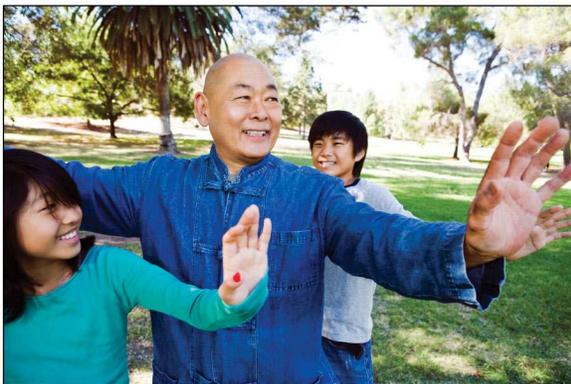


Community Health Profile



Adams, Arapahoe and Douglas Counties 2010

Issued Dec. 2011



December 12, 2011

Dear Colleague:

I am proud to present the Tri-County Health Department (TCHD) 2010 Community Health Profile. This report presents population, birth, death, risk behavior, notifiable disease and injury hospitalization data for Adams, Arapahoe and Douglas Counties.

TCHD has produced a Community Health Profile several times over the past decade, the last being in 2007. It is part of our work fulfilling "Essential Public Health Service #1" of the Ten Essential Public Health Services as delineated by the Centers for Disease Control and Prevention, in partnership with other national public health organizations. Essential Public Health Service #1 is to "Monitor health status to identify community health problems." By compiling and analyzing the available health data and disseminating the data to our counties and community partners, we can begin the conversation about how to collectively work to solve some of the most pressing public health problems in Adams, Arapahoe and Douglas Counties.

In addition, the 2010 Community Health Profile helps fulfill a stipulation of the Public Health Act passed by the Colorado State Legislature in 2008 that requires local public health agencies "To complete a community health assessment and to create the county or district public health plan at least every five years." The data contained in this profile will inform the identification of public health priorities and the development of TCHD's Public Health Improvement Plan for Adams, Arapahoe and Douglas Counties, which will occur by the end of 2013.

A new section, Health Disparities, is included in this report to look at different health outcomes by race and ethnicity across our jurisdiction. Data from Colorado and United States are also displayed throughout the Profile, where available. Data from the past 10 years are included to observe trends over time. In addition, where available, the Healthy People 2010 objectives are presented for comparison purposes. These are the targets, developed through a collaborative process led by the federal government, for the nation to achieve by the year 2010. Because the data presented here include the year 2010, it is an opportune time to assess if the Healthy People 2010 targets were reached by Adams, Arapahoe and Douglas Counties. It is important to note that in many instances, the Healthy People 2010 targets were not met at the national or state level; so in cases where a target was not met in Adams, Arapahoe or Douglas Counties, it is not necessarily a reflection of a problem unique to that particular county.

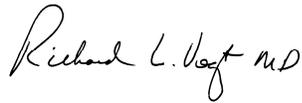
The Community Health Profile is a comprehensive report displaying information about the overall health of the residents in the Tri-County region. Although the residents of the Tri-County region are reasonably healthy, the Profile identifies areas where improvement is needed. TCHD has programs that address many of these public health issues. However, it will

take coordinated, community-wide efforts from a multitude of community partners to reverse trends such as the growing epidemic of obesity. We hope that by compiling and disseminating these data to our community partners, we can encourage the collaboration and coordination necessary to make progress on these important issues.

Christine Demont-Heinrich, Health Planner, is the primary author of this report. Allison Hawkes, Planning and Evaluation Program Manager, Stacy Weinberg, Director of the Epidemiology, Planning, and Communication Division (EPC), and I provided counsel and input during the revision process. I would also like to express my appreciation to Anne Childs, EPC Division Administrative Assistant, for proofreading the document, and to the staff of the Health Statistics Section at the Colorado Department of Public Health and Environment who provided technical assistance.

Please direct your comments to Christine Demont-Heinrich in the EPC Division of TCHD at (720) 200-1658 or by e-mail at cdemonth@tchd.org.

Sincerely yours,

A handwritten signature in cursive script that reads "Richard L. Vogt MD".

Richard L. Vogt, MD
Executive Director



Acknowledgment

The Planning and Evaluation Team at Tri-County Health Department would like to thank Kirk Bol, Kieu Vu and Rickey Tolliver of the Health Statistics Section, Colorado Department of Public Health and Environment for providing data and technical assistance. We also would like to thank Elaine Daniloff, Melanie Mattson and Nicole Comstock of the Disease Control and Environmental Epidemiology Division at the Colorado Department of Public Health and Environment for providing data and assistance on the notifiable diseases. We appreciate all their expertise and excellent customer service.

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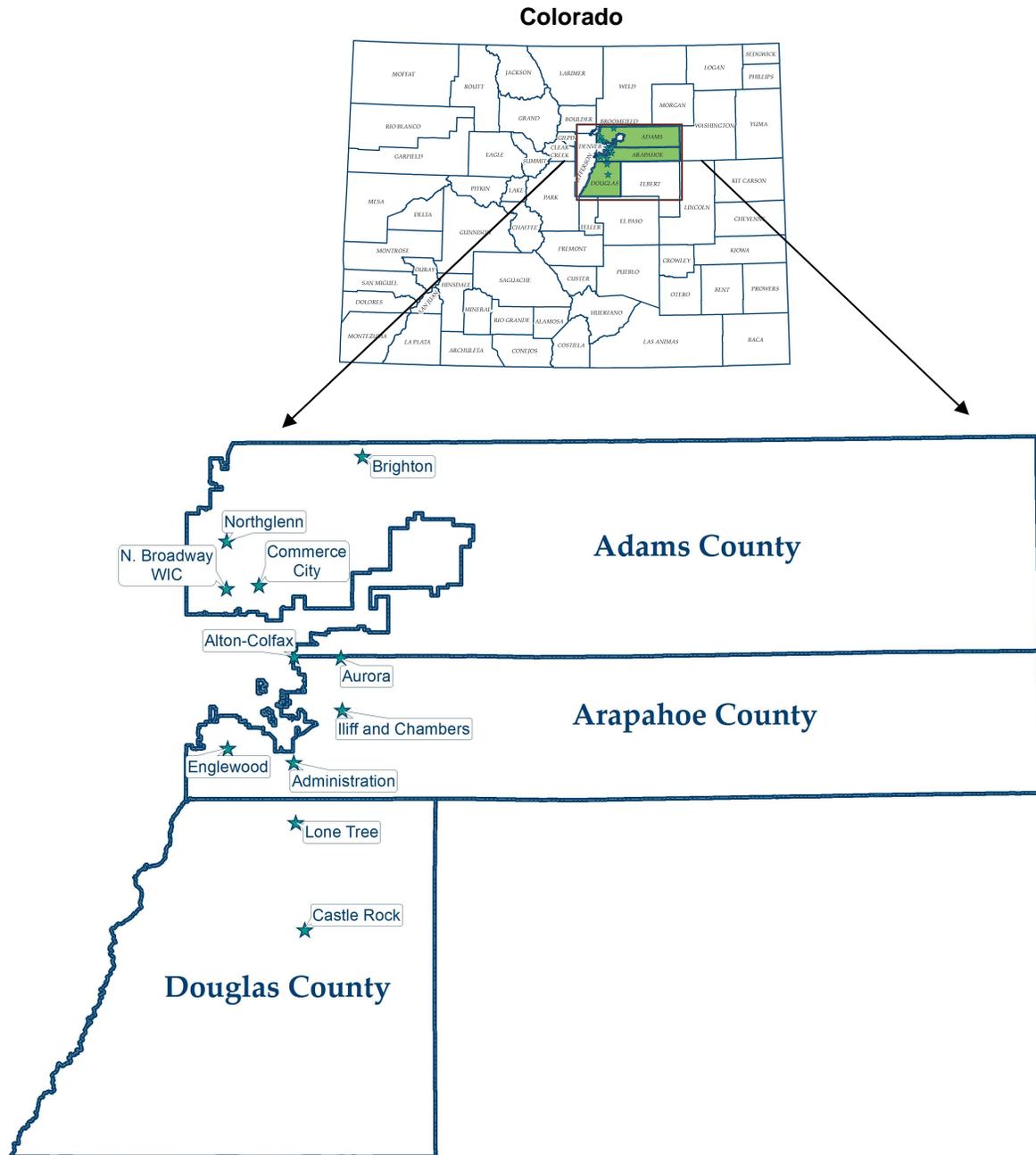
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Introduction

Tri-County Health Department

Tri-County Health Department (TCHD) is the district health department for Adams, Arapahoe, and Douglas Counties. TCHD serves 1.3 million residents which is 26 percent of Colorado's population. TCHD, with 11 offices identified by the starred locations in the map below, is the largest local health department in Colorado. The mission of TCHD is to protect, promote, and improve the health, environment and quality of life for the residents of Adams, Arapahoe and Douglas Counties.



Healthy People 2010

Healthy People 2010 (HP 2010) is a statement of national health objectives designed to identify the most significant preventable threats to health and to establish national goals to reduce these threats.¹ The two overarching goals are:

Goal 1: Increase quality and years of healthy life

Help individuals of all ages increase life expectancy and improve their quality of life.

Goal 2: Eliminate Health Disparities

Eliminate health disparities among different segments of the population.

The Leading Health Indicators reflect the major health concerns in the United States at the beginning of the 21st century and were selected on the basis of their ability to motivate action, the availability of data to measure progress, and their importance as public health issues. The Leading Health Indicators are:

- Physical Activity
- Overweight and Obesity
- Tobacco Use
- Substance Abuse
- Responsible Sexual Behavior
- Mental Health
- Injury and Violence
- Environmental Quality
- Immunization
- Access to Health Care

Throughout the report and where applicable, comparisons will be made to HP2010 targets.

Population

There are many determinants of the health status of a population. While there is a significant focus on the biologic and behavioral aspects of health, there are other underlying factors that have a great deal of influence on the health of our communities such as population size, racial and ethnic characteristics, educational attainment, and income level. These allow for some predictions about how these communities may change or grow in the future.

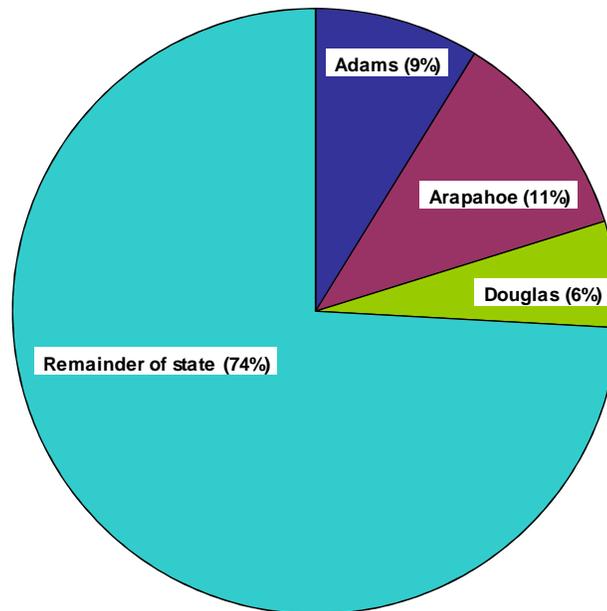
The Social Determinants of Health model—as defined by the World Health Organization (WHO)—explains how the societal and physical conditions in which people live, learn, work, and play affect health.² Examples of WHO’s social determinants include: safe and affordable housing, quality education, food accessibility, language/literacy, and access to economic and job opportunities. Often, those population groups that suffer the worst health status are also those that have the highest poverty rates and the least education.

This section of the Community Health Profile examines some general characteristics of the population of the Tri-County region including some social determinants of health. The data for this section primarily comes from the U.S. Census Bureau.³ The 2010 population numbers and age groups came from the 2010 Census. The detailed demographic information such as educational attainment, nativity, and income is collected using the American Community Survey which is also administered by the U.S. Census Bureau. Yearly population estimates are calculated by the Colorado Demography Office.⁴

Population

The estimated population for Adams, Arapahoe and Douglas Counties is 1.3 million. This is approximately one-quarter of Colorado's estimated population of 5 million. The populations in these three counties, as well as statewide, have been increasing. Over the past decade, Adams County's population increased 22 percent, Arapahoe County's population increased 14 percent, and Douglas County's population increased 43 percent.

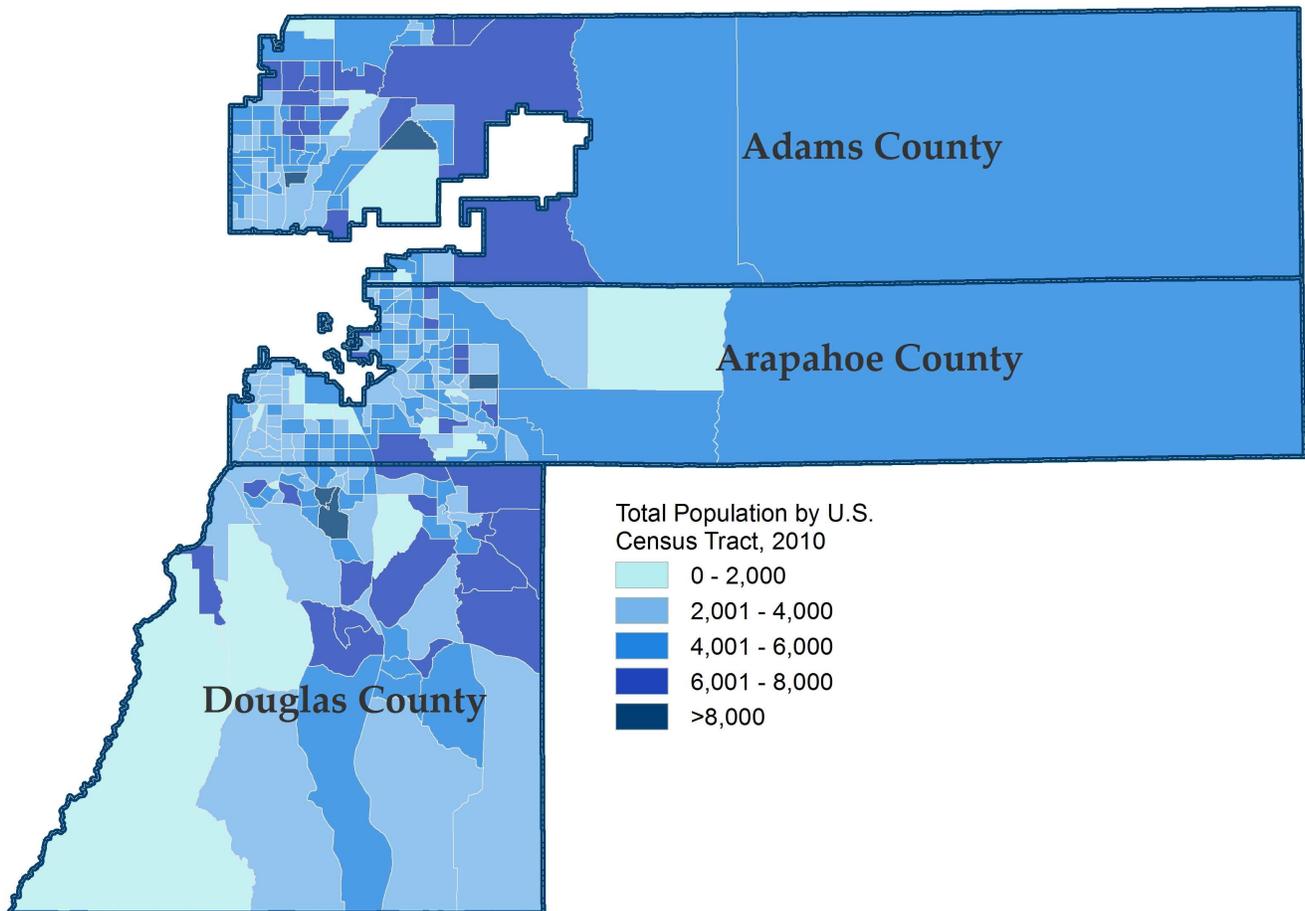
Figure P-1. Proportion of Colorado's population residing in Adams, Arapahoe and Douglas Counties, 2010



Source: 2010 Census, US Census Bureau

Population

The map below shows the population density, or number of people living within a certain unit, by census tract using the 2010 Census.³



Population (continued)

Figure P-2. Estimated population of Adams, Arapahoe and Douglas Counties, 2001-2010

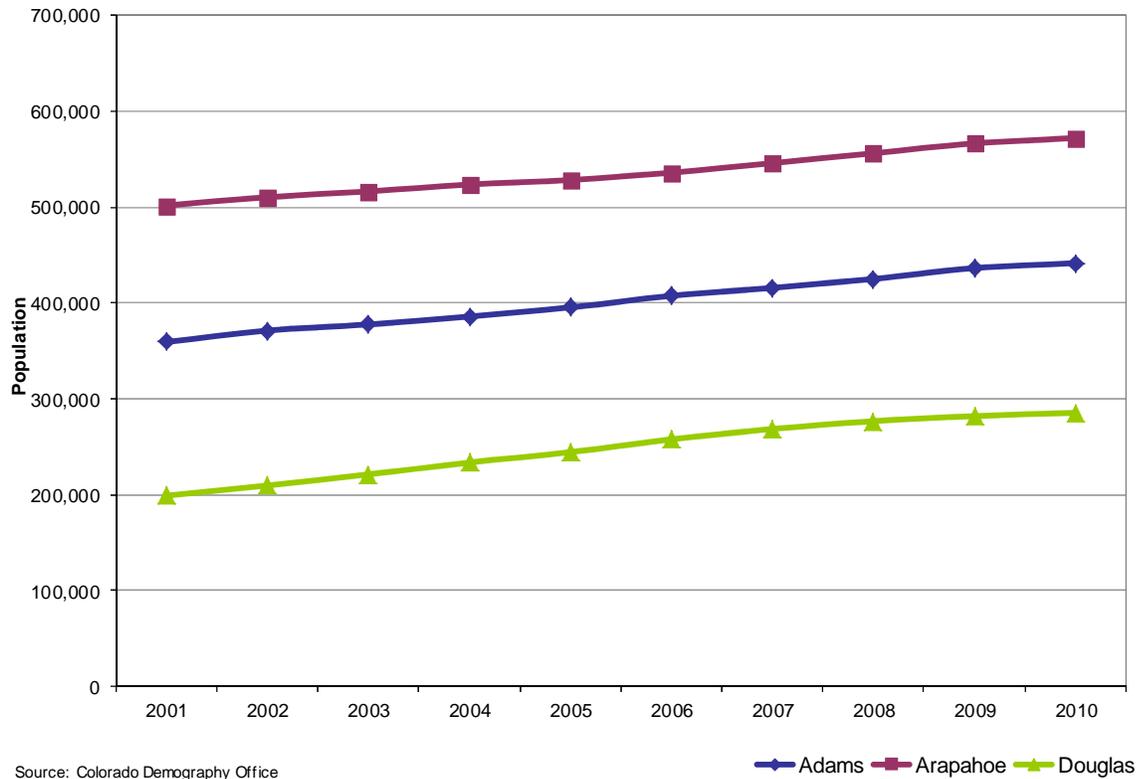


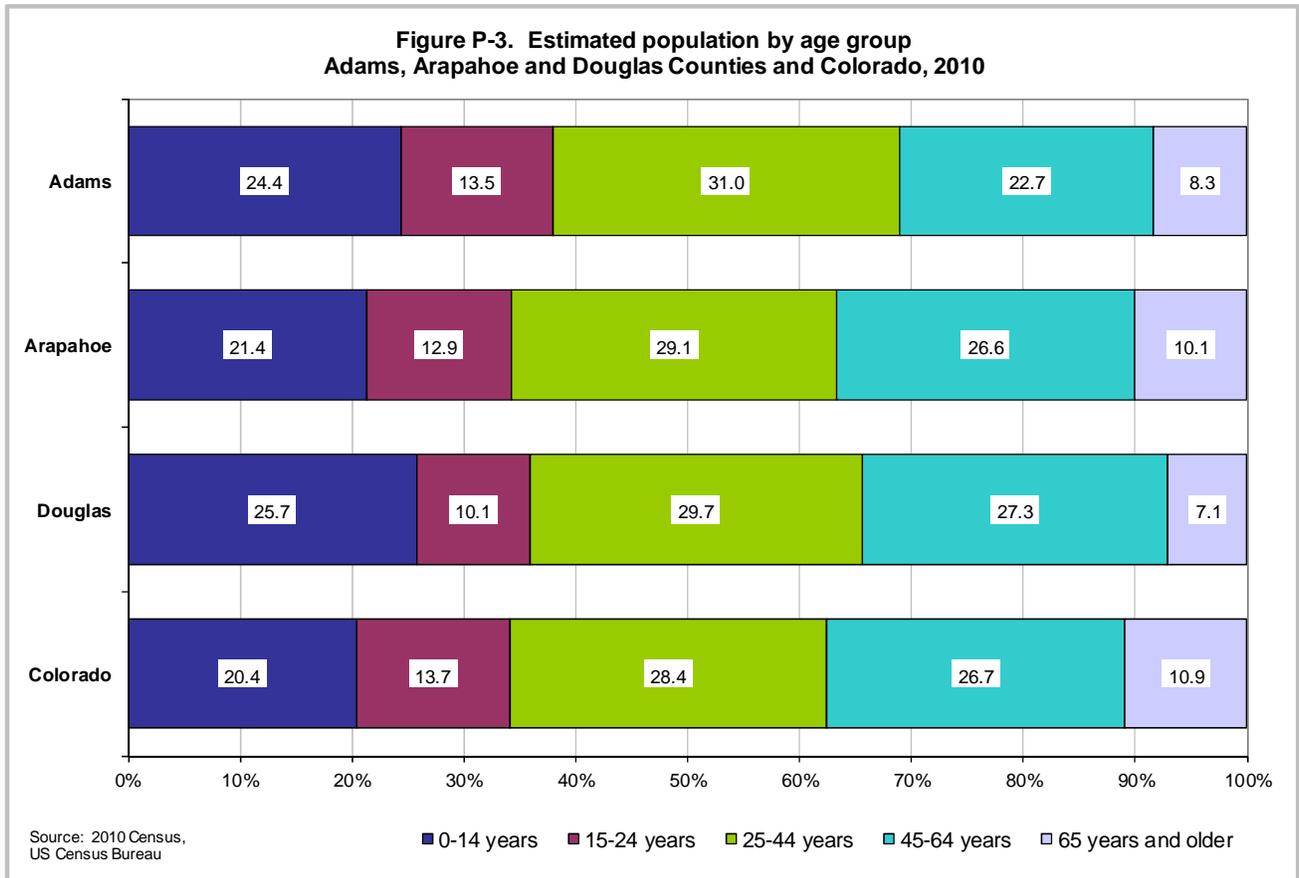
Table P-1. Estimated population by year
Adams, Arapahoe and Douglas Counties and Colorado

Year	Adams	Arapahoe	Douglas	Colorado
2001	359,437	501,671	199,038	4,444,513
2002	371,181	510,503	209,705	4,504,709
2003	377,665	516,354	221,146	4,555,084
2004	385,945	523,715	233,646	4,608,811
2005	395,384	528,214	244,442	4,662,534
2006	407,587	536,051	257,833	4,745,660
2007	415,915	545,882	268,599	4,821,784
2008	425,138	556,246	276,740	4,901,938
2009	436,323	566,480	282,163	4,976,853
2010	441,603	572,003	285,465	5,029,196

Source: Colorado Demography Office

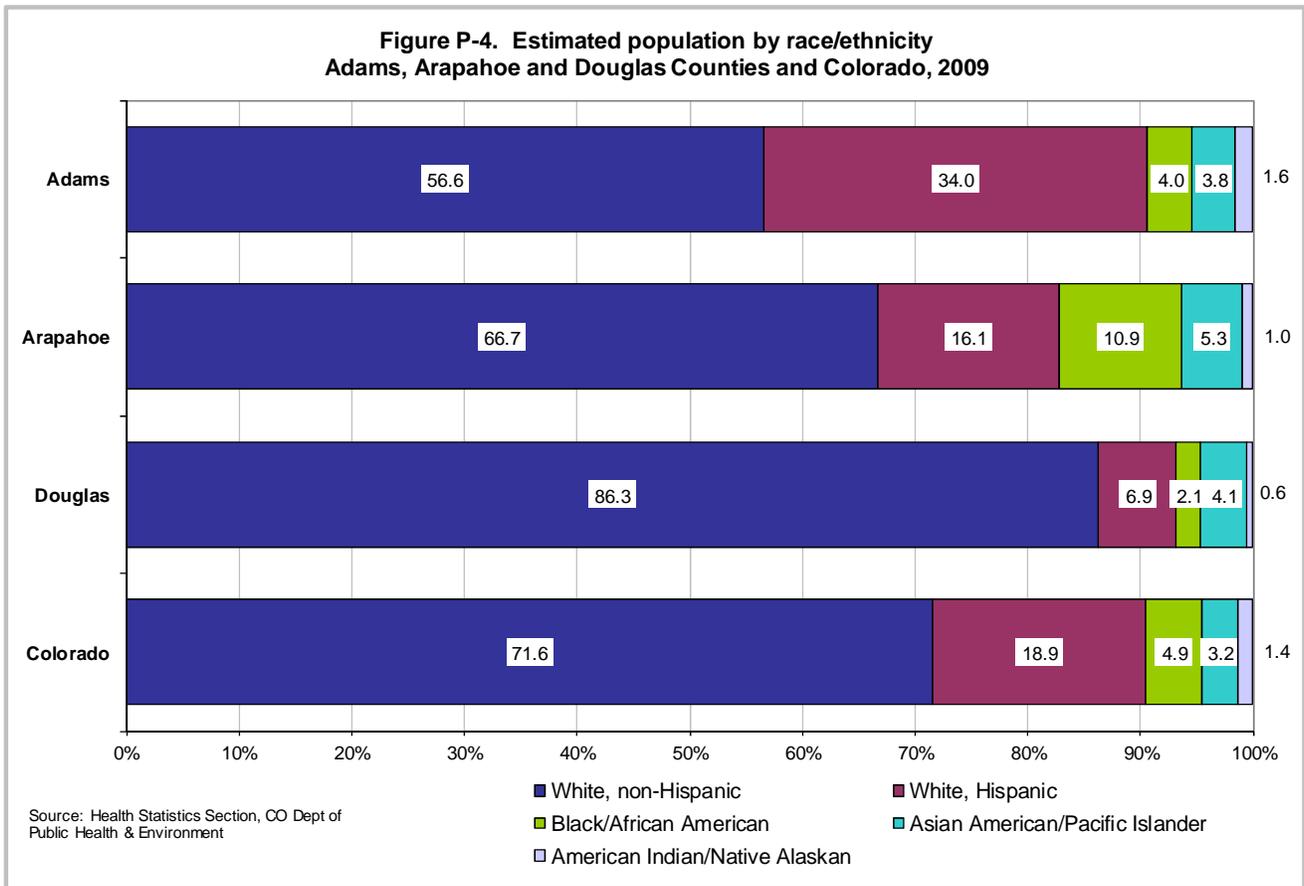
Age group

The age-distributions of populations in Adams, Arapahoe and Douglas Counties are fairly similar to each other and to the state as a whole. Douglas County has a large proportion of children ages 0 to 14 (25.7%) while Arapahoe County has a large proportion of adults age 65 and older (10.1%) in comparison to the three counties.



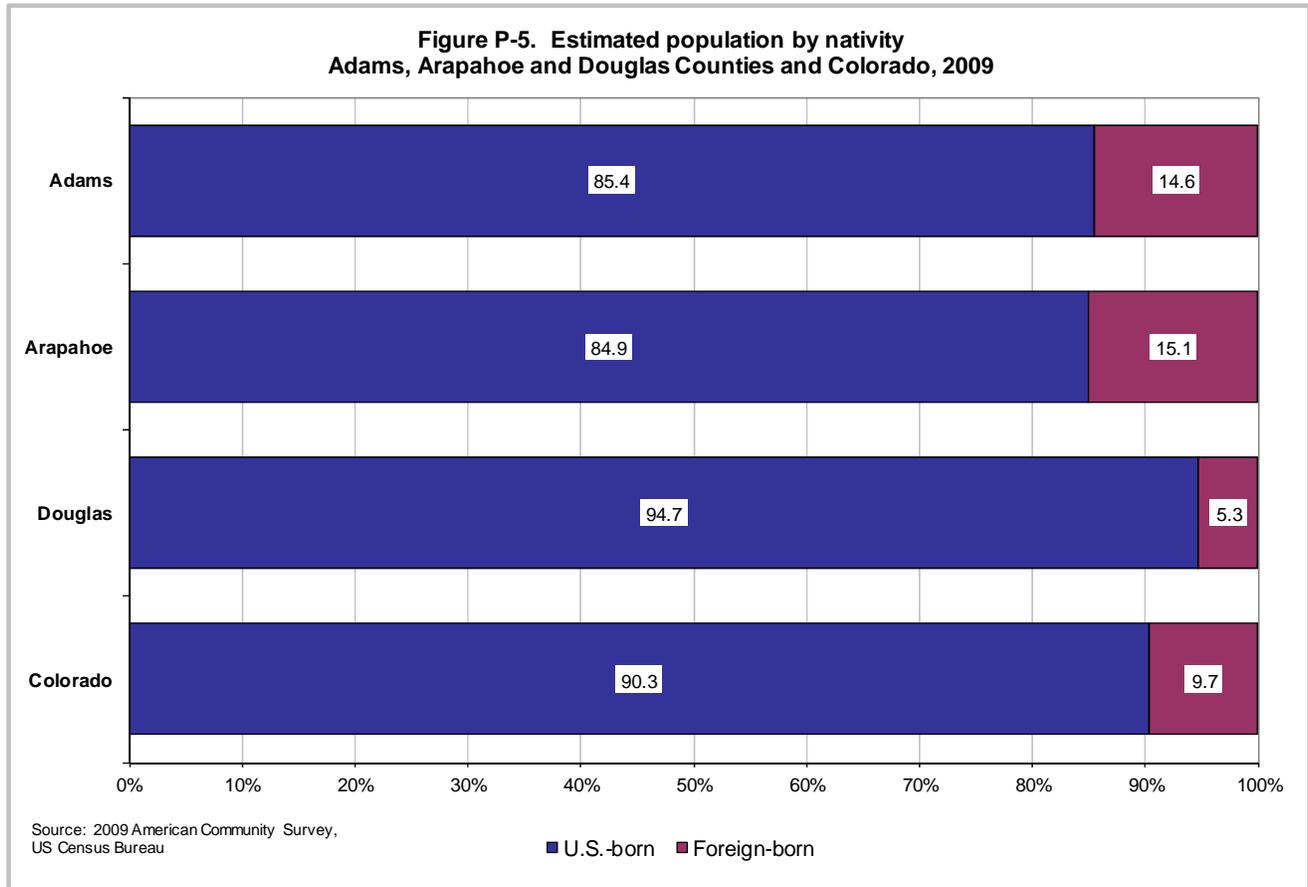
Race/ethnicity

Race and ethnicity varies across the Tri-County region. In all three counties, white non-Hispanic persons comprise the majority of the population. However, over the last decade each county has become increasingly more racially and ethnically diverse. Adams County has a high percentage of Hispanic residents (34%) while Arapahoe County has a high percentage of black/African American residents (10.9%) in comparison to the three counties and Colorado overall.



Nativity

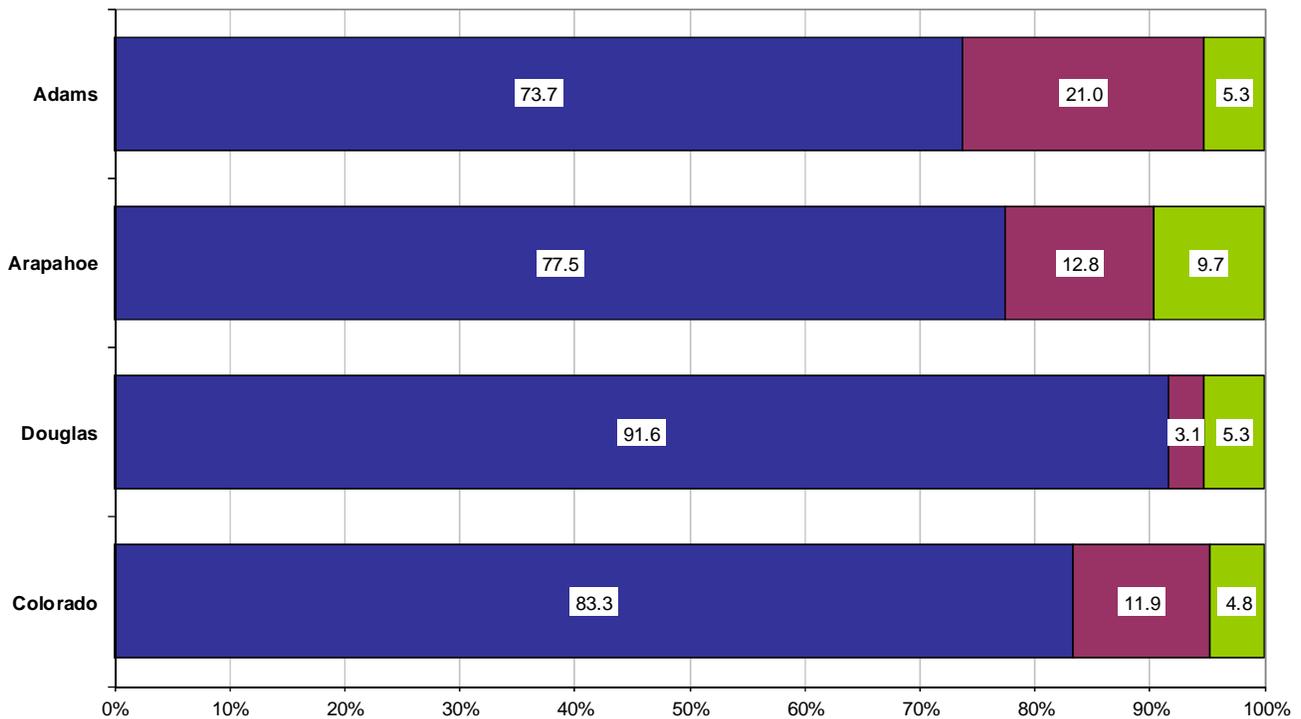
Approximately ten percent of Colorado's population (9.7%) is foreign-born. Adams and Arapahoe Counties have higher proportions with both counties at approximately 15 percent (14.6% and 15.1% respectively). Douglas County has a smaller percentage of its population being foreign-born at 5.3 percent.



