

Appendix B: About These Data

This report provides population data for the City and County of Denver to demonstrate an overview of the status of the entire Denver population, rather than specific service populations. Below is a summary of the data sources utilized in this report.

Census

The National Census is a survey conducted by the U.S. Census Bureau within the National Department of Commerce every 10 years throughout the United States. The last survey was done in 2000. Annual Population Estimates and Estimated Components of Population Change for the United States and States are done for the time period April 1, 2000 to July 1, 2006. These projections are utilized for all population data and rates adjusted based upon the population. Source: <http://www.census.gov/popest/estimates.php>. The census provides the following information:

- Age
- Gender – Includes Male and Female
- Race and Ethnicity – Race categories (White, African American, Native American/American Indian, and Asian American/Pacific Islander) include only those individuals who are non-Hispanic. Those who report being of Hispanic ethnicity are included only in the Hispanic category. Races are also exclusive of one another (e.g., an individual reporting more than one race is categorized as “Other”). This strategy prevents population over-inflation.

Neighborhood Data

Data are from U.S. 2000 Census, Certificate of Death, and Certificate of Live Birth. To age-adjust for a disease, the average count of deaths for that disease was calculated for seven years of data (2000-2006), and the rate was calculated using 2000 census block and census tract populations, and the 2000 Standard Population. Due to the use of vital statistics data for years beyond 2000, the age-adjusted rates may be overstated, assuming population growth in all neighborhoods. If the population of a neighborhood shrank in the subsequent years then the resulting rate will be understated. The lack of an accurate population estimate for each age category at the census tract or block level is a limitation in these analyses.

Denver has 78 official neighborhoods. For most analyses the neighborhood of Denver International Airport (DIA) is excluded because it had a 2000 census population of four. In order to map at the neighborhood level, census blocks or tracts are aggregated to the neighborhood level. In all cases, block-level data are preferable since their boundaries align with Denver neighborhoods; however, many demographic data sets are only available at the census tract level. In most cases the census tract aligned with the neighborhood boundaries very

well except in three instances where the census tract extends into two neighborhoods, which necessitates merging the neighborhoods. As a result, the combined 2000 population for the two neighborhoods are used as the denominator. This is important to note when comparing across neighborhoods. The neighborhoods that were merged are: Stapleton and Montbello; Auraria and Lincoln Park; and, Hilltop and Lowry Field. In this review, Stapleton and Montbello are considered to be the most problematic merged neighborhoods for three reasons: first, they cover a large area so geographic precision is lost; secondly, they encompass an economically and socially diverse population; and lastly, the Stapleton neighborhood has recently been developed and has seen a large population change that may be masked by a lower rate of growth in Montbello.

Certificate of Live Birth

A birth certificate is collected for every birth within Colorado, which is submitted to Colorado Department of Public Health and Environment (CDPHE). Data are presented as reported on the certificate. Completeness and accuracy of items on the birth certificate may vary by facility and year. Colorado data are for those who reported being residents of Colorado. Denver data are for those who reported as being residents of Denver County. Race and ethnicity are reported as exclusive for these data. Age-adjusted rates are calculated based on the population in the year of reporting, unless otherwise noted. The source of this data set is CDPHE.

Certificate of Death

A death certificate is collected for every death within Colorado, which is submitted to the State of Colorado Department of Public Health and Environment (CDPHE). Information on the certificate concerning time, place, and cause of death is typically supplied by medical personnel or coroners. Colorado data are for those individuals who were reported as residents of Colorado. Denver data are for those who reported as being residents of Denver County. These data are recorded, even if the death occurred while outside of the area of residency. Demographic information, such as age, race/ethnicity, or occupation, is generally reported on the certificate from information supplied by next of kin. Race and ethnicity are reported as exclusive for these data. Age-adjusted rates are calculated based on the population in the year of reporting, unless otherwise noted. The source of this data set is CDPHE. Some ICD 10 codes were combined into larger categories: heart disease (included I00-I09, I11, I13, I20-I51), atherosclerosis (I70), aortic aneurysm (I71), ischaemic heart disease (I20-I25), lung cancer included cancer of the trachea, bronchus and lung, and colon cancer included cancer of the colon, rectum and anus.

Behavioral Risk Factor Surveillance System (BRFSS)

The Colorado BRFSS is a statewide telephone survey to monitor health behaviors and preventive health practices associated with the leading causes of disease, disability, and premature death. The Colorado Department of Public Health and Environment (CDPHE) conducts the survey and selects respondents using a random digit dialing sampling technique. While scientific procedures are utilized, these data should be regarded as estimates. Colorado residents without telephones and those who cannot be interviewed in either English or Spanish are not surveyed, and BRFSS measures are self-reported and, therefore, subject to error. If a sample size is too small, the data are not presented due to lack of statistical significance. All data included in this report are considered to be statistically significant by the Centers for Disease Control and Prevention (CDC). Data related to race/ethnicity are provided as two years of data to ensure a large enough sample size. Some racial/ethnic groups are not demonstrated in isolation due to small sample sizes; these fall within the category “Other”, if reported. When race and ethnicity are reported, they are reported as exclusive of one another.

Pregnancy Risk Assessment Monitoring System (PRAMS)

Colorado Department of Public Health and Environment (CDPHE) administers this risk factor surveillance system designed to identify and monitor behaviors and experiences of women before, during, and after pregnancy. The PRAMS questionnaire is mailed to a sample of Colorado women each month. Participants complete the survey and return it to CDPHE where the data is collated and made available to researchers.

