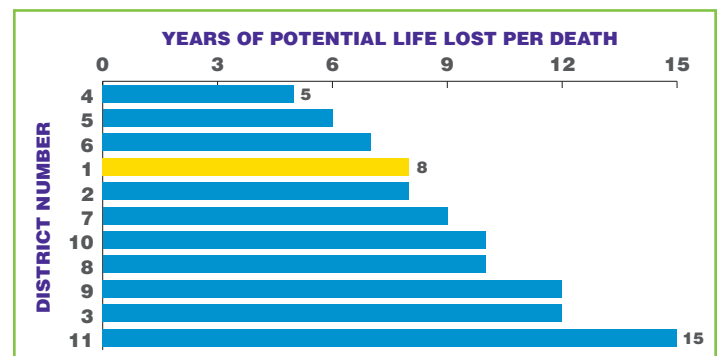# Health of Denver

Denver Public Health and Denver Environmental Health recently published a comprehensive community health assessment, *Health of Denver 2011,* providing information about health in Denver in 14 different health priority areas. In this brief report, we describe how that comprehensive assessment applies to the residents of Council District 1.

Health of Denver 2011 displays the most accurate and recent health information available. Whenever possible, we ranked the council districts from 1st (best) to 11th (worst). For some health outcomes a higher number is good (park land per resident). For other health outcomes, a lower number is good (for example, deaths).

Health of Denver, 2011

Council Districts
Neighborhood
Council District 1
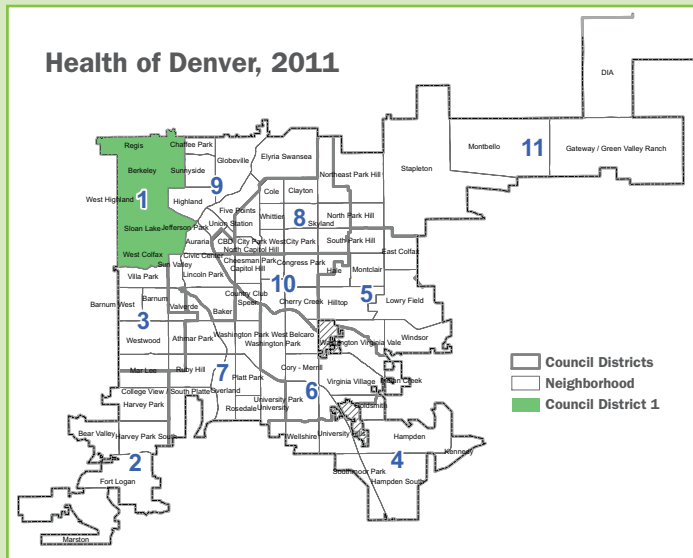
Overall Health

One way to look at overall health is to study when and what causes death and where the most premature death occurs. One definition of premature death is any death before the age of 75. On average, District 1 residents died 8 years before the age 75 (2010 data), ranking 4th of 11 council districts.

YEARS OF POTENTIAL LIFE LOST PER DEATH

DISTRICT NUMBER

| District	Value
4	5
5	
6	
1	8
2	
7	
10	
8	
9	
3	
11	15

Interacting with our environment

Public and personal health is directly related to where we live, work, and play. The quality and accessibility of our environment has a direct influence on human health and disease, for example access to parkland. In 2011, District 1 had 1.9 square miles of parkland per 100,000 residents, ranking 1st of 11 council districts.
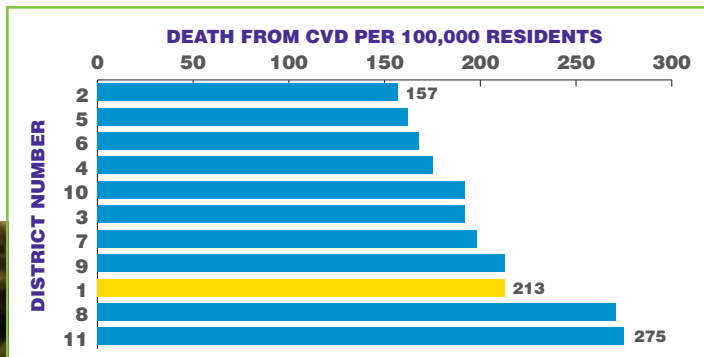
SQUARE MILES OF PARKLAND PER 100,000 RESIDENTS

