

Denver Department of Environmental Health and Denver Healthy People 2010

Update for Health People 2010 Statistics for Denver, Colorado



University of Colorado Denver, School of Public Affairs

PAD 5361 Advanced Seminar in Public Policy and Management

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EXECUTIVE SUMMARY

The Healthy People 2010 (HP 2010) is a 10-year national health promotion; communities throughout the United States strive to achieve the set HP national goals to improve the length and quality of life and to reduce health inequalities. The purpose of this project is to update the Denver HP 2010 Report, which was last published in 2008 and to provide current statistical information on the health status of the City and County of Denver and the State of Colorado.

The HP 2010 Report for Denver will update statistics for the State of Colorado and the City and County of Denver in the following areas: Overall Health Status, Tobacco Use, Substance Abuse, Access to Healthcare Coverage, Mental Health, Maternal and Child Health, Overweight/Obesity and Physical Activity, and Immunization. Denver met or exceeded the HP 2010 objectives in the following areas:

- Adults who engage in leisure time/physical activity
- Adults that are at a healthy body weight
- Mothers who initiate breastfeeding.

Denver needs to improve in the following health indicators:

- Childhood obesity
- Adult smokers
- Binge Drinking
- Birth rate for teen mothers
- Number of unintended pregnancies
- Low birth weight
- Access to health care coverage

The results of the report show that Denver must continue to focus and work towards the HP objectives; recommendation to strengthen the Denver HP Report include the increase of sample sizes for the current data sources. The data sources that are currently used are comprised of small survey groups, leading to inconclusive data. To further improve the Denver

HP Report, additional health indicators should be added; a wide range of health indicators will create a broader and more accurate report for Denver. The proposed recommendations will improve the Denver HP Report and strengthen community health promotions for health disparities in the future.

INTRODUCTION

The National Healthy People 2010 initiative is a health promotion program managed by the United States Office of Disease Prevention and Health Promotion and the U.S. Department of Health and Human Services. The Healthy People 2010 (HP 2010) campaign builds on the 1979 Surgeon General's Healthy People Report (Berschling, Buhlig, McEwen, McGuire, Romero, & Shimomura, 2008). This report has been the foundation for the last three decades for setting the national health prevention agenda and healthy people objectives. The HP 2010 campaign provides a framework that can be used at the state and local levels to examine the overall health status of an area and to develop programs to address potential shortcomings. The national objectives identify the most prevalent threats to the nation's health and goals and are developed to reduce these health risks (Berschling, et al., 2008).

The HP 2010 campaign was designed to address two significant goals: to increase the quality and years of healthy life and to eliminate health disparities among the different sections of our nation's population. The campaign has 28 focus areas, all of which fall under the two main goals (Berschling, et al., 2008). HP 2010 provides a longitudinal look at health, primarily focusing on the 28 health-related areas. The program and its results are used by individuals, states, communities, health organization and others devoted to improving health (Berschling, et al., 2008).

The HP 2010 program has unified states and local communities in the collection of statistics on health. Although the program has many positive aspects, it has drawn criticism due to its broad agenda (Lurie, 2000). The broad agenda makes it difficult to focus on the factors that need the most immediate attention. In addition to the large scope of the program, critics

also feel that it is too ambitious (Lurie, 2000). The program makes it difficult to accomplish the health goals in the allotted time period and it doesn't address any methods to create sustainability. Further, the national healthy people objectives do not provide guidance or resources for state and local agencies to achieve the targeted objectives.

As the national program began, the City and County of Denver Department of Environmental Health launched the Denver Healthy People Initiative in 2001 to improve the health of Denver residents. The report in 2001 was the first health data status report for Denver, Colorado. This paper will update the Denver Healthy People 2010 report and offer insight into the strength of the health statistics for Denver and the state of Colorado.

PROJECT RESULTS

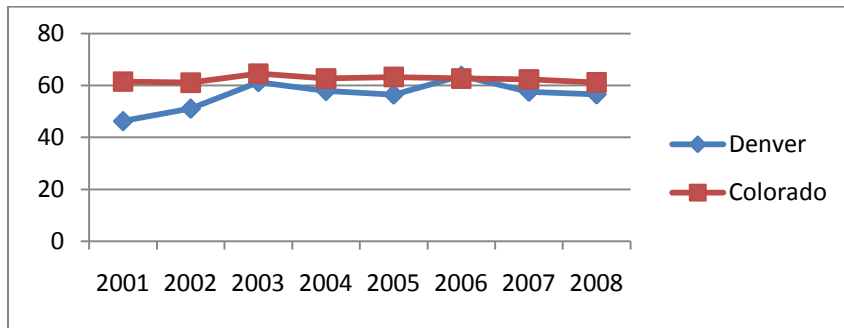
Healthy People 2010 - A Report on the Health States of the Residents of Denver, Colorado

Overall Health Status: Perceptions of Individual Health: An Overview of Denver's Health Status and Leading Causes of Death (Pages 7-11)

The statistics in this section are updated using the Behavioral Risk Factor Surveillance System (BRFSS). The Colorado Department of Public Health and Environment (CDPHE) administers the Colorado BRFSS. BRFSS is conducted to monitor health behaviors and preventive health practices at the state and national level. The main preventable health practices focused on in this survey are those associated with disease, disability and premature death. The BRFSS does have some disadvantages. The BRFSS surveys are self-reported, making them susceptible to error. Because the surveys are self-reported they can often end up with a small sample population, which decreases the strength of the data (Colorado Department of Public Health and Environment, n.d.).

There are several statistical areas that could not be updated in this section since the majority of vital statistics for the State of Colorado are currently unavailable. Statistics were not available for the leading causes of death for different age groups and for different racial and ethnic groups.

Adults Ranking Overall Health Status as Excellent or Very Good; 2001- 2008 (Page 10)

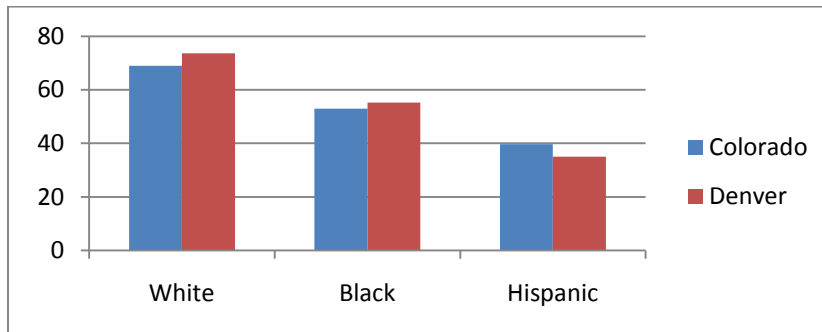


Since 2003, residents of the City and County of Denver have not differed from the residents of the State of Colorado in their perception of their health.

	2001	2002	2003	2004	2005	2006	2007	2008
Denver	46.3%	51.1%	61.3%	57.9%	56.5%	63.7%	57.6%	56.6%
Confidence Interval	38.3-54.2%	45.1-57%	55.2-67.3%	52.3-63.4%	51-62%	57.8-69.5%	53.1-62.1%	52-61.1%
Colorado	61.5%	61.1%	64.6%	62.7%	63.3%	62.7%	62.4%	61.2%
Confidence Interval	58.9-64.2%	59.2-63%	62.8-66.5%	60.8-64.6%	62-65.3%	61.1-64.4%	61.1-63.7%	59.8-62.6%

Behavioral Risk Factor Surveillance Survey, Colorado Department of Public Health and Environment

Adults Ranking Health as Excellent or Very Good by Race/Ethnicity; 2001-2008 (Page 11)

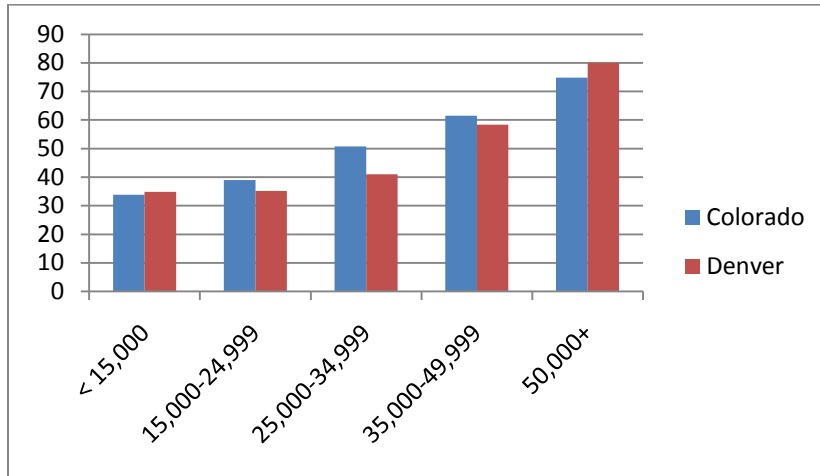


Minorities in Colorado and Denver are less likely to have excellent or very good health in comparison to Caucasians.

	White	Black	Hispanic
Colorado	68.9%	52.9%	39.7%
Confidence Interval	68.2-69.7%	47.9-57.8%	37.6-41.8%
Denver	73.6%	55.2%	35%
Confidence Interval	71-76.2%	47.2-63.1%	29.9-40.1%

Behavioral Risk Factor Surveillance Survey, Colorado Department of Public Health and Environment

Adults Ranking Health as Excellent or Very Good by Income; 2001-2008 (Page 11)



In Colorado and Denver the reported excellent or very good health of an individual increased with income levels.

*Behavioral Risk Factor Surveillance Survey, Colorado
Department of Public Health and Environment*

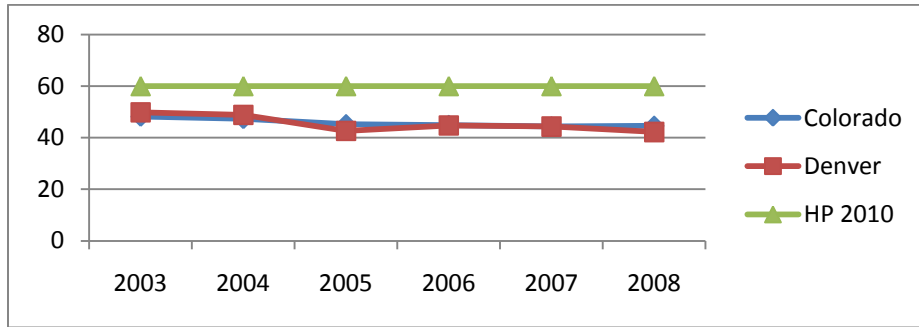
	< 15,000	15,000-24,999	25,000-34,999	35,000-49,999	50,000+
Colorado	33.9%	39%	50.7%	61.5%	74.8%
Confidence Interval	30.2-37.5%	36.4-41.5%	48-53.4%	59.5-63.5%	73.9-75.6%
Denver	34.8%	35.2%	41%	58.4%	80%
Confidence Interval	26.4-43.2%	28.5-41.9%	33.3-48.7%	51.5-65.4%	77.1-83%

HEALTH INDICATOR: Overweight and Obesity & Physical Activity (Pages 12 -15)

The statistics in this section are updated using the Behavioral Risk Factor Surveillance Survey (BRFSS) and the Child Health Survey. The BRFSS is conducted to monitor health behaviors and preventive health practices; focusing on disease, disability and premature death. The Colorado Child Health Survey is completed by the Colorado Department of Public Health and Environment and targets youth between the ages of 1-14. The Child Health Survey is closely related to BRFSS; if a parent indicates that they have a child during the BRFSS survey, they are asked to participate in the Child Health Survey. The Child Health Survey covers health related issues, including: a child’s physical activity, nutrition, access to health care and dental care, behavioral health, school health, injury and others. The Child Health Survey has some drawbacks; the information is gathered from a parent reporting on their child’s health and is

completed by only those individuals who participated in the BRFSS survey. (Colorado Department of Public Health and Environment, n.d.).

Adults at a Health Body Weight, 2003-2008 (Page 13)

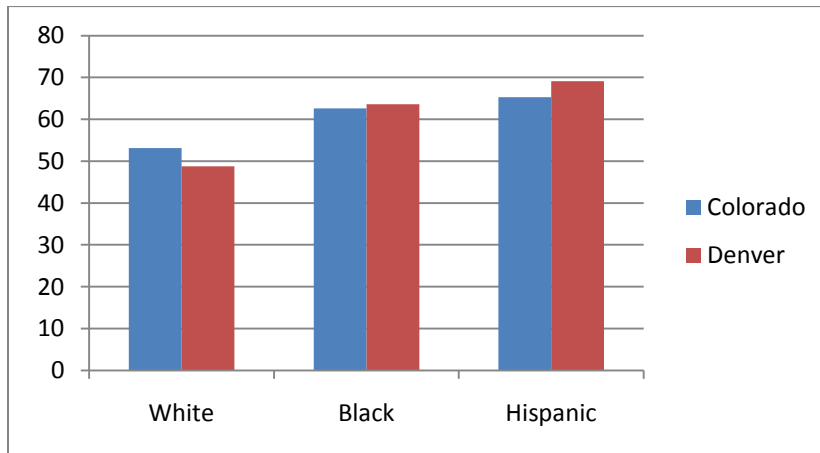


Since 2003, the State of Colorado and the City and Country of Denver have met the HP 2010 Health Body Weight (BMI) goal.

