

Healthy Denver 2010 – What We Know (Final Edition) Executive Summary

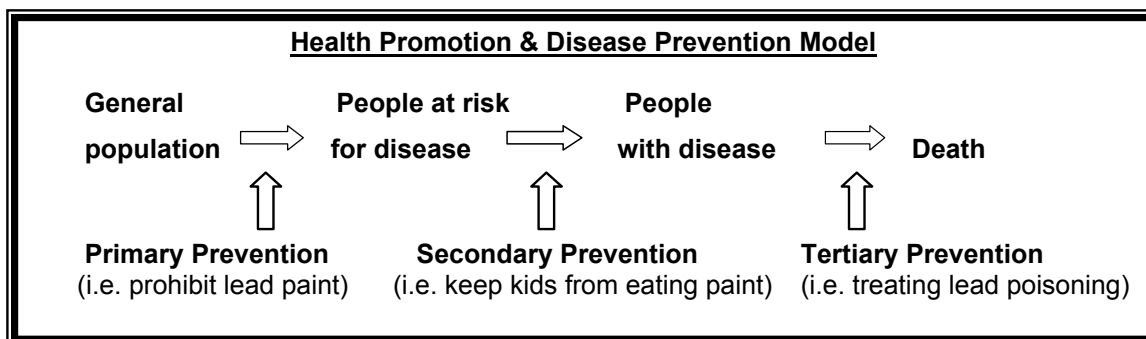
Introduction

The Denver Department of Environmental Health (DEH), the Denver Board of Health, and Councilwoman Debbie Ortega, Chair of the City Council’s Health Committee, launched the Denver Healthy People 2010 Initiative (Denver HP2010) in January 2001. The Denver Healthy People 2010 coalition now includes dozens of local organizations and residents working together.

Healthy People 2010 (HP2010) is a national plan that aims to promote health, and prevent sickness, disability, and early death. Its goals are to improve the length and quality of life for all residents, and to get rid of health inequalities¹ in part by identifying and acting on ways in which the well being of each person is tied into his or her social and physical surroundings. HP2010 will be used to measure how Denver residents are doing in terms of health improvement, and to compare our City’s health with other places across the United States.

Promoting Health and Preventing Disease

The Healthy People 2000 Initiative taught that improvements in the Nation’s health could be made even within short time frames – namely, it showed that *health promotion works*. There is an old story about a man who sees someone drowning in a stream and jumps in to save him. As soon he does this, he notices even more people in danger coming down the water, and the helper dives in again. Soon he is exhausted from rescuing everyone, and begins to wonder what is happening upstream to get people into trouble, and what can be done to keep them out of it. Coming up with ways to prevent or solve problems “upstream” is health promotion, and the main aim of HP2010.



The factors that lead to good or poor health are often related and act like “domino chains.” For example, social or physical environmental factors, such as poverty and stress, may lead to mental health problems that in turn may lead to violence or injury. Research shows that environmental factors can be more important to improving health than individual behavior change or better medical care. In fact, differences in rates of risky health behaviors account for only 10% to 25% of health differences that exist between low and higher income groups. Other factors related to poverty account for most of the remainder of these health differences. In order to prevent disease and early death, health promoters have to better identify and understand these “chains” of underlying social and physical environmental factors that impact health, and work to address them with their local partners and the community. The earlier actions are taken in this chain, the greater the chance for keeping people healthy.