| District Number	Value
1	1.9
4	
11	
6	
8	
5	
7	
2	
9	
3	
10	0.5
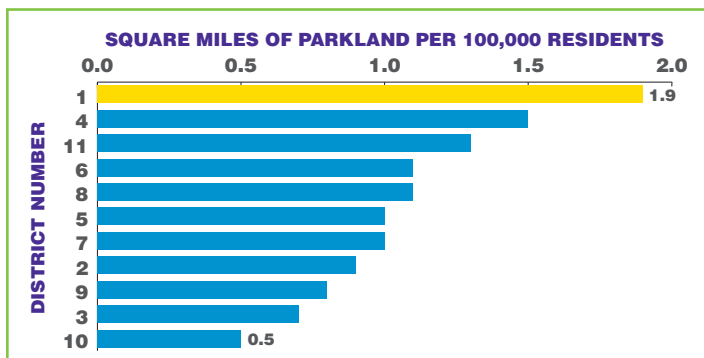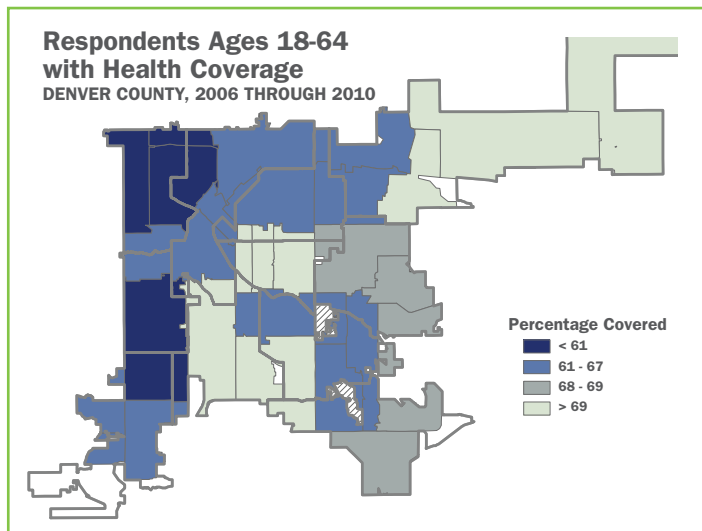
Addressing Cardiovascular Disease

Cardiovascular Disease (CVD) continues to be one of the leading causes of death in Denver and nationwide. In 2010, District 1 had 213 deaths due to heart attacks and strokes per 100,000 residents, ranking 9th of 11 council districts.

DEATH FROM CVD PER 100,000 RESIDENTS

District Number	Value
2	157
5	
6	
4	
10	
3	
7	
9	
1	213
8	
11	275

Access to Health Care

Respondents Ages 18-64 with Health Coverage
DENVER COUNTY, 2006 THROUGH 2010

Percentage Covered
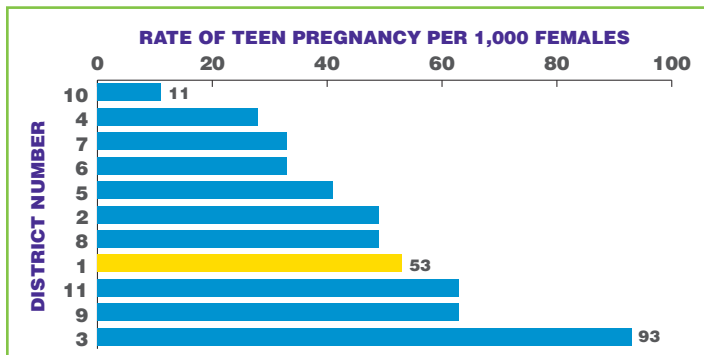< 61
61 - 67
68 - 69
> 69