	2003	2004	2005	2006	2007	2008
Colorado	48.2%	47.3%	45.2%	44.9%	44.3%	44.6%
Confidence Interval	46.2-50.2%	45.3-49.3%	43.5-46.9%	43.2-46.7%	42.9-45.6%	43.1-46%
Denver	49.8%	48.8%	42.6%	44.7%	44.3%	42.2%
Confidence Interval	43.6-56.1%	43-54.7%	37.2-47.9%	38.6-50.8%	39.9-48.7%	37.6-46.8%
HP 2010	60%	60%	60%	60%	60%	60%

Behavioral Risk Factor Surveillance Survey, Colorado Department of Public Health and Environment

Adults who are Overweight or Obese by Race/Ethnicity; 2003-2008 (Page 13)

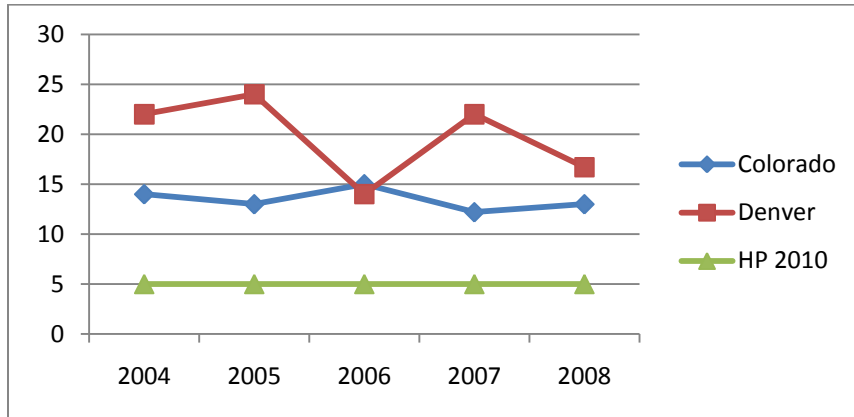


Whites in Denver have a slightly reduced rate of obesity compared to Whites in Colorado.

	White	Black	Hispanic
Colorado	53.1%	62.6%	65.3%
Confidence Intervals	52.3-54%	57.5-67.8%	63.1-67.5%
Denver	48.8%	63.6%	69.1%
Confidence Interval	45.8-51.9%	55.2-72.1%	64.1-74.2%

Behavioral Risk Factor Surveillance Survey, Colorado Department of Public Health and Environment

Children Ages 2-14 who are Overweight; 2000-2008 (Page 13)

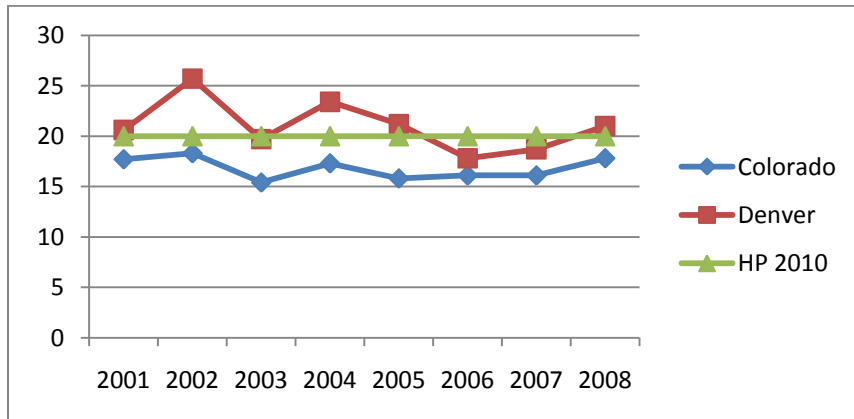


Children in Denver are generally heavier than children throughout Colorado. This may be caused by the higher proportion of minorities in the Denver; minorities are more likely to be overweight. Both Denver and Colorado failed to meet the HP 2010

	2004	2005	2006	2007	2008
Colorado	14%	12.8%	14.8%	12.2%	13%
Confidence Interval	10.6-17.6%	10.1-15.65%	11.4-18.3%	10.2-14.2%	10.8-15.3%
Denver	22%	24.4%	13.6%	22%	16%
Confidence Interval	8.8-35.17%	11-37.83%	23.22-24.8%	10-14%	8.7-24.6%
HP 2010	5%	5%	5%	5%	5%

Child Health Survey, Colorado Department of Public Health and Environment

Adults who Engage in No Leisure/ Physical Activity; 2001-2008 (Page 14)

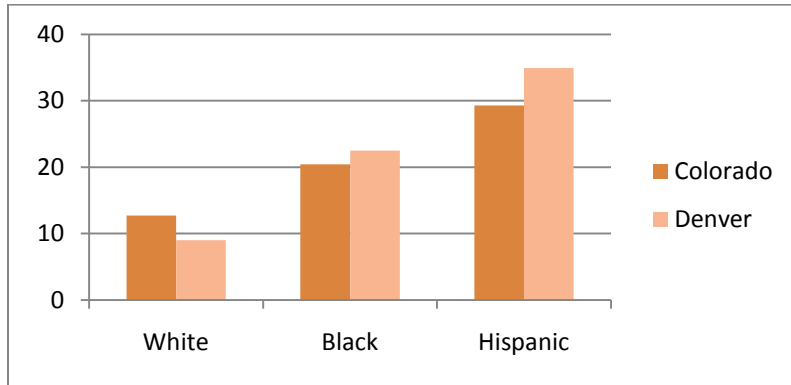


Denver and the State of Colorado both meet the HP goal of fewer than 20% of adults not engaging in physical activity. Denver is less active than the state as a whole.

	2001	2002	2003	2004	2005	2006	2007	2008
Colorado	17.7%	18.3%	15.4%	17.3%	15.8%	16.1%	16.1%	17.8%
Confidence Interval	15.7-19.8%	16.8-19.9%	13.9-16.8%	15.8-18.8%	14.6-17.1%	14.8-17.4%	15-17.1%	16.7-18.8%
Denver	20.6%	25.7%	19.7%	23.4%	21.2%	17.8%	18.7%	21%
Confidence Interval	14-27.1%	19.7-31.6%	14.4-24.9%	18.1-28.7%	16.4-26.1%	13.3-22.2%	14.9-22.5%	17-24.9%
HP 2010	20%	20%	20%	20%	20%	20%	20%	20%

Behavioral Risk Factor Surveillance Survey, Colorado Department of Public Health and Environment

Adults who engage in no leisure time/physical activity by race/ethnicity; 2005-2008 (Page 14)

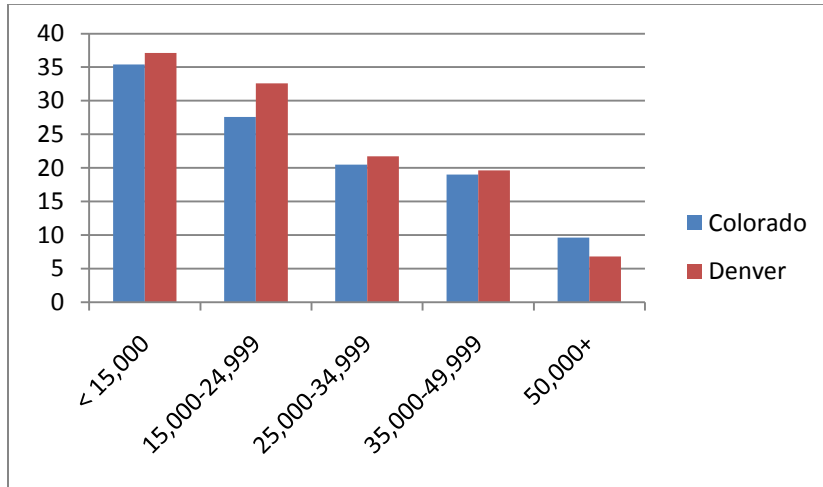


In Colorado and Denver minorities are more likely to engage in no leisure time/ physical activity.

	White	Black	Hispanic
Colorado	12.7%	20.4%	29.3%
Confidence Interval	12.2-13.2%	16.6-24.1%	27.4-31.2%
Denver	9%	22.5%	34.9%
Confidence Interval	7.5-10.5%	16.1-29%	29.9-39.9%

Behavioral Risk Factor Surveillance Survey, Colorado Department of Public Health and Environment

Adults who Engage in No Leisure Time/ Physical Activity by Income; 2005-2008 (Page 15)

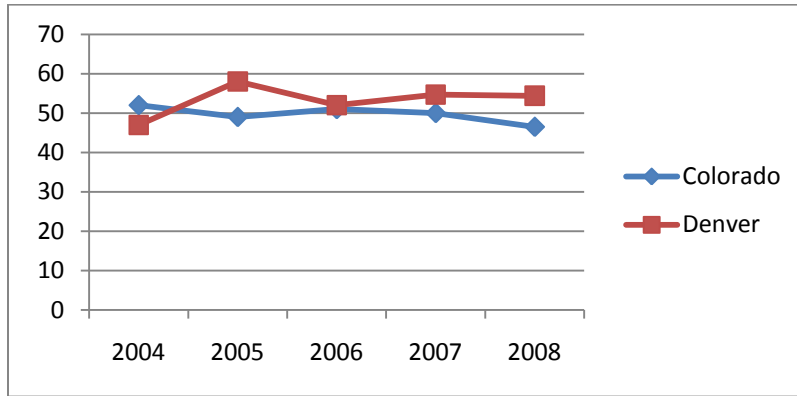


The data shows a clear connection between income and physical activity in both Denver and Colorado; those with a higher income are more likely to engage in physical activity.

	< 15,000	15,000-24,999	25,000-34,999	35,000-49,999	50,000+
Colorado	35.4%	27.6%	20.5%	19%	9.6%
Confidence Interval	32-38.7%	25.3-29.8%	18.4-22.7%	17.5-20.6%	9-10.1%
Denver	37.1%	32.6%	21.7%	19.6%	6.8%
Confidence Interval	28.7-45.4%	26.2-39.1%	15.4-28.1%	14.2-24.9%	5.1-8.5%

Behavioral Risk Factor Surveillance Survey, Colorado Department of Public Health and Environment

Children 2-14 that are Active Four Hours or Less/Week; 2004-2008 (Page 15)



Youth in Colorado and Denver have a higher rate of inactivity in comparison to adults. The inactive lifestyle of youth may be the cause of the increase in overweight/obese youth.

	2004	2005	2006	2007	2008
Colorado	52%	49%	51%	50%	46.5%
Confidence Interval	47.32-56.37%	45.36-53.09%	46.56-55.18%	47.2-52.8%	43.6-49.4%
Denver	47%	58%	52%	54.7%	54.4%
Confidence Interval	32-61.7%	44.4-71.44%	35.44-68.7%	45.7-63.8%	44.9-63.9%

Child Health Survey, Colorado Department of Public Health and Environment

HEALTH INDICATOR: Cardiovascular Disease (Pages 16-19)

Information for this HP 2010 indicator of cardiovascular disease is taken from Vital Statistic Data from the Colorado Department of Public Health and Environment. The Vital Statistics for the State of Colorado are not currently available; due to the timeline of availability for these statistics the information for the HP 2010 indicator could not be updated. Statistics were not available for cardiovascular deaths for different age groups and for different racial and ethnic groups.

HEALTH INDICATOR: Diabetes (Page 20-22)

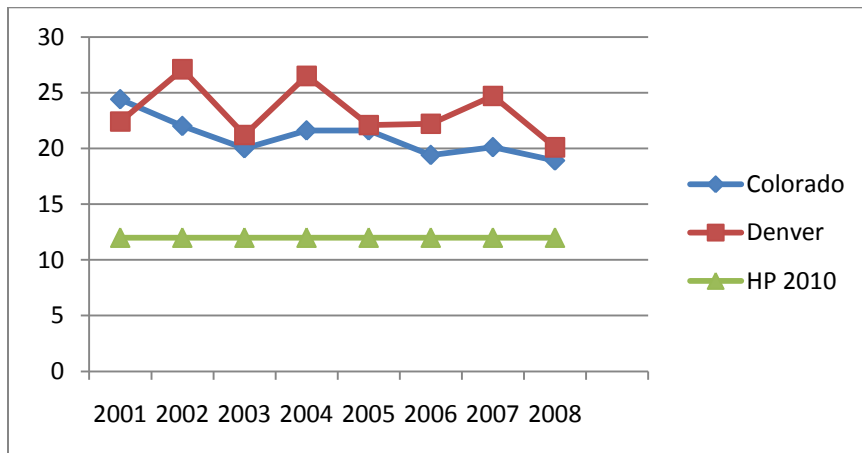
The statistics for the health indicator of diabetes is taken from Vital Statistic Data from the Colorado Department of Public Health and Environment. The State of Colorado vital statistics were not available at the time of this report; due to the timeline the information for

this HP 2010 indicator could not be updated. Statistics were not available for diabetes for different age and gender groups and for different racial and ethnic groups.