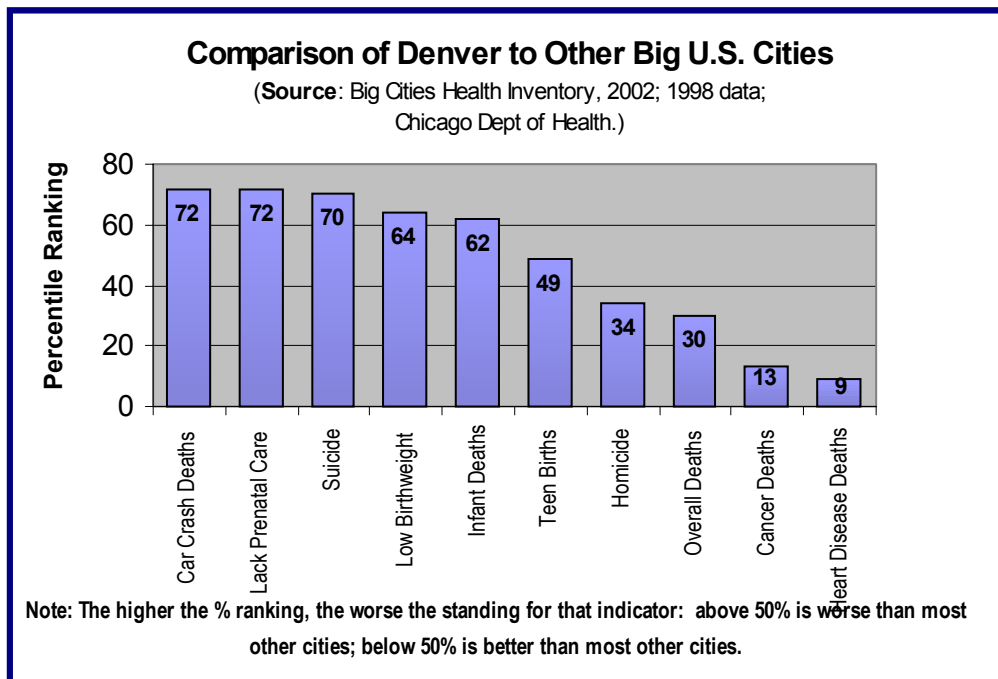
¹ In particular, differences that occur by gender, economic status, race/ethnicity, disability, and sexual orientation.

Health of Denver Residents

Unfortunately, no single source currently compiles data on comprehensive health indicators for Denver. Much of the health data available on the state or national level is not available at the county level, and even less data are available by neighborhood or by other groupings such as race. In an attempt to start tracking local data, however, DEH and its Board have just put together the first *Annual Report on the Health of Denver's People and Environment*. The *Annual Report* provides a brief overview of select health data for Denver, Colorado, and the U.S., using indicator areas and objectives recommended by the national HP2010 framework. These priority areas and the data are discussed in more detail in the full version of *Healthy Denver 2010 – What We Know*.

In general, Colorado is a healthy state and the seven-county Denver Metro area² is a healthy region – even more so than the overall U.S. population. However, the City and County of Denver by itself has many more health problems than the U.S., Colorado, or the larger Metro area. Compared to other large cities across the country, Denver rates better in things such as overall deaths, cancer deaths, and heart disease deaths, but rates worse in things such as suicide, car crash deaths, prenatal care, and low-birthweight babies. Also, there are huge health differences between lower versus higher-income neighborhoods in Denver.

While there has been some improvement in the health of Colorado and Denver residents over recent years, there are still many areas that need a lot of work. Among these are: suicide, accidental injury, motor vehicle crashes, low birth weight babies, lack of prenatal care, asthma, child vaccinations, child poverty, child abuse, diabetes, heart disease, cirrhosis, alcoholism, poor nutrition, overweight, smoking, mental illness, unemployment, and health care access.



Many of the health issues and causes of poor health are essentially the same for the U.S., Colorado, and Denver. Some interesting trends for Colorado include: an increase in the percentage of overweight adults to nearly 34% in the last ten years; recent rising rates of teen and adult smoking; and reduced cancer death rates. And for the Nation: an increase in child abuse; a rise in rates for diabetes, lung disease, and asthma; and dropping teen pregnancy rates. Although data is not available for Denver on all of these trends, from what we do know, we can likely deduce that where we fall short as a Nation or as a State, we also tend to fall short as a City.

² Metro area includes Denver, Adams, Arapahoe, Boulder, Broomfield, Douglas, and Jefferson counties.

