COMMUNITY HEALTH ASSESSMENT

Healthy People, Healthy Places is a community collaboration committed to improving health in Jefferson County. To learn more visit www.healthypeoplehealthyplacesjeffco.com

2013

A Community Health Assessment is developed through an interactive process of identifying, documenting and prioritizing the health issues in a community.

TRAIL

HEALTHY PEOPLE HEALTHY PLACES

JEFFERSON COUNTY PUBLIC HEALTH (JCPH) IS PROUD TO PRESENT ITS COMMUNITY HEALTH ASSESSMENT ENTITLED, HEALTHY PEOPLE, HEALTHY PLACES JEFFERSON COUNTY. THIS ASSESSMENT, A HEALTH REPORT CARD OF SORTS, IS A COMPILATION OF HEALTH DATA AND HEALTH INFORMATION COLLECTED OVER THE PAST FEW YEARS BY JCPH AND ITS PARTNERS.

EXECUTIVE SUMMARY
PAGE 4

WHAT IS PUBLIC HEALTH?
PAGE 6

HEALTH CONNECTIONS
PAGE 8

HEALTH CONCERNS
PAGE 27

APPENDIX
PAGE 51

EXECUTIVE SUMMARY

THE data show that, for the most part, Jefferson County is a healthy place. Communities are working together to create environments that support healthy living; health information and education is easily accessible by most of our populations; improved medical treatments and new medications have successfully reduced deaths from many diseases; Jefferson County's residents are living longer. In fact, death rates are declining. However, the assessment also shows areas of health concerns. For example, obesity and diabetes rates have increased and, while many are living longer, quality of life is often diminishing. **Healthy People, Healthy Places Jefferson County (Jeffco)** is just the beginning of a plan to address the overarching health issues in the County. The data presented within this document will assist Jefferson County Public Health, its health partners, and the community in prioritizing the health issues we face and coming up with solutions.

We do know that one very simple way for everyone in the County to be healthier is to increase physical activity. The health data show that lack of physical activity is linked to nearly all of the top causes of death in our county. This includes cardiovascular disease, diabetes and cancer. Increasing physical activity can improve health and long-term quality of life in Jefferson County.

