



THE 2015 COLORADO

Health Report Card



The Colorado Health Foundation™



For detailed data on each
of the Health Report Card's
38 indicators and methodology, visit
www.ColoradoHealth.org/ReportCard

Join the Conversation



On the Cover



A young mother and her son participate in a Mommy & Me Yoga class put on by the Wellness Initiative at Florence Crittenton High School in Denver.



Four generations of the Ewing family, (clockwise from left: Wayne, Christopher, Lisa and Madelyne), enjoy a tie-dye event put on by the Edgewater Naturally Occurring Retirement Community.



Caitlin Johnson carries a bucket of freshly picked okra at the Las Animas community garden. Produce from the garden helps feed many members of the community, from school children to seniors.



Children help to celebrate the signing of two bills in June 2014 supported by LiveWell Colorado to promote healthy eating and active living.



Students enjoy burrito day at Bella Romero Academy in Greeley. Food from local farms is used in many meals provided in Weld County School District 6.



The Healthy Living Program – created by the University of Colorado Department of Pediatrics, Section of Nutrition – helps families take action for their health and wellness. The program's curriculum includes parenting classes, activities that promote active living and cooking classes that highlight food preparation and healthy eating.



LiveWell photo by Tanya Wheeler-Berliner; Other photos by Brian Clark

Slow But Steady

Colorado Getting Healthier, But Health Report Card Reveals Disparities

Colorado is making slow but steady progress toward becoming a straight-A state when it comes to health. Still, many vulnerable Coloradans are having a tougher time making the grade.

The 2015 Colorado Health Report Card – the ninth annual health report card presented by the Colorado Health Foundation – shows improvement in a number of areas. But it also reveals significant disparities in health depending on race, ethnicity and income.

Colorado's latest grades, based on 38 health-related indicators, also highlight the struggle to give our state's youngest residents a healthy head start:

- Seniors inched up, posting an A- compared with last year's B+.
- Adults also did a bit better, climbing from a B to a B+.
- Teens stayed the same at a B.
- Colorado's babies and children both earned C's – the same as last year.

This presents Colorado with the challenge of focusing on the health of our babies and children.

The Health Report Card's underlying data illuminate stark differences based on socio-economic factors.

For instance, while Colorado's adults have the nation's lowest obesity rate at 21.9 percent, adults with annual incomes below \$10,000 have an obesity rate of 29.2 percent – more than seven percentage points higher than the state average. And Hispanic children between the ages of 10 and 17 have an obesity rate of 15.5 percent, nearly double the 8.7 percent rate of white children.

For the first time, the Colorado Health Foundation and its Health Report Card partner, the Colorado Health Institute, will use the new data to inform an ongoing series of in-depth reports throughout 2015. As part of this series, the data will be broken down geographically, giving communities a better idea of their own health grades.

Our goal is for the Health Report Card to support efforts to make Colorado the healthiest state, providing evidence that shows where we are making progress as well as where we are falling behind.



Shoppers check out the local produce selection at a farmer's market in Cañon City.

Photo by Michael Rieger

The Grades

Healthy
Beginnings

Grade: **C** Rank: **24**

Last Report Card: C/24

Healthy
Children

Grade: **C** Rank: **24**

Last Report Card: C/25

Healthy
Adolescents

Grade: **B** Rank: **16**

Last Report Card: B/15

Healthy
Adults

Grade: **B+** Rank: **13**

Last Report Card: B/15

Healthy
Aging

Grade: **A-** Rank: **10**

Last Report Card: B+/12

Rank reflects Colorado's standing among all states. A rank of 1 is the best.

Healthy Beginnings

Many Colorado babies are getting a better start on a healthy life, particularly when it comes to their mothers receiving prenatal care. Still, no *Healthy Beginnings* indicators rank better than 14th in the nation.






Compared with last year’s Health Report Card, a greater proportion of mothers received timely prenatal care, enough to move Colorado up nine places to 18th. And a slightly lower percentage of moms smoked during the late stages of their pregnancies.

Colorado improved in infant mortality since last year, with 5.9 deaths for each 1,000 live births, down from 6.2 deaths

per 1,000, pushing Colorado from 25th to 20th.

However, a declining immunization rate for toddlers dropped Colorado 12 places to 30th. And Colorado continues to struggle with low-weight births, which research indicates results in more neurological and developmental disabilities.

The Health Report Card reveals widespread income, racial and ethnic disparities in each *Healthy Beginnings* indicator. The mortality rate of black newborns, for instance, is 12.7 per 1,000, more than two times the mortality rate of white babies.

