



City and County of Broomfield Health and Human Services

Health and Human Services Indicator Study 2009



Prepared by



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Acknowledgments

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Executive Summary

Though it has its unique challenges, Broomfield thrives in a thriving state. The county continues to be an attractive destination for wealthier, younger and better educated residents – providing many “protective” factors when looking at health lifestyles and disease patterns. Further, the greater income and home security experienced by Broomfield residents compared to other parts of Colorado, create less demand for services aimed at increasing self-sufficiency.

Because Broomfield is growing faster than the state and is projected to remain on this relatively fast trajectory through 2015, Broomfield will continue to experience both the benefits and challenges of increased population. Even as the relative speed of Broomfield growth conforms to Colorado’s projected population increase after 2015, significant numbers of new residents will continue to put pressure on public health and human services.

All that said, there are still significant health issues facing Broomfield residents. Every community faces health and human service challenges; some common, some unique. This report provides information on the areas where Broomfield thrives, areas where it struggles, and baseline data to monitor changes in community health over time.

To provide context for the areas of health, the patterns of health and disease in Broomfield are compared to the State of Colorado as whole. A summary table at the end of this section maps the health indicators into three categories --- those areas where Broomfield is healthier than the state, areas where Broomfield’s data are similar to state data, and areas where Broomfield’s data show lower health status than the state. When multiple years of data are available, trend information is also presented.

Encouraging Trends

At every stage of life, there was some good health news for residents of Broomfield.

Healthy Babies: Broomfield mothers are giving birth to babies that are not facing the same risks faced by mothers in other parts of Colorado. Broomfield has fewer babies who are low birth-weight, have no first trimester care, are pre-term or have mothers who smoked while pregnant, though the percent of mothers who smoked is trending up.

Healthy Youth: Broomfield was generally a safe place for teens. Deaths among teens were rare and hospitalizations due to injuries were far less frequent here than in the rest of Colorado and the rate of those hospitalizations dropped significantly in the last year of available data. Suicide death rates for youth were very low, and below Colorado rates.



Healthy Adults: Broomfield residents aged 25 to 64 years experienced lower rates of injury (unintentional, transportation-related or falls), more reported a healthy weight status, and

fewer were obese or smoked. The crude death rates for cardiovascular and respiratory diseases were lower in Broomfield than statewide.

Healthy Older Adults: 99% of Broomfield older adults had some form of health insurance and 91% had visited a health care provider in the prior year. Suicide death rates for older adults were very low, and below those of Colorado.



Areas of Concern

In addition to relatively positive health indicators throughout the life cycle, Broomfield residents face significant health challenges.

Enrollment of Children in Public Health Programs: Too many of the low income families in Broomfield who were eligible for CHP+ or Medicaid have not enrolled and so lack the safety net of health insurance. And for those children younger than age 5 who did receive help through WIC, there has been a growing rate of children who were overweight.

Abuse and Neglect: Rising numbers of child abuse and neglect referrals were observed that placed the rate of confirmed cases of abuse at about the same level as seen across Colorado despite a Broomfield population with greater wealth and education. To protect the health and welfare of children, the city/county not only investigates potential cases of abuse, it offers programs such as health insurance (CHP+), nurturing parenting classes, child care assistance and the Women, Infants and Children (WIC) Program for low income families as well as assistance with services via Medicaid to women and their children in financial straits.

Sexually Transmitted Diseases: Although Broomfield's rates are still lower than other Colorado communities, there has been a dramatic rise in the rates of two sexually transmitted diseases in Broomfield— Chlamydia and gonorrhea.

Transportation Injuries to Young Adults: Broomfield residents aged 20-24 experienced significantly more transportation injuries than younger persons in other cities and this rate increased dramatically in 2006.

Cancer: Cancer rates for Broomfield adults surpassed the rates in the rest of Colorado - especially among women for colorectal cancer and to a lesser extent for cancer overall as tracked by the Colorado Department of Health and Environment. Broomfield men, too, had overall cancer rates that were higher than the rates in Colorado.

Injuries to Older Adults: Older adults in Broomfield experienced significantly more unintentional injuries, transportation injuries and falls than their Colorado counterparts. Further, these rates have been steadily increasing over time. As the swell of older residents bursts from the demographic spigot, Broomfield will need to attend, especially, to areas of public health that threaten the independence of this growing group of residents.

Respiratory system disease: Death rates for older adults from respiratory system disease in Broomfield increased from 2002 to 2007 and are higher than statewide rates.

Suicide death rates for adults (20-64) are higher than statewide.

Broomfield Health Compared to Colorado

Broomfield Healthier than State	Broomfield Similar to State	Broomfield Less Healthy than State
<p>Protective Factors:</p> <ul style="list-style-type: none"> • Wealthier • More educated • Younger • Higher home ownership rates 	<p>Protective and Risk Factors:</p> <ul style="list-style-type: none"> • Homelessness • Employment rate 	<p>Risk Factors:</p> <ul style="list-style-type: none"> • Broomfield is growing faster than the state, which poses challenges to maintaining service levels
<p>Health Indicators:</p> <ul style="list-style-type: none"> • Teen births • 1st trimester prenatal care • Smoking while pregnant • Adult smoking • Adult healthy weight status and obesity • Child injury hospitalization rate • Teen hospitalization rate • Male lung/bronchus cancers • Unintentional injuries (25-64 year olds) • Transportation injuries (25-74 years) • Falls (25-64 years) • STD rates (Chlamydia, gonorrhea) are lower than the state, but increasing • Adult (20-64) death rates from cardiovascular and respiratory diseases 	<p>Health Indicators:</p> <ul style="list-style-type: none"> • Low birth weight babies • Preterm births • Cases of abuse and neglect • WIC child characteristics • Unintentional injuries (20-24, 65-74 years) • Female cervix and oral cavity cancers • Male colon/rectum, oral cavity, and urinary cancers 	<p>Health Indicators:</p> <ul style="list-style-type: none"> • CHP enrollment (of % qualified) • Child Medicaid enrollment (of % qualified) • Vigorous physical activity at least 20 minutes/day 3 days/week or more OR moderate physical activity at least 30 minutes/day 5 days/week or more • Female breast, colon/rectum cancers, lung/bronchus, melanomas and urinary/bladder cancers • Male melanomas and prostate cancers • Unintentional injuries (65+ years) • Transportation injuries (20-24 years, 75-84 years) • Falls (20-24 years, 65+ years) • Respiratory system disease death rates for older adults • Suicide death rates for adults (20-64)

About This Report

Broomfield’s Department of Health and Human Services (BHHS) provides many services to the community through six divisions. The BHHS mission is to “exist in partnership with the community, to recognize, develop and promote opportunities that encourage personal, social and environmental responsibility. We value the health and safety of our citizens and are dedicated to serve Broomfield with integrity, creativity, dignity and respect”.



To best serve the Broomfield community, BHHS staff identified a need for a community indicators study which would:

- Assess the health and human-service related needs of the community
- Provide benchmarks for staff to measure progress
- Ensure that services are aligned with the current needs of the community
- Collect data on the Department's performance to highlight the department's accountability to the public
- Assist the department in targeting funds in the most effective way
- Collect/analyze Broomfield-specific data to help evaluate current services and plan for the future

BHHS hired National Research Center, Inc. (NRC) to guide the process of selecting relevant indicators and creating an indicator report. This process included several consultations and workshops with BHHS staff, the Broomfield Health and Human Services Advisory Council and staff of other agencies serving Broomfield in public health related fields. This guidance was used to create a plan for collecting the indicators found in this report.

BHHS envisions sharing these indicators throughout the City and County of Broomfield, and with the public, non-profits, and other community groups who would benefit from this research.

How to Use this Document



The Broomfield Health and Human Services Indicators Report (BHHSIR) is a living document intended to be updated regularly to provide information and guidance to BHHS staff, the Health and Human Services Advisory Council and other community stakeholders so that the health and well-being of Broomfield residents can be monitored and improved. Although this document is a repository for a vast array of numbers, it, nevertheless, is about the people of the City and County of Broomfield and provides the information needed to answer

these questions, “How healthy are we?”, “Is our collective health moving in the direction we want?”, “Are there particular aspects of our health that should be targeted for improvement?”



The most reliable, available, sustainable sources of data were referenced, but data neither speak for themselves nor about themselves. Some interpretive text is essential to assist the reader, but each reader of the BHHSIR will bring his or her own filter to the information reported and make his or her own judgment about the status and trends in community health. The BHHSIR provides a common and stable platform of fact that all stakeholders can stand on to view the health landscape of the city and county.

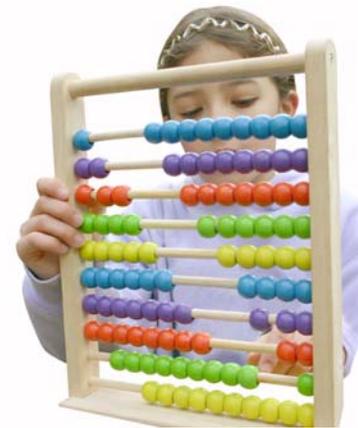
While readers viewing the same scene may focus on different aspects of the picture, this report frames the discussion about what matters, what merits action and what actions would be wise and timely to take.

The report describes trends where many years of data were available and it is organized to inform about the general population’s makeup following the calendar of life - reporting the health challenges of mothers, infants, youth, adults and seniors.

About the Numbers

There are thousands of numbers that could have been selected for display in this report. Authors felt that it was important to limit the amount of data in the main text to help the reader focus on what was felt to be most important. Appendices hold more detailed tables of health statistics for readers eager to absorb more facts.

We rely on the most robust and current sources of data for the report, but not all trends are updated from these sources as regularly as we would prefer. For example, Census data describing the demography of Broomfield are no more current than 2007; labor statistics lag one year and state health department numbers come two years after collection. Although the data paint a picture of Broomfield from a few years back, the information continues to flow regularly so that the reader can see the changing nature of Broomfield community health the way astronomers learn about the universe despite the lag of information that traveling light conveys.



Limitations

No set or source of data is perfect. Limitations of the data included in this report are listed below and should be kept in mind as the reader reviews the report and our conclusions. :

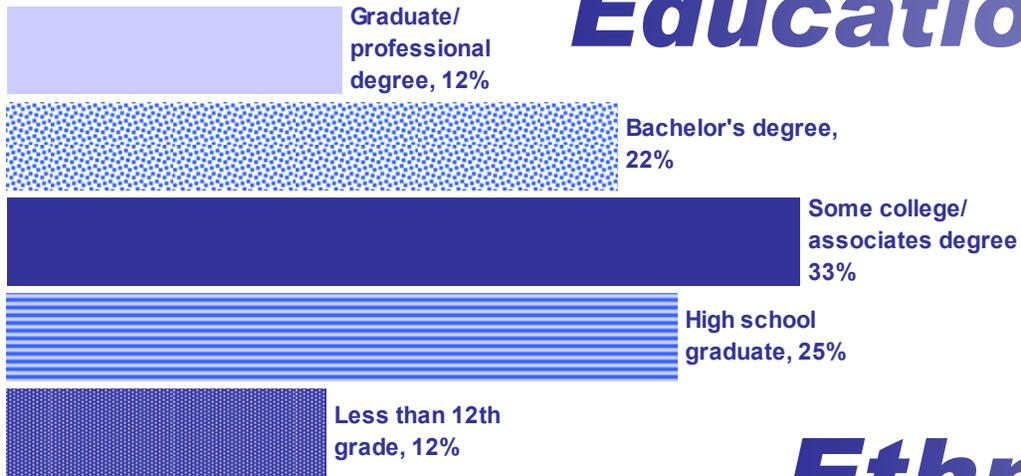


- Two central criteria for data inclusion in this first report are that the sources are sustainable and affordable. Some interesting data may have been excluded because they were costly to come by or were published infrequently. Survey data, in particular, often are the only means by which to determine important health challenges because resident self-report is the best source of certain information. No special survey of Broomfield county residents was conducted for this report
- As noted above, in this report, the most current data from most sources lag at least 2 to three years.
- Some relevant data may not have been available to extend trends into the past prior to the creation of Broomfield as a county (2002).
- Changes in some trends, especially dramatic increases, may derive from a growing population, new attention to diagnosing a particular disease or the results of awareness or education campaigns rather than a genuine swell in numbers.
- When Broomfield and Colorado rates of disease incidence or prevalence are compared, differences may be due to different proportions of men and women, older and younger residents in each of the two geographic areas.