Many preventive services (vaccinations, cancer screening, and treatment of high blood pressure to prevent strokes) are delivered through primary medical care. 21% of adults in Denver lack coverage for primary medical care, particularly those who live in West Denver.
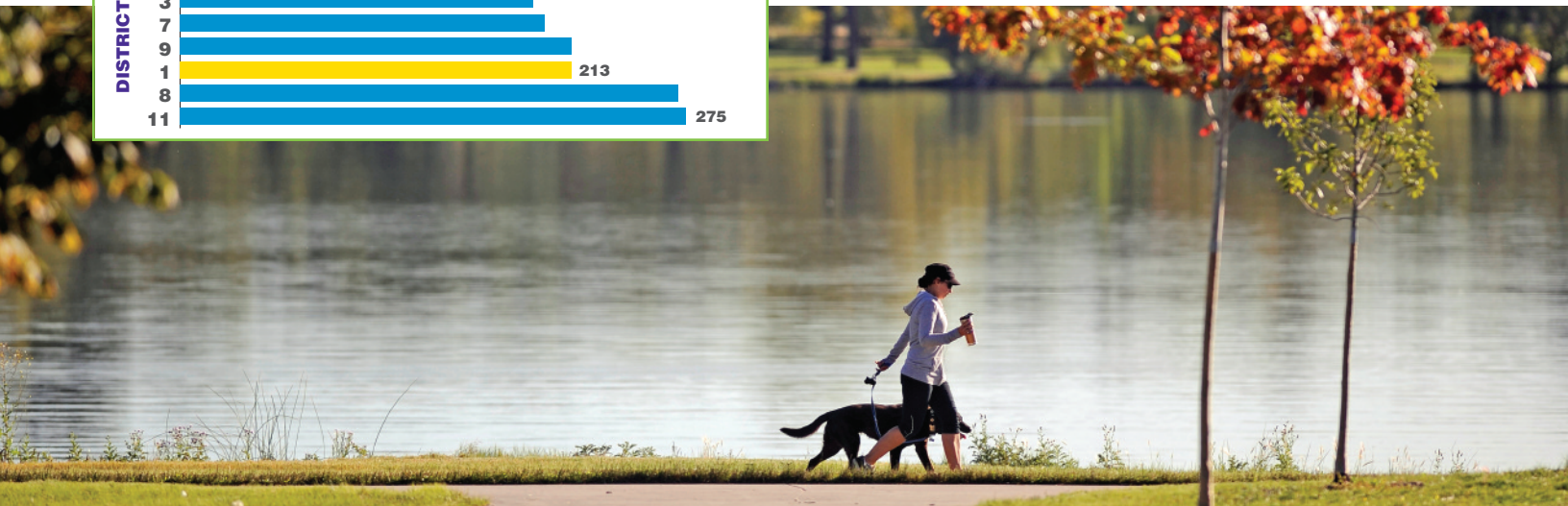
Teen pregnancy

Teen births present a problem for the mother and the baby as teen pregnancy is associated with dropping out of school and more limited educational and employment opportunities. In 2010, District 1 had 53 teen births per 1,000 females ages 15-19 years, ranking 8th of 11 council districts.

RATE OF TEEN PREGNANCY PER 1,000 FEMALES

DISTRICT NUMBER	Rate
10	11
4	
7	
6	
5	
2	
8	
1	53
11	
9	
3	93

Infant deaths

Infant deaths is defined as the number of infants who died before they were one year old and is a common indicator of the health of a community. The rate of infant death has stayed relatively stable in Denver since 2000 but varies by council district. The national objective is 6.0 deaths per 1,000 births. On average from 2006 to 2010, District 1 had 7 infant deaths per 1,000 live births per year, ranking 8th of 11 council districts.

