ARE DENVER'S COMMUNITIES READY FOR KIDS?

A Brief for Individuals and Organizations Working to Improve
Child Outcomes in Denver, Colorado

A Collaboration between The Piton Foundation and the National Neighborhood Indicators Partnership, through support from the Annie E. Casey Foundation

THE PITON FOUNDATION

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Acknowledgements

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As an operating foundation, The Piton Foundation conducts and disseminates relevant research, develops initiatives, and works to improve public systems and institutions that serve low-income families. This brief was prepared as part of a grant awarded by The Annie E. Casey Foundation, in collaboration with the National Neighborhood Indicators Partnership and the Urban Institute, to support data-driven policy advocacy around children's issues. Available data are used to compare relevant circumstances of young children in low-income neighborhoods with those in other neighborhoods in Denver. The analysis draws implications for programs and policies aimed at improving school readiness and early-grade success for low-income children in Denver.

Multiple factors influence how prepared children are for school. Improving school readiness therefore requires efforts that speak to both children's skills and their environments. The National School Readiness Indicators Initiative created the "Ready Child Equation" to begin to track the different indicators that influence school readiness. This equation includes:

- **Ready Families,** which describes the children's family context and home environment;
- **Ready Communities,** which describes the community resources and supports available to families with young children;
- **Ready Services,** which describes the availability, quality and affordability of proven programs that influence child development and school readiness. This brief organizes services in Denver according to the early childhood system framework used in Colorado. This framework includes four domains: 1) early learning; 2) health; 3) social, emotional and mental health; and 4) family support and parent education; and

- **Ready Schools,** which describes critical elements of schools that influence child development and school success.

FAMILIES – In an effort to establish a description of children with a high probability of living in a low-income family, this brief draws from birth characteristics and income measures for children. Vulnerable children are defined using three indicators: 1) births to teen mothers; 2) births to mothers over age 19 with low education; and 3) elementary school-aged students attending public school who participate in the federal free and reduced lunch program - which serves as a proxy for low socio-economic status. The 2006 sample of Denver's vulnerable children, newborn to age eight, totaled 48% of the entire sample of children in Denver (newborn to age eight). Vulnerable children are concentrated in west Denver and far northeast Denver. Except for a few pockets, there is little concentration of vulnerable children living

Density of Vulnerable Children in Denver by Subarea

Denver Subareas

Sample of Vulnerable
Children Age 0 - 8 (2006)

Density (Per Acre)

High : 6.04

Low : 0
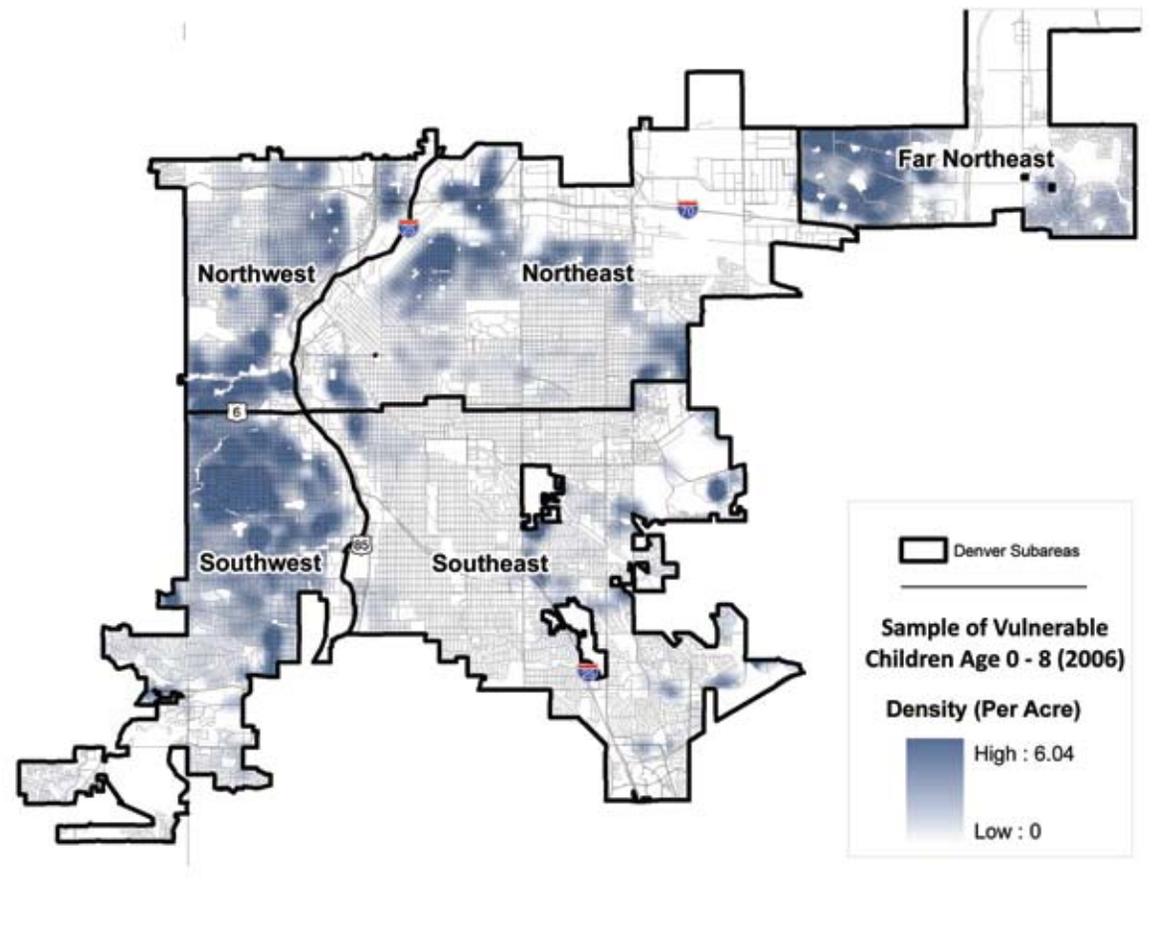
in central and southeast Denver. Since 2000, most neighborhoods in northwest Denver experienced a decrease in the total number of vulnerable children, whereas much of southwest Denver and pockets of north and southeast Denver experienced increases. The greatest increase, however, occurred in the far northeast neighborhoods of Montbello and Green Valley Ranch.

The racial and ethnic makeup of Denver's families has dramatically changed. In 1990, babies in the city were born predominately to White Non-Hispanic mothers, followed by White Hispanic and then African-American mothers. By 2006, births to White Hispanics were nearly the majority. Births to foreign-born mothers have also increased, from 9% in 1990 to 30% in 2006. Montbello (in far northeast Denver) and west Denver have experienced the greatest growth in births to White Hispanic mothers and foreign-born Hispanic mothers. While the highest density of births to African-American mothers is in central, southeast and far northeast Denver, overall these neighborhoods have experienced a decline in African-American births (with the exception of eastern Green Valley Ranch). Growth in the density of births to white mothers has occurred in parts of northwest Denver (such as the Highlands area), central northeast Denver (e.g., Park Hill and Stapleton), and central southeast Denver (including Washington Park and Lowry).

COMMUNITIES – Because community plays a significant role in the lives of children, this brief describes some issues that effect community quality. For example, Denver has a high-quality, geographically-dispersed library system with a strong focus on children's programming. Denver's children also have good access to parks. Residential instability, however, presents a major challenge for many communities. Areas with decreasing concentrations of vulnerable children (including central and northwest Denver) are spatially correlated with areas also experiencing home price appreciation, indicating that many low-income families must move in search of more affordable housing. Meanwhile, growing concentrations of vulnerable children are in southwest and far northeast Denver, where housing options are increasingly more affordable, but where foreclosure filings have also increased.

SERVICES – The availability and quality of programs serving families with young children in Denver varies by geography and type of service. Center-based early education programs are available throughout Denver, though around 60 percent are currently not rated for quality. This trend, however, is changing as a result of a recently approved voter initiative in Denver that provides early education programs with funding for quality improvement initiatives. In contrast to early education, health care services targeted to low-income children and families in Denver are not located in southwest and far northeast Denver, the areas of highest need. Thus, the city's vulnerable children have limited access to preventive, primary care services. Access to mental health services is even more problematic. While Denver's mental health care system has a diversity of services, such as early identification and intervention, advocacy, and education, there is a need for providers in all parts of the city. Many family support organizations exist in Denver, offering a variety of services ranging from home visitation to center-based programs aimed at providing parents with child development knowledge and parenting support. Attention to access and outreach, however, are necessary in areas of increased vulnerability, especially with Denver's changing demographics.

SCHOOLS – The few elementary schools in Denver rated "high" or "excellent" according to the state's School Accountability Report (SAR) are not located in areas with concentrations of vulnerable children. Areas most heavily concentrated with students who are not proficient in reading by third grade (according to the 2007 CSAP measure) include southwest Denver, parts of northwest Denver, upper central Denver and far northeast Denver.

CONCLUSION AND RECOMMENDATIONS – This brief uses the "Ready Child Equation" to provide a framework for analyzing the school readiness of Denver's low-income children. While there is no simple solution for addressing this issue, some general recommendations include:

- **Proactively respond to change.** For those working to improve child outcomes, it is vital to understand the changing demographics of Denver's families. Increased foresight and planning will open the door for culturally-appropriate services.

- **Cover all bases.** The "Ready Child Equation" suggests that it takes a comprehensive approach for children to truly thrive. In Denver, while parts of the equation are being improved, others need further attention.

- **If you build it, ensure they come.** Program quality and effectiveness is marginalized if eligible children and families are not connected to services. For new programs, services can be most easily accessed through strategic physical placement in areas with the greatest need. For established programs, focused recruitment via community outreach as well as networking with other providers can ensure that services are well utilized.

The mission of The Piton Foundation is to provide opportunities for children and families to move from poverty and dependence to self-reliance. As an operating foundation, Piton collaborates with others to conduct and disseminate relevant research, develop initiatives, and work to improve public systems and institutions that serve low-income families. The Foundation's areas of interest are improving pre-kindergarten through high school education, expanding economic opportunities for families, and strengthening lower-income communities. School readiness and early grade success cut across all three of these program areas. Young people will be unprepared to learn unless families, communities, services and schools provide opportunities for appropriate physical, emotional and cognitive development of infants, toddlers and children. Families and communities play critical roles in preparing children for school. Children are more likely to succeed when they come from families that have healthy relationships and economic security, and live in communities that provide social support for parents, opportunities for children to learn and play, and services for families in need.[1]

Piton supports efforts to help citizens come together to strengthen their neighborhoods. A critical component of this effort is the foundation's data initiative. Established in 1991, Piton hosts an online database of neighborhood and school indicators to help inform local political, policy and economic decisions. Piton is a partner in the National Neighborhood Indicators Partnership (NNIP), an effort by the Urban Institute and local partners to further the use of neighborhood-level information in policymaking and community building.

The Annie E. Casey Foundation (AECF), in collaboration with NNIP and the Urban Institute, initiated a grant program designed to support data-driven policy advocacy around children's issues in major American cities. The project seeks to strengthen and expand policy advocacy on behalf of disadvantaged children and families in low-income urban neighborhoods by:

• Promoting collaboration on policy advocacy among data intermediaries, funders, and advocates at the local level;

• Encouraging state and local level coordination on data-driven advocacy designed to impact state and local policy; and,

• Supporting joint policy research and advocacy across cities and states designed to impact federal policy.

The particular focus of this grant program is school readiness (broadly defined to include healthy social, emotional, and physical child development) and early-grade school success (including school attendance and achievement) and outcomes at the neighborhood level. As a requirement of the grant, Piton prepared a brief that uses available local data to compare relevant circumstances of young children in low-income neighborhoods with those in other neighborhoods in the City and County of Denver. These data were used to draw implications for programs and policies and to present an evidence-based "problem statement" that describes the key barriers to school readiness and early-grade success for low-income children in Denver.

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[1] Rhode Island KIDS COUNT. (2005), "Getting Ready: Findings from the National School Readiness Indicators Initiative – A 17 State Partnership," pp 18-32.

Denver is a large and diverse city with a young population. Denver is currently the 27th largest city in the United States with about 560,000 residents. Forty-five percent of Denver's citizens are either Black or Hispanic, while 17 percent of the people living in Denver are foreign born. The city is home to 150,000 children and 85 percent of its residents were under 60 years of age. The Denver metro area has grown recently and demographers expect that growth to continue, reaching 2.19 million by 2020.[2]

In some areas, Denver has demographic advantages and public programs that make it better at meeting children's needs than other communities in Colorado. These advantages and assets include higher than average enrollment rates for children in full-day kindergarten, low divorce rates, and wide availability of welfare programs.

In 2006, families made up 50 percent of the households in Denver.[3] Unfortunately, wealth, academic achievement, and access to adequate health care are not enjoyed equally by everyone in Denver. In fact, like many larger urban areas, the education, health and socioeconomic status of Denver's residents are often intertwined, exacerbating cycles of advantage or disadvantage in all areas.

In 2005, Denver had an overall poverty rate of 20.9 percent. Out of Colorado's 64 counties, Denver ranks 45th for the highest children's poverty rate, meaning only 20 counties have a higher rate of overall poverty than Denver. Twenty-two percent of Denver's children under eighteen live below the poverty level, compared to 14 percent of children statewide. Poverty is often associated with poor health and lower educational attainment, but poor health and lower education levels also result in lower income potential in the future.

Denver's infant mortality rate per 1,000 is 5.5; a rate just slightly lower than the overall state rate of 5.7 per 1,000. Beyond health, in 2006, 82 percent of people 25 years and over had at least graduated from high school and 36 percent had a bachelor's degree or higher. Eighteen percent were considered dropouts because they were not enrolled in school nor had graduated from high school. This drop out rate for Denver is nine percentage points higher than the state average and 11 percentage points higher than the national average.[4]

In many respects, Denver is rightly considered a thriving and child-friendly metropolis. However, it is important to understand and act on key indicators of citizen well-being – particularly the status of the city's children. In general, there are still many people in Denver that live in poverty, fail to achieve academically, and lack access to quality health care and insurance. These problems and data describing trends should be used to inform policy debates and to inspire community discussions and action.

Program quality and effectiveness is marginalized if children and families who are eligible are not connected to services. For new programs, services can be most easily accessed through strategic physical placement in areas with the greatest need. For established programs, focused recruitment via community outreach as well as networking with other providers can ensure that services are well utilized.

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[2] KidsCount from Demographia World Urban Areas. (2007). *Demographia World Urban Areas Projections 2007 & 2020.*
[3] KidsCount from American Community Survey. (2006). Denver County Narrative.
  Note: The definition of "Family" for the American Community Survey includes any household in which as least one adult and one child reside.
[4] KidsCount from American Community Survey. (2006). Denver County Narrative.

Denver Neighborhoods and Subareas

FarNortheast

Northwest

Northeast

Southeast
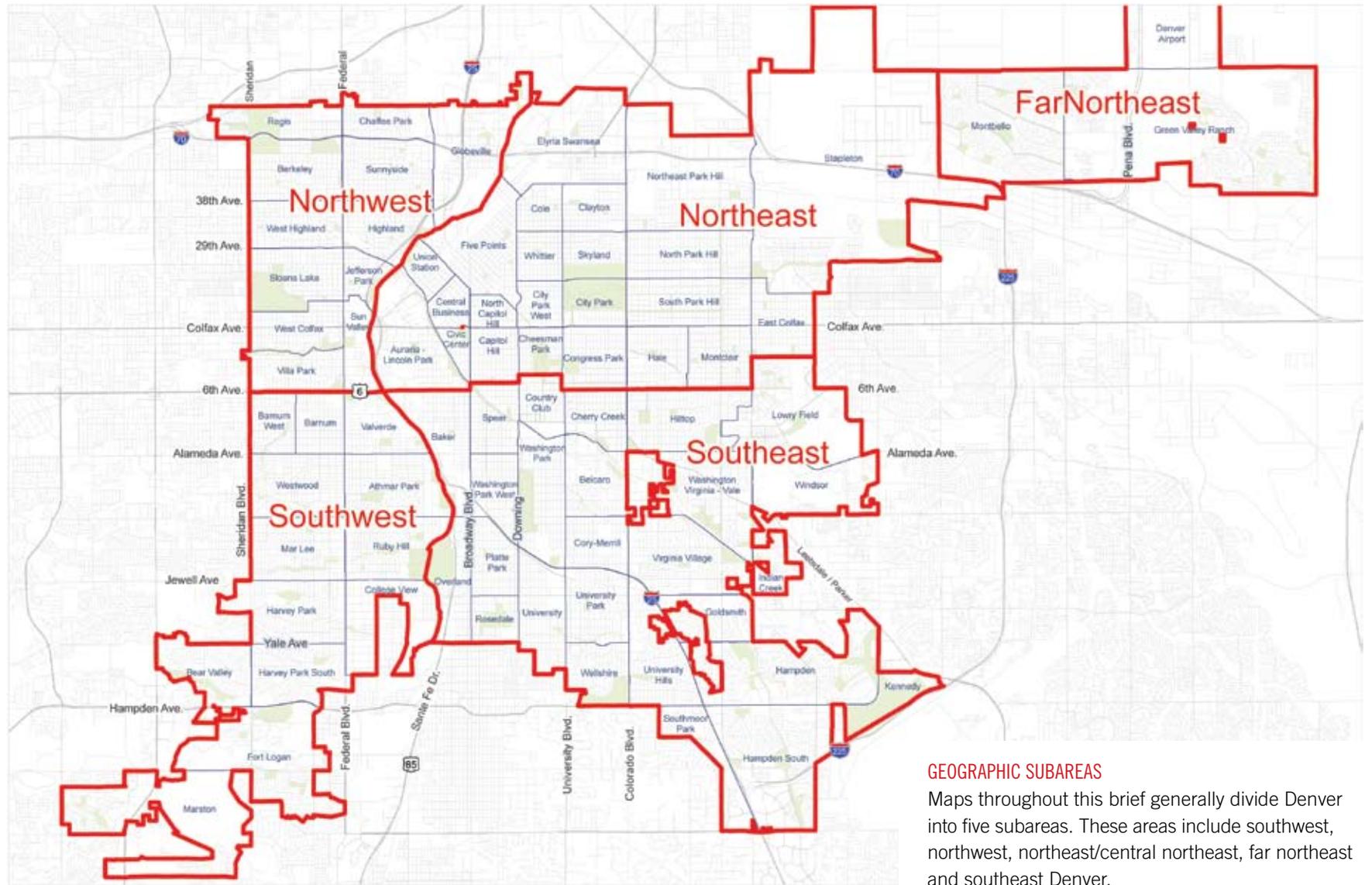
Southwest

GEOGRAPHIC SUBAREAS

Maps throughout this brief generally divide Denver into five subareas. These areas include southwest, northwest, northeast/central northeast, far northeast and southeast Denver.

