

# **COMING OF AGE IN COLORADO: THE CHALLENGES FACING OUR YOUTH**



**COLORADO  
CHILDREN'S  
CAMPAIGN**



**November 2005**

# Coming of Age in Colorado: The Challenges Facing Our Youth

## Why consider Colorado's youth?

One out of every seven Colorado residents is an adolescent. Of these roughly 650,000 Colorado youth, half are in a period characterized as “early adolescence,” ages 10-14, and the other half in late adolescence, 15-19. These years mark the transition from child to adult, and decisions and events during this second decade of life often shape lifelong experiences.

Similar to the first decade of life, the second decade starts with significant changes in brain activity. **Young adolescents ages 10-14 go through a period of brain development second only to the first three years of life in terms of magnitude of change.** Connections in the brain strengthened during this period become “hard-wired,” thereby influencing lifelong capacities. The frontal lobe of the brain, which is the locus of problem-solving, planning, memory, critical thinking, and mood modulation, develops during this time.<sup>1</sup>

Young adolescents process emotions differently than adults, using the part of their brain, the amygdala, that mediates fear and other “gut” reactions more often rather than the reasoning part of their brain, the frontal lobe. This helps explain differences in judgment and decision-making by young adolescents that may lead to risky behaviors.

Perhaps the most important fact about the teenage brain is the “use-it-or-lose-it” nature of the brain cells. Those that are not being utilized are pruned down. Research shows the importance of doing a variety of activities in the adolescent years. For example, a teen’s brain can be hard-wired for sports, music and mathematics, or for lying on the couch in front of the television.

This information has profound implications for the necessity of enriching the environment of youth to help them develop and strengthen skills for their long-term best interest.

## How do Colorado's youth fare?

Assessing the overall well-being of Colorado's adolescents is difficult because much of the available data tracks negative outcomes in late adolescence. Clearly these outcomes, such as teen injury deaths, teen pregnancies and births, and graduation rates, are often rooted in the events, behaviors and decisions occurring throughout childhood and the young adolescent years. The good news is the majority of Colorado youth graduate from high school in four years, delay childbearing until adulthood, do not use illegal drugs, and have not been arrested. However, there are still important problems facing many Colorado teens that can and must be addressed.

### The data show that many aspects of life have been improving for Colorado teens:

- ★ Teen birth rates have plummeted in recent years.
- ★ Teen injury deaths for all causes have declined.
- ★ Teen crime arrest rates have dropped substantially.

### However, some areas still desperately need our attention:

- ★ Compared with the overall teen population in Colorado, Hispanic teens have higher birth rates and have been experiencing slower declines in these rates over the past decade.
- ★ Despite the decline in teen suicide deaths, many teens still seriously consider attempting suicide.
- ★ Juvenile drug violation arrests have increased markedly.
- ★ Many Colorado youth use illegal substances such as alcohol and drugs.
- ★ Only 61 percent of high school students graduate.
- ★ Youth "aging out" of foster care face significant challenges.

# Teen Childbearing

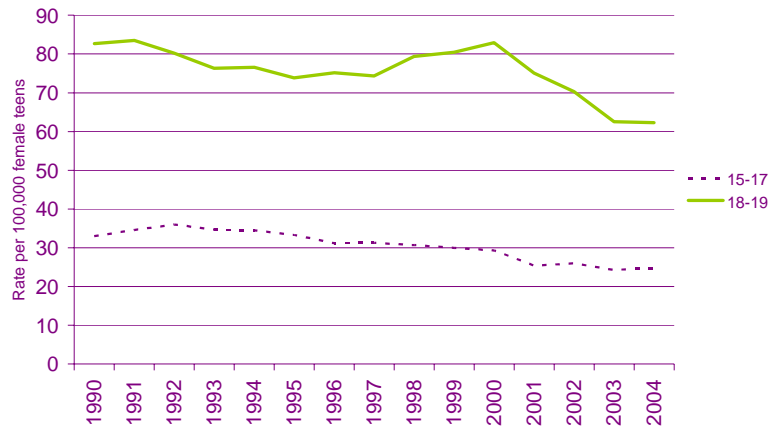
Teenage parents are generally unprepared for the financial responsibilities and emotional challenges of early childbearing. Children born to adolescent mothers face more health challenges and generally have less stimulating home environments and poorer academic and behavioral outcomes than do children born to older mothers.<sup>2</sup>

