September 2005

Dear Friend of the Boulder County Civic Forum:

This 2005 report on the Quality of Life in Boulder County is the fourth community indicators report published by the Boulder County Civic Forum, a program of The Community Foundation Serving Boulder County. Every two years the Civic Forum highlights key trends that help measure progress toward – or away from – a vision of healthy Boulder County communities. The Civic Forum began as the Boulder County Health Communities Project based on the World Health Organization’s premise that health is not merely the absence of disease or infirmity, but a state of physical, mental and social well being. This is as true for communities as for people, and because lifestyle behavior, social and environmental factors contribute more to a person’s health than biology or medical care, the health of people and communities are intertwined.

The Boulder County Civic Forum tracks fifty indicators of community health and sustainability in four interrelated areas: People, Economy, Environment, and Culture/Civil Society. We maintain up-to-date data for all fifty indicators on our web site www.bococivicforum.org. This report summarizes five key trends affecting Boulder County since our last report, published in 2003.

2005 TRENDS:

1. Declining Middle Class
2. Housing Affordability
3. Traffic and Commuting
4. Access to Health Care
5. Youth Risks and Behaviors

During the next two years the Civic Forum will carry out its mission of “information, analysis, education and dialogue” through presentations, discussion groups, and additional research. We will especially focus on affordable housing, access to health care, and Boulder County’s increasing ethnic diversity.

To simplify reading of this report, only general source references are included as end notes. Please contact the Civic Forum if you need more detail.

We hope you find this report, the entire set of indicators on the web site, and the work of the Civic Forum in the community to be valuable. Please let us know how you used the information and give us suggestions for other things to be included. We invite your participation as the Civic Forum continues to promote a vision of a healthy and sustainable Boulder County and measure our collective progress in achieving it.

Sincerely,

Josie Heath, President
The Community Foundation
Serving Boulder County

John Sackett, President and CEO
Avista Adventist Hospital
Chair, Boulder County Civic Forum
FORMATION OF BROOKFIELD COUNTY

About 20,000 residents of Broomfield were in Boulder County until the end of 2001 when Broomfield became its own city/county. As a result some data from the 2000 Census includes these Broomfield residents. The Colorado Demography Section has removed the Broomfield census tracts from Boulder County figures for population; and demographics such as age and ethnicity. Economic and employment data, however, are much more difficult to allocate and come from a variety of sources. Therefore economic data through 2001, including the major economic information from the 2000 Census, include the Boulder County portion of Broomfield. All trends presented in this report will use numbers that exclude Broomfield unless otherwise noted.

HOUSEHOLDS VS. FAMILIES

The Census uses three types of groupings of people. For housing data, a household is used. A household is any person or group of people, whether related or not, who live in the same dwelling unit. This can include housemates, single persons living alone, a family, or other combination of people sharing one housing unit. The term household does not include group residential quarters or institutions such as dormitories, fraternities, retirement homes, group homes, jails, or shelters. These people are included in the total population numbers, but are taken out for calculations of, for example, household income or average household size.

A sub-category of Household data is for families. A family is a group of people who live together who are related by birth, marriage or adoption. It can include extended family. Seventy-five percent of the population of Boulder County live in family households. The category of “family” is used to understand things like single parent families, children being raised by grandparents, where seniors live, and poverty numbers. A family is also likely to be a single economic unit. The term “family” does not include single individuals who live alone, even if they are widowed or have children who live in another home. A nonfamily household consists of a person living alone or unrelated people who live together, for example with a roommate or an unmarried partner.

The Census in 2000 included relationships of “spouse” and “unmarried partner” in its questions. Since federal law mandates that the terms “spouse” and “marriage” only apply to relationships between a man and a woman, any same-sex couples who filled out the Census form as being married or having a spouse had this designation automatically changed to “unmarried partner.” The Civic Forum hopes to be able to better track same-sex partners and their families in Boulder County in the future, in spite of this limitation.

WHAT ABOUT STUDENTS?

It is complicated to categorize all college students into a single definition. For tracking total population, those students whose official residence is at another home in Colorado, out of state or in another country are included in the population figures for their hometown. To understand the nature of households and the housing situation, organized group quarters like dormitories or sororities are not included in the statistics about households (see above). However, not all students are 19 or 20 years old, spending all their time and money on the CU campus. Students who live off campus compete in the marketplace for housing, may also work or have a partner who is employed in the community, and may have children in child care or school. In this situation, the fact that a person is a student is less relevant than being part of the community and their households are treated the same as others. For data such as income, household size, auto use, or health care access the data do not distinguish between someone who is a student and others with similar characteristics in the population. Because the Civic Forum tracks indicators over time and the number of students is relatively constant, the trends can be said to be relevant for the non-student population.

UNDERSTANDING INCOME

“Income” includes wages, salary, bonuses, self-employment income, profit from a sole proprietor business or partnership, gifts, tips, investment income, transfer payments such as social security or food stamps, pensions, rents, and interest income.

“Wages” include only payments received from an employer in an employment relationship that is reported to the State of Colorado for purposes of unemployment insurance. Wages do not include self employment income.

“Median income” means that half the people being counted earned more and half earned less than the dollar amount listed. “Mean,” or average income or wage is the total for all the people being counted, divided by the number of people or households.

“Per capita personal income” is not a measure of how much individual people or households actually earn or have to spend. Rather, it is a quick measure of the health of the overall economy over time. Per capita income is calculated by taking all the income (see definition above) earned in the county and dividing this number by the population.
In our last report, released in 2003, we highlighted six key trends. Below are updates for some of the indicators that have changed since then.

**POPULATION**

The population of Boulder County in 2004 was a projected 288,380. This is a 4.8% increase from 2000, however growth was less than 1% over the two year period from 2001 to 2003. These increases were due almost entirely to natural population increases (births less deaths) rather than in-migration, since more people moved out of Boulder County than moved in during 2001 and 2003. More people who moved here in 2002 and 2003 came from outside the US than from within the US, but immigration slowed in 2004.

**AGE**

The population of Boulder County continues to age, with the 45 to 64 year olds the fastest growing age group. This cohort, which includes the baby boom generation, numbers 73,000 and increased by 11,614 people from 2000 to 2004, a 19% increase. By 2030, more than one in five residents of Boulder County are projected to be over 65. The Denver metro area is in the top ten nationally in the growth of seniors over 65, a 47% increase from 1990 to 2000, compared to just 23% growth of those under 35.

The median age of our population has increased, from 31.5 in 1990 to 35.1 in 2005. The Colorado Demography Office projects the median age will reach 37 in the next eight years. About one in four households contain children under 18, and 41% of family households include children. Fourteen percent of households have at least one person age 65 or older. The largest age group, those between 25-44, actually lost population in both real and relative terms, with 92,870 young adults in 2000 (33.2% of the population) to 89,632 in 2004 (30.6%). This is the age group of middle income young professionals and young families. Their loss has significant implications for our economy, schools, and civic fabric.