Health Indicator	Rank Among States	Rank Last Year
15.4 percent of women received initial prenatal care later than the first trimester or not at all.	18 	27
92.2 percent of women abstained from cigarette smoking during the last three months of pregnancy.	14 	12
8.8 percent of babies were born with a low birth weight (less than 5 pounds, 8 ounces).	40 	37
Colorado’s infant mortality rate was 5.9 infant deaths per 1,000 live births.	20 	25
69.2 percent of preschool-age children received all recommended doses of six key vaccines.	30 	18

Since last year ...

-  Rank improved
-  Rank stayed the same
-  Rank declined

Average Grade:

C

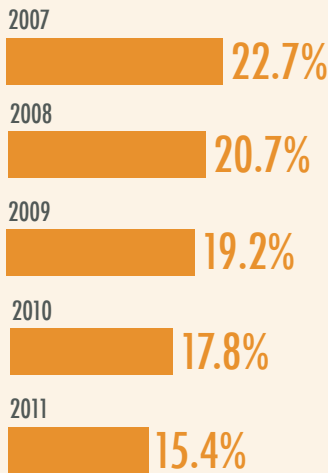
Average Rank:

24

Last Report Card: C/24

Good News

The rate of pregnant women receiving late prenatal care or none at all is falling.



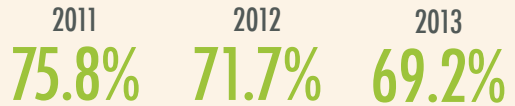
Bad News

But if Colorado ranked No. 1 instead of 18th

3,100

more babies would be born to mothers who received timely prenatal care.

In other news, the percentage of parents getting recommended immunizations for their toddlers is dropping.



Note: Immunization data are for toddlers 19-35 months old

Policies That Could Improve Colorado's Grade

Prenatal Care

All expectant mothers covered by public or private insurance have prenatal care benefits, thanks to new federal mandates for essential health benefits required of all qualified health plans. And many states are expanding the reach of their prenatal care programs even further. One compelling model is a Maternity Care Home, which augments traditional prenatal care with a broad array of services such as psychosocial support, education and self-care techniques. Colorado is moving toward this model of care.

Program to Study:

North Carolina's Pregnancy Medical Home (PMH) model

North Carolina launched the PMH for Medicaid enrollees in 2009. Providers receive incentive payments for completing standardized risk screenings, postpartum visits and performing more vaginal deliveries than cesarean sections.¹ Early findings are promising. Eight hundred of the state's 1,000 obstetricians have signed up. And 70 percent of the women who were screened were found to have high-risk pregnancies, alerting the integrated care teams to provide additional supports and services.

In Colorado:

Colorado is moving toward a Maternity Care Home model for the state's Medicaid clients. As the state works to integrate primary care, similar trends are transforming prenatal care, bringing together health care delivery with support groups, education and counseling and promoting coordination among the health care team.

Healthy Children

Colorado isn't at the head of the class when it comes to creating a healthy foundation for its children.







All children need access to affordable and adequate health care, which starts with health insurance. Children without insurance often face unmet health needs that take a financial and physical toll.

Colorado, however, ranks 37th for coverage of children. But efforts to address the problem are beginning to pay off. The percentage of children without coverage dropped from 12.6 percent in 2008 to 7.1 percent in 2013, outpacing other states and improving Colorado's ranking on this indicator.

Colorado ranks an enviable fifth for childhood obesity. Even so, nearly 11 percent of children are obese. The state's children rank near the middle of the pack for physical activity at 24th, although the percentage who are active has been steadily increasing.

Our children's health is not likely to improve without addressing income-related disparities. More than 20 percent of Colorado's children live in families that struggle financially.

The economic divide is especially striking when it comes to medical homes. And children in families below the poverty line are least likely to be physically active or receive preventive dental care.

Health Indicator	Rank Among States	Rank Last Year
7.1 percent of children were not covered by private or public health insurance.	37 	37
21.6 percent of children lived in families with incomes below the federal poverty level.	14 	19
55.3 percent of children had a medical home that is accessible, continuous, comprehensive, family-centered, coordinated, and compassionate.	35 	35
77.6 percent of children saw a dentist for preventive dental care in the past 12 months.	29 	29
67.6 percent of school-age children participated in vigorous physical activity for four or more days per week.	24 	24
10.9 percent of children were obese.	5 	5

Average Grade:

C

Average Rank:

24

Last Report Card: C/25

More than
10%
of children are obese.



And only
2 of 3

Colorado children



exercise at least 20 minutes four times a week, nowhere near the recommended hour-a-day of exercise for all kids.

Three of four kids are receiving preventive dental care.



But children in financially struggling families are less likely to receive preventive dental care.