HEALTH INDICATOR: Tobacco Use (Pages 23-25)

The statistics in this section are updated using the Behavioral Risk Factor Surveillance Survey (BRFSS) and the Pregnancy Risk Assessment Monitoring System (PRAMS). The BRFSS is conducted to monitor health behaviors and preventive health practices; focusing on disease, disability and premature death. The Pregnancy Risk Assessment Monitoring System is conducted by the Colorado Department of Public Health and Environment. The PRAMS survey is a questionnaire that is given to sample of Colorado women each month. The survey is used to gain insight of the behaviors and experiences of women before, during and after their pregnancy (Colorado Department of Public Health and Environment, n.d.).

Current Adult Smokers; 2001-2008 (Page 24)

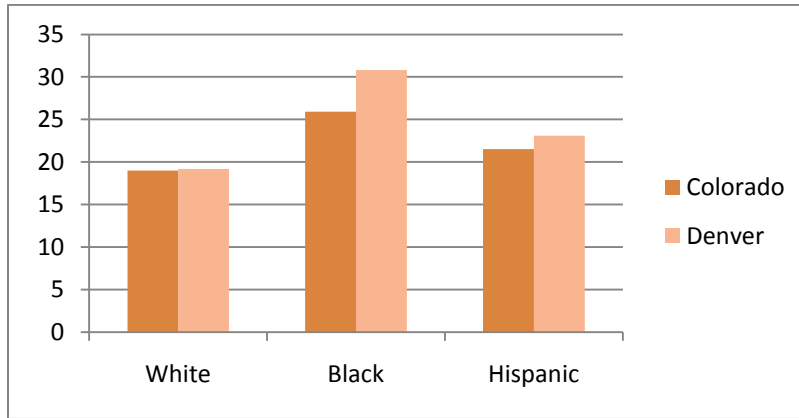


In both Denver and Colorado the number of adult smokers exceeds the HP 2010 goal.

	2001	2002	2003	2004	2005	2006	2007	2008
Colorado	24.4%	22%	20%	21.6%	21.6%	19.4%	20.1%	18.9%
Confidence Interval	22.1-26.7%	20.4-23.6%	18.5-21.6%	19.9-23.3%	20.1-23%	17.9-20.8%	19-21.3%	17.8-20.1%
Denver	22.4%	27.1%	21.2%	26.5%	22.1%	22.2%	24.7%	20.1%
Confidence Interval	16.1-28.8%	21.5-32.6%	16.2-26.3%	21.2-31.7%	17.4-26.8%	17.5-27%	20.6-28.9%	16.4-23.9%
HP 2010	12%	12%	12%	12%	12%	12%	12%	12%

Behavioral Risk Factor Surveillance Survey, Colorado Department of Public Health and Environment

Current Adult Smokers by Race/Ethnicity; 2001-2008 (Page 24)

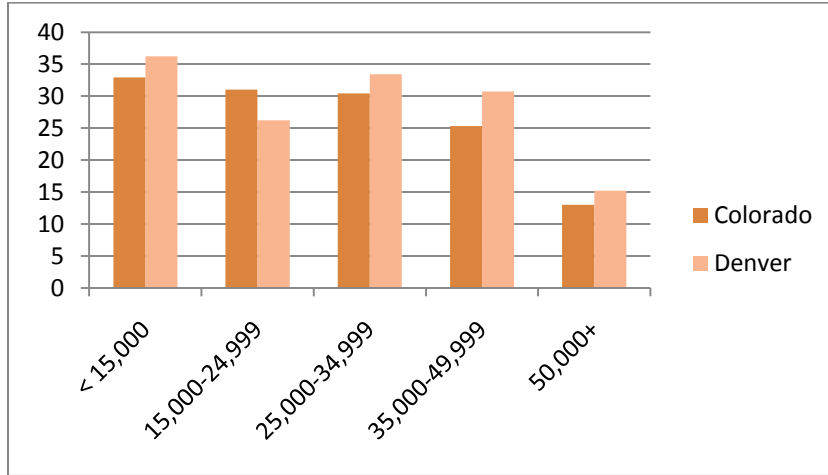


Blacks in Denver are more likely to smoke than Whites or Hispanics.

	White	Black	Hispanic
Colorado	19%	25.9%	21.5%
Confidence Interval	18.3-19.6%	21.4-30.3%	19.7-23.3%
Denver	19.2%	30.8%	23.1%
Confidence Interval	16.8-21.7%	23.1-38.5%	18.7-27.4%

Behavioral Risk Factor Surveillance Survey, Colorado Department of Public Health and Environment

Current Adult Smokers by Income; 2001-2008 (Page 24)

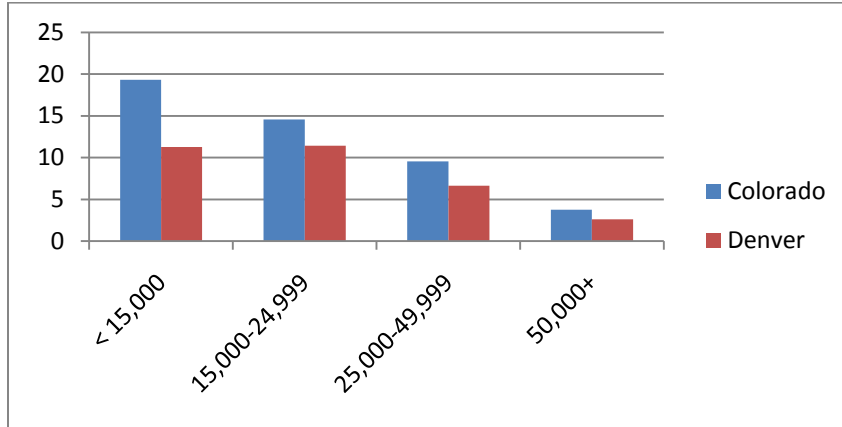


In general, adults in Colorado and Denver, with higher incomes are less likely to smoke than those with lower incomes.

	< 15,000	15,000-24,999	25,000-34,999	35,000-49,999	50,000+
Colorado	32.9%	31%	30.4%	25.3%	13%
Confidence Interval	29.6-36.2%	28.6-33.4%	27.9-32.9%	23.4-27.1%	12.3-13.8%
Denver	36.2%	26.2%	33.4%	30.7%	15.2%
Confidence Interval	27.8-44.5%	20.1-32.3%	25.8-41.1%	24-37.4%	12.5-17.9%

Behavioral Risk Factor Surveillance Survey, Colorado Department of Public Health and Environment

Mothers who Smoked Before and During Pregnancy by Income; 2004-2008 (Page 25)

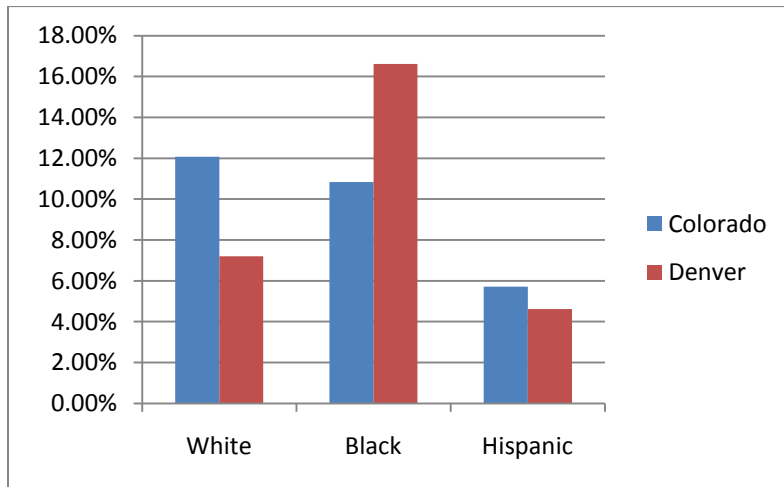


In Denver, pregnant women are less likely to smoke than pregnant women in Colorado.

	< 15,000	15,000-24,999	25,000-49,999	50,000+
Colorado	19.33%	14.56%	9.56%	3.78%
Confidence Interval	15.24-24.2%	11.89-17.70%	7.87-11.58%	3.01-4.74%
Denver	11.26%	11.42%	6.64%	2.63%
Confidence Interval	3.62-29.99%	5.4-22.56%	2.7-15.45%	1.13-6.01%

Pregnancy Risk Assessment Monitoring System, Colorado Department of public Health and Environment

Mothers who Smoked Before and During Pregnancy by Race/ Ethnicity; 2004-2008 (Page 25)



Blacks are more likely to smoke during pregnancy than Whites and Hispanics.

	White	Black	Hispanic
Colorado	12.07%	10.84%	5.72%
Confidence Interval	11-13.24%	6.59-17.11%	6.59-17.34%
Denver	7.2%	16.62%	4.62%
Confidence Interval	4.53-11.01%	7.24-33.8%	2.59-8.1%

Pregnancy Risk Assessment Monitoring System, Colorado Department of public Health and Environment

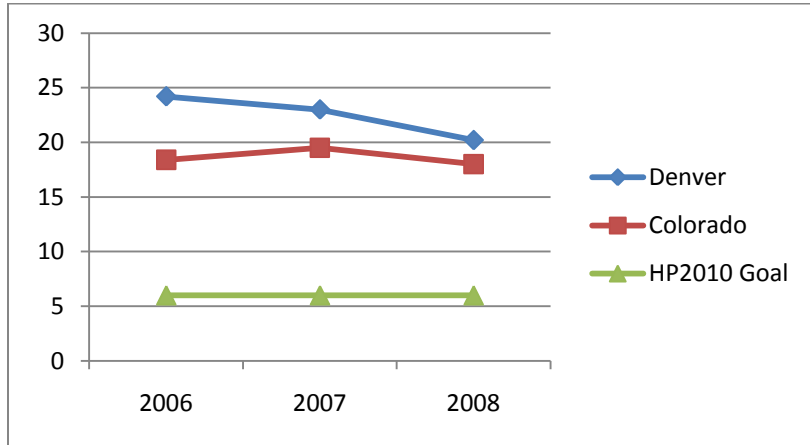
HEALTH INDICATOR: Cancer (Page 26-29)

Information for the health indicator of cancer is taken from Vital Statistic Data from the Colorado Department of Public Health and Environment vital statistics. The data was unavailable so the statistics for the cancer health indicator were not updated for cancer deaths for different age and gender groups and for different racial and ethnic groups.

HEALTH INDICATOR: Substance Abuse (Pages 30-33)

The statistics in this section are updated using the Behavioral Risk Factor Surveillance System (BRFSS) and the Drug /Alcohol coordinated Data System (DACODS) and the Colorado Alcohol and Drug Abuse Division (ADAD). The BRFSS is conducted to monitor health behaviors and preventive health practices; focusing on disease, disability and premature death. The DACOCD is drug treatment data source compiled by the Alcohol and Drug Abuse Division within the Colorado Department of Human Services. The data are collected for all individuals when admitted or released from any Colorado drug and alcohol treatment facility (Colorado Department of Public Health and Environment, n.d.). The DACODS and ADAD statistics were not available for substance abuse treatment admissions for different age and gender and for different racial and ethnic groups. There is limited statistical available for this health indicator because the binge drinking question was changed on the BRFSS in 2006 so data will only be provided from the years 2006-2008.

Proportion of Adults who engage in Binge Drinking of Alcoholic Beverages in the Past Month; 2006-2008 (Page 31)

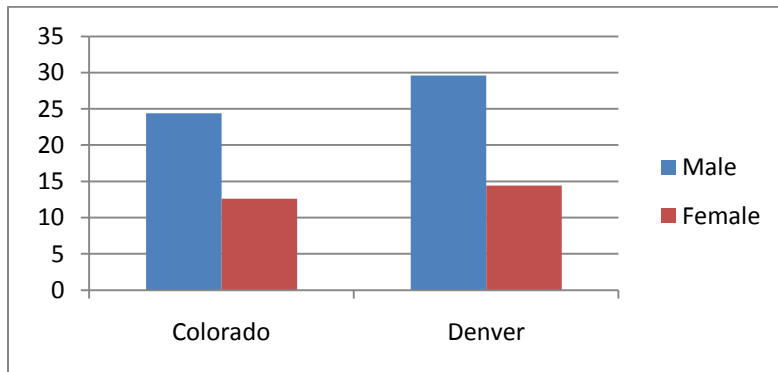


The prevalence of binge drinking in Colorado and Denver is higher than the HP 2010 recommended goal. Denver has a rate approximately four times higher than the HP 2010 goal.

Behavioral Risk Factor Surveillance Survey, Colorado Department of Public Health and Environment

	2006	2007	2008
Denver	24.2%	23%	20.2%
Confidence Interval	18.6-29.8%	18.9-27%	16.2-24.2%
Colorado	18.4%	19.5%	18%
Confidence Interval	16.9-19.8%	18.3-20.7%	16.8-19.2%
HP2010 Goal	6%	6%	6%

Proportion of Adults who engage in Binge Drinking of Alcoholic Beverages in the Past Month by Gender; 2006-2008 (Page 31)

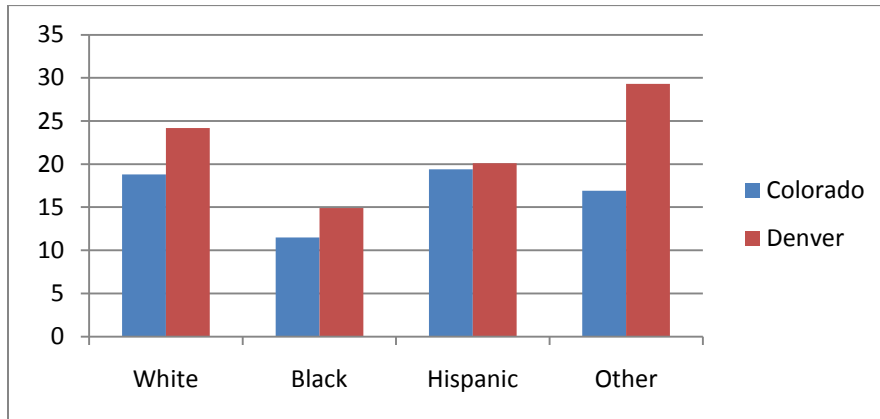


The prevalence of binge drinking is two times as high for males as for females.

