

Colorado Families Issues and Trends

January 2003

By Robert J. Fetsch & Elizabeth Garner

Demographics

Colorado's population grew almost three times as fast as the U.S. average from 1990 to 2000. Population growth in Colorado is due to a combination of a factors such as: growth in sectors involving information, telecommunications, bio-technology and service-industry jobs, and increasing trends of commuting or telecommuting to work; natural population increase (due to a combination of factors including birth rates of population sub-groups and increasing life span); migration patterns (which generally favor Western and other sunbelt states, and include increasing numbers of retirement relocations due to aging of the baby boom population). Colorado was the third fastest growing state in the nation from 1990 to 2000.¹ However, five Colorado counties (Baca, Cheyenne, Jackson, Kiowa, and San Juan) lost population in that decade. Colorado gained 370,000 households (+29%).

The number of households with both parents employed dropped from 60% in 1990 to 58.9% in 2000. Female-headed households with no husband present remained constant at 9.6%. Male-headed households with no wife present almost doubled from 3.7% in 1990 to 6.7% in 2000. The percent of Colorado children living in grandparent-headed households rose from 2.6% in 1960 (16,700) to 5.04% in 2000 (55,575)² (vs. 6.2% in the U.S.)³ Between 1970 and 1992 the greatest increase occurred in grandparent-headed households with at least one parent present. However from 1992 to 1997 the greatest increase was in grandparent-headed households where no parent was present. The number of mothers in the work force with children under 6 increased by almost 15% (45,000) during the 1990's. From 1990 to 2000 Colorado's minority population share grew (Hispanic 4.2%, Asian 0.5%, and Native American 0.2%) while the Non-Hispanic White population decreased (6%). The prison population more than doubled. Colorado is 18th in per capita spending for prisons (\$563 million for FY 2002-2003).⁴

Family Income

Colorado's poverty rate fell due to economic prosperity in the 1990's. The median income of Colorado families with children in 1999 (\$57,900) was much higher than that of the nation (\$47,900).⁵ Ten percent of Colorado's children under age 18 lived in poverty in 1999 compared with 16 percent in the U.S. Even though Colorado was 10th lowest in poverty ranking in the U.S. in 1999, Colorado has many counties with extremely high rates of poverty. In eight of our counties 25%-32% of children live in poverty. Costilla County has the highest rate at 32%. One in five Colorado children (21% vs. 24% in the U.S.) lives in low-income working families receiving food stamps.⁶ Every month 65,000-90,000 Colorado households participate in the food stamp program.

Affordable housing is increasingly difficult to find in our state. It would take an average of 1.94 Colorado wage earners to afford a \$190,600 home with a 30-year mortgage at 8%. National guidelines recommend that no more than 30% of income should be spent on housing costs. By these guidelines, an extremely low income household (earning \$18,030, 30% of the Area Median Income of \$60,100) can afford monthly rent of no more than \$451, while the Fair Market Rent for a two bedroom unit in that area is \$792. A minimum wage earner (earning \$5.15/hour) can afford monthly rent of no more than \$268 or must work 118 hours/week to pay \$792/month. Forty-two percent of renter households use more than 30% of their income to pay rent.

Health And Emotional Well Being

Colorado has both bad and good news regarding health and emotional well-being. Births to unmarried Colorado women have almost tripled from 9.6% of all births in 1970 to 25% of all births in 2000 (vs. from 10.7% to 33% in the U.S.). Between 1990 and 2000 Colorado's divorce rate for people over 15 rose from 10.8% to 11% (vs. 8.6% to 9.7% in the U.S.).⁷ Teen births have decreased from 17.3% of all births in 1970 to 11.7% of all births in 2000. Colorado has the 11th highest rate of low-birth-weight babies in the nation,⁸ but the percentage has decreased slightly from 9% in 1970 to 8.5% in 2000. The percent of births receiving no prenatal care or only during the last trimester decreased from 5.2% in 1975 to 4.6% in 2000. Colorado ranks 33rd in percentage of mothers who receive early prenatal care.⁹