0-99% FPL
70.2%

100-199% FPL
72.7%

200-399% FPL
80.3%

400%+ FPL
82.4%

FPL = Federal Poverty Level

Policies That Could Improve Colorado's Grade

Physical Activity

Two of three Colorado kids get a ride to school – a missed opportunity for them to be active.² Safe routes to walk or bike to school, along with policies and regulations that promote efforts to get students out of cars, could encourage the state's students to be more physically active.

Program to Study: Maine's Safe Routes to School

Maine, which has a similar rural-urban breakdown to Colorado, ranks third in the nation for youth physical activity. More than 73 percent of children participate in vigorous activity four or more days per week and nearly three of four walk or bike to school.³ To promote traffic safety, Maine's legislature regulated the roles and authority of school crossing guards in 2007, requiring uniform hand motions and hand-held traffic signs.⁴ The Maine program allows schools and districts to apply for funding for bicycle parking on school grounds, making it easier for students and teachers to ride their bikes to school.

In Colorado:

Colorado lacks some components of Maine's statewide laws promoting active transit safety, particularly as they pertain to crossing guards and speed zones around schools. The Colorado Department of Transportation's (CDOT) Safe Routes to School program is unable to fully meet demand to fund infrastructure improvements and safety education initiatives in local schools and communities.

Since 2005, CDOT has allocated \$125 million in federal funding for 705 local Safe Routes projects. That federal funding has expired, and the program is at risk. Colorado's legislature passed House Bill 14-1301 in 2014 directing \$700,000 in state funds to continue the program for one year. Further legislative action will be needed to make funding available beyond 2015.

Healthy Adolescents

Many of Colorado's teens struggle with their mental health. In 2013, nearly one of four said they felt so sad for two consecutive weeks in the past year that they stopped their usual activities, an increase from 2011. More than 6.5 percent said they had attempted suicide in the past year. Among Hispanic teens, the rate was 7.8 percent.

Physical activity can be improved. While Colorado teens rank 13th on this indicator, only about half of teens participated in vigorous exercise for an hour or more at least five times a week.

More favorable trends are emerging in the safer sex and teen pregnancy categories, likely

resulting from several statewide efforts to curb teen pregnancy.

Fewer than one of four Colorado teens say they are sexually active, the nation's lowest rate. And of the teens who are having sex, most say they use condoms, earning the nation's No. 3 ranking.

Colorado's teen birth rate is nearly half what it was in 2005, an important success. Even so, better progress has been made in wealthier counties. Douglas County, for example, has a teen fertility rate of 4.6 births per 1,000 compared with 41.3 births per 1,000 in Pueblo County.

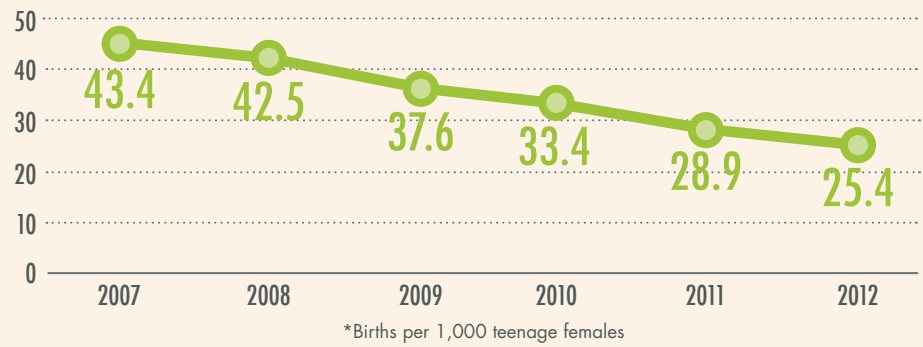
Health Indicator	Rank Among States	Rank Last Year
11.6 percent of adolescents are not covered by private or public health insurance.	41 ↓	38
15.8 percent of adolescents live in families with incomes below the federal poverty level.	12 ↑	22
92.3 percent of adolescents ate vegetables one or more times during the past seven days.	41	N/A*
49.1 percent of adolescents participated in vigorous physical activity on five or more of the past seven days.	13 ↓	4
16.6 percent of adolescents had five or more drinks of alcohol in a row on one or more of the past 30 days.	17 ↑	30
10.7 percent of adolescents smoked cigarettes on one or more of the past 30 days.	10 ↑	20
24.3 percent of adolescents felt so sad or hopeless almost every day for two consecutive weeks during the past 12 months that they stopped doing some usual activities.	9 ↓	4
6.6 percent of adolescents attempted suicide one or more times during the past 12 months.	7 =	7
23.3 percent of adolescents were sexually active in the past three months.	1 ↑	14
Among students who had sexual intercourse during the past three months, 63.7 percent reported using a condom during last sexual intercourse.	3 ↓	1
Teen fertility rate (25.4 births to teen mothers per 1,000 teenage females).	19 ↑	23

* Note: The Healthy Kids Colorado Survey has replaced the Youth Risk Behavior Survey as the source for most Colorado adolescent health data. In addition, the nutrition indicator is now vegetable rather than fruit consumption.