Section 3: Framing of School Readiness – The Ready Child Equation

Multiple factors influence how prepared children are for school. Improving school readiness therefore requires efforts that address both children's skills *and* their environments. The National School Readiness Indicators Initiative[5], a three-year multi-state initiative, developed sets of indicators at the state level to track results for children from birth through age eight.[6] The initiative created the "Ready Child Equation" to begin to track the different indicators that influence school readiness. This equation includes:

- Ready Families, which describes the children's family context and home environment;
- Ready Communities, which describes the community resources and supports available to families with young children;
- Ready Services, which describes the availability, quality and affordability of proven programs that influence child development and school readiness. This brief organizes services in Denver according to the early childhood system framework used in Colorado. This framework includes four domains: 1) early learning; 2)

health; 3) social, emotional and mental health; and 4) family support and parent education;[7] and,

- Ready Schools, which describes critical elements of schools that influence child development and school success.

Indicator descriptions are quoted from the "Ready Child Equation" and are referenced in yellow text boxes throughout this brief.

Section 4: Ready Families (the family context for vulnerable children)

DEFINING VULNERABILITY. This brief compares circumstances of young children in low-income neighborhoods with those in other Denver neighborhoods. Conducting this comparison requires a definition of "disadvantaged" – referred to in this brief as vulnerable children with a high probability of living in a low-income family. (See Appendix A for a description of this research, including potential limitations.)

Using relevant available data, the brief combines three indicators to define vulnerability:

- Births to teen mothers (age < 20 years);

- Births to mothers with low education (education < 12 years *and* age > 19 years); and
- Denver Public School students participating in the Free and Reduced Lunch (FRL) program.

Several empirical studies document the relationship between children born to teen mothers, or to mothers with low education, and poverty status. In 1996, "about 50% of all teenage mothers received welfare within one year of the birth of their first child; 77% do so within 5 years, according to a Congressional Budget Office analysis of the National Longitudinal Survey of Youth.[8]" Meanwhile, in 2005, "individuals

who graduated from high school earned, on average, 1.5 times more than high school dropouts."[9]

The Free and Reduced Lunch (FRL) program allows eligible students to participate in the public school lunch program at no cost or a reduced cost. FRL status is directly tied to household income in that eligibility is determined by federal guidelines for family income and size. Effective July 1, 2007 to June 30, 2008, families that live at 130% of the federal poverty guideline qualify for free meals. For a household size of four, this translates to an income of $2,238 per month.

[5] *The National School Readiness Indicators Initiative: Making Progress for Young Children.* (2005) involved teams from 17 states, including Arizona, Arkansas, California, Colorado, Connecticut, Kansas,
Kentucky, Maine, Massachusetts, Missouri, New Hampshire, New Jersey, Ohio, Rhode Island, Vermont, Virginia and Wisconsin. The initiative was supported by The David and Lucile Packard Foundation,
The Kauffman Foundation and The Ford Foundation.
[6] Rhode Island KIDS COUNT. (2005). "Getting Ready: Findings from the National School Readiness Indicators Initiative – A 17 State Partnership," p 18-32.
[7] The services included in this brief are not an exhaustive description of all relevant programs and service providers in Denver. Inherently, these domains are complex and include a wide array of organizations that perform valuable services to benefit Denver's children.
[8] Besharov, D. & Gardiner, K. (1997). Trends in Teen Sexual Behavior, Children and Youth Services Review: 19 (5/6), p. 341-67.
[9] Englund, M., Egeland, B. & Collins, W. (2008). *Exceptions to High School Dropout Predictions in a Low-Income Sample: Do Adults Make a Difference?* Journal of Social Issues: 64 (1), p. 77-93.

This brief combines data from the Colorado Department of Public Health and Environment (CDPHE) and Denver Public Schools (DPS) to describe where children, ages newborn to eight, live in Denver. The term "sample" relies on data from these two sources to serve as an approximation of:

- Where all children live.
- Where all vulnerable children, or those with high probability of living in a low-income family, live.

See Appendix A: About the Research for more explanation about the data used in these samples.

SAMPLE OF ALL CHILDREN AGE NEWBORN TO 8 (2006)

The 2006 sample of Denver's children age newborn to eight totaled 68,736. (Note: this is not an official population estimate). The largest numbers of children were found in far northeast and west Denver. Montbello and Green Valley Ranch combined to account for nearly 15% of the total sample. In west Denver, the highest density of children was found in the Westwood neighborhood between Alameda Ave. and Mississippi Ave. and west of Federal Blvd. The lightest concentration of children was found in the central business district and south central Denver including Cherry Creek, Belcaro, Wellshire and Overland.

TOP 10 NEIGHBORHOODS (ALL CHILDREN)

Neighborhood	# Children	Area of Denver
Montbello	5,721	Northeast
Green Valley Ranch	3,946	Northeast
Westwood	3,051	Southwest
Mar Lee	2,009	Southwest
Villa Park	1,705	Southwest
Athmar Park	1,683	Southwest
West Colfax	1,662	Southwest
Sunnyside	1,634	Northwest
Harvey Park	1,627	Southwest
Ruby Hill	1,603	Southwest

UNDERSTANDING DENSITY….

The maps use both absolute figures and densities to make comparisons. Population density is the measure of the number of children per unit area. It is commonly represented as people per acre, derived by dividing area population by acres. For example the Northeast Park Hill neighborhood had a sample of 1,170 children in an area of 2,172 acres – resulting in a density of 0.54 children/acre. Meanwhile, the nearby Cole neighborhood had a sample of 877 children in an area of 238 acres – resulting in a density of 3.68 children/acre. Thus, while Cole had 293 fewer children in absolute terms, it had almost seven times the density of Northeast Park Hill.

Density of Denver's Children, Newborn to Eight (2006)
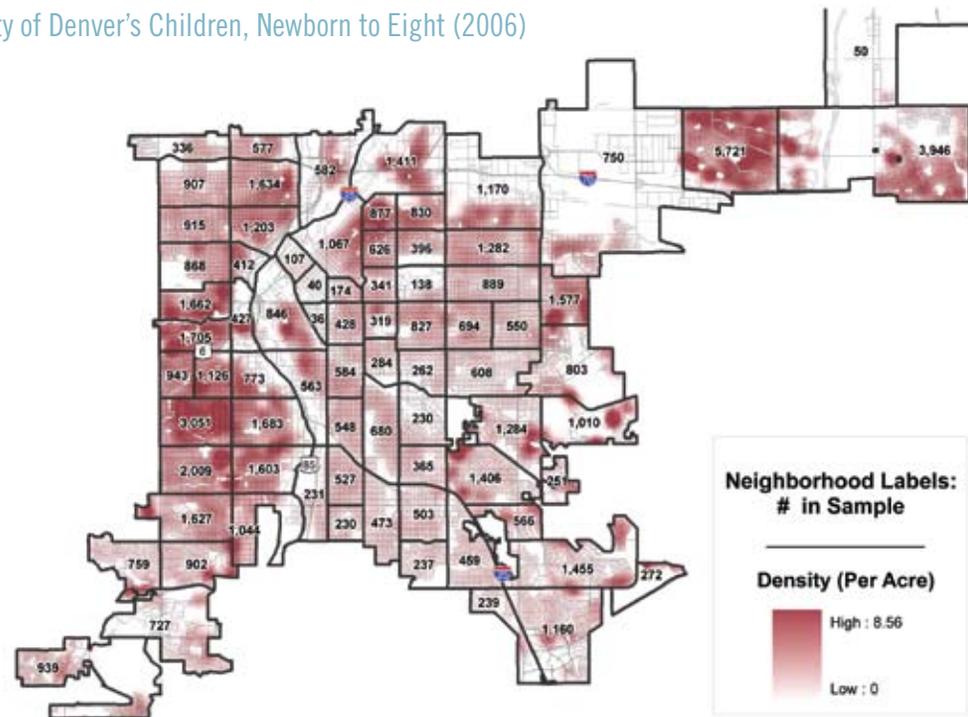
Neighborhood Labels: # in Sample

Density (Per Acre)

High : 8.56

Low : 0

Density of Denver's Vulnerable Children, Newborn to Eight (2006)

Neighborhood Labels:
Top: # Vulnerable
Bottom: % Vulnerable

Density (Per Acre)

High : 6.04

Low : 0
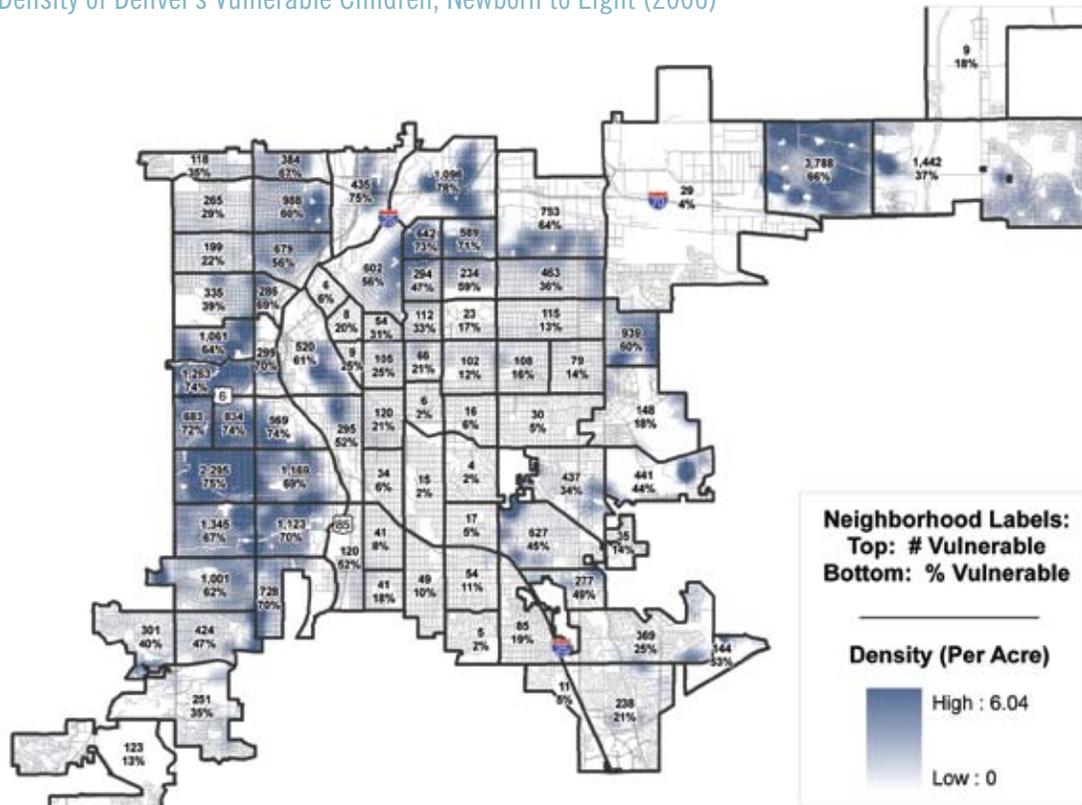
SAMPLE OF VULNERABLE CHILDREN AGE NEWBORN TO EIGHT (2006)

The 2006 sample of Denver's vulnerable children age newborn to eight totaled 33,004 – or approximately 48% of the entire sample. As the map shows, vulnerable children are concentrated in certain parts of the city:

- North of 20th Ave. between I-25 and Federal Blvd.;
- West of I-25 between Colfax Ave. and Jewell Ave;
- Neighborhoods north and west of City Park, East Colfax Ave.;
- Far northeast Denver.

Meanwhile, except for a few pockets, there is little concentration of vulnerable children in central and southeast Denver.

TOP 10 NEIGHBORHOODS (VULNERABLE CHILDREN)

Neighborhood	# Children	Area of Denver
Montbello	3,788	Northeast
Westwood	2,295	Southwest
Green Valley Ranch	1,442	Northeast
Mar Lee	1,345	Southwest
Villa Park	1,263	Southwest
Athmar Park	1,169	Southwest
Ruby Hill	1,123	Southwest
Elyria Swansea	1,096	North
West Colfax	1,061	West
Harvey Park	1,001	Southwest

Unless otherwise noted, the density layer shown beneath other information on all maps will always represent where concentrations of vulnerable children, age newborn to eight, lived in 2006.

Change in the Density of Denver's Children, Newborn to Eight (2001 to 2006)

Neighborhood Labels:
 # Change in Total
Sample '01 to '06

Density (Per Acre)

High : 4.03

Low : -3.83
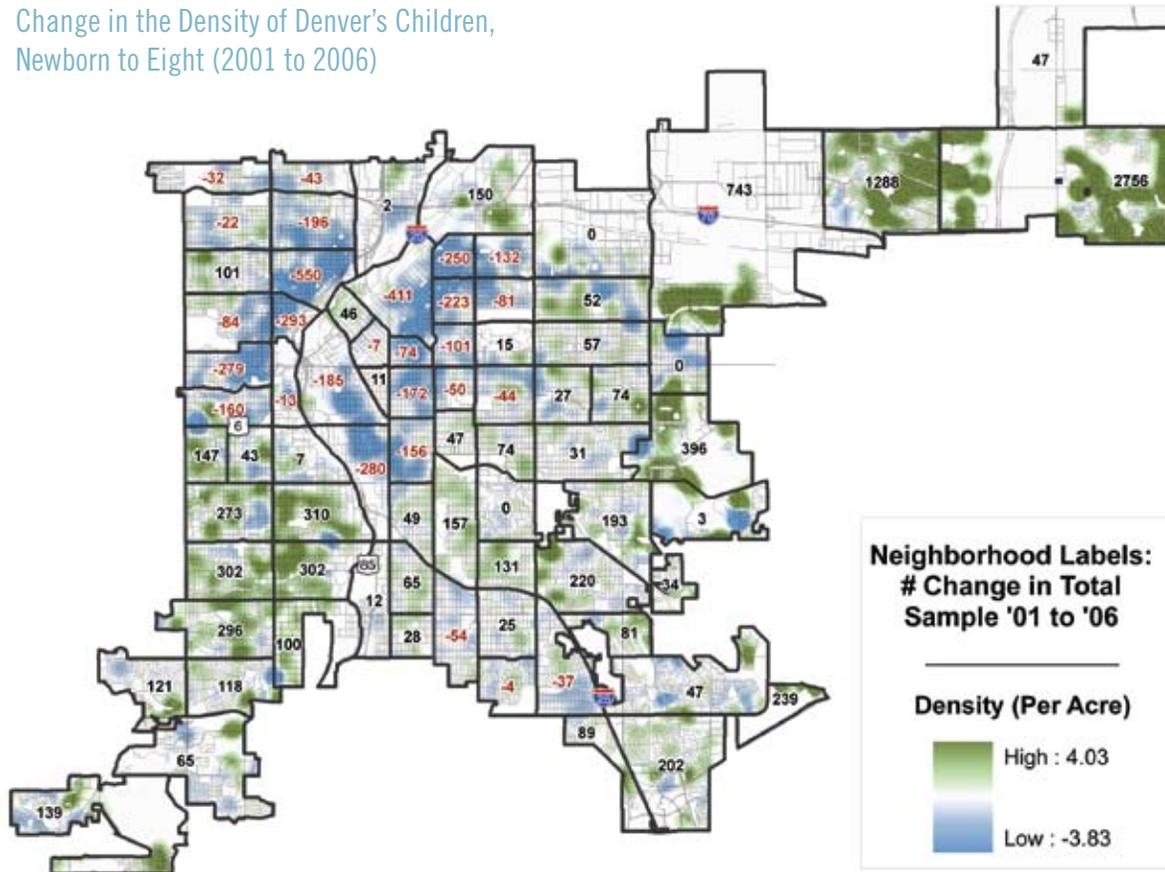
CHANGE IN SAMPLE OF ALL CHILDREN

Between 2001 and 2006, the sample increased by 5,782 children (an increase of 9.2%). In some cases, growth can be attributed to new housing development. Northeast Denver, for example, has added a large number of primarily single-family housing. Denver also has two major infill developments, at Stapleton and Lowry, with significant single family construction. In other cases, such as southwest Denver and east Colfax, increases are not the result of new housing but rather changing demographics, such as more families leading to larger household size.

Meanwhile, neighborhoods closely surrounding downtown Denver experienced a decrease in children between 2001 and 2006. In areas just west of I-25, decreases can, at least in part, be attributed to the replacement of single-family homes with high density developments that attract smaller households. To the east of downtown, decreasing numbers are likely due to in migration of new residents without children replacing larger families who had lived there previously.

		2006	Change '01 to '06
Largest Growth (Absolute)	Green Valley Ranch	3,946	2,756
	Montbello	5,721	1,288
	Stapleton	750	743
	Lowry Field	803	396
Largest Decline (Absolute)	Athmar Park	1,683	310
	Highland	1,203	-550
	Five Points	1,067	-411
	Jefferson Park	412	-293
	Baker	563	-280
	West Colfax	1,662	-279

Change in Density of Denver's Vulnerable Children, Newborn to Eight (2001 to 2006)

Neighborhood Labels:
Change in Vulnerable
'01 to '06
Number (top)
Percent (bottom)

Density (Per Acre)

High : 2.87

Low : -3.17
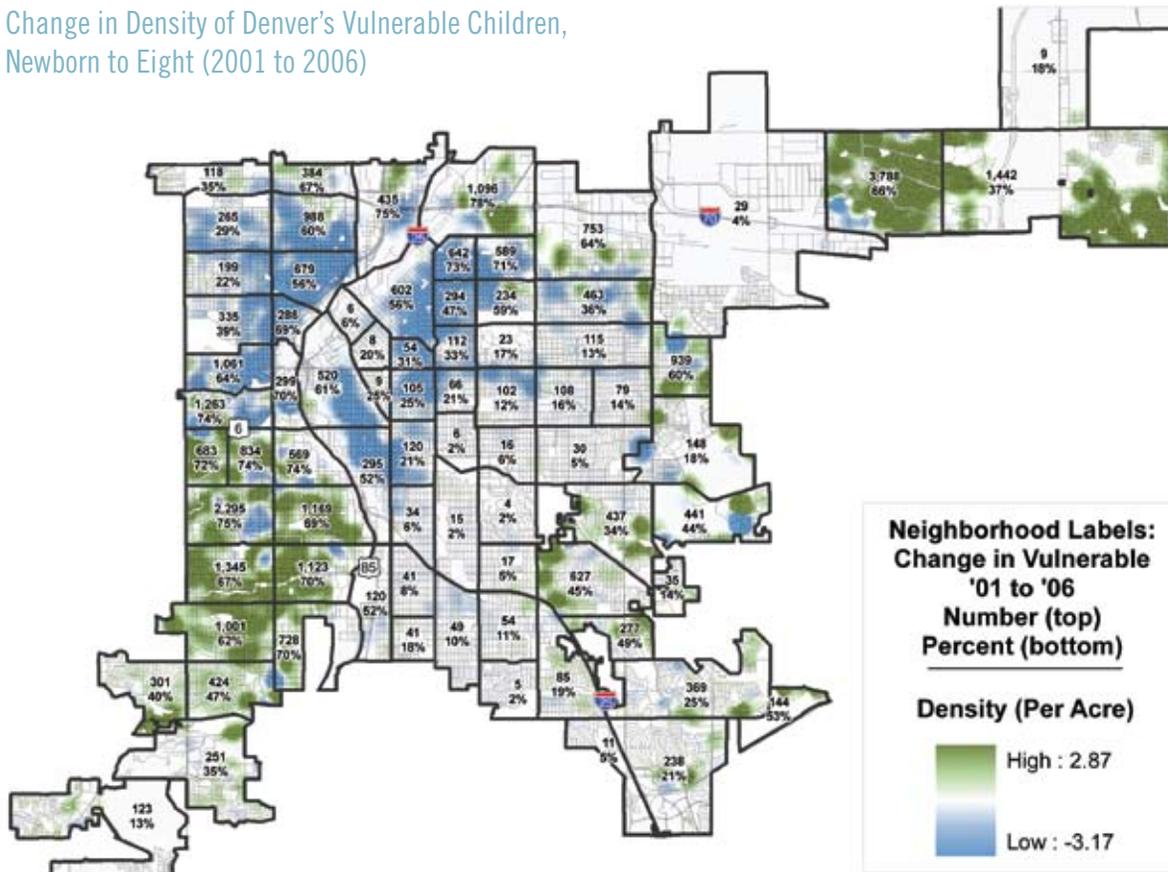
CHANGE IN SAMPLE OF VULNERABLE CHILDREN

Between 2001 and 2006, Denver added 2,234 vulnerable children (an increase of 7.2%). A geographic change in the location of where vulnerable children live closely mirrors the geographic change in the sample of all children.