Broomfield at a Glance (2007)

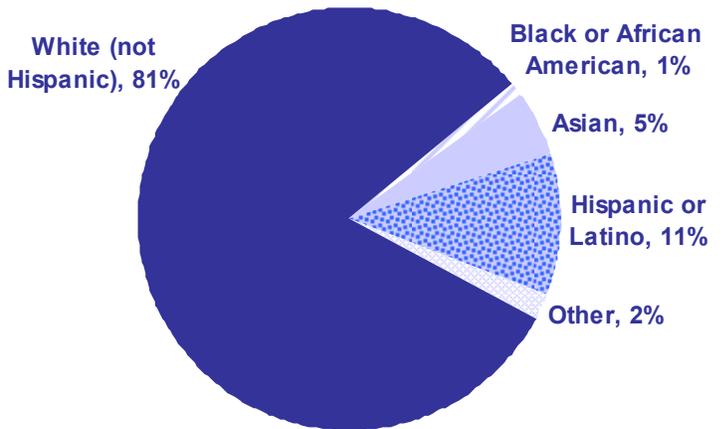
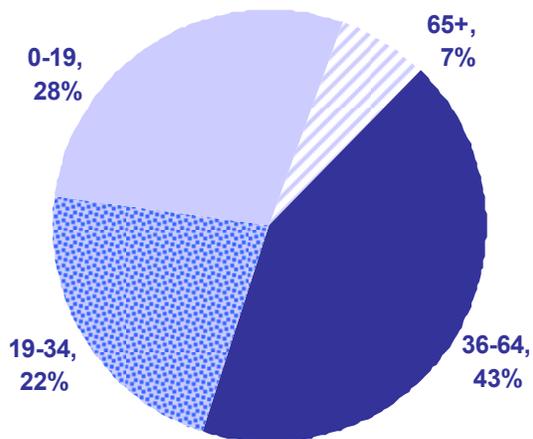
Population 53,691

Education



Ethnicity

Age





The Faces of Broomfield

According to the *Encyclopedia of Public Health*, demography is the “study of the growth, change, and structure of the human population.”¹ The characteristics of the population have implications for the services that will be needed by that population.

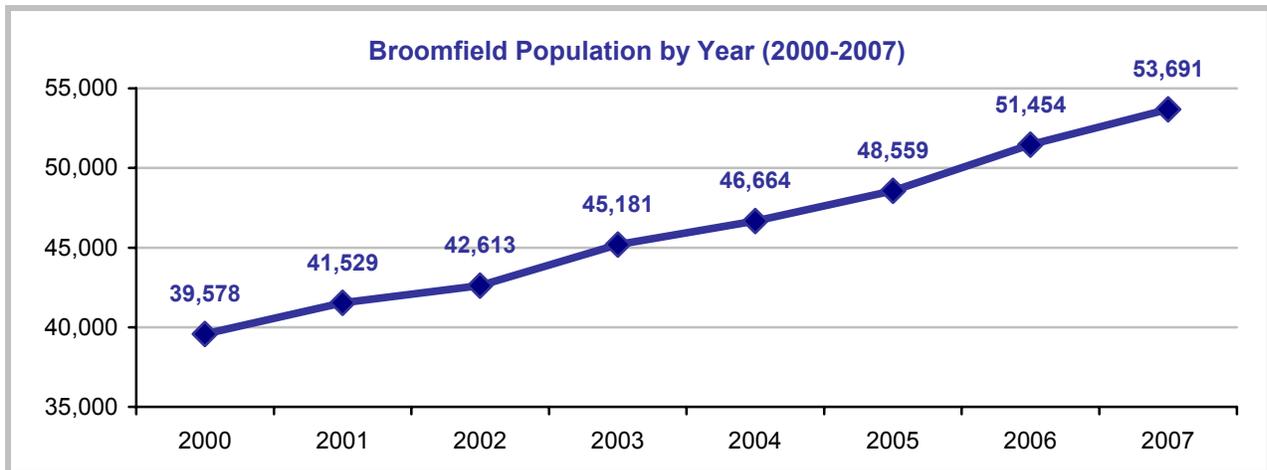


Population Demographics

Broomfield’s population is growing, having increased 36% (or 4.5% annually) from 2000 to 2007. Broomfield has been growing at a faster pace than the state, and is expected to outstrip state growth for several more years.



Rapid growth of the population can place pressure upon the resources (e.g., infrastructure and social supports) needed to support the population. It also signifies that a community is a desirable place for people to live, and growth can contribute to a flourishing economy. During this same time period, Broomfield changed from a municipality within the boundaries of four separate counties into a single City and County governmental entity.



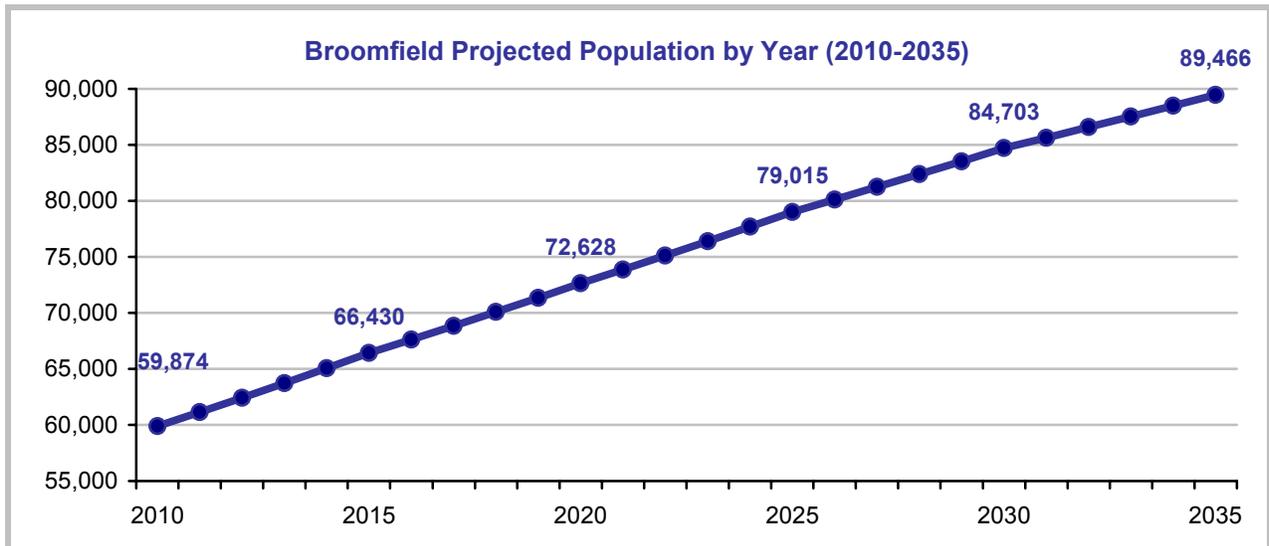
¹ Breslow, L., Goldstein, B., Green, L. W., Keck, C. W., Last, J. M., & McGinnis, M. (Eds.). (2002). *Encyclopedia of Public Health* Farmington Hills, MI: Macmillan Reference USA.



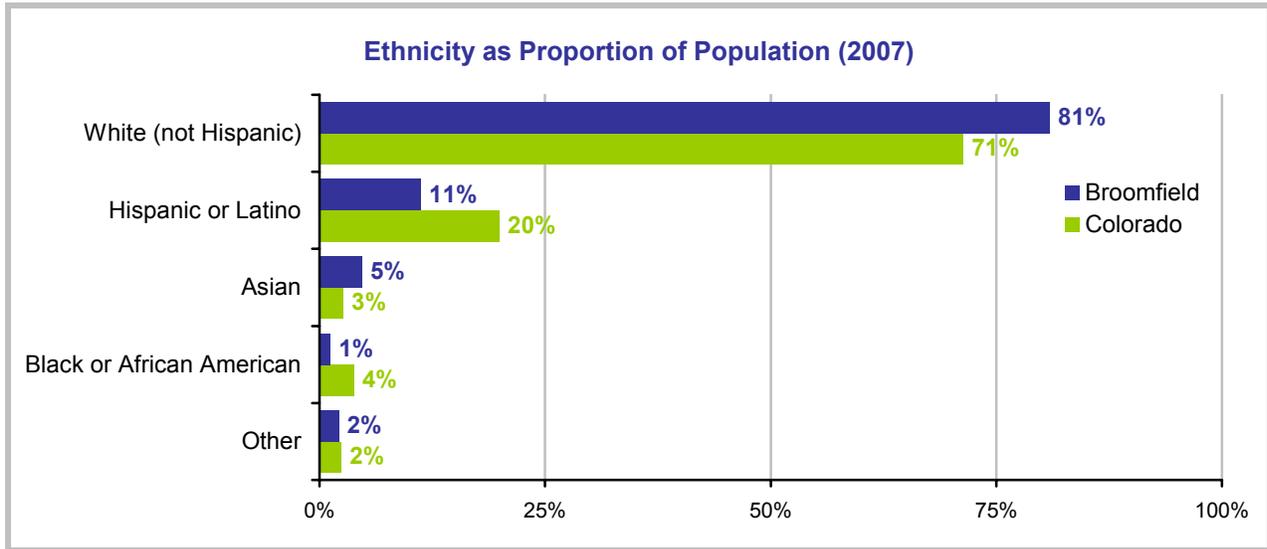
In this decade, Broomfield has been growing faster than the state and is projected to remain on this relatively fast trajectory through 2015, after which it is projected that Broomfield’s growth rate will mirror that of the state as a whole.

Forecast of Average Annual Percent Change in Population (2000-2035)

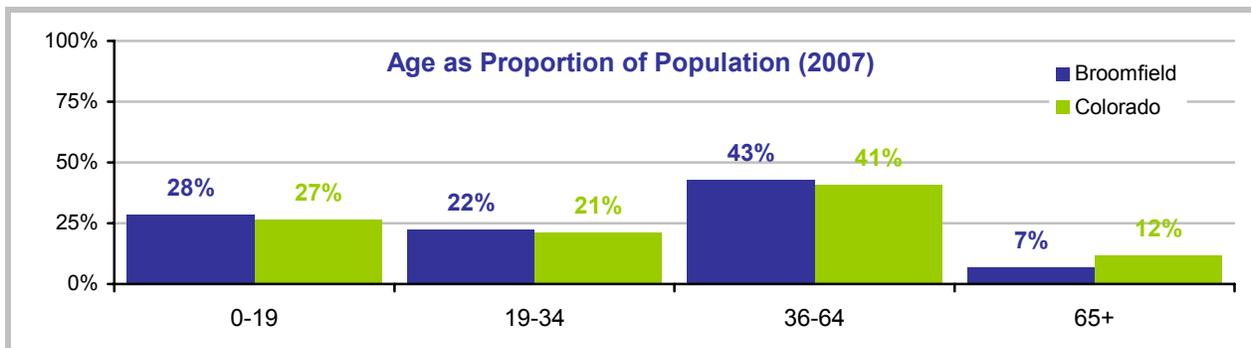
	2000-2005	2005-2010	2010-2015	2015-2020	2020-2025	2025-2030	2030-2035
Broomfield	4.2%	3.7%	2.1%	1.8%	1.7%	1.4%	1.1%
Colorado	1.7%	2.0%	1.9%	1.8%	1.7%	1.4%	1.3%



Compared to the state of Colorado, there are fewer Latino or African American residents in Broomfield but almost twice the percent of residents with Asian lineage. The racial – ethnic mix of Broomfield means that certain diseases more prevalent among white and Asian residents likely will continue to afflict the area compared to Colorado as a whole.