**RACE AND ETHNICITY**

Boulder County’s racial and ethnic mix is changing as well. In 1990, 93.3% of the population was White, 2.5% Asian, 0.9% black, 6.7% of Hispanic origin and 3.3% of other or mixed races. (The term “Hispanic” is not a racial description but rather a term of ethnicity based on common history, language and culture. Hispanics can be of any race and most in Boulder County are White.) By 2004, the percentage of Whites declined to 86.0% while the Asian/Pacific population grew to 4.4% (a 76% increase) and the number of African American residents increased to 1.4% of the population (a 55% increase). People who identified as two or more races were 7.4% of the population. Hispanic residents were 12.6% of the population—nearly double since 1990. Of these, 77% are of Mexican heritage, up from 71% in 2000. Of the 28,000 foreign-born living here in 2004, 38% arrived since 2000. Among people at least five years old living in Boulder County in 2004, 14% spoke a language other than English at home. Of these, 62% spoke Spanish and 38% spoke another language – primarily European or Asian languages. Of those speaking Spanish at home, 84% reported that they spoke English “well” or “very well.” More than 3/4 of Boulder County residents speak only English.

**INCOME AND POVERTY**

2004 median household income in Boulder County declined for the second consecutive year. The 2004 median household income was $58,684, down from $60,652 in 2003 and $61,493 in 2002—4.8% decrease. Boulder County is the fifth wealthiest county in Colorado and has 140% of the national median household income. At the same time 20% of Boulder County households – 21,400 – earned less than $12 per hour/$25,000 per year. The 20% of households at the top earned more than $110,000.
Almost 11% of Boulder County’s 2004 population and 8.4% of the families lived below the federal poverty level of $9,310 for an individual and $18,850 for a family of four. This translates to over 30,000 residents of Boulder County living in poverty. The percentage of our population in poverty was 11% in 1990, 9.5% in 2000, 8.0% in 2003. An individual working full time at the Colorado minimum wage of $5.15/hour, excluding the earned income tax credit, earns $10,712 per year.

NEWCOMERS

The net number of new people moving into Boulder County peaked in 1999 at 7,618 and then declined through 2003.

A 2004 Census Bureau Survey reported that 21.5% of the population of Boulder County moved in 2003: 13% to another home within Boulder County, 3% from elsewhere in Colorado, 4% from a different state, and fewer than one percent from abroad. Thus 7.8% of the population moved into Boulder County from elsewhere, down from 8.4% the previous year. While these 20,980 people were moving into Boulder County, another 22,176 moved out. With 2,170 more births than deaths in 2003, the net population growth ended up at only 974 people. At this rate of mobility, the average length of home occupancy in Boulder County is under four years.

About 1,600 more people are expected to move into Boulder County in 2005 than move away, and births are projected to outnumber deaths by about 1,800 for a projected net population growth in 2005 of 3,400.

AIR POLLUTION

After high levels of winter carbon monoxide pollution in the 1980’s and 1990’s, there have been no violations of this air quality standard since 1995. The winter air is getting cleaner each year, mostly due to improved emission controls on newer cars. However, there has been an increase in summer ozone levels, with violations in 2000 and 2003. Ironically, many of the new arrivals to western Boulder County in the first half of the twentieth century came because of our clean air which they believed would benefit respiratory ailments. Ground-level ozone is not the same as the ozone in the atmosphere that shields us from the sun’s harmful ultraviolet radiation. At ground level, ozone pollution causes lung damage, mucous irritation, and harm to trees and plants. Air quality experts advise to avoid refueling during hot sunny hours, to avoid use of solvents such as lighter fluid and to use only water based paint on summer days. Two-stroke motors and older models of gas-powered lawn mowers also contribute to the formation of ground level ozone and should be avoided. Boulder County now has its own air quality monitor, located in South Boulder. Daily readings can be found at http://apcd.state.co.us/psi/
Boulder County Per Capita

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<th>INCOME</th>
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<tr>
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<tr>
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<tr>
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Source: Bureau of Economic Analysis, US Department of Commerce

Note: Income from all sources (wages, investments, government assistance) divided by total population

Boulder County Unemployment Rate

<table>
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<td>2004</td>
<td>4.9%</td>
</tr>
<tr>
<td>April 2005</td>
<td>4.9%</td>
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</table>

Source: Colorado Department of Labor and Employment
www.coworkforce.com

Trend 1: Declining Middle Class

Between early 2001, the peak of the economic boom, and the end of 2003, Boulder County lost over 11,000 jobs and 8,000 residents, including 3,200 young adults ages 25-44. The unemployment rate more than doubled, peaking at 6% in 2003. The poverty rate rose from 7.6% of the population to 11.0%. Real wages declined 4.9%. Boulder County total household income from wages declined by 13.8% from 2001 to 2002, regaining only 1.3% from 2002 to 2003. US wages increased 5.6% in this three-year period and inflation was 3%. Home foreclosures more than doubled. Two consecutive years of job losses were unprecedented in Colorado, and the major exodus of workers occurred in 2002-2003, the second year of the downturn.

EMPLOYMENT

Boulder County ended the year 2000 with 163,066 or 98.1% of its residents in the labor force employed, and about 205,000 jobs at Boulder County employers. By the end of 2002, 161,887 of residents in the labor force had jobs, and 5.6% – over 9,000 Boulder County residents – were unemployed. There were about 193,300 jobs at Boulder County employers. The jobs most affected by the downturn in Boulder County were in Manufacturing, Professional and Technical Services, Information / Publishing / Telecommunications, Construction, Tourism, and Retail.

Boulder County’s Manufacturing sector declined sharply due to a combination of increased productivity and off-shore operations, losing over 4,000 jobs. The Information / Publishing / Telecommunications sector was hit hard by the “dot com” and cable restructuring and lost 1,600 jobs and 45 companies. The average wage in this sector dropped from $80,000 to $72,000.

The growing Professional and Technical Services sector is Boulder County’s strongest sector. It includes jobs like engineering, law, computer system design and scientific research. The average wage paid in this sector was $71,150 in 2003. Many higher-paid professionals such as attorneys and physicians are omitted from the calculation because they work for themselves rather than as employees.

Construction jobs are always both seasonal and cyclical, and the downturn in this sector since 2001 was caused by declining population growth that reduced building in the Denver metro area by over 30%. The average construction wage has fallen since 2001, to $37,750. Personal Services jobs such as temp agencies, janitorial, landscaping, security and waste management pay relatively low wages, an average of $26,780 in 2003, and have also declined since 2001. This sector is expected to grow due to the increased number of high income households and seniors contributing to the demand for personal services. Tourism nationally lost ground following September 11, 2001, but Boulder County hotel and restaurant jobs have grown steadily since. This sector pays an average wage of $14,000.

The Retail sector began its decline in 2000 and lost almost 25% of its jobs from 2000 through 2004, with two hundred stores becoming part of Broomfield County at the end of 2001. Retail jobs pay an average of $26,000. The Government sector that includes the University of Colorado and federal labs lost only 3% of its jobs, and in general provided stability to the economy, with an average wage of $45,000. The Health Care sector has also grown steadily and is projected to continue growing. The average wage is $37,500, but wages in this sector vary widely, strongly correlated to education. The Arts, Entertainment and Recreation sector employs fewer than 3,000 workers at an average wage of $16,100; the sector is growing modestly and jobs are often seasonal.