Language

A language other than English is spoken at home by 16.7 percent of people in Colorado. An estimated 26.3 percent of Adams County's population speaks a language other than English in the home. In Arapahoe County, the proportion is estimated at 22.5 percent and in Douglas County, 8.4 percent. The most common language spoken at home (other than English) is Spanish.

**Figure P-6. Estimated population (5 years and older) by language(s) spoken at home
Adams, Arapahoe and Douglas Counties and Colorado, 2009**



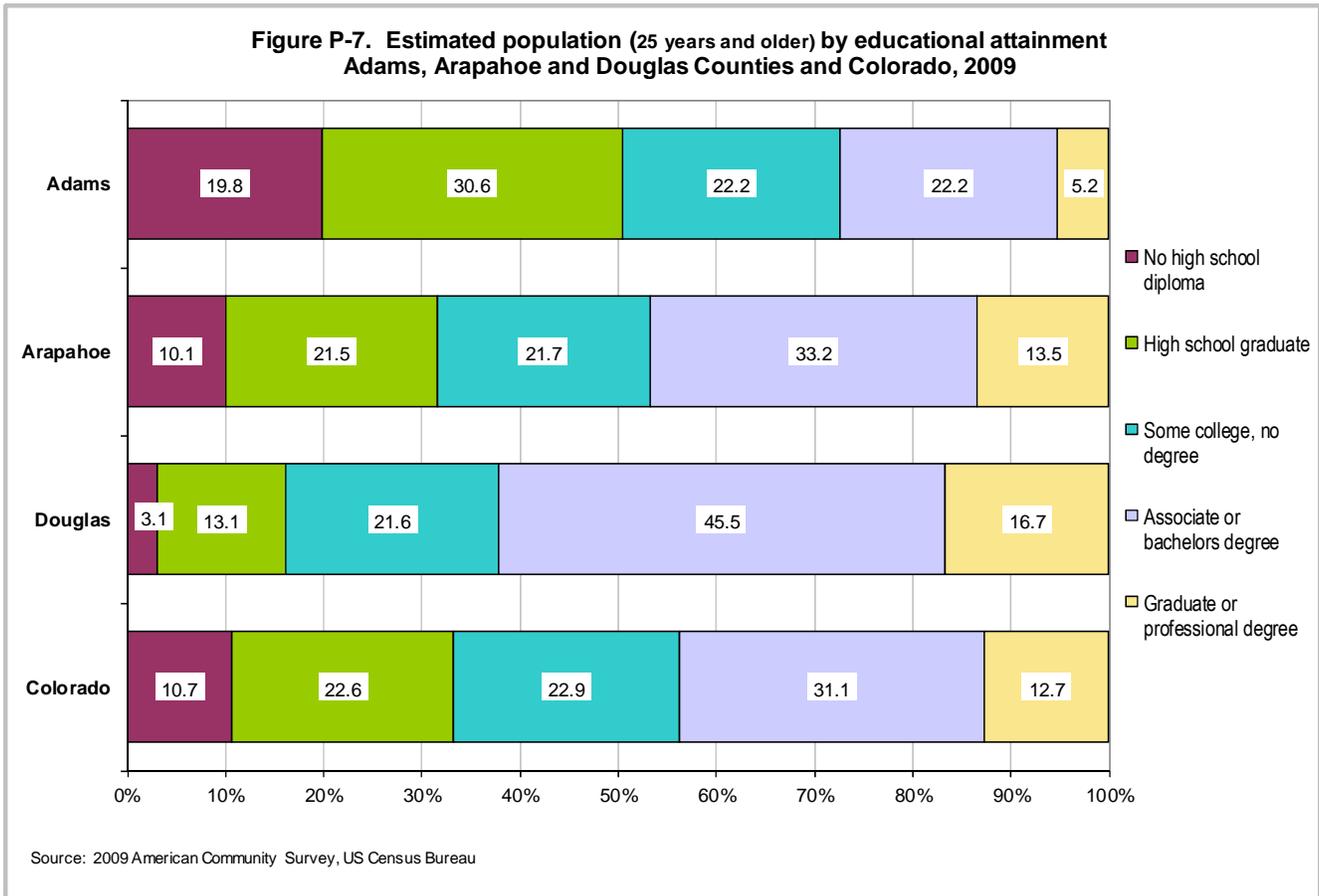
Source: 2009 American Community Survey,
US Census Bureau

■ English only ■ Spanish ■ Other

Education

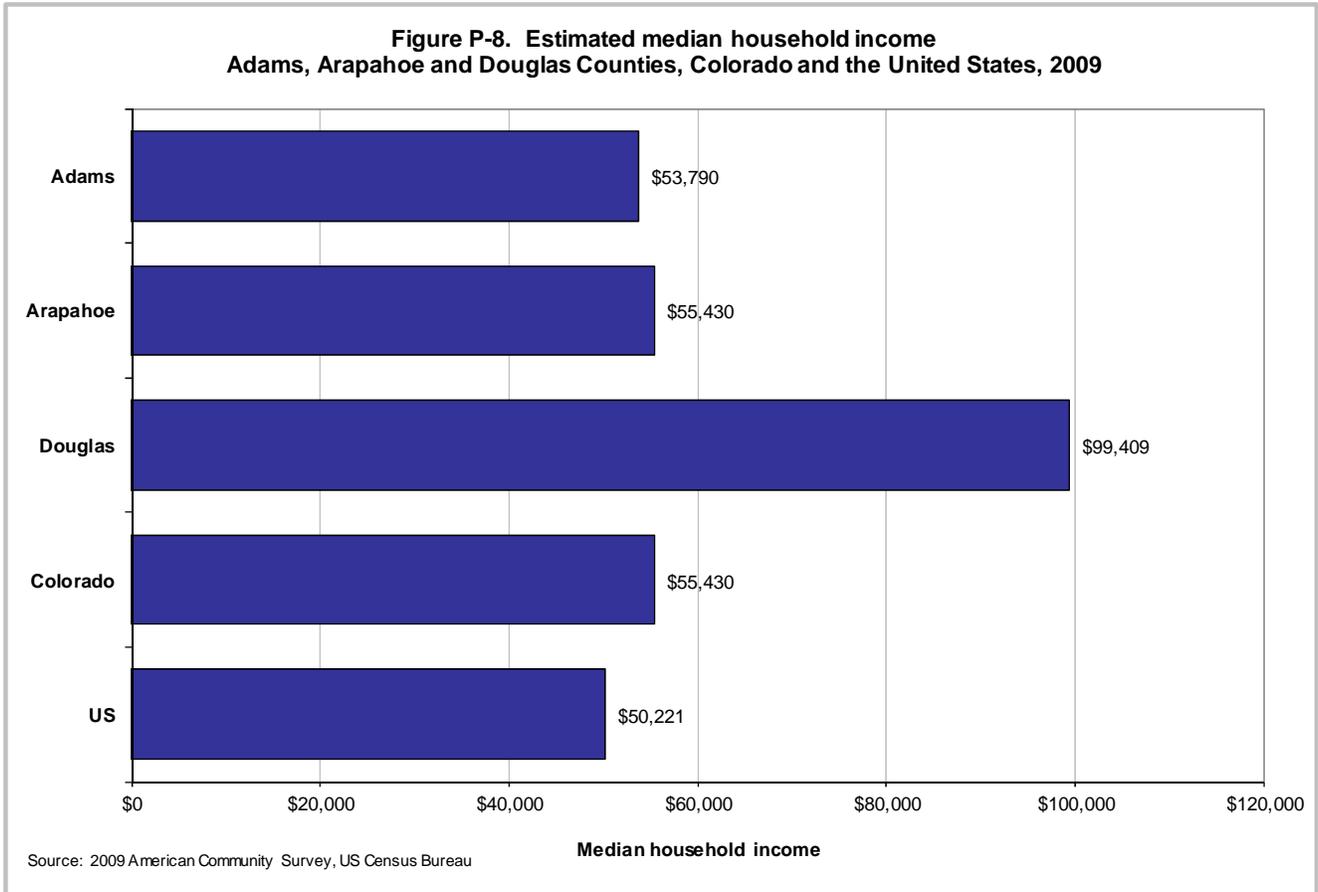
The average level of education in the United States population has increased steadily over the past several decades. This is an important achievement given that more years of education usually translate into more years of life. For women, the amount of education achieved is a key determinant of the welfare and survival of their children.¹

Douglas County has a very high educational attainment with 96.9 percent of the population high school graduates or higher. Arapahoe County's proportion of high school graduates or higher is 89.9 percent and Adams County is 80.2 percent.



Income

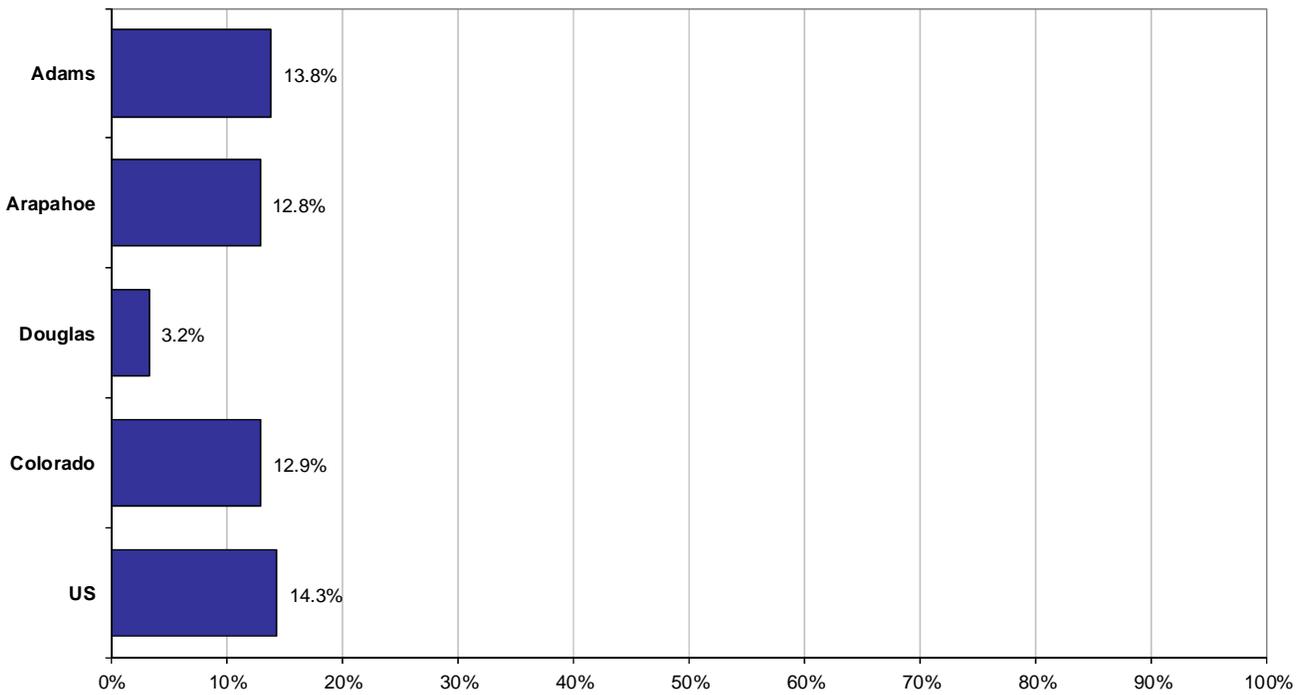
The estimated median household income in Adams, Arapahoe and Douglas Counties and Colorado is above that of the United States. Adams and Arapahoe Counties median household income is similar to Colorado (Arapahoe County's median household income is the same as Colorado). Douglas County has a very high median household income of \$99,409.



Poverty

Colorado's estimated poverty level is lower than the United States. Adams County has 13.8 percent of people whose income is below poverty level. Arapahoe County's poverty level of 12.8 percent is similar to Colorado's level (12.9%). Douglas County has 3.2 percent of people living below poverty level.

Figure P-9. Estimated proportion of people whose income in the past 12 months is below the poverty level Adams, Arapahoe and Douglas Counties, Colorado and the United States, 2009



Source: 2009 American Community Survey, US Census Bureau

Note

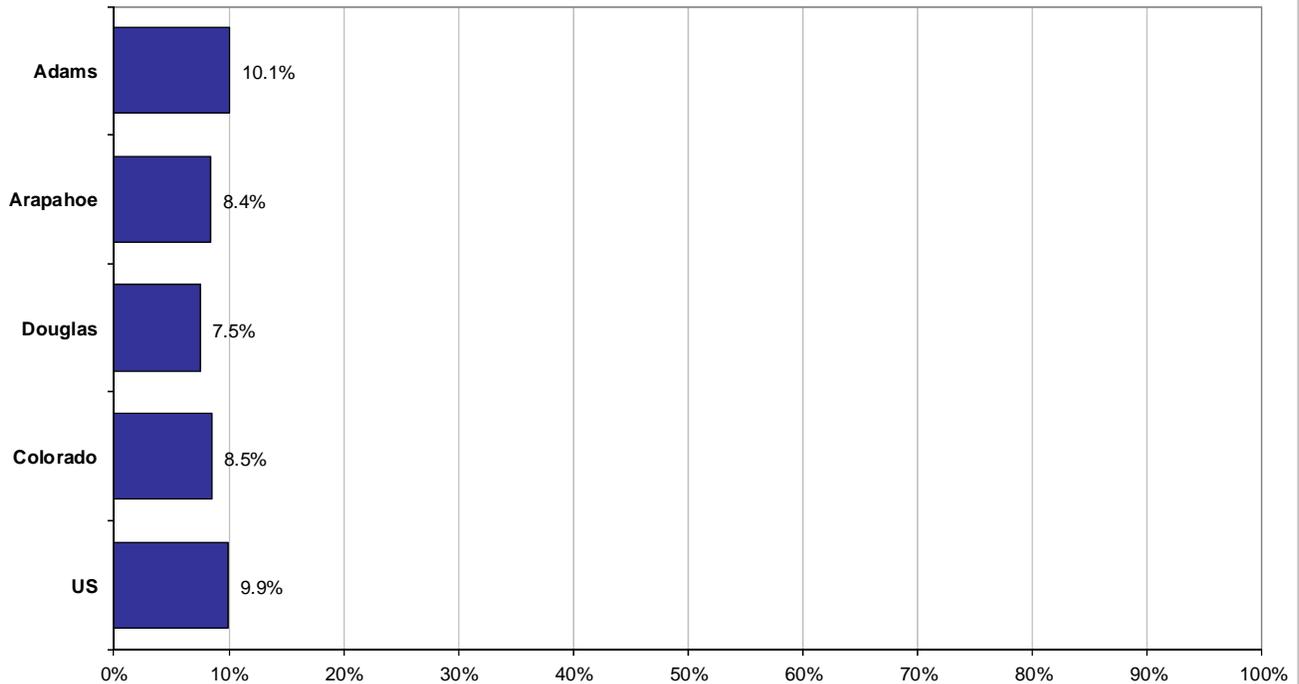
The Census Bureau uses a set of income thresholds that vary by family size and composition to determine who is in poverty. If a family's total income is less than the family's threshold, then that family and every individual in it is considered in poverty. The official poverty thresholds do not vary geographically, but they are updated for inflation using Consumer Price Index (CPI-U). The official poverty definition uses income before taxes and does not include capital gains or noncash benefits (such as public housing, Medicaid, and food stamps). For 2009, the poverty threshold for a family of four (two adults and two children) was \$21,756.⁵

Unemployment

According to the Bureau of Labor Statistics, individuals are classified as unemployed if they do not have a job, have actively looked for a job during the past four weeks, and are currently available to work.⁶

Colorado's unemployment rate is lower than the United States. Of particular note is Adams County's unemployment rate of 10.1 percent which is higher than Colorado's rate (8.5%). Arapahoe County is similar to Colorado's unemployment rate at 8.4 percent. Douglas County's unemployment rate is 7.5 percent but is more than double what it was the previous year (3.4%).

**Figure P-10. Estimated proportion of the civilian labor force unemployed
Adams, Arapahoe and Douglas Counties, Colorado and the United States, 2009**



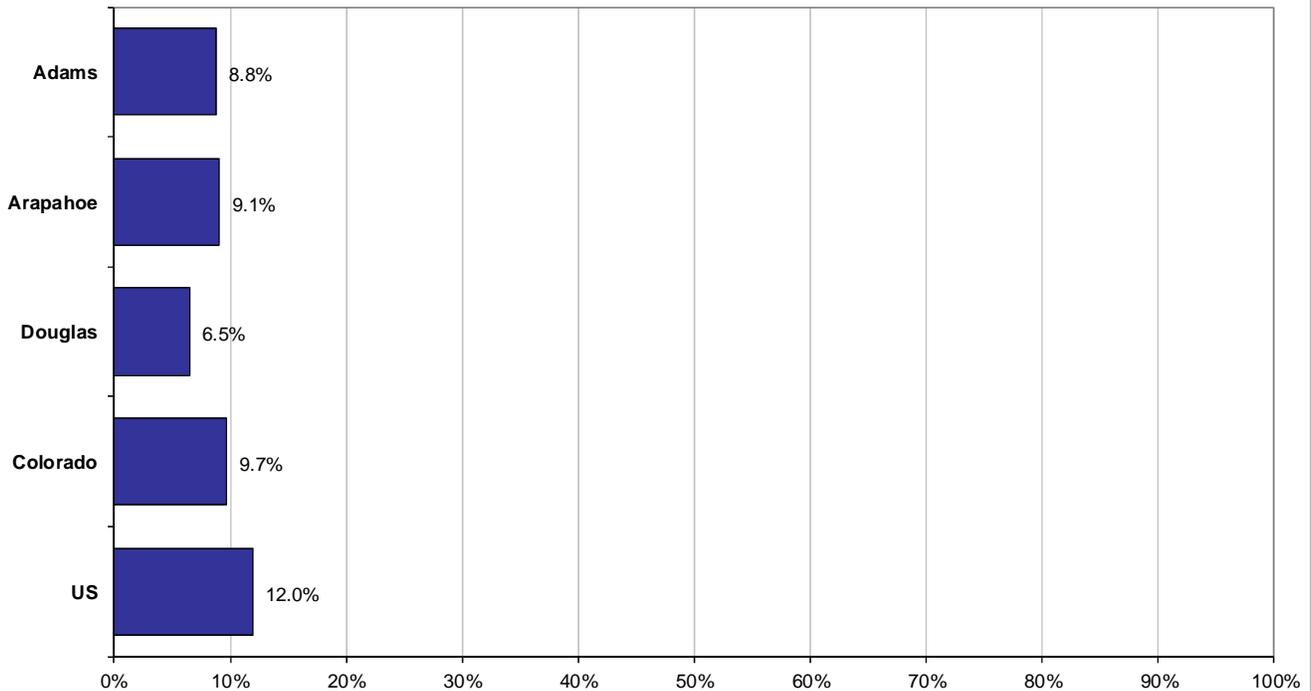
Source: 2009 American Community Survey, US Census Bureau

Disability

People with disabilities tend to report more anxiety, pain, sleeplessness, and days of depression and fewer days of vitality than do people without activity limitations. People with disabilities also have other disparities, including lower rates of physical activity and higher rates of obesity. Many people with disabilities lack access to health services and medical care.¹

Colorado has a lower estimated proportion of population with disability status than the United States. Adams, Arapahoe, and Douglas Counties have low percentages of people with disability status.

**Figure P-11. Estimated proportion of the civilian noninstitutionalized population with disability status
Adams, Arapahoe and Douglas Counties, Colorado and the United States, 2009**



Source: 2009 American Community Survey, US Census Bureau

Note

The Census Bureau defines disability as a long-lasting sensory, physical, mental or emotional condition.⁷ This condition can make it difficult for a person to do activities such as walking, climbing stairs, dressing, bathing, learning or remembering. It can impede a person from being able to go outside the home alone or to work at a job or business, and it includes persons with severe vision or hearing impairments.

Births

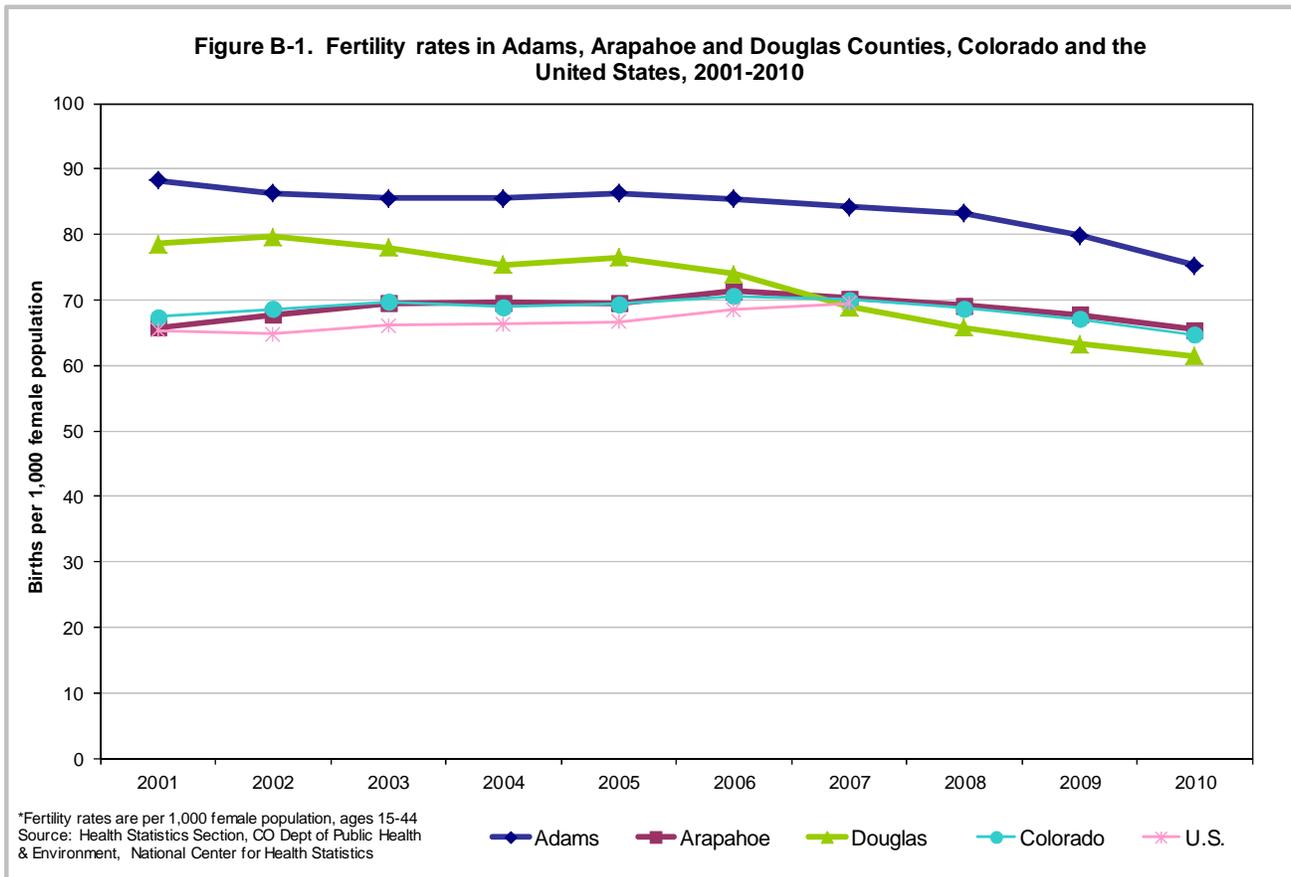
The health of pregnant women and infants is an important reflection of the current health status of a population and is a predictor of the health of the next generation. Preterm birth and low birth weight are the leading causes of neonatal death. An underlying factor for many poor birth outcomes is the inability to access prenatal care early in pregnancy. This is often due to unintended pregnancies or lack of health insurance.

This section of the Community Health Profile examines a range of indicators that are recognized as risk factors for poor birth outcomes and infant death. Many of these risk factors can be prevented or minimized with family planning and prenatal care. The birth data for Colorado and the Tri-County region were obtained from the Health Statistics Section at the Colorado Department of Public Health and Environment.⁸ National data are presented where available and were obtained from the National Center for Health Statistics.⁹

Overall fertility rates

Family planning is essential to attaining a national goal aimed at achieving planned, wanted pregnancies and preventing unintended pregnancies. Family planning services provide opportunities for individuals to receive medical advice and assistance in controlling if and when they get pregnant and for health professionals to offer health education and related medical care.

A fertility rate is a measure of the rate at which women bear children. Fertility rates are calculated from the number of live births and not the number of pregnancies and are calculated using only the female population in the denominator.

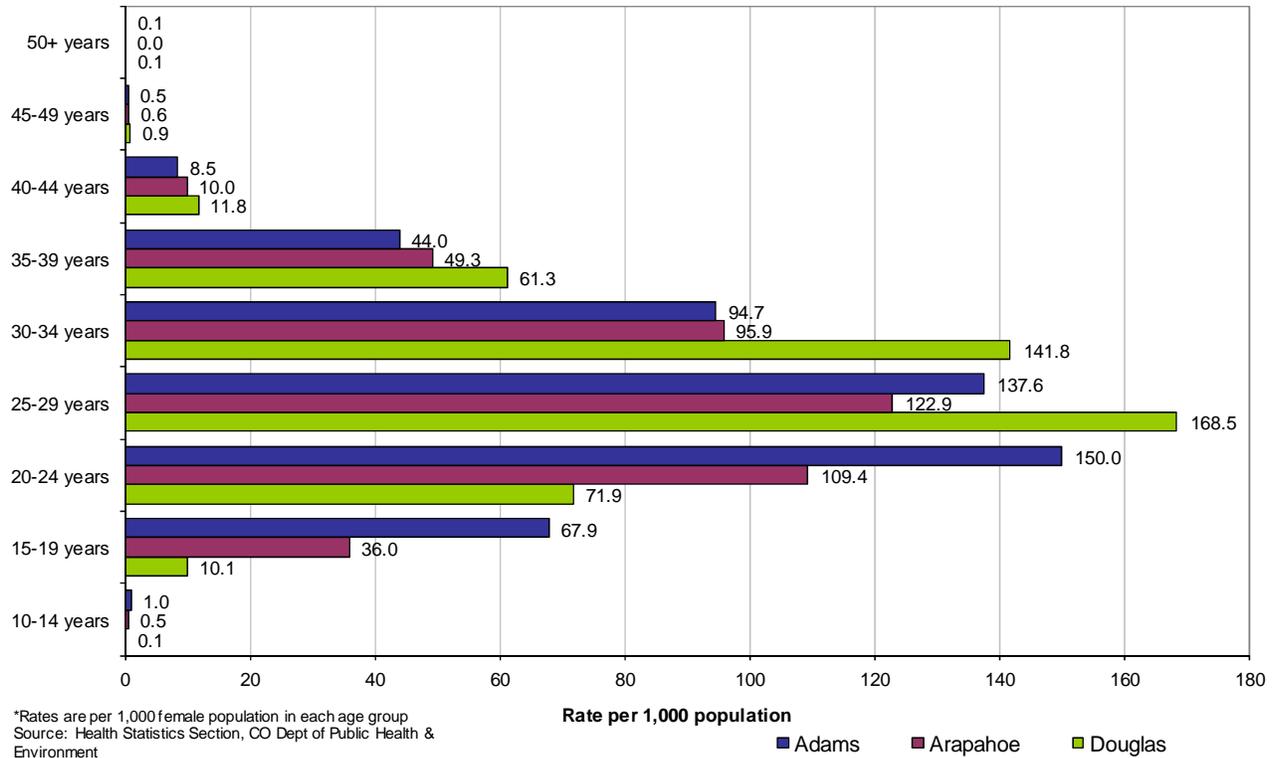


	No. births	Rate
Adams County	7,212	75.3
Arapahoe County	7,855	65.5
Douglas County	3,559	61.4
Colorado	66,346	64.7

*Fertility rates are per 1,000 female population, ages 15-44
Source: Health Statistics Section,
CO Dept of Public Health & Environment

Fertility (continued)

Figure B-2. Fertility rates* among women by age group
Adams, Arapahoe and Douglas Counties, 2001-2010



Comments

During the past decade, Adams County and Douglas County fertility rates have decreased slightly. The overall fertility rates for Arapahoe County and the state overall have remained fairly steady over the past ten years. For Adams County, the highest fertility rate is in the 20-24 years age group. For Arapahoe and Douglas Counties, the highest fertility rates are in the 25-29 years age group.

Fertility—women aged 15-17

Teenage childbearing is an ongoing public health concern. Teenagers are least likely of all maternal age groups to get early and regular prenatal care, and infants born to teenage mothers are at risk for poor birth outcomes (including elevated rates of low birth weight and preterm birth). Teen mothers are also more likely to live in poverty than women who delay childbearing until their 20s or 30s.¹⁰

**Figure B-3. Fertility rates* among women aged 15-17 years
Adams, Arapahoe and Douglas Counties, Colorado and the United States, 2001-2010**

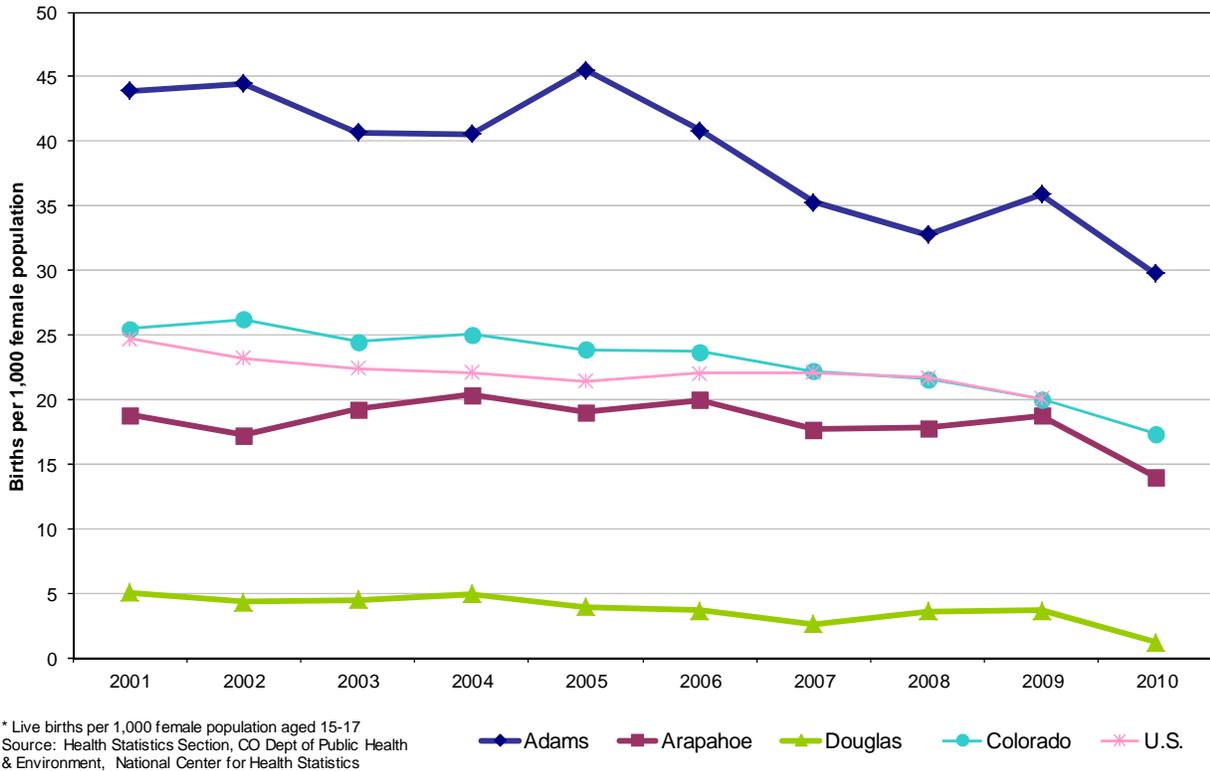


Table B-2. Fertility rates* among women aged 15-17 years, 2010

	No. births	Rate
Adams County	269	29.7
Arapahoe County	173	14.0
Douglas County	8	1.2
Colorado	1,688	17.4

*Rates are per 1,000 female population, ages 15-17

Source: Health Statistics Section,
CO Dept of Public Health & Environment

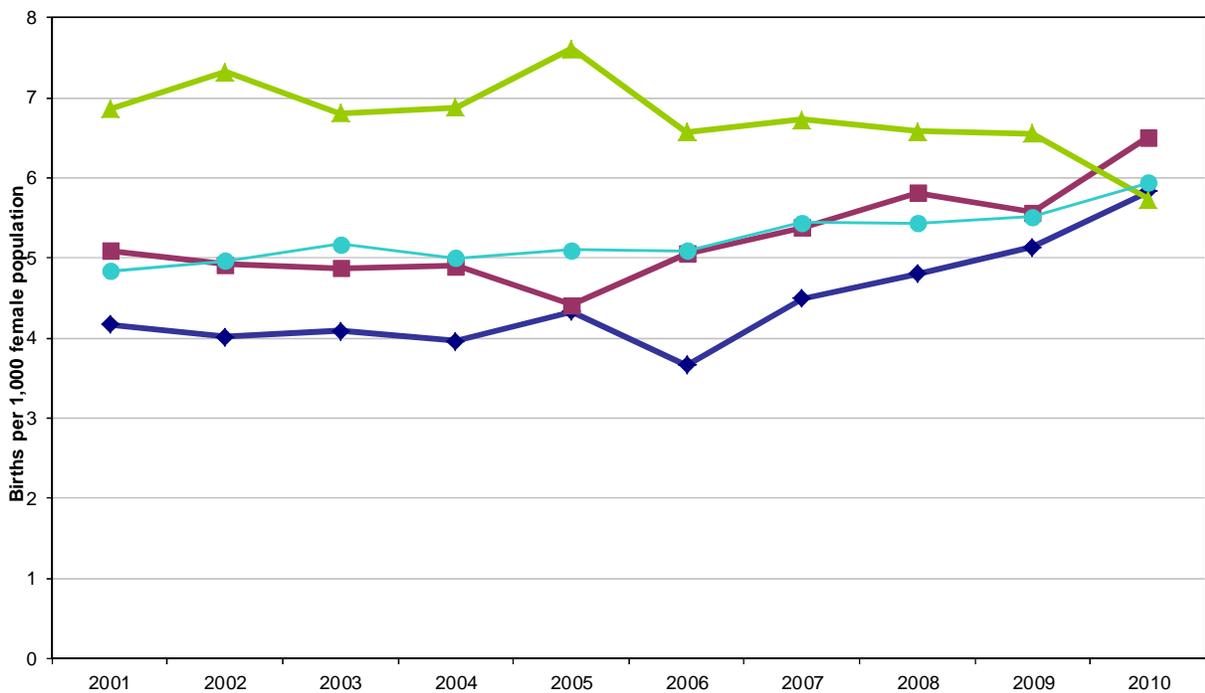
Comments

Following the national and state patterns over the last decade, teenage fertility rates have decreased in Adams, Arapahoe and Douglas Counties.

