Demographics and Health in Globeville and Elyria Swansea Today

Summary of Key Findings

Socioeconomic factors such as income, education, race and ethnicity all influence health. Limitations in access to education and the effects this has on employment and economic opportunities can pose challenges for residents to maintain good health. Residents of both neighborhoods are predominantly Hispanic, and when compared to Denver overall are younger, have less income, and less education.

Residents of Globeville and Elyria Swansea also experience a higher incidence of chronic health conditions such as cardiovascular disease, diabetes, obesity, and asthma than other Denver neighborhoods. Children and other vulnerable populations can be susceptible to chronic health conditions, and these communities have larger numbers of families with children compared to other neighborhoods.

To understand community health today in Globeville and Elyria Swansea, it is important first to understand the demographic makeup of the neighborhoods because factors like income, education, race, and ethnicity all link to health. Research shows that individual genetics only account for about 30% of one’s health status, and about 70% of one’s health is attributable to the physical environment, access to health care, socioeconomic factors including education, income, employment, and community safety, and individual health behaviors such as tobacco use, diet and exercise, and alcohol use.¹

(Figure 3)

Demographics

Both Globeville and Elyria Swansea have populations that are predominantly Hispanic in ethnicity. In fact, Elyria Swansea has one of the highest Hispanic populations of any neighborhood in Denver at 84%, compared with Denver at about 32% (Figure 4). Globeville’s population is about 68% Hispanic. Both neighborhoods also have a much younger population, and more families with children (43% in Globeville, 55% in Elyria Swansea) than in Denver (25% overall).

The household income in Elyria Swansea is $44,700, and in Globeville is $39,200, both significantly lower than Denver’s average of $73,100.²

Also, residents have achieved lower education levels than the average in Denver, and experience more linguistic isolation (Spanish speaking only) than in Denver as a whole (Figure 5).

These demographic and socioeconomic characteristics pose challenges for Globeville and Elyria Swansea residents to maintain good health, through limitations in access to education, employment, and economic opportunities. Inequities in opportunity have been shown to lead to inequities in health, along the lines of race, ethnicity, income and education levels, among other variables.³
Globeville and Elyria Swansea are identified by the Piton Foundation as a “hub” in what is called “The Children’s Corridor,” a 14-mile long arc of neighborhoods where 54,000 children live, “roughly two-thirds of...[whom] face the hardships of poverty, underperforming schools, undereducated parents, poor nutrition, unsafe neighborhoods, or some combination of these”. The goal of the Children’s Corridor is to focus community resources, energy and ideas to improve health and opportunities for children in these neighborhoods. (See www.denverchildrenscorridor.org for more information.)
The health conditions assessed in this HIA include cardiovascular disease, diabetes, obesity, asthma, and cancer. These conditions were selected for inclusion either because of their high prevalence in these neighborhoods or because of community concern.

Cardiovascular disease and cancer are the leading causes of death in Denver. Denver City Council District 9, which includes Globeville, Elyria Swansea and a number of other neighborhoods has one of the higher rates of cardiovascular disease in Denver overall.

Likewise, there is a higher incidence of diabetes in District 9 than many other parts of Denver.

Obesity and overweight are important risk factors for cardiovascular disease and diabetes, as well as a host of other health problems. More than half of adults in Council District 9 are overweight or obese, also higher than in many other parts of the City.

Physical activity is one of most important factors in reducing the risk of chronic disease. People who are physically active tend to live longer and have lower risk for heart disease, stroke, type 2 diabetes, depression, and some cancers. Physical activity can also help with weight control, and may improve academic achievement in students.

One survey of adults in Globeville and Elyria Swansea showed that they were only about half as physically active as residents of Denver or Colorado overall.

Children in both neighborhoods reported in a recent survey that they are physically active in both in school and outside of school, but the daily frequency and minutes per day in physical activity are lower than recommended guidelines of 60 minutes or more per day. Over one-third of children are either overweight or obese, compared to less than one-third in Denver overall.

Respiratory diseases and illnesses such as asthma can greatly impair a child’s ability to function and are an important cause of missed school days and limitations of activities, as well as a large cost burden to families and society. The children and youth of Globeville and Elyria Swansea visit emergency rooms for asthma-related treatment more often than their counterparts in Denver as a whole (Figure 7):

Geographically, some northern and western Denver neighborhoods have higher emergency room rates for youth asthma-related events than others, with higher than average rates observed around the I-70 corridor and the junction of I-70 and I-25 (Figure 8). These neighborhoods are also predominantly Hispanic, African-American, and lower-income. (See Figure 4)
These kinds of asthma health disparities have been seen before and researchers suspect they are caused by factors like differences in primary care access, disease management, and exposure to asthma triggers, including indoor and outdoor air pollution. Studies in other regions have found a link between living close to a highway and problems with asthma. One question is whether children and adolescents who live near highways may have more problems with asthma because of vehicle exhaust. Denver Public Health and Denver Environmental Health plan to look more closely at this relationship in the next year.

Statistics on cancer in Globeville and Elyria Swansea have been collected, including a study conducted in 2003 in response to citizen requests after elevated levels of arsenic and lead had been measured in area soils at one of the remediation sites. The 2003 report showed a higher than expected number of cancer cases for several types of cancer in this area. However, the study “does not make detailed examinations of individual cases and does not allow conclusions to be made about causal association between exposure and any single cancer or group of cancers.” In other words, it could not directly link community-level environmental exposures to cancer risk, as it is not known how other factors such as individual smoking status, alcohol use, family history, length of time lived in the neighborhood, occupation, etc., could have come into play. These would all be important considerations in further evaluating the full risk of cancer in the area and to minimize the influence of factors other than the environmental exposures that are potentially unique to the Globeville and Elyria Swansea neighborhoods.

Neighborhood Planning and Health

Neighborhood planning impacts health by affecting the community determinants of health – the physical, social, economic factors that influence wellbeing, such as air quality, housing, jobs, access to healthy food, access to parks, and transportation. Lack of access to these elements all have been shown to negatively affect health.

The pathway diagrams below (Figures 9 and 10) were developed at the beginning of this HIA to show potential relationships between how proposed changes in the neighborhoods could affect health. They indicate that if certain land use and design changes are made in Globeville and Elyria Swansea, these may be followed by immediate, intermediate, and long-term outcomes, which have been shown to change health in certain positive ways.
**FIGURE 10:**
Pathways Between Access, Connectivity, Safety and Wellbeing and Health

**Policy**

GES plan recommendations, zoning, infrastructure investments/public & private

**Intermediate Outcomes**

Δ transportation infrastructure & options: Δ street, sidewalk connectivity Δ transit options, routes

Δ safety infrastructure: lighting *street markings *intersection design *crime prevention through environmental design

Δ motor vehicle volume

Δ bike/pedestrian volume

Δ air quality

Δ physical activity

Δ walking

Δ access to goods & services

*healthy food *recreation *neighborhood services

Δ perceived and actual safety from injuries & crime

Δ injury rates from accidents

Δ stress

Δ mental wellbeing

Δ = change in

**Long-Term Outcomes**

Δ illnesses related to air quality (see other pathway)

Δ nutrition

Δ chronic diseases

*diabetes *obesity *cardiovascular disease

**REFERENCES & ENDNOTES**


