

Healthy Communities Healthy Denver

JUNE 2000

Denver Health Benchmarking Project Summary

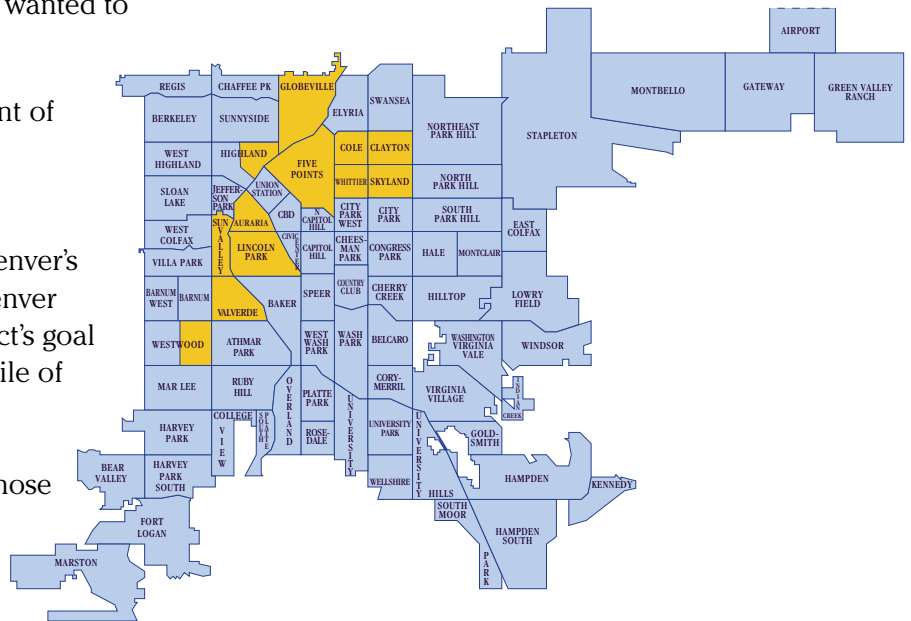
At the close of the 20th century, when Denver's economy is booming, Denver seems healthy. Yet the residents in the neighborhoods that make up the Enterprise Community (EC) – Auraria/Lincoln Park, Clayton, Cole, Five Points, Globeville, Highland, Skyland, Sun Valley, Valverde, Westwood, and Whittier – are at risk for poor health outcomes especially when compared to the rest of Denver.

It has been lead by an Advisory Committee whose members represent EC neighborhoods, city wide and neighborhood service providers, local foundations, city/county and state health agencies, and city/county planning agencies.

The Center for Human Investment Policy at the Graduate School of Public Affairs, University of Colorado at Denver, facilitated the project.

The Denver Health Benchmarking Project wanted to know why.

Denver was selected by the US Department of Health & Human Services as one of three communities to participate in a Health Benchmarking Demonstration Project. Coordinated by the City and County of Denver's Community Development Agency and Denver Health Authority, the Benchmarking Project's goal is to establish a neighborhood-based profile of leading health related indicators and benchmarks that resonate for Denver's Enterprise Community and to empower those neighborhoods to take action to improve their residents' health status.



INDICATORS are measures selected for tracking important health goals.

BENCHMARKS are objective, measurable, and time-limited standards established for anticipated results, often reflecting an aim to improve over current levels.

HEALTH BENCHMARKING PROJECTS draw attention to progress or lack of progress in health status, reductions in risk factors, or better provision of certain services useful in planned efforts to engage community stakeholders in activities to set and achieve measurable health objectives.

THE DENVER ENTERPRISE COMMUNITY (EC) is a geographic area composed of twelve of Denver's most economically distressed neighborhoods. The mission of the Denver EC program is to assist the residents of these neighborhoods in making their neighborhoods

healthier – both economically and physically. The Denver EC program, administered by Denver's Community Planning and Development Agency, seeks to focus human and capital resources into these neighborhoods in support of this mission.