Fertility—women aged 40-49

Pregnant women over the age of 40 are more likely to experience health problems such as gestational diabetes, high blood pressure, placental problems, premature delivery, and still birth. Older women are at increased risk of having a child with certain birth defects involving chromosomes—Down syndrome being the most common. Miscarriages increase with the age of the mother, which is caused in part by increased chromosomal abnormalities.¹¹ Due to these health risks, it is important for older women to see a health care provider before conception to ensure a healthy pregnancy and baby.

**Figure B-4. Fertility rates* among women aged 40-49 years
Adams, Arapahoe and Douglas Counties and Colorado, 2001-2010**



* Live births per 1,000 female population aged 40-49
Source: Health Statistics Section, CO Dept of Public Health & Environment

◆ Adams ■ Arapahoe ▲ Douglas ● Colorado

Table B-3. Fertility rates* among women aged 40-49 years, 2010

	No. births	Rate
Adams County	175	5.8
Arapahoe County	277	6.5
Douglas County	152	5.7
Colorado	2,120	5.9

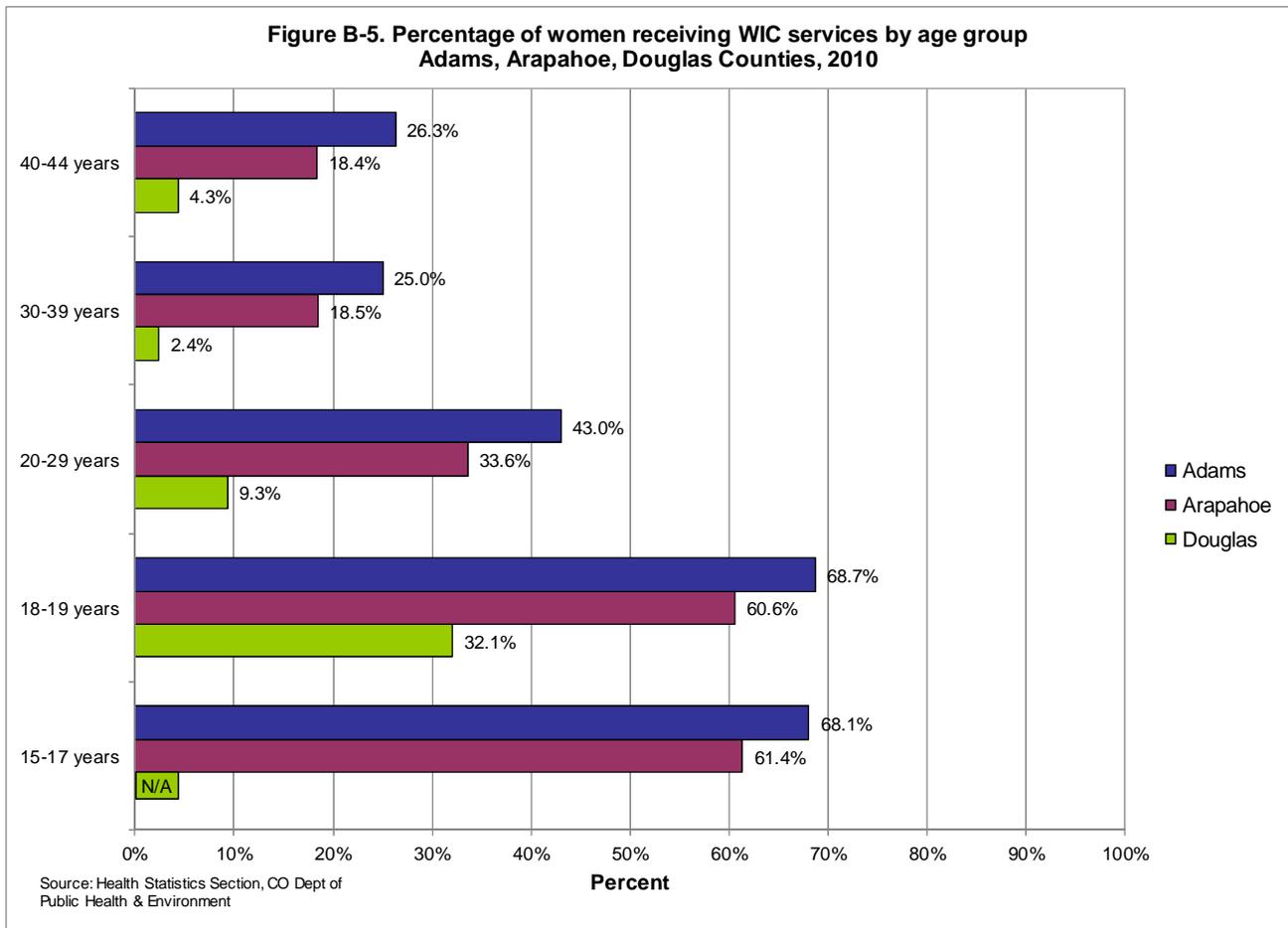
*Rates are per 1,000 female population, ages 40-49
Source: Health Statistics Section,
CO Dept of Public Health & Environment

Comments

The fertility rate in Colorado for women 40-49 has increased over the past decade. The rates in Adams and Arapahoe Counties have also increased whereas the rate in Douglas County has declined slightly.

Women, Infant, and Children (WIC) Services

WIC is a federally-funded food program that provides supplemental nutritious foods and nutrition counseling to low-income women who are pregnant, breastfeeding, non-breastfeeding postpartum women, and to infants and children from birth to age five. WIC contributes to improved pregnancy outcomes and healthier children. Fifty percent of all infants born in the United States receive WIC services.¹² In 2010, this federal program provided \$18 million in direct assistance to families residing in the Tri-County region.



Comments

The highest percentage of women receiving WIC services were women under age 20 across all three counties. The highest percentage of women receiving WIC services in Adams and Douglas Counties were women in the 18-19 year age group. The highest percentage of women receiving WIC services in Arapahoe County were women in the 15-17 year age group.

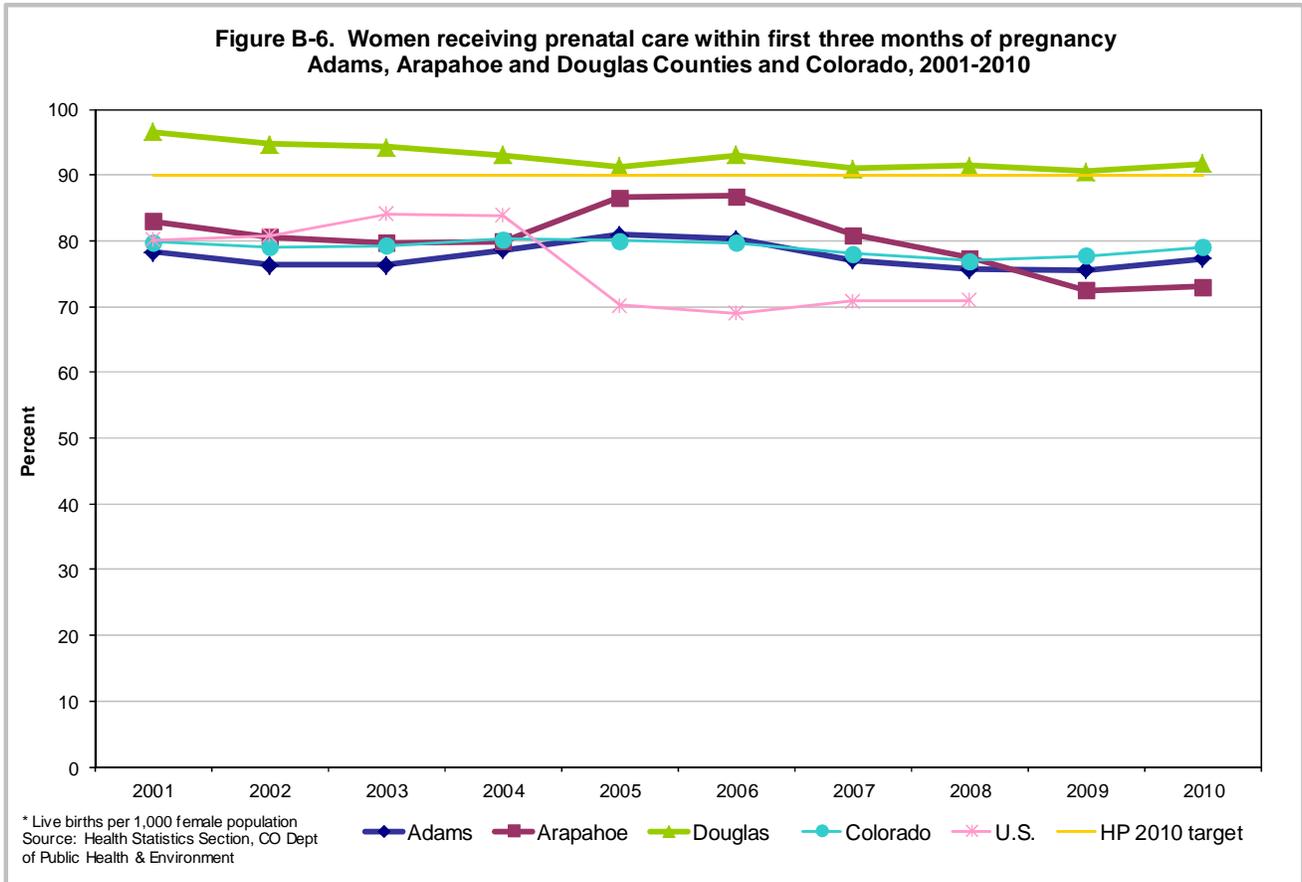
Prenatal care

Early, ongoing prenatal care can enhance pregnancy outcomes by assessing risk, providing health care advice, and managing chronic and pregnancy-related health conditions. Prenatal care providers can identify and help woman address behavioral factors, such as smoking and alcohol use, which contribute to poor birth outcomes. Prenatal care is more likely to be effective if women begin receiving care early in pregnancy.¹

Healthy People 2010 objective 16-6a

Increase the proportion of pregnant women who receive early and adequate prenatal care—beginning in the first trimester of pregnancy.

Target: 90% of live births



Comments

The percentage of women initiating prenatal care during the first three months of pregnancy has essentially remained the same for each of our three counties and Colorado during the past 10 years. Adams and Arapahoe Counties did not achieve the national target. Douglas County achieved the target throughout the past decade, but the percentage has decreased slightly over time.

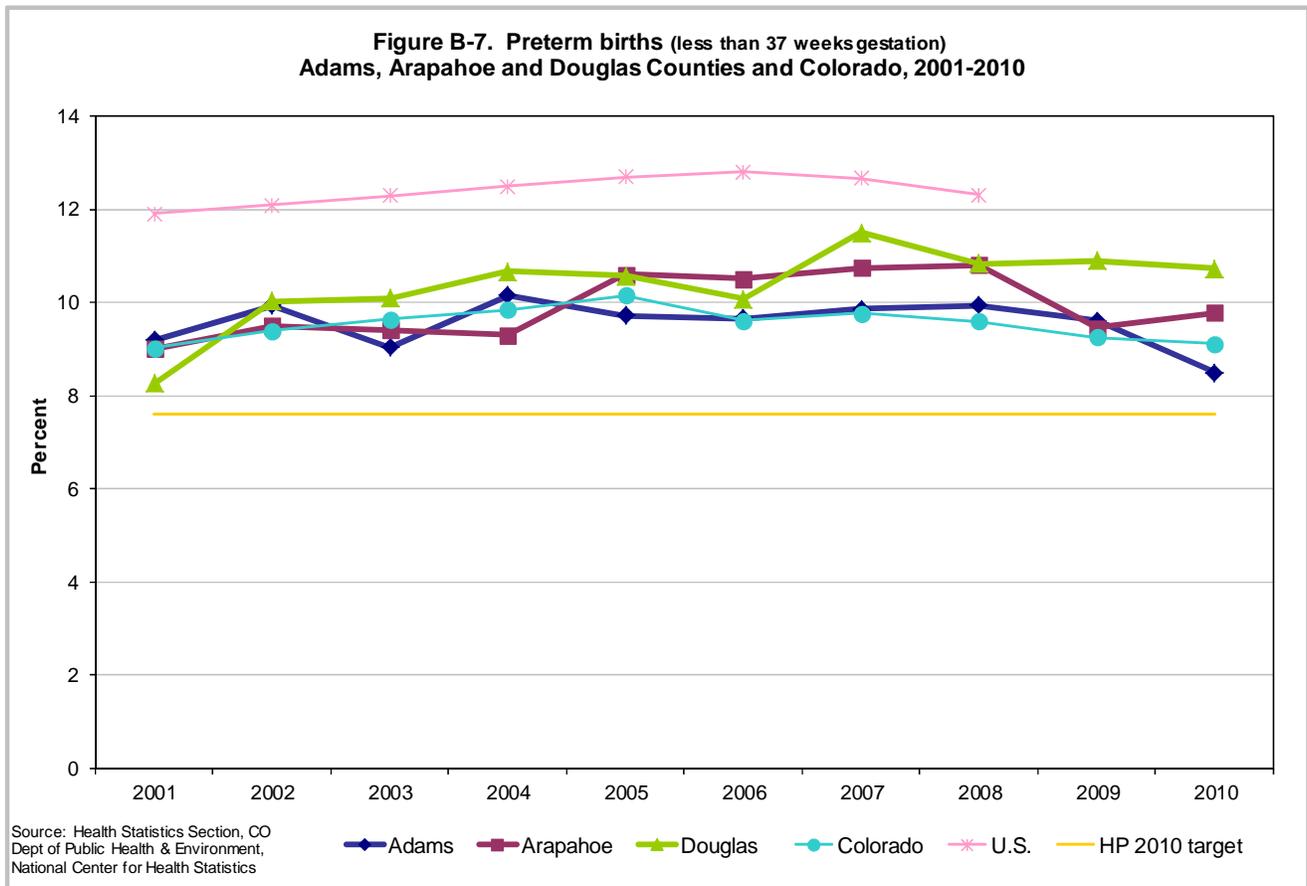
Preterm births

Babies born before 37 completed weeks of pregnancy are called premature or preterm. Preterm birth is a serious health problem and the leading cause of neonatal death not due to birth defects. Preterm babies are at increased risk for newborn health complications, as well as lasting disabilities, such as mental retardation, cerebral palsy, lung and gastrointestinal problems, vision, and hearing loss. About two-thirds of low birth weight babies (less than 2500 grams) and nearly all very low birth weight babies (less than 1500 grams) are preterm. Preterm birth is associated with a number of modifiable risk factors, including the use of alcohol, tobacco or other drugs during pregnancy and low pre-pregnancy weight or low weight gain during pregnancy. Other important risk factors for preterm birth are vaginal infections and domestic violence.^{1,13}

Healthy People 2010 objective 16-11

Reduce preterm births.

Target: 7.6% of live births



Preterm births (*continued*)

Comments

The Colorado and national percentage of preterm births has remained fairly stable over the past decade. The percentage of preterm births in Adams County has also remained fairly stable. Arapahoe County's preterm birth percentage increased from 2001 through 2008 then decreased slightly in 2009 and 2010. The percentage of preterm births has increased in Douglas County from 2001 through 2010. Though the preterm birth percentages in the three counties and Colorado overall are less than in the nation, none have reached the national target of 7.6 percent.

Low birth weight

Babies born weighing less than 2,500 grams (5.5 lbs.) are considered low birth weight (LBW), and those born weighing less than 1500 grams (3.3 lbs.) are considered very low birth weight (VLBW). These low birth weight babies are at increased risk for serious health problems as newborns and lasting disabilities such as cerebral palsy, mental retardation, hearing impairments, and other developmental disabilities. Low birth weight and early gestational age are strongly associated with increased infant mortality.^{1,14,15}

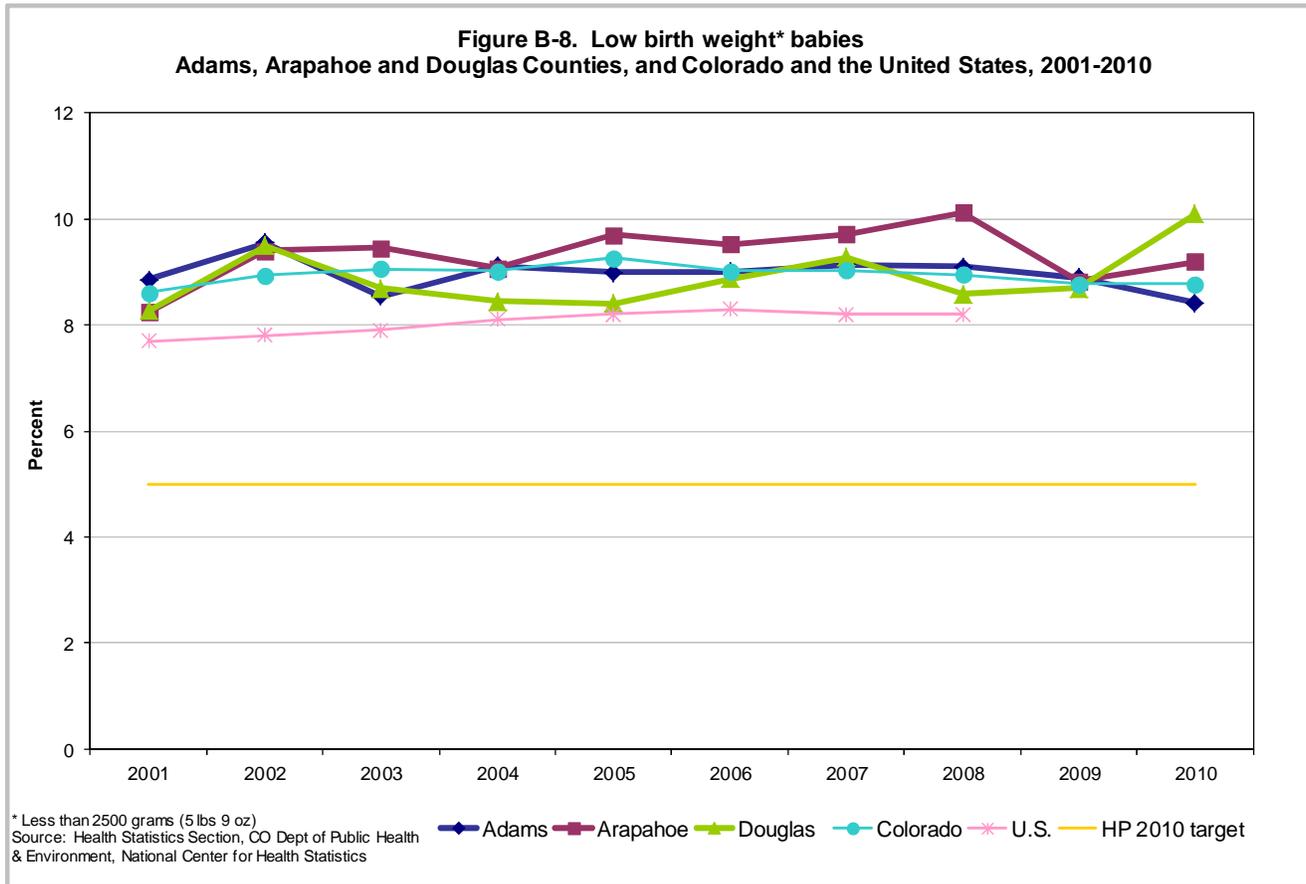
In Adams, Arapahoe and Douglas Counties, approximately one percent of births are VLBW, eight percent LBW, and the remaining are normal or high birth weight.

Healthy People 2010 objective 1610a

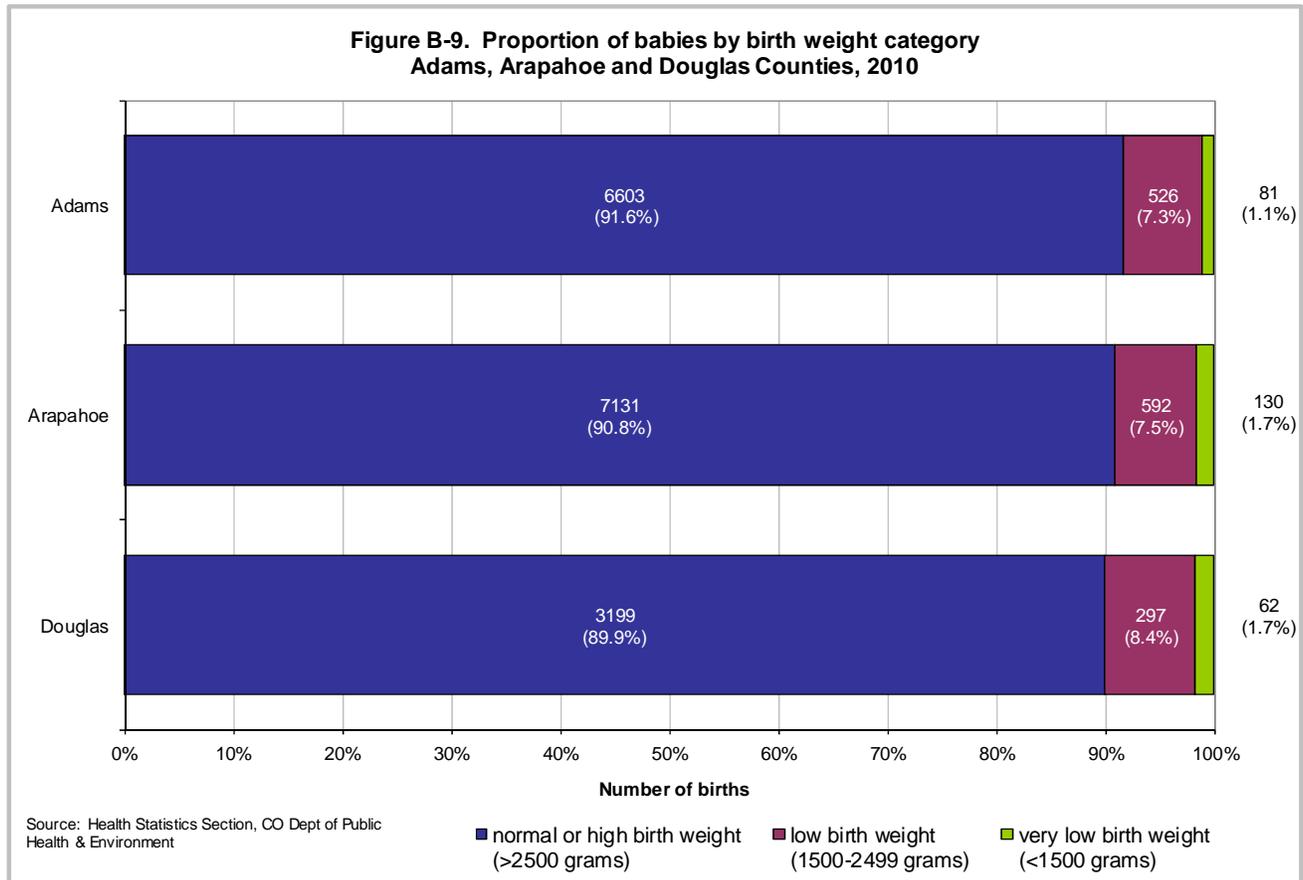
Reduce low birth weight.
Target: 5.0% of live births

Healthy People 2010 objective 1610b

Reduce very low birth weight.
Target: 0.9% of live births



Low birth weight (continued)



Comments

Colorado has continually had a higher rate of LBW than the U.S. overall. Adams, Arapahoe and Douglas Counties have not achieved the national target of five percent or less LBW births. In fact, the percentage of LBW births has remained fairly steady in Adams and Arapahoe Counties over the past decade. Douglas County's LBW percentage has increased over the 10-year time period. For VLBW, Adams, Arapahoe and Douglas Counties did not meet the national target of 0.9 percent of all births being very low birth weight.

Table B-4 summarizes the statistics associated with poor birth outcomes for 2010 for the Tri-County area and Colorado.

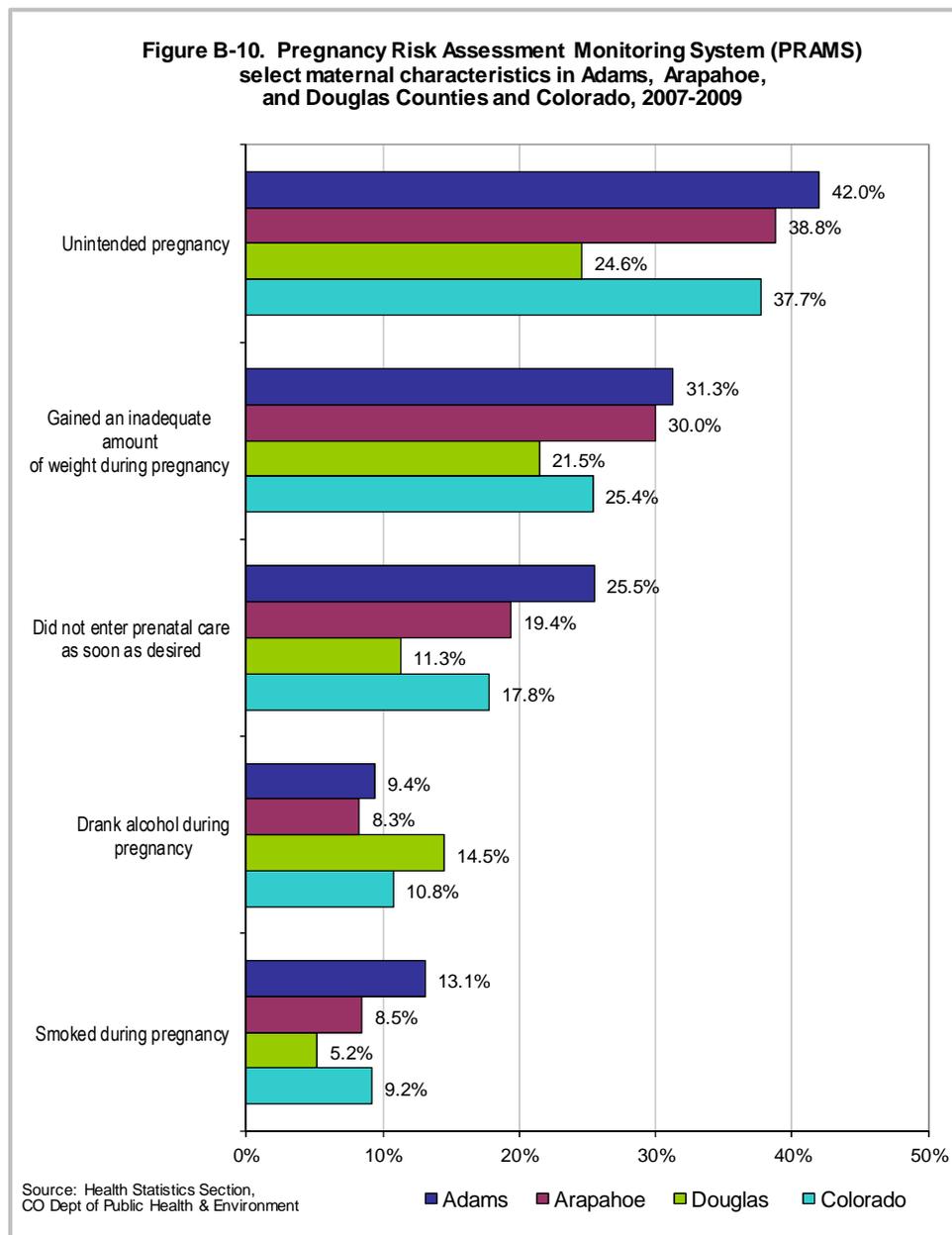
Table B-4. Select statistics associated with poor birth outcomes Adams, Arapahoe and Douglas Counties and Colorado, 2010								
	Adams County		Arapahoe County		Douglas County		Colorado	
	No.	%	No.	%	No.	%	No.	%
Women not receiving prenatal care within first three months of pregnancy	1,596	22.7	2,077	27.0	292	8.3	13,657	21.0
Preterm births (less than 37 weeks gestation)	612	8.5	769	9.8	382	10.7	6,050	9.1
Low birth weight (<2500 grams)	607	8.4	722	9.2	359	10.1	5,816	8.8
Very low birth weight (<1500 grams)	81	1.1	130	1.7	62	1.7	889	1.3

Source: Health Statistics Section, CO Dept of Public Health & Environment

Pregnancy risk factors

Pregnancy Risk Assessment Monitoring System (PRAMS) is a population-based risk factor surveillance system designed to identify and monitor behaviors and experiences of women before, during, and after pregnancy. Information is collected by surveying a sample of women who have recently given birth.

In order to depict a larger sample, risk factors shown in **Figure B-10** are from a combined 3-year period, 2007-2009 (the most recent years available).



Pregnancy risk factors (*continued*)

Comments

Approximately forty percent of women had reported an unintended pregnancy in Colorado overall as well as Adams and Arapahoe County. Douglas County had a smaller percentage of unintended pregnancy at 25 percent. A higher percentage of women did not gain an adequate amount of weight in Adams and Arapahoe Counties compared to Colorado overall. Along the same lines, a higher percentage of women in Adams and Arapahoe Counties did not enter prenatal care as soon as they desired compared to Colorado overall. Though a lower percentage of mothers in Douglas County reported smoking during pregnancy, a higher percentage of mothers in Douglas County reported drinking alcohol during pregnancy.

Deaths (Mortality)

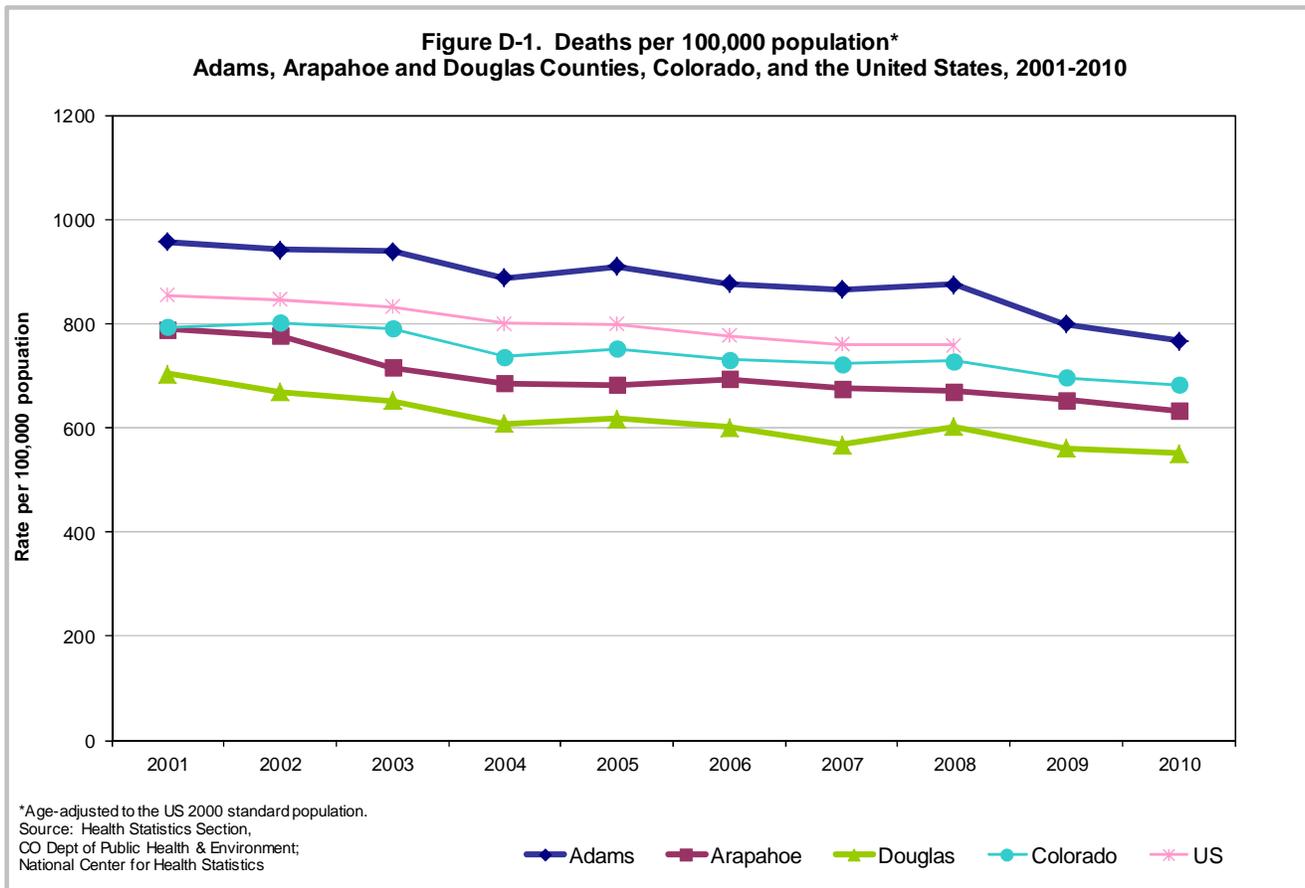
Life expectancy—a summary measure of mortality—and infant mortality rates are often used to measure the overall health of a population. Life expectancy represents the average number of years of life that could be expected if current death rates were to remain the same. Life expectancy continues to increase and is currently estimated at 78.2 years (75.7 years for men and 80.6 years for women).¹⁶

Mortality data and patterns are important for understanding changes in the health and well-being of populations. The data can be used to help identify populations at greater risk of death from specific diseases and injuries. Differences in death rates may reflect differences in factors such as socioeconomic status, access to medical care, and the prevalence of specific risk factors of a particular population.¹⁷

This section of the Community Health Profile examines trends in several of the leading causes of death in the Tri-County region and statewide. The death data for Colorado and the Tri-County region were obtained from the Health Statistics Section at the Colorado Department of Public Health and Environment.⁸ National data are presented where available and were obtained from the National Center for Health Statistics.⁹

Overall death rates

Figure D-1 shows the overall age-adjusted death rates. Age-adjusting rates are a way to make fairer comparisons between groups with different age distributions. The age-adjusted rates are rates that would have existed if the population under study had been distributed by age the same way as in the U.S. Census 2000 standard population.



Comments

Over the past decade, death rates have declined in all three counties as well as Colorado and the nation overall. Adams County's rates are higher than the overall rate in Colorado and the United States.

