



Council District 1 REPORT

NEIGHBORHOODS: Berkeley, Chaffee Park, Highland, Jefferson Park, Regis, Sloan's Lake, Sunnyside, West Colfax and West Highland

District of Rafael Espinoza

Assessing the Health of Communities

The *2014 Health of Denver Report* provides an overview of the primary health concerns in our communities. It identified three underlying themes which can be used to guide policy, processes and planning efforts.

- 1. Equity:** Significant differences in health outcomes exist between neighborhoods; they show where opportunities exist to collaborate and improve health.
- 2. Prevention:** Many causes of death, disability and injury are influenced by the world outside a clinic or hospital; addressing them can help prevent diseases and injuries from occurring.
- 3. Importance of Place:** Social and economic situations, environmental conditions, personal behaviors and access to care are linked to health; these factors affect people where they live, work, learn and play.



District 1's Health Highlights

This report describes the health of District 1 residents in four public health priority areas: life expectancy, tobacco use, childhood obesity and mental health.

Demographics

Average Age: 39 | Average Income: \$51,117

A majority of residents are White (77%). One in three identify as Hispanic.

SOURCE: ESRI 2015 Demographic Estimates



Life Expectancy ■

District 1 life expectancy is 77.4 years, 1.2 years shorter than Denver overall (78.6 years).



Childhood Obesity ■

15% of public school children (2-17 years) in District 1 neighborhoods are obese, 1% lower than Denver overall (16%).



Tobacco Use ■

20% of District 1 young adults (18-24 years) use tobacco, 3% higher than Denver overall (17%).



Mental Health ■

11% of District 1 adults have been diagnosed with depression, which is common across all districts in Denver (13%).

■ At or better than county average ■ Not meeting county average

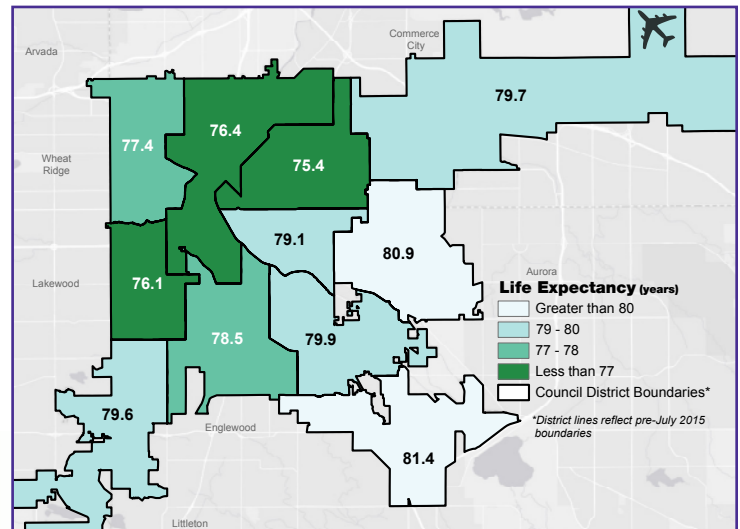
Life Expectancy

Evaluating differences in life expectancy is one way to measure overall health and compare health by council district. Life expectancy reflects a person’s health, genetics, behaviors, race, gender and community. About 70 percent of factors affecting life expectancy and health can be modified or improved.

Differences in life expectancy between districts show that place matters. Community policies that address health equity (e.g., access to health care, recreation, transportation or healthy food) all play important roles in improving health for residents.

Highlights

- The average life expectancy in Denver is 78.6 years but varies as much as six years between districts, from 75.4 to 81.4 years.
- Districts with lower life expectancy often have higher levels of poverty and lower levels of education.



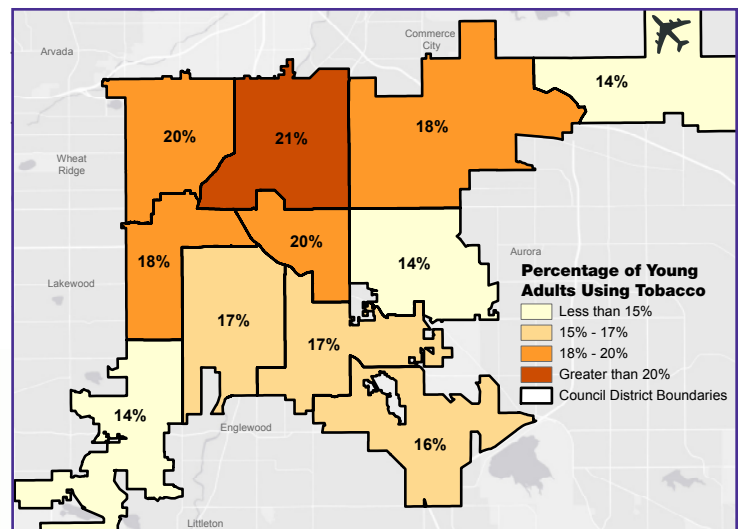
SOURCE: Vital Statistics, Health Statistics Section, Colorado Department of Public Health and Environment 2009-2013

Tobacco Use

Tobacco is the leading cause of preventable death in Denver. Smoking rates are highest among young adults, ages 18-24 years-old. Young adults entering the work force directly from high school are more than twice as likely to smoke than those entering college.¹ Smoking rates among this age group have remained relatively unchanged from 2001 to 2012.² One way to decrease smoking rates is to prevent underage youth from ever starting to smoke.