**Teen fertility rates have declined dramatically in recent years** – from 36 of every 1,000 females aged 15 to 17 giving birth in 1992 to 25 by 2004, a 31 percent decrease. Birth rates for older teens have mirrored this trend. Teen birth rates have been falling for two reasons – fewer teens are having sex, and more teens who do have sex are using contraception.<sup>3</sup> Issues driving these changes include:

- ★ Greater public emphasis on delaying sexual activity
- ★ More responsible attitudes about casual sex and out-of-wedlock childbearing
- ★ Increased fear of STDs, especially AIDS
- ★ Popularity of long-lasting contraceptive methods, such as Norplant, an implant, and Depo-Provera, an injection

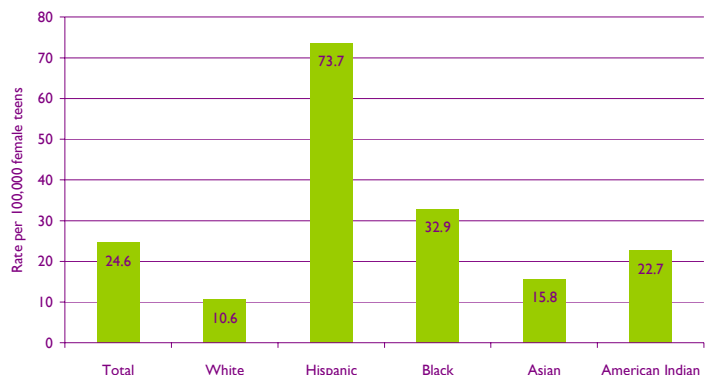
Not all the news is good. **Compared with the overall teen population in Colorado, Hispanic teens have higher fertility rates and have been experiencing slower declines in these rates over the past decade.**

Colorado teen fertility rates have plummeted in recent years.



Source: Health Statistics Section, Colorado Department of Public Health and Environment

The fertility rate for Hispanic teens in Colorado is dramatically higher than teens of other backgrounds.



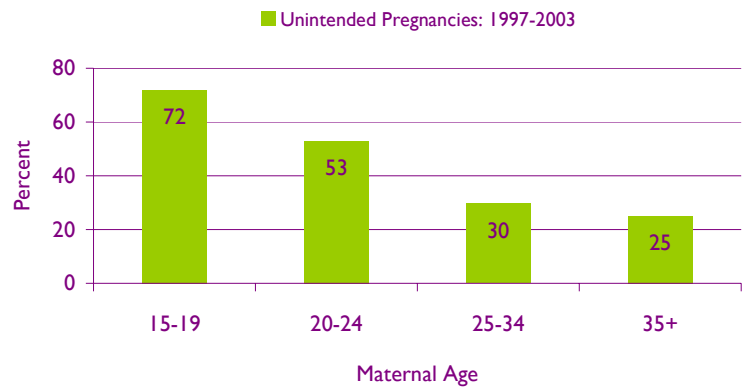
Source: Health Statistics Section, Colorado Department of Public Health and Environment

Why is the Hispanic teen fertility rate so high? Research shows that contraceptive use among Hispanic teens is relatively low: About one in three never use contraception in their sexual relationships. The tendency among Hispanic teens to hold less negative views of teen pregnancy may be one factor contributing to Hispanic teens' high fertility rates; if sexually active teens do not feel a strong aversion to becoming pregnant, they likely will not be as careful to avoid it.<sup>4</sup>

**Most Colorado teens neither wish nor intend to become pregnant.** In a survey of new mothers in Colorado, nearly three-fourths of teen respondents did not intend to become pregnant.

What works to prevent teen pregnancy? The Alan Guttmacher Institute recommends a multi-faceted approach to teen pregnancy prevention that includes both encouraging teens to postpone intercourse and providing information and the means to protect sexually active teens from pregnancy and sexually transmitted infections. There is no evidence to date that abstinence-only education delays teen sexual activity. Moreover, recent research shows that abstinence-only strategies may deter contraceptive use among sexually active teens.<sup>5</sup>

**The vast majority of teen pregnancies in Colorado are unintended.**



Source: PRAMS, Health Statistics Section, Colorado Department of Public Health and Environment