Average Grade: **B** Average Rank: **16**

Last Report Card: **B/15**

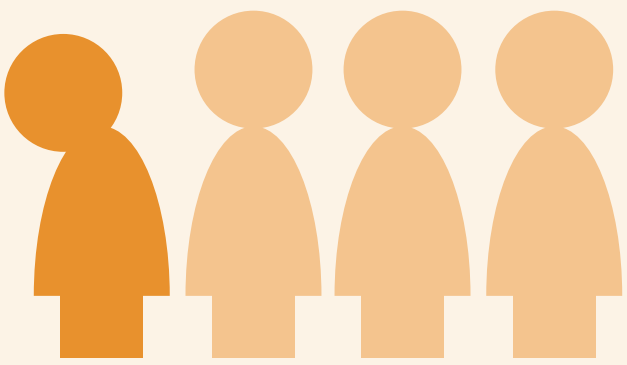
Teen birth rates declined between 2007 and 2012*



New Hampshire has the lowest teen birth rate at

13.8

1 of 4 high school students struggles with depression, with teen girls **twice as likely** as boys to report feeling depressed.



No. 1 Massachusetts
1.4%

Colorado is among the 10 worst states for adolescent health insurance coverage** (ages 13-17).

No. 41 Colorado
11.6%

No. 50 Texas
17.3%

**Uninsured data gathered before important provisions of the Affordable Care Act went into effect

Policies That Could Improve Colorado's Grade

Teen Mental Health

Program to Study:
Massachusetts Child Psychiatry Access Project (MCPAP)

This program teaches pediatricians strategies for assessing mental health conditions and helps them connect their patients with community-based mental health services. The psychiatrists and psychotherapists consult by telephone with pediatricians to answer questions or to coordinate face-to-face assessments with adolescents who have more serious conditions. MCPAP, with funding from the state Department of Mental Health and some insurance reimbursements, has expanded over the past 10 years. Best practices such as training pediatric primary care providers, age-appropriate mental health screenings, and collaboration between primary care providers and mental health professionals have been identified.^{5,6}

In Colorado:

The Colorado Psychiatric Access and Consultation for Kids (C-PACK) launched in 2013 and has helped more than 136,000 kids.⁷ Early results show that providers use the consultation hotline to coordinate care for patients who need specialist treatment. Colorado also seeks to accelerate coordination of physical and mental health care as part of the \$65 million State Innovation Model (SIM) grant, which the federal government approved in December 2014.











Healthy Adults

Adults in Colorado improved from a B to a B+ this year. This progress reflects small improvements across key health indicators, including medical homes, physical activity and mental health.

Colorado adults are No. 1 in the nation on three important health indicators – physical activity, obesity and diabetes – and rank second for hypertension. These interconnected measures reflect the state’s active lifestyle. Still, financially disadvantaged Coloradans are disproportionately affected by diabetes and obesity. Diabetes rates, for example, are more than three times higher among adults with annual incomes below \$10,000 compared with Coloradans making more than \$75,000 annually.

A closer look at the rates behind some of the top performances shows room for improvement. For example, nearly one of five adults didn’t participate in any physical activity in the past month. And Colorado’s obesity rate, while the lowest in the nation, has been inching steadily higher. Nearly three of 10 (29.2 percent) of Colorado’s lowest-income adults are obese, seven percentage points above the state average.

Two lifestyle indicators leave Colorado’s adults in the wake of other states. Almost 20 percent of adults smoke cigarettes and the state ranks 37th for binge drinking.