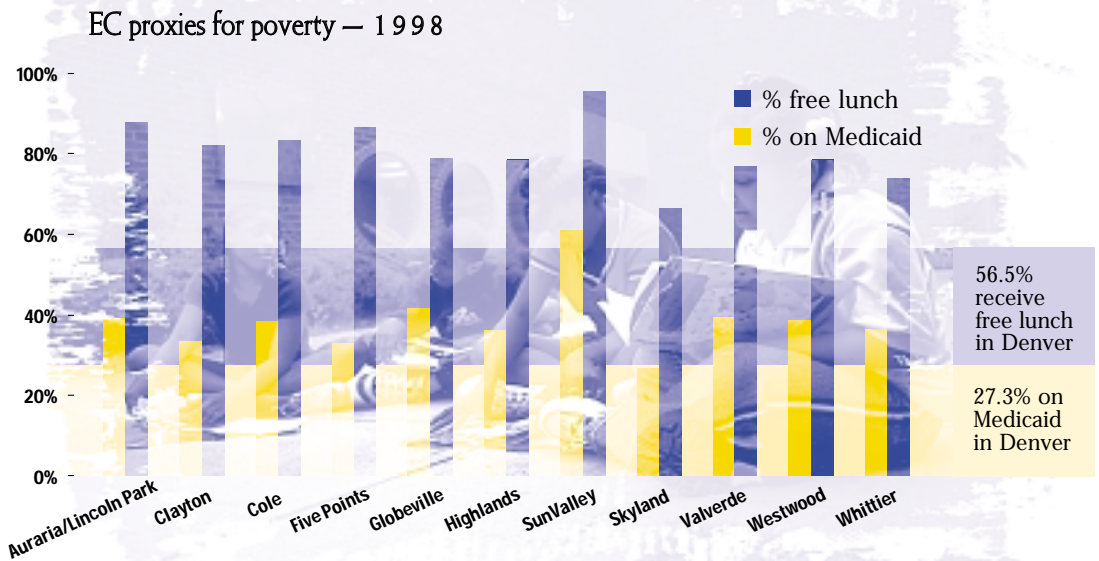
⌘ **The Benchmark Project collected neighborhood data that was gathered regularly, reflected community realities, was relatively easy to understand and use, was inexpensive to obtain, accurately illustrated the issues, said something important, and could mobilize a community to do something possible.**

EC NEIGHBORHOODS ARE POORER THAN DENVER

Although Denver's economic boom has boosted family income over the last decade, the twelve EC neighborhoods are still among Denver's poorest neighborhoods.

More than two-thirds of all DPS students living in the EC (in some neighborhoods up to 95%) participated in the free lunch program – an important indicator of

poverty – as compared to a city-wide 56 percent. (see above, figure “EC proxies for poverty”) The average household income (1995) for the EC neighborhoods ranged from \$13,879 (Sun Valley) to \$31,135 (Whittier), as compared to \$42,426 for Denver. Although only one in eight (12%) of the City's residents lived in the EC, one in three (33%) of



Source: The Piton Foundation

Denver's children and adults on TANF (Temporary Assistance for Needy Families) were EC residents. According to The Piton Foundation, the ethnic makeup of the EC neighborhoods is becoming increasingly Latino. Changes in demographics have an impact on the way human services are delivered.

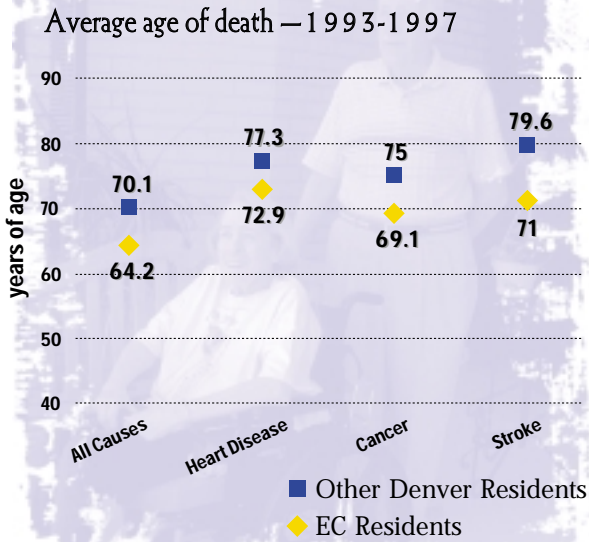
Demographic and Health Differences: Subtle Distinctions