INFANT DEATHS PER 1,000 LIVE BIRTHS

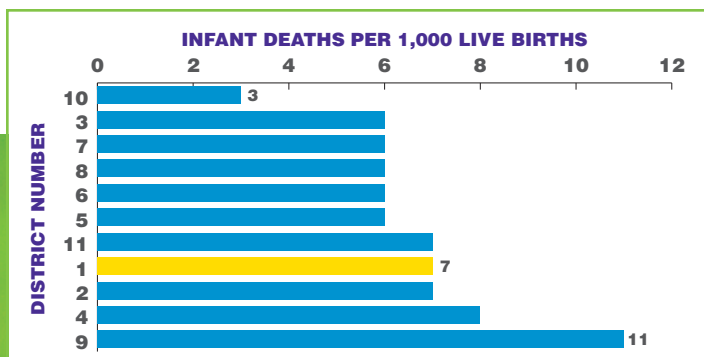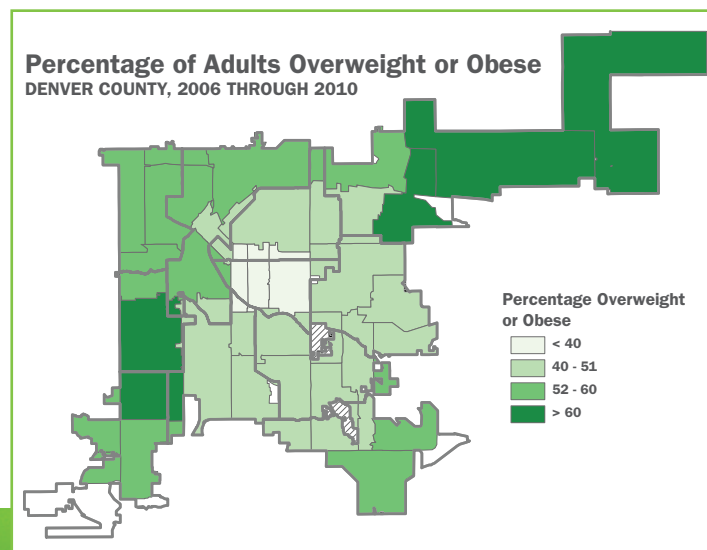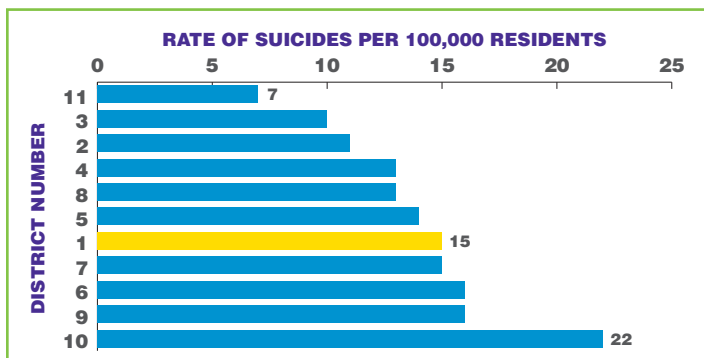| DISTRICT NUMBER	Rate
10	3
3	
7	
8	
6	
5	
11	
1	7
2	
4	
9	11

Rising rates of obesity

In the past two decades, obesity has increased nationwide and in Denver. Being obese or overweight increases the risk of chronic diseases such as diabetes, heart disease, and some cancers. Colorado is sometimes called the leanest state in the country, but obesity is still a major problem in Denver. As this map shows, more than half of the adults in some parts of Denver are obese or overweight.

Percentage of Adults Overweight or Obese
DENVER COUNTY, 2006 THROUGH 2010

Percentage Overweight or Obese
< 40
40 - 51
52 - 60
> 60

Mental health

Suicide is an indicator of mental health in a community. On average from 2006 and 2010, District 1 had 15 suicides per 100,000 residents per year, ranking 7th of 11 council districts.

RATE OF SUICIDES PER 100,000 RESIDENTS

DISTRICT NUMBER	Rate
11	7
3	
2	
4	
8	
5	
1	15
7	
6	
9	
10	22

HIV infection

About 7,000 people live with HIV in Denver, an all-time high. However, the number of new HIV infections in Denver has steadily decreased over the past six years. On average from 2006 and 2010, District 1 had 18 people diagnosed with HIV infections per 100,000 residents each year, ranking 4th of 11 council districts.