Almost every neighborhood in northwest Denver experienced a decrease in the total number of vulnerable children. The Highland neighborhood, which is an area with significant real estate appreciation, experienced a decrease of almost 600 vulnerable children. Similarly, areas just east of downtown – such as Auraria-Lincoln Park, Baker, and Five Points – all demonstrated a decrease in vulnerable children. Other areas saw equally large growth in numbers of vulnerable children. Southwest Denver's Harvey Park, Mar Lee, Ruby Hill and Athmar Park each added over 300 vulnerable children. North Denver and southeast Denver also experienced increases. The greatest increase, however, occurred in the far northeast neighborhoods of Montbello and Green Valley Ranch.

		2006	Change '01 to '06
Largest Growth (Absolute)	Montbello	3,788	1,307
	Green Valley Ranch	1,442	1,232
	Harvey Park	1,001	383
	Mar Lee	1,345	353
	Ruby Hill	1,123	307
Largest Decline (Absolute)	Highland	679	-591
	Five Points	602	-408
	West Colfax	1,061	-301
	Baker	295	-285
	Jefferson Park	286	-272

VULNERABILITY INDICATORS

In an effort to establish a description of children with a high probability of living in a low-income family, this brief draws from birth characteristics and income measures for children. Vulnerable children are defined using a combination of three indicators: 1) births to teen mothers; 2) births to mothers over age 19 with low education; and 3) elementary school-aged students attending public school who participate in the federal free and reduced lunch program - which serves as a proxy for low socio-economic status. While the brief combines these indicators to understand where concentrations of vulnerable children live, it is important to examine each indicator independently.

Looking at overall demographic characteristics, the northeast, southeast and southwest subareas had the largest number of newborns between 2002 and 2006, all around 12,000 individuals. Far northeast Denver, on the other hand, had just over 6,000 births in the same period. The largest number of Denver Public School children, grades one to three, lived in southwest Denver (27% of the total) while the northwest subarea had the fewest (15% of the total).

The far northeast, northwest and southwest subareas had the highest concentrations of children across all three vulnerability indicators while the southeast subarea had the lowest. In the southwest subarea almost two out of every five children were born to mothers over age 25 without a high school degree.

In both the southwest and northwest subareas over four out every five children grades one to three enrolled in Denver Public Schools participated in the free and reduced lunch program.

Through the 1990s, the percentage of births to teen mothers in Denver hovered around 15 percent. Since 2000, though it has dropped from 14 to 11 percent. Conversely, births to low education mothers have been on a steady increase from 21 percent in 1990 to 25 percent in 2006. Meanwhile, from 2001 to 2006, the percent of first to third grade students enrolled in Denver Public Schools who participated in the free and reduced lunch program remained constant, around 75 percent.

Child Vulnerability Indicators 1990 – 2006 Percent of Total

Legend:
- Low Ed (% all births)
- Teen (% all births)
- FRL(% all students Grade 1 to 3)
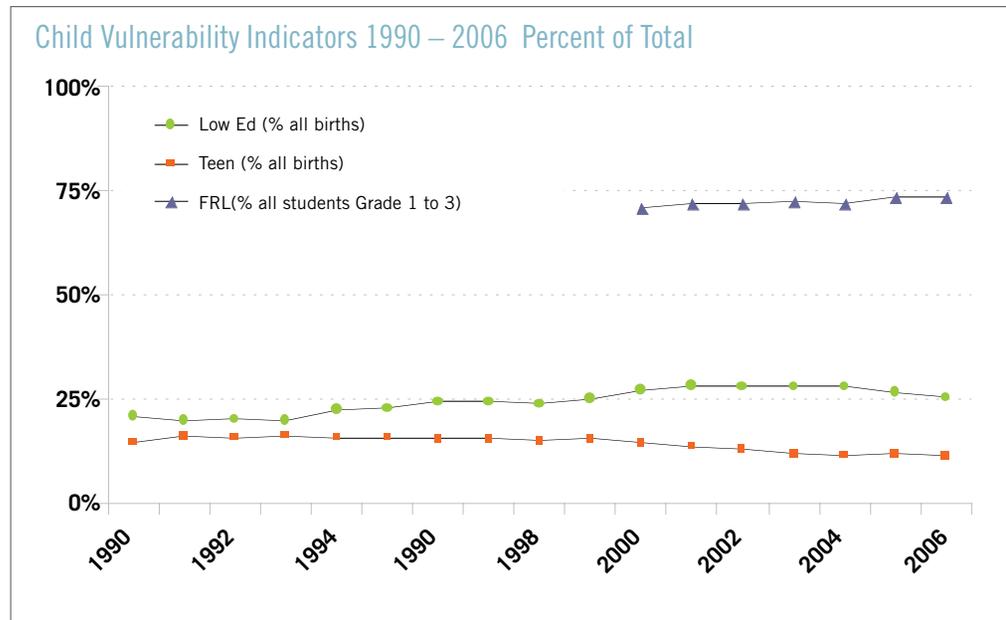
BASED ON 2006 DATA, THE FOLLOWING SET OF MAPS SUMMARIZES THE DIFFERENT INDICATORS USED FOR DEFINING VULNERABLE CHILDREN IN DENVER.
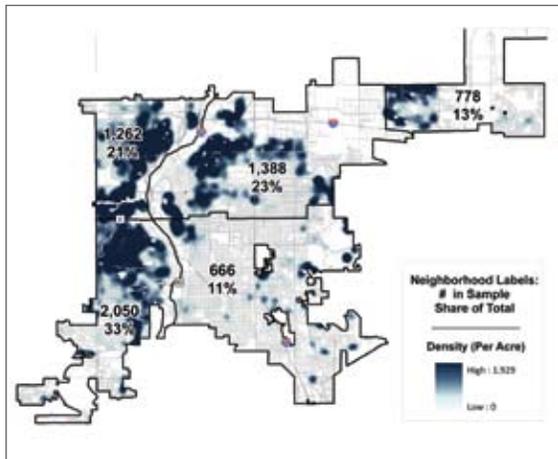
CHILDREN BORN TO TEEN MOTHERS

Children born to teen mothers are more likely to be born low birthweight, suffer poor health, experience behavior problems, and have limited language and literacy skills. Teen mothers are less likely to have the financial resources, social supports and parenting skills needed for healthy child development.[10]
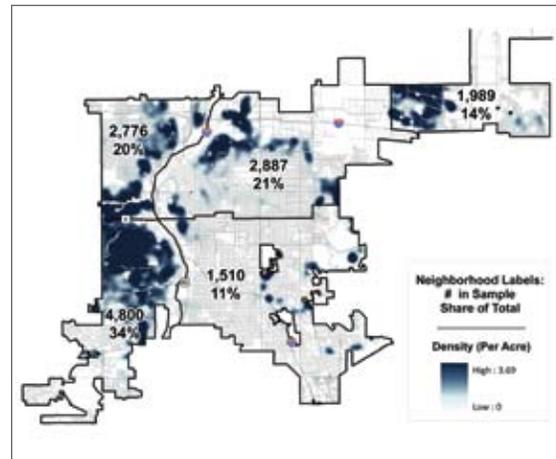
CHILDREN BORN TO MOTHERS WITH LOW EDUCATION

The level of education attained by parents strongly affects their children's development. Higher levels of maternal education are associated with better school readiness among young children, better health throughout childhood and adolescence, and an increased likelihood of finishing high school and going to college. Higher education levels of parents contribute to a more supportive home learning environment and more involvement in the child's school.[11]
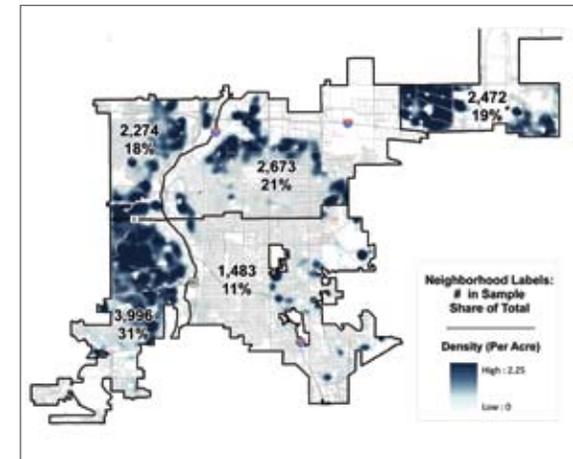
1ST – 3RD GRADE STUDENTS IN DENVER PUBLIC SCHOOLS ON FRL

In this brief, the Free and Reduced Lunch (FRL) status variable serves as a proxy for low socio-economic status. The correlation between family income and child well-being is well documented – low income children suffer from higher incidences of adverse physical health, cognitive development, school achievement, and emotional or behavioral outcomes than non-low income children.[12]

Subarea	Total #	Total Share	White Non-Hispanic #	White Non-Hispanic Share	African American #	African American Share	White-Hispanic #	White-Hispanic Share	Foreign Born Hispanic #	Foreign Born Hispanic Share
Far Northeast	6,393	13%	1,062	6%	1,368	28%	3,624	14%	2,881	17%
Northeast	11,690	23%	4,716	26%	2,023	41%	4,571	18%	3,003	18%
Northwest	8,515	17%	2,452	13%	229	5%	5,608	22%	2,951	18%
Southeast	12,160	24%	7,725	42%	1,102	23%	2,653	10%	1,733	10%
Southwest	12,363	24%	2,352	13%	154	3%	9,321	36%	5,989	36%
Unknown	406	--	221	--	23	--	115	--	61	--
Total	51,527		18,528		4899		25,892		16,618	

Cells in yellow highlight the highest percentage share in each group.

[10] Rhode Island KIDS COUNT. (2005), "Getting Ready: Findings from the National School Readiness Indicators Initiative – A 17 State Partnership," pp 18-32.
[11] Ibid.
[12] Brooks-Gunn, J. and Duncan, G. (1997). "The Effects of Poverty on Children". *The Future of Children*, Vol. 7, No. 2, Children and Poverty. pp. 55-71. Published by The Brookings Institution.

CHANGING DEMOGRAPHICS: RACE AND ETHNICITY [13]

As of 2006, the largest share of births to White Non-Hispanic mothers was in southeast Denver, whereas northeast Denver had the largest share of African-American births. Meanwhile, southwest Denver had the largest share of both births to White Hispanic mothers and births to foreign born Hispanic mothers.

The racial/ethnic makeup of Denver's newborns was dramatically different in 2006 than in 1990. In 1990, babies in the city were born predominately to White Non-Hispanic mothers (48%), followed by White Hispanic (32%) and then African-American mothers (15%). By 2006, births to White Hispanics were nearly the majority (49%), followed by White Non-Hispanic (37%) and African American (9%). Births to foreign-born mothers also increased, from 9% in 1990 to 30% in 2006.

West Denver and Montbello (far northeast Denver) have the highest density of births to White Hispanic and foreign-born Hispanics. These areas also have shown dramatic growth in births to White Hispanics and foreign born Hispanics between 1990 and 2006. While the highest density of births to African-American mothers is in central, south east and far northeast Denver, overall these neighborhoods have experienced a decline since 1990 in African-American births (with the exception of eastern Green Valley Ranch in far northeast Denver, where an increase in African-American births occurred over the 16-year period). Growth in the density of births to white mothers has occurred in parts of northwest Denver (such as the Highlands area), central northeast Denver (e.g., Park Hill and Stapleton), and central southeast Denver (including Washington Park and Lowry).

Percent of Children Born by Race / Ethnicity (1990–2006)

Legend: White Non-Hispanic · Black · White Hispanic · Foreign Born

48.4% ... 49.0%
32.3% ... 37.2%
15.0% ... 30.5%
9.4% ... 9.7%

Years: 1990, 1992, 1994, 1996, 1998, 2000, 2002, 2004, 2006
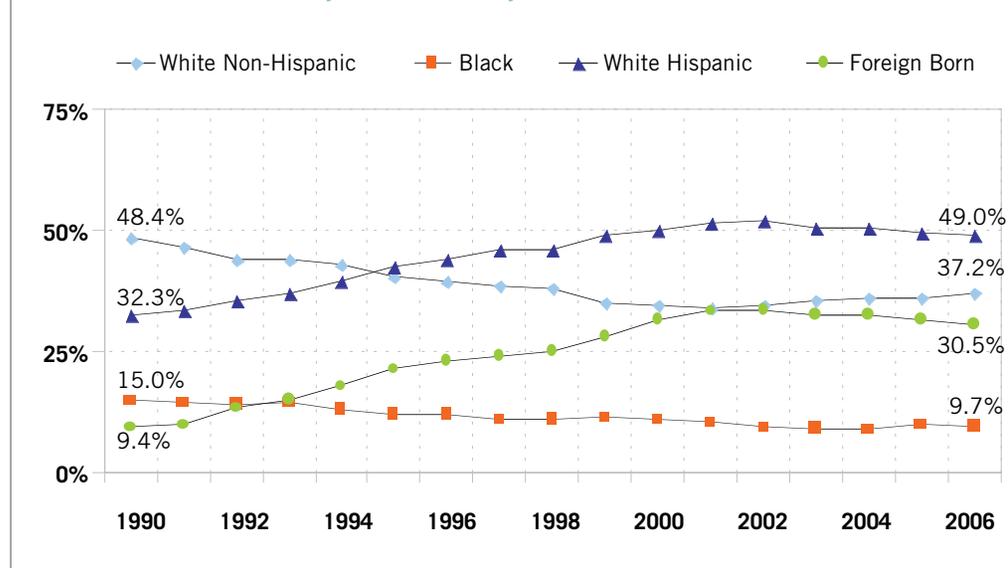
[13] Race and ethnic categories are based on Colorado Department of Public Health and Environment definitions.

THE FOLLOWING PAGES SHOW CHANGING DEMOGRAPHICS THROUGHOUT DENVER.

All Births to African Americans between 2002 and 2006

229
5%

1,368
28% *

2,023
41%

154
3%

1,102
23%

Subarea Labels:
Change
% Change

Density (Per Acre)

Subareas

High : 3.23

Low : 0
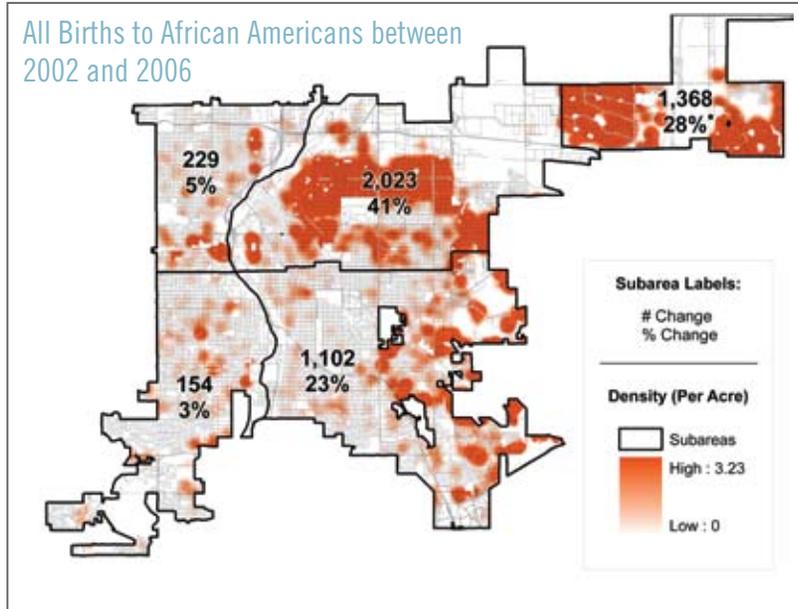
All Births to African Americans between 1996 and 2000 Compared to between 2002 and 2006

23
11%

148
12% *

-820
-29%

-2
-1%

329
43%

Subarea Labels:
Change
% Change

Density (Per Acre)

Subareas

High : 1.07

Low : -1.47

All Births to White Non-Hispanics between 2002 and 2006

2,452
13%

4,716
26%

1,062
6% *

2,352
13%

7,725
42%

Subarea Labels:
Change
% Change

Density (Per Acre)

Subareas

High : 2.7

Low : 0

All Births to White Non-Hispanics between 1996 and 2000 Compared to between 2002 and 2006

428
21%

1,135
32%

294
38% *

-754
-24%

320
4%

Subarea Labels:
Change
% Change

Density (Per Acre)

Subareas

High : 1.92

Low : -1.03

All Births to Hispanics between 2000 and 2006

3,624
14%

5,608
22%

4,571
18%

2,653
10%

9,321
36%

Subarea Labels:
Change
% Change

Density (Per Acre)

Subareas
High : 6.14
Low : 0

All Births to Hispanics between 1996 and 2000 Compared to between 2002 and 2006

2,397
195%

-1,144
-17%

-243
-5%

461
21%

2,863
44%

Subarea Labels:
Change
% Change

Density (Per Acre)

Subareas
High : 3.64
Low : -2.79

All Births to Foreign Born Hispanics between 2000 and 2006

2,881
17%

2,951
18%

3,003
18%

1,733
10%

5,989
36%

Subarea Labels:
Change
% Change

Density (Per Acre)

Subareas
High : 5.58
Low : 0

All Births to Foreign Born Hispanics between 1996 and 2000 Compared to between 2002 and 2006

2,021
235%

-576
-16%

-195
-6%

362
26%

2,736
84%

Subarea Labels:
Change
% Change

Density (Per Acre)

Subareas
High : 3.45
Low : -2.30

Parents with resources often spend substantial time researching schools, housing options, parks, children's programs and other elements of a neighborhood they believe will have an impact on their children's safety, achievement and social networks. This belief suggests that community conditions are important determinants of children's experiences and opportunities – thereby stressing the importance for children of neighborhood resources, such as parks, libraries and children's programs. [14]

WHY "READY COMMUNITIES" ARE IMPORTANT FOR CHILDREN

Neighborhood Conditions: The neighborhoods in which children live have an influence on their development. As a group, children from low-income families who live in more affluent neighborhoods score higher on tests of verbal ability, reading recognition and overall achievement than children with the same income levels who live in high poverty neighborhoods. Children growing up in neighborhoods with high rates of poverty are more likely to attend under-resourced and low-performing schools, to have fewer playgrounds, parks and libraries and to have less access to high quality early education pro-grams.

