no prenatal care among all women has been lower than the state rate and also below the Healthy People 2020 goal of 22.1% every year since 1991. However, Hispanic women have consistently higher rates than white non-Hispanic women (Figure 15).
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 2015, 9% of Boulder County women with live births received inadequate prenatal care, which was lower than the state prevalence (15%) in 2015, and the Healthy People 2020 goal (22.4%). The rate of both late or no prenatal care and inadequate prenatal care among Boulder County women aged 15 to 17 has been consistently higher than the rate among women of all ages (Figure 16).

PREGNANCY

Three percent of Boulder County women smoked during pregnancy in 2015, similar to the average of 4% between 2001 and 2014. While Boulder County rates have been consistently lower than Colorado rates, the rate of smoking during pregnancy in Boulder County was higher than the Healthy People 2020 goal of 1.4% for women of all ages, so there is still work to do.

Babies born at a weight lower than 2500 grams are considered low birthweight and are at risk for worse short- and long-term health outcomes. Between 2010 and 2015, the percent of low birthweight births to women in Boulder County remained stable at 8%, close to the Healthy People 2020 goal of 7.8%. The percentages of low birthweight births among white non-Hispanic and Hispanic women in Boulder County have been similar since 1990. In the past year, however, the rate for white non-Hispanic women decreased, while the rate for Hispanic women increased (Figure 17).
INFANCY

In 2015, the infant (birth to one year) mortality rate for Boulder County was 2.7 deaths per 1,000 live births (8 deaths), while the Colorado rate was 4.6 per 1,000 live births (309 deaths). Boulder County rates have been close to or lower than the Healthy People 2020 target rate of 6.0 per 1,000 births almost every year since 1991.

Childhood obesity can profoundly affect children’s physical health and social and emotional well-being. It is also associated with early development of chronic diseases, such as type 2 diabetes; poor academic performance; and a lower quality of life. The only available indicator of overweight and obesity in both infants and young children is measured in those participating in WIC. While this is a special population at higher risk of being overweight or obese, it helps to track trends in low-income young children. In 2015, nearly 23% of children between the ages of 2 and 5 enrolled in WIC in Boulder County were either overweight (13%) or obese (10%) (Figure 18). This rate comes close to meeting the Healthy People 2020 target obesity rate of 9.6% for children aged 2 to 5.

Figure 18. Overweight and Obesity Among Children Aged 2 to 5 Enrolled in WIC, Boulder County, 2015. Source: Colorado Department of Public Health and Environment, Pediatric Nutrition Surveillance System
CHILD CARE

According to 2015 Census Bureau estimates, 60% of Boulder County’s children under age 6, 10,827 children, 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 for young children means that quality, affordable child care is an essential need for Boulder County families.

In August 2016, there were 257 licensed child care providers in Boulder County: 159 centers and preschools (not including school-age facilities) and 98 family child care homes. After reaching a high of 330 in 2011, the total number of licensed providers in Boulder County decreased over the past five years. Specifically, between 2002 and 2016, the number of family child care homes decreased from 168 to 98, while the number of centers/preschools increased from 116 to 159 (Figure 19).

In 2016, very few of the licensed providers in Boulder County were nationally accredited as meeting professionally established standards of quality beyond state licensing requirements. The percentage of accredited centers/preschools in the county declined from 9% in 2008 to 7% in 2016. For the fourth year in a row, no child care homes were accredited.

