



The Colorado

Health Report Card



The Colorado Health Foundation™

CO

09

Together, we will make Colorado the healthiest state in the nation.

09

Vision

How healthy are we?

This is the question the 2009 Colorado Health Report Card seeks to answer. Now in our fourth year of reporting on the health status of Coloradans, we regret to report that our overall health grades have not improved since 2006 when the Colorado Health Foundation issued the first Report Card. Most troubling is the overall grade for *Healthy Children*, which dropped from an already dismal C- to an unacceptably low D+. The fact that Colorado continues to be average or below average on important health indicators for pregnant women, infants and children is a call to collective action for health care, business, policy and community leaders, as well as health advocacy and funding organizations.

Grading Colorado's health

The 2009 Colorado Health Report Card includes detailed information about 38 health indicators that span the life course and which, if left unchanged, could pose significant risks to the health and well-being of Coloradans, young and old alike. Together with the Colorado Health Institute (CHI), we have selected these indicators to provide a comprehensive picture of the health of Colorado's residents.

We believe everyone deserves a healthy start in life. Getting off to a good start increases the likelihood that our children will maintain good health as they grow and develop into productive adults who are able to engage in meaningful work and participate in the life of their communities.

The primary components of good health are represented by indicators, divided into five life stages: *Healthy Beginnings*, *Healthy Children*, *Healthy Adolescents*, *Healthy Adults* and *Healthy Aging*. Within each stage, at least five indicators are updated annually by CHI and compared to other states' rankings. CHI assigns a grade to each life stage based on the average of Colorado's rank among states and specific goals set for each indicator by the U.S. Department of Health and Human Services in its *Healthy People 2010* initiative.

Expanded information for each indicator is available in *Understanding the Numbers: Indicator Details and Promising Initiatives* an online supplement to the Report Card (www.ColoradoHealthReportCard.org). This year's

Understanding the Numbers also includes policy profiles for each life stage and discusses recent policy initiatives in Colorado and elsewhere that could positively impact the indicators.

A call to action on behalf of Colorado's children

What has become increasingly clear from the trend data for each of the childhood indicators is that we are not making appreciable progress in any of them, and in some cases, we are losing ground. This decline puts the health of Colorado's children at risk. Perhaps the most distressing change in Colorado's rankings is in childhood obesity. Using the most current national data, Colorado's rank for childhood obesity went from 3rd in 2003 to 23rd in 2007 with 14 percent of Colorado's children classified as obese. One way to stem the tide of childhood obesity is through policy, which often results in widespread change. For example, the beverage bill (SB 09-129) illustrates how legislators are using policy to fight obesity. As of July 1, 2009 schools in Colorado are no longer permitted to sell soda pop or other sugary beverages in school vending machines or cafeterias.¹

Other states have taken additional steps to improve the nutritional content of food and drink sold in schools. More than two-thirds of secondary schools in California, Connecticut, Hawaii and Maine are no longer selling baked goods, high-fat salty snacks, candy, soda or fruit drinks that are not 100 percent fruit juice.²

In order for our state to have healthy children, we also need to ensure that they have access to care through insurance coverage and medical homes. Colorado policymakers have taken steps recently to improve those indicators, through legislation such as the Health Care Affordability Act (HB 09-1293) and the Colorado Medical Home Initiative (SB 07-130). But much more work can be done in these areas, and we invite our readers to join with us as we work collectively to improve the health status of Colorado's children.

Want to learn more?

For more information about the 2009 Colorado Health Report Card, *Understanding the Numbers* and how policy works to positively impact each life stage, please visit www.ColoradoHealthReportCard.org.