Leading causes of death

The leading causes of death are frequently used to describe the health status of a population overall. Many differences emerge when the leading causes of death are viewed for various population groups or by age group. The leading causes of death result from a mixture of behaviors such as smoking, lack of physical activity, and poor nutrition; injury, violence, and other factors in the environment; and the unavailability or inaccessibility of quality health services.

Using the 10 leading causes of death in Colorado, **Table D-1** shows the leading causes of death in Adams, Arapahoe and Douglas Counties.

	Adams County		Arapahoe County		Douglas County		Colorado	
	Total deaths	Mortality rate**	Total deaths	Mortality rate**	Total deaths	Mortality rate**	Total deaths	Mortality rate**
All causes	2,412	766.4	3,276	654.4	878	550.3	31,435	682.1
All cancers	575	177.8	797	156.4	244	128.7	7,029	149.4
Heart disease	399	132.6	533	108.4	156	107.0	6,029	132.6
Chronic lower respiratory disease	199	67.8	201	42.8	39	30.3	2,199	49.7
Accidents (unintentional injuries)	154	40.6	216	39.7	47	22.0	2,102	43.4
Cerebrovascular disease / Stroke	123	41.9	158	32.5	52	38.6	1,605	36
Alzheimer's disease	95	36.6	244	52.2	40	34.1	1,336	31.1
Suicide	52	12.3	73	12.7	35	13.9	867	16.8
Diabetes	75	23.2	76	14.5	18	13.5	721	15.2
Chronic liver disease and cirrhosis	54	13.6	62	10.7	8	2.9	598	11.2
Influenza and pneumonia	41	14.3	58	11.3	15	10.8	549	12.3

* Leading causes of death are based on the leading causes statewide in 2010.
 **Rate per 100,000 population, age-adjusted to the 2000 US standard population.
 Source: Health Statistics Section, CO Dept of Public Health & Environment

Cancer

Cancer is now the leading cause of death in Adams, Arapahoe and Douglas Counties and in Colorado overall. Prior to 2006, heart disease was the leading cause of death in all three counties and Colorado. Cancer remains the second leading cause of death in the United States behind heart disease.⁹

The most commonly diagnosed cancers among men in the United States are prostate, lung and colorectal. The leading cause of cancer death among men is lung. The second leading cause of cancer death among men is prostate and the third is colorectal. The most commonly diagnosed cancers among women in the United States are breast, lung and colorectal. Lung cancer is also the leading cause of cancer deaths among women. The second and third leading causes of cancer deaths among women are breast and colorectal.¹⁸

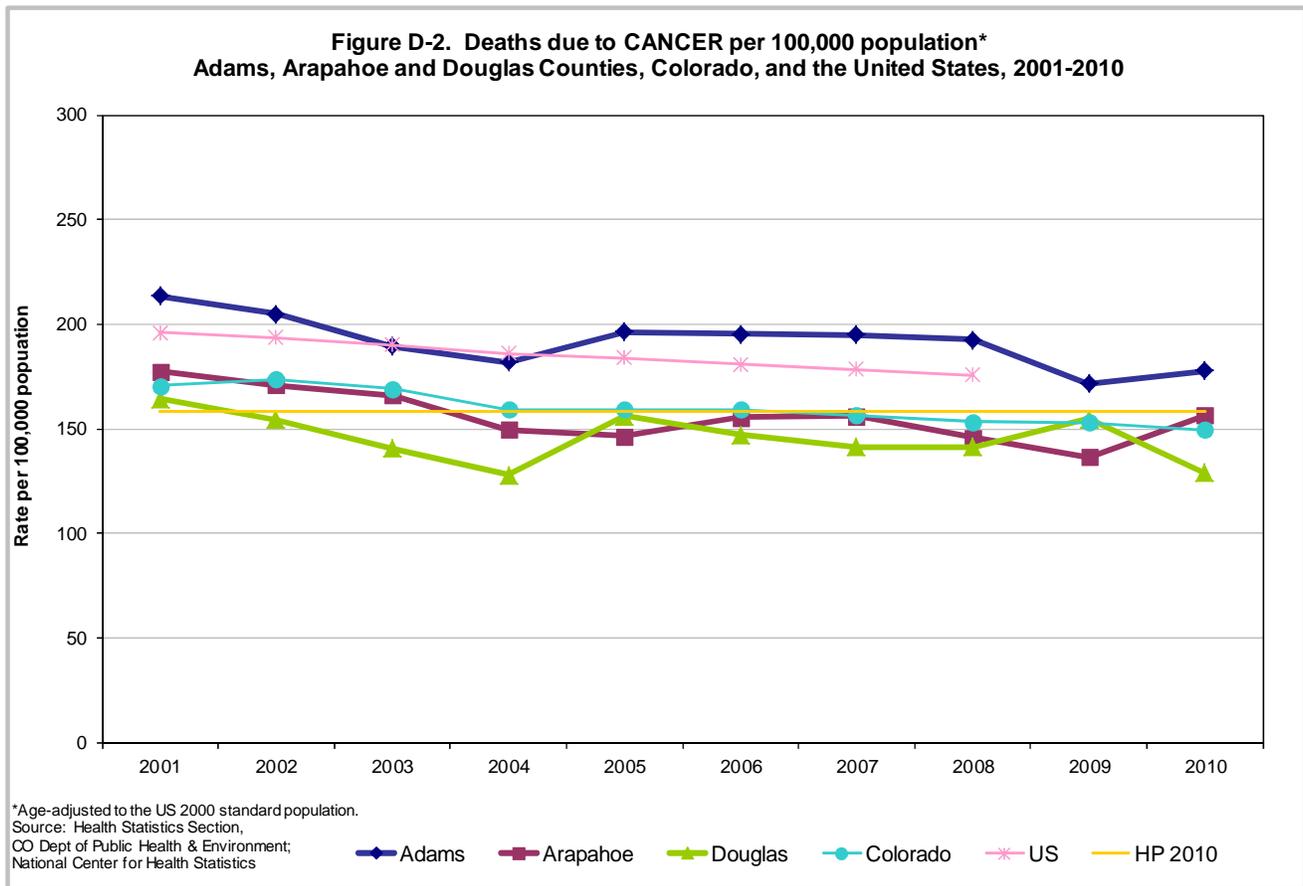
Cancer death rates continue to decline but at a slower rate compared to heart disease death rates. Strongly contributing to the overall decline are the declines in deaths from colorectal cancer in men and women, lung cancer in men, prostate cancer in men and breast cancer in women.¹⁹ Prevention, early detection and treatment are key to reducing cancer deaths.

Healthy People 2010 Objective 3-1

Reduce the overall cancer death rate.

Target: 158.6 deaths per 100,000 population

Cancer (continued)



Comments

Cancer death rates have decreased in Adams, Arapahoe and Douglas Counties as well as in Colorado and the United States. In 2010, Arapahoe County and Douglas County met the Healthy People 2010 target. Although progress has been made, cancer deaths rates in Adams County remain higher than the Healthy People 2010 target.

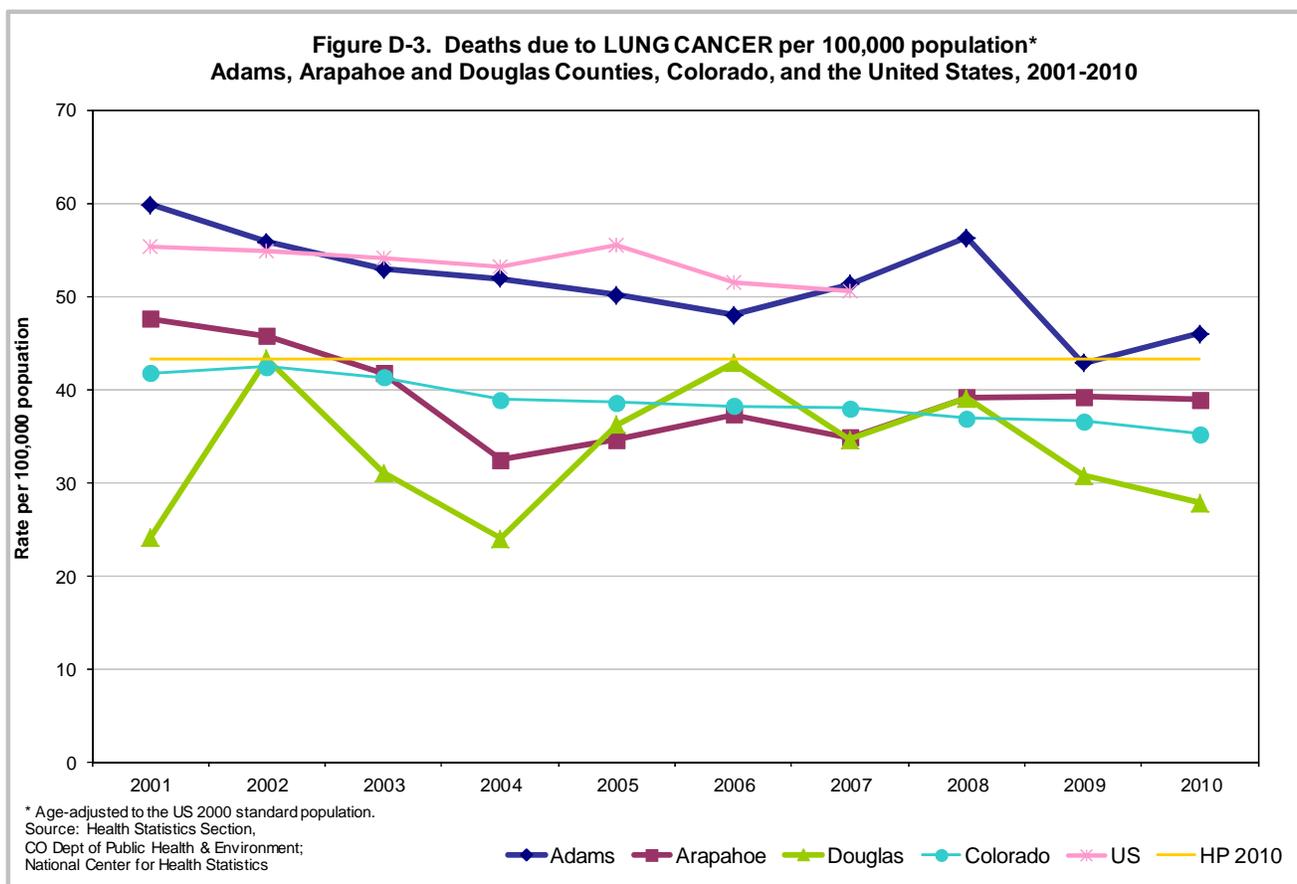
Lung cancer

More people die from lung cancer than any other type of cancer. This is true for both men and women. Eighty to ninety percent of lung cancer deaths are attributable to tobacco use.²⁰ Other risk factors include environmental carcinogens such as radon gas and personal traits including having a family history of lung cancer. The most important thing a person can do to prevent lung cancer is to not start smoking or to quit if currently smoking. This is true no matter how old one is or the amount of smoking.²⁰

Healthy People 2010 objective 3-2

Reduce the lung cancer death rate.

Target: 43.3 deaths per 100,000 population



Comments

Lung cancer death rates have been decreasing in Arapahoe County and Colorado overall during the past decade and met the Healthy People target in 2010. Adams County's rate had been declining and met the HP 2010 target in 2009 before experiencing a slight increase in 2010. Douglas County has met the HP 2010 target but has had some rate fluctuations throughout the past decade.

Colorectal cancer

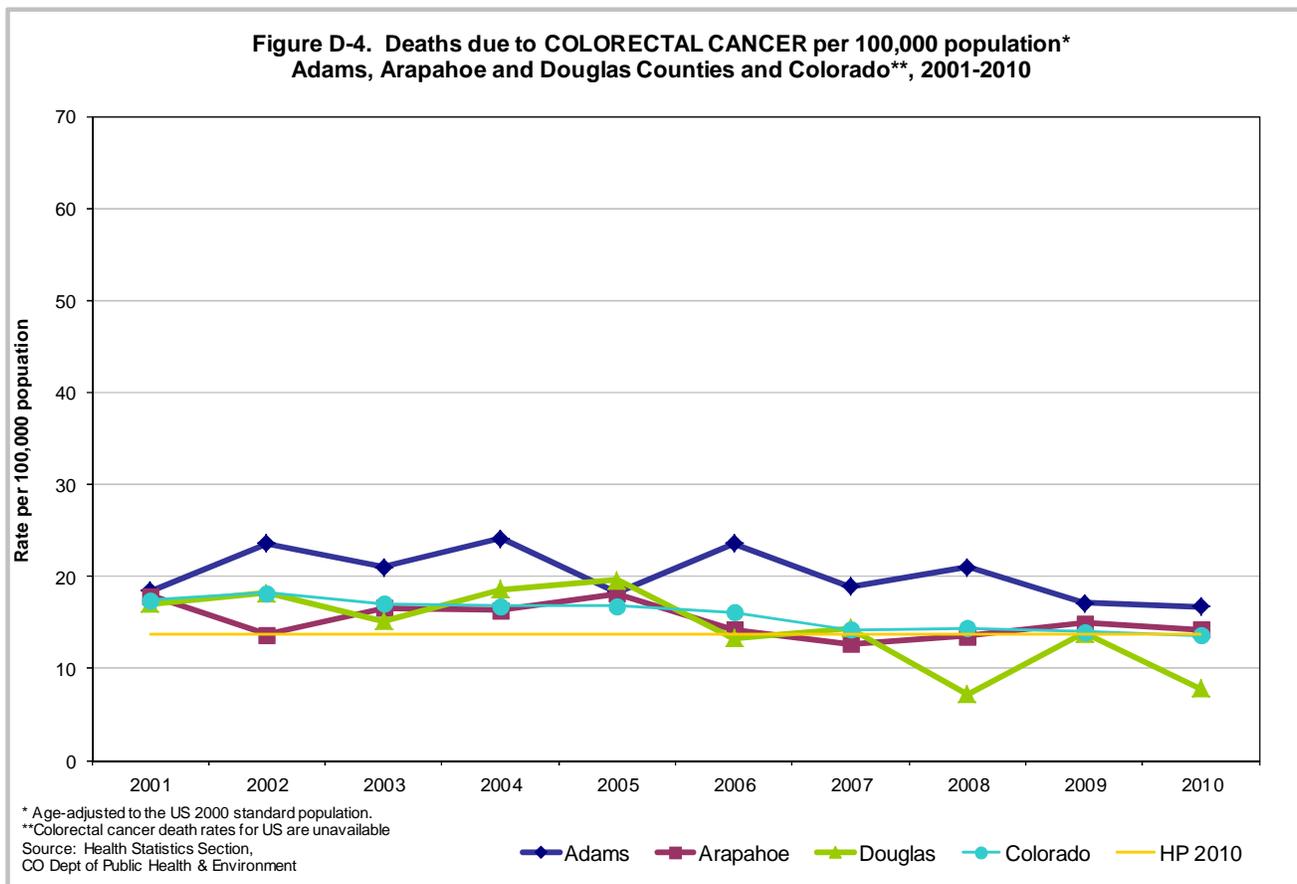
Colorectal cancer—cancer of the colon or rectum—is the third leading cause of cancer-related deaths in the United States. Colorectal cancer affects both men and women of all racial and ethnic groups, and is most often found in people aged 50 years or older.

Death rates from colorectal cancer have been steadily declining. The decline is most likely associated with preventing the cancer through screening and removal of precancerous polyps, improving cancer outcomes by earlier stage diagnosis, reducing exposure to risk factors and improving cancer treatment.¹⁹ Lifestyle factors that may contribute to increased risk of colorectal cancer include lack of regular physical activity, low fruit and vegetable intake, a low-fiber and high-fat diet, overweight and obesity, alcohol consumption and tobacco use.²¹

Healthy People 2010 objective 3-1

Reduce the colorectal cancer death rate.

Target: 13.9 deaths per 100,000 population



Colorectal cancer (*continued*)

Comments

Interestingly, the colorectal cancer death rates in 2001 were similar in Adams, Arapahoe and Douglas Counties and Colorado overall. The rates for each county and Colorado declined over the 10-year period. In 2010, Douglas County and Colorado overall achieved the Healthy People 2010 target.

Prostate cancer

Prostate cancer is the most commonly diagnosed form of cancer in males and the second leading cause of cancer death among males in the United States. Risk factors include the following:²²

- Age - the older a man is, the greater his risk for getting prostate cancer
- Family history - a man with a father, brother, or son who has had prostate cancer is two to three times more likely to develop the disease himself
- Race - prostate cancer is more common among African-American men than among white men and is less common among Hispanic, Asian, Pacific Islander and Native American men

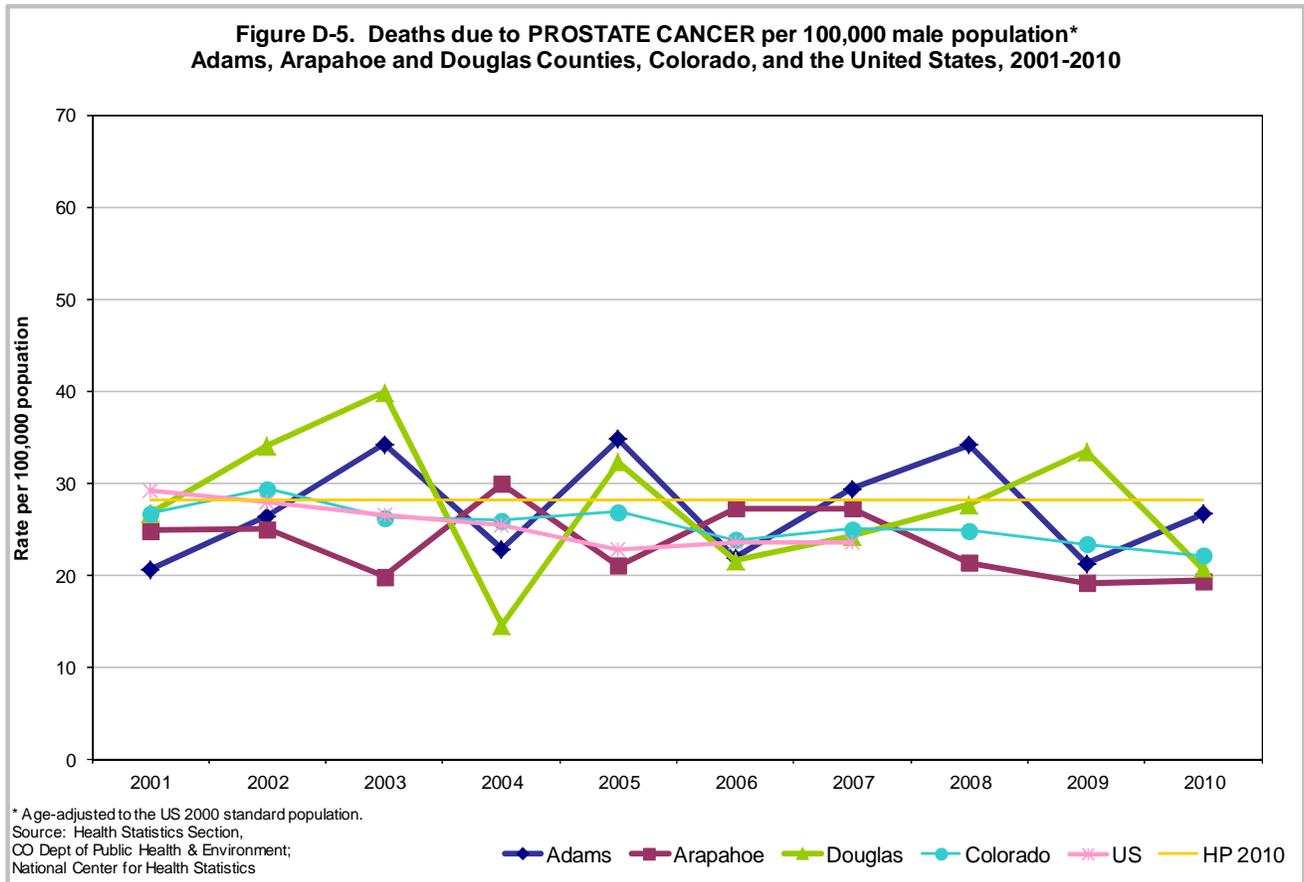
Researchers are trying to determine the causes of prostate cancer and whether it can be prevented. There are no commonly recognized modifiable risk factors for prostate cancer. Although prostate-specific antigen (PSA) testing and digital rectal exams (DREs) are commonly used to screen for prostate cancer, there is no consensus that screening reduces risk of death or increases quality of life.²²

Healthy People 2010 Objective 3-7

Reduce the prostate cancer death rate.

Target: 28.2 deaths per 100,000 population

Prostate cancer (continued)



Comments

Due to a small number of deaths due to prostate cancer, the death rates fluctuated over the 10-year time period in Adams, Arapahoe and Douglas Counties. Colorado overall showed a slight downward trend over the past decade. In 2010, all three counties and Colorado met the Healthy People 2010 target.

Breast cancer

Breast cancer is one of the most commonly diagnosed cancers among women in the United States and is the second leading cause of cancer deaths in women. Risk factors that increase risk of breast cancer include:²³

- Getting older
- Younger age at first menstrual period
- Starting menopause at a later age
- Older age at birth of first child
- Never giving birth
- Not breastfeeding
- Personal history of breast cancer or some non-cancerous breast diseases
- Family history of breast cancer
- Treatment with radiation therapy to the breast/chest
- Being overweight (increases risk for breast cancer after menopause)
- Long-term use of hormone replacement therapy (estrogen and progesterone combined)
- Having changes in the breast cancer-related genes BRCA1 or BRCA2
- Drinking more than one alcohol drink a day
- Not getting regular exercise

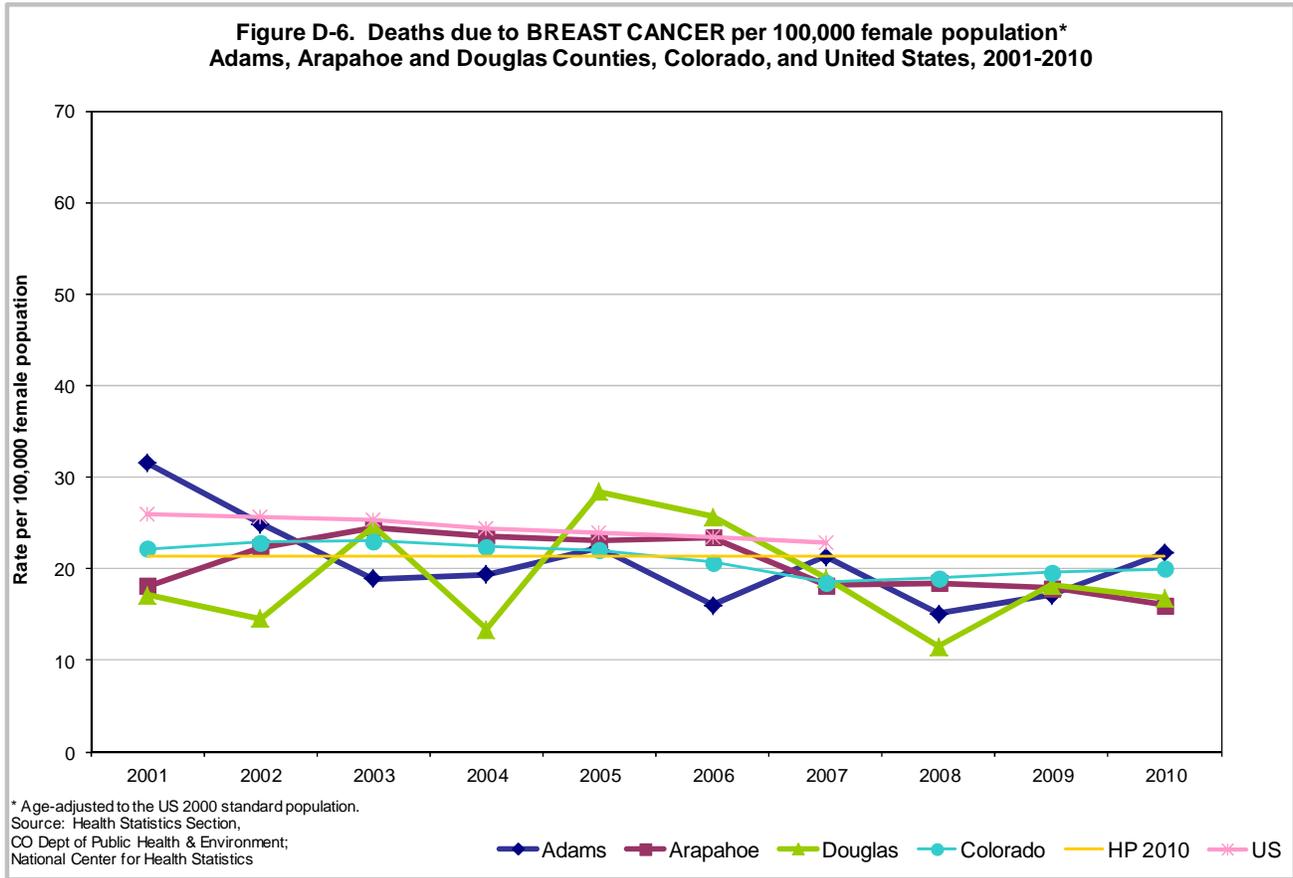
The best way to find breast cancer is with a mammogram.²⁴

Healthy People 2010 objective 3-3

Reduce the breast cancer death rate.

Target: 21.3 deaths per 100,000 population

Breast cancer (continued)



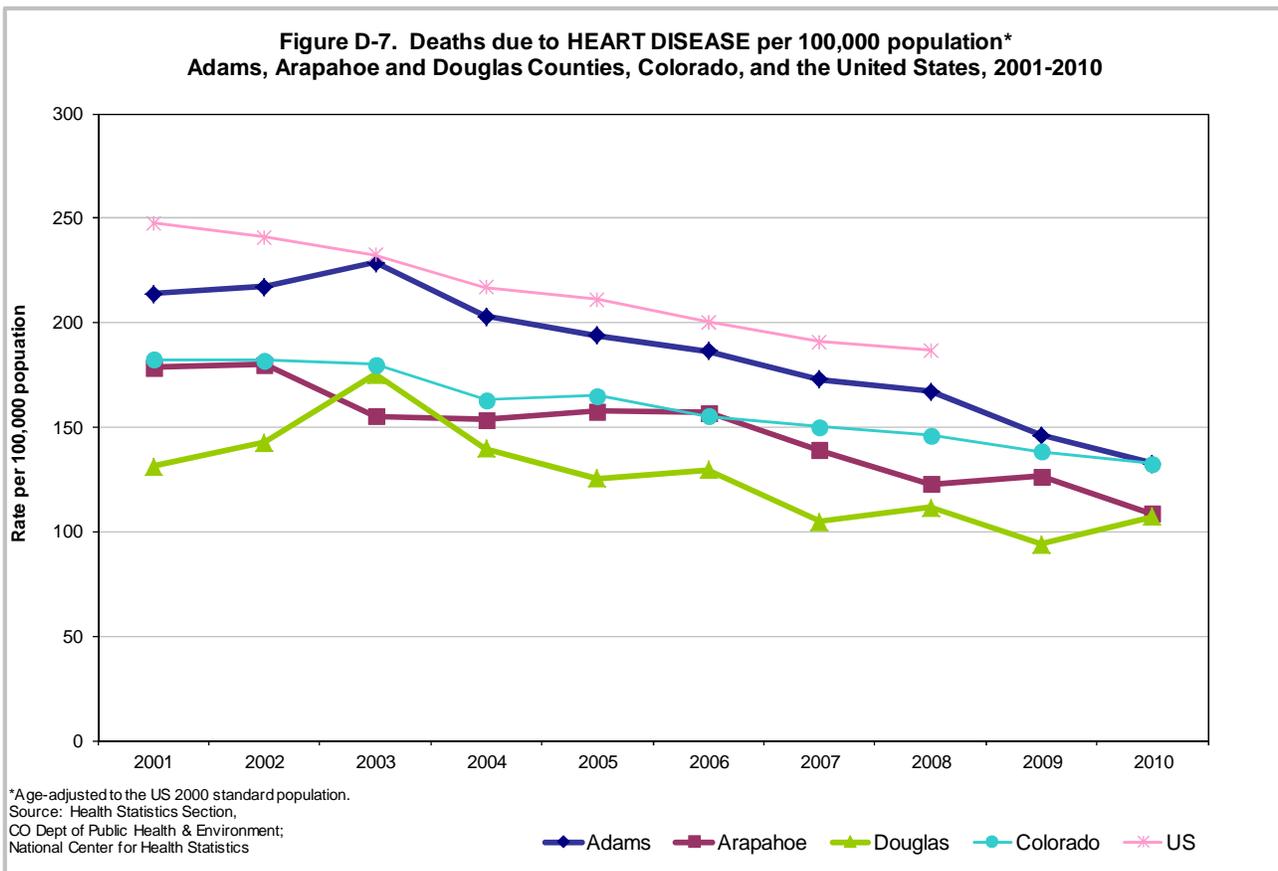
Comments

From 2001 to 2010, the breast cancer death rates in Adams County declined overall. Arapahoe County's rate increased in the early part of the decade but declined the last five years. Douglas County's rate fluctuated from year to year but had a similar rate at the beginning and the end of the decade. The breast cancer death rates for Colorado overall have declined; and in 2010, Colorado met the Healthy People 2010 target. In 2010, Adams County came close to meeting the Healthy People 2010 target while Arapahoe and Douglas County met the national target.

Heart disease

Heart disease remains the leading cause of death in the United States.⁹ In 2010, heart disease was the second leading cause of death in Adams, Arapahoe and Douglas Counties and in Colorado overall. Heart disease is a broad term that includes several more specific heart conditions. The most common heart disease is coronary heart disease, which can lead to heart attack and other serious conditions. Survival from a heart attack is partly dependent on early recognition of heart attack symptoms and timely access to emergency cardiac care services. Risk factors for heart disease include:²⁵

- High cholesterol
- High blood pressure
- Diabetes
- Current smoking
- Physical inactivity
- Obesity



Comments

Heart disease death rates have continued to decrease in Adams, Arapahoe and Douglas Counties and in Colorado and the nation over the past decade. The death rates in the three counties and Colorado have stayed below the nation's heart disease death rates.

Cerebrovascular disease/Stroke

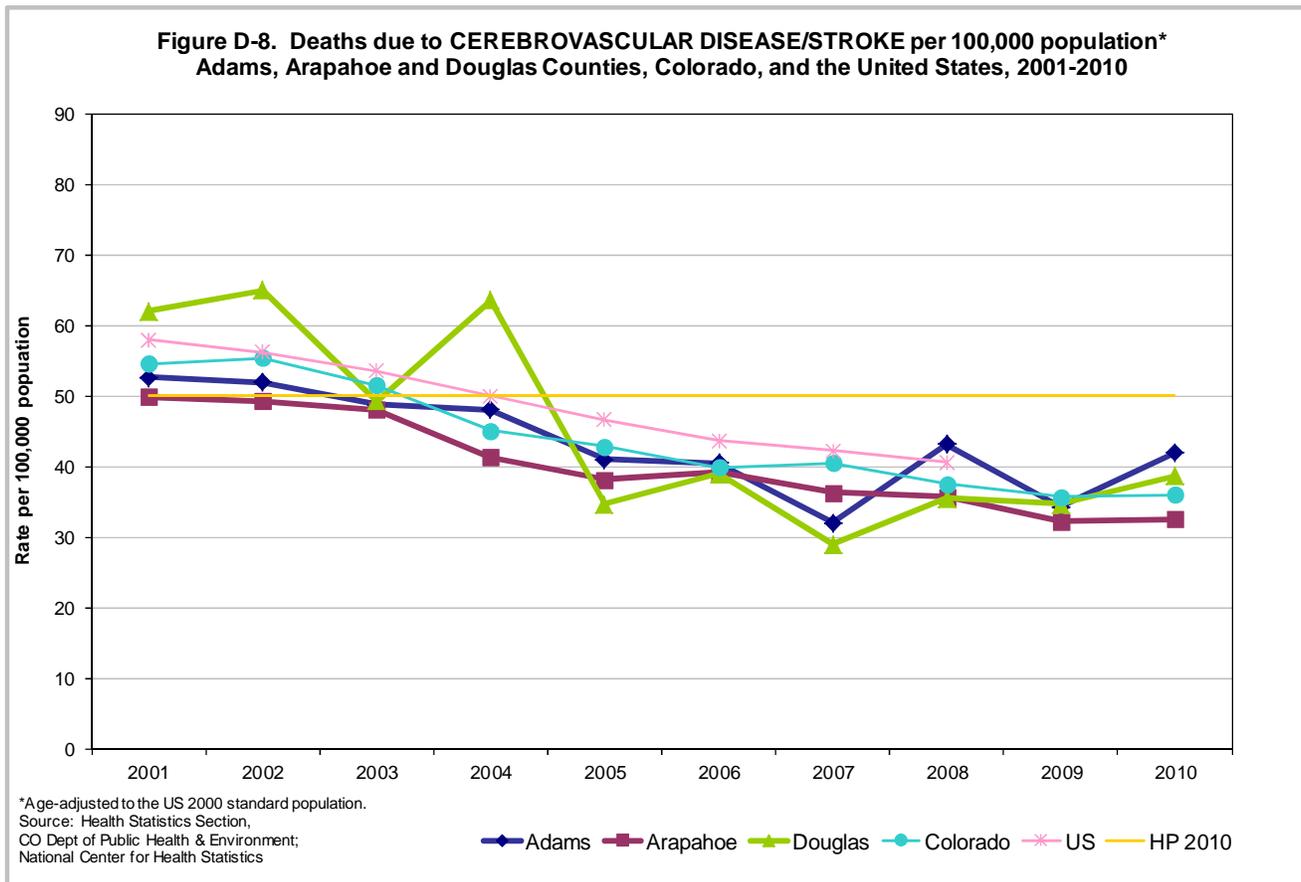
Cerebrovascular disease or stroke occurs when the blood supply to part of the brain is blocked or when a blood vessel in the brain bursts, causing damage to a part of the brain. The most important risk factors for stroke are high blood pressure, heart disease, diabetes and cigarette smoking.²⁶

Among survivors, stroke can cause significant disability including paralysis as well as speech and emotional problems. Knowing the symptoms of stroke, calling 911 right away and getting to a hospital are crucial to the most beneficial outcomes after having a stroke.²⁷

Healthy People 2010 Objective 12-7

Reduce stroke deaths.