Text taken directly from: Rhode Island KIDS COUNT (2005), "Getting Ready: Findings from the National School Readiness Indicators Initiative – A 17 State Partnership," pp 18-32.

LIBRARIES

The Denver Public Library (DPL) is an award winning urban library system that offers a central library in downtown Denver, 22 branch libraries, and 19 bookmobile service locations throughout Denver.

[14] Shonkoff, J. & Phillips, D. (2000). From Neurons to Neighborhoods: The Science of Early Childhood Development. National Academy Press, Washington, D.C.

DPL has been an innovator in urban public library systems, eager to explore new ideas and concepts to better serve residents. Since 2000, DPL has been consistently in the top five libraries in the U.S. by Hennen's American Public Library Ratings. Recently, DPL has adopted a "Community Conservation" approach to its branch libraries. User needs were assessed and a community service concept was adopted. The library style for each branch is determined based on demographics, and services are adjusted to meet identified needs.

Children's programming for DPL includes the following elements at various branch locations: story time events by age group (6-23 months, 2-3 yrs, and all ages; bilingual offered at specific branches), kid's craft hour, a summer reading program, and the SuperSaturday Program (offered in English and Spanish). Denver residents also are able to take advantage of other metro-area library systems.

How well are libraries distributed?

Branches and book mobile locations are geographically well distributed throughout Denver. Denver's libraries are often located in areas with high concentrations of vulnerable children. The exception is far northeast Denver, where only one library is available for all children living in the Montbello and Green Valley Ranch neighborhoods. There may be variations in the programs offered at various branches, especially when comparing the availability of programs for specific age groups. The hours of operation at branch locations vary between 32 and 48 hours/week. No significant disparity in the operating schedule exists between areas with a higher density of vulnerable children and areas with lower a lower density.

Location of Denver Public Library Sites
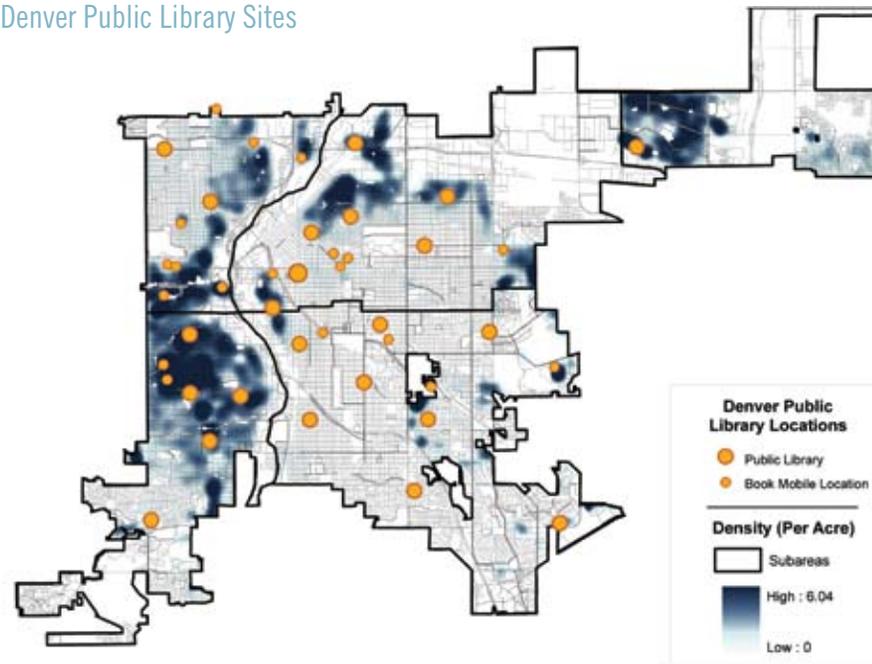
Denver Public Library Locations
- Public Library
- Book Mobile Location

Density (Per Acre)
- Subareas
- High : 6.04
- Low : 0

Overall, Denver's parks and trails are well distributed. This geographic analysis, however, only examined the distance to parks managed by the City and County of Denver. According to this brief, immediate access to a park is considered to be ¼ a mile from home (or less). Using this measure, 38% of children in southwest Denver, and 49% in southeast Denver (areas considered to be highly populated with vulnerable children) live more than ¼ a mile from a city park – in other words, vulnerable children in these areas do not have immediate access to parks.

In contrast, Denver Urban Gardens' locations are more heavily concentrated in areas with a high density of vulnerable children. Denver Urban Gardens serves low to moderate income populations by designing and creating small parks and community gardens that improve a sense of pride in the community. This role compliments the efforts of Denver Parks and Recreation and helps to offer the benefits of parks, playgrounds, and community gardens for areas of higher population density.

Denver's recreation centers are distributed throughout the city. Also shown on the map are Boys and Girls Clubs and YMCA locations in Denver, as these programs often serve lower-income areas.

Vulnerable Children Living Farther than ¼ mi. from a Park

# of Vulnerable Children Living Farther than ¼ mi. from a Park	# of Vulnerable Children	% of Vulnerable Children Living Farther than ¼ mi. from a Park	Subarea of Denver
1,628	5,239	31%	Far Northeast
2,031	6,948	29%	Northeast
1,297	6,312	21%	Northwest
1,774	3,659	49%	Southeast
4,094	10,846	38%	Southwest

Location of Denver Parks, Gardens, and Recreation Centers

Parks and Recreation Centers

- ■ Denver Recreation Center
- ■ YMCA
- ■ Boys & Girls Club
- ▬ Park
- — Trail
- ● Denver Urban Gardens
- ▭ Subareas

Sample of Vulnerable Children Age 0 - 8 (2006) Density (Per Acre)

High : 6.04

Low : 0
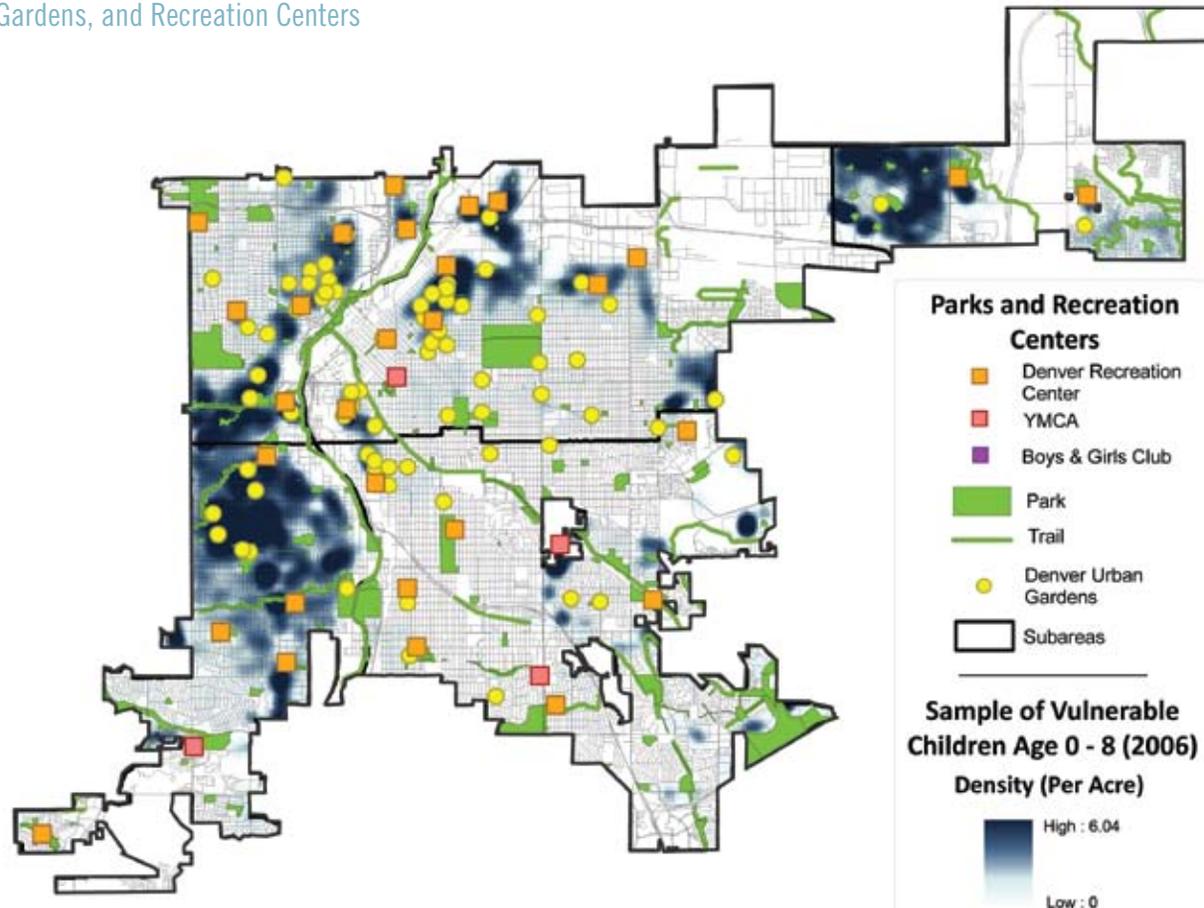
RESIDENTIAL INSTABILITY

Studies show that children living in areas with residential instability are more like to experience poor education outcomes. As noted by David Kerbow, "The level of mobility has potentially deep and pervasive consequences for the students involved and more broadly for the classrooms they attend. Most immediate for children, changing schools is almost certain to create some disjuncture in their learning experience." [15][16] School reform initiatives become increasingly difficult when children living in any given neighborhood are frequently moving to other parts of the metro area.

FORECLOSURE

According to a study by the City and County of Denver, concentrations of foreclosures can cause various problems for a neighborhood. This is because many foreclosed properties are vacant and unkempt, making them easy targets for crime, fire hazards and urban blight. Furthermore, when many homeowners in an area lose their homes and move, the community's base of stakeholders is undermined. Schools, places of worship and community organizations lose members, which can negatively impact the community's strength and sense of place. [17]

While there are numerous events that can trigger residential relocation, in this brief, foreclosure data is used as a proxy of residential instability. The map and corresponding graph above display heavy concentration and growth in foreclosure filings in areas of Denver that also have a high density in vulnerable children. For example, in 2007, far northeast Denver had over 1,100 foreclosures, 583 in Montbello and 551 in Green Valley Ranch. In southwest Denver, Westwood had the highest number (259) of filings followed by Mar Lee, Athmar Park, and Harvey Park – all with more than 150.

Growth in Foreclosure Filings (2000–2007) By Subarea

Legend:
- Far Northeast
- Northeast
- Northwest
- Southeast
- Southwest

2007 Foreclosures in Denver

- 1,144 — 24%
- 608 — 13%
- 1,031 — 22%
- 563 — 12%
- 1,419 — 30%

Sub Area Labels:
In Sample
Share of Total

Density (Per Acre)
High : 0.64
Low : 0
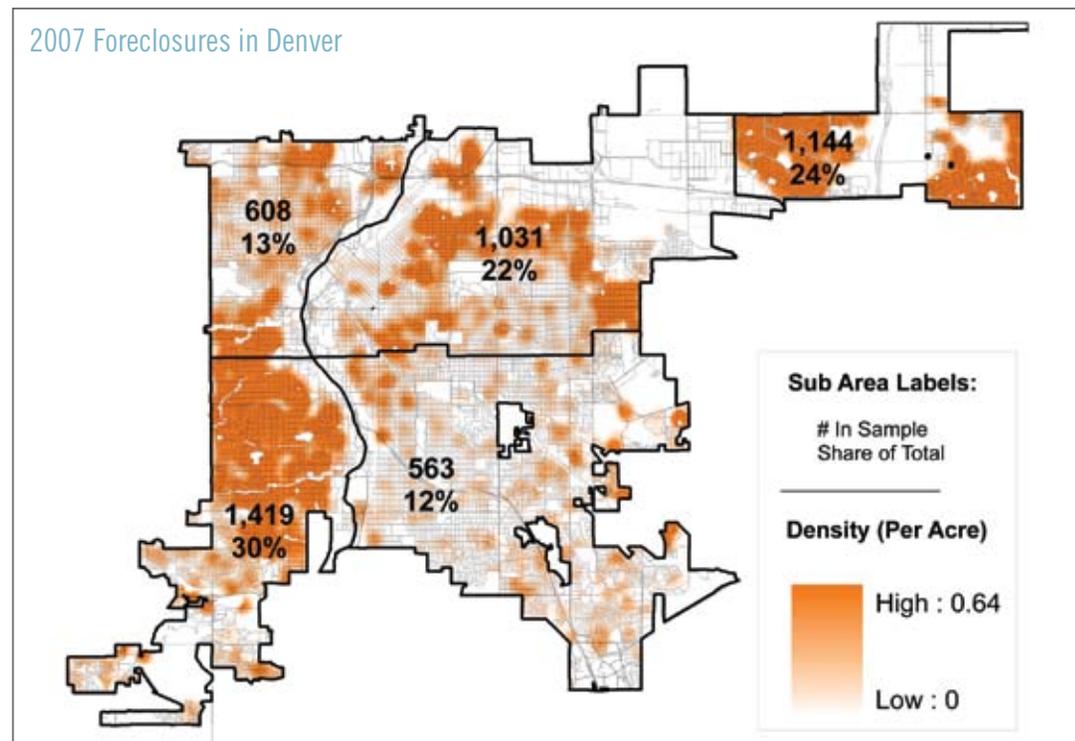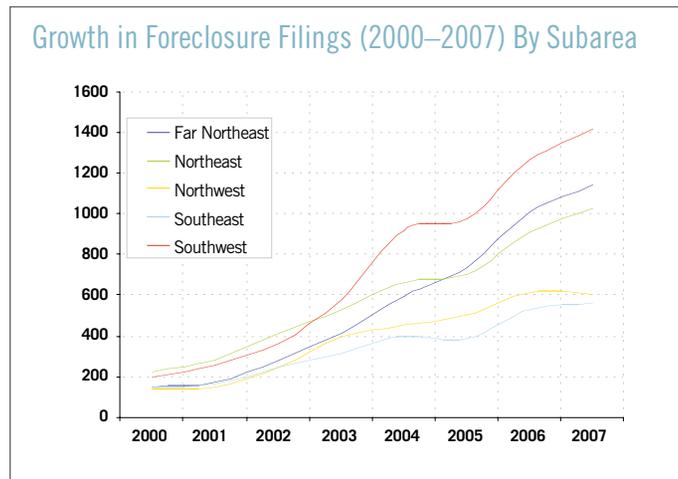
[15] Kerbow, D. (1996). *Patterns of Urban Student Mobility and Local School Reform*, Journal of Education for Students Placed at Risk: 1(2), 147-169.

[16] Rhodes, V. (2005). *Kids on the Move: The Effects of Student Mobility on NCLB School Accountability Ratings*, Penn GSE Perspectives in Urban Education 1: 3(3), pp

[17] Sesay, A. & O'Connor, K. (March 2008). *Understanding Foreclosures in Denver, City and County of Denver.* Paper # OED-R08-01.

CHANGING HOME PRICES

From 2005 to 2007, some areas in Denver experienced home price appreciation while others saw a decline. Generally speaking, home prices in northwest, central and southeast Denver increased while those in southwest and far northeast Denver declined. [18]

While home prices in southeast Denver have been high since 2000, price escalation in northwest and central Denver is a more current phenomenon and is a driver for gentrification. The map to the right shows that areas with decreasing concentrations of vulnerable children are spatially correlated with areas that also are experiencing home price appreciation. Meanwhile, southwest and far northeast Denver, where housing options are increasingly more affordable, also have experienced growing concentrations of vulnerable children.

It is important to note that approximately 44% of Denver's households rent their homes and rent prices do not by definition increase in areas with increasing home prices. However, over one-third of renters live in single family homes or duplexes and are more likely to experience changes in rent prices that coincide with changes in home prices. [19]

Percent Change in Median Home Price in Denver (2005 to 2007)

% Change in Median Home Price
2005 to 2007
By Denver Assessor's Neighborhoods
(In Black)
- -14.6 - -5.0
- -4.9 - -1.0
- -0.9 - 1.0
- 1.1 - 5.0
- 5.1 - 10.0
- 10.1 - 38.4

Change in Vulnerable Children
(96-00) to (02-06)
High : 2.87
Low : -3.17
Density Per Acre
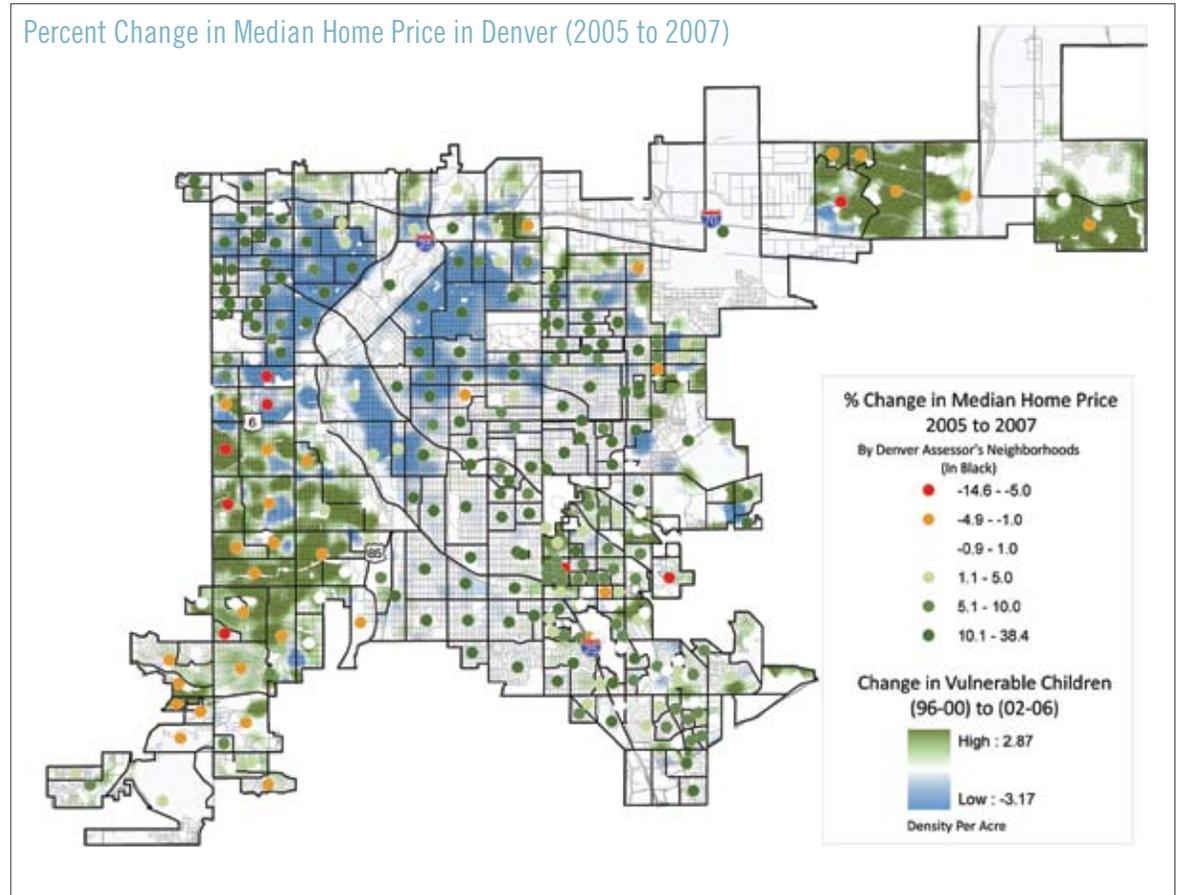
[18] City and County of Denver Assessor's Office (2008).
[19] U.S. Census Bureau American Community Survey (2006).

