

*First Annual Report on the Health of Denver's
People and Environment*

**Denver Department of Environmental Health
Denver Board of Environmental Health**

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INTRODUCTION

The Denver Department of Environmental Health and the Board of Environmental Health, Denver's local health department and local board of health, are pleased to provide the first *Annual Report on the Health of Denver's People and Environment*.

This report provides a brief overview of select health data for the City and County of Denver, the Denver Metropolitan Area, Colorado, and the United States. (The Denver Metropolitan Area includes Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, and Jefferson counties.). It is organized according to the framework provided by the Healthy People 2010 initiative (HP2010) of the U.S. Department of Health and Human Services. The HP2010 initiative identifies ten major indicator areas that require attention in order to improve health nationally over the next decade, including: Access to Quality Care, Environmental Quality, Immunization, Injury and Violence, Mental Health, Overweight and Obesity, Physical Activity, Responsible Sexual Behavior, Substance Use, and Tobacco Use.(1)

Local experts recommended reporting on the particular objectives listed in each of the ten areas in this report. Each of the ten indicator areas is summarized here, along with those recommended objectives that can be used to measure progress toward targeted improvements. Whenever possible, data for each objective is given comparing the City and County of Denver, the Denver Metropolitan Area, Colorado, and the United States as a whole, along with any national or local targets available.

The objectives included in this report represent only a small portion of the complete list of objectives recommended by HP2010 and local experts, and may not be the only appropriate measures for monitoring local progress in each area. However, they do help provide a baseline snapshot of health in Denver, and may serve to highlight priority areas for further data collection, analysis, and intervention.

As Denver's own Healthy People 2010 coalition involves the broader community this year, additional priority areas, objectives, and goals will be determined for Denver, and related measures added to future reports. Additional analysis of existing citywide data and community-specific data will be conducted and reported to the public.

Our goal is to report on data related to the health priorities of Denver as a whole, and of communities based on race/ethnicity, gender, age, sexual orientation, disability, and neighborhoods. Currently, there are many gaps in data, not only for these communities, but also at the city level. The report aims to draw attention to these data gaps, and point to areas that could use more intensive surveillance or sharing of information.

We hope that the availability of this information as an annual report card will enhance Denver's focus on our critical public health issues. We want to catalyze our residents, businesses, elected officials, and institutions to identify priorities and develop solutions through changes in policies, programs, and individual behaviors.

BACKGROUND

According to the 2000 Census reports, Denver has reached a population of 554,636, an all time high for Denver. White non-Hispanics make up 51.9% of the population, Blacks 10.8%, Asians 2.7%, and American Indians 0.7%. Almost 32% of Denver residents are Hispanic. Twenty-two (22%) of our population was under age 18 in 2000.(2)

Even though residents of the Denver Metropolitan Area are generally healthier than the overall U.S. population, the City and County of Denver by itself has many more health problems than the Denver Metropolitan Area, Colorado, or the U.S. Compared to other large cities across the country, Denver rates better in overall deaths, cancer deaths, and heart disease deaths, but worse in suicide, car crash deaths, prenatal care, and low birth weight babies.(3) Improvement is needed in many areas, including suicide, accidental injury, motor vehicle crashes, low birth weight babies, lack of prenatal care, asthma, firearm safety, child vaccinations, child poverty, child abuse, diabetes, heart disease, cirrhosis, alcoholism, poor nutrition, overweight, smoking, mental illness, unemployment, and health care access.(4)

With respect to Denver's physical environment, the Denver Metropolitan Area is now meeting the federal ambient air quality standards for carbon monoxide, ozone, and PM10 (particulate matter less than ten microns in size). However, there are numerous toxic air pollutants for which there are no ambient air standards that increase the potential for cancer, respiratory irritation, nervous system problems, and birth defects in Denver neighborhoods. And, although numerous efforts are underway to clean up our rivers and streams, contaminated groundwater plumes, and Superfund sites, more work is needed.

DENVER HEALTHY PEOPLE 2010

In 2001, Denver established the Denver Health People 2010 Initiative (Denver HP2010), which is a coalition composed of participants from dozens of community organizations, government agencies, and interested individuals. Denver HP2010 is using the national HP2010 framework and has adopted the two overriding national goals: **1)** increase life expectancy and improve the quality of life of all residents; and **2)** eliminate health disparities among all segments of the population (including those that may occur by gender, race, ethnicity, education, income, disability, or sexual orientation).

Both the national Healthy People 2010 plan and Denver HP2010 aim to promote health, and to prevent sickness, disability, and early death. The Denver HP2010 coalition will lead an effort to determine citywide and community-specific health priorities and targets for 2010. The Department of Environmental Health will ensure that progress is monitored and reported through the annual report and other public activities. The department will measure how Denver residents are doing in terms of health improvement and compare Denver's health with other places across the United States.

An underlying premise of Healthy People 2010 is that the health of the individual is virtually inseparable from the health of the larger community. Thus, the factors that determine health include not only choices made by individuals, but also their social and physical environment. For example, factors such as poverty and stress may lead to mental health problems that in turn may lead to violence or injury. Research shows that addressing environmental factors that impact health can be more important to improving health than focusing exclusively on individual behavioral change or better medical care. In fact, differences in rates of

risky health behaviors account for only 10 to 25 percent of the health differences that exist between low and higher income groups. Other factors related to poverty account for most of the remaining health differences.

In order to prevent disease and early death, therefore, it is extremely important to better identify and understand these underlying factors that impact health, and work to address them with local partners and the community. The Denver HP2010 coalition recognizes that we need to take a multidisciplinary approach to achieving health equity - an approach that involves collaborative and preventive efforts for improving health, and that addresses a broader range of conditions that impact health such as education, housing, employment, income, discrimination, and the physical environment.

HEALTH STATUS INDICATORS

Access to Quality Health Care

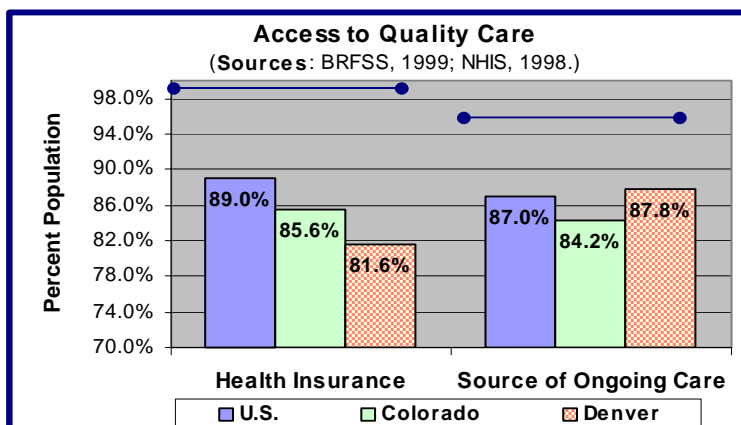
Although health care alone accounts for only about 10% of health improvements in the United States, it is still a critical component of our public health system, and a key way in which people can both prevent and treat health problems.(5) While the majority of Americans have some sort of health care, disparities still exist in terms of cost, quality, and regularity of care.