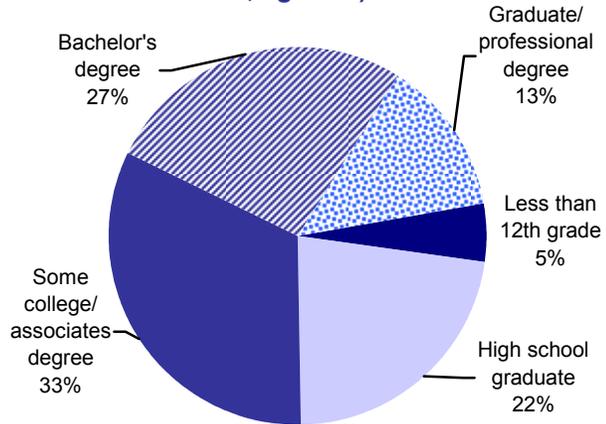
The median age of residents of Broomfield is 34.2 years compared to 35.5 for all residents of Colorado. Broomfield has fewer older adults (6.7% of residents are aged 65 or more) than Colorado as a whole (11.6% are aged 65 or more). However, as the Baby Boomers continue to age, Broomfield like the rest of the nation will show significant increases in the number of older residents and their accompanying health and human service needs.



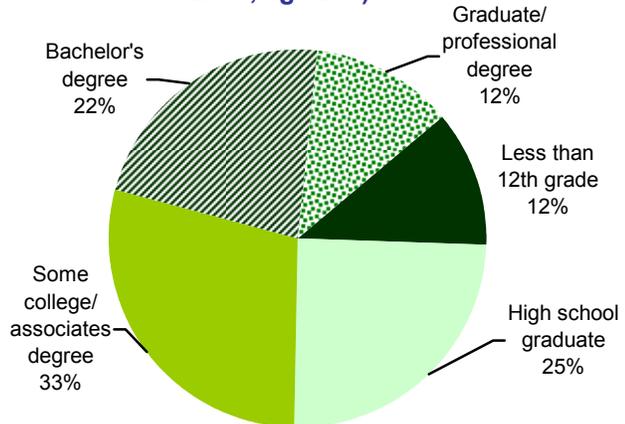
Beyond the economic impact of an educated population, greater educational attainment has been shown to be associated with better health.² Broomfield residents are well educated. Nearly three-quarters have some schooling beyond high school (compared to about two-thirds statewide) and 40% have a bachelors or graduate degree. Graduation rates at the high schools within Broomfield are around 90% and significantly higher than the statewide average of 75%.



Broomfield Educational Attainment (2005-2007, age 25+)



Colorado Educational Attainment (2005-2007, age 25+)

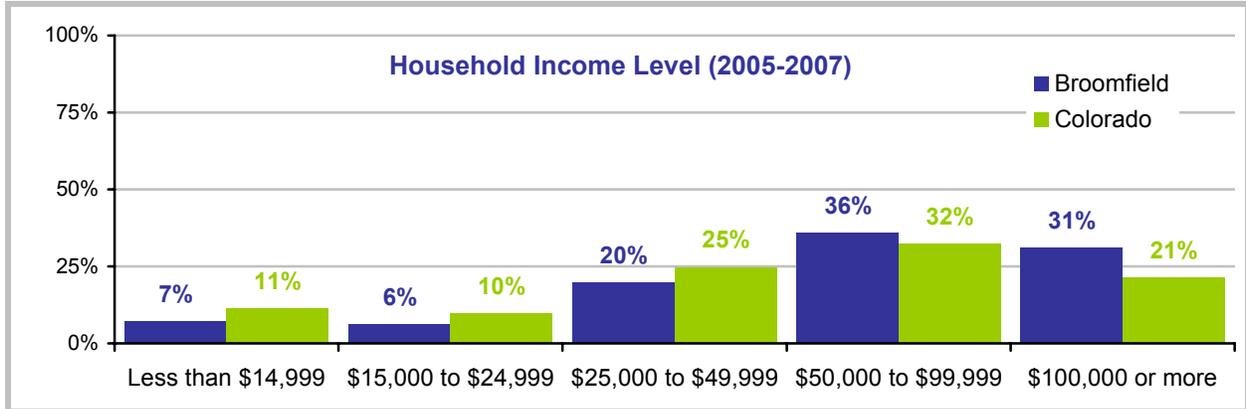


² The Investment Payoff: A 50-State Analysis of the Public and Private Benefits of Higher Education. (2005). *Institute for Higher Education Policy.*

Employment and Income

Research has shown that people in higher income brackets have better health outcomes than those in lower income brackets. Income is related to better access to health resources and nutritious foods, greater self sufficiency and a sense of control in one's life.

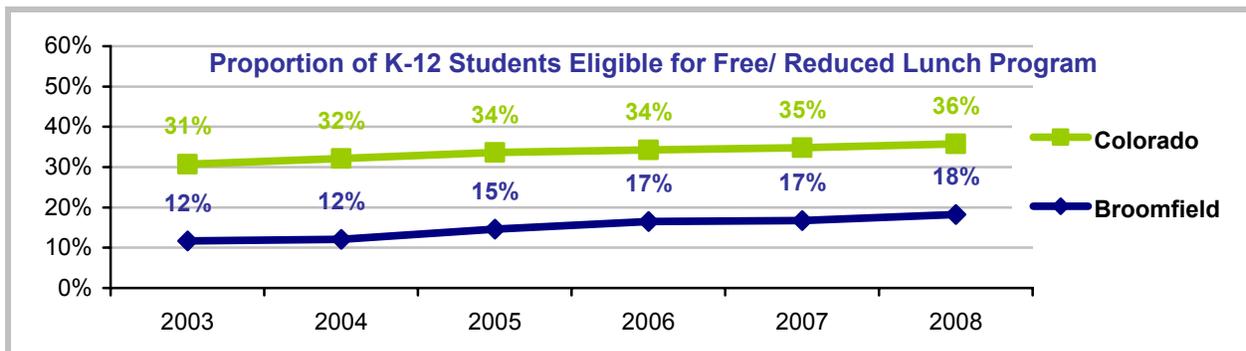
Broomfield's median household income for 2005-2007 was almost \$70,000, 28% higher than the median household income for all of Colorado (\$54,262) and 39% higher than the median income for the USA overall (\$50,000).



The 2005-2007 estimate of the proportion of people living in poverty was 7% for Broomfield and 12% for Colorado. During this time period, it was estimated that 10% of children (aged 0-17) in Broomfield lived in poverty compared to 16% statewide.

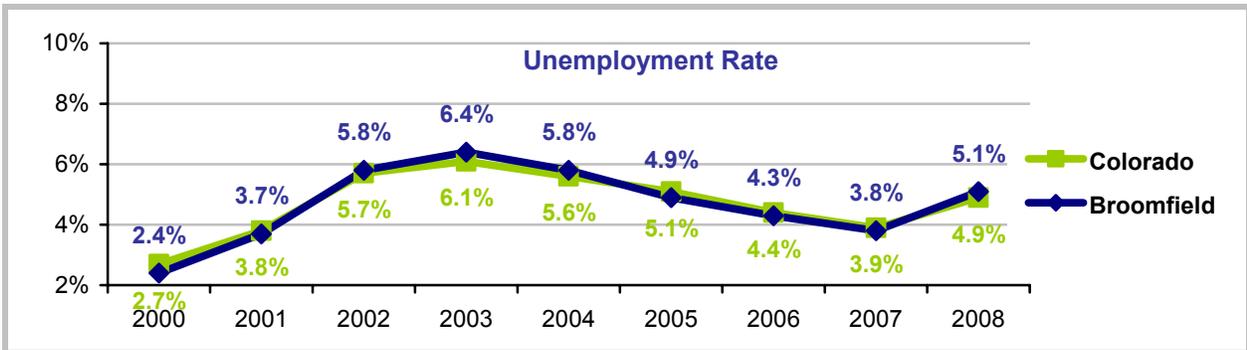


Eligibility for school-based free and reduced lunch programs is based on a student's household income. The proportion of school children eligible for these programs is an indicator of the proportion of the population in poverty. The percent of children in Broomfield Schools who were eligible for the free and reduced lunch program is much lower than state levels, but increased from 12% in 2003 to 18% in 2008.



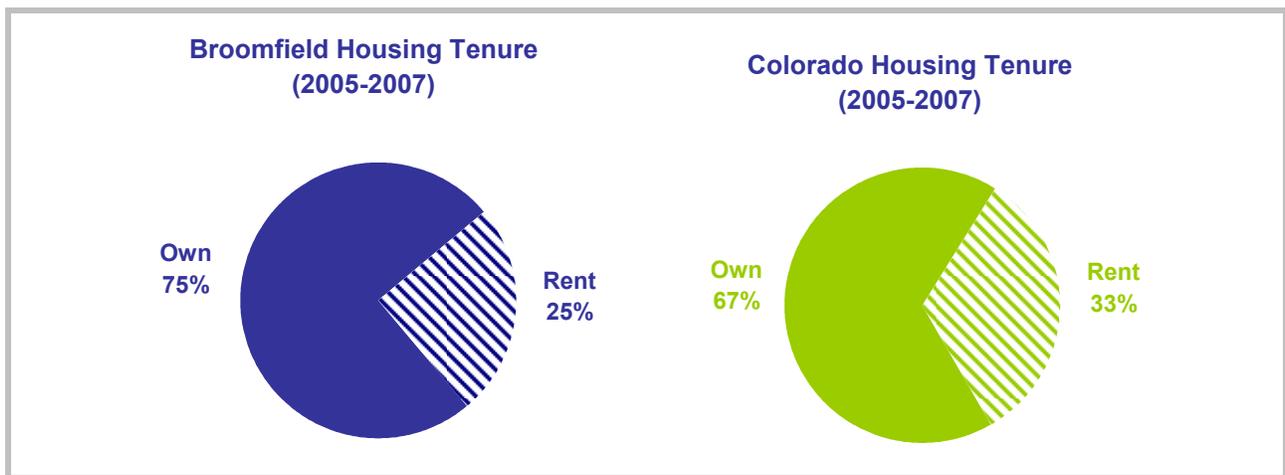


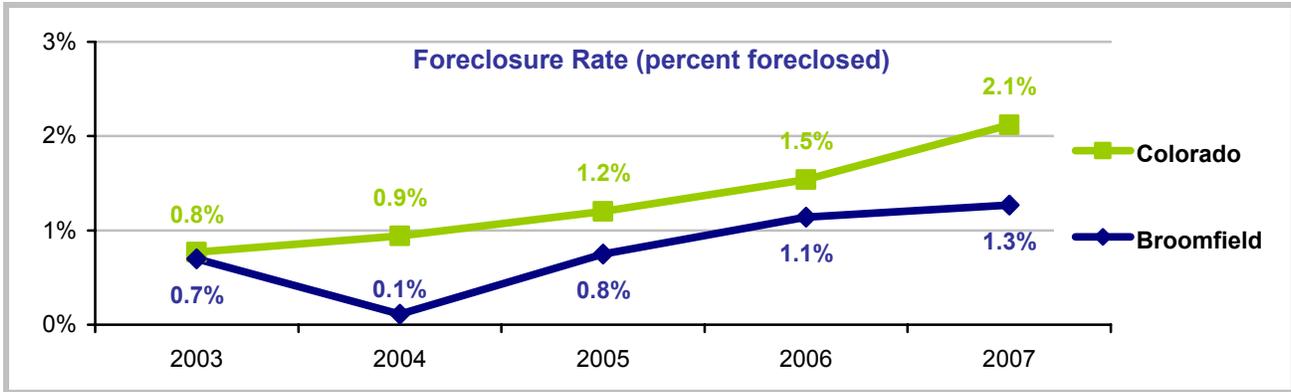
Low rates of unemployment are a sign of a strong economy. Additionally, many individuals' and families' health insurance is provided through an employer. When unemployment rates are high, more families may not be able to afford health care when it is needed, and may also require other human service supports. In addition, loss of a job may also precipitate a loss of housing, as homeowners may not be able to make their mortgage payments. Broomfield's unemployment rate over the past few years has mirrored that seen in the state overall. From 2007 to 2008, unemployment rose about one percentage point.



Housing Security and Homelessness

A strong indicator of self-sufficiency relates to home ownership and occupancy. Consistent with a higher income and education level, Broomfield residents also had a higher proportion of home ownership, with 75% of residents owning their home, compared to 67% statewide. In general, foreclosure levels have been lower in Broomfield than in the state as a whole from 2004 to 2007, but foreclosures in Broomfield and in the state grew in that time period.