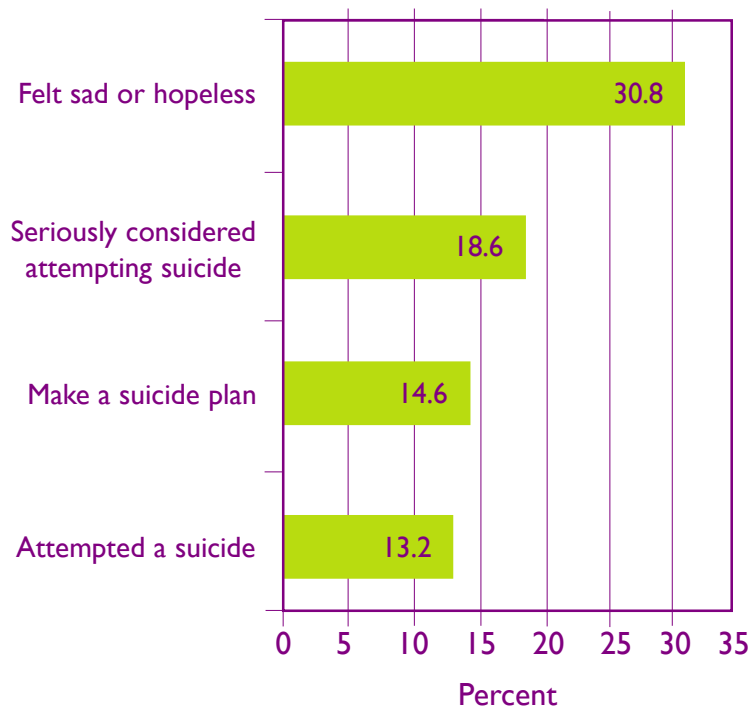
# Teen Injury Deaths

**Teen injury deaths in Colorado declined by about a third from 1993 to 2003.** Deaths from accidents, homicides and suicides among teens aged 15-19 dropped from 68.1 per 100,000 in 1993 to 47.1 per 100,000 in 2003. In Colorado, the teen death rates from all causes dropped by 28% over the same period.

## Suicides

Despite the 54 percent decline in teen suicide deaths since 1993, many teens still seriously consider attempting suicide, and Colorado ranks 39<sup>th</sup> worst in the nation for teen suicides. Approximately half of the completed teen suicides in Colorado are due to firearms.

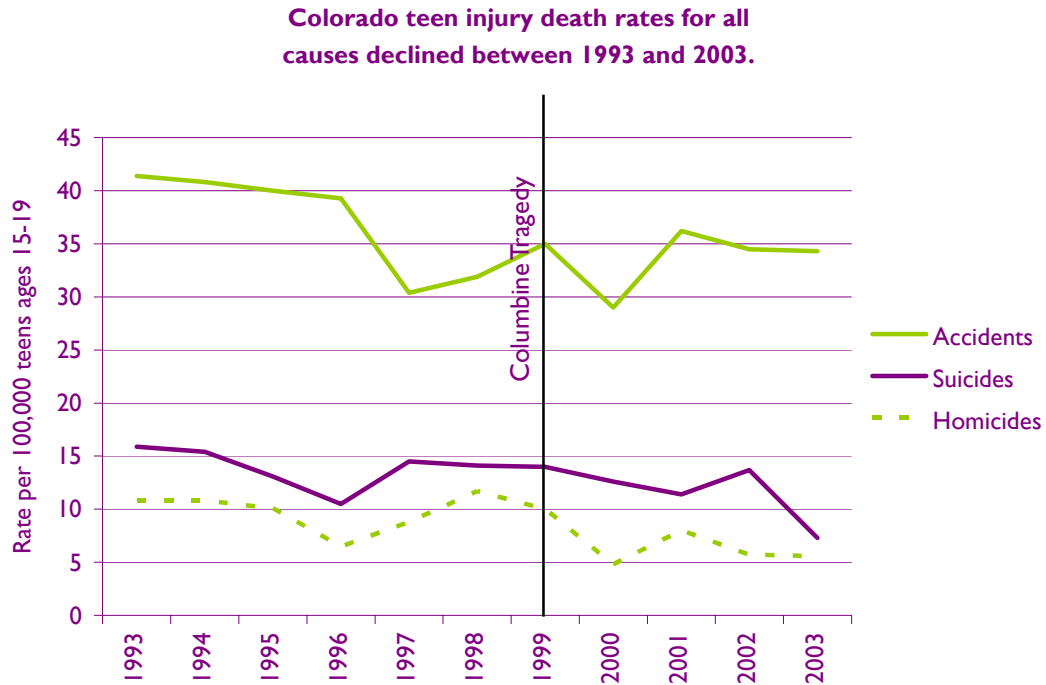
### Many Colorado teens contemplated suicide in 2003.