Target: 50 deaths per 100,000 population



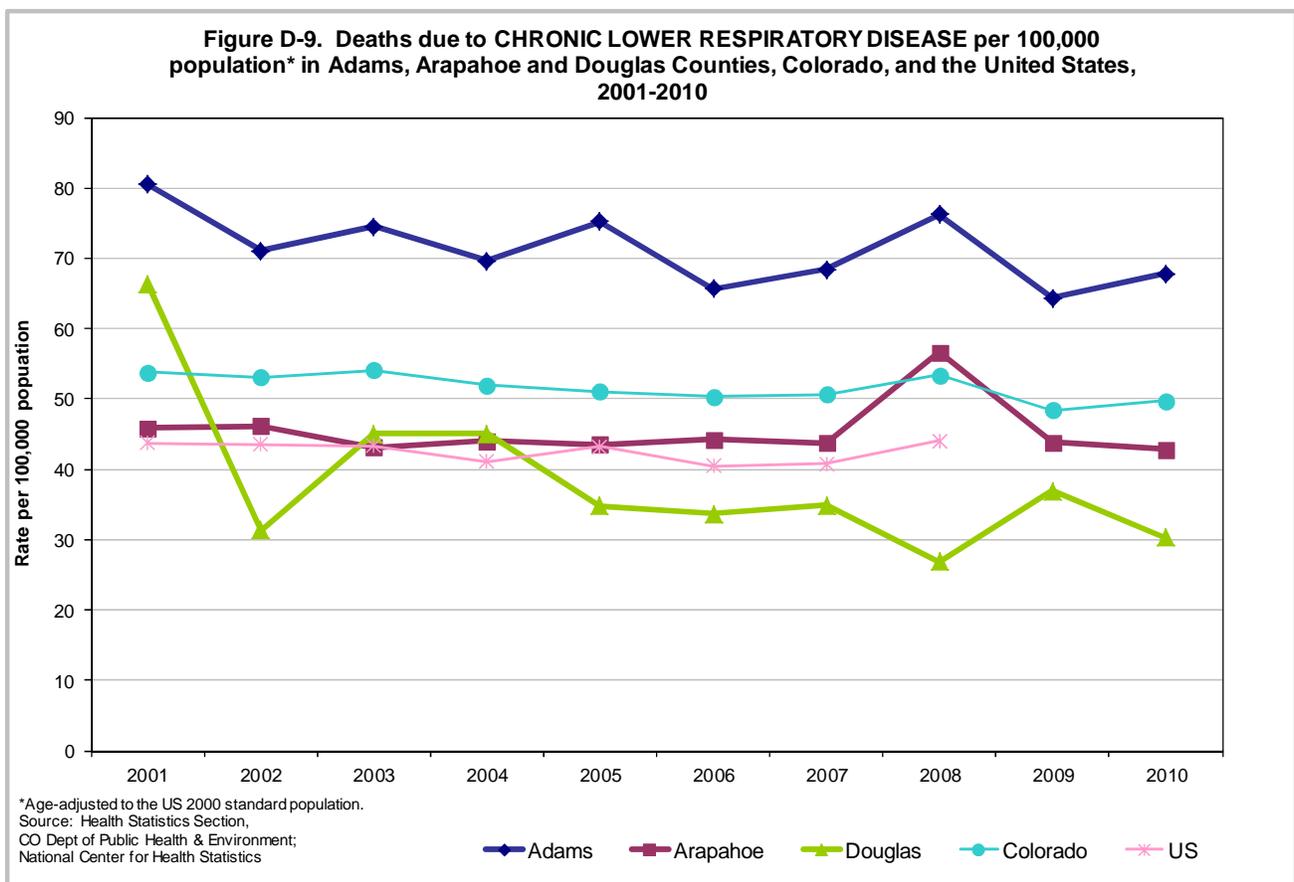
Cerebrovascular disease/Stroke (*continued*)

Comments

In 2001, only Arapahoe County met the Healthy People 2010 target. But over time deaths due to cerebrovascular disease/stroke have declined in all three counties, Colorado and the nation overall. In 2010, the Healthy People 2010 target was achieved in all three counties.

Chronic lower respiratory disease

Chronic lower respiratory disease includes asthma and chronic obstructive pulmonary disease (COPD). Asthma is a chronic inflammatory disorder of the airways characterized by recurrent episodes of wheezing, coughing, and shortness of breath.²⁸ COPD refers to a group of diseases that cause airflow blockage and breathing-related problems. It includes emphysema and chronic bronchitis. Smoking is estimated to be responsible for at least 75% of COPD deaths.²⁹ Though tobacco use is a key factor in the development and progression of COPD, asthma, exposure to air pollutants in the home and workplace, genetic factors, and respiratory infections also play a role.³⁰



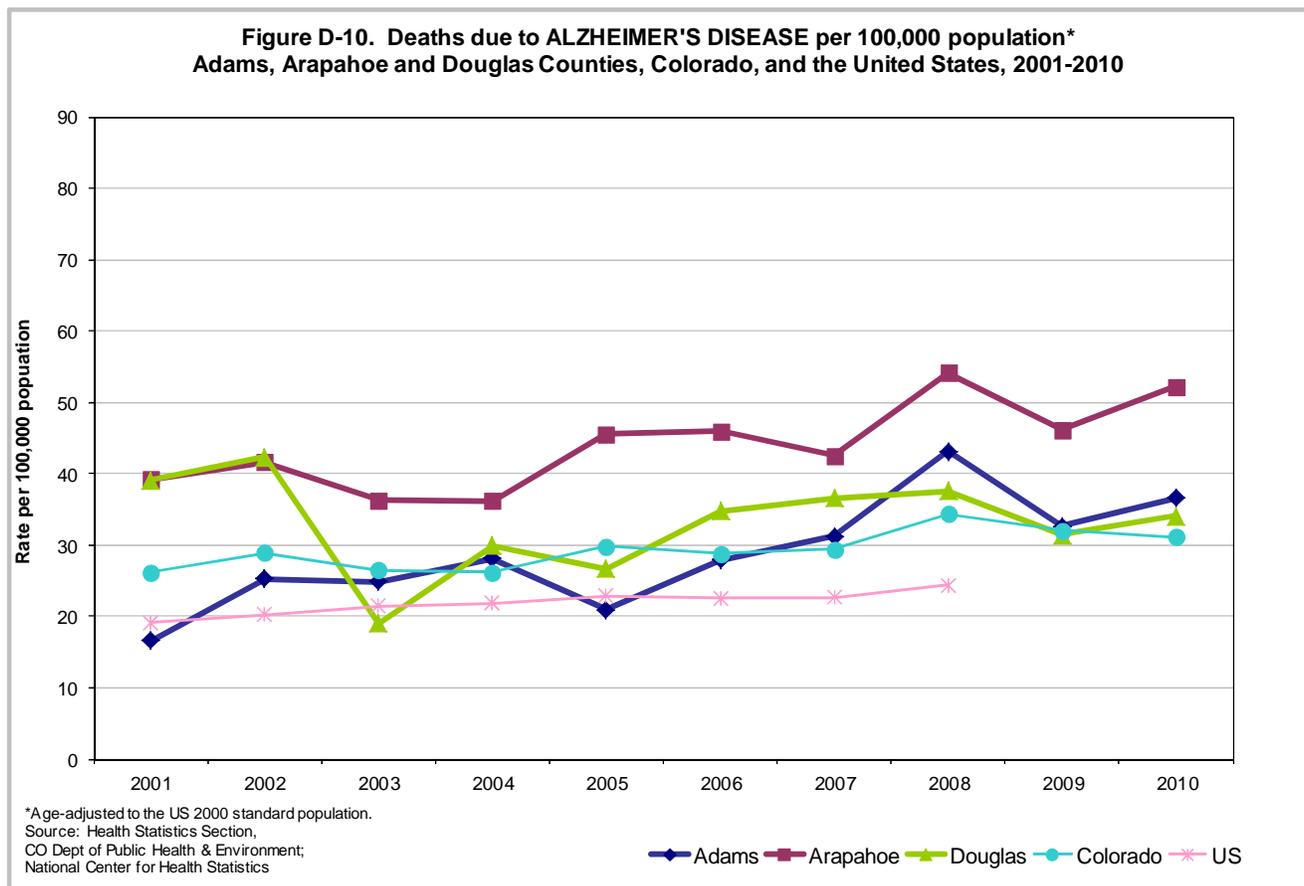
Comments

Death rates due to chronic lower respiratory disease have remained relatively stable over the 10-year period in Arapahoe County, Colorado and in the nation overall. Adams and Douglas Counties had decreasing rates.

Alzheimer's disease

As the population in Colorado and the United States continues to grow older, Alzheimer's disease is becoming more common. And unlike heart disease and cancer death rates on the decline, mortality rates for Alzheimer's disease are on the rise. The reason for the increase is due to the changing patterns of reporting death on death certificates and the actual number of deaths from Alzheimer's.³¹

Alzheimer's disease is the most common form of dementia among older adults. It involves parts of the brain that control thought, memory, and language and can seriously affect a person's ability to carry out daily activities. Though there is no known cause of Alzheimer's disease, researchers believe that genetics may play a role. Age is the most important known risk factor.³²



Alzheimer's disease (continued)

Comments

Alzheimer's disease death rates have increased over the past decade in Adams and Arapahoe Counties and also in Colorado and the United States. The rates in Douglas County have been increasing since 2003. The reason for the increase could be due to the change in reporting on death certificates and/or the actual increase in the number of deaths from Alzheimer's.³¹ The rates in all three counties and in Colorado overall were higher than the rates in the nation.

Unintentional injuries

Unintentional injury deaths are caused by events such as motor vehicle crashes, falls, poisonings, suffocations, and drownings. Unintentional injury is the leading cause of death for people aged 1 to 34.³³ Motor vehicle crashes account for approximately half the deaths from unintentional injuries.

Healthy People 2010 objective 15-13

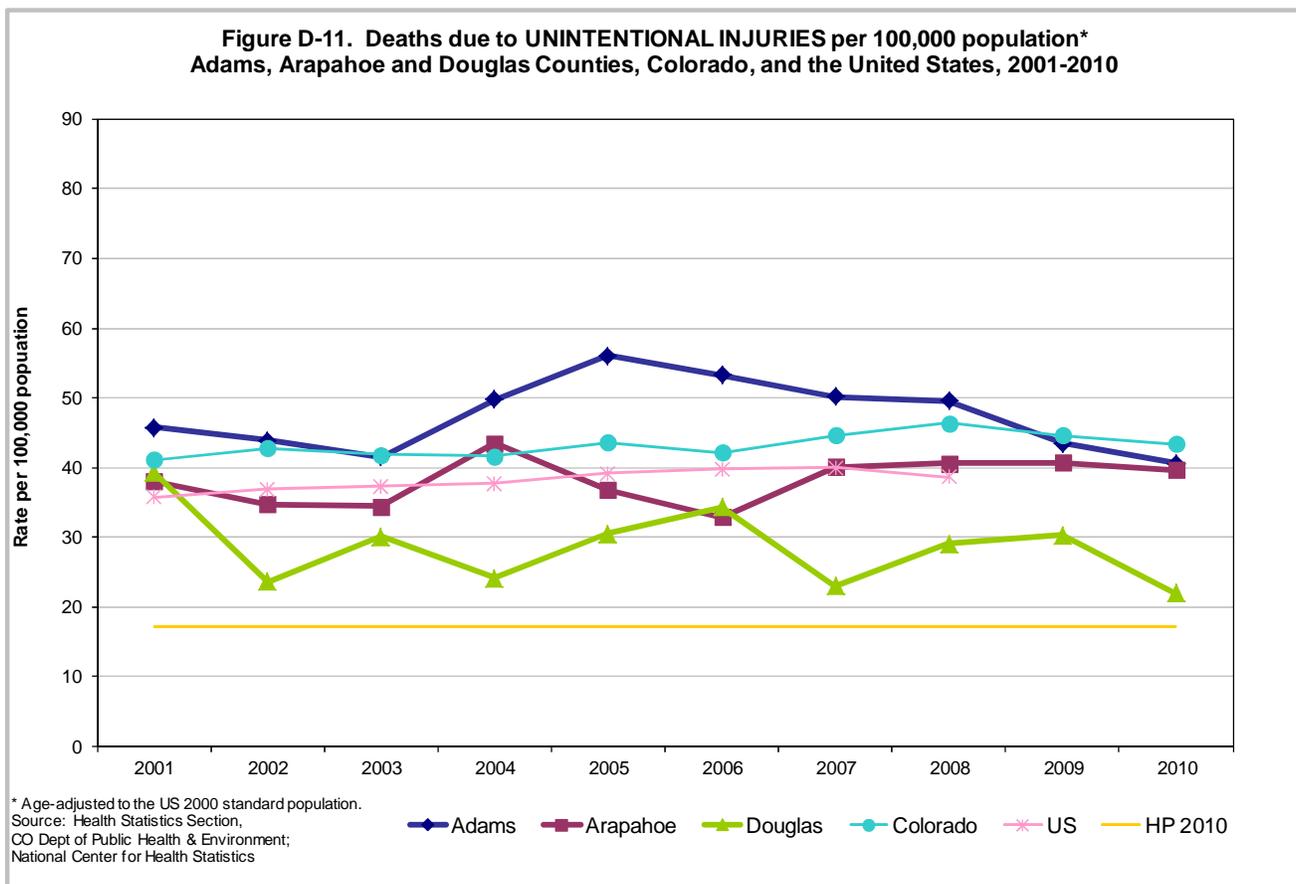
Reduce deaths caused by unintentional injuries.

Target: 17.1 deaths per 100,000 population

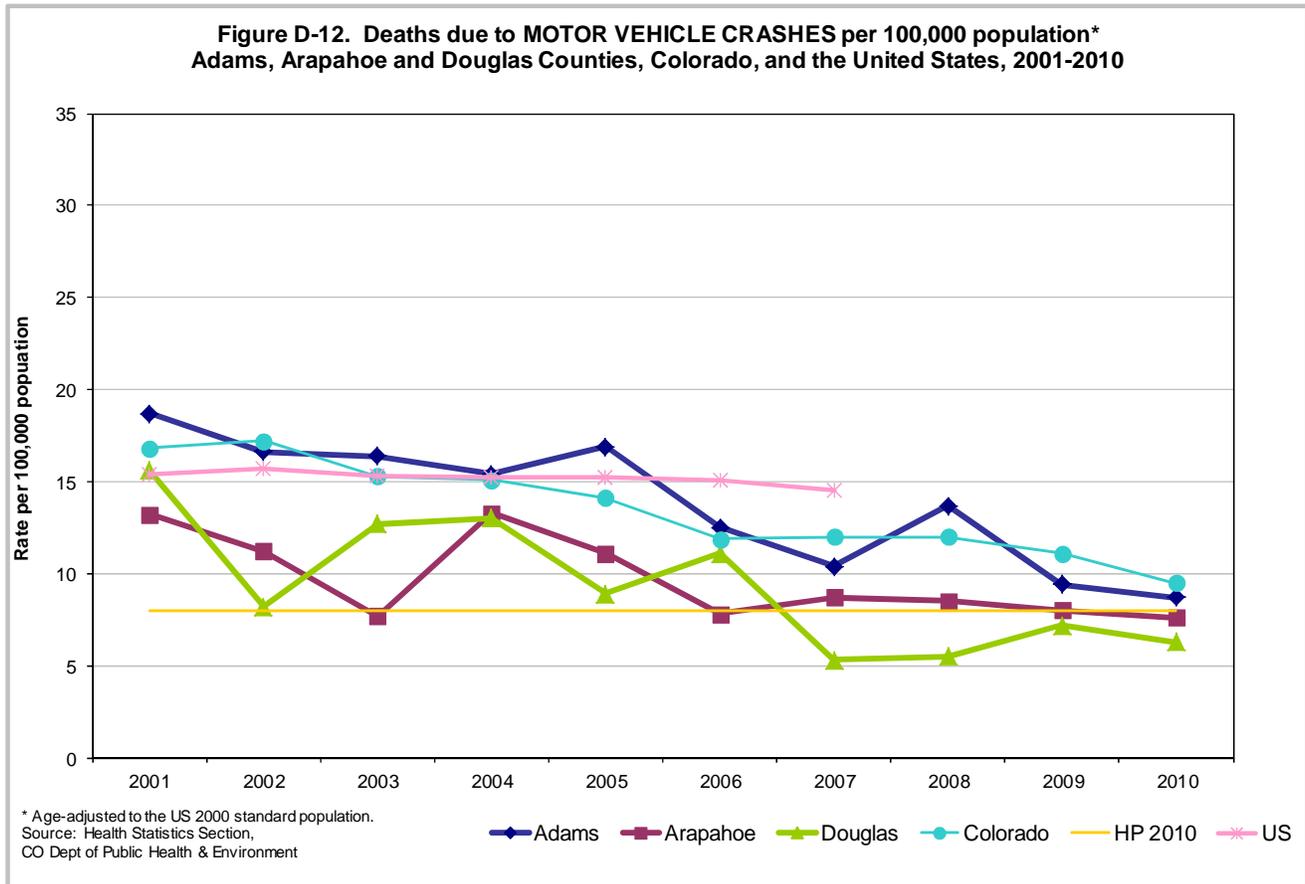
Healthy People 2010 objective 15-15

Reduce deaths caused by motor vehicle crashes.

Target: 8.0 deaths per 100,000 population



Unintentional injuries (continued)



Comments

Unintentional injury death rates have been stable in Colorado overall and in the nation from 2001 to 2010 (Figure D-11). The unintentional injury death rates in Adams, Arapahoe and Douglas Counties have fluctuated and are still higher than the Healthy People 2010 target. Looking at the subset of deaths caused by motor vehicle crashes (Figure D-12), the rates have decreased in all three counties over the 10-year period. In 2010, Arapahoe and Douglas Counties achieved the Healthy People 2010 target for motor vehicle deaths. Progress has been made in Adams County and it came close to meeting the Healthy People target in 2010.

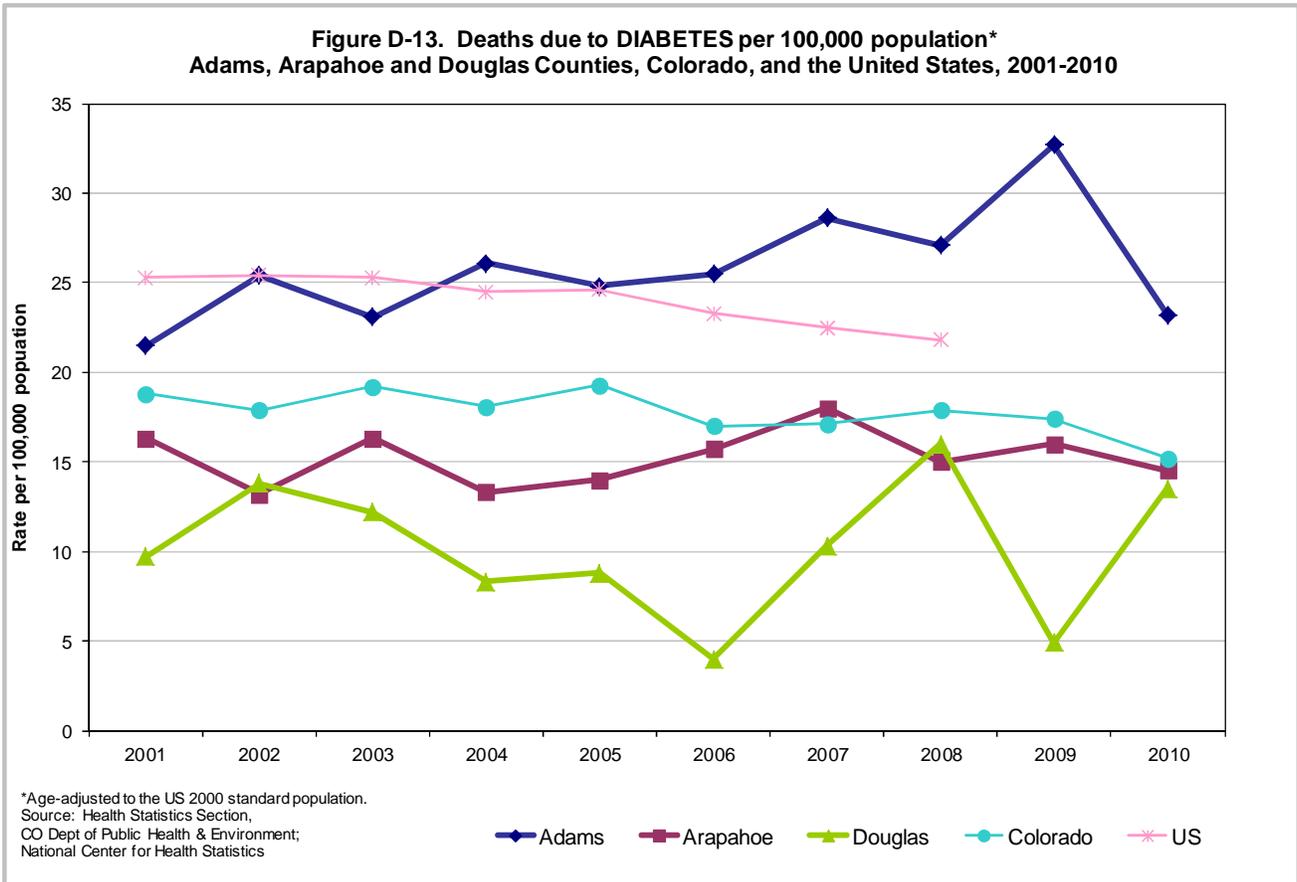
Diabetes

Diabetes mellitus is a group of diseases characterized by high levels of blood glucose resulting from defects in insulin production, insulin action or both.³⁴ Type 1 diabetes (previously called insulin-dependent diabetes or juvenile-onset diabetes) develops when the body's immune system destroys pancreatic beta cells, the only cells in the body that make the hormone insulin that regulates blood glucose. This form of diabetes usually strikes children and young adults, although disease onset can occur at any age. Type 2 diabetes (previously called non-insulin-dependent diabetes or adult-onset diabetes) begins as insulin resistance, a disorder in which the cells do not use insulin properly. As the need for insulin rises, the pancreas gradually loses its ability to produce insulin. Type 2 diabetes may account for about 90% to 95% of all diagnosed cases of diabetes.

Obesity is the major risk factor for Type 2 diabetes. Other risk factors include:³⁴

- Older age
- Physical inactivity
- Weight gain
- History of gestational diabetes
- High blood pressure
- High cholesterol
- Family background of Alaska native, American Indian, African American, Hispanic/Latino, Asian American, or Pacific Islander

Diabetes (continued)



Comments

The diabetes death rates in Adams County were increasing throughout the 10-year period until 2010 when the rate decreased. The rates have been stable in Arapahoe County over the past decade. Douglas County's rates have fluctuated over the same period. The rate in Colorado overall and in the nation have shown a slight decline over the past 10 years.

Suicide

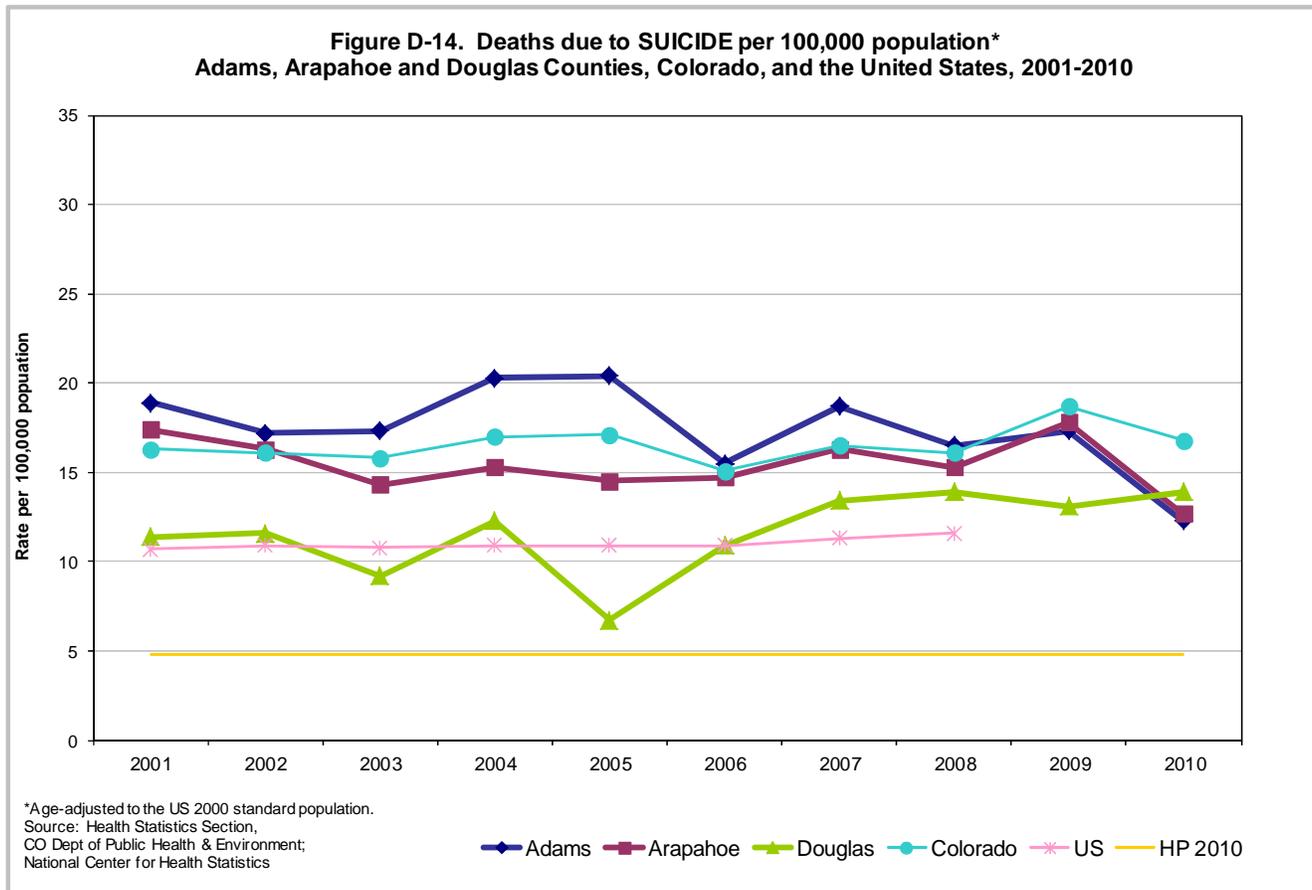
Though suicide affects everyone, some groups are at higher risk than others. Women are more likely than men to attempt suicide; however, men are four times more likely than women to die from suicide. Suicide rates are high among middle aged adults and those over age 65. Some risk factors for suicide include:³⁵

- Previous suicide attempt(s)
- History of depression or other mental illness
- Family history of suicide or violence
- Alcohol or drug abuse
- Physical illness
- Feeling alone

Healthy People 2010 Objective 18-1

Reduce the suicide rate.

Target: 5.0 suicides per 100,000 population

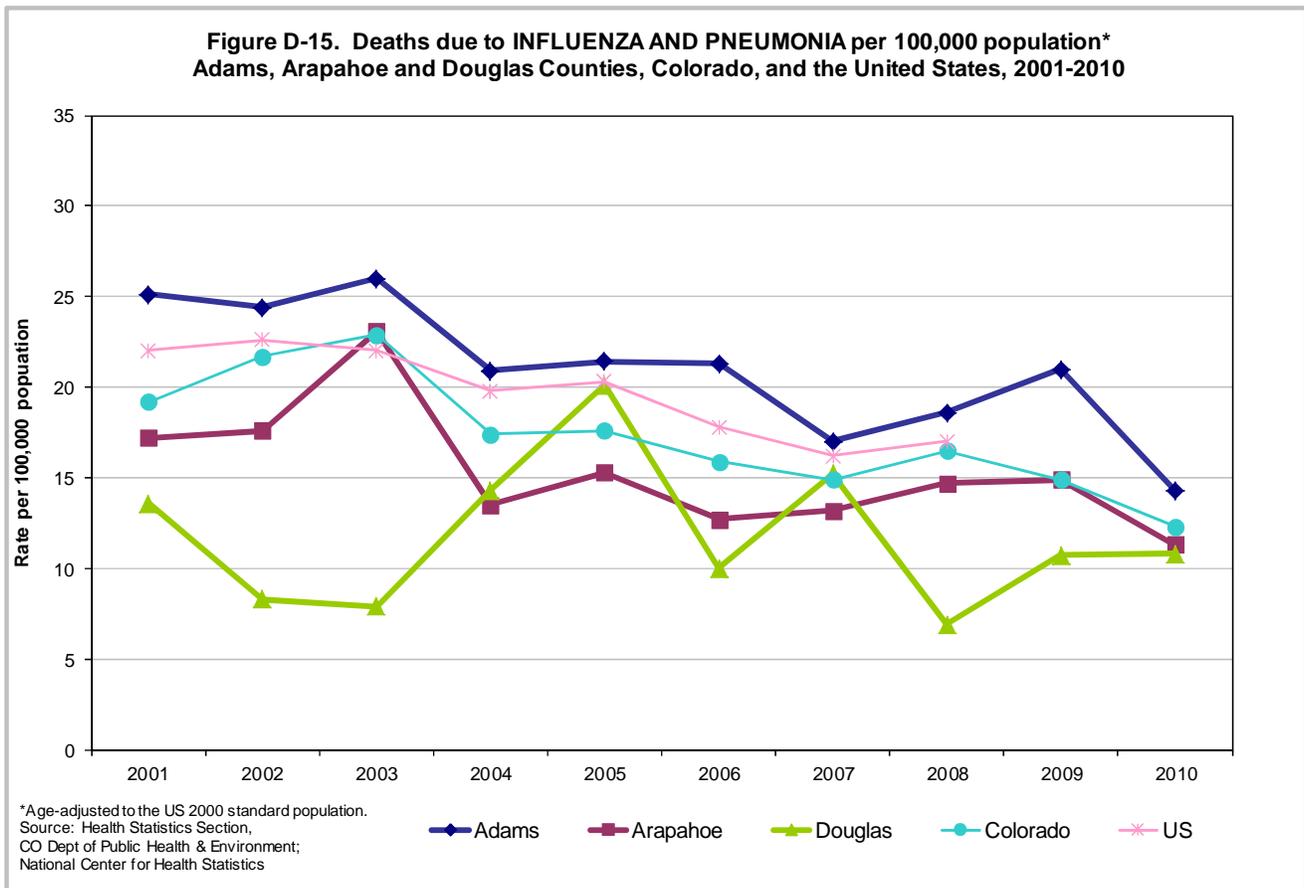


Comments

The suicide rates declined in Adams and Arapahoe Counties from 2001 to 2010 whereas the rate increased slightly in Douglas County. The Colorado and U.S. rates remained fairly stable over the 10-year period. None of the three counties met the Healthy People 2010 target of reducing the suicide rate to five per 100,000 population.

Influenza and pneumonia

Influenza (commonly called the “flu”) is a contagious respiratory illness caused by influenza viruses. The best way to prevent influenza is by getting an influenza vaccination each year. Pneumonia is an inflammation of the lungs usually caused by microorganisms (bacteria, viruses, fungi and parasites), irritants and unknown causes. Vaccines are available for protection against two types of bacterial pneumonia – *Haemophilus influenzae* type B and *Streptococcus pneumoniae*.³⁶

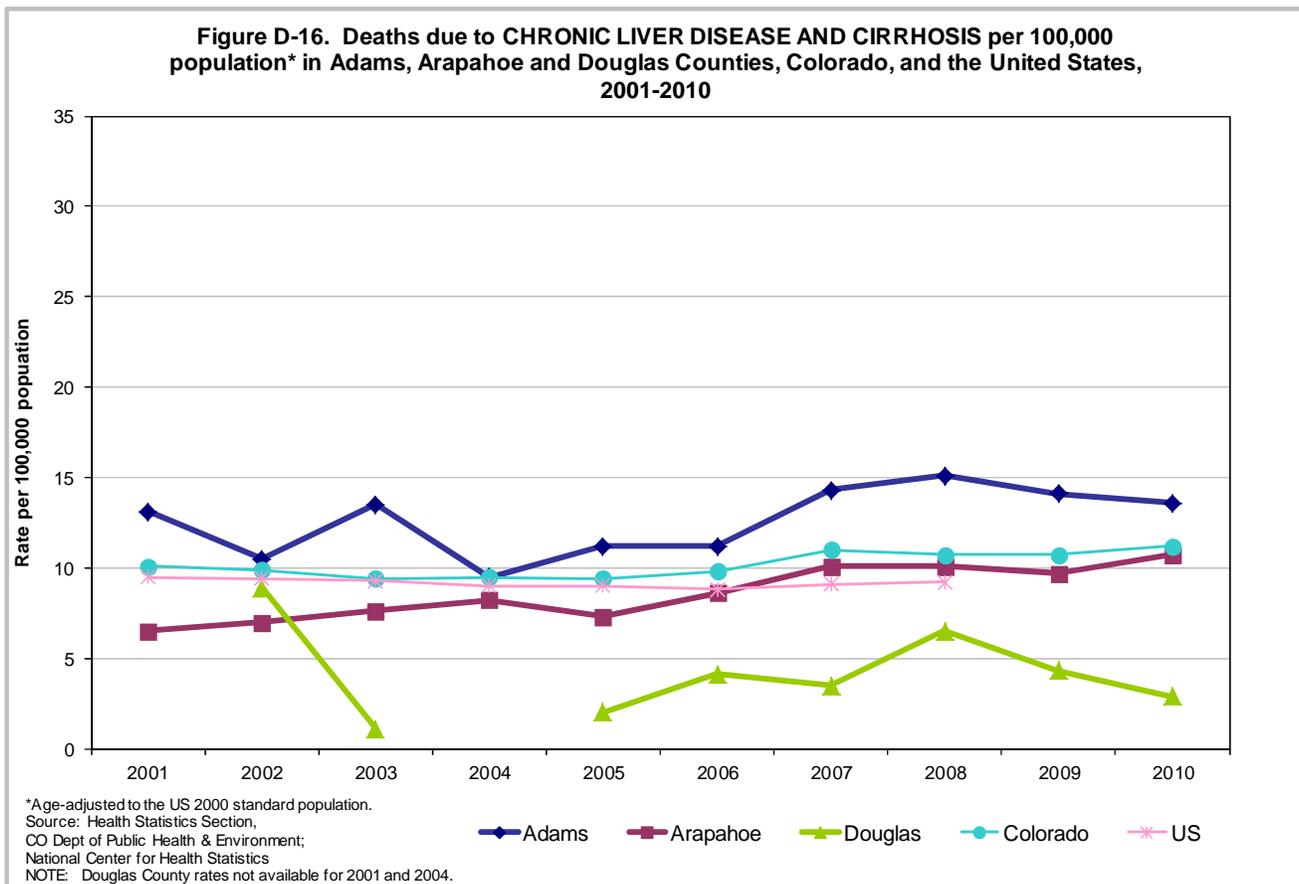


Comments

With the exception of a few single-year rate increases, the overall trend of influenza and pneumonia death rates have decreased during the past decade in all three counties, in Colorado and in the United States.

