

# **DENVER HEALTHY PEOPLE 2010---WHAT WE KNOW**

**A report on survey responses**

**For**

**Stacey McConlogue, M.P.H.  
Department of Environmental Health**

**By**

**Julie Carnahan, Ph.D.**

**Spring 2002**

## **Table of Contents**

	<b><u>Page</u></b>
<b>Denver Healthy People 2010</b>	
Analysis of Survey Responses	2
Recommendations for Denver HP2010	4
<b>Appendix A: Synopsis of Survey Responses</b>	6

# **Denver Healthy People 2010 Analysis of Survey Responses**

## **Number of Respondents**

There were 85 completed surveys generated from the Denver HP 2010 Report and the Denver HP 2010 Executive Summary. Sixty-two surveys were completed by people who read the Executive Summary and twenty-three surveys were completed by people who read the full Denver HP 2010 report.

## **Work Background**

The majority of individuals who completed the surveys came from education, public health, government, and the non-profit sector. Other respondents represented the private sector, medicine, retail, self-employed and other.

## **Ethnicity/Race**

Out of the eighty-five respondents, 48% were Caucasian/White/Anglo/Non-Hispanic, 16% were Black/African American, 15% were Hispanic/Latino, 4.7% were Multiracial, 2% were American Indian or Alaska Native, 1% were Asian or Pacific Islander, and 1% were of the Human Race.

## **Age Of Respondents**

Out of the 85 respondents no one was under 21; 15% were between the ages of 21 to 30; 20% were between the ages of 31 to 40; 35% were between the ages of 41 to 50; 20% were between the ages of 51 to 60; 4.7% were between the ages of 61 to 70; and 4.7% did not indicate their age.

## **Sex of Respondents**

Out of the eighty-five respondents, 69% were female, 20% were male, and 10.6% did not indicate their sex.

## **Top Health Concerns for Denver Residents**

Respondents from both surveys indicated that child poverty, drug abuse, poverty, and limited education, are top health care concerns for Denver residents. Respondents who completed the full report survey also indicated that unemployment, health care access, and alcoholism were top concerns. Respondents who completed the Executive Summary survey indicated that child abuse, lack of prenatal care, and overweight were issues of top concern for Denver residents.

## **Support Denver Healthy People 2010 Goals**

Out of the 85 respondents, 74% supported the goals for Denver Healthy People 2010, 1% did not support the goals because they did not specifically include health care for undocumented residents, and 24.7% did not respond to the question.

## **Respondents Awareness of Ongoing Health Initiatives and Studies**

The twenty-three respondents who completed the Denver HP 2010 full report survey were asked to indicate their knowledge of ongoing studies or initiatives that relate to 1) the goals of Denver HP 2010 2) health issues/concerns of Denver residents 3) and reducing health disparities.

The respondents generated over seventy examples of ongoing studies and initiatives relating to the goals, health concerns, and health disparities. These included in full in "Survey Responses for the Denver HP 2010 Report".

### **How Much Was Learned**

Respondents of both surveys were asked to indicate how much they learned about health promotion and health issues affecting Denver residents?

Forty respondents indicated that they learned a lot. Fourteen respondents learned an average amount. Fifteen respondents indicated they learned a little. Seventeen respondents did not answer the question.

### **Respondents Priorities for Improving the Health of the People of Denver**

Respondents of both surveys were asked to indicate three important things for improving the health of the people of Denver and also to indicate what in the report they felt strongly about. Over 200 responses were elicited from the 85 respondents. A qualitative analysis identified the following salient themes from the 200 responses.

#### Salient Themes from the Denver Healthy People 2010 Surveys

##### *Access to health care*

Respondents of both surveys talked about access to health care. By access respondents suggested that health care be available and affordable. Health care access included health promotion, health prevention, mental health, dental health etc. Respondents identified additional access needs such as low cost health insurance; and subsidized programs for smoking cessation and alcohol/drug treatment programs.

##### *Education*

The education theme was not tied to formal education offered by educators but rather health practitioners providing more education to the public on various health issues.

Respondents indicated the need for more education in the area of **health promotion** such as, how to live healthier lives, why exercise is important, why nutrition is important, and how to reduce stress. Respondents also cited the need for more education on **disease prevention** such as the need for public service announcements on preventing disease or illness. Many respondents used the terms health promotion and disease prevention interchangeably not aware of the distinction made by health practitioners.

Respondents also cited the need to provide health care advocates in schools. There was also a consistent theme that suggested people needed to have a better understanding of the root causes of poor health in order to make changes for improving their lives. When mentioning root causes, respondents included social, physical, psychological and environmental issues. (How the environment causes poor health). Respondents also indicated the need for the community to be educated about **health care** options such as insurance, health care facilities, resources, and programs.

### *Health promotion*

A number of respondents commented on the need to realign the expenditures in the health field based on the assumption that the more resources spent on health promotion would result in fewer resources needed for medical care. There was also emphasis on the need to *use more multi-dimensional approaches that address economic, social and physical environments as well as behavioral change.*

A number of respondents felt like a better job needed to be done with understanding and addressing the root causes of poor health. Along with this need was the recognition that the City of Denver needed better data systems for doing health surveillance. This need included systems that could be shared by different providers and more studies on neighborhoods so that better comparisons could be made across the city.

### *Collaboration and infrastructure*

A number of respondents commented on the need to improve the infrastructure, collaboration, communication, and synergy between those working to improve the health of Denver, including traditional and non-traditional health providers.

### **Gaps and Other Comments on the Report**

Respondents were asked to identify gaps in the Denver HP 2010 report and to make other comments about the report. There were approximately twelve responses. These responses were analyzed and incorporated into the section entitled "Recommendations on Denver HP 2010".