CHILD CARE COSTS

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 the federal poverty level (or $54,676 a year). In the second quarter of 2016, 243 licensed providers in Boulder County had
A significant portion of family income was spent on child care

<table>
<thead>
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<th>Median Income, Family with Children</th>
<th>Self-Sufficiency</th>
<th>225% Federal Poverty Level</th>
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<tbody>
<tr>
<td>$98,083</td>
<td>29%</td>
<td>51%</td>
</tr>
<tr>
<td>$66,28</td>
<td>32%</td>
<td></td>
</tr>
<tr>
<td>$54,676</td>
<td>49%</td>
<td></td>
</tr>
</tbody>
</table>

Figure 20. Child Care Cost as a Percentage of Annual Income for Infant Care, Boulder County, 2015. Source: Diana M. Pearce, Ph.D, The Self-Sufficiency Standard for Colorado 2015, Prepared for The Colorado Center on Law and Policy, June 2015; U.S. Department of Health and Human Services, 2015 Poverty Guidelines; City of Boulder Department of Human Services, Family Services Division, Child Care Subsidy and Referrals Program

CCCAP contracts, a 43% increase over the second quarter of 2015; however, this is still 13% lower than in 2009, when there were 279 CCCAP providers in Boulder County.

Many families in Boulder County are unable to afford licensed child care without financial assistance. While no market rate surveys of child care centers and school-age sites have been conducted in Boulder in the past 2 years, the average cost of full-time licensed child care in 2014 ranged from $339 a week ($17,628 a year) for infant care in centers in Boulder to $182 a week for family child care homes for children aged 2 to 5 in Longmont ($9,464 a year). At the 2014 rate of $17,628 a year, the cost of center-based infant care in Boulder County was about 29% of the income for a family of 4 living at the median 2015 income, 32% at the 2015 self-sufficiency level, and 51% for those whose income was just above eligibility for CCCAP in 2015 (Figure 20).

A statewide voluntary survey conducted by Qualistar Colorado in 2015 is currently the sole source of information on child care compensation and benefits. In this survey, 471 self-identified early care and education teachers who work at child care centers or public preschool programs were asked about their work experiences, wages, and benefits. The report suggested that across Colorado, the level of responsibility required of child care workers is not reflected in compensation, presenting significant staffing challenges and negatively impacting the quality of care and education that children receive. In fact, most teachers earn between $10 - $15 per hour, or about $20,800 to $31,200 per year. In nearly all Colorado counties, including Boulder County, these teachers earn less than what is needed to be self-sufficient, leading to high staff turnover and, ultimately, negatively impacting the children in their care.
Children aged 6 to 12 are considered to be school-age because most children are learning in an elementary school setting by age 6 and are considered to be adolescents, or teens, at age 13. Developmental stages in school-aged children include physical growth, such as refining motor and perceptual skills to the onset of puberty; cognitive development, including logical thought and coping skills; social skills, like understanding social rules and roles; and emotional intelligence, including self-esteem and expressing emotions. Economic security, health, and education all impact a child’s ability to reach these developmental milestones.

**ECONOMIC WELL-BEING**

Along with child poverty rates, eligibility for free and reduced-price lunch can be a useful indicator of the relative numbers of low-income children since family income is used to establish program eligibility. To be eligible for free lunch, a family of 4 must earn $31,525 or less (130% of the federal poverty level). To qualify for free OR reduced lunch, the family must earn $48,500 or less (185% of federal poverty level). In 2015, 18% of Boulder Valley School District (BVSD) and 26% of St. Vrain Valley School District (SVVSD) kindergarten to 12th grade students were eligible for free lunch, and 22% and 32% of students in BVSD and SVVSD, respectively, qualified for free OR reduced lunch (Figure 21).

![Figure 21](image-url)
HOMING

Homelessness influences every facet of a child’s life and inhibits their physical, emotional, cognitive, social, and behavioral development. Many Boulder County children face homelessness; in fact, services through the federal McKinney-Vento Homeless Education Assistance Act were provided to 1,289 homeless students enrolled in BVSD and SVVSD during the 2014/15 school year. Homeless students served by this program comprised 2.1% of all students countywide (Table 4). Most homeless students lived in doubled-up housing with friends or relatives or in shelters or transitional housing (Figure 22). While no BVSD homeless students receiving McKinney Vento assistance were unaccompanied, 6.7% of SVVSD students served by the program (56 students) lived on their own, unaccompanied.