Early Learning

Early childhood, defined as the years from birth through eight years of age, is a critical time in human development. In fact, researchers now agree that 85 percent of brain development occurs during the first three years of life. [20]These early years are the foundation upon which a child's success or failure in school and life is built. Ensuring that all children have the opportunity for high-quality early childhood experiences can make a lasting and meaningful difference in achievement throughout their lives.

A critical component of an early childhood experience is the quality of care and education children receive both in their homes, child care settings, and the early grades. Empirical research has shown that children who attend full-day kindergarten show significantly stronger academic gains in reading and math over the course of the kindergarten year than their counterparts in half-day kindergarten. Specifically, children in full-day kindergarten programs gain 12.8 percent more than children in half-day programs on reading assessments between fall and spring. In addition, children in full-day kindergarten programs gain 10.3 percent more than children in half-day programs on math assessments between fall and spring. [21]

WHY ACCESS TO EARLY CARE AND EDUCATION IS IMPORTANT FOR CHILDREN

Children Enrolled in an Early Education Program: Children who attend a high quality early education program in the year or two before kindergarten are better prepared for school – academically, socially and emotionally. Economically disadvantaged 3- and 4-year-old children who participate in high-quality preschool programs have better school achieve-ment, social skills and behavior than children who do not participate in a preschool experience or who are enrolled in a low quality program.

Access to Child Care Subsidies: Families rely on child care to enable them to go to school and/or work and to provide the early education experiences needed to prepare their children for school. The high cost of child care puts quality care and early education out of reach for many families, particularly low-income families. Access to child care subsidies helps families afford higher quality child care. Chil-dren who have received high quality child care score higher on tests of both cognitive and social skills in their early years than children in low quality care.

Text taken directly from: Rhode Island KIDS COUNT (2005), "Getting Ready: Findings from the National School Readiness Indicators Initiative – A 17 State Partnership," pp 18-32.

WHERE DOES DENVER STAND?

In 2006, 55% of Denver children ages three to five were enrolled in nursery school[22], preschool or kindergarten. This matches the overall state percentage and is a four percent increase from Denver's enrollment rate during the fall of 2003. Yet, while the percentage of kindergartners enrolled in a full-day program has increased, Denver, like almost all of Colorado, continues to lag behind the national rate of 58%. [23]Among Colorado's largest counties, Denver's enrollment rate in full-day kindergarten comes closest to the national average.

Indicator [24]	Denver	Colorado
Children enrolled in nursery school, preschool or kindergarten (ages 3-4)	41%	43%
Children enrolled in nursery school, preschool or kindergarten (ages 3-5)	55%	55%
Fall 2006 kindergartners in a full-day program (%)	67.4%	34.1%
Number in half-day public kindergarten, Fall 2006	2,177	40,163
Number in full-day public kindergarten, Fall 2006	4,501	20,759
Number of children in public kindergarten, Fall 2006	6,678	60,922

[20] Goldberg, J., Bruner, C., & Kot, V. (1999). *The ABCs of Early Childhood: Trends, Information, and Evidence for Use in Developing an Early Childhood System of Care and Education.* A Joint Publication of Iowa Kids Count and the Iowa Forum for Children and Families.

[21] US Department of Education. (2004). *Full-day and Half-day Kindergarten in the United States: Findings from the Early Childhood Longitudinal Study.* National Center for Education Statistics.

[22] "Nursery school" is a standard definition for the U.S. Census Bureau's American Community Survey data as a school enrollment category.

[23] KidsCount from the Annie E. Casey Foundation. Population Reference Bureau, analysis of data from the U.S. Census Bureau, Census 2000 Supplementary Survey, 2001 Supplementary Survey, and 2002 through 2006 American Community Survey.

[24] 2008 KidsCount in Colorado. (2008). Colorado Children's Campaign.

EARLY LEARNING SERVICES IN DENVER

This map illustrates where licensed center-based programs are available throughout Denver. The type of program is often related to the density of vulnerable children in the area. Head Start is an example of a program that offers quality, subsidized preschool and comprehensive school readiness services for low-income families with children. Therefore, Head Start sites are typically located in areas where concentrations of vulnerable children live.

Center-Based Programs by Subarea

Far Northeast	18
Northeast	102
Northwest	53
Southeast	76
Southwest	46

SUBSIDIZED PRESCHOOL IN DENVER

There is a complex system in Denver (and Colorado) that provides public funding streams to encourage preschool enrollment for low-income families. Public funding streams in Denver include state or federal programs, such as the Colorado Preschool Program (CPP), Colorado Child Care Assistance Program (CCCAP), and Head Start programs. In addition to these subsidies, access to quality preschool in Denver has recently been increased by the Denver Preschool Program (DPP).

In November 2006, voters approved the creation of the Denver Preschool Program, which provides parents who live in Denver with a tuition credit to use at the preschool of their choice. It is open and voluntary for all Denver children in their last year of preschool before kindergarten and includes all licensed preschool providers who agree to participate in a quality improvement system. DPP tuition credits supplement other funding sources available for preschool programming, including CPP, Head Start and CCCAP.

Center-Based Programs, Sized by Capacity
Number of Slots
- 0 - 18
- 19 - 36
- 37 - 72
- 73 +

Subareas

Sample of Vulnerable Children Age 0 - 8 (2006)
Density (Per Acre)
High : 6.04
Low : 0
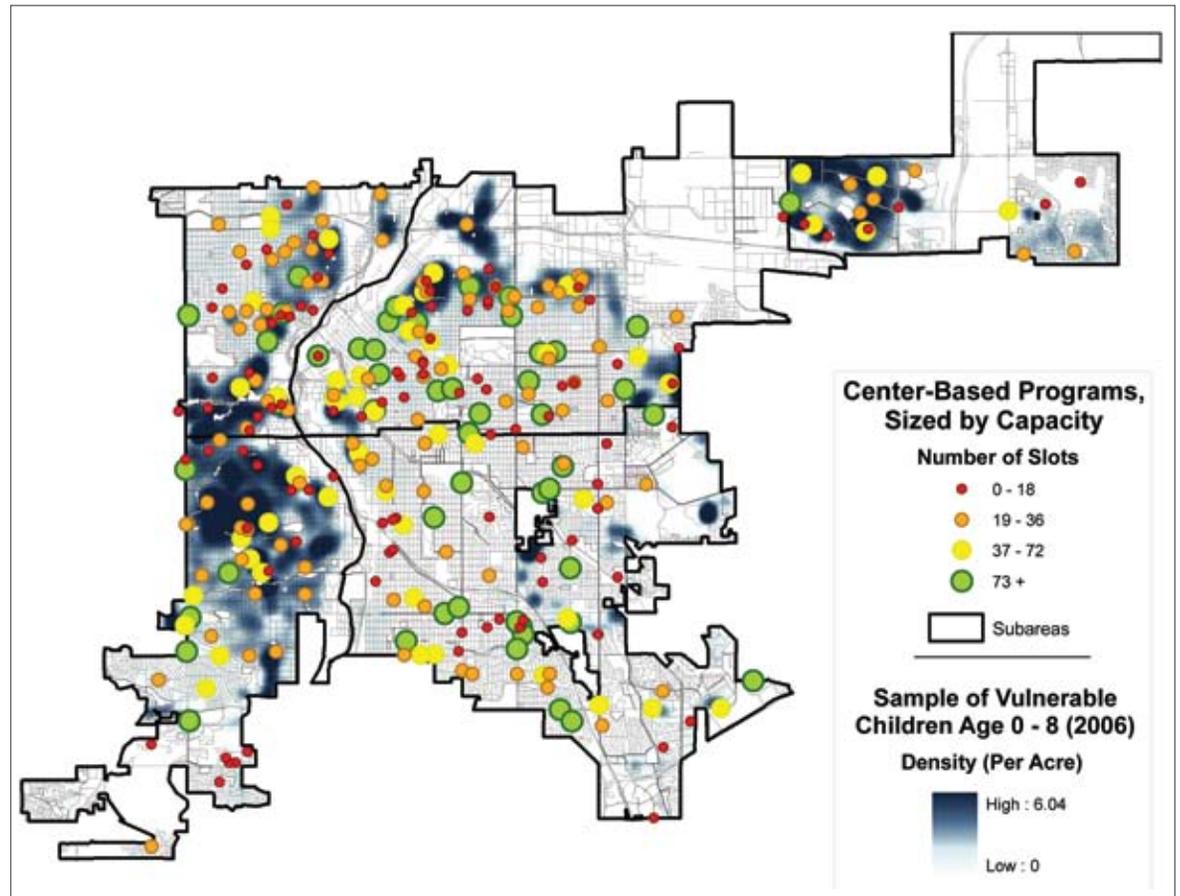
QUALITY CARE AND EDUCATION

Qualistar Early Learning is a state-wide childcare and preschool resource and referral network for programs that serve children birth to age 12. Qualistar also provides a quality improvement and rating system that measures quality in licensed programs that serve children birth to kindergarten. It is a four-star rating system (with four being the highest) that outlines the strengths and weaknesses of the program and provides a detailed plan for continuous quality improvement. There are five quality components that factor into a program's rating: learning environment; family partnership; staff training and education; adult to child ratio; and accreditation through a national accrediting agency.

The National Association for the Education of Young Children (NAEYC), the National Association for Family Child Care (NAFCC) and the National After-School Association (NAA) are national accreditation agencies that offer systems to indicate and improve the quality of care for children. NAEYC accredits early childhood programs that serve children birth through kindergarten. NAFCC accredits programs that operate as family child care programs, and NAA accredits school-age care programs serving children and youth ages five to 14. As with Qualistar Early Learning's rating program, NAEYC, NAFCC, and NAA accreditation is voluntary and encourages quality improvement and professional development.

In Colorado, it is optional for a licensed early learning program to be rated. Since, however, rating systems are fee-based (typically with a cost to the facility per classroom), a significant number of providers in Denver (and in Colorado) have not been rated. Thus, whether or not a facility is rated should not be interpreted as a reflection of the program's quality. It should be noted that because the Denver Preschool Program requires participating preschools to be quality rated, whether through the Qualistar rating system or NAEYC or NAFCC accreditation, the number of preschools that are rated has increased in 2007 and 2008.

In general, many programs are not Qualistar rated or accredited. A small number of center-based programs are accredited by NAEYC[25] but do not take part in the Qualistar rating program. Of the programs that are rated or accredited, several are located in areas where high densities of vulnerable children live – particularly in northwest, southwest and central Denver. There is, however, a lack of center-based and home-based providers (rated and unrated) in upper central Denver (Elyria Swansea neighborhood), which is home to a high concentration of vulnerable children.

Center-Based Programs by Rating (2008)

Rated	Unrated	% Rated
123	305	40%

Home-Based Programs by Rating (2008)

Rated	Unrated	% Rated
6	193	3.1%
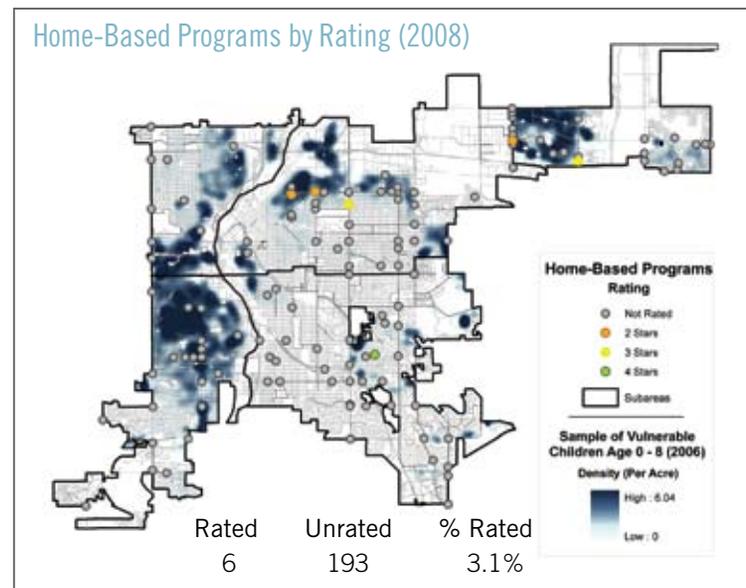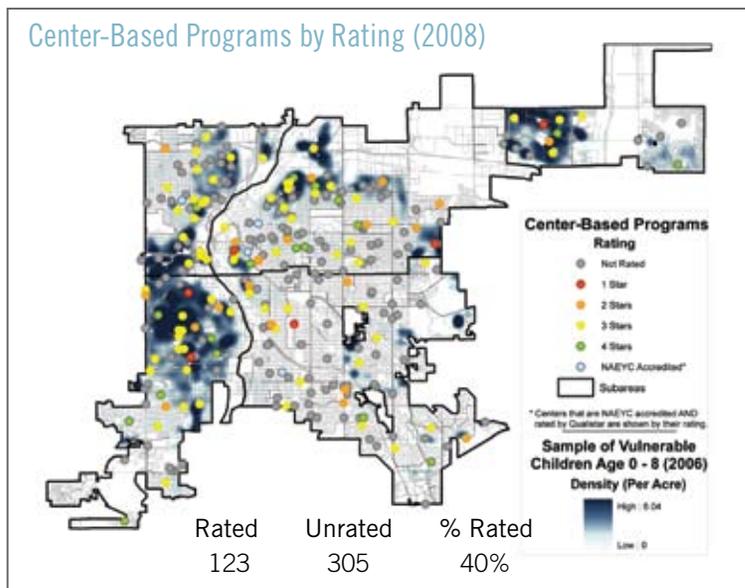
[25] At this time no home-based programs in Denver County are rated through NAFCC.

Health

Promoting good physical health is essential for the overall well-being of our state's children. Health problems can make it difficult for children to succeed academically and grow into skilled adults. Many health problems present in childhood can continue into adulthood, underscoring the importance of a healthy start in life. Beginning with prenatal care and continuing throughout the childhood years, there are a number of health indicators that can be examined to measure and track the health of Denver's children.

WHY ACCESS TO HEALTH SERVICES IS IMPORTANT FOR CHILDREN

Health Insurance: Children and families with health insurance are more likely to access primary health care services that can prevent health problems or address existing chronic or acute health conditions. Lack of health insurance can affect a child's school attendance and ability to participate in school activities. Lack of health care or delays in treating children's health problems can negatively affect cognitive, emotional, behavioral and physical development, sometimes with life-long consequences.

Low Birthweight: Infants born weighing less than 5.5 pounds are at greater risk for physical and developmental problems than infants of normal weight. Children who are born at a low birthweight are at higher risk for long-term illness or disability and are more likely to be enrolled in special education classes or to repeat a grade.

Access to Prenatal Care: Early, comprehensive prenatal care increases the likelihood that a child will be born healthy. Prenatal care presents a critical opportunity to identify and treat maternal health conditions that threaten the birth of a healthy child. Mothers who receive good prenatal care are less likely to have preterm or low birthweight infants and are more likely to obtain regular pediatric care for their young children.

Text taken directly from: Rhode Island KIDS COUNT (2005), "Getting Ready: Findings from the National School Readiness Indicators Initiative – A 17 State Partnership," pp 18-32.

WHERE DOES DENVER STAND?

In 2006, 9.7 percent of babies born in Denver had low birth- weight (defined as weighing less than five pounds, eight ounces at birth). This reflects an increase of less than one percent over the past three years. Denver's low-birthweight statistics are slightly worse than the state and national statistics. Similarly, the percentage of Denver mothers receiving prenatal care in the first trimester also has declined.

In 2006, several health indicators showed improvement for the care of Denver's children. Denver has seen a significant decrease in the percentage of women reporting that they smoked during pregnancy. Not only has the percentage of pregnant women smoking decreased from 5.9 percent in 2005 to 4.8 percent in 2006, Denver is well below the state average of 7.0 percent. Seventy-one percent of mothers received early prenatal care, which is down half a percentage point since 2005. Another early health indicator, infant mortality, also has seen a dramatic decrease from a rate of 9.2 per 1,000 in 2005 to a rate of 5.5 in 2006. [26]

Children need ongoing health care after birth. In the fiscal year of 2006 to 2007, Denver's percentage of children participating in Child Health Plan Plus (CHP+) and Medicaid was above the state average. Six percent of Denver's children were enrolled in CHP+ (9,332 children), and 35 percent were enrolled in Medicaid (53,177 children). Denver also increased the number of community health centers to 27 in 2006.

Child and Maternal Health[27]	Denver	Colorado
2006 Low birthweight births	9.7%	9.0%
2006 Early prenatal care	71.1%	78.3%
2006 Women smoking during pregnancy	4.8%	7.0%
2006 Infant mortality (rate per 1,000)	5.5	5.7
2006 Child (ages 1-14) deaths (rate per 100,000)	24.4	18.2
2006 Teen (ages 15-19) deaths (rate per 100,000)	72.9	56.7
2006 Children (0-18) killed by firearm	8	26
FY 06-07 Children (Ages 0-18) enrolled in CHP+	6.1%	5.5%
FY 06-07 Children (Ages 0-18) enrolled in Medicaid	35.0%	24.3%
2008 Community health centers	27	120

[26] KidsCount from the Health Statistics Section, Colorado Department of Public Health and Environment http://www.cdphe.state.co.us/hs/vs/2006/countydata_2006.html
[27] 2008 KidsCount in Colorado. (2008). Colorado Children's Campaign.

Health care services targeted to low-income children and families in Denver are not located in areas of highest need. Southwest Denver, which has a high density of vulnerable children, lacks sufficient health care providers, other than dental providers. Also worth noting is that health providers that accept CHP+ or Medicaid tend to be located in areas that have a low density of vulnerable children. The highest need for health providers that accept CHP+ is in west and far northeast Denver. This lack of strategically located health providers may cause more low-income families to utilize emergency services rather than preventive, primary care services.