Behavioral Risk Factor Surveillance Survey, Colorado Department of Public Health and Environment

	Male	Female
Colorado	24.4%	12.6%
Confidence Interval	23.2-25.6%	11.9-13.4%
Denver	29.6%	14.4%
Confidence Interval	25.2-33.9%	12-16.7%

Proportion of Adults who engage in Binge Drinking of Alcoholic Beverages in the Past Month by Race/Ethnicity; 2006-2008 (Page 32)

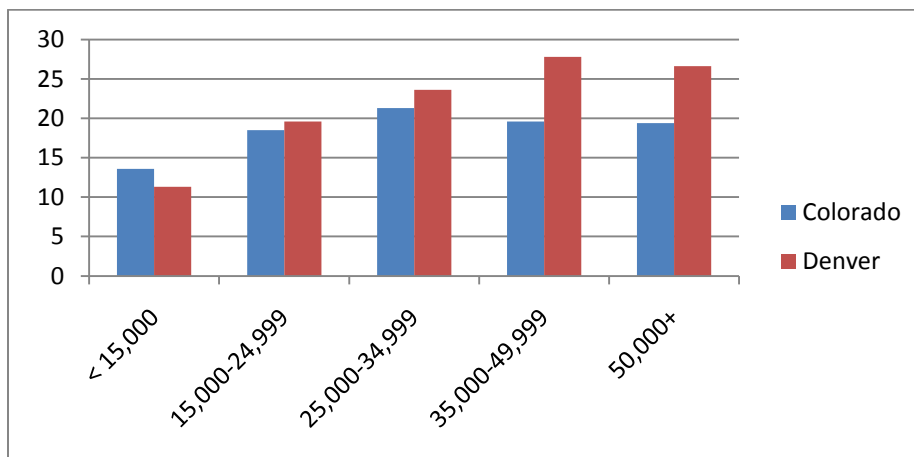


Blacks are least likely to binge drink. The greatest disparity between Colorado and Denver is between the White and Other categories; Denver has the highest rate of binge drinking in both cases.

	White	Black	Hispanic	Other
Colorado	18.8%	11.5%	19.4%	16.9%
Confidence Interval	18-19.6%	7.6-15.4%	17.4-21.5%	13.6-20.3%
Denver	24.2%	14.9%	20.1%	29.3%
Confidence Interval	21.1-27.3%	7.4-22.4%	14.7-25.4%	16.9-41.7%

Behavioral Risk Factor Surveillance Survey, Colorado Department of Public Health and Environment

Proportion of Adults who engage in Binge Drinking of Alcoholic Beverages in the Past Month by Income; 2006-2008 (Page 32)



In both Colorado and Denver the lowest income group is least likely to binge drink. In Denver, there is a progressive increase in binge drinking as income increases.

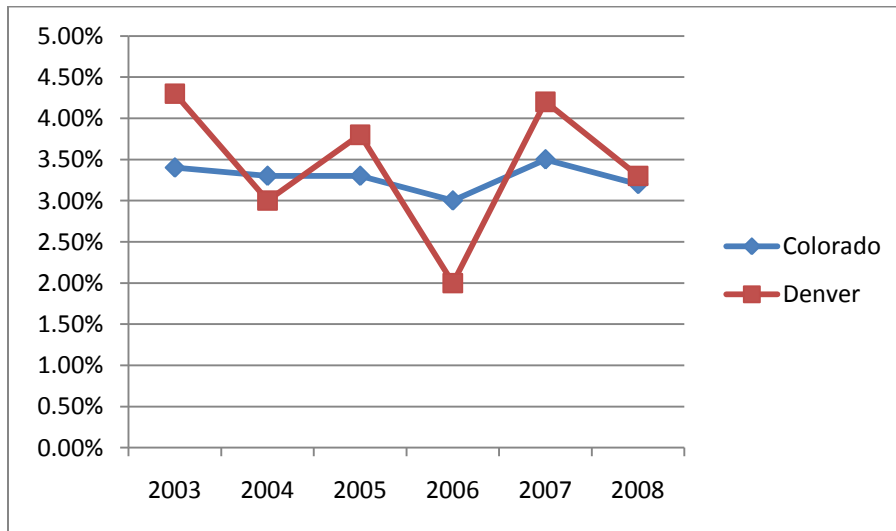
	< 15,000	15,000-24,999	25,000-34,999	35,000-49,999	50,000+
Colorado	13.6%	18.5%	21.3%	19.6%	19.4%
Confidence Interval	10.8-16.5%	16-21%	18.5-24.1%	17.6-21.6%	18.4-20.3%
Denver	11.3%	19.6%	23.6%	27.8%	26.6%
Confidence Interval	5.3-17.4%	12.4-26.7%	15-32.2%	20.2-35.5%	22.6-30.5%

Behavioral Risk Factor Surveillance Survey, Colorado Department of Public Health and Environment

HEALTH INDICATOR: Mental Health (Page 34 -36)

The statistics in this section are updated using the Behavioral Risk Factor Surveillance System (BRFSS). The BRFSS is conducted to monitor health behaviors and preventive health practices; focusing on disease, disability and premature death. In updating the mental health section, no data was available for 2002; the BRFSS survey did not ask any mental health questions in 2002.

Average Number of Day per Month at Poor Mental Health Status; 2003-2008 (Page 35)

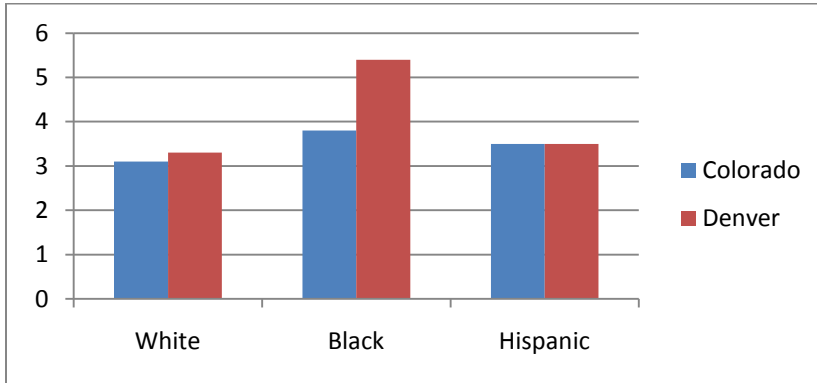


Colorado and Denver have similar, low numbers of poor mental health days through rates are slightly more variable from year to year in Denver. The variable rate in Denver may be due to the small number of observations per year.

	2003	2004	2005	2006	2007	2008
Colorado	3.40%	3%	3.30%	3.00%	3.50%	3.20%
Confidence Interval	3.1-3.6%	3.0-3.6%	3.0-3.5%	2.8-3.3%	3.2-3.7%	3-3.4%
Denver	4.30%	3.00%	3.80%	2%	4.20%	3.30%
Confidence Interval	3.2-5.4%	2.3-3.7%	3-4.7%	2-3.9%	3.3-5%	2.6-3.9%

*Behavioral Risk Factor Surveillance Survey,
Colorado Department of Public Health and
Environment*

Average Number of Days per Month at Poor Mental Health Status by Race/Ethnicity; 2005-2008 (Page 36)

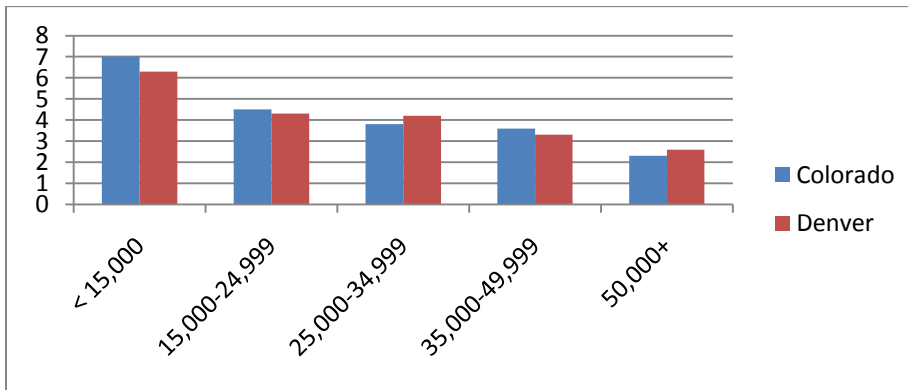


In Denver, Blacks report the highest number of poor mental health days.

	White	Black	Hispanic
Colorado	3.1%	3.8%	3.5%
Confidence Interval	3-3.2%	3-4.6%	3.2-3.8%
Denver	3.3%	5.4%	3.5%
Confidence Interval	2.8-3.7%	3.8-7.1%	2.7-4.3%

Behavioral Risk Factor Surveillance Survey, Colorado Department of Public Health and Environment

Average Number of Days per Month at Poor Mental Health Status by Income; 2005-2008 (Page 36)



In Colorado and Denver the number of poor mental health days decrease as income increases.

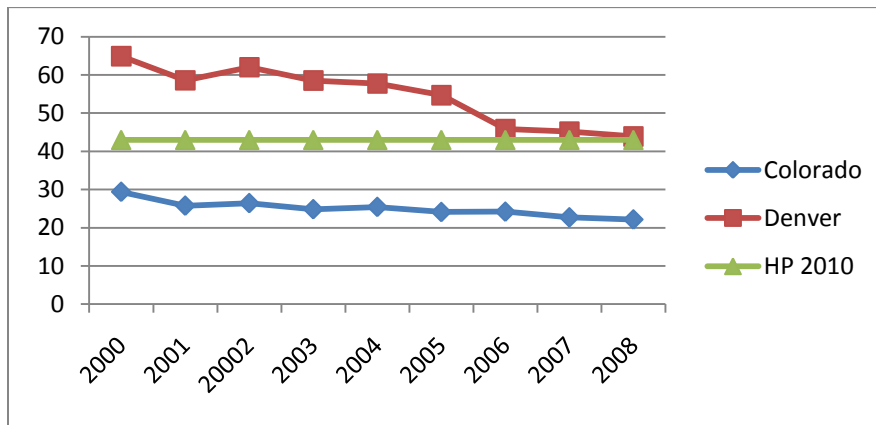
	< 15,000	15,000-24,999	25,000-34,999	35,000-49,999	50,000+
Colorado	7%	4.5%	3.8%	3.6%	2.3%
Confidence Interval	6.3-7.6%	4.1-4.9%	3.4-4.2%	3.3-3.9%	2.2-2.4%
Denver	6.3%	4.3%	4.2%	3.3%	2.6%
Confidence Interval	4.5-8%	3.4-5.2%	3-5.4%	2.5-4.2%	2-3.2%

Behavioral Risk Factor Surveillance Survey, Colorado Department of Public Health and Environment

HEALTH INDICATOR: Maternal and Child Health (Page 37-42)

The statistics in the maternal and child health section are updated using the Pregnancy Risk Assessment Monitoring System (PRAMS) and Birth Statistics. The Colorado Department of Public Health and Environment conducts the PRAMS survey; a questionnaire given to a sample of Colorado women each month. The survey is used to gain insight to the behaviors and experiences of women before, during and after their pregnancy (Colorado Department of Public Health and Environment, n.d.). The Birth Statistic Reports are created by the Colorado Department of Public Health and Environment. The report looks at the infant mortality rate, infant growth rates, low birth rates, and infant nutrition needs (Colorado Department of Public Health and Environment, n.d.). Statistics were not available for infant mortality and mortality by different racial and ethnic groups. In the previous report, the Maternal and Child Health section contained statistics that were improperly labeled; special attention was given to ensure all statistics were properly labeled in the 2010 updated report.

Birth Rate Among Teen Mothers Ages 15-17; 2000-2008 (Page 38)

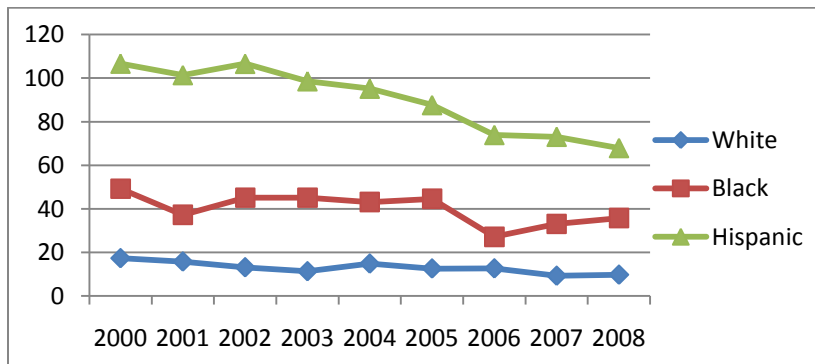


The State of Colorado meets the HP 2010 goal for birth rates among teen mothers every year since 2000. Denver rates have declined steadily since 2000 and the goal has been met each of the three years since 2008. The decline of birth rate among teen mothers has leveled off in Denver.