Some of our children are facing homelessness, even living on their own without an adult.
HEALTH

VACCINATION

Widespread vaccination of children in the U.S. and worldwide has protected millions of children from life-threatening diseases. Colorado, however, has historically had low child vaccination rates compared to the rest of the nation. For instance, in 2015, Colorado kindergartners had the lowest vaccination rate for measles in the country, a distinction that makes our state especially vulnerable to a major outbreak. In Boulder County in the 2015/16 school year, only 70% of BVSD students and 88% of SVVSD students were fully vaccinated. The remaining students had parent exemptions for medical, religious, or personal belief reasons; had not been fully vaccinated; or did not have documentation that they had received all the vaccines (Figure 23).

EDUCATION

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, charge tuition, or use a combination of both funding sources. In both Boulder County school districts and statewide, the percentages of public kindergarten students in full-day kindergarten increased between 2011 and 2015. BVSD’s rate (29%) remained far below the SVVSD rate (68%) and the state (76%) (Figure 24).

In the 2014/2015 school year, Colorado joined a new, national assessment system to replace individual state standardized tests in language arts/literacy and mathematics for grades 3 through 12. These
School Age: 6 – 12 Years Old

Reading proficiency among 4th graders improved in 2016

![Figure 25. Fourth-Grade Students Meeting or Exceeding Expectations in CMAS Reading Test, BVSD, SVVSD, and Colorado, 2015/2016 School Year. Source: Colorado Department of Education](image)

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 and community involvement. In Boulder County in 2015, 20% of all Boulder County’s population aged 5-17 years old spoke English less than “very well.” The highest linguistic isolation rates were found among children who speak a language other than English and/or Spanish.

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 2015, about 10% of all BVSD students were ELL, while nearly 20% of all SVVSD students were ELL (Figure 26). Since 2010, the number of ELL students increased significantly in both districts. Only 20% and 11% of third grade ELLs in BVSD and SVVSD, respectively, met or exceeded expectations for English proficiency on the 2015 CMAS reading test.

![Figure 26. Students Identified as English Language Learners (ELL), BVSD and SVVSD, 2010-2015. Source: Boulder Valley School District; St. Vrain Valley School District](image)
The behavioral patterns established during adolescence (ages 13-18 for this report) help to determine young people’s current health status and their risk for developing chronic diseases in adulthood. Although adolescence is generally a healthy time of life, several important health and social problems, such as substance use, self-harm, and unplanned pregnancy, either peak or start during these years.

**EDUCATION**

Student academic performance is associated with physical, emotional, and behavioral well-being.

**TEST SCORES**

While 10th grade math scores are available from the 2015 Colorado Measures of Academic Success (CMAS), high school test participation rates varied. As a result, both BVSD and SVVSD will phase this test out in the new few years, preventing future comparability. In contrast, American College Test (ACT) is offered in both school districts to all students, free of charge, during regular school time, and participation rates are high. Therefore, ACT math scores among 11th graders are a better long-term measure of student math proficiency than the CMAS. Each ACT section (English, Math, Reading, and Science) is scored on a scale of 1 to 36, and the average of these 4 scores makes up the composite score. Students in Boulder County schools had a higher average ACT score in math than their peers did across Colorado in 2016: 22.8 in BVSD, 20.3 in SVVSD, and 20.0 statewide. Testing averages have remained roughly the same over time since 2014 (Figure 27).

**Figure 27.** Average ACT Scores in Math among 11th Grade Students, BVSD, SVVSD, and Colorado, 2014-2016. Source: Colorado Department of Education
GRADUATION RATES

Between 2010 and 2015, on-time high school graduation rates increased in both SVVSD (77% to 82%) and BVSD (85% to 92%). Although on-time graduation rates for white non-Hispanic students in both county school districts increased modestly between 2010 and 2015, rates rose substantially for Hispanic students: by 34% in BVSD and 23% in SVVSD (Figure 28). There were similar increases throughout the state. The Healthy People 2020 target 4-year graduation rate is 82.4%; BVSD met this goal in 2015, and SVVSD fell just short.