The national HP2010 goal in this area is to “improve access to comprehensive, high-quality health care services.”

(1) Recommended measures of progress toward this goal include, among others, having health insurance, a regular source of care, and use of preventive services, such as early prenatal care.

- **Objective: Increase the proportion of persons with health insurance.** (National Target: 100%; Denver Actual: 81.6%)

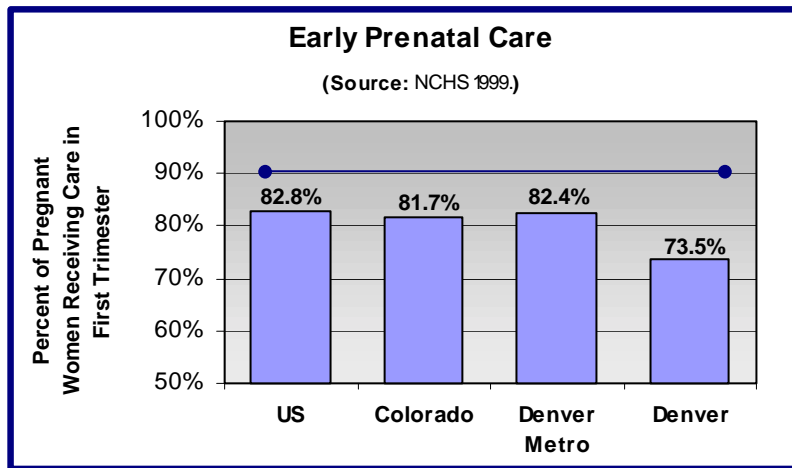
Health insurance typically provides better and more access to health care. Insured persons are more likely to have a primary care provider, and to have received preventive care such as a recent Pap test, immunization, or early prenatal care. Gaps in access to health care insurance remain for low-income people and non-U.S. citizens.(1) In 1999, 89% of all people in the United States had health insurance of some kind. During the same year, 85.6% of Coloradans, and 81.6% of Denver residents were covered.(6)



- **Objective: Increase the proportion of persons who have a source of ongoing care.** (National Target: 96%; Denver Actual: 87.8%)

People who have a source of ongoing care generally have a better chance of getting preventive care, as well as treatment if it is needed. More than 40 million Americans do not have a particular doctor’s office, clinic, or health center where they go to seek health care or related advice. Even many of those with private insurance lack a usual source of care or report difficulty in getting care due to cost or insurance restrictions.(1) As shown in the chart above, 87% of people in the United States, 84.2% of those in Colorado, and 87.8% of Denver residents had a usual source of health care in 1998.(7)

- **Objective: Increase the proportion of pregnant women who begin prenatal care in the first trimester of pregnancy. (National Target: 90%; Denver Actual: 73.5%)**



Early prenatal care (care received during the first three months of pregnancy) is critical in keeping expectant mothers and their unborn babies healthy, and can have lasting effects long after birth. In 1999, approximately 82.8 percent of pregnant women in the United States received early prenatal care. During the same year, 81.7% of pregnant women in Colorado, 82.4% of those in the Denver Metro Area, and 73.5% of those within Denver received early prenatal care.(8)

Environmental Quality

An estimated 25% of preventable illnesses worldwide can be attributed to poor quality of the physical and social environment. Physical and social environments play major roles in the health of individuals and communities. As defined by HP2010, the physical environment includes the air, water, and soil through which exposure to chemical, biological, and physical agents may occur. The social environment includes housing, transportation, urban development, land use, industry, and agriculture and results in exposures such as work-related stress, injury, and violence.(1)

The HP2010 national goal in this area is to “promote health for all through a healthy environment.”(1) Recommended measures of progress toward this goal include, among others, reductions in ozone levels and environmental or second-hand tobacco smoke, and improved water quality.

- **Objective: Reduce the proportion of persons exposed to air that does not meet the U.S. Environmental Protection Agency’s health-based standards for carbon monoxide ozone and particulates. (National Target: 0%; Denver Actual: 0%)**

In the United States, air pollution alone is estimated to be associated with 50,000 premature deaths and an estimated \$40 billion to \$50 billion in health-related costs annually. Poor air quality contributes to respiratory illness, cardiovascular disease, and cancer.(1) In 1997, approximately 43 percent of the U.S. population lived in areas that did not meet federal air quality standards for ozone.(9) Denver meets all federal ambient air quality standards for carbon monoxide, ozone, and PM10 (particulates larger than 10 microns in size).

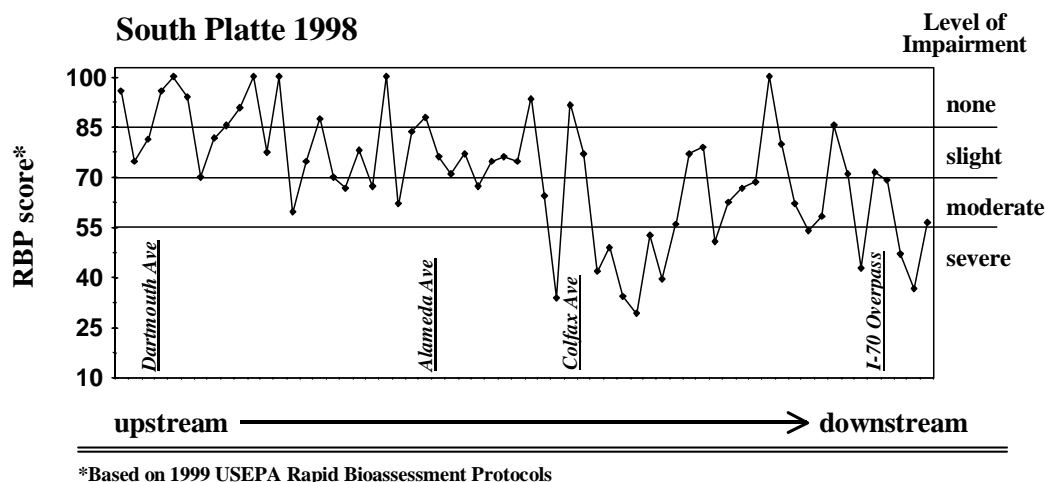
- **Objective: Reduce the proportion of nonsmokers exposed to environmental tobacco smoke. (National Target: 45%; Denver Actual: n/a)**