Birth Statistics, Colorado Department of Public Health and Environment

	2000	2001	2002	2003	2004	2005	2006	2007	2008
Colorado	29.39%	25.77%	26.44%	24.85%	25.45%	24.12%	24.2%	22.73%	22.18%
Confidence Interval	28.3-30.5%	24.7-26.8%	25.4-27.48%	23.8-25.8%	24.4-26.5%	23.1-25.1%	23.2-25.1%	21.79-23.67%	21.26-23.1%
Denver	64.88%	58.56%	62.02%	58.53%	57.71%	54.69%	45.83%	45.18%	43.89%
Confidence Interval	59.7-70%	53.6-63.5%	56.9-67.15%	53.5-63.5%	52.7-62.7%	49.9-59.49%	41.5-50.1%	40.9-49.4%	39.7-48.1%
HP 2010	43%	43%	43%	43%	43%	43%	43%	43%	43%

Birth Rate Among Teen Mothers by Race/Ethnicity, Denver; 2000-2008 (Page 39)

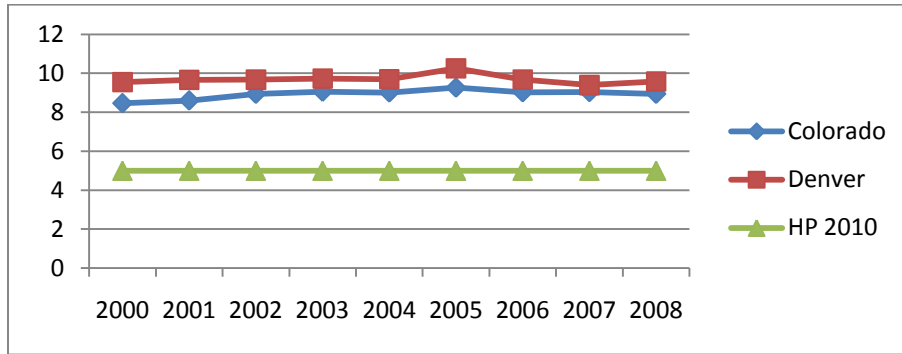


The birth rate among teen mothers is the highest among minorities. In Denver, Hispanics have the highest teen pregnancy rate; though the Hispanic birth rate has steadily reduced since 2000.

Birth Statistic, Colorado Department of Public Health and Environment

	2000	2001	2002	2003	2004	2005	2006	2007	2008
White	17.34%	15.78%	13.15%	11.32%	14.84%	12.59%	12.64%	9.25%	9.73%
Confidence Interval	12.5-22.1	11.15-20.4	8.94-17.36	7.36-15.28	10.27-19.4	8.38-16.79	8.48-16.81	5.71-12.78	6.15-13.32
Black	49.2%	37.26%	45.08%	45.1%	43.13%	44.59%	27.14%	33.05%	35.79%
Confidence Interval	38-60.3%	27.7-46.8%	34.4-55.7%	34.3-55.9%	32.36-53.89%	33.65-55.53%	18.74-35.54%	23.7-42.34%	26.2-45.3%
Hispanic	106.72%	101.44%	106.63%	98.61%	95.2%	87.65%	73.91%	73.08%	67.9%
Confidence Interval	97.12-116.3%	92.1-110.8%	96.9-116.33%	89.33-107.9%	86.13-104.3%	79.15-96.2%	66.2-81.6%	65.6-80.5%	60.7-75.05%

Percent of Low Birth Weight Births; 2000-2008 (Page 39)

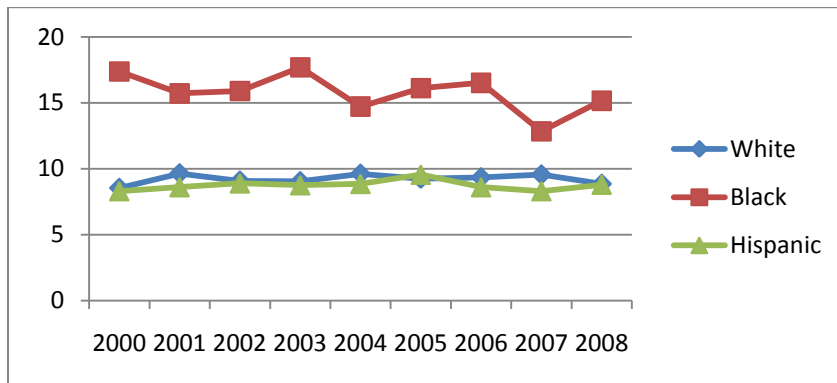


Colorado and Denver have high rates of low birth weight both of which are almost two times as high as the HP 2010 goal. The trend does not show improvement for this health indicator.

Birth Statistic, Colorado Department of Public health and Environment

	2000	2001	2002	2003	2004	2005	2006	2007	2008
Colorado	8.46%	8.6%	8.94%	9.05%	9.01%	9.26%	9.02%	9.03%	8.94%
Confidence Interval	8.25-8.68%	8.39-8.82%	8.73-9.15%	8.84-9.26%	8.8-9.23%	9.04-9.47%	8.81-9.23%	8.82-9.25%	8.73-9.15%
Denver	9.54%	9.66%	9.67%	9.72%	9.69%	10.25%	9.68%	9.39%	9.58%
Confidence Interval	8.97-10.12%	9.09-10.23%	9.1-10.24%	9.15-10.29%	9.12-10.25%	9.66-10.84%	9.1-10.25%	8.82-9.96%	9.01-10.15%
HP 2010	5%	5%	5%	5%	5%	5%	5%	5%	5%

Percent of Low Birth Weight Births by race/ethnicity, Denver; 2000-2008 (Page 40)

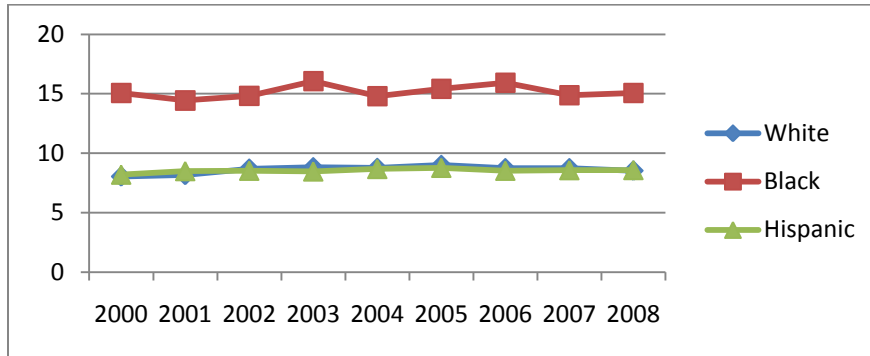


In Denver, low birth weight rates are two times higher among Blacks than among Whites and Hispanics.

Birth Statistic, Colorado Department of Public health and Environment

	2000	2001	2002	2003	2004	2005	2006	2007	2008
White	8.53%	9.64%	9.08%	9.04%	9.61%	9.23%	9.33%	9.55%	8.84%
Confidence Interval	7.6-9.46%	8.66-10.62%	8.14-10%	8.11-9.96%	8.67-10.55%	8.29-10.16%	8.41-10.26%	8.62-10.48%	7.96-9.71%
Black	17.37%	15.71%	15.89%	17.69%	14.71%	16.1%	16.51%	12.83%	15.15%
Confidence Interval	15.1-19.65%	13.48-17.93%	13.56-18.22%	15.23-20.15%	12.41-17.01%	13.82-18.38%	14.14-18.87%	10.75-14.9%	12.97-17.32%
Hispanic	8.3%	8.6%	8.89%	8.75%	8.85%	9.55%	8.6%	8.3%	8.79%
Confidence Interval	7.54-9.05%	7.85-9.36%	8.14-9.65%	7.99-9.51%	8.09-9.61%	8.75-10.36%	7.82-9.37%	7.51-9.09%	7.98-9.6%

Percent of Low Birth Weight Births by race/ethnicity, Colorado, 2000-2008 (Page 40)

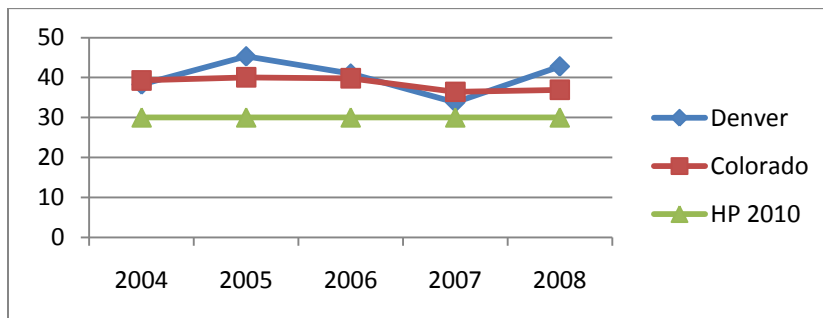


In Colorado, low birth weight rates are two times higher among Blacks than Whites and Hispanics.

Birth Statistic, Colorado Department of Public Health and Environment

	2000	2001	2002	2003	2004	2005	2006	2007	2008
White	8.04%	8.16%	8.69%	8.81%	8.75%	9%	8.73%	8.73%	8.53%
Confidence Interval	7.78-8.3%	7.9-8.42%	8.42-8.96%	8.54-9.08%	8.48-9.02%	8.72-9.28%	8.46-9%	8.46-9%	8.27-8.8%
Black	15.06%	14.43%	14.82%	16.05%	14.8%	15.41%	15.92%	14.87%	15.06%
Confidence Interval	13.76-16.37%	13.14-15.73%	13.49-16.42%	14.7-17.41%	13.48-16.1%	14.1-16.7%	14.6-17.2%	13.6-16.1%	13.8-16.3%
Hispanic	8.19%	8.49%	8.52%	8.46%	8.67%	8.77%	8.52%	8.57%	8.58%
Confidence Interval	7.79-8.59%	8.1-8.8%	8.15-8.9%	8.08-8.8%	8.3-9.05%	8.39-9.15%	8.16-8.88%	8.2-8.9%	8.21-8.95%

Percent of Births Resulting From an Unintended Pregnancy; 2004-2008 (Page 40)

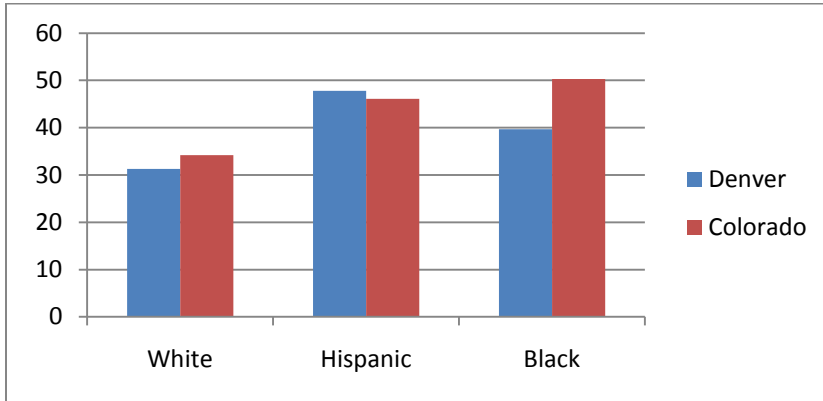


Colorado and Denver each have a higher rate of births from unintended pregnancies than the HP 2010 goal and do not differ significantly from each other. The 4-year trend shows that little progress has been made in this area.

Birth Statistics, Colorado Department of Public Health and Environment

	2004	2005	2006	2007	2008
Denver	38.27%	45.31%	40.99%	33.81%	42.79%
Confidence Interval	29.55-47.8%	36.2-54.7%	31.8-50.8%	24.3-44.8%	33.4-52.6%
Colorado	39.27%	40.06%	39.82%	36.4%	36.94%
Confidence Interval	36.17-42.45%	36.9-43.31%	36.65-43.08%	33.27-39.64%	33.96-40.02%
HP 2010	30%	30%	30%	30%	30%

Percent of Births Resulting From an Unintended Pregnancy by Maternal Race/Ethnicity; 2004-2008 (Page 40)

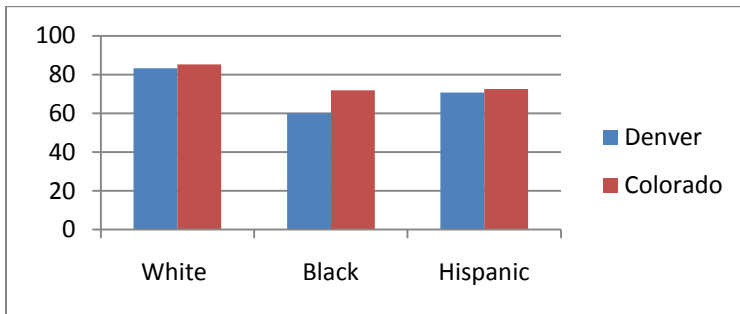


The percentages of births resulting from unintended pregnancies are highest among minorities.