1. National Association of State Boards of Education, "Colorado Bans the Sale of Soda in Schools"

2. Centers for Disease Control and Prevention, Mortality and Morbidity Weekly, October 5, 2009. "Availability of Less Nutritious Snack Foods and Beverages in Secondary Schools—Selected States, 2002–2008"

Report Card Results

CO

09

Life Stage	Grade & Avg. Rank
Healthy Beginnings	C 24.7
Healthy Children	D+ 30.5
Healthy Adolescents	B- 17.2
Healthy Adults	B 14.0
Healthy Aging	B+ 10.7

RANK

1 = Best

50 = Worst

GRADING SCALE

A (1 – 10) Excellent

B (11 – 20) Good

C (21 – 30) Average

D (31 – 40) Poor

F (41 – 50) Unacceptable

Healthy Beginnings

Every child deserves a healthy start. Delayed prenatal care and smoking while pregnant are among the factors that contribute to low birth weight and to babies who die in the first year of life. As children grow, the best way to protect them against disease is to see that they receive all the recommended childhood vaccinations. Colorado does poorly compared to other states in a number of these areas, thus earning a grade of C. Policymakers, health care providers and families can all do better in ensuring that all of our children have a healthy beginning that can contribute to a longer life expectancy.

Health Indicator	Rank among states
19.9 percent of women receive initial prenatal care later than the first trimester or not at all	39 th
89.4 percent of women abstain from cigarette smoking during the last three months of pregnancy	13 th
8.9 percent of babies are born with a low birth weight (less than 5 pounds, 9 ounces)	36 th
Infant mortality rate (6.4 infant deaths per 1,000 live births)	18 th
81.2 percent of preschool-age children received all recommended doses of five key vaccines	17 th

Average Rank 24.7

Average Grade



Healthy Children

Too many Colorado children live in poverty, and too few have health insurance. Roughly 127,000 (15 percent) of the state's children 12 years and younger lived at or below the federal poverty level during 2006–2008 (about \$20,650 for a family of four in 2007). Approximately 120,000 children had no form of insurance during this time period as well. Children without insurance are more likely to lack a medical home and thus are less likely to get coordinated medical, mental and dental care. Too few Colorado children get enough exercise, and 14 percent are obese. Unlike Colorado's adults who have the lowest obesity rate in the nation, Colorado's children rank in the middle of the pack with respect to obesity. This poor ranking along with lower ranks in many other indicators results in a low grade of D+.

Insuring our children, seeing that they have a medical home and making sure they get enough exercise will better prepare them for the challenges of adolescence and adulthood.

Health Indicator	Rank among states
13.8 percent of children are not covered by private or public health insurance	45 th
14.6 percent of children live in families with incomes below the federal poverty level	13 th
59.3 percent of children have a medical home that is accessible, continuous, comprehensive, family-centered, coordinated and compassionate	30 th
77.0 percent of children received all the routine dental preventive care needed in the past 12 months	38 th
64.1 percent of school-age children participated in vigorous physical activity for four or more days per week	34 th
14.2 percent of children are obese	23 rd

Average Rank 30.5

Average Grade

D+

CO

09

Healthy Adolescents

The transitional years of adolescence pose special challenges for establishing good health habits. Compared to other states, Colorado's adolescents score relatively well on nutrition, good mental health and avoiding risky sexual behaviors.

Too many, however, binge drink and smoke, and the number of births to teenage mothers, while lower than in the past, is still higher than in most states. Underlying all this is the same lack of health insurance—11 percent have none—found among younger children. Addressing these issues will enable Colorado's adolescents to enter adulthood with good health and good health habits.

Health Indicator	Rank among states
11.2 percent of adolescents are not covered by private or public health insurance	31 st
10.5 percent of adolescents live in families with incomes below the federal poverty level	13 th
19.2 percent of adolescents ate five or more servings per day of fruits and/or vegetables during the past seven days	16 th
37.2 percent of adolescents participated in vigorous physical activity on three or more of the past seven days	12 th
30.6 percent of adolescents had five or more drinks of alcohol in a row on one or more of the past 30 days	41 st
18.7 percent of adolescents smoked cigarettes on one or more of the past 30 days	18 th
25.0 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 th
6.7 percent of adolescents attempted suicide one or more times during the past 12 months	7 th
29.5 percent of adolescents were sexually active in the past three months	6 th
Among students who had sexual intercourse during the past three months, 69.3 percent reported using a condom during last sexual intercourse	5 th
Teen fertility rate (43.8 births to teen mothers per 1,000 teenage women)	31 st
Average Rank	17.2
Average Grade	B-