The number of Coloradans without health insurance is rising. The uninsured rate of Coloradans at 14.9% in 2001 continues to be higher than the U.S. rate of 14.5%. Almost 3 out of 10 Colorado children are in low-income working families without health insurance.¹⁰ This compares with 1 out of 4 in the U.S.¹¹ People aged 18-24 have the highest uninsured rate at 29%. The percent of uninsured Colorado children under 18 was 12% in 1987, improved to 10% in 1993, and worsened to 13% in 2001. The percent of Colorado children at or below 200% of poverty without insurance has increased from 20.9% in 1994 to 27.8% in 2000 compared to 20.7% for the U.S.¹² Health care premiums increased on average 13.7% between 2001 and 2002.¹³ In spite of this documented need, as of September 30, 2000, Colorado returned \$6.3 million of its 1998 federal allocation for the Children's Health Insurance Program (CHIP), which was distributed to other states. Colorado ranks 39th in the U.S. in percentage of two-year-olds receiving recommended immunizations in 1999 (75.8%).¹⁴

Obesity is increasing. In 1990 one in six Coloradans was overweight and by 1998 more than one in four was overweight.¹⁵ Of special concern is the increase in childhood obesity and Type 2 diabetes in adolescents. Forty-five percent of new Colorado AIDS cases were between 30 and 39 years of age, compared with 41% of U.S. AIDS cases.¹⁶ HIV/AIDS cases are increasing among older Americans from 10% in the early 1990's to 13.4% in 1999.¹⁷

The Rocky Mountain region has the highest suicide rate in the country. Colorado's suicide rate at 14/100,000 was 36% higher than the national average at 11/100,000 in

1998, which makes it 12th highest in the nation. The largest number of suicide deaths occurs among middle-aged men 35-44 years of age. They are also the least likely to seek mental health counseling. The risk of suicide death increases among men as they get older and is particularly high among men 75 years and older. Most are white and not married. The leading external cause of death for Colorado ranchers and farmers has been suicide.¹⁸ Suicide is the second-leading cause of death among youth.¹⁹ Colorado has the third highest child abuse death rate in the nation.²⁰ Major risk factors include poverty, unemployment, early parenthood, substance abuse, inadequate parenting skills, and high stress levels.

Childcare for preschoolers is expensive in Colorado. Childcare costs for a four-year-old in an urban childcare center is almost double (\$5,096)²¹ the cost of public college tuition in Colorado (\$2,695).²² The average cost of infant care is even higher at \$6,760/year. Childcare workers earn an average annual income of only \$15,060²³ suggesting that public policies that increase fiscal incentives for workers in the child care industry are needed.

Education

Regarding **education**, in one sense, Colorado has the most highly educated adults in the U.S. Colorado has the highest percentage of the population 25 and over with a bachelor's degree (21.6% vs. 15.5% in the U.S.). Colorado also has the 7th highest percentage of the population 25 and older with a graduate or professional degree.²⁴ However, many of these graduates immigrated to Colorado bringing their degrees from other states. The technology sophistication of the population is reflected in the 2000 finding that 62.6% of Colorado households had computers and 51.8% had internet access. These were the second highest and highest percentages among the intermountain West states.²⁵

Colorado's financial support for education is decreasing. Measures of per pupil revenues and expenditures may be the most common method of comparing K-12 funding in different states. In 1996-97, Colorado ranked 32nd in both categories. In 2001 Colorado ranked 45th in per pupil revenues (\$6,775) and 38th in per pupil expenditures (\$6,085).²⁵ *Quality Counts 2000* gave Colorado a D in adequacy of resources and ranked the state 46th based on spending per student, percent change in inflation-adjusted spending per student between 1989 and 1999, and total expendable resources spent in education.²⁶ More than one out of 10 Colorado 16-19 year olds is dropping out of high school. From 1990 to 2000, Colorado moved from being 32nd in the nation for percentage of dropouts to seventh from the top for percentage of students who drop out. This is especially disconcerting since during the same time period the U.S. dropout average improved from 11% to 9.8%.²⁷ Almost one in three fourth-grade students scored below the basic reading level (31% in 1998) and the basic math level (33% in 1996). Almost one in four eighth-grade students scored below basic reading (24% in 1998) and one in seven scored below basic writing (14% in 1998). These trends may help explain Colorado's dramatic increase in private school enrollment. Between 1997 and 2001 Colorado's K-12 private school enrollment increased 21.4% while public school enrollment increased 8%.²⁸ Nevertheless, Colorado's overall public school enrollment is higher than that of the U.S. (92.6% vs. 88.2%).²⁹