The demographic and health data indicated that the EC was different from the rest of Denver, both when viewed as twelve individual neighborhoods and when viewed as the Enterprise Community as a whole. However, the individual EC neighborhoods all had:

- ⌘ higher percentages of children participating in the free school lunch program,
- ⌘ higher percentages of children on Medicaid,
- ⌘ lower percentages of mothers receiving early prenatal care,
- ⌘ higher percentages of infants born at low birth weight,
- ⌘ higher crime rates (with the exception of Skyland), and
- ⌘ higher rates of child abuse or neglect.

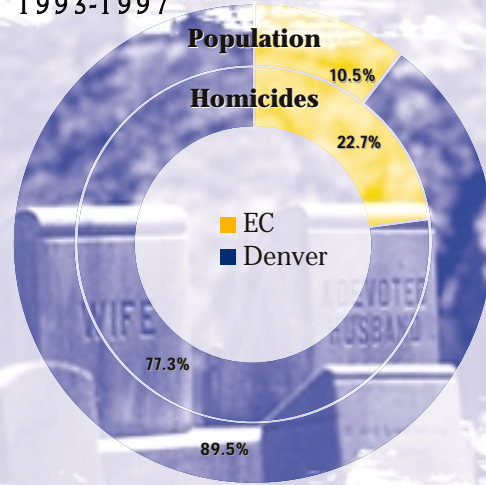
EC Residents Die Earlier

Heart disease, cancer, and stroke were the three leading causes of death in the EC, the rest of Denver, and in Colorado during the time period studied (1993-1997). However, there were significant differences as to the average age of death, from any cause, or from the three leading causes. (see below, figure "Average age of death")



Source: CDPHE, Vital Statistics Division

Comparison of EC and Denver: Population and Homicides 1993-1997



Source: CDPHE, Vital Statistics Division

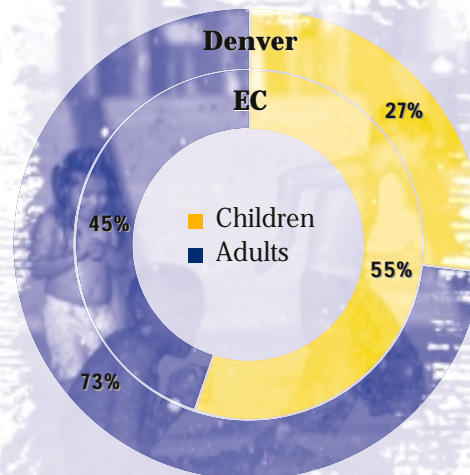
While some of these differences amount to only four or five years, those early deaths translate into missing a wedding anniversary, crying at a grandchild's graduation, or tickling a great-grandchild.

HOMICIDE AND INFANT MORTALITY EC residents also had a greater percentage of deaths occurring due to homicide (see above, figure "Homicides as percent of all deaths"), infant mortality, child mortality, motor vehicle accidents, and firearms. The percentage of death from, liver disease and diabetes was also greater in the EC.

EC NEIGHBORHOODS ARE YOUNGER THAN OTHER DENVER NEIGHBORHOODS

In 1998, one quarter of Denver's population was under 18; in the EC, children made up over half (55.5%) of the population. (see figure "Children as a percent of population")