Secondhand smoke or environmental tobacco smoke (ETS) is a mixture of the smoke given off by the burning end of a cigarette, pipe, or cigar and the smoke exhaled from the lungs of smokers. ETS increases the risk of heart disease and significant lung conditions, especially asthma and bronchitis in children, and is responsible for an estimated 3,000 lung cancer deaths each year among adult nonsmokers.(1) During the years 1988 to 1994, 65 percent of nonsmokers across the U.S. were exposed to ETS.(10) State and local estimates of ETS exposure are not currently available. Denver’s environmental tobacco smoke regulations are more stringent than many other communities, but not as stringent as others.(11)

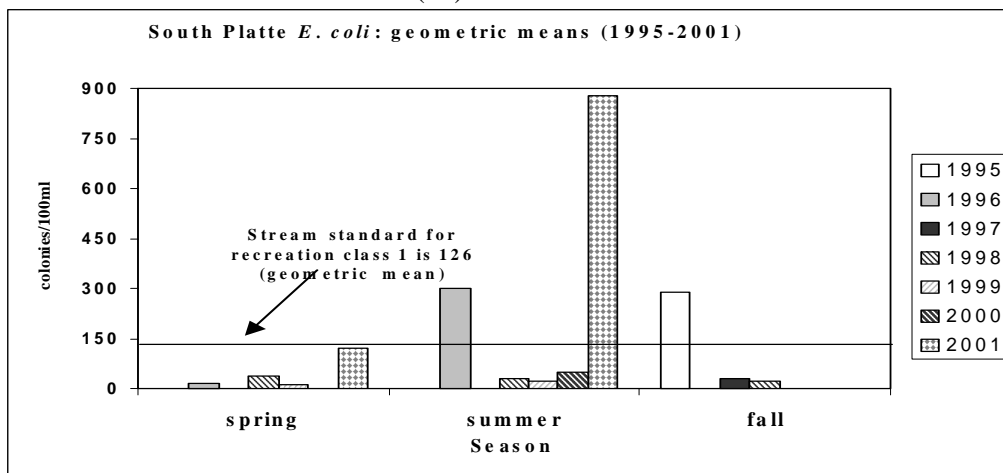
- **Objective: Increase number of assessed Denver surface water segments fully supporting all appropriate uses. (State Target:6; Denver Actual: 4)**

The U.S. Environmental Protection Agency (EPA) reported that about 40% of the Nation’s surface waters (streams, lakes, and estuaries) are too polluted for fishing, swimming, or other recreational uses. Discharging inadequately treated or inappropriate quantities of human, industrial, or agricultural wastes reduces the ability of water support the growth and harvesting of fish, and also prevents the use of water as a recreational resource.(1)

In Colorado, streams and rivers are divided into segments and each segment is determined to be either “Not Supporting” or “Fully Supporting” for uses such as supporting aquatic life, recreation and water supply. Recently, the South Platte River from Bowles Avenue in Littleton to the northern border of Denver was assessed as “Not Supporting” for the strictest aquatic life use for warm water streams, the strictest recreation use, and water supply use, and “Fully Supporting” for agricultural use. Cherry Creek, from Cherry Creek Reservoir to the confluence with the South Platte River, has been assessed as “Not Supporting” for the strictest recreational use and agricultural use, and “Fully Supporting” for a less strict aquatic life use and water supply use. (12)



In Denver, there has been ongoing lake and in-stream sampling, which includes bioassessments as well as sampling for bacteriological and chemical pollutants at storm water outfalls that empty into surface waters. To date, the sampling efforts have identified three in-stream areas impacted by pollutants entering through the groundwater, and their sources of contamination. Clean-up efforts at these sites are in various stages. The following charts summarize data for impairment levels of 62 in-stream sites and levels of the bacteria E.coli in the South Platte River from Bowles Avenue to the northern border of Denver.(13)



Note: horizontal lines represent national HP2010 targets for that objective; not all objectives have set targets.

Immunization

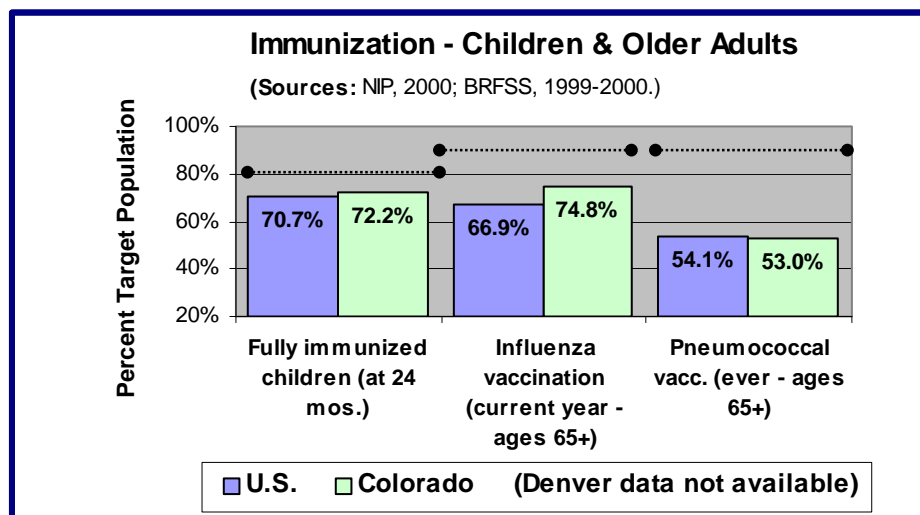
Vaccines are among the most important public health achievements of the last century. Immunizations can prevent disability and death from infectious diseases and can help control the spread of infections within communities. The HP2010 national goal in this area is to “prevent disease, disability, and death from infectious diseases, including vaccine-preventable diseases.”(1) Recommended measures of progress toward this goal include, among others, vaccination rates for young children and for adults over the age of 65.