DROP OUT RATES

Between school year 2010/2011 and 2014/2015, the school dropout rate among students in grades 7-12 increased in SVVSD, but it decreased in BVSD and Colorado. In school year 2014/2015, the Colorado dropout rate (1.7%) continued to be higher than the SVVSD rate (1.2%) and the BVSD rate (0.2%) (Figure 29).

The school dropout rate for 7-12th graders continued to be higher for Hispanic students than for white non-Hispanic students in both Boulder County school districts for the past five academic years. In fact, during the 2014/2015 school year, the Hispanic student dropout rate was five times higher than the white non-Hispanic student dropout rate in BVSD and three times higher in SVVSD (Figure 30). There was a notable increase in the dropout rate among Hispanic students in SVVSD, while dropout rates continued to decrease among both Hispanic and white non-Hispanic students in BVSD.
HEALTH

INJURY

One indicator of threats to adolescent well being is hospitalization due to injuries. In Boulder County after declining every year between 2006 and 2013, there was an uptick in 2014 in rates of hospitalization due to injuries among teens aged 15 to 19. Boulder County rates have remained lower than Colorado rates every year since 2000 (Figure 31) (2015 hospitalization data were not available at the time of publishing this report).

One of the reasons for the increase in adolescent injury hospitalizations in Boulder County was an increase in hospitalizations due to motor-vehicle injuries. After steady and dramatic decreases between 2002 and 2013, there was a marked increase between 2013 – when the rate was 12.6 per 100,000, and 2014 – when it was 58.1. Since 2000, teen hospitalization rates due to suicide/intentional self-harm peaked in 2010 at 114.2 per 100,000 and have been lower ever since (Figure 32).

MORTALITY

Between 2010 and 2015, the average mortality rates for Boulder County teens aged 15 to 19 was 28 deaths per 100,000. In this period, an average of 6 youth died per year, with 13 dying in 2013 alone. Boulder County’s teen mortality rates have met the Healthy People 2020 target of 55.7 per 100,000 (for youth aged 15 to 19) every year since 2010. In Boulder County between 2010 and 2015, more than twice as many adolescents died from suicide (13) than from motor vehicle injuries (5).
Adolescence: 13-18 Years Old

Substance use among youth is a major concern in Boulder County. Among BVSD 7th and 8th grade students, it is more common to have ever tried alcohol than cigarettes or marijuana; 1 in 5 students (21%) reported having ever consumed more than a few sips of alcohol (Figure 33). While alcohol and cigarette use in youth have long been tracked, the monitoring of youth electronic vapor product use (e.g., e-cigarettes) is just starting. These products can be used with e-liquid nicotine, herbs, marijuana, and other substances. About 18% had tried electronic vapor products.

At least one out of four 7th and 8th grade students felt it would be easy to get alcohol, cigarettes, and marijuana if they wanted them (Figure 34). More than 25% thought that people who use those substances have a moderate/great risk of harming themselves. The perceived risk was lowest for marijuana (Figure 35).

NOTE: Substance use and mental health data included in this report came from the Healthy Kids Colorado Survey (HKCS). For Boulder County, the 2015 HKCS data only represents Boulder Valley School District (BVSD) students in grades 7 - 12. Because of the small 7th and 8th grade sample size and differences in methodology between the middle school and high school HKCS, 7th and 8th grade school results should not be compared to high school results.
Among BVSD 9th to 12th grade (i.e., high school) students, the rate for having *ever* used alcohol (62%) was the highest among all substances, followed by marijuana (38%) (Figure 36). Rates of having *ever* used cigarettes and prescription drugs without a prescription were lower (14% each).

Current use, meaning use in 30 days prior to the survey, was also the highest for alcohol (38%) and marijuana (25%) among high school students (Figure 37). Rates of current cigarette and prescription drug use were lower (8% each). Nearly one-half of BVSD high school students reported they had *ever* used electronic vapor products, and nearly one in three indicated current use.