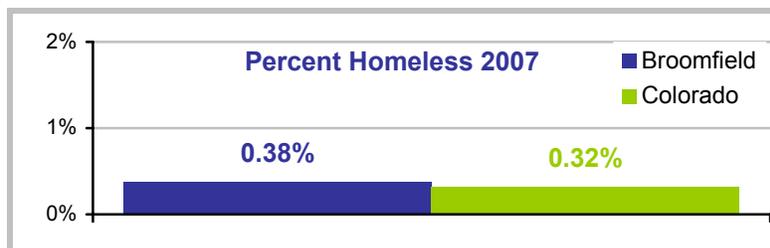


The Colorado Interagency Council on Homelessness (CICH) conducts a “point-in-time” survey across the state that attempts to count every homeless person in the state on one night. An individual is considered homeless if they are: sleeping in places not meant for human habitation, such as cars, parks, sidewalks, or abandoned or condemned buildings; sleeping in an emergency shelter; spending a short time (30 consecutive days or less) in a hospital or other institution, but ordinarily sleeping in the types of places mentioned above; living in transitional/supportive housing but having come from streets or emergency shelters; staying temporarily with family or friends while looking for a permanent place to live; staying temporarily in a hotel/motel paid for by others/vouchers and/or while looking for shelter or housing; being evicted within a week from a private dwelling unit and having no subsequent residence identified and lacking the resources and support networks needed to obtain access to housing; or being discharged from an institution and having no subsequent residence identified and lacking the resources and support networks needed to obtain access to housing. As the CICH states:



Homelessness is a traumatic and terrifying experience. Many families are unable to stay together; homeless persons often have serious health problems directly related to their lack of housing; and children suffer long-term effects on their physical and emotional health including diminished educational performance and difficulties in school.

The Colorado Statewide Homeless Count found that on January 29, 2007, 15,394 people were without homes across the state, 206 in Broomfield. The percent homeless in Broomfield is similar to the percent homeless across the state.



Measures of Broomfield's Health

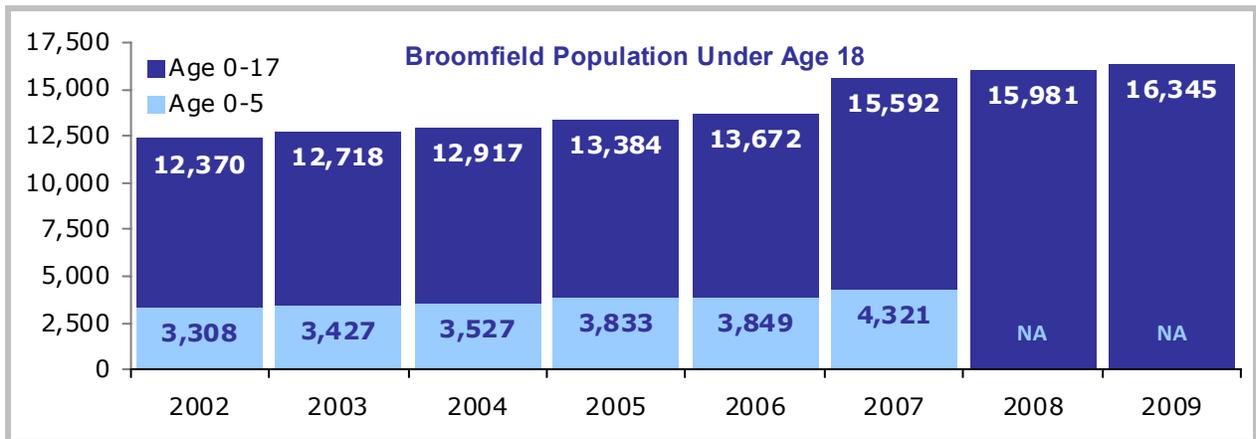


Children and Teens

The long-term wellbeing of a community is tied to the strength of its youth. Promoting the health and positive development of Broomfield's youngest residents provides a foundation for them to lead productive lives.



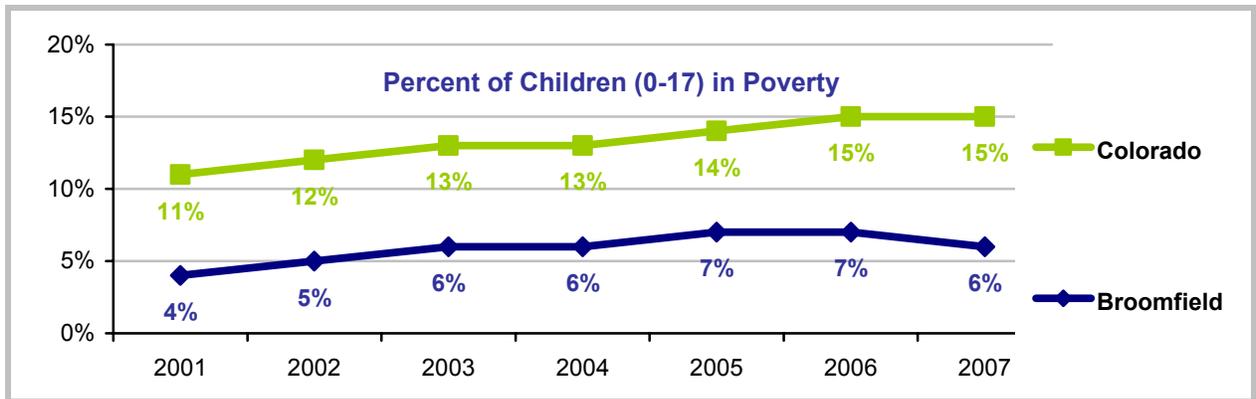
The number of children and teens in Broomfield has increased at the same rate as the overall Broomfield population, 26% from 2002 to 2007.



Annual Percent Change in Child Population

	2002-2003	2003-2004	2004-2005	2005-2006	2006-2007	2007-2008	2008-2009
Broomfield	3%	2%	4%	2%	14%	2%	2%
Colorado	1%	0%	2%	1%	2%	1%	2%

The proportion of Broomfield children who live in poverty increased from 2001 to 2007, but remains significantly lower than Colorado as a whole.



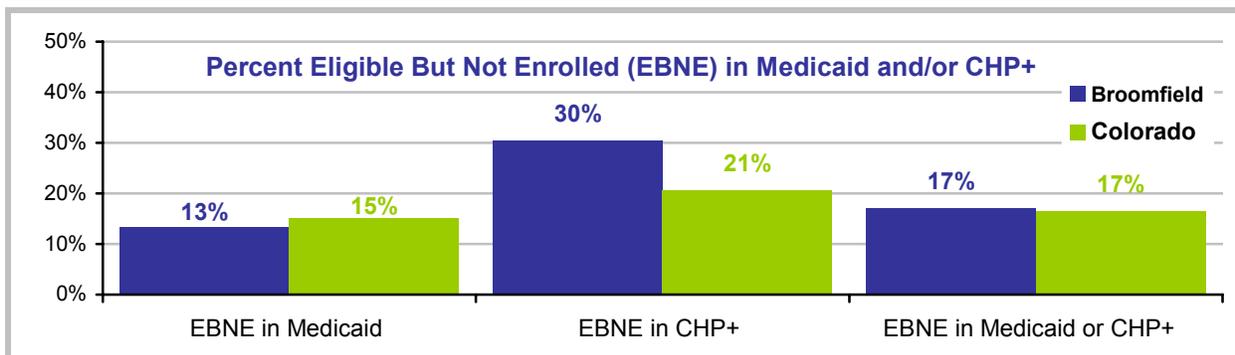
Health insurance coverage is important to the health of children, as those with coverage have better access to health care. The Urban Institute has found that most uninsured children live in low-income families and lack access to affordable employer-sponsored health insurance. While most uninsured children are eligible for public coverage, their parents often do not know about the programs or do not know that their child is eligible for coverage.³



Child Health Plan Plus (CHP+) is low-cost health insurance for Colorado's uninsured children and pregnant women.⁴ CHP+ is public health insurance for children and pregnant women who earn too much to qualify for Medicaid, but cannot afford private health insurance.



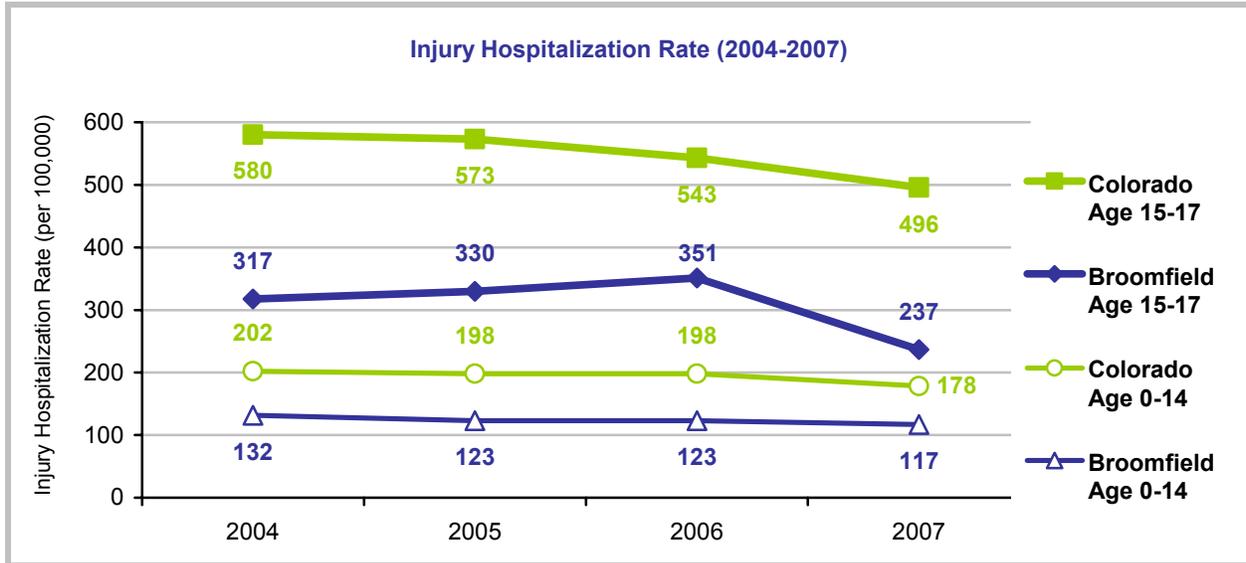
In 2007, an estimated 665 children in Broomfield qualified for CHP+ and 20.6% (137) of these were not enrolled, substantially below the statewide rate of 30%. Additionally, 1,776 children qualified for Medicaid and 15% (266) were not enrolled, slightly above the statewide rate of 13%.



³ The Urban Institute (2009). *Children Without Health Insurance* ; <http://www.urban.org/Pressroom/childrenwithout.cfm>

⁴ Child Health Plan Plus (2009). <http://www.cchp.org/>

Injuries are an often preventable source of harm to children. The injury hospitalization rates for both children and teens dropped in 2007, and have generally been below the statewide rates.



The federal government provides grants to states for Women, Infant and Children (referred to as WIC) for supplemental foods, health care referrals, and nutrition education for low-income pregnant, breastfeeding, and non-breastfeeding postpartum women, and to infants and children up to age five who are found to be at nutritional risk. A variety of data indicating the health of children enrolled in WIC is collected. WIC-enrolled children in Broomfield were generally similar to WIC-enrolled children across Colorado. However in Broomfield, they were slightly more likely to be short stature or overweight at the same time they were somewhat less likely to be anemic.