Source: Youth Risk Behavior Survey, 2003

## Accidents

A majority of the deaths caused by accidents were due to injuries sustained in a motor vehicle. In years where the accidental death rate declines, the drop can be attributed to a decrease in deaths from motor vehicle injuries. The decline in motor vehicle injury deaths has occurred during the initiation, implementation and enforcement of various measures designed to protect teen drivers, such as lowered blood alcohol content thresholds and graduated drivers' licensing for teens.<sup>6</sup> New restrictions on teens riding with teen drivers give hope for further declines in motor vehicle injury deaths.

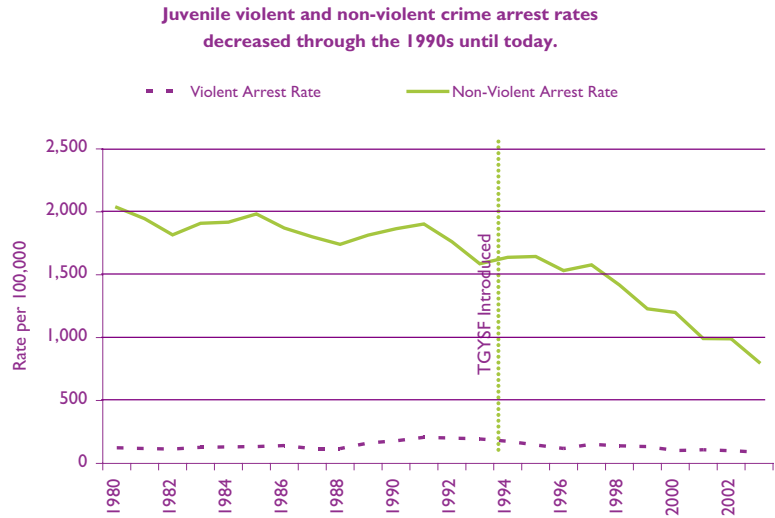


Source: Health Statistics Section, Colorado Department of Public Health and Environment

# Teen Arrests

Teen arrests rates for both violent and non-violent crimes have decreased by half since 1993 in Colorado.

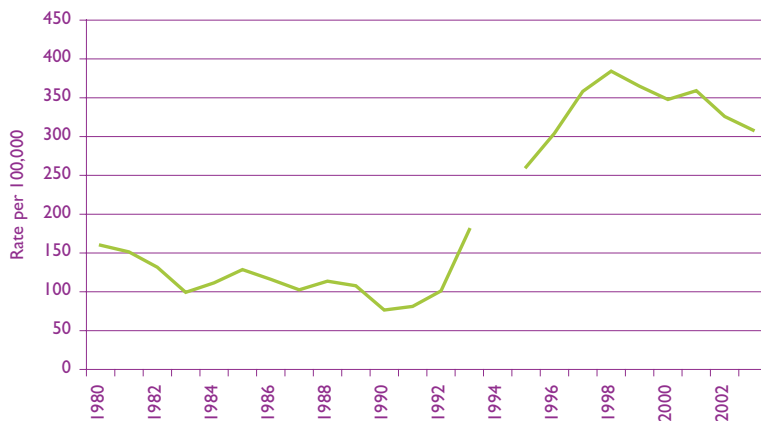
Scholars have not reached a consensus on why youth crime has declined nationally, but the popular theories include more active parenting, increased after-school activities, the economic prosperity of the 1990s, toughened juvenile justice laws, fewer “unwanted” children, and community-oriented policing. Beginning in 1994, in Colorado, the Tony Grampas Youth Services Fund (TGYSF) Safe City grants in Denver and other youth crime prevention programs helped reduce juvenile crime and violence rates.



Source: Office of Research and Statistics, Colorado Department of Public Safety

Early childhood research shows that at-risk children who attend high-quality early childhood education and preschool programs are less likely as teens to commit crimes or be incarcerated than their peers who did not attend such programs.<sup>7</sup> Additionally, at-risk infants who experienced a nurse home-visitation are half as likely to be arrested as teens.<sup>8</sup>

Colorado juvenile drug violation arrest rates increased substantially in the 1990s.