Location of Health Care Providers Serving Low-Income Children in Denver

Health Care Providers Serving Low-Income Children
- 🔵 Health Clinic
- 🟢 Dentist
- 🟠 Physician
- 🔴 School Health Clinic
- 🟡 WIC
- ⬜ Subareas

Sample of Vulnerable Children Age 0 - 8 (2006)

Density (Per Acre)

High : 6.04

Low : 0
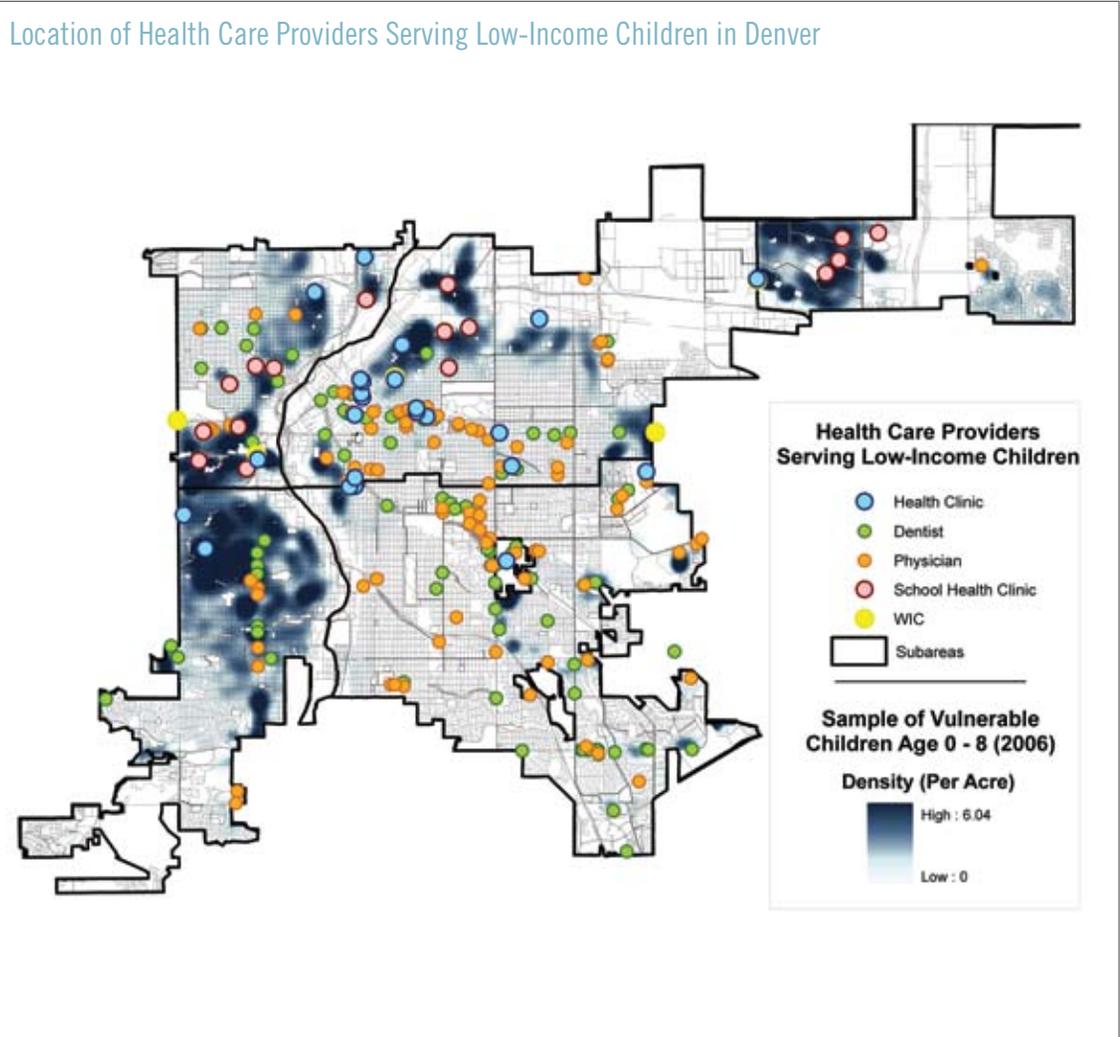
Program	Description	# of Locations
Health Clinics	Health clinics include community health centers, ClinicNet clinics, and other primary care clinics that accept CHP+ and Medicaid.	18
School Health Clinics	School-Based Health Clinics in Denver Public Schools are staffed by practitioners and physicians; school nurses and social workers from DPS; and therapists from Mental Health Center of Denver. *Note: Only elementary school health clinics are shown.	16
Women Infants and Children (WIC) Colorado	ColoradoA nutrition and for pregnant, breastfeeding, or postpartum women and infants and children until the age of 5 years.	4
Physicians	Physicians include family practice, general practice, and pediatricians that accept either CHP+ or Medicaid.	107
Dentists	Delta Dental of Colorado administers the CHP+ dental benefits of the CHP+ program. Dentists shown are those listed with Delta Dental as accepting CHP+.	101

Social, Emotional and Mental Health

Within the early childhood and school readiness framework, mental health refers, in large part, to the healthy social/emotional development of young children. Children eligible for early childhood mental health services include those who have experienced abuse or neglect, as well as children who have behavioral issues that impact their ability to learn and to relate to other children and adults. Developmental assessment and early intervention also are key components in mental health services for children.

WHERE DOES DENVER STAND?
According to the Mental Health Center of Denver's statistics for Denver County, 12 percent of MHCD's active cases are children and adolescents under 18 (average age of 12). Forty percent of the children are Latino, 21 percent are Caucasian, 20 percent are African American, and 17 percent are of mixed race. English is the primary language of 83 percent and Spanish is the primary language of 15 percent. Eighty-three percent live in a family-like environment and six percent live in foster homes. [28]

WHY ACCESS TO MENTAL HEALTH SERVICES IS IMPORTANT FOR CHILDREN
Children's school experience is more positive and productive when they have a sense of personal well-being established through stable, caring relationships in their early lives. Emotional health and social competence enable children to participate in learning and form good relationships with teachers and peers.

Text taken directly from: Rhode Island KIDS COUNT (2005), "Getting Ready: Findings from the National School Readiness Indicators Initiative – A 17 State Partnership," pp 18-32.

HOW DOES THE MENTAL HEALTH SYSTEM IN COLORADO OPERATE?
There is no single mental health system in Denver or throughout Colorado. Mental health services are delivered through a complicated array of systems, providers, and programs serving a range of needs across diverse and sometimes overlapping groups of Colorado residents. There are, however, three major categories of mental health providers in Colorado: (1) public mental health providers; (2) private mental health providers; and (3) other systems of care that are not specifically mental health systems, but that provide mental health services, such as the primary care system or other service programs.[29] Services range from early intervention and identification, child-specific services, and parent education, advocacy, and support.

MENTAL HEALTH SERVICES IN DENVER [30]
The Colorado Department of Human Services, Division of Mental Health (DMH) administers several mental health programs and initiatives funded through the state legislature or private or federal grants. In Denver, DMH also contracts with the Mental Health Center of Denver through its PEARL Program to provide services in partnership with early childhood service systems, including services coordinated through Head Start programs.

One key area of early childhood mental health is developmental screening and early intervention. There are several organizations that help to provide opportunities for developmental assessment and early intervention in Denver. These include locally administered national and multistate programs, such as Bright Futures, Child Find, and Healthy Steps, as well as local programs or organizations, such as the Sewall Child Development Center. Head Start programs and Early Childhood Connections also are examples of specific programs that help to provide developmental assessment and early intervention for at-risk or vulnerable children.

Education and support services are the most commonly provided services, most of which are located in central and northwest Denver. While providers are needed throughout Denver, need is particularly great in southwest Denver. There is demand for more on-site mental health services, such as school health clinics, mental health clinics, and development centers, for all of Denver's children.

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[28] History: Clientele on MHCD's website at http://www.mhcd.org/AboutUs/history.html
[29] TriWest Group (October 2003). *The status of mental health care in Colorado, prepared for the Mental Health Funders Collaborative.*
[30] Because developmental screening and early intervention are so important, there is naturally a wide array of programs and services that strive to provide these services. It is difficult to mention all programs and providers that serve this role, whether that is the specific mission or simply one of the many services provided. This section mainly describes programs and providers that serve children that have been identified as having a special need.

Location of Mental Health Care Providers Serving Denver
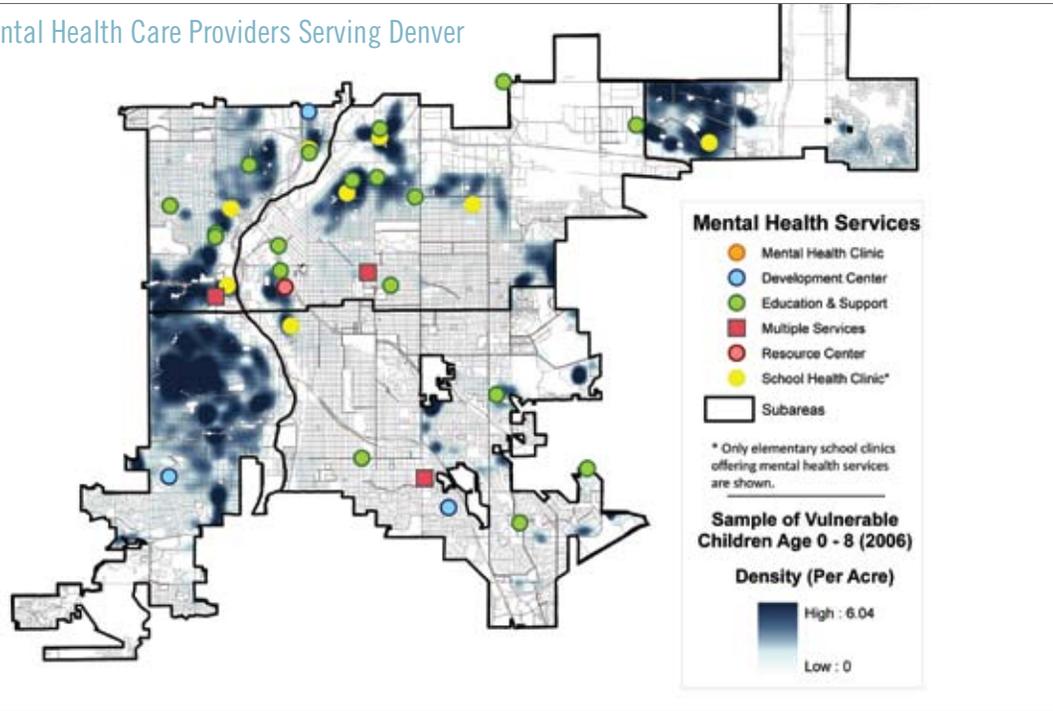
Program	Type of Service [31]	# of Locations
Mental Health Center of Denver (MHCD) (includes the PEARL Program)	Clinic; Dev. Center; Ed. and Support; Resource Center; School Clinics	3 Clinics 8 School Clinics
Denver Children's Advocacy Center	Education and Support	1
Early Childhood Connections	Education and Support	1
El Centro Esperanza and La Clinica Esperanza	Clinic, Education and Support	1
Federation of Families for Children's Mental Health (NFFCMH) (Colorado Chapter)	Education and Support	1
Harambe Colorado	Education and Support	1
Incredible Years	Education and Support	4
Jewish Family Services	Education and Support	1
Laradon	Dev. Center; Education and Support	1
Mental Health Association of Colorado (MHAC)	Education and Support	1
NAMI Colorado	Education and Support	1
Sewall Child Development Center	Dev. Center; Education and Support	4 Development Locations 1 Multiple Services Site

See Appendix B for more information about mental health service providers in Denver.

[31] Type of Services: Mental Health Clinics offer either in- or out-patient mental health care; Education and Support services include organizations that provide resources, outreach services, education and support to families; Development Centers are programs that provide actual classroom services for children; Resource Centers offer research and resources for families.

Family Support and Parent Education

The environment children are born into can have an effect on whether they will be successful in life. The educational attainment of parents, employment and income level of the family are important resources that help sustain children's development and decrease their chances of living in poverty. Support systems are in place to help children and their parents overcome certain limitations.

WHY ACCESS TO PARENT SUPPORT SERVICES IS IMPORTANT FOR CHILDREN

Being Read To: Young children who are read to regularly by their parents develop better literacy skills, are better readers when they reach elementary school and are more likely to succeed in school. Reading to young children helps to develop imagination, creativity, vocabulary and early literacy skills. Children who are read to on a regular basis and who have books in the home are more likely to enjoy books and to read on their own.

Parent Involvement: Families that receive support and referrals to needed services become more knowledgeable about their children's activities and are more able to continue the learning process at home. Programs that incorporate parent input and involvement on a regular basis are more likely to improve child and family outcomes.

Text taken directly from: Rhode Island KIDS COUNT (2005), "Getting Ready: Findings from the National School Readiness Indicators Initiative – A 17 State Partnership," pp 18-32.

WHERE DOES DENVER STAND?

Single mothers face significant obstacles, including affordable child care and securing adequate full-time employment. In 2006, 34.6 percent of children were born to single women and 33.9 percent of children were born to women with less than 12 years education. These percentages are well above the state average and can have significant impact on opportunity for Denver's children. Furthermore, 78 percent of Denver's children are being raised in single-parent families; this is 50 percent higher than the state, and is 46 percent higher than the U.S. average. The median household income in Denver is more than $8,000 below the state average. Overall, these circumstances create additional problems for many of Denver's children.

Parents and Support [32]	Denver	Colorado
2006 Births to single women	34.6%	27.6%
2006 Births to women with less than 12 yrs education	33.9%	21.4%
2006 Teen births (rate per 1,000 female teens 15-17)	42.7	23
2006 Out-of-home placements (rate per 1,000)	16.1%	10.7%
2006 Children qualifying for free or reduced lunch	66.9%	34.3%
2005 Median household income	42,576	50,841
2006 Children living in families where no parent has full-time, year-round employment	37%	31%
Children living in crowded housing [33]	15%	9%
Teens not attending school and not working	13%	8%
Children in Immigrant families	38%	20%
Children in single-parent families	78%	28%
2005-2006 students served by the McKinney-Vento Homeless Ed. Program	1.7%	1.6%
Young adults enrolled in or completed college	39%	44%
Children that speak another language other than English at home	38%	19%

[32] 2008 KidsCount in Colorado. (2008). Colorado Children's Campaign.
[33] "Crowded Housing" is often considered to be a unit with more than one occupant per room (U.S. Census Bureau, 2000).

Location of Parent Support Programs in Denver
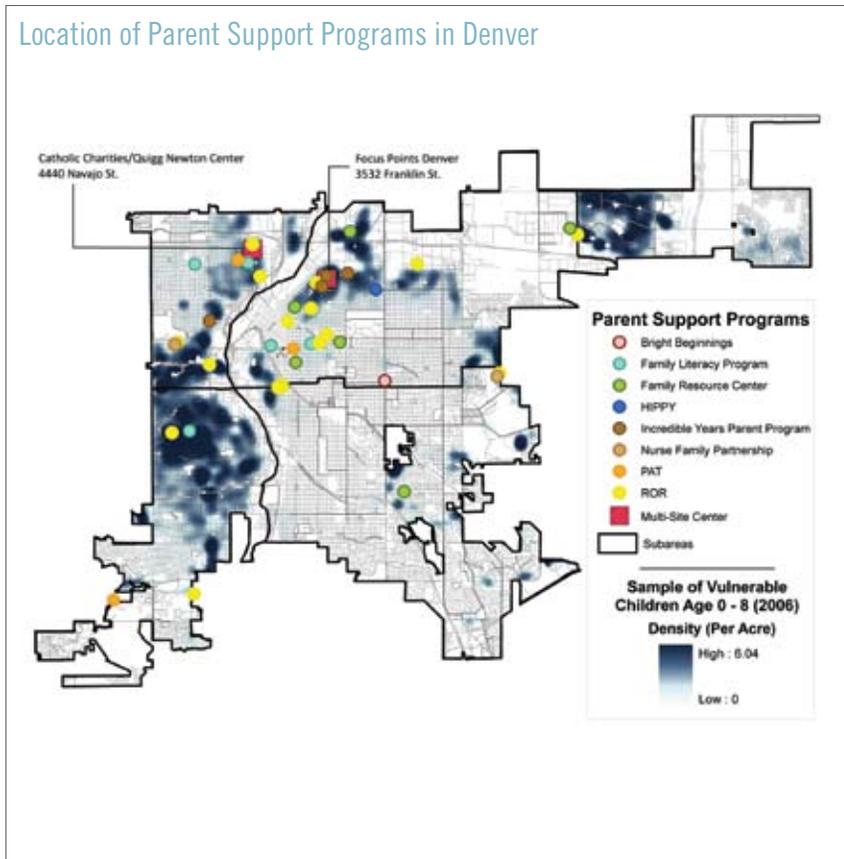
The map shows the locations of parent support organizations. An important factor to point out is that many of these organizations operate through home-visitation. Thus, it is difficult to effectively analyze access to services for target populations. Several center-based parent support services are located in pockets of northwest, central and northeast Denver – all areas with a high density of vulnerable children. However, this does not evaluate whether the capacity of these programs adequately meet the demand for services. See Appendix B for additional information about parent support programs in Denver.

Program	Description
Bright Beginnings	Colorado Bright Beginnings is a nonprofit organization dedicated to healthy growth and development during the critical first three years of life. Two programs offer support, the Warm Welcome and Moving On Programs. In 2007, Bright Beginnings served over 1300 families in Denver.
Family Resource Center Association (FRCA)	FRCA promotes the well-being of families. While each resource center tailors its programs to meet specific concerns facing those in the community it serves, there are many common elements. These include: resource and referral services; early childhood education; parent education and support; adult education programs; youth programs; and emergency basic needs.
Family Literacy Programs	Various programs offer adult and child support to families for literacy. Many are affiliated with the Literacy Coalition of Colorado and/or are part of CDE's Adult and Family Literacy Program.
HIPPY	HIPPY is a parent involvement, school readiness program that helps parents prepare their three, four, and five year old children for success in school and beyond. HIPPY is a home-visitation program that serves approximately 50 families in Denver each year.
The Incredible Years, Parent Program	As a national model, the program is supported in Colorado through Invest in Kids, a nonprofit organization that partners with communities to improve the health and well-being of Colorado's children (prenatal to age 5), particularly those from low-income families, through advancing programs that work.
Nurse Family Partnership	A national, evidence-based, nurse home visitation program that improves the health, well-being and self-sufficiency of low-income, first-time parents and their children. In Denver there are two administering locations which serve a total of 300 families through home visits.
Parents as Teachers (PAT)	PAT is a home visitation, parent education and family support program serving families throughout pregnancy until their child enters kindergarten. PAT serves approximately 20 families in Denver each year.
Reach Out and Read (ROR)	Reach Out and Read promotes early literacy by giving new books to children and advice to parents about the importance of reading aloud. The program is implemented at health clinics and well-child examinations.

Schools have a profound impact on children's development. It is at school that children develop academic skills and abilities and where they form friendships with peers outside of their home and away from their parents. Low income children who attend high-quality schools have better school achievement, social skills and behavior than children who do not attend a high-quality school.