Children as a percent of population

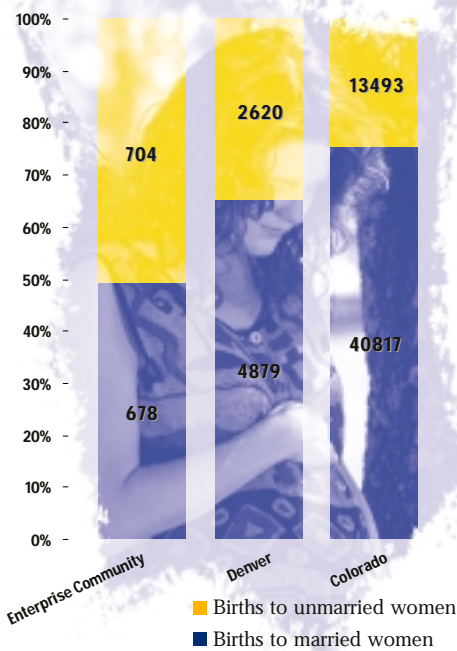


Source: The Piton Foundation

EC RESIDENTS WERE BORN WITH MORE HEALTH CHALLENGES

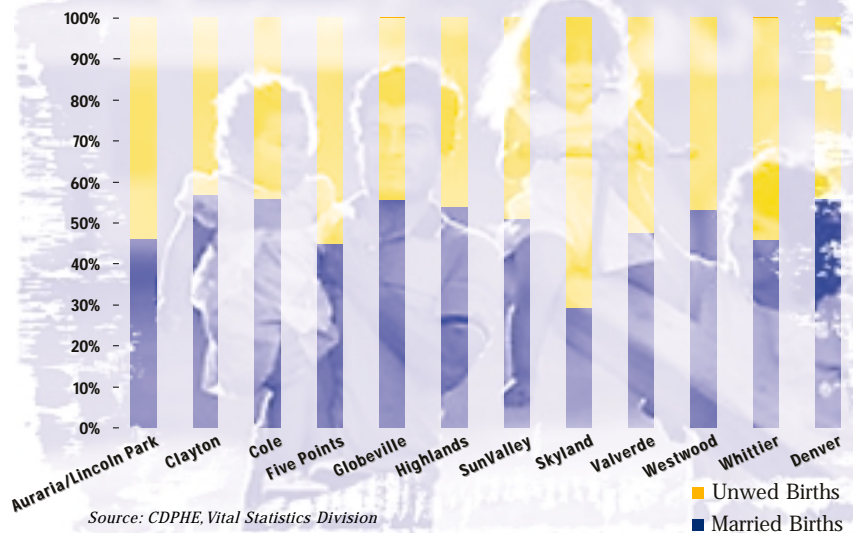
EC residents had a greater percentage of their births associated with health issues than did residents of other Denver neighborhoods. These issues included births to teens, births to unmarried women, and babies born with a birth weight of 5.5 pounds or less (low birth weight).

Births to unwed women as percent of all births — 1993-1997



About one out of every four births in the EC was to a teenage girl less than 19 years old, in contrast to one in seven in the rest of Denver, and one in eight births in Colorado. Every other birth (50.9%) in the EC was to an unmarried mother, as opposed to one in three births (34.9%) in the remaining Denver neighborhoods, and one in four (24.9%) in Colorado. (see figure “Births

Married and unwed births as percent of all births — 1997



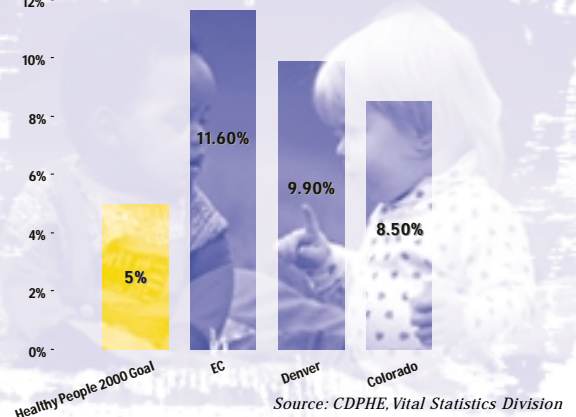
to unwed women”) While the EC as a whole had a higher percentage of unwed births, this circumstance looked very different across individual EC neighborhoods — a good example of the distinct profiles of individual EC neighborhoods. (see figure “Unwed births as percent of all births”)

Low birth weight—babies weighing 5.5 pounds or less at birth also occurred disproportionately in the EC. (see figure “Low birthweight rate”)

Up to 40 percent of babies born at low birth weight experience learning difficulties, and Colorado’s rate of low birthweight is already one of the highest in the nation. This makes the EC’s rate particularly troubling. While this report was not able to analyze race and ethnicity data

concerning disparities in health for the EC neighborhoods, it is important to realize that such disparities exist. Low birthweight rates are a perfect example. In 1998 in Denver county 15.3 percent of births to African American women were low weight (under 2500 grams) and 8.2 percent of births to white/Hispanic women were low birth weight.² These disparities offer unique opportunities for health planning at neighborhood levels.