Health Indicator	Rank Among States	Rank Last Year
18.5 percent of working-age adults are not covered by private or public health insurance.	25 	25
72.5 percent of adults had one (or more) person(s) they think of as their personal doctor or health care provider.	26 	30
19.2 percent of adults consumed five or more fruits and/or vegetables per day within the past month.	8 	12
83.2 percent of adults participated in any physical activity within the past month.	1 	5
21.9 percent of adults were obese.	1 	1
19.4 percent of adults smoked cigarettes.	15 	13
21.2 percent of adults binge drank (males having five or more drinks on one occasion, females having four or more drinks on one occasion) in the past month.	37 	38
14.0 percent of adults reported that their mental health was not good eight or more days in the past month.	12 	18
4.5 percent of adults reported that they were diagnosed with diabetes.	1 	8
20.2 percent of adults reported that they were diagnosed with high blood pressure.	2 	2

Average Grade: **B+**

B+

Average Rank: **13**

13

Last Report Card: **B/15**

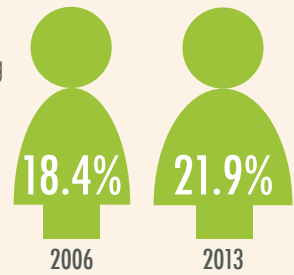
Colorado adults are



But sometimes #1 is not good enough

Adult obesity rates are on the rise, climbing 19 percent in seven years. In 2013, about

690,000 people were obese.



And ...



One of five adults **had hypertension**, up from last year.



One of four adults **didn't have a regular source of care.**

Policies That Could Improve Colorado's Grade

Preventing Diabetes and Hypertension

Program to Study: The Hawaii Diabetes Plan

In 2010, Hawaii ranked 25th nationally for diabetes, with 6.2 percent of adults diagnosed with the condition. With a growing population of pre-diabetics, Hawaii estimated the direct medical cost of diabetes at \$964 million. This financial burden prompted the Hawaii Department of Health to launch the Hawaii Diabetes Plan in 2010.⁸ To support this effort, the Healthy Hawaii Initiative is a health promotion effort designed to increase opportunities for physical activity at school, at work, and in the community. Step it Up Hawaii encourages adults to walk 30 minutes a day. Targeted lifestyle interventions, which mainly focus on physical activity, are aimed at reducing the risk of developing diabetes. Hawaii has improved its rank to 10th nationwide for diabetes.

In Colorado:

Colorado is expanding its Diabetes Prevention Program, a healthy lifestyle initiative that encourages 150 minutes of physical activity per week.⁹ This evidence-based program is covered by some private insurers, including UnitedHealthcare, Kaiser Permanente and Anthem Blue Cross Blue Shield. Colorado Medicaid, however, does not cover this program, even though many clients are low-income adults who are most likely to be at risk for diabetes. If Colorado's public insurance programs opted in, more people would have coverage for preventive measures against diabetes.

Healthy Aging

Colorado’s seniors are managing to stay fairly healthy as they grow older, a good thing considering that the state’s 65-and-older population is expected to more than triple to 1.5 million by 2040.¹⁰







The Health Report Card reveals that older adults are healthier than in years past. Their grade rose from a B+ last year to an A-. Improving in the area of medical homes was one reason for this change. Colorado also outpaced other states in reducing the percentage of older adults who reported limited activity due to poor physical or mental health.

Older Coloradans do well when it comes to staying active. They rank second in physical activity, with more than three of four seniors saying they exercise. Colorado’s low rate of

activity limitations – physical or mental health conditions that inhibit activity – ranks fifth, up from 17th a year earlier.

Relatively high marks are reported for physical and mental health. Only about 18 percent of Colorado seniors report being in poor physical health, earning a rank of 13th, and fewer than eight percent report poor mental health, for an 11th-place ranking.

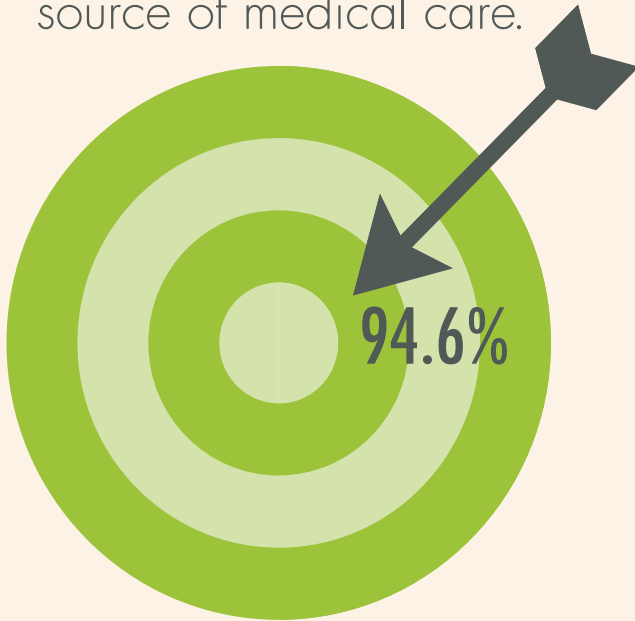
Financially struggling seniors, however, aren’t faring as well. Nearly half of those with annual incomes below \$10,000 reported poor physical health, more than three times the rate of seniors earning more than \$75,000 a year. Seniors with annual incomes between \$10,000 and \$15,000 reported the highest rate of poor mental health, at 15.7 percent.