WHY "READY SCHOOLS" ARE IMPORTANT FOR CHILDREN

Language and Vocabulary: Language proficiency is a key predictor of school success. Early literacy skills in kindergarten are good predictors of children's reading abilities throughout their educational careers. Language and literacy skills enable children to develop cognitive skills and knowledge and to interact effectively with peers and adults. Valid, reliable assessment of children's skills at kindergarten and elementary school entry is important for promptly meeting the needs of young children and their families as well as monitoring state progress in achieving school readiness for all children. Age-appropriate assessment of skills can help to ensure that children are making progress in school and identify groups of children that need additional intervention.

Reading Scores: Fourth grade reading scores are a key predictor of future academic success, a reliable indicator of a child's school readiness and a measure of whether or not children's needs have been met between birth and fourth grade. Students who cannot read proficiently by fourth grade are more likely to be absent from school, exhibit behavior problems, have low self-confidence, and perform poorly in school.

Text taken directly from: Rhode Island KIDS Text taken directly from: Rhode Island KIDS COUNT (2005), "Getting Ready: Findings from the National School Readiness Indicators Initiative – A 17 State Partnership," pp 18-32.

### HOW DOES THE PUBLIC EDUCATION SYSTEM IN COLORADO OPERATE?

The 2002 No Child Left Behind Act (NCLB), the nation's current federal education policy, promotes school choice by allowing students attending Title I schools to enroll in another public school if their school has been identified as being in need of school improvement, corrective action, or restructuring as defined by the accountability components of the law. NCLB is supposed to give support to schools that do not make adequate progress and also mandates that districts offer free transportation for students who choose to attend other district schools. [34] As an open-enrollment state, Colorado also provides the opportunity for students to choose higher quality schools if their neighborhood school does not meet their expectations. Though parents are entitled to move their children out of failing schools, research indicates that a very small percentage have done so for reasons such as parents being under-informed of their options and/or a lack of better schools from which families can choose. [35]

[34] Betebenner, D., Howe, K. & Foster, S. (2005). On School Choice and Test-Based Accountability. Education and the Public Interest Center, School of Education, University of Colorado at Boulder http://education.colorado.edu/epic/
[35] Bell, C. (2007). *Space and Place: Urban Parents' Geographical Preferences for Schools.* The Urban Review: Volume 39, No. 4.

ASSESSMENT OF STUDENTS' ACADEMIC SKILLS

| Colorado State-Mandated Test: 3rd Grade Reading – Below Proficiency (2007)	Reading Below Grade Level Going into 1st Grade: Test taken in English (2007)	Reading Below Grade Level Going into 1st First Grade: Test taken in Spanish (2007)
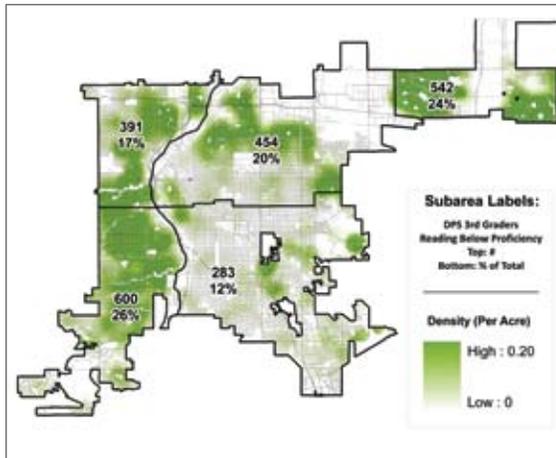
The Colorado Student Assessment Program (CSAP) is a standardized assessment mandated under No Child Left Behind (NCLB), the nation's current federal education policy. It is designed to measure how well public school students are learning material from the Colorado Model Content Standards. Areas most heavily concentrated with students who are not proficient in reading by third grade (according to the 2007 CSAP measure) include southwest Denver, parts of northwest Denver, upper central Denver and far northeast Denver.

The Developmental Reading Assessment (DRA) is a teacher-administered test required by Denver Public Schools (DPS) for kindergarten students each spring to determine students' reading ability going into first grade. A high density of DPS kindergarten students reading below grade level live throughout southwest, northwest and far northeast Denver. There also are pockets of high densities of students reading below grade level in central Denver and even some in a few parts of southeast Denver.

The Evaluación del Desarrollo de la Lectura (EDL) is the Spanish version of the DRA administered to children whose primary language is Spanish. Just as with the DRA, the EDL is administered to all kindergarten students in the spring to assess students' reading abilities. Southwest Denver and far northeast Denver (particularly Montbello) are home to a high concentration of Spanish-speaking kindergarten students reading below grade level (in their native language) going into first grade.

Section 7: Ready Schools

ACCESS TO QUALITY ELEMENTARY SCHOOLS

On average, students in Denver Public Schools participating in the Free and Reduced Lunch Program (i.e., low-income) must travel farther to find public schools rated average or higher according to the 2007 School Accountability Rating (SAR). SAR is the current measure used by the Colorado Department of Education to rate the overall academic performance of schools across the state. Almost two-thirds (65%) of low-income students must travel over one mile – which is farther than the typical walk radii guideline used by school districts to determine busing requirements.

Compounding this problem is the fact that many public schools in Denver, especially those rated "high" and "excellent," have limited availability to accept more students.

Share of Students by Distance (in miles) from Quality Education
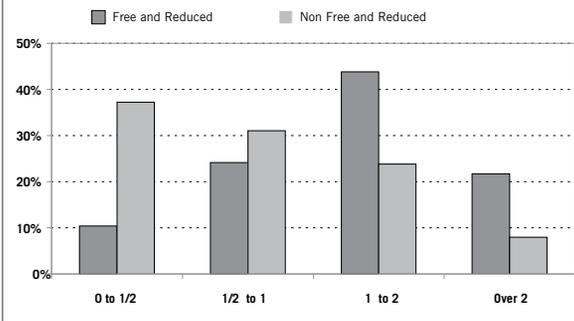
Proximity to Quality Public Education – Free and Reduced Lunch Students, Grades 1 to 3 (2007)
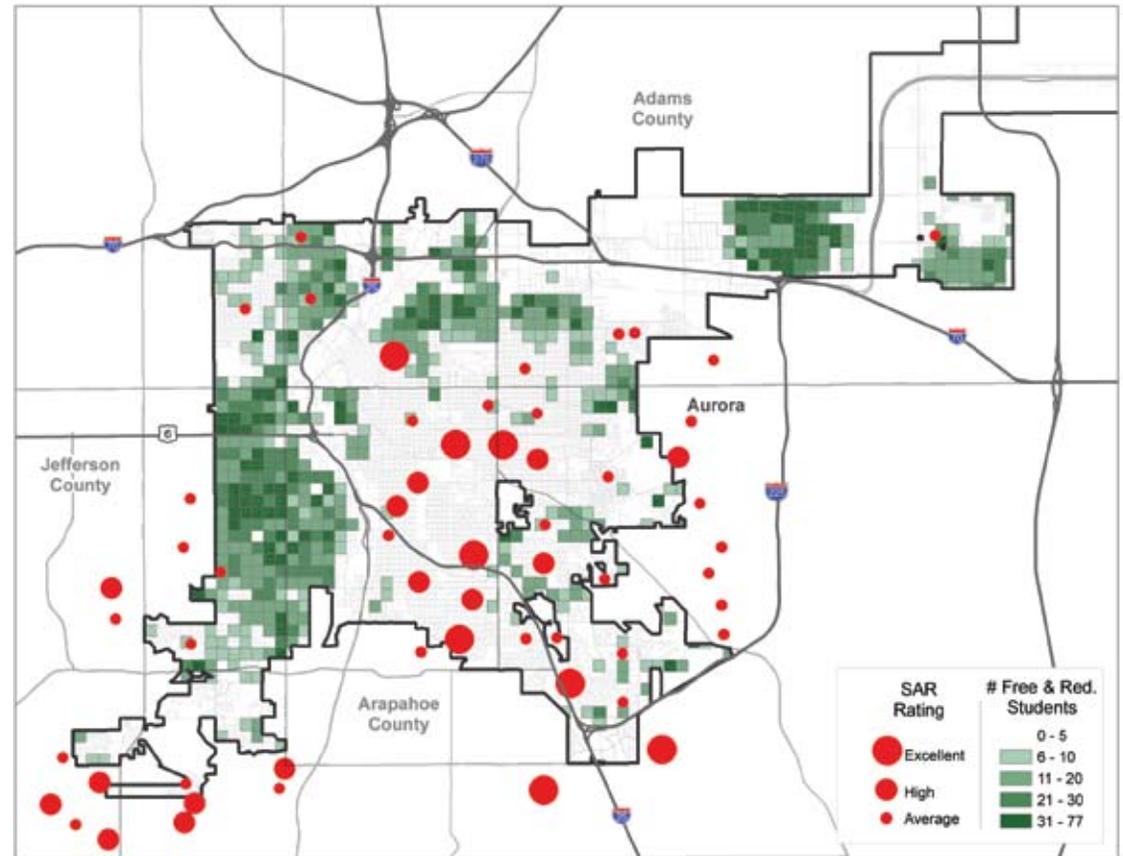
The following table describes some summary-level findings about the opportunities and obstacles facing the children living in Denver's neighborhoods.

Ready Child Equation	Opportunities	Obstacles
Ready Families	The racial and ethnic makeup of Denver's families has dramatically changed. In 1990, babies in the city were born predominately to White Non-Hispanic mothers, followed by White Hispanic and then African-American mothers. By 2006, births to White Hispanics were nearly the majority. Births to foreign-born mothers have also increased, from 9% in 1990 to 30% in 2006. For those working to improve child outcomes, it is vital to understand the changing demographics of Denver's families.	Between 2001 and 2006, Denver added 2,234 vulnerable children (an increase of 7.2%). While the percentage of births to teen mothers has dropped from 14% to 11% since 2000, births to low education mothers have been on a steady increase from 21% in 1990 to 25% in 2006. Around three-quarters of Denver Public School students grades one to three are low income. The greatest increases in vulnerable children occurred in the far northeast neighborhoods of Montbello and Green Valley Ranch. Almost every neighborhood in southeast Denver also experienced an increase in the total number of vulnerable children.
Ready Communities	The city's civic infrastructure is well established to support families living in Denver's communities. Denver has a high quality, geographically-dispersed library system with a strong focus on community service. Children also have good access to parks and recreation centers.	Residential instability is a major challenge in many parts of Denver. In some areas, home price appreciation has forced families to move elsewhere to find more affordable options. More pressing is that the foreclosure crisis has negatively impacted Denver neighborhoods, particularly those in low-income communities.
Ready Services – Early Learning	Early care and education organizations in Denver are operated by a combination of public, non-profit and private entities at both the local and state levels. Early care and education can be a common point of entry into the early childhood education system for many families of young children. Recent increases in several public funding sources have improved access to early education in Denver, particularly for low-income families.	In Colorado, it is optional for a licensed early learning program to participate in a quality rating system. Since, however, obtaining a quality rating requires a fee (typically with a cost to the facility per classroom), a significant number of providers in Denver have not been rated. Though there are new public funding incentives for centers to attain a quality rating, around 60 percent are currently not rated.
Ready Services – Health	Public and private funding sources are in place to provide health services to low-income families with children. Child health care advocates are working to ensure that all eligible children are enrolled in CHP+ and Medicaid so that low-income children receive comprehensive health care from a primary care provider.	Estimates indicate that 114,000 of Colorado's 180,000 uninsured children live in metro Denver. Challenges associated with convincing more private practitioners to accept Medicaid or CHP+ families include problems with reimbursement, increased administrative hassles, and unique needs of individual families that are difficult to treat. Many health providers that accept CHP+, however, are located in areas with a low density of vulnerable children. Thus, the city's vulnerable children have limited access to preventive, primary care services.

Ready Child Equation	Opportunities	Obstacles
Ready Services – Social, Emotional and Mental Health	Denver's mental health system offers a variety of services. There are several organizations that help to provide opportunities for developmental assessment and early intervention in Denver. Education and support services are the most commonly provided mental health services.	There is no single mental health system in Denver or throughout Colorado. Mental health services are delivered through a complicated array of systems, providers, and programs serving a range of needs. Within this complex system, there is a need for additional mental health providers in all parts of the city. Specifically, there is a demand for more on-site mental health services, such as school-health clinics, mental health clinics, and child development centers.
Ready Services – Parent Support and Family Education	Many family support organizations exist in Denver, offering a variety of services ranging from support for teen parents, strengthening fatherhood, adult and child support to families for literacy, etc. Family support encompasses home-visitation and center-based programs, including family resource centers that support the well-being of families through services such as referrals, adult education and emergency basic needs.	Understanding where access and outreach can be improved is difficult with a system that offers home-visitation. Assessment of access challenges is more difficult with home-visitation services. Given, however, the number of vulnerable children in Denver, an increase in the capacity of programs to serve more families is necessary – particularly in southwest and far northeast Denver where vulnerable children are concentrated.
Ready Schools	The 2002 No Child Left Behind Act (NCLB), the nation's current federal education policy, allows students attending Title I schools to enroll in another public school if their school has been identified as being in need of school improvement, corrective action, or restructuring as defined by the accountability components of the law. In addition, Colorado is an open-enrollment state, where families have the opportunity to "choice" to higher quality schools if their neighborhood school does not meet their expectations.	The few schools in Denver that are rated "high" or "excellent" according to the state's School Accountability Report are not located in areas with concentrations of low-income children. Though parents are entitled to move their children out of low-performing schools, research indicates that a very small percentage have done so for reasons such as lack of better schools from which families can choose.

This brief uses the "Ready Child Equation" to provide a framework for analyzing the school readiness of Denver's low-income children. While there is no simple solution for addressing this issue, some general recommendations to evolve out of this brief include:

PROACTIVELY RESPOND TO CHANGE.

Demographic transition and neighborhood lifecycles are a natural process and will continue to change the portrait of Denver's communities. As a result, some areas are increasing in their density of vulnerable children (such as far northeast and southwest Denver), while other parts are decreasing. At the same time, significant race and ethnic shifts have been taking place, such as the dramatic increase in Denver's Latino population. For those working to improve child outcomes, it is vital to understand the changing demographics of Denver's families. Increased foresight and planning will open the door for culturally-appropriate services.

COVER ALL BASES.

The "Ready Child Equation" suggests that it takes a comprehensive approach for children to truly thrive. In Denver, while parts of the equation are being improved, other parts need further attention. For example, increased public funding sources in Denver have improved access to quality early education programs. Meanwhile, health care – and in particular mental heath – systems need attention, particularly in southwest and far northeast Denver where vulnerable children are concentrated.

IF YOU BUILD IT, ENSURE THEY COME.

Program quality and effectiveness is marginalized if children and families who are eligible are not connected to services. For new programs, services can be most easily accessed through strategic physical placement in areas with the greatest need. For established programs, focused recruitment via community outreach, as well as networking with other providers can ensure that services are well utilized.

FILLING OUT THE PICTURE

How could we be more informed about community readiness for children?

This brief provides an overview of the changing demographics of Denver's families. It also describes the physical placement of services in Denver targeting families with young children. Yet there are significant information gaps that would improve efforts to strengthen the lives of Denver's children. These gaps include:

Proximity. Except for public schools, it is difficult to understand at a systems-level where program participants live in relation to the physical location of the service, especially with many systems that offer home-visitation.

Quality. In most cases, there is only partial, if any, information related to the level of quality each program actually provides.

Capacity. Without knowing whether programs are full or accepting new participants, it is difficult to understand whether there is a need for additional services or more effective outreach with existing ones.

Demand. At the neighborhood level, there is no reliable source that accurately provides current estimates of all children and, importantly, those eligible for specific programs.

DEMOGRAPHIC SAMPLE

To understand the geographic location of where all children – ages newborn to eight – live, this brief combines data from the Colorado Department of Public Health and Environment (CDPHE) and Denver Public Schools (DPS). CDPHE provided detailed geographic and characteristic data about newborns in Denver, while DPS provided similar data about children enrolled in the district. To understand change over time, the analysis required unique samples from two periods, 2001 and 2006. For each period, newborn to five year-olds are represented using five previous years of birth data. Meanwhile, ages six to eight use DPS data for grades one to three. See the table for an example.

Example of data used to construct 2001 Child Sample

Age	Source
0 to 1	CDPHE 2000
1 to 2	CDPHE 1999
2 to 3	CDPHE 1998
3 to 4	CDPHE 1997
4 to 5	CDPHE 1996
5 to 6	DPS 1st Grade (Oct 00)
6 to 7	DPS 2nd Grade (Oct 00)
7 to 8	DPS 3rd Grade (Oct 00)

LIMITATIONS

There are limitations present in both data sets used to create the vulnerability sample. Typically, a simple equation can be used to develop an accurate population estimate: *Births - Deaths + (In Migration - Out Migration).*

In this study the estimates capture births but they do not account for deaths or migration. While deaths are not factored into the estimate, they represent a very small percentage over the overall sample. For instance, for the 2001 sample, approximately 143 children would be removed from the sample of 62,954 (0.2%). For the 2006 sample, approximately 164 children would be removed from the sample of 68,736 (0.2%). Migration may actually cause more substantial errors but is extremely difficult to measure. The CDPHE data used in this brief is an aggregation from five previous years. For this portion of the sample to be completely representative of the sample year's demographic characteristics, children would have to remain in their place of residence from the time they were born, or if they moved, the household would have to be replaced by a child with the same characteristics.

Since DPS data represent a snapshot for students enrolled in Denver for the sample year, migration is less of a factor. Finally, it should be noted that while CDPHE data reflect total counts, the DPS data set only represents a partial count: children in 1st through 3rd grades enrolled in the district. It does not include children who attend private schools, choose to attend schools in other districts or those who are home schooled.