RESIDENTS DIAGNOSED WITH HIV PER YEAR

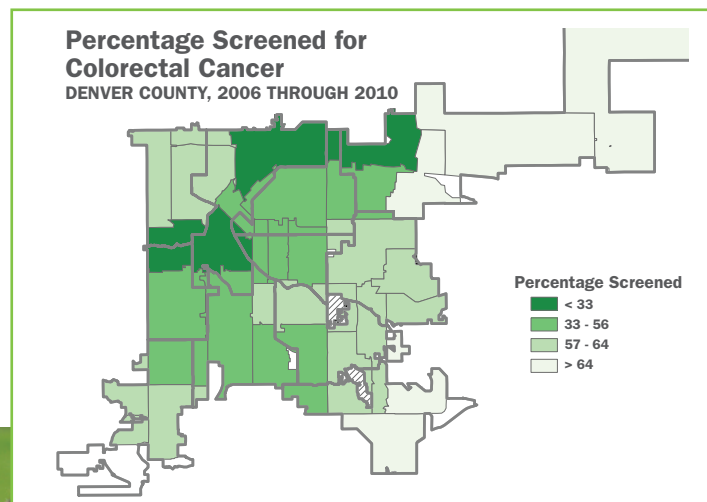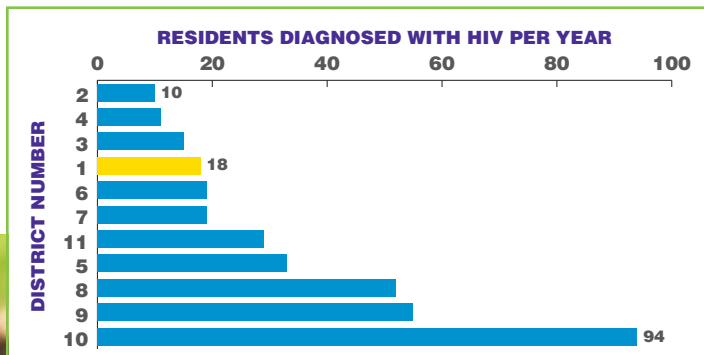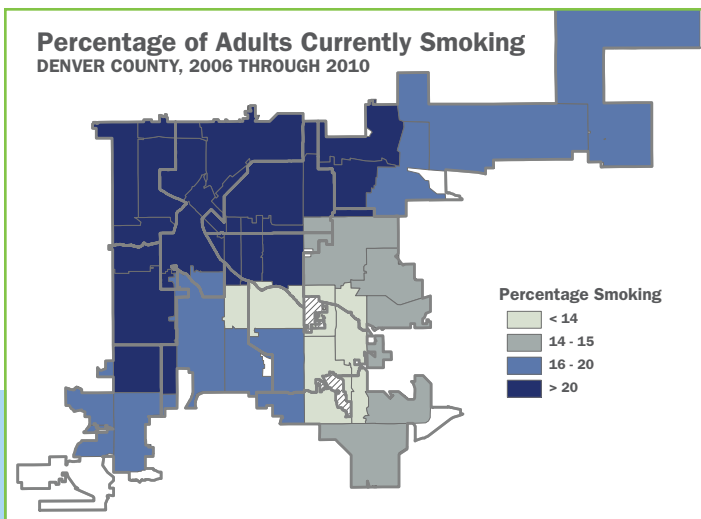| DISTRICT NUMBER	Rate
2	10
4	
3	
1	18
6	
7	
11	
5	
8	
9	
10	94

Cancer screening

Some common kinds of cancer can be detected at an early stage through use of screening tests. For example, tests like colonoscopy can detect colon cancer at an earlier stage when it can often be cured. This map shows that screening for colon cancer varies widely in Denver. In some areas, such as NE Denver, nearly two-thirds of adults over 50 years old have been screened. In other areas, less than one-third have been screened.