Minority school enrollment is increasing and is expected to continue especially at the lower age groups. During the 1990's Colorado's Hispanic student population increased from 16.6% to 23.3% while the Non-Hispanic White population decreased from 74.9% in 1991 to 66.8% in 2001. All other racial minority groups increased their percentage of school population.³⁰ While Colorado's student-to-teacher ratio exceeds that of the U.S. (15.1:1), it declined from 18.2:1 in 1997 to 16.8:1. Colorado's students out performed the U.S. in 2001 on ACT composite (21.5 vs. 21), SAT verbal (539 vs. 506), and math (542 vs. 514).³¹ Colorado's public higher education retention rates are improving while the national average is flat. 70 percent of freshmen enrolled at Colorado's public colleges enrolled at the same institution the following fall (up from 68% in 1995). The U.S. average retention rate was 71% of freshmen at four-year institutions and 53% of community college freshmen.³²

Crime

As often is the case in prosperous times, total violent and nonviolent crime and arrest rates for adults and juveniles declined in Colorado and the U.S. Since 1960 Colorado's property crime rate has been above the U.S. rate. However, the total number of crimes has been increasing as the population increases. Property and violent crimes have increased over 400 and 600 percent since 1960. Aggravated assault rates have fallen, and since the 1970's comprise the largest component of violent crimes in Colorado at 219/100,000 in 1999. Robbery rates have decreased to 75 per 100,000 population in 1999. Murder and forcible rape rates have remained constant since the 1970's at 6 and 45 per 100,000 population. Most adult arrest rates have decreased or remained constant except for drug arrests, which have tripled from 200/100,000 in 1980 to 600 in 1999. However, juvenile arrest rates have increased for forcible rapes, homicides, and drug crimes (160/100,000 to 360 in 1999). Also, victimization rates for all personal crimes are highest for 16-19 year olds. Next highest are 12-15 year olds. Similarly, offender rates are highest for 12-20 year olds (32%) and 21-29 year olds (26%).³³

While school safety continues to be a concern, the levels of crime in schools continue to decline, acts that promote fear and detract from learning are decreasing, and students feel safer in schools than they did a few years ago. Nevertheless, violence, theft, bullying, drugs, and firearms still are problems in American schools, especially among younger students (ages 12-14) who are more likely than older students (ages 15-18) to be victims of crime at school. Between 1995 and 1999 the percentage of students reporting being victims of crime at school decreased from 10% to 8%, the percentage who felt unsafe at school and while going to and from school fell from 9% to 5%, the percentage reporting that street gangs were present at their schools decreased from 29% to 17%.³⁴

Trends

Below are some projected trends for 2005-2010.

- Colorado's population growth is expected to continue but at a slower rate (from 2.7%/year 1990-2000 to 1.5%/year by 2010).

- Due to economic recession, in-migration is expected to fall from 80,000/year to 20,000/year and grow back to 50,000/year by 2010.
- Although Colorado has a younger population, Colorado's concentration of baby boomers (born 1946-1964) is higher than the U.S. The trend will be for many to retire in Colorado mountain counties close to metro areas and require different services and goods. More employees will care for aging parents and require flexible work schedules.
- The number mothers in the workforce with children under 6 will continue to grow. The estimated population for under 6 will grow by 65,000 by 2010 but their share of the population will fall.
- Male-headed households with no wife present will continue to be one of the fastest growing segments of the population.
- Grandparents raising grandchildren will continue to be another of the fastest growing segments of the population. This trend has broad policy implications such as grandparents' rights and access to public assistance. Grandchildren in grandparent-headed households are more likely to be poor than children living in parent-headed households (27% vs. 21%), without health insurance (33% vs. 15%), and on public assistance (56% vs. 36%).
- The percent of the population that is Hispanic will increase while the percent that is Non-Hispanic White will decrease.
- Colorado's prison population increased by 124% between 1990 (13,400) and 2000 (30,000). Colorado ranks 17th in the country with 7 prisoners per 1,000 population. Less than one percent of the population was from outside of Colorado.
- The six counties that will grow the most because of new prisons are Logan, Kit Carson, Crowley, Lincoln, Huerfano, and Bent.
- Fremont County with its state and federal facilities almost tripled its inmate population from 3,000 to 8,500 from 1990 to 2000. Prison inmate growth will impact these rural communities with new jobs, demands on housing markets, and new industries.
- Between 1 in 4 and 1 in 3 children live in poverty in eight Colorado Counties (Alamosa, Bent, Conejos, Costilla, Otero, Prowers, Saguache, and San Juan). As the effects of the recession deepen, the percent of Coloradans in poverty will rise due to increased unemployment.
- Affordable housing for buyers and renters will be increasingly difficult to find.
- Births to unmarried Colorado women will increase.
- Teen birth rates will continue to decrease.
- Since employers cover a high percentage of Colorado's population and since many employers are cutting health benefits due to the recession, the trend is for more Coloradans to be uninsured. This will put more Colorado children at risk.
- One out of four two-year-olds are at risk due to not receiving recommended immunizations.
- Colorado's divorce rate will continue to rise.
- More Coloradans will become obese and develop Type 2 Diabetes.
- HIV/AIDS cases will increase among those over age 50.