Child Health Survey

The Colorado Child Health Survey is done through the Colorado Department of Public Health and Environment (CDPHE). This survey is designed to provide health data for children ages 1 - 14. Survey respondents are identified through the BRFSS if a respondent indicates they have a child in the target age range and demonstrates willingness to complete the survey. Approximately 10 days later, the parent is called to complete the survey on a variety of topics including their child’s physical activity, nutrition, access to health care and dental care, behavioral health, school health, sun safety, injury and many others.

Colorado Electronic Disease Reporting System (CEDRS)

Colorado state law requires the Colorado Department of Public Health and Environment (CDPHE) to monitor, investigate and control the causes of epidemic and communicable diseases affecting the public health in Colorado. As a result, it is mandated that epidemic and communicable diseases are reported upon identification. Reports of these diseases are maintained in a state-of-the-art Web-based disease reporting system. Reportable diseases include: foodborne illnesses, hepatitis, influenza, and vaccine-preventable diseases.

STD*MIS

A Sexually Transmitted Disease tracking system provided to state and local health departments upon request. The intent of this application is to address the most common issues facing an STD program in its efforts to manage the data that it receives from labs, providers, clinics, disease intervention specialists (DIS), etc. Additionally, a mechanism is provided so that non-named case morbidity data, in electronic format, can be transmitted to the CDC via the National Electronic Telecommunications System for Surveillance (NETSS).

Case Stories

Included with the quantitative data is a more qualitative aspect surrounding the individuals who “make” the data. These stories were provided by professionals working with the people who make the data. Stories were identified and selected based on the following criteria: 1) Alignment with the norm or average, and 2) Demonstration of common barriers to good health through challenges or successes. No identifying characteristics are provided with these stories.

Drug/Alcohol Coordinated Data System (DACODS)

The drug treatment data are maintained by the Alcohol and Drug Abuse Division (ADAD) at the Colorado Department of Human Services. Data for this system are collected on clients at admission and discharge from all Colorado alcohol and drug treatment agencies licensed by ADAD, regardless of funding source. Treatment admissions are reported by the primary drug of use (as reported by the client at admission) unless otherwise specified.

Race

Per the Federal Office of Management and Budget, Directive 15, White is a person having origins in any of the original peoples of Europe, the Middle East or North Africa; Black or African-American is a person having origins in any of the black racial groups of Africa; Asian is a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam; American Indian/Alaska Native is a person having origins in any of the original peoples of North and South America (including Central American), and who maintains tribal affiliation or community attachment; Native Hawaiian or Other Pacific Islander is a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands; Multiracial is a person declaring 2 or more of these races.

Ethnicity

Hispanic or Latino includes persons of Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race.

Health Status Assessment

In 2006 and 2007, the Colorado Health Foundation released the Colorado Health Report Card, providing an overview of Colorado’s health within the context of a grading system. Our assessment offers the opportunity to make simple comparisons about the health status of residents and track changes over time. However, Denver was unable to utilize the same system as the Colorado Health Foundation. As sample sizes get smaller, it becomes more difficult to collect data for subpopulations (e.g., people of different demographic profiles). Additionally, it is difficult to make comparisons among municipalities, as the indicators are less consistently available for smaller geographic areas.

This Health Status report is based on the Healthy People 2010 mid-decade progress assessment, which uses a progress quotient (PQ). The quotient is used to consistently measure the amount of movement toward, or away, from each HP 2010 Goal. The progress quotient measures the progress to date and the percent of target achieved. To determine Denver’s Health Status, we used the following formula.

$$PQ = \frac{\text{Most Recent Value} - \text{Baseline Value}}{\text{HP 2010 Goal} - \text{Baseline Value}} \times 100$$

Using this formula, we could determine a grade indicator as to our health status in relationship to our HP 2010 Goals, recognizing both (a) where we stand in relationship to the goal, and (b) the health status trend in reaching toward or losing ground as to the goal. Currently, Denver’s overall health status is a “C” based on this calculation. We have improved slightly from our first calculation in 2006 (then a C-), but there are areas we still need to address as a community.

The progress quotient is positive when moving towards a goal and negative when moving away from the goal. The baseline year is the first year of data for the corresponding health objective, and the most recent value is the last year of data (as indicated in the charts throughout the report). The baseline year varies depending on the availability of data for each health objective. In most cases the current data year is 2006. The HP 2010 Goal is the Healthy People 2010 Goal for that particular indicator. For indicators where there is no HP 2010 Goal established, no grade has been calculated.

A grade for each Healthy People Leading Health Indicator (LHI) was created by averaging grade points for each objective falling within the LHI. Calculating the indicator grade based on the objective grade point average mitigates the influence of outliers. The overall City and County of Denver grade point is the average of the LHI grades.

It is important to note that Denver’s grade cannot be compared to the Colorado Health Foundation’s grades; it can, however, provide a basic understanding of how Denver is doing, based on the national Healthy People 2010 Goals and the direction in which the city is moving. This grade is a snapshot of the health data and can be used to identify areas for which further investigation is needed for policy decisions or to develop appropriate interventions.

Using health status data to help all of us in the community understand and appreciate where we should focus our attention in addressing health needs, including pockets of health disparities, will help public health agencies and community groups use of our limited resources in the areas of most need and more effectively improve the health of all the people living in Denver.

Calculation of Grades for HP 2010 Goals:

Letter Grade	Progress Quotient	Trend Between Baseline and Most Recent Value
A	≥ 90% (excellent progress)	“+” = Overall positive trend
B	60% - 89% (good progress)	Straight grade = Minimal change
C	30% - 59% (moderate progress)	“-” = Overall negative trend
D	0% - 29% (low progress)	
F	<0% (negative progress)	