Percentage Screened for Colorectal Cancer
DENVER COUNTY, 2006 THROUGH 2010

Percentage Screened
- < 33
- 33 - 56
- 57 - 64
- > 64

Tobacco

Tobacco use remains the leading cause of preventable death and illness in Denver. More than 2000 Denver residents per year die from tobacco-related illnesses. As this map shows, smoking rates vary widely in Denver, from 10% in SE Denver to more than 20% in NW Denver.

Percentage of Adults Currently Smoking
DENVER COUNTY, 2006 THROUGH 2010

Percentage Smoking
- < 14
- 14 - 15
- 16 - 20
- > 20

Assaults

Assaults are one type of injury and a measure of safety in a community. On average from 2006 and 2010, District 1 had 210 assaults per year, ranking 1st of 11 council districts.

ASSAULTS PER YEAR — DISTRICT NUMBER
District 1: 210
District 9: 3,872
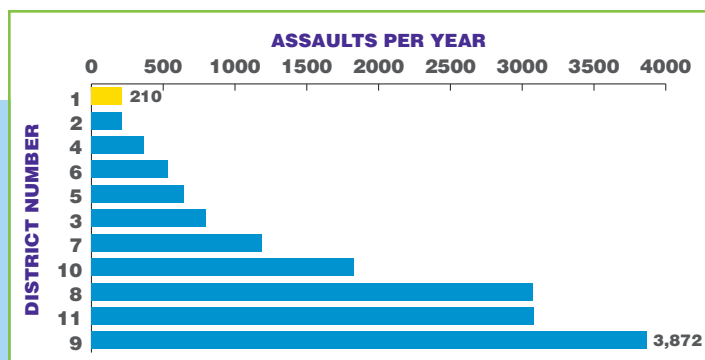
Data limitations

There are some important health outcomes that we cannot study at local levels (like council districts) in Denver because the existing data sources do not have that level of detail (mental illness, obesity among children, or environmental quality). These health outcomes are clearly important, and we are working on developing the data sources that will allow detailed analyses in the future.

For other health outcomes, we can only analyze at the zip code level, and city council districts don't correspond to zip codes. For these health outcomes (tobacco use, for example) we show maps that overlay zip codes and city council districts.

Community health improvement plan

Change starts with knowledge, and the purpose of this council district report is to provide more detailed knowledge about the health problems in our communities. The next step is a community health improvement plan called *Be Healthy Denver.* We will meet as a community to talk about health and prioritize issues. We will focus our collective efforts on a small number of key health problems. We seek to use proven ways to decrease health disparities and improve the health of the city. With a clear plan focused on a small number of key issues, we can advocate for policy and system changes and the funding needed to intervene. Please join us for community meetings. Go to **BeHealthyDenver.org** for information on how you can get involved or to give us your thoughts on-line. Together we can make Denver the healthiest city in the country.

What do differences mean for my community?

If a health outcome, such as teen pregnancy, is more common in one subgroup of the population, there is a health disparity. Some of the strongest predictors of health disparities are income and education; lower income and lower educational level are associated with adverse health behaviors (such as tobacco smoking) and poor health outcomes (such as heart attacks). Other factors commonly associated with health outcomes include race/ethnicity, age, access to health care, and a person's surroundings.

Health disparities exist in every country and in every community. However, health disparities are more severe in the United States than in other countries that have comparable economies. There are many reasons for the more severe health disparities in the United States: lack of access to primary health care, lack of access to healthy foods and places in which to exercise, and lack of education on ways to prevent health problems. Health disparities are regrettable; health disparities are also an opportunity to improve the lives of our fellow citizens.

Be Healthy **Denver**

COMMUNITY HEALTH MATTERS

To view the *Health of Denver 2011* report, or to get information on upcoming events, please visit BeHealthyDenver.org

ENVIRONMENTAL HEALTH
City and County of Denver
Promoting Healthy Communities

DENVER THE MILE HIGH CITY

Denver Public Health
Promotion • Preparedness • Prevention • Protection

DENVER HEALTH
Level One Care For ALL