	White	Black	Hispanic
Colorado	34.22%	46.1%	50.26%
Confidence Interval	32.6-35.88%	41.54-59.36%	43.19-49.03%
Denver	31.29%	47.77%	39.66%
Confidence Interval	25.58-37.63%	24.18-57.54%	41.2-54.43%

Birth Statistics, Colorado Department of Public Health and Environment

Percent of Live Births with First Trimester Care by Race/ Ethnicity; 2004-2008 (Page 40)

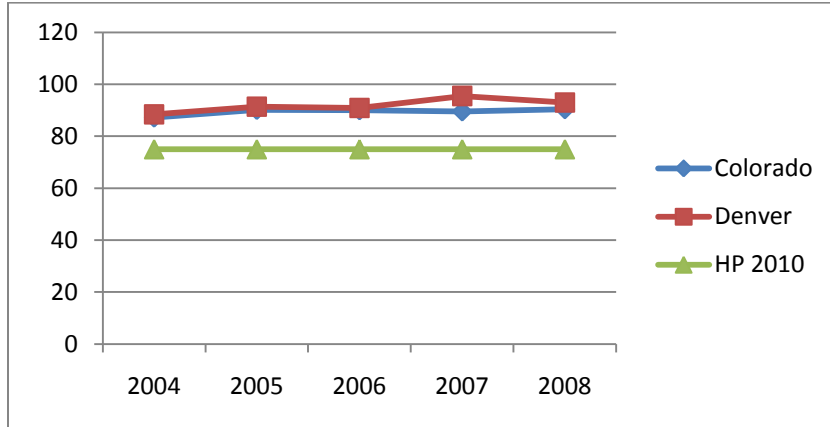


In both Denver and Colorado White women have the highest rate of prenatal care in the first trimester. There are no significant disparities between Denver and Colorado in any racial/ ethnic group.

	White	Black	Hispanic
Colorado	85.15%	71.81%	72.49%
Confidence Interval	83.86-86.35%	63.31-80.1%	69.01-74.44%
Denver	83.3%	60.04%	70.67%
Confidence Interval	77.47-87.87%	41.68-75.95%	63.96-76.59%

Birth Statistics, Colorado Department of Public Health and Environment

Mothers Who Initiate Breastfeeding; 2004-2008 (Page 41)

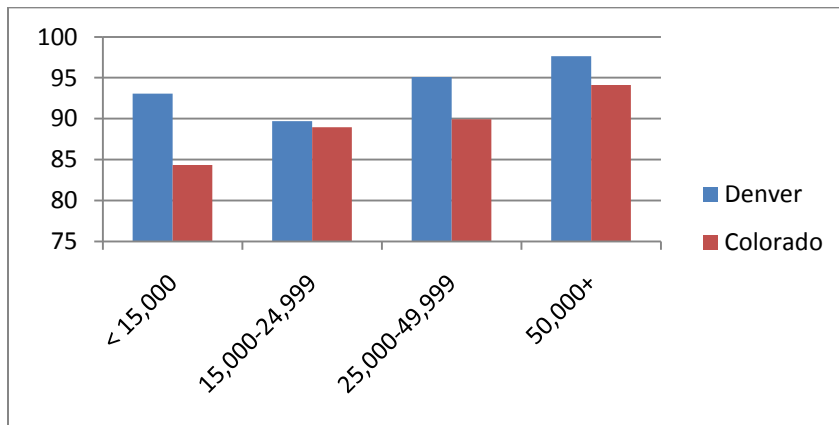


The rate of mothers who initiate breastfeeding in Colorado and Denver exceed the HP 2010 goals. The data shows that there has been little change for this health indicator in the last four years.

	2004	2005	2006	2007	2008
Colorado	87.18%	90.16%	90.02%	89.56%	90.42%
Confidence Interval	84.78-89.26%	88.13-91.87%	87.79-91.88%	87.34-91.42%	88.51-92.06%
Denver	88.43%	91.34%	90.88%	95.49%	93%
Confidence Interval	80.44-93.42%	84.07-95.48%	82.14-95.57%	89.29-98.18%	86.17-96.59%
HP 2010	75%	75%	75%	75%	75%

*Pregnancy Risk Assessment and Monitoring System,
Colorado Department of Public Health and Environment*

Mothers who Initiate Breastfeeding by Income; 2004-2008 (Page 41)

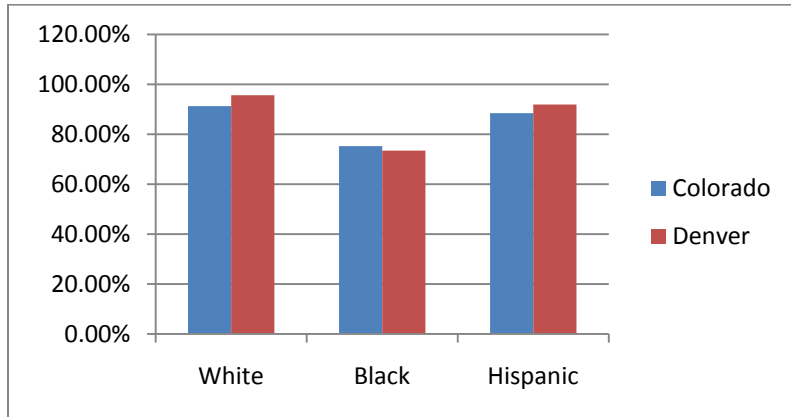


The rate of mothers who breastfeed increases with the income of the individual; however, low income mothers in Denver are more likely to report breastfeeding than mothers in Colorado.

	< 15,000	15,000-24,999	25,000-49,999	50,000+
Colorado	84.32%	88.96%	89.92%	94.11%
Confidence Interval	79.73-88.03%	86.16-91.25%	87.69-91.79%	92.91-95.11%
Denver	93.04%	89.7%	95.1%	97.63%
Confidence Interval	71.38-98.62%	78.41-95.43%	85.37-98.47%	94.55-98.99%

*Pregnancy Risk Assessment and Monitoring System,
Colorado Department of Public Health and Environment*

Mothers who Initiate Breastfeeding by Race/Ethnicity; 2004-2008 (Page 41)



The rate of mothers who initiate breastfeeding is higher among non-

	White	Black	Hispanic
Colorado	91.24%	75.26%	88.41%
Confidence Interval	91.84-97.69%	54.55-86.42%	87.28-94.9%
Denver	95.62%	73.43%	91.87%
Confidence Interval	90.21-92.18%	54.55-86.42%	87.28-94.9%

Pregnancy Risk Assessment and Monitoring System, Colorado Department of Public Health and Environment

HEALTH INDICATOR: Responsible Sexual Behavior – Sexually Transmitted Disease (Page 43-46)

The statistics for the health indicator for responsible sexual behavior and sexually transmitted disease are taken from Vital Statistic Data from the Colorado Department of Public Health and Environment. The Vital Statistics for this category were not available at the time of this report and could not be updated; statistics were not available for the HIV/AIDS deaths and Gonorrhea and Chlamydia cases for different gender and racial and ethnics groups

HEALTH INDICATOR: Injury and Violence (Page 47-51)

The statistics for the health indicator for injuries and violence in Colorado and Denver are taken from Vital Statistic Data from the Colorado Department of Public Health and Environment. Statistics were not available for suicide and motor vehicle accident deaths for different age and gender groups and for different racial and ethnic groups.

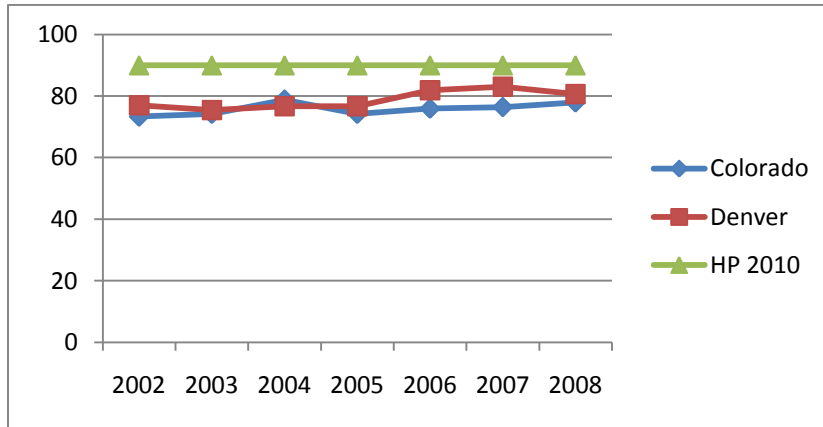
HEALTH INDICATOR: Environmental Quality (Page 52-56)

The statistics for the health indicator of environmental quality in Colorado and Denver updated their data from the City of Denver Department of Environmental Health. The statistics for this category were not available at the time of this report. The following categories could not be updated: Denver Ozone Concentration, Denver PM₁₀ and PM_{2.5} Concentrations, Total Reported Food borne Infections, and Confluence Bacteria Advisories. In 2009 the Colorado Department of Environmental Health added seventeen new environmental health categories to the BRFSS Survey; these statistics will be helpful in future Denver HP reports.

HEALTH INDICATOR: Immunization (Page 57-59)

The statistics for the health indicator for immunizations in Colorado and Denver are taken from the Colorado Electronic Disease Reporting System (CEDRS) and the Behavioral Risk Factor Surveillance Survey (BRFSS). The CEDRS is conducted by the Colorado Department of Public Health and Environment and are required to monitor, investigate and to control the cause of epidemic and communicable diseases that affect the health of Colorado citizens. The CDPHE must report the epidemic or communicable diseases, these may include: hepatitis, influenza, food borne illness, or other vaccine preventable disease (Colorado Department of Public Health and Environment, n.d.). The Colorado Department of Public Health and Environment (CDPHE) also administers the Colorado BRFSS. BRFSS is conducted to monitor health behaviors and preventive health practices; focusing on disease, disability and premature death. The needed statistics to update all immunization health indicators were not available so the Vaccination of Preventable Disease was not brought up to date.

Proportion of Adults Vaccinated Annually Against Influenza; 2002-2008 (Page 58)

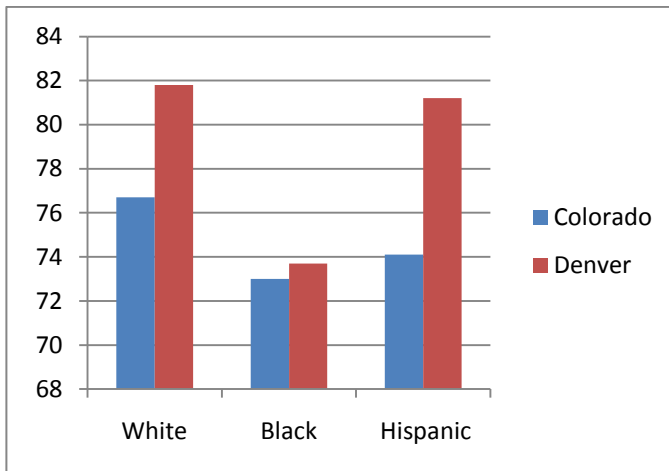


A high percentage of adults in Colorado and Denver receive an annual vaccination against influenza, however both Colorado and Denver barely fall short of reaching the HP 2010 goal. In the last seven years little change has been reported.

	2002	2003	2004	2005	2006	2007	2008
Colorado	73.3%	74.2%	78.8%	74.2%	75.9%	76.4%	77.9%
Confidence Interval	69.8-76.8%	70.2-78.1%	75.8-81.9%	71.5-77%	73.4-78.5%	74.6-78.1%	76.2-79.6%
Denver	77%	75.4%	76.7%	76.7%	81.9%	83%	80.6%
Confidence Interval	67.3-86.7%	66-84.8%	68.7-84.8%	68.6-84.8%	75.4-88.3%	78.5-87.5%	75.4-85.7%
HP 2010	90%	90%	90%	90%	90%	90%	90%

Behavioral Risk Factor Surveillance Survey, Colorado Department of Public Health and Environment

Proportion of Adults Vaccinated Annually Against Influenza by Race/Ethnicity; 2005-2008 (Page 59)

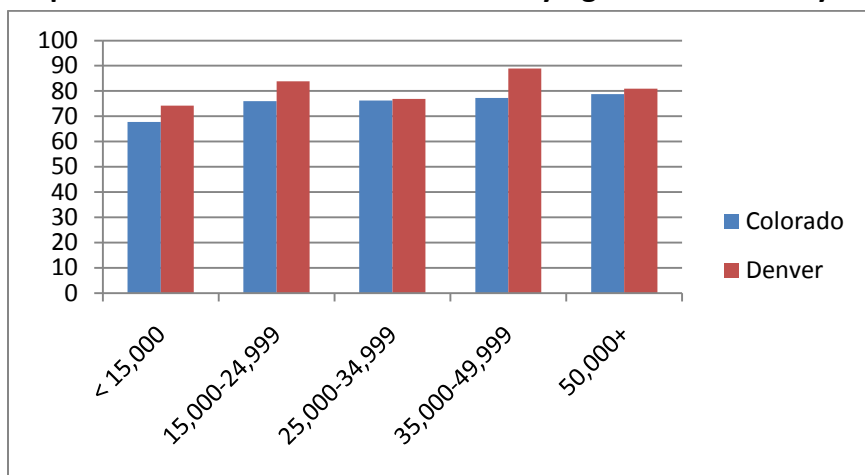


The Black subgroup is very small, having less than 50 respondents; due to the large confidence interval no substantive conclusions can be drawn from the data.