Note: Data are unavailable for the year 1994.

Source: Office of Research and Statistics, Colorado Department of Public Safety

**Meanwhile, juvenile drug violation arrests increased markedly.** In 2003, 3,581 juvenile drug violation arrests were made compared with 1,690 a decade earlier. The following section illustrates how common drug use is for Colorado youth.

# Teen Health Facts

## Health Insurance

- ★ While there is no reliable source of data in Colorado, national data shows that 12% of adolescents had no health insurance in 2002. Older adolescents (age 15-18) are **less likely** to have health insurance than younger adolescents.

## Abstinence and Sexual Behaviors

- ★ 61 percent of Colorado high school students report that they are abstinent or had never had sexual intercourse
- ★ 28 percent of high school students report being currently sexually active
- ★ 90 percent of high school students report they practice “responsible sexual behavior”<sup>9</sup>
- ★ 85 percent of students report that they have been taught in school about HIV/AIDS

## Diet and Physical Activity

Diet and physical activity are important for overall health and well-being of youth. Both nutrition and exercise impact weight and risks for chronic illnesses, such as diabetes.

- ★ 11 percent of high school students in Colorado are at risk for becoming overweight
- ★ 10 percent of high school students in Colorado are overweight
- ★ Only 19 percent of high school students eat five or more servings of fruit or vegetables per day
- ★ 64 percent of high school students participate in sufficient vigorous physical activity
- ★ 33 percent of high school students watched three or more hours of TV per day on an average school day

## Sun Safety

- ★ 59 percent of Colorado high school students reported that they never or rarely use sunscreen

# Teen Mental Health

*“Mental health in childhood and adolescence is defined by the achievement of expected developmental cognitive, social, and emotional milestones and by secure attachments, satisfying social relationships, and effective coping skills. Mentally healthy children and adolescents enjoy a positive quality of life; function well at home, in school, and in their communities; and are free of disabling symptoms of psychopathology.”*

— **Mental Health: A Report of the Surgeon General**

Adolescence is a time of turbulence and trials for many teens, but these struggles can be compounded by moderate to severe mental health disorders. Approximately 10 to 15 percent of adolescents have symptoms of a mental health disorder severe enough to cause some level of impairment, mainly mood, anxiety and disruptive behavioral disorders.

Some estimates of the prevalence of mental health issues include:

- ★ The Colorado Division of Youth Corrections estimates approximately 24% of the juveniles in its custody have a serious emotional disturbance and that nearly 67% have some form of mental health problem
- ★ During the 2003-04 school year in Colorado, 25 percent of visits to school-based health centers were for behavioral health reasons

Many factors have an effect on good mental health during adolescence:<sup>10</sup>

- ★ Self-esteem and resilience in handling failure
- ★ Stability of moods and depression
- ★ Perceived physical appearance and weight
- ★ Sexual health factors, such as sexual development, behavior and identity; parental expectations; pregnancy; sexually transmitted diseases; and sexual abuse or rape
- ★ Family issues, such as support, independence, conflict, and family history of mental health and substance abuse
- ★ School-related factors, such as transition through grade levels, academic success, bullying, and extra curricular activities
- ★ Juvenile justice system involvement
- ★ Learning disabilities
- ★ Homelessness