Highlights

- People who don’t start smoking tobacco by age 21 years are very unlikely to ever become a chronic smoker.²
- Access to cessation services and use of smoke-free policies can reduce tobacco use in the workplace.



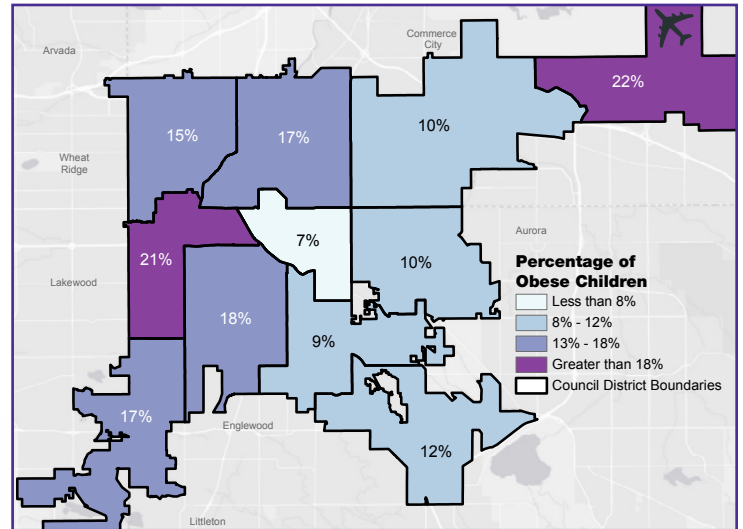
SOURCE: CHORDS (Colorado Health Observation Regional Data Service) 2013-2014

Childhood Obesity

Obesity, a common and preventable condition, is related to unhealthy eating and physical inactivity. In Denver, one in six children is obese; however, the percent varies widely by council district. Exercise and nutritional habits are learned early. Dietary choices contribute to obesity: a 2013 survey reported that 25 percent of 7th and 8th graders drink one or more sugar sweetened drinks per day.³ The number of students in 2013 achieving the recommended 60 minutes of physical activity per day decreased every year as grade increased from middle school to high school.³

Highlights

- Healthy eating is supported by providing healthier food and drink options in all public areas.
- All children should have access to quality physical education to meet daily requirements for physical activity.



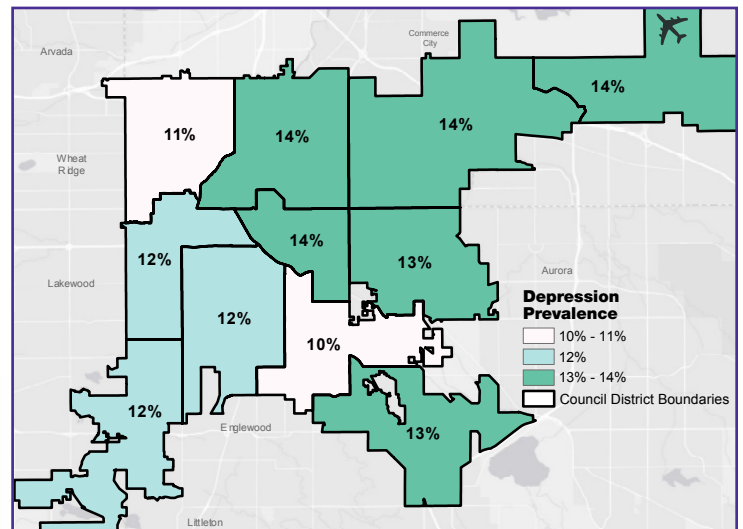
SOURCE: Denver Public Schools Height and Weight Screening Data 2013-2014

Mental Health

Good health includes positive mental health. Depression is not just “feeling blue.” Depression is a medical disorder, just like diabetes or thyroid disease, that affects thoughts, feelings, behaviors and relationships. It is associated with both poor physical health and unhealthy behaviors, like thoughts of suicide and substance abuse. Depression influences sensitivity and reaction to pain, which can lead to overuse of controlled drugs. These may delay diagnosis and treatment. At least one in 10 adults in Denver is diagnosed with depression.