	White	Black	Hispanic
Colorado	76.7%	73%	74.1%
Confidence Interval	75.5-77.8%	63.5-82.5%	69.9-78.4%
Denver	81.8%	73.7%	81.2%
Confidence Interval	78.4-85.1%	61.8-85.5%	71.6-90.9%

Behavioral Risk Factor Surveillance Survey, Colorado Department of Public Health and Environment

Proportion of Adults Vaccinated Annually Against Influenza by Income; 2005-2008 (Page 59)



The rate of immunization in adults for influenza is steady across all levels of income.

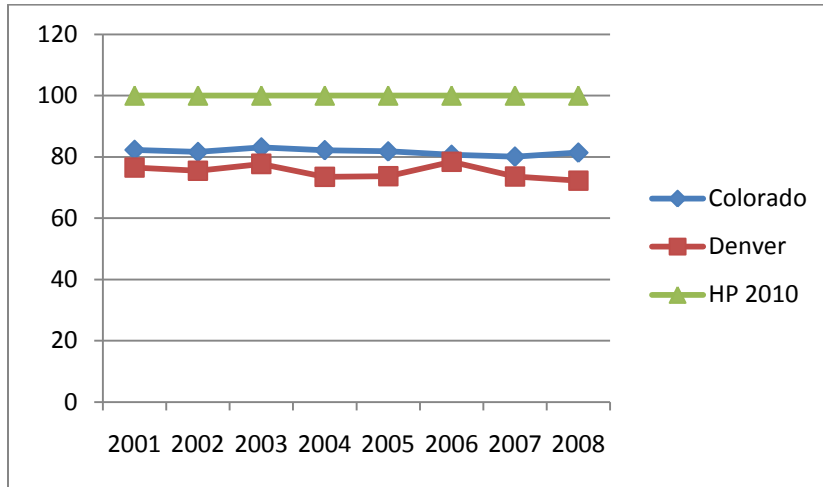
	< 15,000	15,000-24,999	25,000-34,999	35,000-49,999	50,000+
Colorado	67.8%	76%	76.3%	77.3%	78.8%
Confidence Interval	64-71.5%	73.5-78.6%	73.3-79.3%	74.3-80.2%	76.6-80.9%
Denver	74.2%	83.9%	76.9%	88.9%	80.9%
Confidence Interval	64.1-84.4%	77.8-90%	68.3-85.4%	83.2-94.6%	74.1-87.7%

Behavioral Risk Factor Surveillance Survey, Colorado Department of Public Health and Environment

HEALTH INDICATOR: Access to Health Care Coverage (Page 60-62)

The statistics for the health indicator access to health care coverage in Colorado and Denver are taken from the Behavioral Risk Factor Surveillance Survey (BRFSS). The Colorado Department of Public Health and Environment (CDPHE) administers the Colorado BRFSS which is used to monitor health behaviors and preventive health practices; focusing on disease, disability and premature death which are affected by access to health care.

Access to Health Care Coverage; 2005-2008 (Page 61)

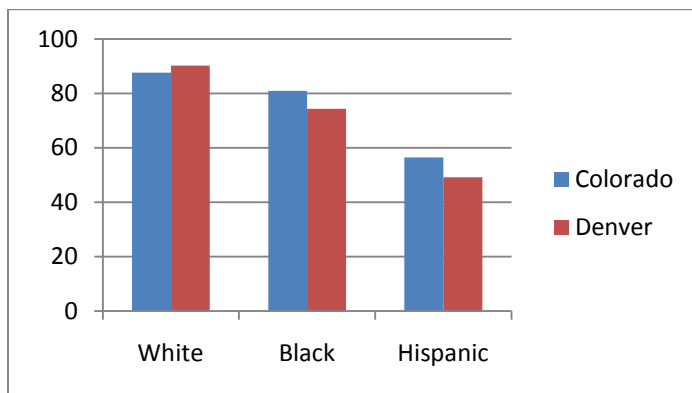


Both Colorado and Denver fall short in reaching the HP 2010 goal of universal access to health care coverage. The data shows that little change has occurred in Denver or Colorado in the last eight years

	2001	2002	2003	2004	2005	2006	2007	2008
Colorado	82.3%	81.6%	83.1%	82.2%	81.8%	80.7%	80.1%	81.4%
Confidence Interval	80.1-84.5%	80-83.2%	81.5-84.7%	80.5-83.8%	80.4-83.3%	79.2-82.2%	78.9-81.4%	80.1-82.7%
Denver	76.5%	75.5%	77.7%	73.5%	73.7%	78.4%	73.6%	72.2%
Confidence Interval	69.6-83.4%	69.7-81.3%	72-83.5%	67.8-79.3%	68.3-79.2%	72.9-83.8%	69-78.2%	67.7-76.8%
HP 2010	100%	100%	100%	100%	100%	100%	100%	100%

Behavioral Risk Factor Surveillance Survey, Colorado Department of Public Health and Environment

Access to Health Care Coverage by Race/Ethnicity; 2005-2008 (Page 61)

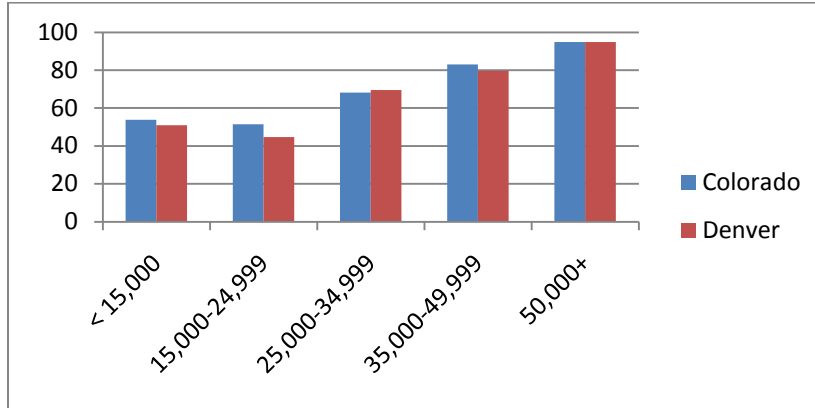


The statistics for healthcare coverage in Colorado and Denver show that minorities are less likely to have access to health care. Hispanics have significantly lower access to healthcare coverage than Blacks.

Behavioral Risk Factor Surveillance Survey, Colorado Department of Public Health and Environment

	White	Black	Hispanic
Colorado	87.6%	80.9%	56.5%
Confidence Interval	86.9-88.2%	76.6-85.2%	54.4-58.7%
Denver	80.9%	74.3%	49.2%
Confidence Interval	88.3-92.1%	66.5-82%	43.9-54.5%

Access to Health Care Coverage by Income; 2005-2008 (Page 61)

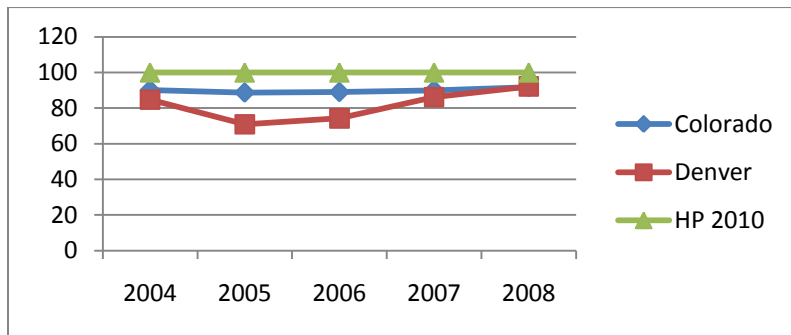


The likelihood that an individual will have access to health care coverage increases with income level.

	< 15,000	15,000-24,999	25,000-34,999	35,000-49,999	50,000+
Colorado	53.9%	51.5%	68.1%	83.1%	94.9%
Confidence Interval	50.2-57.6%	48.9-54%	65.5-70.7%	81.5-84.8%	94.3-95.4%
Denver	51%	44.7%	69.5%	79.7%	94.9%
Confidence Interval	42.2-59.8%	37.8-51.5%	61.7-77.3%	73.1-86.3%	92.6-97.1%

Behavioral Risk Factor Surveillance Survey, Colorado Department of Public Health and Environment

Access to Health Care Coverage, Children 2-14; 2004-2008 (Page 62)



Neither Colorado nor Denver meets the HP 2010 goal of 100% health care coverage. As a whole, about 90% of Colorado children and about 84% of Denver children are reported to have coverage. There is no significant difference in health care access for children from 2004-2008.

	2004	2005	2006	2007	2008
Colorado	90.1%	88.7%	89%	90%	91.8%
Confidence Interval	87.18-93.07%	86-91.43%	86.24-91.78%	88.3-91.8%	90-93.5%
Denver	84.7%	70.9%	74.2%	86.2%	92.16%
Confidence Interval	75.4-94.07%	57.67-84.23%	58.78-89.53%	78.9-93.4%	87.4-96.8%
HP 2010	100%	100%	100%	100%	100%

Behavioral Risk Factor Surveillance Survey, Colorado Department of Public Health and Environment

RECOMMENDATIONS

The following recommendations are based on improving the Denver Healthy People Report, as well as, expanding the report's current scope and function.

- The Denver Department of Environmental Health's Denver Healthy People Report's goal is currently surveillance. The report serves as a tool that contains the most valid and current health data for key indicators of health in Denver, Colorado. Currently, the Denver HP report closely follows the HP 2010 goals and objectives and does not include many health indicators that deal with the unique environmental factors or specific needs of Denver. These environmental factors can include natural factors such as clean air and water (Brownson, Haire-Joshu, & Luke, 2006). Other factors that can be included are those that affect living conditions; such as, transportation, sanitation, housing, access to green space and other urban planning issues (Navarro, et al., 2007). With income and education serving as key influences in determining health disparities; high school dropout rates, children on free and reduced lunch plans, children receiving special education services, rates of families and children that live in poverty, unemployment rates, and food stamp utilization should also be tracked. In 2009 the Colorado BRFSS report added 17 new health indicators; these new indicators will address some of the areas that need improvement. However, the data sources that are used in the Denver HP report also need to be strengthened. The current surveys and data sources used in Colorado have a small sample size which leads to inconclusive results. The current Colorado data collection process needs to be extended to a larger population within Colorado to gain stronger, more significant data. In addition to

strengthening the existing data sources, new data resources should be used to improve the quality of data available for the HP Report, two of these potential data sources include: National Birth Defects Prevention Network (NBDPN) which maintains a national birth defects reporting, and the Youth Risk Behavior Surveillance System (YRBSS), which tracks risky behaviors among youth (Environmental Public Health Indicators Project, 2006).

- The utility of the Denver Healthy People Report should be expanded to empower the community to make healthy choices. The data report should take steps to increase awareness of the impact of chronic diseases, to create collaboration among health service organizations, and to build community support in neighborhoods widely affected by health disparities. The report can be used as a tool to identify the greatest health needs in Denver, and once determined, programs can be created to address and improve the communities health needs.

CONCLUSION

The statistical information that was gathered and analyzed shows that Denver and the State of Colorado are in need of further work to achieve the Healthy People 2010 Goals. In the majority of the HP 2010 indicators Colorado and Denver fall below the set goals. The areas that Denver exceeds the HP 2010 goals include: adults engaging in physical activity, adults reporting a healthy body weight, the Colorado birth rate for teen mothers, and the rate of mothers who initiate breastfeeding in Denver and Colorado. The areas that Denver and Colorado needs to improve include: childhood obesity, adult smokers, binge drinking, the Denver birth rate for

teen mothers, the number of unintended pregnancies, low birth rates, and access to health care coverage.

