



Vision: Optimal health across the lifespan for the populations we serve

Adams | Arapahoe | Douglas
Colorado

Community Health Assessment Executive Summary

The purpose of Tri-County Health Department’s (TCHD) community health assessment (CHA) is to learn about the community: the health of the population, contributing factors to higher health risks or poorer health outcomes of identified populations, and community assets and resources that can be mobilized to improve population health. This Executive Summary outlines the main sections of our larger CHA report and provides a glimpse of the health story in each section.

What is a Healthy Community?

Based on input we received from our community, the image below provides a visual overview of the components of a healthy community. This CHA is designed to reflect the status of our communities in light of this image of a healthy community.



We invite those who live and/or work in Adams, Arapahoe, and Douglas Counties to give us input on the findings of this Community Health Assessment. By completing this [brief input survey](#), residents, policy makers, organizations and other stakeholders can help TCHD develop a six year Public Health Improvement Plan (PHIP). The PHIP is a long-term, systematic plan to address issues identified in the CHA. The purpose of the PHIP is to describe how TCHD and the community it serves will work together to improve the health of the residents of Adams, Arapahoe and Douglas Counties. The PHIP will identify priorities, direct the use of resources, and develop, implement, and evaluate projects, programs, and policies. The plan is more comprehensive than the roles and responsibilities of the TCHD alone, and the plan’s development must include participation of a broad set of community stakeholders and partners. The plan reflects the results of a collaborative planning process that includes significant involvement by a variety of community sectors.

Please review the full [Community Health Assessment](#) and complete a [brief input survey](#) which will give you an opportunity to let us know if you would like to be involved further in the planning process. You are also invited to comment via email at CommunityInput@tchd.org.



Community Characteristics

The demographic characteristics of the population are important in understanding the health risks and challenges, strengths and opportunities of the community. Characteristics such as age, income, education, and household composition are likewise associated with health risk and protective factors and, therefore, health outcomes.

Community Characteristics

	Colorado	Adams	Arapahoe	Douglas
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Population

Population 2016 Estimate	5,538,180	497,673	637,254	328,330
Projected Population 2030	6,892,192	658,864	779,282	413,161

Race/Ethnicity

White Non-Hispanic	69%	51%	63%	84%
Hispanic*	23%	41%	20%	8%
African-American	4%	3%	10%	2%
Asian	4%	4%	7%	5%

Age

0-17	23%	27%	24%	26%
18-64	64%	63%	64%	63%
65+	14%	10%	13%	11%

Income

Median Household Income	\$65,685	\$66,033	\$70,950	\$109,292
Individuals Living at or Below Poverty	11%	12%	9%	4%
Children Living at or Below Poverty	13%	16%	12%	3%
Unemployment	3%	4%	3%	2%

Households

Single Parent Households	27%	37%	28%	16%
Residents Age 65 or Older Living Alone <small>(of households with one member 65+)</small>	37%	34%	37%	27%

Educational Attainment

Less than High School	9%	17%	7%	2%
High School (Diploma or Equivalent)	22%	29%	22%	11%
Bachelor's Degree or Higher	40%	23%	42%	59%



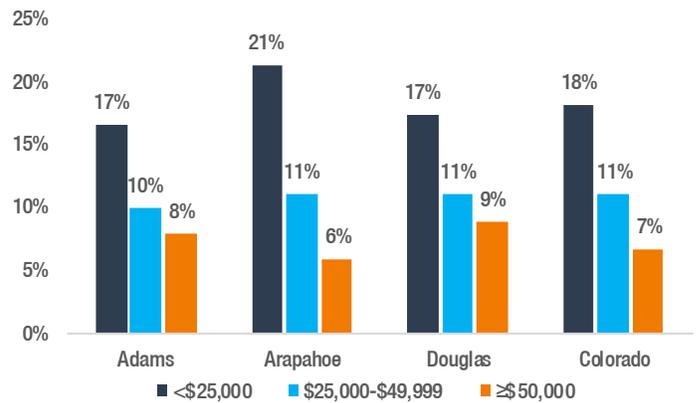
Social Connections and Health

Our community members, partners, and staff overwhelmingly said that community connection and belonging were key factors of a healthy, happy, and thriving community. Specifically, they mentioned the importance of kindness, social support, respect, unity, and equity. Social connection is related to health in several ways. First, simply being around other caring people who watch out for each other can reduce the risk of poor health outcomes occurring or the chance that an accident will lead to death or more serious injury. There can be safety in numbers. Second, connection and belonging can protect us from developing certain behaviors that put us at risk for poor health outcomes. Social connection has long been recognized as a factor that can reduce the chance that people will engage in less-healthy behaviors such as heavy drinking, substance use, and overeating or eating unhealthy foods. For example, research shows that social connectedness increases the chances that children will be engaged in school and that people who do not want to become parents will use effective birth control; it can also reduce the risk of suicide attempt.