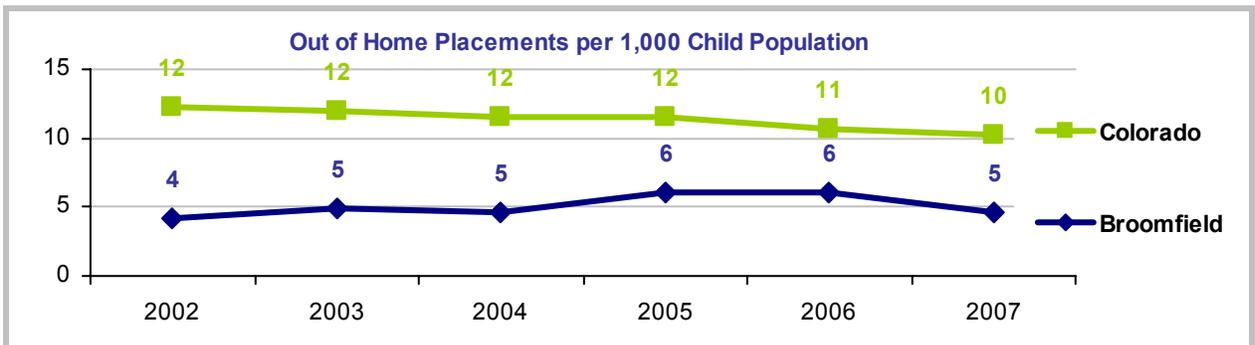
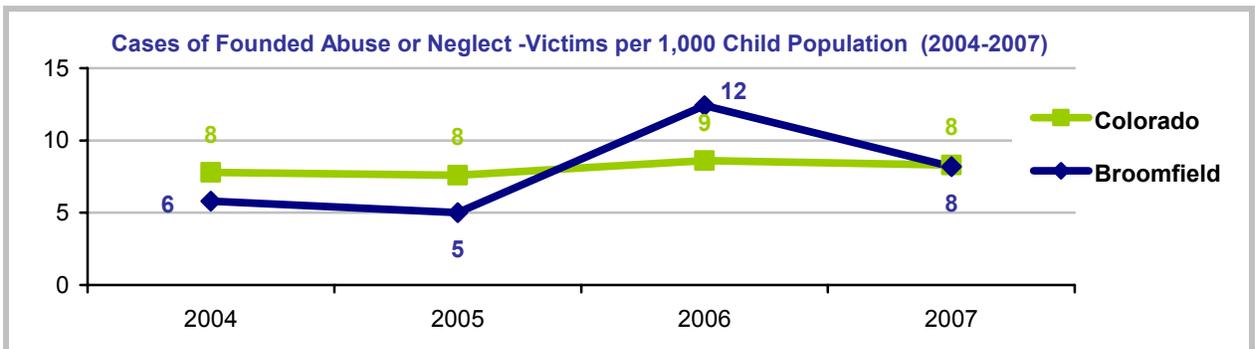
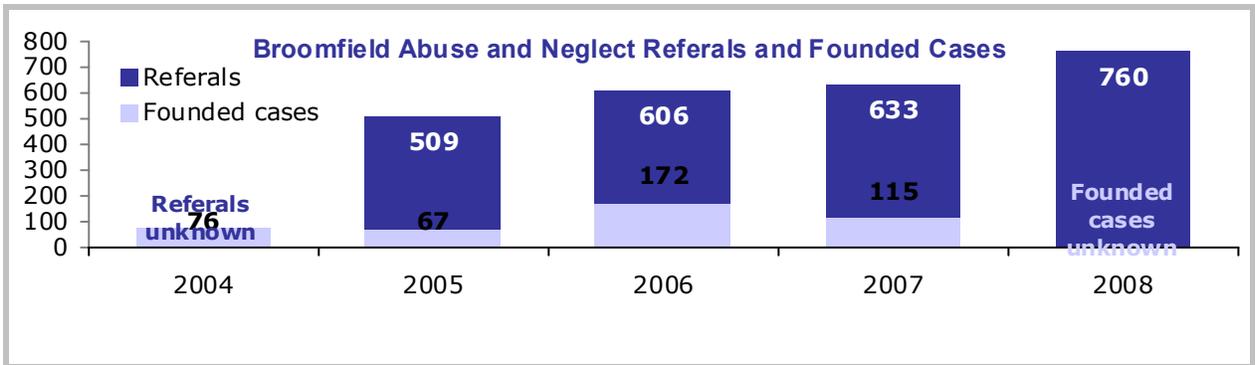
Characteristics of WIC Enrolled Children (aged < 5 years)

	Broomfield			Colorado		
	2005	2006	2007	2005	2006	2007
Ever Breastfed	69%	70%	73%	74%	74%	74%
Low birth weight	8%	13%	11%	10%	10%	10%
Short Stature	10%	11%	11%	8%	8%	8%
Underweight	4%	4%	3%	3%	4%	4%
Overweight	7%	10%	10%	9%	8%	8%
Anemia -Low Hb/Hct	21%	12%	10%	10%	12%	13%



Cases of abuse and neglect may increase because more children are suffering abuse, but they also may increase because people are more diligent in reporting suspected abuse. The number of abuse and neglect referrals in Broomfield increased from 2004 to 2008. The number of found cases also increased, although less steadily. In 2007, 8 out of every one thousand children in Broomfield were substantiated victims of abuse or neglect. This rate is similar to the rate found across Colorado.

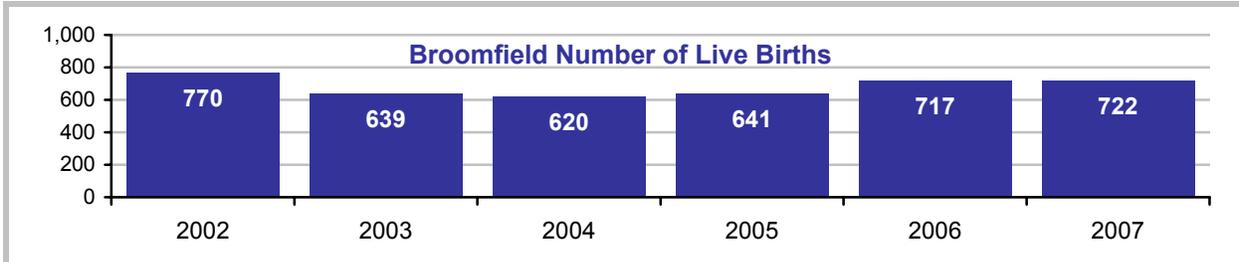
Children who are at risk of abuse may be taken from their parents homes or they may be supervised in their parent's home, often with their parents receiving services to help them become better parents. While Broomfield has a similar rate of abuse and neglect victims as Colorado, children in Broomfield are less likely to be given an out of home placement.



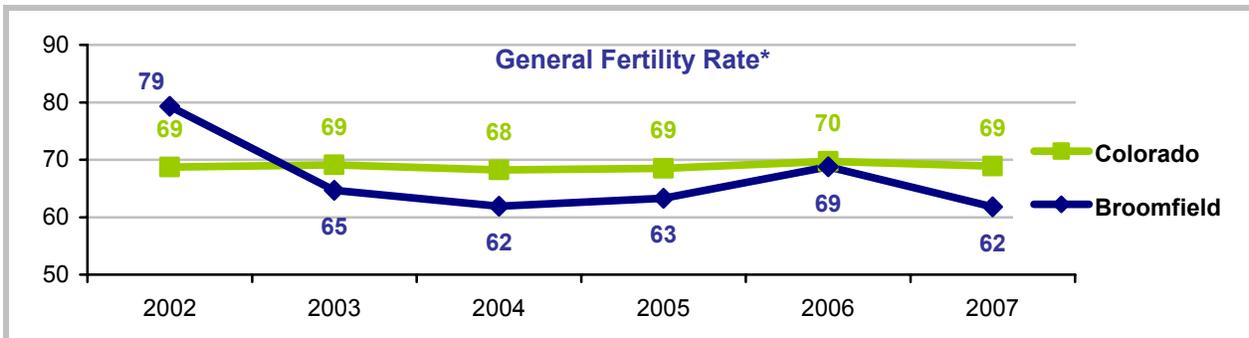
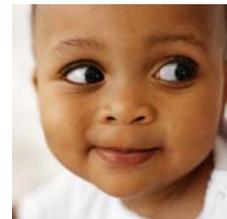


A number of indicators of the health of children at the very beginning of their lives come from information collected on birth certificates. Additionally, birth certificate information provides information on the fertility rates.

Broomfield has a lower fertility rate than Colorado; its strong population growth has been fueled by in-migration. The number of births in Broomfield dropped 17% from 2002 to 2003, was steady from 2003 to 2005 and increased by 12% from 2005 to 2006.

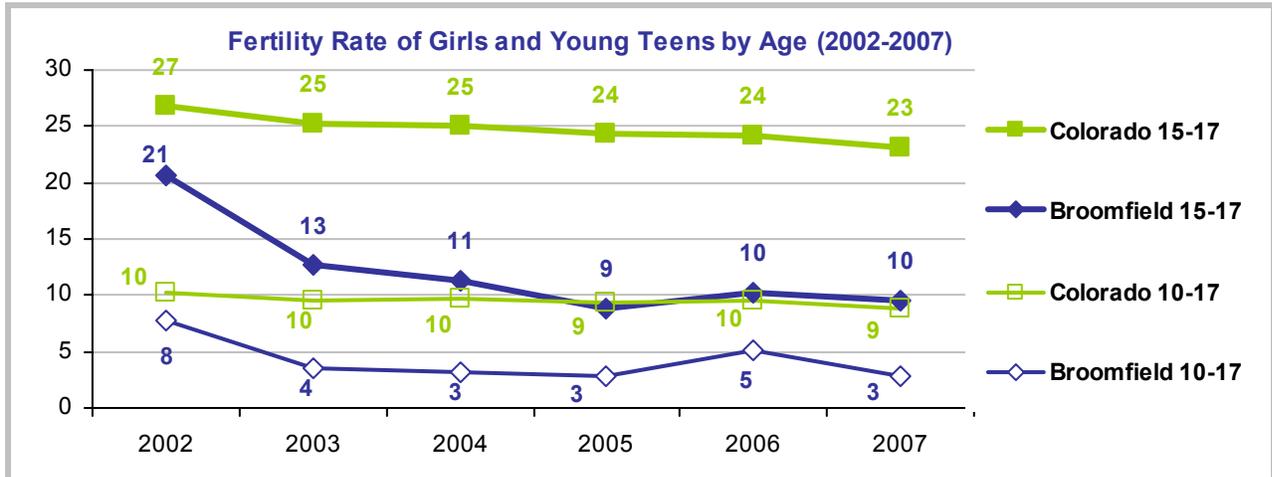


The most recent data showed a drop to the lowest level of births per 1,000 women in the decade. The fertility rate dropping while the number of births remained steady (from 2006 to 2007), suggests that there was an increase in the number of women of childbearing years.



*live births per 1,000 females of childbearing age between the ages of 15-44 years

There are many risks associated with a “teenage pregnancy.” Beyond the health risks to the mother and child, other undesirable outcomes are also associated with teenage pregnancy, including lower educational attainment, poverty and unemployment. The Healthy People 2010 goal is 43 births per 1,000 women aged 15 to 17. Broomfield’s fertility rate for girls and young teens is less than half the statewide rate and it, like the state rate, declined from 2002 to 2007. Broomfield’s rate is well below the HP2010 target.



*live births per 1,000 females of aged of 15-17 years

As with overall fertility, the percent of births to girls and young teenage mothers remains close to a decade-long low. The proportion of total births to mothers aged 30 or older increased from 47% in 2002 to 54% in 2003 and remained steady through 2007, while births to mothers aged 20-29 decreased from 45% in 2002 to 41% in 2003 remaining about the same after that year. The percent of teen births (by both mothers aged 10-17 and 18-19) was high in 2002 and has since fallen.