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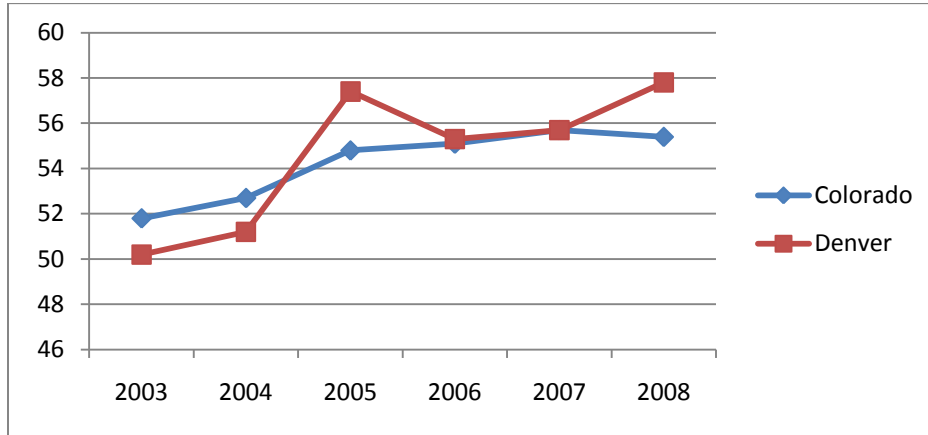
Appendices

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- I. Additional Statistics Not Used in the Health People 2008 Report
- II. Demonstration of Course Concepts

I. Additional Statistics Not Used in the Health People 2008 Report

Weight Status (BMI) for Adults that are overweight or obese; 2003-2008

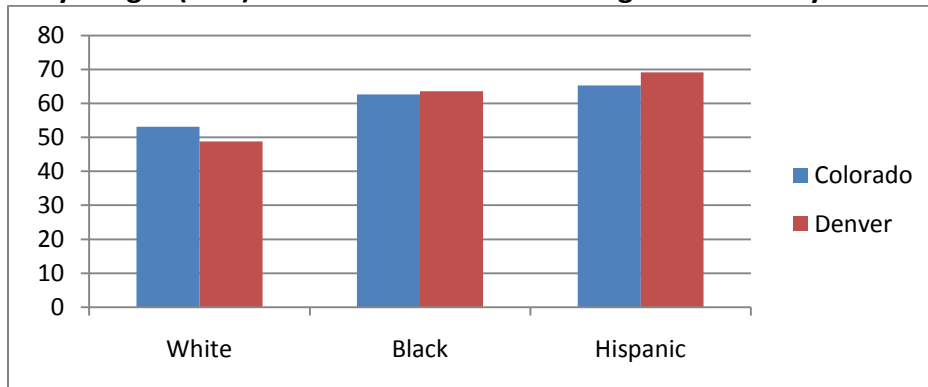


The rate of overweight adults has increased in both Colorado and Denver.

	2003	2004	2005	2006	2007	2008
Colorado	51.8	52.7	54.8	55.1	55.7	55.4
Denver	50.2	51.2	57.4	55.3	55.7	57.8

Behavioral Risk Factor Surveillance Survey, Colorado Department of Public Health and Environment

Body weight (BMI) for Adults that are overweight or obese by race ethnicity; 2005-2008

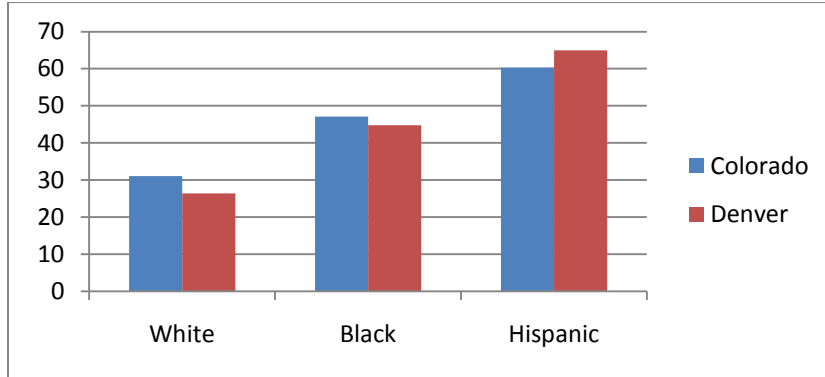


Blacks and Hispanics have a higher rate of being overweight /obese.

	White	Black	Hispanic
Colorado	53.1%	62.6%	65.3%
Denver	48.8%	63.6%	69.1%

Behavioral Risk Factor Surveillance Survey, Colorado Department of Public Health and Environment

Overall health status of good, fair or poor health by race/ ethnicity; 2005- 2008

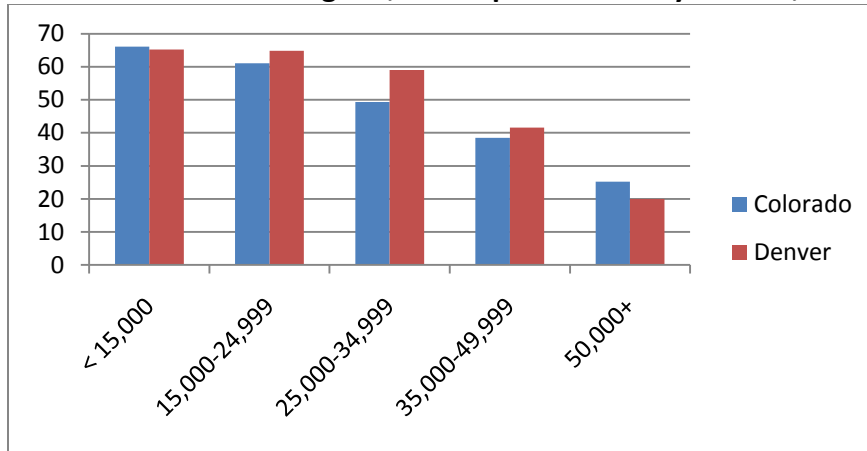


The percentage of those in good, fair or poor health is highest among minorities.

	Colorado	Denver
White	31.1%	26.4%
Black	47.1%	44.8%
Hispanic	60.3%	65%

Behavioral Risk Factor Surveillance Survey, Colorado Department of Public Health and Environment

Overall health status of good, fair or poor health by income; 2005- 2008

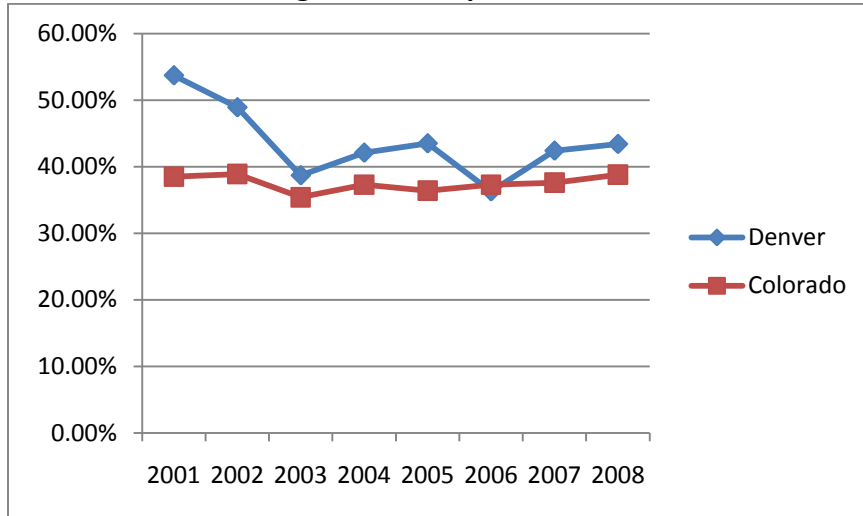


The percentage of individuals in good, fair or poor health declines as income increases.

	< 15,000	15,000-24,999	25,000-34,999	35,000-49,999	50,000+
Colorado	66.1%	61%	49.3%	38.5%	25.2%
Denver	65.2%	64.8%	59%	41.6%	20%

Behavioral Risk Factor Surveillance Survey, Colorado Department of Public Health and Environment

Overall health status, good, fair or poor health; 2001- 2008



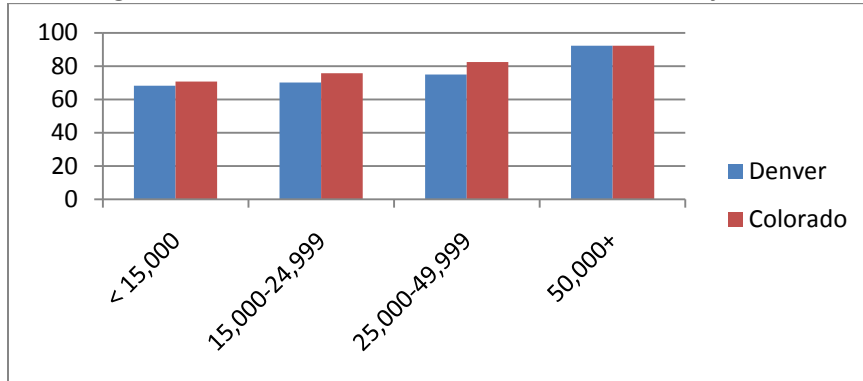
The percentage of Denver residents who are in good, fair or poor health have dropped since 2001.

	2001	2002	2003	2004	2005	2006	2007	2008
Denver	53.7%	48.9%	38.7%	42.1%	43.5%	36.3%	42.4%	43.4%
Colorado	38.5%	38.9%	35.4%	37.3%	36.4%	37.3%	37.6%	38.8%

Behavioral Risk Factor Surveillance Survey, Colorado Department of Public Health and Environment

MATERNAL AND CHILD HEALTH

Percentage of Mothers that received first trimester care by income; 2004-2008

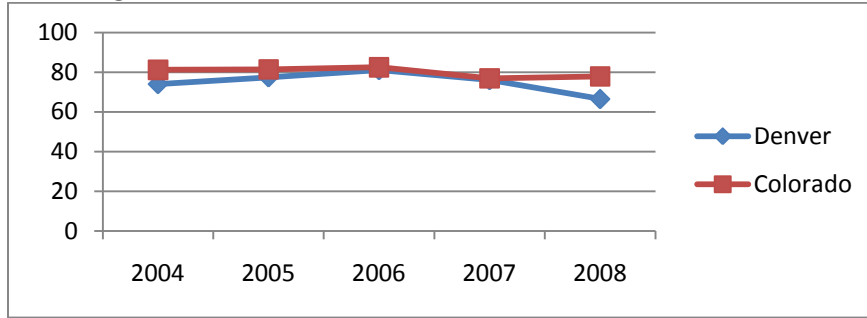


The percentage of mothers that received first trimester care increases with income.

	< 15,000	15,000-24,999	25,000-49,999	50,000+
Colorado	70.75%	75.71%	82.42%	92.16%
Denver	68.2%	70.11%	74.89%	92.17%

Pregnancy Risk Assessment and Monitoring System, Colorado Department of Public Health and Environment

Percentage of Mothers that received first trimester care; 2004-2008

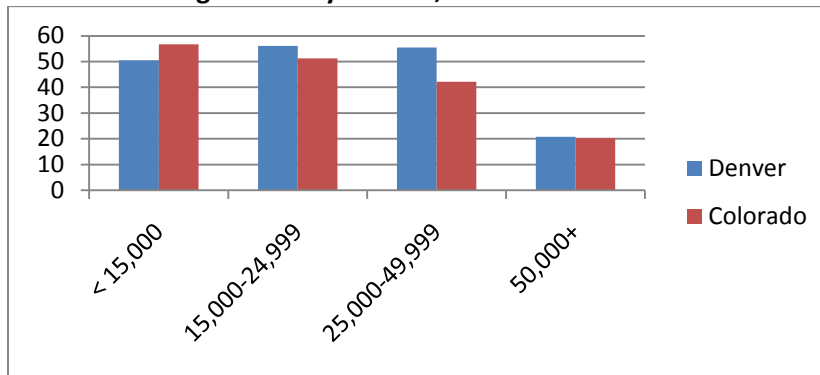


The percentage of mothers who received first trimester care is similar in Colorado and Denver.

	2004	2005	2006	2007	2008
Denver	74.04%	77.43%	81.05%	76.04%	66.51%
Colorado	81.16%	81.35%	82.45%	76.93%	77.82%

Pregnancy Risk Assessment and Monitoring System, Colorado Department of Public Health and Environment

Unintended Pregnancies by income; 2004-2008

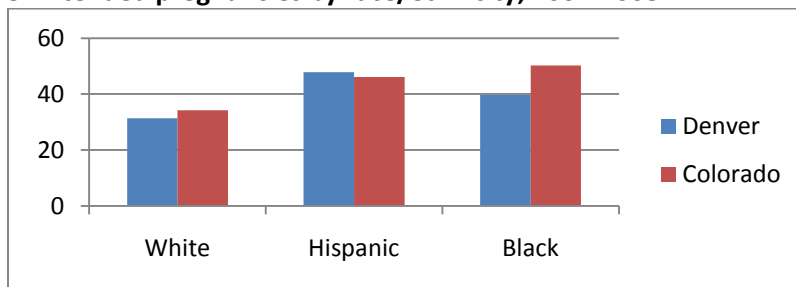


Unintended pregnancies decrease as an individual's income increases.

	< 15,000	15,000-24,999	25,000-49,999	50,000+
Colorado	56.7%	51.24%	42.16%	20.31%
Denver	50.54%	56.08%	55.41%	20.77%

Birth Statistics, Colorado Department of Public Health and Environment.

Unintended pregnancies by race/ethnicity; 2004-2008



Minorities have a higher rate of unintended pregnancies.

	White	Black	Hispanic
Colorado	34.22%	46.1%	50.26%
Denver	31.29%	47.77%	39.66%

Birth Statistics, Colorado Department of Public Health and Environment.

II. Demonstration of Course Concepts

The following courses at the University of Colorado – Denver School of Public Affairs prepared and guided the completion of my capstone project:

Research and Analytical Methods

This course was helpful in working on several components of the capstone. This course was one of the two courses that required a literature review. I found the instruction that was provided on the structure and use of the literature review to be beneficial in working on that component of the capstone. In addition to the literature review, I found the guidance in analyzing and interpreting statistics. I found the background that was given in this course to be of assistance in completing my capstone project.

Policy Process and Democracy

In this course we learned about policy research and design. In this course we completed a content analysis assignment. This assignment required statistical analysis and then creating graphs and charts to illustrate our findings. The skills I learned in this class were extremely beneficial in creating the graphs for the HP 2010 statistics.