Chronic liver disease and cirrhosis

Chronic liver disease is marked by the gradual destruction of liver tissue over time. Cirrhosis of the liver occurs when scar tissue replaces normal, healthy tissue. This blocks the flow of blood through the liver which prevents it from working properly. The most important risk factor for chronic liver disease is heavy alcohol use. Long-term infections with hepatitis B virus or hepatitis C virus are also important risk factors for chronic liver disease.³⁷



Comments

Chronic liver disease and cirrhosis death rates have remained mostly stable in Adams County and in Colorado and the nation over the past decade. Arapahoe County experienced a slight increase over the same period. Due to small numbers, rates in Douglas County fluctuated and were not available for 2001 and 2004.

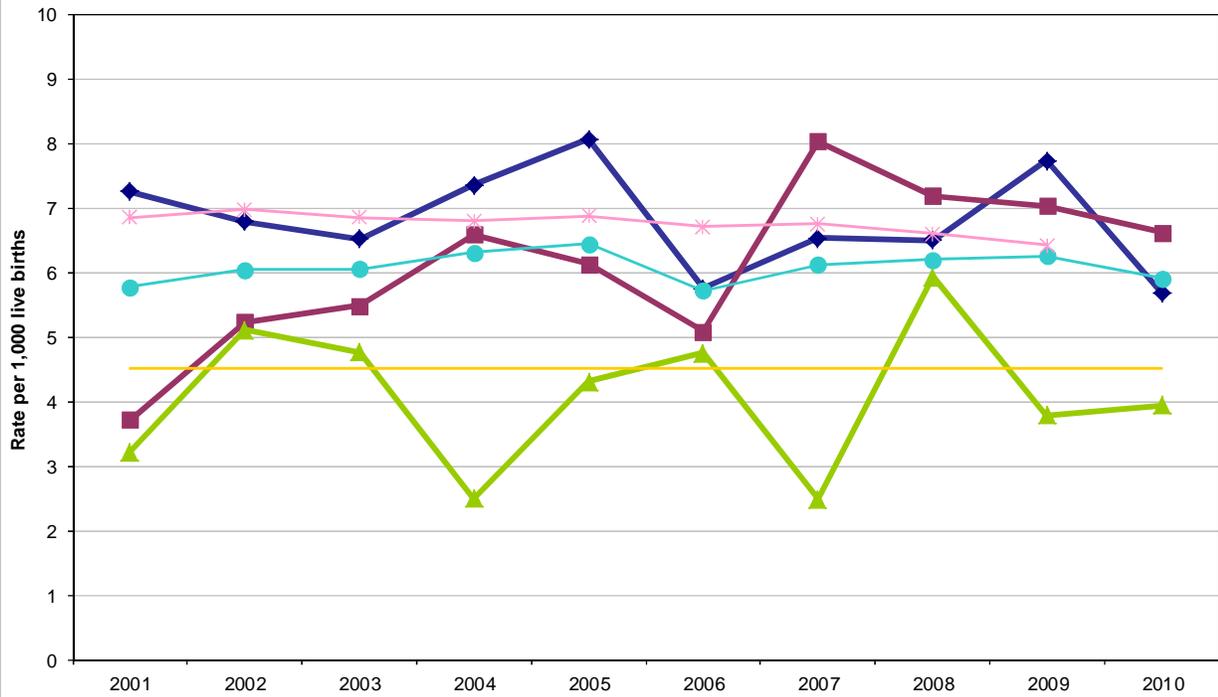
Infant mortality

Infant mortality—deaths occurring in the first year of life—is often used as an indicator of the health of a population. The infant mortality rate in the United States has remained fairly stable during the past decade and is higher than in most other developed nations.³⁸

Leading causes of infant death are birth defects, preterm/low birth weight, and sudden infant death syndrome (SIDS).¹⁴ Late or no prenatal care and multiple births are also associated with higher infant mortality rates. The risk of death is higher during the neonatal period (birth up to 28 days of life) than in the post-neonatal period (28 days to 1 year of life).

Healthy People 2010 Objective 16-1c
 Reduce all infant deaths (within 1 year of age).
 Target: 4.5 per 1,000 live births

**Figure D-17. Infant deaths (within first year of life) per 1,000 live births
 Adams, Arapahoe and Douglas Counties, Colorado, and the United States, 2001-2010**



Source: Health Statistics Section,
 CO Dept of Public Health & Environment;
 National Center for Health Statistics

◆ Adams ■ Arapahoe ▲ Douglas ● CO * US — HP 2010 target

Infant mortality (*continued*)

Comments

Due to small numbers and using a smaller scale, the rates appear to have fluctuated from year to year in all three counties. The rates in Colorado and in the nation have been steady from 2001 to 2010. The rates in Adams and Arapahoe Counties, Colorado and the United States have all remained higher than the Healthy People 2010 target of reducing infant deaths to no more than 4.5 deaths per 1,000 live births. In 2010, Douglas County was the only county to attain the Healthy People 2010 target.

Risk factors

Chronic diseases such as heart disease, cancer, stroke, and diabetes are the leading causes of death and disability in the United States. Controlling certain modifiable risk factors such as physical inactivity, poor diet and smoking as well as utilizing preventive health care services such as screenings for diabetes, high blood pressure and cholesterol can reduce morbidity and mortality from chronic diseases. Ongoing surveillance of risk factors and health care services can be used to identify areas of greatest need and can be used to design and implement public health programs.

This section of the Community Health Profile examines some of these risk factors using the Behavioral Risk Factor Surveillance System (BRFSS). BRFSS is a state-based system of health surveys developed by the Centers for Disease Control and Prevention (CDC). The system collects information monthly through telephone surveys conducted by health departments.³⁹ In Colorado, the surveys are conducted by the Survey Research Unit of the Health Statistics Section of the Colorado Department of Public Health and Environment.⁸ Data collected include self-reported behaviors and conditions that are linked to the leading causes of morbidity and mortality—heart disease, cancer, stroke, diabetes and injury.⁴⁰ For 2010, 809 persons were surveyed in Adams County, 873 in Arapahoe County, and 578 in Douglas County. The data are weighted to represent the adult population residing in each county.

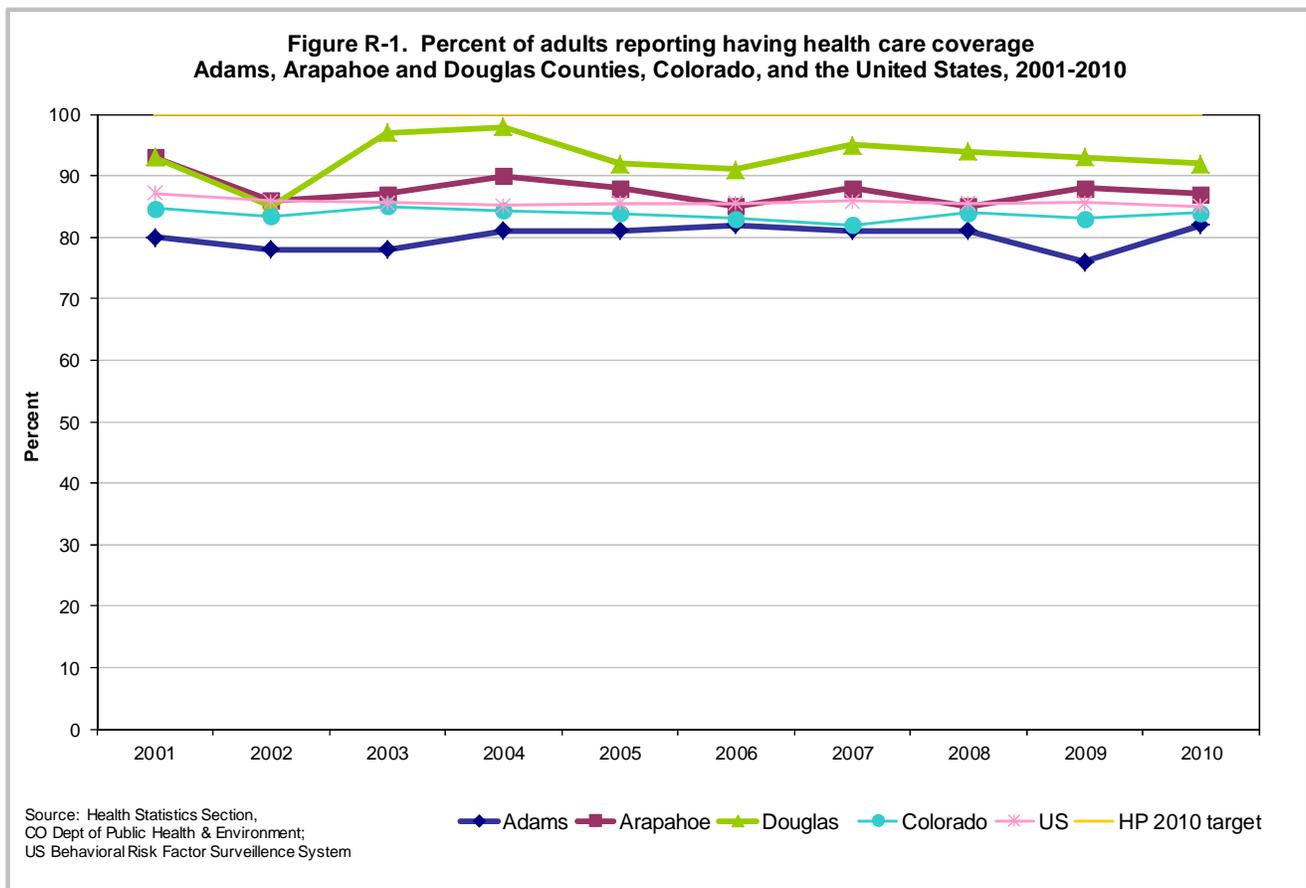
Health Care Coverage

Having health insurance provides individuals with access to health care. Individuals with health insurance are more likely to have a primary care provider and receive preventive care such as immunizations, screening tests, and prenatal care.¹ Those without health insurance are less likely to receive medical care, more likely to have a poor health status and more likely to die early.

Healthy People 2010 objective 1-1
 Increase the proportion of persons with health insurance.
 Target: 100 percent

Table R-1. Percent of adults reporting having health care coverage, by county

	2010
Adams County	82%
Arapahoe County	87%
Douglas County	92%



Health Care Coverage (continued)

Comments

Despite a high percentage of adults in Tri-County's jurisdiction having some kind of health care coverage, none of the counties met the national Healthy People 2010 target of 100 percent coverage. Little change has occurred in the proportion of persons with some kind of health care coverage over the 10-year time period.

Cholesterol

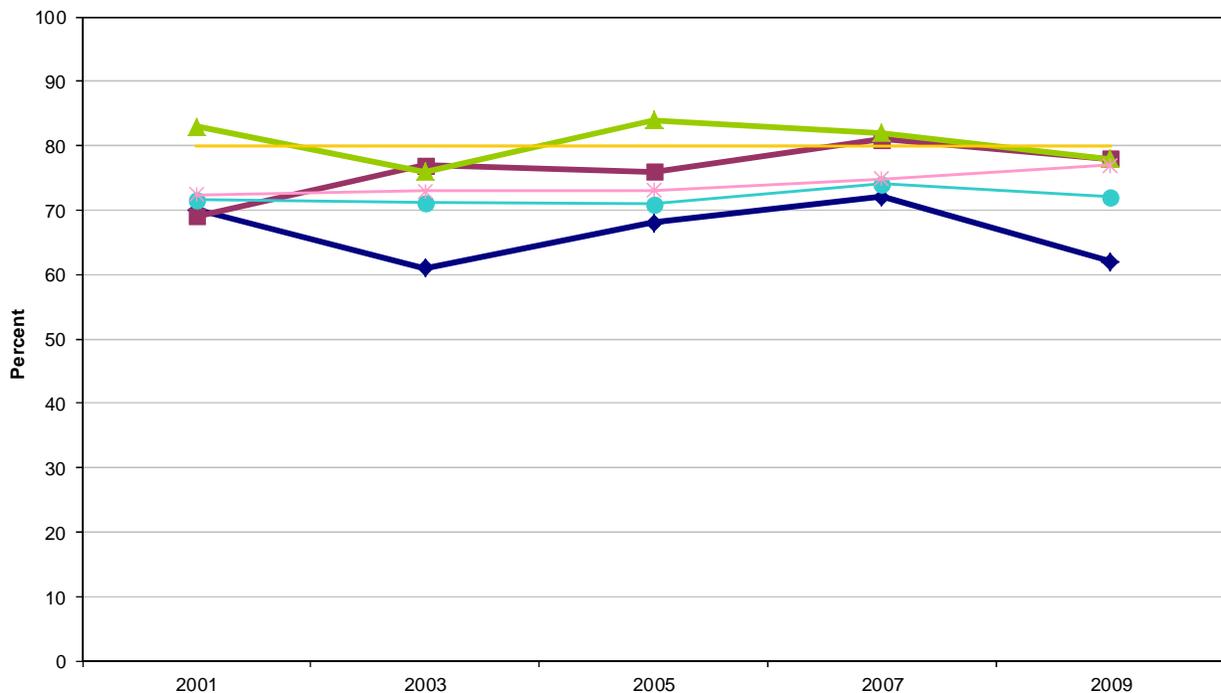
High blood cholesterol is one of the six leading modifiable (controllable) risk factors for heart disease and stroke.⁴¹ Because high blood cholesterol does not produce symptoms, many people may not know that their blood cholesterol is too high. Therefore, experts recommend that all adults should have their cholesterol levels checked at least once every five years to help them take the necessary steps to prevent or lower their risk of heart disease and stroke. Lifestyle changes that may lower cholesterol or maintain low cholesterol levels include eating a diet low in saturated fat and cholesterol, increasing physical activity, and reducing excess weight.¹

Healthy People 2010 objective 12-15
 Increase the proportion of adults who have had their blood cholesterol checked within the preceding 5 years.
 Target: 80%

Table R-2. Percent of adults reporting having cholesterol checked within the last five years, by county

	2009
Adams County	62%
Arapahoe County	78%
Douglas County	78%

Figure R-2. Percent of adults reporting having cholesterol checked within the last five years Adams, Arapahoe and Douglas Counties, Colorado, and the United States, 2001-2009*



*Cholesterol is asked every other year
 Source: Health Statistics Section,
 CO Dept of Public Health & Environment;
 US Behavioral Risk Factor Surveillance System

Cholesterol (*continued*)

Comments

The proportion of adults reporting having their blood cholesterol checked within five years has remained fairly stable between 2001 to 2009 in Adams, Arapahoe and Douglas Counties. None of TCHD's three counties met the national target of 80 percent, however, Arapahoe County and Douglas County came close to meeting the national target in 2009 at 78 percent.

Physical Activity

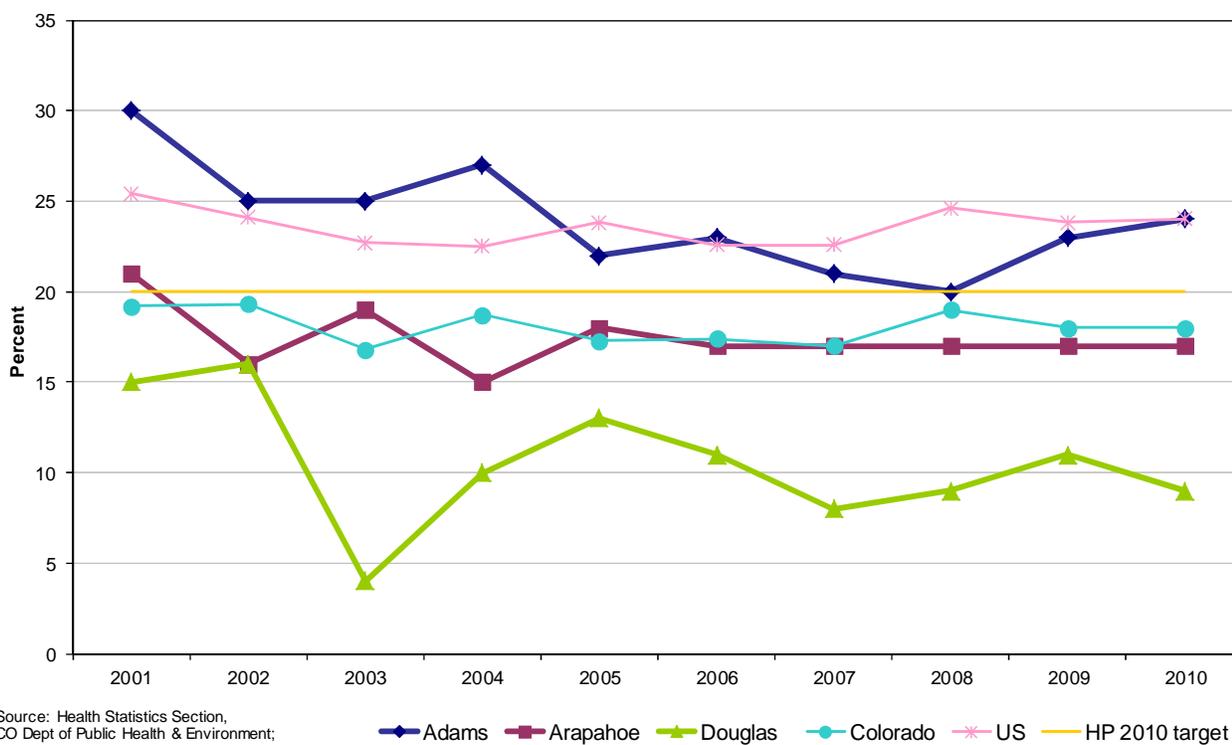
Engaging in regular physical activity can improve the health and quality of life of individuals of all ages, even those with a chronic disease or disability.⁴² The highest risk of death and disability is found among those who do no regular physical activity, therefore, engaging in any amount of physical activity is better than no physical activity at all.¹ Because few occupations today provide sufficient vigorous or moderate physical activity to produce health benefits, leisure time gives the greatest opportunity for physical activity.

Healthy People 2010 objective 22-1
 Reduce the proportion of adults who engage in no leisure time physical activity.
 Target: 20%

Table R-3. Percent of adults reporting not engaging in any leisure time physical activity, by county

	2010
Adams County	24%
Arapahoe County	17%
Douglas County	9%

Figure R-3. Percent of adults reporting not engaging in any leisure time physical activity Adams, Arapahoe and Douglas Counties, Colorado, and the United States, 2001-2010



Physical Activity (*continued*)

Comments

All three counties showed an overall positive downward trend in the proportion of adults who do not engage in leisure time physical activity from 2001 through 2010. Colorado's percentages and the national percentages remained relatively unchanged over the past decade. Arapahoe County and Douglas County achieved the national target in 2010. Adams County's trend showed progress toward reaching the national target and met the national target in 2008, however, the trend reversed in 2009 and 2010.

Obesity

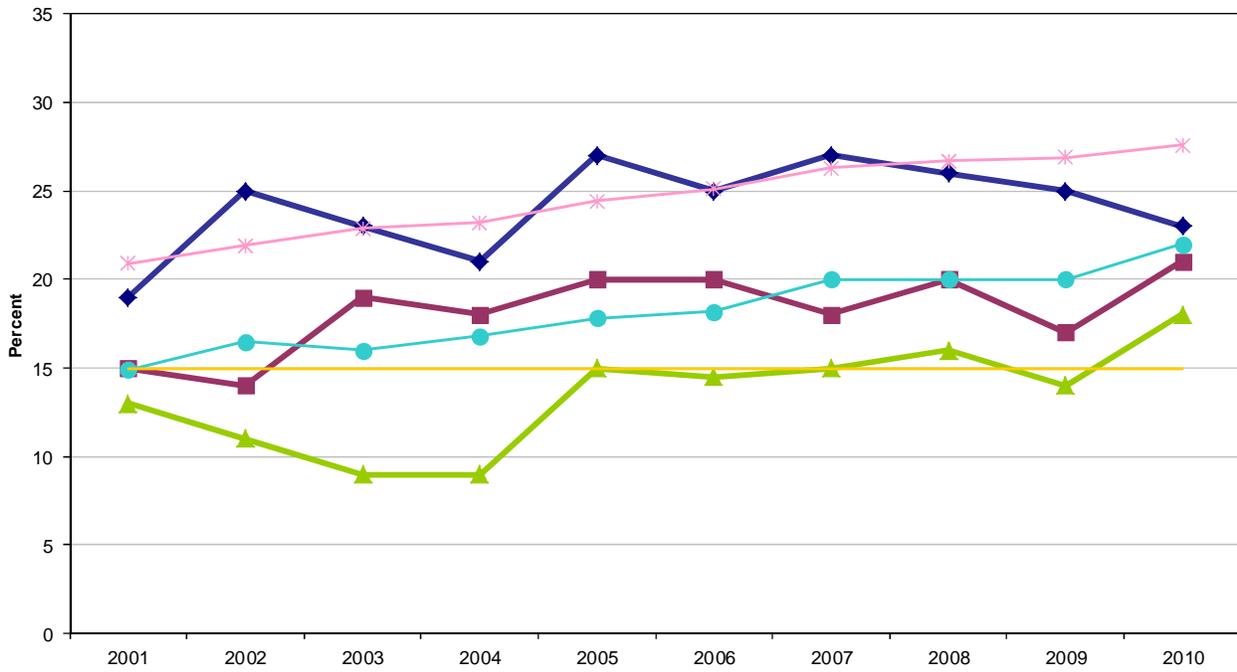
According to the CDC, calculating Body Mass Index (BMI) is one of the best methods for assessing overweight and obesity at the population level.⁴³ BMI is a numeric figure calculated from a person's weight and height. Individuals with a BMI of 30 or more are considered to be obese. Obesity is caused by a complex web of social, behavioral, cultural, environmental, physiological, and genetic factors. Obesity increases the risk of many diseases and health conditions including high blood pressure, high cholesterol, type 2 diabetes, heart disease, stroke, arthritis, sleep disturbances, breathing problems and certain types of cancer.⁴³

Healthy People 2010 objective 19-2
 Reduce the proportion of adults aged 20 years and older who are obese (BMI ≥30).
 Target: 15%

Table R-4. Percent of adults who are obese (BMI ≥30), by county

	2010
Adams County	23%
Arapahoe County	21%
Douglas County	18%

Figure R-4. Percent of adults who are obese (BMI ≥30)*
 Adams, Arapahoe and Douglas Counties, Colorado, and the United States, 2001-2010



*BMI calculated from self-reported height and weight; adults=20 years and older
 Source: Health Statistics Section, CO Dept of Public Health & Environment; US Behavioral Risk Factor Surveillance System

Obesity (*continued*)

Comments

In 2001, Arapahoe and Douglas Counties met the national Healthy People target of 15 percent. However, over the past 10 years, the obesity rates have increased across all three counties, Colorado and the United States. In 2010, none of TCHD's three counties met the national target.

Binge Drinking

Binge drinking is a public health problem because it is common among all age groups and yet is very dangerous. Binge drinking is generally defined as men having five or more drinks on one occasion and women having four or more drinks on one occasion over a short period of time. Binge drinking occurs more than 4 million times a day among U.S. adults.⁴⁴ Statistics show that the percentage of binge drinkers has not declined over the past 15 years. Binge drinking increases the risk of motor vehicle accidents, violence against others, transmission of HIV and other sexually transmitted diseases, unplanned pregnancy, fetal alcohol syndrome in infants, and sudden infant death syndrome (SIDS).

Healthy People 2010 objective 26-11c

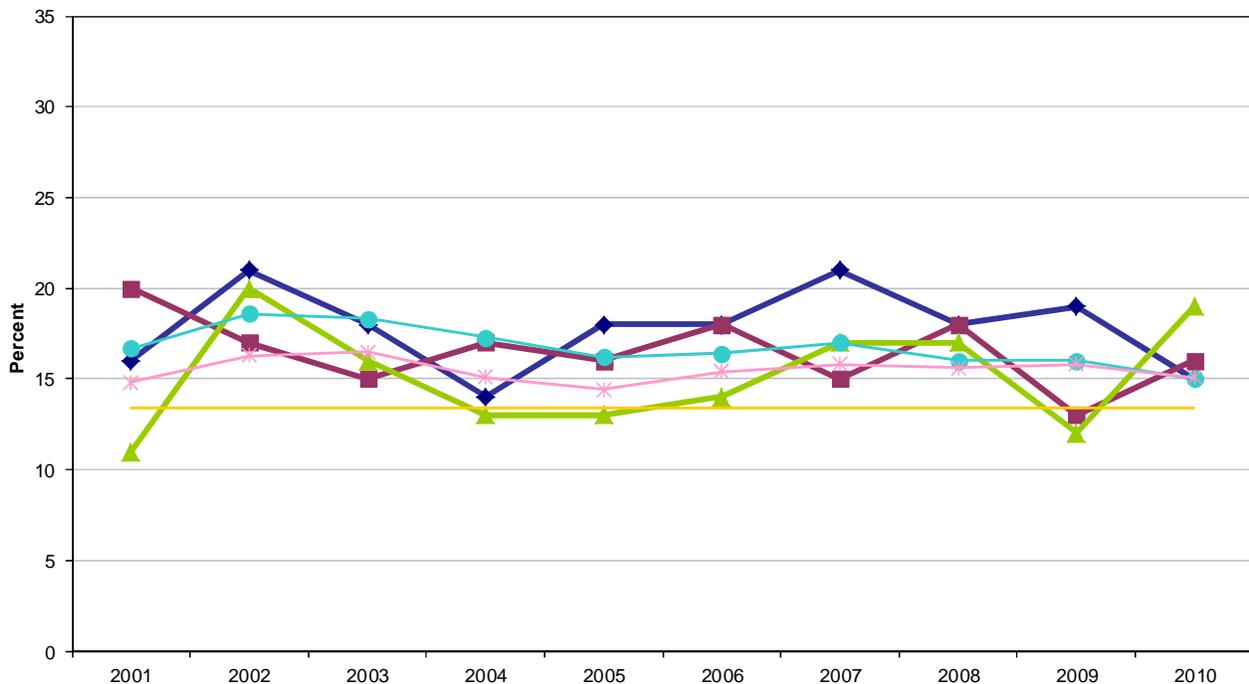
Reduce the proportion of adults aged 18 years and older who engage in binge drinking of alcoholic beverages during the past month.

Target: 13.4%

Table R-5. Percent of adults reporting binge drinking, by county

	2010
Adams County	15%
Arapahoe County	16%
Douglas County	19%

Figure R-5. Percent of adults reporting binge drinking*
Adams, Arapahoe and Douglas Counties, Colorado, and the United States, 2001-2010



*Binge drinking=females ≥ 4 drinks or males ≥ 5 drinks on one occasion

Source: Health Statistics Section,
CO Dept of Public Health & Environment;
US Behavioral Risk Factor Surveillance System

◆ Adams ■ Arapahoe ▲ Douglas ● Colorado * US — HP 2010 target

Binge Drinking (*continued*)

Comments

The percentage of adults who binge drink in Adams, Arapahoe and Douglas Counties as well as in Colorado and in the nation have remained fairly steady over the 10-year period. None of the three counties achieved the national target in 2010.

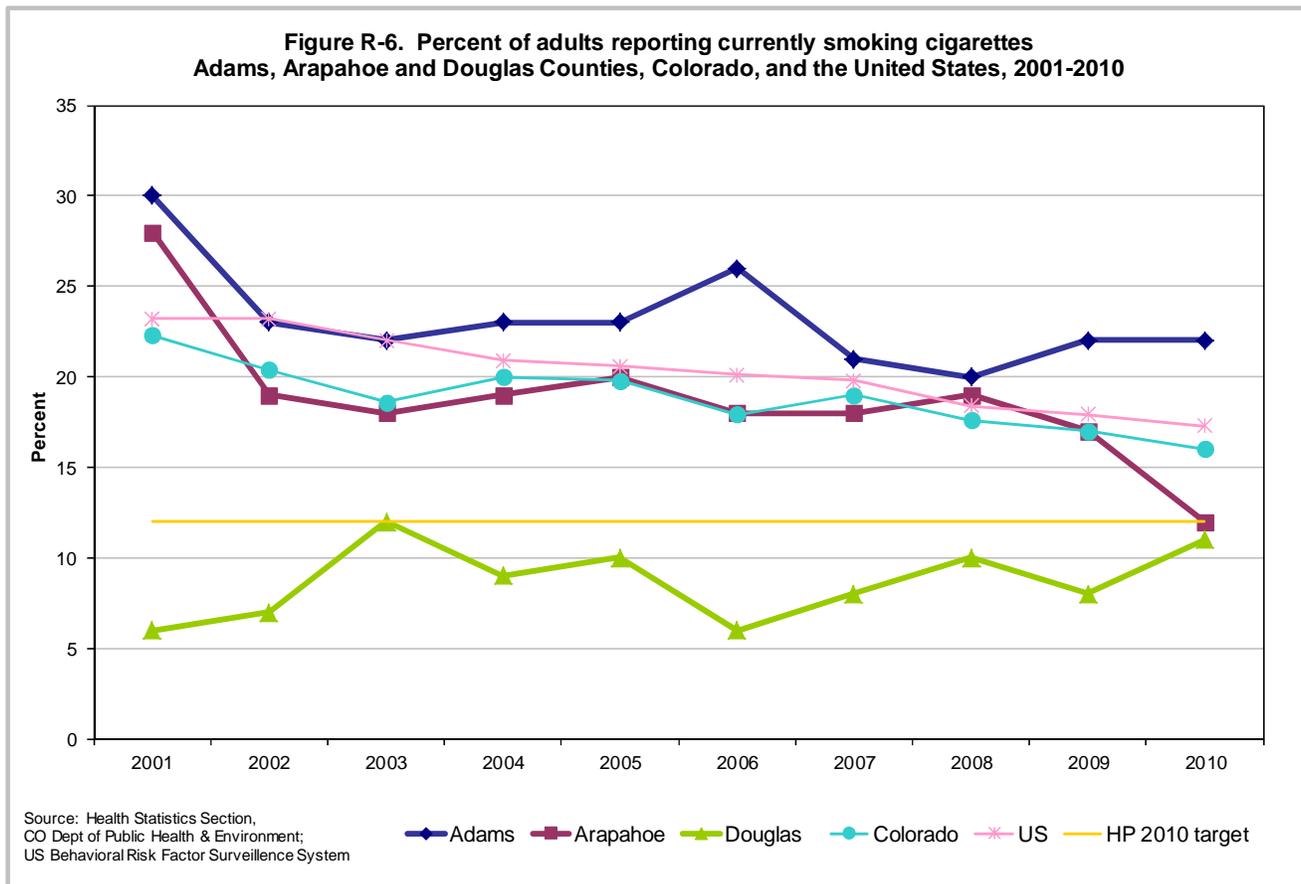
Tobacco Use

Tobacco use is the leading preventable cause of disease and death in the United States and is responsible for one in five deaths in smokers and non-smokers.⁴² Tobacco use causes cancer, heart disease, and lung diseases (including emphysema, bronchitis, and chronic airway obstruction). Tobacco use has been shown to cause the following maternal and child health conditions: premature birth, low birth weight, stillbirth, and infant death. Being exposed to secondhand smoke can cause heart disease and lung cancer in adults. Children exposed to secondhand smoke can suffer from severe asthma attacks, respiratory infections, ear infections, and sudden infant death syndrome (SIDS).

Healthy People 2010 objective 27-1a
 Reduce cigarette smoking by adults aged 18 years and older.
 Target: 12%

Table R-6. Percent of adults reporting currently smoking cigarettes, by county

	2010
Adams County	22%
Arapahoe County	12%
Douglas County	11%



Tobacco Use (*continued*)

Comments

Adams County and Arapahoe County both show an overall decreasing trend in the percentages of current smokers. The decreasing trend is also observed in Colorado overall and in the nation. In 2010, Arapahoe County met the national target of 12 percent. Douglas County's trend has shown an increase over the 10-year period but still met the target in 2010.

Diabetes

Diabetes is emerging as a major public health challenge in the United States. As the demographic patterns change in the United States, experts are predicting an increase in the number of people who will develop diabetes. Diabetes results when the body cannot produce or use insulin properly.⁴² Insulin is a hormone that the body needs to use glucose (sugar) as fuel for the body. When the body cannot properly regulate insulin and glucose, fats and glucose remain in the blood and, over time, can damage vital organs. People with diabetes can experience numerous debilitating and deadly complications, including heart disease and stroke, blindness, chronic kidney disease, and amputations.

Healthy People 2010 objective 5-3

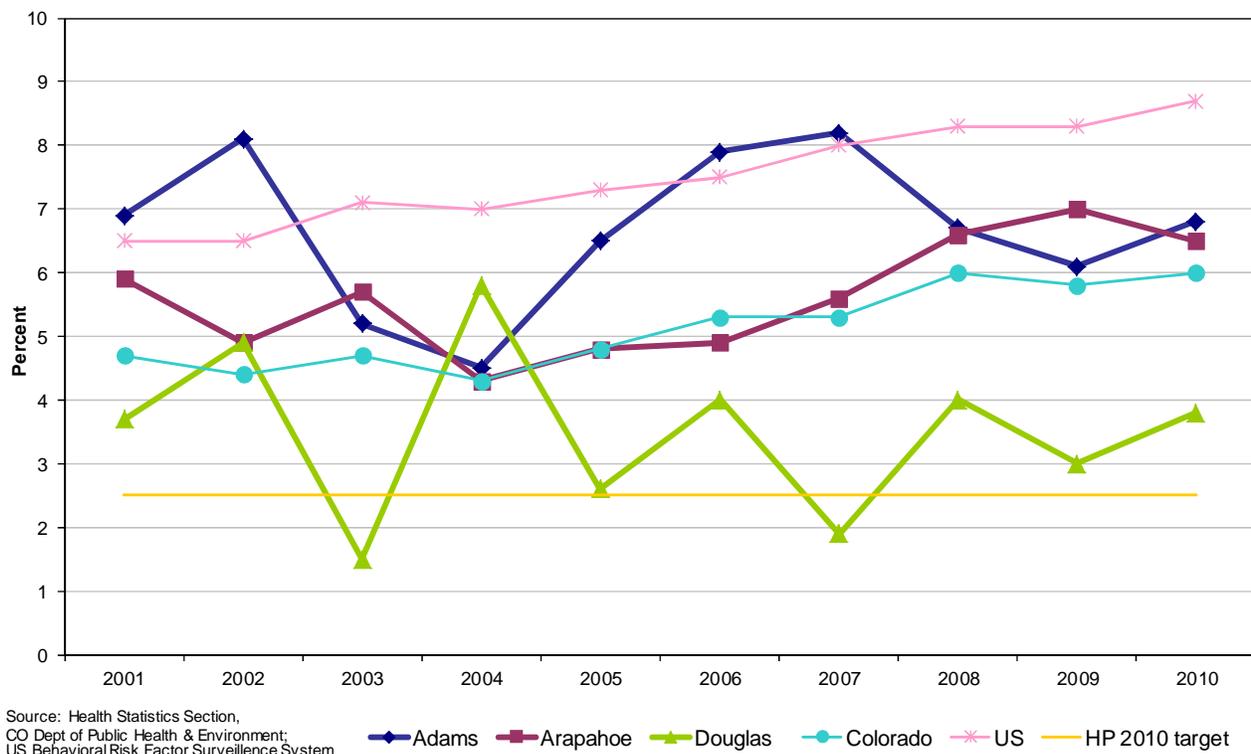
Reduce the overall rate of diabetes that is clinically diagnosed.