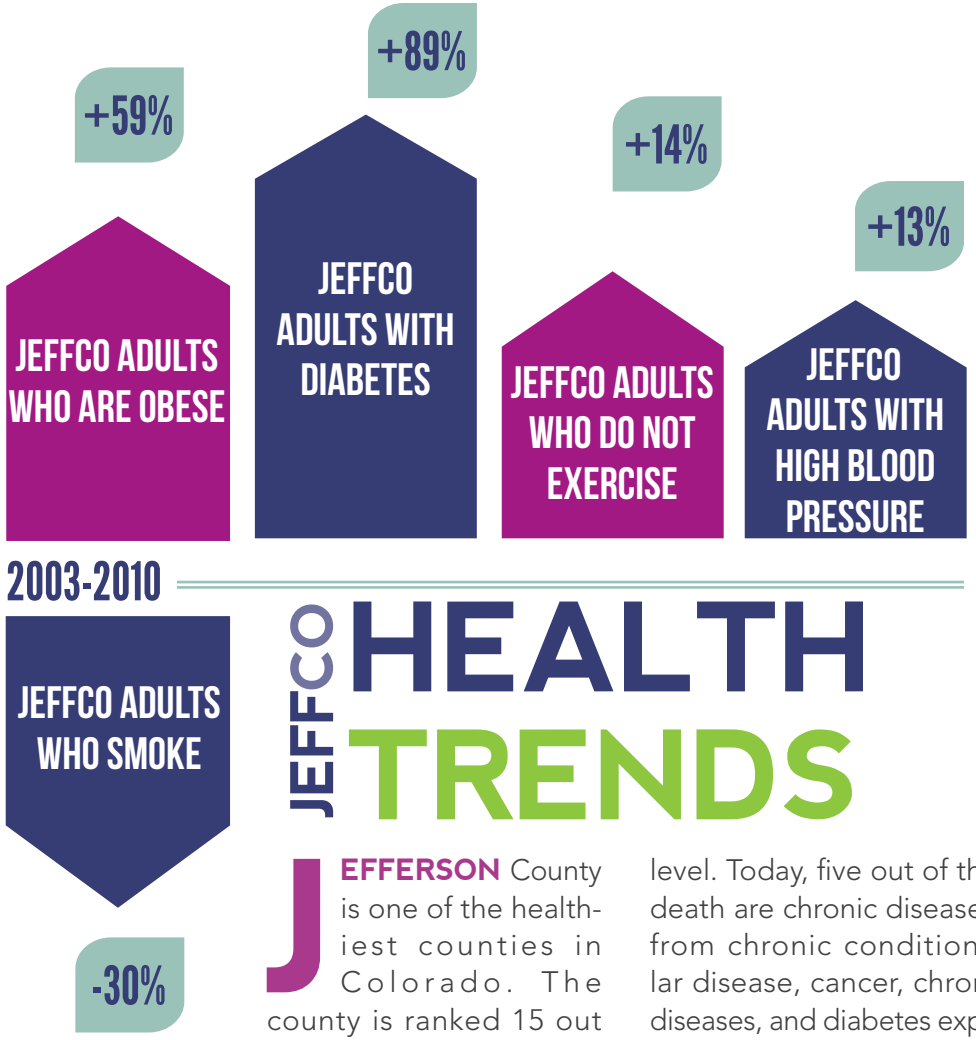
DEATH RATES -12%

Death rates from the nine leading causes of death have decreased by 12% in Jefferson County from 765.4 per 100,000 in 2001 to 672.9 per 100,000 in 2011. However, though people are living longer, many suffer from chronic conditions that diminish their quality of life.

The data are in, now it is time to take action. Our goal is to create a better quality of life for all residents. We are committed to finding viable solutions that will allow all people, no matter what race, ethnicity, income, or zip code, the same opportunity for a healthy life. The next step is to create a five-year improvement plan using the Healthy People, Healthy Places Jeffco profile data as a tool. We will be looking to the community to help create this plan and to help us implement it. I invite you, your family and your friends to join us in this endeavor.

Please visit www.healthypeoplehealthyplacesjeffco.com to find out how.

Mark B. Johnson, MD, MPH
Executive Director, Jefferson County Public Health



JEFFCO HEALTH TRENDS

LEADING CAUSES OF DEATH 2011	JEFFERSON COUNTY	COLORADO
CARDIOVASCULAR DISEASES	24.2%	26.5%
CANCER	21.0%	21.1%
UNINTENTIONAL INJURIES	7.3%	6.8%
CHRONIC LOWER RESPIRATORY DISEASES	6.8%	6.9%
ALZHEIMER'S DISEASE	4.6%	4.3%
SUICIDE	2.7%	2.6%
CHRONIC LIVER DISEASE AND CIRRHOSIS	2.4%	1.8%
DIABETES MELLITUS	2.0%	2.4%
INFLUENZA AND PNEUMONIA	2.0%	1.9%

SOURCE: VITAL STATISTICS, COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT

JEFFERSON County is one of the healthiest counties in Colorado. The county is ranked 15 out of 59 for health outcomes according to the County Health Rankings. In the last ten years, Jefferson County has seen a decrease in cardiovascular disease and cancer deaths. The decrease in cancer deaths can be attributed to the reduction of tobacco use and exposure. In addition, increased screening to detect and treat cancer in early stages has led to fewer deaths. Although deaths have decreased, Jefferson County has seen an increase in chronic disease rates. This trend also exists on a national level. Today, five out of the top nine causes of death are chronic diseases. People who suffer from chronic conditions like cardiovascular disease, cancer, chronic lower respiratory diseases, and diabetes experience a decrease in quality of life. In the past ten years, obesity rates in Jefferson County have increased. Obesity is a risk factor for many chronic conditions. As a result, Jefferson County rates of diabetes and high blood pressure have increased. In addition, obesity increases the risk of cardiovascular disease and some cancers. Treatment for chronic conditions is expensive and depends on access to quality healthcare. Therefore, it is important that Jefferson County focus efforts on reducing chronic disease. The county can do this by addressing risk factors that contribute to chronic diseases. These include tobacco use and exposure, excessive alcohol use, physical inactivity, and poor diet. Tobacco use, more specifically cigarette smoking, has decreased significantly in the last ten years. However, the county smoking rate of 16 percent is still higher than the national target of 12 percent. Decreasing tobacco use and exposure can reduce rates of lung cancer, chronic lower respiratory disease and cardiovascular disease. **Strong action is needed at the community level to change the trends of chronic disease. This will create a healthier community for all Jefferson County residents.**

WHAT IS PUBLIC HEALTH?

Public health plays an important role in protecting our lives, improving our environment and promoting healthy behaviors.

YOU are only as healthy as the world you live in. Your health is determined not only by your own genetics and personal choices, but also by the environment around you. Where we live, work and play has a lot to do with how healthy each and every one of us really is.[1]

Public health operates on a population-level, which can be a neighborhood, city, state, country or region of the world.[2] This includes the quality of our air, water, and land as well as food safety, sanitation, and the control of animal-borne diseases. These are all essential to maintaining population health. For example, controlling the spread of infectious diseases, such as influenza and pneumonia, in our schools and communities has been a traditional role of public health.[3] Infectious disease programs often emphasize education and prevention, which includes immunization (vaccines).