- **Objective: Increase the proportion of young children who receive all vaccines that have been recommended for universal administration for at least 5 years. (National Target: 80%; Denver Actual: n/a)**

Children born in the United States should be receiving 12 to 16 doses of vaccine by age 2 years to be protected against vaccine-preventable childhood diseases. These include: four or more doses of diphtheria/tetanus/acellular pertussis vaccine, three or more doses of polio vaccine, one or more doses of measles/mumps/rubella vaccine, three or more doses of *Haemophilus influenzae* type b vaccine, and three or more doses of hepatitis B vaccine.(1) In 2000, 70.7% of children in the United States and 72.2% of those in Colorado received all vaccines recommended for universal administration.(14, 15). Denver data for this measure are not currently available.

- **Objective: Increase the proportion of adults aged 65 and over who are vaccinated each year against influenza and ever vaccinated against pneumococcal disease. (National Target: 90%; Denver Actual: n/a)**

Recommended immunizations for adults aged 65 years and older include a yearly immunization against influenza (the “flu shot”) and a one-time immunization against pneumococcal disease. Immunizations against influenza and pneumococcal disease can prevent serious illness and death. Pneumonia and influenza deaths together constitute the sixth leading cause of death in the United States.(1) In 1999, influenza immunization rates across the U.S. were 66.9% in adults aged 65 years and older; only 54.1% percent of people in the same age group had ever received a pneumococcal vaccine.(15) In Colorado, 74.8% in adults aged 65 years and older received a flu vaccination, and 53.0% of people in the same age group had ever received a pneumococcal vaccine.(6) Denver data for these measures are not currently available.



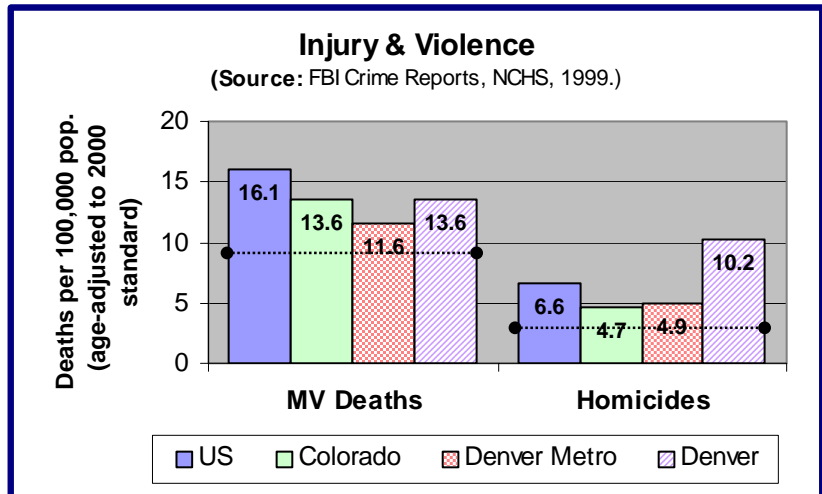
Injury & Violence

More than 400 Americans die each day from injuries due primarily to motor vehicle crashes, firearms, poisonings, suffocation, falls, fires, and drowning. The risk of injury is so great that most persons sustain a significant injury at some time during their lives. The HP2010 national goal in this area is to “reduce injuries, disabilities, and deaths due to unintentional injuries and violence.”(1) Recommended measures of progress in this area include, among others, reductions in motor vehicle crash deaths and homicides.

- **Objective: Reduce deaths caused by motor vehicle crashes.** (National Target: 9.2 deaths per 100,000 population; Denver Actual: 13.6)

Motor vehicle crashes are the most common cause of serious injury in the United States. Death rates associated with motor vehicle-traffic injuries are highest among those ages 15 to 24 years, and also for those 75 years and older.(1) In 1999, there were 16.1 deaths from motor vehicle crashes per 100,000 persons in the United States. Colorado motor vehicle deaths in 1999 numbered 13.6 per 100,000; Denver Metro Area 11.6 per 100,000; and the City and County of Denver, 13.6 motor vehicle deaths per 100,000 population.(8)

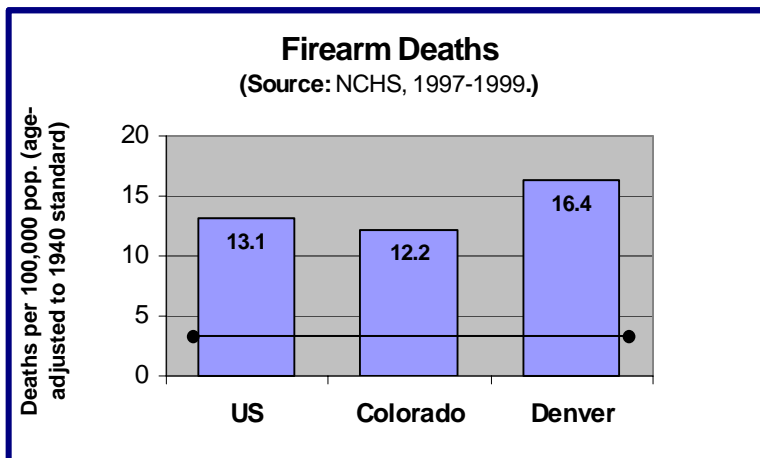
Denver has a significantly higher rate of motor vehicle crash deaths than other large cities in the U.S.(3)



- **Objective: Reduce homicides.** (National Target: 3.0 deaths per 100,000 pop.; Denver Actual: 10.2)

Because no other crime is measured as accurately and precisely, homicide tends to be a reasonably reliable indicator of violent crime. Many factors that contribute to injuries are also associated with violent and abusive behavior; among these factors are low income, discrimination, lack of education, substance use, and lack of employment opportunities.(1) As shown above, the 1999 homicide rate in the United States was 6.6 per 100,000 persons. Homicide rates for the same year were 4.7 in Colorado, 4.9 for the Denver Metro Area, and 10.2 for the City and County of Denver.(8) However, Denver currently has a lower homicide rate than 70% of other large U.S. cities.(3)

- **Objective: Reduce firearm-related deaths.** (National Target: 4.1 deaths per 100,000 population; Denver Actual: 16.4)



The increase in the total U.S. homicide rate from 1979 through 1993 resulted solely from increases in firearm-related homicides. But deaths are only part of the problem. For each person killed by a gunshot wound in the U.S. in 1997, approximately 2 more were treated for nonfatal injuries.(1) In 1997, the rate of firearm related deaths in the U.S. was 13.1 per 100,000 population. The rate for Colorado during that year was 12.2, and for Denver 16.4.(16)