The growing Professional and Technical Services sector, as well as the declining sectors of Information / Publishing / Telecommunications and Manufacturing, are especially important because they provide “primary” jobs that add wealth to the county’s economy by exporting high value goods and services such as software, internet services or biotechnology to buyers outside the county. The Retail,
Tourism and Personal Services sectors pay low wages, although retail and tourism businesses can bring outside money into the county. Locally owned establishments are more likely to keep profits in Boulder County, and all retail stores generate much-needed sales tax.

Individuals in lower wage jobs were unemployed for shorter periods of time than those who lost high wage jobs. In 2002, 30% of private sector jobs paid high wages, yet 43% of those who received unemployment benefits had been laid off from a high wage job. Jobs with low wages comprised 23% of private sector jobs, but only about 20% of layoffs. By 2003, only 58% of laid-off high wage individuals were working again within six months compared to 72% of low wage individuals. Workers over 55 had the lowest rate of re-employment.

There was also an increase in businesses’ use of temporary employees. These employees are included in overall employment statistics, but typically do not receive health insurance, vacation pay, sick leave or other benefits. About 10% of laid off workers went to work for temp agencies while looking for other work.

Lower wage jobs such as tourism, food service and personal services typically have a high turnover rate. People in these jobs usually have little savings and their skills aren’t as valuable in the market, so they take a job where they find one. Higher wage workers, on the other hand, tend to accrue vacation and severance benefits, have savings and home equity to draw on, and are more selective in their job hunting, seeking a similar job with similar wages. It is likely that Boulder County’s laid-off high wage workers utilized severance, retirement savings, credit cards, home equity loans and/or spouse’s income to pay ongoing bills during unemployment, so even after finding a new job these households had considerably less wealth. Boulder County home foreclosures increased 271% since 2000 and Colorado ranked fifth highest in the nation for foreclosures in 2004. Nationally, credit card debt increased 11% in 2004, with the average card-holder household balance now over $9,000. The effects of the downturn are not over.

With such a large portion of the downturn affecting white collar workers, the vacancy rate for commercial office space soared from a healthy 7% in 2000 to 24% in 2003 and 2004, and was still above 20% in June 2005. Workers often try self-employment after being laid off, either to continue their professional services on their own or to expand a long-time side business or hobby. In this downturn, however, the number of self-employed stayed constant from 2001 to 2003 at around 46,000. It may have been more difficult to start a business during a soft market than during previous periods of upward growth.

INCOME

Though usually associated with income and wealth, “middle-class” is also defined by education, type of job, and self-perception as well as income.

In 2003, about 73% of Boulder County household income was from wages and salary earnings, 21% was from investments, and about 6% from pensions, Social Security, and government assistance programs. The rate of income growth in Boulder County, one of the wealthiest counties in the US, was lower than the national average each year from 2001 to 2003. The chart illustrates different ways income and poverty can be measured, showing the amount earned by an illustrative single-parent family with children ages one and three, under different scenarios. The Self-sufficiency wage, calculated by the Colorado Fiscal Policy Initiative, takes into account actual 2004 prices in Boulder County for rental housing, food, transportation, child care, health care, taxes and miscellaneous expenses; it does not include savings for vacations, retirement, home ownership, or higher education.

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Having a home is a fundamental human need; it represents shelter, safety and security. For homeowners, it can be their major financial asset. The Boulder County Civic Forum and the Boulder County Consortium of Cities commissioned a comprehensive housing assessment, conducted by The Housing Collaborative in 2005. The median sales prices of homes in Boulder County increased 113% between 1990 and 2000. From 2001 to 2005 sales prices for single family homes increased 40% in Superior and Boulder, 10% in Longmont, and less than 10% in Louisville and Lafayette. Prices did not increase as rapidly for multi-family/attached housing. By comparison, from 1990 to 2004 median family income increased 63% and inflation increased 44%.

A family earning the Boulder County median income of $60,600 could qualify to buy a home selling for up to $290,000 based on a 30 year fixed mortgage with 10% down at 5.75% interest. A family could purchase a $415,000 single family home in Boulder with income of $79,000 to $98,000, a $225,000 single family home in Longmont with income of $42,000 to $53,000, and a $175,000 town home in Lafayette with household income of $33,000 to $41,000. While low interest rates contributed to the rise in housing prices over the last five years, prices will not tend to decrease accordingly when interest rates rise, although prices are expected to increase at a slower pace in the next few years. If prices do actually decline, the result is dramatic for people who expected to sell at a profit and then find themselves losing equity, owing more than the house is worth, or not being able to sell quickly.

The median Boulder County rent in 2004 was $909 per month. While rents used to be highest in Boulder, this is no longer the case and is likely due in part to the age and size of rental units in Boulder, where there has been relatively little apartment construction in recent years. In fact, Boulder rents were the lowest at $643 near the University and $805 elsewhere. Rents were highest in Superior and Louisville, at over $1,100 per month. Longmont’s median rent was $833. The highest vacancy rate in 2004—8%—was in Lafayette where the median rent was $919. In the early part of this decade, a strong economy and low interest rates resulted in more households purchasing homes. This resulted in upward pressure on purchase prices and higher vacancy rates for rentals. Following loss of an estimated 11,000 jobs, there were 8,000 fewer households in Boulder County in 2003 than in 2001 and the rental market softened even more. In early 2003 the rental vacancy rates peaked at a very high 12%, with median rents increasing only 6% between 2000 and 2002. As interest rates rise and prices continue to be high, demand for rental units will likely increase, lowering vacancy rates and increasing rents. In 2004 the vacancy rate dropped to 6%.

Between 1990 and 2000, the availability of multi-family units in Boulder County declined as a percentage of the housing stock. Although the construction of multi-family units is keeping pace in Lafayette, Longmont, Louisville and Lyons, the percentage of multi-family units in the City of Boulder declined from 55% to 52%, while Superior built over 2,000 multi-family units and is now second only to Boulder – with 40% of its housing in multi-family units.

The number of housing units in Boulder County increased 11% between 2000 and 2005. In comparison, new construction in neighboring Broomfield and Weld Counties increased their housing stock by over 25%.

SENIOR HOUSEHOLDS

Thirteen percent of Boulder County’s households include a person 65 years or older, compared to a state average of 16%. A significant number of today’s senior households have incomes less than 30% of the area median. Many are homeowners and a growing number are over 75, with a disproportionate number of women living alone. More are choosing to “age in place,” remaining in their homes after retirement, although a number will move to be closer to family.
The fastest growing age group in Boulder County is 45-64 year olds. People ages 45-64 are in their prime care-giver years, often moving elderly parents to live nearby. As the “baby boomers” reach retirement, they will need social, personal and medical services that in turn generate demand for employee housing. The over-65 age group is projected to increase to 9% of Boulder County’s population in 2010 and 14% by 2020.