Health Indicator	Rank Among States	Rank Last Year
94.6 percent of older adults have one (or more) person(s) they think of as their personal doctor or health care provider.	19 	28
53.9 percent of older adults have had a flu shot during the past 12 months and have had a pneumonia vaccination.	7 	8
76.1 percent of older adults participated in any physical activity in the past 30 days.	2 	1
18.2 percent of older adults reported that their physical health was not good eight or more days in the past month.	13 	7
7.7 percent of older adults reported that their mental health was not good eight or more days in the past month.	11 	8
19.6 percent of older adults reported eight or more days of limited activity in the past month due to poor physical or mental health.	5 	17






Average Grade: **A-** Average Rank: **10**

Last Report Card: **B+/12**

Colorado seniors fall short of the Healthy People 2020 target of all seniors having a regular source of medical care.



Low-income seniors are more likely to experience poor physical health.

	Annual Income	Poor Health
	\$<10K	43.6%
	\$10-\$15K	30.9%
	\$15-\$20K	25.3%
	\$20-\$25K	20.1%
	\$25-\$35K	16.9%
	\$35-\$50K	16.8%
	\$50-\$75K	15.5%
	>\$75K	13.4%

And only **53.9%** of seniors got a flu shot and pneumonia vaccine in the past year.



Policies That Could Improve Colorado's Grade

Long-Term Services and Supports (LTSS)

Program to Study:

Minnesota's Aging and Disabilities Resource Center Program

Minnesota has developed a seamless system to connect adults with disabilities and seniors to services and supports such as housing and home-delivered meals. State legislation passed in 2009 directed Minnesota's Board of Aging to allocate federal, state and local funds to develop an Aging and Disabilities Resource Center program to coordinate all LTSS.¹¹ The Resource Center provides a searchable website as well as phone and in-person assistance to providers, seniors and family members seeking information, resources and support. The free services are available statewide. A 2012 survey found that more than 87 percent of users said they would recommend the service.¹²

In Colorado:

Colorado kicked off a yearlong planning and stakeholder engagement process in October 2014 with the goal of creating a more person-centered, streamlined approach to accessing LTSS. As Colorado shores up this area, stakeholders should keep in mind the success of Minnesota's model for coordinating information in a central hub.

Many Coloradans Face Barriers to Healthy Lifestyles

Imagine that the other 49 states are Colorado's peers when it comes to healthy lifestyles. Some states set the health bar high. Utah and Massachusetts, for example, each ranks first on five of the 38 health indicators. And while Colorado may not be the valedictorian, we are a close runner-up, earning a top ranking on four health indicators.

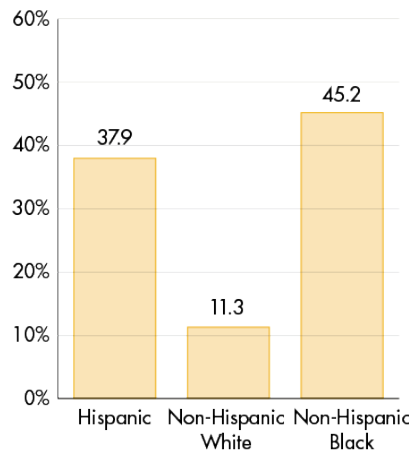
But even states at the top of the class have room for improvement. Colorado will not become a true leader in health until all Coloradans are earning an A, regardless of race, ethnicity, economic status or where they live.

Colorado is not a high achiever on child and adolescent poverty indicators. Black and Hispanic children under 13 are significantly more likely to be living in poverty compared with white children in Colorado. About 11 percent of white children were in families with incomes below the poverty level – \$23,550 for a family of four – in 2013, while the percentage for Hispanic children was about 38 percent. Nearly half of black children were in this category.

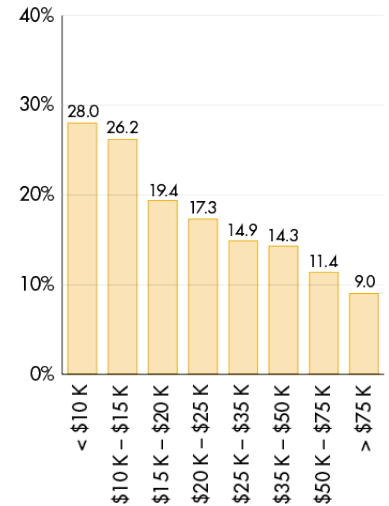
Achieving good health can be challenging for Coloradans living in poverty. Adults earning less than \$10,000 per year, for example, are three times more likely to report poor mental health than adults with annual incomes of \$75,000 or more.

