DEMOGRAPHICS and HEALTH

**Summary of Key Findings**

Socioeconomic factors such as income, education, race and ethnicity all influence health. Limitations in access to education and jobs and the effect this has on upward mobility can pose challenges for residents to maintain good health. This is a concern in Westwood, as residents have lower income and education when compared to Denver overall, as well as poorer health.

There are a variety of factors that influence health. Genetics and family health only influence about 30% of one’s health while the rest is influenced by behaviors, and environmental and socioeconomic conditions, such as education, income, and access to health care. These factors are considered ‘modifiable’ because they can be changed.

Figure: Factors Influencing Health

Source: Denver Public Health as adapted from McGinnis 2002.
Demographics

Income, education, race, and ethnicity are all factors that influence health. Race and ethnicity are related to health because minority populations often receive lower quality health care services than predominantly white populations, even when factors such as insurance, income, age and condition are equal. Minority populations are also more likely to live in neighborhoods lacking physical conditions that support good health, such as parks and recreation, grocery stores, safe streets, quality housing, good schools, and employment opportunities. (Source: tbd)

Table: Select Demographics for Westwood

<table>
<thead>
<tr>
<th>Demographics</th>
<th>Westwood</th>
<th>Denver</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population **</td>
<td>16,928</td>
<td>663,862</td>
</tr>
<tr>
<td>% population Hispanic</td>
<td>81%</td>
<td>33%</td>
</tr>
<tr>
<td>Median household income</td>
<td>$36,300</td>
<td>$69,900</td>
</tr>
<tr>
<td>% poverty</td>
<td>35%</td>
<td>20%</td>
</tr>
<tr>
<td>% of children in poverty</td>
<td>44%</td>
<td>29%</td>
</tr>
<tr>
<td>% of population with less than a high school diploma or equivalent (age 25 and older)</td>
<td>56%</td>
<td>16%</td>
</tr>
<tr>
<td>Median age</td>
<td>29</td>
<td>33</td>
</tr>
<tr>
<td>% of population 18 and younger</td>
<td>40%</td>
<td>21%</td>
</tr>
<tr>
<td>Average household size</td>
<td>3.3</td>
<td>2.3</td>
</tr>
<tr>
<td>Housing overcrowding *</td>
<td>18%</td>
<td>3%</td>
</tr>
<tr>
<td>% housing units with no vehicle</td>
<td>15%</td>
<td>12%</td>
</tr>
<tr>
<td>% Owner-occupied units</td>
<td>46%</td>
<td>53%</td>
</tr>
<tr>
<td>% Renter-occupied units</td>
<td>54%</td>
<td>47%</td>
</tr>
<tr>
<td>Population Density per Acre</td>
<td>18 people/acre</td>
<td>7 people/acre</td>
</tr>
</tbody>
</table>

Sources:
US Census Bureau, 2014
* % of Living Units with more than 1 occupant per room
Westwood: 804/4581 = 17.80%
Denver: 8,993/266,069 = 3.38%
This is from the American Community Survey 2009-2013, Table B25014
The denominator is the number of occupied housing units.

** ACS - American Community Survey (2009-2014) 5-year estimates
Compared to Denver overall, Westwood residents have half the median household income, are substantially less educated, and households are larger and more crowded. These challenges indicate a lack of resources that can contribute to poor health outcomes.

**Largest Youth Population in Denver**

One of the most notable characteristics of Westwood is its youth population. It has the largest number of children and youth under age 18 of any neighborhood in the City -- nearly 6,500 persons. The two figures below compare the age distribution of Westwood and Denver overall. The high number of children currently under age five in Westwood indicates that the youth population will continue to be large in the future.

(2 age pyramids side-by-side)

**Westwood Age Pyramid**
Figure: Percent of the Population under Age 18 (U.S. Census Bureau, ACS 2009-2013, 2014)

The large number of youth impacts current and future needs in Westwood, such as the need for better infrastructure like parks, recreation, green space, healthy food sources, quality housing, and safe routes to school. Educational resources like English classes, science-technology-engineering-math (STEM) curricula, and after-school recreation and arts programs. Future implications of a young population include the economic strength of a potentially large workforce including future entrepreneurs, the need for additional appropriately-sized quality housing as children who grow up in the community choose to stay and raise their own families there, and increased neighborhood stability with a multigenerational population.

Health

In Denver, as in other cities, residents in some neighborhoods are disproportionately impacted by chronic and preventable diseases including diabetes, heart disease, and obesity. Many residents in these communities also lack access to affordable, nutritious foods and safe opportunities to be active.

While data about population health on a small geographic scale are limited, newly-developed data for obesity in Denver at the neighborhood level show striking geographic differences.
Both adults and children in Westwood suffer from **obesity** at higher levels than Denver overall. Obesity and overweight are defined as weight that is higher than what is considered healthy for a given height. (Source: cdc.gov). Obesity is associated with a number of serious chronic diseases in adulthood, including diabetes, heart disease, high blood pressure, stroke, some cancers, and mental disorders including depression (Source: cdc.gov). What is less known is that in children, obesity also leads to early onset of ‘adult’ obesity complications, including type 2 diabetes, hypertension and high cholesterol. (Source: DPH)

Chart: Denver and Westwood Adult Weight Status (format side by side)
How Childhood Obesity is Related to the Physical Environment

Higher rates of obesity and overweight can have different implications for children and adults relative to the physical environment.