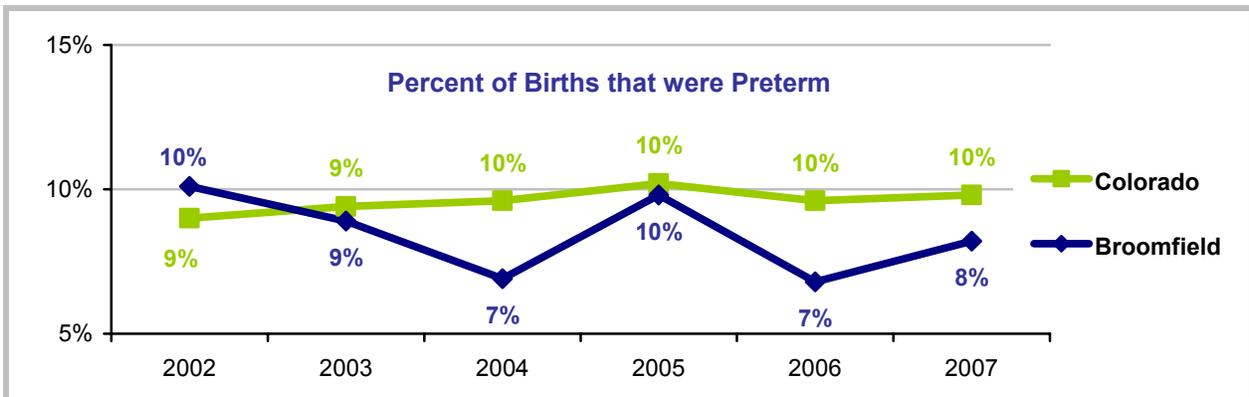
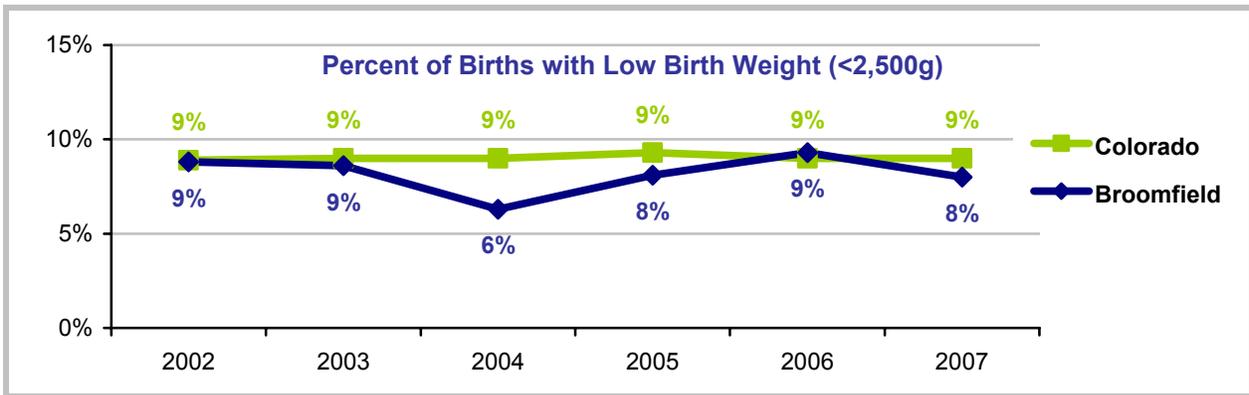
Percentage of Live Births by Mother's Age

	2002	2003	2004	2005	2006	2007
Aged 0-17	3%	2%	2%	1%	2%	1%
Aged 18-19	5%	5%	4%	3%	3%	4%
Aged 20-29	45%	40%	42%	44%	39%	41%
Aged 30+	47%	54%	54%	52%	56%	54%
Total Births	100%	100%	100%	100%	100%	100%

Smoking during pregnancy is associated with adverse health for the infant. From 2002 to 2007 the proportion of births in Broomfield where the mother smoked during the pregnancy ranged from 3% to 4%, while this rate was between 7% and 8% across Colorado. During this same period about 11%-12% of Broomfield mothers did not receive any prenatal care in the first trimester compared to 20%-22% of all Colorado mothers.



The proportion of babies with low birth-weights are similar to, although typically slightly lower than, the Colorado proportion (8% versus 9% in 2007). Broomfield also has fewer preterm births.

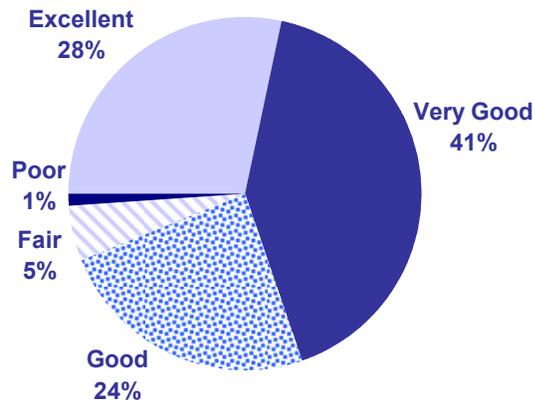


Adults

As a part of the planning grant the City and County of Broomfield received a through Thriving Communities (a partnership of Colorado On the Move, Kaiser-Permanente, the Colorado Department of Public Health and Environment and Kroenke Sports), a community-wide survey about the residents' health and their environment was undertaken in 2005. Surveys were received from 999 adults in Broomfield.⁵

Most indicated that their health was good or better. Only 5% thought their health was fair and 1% thought it was poor. Compared to the nation (85%) and the state (88%), a higher proportion (93%) of Broomfield adult residents rated their health as "good," "very good," or "excellent."⁶

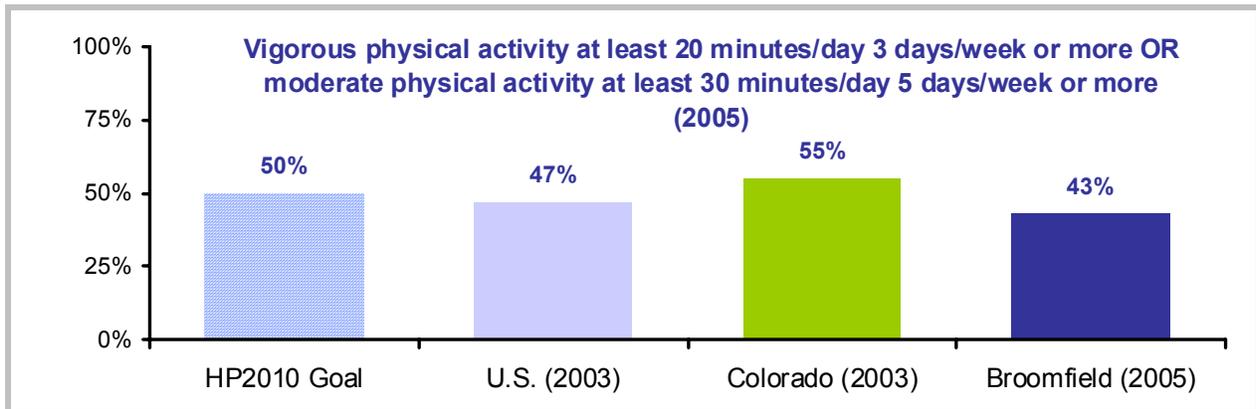
General Health Status (2005)



⁵ Broomfield Thriving Communities Survey: Report of Results (2005).

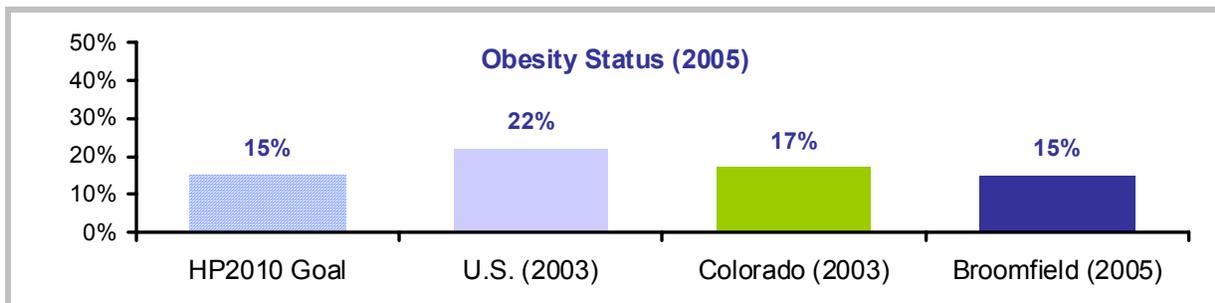
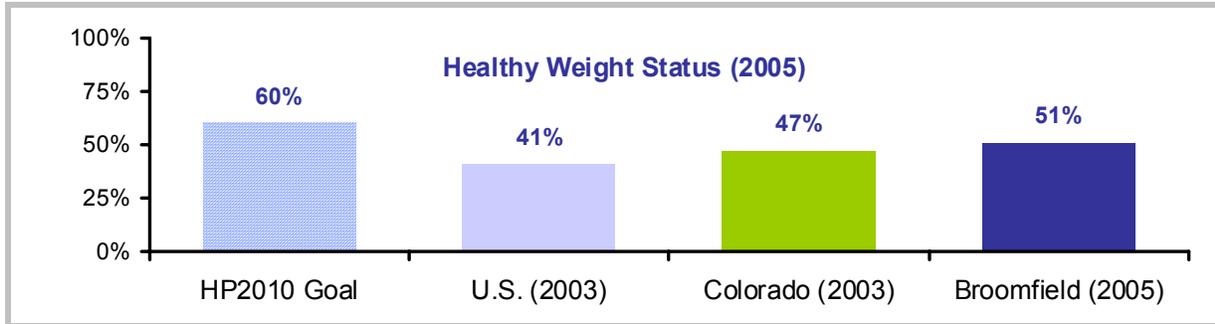
⁶ Centers for Disease Control and Prevention (2003) Behavioral Risk Factor Surveillance System Survey Data Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention.

According to the Healthy People 2010 Fact Sheet, "Healthy People 2010 is a comprehensive set of disease prevention and health promotion objectives for the Nation to achieve over the first decade of the new century. Created by scientists both inside and outside of Government, it identifies a wide range of public health priorities and specific, measurable objectives."⁷ One of the Healthy People 2010 (HP2010) goals is to increase the proportion of adults who engage in regular moderate or vigorous physical activity; the national target is that 50% of adults will do so. In 2005, 43% of Broomfield residents were meeting this goal; this was lower than what was observed nationally or statewide.

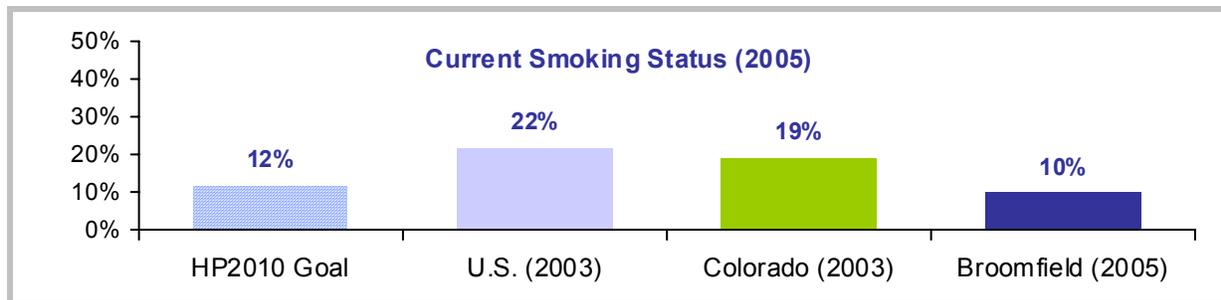


⁷ Healthy People 2010 Fact Sheet. U.S. Department of Health and Human Services; Office of Disease Prevention and Health Promotion, . 10/05. Available at: <http://www.healthypeople.gov/About/hpfact.htm>. Accessed November 29, 2005.

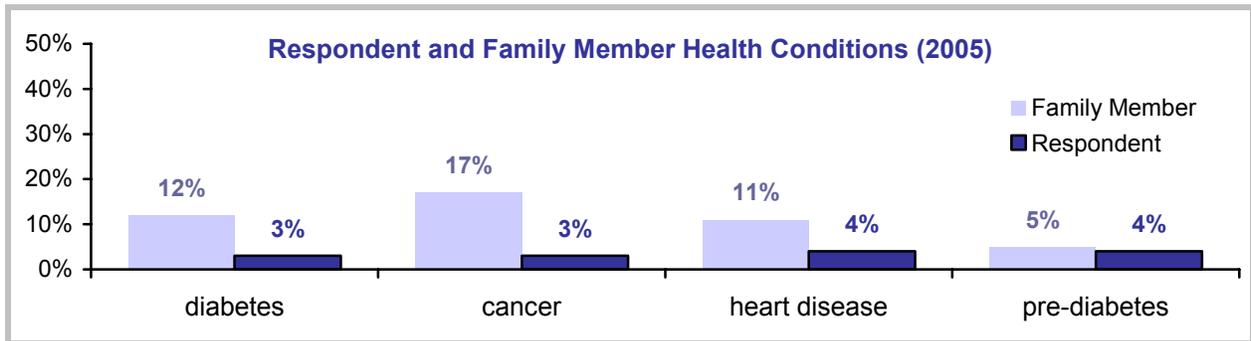
Two of the HP2010 goals are related to a person's weight status: 1) to increase the proportion of adults who are at a healthy weight - the national target is 60% - and 2) to reduce the proportion of adults who are obese; the national target is 15%.⁷ In 2005, the proportion of Broomfield residents at a healthy weight was 51%, higher than what was observed nationally and statewide, but still short of the HP2010 goal. The proportion who were obese was 15%, lower than what was observed nationally and statewide, and meeting the HP2010 goal.