- Colorado’s suicide rate will continue to be much higher than average, especially if the recession continues.
- If the recession continues, child abuse rates are likely to increase.
- Colorado’s need for affordable, quality, safe childcare will increase.
- Colorado’s high school drop out rates will continue to be a serious problem.
- Colorado will continue to attract adults with higher levels of education.
- If the recession worsens, Colorado’s financial support for education will decrease.
- As funding decreases, Colorado’s high school dropout rate will increase and K-12 students’ basic reading, math, and writing scores will fall.
- Colorado will increase in private school enrollment.
- Minority student school enrollment will increase and White student school enrollment will decrease.
- If the recession deepens, Colorado’s crime rates will increase, especially for aggravated assault, robbery, murder, forcible rape, and drug crimes.
- Juvenile arrest rates will increase especially for drug-related crimes.
- Victimization rates will continue to be highest for 16-19 year olds and 12-15 year olds.

¹ U.S. Census Bureau. (2001, April 2). States ranked by percent population change: 1990 to 2000. Retrieved from <http://factfinder.census.gov/home/en/datanotes/expplu.html>

² Hill, T. J. (2002, August). Grandchild and grandparent coresidence from 1960 to 1990: Structural factors affecting parent residence. Paper presented at the annual meeting of the American Sociological Association, Chicago, IL. Hill, T. J. (2002, October 1). E-mail to R. J. Fetsch. Cf. also Census 2000.

³ Garner, E. (2002, November 8). E-mail to R. J. Fetsch.

⁴ Prison Funding http://www.state.co.us/gov_dir/govnr_dir/ospb/budget/factsheets/corrections/fc-prisonfunding.htm

⁵ Annie E. Casey Foundation. (2002). *Kids count data book: State profiles of child well-being*. Baltimore, MD: Author. [p. 68]

⁶ Annie E. Casey Foundation. (2002), p. 68, based on 1998-2000 average.

⁷ Garner, E. (2002, November 8). E-mail to R. J. Fetsch. Nearly 9 in 10 people are expected to marry sometime in their lives, but almost half of first marriages may end in divorce, according to a Commerce Department Census Bureau report (<http://www.census.gov/Press-Release/www/2002/cb02-19.html>).

⁸ Annie E. Casey Foundation. (2002), p. 69.

⁹ 2001 Children in the States.

¹⁰ Annie E. Casey Foundation. (2002), p. 68.

¹¹ Annie E. Casey Foundation. (2002), p. 68.

¹² “Health Insurance Coverage 2001,” US Census Bureau, September 2002.

¹³ “The Factors Fueling Rising Healthcare Costs,” Price Waterhouse Coopers, April 2002.