Healthy Adults

CO

09

Colorado's working-age adults are healthier than their counterparts in most other states, according to measures in this Report Card. The state has the third-lowest incidence of hypertension and the sixth-lowest percentage of adults who report poor mental health. Colorado's adults are more likely to exercise, and Colorado has the lowest rate of adult obesity in the country. But the state does poorly in terms of insurance coverage: One in five working-age adults lacked health insurance in 2007. In addition, Colorado ranks in the bottom half of all states with respect to adults having a regular source of medical care and binge drinking, suggesting room for improvement.

The grade of B masks some troubling trends and disparities. The state's obesity rate has doubled in fewer than 20 years, and low-income Coloradans and racial and ethnic minorities lag behind on most indicators. Most ominously, Colorado's failure to do better by its children threatens future grades for healthy adults and Colorado's ability to maintain its reputation as a healthy and prosperous state.

Health Indicator	Rank among states
19.9 percent of working-age adults are not covered by private or public health insurance	32 nd
77.2 percent of adults have one (or more) person(s) they think of as their personal doctor or health care provider	31 st
25.1 percent of adults consumed five or more fruits and/or vegetables per day within the past week	17 th
82.2 percent of adults participated in any physical activity within the past month	3 rd
19.5 percent of adults are obese	1 st
18.9 percent of adults currently smoke cigarettes	14 th
18.1 percent of adults binge drink (males having five or more drinks on one occasion, females having four or more drinks on one occasion) in the past month	28 th
12.2 percent of adults report that their mental health was not good eight or more days in the past month	6 th
4.5 percent of adults reported they were diagnosed with diabetes	5 th
16.2 percent of adults reported they were diagnosed with high blood pressure	3 rd
Average Rank	14.0
Average Grade	B

Healthy Aging

Colorado's older adults do relatively well according to the measures used in this Report Card and compared to their peers in other states. Colorado scores in the top 10 on three of the six *Healthy Aging* indicators. Following national trends, Colorado's older adults are living longer and healthier lives. They are more likely to engage in physical activity and have the highest rate of flu and pneumonia vaccinations compared to older adults in other states.

Based on this fairly good performance, Colorado gets a B+ for *Healthy Aging*, still leaving room for improvement. More than one in five older adults report that poor physical or mental health kept them from doing their usual activities on eight or more days in the last month. Even though Colorado is ranked first for flu and pneumonia vaccinations, only 62 percent of older adults have actually been vaccinated.

Health Indicator	Rank among states
95.8 percent of older adults have one (or more) person(s) they think of as their personal doctor or health care provider	12 th
61.7 percent of older adults have had a flu shot during the past 12 months and have had a pneumonia vaccination	1 st
73.9 percent of older adults participated in any physical activity in the past 30 days	5 th
19.7 percent of older adults report that their physical health was not good eight or more days in the past month	17 th
7.0 percent of older adults report that their mental health was not good eight or more days in the past month	8 th
22.2 percent of older adults reported eight or more days of limited activity in the past month due to poor physical or mental health	21 st
Average Rank	10.7
Average Grade	B+





The Colorado Health Foundation™

TEL: 303.953.3600 • www.ColoradoHealth.org

Acknowledgments

The 2009 Colorado Health Report Card was produced in partnership with The Colorado Health Institute. Contributing staff members include:

Pamela Hanes, Ph.D.
President and CEO

Jessica Dunbar, MSPH
Senior Research Analyst

Tasia Sinn
Research Fellow

Anna Furniss
SAS Programmer/Analyst

Amy Downs, MPP
Director for Research and Policy

Sherry Freeland Walker
Director for Communications

Special thanks to the following staff from the Colorado Department of Public Health and Environment:

Ned Calonge, M.D., M.P.H.
Alyson Schupe, Ph.D.
Jillian Jacobellis, Ph.D.
Ricky Toliver