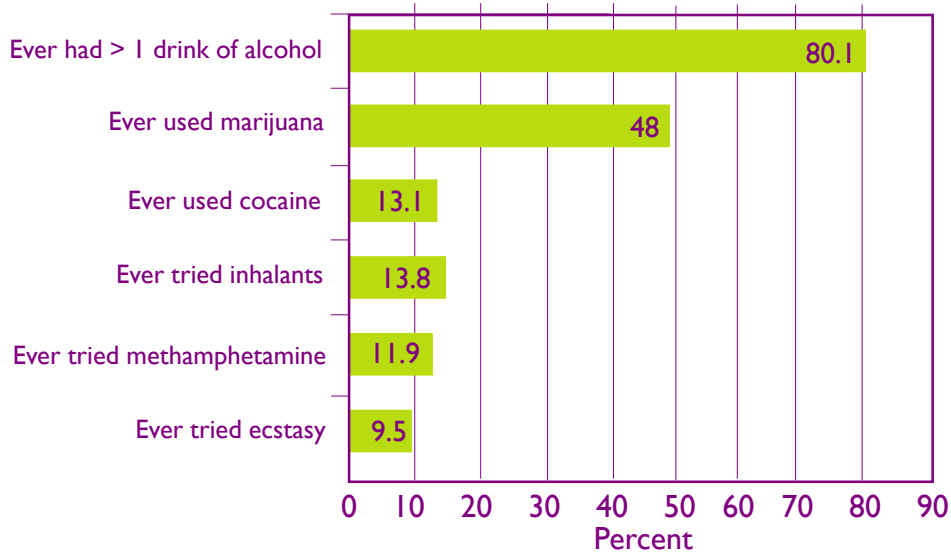
Youth with a history of mental disorders often struggle in life as they transition to adulthood.<sup>11</sup> These youth are at higher risk of dropping out of high school, not finishing college, having unplanned pregnancies, abusing drugs or alcohol, being unemployed or having a criminal record. In addition, youth with mental health issues often struggle to form a sense of autonomy, form mature relationships with parents and other adults, develop and sustain close relationships with friends and learn the skills necessary to cope emotionally, socially and financially as adults.

# Teen Substance Use

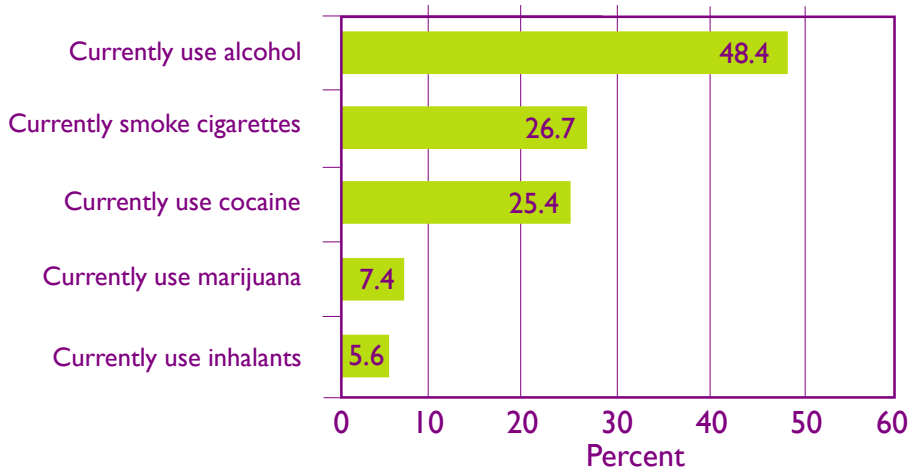
Teen substance use is more widespread in Colorado than most other states. When compared with the other states, Colorado has the fifth highest rate of marijuana and “any illicit drug” use for both teens and adults. Colorado youth ranked third highest for “cocaine use in the past year.”<sup>12</sup>

Adolescents using alcohol, illegal drugs or other substances such as inhalants compromise their decision-making ability – making navigating ordinary situations dangerous or even deadly. Teen substance abuse increases the likelihood of teen parenthood, experiencing physical or mental health problems and becoming involved with the criminal justice system. Adolescent use of alcohol and other drugs is a major predictor of continued use or abuse as an adult.<sup>13</sup>

**Many Colorado youth have tried illegal substances**



**Many Colorado youth currently use physically harmful and illegal substances**



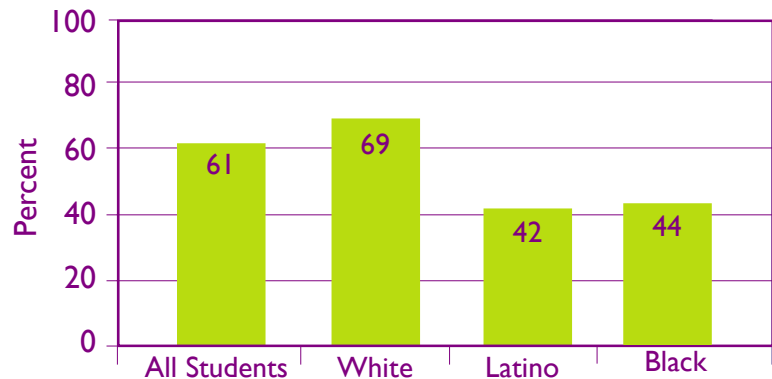
Source: Youth Risk Behavior Survey, 2003

# High School Completion

Dropping out of school is not a one-time event but the culmination of a process that often accelerates at the middle grades level<sup>14</sup> as students who haven't mastered the basic skills fall further and further behind.