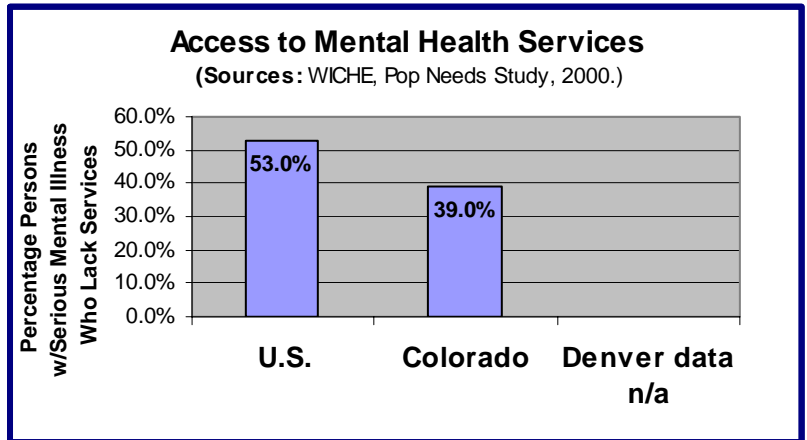
Mental Health

Mental health is sometimes thought of as simply the absence of mental illness, but it is actually much broader. HP2010 defines mental health as “a state of successful mental functioning, resulting in productive activities, fulfilling relationships, and the ability to adapt to change and cope with adversity.” Mental well-being is indispensable to personal well-being, family and interpersonal relationships, and one’s contribution to society.(1)

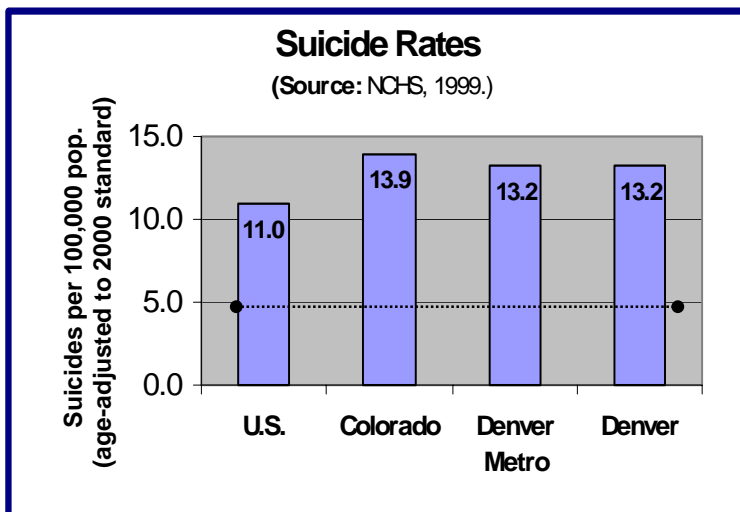
The HP2010 national goal in this area is to “improve mental health and ensure access to appropriate, quality mental health services.”(1) Recommended measures of progress in this area include, among others, increased numbers of people receiving mental health services that need them, and a reduced prevalence of suicides.

- **Objective: Increase the number of seriously mentally ill individuals provided with mental health services.** (National Target: n/a; Denver Actual: n/a)

Approximately 24% of the U.S. population is affected by mental illness during a given year.(11) Of all mental illnesses, depression is the most common disorder; yet, only 15 percent of adults with depression received treatment in 1999.(17) During 2000, approximately 53.0% of U.S. adults with serious mental illness (including depression), and 39.0% of those with serious mental illness in Colorado did not have access to mental health services.(19) Denver data for this measure are not currently available.



- **Objective: Reduce the suicide rate.** (National Target: 5.0 suicides per 100,000 population; Denver Actual: 13.2)



Suicide can be prevented in many cases by early recognition and treatment of mental health problems.(1) Major depression is the leading cause of disability and is the cause of more than two-thirds of suicides each year.(20) In 1999, 11.0 suicides per 100,000 population occurred in the United States. Suicide rates during the same year were 13.9 per 100,000 population for Colorado, 13.2 per 100,000 population for the Denver Metro Area, and 13.2 for the City and County of Denver.(8) In 1998, 70% of large U.S. cities had lower suicide rates than Denver.(3)

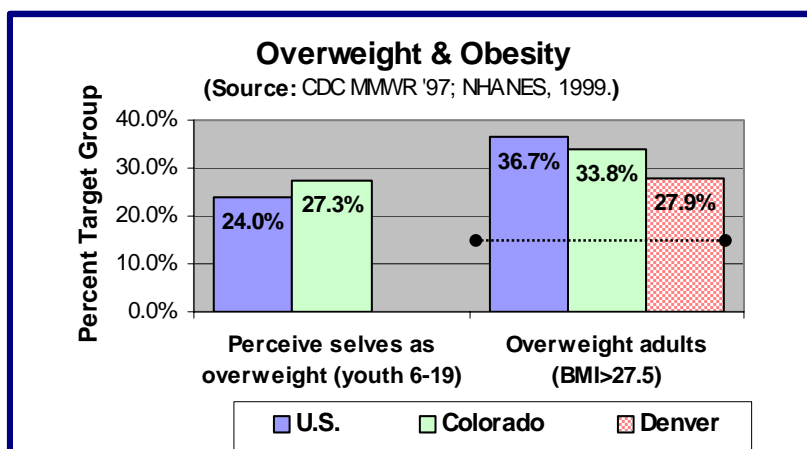
Overweight & Obesity

Overweight and obesity are major contributors to many preventable causes of death. On average, higher body weights are associated with higher death rates, and greatly raise the risk of illness from high blood pressure, high cholesterol, type 2 diabetes, heart disease and stroke, gallbladder disease, arthritis, sleep disturbances, problems breathing, and certain types of cancers. In addition, overweight and obese individuals may suffer from social stigmatization, discrimination, and lowered self-esteem. (1)

The HP2010 national goal in this area is to “promote health and reduce chronic disease associated with diet and weight.”(1) Recommended measures of progress in this area include, among others, reductions in the proportion of youth and adults who are overweight, and an increase in vegetable and fruit consumption.