Target: 25 overall cases per 1,000 population (2.5%)

Table R-7. Percent of adults reporting being told by a doctor that they have diabetes, by county

	2010
Adams County	6.8%
Arapahoe County	6.5%
Douglas County	3.8%

Figure R-7. Percent of adults reporting being told by doctor that they have diabetes Adams, Arapahoe and Douglas Counties, Colorado and the United States, 2001-2010



Diabetes (continued)

Comments

The percentage of adults reporting that their doctor told them they had diabetes has varied over the years among Adams, Arapahoe and Douglas Counties. While the percentages are relatively small, when viewing the state and national percentages, it appears that the overall trend of diabetes is increasing. None of the three counties met the national target of 25 cases per 1,000 population (or 2.5 percent) of clinically diagnosed diabetes.

Summary table

A summary of select risk factors for 2010 is shown below.

	Adams County	Arapahoe County	Douglas County	Colorado	United States
Number of persons surveyed	809	873	578	11,663	451,075
Adults with health care coverage	82%	87%	92%	84%	85%
Adults not engaging in leisure time physical activity	24%	17%	9%	18%	24%
Adults (20 years and older) who are obese	23%	21%	18%	22%	28%
Adults who binge drink	15%	16%	19%	15%	15%
Adults who currently smoke cigarettes	22%	12%	11%	16%	17%
Adults ever told by doctor they have diabetes	6.8%	6.5%	3.8%	6.0%	9.5%

Source: Health Statistics Section, CO Dept of Public Health & Environment;
US Behavioral Risk Factor System (BRFSS)

Notifiable diseases

Infectious diseases remain major causes of illness, disability, and death. New infectious agents and diseases continue to be discovered, and some diseases considered under control have reemerged in recent years. More than 50 infectious agents and diseases have been deemed a danger to the public and are notifiable to health departments under Colorado law. State of Colorado Rules and Regulations Pertaining to Epidemic and Communicable Disease Control (6 CCR 1009-1) delineate the conditions and processes for reporting and investigating these diseases.

Reports of communicable diseases are investigated to determine the source and identify exposed persons and appropriate prevention and treatment measures are implemented to reduce illness and premature deaths. Preventing spread of communicable diseases can involve prophylactic treatment, limiting exposures to other individuals, and the use of vaccines. Vaccines are routinely used in childhood for prevention of rubella, diphtheria, *Haemophilus influenza* type b, hepatitis B, measles, mumps, pertussis, polio, tetanus and varicella.

This section of the profile looks at select reportable sexually transmitted infections and other communicable diseases. Data for this section come from the Division of Disease Control and Environmental Epidemiology at the Colorado Department of Public Health and Environment.⁴⁵

Notifiable diseases

There are numerous objectives and targets under the Healthy People 2010 goal of “Prevent disease, disability, and death from infectious diseases, including vaccine-preventable diseases.”

Select objectives and targets are as follow:

Healthy People 2010 objective 10-1

Reduce infections caused by key food borne pathogens.

Targets:

Campylobacter species – 12.3 per 100,000 population

Salmonella species – 6.8 per 100,000 population

Healthy People 2010 objective 13-1

Reduce AIDS among adolescents and adults.

Target: 1.0 new case per 100,000 population

Healthy People 2010 objective 14-9

Reduce hepatitis C.

Target: 1.0 new case per 100,000 population

Healthy People 2010 objective 14-10

Reduce tuberculosis.

Target: 1.0 new case per 100,000 population

Healthy People 2010 objective 25-2

Reduce gonorrhea.

Target: 19 new cases per 100,000 population

Healthy People 2010 objective 25-3

Eliminate sustained domestic transmission of primary and secondary syphilis.

Target: 0.2 cases per 100,000 population

Notifiable diseases (continued)

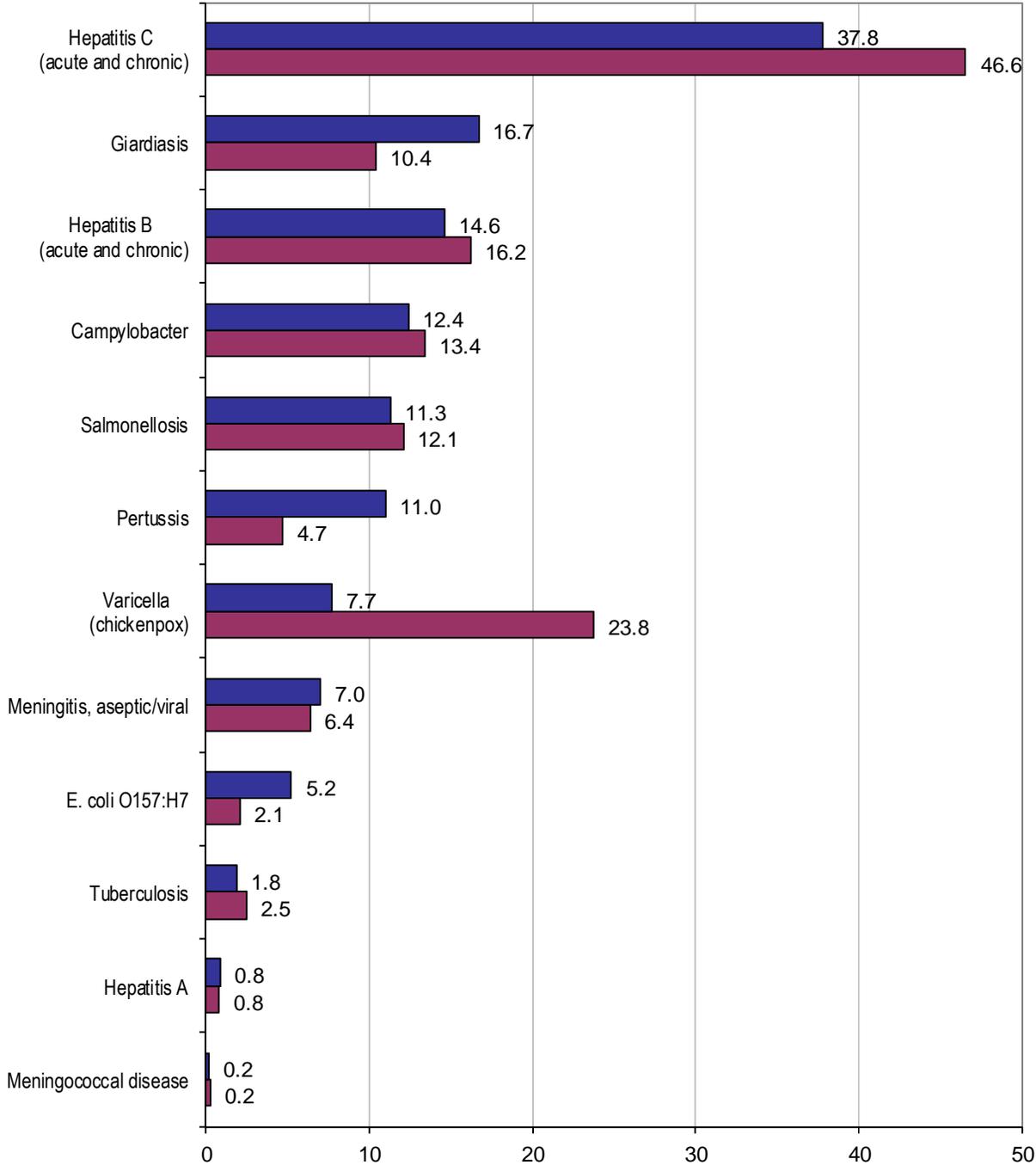
**Table N-1 Number and proportion of select notifiable diseases
Adams, Arapahoe and Douglas Counties and Colorado, 2008-2010**

Diagnosis	Adams			Arapahoe			Douglas			Total TCHD 2010	Colorado 2010	Percent of statewide cases in TCHD, 2010
	2008	2009	2010	2008	2009	2010	2008	2009	2010			
Campylobacter	52	55	54	67	69	71	36	45	36	161	809	19.9
Cryptosporidiosis	1	7	4	6	6	8	4	9	4	16	134	11.9
Giardiasis	35	33	68	78	56	120	29	31	29	217	691	31.4
Group A streptococcus (invasive)	28	23	30	30	23	35	11	17	11	76	167	45.5
Group B streptococcus (invasive)	35	48	25	39	50	47	18	12	18	90	174	51.7
Haemophilus influenza	4	4	9	7	10	8	3	4	3	20	83	24.1
Hantavirus pulmonary syndrome	0	0	0	1	0	0	0	0	0	0	5	0.0
Hepatitis A	2	2	4	5	5	4	3	0	3	11	36	30.6
Hepatitis B (acute and chronic)	56	81	68	116	108	90	32	23	32	190	607	31.3
Hepatitis C (acute and chronic)	253	220	199	281	264	240	52	62	52	491	3,116	15.8
Influenza (hospitalized cases)	63	343	22	86	397	21	12	109	12	55	140	39.3
Kawasaki syndrome	7	5	7	8	8	13	0	5	0	20	53	37.7
Legionellosis	3	5	5	4	6	7	1	1	1	13	32	40.6
Listeriosis	1	1	1	1	1	1	0	1	0	2	9	22.2
Malaria	0	1	2	4	9	6	5	2	5	13	31	41.9
Meningitis, aseptic/viral	36	15	32	43	43	43	16	9	16	91	460	19.8
Meningococcal disease	0	2	0	2	3	1	1	1	1	2	21	9.5
Mumps	1	0	2	0	1	0	1	0	1	3	8	37.5
Pertussis	7	13	56	22	26	64	23	4	23	143	540	26.5
Salmonellosis	47	58	43	63	65	65	39	36	39	147	579	25.4
Shigellosis	14	10	11	9	11	7	1	2	1	19	96	19.8
STEC (shiga toxin producing E. coli)	8	9	28	33	17	13	27	17	27	68	218	31.2
Streptococcus pneumonia (invasive)	54	81	56	62	65	64	18	18	18	138	545	25.3
Tuberculosis	14	4	6	14	11	17	3	4	1	24	71	33.8
Typhoid fever	0	0	0	0	1	1	0	1	0	1	3	33.3
Varicella (chickenpox)	70	51	47	68	32	36	17	21	17	100	404	24.8
West Nile virus	0	0	3	0	0	7	1	0	1	11	82	13.4

Source: CO Dept of Public Health and Environment, Communicable Diseases and Tuberculosis Programs

Notifiable diseases (continued)

**Figure N-1. Rates (per 100,000 population) for select notifiable diseases
Adams, Arapahoe and Douglas Counties
2010 compared to 5-year median (2005-2009)**



Source: CO Dept of Public Health & Environment
Communicable Diseases and Tuberculosis Programs

Cases per 100,000 population

■ 2010 rate
■ 5-yr median rate

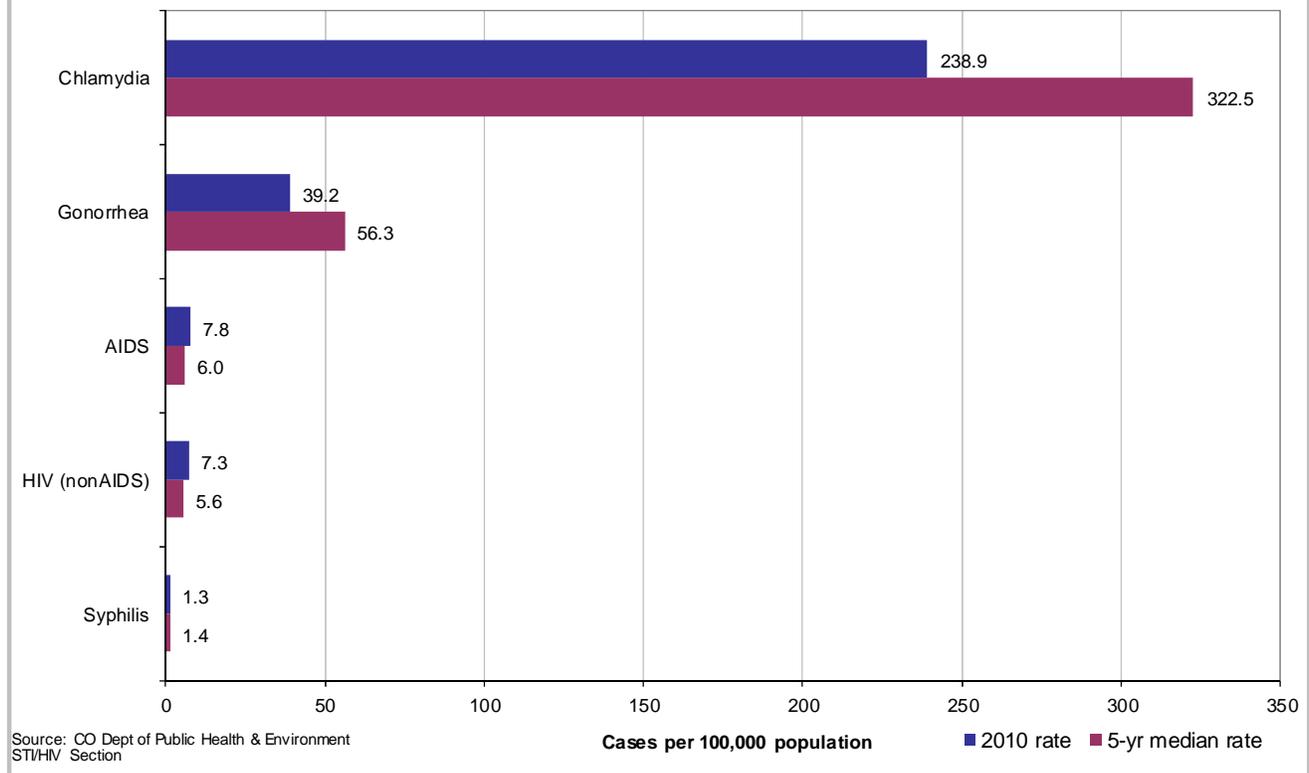
Notifiable diseases (continued)

**Table N-2. Number and proportion of select sexually transmitted infections
Adams, Arapahoe and Douglas Counties compared to Colorado, 2008-2010**

Diagnosis	Adams			Arapahoe			Douglas			Total TCHD 2010	Colorado 2010	Percent of statewide cases in TCHD, 2010
	2008	2009	2010	2008	2009	2010	2008	2009	2010			
AIDS	32	37	52	43	39	44	4	0	5	101	273	37.0
HIV (nonAIDS)	49	37	49	46	28	40	6	5	6	95	283	33.6
Chlamydia	1,593	1,530	1,096	2,175	2,376	1,790	289	321	217	3,103	19,447	16.0
Gonorrhea	215	139	129	457	383	356	36	20	24	509	2,787	18.3
Syphilis	14	8	8	14	8	9	6	4	0	17	138	12.3

Source: CO Dept of Public Health and Environment, STI/HIV Section

**Figure N-2. Rates (per 100,000 population) for select sexually transmitted infections
Adams, Arapahoe and Douglas Counties, 2010 compared to 5-year median (2005-2009)**



Comments

Looking at the select Healthy People 2010 targets mentioned in this section (*Campylobacter* species, *Salmonella* species, AIDS, hepatitis C, tuberculosis, gonorrhea, and syphilis), none of the targets were met in the Tri-County region.

Injury hospitalizations

Injury is a serious public health problem since it impacts the health of the population, burdens the health care system, can cause disability, and can lead to premature death. Injuries are the leading cause of death for Coloradans ages 1 to 44.⁴⁶ More years of “potential life” before age 65 are lost from injury than from any other cause of death.⁴⁶

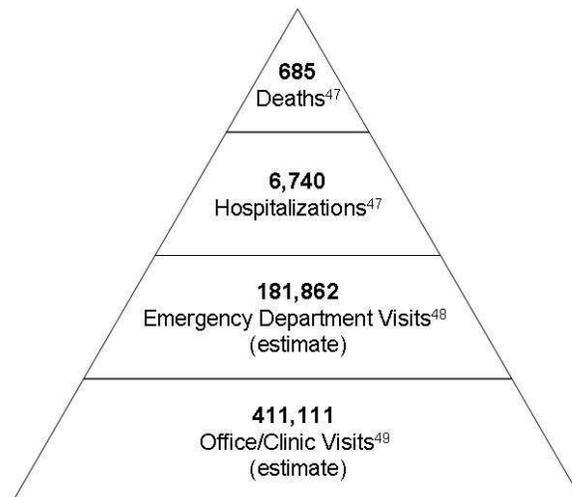
From 2008-2010, an average of 685 injury-related deaths occurred annually in the Tri-County region, and many more individuals were hospitalized and/or seen as outpatients for treatment of their injuries.⁴⁷

Many injuries are preventable. Examining trends will assist in determining where preventive in-

tervention is needed. Data examined in this section contain information on injury hospitalizations from 2001-2010. Examining 10-year trends will assist in determining where preventive intervention is needed. To determine the most current hospitalization rate, data are averaged over 2008-2010 so that year-to-year fluctuations have less impact.

The following data come from the Colorado Hospital Association as prepared by the Health Statistics Section at the Colorado Department of Public Health and Environment.⁸ Records from acute care hospitals are included; records from rehabilitation facilities are excluded as are all transfers, readmissions, and multiple records of the same injury event. The year is defined as the year the patient was discharged.

**Average annual burden of injury in Tri-County region residents
(Adams, Arapahoe and Douglas Counties combined), 2008-2010**



Unintentional and intentional injury

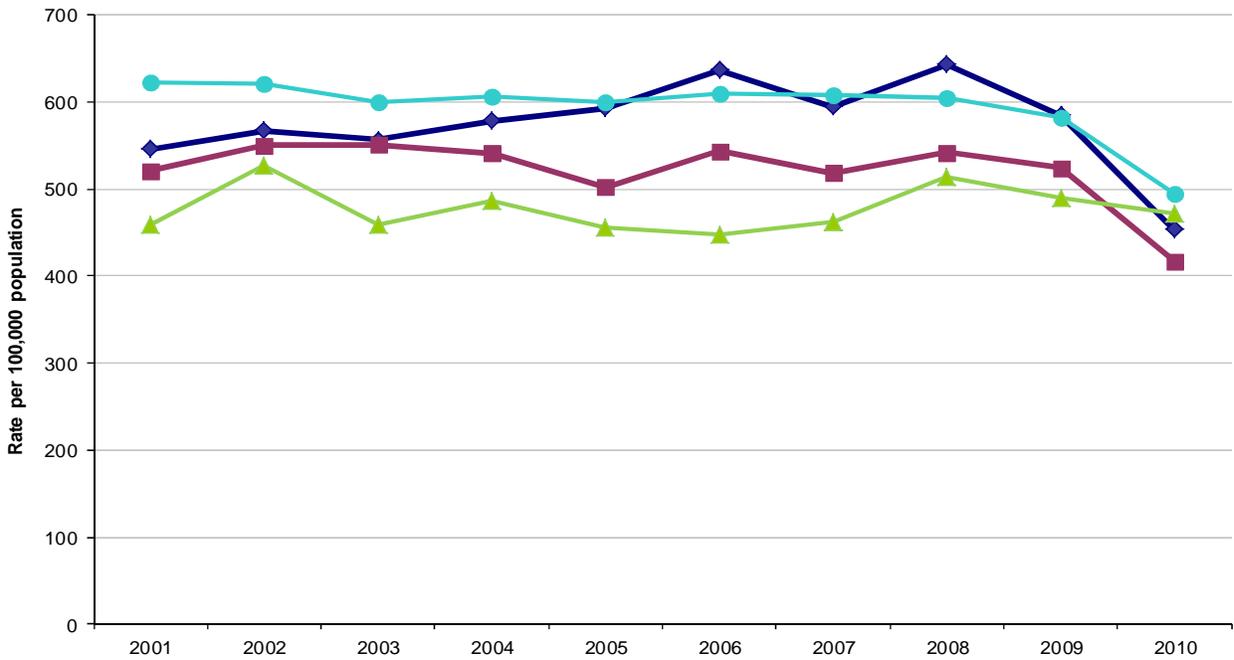
Injuries are classified as unintentional or intentional. Unintentional injuries are frequently called “accidents” or “accidental,” however with appropriate interventions, many unintentional injuries can be prevented.⁵⁰ Examples of unintentional injuries are falls, road traffic injuries, and unintentional poisonings. Assault and suicide are examples of intentional injuries. These acts involve the intent to harm.⁵⁰

Table I-1. Rates* of injury hospitalizations Adams, Arapahoe and Douglas Counties and Colorado, 2008-2010				
	Adams County	Arapahoe County	Douglas County	Colorado
All injury hospitalizations	692.9	618.3	573.3	699.4
Unintentional injury hospitalizations	557.4	493.0	490.0	571.0
Intentional injury hospitalizations	77.6	70.4	44.7	84.4

* Rate per 100,000 population, age-adjusted to the 2000 US standard population.
Source: Health Statistics Section, CO Dept of Public Health & Environment

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**Figure I-1. Rates* of hospitalization for unintentional injury
Adams, Arapahoe and Douglas Counties and Colorado, 2001-2010**

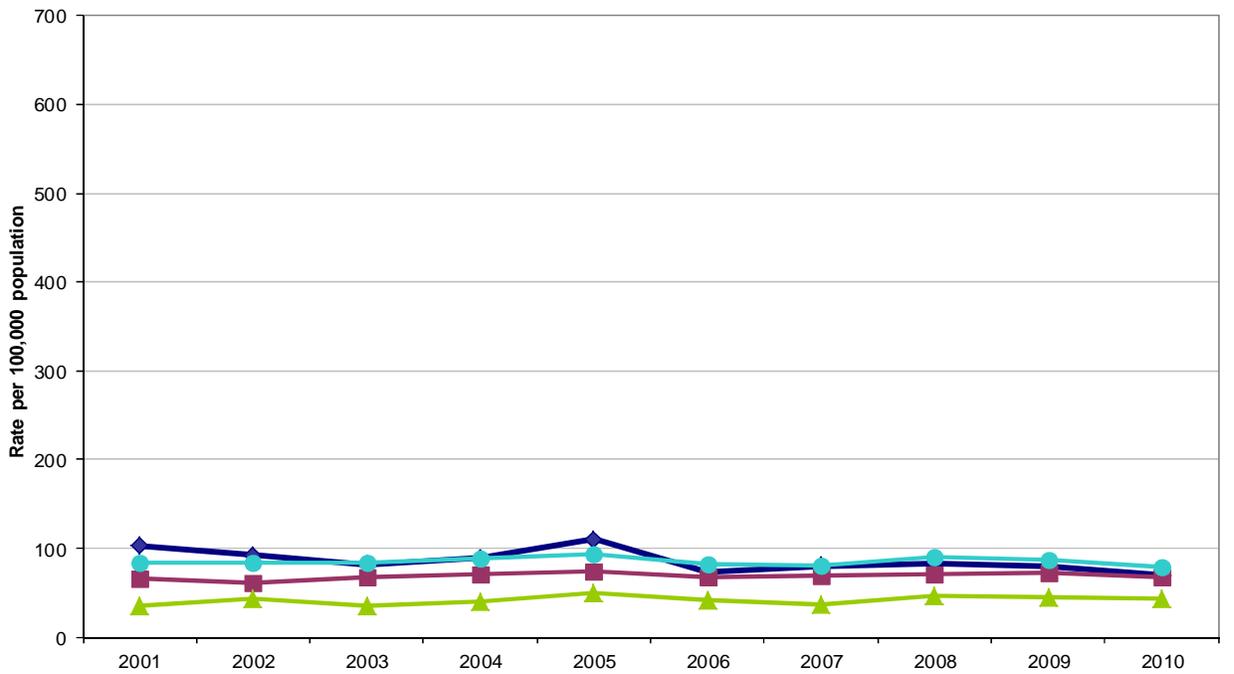


* Age-adjusted to the US 2000 standard population.
Source: Health Statistics Section,
CO Dept of Public Health & Environment

◆ Adams Unintentional
▲ Douglas Unintentional

■ Arapahoe Unintentional
● Colorado Unintentional

**Figure I-2. Rates* of hospitalization for intentional injury
Adams, Arapahoe and Douglas Counties and Colorado, 2001-2010**



* Age-adjusted to the US 2000 standard population.
Source: Health Statistics Section,
CO Dept of Public Health & Environment

◆ Adams Intentional
▲ Douglas Intentional

■ Arapahoe Intentional
● Colorado Intentional

Unintentional and intentional injury (*continued*)

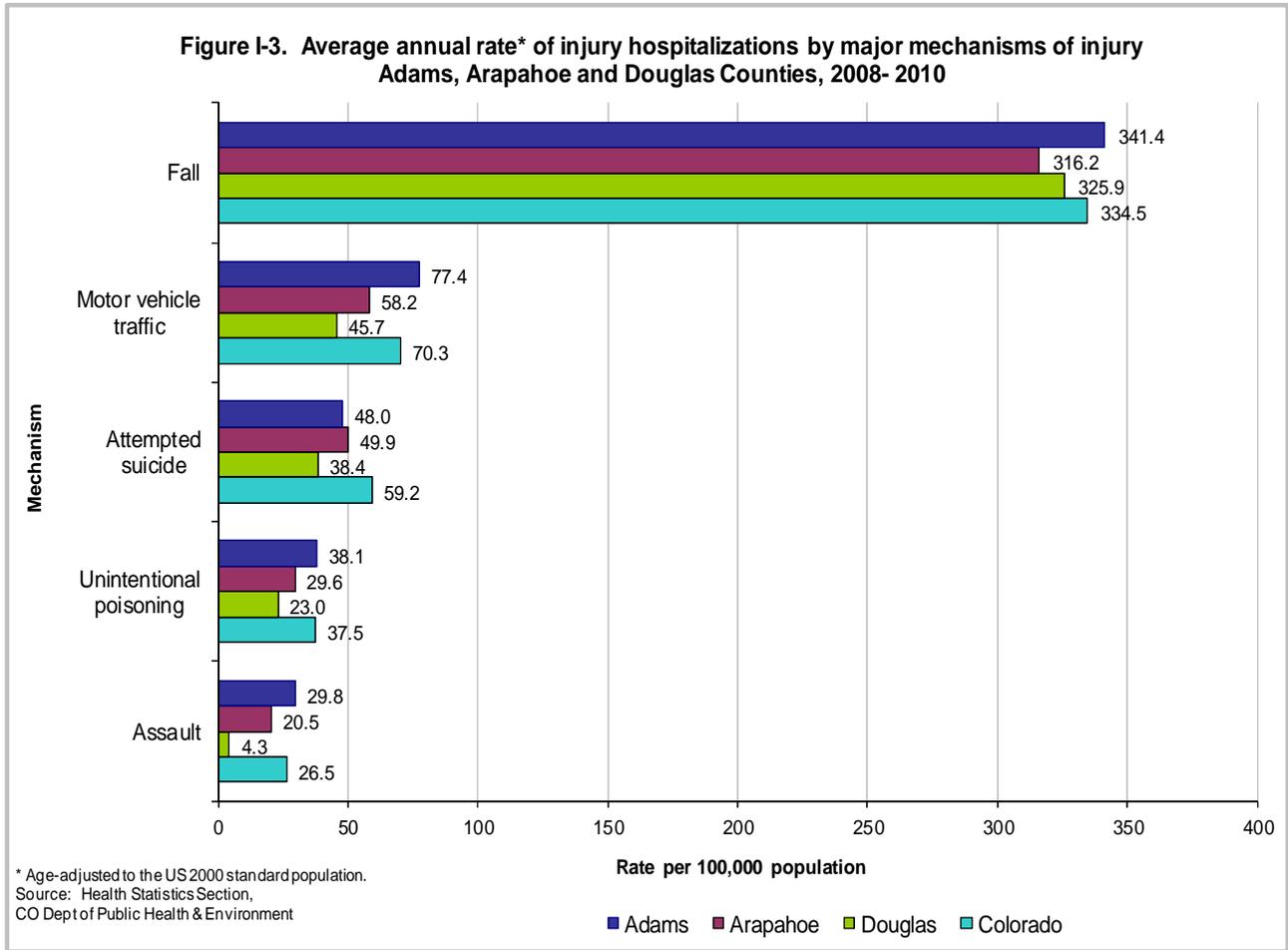
Comments

The age-adjusted rate of hospitalization for unintentional injury is consistently much higher than the age-adjusted rate for intentional injury. The rate of hospitalization for unintentional injury was increasing in Adams County earlier in the decade, but has shown a downward trend in recent years. The unintentional injury hospitalization rates in Arapahoe and Douglas Counties remained fairly stable between 2001-2009. Between 2009-2010, the rates of hospitalization for unintentional injury decreased for all three counties and Colorado. It is too early to tell if these decreases will persist. The reason for these decreases is unknown at this time.

The rates of hospitalization for intentional injury have not shown much change in the three counties.

Major mechanisms of injury

Injuries resulting from falls are the leading cause of injury-related hospitalization followed by injuries due to roadway motor vehicle crashes. Together, these two mechanisms account for more than half of all injury-related hospitalizations in Adams, Arapahoe and Douglas Counties.⁴⁷ Suicide, unintentional poisoning, and assault are the next most frequent causes. Approximately 75 percent of injury-related hospitalizations in the three-county area can be attributed to one of these five causes.⁴⁷



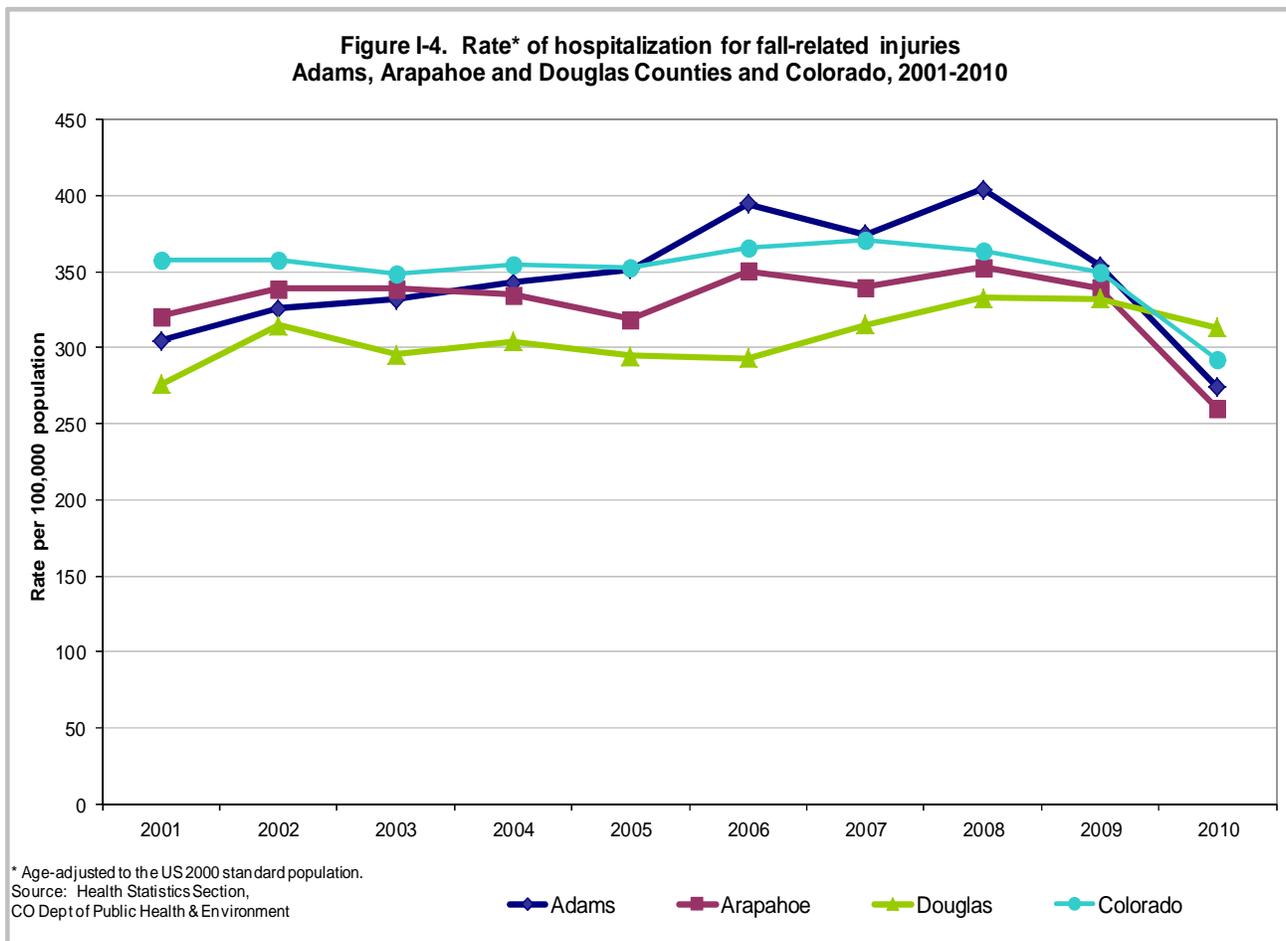
Comments

The rate of hospitalization from fall-related injuries is more than 4 times the rate of hospitalization for injuries due to motor vehicle traffic crashes.