Disparities data on all indicators are available at www.ColoradoHealth.org/ReportCard.

Percentage of Children Below Poverty Level, Ages 0-12, Colorado, 2013



Poor Mental Health, Adults 18-64, Colorado



Colorado's Grade Over Time

It's also important to understand how our grades have been trending over time. Are Coloradans becoming healthier?

A look back at Colorado's grades on the first full Health Report Card in 2007 reveals that we are making strides in some areas but falling behind in others.

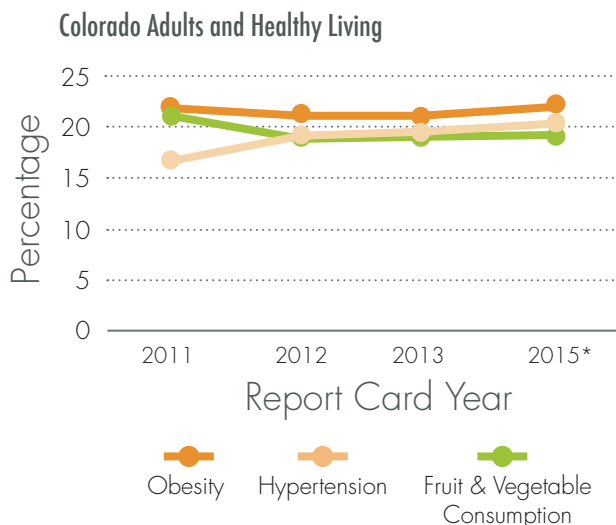
Colorado has shown great improvement on the teen fertility indicator. Since the 2007 Health Report Card, births to teen moms plummeted from a rate of 43.9 per 1,000 to 25.4 per 1,000. Over that time, Colorado invested in public health efforts to curb teen pregnancy by making it easier for lower-income women to access effective contraception.

Immunization rates for toddlers between 19 and 35 months showed the least progress and, in fact, declined. This Health Report Card shows that 69.2 percent of toddlers received the recommended vaccination series, down from 80.3 percent on the 2007 report. Colorado allows personal exemptions to school-based immunization requirements for parents.

Health: It's All Connected

The Health Report Card also provides insights into how different areas of health interact. Is obesity, for example, related to nutrition? Is there a connection between fruit and vegetable consumption and hypertension or diabetes rates?

Data from the past four Health Report Cards show that obesity, hypertension and nutrition indicators track closely. For example, a smaller proportion of Colorado adults are consuming five or more servings of fruit and vegetables per day since the 2011 Health Report Card, while a higher percentage report having hypertension. These trends echo research documenting the positive relationship between a healthy diet and better health.



Progress Report: Uninsured Rates Declining

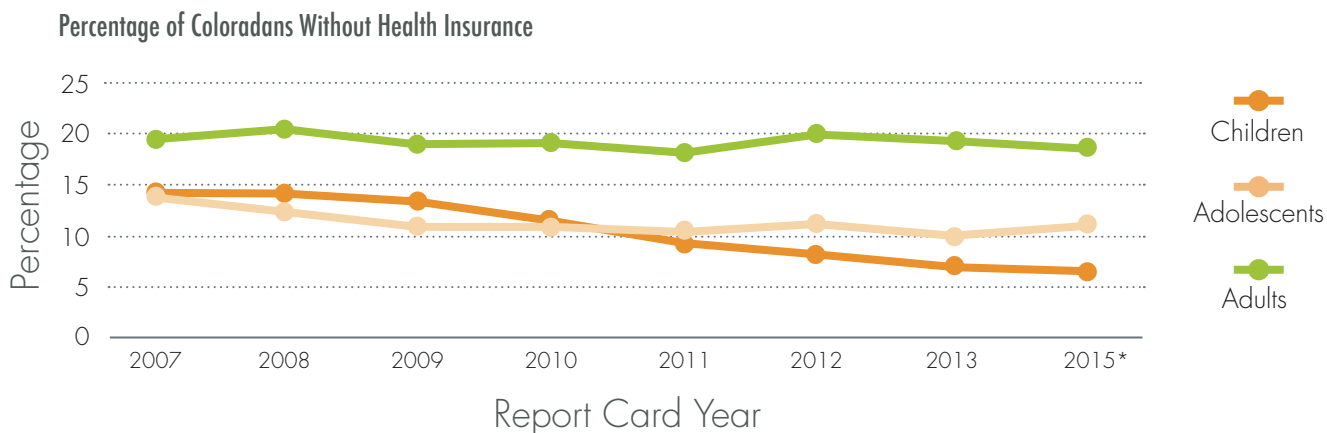
Providing children with opportunities for a healthy life can help build the foundation for lifelong health and create a state in which children thrive and grow into healthy, productive adults.