#### Recommendations on DENVER HP 2010

The recommendations are based on comments from the survey respondents. The recommendations include technical and content changes for the report, and broader comments that suggest a direction for Denver HP 2010.

- 1) There was some confusion about the description of risky behaviors and how individuals who engage in this type of behavior impact health. This section should be explained more thoroughly.
- 2) A few respondents talked about conflicting data from different studies that took place in the City and County of Denver. The report should include a footnote which addresses how this happens in public health, and other fields (economic research, social science research, public policy research) when different populations are surveyed, at different geographical locations, at different time frames, with different questions asked etc. (This is especially important for members of the general public who may not be familiar with public health studies.).
- 3) One respondent suggested that the report did not address the issue of social justice. While there are many references to how poverty, limited education, and unemployment affect access to health care, perhaps more could be said.
- 4) The comparison of City and County of Denver health statistics to other cities would have more impact if those cities were identified.

- 5) One respondent commented that some data was out of date because a more recent study had been released. A footnote should be added to the report acknowledging that at the date of publication the most recent studies available were used and every two years (or every year, or every three years?) the report will be revised to incorporate more recent studies.
- 6) There are some sections in the chapter on gaps & resources that are redundant because the information is included elsewhere in the report. This chapter is important as the place to discuss the lack of a comprehensive inventory on 1) what health studies exist on City of Denver people and 2) what health resources are available for City of Denver people.
- 7) The recommendations at the end of Denver HP 2010 are all good recommendations, although too general to take Denver HP 2010 to the next stage. The information in the report, combined with the survey responses, and the input of the Denver HP 2010 committee all give rise to the next step for Denver HP 2010 (See next recommendation).
- 8) A smaller more streamlined report (created from the current report) would be useful for potential supporters, funders, city leaders, and legislators.  
This report should do the following:
  - a. Build the report around Mayor Webb's quote, " Denver ...the healthiest city"
  - b. Indicate where/why Denver is not healthy compared with other cities (motor vehicle crashes, prenatal care/low birth rate/infant deaths, and suicide) or not healthy compared with the nation (suicide, low birth rate, and drug abuse).
  - c. Develop an action plan tying in the salient themes from the DENVER HP 2010 surveys (such as educating the community about health promotion, prevention, and health care in these areas) and based on the areas outlined in the report pertaining to infrastructure, assessment, and intervention.
  - d. Include partners from other city departments, non-profits agencies, and state agencies, private corporations where there is an overlapping mission on the health concern.
  - e. The streamline report should be no longer than an executive summary. It does not need to include gaps, resources, or information that doesn't compare the City of Denver with other cities, or the nation. In other words, information comparing the metropolitan region to the nation; or the State of Colorado to the nation is extraneous for this purpose.
  - f. The streamline report should define the problem for the reader, describe alternatives for fixing the problem (and what resources will be needed), recommend the best alternative, and describe how the solution will be implemented.
- 9) The full Denver HP 2010 in its current form should be used for health care, social service, government, and education professionals who can use the information within their work.

## APPENDIX A: Denver HP2010 Synopsis of Survey Responses

<b>Full Report Survey</b>	(23)	<b>Executive Summary Survey</b>	(62)
<b>Work background</b>		<b>Work background</b>	
I work in public health	6	I work in public health	11
I work in the medical field	1	I work in the medical field	1
I work in government	5	I work in government	15
I work in education	3	I work in education	33
I work for a non-profit agency	8	I work for a non-profit agency	10
I work for a private corporation	2	I work for a private corporation	3
I work in the retail field		I work in the retail field	2
I am self-employed	1	I am self-employed	1
I work at home		I work at home	
Other	1	Other	
<b>Ethnicity/Race</b>		<b>Ethnicity/Race</b>	
American Indian/Alaska Native	1	American Indian/Alaska Native	1
Asian or Pacific Islander	1	Asian or Pacific Islander	
Hispanic/Latino	2	Hispanic/Latino	12
Black/African American	5	Black/African American	9
Caucasian/White/Anglo	12	Caucasian/White/Anglo/	29
Multiracial	1	Multiracial	3
Human Race		Human Race	1
<b>Age of respondents</b>		<b>Age of respondents</b>	
Under 21	0	Under 21	0
21-30	1	21-30	11
31-40	3	31-40	13
41-50	9	41-50	21
51-60	4	51-60	13
61-70	1	61-70	3
Over 70		Over 70	
<b>Sex of respondents</b>		<b>Sex of respondents</b>	
Female	13	Female	46
Male	6	Male	11
<b>Top health concerns for Denver residents</b>			
Child Poverty		Child Poverty	
Unemployment		Child Abuse	
Health Care Access		Poverty	
Alcoholism		Drug Abuse	
Drug Abuse		Lack of Prenatal Care	
Limited Education		Limited Education	
Poverty		Overweight	
<b>Support Denver Healthy People 2010 Goals</b>			
Yes	__19__	No	__0__
Yes		Yes	__44__
		No	__1__

## **Salient themes from the Denver Healthy People 2010 surveys**

### **ACCESS TO HEALTH CARE**

*Provide low cost health care to low-income families.*

### **EDUCATION**

*Increase education and community awareness.*

### **HEALTH PROMOTION**

*Put resources in activities that promote health.*

*Address root causes of poor health.*

### **COLLABORATION**

*Improve collaboration, communication, and synergy between those working to improve the health of Denver, including traditional and non-traditional health providers.*

### **SURVEILLANCE**

*Build better data systems to capture all Denver's health data from public and private sources.*

### **MULTI-DIMENSIONAL APPROACHES**

*Use strategies that address economic, social and physical environments as well as behavioral change.*