The opioid overdose issue has raised the visibility around prescription drug use. One in seven BVSD high school students (14%) reported they had *ever* taken a prescription drug (e.g. OxyContin, Percocet, Vicodin, codeine, Adderall, Ritalin, Xanax, etc.) without a doctor’s prescription, and 8% reported they had used prescription drugs in the 30 days prior to the survey.

BVSD high school students reported it would be easy or very easy to get these substances if they wanted them (Figure 38). In fact, nearly two-thirds felt it would be sort of easy or very easy to get alcohol, cigarettes, and marijuana, while nearly one-quarter said the same about prescription drugs.

Perception of risk related to use of drugs was highest for cigarettes (88%), lower for alcohol (77%), and even lower for marijuana (51%) (Figure 39).
Bullying is a serious threat to adolescent well-being. As early as 7th and 8th grade, 28% of students reported they had ever been electronically bullied, and 42% had ever been bullied on school property (Figure 40). Among BVSD 9–12th grade students, 18% reported being bullied on school property, and 16% reported being electronically bullied during the past 12 months (Figure 41).

Nearly one in four BVSD 7th and 8th grade students (24%) felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some of their usual activities during the year prior to the survey. About one in six (16%) reported they had ever seriously thought about suicide, and 4% had attempted suicide (Figure 42).
Nearly 3 out of 4 BVSD high school students (74%) reported that they had someone to go to for help with a serious problem. This support is very important, considering that 68% reported that their mental health as not being good 1 or more days during the 30 days prior to the survey. Further, more than one in four students (28%) reported they felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some of their usual activities during the year prior to the survey. Fifteen percent reported they purposefully hurt themselves (such as cutting or burning) without wanting to die in the year prior to the survey (Figure 43).

Fourteen percent of BVSD high school students reported they had considered attempting suicide during the year prior to the survey, 12% had made a plan about how they would attempt suicide, and 6% had attempted suicide (Figure 43). Lesbian, gay, bisexual, and questioning students, in particular, and female high school students were more likely to show signs of depression than other high school students. These signs include harming themselves, feeling sad and hopeless, seriously considering attempting suicide, and attempting suicide (Figures 44 and 45).
SOURCES OF LOCAL, STATE, AND NATIONAL DATA ON CHILD WELL-BEING

LOCAL

Boulder County Department of Community Services  www.bouldercounty.org/dept/communityservices
Boulder County Department of Housing and Human Services  www.bouldercounty.org/dept/housinghumanservices
Boulder County Public Health  www.bouldercountyhealthcompass.org
Boulder County Healthy Kids Colorado Survey  www.bouldercountyHKCS.org
City of Boulder Department of Human Services, Family Services Division  www.bouldercolorado.gov/human-services

STATE

Colorado Department of Public Health & Environment (CDPHE),  www.chd.dphe.state.co.us
Colorado Health and Environmental Data (CHED), includes data from:
- Maternal Child Health County Data Sets
- Birth and Death Data
- Pregnancy Risk Assessment Monitoring System (PRAMS)
- Colorado Child Health Survey
- Healthy Kids Colorado Survey (HKCS)
Colorado Department of Education  www.cde.state.co.us
Colorado Department of Human Services (CDHS)  www.sites.google.com/a/state.co.us/humanservices
CDHS, Division of Child Welfare  www.sites.google.com/a/state.co.us/cdhs-dcw
CDHS, Office of Early Childhood  www.coloradoofficeofearlychildhood.com
Colorado Department of Local Affairs (DOLA), State Demography Office  www.dola.colorado.gov
Colorado Children’s Campaign, KidsCount in Colorado!  www.coloradokids.org/data/kidscount

NATIONAL

Healthy People 2020  www.healthypeople.gov
U.S. Census Bureau, American Community Survey  www.census.gov/programs-surveys/acs
Office of the Assistant Secretary for Planning and Evaluation, Poverty Guidelines  www.aspe.hhs.gov/2015-poverty-guidelines

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