EARLY LEARNING PROGRAMS

Program	Description
Colorado Preschool Program (CPP)	CPP began in 1988 when it was authorized by the Colorado General Assembly in recognition of the need to adequately prepare children with specific at-risk factors to learn. CPP serves children who lack overall learning readiness due to individual and family risk factors. Funding is provided for children ages four or five years old who are eligible for kindergarten the next year. A three year old may also be served in CPP if the child lacks overall learning readiness attributable to at least three significant family risk factors. The number of children who can be served in CPP is capped at a level set by the State Legislature. Only 5% of CPP slots can be used to fund a child using two slots. Children are automatically eligible for CPP funding if they are receiving services from the State Department of Human Services as neglected or dependent children. If a child has an Individual Education Plan (IEP) and qualifies for services from special education, that child can not be funded under CPP.
Colorado Child Care Assistance Program (CCCAP)	CCCAP provides financial assistance to low-income families that are working, searching for employment or who are in training, and to families that are enrolled in the Colorado Works Program and need child care services to support their efforts toward self-sufficiency. CCCAP is administered through county departments of social services under the direction of the Colorado Department of Human Services, Division of Child Care. Counties set eligibility for families, but must serve families that have income of 130% or less of the federal poverty guideline and may not serve families that have income of over 225% of federal poverty level. In Denver, the Denver County Department of Health and Human Services (DDHS) Child Care Assistance Program (CCAP) administers the program. Denver CCAP works with about 500 providers in Denver. In 2007, CCAP enrollment averaged 4,850 children and 2,300 families per month in Denver.
Head Start/Early Head Start	Head Start is a program of the U.S. Department of Health and Human Services that focuses on assisting children from low-income families. Created in 1965, it provides comprehensive education, health, nutrition, and parent involvement services to low-income children and their families. Eligibility is largely income-based (100% of the federal poverty level), though each locally-operated program includes other eligibility criteria such as disabilities and services to other family members. As of late 2006, up to 10% of any funded program's enrollment can be from families that do not meet the income requirements. See map for the distribution of Head Start/Early Head Start sites in Denver. *(on following page.)*
Denver Preschool Program	Approved by Denver voters in November 2006, the program provides parents that live in Denver with a tuition credit to use at the preschool of their choice. It is open and voluntary for all Denver children in their last year of preschool before kindergarten and is open to all licensed preschool providers who agree to participate in a quality improvement system. As part of enrollment in DPP, providers are eligible for technical assistance and funding for quality improvement. DPP is available to all licensed preschool providers, including home-based and Spanish-speaking providers. It should be noted that the program is not limited to preschool providers located within the City and County of Denver. Tuition credits are available to all Denver families regardless of the location of the preschool. See map for distribution of DPP participating providers. *(on following page.)*

Denver Preschool Program

DPP Participating Providers

- ● Participating Provider
- ☐ Subareas

Sample of Vulnerable Children Age 0 - 8 (2006)

Density (Per Acre)

High : 6.04

Low : 0

Head Start Program in Denver

Head Start in Denver

- ● Program Site
- ☐ Subareas

Sample of Vulnerable Children Age 0 - 8 (2006)

Density (Per Acre)

High : 6.04

Low : 0
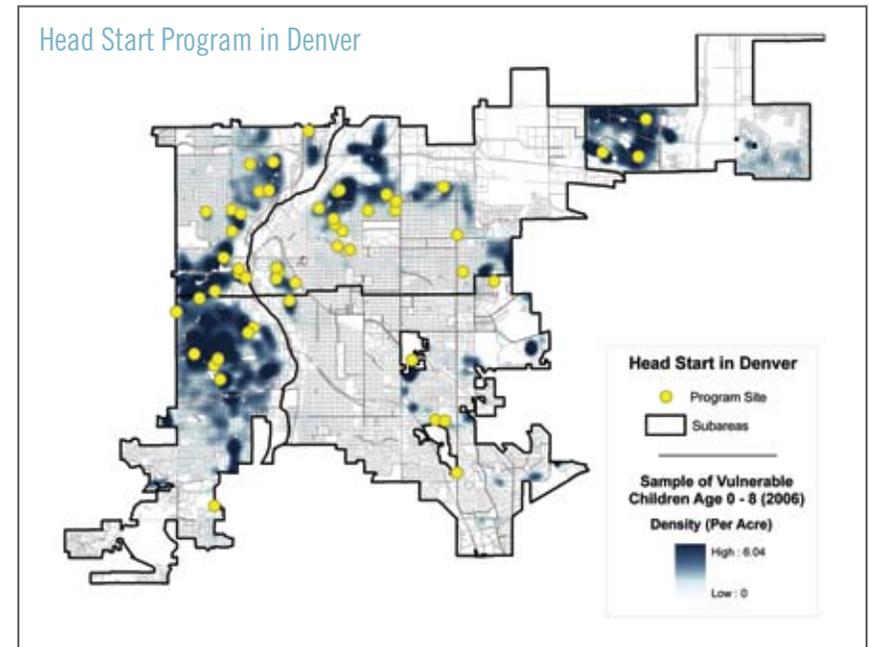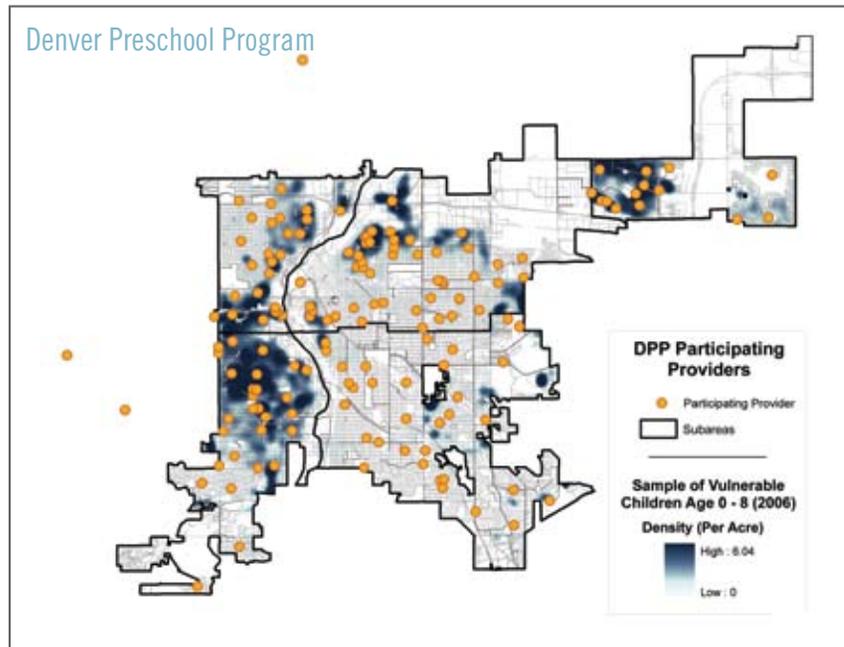
These maps show program provider locations. Descriptions of the Denver Preschool Program and Head Start Program in Denver are located on the previous page.

HEALTH PROGRAMS

Program	Description
Medicaid	Medicaid is the United States health program for individuals and families with low incomes and resources. Medicaid helps eligible individuals that have no medical insurance or poor health insurance. It is an entitlement program that is jointly funded by the states and federal government, and is managed by the states. Among the groups of people served by Medicaid are eligible low-income parents, children, seniors, and people with disabilities. Being poor, or even very poor, does not necessarily qualify an individual for Medicaid. Medicaid is the largest source of funding for medical and health-related services for people with limited income.
Child Health Plan Plus (CHP+)	CHP+ is a program designed by the State of Colorado to provide medical and dental coverage for uninsured Colorado children through age 18 whose families earn too much to qualify for Medicaid but cannot afford private insurance.
Delta Dental Providers (CHP+)	Delta Dental of Colorado administers the CHP+ dental benefits portion of the CHP+ program.
Prenatal Plus	A Medicaid-funded program that provides case management, nutrition, and psychosocial services to Medicaid-eligible pregnant women in Colorado who are assessed to be at high risk for delivering low-birthweight infants.
Denver School-Based Health Clinics (DSBHC) in Denver Public Schools	School-based health clinics develop, test and disseminate alternative approaches to delivering a broad range of primary preventive health services to school-age children and youth within the school setting. Services are provided by midlevel practitioners and physicians employed by Denver Health; school nurses and social workers from Denver Public Schools; therapists from Denver Mental Health Corporation and alcohol and drug counseling in high school clinics provided by staff of Arapahoe House, a private non-profit corporation which furnishes alcohol and drug counseling. Services at the SBHCs vary, but, in all cases, consist of primary health care services to children who are enrolled in the program by their parents or legal guardians.
Women Infants and Children (WIC) Colorado	WIC is a nutrition program for pregnant women, breastfeeding women (up to one year postpartum), non-breastfeeding, postpartum women (up to 6 months postpartum), infants and children until the age of five years. The WIC Program provides nutrition education including breastfeeding support, nutritious foods to supplement a person's regular diet, and screening and referral.

Appendix B: Description of Programs Included in the Brief

SOCIAL, EMOTIONAL AND MENTAL HEALTH PROGRAMS

Program	Description	Services Offered
Mental Health Center of Denver (MHCD) (includes the PEARL Program)	MHCD is a private, charitable, community mental health center for Denver County. MHCD is the Community Mental Health Center for Denver County, offering comprehensive community-based child and family services, including mental health clinics and on-site resources, etc. The PEARL Program is an outcomes-based prevention and early intervention program that provides on-site clinical and educational resources to assist children and families enrolled in early care and educational settings, including Head Start programs.	Clinic; Development Center; Education & Support; Resource Center; School Clinics
Denver Children's Advocacy Center (DCAC)	The DCAC serves children who have been neglected, sexually abused or traumatized by witnessing violence. Programs and services include assessment and treatment for children ages two through 17, specialized assessment and treatment services for preschool-age children, training for parents and professionals, and prevention programs and support services for at-risk families.	Education and Support
EMPOWER Colorado	Parents Offering Wisdom, Encouragement and Resources (EMPOWER) is an organization run by families that offers support, education, advocacy and resources to families with children and youth who have social, emotional or mental health challenges. Many resources and parent groups are organized online or at on-site locations.	Education and Support
Federation of Families for Children's Mental Health (NFFCMH), Colorado Chapter	National Federation of Families for Children's Mental Health (NFFCMH), Colorado Chapter is a parent-run organization addressing needs of children/youth with emotional, behavioral or mental disorders and their families.	Education and Support
Harambe Colorado	Harambe is a grassroots organization comprised of childcare providers, mental health professionals, parents and public agency representatives. Harambe convenes the Blue Ribbon Policy Council for Early Childhood Mental Health.	Education and Support
Jewish Family Services of Colorado (JFS)	JFS is a community agency that serves individuals with varying needs. One area of service is mental health. Within mental health, JFS offers KidSuccess, a school outreach program; Strength Through Sharing, a support group for families; and the Bullying Prevention Initiative.	Education and Support

SOCIAL, EMOTIONAL AND MENTAL HEALTH PROGRAMS (CONT.)

Program	Description	Services Offered
La Centro Esperanza	El Centro Esperanza provides professional mental health and support services that are culturally and linguistically competent, that honor and enrich the lives of diverse Latino individuals, families and groups, and that benefit the community as a whole. El Centro Esperanza operates five main programs, including the following programs serving children: La Clinica Esperanza, an outpatient mental health clinic; Los Chiquitines, "the Little Ones," provides counseling in both Spanish and English using play therapy techniques at select elementary schools; and Los Cometas, "The Kites," an intensive therapeutic process for children who are recovering from the trauma of sexual abuse and their families.	Clinic; Development Center; Education & Support
Laradon	Laradon is a support network specializing in serving children and adults with developmental disabilities. Children's services include an alternative school that offers a specialized curriculum designed to meet the needs of five to 21 year olds and a Family, Infant & Toddler (FIT) Program that offers therapeutic services for children from birth to age three who have developmental disabilities or are identified as being at-risk for development delays.	Development Center and Education and Support
Colorado Office of NAMI (National Alliance for the Mentally Ill) or NAMI Colorado	NAMI is a self-help, education and advocacy organization for individuals with mental illnesses and their families.	Education and Support
Mental Health America of Colorado (MHAC)	The state office of NMHA (National Mental Health Association) is an education and advocacy organization promoting mental health.	Education and Support
Sewall Child Development Center	Sewall helps children from birth to six years develop their unique potential through early education and therapy programs that address the whole child. A comprehensive array of services are provided for children through eight major programs serving approximately 500 children from birth to five years of age and their families. Programs include early education and preschool; childcare; diagnostic evaluation clinic; individual therapy; training and consultation; family support services; Head Start; and infant – toddler services.	Development Center; Childcare; and Education and Support

Appendix B: Description of Programs Included in the Brief

Program	Description
Bright Beginnings	Colorado Bright Beginnings is a nonprofit organization dedicated to the healthy growth and development of Colorado children during the critical first three years of life. Bright Beginnings offers programs designed to assist parents with various aspects of their children's lives. The Warm Welcome Program offers visits to parents of newborns in their home or a community setting and promotes positive parent-child interactions (includes prenatal to age three). The Moving On Program offers visits to parents of children ages 12 – 24 months and gives parents specific information, assessments, and tools to promote language development during the second year of life.
Family Literacy Programs	Various programs offer support to families for literacy. Services can include adult, child and family literacy support. Many are affiliated with the Literacy Coalition of Colorado and/or are part of CDE's Adult and Family Literacy Program (funded by the Adult Education and Family Literacy Act, Title II of the Workforce Investment Act, 1998). Family literacy programs often assist with parent literacy training, training for parents to be primary teachers of their children, literacy activities between parents and their children, and education for children to foster success in school. HIPPY, PAT, and Even Start (the Denver program is administered through Metro State College of Denver) are specific family literacy programs.
Family Resource Centers	Family Resource Center Association (FRCA) promotes the well-being of families and communities across Colorado. While each resource center tailors its programs to meet specific concerns facing those in the community it serves, there are many common elements. These include: resource and referral services; early childhood education; parent education and support; family/adult education program (GED, ESL, job readiness); youth programs (pre/after school activities, summer camps); emergency basic needs (food/clothing, respite care, transportation, baby needs). Denver has three centers, all located in the northeastern part of the city: Focus Points, Cross Community Coalition and Lowry Family Services.
Home Instruction for Parents of Preschool Youngsters (HIPPY)	HIPPY is an international organization that helps parents empower themselves as their children's first teacher by giving parents the tools, skills and confidence they need to work with their children in the home. The program was designed to bring families, organizations and communities together and remove any barriers to participation that may include limited financial resources or lack of education.
The Incredible Years: Parents, Teachers, and Children Training Series	Incredible Years offers a comprehensive set of curricula designed to promote social competence and prevent, reduce, and treat aggression and related conduct problems in babies, toddlers, young children, and school-aged children. As a national model, the program is supported in Colorado through Invest in Kids, a nonprofit organization that partners with communities to improve the health and well-being of Colorado's children (prenatal to age eight), particularly those from low-income families, through advancing programs that work.
Nurse-Family Partnership	Nurse-Family Partnership is a national, evidence-based, nurse home visiting program that improves the health, well-being and self-sufficiency of low-income, first-time parents and their children. The Nurse-Family Partnership National Service Office, located in Denver, is a nonprofit organization that provides service to communities in implementing and sustaining this program. The Implementing Agencies are supported by a team of public health policy and administration, nursing, education and program evaluation professionals at the National Service Office who collaborate with Invest in Kids, based in Denver, and other partners in the 23 states where Nurse-Family Partnership is currently established.

FAMILY SUPPORT AND PARENT EDUCATION PROGRAMS (CONT.)

Program	Description
Parents as Teachers (PAT)	PAT is an international parent education and family support program that provides parents with child development knowledge and parenting support. PAT has trained and certified parent educators who make monthly home visits to families (with higher frequency based on family need) beginning prenatally through age five. Home visits help parents understand what to expect in each stage of their child's development and offer tips on ways to encourage learning, manage challenging behavior, promote strong parent-child relationships, and access community resources. Health and developmental screening is included. Many PAT programs are blended with other local community-based parent support programs.
Reach Out and Read (ROR)	ROR is a national non-profit organization that makes early literacy a standard part of pediatric primary care. Following the ROR model, at every well-child check-up, doctors and nurses encourage parents to read aloud to their young children, and offer age-appropriate tips and encouragement. Pediatricians, family physicians and nurses also give every child between the ages of six months and five years a new, developmentally appropriate children's book to keep. In addition, in literacy rich waiting room environments, often with volunteer readers, parents and children learn about the pleasures and techniques of looking at books together.
Developmental Reading Assessment (DRA)	The DRA is a teacher-administered reading assessment designed to determine students' reading accuracy, fluency and comprehension levels through a series of leveled books and recording sheets. Scores from this test are used to determine if students are reading below, at, or above grade level. Denver Public Schools requires teachers to administer the DRA to kindergarten students each spring to determine students' reading ability going into first grade.
Evaluaci´n del Desarrollo de la Lectura (EDL)	The Spanish version of the DRA is administered to children whose primary language is Spanish.
Colorado School Assessment Program (CSAP)	CSAP is an assessment required by the No Child Left Behind Act and administered by the Unit of Student Assessment in the Colorado Department of Education (CDE). The CSAP is a paper and pencil, timed, standardized assessment designed to measure how well students are learning material from the Colorado Model Content Standards, the established content standards that all Colorado public school students should learn. The CSAP tests four (mathematics, reading and writing, and science) of the thirteen subject areas in the Colorado Model Content Standards. Starting in third grade, and continuing until 10th grade, all students are expected to take their grade level's version of the CSAP, testing for which typically occurs during the spring semester. The 3rd and 4th grade versions of the CSAP are also available in Spanish to accommodate the high number of Spanish-speaking students in Colorado public schools who concurrently are learning English. CSAPs are graded on a scale of four proficiency/performance levels. Level four is referred to as "advanced," level three as "proficient," level two as "partially proficient," and level one as "unsatisfactory."
School Accountability Rating (SAR)	SAR is a state reporting system directed by the Colorado Department of Education to compile objective indicators of every public school's academic performance as a means for monitoring schools' progress. The SAR shows the academic performance of students who were assessed by the CSAP. The SAR rates schools as Excellent, High, Average, Low and Unsatisfactory. SARs are readily accessible to parents and taxpayers in order to help them make informed choices that will enable all children to have an opportunity for a quality education.

Appendix D: Additional Resources

THE PITON FOUNDATION
www.piton.org

The Piton Foundation is a private, operating foundation. Piton's mission is to provide opportunities for children and their families to move from poverty and dependence to self reliance.

Data and research historically have been offered by The Piton Foundation with a focus on democratizing data and putting it into the hands of people who can use it effectively. With a clear emphasis on pushing a social justice agenda, Piton believes that data that is public should be publicly available and used. Piton also believes that reliable and objective information should be the basis of all political, policy and economic decisions. Piton hosts community and school-based indicators on its web site. In addition, Piton conducts custom analysis for its community partners.

NATIONAL NEIGHBORHOOD INDICATORS PARTNERSHIP
www.urban.org/nnip

The National Neighborhood Indicators Partnership (NNIP) is a collaborative effort by the Urban Institute and local partners to further the development and use of neighborhood information systems in local policymaking and community building.

In recent years all NNIP partners have built advanced information systems with integrated and recurrently updated information on neighborhood conditions in their cities. Creation of this capacity, which did not exist in any U.S. city a decade ago, represents an important technical and institutional breakthrough.

THE COLORADO CHILDREN'S CAMPAIGN
www.coloradokids.org

The Colorado Children's Campaign was established in 1985 as a statewide nonprofit organization. Since then, it has been the leading bi-partisan voice for children from the state capitol to communities across the state, focusing on expanding access to quality healthcare, early childhood experiences and K-12 education.

The organization is also the Colorado representative for KIDS COUNT, a national and state-by-state project of the Annie E. Casey Foundation to track the status of children in the United States. The Colorado Children's Campaign produces KidsCount in Colorado! as part of that project. Theirs is an annual data initiative to assess and share information about the well-being of Colorado's children and trends that are impacting their lives. The report is designed to provide user-friendly state and county data, helping decision makers and advocates understand the challenges and opportunities facing children statewide, and focus attention and resources on the most vulnerable children.

GETTING READY
www.gettingready.org

The School Readiness Indicators Initiative is a multi-state initiative that uses child well-being indicators to build a change agenda in states and local communities in order to improve school readiness and ensure early school success. The task of participating states is to develop a set of child outcome and systems indicators for children from birth through the fourth-grade reading test, an important red flag for children most at-risk for poor long-term outcomes, such as dropping out of school, teen pregnancy, and juvenile crime.