Highlights

- Depression, a common condition in Denver, is highly treatable.⁴
- In 2013, more than one-third of community members reported having felt one or more days of poor mental health in the past 30 days.⁵



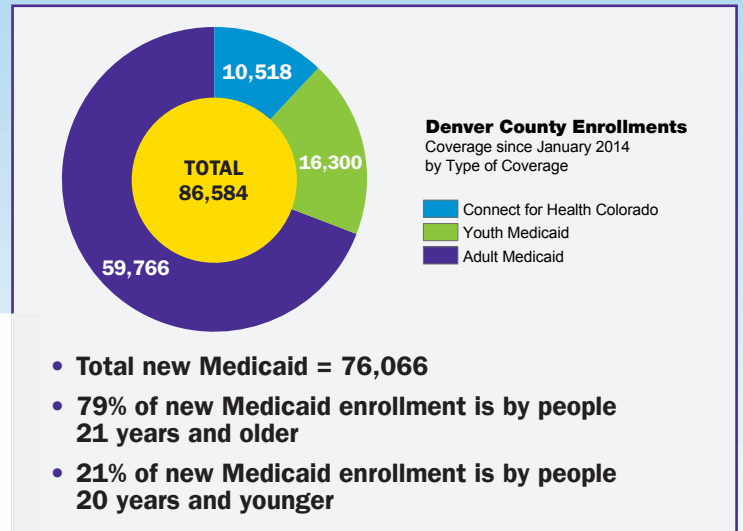
SOURCE: CHORDS (Colorado Health Observation Regional Data Service) 2011-2012. American Community Survey 2007-2012

Progress: Access to Quality Health Care

Before the 2014 expansion of coverage under the Patient Protection and Affordable Care Act, 100,000 to 120,000 Denver residents were uninsured. Hispanics were uninsured at the highest rates. Since January 1, 2014, more than 86,000 residents are estimated to have gained coverage. Those with Medicaid coverage and those who remain uninsured continue to face challenges accessing care, particularly specialty care.

Highlights

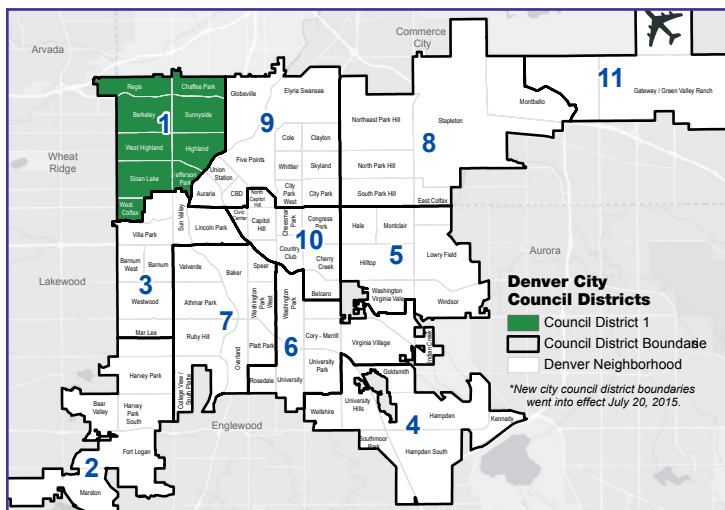
- Many more people in Denver have health care coverage now than in 2013, due to Medicaid and Connect for Health Colorado.
- The Mile High Health Alliance is working to assure that people have access to comprehensive and coordinated care.



SOURCES: Colorado Department of Health Care Policy & Financing, Connect for Health Colorado, US Department of Health and Human Services, Kaiser Family Foundation

What do Differences in Health Measures Mean for the Community?

Health differences across communities or population groups are called health disparities. Many factors may be associated with health disparities, such as income, education, race, ethnicity or access to health care. Communities can advocate for and make changes to encourage healthy behaviors. For example, providing local places to exercise, healthier food options in public places, and smoking cessation programs in the work place can help individuals achieve better health. Working together to decrease health disparities can improve quality of life.



SOURCE: City and County of Denver Council District Map 2015



Resources and References

More information about health topics and resources to support community work is available through BeHealthyDenver.org.

- 1 Colorado Tobacco Attitudes and Behaviors Survey (2001-2012) <http://www.ucdenver.edu/academics/colleges/PublicHealth/community/CEPEG/TABS/Surveys/Pages/default.aspx>
- 2 Freedman KS, Nelson NM & Feldman LL. (2012) smoking initiation among young adults in the United States and Canada, 1998-2010: a systematic review, *Preventing Chronic Disease*.9:110037.
- 3 Healthy Kids Colorado Survey (2013) <http://www.ucdenver.edu/academics/colleges/PublicHealth/community/CEPEG/UnifYouth/Pages/HealthyKidsSurvey.aspx>
- 4 Helen and Arthur E. Johnson Depression Center - Conditions We Treat (2015) <http://www.coloradodepressioncenter.org/conditions-we-treat.html>
- 5 Behavioral Risk Factors Surveillance System (2013) http://www.cdc.gov/brfss/annual_data/annual_2013.html