February 12, 2012

Dear Neighbors,

It's well known that Denver consistently ranks as one of the nation's healthiest cities. However, it's also important to note that health status can vary widely depending on the area of the City in which you reside.

Educational, economic and environmental factors all impact health. From the number of bike lanes on our streets, to the number of grocery stores within a square mile, the health and welfare of our residents is defined by and, inversely, defines the health and vitality of our city.

The 2011 Denver Health Status Report is a comprehensive community health assessment that serves as the first step in the City's efforts to create a Public Health Improvement Plan. The information presented in this report reminds us that health is not just about health care. It's also about gathering and analyzing data to identify gaps and create sound policies that integrate health into the planning process for new projects and developments, while recognizing the importance of maintaining or improving our environment.

The report is also intended to be a call to action for policymakers, nonprofits, and Denver residents. While lack of access to healthcare is a growing problem in Denver and other cities around the country, we all have a responsibility for our own health and the health of our community. For policymakers and nonprofits, this includes ensuring we take a proactive approach to improving health, while following the best practices of successful models. For individuals, better health simply begins with the choices we make every day.

Over the next year, the City will be reaching out to engage the community and local partners in creating a Community Health Assessment. This includes reviewing the services the City provides, as well as identifying and working to close the gaps in the public health services system.

We look forward to hearing your feedback. With your help, we can truly make Denver a healthy place for all our citizens.

Sincerely,

Michael B. Hancock
Mayor
The health of Denver in 2011 shows a lot of room for improvement. While some indicators, such as the rates of cardiovascular disease and violence, are improving, others, like obesity, are worsening. There are large disparities in health among different populations. Most important, though, is the fact that we know how to do better—expanded health coverage, more prevention activities and healthier lifestyles—and yet fall short in each area.

The cost of medical care in this country is by far the highest in the world and continues to increase rapidly. Despite the extraordinary amount spent on care, health outcomes in the United States are relatively poor. For example, life expectancy in the United States is lower and infant mortality is higher than in countries with comparable incomes. Higher medical costs and poor health hurt American families and businesses, and threaten local, state, and federal government budgets.

Health is complex and this report presents only a part of a larger picture. This report presents a high-level perspective of health in Denver, including successes and areas for improvement. The accompanying table provides highlights of the Health of Denver 2011 for 14 major health topics. The report itself is only a snapshot of an ongoing process to use data more effectively to improve health. One of the important outcomes from this report is the identification of key gaps in knowledge. As part of this process, new tools were developed that allow frequent and detailed evaluation of health data. In the future, health data will be made available to the public to increase participation in the improvement of health in Denver.

The nation's health status will never be as good as it can be as long as there are segments of the population with poor health status. The U.S. tolerates large disparities in many key health areas, thus our country's overall health is relatively poor. An essential part of improving overall health will be the identification of the root causes of health disparities and the development of specific interventions to address them. In the table, key disparities in each of the health topics are indicated.

Areas of Concern
Major areas of concern include access to health care, obesity, mental health, substance abuse, and tobacco use. Many of the ways to prevent common illnesses, such as the detection and treatment of high blood pressure, require access to medical care. Therefore, it is very concerning that access to health care has become even more limited in Denver. One in five adults lack health insurance and many have insurance that leaves them with a heavy burden of co-pays and limitations.

Obesity in Denver children and adults is increasing. This trend is a possible threat to recent improvements in cardiovascular disease. Obesity also increases the risk of diabetes and some forms of cancer. Mental illness and substance abuse are common among Denver's residents.

Denver's rate of suicide is well above the national average and access to mental health treatment is very limited. The continued abuse of alcohol and rising rates of prescription drug abuse are worrisome trends.

Although tobacco use in Denver is lower than the national average, exposure to tobacco smoke remains a major health problem. After decades of improvement, tobacco use in Denver has stabilized at about 20%. This is much higher than the Healthy People national goal of 12% for the year 2020. Tobacco is one of the major causes of cardiovascular disease, lung disease, and cancer. Decreasing tobacco use is the single most powerful tool we have to improve health in Denver.

Areas of Success
Public health in Denver has had some major successes. The most common causes of death in Denver, which include cardiovascular disease (heart attacks and strokes), cancer, and injuries, continue to decrease. Decreases in cancer death are linked to decreased tobacco use over the past 20 years and to improvements in screening tests to detect cancer or pre-cancer at earlier stages when treatment is more effective. The rates of homicides and deaths due to motor vehicle crashes have substantially improved as well.

Though not leading causes of death, there have been continued improvements in infectious diseases and the quality of the environment. The rate of new HIV infections is decreasing as effective treatment improves the health of those with HIV and decreases the risk of spreading HIV to others. Denver's air and water continue to improve, though continued vigilance is needed to protect residents from pollution. While there is much more work to be done, there have also been notable improvements in several aspects of the built environment. More Denverites are able to walk and ride bikes because of these improvements.

Moving Forward to Public Health Improvement Planning
An assessment of health is important, but it is only the first step in improving the health of Denver. In 2012, the City and County of Denver and Denver Health will be working with a broad range of stakeholders and reaching out to the general public to create a community health improvement plan. Through this partnership, health problems in Denver will be prioritized and specific action plans will be developed to address key causes of illness and death. Working together, we hope to make Denver the healthiest city in the nation.

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MENTAL HEALTH

Suicide risk factors include age (highest risk in persons age 40-50), sex (highest risk in men), and race and ethnicity (highest risk in Whites) (FIGURES 5 AND 8). Suicide rates vary in different areas of Denver. Central Denver has the highest suicide rates in the city (FIGURE 7). Finally, individuals with a family history of suicide are 2.5 times more likely to die by suicide than those without such a history.101

Treating psychological and behavioral problems is preventive and cost-effective. Integrating mental health screening into primary care for both adults and children is important. Incorporating screening into pre- and postnatal care for mothers is vital to the health of the baby. Resources allocated to assisting someone in achieving better mental health will bring a return far greater than the dollars which are spent.

FIGURE 2
Percentage of Persons Reporting Poor Mental Health Days (in the last month) by Race and Ethnicity  DENVER, 2005 AND 2010

Research has linked mental health to income and poverty. The percentage of Denver residents reporting zero poor mental health days in the past month is lower in persons with lower income and increases as income levels increase.

SOURCE: Behavioral Risk Factor Surveillance System

Local Story

Project CLIMB: Strengthening Families in Denver

In 2005, Project CLIMB began at Children's Hospital Colorado. CLIMB stands for Consultation Liaison in Mental Health and Behavior. Project CLIMB combines mental health, behavioral, and developmental support with other health services. Mental health providers work side by side with health care providers in their offices. Pediatricians learn to identify and treat common mental health concerns in children. The team offers on-site mental health services for children and their families. Services include depression screening for parents, developmental screening for young children, groups to support families of new babies, individual and family therapy, and referrals to community resources. Nearly 2,000 children and families have been seen at more than 4,000 visits. This program is truly strengthening Denver families.
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