Cigarette smoking is the single most preventable cause of disease and death in the United States. One of the national Healthy People 2010 Objectives related to tobacco use is to reduce cigarette smoking by adults aged 18 years and older to 12%. The Broomfield Thriving Communities Survey found that 10% of adult residents were currently using cigarettes, compared to 19% statewide, and 22% nationally. This exceeded the HP2010 goal.



A variety of data related to the disease status of Broomfield adults was gathered. Residents responding to the Broomfield Thriving Communities survey were asked to indicate whether they or a close family member had been told in the last two years that they had pre-diabetes, heart disease, cancer or diabetes. While fewer than 5% of respondents reported that they had been told they had one of these conditions, a higher percentage of respondents stated that a close family member had been given this information. Almost one in five respondents (17%) reported that a family member had been told they had cancer within the last two years, 12% said that a family member had been diagnosed with diabetes and 11% reported a family member had been told they had heart disease.



For 2003-2005, the most current available years of data, cancer rates were significantly higher for females in Broomfield than females statewide, particularly for colon and rectum cancer.

2003-2005 Diagnosed Cancers and Average Annual Age-Adjusted Incidence Rates (per 100,000)

Type	Males				Females			
	Broomfield		Colorado		Broomfield		Colorado	
	N	Rate	N	Rate	N	Rate	N	Rate
All cancers	216	531	27,527	510	228	★467	26,796	399
Breast	*	*	60	1	70	134	8,451	123
Cervix Uteri	NA	NA	NA	NA	5	7	456	7
Colon and Rectum	16	47	2,717	53	31	★75	2,715	41
Lung and Bronchus	21	49	3,038	61	24	59	2,936	46
Melanomas of the Skin	13	31	1,418	24	14	20	1,150	17
Oral Cavity and Pharynx	6	12	778	13	4	7	369	6
Prostate	69	166	8,592	157	NA	NA	NA	NA
Urinary Bladder	12	35	1,711	35	5	13	569	9

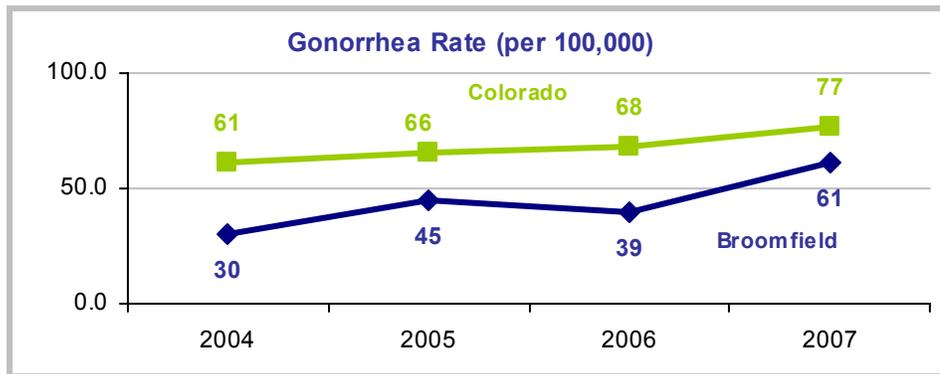
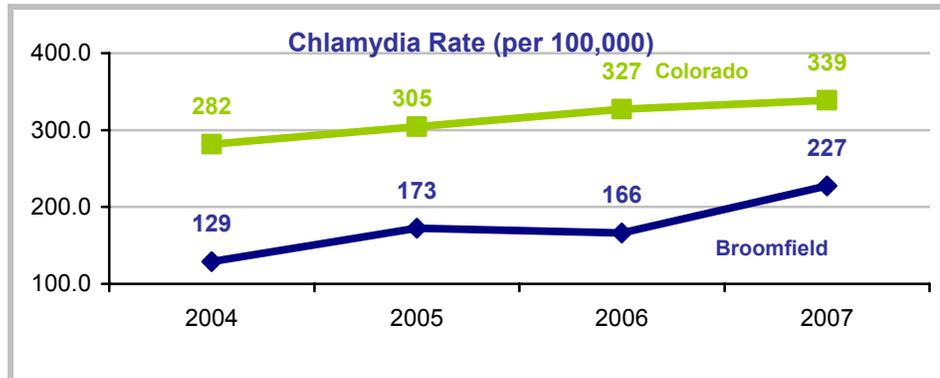
★ Rate is significantly higher than Colorado rate. * Indicates fewer than three events in this category.

There were very few Broomfield residents living with HIV or AIDS in 2007 and 2008 and no one died of these diseases. Rates of Chlamydia and gonorrhea infections were much lower in Broomfield than statewide but the rates doubled or nearly doubled from 2004 to 2007.



HIV and Aids

	Broomfield		Colorado	
	2007	2008	2007	2008
Persons Living With HIV	9	9	6,008	6,110
HIV Deaths	0	0	333	368
Persons Living With AIDS	7	7	4,328	4,534
AIDS Deaths	0	0	4,679	4,808



Adults in Broomfield had fewer hospitalizations for unintentional injuries than adults statewide, except for young adults in Broomfield. Young adults (aged 20-24) in Broomfield had similar injury rates to those statewide from 2003 to 2005, but higher injury rates (particularly for transportation related injuries) in 2007. This is not enough data to identify a trend, but is an area to watch as more current data becomes available.

Unintentional Injury Hospitalizations (Crude rate per 100,000)

Age	Broomfield				Colorado			
	2003	2004	2005	2006	2003	2004	2005	2006
20-24	388	*	354	414	395	381	366	353
25-44	222	174	154	190	342	337	347	342
45-64	348	302	368	251	460	473	490	520

**Only included in table if there are 3 or more events.*



Unintentional Transportation Related Injury Hospitalizations (Crude rate per 100,000)

Age	Broomfield				Colorado			
	2003	2004	2005	2006	2003	2004	2005	2006
20-24	194	*	177	290	200	181	180	166
25-44	121	74	60	66	135	124	129	131
45-64	51	88	129	69	125	128	130	130

**Only included in table if there are 3 or more events.*



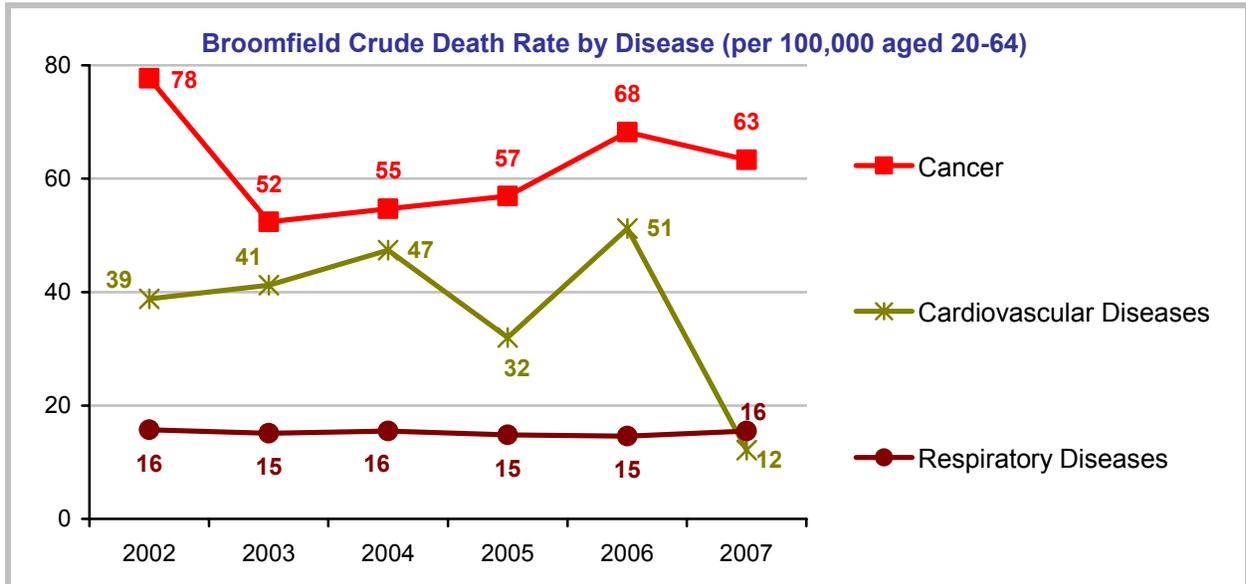
Unintentional Fall Related Injury Hospitalizations (Crude rate per 100,000)

Age	Broomfield				Colorado			
	2003	2004	2005	2006	2003	2004	2005	2006
20-24	*	*	133	124	94	89	82	89
25-44	67	54	47	72	99	98	92	97
45-64	205	146	166	113	210	218	220	247

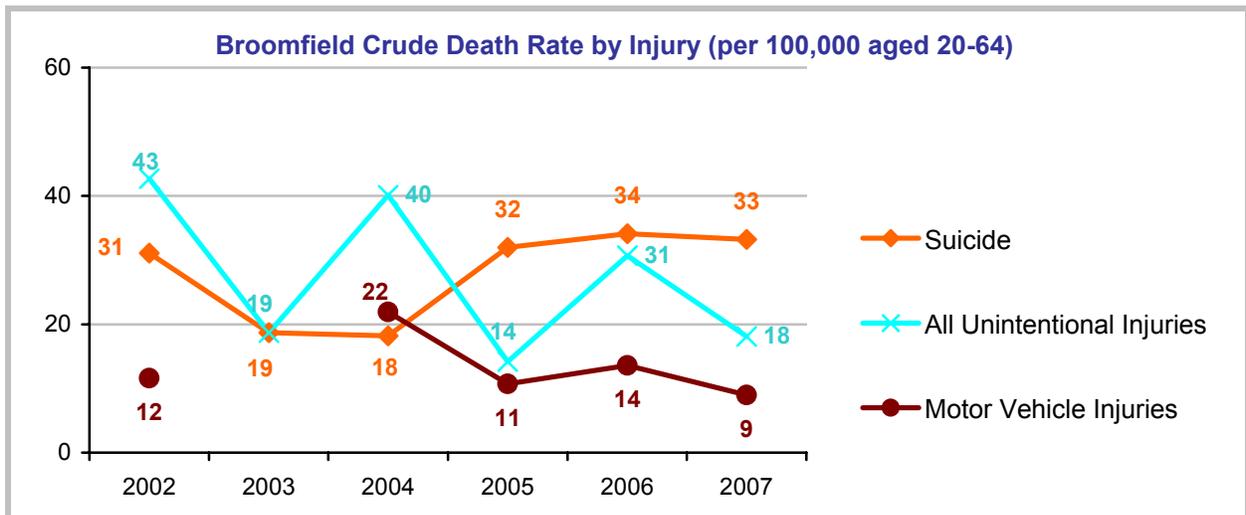
**Only included in table if there are 3 or more events.*



From 2002 to 2007, cancer was the leading cause of death for adults aged 20-64 in Broomfield. About 0.06% of Broomfield adults succumbed to cancer in 2007. Cardiovascular disease was the second most common cause of death among Broomfield adults from 2002 to 2006, but the death rate dropped significantly in 2007. The crude death rate for cancer in Broomfield was similar to the statewide rate, but rates of death from cardiovascular and respiratory diseases were lower.