Health and Economic Security

Given the importance of income to not only meet basic needs, but also to access other services, resources, and opportunities, it is no surprise that economic security is a key to good health. Income relates to health in several ways. Self-reported health status has a direct relationship with income: the greater the income, the more likely people are to report being healthy. Income is an important factor in one’s ability to access and/or pay for certain services and resources, such as health care, healthy housing, or high-quality childcare services. Indirectly, income is a key factor in many of the choices people make every day, from the kind of food they buy, to the way they exercise or recreate, and to whether or not they can take a vacation. A thriving economy has the potential to improve health. Jobs that pay living wages enable residents to cover their basic needs and other costs.

Figure 1: Percentage people experiencing 14+ days of poor mental health (of past 30 days), by annual household income, 2014-2016



Source: Behavioral Risk Factor Surveillance System, CDPHE

Health and Housing

Our community members and partners reported that finding affordable housing of good quality is a significant problem facing their communities. While the Denver Metro region’s population has grown, wages are increasing slowly—this has resulted in a significant shortage of affordable housing. Between 2012 and 2016, the median monthly household income for residents in Adams, Arapahoe, and Douglas Counties increased from 15% to 18% while the median monthly rent increased from 26% to 30%. Lack of affordable housing increases the chances of overcrowding, the number of people who live in substandard housing, and homelessness. Poor housing conditions are associated with a wide range of health conditions, including respiratory infections, asthma, lead poisoning, injuries, and poor mental health. The quality of housing includes structural soundness, handicap accessibility, and indoor air quality, among other characteristics. Housing can be a source of exposure to various carcinogenic air pollutants such as radon. Where we live is directly connected to our health and safety. Without adequate housing, people have trouble managing their daily lives. Quality, affordable housing is central to individual, family, and community wellbeing.





Health and Education

The less education people have the more likely they are to rate their health as fair or poor, which is correlated with a higher prevalence of chronic disease. The advantages of education start early. High-quality child care has been linked to better overall health in adults who participated in it as children. High school completion rates have steadily increased in our three counties over time; however, disparities still exist with Asian and White students having higher completion rates than their black, Hispanic, or American Indian peers. This is a pattern seen across the nation and is attributed to a legacy of segregation and racism that persists today. College graduates earn nearly twice as much as high school graduates over a lifetime. Individuals with more education are also more likely to have a job—one with healthier working conditions, better health insurance, and higher wages. Educated or trained residents feed a vital economy. A talented workforce attracts and retains employers. Individuals and families are more likely to achieve and maintain self-sufficiency if they are well-prepared for the jobs that pay a living wage and provide health insurance and other benefits. Lifelong learning—the opportunity to continue to acquire the knowledge, values, skills and understanding needed to participate fully in community life—has many benefits. Providing opportunities for all residents to learn throughout their lives enhances the health of individuals and communities.

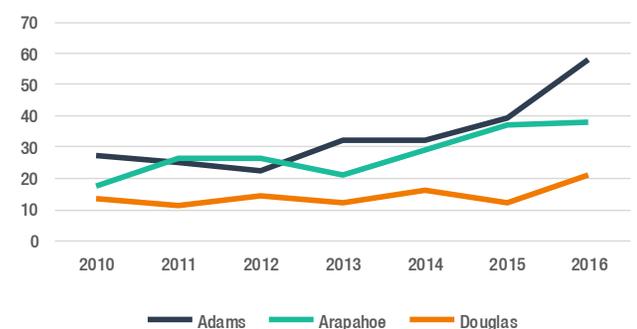
Health and Food

Good nutrition helps reduce risk for many health conditions including diabetes, heart disease, and some cancers. A key factor in healthy eating is access to affordable, nutritious food. Those with lower incomes face particular challenges affording food and other necessities. In 2016, households in the middle income quintile spent an average of \$6,224 on food, representing 13% of their income, while the lowest income households spent \$3,862 on food, representing 33% of their income. Children and seniors are especially vulnerable to food insecurity. Food insecure children are more likely to be developmentally delayed, have higher rates of behavioral problems, and are in poorer general health than children who are not food insecure. Food insecurity is also associated with childhood obesity due to poorer quality diets and overeating related to unpredictable availability of food. Seniors who face food insecurity are 53% more likely to report a heart attack, 52% more likely to develop asthma, and 40% more likely to report an experience of congestive heart failure than seniors who are not food insecure. They are also 60% more likely to experience depression. Access to affordable, high quality, culturally appropriate food is an important characteristic of a healthy community.