-
- ¹⁴ “1999 National Immunization Survey,” Centers for Disease Control and Prevention.
- ¹⁵ “Colorado Behavioral Risk Factor Surveillance,” CDPHE, May 2001.
- ¹⁶ HIV and AIDS in Colorado. http://www.cdphe.state.co.us/dc////////HIV_STDSurv/HIVAIDSreport.pdf
- ¹⁷ According to the Centers for Disease Control and Prevention, the proportion of Americans older than 50 with AIDS has risen steadily from 10 percent in the early 1990’s to 13.4 percent in 1999, the most recent figures available. Source: Carter, J. (2002, May 12.) HIV/AIDS cases increasing among older Americans. *Coloradoan*, p. A1.
- ¹⁸ Historically, suicide is the most frequent cause of death on farms and ranches (T. Daniels, 8/22/2000 email communication). This was the case for 1999 with 7 of 28 rural deaths in Colorado reported as suicides. Livestock and tractors were the second and third leading causes of death in Colorado rural areas (ibid. and Colorado Department of Public Health and Environment).
- ¹⁹ <http://www.cdphe.state.co.us/pp/Suicide/SuicideReport.pdf>
- ²⁰ Ryckman, L. L. (2002, February 26). Colorado’s child-abuse deaths rank 3rd highest. *Coloradoan*, p. B3.
- ²¹ Colorado Division of Child Care and the Colorado Office of Resource and Referral Agencies (CORRA).
- ²² Colorado Commission on Higher Education.
- ²³ 2001 Children in the States, Children’s Defense Fund.
- ²⁴ Census 2000.
- ²⁵ National Center for Education Statistics.
- ²⁶ Education Week, Quality Counts 2000, <http://www.edweek.org/>
- ²⁷ Census 1990 and 2000.
- ²⁸ Colorado Department of Education. The rise in charter school enrollment increased 371% from 1995 to 2000.
- ²⁹ United States Department of Education.
- ³⁰ Colorado Department of Education.
- ³¹ Colorado Department of Education.
- ³² Colorado Commission for Higher Education, “Study of Higher Education: 1289 Report,” January 2000.
- ³³ <http://www.ojp.usdoj.gov/bjs/pub/pdf/cvus99.pdf>
- ³⁴ <http://www.ojp.usdoj.gov/bjs/abstract/iscs01.htm>

Appendix to Colorado Families and Communities Issues and Trends Health Care Costs

The Colorado Health-Care Cost Study – 2002 by National Federation of Independent Business (NFIB) indicated that rising health care costs are employers and employees top concerns. This study revealed that nearly 70 percent of the state’s small businesses saw health insurance premiums rise 20% or more and 10% of the businesses over 50% between 2001 and 2002. The survey also indicated that companies expect premiums to increase 15 to 20% at their 2003 renewal. This would be the 4th consecutive year of double-digit premium increases.³⁴

What is Causing the Costs to Rise?

There are several factors driving the increase in health care costs. The following are some of those factors. First, there is an aging population. People are living longer and add costs onto the healthcare system. Second, there is an increase in utilization. With relatively low co-pays, there is an increased usage of doctor office visit for very common ailments like the common cold and flu. Next, providers are being more successful at negotiating higher fee arrangements. Forth, new medical technologies have increased the quality of health care but it comes at a price. Next, Medicaid and Medicare are shifting costs onto private plans. Due to cuts in federal funding of Medicare and budget constraints and constitutional limits on the state funding portion of Medicaid, medical care costs not covered by these programs are borne by all Colorado residents through a cost shifted to private payers. There has been a rise in the uninsured and their medical costs are also borne by all Coloradans. Finally, litigation within the healthcare system, largely in medical malpractice cases, drive up malpractice premium costs for the medical field, which ultimately is passed onto the consumer. Defensive medicine, the overuse of hospital stays, doctor visits/procedures, and medication, also add unneeded costs to the health care system.

What is the Impact?

Health-care costs are the number one issue with Colorado small-business owners. Even with the cost increases, 75% of small-business owners in Colorado still cover themselves and their employees with health-care benefits, higher than the U.S. average of 63%³⁴. However, two-thirds of those who provided benefits have had to mitigate costs by either increasing co-pays, increasing deductibles, increasing the employee contribution, decreasing coverage, delaying benefits or changing plans. Future increases in health-care premiums will most likely lead to more costs being passed onto the employee or drop in coverage all together.

Since 1997 the number of Coloradans without health insurance has been rising. The uninsured rate of Coloradans at 14.9% in 2001 continues to be higher than the U.S. rate of 14.5%.³⁴ Since more Coloradans are covered through their employer than the U.S it is expected that the uninsured rate will increase as employers drop coverage do to rising costs.

Coloradans need to be ready for an overhaul of the healthcare system. There will be no easy solution but most likely will require more user involvement over health benefits, medical treatments and a better understanding of “true” medical costs.

³⁴ “Colorado Health-Care Cost Study – 2002”, NFIB
http://www.coloradosenate.com/results.php3?news_id=213

³⁴ “Percent of People Without Health Insurance Coverage Throughout the Year by State: 1997 to 1999”, US Census Bureau, October 10, 2000.

³⁴ Annie E. Casey Foundation. (2002), p. 68