A close look at uninsured data across the life stages reveals strong progress on this indicator since the 2007 Health Report Card.

Children below the age of 13 saw the most dramatic decline, posting a 50 percent drop from 14.1 percent to 7.1 percent without health insurance.

Uninsured rates for adolescents also went down, falling from 14.1 percent to 11.6 percent. During this time, Colorado expanded eligibility for the Child Health Plan *Plus* (CHP+) and enacted other policies that made it easier for families to enroll their children in public insurance programs.

Colorado adults saw small improvements on this indicator, with uninsured rates dropping just over one percentage point. But major provisions of the Affordable Care Act went into effect in 2014, after the latest uninsured data were collected, so we expect to see a better grade on the 2016 Health Report Card.



* In order to align the Health Report Card with the year of its release, the dates skipped from 2013 to 2015.

Methodology

The Colorado Health Report Card’s 38 health indicators are presented through five life stages.

Because the data come from many sources, the age ranges for some indicators vary within a life stage. Detailed information about the data, including the ages, years and sources, can be found in the data workbooks at www.ColoradoHealth.org/ReportCard.

- *Healthy Beginnings*: All indicators are for pregnant moms or newborns, with the exception of immunization data, which are for children between 19 and 35 months.
- *Healthy Children*: Insurance and poverty indicators include all children under age 13 while medical home and preventive dental indicators are for all children through 18 years. Physical activity data are for kids between six and 17, while obesity data are for those between 10 and 17.
- *Healthy Adolescents*: All data are for teens between 13 and 17, with the exception of teen fertility, which is for teen girls between 15 and 17.
- *Healthy Adults*: All data are for adults between 18 and 64.
- *Healthy Aging*: All data are for seniors 65 and older.

There is a change this year in the Health Report Card title. The titles of previous reports reflected the year in which data were compiled. In order to align the Health Report Card with the year of its release, instead of lagging by a year, we skipped from 2013 to 2015.

Data Sources

The indicators selected for the Health Report Card come from eight data sources. The data are the most recent available for all states.

1. Centers for Disease Control and Prevention. Behavioral Risk Factor Surveillance System (BRFSS), 2013.
2. Centers for Disease Control and Prevention, National Center of Health Statistics. National Survey of Children’s Health, 2011-12.

3. Centers for Disease Control and Prevention. National Immunization Survey, 2013.
4. Centers for Disease Control and Prevention. National Vital Statistics System, 2010-2012.
5. Centers for Disease Control and Prevention, Office of Adolescent and School Health. Youth Risk Behavior Survey, 2013.
6. Centers for Disease Control and Prevention. Pregnancy Risk Assessment Monitoring System, 2011.
7. Colorado Department of Public Health and Environment, Colorado Department of Human Services Office of Behavioral Health, Colorado Department of Education and University of Colorado Denver. Healthy Kids Colorado Survey, 2013.¹³
8. United States Census Bureau. American Community Survey, 2013.

Ranking

The indicators selected for the 2015 Health Report Card are reported consistently across states, allowing Colorado’s performance to be ranked relative to other states. For each indicator, the best-performing state is ranked first. An adjusted rank was calculated for indicators with fewer than 50 states reporting data. In cases where states had the same value for an indicator, they were listed randomly.

Grading

A grade was assigned to each life stage based on Colorado’s average rank for all indicators in that life stage. The grades were assigned using the ranks and letter grades shown in the table below.

Average Rank	Letter Grade	Average Rank	Letter Grade
1-3	A+	27-30	C-
4-6	A	31-33	D+
7-10	A-	34-36	D
11-13	B+	37-40	D-
14-16	B	41-43	F+
17-20	B-	44-46	F
21-23	C+	47-50	F-
24-26	C		



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www.ColoradoHealth.org/ReportCard

501 South Cherry Street, Suite 1100 • Denver, Colorado 80246

Phone: 303.953.3600 • **Twitter:** @COHealthFDN • **Web:** www.ColoradoHealth.org

Contributing Members

Jaclyn Lensen

Leslie Chadwick

Kyle Legleiter

Kaye Boeke

Kindle Morell

Taryn Fort



www.ColoradoHealthInstitute.org

303 E. 17th Avenue, Suite 930 • Denver, Colorado 80203

Phone: 303.831.4200 • **Twitter:** @COHealthInst

Contributing Members

Natalie Triedman

Deborah Goeken

Brian Clark

Jessica Fern

Sara Schmitt

Cliff Foster