Low birthweight rate as percent of all births



What do community leaders think?

The Benchmarking Project interviewed EC community leaders; local, state, and federal health advocates and providers; foundations; representatives from human service providers, and community activists. These interviews identified specific health care needs, issues about access to health care, and issues about the health care system in Denver in particular.

The community leaders concurred with the health problems identified in the objective data collection. When asked what made their neighborhood vulnerable to poor health, additional issues surfaced, such as the high percentage of single female-headed households with little access to comprehensive health insurance; lack of institutionalized health prevention programs; poverty-related issues; the

need for additional dental health care; poor health education which manifests itself in obesity; high blood pressure; diabetes; and asthma.

Neighborhood risk factors featured prominently in these discussions. Examples given were: large numbers of liquor stores; poverty; poor air quality; lead poisoning; environmental hazards; proximity to industrial properties; low educational levels; poor housing; poor health habits that had become intergenerational; violence; insufficient number of health care personnel to service low income persons. Large populations of undocumented persons are an additional challenge to neighborhood health systems as they may not be able to access health care or other public benefits.

“WHAT RESONATES IN THE COMMUNITY?”

Finally, the Benchmarking Project went to the EC residents themselves. Waves of “on the corner” interviews were conducted in English and in Spanish in each EC neighborhood. Interviewers worked at busy locations, such as recreation centers, schools, or supermarkets. Almost half (42%) of EC residents who were surveyed rated their health as “very good” or “excellent,” compared to 63% of Colorado residents asked the same question in a statewide survey.

⌘ When asked whether cost was a barrier to seeking medical care almost one quarter (22%) of EC residents agreed, compared to only 9% of Colorado residents asked the same question in a statewide survey. Twenty-eight percent of EC respondents had also postponed going to a dentist or making other necessary medical purchases because of cost.

⌘ Far fewer (43%) EC residents than other Colorado residents (79.5%) had employer-sponsored insurance, while a higher percentage of EC residents – one in three – have publicly financed care (38%) or no means to pay for health care at all (9%).

The EC residents who were surveyed were aware of health problems (air pollution, late immunizations) and illnesses (diabetes, liver disease) disproportionately affecting their community. However, they seemed most concerned about safety issues (drugs, gangs, crime, homicide, firearm deaths) and broad social concerns such as unmarried and teen births.

+ NEIGHBORHOOD ASSETS/RESOURCES

- DPS School
- Alternative or charter school
- Private School
- Bank
- Police Station
- Art/Cultural site
- House of Worship
- Fire Department
- Licensed Child Care
- Public Library
- Major Grocery Store
- Public Recreation Center
- Public Park

— NEIGHBORHOOD RISK FACTORS

- Liquor Store
- Abandoned/Vacant Building
- Check-cashing site
- Pawnshop
- Community Corrections Facility
- Gunshop
- Adult Entertainment
- Railroad

Source: Piton Foundation

SO WHAT? WHY CONTINUE?

The high percentage of children in the EC is a health window of opportunity. Now is the time to make sure that these children get off to a healthy start and have the education and support they need for a healthy adult life. Without information to drive community action and thoughtful policy-making, the chances of effective change diminish.

Based upon available statistics and the EC's perceptions of its own health, the Benchmarking Project developed indicators for tracking the health of the EC (see figure "Increase/Decrease" to the right).