Education remains the primary means to achieving equal economic opportunity and graduation from high school is crucial for reaching this goal. In the past, moderately well paying jobs were available to those who dropped out of high school without strong reading and math skills. This is no longer the case. Today, a high school diploma is the ticket to better jobs, higher wages, and more opportunities. In fact, the estimated difference between the lifetime earnings of a high school dropout and a student who goes on to graduate from college is \$1.1 million.<sup>15</sup>

**A majority of Hispanic and Black students in Colorado will not graduate from high school.**



Source: Colorado Small School Initiative's analysis of Colorado Department of Education data

Many young people arrive at high school with tremendous economic, social and family pressures. In addition, poor and minority students as well as those learning English are becoming more concentrated in certain schools. Ensuring that our schools serve this increasingly challenged population will help direct at-risk students toward earning a much-needed high school diploma.

# Teens in Foster Care

Transitioning to adulthood is particularly challenging for youth in the foster care system. Foster youth often have experienced trauma in the form of abandonment, abuse and neglect and instability. As youth “age out” of the system at 18 years of age, many of these youth enter the world without family connections or other support. Foster youth face many obstacles on the road to adulthood, including:

- ★ One of the biggest obstacles facing former foster care youth is finding safe and affordable housing. Foster youth advocates believe that up to half of the youth who “age out” of foster care become homeless within 18 months.<sup>16</sup>
- ★ Annually, approximately 250 youth “age out” of Colorado’s foster care system.
- ★ An estimated 30 to 40 percent of foster children have physical or emotional difficulties, but most of these youth lack even minimal health coverage.
- ★ Foster youth are often behind educationally and have disproportionately high rates of special educational needs and dropout rates.<sup>17</sup>
- ★ Youth “aging out” from the foster care system have a general inability to navigate the complex process of obtaining public benefits such as housing assistance, financial aid and Medicaid.

*“...examinations of foster care alumni found that two to four years after leaving foster care, only half were regularly employed, more than half of the young women had given birth, and a significant number were dependent on welfare support. Nearly half of the population had been arrested, and a quarter had been homeless.” – 2004 KIDS COUNT Data Book*

The Chafee Program, administered by the Division of Child Welfare Services at the Colorado Department of Human Services, is a federal grant program designed to increase funding and services to youth aging out of the foster care system. This county-run program helps youth establish an independent living plan by assessing the youth’s personal goals and providing guidance on apartment leasing, employment, money management and other issues related to the transition to adulthood.

Colorado’s Education and Training Voucher program (ETV) offers funds to foster youth to attend vocational training, colleges or universities. Students may receive up to \$5,000 a year for four years as a supplement to any federal financial aid for which they may be eligible. ETV funds can be used for tuition, fees, books, transportation, and child care expenses.

# Conclusion

While most Colorado youth move into adulthood with only minor problems along the way, many face significant challenges. The good news is that teen births, teen crime arrests and teen injury deaths have all declined in recent years. Serious challenges facing Colorado teens include juvenile drug use and drug-related arrests, suicide ideation and low graduation rates.

**In summary, how does Colorado compare to the other states?<sup>18</sup>**

<u>Indicator</u>	<u>Rank (1 is best)</u>
2003 Teens Who Are High School Dropouts	15th
2002 Cigarette Use in Last Month (ages 18-25)	18th
2003 Unemployed Teens (ages 16-19)	19th
2002 Cigarette Use in Last Month (ages 12-17)	26th
2003 Teens Who Are Not Attending School and Not Working	29th
2002 Binge Alcohol Drinking (ages 12-17)	29th
2002 Teen Deaths from All Causes	30th
2002 Repeat Teen Births	33rd
2002 Teen Births (ages 18-19)	35th
2001 Persons Incarcerated in Juvenile Detention Facilities	35th
2002 Teen Births (ages 15-17)	36th
2002 Marijuana Use (ages 12-17)	39th
2002 Illicit Drug Use (besides marijuana, ages 18-25)	40th
2002 Illicit Drug Use (besides marijuana, ages 12-17)	43rd
2002 Marijuana Use (ages 18-25)	44th
2002 Binge Alcohol Drinking (ages 18-25)	44th