Seniors present unique housing demands. Seniors with fixed incomes compete for housing with lower-wage workers. Seniors may occupy housing that is larger than necessary given their household size of one or two people. There is very little housing available, even for those who could afford it, designed and developed especially for active seniors. Group residences for low income seniors will be in much greater demand soon, yet finding sites and financing are difficult.

Home ownerships has traditionally provided an economic cushion to retirees who own their homes free-and-clear by the time they retire. Increasingly people are working into their 60’s and 70’s to repay home equity debt.

HISPANIC/LATINO HOUSEHOLDS

Countywide, 7% of households are ethnic Hispanic compared to 12% in Colorado, and the number is increasing. The largest concentrations of Latino households are in Longmont (12%), Lafayette (11%) and Erie (8%). (Note that these figures are for households, not individuals. Hispanics comprise 12% of Boulder County’s population.)

Many Latinos are family and neighborhood oriented and may choose where to live based on proximity to family, friends and services rather than distance to work, often commuting to jobs in other communities. They may choose to live in conditions that others consider crowded in order to have a lower housing payment, live with extended family, or be in a preferred neighborhood. Thirty-five percent of Boulder County’s children under 18 are Hispanic. Hispanic households are larger than average, at 3.6 people compared to a county average of 2.5. Seventy percent of Boulder County Hispanic households are in the workforce, but they typically earn lower than average incomes, with 21% of Boulder County Hispanic households below the poverty level compared to 8% countywide. Some extended families may pool their savings and be able to purchase homes that are unaffordable to similar workers in smaller families.

SINGLE PARENT FAMILY HOUSEHOLDS

One in nine households in Boulder County (11%) includes children under 18 and only one parent. Forty-three percent of family households headed by a single woman live below the poverty level. Single parents often must provide for housing, child-care and other household expenses on only one income and therefore find high housing costs to be a particular burden. They typically value amenities such as proximity to groceries, parks and schools, and on-site laundry facilities. They also value living close to work and childcare since there is only one parent to manage household logistics.

One in four divorced or separated adults lacks health insurance—almost twice the rate of married Coloradans—adding to their financial pressure. Women in Boulder County earn 79% of the wages of men for full time work making affordability even more of a challenge for single mothers.

LOW INCOME HOUSEHOLDS

There were nearly 44,000 households in Boulder County in 2004 with incomes at or below 80% of the Area Median Income (AMI), a calculation by the US Department of Housing and Urban Development based on family size to determine eligibility for housing programs. (80% AMI for a family of four is $57,500.) This represents 36% of Boulder County households.

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When surveyed recently about major issues facing Boulder County, residents listed “growth.” Since the population has not increased appreciably in the last five years, this concern with growth is perplexing. However, one area that has seen explosive growth is in the traffic on our streets and highways.

US residents average about 14,500 miles of travel per person each year, four trips per day totaling 40 miles of travel – most of it in a private car. Working age people 25-54 take the most daily trips, but even children under five average 3.2 trips per day.

The per capita number of automobiles registered in Boulder County has actually declined slightly, from 0.81 in 1980 to 0.74 in 2004. However, the vehicle miles traveled (VMT) on Boulder County’s streets and highways have skyrocketed. On an average weekday in 2005, over six million vehicle miles were traveled within Boulder County, an increase of 10% in the four years since 2001. The population of Boulder County grew only by about 5% during this same period.

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We know that driving in city traffic is stressful. While in our cars, we are not spending time at work, with families, volunteering in the community, or getting the health benefits of walking or biking. As gasoline prices continue to rise, the cost of driving hurts – especially the poor who trade off spending money on housing, health care and food. Traffic accidents cause injuries and property damage. A typical five-year-old Subaru driven the national average of 14,500 miles per year adds 4.5 tons of carbon dioxide, a greenhouse gas, to the atmosphere each year. Any changes that reduce driving will positively impact all these side effects.

We will discuss three contributing factors to increased traffic: longer trips from home to work, open enrollment in schools, and one-person car trips.

**COMMUTING**

There are two dynamics that affect commuting. One is housing, as people choose a longer work commute in return for lower housing costs, to live in a preferred location, or to have particular housing amenities. The other is jobs, where there may not be suitable housing near a workplace, a worker may not want to move for each change of job, or spouses work in different places requiring one or both to commute.

Seventy-eight percent of employed Boulder County residents drove alone to work in 2004 and about 10% commuted by carpool. Five percent of Boulder County residents take the bus to work, 2% walk, and about 5% of commuters use a bicycle or motorcycle. An estimated 7% of Boulder County’s working residents worked at home in 2003, up from 6.3% in 2000. A number combine trips, for example to drop off a child at day care or to buy groceries on the way home.

Boulder County is a net importer of employees. In 2005, an estimated 49,100 workers employed in Boulder County commute in from another county, and 30,500 residents of Boulder County commute out to jobs in other counties. Although 70% of Boulder County workers also live in Boulder County, many fewer live and work in the same town.

The average work commute for Boulder County residents is 22.4 minutes, up from 21.2 minutes in 2003, with over 14,000 residents making a commute of more than 45 minutes each way. The average commute for a City of Boulder resident is 18.8 minutes, and in Erie where 83% of working residents commute alone, the average commute takes 25.7 minutes.
Between 1998 and 2004, RTD’s average daily bus ridership increased 3% to over 27,000 trips. Recently, RTD and area local governments joined together to improve service between the City of Boulder and Longmont, Louisville and Lafayette. Service from north to south outside the City of Boulder is more limited, and there is no service to the fast-growing Weld County suburbs of Dacono, Frederick and Firestone.

Healthy seniors of the future will likely be more dependent on the car than today’s elderly. Research suggests that seniors increasingly choose to drive or ride as a passenger in a private car rather than use public transportation. Driving takes less physical exertion than walking to or climbing on a bus. Many seniors are also finding that small electric vehicles, scooters and golf carts provide the mobility, economy and safety they desire, but current street designs may not accommodate them.

The City of Boulder instituted an aggressive program in the early 1990’s to reduce car trips, and single-occupant vehicle trips in particular. As a result, fewer than 60% of Boulder residents get to work by driving alone, and total trips in the Boulder Valley* taken by one person driving alone declined by over 10% from 44% in 1990 to 39% in 2003. Transit use in the Boulder Valley increased from 1.6% of all trips in 1990 to 4.6% in 2003, aided by an innovative employer, college and neighborhood transit pass program called ECO-Pass. About 40% of CU students walk to school and 11% ride bicycles.

The timing of development also affects commuting patterns. For example in Louisville, like Broomfield, residential development occurred prior to significant commercial, industrial and office development. As new homes were built, new residents found or already held jobs in other places. Then as new jobs were created, nearby housing was occupied by people working elsewhere, so the new jobs were taken by people living outside of town. This effect diminishes over time.

Between 1995 and 2000, an estimated 2,840 more jobs were created in Boulder County than the housing units necessary to house the workers. By contrast, in this same period 8,739 more housing units were constructed in Weld County than the jobs needed to fill them. The number of Boulder County workers commuting in from homes in Adams and Weld Counties more than doubled from 1990 to 2000.