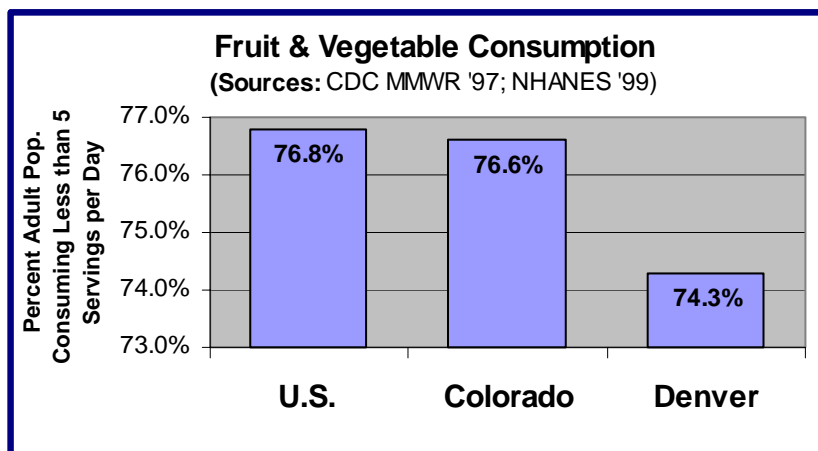
- **Objective: Reduce the proportion of youth and adults who are overweight.** (National Target: 5%-15%; Denver Actual: n/a for youth, 27.9% for adults)

In youth aged 6 to 19 years, overweight or obesity is defined as at or above the sex- and age-specific 95th percentile of Body Mass Index (BMI) based on CDC growth charts for the United States. In 1999, 14% of children and adolescents aged 6 to 19 years were overweight or obese in the U.S.(21) At about the same time, 24.0% of U.S. adolescents perceived themselves as overweight, as did 27.3% of those in Colorado.(22) State and local data are not available for the percentage of adolescents who were overweight by CDC standards



during those years. In adults, overweight is a BMI of 25 or more. In 1999, 36.7% percent of adults aged 20 years and older in the United States were considered overweight. Approximately thirty-four percent (33.8%) of Colorado adults, and 27.9% of adults in the City and County of Denver were considered overweight by CDC standards in 1999.(21)

- **Objective: Increase adequate vegetable and fruit consumption (at least 5 servings per day).** (National Target: 50-75%; Denver Actual: 25.7% combined)



In the United States, persons of all ages eat fewer than the recommended number of servings of vegetables and fruits. Vegetables and fruits are good sources of vitamins and minerals, carbohydrates, and other substances that are important for good health. Dietary patterns with higher intakes of vegetables and fruits are associated with a variety of health benefits, including lower rates of overweight, and a decreased risk for some types of cancer.(1) In 1997, 76.8% of Americans consumed less than the recommended amount of fruits and

vegetables.(25) In 1999, adequate vegetable and fruit consumption was less than 76.6% and 74.3% among Coloradans and Denver residents, respectively.(21)

Physical Activity

Regular physical activity throughout life is important for maintaining a healthy body, enhancing psychological well-being, and preventing premature death. Exercise decreases the risk of death from heart disease, lowers the risk of developing diabetes, and is associated with a decreased risk of colon cancer. It also helps prevent high blood pressure, increases muscle and bone strength, and decreases body fat.(1)

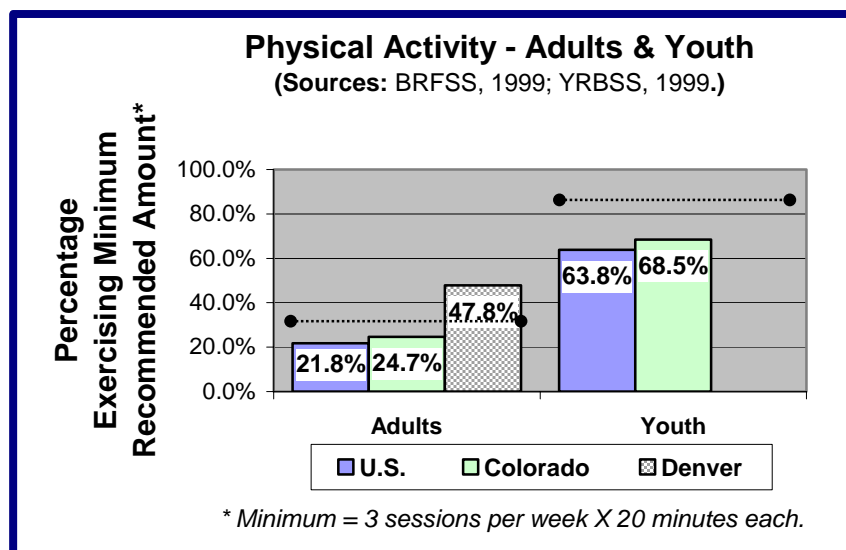
The HP2010 goal in this area is to “improve health, fitness, and quality of life through daily physical activity.”(1) Measures of progress toward this goal include, among others, increases in the proportions of adolescents who participate in vigorous physical activity, and of adults who engage in moderate exercise on a regular basis.

- **Objective: Increase the proportion of adolescents who engage in vigorous physical activity that promotes aerobic fitness 3 or more days per week for 20 or more minutes per occasion. (National Target: 85%; Denver Actual: n/a)**

In 1999, 63.8% percent of U.S. adolescents engaged in the recommended amount of physical activity. In Colorado, 68.5% of youth participated in a physical activity at least 3 times per week for 20 minutes per occasion.(23) Data on physical activity levels of Denver youth are not currently available.

- **Objective: Increase the proportion of adults who engage regularly in moderate physical activity for at least 3 or more days per week for 20 or more minutes per occasion. (National Target: 30%; Denver Actual: 47.8%)**

In 1997, only 15% of U.S. adults performed the recommended amount of physical activity, and 40% of adults engaged in no leisure-time physical activity.(1) In 1999, only slightly more American adults (21.8%) were getting the recommended amount of exercise per week. During the same year, 24.7% of adults in Colorado were moderately physically active, as were 47.8% of adults in Denver.(6)