For adults, there can be a variety of factors and behaviors that lead to an unhealthy weight. This includes living in other settings; or chronic long-term obesity which may result in one or more other chronic diseases as a result. For these and other reasons, adult obesity can be very difficult to treat or reverse. (Source: Denver Public Health, Denver Vital Signs, Issue XVIII, April 2015).

Children and youth, however, are still developing lifestyle behaviors that are easier to change. Children and youth can also be more affected by their immediate surrounding environment than adults, as they are generally less mobile and often spend more time in local settings (schools,
parks, playing outdoors, eating at home, libraries, recreation centers) than adults. The percentage of children and youth at a healthy weight in a community can indicate the presence or absence of safe, accessible places for physical activity (parks, playgrounds, green space); adequate sidewalks, bike infrastructure and safe street crossings, safe routes to school; sources of healthy food in and outside of school; air quality that enables outdoor activity, and a social network of adults (parents, grandparents, teachers, coaches) looking out for the overall safety and wellbeing of children and youth.

Nationally, the obesity epidemic continues to show disparities among different ethnic groups, with African-Americans and Hispanics having higher obesity rates than Whites. “It is not about one group doing something wrong….it’s about the environment we have built that sets people up to fail”, said Dr. Donald Lloyd-Jones of the Northwestern University School of Medicine. (Source: NPR 2015).

In Denver, Hispanic children have the highest rates of early childhood obesity and could benefit the most from preventative measures. Research shows that in lower income, ethnic communities like Westwood, the strongest correlation between obesity and built environment elements are the presence of food stores (supermarkets instead of smaller convenience stores), and places to exercise safely.

Increasing the number of healthy food outlets, and safe places to exercise may be especially promising strategies to reduce obesity-related health disparities in Westwood and similar Denver neighborhoods. (Source: Lovasi, 2009)

**How the Westwood Neighborhood Plan Can Impact Residents’ Health**

The Westwood Neighborhood Plan will recommend changes to the physical environment that will influence health outcomes. A few of these improvements include changes in land uses to accommodate different types and quantities of housing, business, retail and employment services; location and number of parks, trails and recreational facilities, roadway improvements for walking, biking, driving and public transit; and public infrastructure such as storm drainage or alleyway improvements.

Ultimately, these changes will result in increased physical activity, better nutrition, reductions in injuries from vehicle crashes, and reductions in illnesses and chronic disease over the near- and long-term, as shown by the HIA Pathway Diagram below. Policymakers can use this information in deciding how and when to allocate and prioritize City resources in Westwood.
Westwood Neighborhood Plan HIA Pathway Diagram

Potential Changes in the Westwood Neighborhood Plan

- Δ Transportation Infrastructure (sidewalks, bike lanes, crosswalks, traffic control, street design)
- Δ Land Uses (residential, commercial, gathering spaces)
- Δ Public Investment (parks and recreation, green infrastructure, lighting, safety)
- Δ Essential Resources (food stores, quality housing, health clinics)

Δ = Change in 10-21-15

Near-Term Outcome

- Δ Access to Transportation (walk, bike, drive, transit)
- Δ Transportation safety
  - Vehicle volume and speed
  - Vehicle/pedestrian conflicts
  - Perceived/actual safety of pedestrian environment
- Δ Access To Resources:
  - New Places for Recreation, Gathering
  - Healthy Foods & Beverages
  - Retail stores & services
  - Youth Activities
  - Quality Schools
- Δ Access to Jobs
- Δ Access to Quality Housing (safe, affordable, adequate space)
- Δ Community Safety
  - more eyes on the street
  - crime prevention/outreach and education
  - awareness and crime reporting
  - Crime Prevention Through Environmental Design (CPTED)
- Δ Access to health services
  - Quality, affordable medical care
  - Mental health care
  - Prenatal care
  - Family resource programs

Intermediate Outcome

- Δ Physical Activity
  - Bike/pedestrian volume
  - Kids walking to school
  - Play, sports, fitness
- Δ Traffic-related Injuries
- Δ Mobility
- Δ Healthy eating
- Δ Housing crowding, displacement
- Δ Energy efficiency, lead & mold exposure
- Δ Crime & incivilities
  - Burglaries
  - Graffiti
  - Loose animals
  - Illegal dumping
- Δ Community Safety
  - more eyes on the street
  - crime prevention/outreach and education
  - awareness and crime reporting
  - Crime Prevention Through Environmental Design (CPTED)
- Δ Emergency care
- Δ substance abuse including youth access
  - Alcohol
  - Tobacco
  - Marijuana

Long-Term Outcome

- Δ Chronic Disease:
  - Obesity
  - Diabetes
  - Cardiovascular Disease
  - Some Cancers
- Δ Asthma & Respiratory Health
- Δ Allergies
- Δ Chronic Stress
- Δ Mental Health
- Δ Social cohesion / community pride
- Δ Poverty
- Δ Illnesses
- Δ Child and youth health

References


[http://gu.org/OURWORK/Multigenerational.aspx](http://gu.org/OURWORK/Multigenerational.aspx)