**SCHOOL TRIPS**

Parents in Colorado K-12 school districts are permitted to enroll their students at any public school in the district subject to space availability. In the 2004-2005 school year, 39% of Boulder Valley School District elementary students attended a school that was not their assigned neighborhood school. Of these, about half attended charter schools and half another neighborhood school. Since the school district does not provide bus service for these students, and they were likely too young to walk long distances or to ride public transportation alone, nearly all of these 4,786 public elementary students were transported twice a day by private car. While some of the open enrollment was to schools nearby, much was between cities. For example over 500 Lafayette elementary students attended schools in another town.

**HOW WE TRAVEL**

Work trips account for only about one fifth of all trips. Social/recreational activities account for 27% of trips nationally, personal business such as banking or shopping is 45% of trips, and 10% are trips to school or church.

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Contrary to the image, the text is continued on page 16, not ending here.
Trend 4: Access to Health Care

In 2003, 90% of Boulder County residents had some form of health insurance – from an employer, an individual policy, Medicare for people over 65, Medicaid for the poor, or the CHP+ program for poor children who do not qualify for Medicaid. Health insurance coverage in Boulder County declined from a high of 92% in 2000 to 85% in 2002, but has since rebounded. In a 2000 survey, 94% of Boulder County children age 0 to 12 had health insurance.

In Colorado, 83% of adults and 86% of children had health insurance in 2003. Fifty-eight percent of adults had coverage through an employer, 6% through individual policies, 11% from Medicaid, 9% from Medicare, and 17% had no coverage. Colorado is in the top ten healthiest states for smoking, obesity and cardiovascular disease. These statistics, however, don’t tell the whole story. Boulder County residents, businesses and health care providers are increasingly affected by the complicated and dysfunctional US health care system.

Although 94% of Boulder County’s non-Hispanic Whites are insured, only 55% of Hispanic residents have health insurance and only 80% of Hispanic children have any coverage. Recent immigrants are more likely to be uninsured than US citizens and do not qualify for Medicaid in Colorado, even if they are in the US legally. Working families making under 200% of the poverty level ($37,320 for a family of four) are three times more likely to be uninsured than those earning more, but even middle income families can become uninsured. Between 2000 and 2003, nearly 34,000 children in Colorado lost health insurance, and an increasing number became eligible for Medicaid or the Colorado Children’s Health Program (CHP+) for poor children who don’t qualify for Medicaid. Young adults age 18-24 are often in health insurance limbo when they are no longer covered by a parent or school policy but do not yet qualify for employer-based coverage: 35% of Boulder County young adults are uninsured – the highest rate of any age group.

For 80% of Colorado’s uninsured, at least one person in the family works either full or part time. One-third of children on Medicaid have a family member who is employed. Seventy-two percent of Colorado workers had access to health insurance at work in 2004. While 94% of companies employing more than fifty workers offered health insurance in 2002, it was offered by fewer than half of firms under fifty employees. Lower wage jobs in the personal services and production sectors are less likely than higher wage sectors to include health insurance as a benefit, and when offered, lower wage sectors collect a higher percentage for the employee share. Even so, the rate at which lower wage and higher wage workers choose to enroll is about the same.

The average Colorado premium for employer-based family health coverage in 2005 was $11,418 per year, and the average employee portion was over $250 per month, an amount that is expensive for many lower income families, representing 30% of the income of a minimum wage worker. Employer health insurance premiums increased an average of 14% annually since 2000. Since 2000, health costs have risen five times the rate of wages and four times the rate of inflation.

To cope with higher premiums, many employers are shifting costs and risk to their employees through policies that have higher deductibles and co-pays, cover fewer procedures such as mental health, vision, prescriptions, dental care or preventive care, have higher premiums, have lower maximum reimbursement, or are available to fewer workers. Employers are also more likely to utilize temporary or part time workers who may not qualify for benefits.
Of Coloradans under the age of 65, 32% went without health insurance for some portion of time in 2003. Once workers lose health insurance coverage, only one-third regain insurance within six months. People with periodic coverage tend to manage their health care in ways similar to those without insurance: they avoid annual physicals and other preventive care, they wait to see physicians until a condition is worse, they do not fill prescriptions or get lab or dental work, they cut back on managing chronic conditions such as asthma or diabetes, and they utilize emergency rooms for illness or injury.

Eleven thousand Boulder County jobs were lost in the 2001-2003 economic downturn. If the family member laid off was the one with employer coverage, the family could have been eligible to stay on the health insurance plan for 18 months by paying the full premium. For the 154,000 Coloradans who lost employer coverage between 2000 and 2003, 56,600 of these workers and their dependents found individual policies, 98,800 were added to Medicaid, and 152,000 stayed uninsured.

Uninsured and underinsured patients place a financial strain on Boulder County hospitals, physicians and community clinics. Over one-third of patients in Boulder County hospitals are seniors covered by Medicare, and the government reimburses an average of only 38% of the charges incurred. Medicaid reimbursement rates are even lower and increased only 6% in Colorado from 1998 to 2003, while medical costs increased 23% and consumer prices increased 15%. In recent years, health insurance companies increased their ability to negotiate lower rates for their members, so costs for uncompensated care are more difficult to shift to insurance companies and health care providers must find additional ways to make up the difference. Some private physicians have even stopped accepting some or all insurance plans because the reimbursement rates are too low, with high administrative costs. Primary care physicians, along with community health clinics, have difficulty referring uninsured patients to specialists or for diagnostic procedures.

Caseloads at Boulder County’s four nonprofit community health centers reflected the economic downturn. The People’s Clinic, for example, saw a 19% increase in individual patients from 2001 to 2003. Twelve percent of Boulder County’s children use community health centers, with 25% of Latino children relying on community health centers for their medical services rather than private physicians, even if they have insurance.

Many visits to the emergency room are either unnecessary, could have been avoided with proper care, or could have been treated in less expensive settings. But patients know they won’t be turned away even if their conditions don’t constitute an emergency or if they do not have insurance. Twenty percent of the uninsured, compared to only 3% with insurance, use the emergency room as their usual source of care. If these patients cannot pay for an emergency room visit, the hospital’s “uncompensated care” ledger grows.

And even with insurance, health care is expensive. Out of pocket expenditures for co-pays, deductibles, medications and uncovered services can add up quickly when a medical problem occurs. In the US, households spent an average of $5,267 per person for health care in 2002 – twice the median expenditure of the rest of the industrialized world. The US health care system spent over $1,000 per capita on paper work in 2003. Total US spending on health care now comprises 15% of the US Gross Domestic Product, up from 13% in 2000. Yet the US is 23rd worldwide in life expectancy. In Colorado, a relatively healthy state that is seventh in the US for household income, our residents rank in the bottom one-fifth nationally for access to prenatal care, per capita public health spending and childhood immunizations.

continued on page 16

Effects on Longmont United Hospital

- Premiums for employer-based health insurance doubled since 1998
- Liability insurance premiums up 30% since 2000
- Nursing and pharmacist shortages increased wage costs
- Medicaid insures 8% of patients; Colorado cut reimbursement rates in 2002
- Medicare reimburses 38% of charges for 36% of patients
- Charity care $6.4 million in 2003
- Uncollected charges increased from $50 million in 2000 to $79 million in 2002

Many people are losing their jobs or having a significant reduction in their benefits. They wait longer to seek health care.