Health and Safety

People want to and should feel safe at school, at work, outside, inside, and on the road. People must feel safe if they are to do anything else well and, therefore, be healthy. Most high school students in our counties (88-89%) report feeling safe at school; heterosexual/straight youth are significantly more likely than gay, lesbian, or bisexual youth to report feeling safe at school. Between 6% and 10% of youth in our counties reporting driving a car when they had been drinking alcohol. The number of fatal car crashes has been on the rise in all three counties. In 2017, there were over 15,000 child abuse allegations in our three counties: 5,831 in Adams County, 7,342 in Arapahoe County, and 2,021 in Douglas County. Just over one in five of those allegations (22%) were substantiated as of March 2018. Adult and juvenile arrest rates for burglary, drug violations, and aggravated assault decreased between 2006 and 2016 in all three counties. Between 2000 and 2016, 83 youth aged 17 and under died in Adams, Arapahoe, and Douglas Counties due to firearm-related violence. Reducing access to firearms and ensuring safe storage of firearms can decrease the likelihood of firearm-related deaths. Safety is a basic need for a happy and healthy life.

Figure 2: Number of fatal car crashes, 2010-2016



Source: Colorado Department of Transportation



Health and the Environment

Partners and community members identified a clean environment as an important foundation to a healthy community. Clean air, clean water, proper waste management, and high-quality neighborhoods are all critical to ensuring that the places where we live, work, and play promote community health. The associations between health outcomes and environmental toxins and contamination are well established. Environmental contaminants can come from a variety of human-made sources and are often a reflection of the way we design, build, and maintain our communities over time. Poor air quality contributes to many adverse health outcomes and is particularly harmful to young children, older adults, and those who have an existing respiratory condition. Currently, ozone is the biggest concern for the Metro Denver region. Radon, which naturally occurs in soil throughout the Tri-County region, can seep into homes through floors and basements; it is the second most common cause of lung cancer after smoking. Understanding the connection between our natural environment, our manmade systems, and our health is important to help reduce the effects of a changing climate, which can include an increase in extreme weather events and vector-borne communicable diseases. By focusing on community resilience and neighborhood design, we can continue to influence policies and programs that create healthier environments. This is critical in communities that currently face disparate environmental impacts.

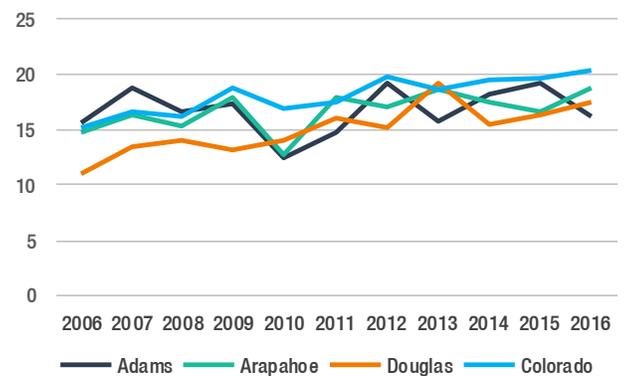
Health Behaviors and Outcomes

A person’s health behaviors have lifelong impact. According to the Centers for Disease Control and Prevention, four unhealthy behaviors – tobacco use, unhealthy diet, physical inactivity, and excessive alcohol consumption – are the leading causes of preventable disease, disability, and premature death in the U.S. each year. Unhealthy behaviors that persist over a lifetime greatly increase the likelihood of the development of chronic conditions. In the past 10 years, rates of smoking have declined only slightly. Between 15% and 20% of adults in Adams and Arapahoe Counties currently smoke, and 8% in Douglas County. Being overweight or obese increases risk for many serious health conditions including high blood pressure, high cholesterol, diabetes, heart disease, stroke, and depression. Around 60% of adults in the Tri-county region are overweight or obese. Between 70% and 75% of children ages 5-14 get the recommended amount of daily physical activity; however, only around half of high school students in our three counties get the recommended amount of physical activity.