▲ **Average age of death**

▲ **Access to health / mental / dental health care**

Increase

Decrease

- ▼ **Percent of unwed births**
- ▼ **Low birthweight rate**
- ▼ **Percent of teen births**
- ▼ **Infant mortality rate**
- ▼ **Prevalence of acute and chronic illnesses**
- ▼ **Prevalence of environmental risks**
- ▼ **Degree to which individuals have limited quality of life due to health problems**
- ▼ **Behavioral risks, such as lack of exercise, obesity, smoking, alcohol and other drug abuse, nutrition, violence**

Celebrating the Project's Achievements and Recognizing Future Challenges

The Benchmarking Project developed a template for a health profile of the EC. It identified health disparities in existing objective data. In providing a forum to talk about neighborhood health issues, it strengthened old bonds and formed new linkages between community leaders.

The Benchmarking Project was a strategic mechanism in identifying the immense challenges behind a community health benchmarking project. In order to develop a profile of a neighborhood's health, it is just as important to document health issues that can have a debilitating effect on the community, such as:

- ⌘ The extent of acute and chronic illnesses such as asthma, diabetes, or high blood pressure;
- ⌘ Health risk behaviors, such as poor diet, lack of exercise, alcohol consumption, and smoking habits;

continued on next page



Achievements and Challenges continued

- ⌘ Life circumstances, such as single parent, history of incarceration, living by oneself;
- ⌘ Environmental concerns, such as lead poisoning and health promotion activities or residing near environmental risks; and
- ⌘ Access to affordable health care.

These data were not readily available.

Other challenges include ensuring an appropriate degree of readiness and support for pursuing a health agenda; staving off the potential for politics to undermine the process; focusing data analysis and improvement strategies on EC neighborhood boundaries vs. a broader, regional focus (e.g., city or county); and formalizing relationships between the health and economic development sectors.

In order to meet these challenges, the Advisory Board developed nine “Recommendations for Action.”

RECOMMENDATIONS FOR ACTION

- 1 Institutionalize the Health Benchmarking Project in Denver that will:
 - ⌘ systematically collect and report valid and relevant information relating to community health status and health needs on a sustainable basis;
 - ⌘ continue development of emerging health indicators;
 - ⌘ involve and inform the community, guide decision makers, ensure public accountability, and promote a continuously improving quality of life for all citizens;
 - ⌘ develop a city wide health agenda;
 - ⌘ be financially supported, and thus, accountable;
 - ⌘ report on the status of health and health benchmarking on an annual basis; and
 - ⌘ include oversight of this benchmarking project as a responsibility in the Mayor’s Cabinet.
- 2 Denver Health Authority and other community health and mental health providers must collaborate to provide follow-up for the project and continued maintenance of effort.
- 3 Empower neighborhoods to develop and implement a community-by-community health agenda, with vision, goals, and objectives.
- 4 Broaden the analysis, planning, and implementation of health benchmarking to all Denver neighborhoods, not just the EC.
- 5 Involve all major stakeholders in community health improvement planning and implementation, including the business, advocacy, faith, and education communities.
- 6 Focus health improvement activities on issues that will resonate in the community. Fund and support those activities.
- 7 Fill in the “data gaps”: establish rates by race/ethnicity, gender, and age regarding health issues: prevalence of health risk behaviors, access to health care, prevalence of acute and chronic illnesses, and their impact on quality of life.
- 8 Promote and coordinate community health in other city programs, e.g. neighborhood and citywide planning, zoning, Enterprise Community activities, public housing, community action and improvement plans.
- 9 Promote neighborhood health successes so that neighborhoods can share lessons learned.



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Data Sources

The Piton Foundation and Denver
Community Planning and
Development Agency: Medicaid, Free
Lunch, Assets, and Population statistics.

Colorado Department of Public Health
and Environment, Vital Statistics
Division: Homicide, Age, Death, Low
Birthweight, Unwed Births statistics.

Notes

Neighborhood Facts 1999: The Status
of Denver Neighborhoods. The Piton
Foundation, Denver • www.piton.org.

Colorado Department of Public Health
and Environment, Colorado Pregnancy
Risk Assessment Monitoring System
(PRAMS). The information on low
birth weight for PRAMS is taken from
the birth records.

Production

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