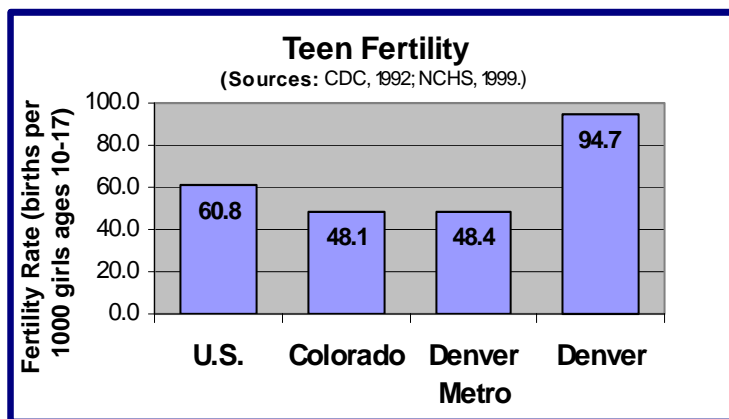
Responsible Sexual Behavior

Unintended pregnancies and sexually transmitted diseases (STDs), including infection with the human immunodeficiency virus that causes AIDS, can result from unprotected sexual behaviors. Abstinence is the only method of complete protection. Condoms, if used correctly and consistently, can help prevent both unintended pregnancy and STDs.(1)

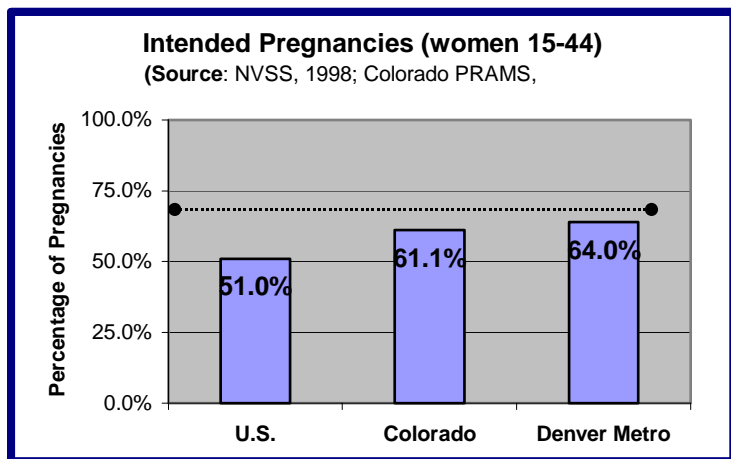
The HP2010 goals in this area are to “promote responsible sexual behaviors, increase access to quality services to prevent sexually transmitted diseases (STDs), ...prevent human immunodeficiency virus (HIV) infection and its related illness and death,...[and] improve pregnancy planning and spacing and prevent unintended pregnancy.”(1) Measures of progress toward these goals include, among others, increases in the proportion of youth abstaining from sex or using condoms if sexually active, increases in the number of intended pregnancies, and reductions in the number of new AIDS cases.

- **Objective: Decrease the teen fertility rate.** (National Target: n/a; Denver Actual: n/a)

In 1999, 85 percent of adolescents abstained from sexual intercourse or used condoms if they were sexually active.(23) Estimates of abstinence and condom use for youth at the state and local levels are not currently available. However, teen fertility rates for the Nation (60.8 births per 1000 girls ages 10-17), Colorado (48.1 births), Denver Metro Area (48.4 births), and City and County of Denver (94.7 births) are provided as a proxy measure.



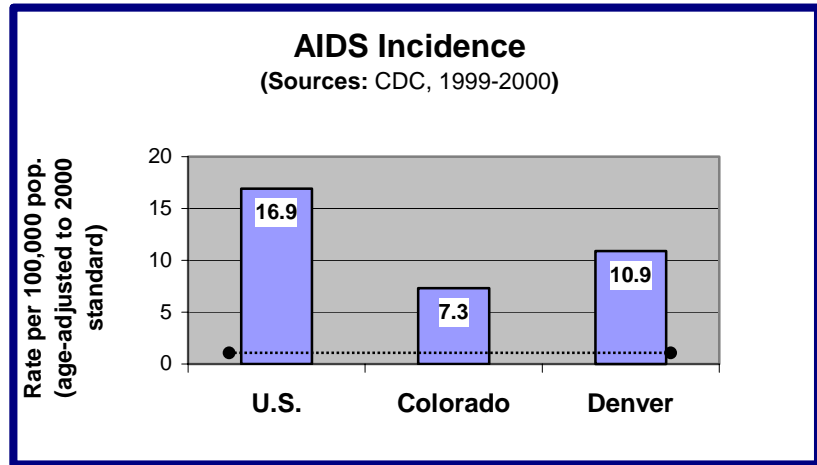
- **Objective: Increase the number of pregnancies that are intended.** (National Target: 70%; Denver Metro Actual: 64.0%)



Nearly half of all pregnancies in the United States are unintended; that is, at the time of conception the pregnancy was not planned or not wanted. The rates remain highest among teenagers, women aged 40 years or older, and low-income African American women. Nearly half of all unintended pregnancies end in abortion.(1) In 1998, only 51.0% of pregnancies in the United States were intended.(24) From 1997-99, 61.1% of Colorado pregnancies, and 64.0% of Denver Metro Area pregnancies were intended.(25) Data for the City and County of Denver are not currently available for this measure.

- **Objective: Reduce AIDS cases among adolescents and adults.** (National Target: 1 new case per 100,000 pop.; Denver Actual: 10.9)

Sexually transmitted diseases are common in the United States, with an estimated 15 million new cases of STDs reported each year, including HIV. Nearly 700,000 cases of AIDS have been reported in the United States since the HIV/AIDS epidemic began in the 1980s, and it is estimated that 800,000 to 900,000 people in the United States are actually infected.(1) In 1999, there were 16.9 new cases of AIDS per 100,000 population in the United States among people age 13 and older.(26) In 2000, the incidence rates for Colorado and Denver residents (ages 13 and over) were 7.3 and 10.9 cases per 100,000 population, respectively.(26)



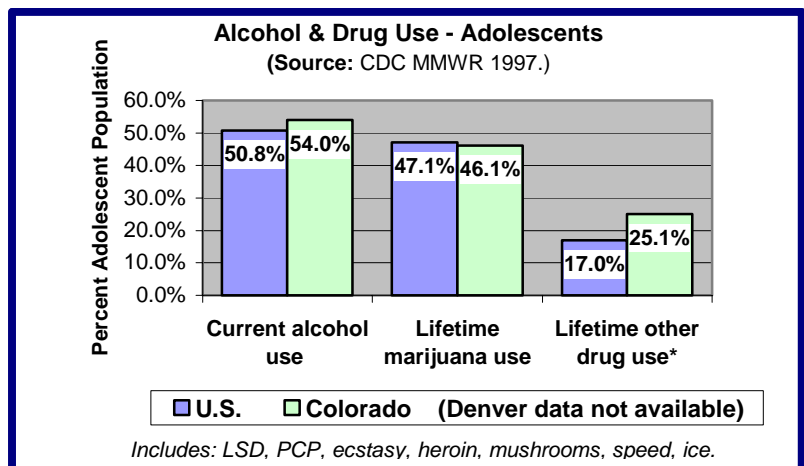
Substance Use

Alcohol and illicit drug use are associated with many of the Nation’s most serious problems, including violence, injury, and HIV infection. They can also result in substantial disruptions in family, work, and personal life. Alcohol abuse alone is associated with motor vehicle crashes, homicides, suicides, and drowning—leading causes of death among youth, and long-term heavy drinking can lead to heart disease, cancer, and alcohol-related liver disease. In addition, alcohol use during pregnancy is known to cause fetal alcohol syndrome, a leading cause of preventable mental retardation.(1)