Mental Health

Our community members, partners and TCHD staff ranked mental health as a top health problem in their communities. Mental health includes emotional, psychological, and social well-being, and is important at every stage of life. Good mental health is important for personal well-being, family and other relationships, and the ability to contribute to community. Mental health disorders are common and treatable. Poor mental health is associated with unhealthy behaviors as well as poor physical health conditions. For example, people who report that their mental health was not good on 14 or more of the past 30 days were around twice as likely to smoke cigarettes as those with better mental health. The suicide rate has increased in our three counties and Colorado over time. Males are much more likely to die of suicide than females, and whites have higher suicide rates than Hispanic, American Indian, Asian, or black people in our three counties. Reducing environmental, social, and economic factors that contribute to stress, breaking down stereotypes and stigma associated with mental health disorders, ensuring affordable access to mental health care services, and creating accepting, inclusive and supportive communities will help to bolster mental health for all, leading to higher productivity, safer communities, and optimal health and wellness

Figure 3: Suicide death rates per 100,000 population, 2006-2016



Source: Vital Records Unit, CDPHE





Substance Use and Health

The term substance use disorder is used to describe the dependence on, misuse or abuse of, or addiction to a substance. Like other diseases, such as diabetes, cancer, or heart disease, a combination of behavioral, environmental and biological factors increase the risk for developing addiction. Genetic risk factors account for about half of the likelihood that an individual will develop addiction. Alcohol abuse poses both short-term and long-term risks for poor health outcomes including injury, violence, risky sexual behavior, high blood pressure, heart disease, mental health problems, learning and memory problems, and some types of cancer. Drinking alcohol during pregnancy can cause miscarriage, stillbirth, and a range of lifelong physical, behavioral, and intellectual disabilities. Deaths due to prescription opioids, heroin, and methamphetamines overdoses have been rising at an alarming rate in each of our three counties. Between 2011 and 2016, 522 people died due to an opioid overdose in Adams, Arapahoe and Douglas Counties. Around 1 in 5 (21%) high school students in Adams and Arapahoe Counties are current marijuana users (no data was available for Douglas County). Substance use disorders can be prevented and treated if they do occur. Treatment and recovery services that are affordable and readily available can support individuals, families and communities in being as healthy as they can be.

Sexual and Reproductive Health

The ability to plan pregnancies and receive sexual and reproductive health services improves the lives and health of children, families, women and men, and has both social and economic benefits to people and communities. When women, men, and their partners are aware of how to optimally manage their reproductive and sexual health and have access to a wide range of contraceptive methods and services, they are better able to manage their own health as well as plan, and space, their births. This leads to positive health, social, and economic outcomes for individuals, families, and communities. During 2013-2015 in our counties, between 24-45% of mothers who gave birth stated their pregnancy was unintended. Unintended pregnancy is significantly more common among teenage mothers aged 15-19 years compared with mothers over the age of 20 years. The majority of adult women aged 18 to 44 years in our region took steps to prevent becoming pregnant. Sexually transmitted Infections (STIs) are spread from one person to another through intimate physical contact or sexual activity. Between 2014 and 2017, STI rates have increased slightly for chlamydia; however, as has occurred in Colorado and most other states, rates have increased sharply for gonorrhea, for which increasing antibiotic resistance is a growing concern. Approximately half of chlamydia and gonorrhea cases occur among persons aged 20-29 years. Ensuring access to and use of sexual and reproductive health services, including family planning and STI testing, increases the likelihood that that all people of reproductive age are able to pursue their educational, professional, and wellness goals on their own timelines.

Access to Mental and Physical Health Care Services

Being able to afford the mental and physical health services needed to be healthy is one of the most important health problems identified by our community members. Although many factors influence health, people need access to comprehensive services including health care providers and specialists, therapists, counselors, dietitians, dentists and hygienists, and complementary health care providers to maintain good health. While access to health insurance coverage has improved, an important subset of our residents still has no health insurance. Not only do these services need to be available to community residents, they need to be affordable. Even those with insurance coverage often struggle to pay for services. In addition to the premium (the regular payment people make to pay for their coverage), deductibles and co-pays can lead to additional, high out-of-pocket costs, which can force some people to choose between services, medications, or other basic necessities. People with a usual source of care have been shown to receive more preventive services and have better control of chronic medical conditions such as hypertension. The majority of residents in our three counties report having a usual source of care; however, many residents still do not get the care they need. Access to mental health and substance abuse care remains a particular concern. Access to comprehensive, affordable services help ensure that all people in our communities have the mental and physical energy, vitality, and resilience to obtain optimal health.