Mitchell Carson, President, Longmont United Hospital
Boulder County is home to 15,000 young people between the ages of 14 and 18. Most have a high quality of life, with social, educational, cultural and educational amenities. Health problems among teens are more likely to result from high risk behavior, social circumstances or chronic health conditions than from medical conditions typical of the older population. The leading causes of death among adolescents in Colorado are unintentional injury (including auto accidents), suicide, and homicide. Many risks can be prevented, reduced or postponed. Of the forty thousand children in Boulder County ages 6 through 18, 73% have two parents who work, or they live with a single working parent. An estimated 1,125 Boulder County high school students live in poverty. Thirteen percent of K-12 students are learning English as a second language.

In November 2003 Boulder County Public Health partnered with Boulder County’s Boulder Valley and St. Vrain Valleys school districts to administer a detailed, reliable survey about behaviors linked to health risks: the 2003 Youth Risk Behavior Survey. A new survey will be administered in the fall of 2005. The Civic Forum is grateful to Boulder County Public Health for permission to publish excerpts from the report.

SEXUAL ACTIVITY

More than one-third of Boulder County high school students (34%) have had sexual intercourse, with a higher rate for males than for females. Latino students (45%) were more likely than non-Hispanic White students (32%). Eighty-one percent of high school freshman (age 14-15) and forty-seven percent of seniors (age 17-18) have not had sexual intercourse. Ninth, tenth and eleventh graders are more likely to use condoms (70%) than seniors (55%). One of four sexually active students used alcohol or drugs during their last sexual intercourse, with a higher rate for males (29%) than females (19%). Teens account for about one quarter of new sexually transmitted infections.

TEEN BIRTHS

Teen births dropped by 23% from 24.5 per thousand females age 15 to 19 in 2000 to 18.9 in 2003 – a positive trend both in Boulder County and throughout Colorado in the last dozen years. Teen parents are less likely to obtain prenatal care, complete high school, get jobs paying a sustainable wage and have private health insurance. The birth rate for Latina teens is rising and in 2003 represented 64% of all teen births in Boulder County.

SUBSTANCE ABUSE

One in five high school students reported using tobacco; 78% do not smoke. Tobacco use is the leading preventable cause of death in the US, and most smokers begin use of tobacco in their teens when peer pressure is particularly influential.

Alcohol is the most commonly used drug during adolescence. It is a contributing factor to motor vehicle accidents, school performance, violence and suicide. Nearly three-fourths of students reported having tried alcohol. Current use increased with grade level, with 59% of twelfth graders drinking within the past 30 days. An alarming 31% of high school students reported “binge” drinking of five or more drinks – an amount that results in intoxication and dangerous blood alcohol levels. It appears students are starting to drink at a younger age, with one in three ninth graders reporting drinking alcohol before age 13, but only one in five seniors having done so. Those who begin drinking before age 15 are four times more likely to develop alcohol dependence than those who wait until they are 21.

Forty-two percent of high school students reported trying marijuana, and 24% reported that they currently used it. Both numbers increase with age/grade level. A troubling trend is that 11% of ninth graders reported marijuana use before age 13, while only 8% of their twelfth grade peers did.
For adults in Boulder County, per capita alcohol consumption is 130% of the national average, and 20% report binge drinking in the past month. Colorado leads the nation in the percentage of adults over 25 who smoke marijuana. Clearly there is a need for greater knowledge and community dialogue about the role adults play in adolescent drug and alcohol use, and how adolescent behavior and attitudes mirror those of adult society.

**SUICIDE**

Suicide is the second leading cause of death for youth aged 15-19 in Colorado. One in four students surveyed reported feeling sad or hopeless for two or more weeks in a row in the last year. This is a symptom of depression, a mental illness that is highly correlated with attempted suicide. This symptom was higher among girls (33%) than boys (18%). Nearly one in six students (16%) attempted suicide in the previous year – over 3,300 young people. Boulder County youth’s suicide attempts were higher than Colorado (13%) and the US (8%). More females than males attempt suicide, but males are more often successful. The rate of attempted suicide was 30% among Latino students and 44% among students who identified as lesbian, gay, bisexual or questioning. Youth in minority groups often internalize societal attitudes that there is something wrong, bad or less about their group, and themselves as a group member.

**SAFETY**

Harassment such as threats, bullying, name calling, exclusion from groups or unwanted attention was experienced by 35% of girls and 31% of boys. Students of color reported racial/ethnic harassment at a rate of 17% compared to 4% for non-Hispanic White students. One third of students who identified as gay, lesbian, bisexual or uncertain about their sexual orientation, compared to only 5% of heterosexual students, reported being harassed based on sexual orientation. Five percent of non-Hispanic White students and nine percent of students of color reported being forced to have sexual intercourse. On the positive side, two thirds of the students reported that there was at least one adult at school they could talk to if they had a problem, and fewer than two percent felt unsafe at school.

**HIGH SCHOOL GRADUATION**

High school graduation rates for Boulder County youth are higher than Colorado’s, with 89% of students who started ninth grade four years earlier graduating in 2003. Although the largest number of dropouts were non-Hispanic White, only 62% of Latinos in the St. Vrain Valley School District and 63% of Latinos in the Boulder Valley School District graduated in 2003. Major reasons cited by Hispanic dropouts include not liking school, not keeping up with school work, failing grades, pregnancy or parenthood, and need to work to support a family. Even though the statistics on Hispanic academic achievement combine students whose families have lived in the US for generations with recent immigrants, Latino youth from high income families still graduate at a rate only half that of high income non-Hispanic Whites.

In 2004 Boulder County ranked first in the nation for educational attainment of its adults over 25: 95% are high school graduates and 58% graduated from college. Yet in Colorado, only 29% of all high school students, and 17% of low income students, graduated from high school in 2001 having taken the minimum coursework required to attend college. Only five states were less likely to send their poor students on to college. Nationally, only one in four high school graduates who took the ACT met college readiness benchmarks (70% likelihood to earn a “C”) in all four areas of English, comprehension, math and science. Where will our educated population come from in the future?

**continued on page 17**
TREND 1: Declining Middle Class
continued from page 5

The HUD Area Median Income (AMI) was calculated for Boulder County based on family size as eligibility for income-restricted housing. Thirty-seven percent of Boulder County households have incomes less than 80% of AMI.

The 2004 median household income in Boulder County was $58,684, down from $61,493 in 2002 – a 4.8% decrease in two years. The average wage was $21.75 per hour.

In 2004, incomes of 11% of the population and 8.4% of children under 18 were below the federal poverty level. An additional 12% of individuals had incomes below 200% of poverty, or $32,180 for the family of three. In 1999 8% of the population lived below the poverty level. Nonprofit organizations report a significant increase in hunger and a decrease in food security among Boulder County households. In the 2004-05 school year, about 14% of Boulder Valley students and 19% of St. Vrain Valley students participated in the federal free and reduced-price lunch program.