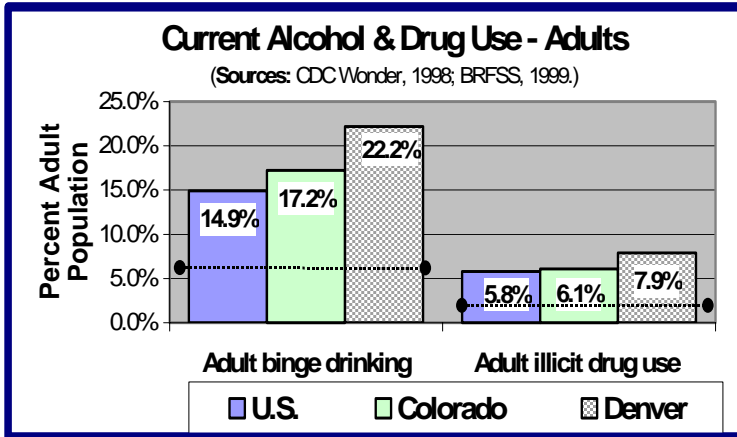
The HP2010 goal in this area is to “reduce substance abuse to protect the health, safety, and quality of life for all, especially children.”(1) Measures of progress toward this goal include, among others, reductions in adolescent and adult use of alcohol or drugs, and in adult binge drinking.

- **Objective: Increase the proportion of adolescents not using alcohol or illicit drugs during the past 30 days.** (National Target: 89%; Denver Actual: n/a)

Alcohol is the drug most frequently used by adolescents aged 12 to 17 years. In 1997, an estimated 50.8% percent of adolescents grades 9 through 12 in the U.S. were current alcohol users, as were 54.0% of those in Colorado.(22) During the same year, 47.1% of U.S. adolescents, and 46.1% of youth in Colorado reported having used marijuana at some point in their lives. Lifetime use of other drugs was 17.0% and 25.1% for U.S. and Colorado youth, respectively.(22) Generally speaking, the younger a person becomes a habitual user of illicit drugs, the stronger the addiction becomes and the more difficult it is to stop using.(1) Denver data for these measures are not currently available.



- **Objective: Reduce the proportion of adults using illicit drugs or binge drinking during the past 30 days.** (National Target: 2% (drugs), 6% (binge); Denver Actual: 7.9% (drugs), 22.2% (binge))



In 1998, 5.8% of U.S. adults, 6.1% of Colorado adults, and 7.9% of Denver adults reported current use of illicit drugs, that is, drug use within the past month.(27) Men continue to have higher rates of illicit drug use than women, and rates are also higher in urban than in rural areas.(1) In a 1999 survey, 14.9% of adults reported binge drinking (five or more drinks on one occasion within the past month).(6) For Colorado and Denver, 1999 rates of adult binge drinking were 17.2% and 22.2%, respectively.(6)

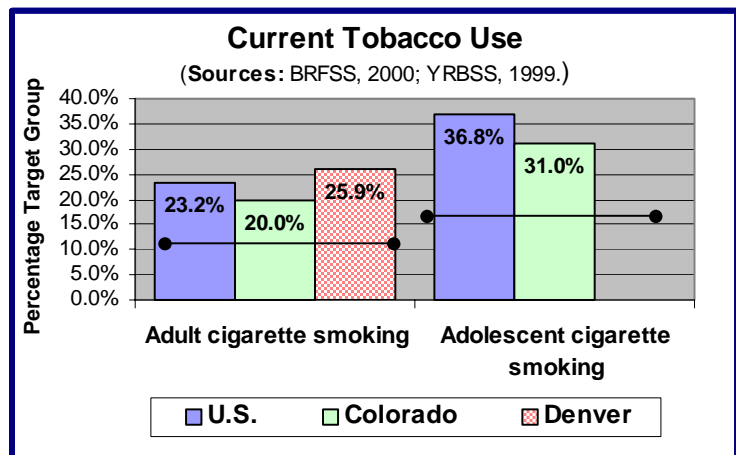
Tobacco Use

Cigarette smoking is the single most preventable cause of disease and death in the United States. Smoking results in more deaths each year in the United States than AIDS, alcohol, cocaine, heroin, homicide, suicide, motor vehicle crashes, and fires combined. Smoking is a major risk factor for heart disease, stroke, lung cancer, and chronic lung diseases—all leading causes of death. Smoking during pregnancy can result in miscarriages, premature delivery, and sudden infant death syndrome. Other health effects of smoking result from injuries and environmental damage caused by fires.(1)

The HP2010 goal in this area is to “reduce illness, disability, and death related to tobacco use and exposure to secondhand smoke.”(1) Measures of progress toward this goal include, among others, reductions in cigarette smoking by adolescents and adults.

- **Objective: Reduce cigarette smoking by adolescents.** (National Target: 16%; Denver Actual: n/a)

Every day, an estimated 3,000 young persons start smoking. This trend is disturbing because the vast majority of adult smokers tried their first cigarette before age 18; more than half of adult smokers became daily smokers before this same age. Almost half of adolescents who continue smoking regularly will die eventually from a smoking-related illness.(1) In 1999, 36.8% of adolescents in the United States were current cigarette smokers. Thirty-one percent (31%) of Colorado teens are current cigarette smokers in 1999.(23) Denver data for this measure are not currently available.



- **Objective: Reduce cigarette smoking by adults.** (National Target: 12%; Denver Actual n/a)

Following years of steady decline, rates of smoking among adults appear to have leveled off in the 1990s.(1) In 2000, 23.2% of U.S. adults, 20.0% of Colorado adults, and 25.9% of adults in Denver reported being current cigarette smokers.(6)

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