Overall, the U.S. population is getting older and more ethnically diverse, and this trend has important health implications. The demographics of Colorado and Denver are also changing significantly. According to the 2000 Census reports, Denver has reached a population of 554,636, an all time high for the City. White non-Hispanics make up 51.9% of the population, Blacks 10.8%, Asians 2.7%, and American Indians 0.7%. Almost 32% of Denver residents are Hispanic. Denver had 22.0% of its population under age 18 in 2000 (compared to 26.6% nationally and 25.6% in Colorado). The City's diversity and age distribution bring particular health advantages as well as needs.

Economic trends are also very important to health. While the number of jobs grew recently in Denver (+8.41% from 1990-96), the total number of jobs in poorer neighborhoods dropped (6.1% from 1990-96). Interesting changes occurred in the city's poverty rates, which according to the latest Census estimates, appear to have dropped dramatically. The overall poverty rate for Denver residents decreased from 17.1% in 1990 to an estimated 10.6% in 2000. The poverty rate for Denver children showed a similar pattern, dropping from 27.4% in 1990 to an estimated 15.1% in 2000.

Most of the underlying reasons for health inequalities - things such as poverty and income differences, poor housing, lack of education, unemployment, discrimination, and unsafe living and working environments - have often been seen as beyond the control and responsibility of public health. Now, however, HP2010 stresses that those working in public health must become advocates for social change in order to improve these conditions that have such a great impact on health.

Needs and Resources

When shown lists of health issues, residents from some of Denver's low-income neighborhoods ranked drugs, unmarried and teen mothers, gangs, crime, and firearms deaths as among the top priorities for action. Next in importance to residents were murder, alcoholism, diabetes deaths, violence in the home and deaths from car crashes. Denver residents identified youth and elderly as under-used resources for health promotion at a community level.

Denver Low-Income Residents' Ranking of Health Concerns

Health concerns identified by Enterprise Community leaders or vital statistics	Percent of Enterprise Community respondents who rank the problem first, second or third in importance
Drugs	69.1
Births to Unmarried Women	66.5
Births to Girls less than 19 years old	63.5
Gangs	49.1
Crime	48.0
Firearm Deaths	41.1
Homicide Deaths- Murder	36.0
Alcoholism	28.0
Death from Diabetes	25.4
Violence in the Home	24.6
Motor Vehicle Deaths	23.9

Source: Neighborhood Health Survey, Center for Human Investment Policy, University of Colorado at Denver.

Overall, there is a great need in Denver to deal with the social and physical environmental causes of poor health (such as poverty and discrimination), to increase health promotion, provide better access to health services and programs, and improve the cultural sensitivity of health programs and providers. There is also a need to collect more specific information about the health of smaller communities (e.g., neighborhoods, ethnic groups, etc.) within Denver. Lastly, there is a need to improve communication about health, so that those who are doing health promotion have a better understanding of what each is doing, and can learn about and use better methods and technology to help Denver residents to improve their own well being.

Summary Recommendations

The following are some recommendations made by the Denver HP2010 Initiative based on an assessment of public and expert feedback:

Collaboration

- Improve communication, collaboration and synergy between those working to improve the health of Denver, including traditional and nontraditional partners, especially community members.

Financial Resources

- Increase financial resources dedicated to health promotion and disease prevention.

Root Causes

- Address the root issues of poor health, including social, physical, psychological and environmental issues.

Surveillance

- Build better data systems to capture all of Denver's health data from public and private sources.

Multi-dimensional Approaches

- Use multi-dimensional health promotion approaches that address economic, social and physical environments as well as behavior change.

Education

- Raise awareness among leaders and the public about ways to improve health.

Access to Health Care

- Make access to health care, health promotion and disease prevention available and affordable to all.

Strategic Action Planning

- Engage in a strategic action planning process to identify concrete next steps to build a healthier Denver.

For more information about the Denver Healthy People 2010 Initiative, or to read the full report "Healthy Denver 2010 – What We Know", please look on our website:

www.denvergov.org/hp2010