## What are we doing about it?

The Colorado Children's Campaign is committed to creating hope and opportunity for all youth in Colorado. We are currently focusing our efforts on:

- ★ Campaigning for the passage of Referenda C and D and then working to restore budget cuts to youth-serving programs.
- ★ Establishing a longitudinal assessment program so that parents, districts, and policymakers can evaluate individual student academic growth as well as the current system of assessing school performance.
- ★ Creating a high school dropout prevention state income tax check off to help fund a wide variety of enrichment and alternative programs.
- ★ Creating a standardized, more accurate methodology for calculating the high school dropout rate so that dropout prevention strategies can be effectively targeted.
- ★ Increasing the availability of high-quality preschool programs which are proven to decrease teen pregnancies, teen violence, and high school dropouts. In 2005, we successfully added 3,130 slots for at-risk children to the Colorado Preschool Program, but there are an estimated 10,000 eligible children who aren't able to attend.

# Endnotes

- <sup>1</sup> Zender-Merrell, Jane (2002). "Kids Count in Michigan: Data Book 2002." Lansing, Michigan: Michigan League of Human Services.
- <sup>2</sup> Child Trends DataBank. (2005). "Teen Births." Accessed online at [www.childtrendsdatabank.org](http://www.childtrendsdatabank.org)
- <sup>3</sup> Annie E. Casey Foundation (2004). KIDS COUNT DATA BOOK. Baltimore: Anne E. Casey Foundation.
- <sup>4</sup> Ryan, S., Franzetta, K., & Manlove, J. (2005). "Hispanic Teen Pregnancy and Birth Rates: Looking Behind the Numbers." Washington, DC: Child Trends.
- <sup>5</sup> The Alan Guttmacher Institute (2002). "Sexuality Education." Washington, DC: The Alan Guttmacher Institute.
- <sup>6</sup> Colorado's Advisory Council on Adolescent Health (2003). Adolescent Health in Colorado. Denver, CO: Colorado Department of Public Health and Environment.
- <sup>7</sup> Fight Crime: Invest in Kids (2004). "Preventing Crime with Pre-kindergarten: A Critical Investment in Colorado's Safety."
- <sup>8</sup> Olds, D., Hill, P., Mihalic, S., & O'Brien, R. (1998). *Blueprints for Violence Prevention, Book Seven: Prenatal and Infancy Home Visitation by Nurses*. Boulder, CO: Center for the Study and Prevention of Violence.
- <sup>9</sup> Responsible sexual behavior includes never had sexual intercourse, had sexual intercourse but not in the three months preceding the survey, or had used a condom the last time they had sexual intercourse during the three months preceding the survey.
- <sup>10</sup> Colorado's Advisory Council on Adolescent Health (2003). Adolescent Health in Colorado. Denver, CO: Colorado Department of Public Health and Environment.
- <sup>11</sup> Gralinski-Bakker, J.H. et al. (July 2005) "Transitioning to Adulthood for Young Adults with Mental Health Issues." Philadelphia, PA: MacArthur Foundation Research Network on Transitions to Adulthood and Public Policy
- <sup>12</sup> Wright, D., & Sathe, N. (2005). *State Estimates of Substance Use from the 2002–2003 National Surveys on Drug Use and Health* (DHHS Publication No. SMA 05-3989, NSDUH Series H-26). Rockville, MD: Substance Abuse and Mental Health Services Administration, Office of Applied Studies.
- <sup>13</sup> Colorado Department of Public Health and Environment (2004). "Colorado Health Watch 2004." Denver, CO: Colorado Department of Public Health and Environment.
- <sup>14</sup> For more information on Colorado's middle schools, see "Minding the Middle: Improving Colorado Middle Grade Education" from the Colorado Children's Campaign.
- <sup>15</sup> U.S. Census Bureau (July 2002). "The Big Payoff: Educational Attainment and Synthetic Estimates of Work-Life Earnings: Special Studies."
- <sup>16</sup> Shirk, Martha (July/August 2005). "New Homes for Foster Care's Old Folks," Youth Today.
- <sup>17</sup> Annie E. Casey Foundation (2004). KIDS COUNT DATA BOOK. Baltimore: Anne E. Casey Foundation.
- <sup>18</sup> KIDS COUNT State Data Online, < <http://www.aecf.org/kidscount/sld/>> Accessed 08/02/2005.



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