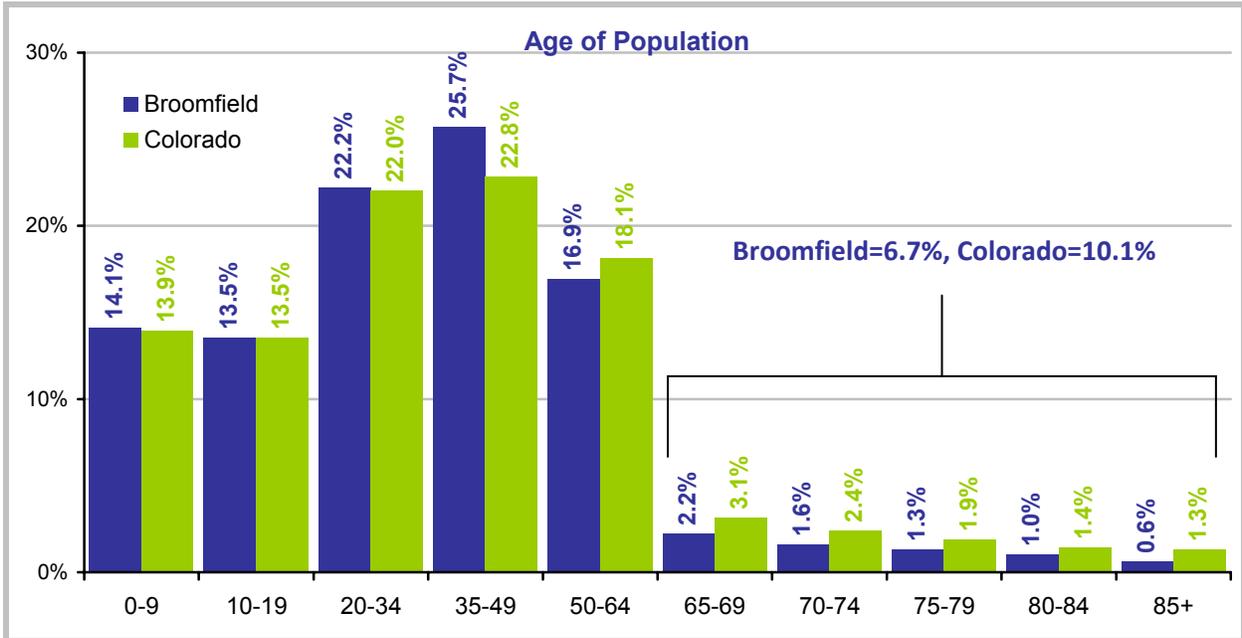
Suicide claimed about half the number of adults that cancer did, but was the third leading cause of death in Broomfield. Suicide rates in Broomfield were higher than statewide in most years. Statewide there were about 20 deaths per 100,000 people aged 20-64 each year from 2002 to 2007. In Broomfield, rates of unintentional injuries by adults fluctuated each year between 2002 and 2007, while statewide the rate tended to stay between 35 and 40 deaths per 100,000 people aged 20-64.



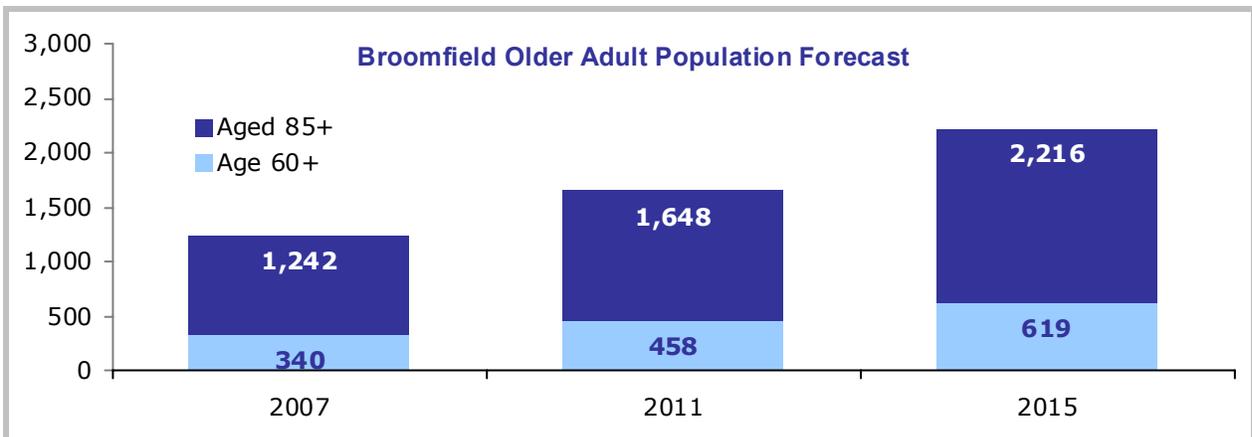


Older Adults

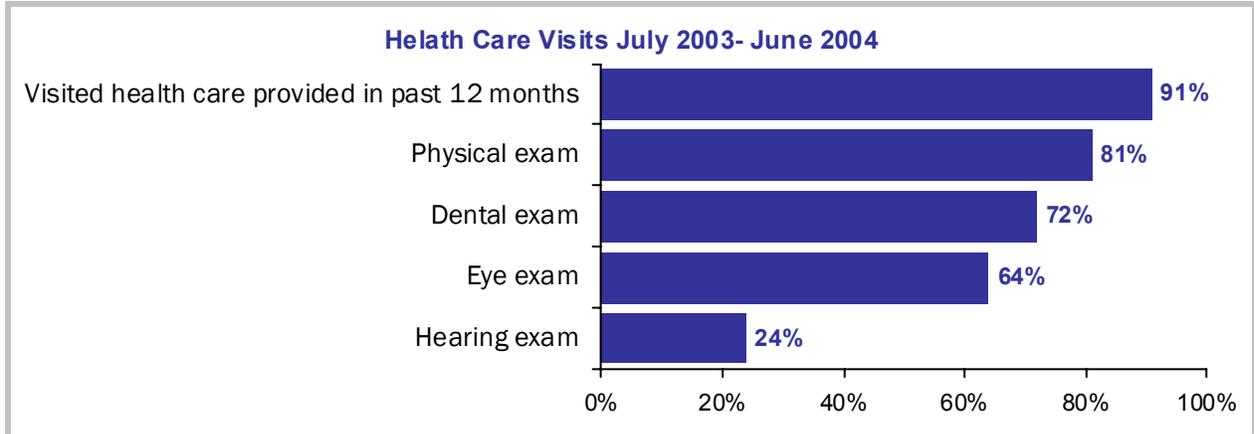
Broomfield has a younger population than the state average, but like communities across the nation the proportion of older adults will continue to increase as Baby-Boomers reach retirement age.



The Denver Regional Council of Governments (DRCOG) Area Agency on Aging projects that Broomfield's older adult population will grow at a rate of 7.5% annually (or about 33-35% over their four year projection periods). An aging population will bring with it greater needs for services for seniors such as transportation, recreation, assistance for aging in place and eventually assisted living facilities.



In the summer of 2004, a survey of 250 older adults in Broomfield was conducted as part of a statewide assessment of older adult needs. The survey found that 99% of Broomfield older adults had some form of health insurance and 91% had visited a health care provider in the prior year.



When asked what types of problems they faced, physical health was most frequently cited as a major or a minor problem. The second biggest issue was affording the medications they need, followed by general financial problems. Housing, food and physical security were of concern to just a handful of Broomfield's older adults.

Problems Faced by Broomfield Older Adults (2004)

Thinking back over the last 12 months, how much of a problem has each of the following been for you?	Major problem	Minor problem	No problem
Your physical health	11%	32%	56%
Affording the medications you need	9%	18%	73%
Having financial problems	5%	15%	80%
Performing everyday activities such as walking, bathing or getting in and out of a chair	3%	17%	80%
Providing care for another person	7%	10%	82%
Feeling depressed	4%	15%	82%
Getting the health care you need	5%	11%	84%
Having too few activities or feeling bored	2%	12%	85%
Feeling lonely, sad or isolated	2%	12%	86%
Dealing with legal issues	2%	7%	91%
Being financially exploited	2%	5%	93%
Having inadequate transportation	1%	4%	95%
Being a victim of crime	1%	2%	96%
Having housing suited to your needs	0%	4%	96%
Having enough food to eat	0%	3%	97%
Being physically or emotionally abused	1%	1%	98%

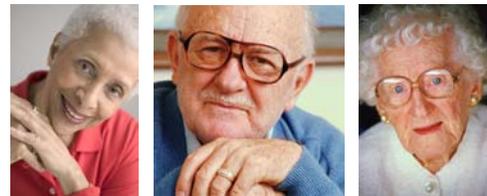
When Broomfield older adults were asked if they had a condition that substantially limited their daily activities, 23% indicated that they had, 15% specified hearing loss and 7% specified severe vision impairment as their condition.

Health and Mental Health Issues (2004)

	Percent of population affected*	Estimated number of Broomfield residents affected (2004)
A condition that substantially limits your daily activities such as walking, climbing stairs, reaching, lifting or carrying*	23%	1,042
Significant hearing loss	15%	672
Blindness or severe vision impairment	7%	341
An emotional or mental illness that limits your daily activities	2%	72
Not insured	1%	47

**Includes respondents who said that they had a condition (physical or emotional) that limited their daily activities, hearing loss, blindness or vision impairment, or did not have any form of health insurance.*

Most older adults in Bromfield have access to enough food, but 7% were not able to eat two meals a day. These older adults were not able to afford a proper amount of food.



Nutrition and Food Security (2004)

	Percent of population affected	Estimated number of Broomfield residents affected (2004)
Does not eat two or more complete meals a day	7%	321
In the past 2 months, how much help have you needed trying to get enough food or the right kinds of food to eat?*	3%	125
Have you lost 10 or more pounds in the past 6 months without meaning to?	8%	353
We were not able to afford the kinds of food we wanted to eat**	7%	305
We were not able to afford to eat healthier meals**	5%	221
We were not able to afford enough food to eat**	3%	126

**Needed “some” or “a lot” of help.*

***“Frequently” or “sometimes” could not afford.*

Older adults in Broomfield had much higher unintentional injury hospitalization rates than those statewide, particularly for injuries due to falls. In 2006, the fall-related injury hospitalization rate for Broomfield residents aged 85 and over was 11,259 per 100,000, compared to 6,990 per 100,000 statewide.



Unintentional Injury Hospitalizations (Crude rate per 100,000)

Age	Broomfield				Colorado			
	2003	2004	2005	2006	2003	2004	2005	2006
65-74	503	1,075	1,144	1,121	993	1,050	1,138	1,146
75-84	3,636	3,074	3,484	4,516	2,754	2,791	3,026	3,016
85+	5,215	11,154	9,164	13,306	6,671	6,871	7,821	7,898

Unintentional Transportation Related Injury Hospitalizations (Crude rate per 100,000)

Age	Broomfield				Colorado			
	2003	2004	2005	2006	2003	2004	2005	2006
65-74	*	161	*	*	121	122	126	132
75-84	331	318	*	393	179	179	183	166
85+	0	0	0	0	144	204	207	161

**Only included in table if there are 3 or more events.*

Unintentional Fall Related Injury Hospitalizations (Crude rate per 100,000)

Age	Broomfield				Colorado			
	2003	2004	2005	2006	2003	2004	2005	2006
65-74	335	860	988	878	699	732	794	793
75-84	2,644	2,756	3,074	3,731	2,248	2,302	2,429	2,441
85+	4,636	10,597	8,625	11,259	6,078	6,187	6,921	6,990

The death rate from cardiovascular disease decreased in 2007 for older adults in Broomfield, but it remained the leading cause of death in this age group (those aged 65 or more). Cancer was the second major cause of death, followed by respiratory system diseases.

Older adult death rates from cardiovascular diseases have been steadily declining across Colorado, from about 1,800 per 100,000 older adults in 2002 down to about 1,425 per 100,000 older adults in 2007. Rates of death from cardiovascular disease for older adults in Broomfield were higher than Colorado from 2002-2006 and then lower in 2007.

Cancer death rates in Colorado were close to 1,000 per 100,000 older adults in 2002-2003, but dropped to about 950 per 100,000 older adults from 2004-2007 at the time when cancer rates in Broomfield were increasing.

Respiratory system disease death rates fell from about 650 to 575 per 100,000 older adults statewide from 2002-2007, but jumped in Broomfield to 859 and 791 per 100,000 older adults in 2006 and 2007, respectively.