Another way to understand income distribution is to track income mobility: how people’s income moves up or down over time. On a national level, of the wealthiest 20%, only 1% describe themselves as “upper class,” and 42% of Americans believe their income places them in the middle 20%. In other words, most people regardless of income consider themselves middle class. The reality in Boulder County as well as the US is one of increasing disparity.

While Boulder County median family income in 2004 was $76,282, the average family income was significantly higher at $96,505. This means that the half of families who earn more than the median earn proportionately much greater income. This is the so-called “millionaire” effect: If four families each earn $75,000 and one family earns $1 million, the median income would be $75,000 but the average would be $260,000 – not reflective of the reality of these families. The higher the disparity between median and average incomes, the more income inequality exists.

In Boulder County, from 2000 to 2004, two income groups increased in size: the percentage of households at the bottom, with incomes under $25,000, increased 13.2% to 24,600 households, and those with incomes over $100,000 increased 20.3% to 28,800 households. The 60% in the middle all lost ground. Households with incomes $25,000 to $50,000 declined by 8.6% and the number of households earning $50,000 to $75,000 declined by 6.3%. The largest change was the percentage of households with incomes of $75,000 to $100,000, declining 25.7%. Although much of the growth in the top-income group was due to households moving from below $100,000 to above $100,000 for the first time, it is likely that households with incomes above $75,000 included people laid off in the downturn who lost household income and moved down to a lower income group. The group earning $25,000 to $50,000 would have included many of the young professionals who were laid off and moved away between 2001 and 2004. This trend of the highest and lowest income groups growing while the middle classes decline has been growing in Boulder County since 1990.


Source: US Census
Note: Consumer Price Index increased 7.8% from 2000 to 2004, and 0.1% from 2003 to 2004
The City of Boulder has the most low income households in both numbers and percentage. An estimated 19,492 households – 46% of all households in Boulder – had incomes below 80% AMI in 2005.

Longmont has the second highest number of low income households, at 42%, with Lafayette next at 35%. Louisville (23%), which grew rapidly in the 1990’s, is similar to its fast-growing neighbors Superior (16%) and Erie (15%) in number of low income households. This underscores that less housing built in the last ten years is intended to serve lower income households.

The rule of thumb is that a household should not have to spend more than 30% of its income for housing costs (including utilities). In Boulder County almost one third of households pay more than 30%, and 13% of households pay more than 50% of household income for housing costs. In 2003, 9,664 (20%) of households with a mortgage and 16,267 (45%) of rental households paid more than 35% of income on housing. Increasingly, working families are not able to afford what used to be a middle class home. If the check for rent is too high, other needs go unmet.

**SPECIAL NEEDS HOUSING**

Workforce housing is not the only issue. Some Boulder County residents live with developmental disability, physical disability, chronic mental illness, addiction or HIV/AIDS, or have other special needs. Many of these residents are employed, and some may not have low incomes but still have ongoing special housing needs.

Transitional housing is a need for people exiting a homeless shelter, domestic violence shelter, jail, treatment center or without a permanent home for other reasons. It is often difficult for people in these situations to return to stable lives with jobs, family and repayment of debts without reliable housing. Various nonprofit agencies in Boulder County provide 359 units of housing for these special needs populations in addition to 158 beds in emergency shelters.

The annual Metro Denver Homeless point in time survey in January 2005 counted 1,577 individuals in Boulder County without a permanent home: about one-third were staying with friends or family, one-third were in some type of transitional housing, and one-third were on the street or in an emergency shelter. The majority (61%) of Boulder County’s homeless are members of homeless families, with 40% under 18 years old.

**AFFORDABLE HOUSING PROGRAMS**

Several municipalities in Boulder County have incentives and/or mandates for the provision of affordable housing by the private sector. In addition, local housing authorities, builders and nonprofit organizations have constructed housing for low- and moderate-income households. The cities of Boulder and Longmont have the most comprehensive affordable housing programs. Boulder has 2,419 income-restricted units – both rental and owner-occupied – and Longmont has 1,644 units. Eleven hundred of the 4,500 income-restricted units in Boulder County were built with funding or tax credits that required them to be part of an affordable housing program for a limited amount of time, typically fifteen to twenty years, and are at risk of losing their affordability restrictions over the next few years.

In 2004, 1,815 households with extremely low incomes such as frail elderly or the disabled received vouchers from the federal Section 8 program through various housing authorities that pay private landlords directly for the difference between market rent and 30% of the household’s income.
TREND 4: Access to Health Care, continued from page 11

Some “private pay” patients are affluent and can pay out of pocket for the procedures they want. But for most uninsured who need medical services, the costs can be overwhelming. Few receive free care. Nationwide, the uninsured paid $33 billion in 2003 for their health care and left $41 billion in unpaid bills. The uninsured are increasingly asked to pay medical bills up front prior to receiving care; many take the risk to use high interest credit cards or a second mortgage on the family home to help pay medical bills.

About half of bankruptcies in the US are related to serious medical problems – either because a wage earner became sick or injured and could not work, a wage earner cut back on work so he or she could care for a sick or injured family member, or medical bills and drug costs became overwhelming. Thirty-five percent of insured and 60% of uninsured adults in the US report problems with medical bills or health-related debt. Three-fourths of those bankrupted for medical reasons had health insurance at the onset of the illness or injury. Among those whose illness or injury led to bankruptcy, with or without insurance, out of pocket medical costs averaged $11,854.

For those without employer health insurance an individual policy is a more expensive and less available option. These policies do not spread the risk among a large group and thus are typically more than twice the price of group coverage, with families paying 100% of the premiums. Insurers reject 37% of people with pre-existing conditions from individual policies, regardless of ability to pay, and set premiums or make exclusions based on age or other factors not applied to employer-based large group policies.

Medicaid is a federal-state partnership to provide health coverage to low income children, pregnant women, individuals with disabilities, and extremely low income seniors. Approximately 12,950 people are enrolled in Medicaid in Boulder County in 2005, about 4.5% of the population. Eleven percent of all Coloradans and 22% of Colorado children were enrolled in Medicaid in 2003. Six out of ten Colorado nursing home patients are covered by...

*fThe Boulder Valley includes the City of Boulder plus adjacent unincorporated areas.

TREND 3: Traffic & Commuting, continued from page 9

One promising activity for both traffic and housing is the Fastracks plan approved by voters in 2004. This project, subject to environmental studies, includes a 38-mile commuter rail line along existing right of way between Denver Union Station and Longmont, through Westminster, Broomfield, Louisville and Boulder. In addition, 18 miles of bus rapid transit/carpool lanes are proposed in the median of US 36 between I-25 and Table Mesa in Boulder. As a result, peak transit use along the US 36 corridor is projected to increase by 12.5%. Over twelve new transit stations are planned, providing opportunities for higher density housing development to be built nearby and making non-auto travel easier. Some banks even offer lower mortgage interest rates to people who can reduce car payments by living close to transit.