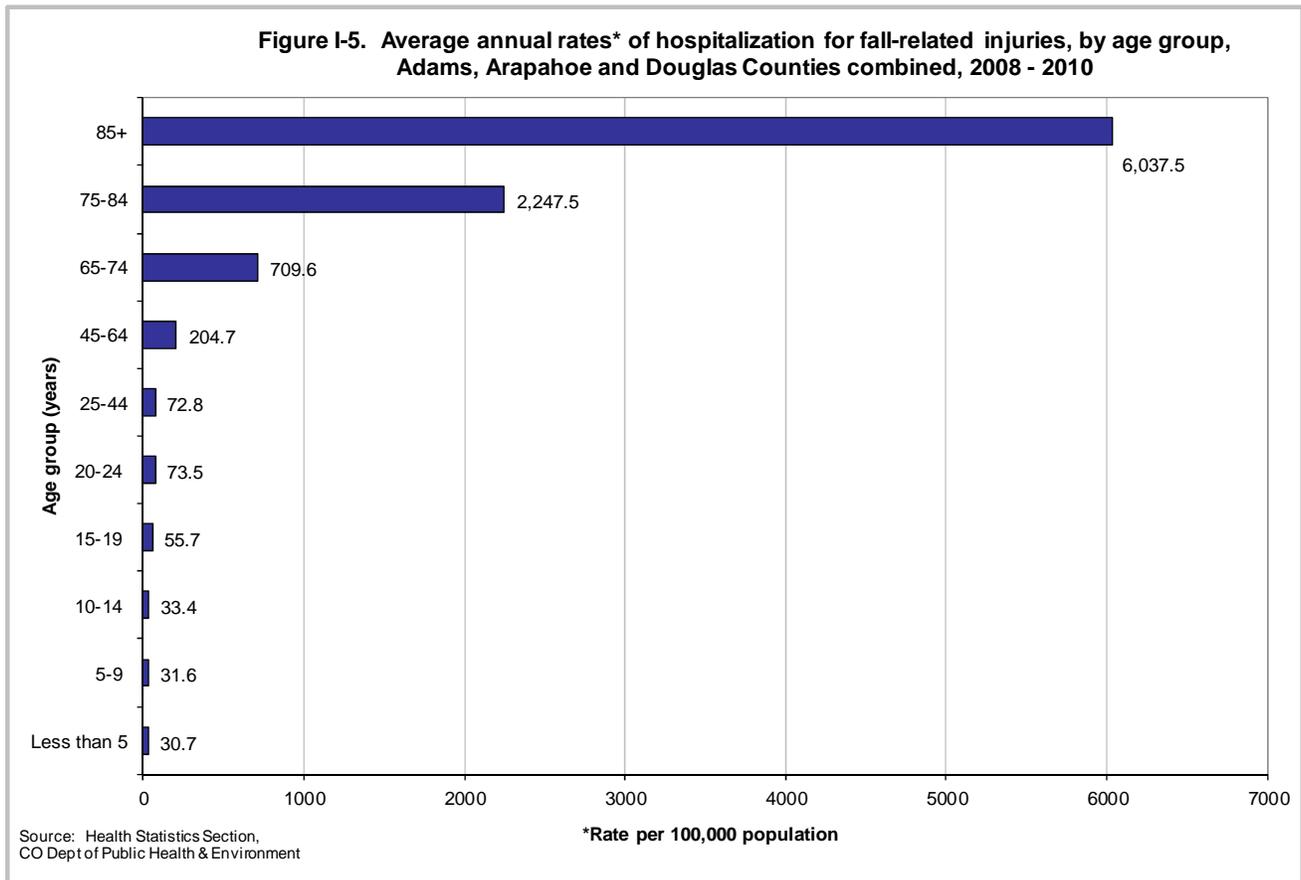
Falls

Falls are the leading cause of injury hospitalization in the Tri-County region accounting for approximately 45 percent of all injury-related hospitalizations.⁴⁷ Falls are the second leading cause of hospitalized traumatic brain injuries in Colorado,⁵¹ and nationally, falls account for 21 percent of spinal cord injuries.⁵²

Falls do not have to occur from a height to be injurious – approximately one-third of fall-related hospitalizations are for injuries due to falls from slipping, tripping, or stumbling on the same level.⁴⁷



Falls (continued)



Comments

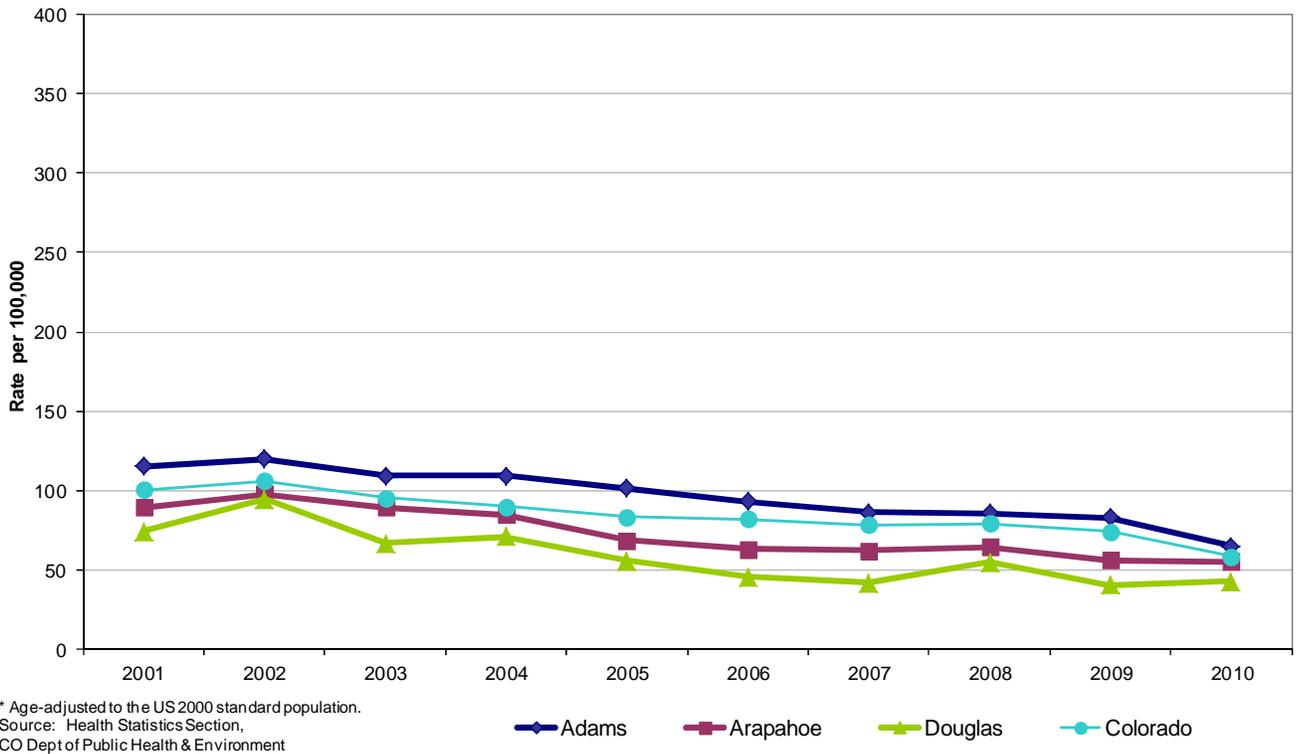
The fall-related hospitalization rates increased from 2001-2008 in Adams, Arapahoe, and Douglas Counties and in Colorado. In 2009 and 2010, the fall-related hospitalization rates decreased in Adams and Arapahoe Counties and in Colorado. The reason for these decreases is not known at this time. It is too early to tell whether these decreases will persist. In 2009-2010, the fall-related hospitalization rate was higher in Douglas County than in previous years.

In all three counties, fall-related hospitalizations increase with age with the highest rates being observed in those 85 years of age or older.

Motor vehicle crashes

Motor vehicle crashes occurring on public roadways are the second leading cause of injury hospitalization. This category includes crashes involving motor vehicles and motorcycles, in addition to incidents in which a motor vehicle hits a bicyclist or pedestrian. In Colorado, motor vehicle traffic crashes are the leading cause of hospitalized and fatal traumatic brain injuries.⁵³

Figure I-6. Rate* of hospitalization for injuries related to motor-vehicle crashes occurring on public roadways Adams, Arapahoe and Douglas Counties and Colorado, 2001-2010



Motor vehicle crashes (*continued*)

Table I-2. Average annual motor vehicle injury hospitalization rates* by age-group - Adams, Arapahoe and Douglas County residents (combined), 2001 and 2010			
Age group	2001	2010	Percent decrease
Birth to age 4	18.0	7.0	61.1
5 to 8 years	43.6	9.5	78.2
9 to 14 years	38.9	17.6	54.8
15 to 19 years	163.3	64.2	60.7
20 to 24 years	205.8	99.8	51.5
25 to 74 years	90.8	60.2	33.7
75 years and older	163.9	100.1	38.9

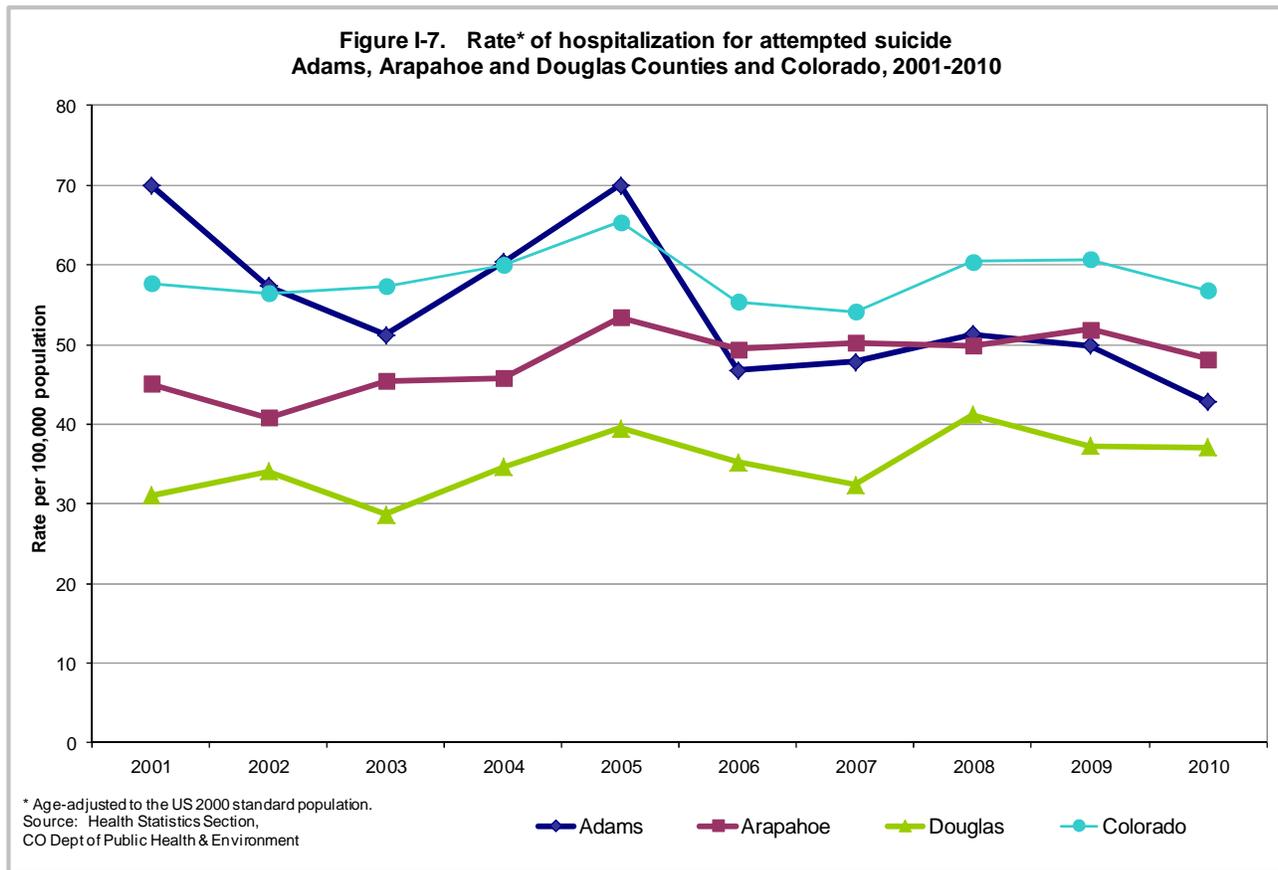
* Rates per 100,000 population
 Source: Health Statistics Section, CO Dept of Public Health & Environment

Comments

Since 2001, the rates of hospitalization for injuries due to motor vehicle crashes have decreased in all three counties and in the state. The greatest decreases in hospitalization have occurred in children and teenagers. These results may reflect the effects of recent legislation requiring the use of car seats or booster seats and the primary seat-belt law specific to these age groups as well as fewer crashes in teenage drivers due to graduated licensing requirements.⁵⁴ One factor that may have contributed to the decreasing rate of hospitalization for all age-groups is the increased prevalence of passive restraint systems, such as front and side airbags, in vehicles.⁵⁵

Suicide attempts

Suicide is a major public health issue in the United States, resulting in almost twice as many deaths each year as homicide.⁵⁶ The number of completed suicides reflects only a small portion of the impact of suicidal behavior, and attempted suicide is the third leading cause of injury hospitalization in the Tri-County region. Females in Colorado have a higher rate of hospitalization for suicide attempts compared to males. Males in Colorado, however, have a higher rate of completed suicide than females.⁵⁶



Suicide attempts (*continued*)

Table I-3. Average annual hospitalization rates for suicide attempts by age-group - Adams, Arapahoe and Douglas Counties, and Colorado, 2008-2010				
Age group	Adams	Arapahoe	Douglas	Colorado
10-14	19.6	33.4	14.9	29.6
15-19	97.2	126.0	87.4	120.1
20-24	78.9	88.0	91.9	104.4
25-44	69.6	71.2	48.7	87.1
45-64	52.0	42.5	36.6	57.0
65-74	21.3	14.1	0.0	20.0
75-84	15.3	17.5	27.7	23.4
85+	27.6	0	0.0	21.1

* Rates per 100,000 population

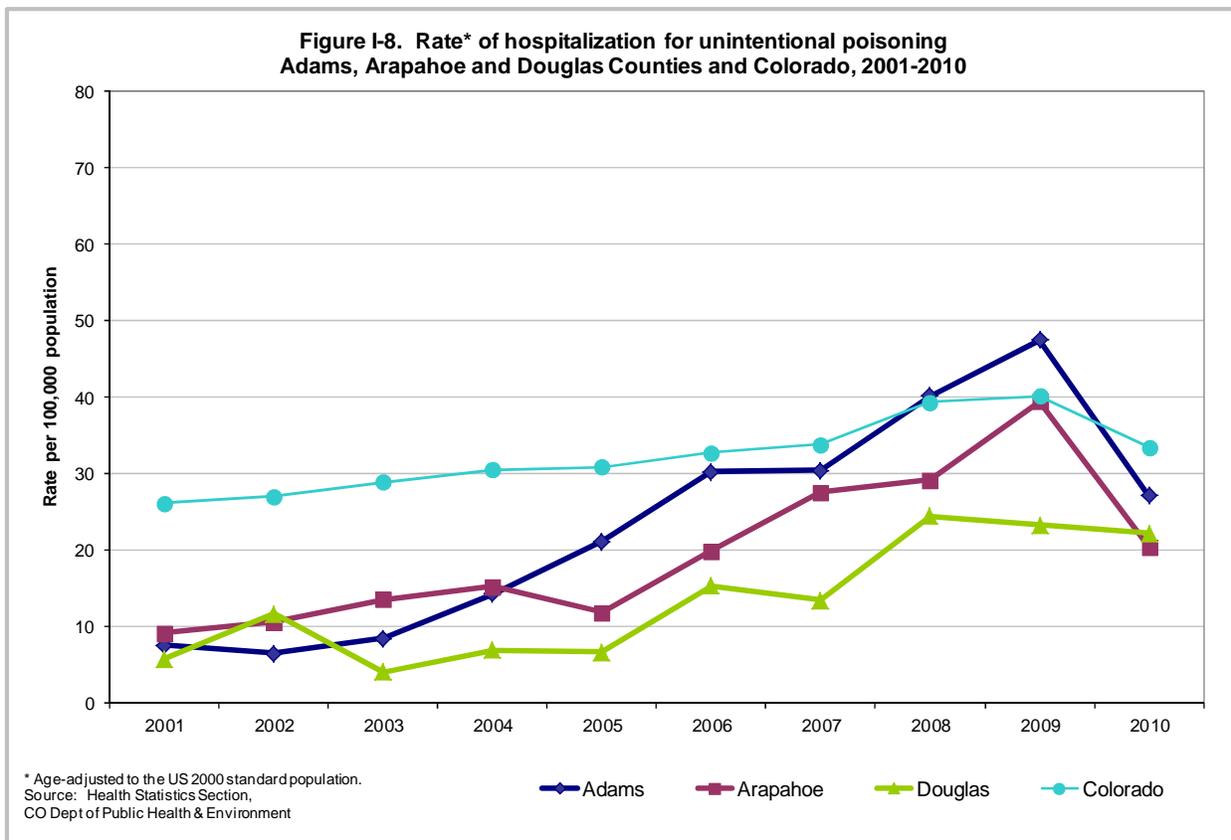
Source: Health Statistics Section, CO Dept of Public Health & Environment

Comments

The rate of hospitalization for attempted suicide has been increasing in Douglas and Arapahoe Counties for the past 10 years and decreasing in Adams County. During this same time, the rate fluctuated in Colorado. The highest rates of hospitalization for suicide attempts are in teenagers and young adults.

Unintentional poisoning

Unintentional poisoning includes poisoning due to drugs (prescription, over-the-counter, or “street” drugs); exhaust fumes and gases such as carbon monoxide and nitrous oxide; cleaning agents and petroleum products such as soaps, polishes, solvents and paint; acids and caustic alkalis (lye); pesticides and herbicides; poisonous plants and foods. This category does not include suicide attempts. In Colorado, males and females are about equally likely to be hospitalized for unintentional poisoning. Younger adult Coloradans ages 15-54 are more likely to be hospitalized for poisoning due to alcohol or psychotropic agents (marijuana, LSD, and antidepressants); adults ages 55-74, for overdoses of heroin/opiates/narcotics and tranquilizers; and adults age 75 and older for prescription drug misuse and drug interactions.⁵⁷



Comments

The rate of hospitalization for unintentional poisoning steadily increased for all three counties Colorado from 2001-2008. In 2008, the rate decreased in Douglas County, and in 2009 in Adams and Arapahoe Counties and Colorado. It is too early to tell if these decreases will continue. The reason for these decreases is not known at this time.

Health disparities

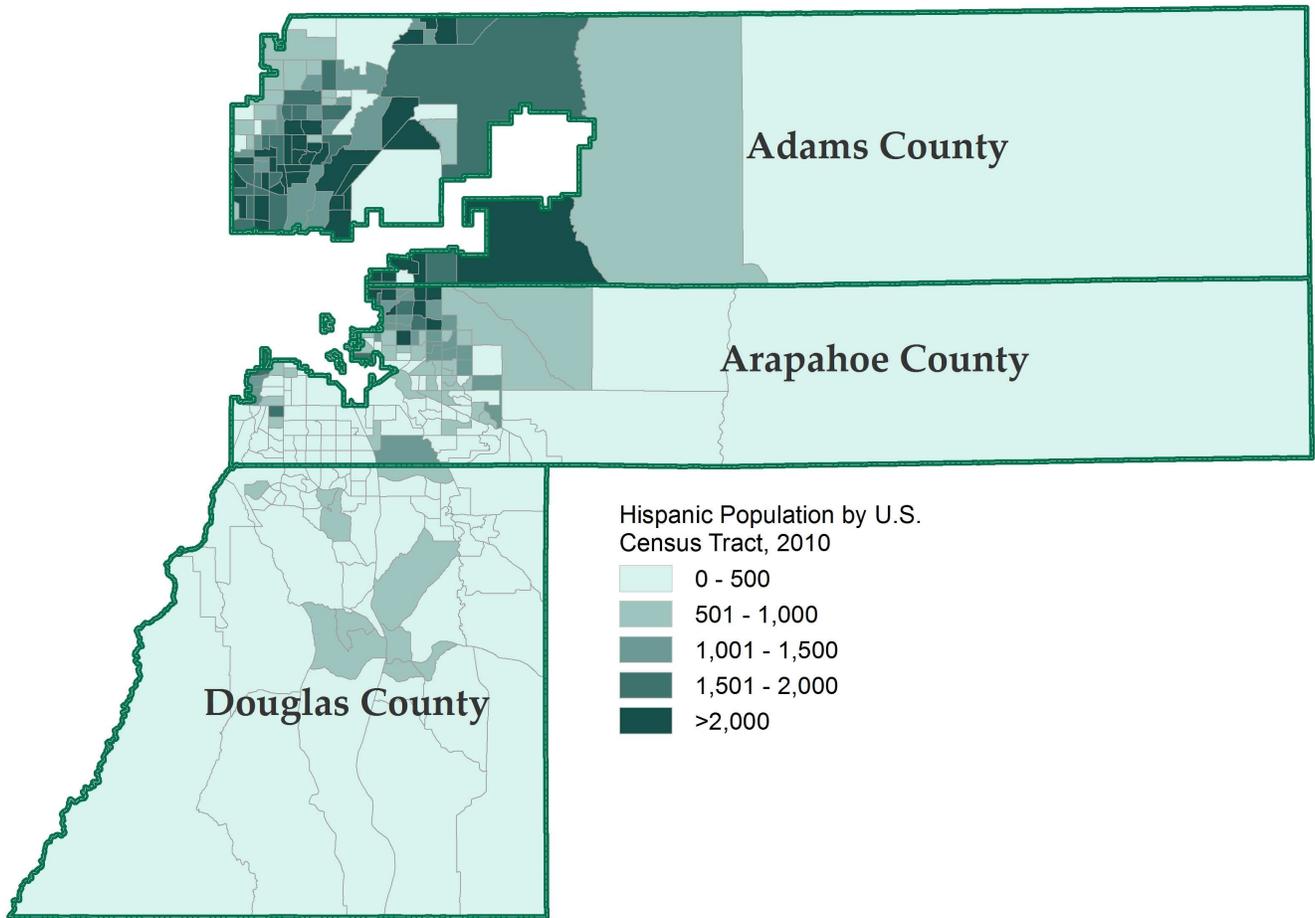
Health disparities are differences in health conditions and health outcomes that exist among different population groups. Population groups are made up of individuals who have a personal characteristic in common such as race, ethnicity, age, or gender (to name a few).⁴² One of the two overarching goals of Healthy People 2010 is to eliminate health disparities.

The most common type of health disparity that is focused on nationwide and in Colorado are the disparities observed between different racial and ethnic groups. Racial and ethnic health disparities are not simply caused by the biologic and genetic characteristics of a particular race or ethnic group. These disparities are caused by a complex web of social, economic, and environmental factors in addition to genetics and behavior.⁴² With Colorado's population growing more racially and ethnically diverse, it is important to examine these differences. To address health disparities among different race and ethnic groups in Colorado, the executive director of the Colorado Department of Public Health and Environment created the Office of Health Disparities in 2004.⁵⁸ This Office is charged with promoting systems change and capacity building by collaborating with multiple sectors to reduce health disparities among racial and ethnic populations.

This section of the Community Health Profile examines select racial and ethnic disparities in the Tri-County region. The data come from the Health Statistics Section at the Colorado Department of Public Health and Environment.

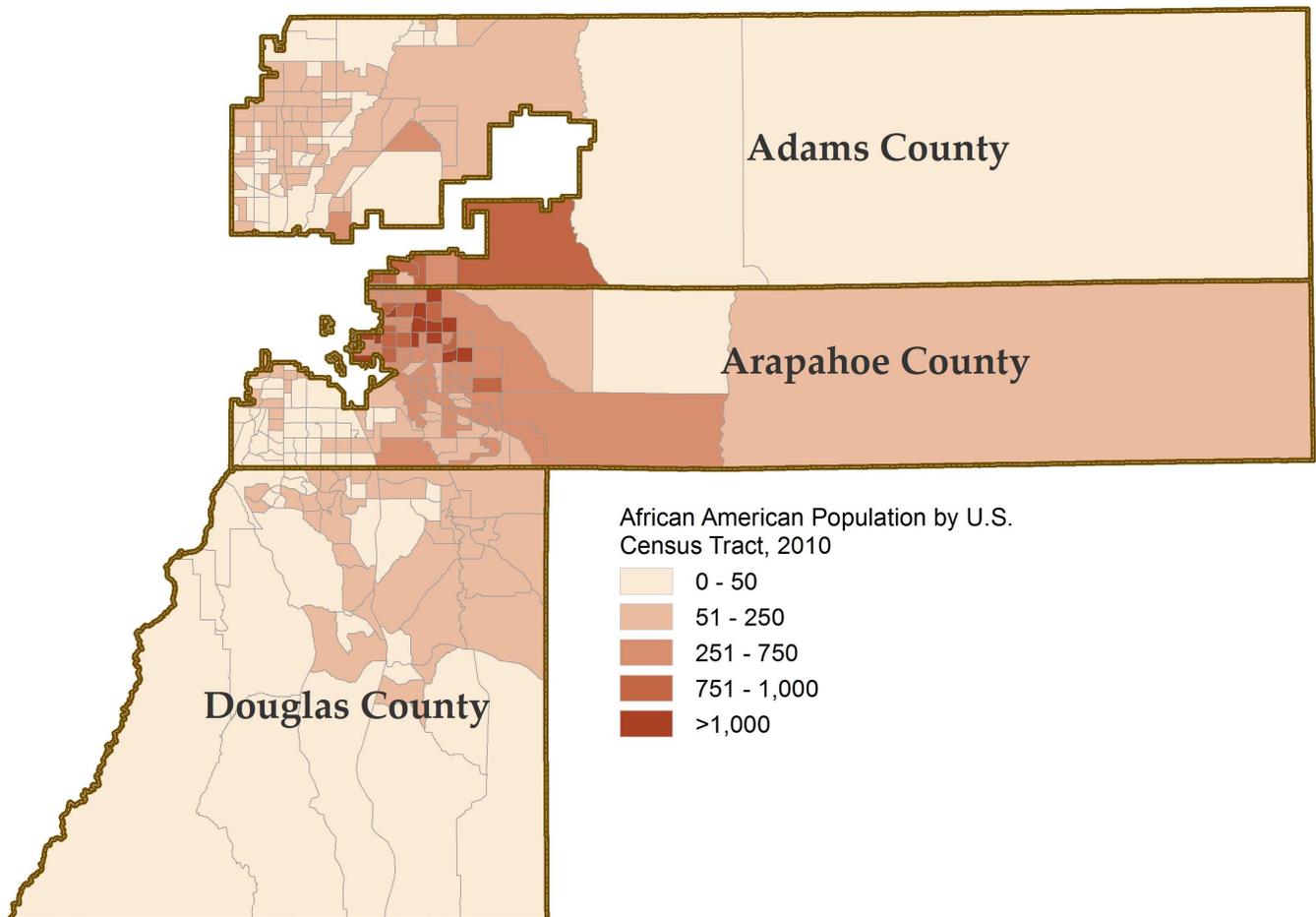
Hispanic Population Density

The map below shows the population density of Hispanic residents by census tract using the 2010 Census.³



Black/African American Population Density

The map below shows the population density of black/African American residents by census tract using the 2010 Census.³



Maternal and infant health

Racial and ethnic disparities are seen in maternal and infant health outcomes across the nation. For example, in the United States, the rate of low birth weight infants born to white non-Hispanic women is higher than that of white Hispanic women.⁴² Black/African Americans, American Indians and Alaska Natives have higher infant death rates compared to white non-Hispanics.

Table H-1 on the next page shows select maternal and infant health indicators by race and ethnicity in Adams, Arapahoe, and Douglas Counties and in Colorado. In order to depict a larger sample, the indicators are from a combined five-year period, 2003-2007 (the most recent years available).

Please note that rates and percentages for each specific race/ethnic group are calculated from the population of that specific race/ethnic group.

Maternal and infant health (continued)

Table H-1. Select maternal and infant health indicators by race/ethnicity Adams, Arapahoe and Douglas Counties, Colorado, 2003-2007				
	Adams	Arapahoe	Douglas	Colorado
Teen Fertility	Rate of live births to women age 15-17 per 1,000 women age 15-17, in each race/ethnic group			
White, non-Hispanic	17.2	7.9	3.0	10.2
White, Hispanic	79.0	70.5	15.5	69.2
Black/African American	32.4	31.0	5.6	28.6
Asian American/Pacific Islander	16.7	5.5	*	11.6
American Indian/Native Alaskan	9.9	15.4	*	23.2
Adequate Prenatal Care**	Percent of live births to mothers who received adequate prenatal care, in each race/ethnic group			
White, non-Hispanic	72.0	72.6	82.3	72.1
White, Hispanic	57.8	54.4	69.5	56.9
Black/African American	57.2	59.6	79.0	58.9
Asian American/Pacific Islander	65.3	63.3	79.9	66.7
American Indian/Native Alaskan	54.5	52.4	78.0	55.2
Low Birth Weight	Percent of live births weighing less than 2,500 grams, in each race/ethnic group			
White, non-Hispanic	9.2	9.2	8.5	8.8
White, Hispanic	8.3	7.7	9.2	8.5
Black/African American	14.2	14.9	15.1	15.3
Asian American/Pacific Islander	10.4	10.2	10.8	10.3
American Indian/Native Alaskan	9.5	8.0	9.3	9.9
Infant Mortality	Rate of infant deaths per 1,000 live births, in each race/ethnic group			
White, non-Hispanic	6.0	4.6	3.5	5.0
White, Hispanic	7.6	6.5	5.3	7.4
Black/African American	12.9	14.2	27.5	15.4
Asian American/Pacific Islander	5.4	3.8	*	4.3
American Indian/Native Alaskan	*	*	*	4.9
*Data are suppressed due to small counts				
**Adequate prenatal care is determined using the Kotelchuck Adequacy of Prenatal Care Utilization Index.				
Source: Health Statistics Section, CO Dept of Public Health & Environment				

Maternal and infant health (continued)

Comments

The following findings are consistent in all three counties and Colorado overall: The teen fertility rate is highest in white, Hispanic women. White, non-Hispanic women have the highest percentage of mothers who received adequate prenatal care. Black/African American women have the highest percentage of low birth weight babies and rate of infant deaths among all race and ethnic groups.

TCHD recognizes the high black/African American infant mortality rate in our jurisdiction and is collaborating with other local organizations to address this public health issue. Further data analyses by TCHD staff revealed that only black/African American women who were less than 20 years of age and those over 35 had an increased risk for having a very low birth weight infant (less than 1500 grams), which is where most of the deaths occurred in this particular study group. TCHD is working with these other organizations to target specific interventions for women in these high risk age groups to help reduce infant deaths.

Mortality

Racial and ethnic disparities are also seen in death rates across the country. In the United States, Hispanics are almost twice as likely to die from diabetes compared to white non-Hispanics.⁴² Cancer and heart disease death rates are higher for black/African Americans nationwide compared to white non-Hispanics.

Table H-2 on the next page shows select death rates that are among the top ten leading causes of death by race and ethnicity in Adams, Arapahoe, and Douglas Counties and in Colorado. In order to depict a larger sample, the rates are from a combined three-year period, 2005-2007 (the most recent years available).

Please note that rates and percentages for each specific race/ethnic group are calculated from the population of that specific race/ethnic group.

Mortality (continued)

Table H-2. Select mortality rates by race/ethnicity Adams, Arapahoe and Douglas Counties, Colorado, 2005-2007				
	Adams	Arapahoe	Douglas	Colorado
Cancer	Age-adjusted mortality rate of cancer per 100,000 population, in each race/ethnic group			
White, non-Hispanic	193.3	147.8	151.2	160.4
White, Hispanic	147.9	118.8	173.7	145.7
Black/African American	151.4	184.3	48.3	185.5
Asian American/Pacific Islander	123.5	121.3	105.0	113.7
American Indian/Native Alaskan	132.7	103.8	*	91.8
Heart Disease	Age-adjusted mortality rate of heart disease per 100,000 population, in each race/ethnic group			
White, non-Hispanic	197.2	146.5	143.0	160.7
White, Hispanic	139.5	113.0	77.9	141.0
Black/African American	182.1	188.1	240.9	179.7
Asian American/Pacific Islander	89.5	66.3	58.8	70.4
American Indian/Native Alaskan	98.7	125.4	*	103.2
Chronic Lower Respiratory Disease	Age-adjusted mortality rate of chronic lower respiratory disease per 100,000 population, in each race/ethnic group			
White, non-Hispanic	76.5	44.3	40.7	53.6
White, Hispanic	32.5	8.3	50.0	34.3
Black/African American	26.0	28.4	*	35.4
Asian American/Pacific Islander	17.9	15.3	*	13.7
American Indian/Native Alaskan	50.1	*	*	27.2
Cerebrovascular Disease/ Stroke	Age-adjusted mortality rate of stroke per 100,000 population, in each race/ethnic group			
White, non-Hispanic	38.5	36.8	44.5	41.8
White, Hispanic	40.6	28.3	33.1	44.0
Black/African American	54.7	64.4	75.5	55.9
Asian American/Pacific Islander	43.0	48.6	35.5	38.6
American Indian/Native Alaskan	14.6	*	*	18.0
Diabetes Mellitus	Age-adjusted mortality rate of diabetes per 100,000 population, in each race/ethnic group			
White, non-Hispanic	21.3	13.3	8.4	15.2
White, Hispanic	40.4	29.1	25.4	38.7
Black/African American	44.9	34.4	*	28.0
Asian American/Pacific Islander	8.2	8.6	*	13.3
American Indian/Native Alaskan	32.4	35.4	*	36.6
*Data are suppressed due to small counts				
Source: Health Statistics Section, CO Dept of Public Health & Environment				

Mortality (continued)

Comments

Unlike the maternal and child health indicators where the race and ethnic disparities were the same among Adams, Arapahoe and Douglas Counties, the race/ethnic disparities for mortality differ slightly among the three counties. In general, the health disparities seen in our three counties are similar to those seen nationwide. African Americans' higher rates of death due to heart disease and stroke seen at the national level are also seen in our three counties and in Colorado.⁴² Hispanics have higher death rates due to diabetes compared to white, non-Hispanics in the United States and our three counties as well as Colorado.³⁷ Asian Americans and Pacific Islanders have the lowest death rates due to cancer, heart disease, chronic lower respiratory disease, and diabetes among all race and ethnic groups in all three counties and Colorado. However, Asian Americans and Pacific Islanders have other disparities such as high death rates due to liver cancer which are not shown here.⁵⁹ As stated previously, race and ethnic disparities in health are not just due to biological differences; there are several social, economic and environmental factors contributing to these differences in health outcomes.

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