*The Boulder Valley includes the City of Boulder plus adjacent unincorporated areas.
Medicaid — with 35% of Colorado’s Medicaid costs going toward long term care. Colorado’s Medicaid spending increased more than 13% annually from 1991 to 2000 and 7% per year since 2000, and cost $3 billion in state and federal funds in 2005. Medicaid is the second largest segment of Colorado state government expenditures after K-12 education, at 20% of the budget, and its expansion played a large role in Colorado’s fiscal crisis even though Colorado trimmed the eligibility criteria and reimbursement rates to create one of the leanest programs in the country.

Almost all Boulder County seniors are covered through Medicare. Medicare is a health insurance program for all Americans over 65 financed through payroll taxes. Medicare reimbursement rates to hospitals, pharmacies, and physicians are higher than those for Medicaid patients but still do not cover the charges. As Americans grow older, they use more and often more expensive health services. Federal Medicare spending in 2005 was $300 billion. By 2015 when the first of the baby boom generation turns 70, Medicare spending is projected to reach $500 billion and account for one quarter of the federal budget.

All Americans pay the cost of the current fragmented system through higher insurance premiums, higher charges for health care services, reduced access to care, and higher state and federal taxes. In 2000, 21% of national health expenditures were paid directly by patients, 34% by private insurance, and 45% by various government payments. In addition to the direct payments through Medicaid, Medicare and other programs, the federal government subsidizes health care through insurance it provides for federal employees and the military as well as tax deductions for premiums, health savings accounts, and out of pocket costs for businesses and individuals who qualify.

TREND 5: Youth Risks and Behaviors, continued from page 13

HOW CAN THE COMMUNITY HELP YOUTH?

Boulder County is fortunate to have numerous public agencies and nonprofit organizations working with youth from birth through their teens. To identify local resources available for youth, parents, schools and community volunteers, www.co.boulder.co.us/health/HP/yrbs.htm

The Search Institute in Minneapolis has identified forty “Developmental Assets™” for adolescent youth. Some of these are internal factors such as motivation, personal responsibility and long term planning. However, there are an equal number of external influences for youth development. These include family support and communication, support from other adults, useful community roles, safety, clear boundaries, adult role models, positive peer influence, high adult expectations, time spent in creative activities, sports or clubs outside school, time spent at home, and religious activities. These external assets are things that family, friends and non-parents in the community can influence and enhance to help our youth become happy, responsible and contributing members of the community. See www.search-institute.org/assets/forty.html

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*BVSD is Boulder Valley School District. †SVSDD is St. Vrain Valley School District

Note: Rate is % of students who started 9th grade who graduate, excluding transfers.
A Vision for the People

All individuals cooperate in valuing, respecting and caring for all people, especially young children, youth and the elderly. Young people thrive in safe, inclusive neighborhoods where the family and the community are sources of supportive relationships. Early childhood issues are a primary concern not only of families, but of neighborhoods, businesses and government. Citizens volunteer to meet the needs of all vulnerable children, at-risk youth, the ill and the disabled. In addition, the needs of the disenfranchised are met with the same compassionate energy.

The citizens enjoy access within their community to the basic human needs, which include shelter, food and safety of person and property. As a part of this safety, citizens are free of substance abuse and the abuse of others. Every family has access to nurturing, affordable and comprehensive child care services. Health care of every kind is available to all.

A Vision for the Environment

Understanding that all natural systems have limits, we are committed to improve and protect the environment. So that we may meet the needs for present and future generations, we strive toward a balanced relationship between human populations and the ecosystems of which we are a part. We cherish clean air, pure water, wildlife, plant communities, and the vistas and visual spaces that surround us.

Transportation systems are improved and are integrated into land-use planning as they expand. Safe, clean, efficient, and cost-effective alternate modes are accessible to citizens throughout the county.

Social interaction is encouraged by the creation of many safe, mixed-use and accessible “people places.” Children and elders are integrated into the daily life of the community. Each neighborhood has a “small-town” and “walkable” atmosphere. The uniqueness of each community is encouraged, while all collaborate to achieve sustainable goals for the region among them.

INDICATORS OF HEALTHY PEOPLE

Population by Age • Ethnicity & Race • Poverty Level • Education Attainment • Population Growth • School Enrollment • Homelessness & Basic Needs • Domestic Violence • Child Abuse • Teen Birth Rate • Low Birth Weight Prenatal Care • Health Care Access • Women’s Health Care • Child Care Costs • Health Status • Adult Physical Activity Adult Overweight • Teen Substance Abuse • Adult Alcohol Use • Adult Smoking • Crime Statistics • Traffic Accidents

INDICATORS OF ENVIRONMENTAL HEALTH

Air Quality • Watershed Pollution • Water Usage • Land Annexations • Agricultural Land • Open Space • Plants & Animals • Auto Registration • Vehicle Miles Traveled • Transit Use • Energy Consumption • Business Pollution Reduction • Recycling
A Vision for the Economy

Boulder County prospers in a “high quality” economy that is socially and environmentally responsible; supports small and family-owned businesses; sustains agricultural productivity; encourages commerce locally among citizens and neighborhoods, while competing in the global marketplace; seeks to resolve conflicts between market-driven and regulatory policies; offers diverse job opportunities to all citizens; and allows a healthy balance between the worlds of work and family.

Citizens of all generations find affordable, diverse and mixed-use housing throughout the county. Home ownership is accessible to those who desire it, and all citizens are enabled to work near their homes. Intelligent growth planning integrates open space, while meeting the demands for housing and encouraging small business services in neighborhoods.

INDICATORS OF ECONOMIC HEALTH

Job Growth & Jobs: Population Ratio • Per Capita Personal Income • Employment by Industry • Average Wage by Industry • Average Commercial Lease Rates • Housing Affordability • Sustainable Wages

A Vision for Culture and Civil Society

Knowledge is the most powerful enabling force of individuals and the community. Through knowledge we develop responsibility to ourselves, our families, our community, as well as the skills needed to fulfill these responsibilities. Citizens of all ages have convenient access to life-long learning opportunities.

Art and culture are embraced in diverse forms by the whole community where the creative expression of artists is encouraged. Highly visible in both public and private spaces, art is valued as essential to the educational, spiritual and personal growth of all citizens.

Leadership emerges from an active and informed citizenry. Effective, on-going dialogue between citizens and public servants ensures that decisions in government reflect the will of the people. The community promotes the highest level of civility and respect in public discourse. Neighborhoods and local government work together to achieve goals for regional sustainability. Volunteerism and philanthropy are valued.

INDICATORS OF CULTURAL AND CIVIC HEALTH

High School Graduation & Dropout Rates • Academic Achievement (CSAP and ACT) • Pupil to Teacher Ratios • Voter Turnout • Arts Organizations • Volunteerism and Philanthropy
Sources

TREND 1: Declining Middle Class
Boulder County Public Trustee
Bureau of Economic Analysis, “Per Capita Income and Personal Income.”
Leeds School of Business, Colorado Business Economic Outlook 2004
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