Modern public health continues to make strides in these areas. However, chronic health concerns increasingly place a greater burden on the health of our residents and our economy. These include conditions such as cardiovascular disease, cancer, type 2 diabetes, and chronic lung diseases.[4] Public health emphasizes prevention over treatment. By applying evidence-based strategies, we can improve population health and avoid illness before symptoms occur.[5]

Preconception health is a woman's health before she becomes pregnant. Some health conditions and lifestyle choices can affect a woman or her unborn baby. For example, poor maternal health prior to conception can increase the risk of low birth weight, and birth defects.[8]

PRECONCEPTION

Conditions such as obesity and diabetes can increase the risk of pregnancy complications. Good management of weight and chronic conditions is crucial for a healthy pregnancy and healthy baby.[9]

A healthy beginning, from conception through birth and the first years of life is important for a baby's health. An infant's first months should be spent in a positive environment that supports the physical and emotional needs of the mother, baby, and family.

PREGNANCY

Many health habits are formed in childhood and adolescence. Eating patterns, oral health, and weight during these years can affect health across the lifespan.[10,11] Chronic stress during childhood can also have a profound affect on brain development, physical and mental health.[12]

EARLY CHILDHOOD

HEALTH ACROSS THE LIFESPAN

From 'No Smoking' signs to immunization clinics, from seatbelts and car seats to water filtration plants and bike paths, public health is all around us – protecting our health from birth through our senior years - by safeguarding the places where we live, learn, work, and play.

Health status changes throughout our lifespan, from preconception to our older years. It is important to understand the experiences that affect our past, present, and future health status. For example, many of the chronic health conditions that can develop in adulthood are preventable by embracing a healthy lifestyle in childhood. However, there are many factors beyond biology and individual behaviors that affect health. For example, children in higher income households tend to have better health than those in lower income households.[6] This relationship becomes increasingly important as children grow older.[7] Moreover, early screening and immunizations help shape a healthy future for our children.

Most adult tobacco users started using tobacco products in their teens. More than 80 percent of adult tobacco users start when they are young and continue into adulthood, risking chronic disease and premature death.[13]

Injuries such as motor vehicle crashes are a leading cause of death for people in this age group.[14]

There are many factors that likely influenced our health prior to adulthood. However, maintaining good health in this stage of life is essential.

There are a number of behaviors that can reduce our risk of health problems, like obesity and liver disease. Healthy eating, physical activity, avoiding tobacco, and limiting alcohol can help maintain good health.

Aging itself puts us at risk of a number of conditions, from cardiovascular disease to cognitive difficulties, such as Alzheimer's disease. Keeping the mind sharp, regular check-ups, and practicing good safety to avoid falls will keep us healthy as we age.[15]

ADOLESCENCE

ADULTHOOD

OLD AGE

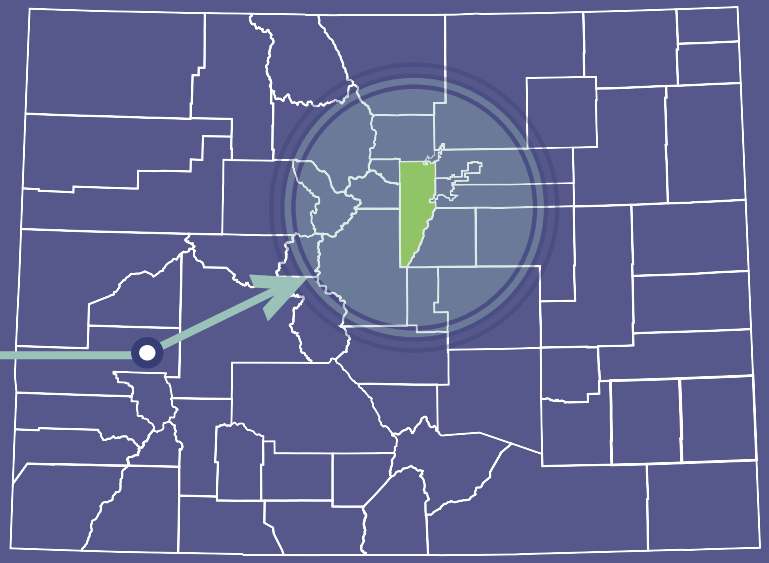
HEALTH CONNECTIONS

JEFFERSON COUNTY COMMUNITY HEALTH ASSESSMENT

The 2012 Health Assessment presents the most current data available on the health of our residents. This profile will highlight the areas of community health we can be proud of as a county. It will also give us insight into what health concerns are in need of attention to improve our health and quality of life. We will be partnering with local leaders and residents to use these data and create a community health improvement plan (CHIP) that will help build a stronger, healthier Jefferson County.

SINCE we have readily available data for causes of death and can reliably follow these trends over time, the assessment is structured to look at some of the top causes of death in Jefferson County. However, we know that good health is not merely the absence of disease. Rather, it is our state of physical, mental, and social well-being.[16] Our health is shaped by the way we live, work, learn, and play. Wellness is an important part of health. Because wellness can be difficult to measure, a common understanding of wellness can lead to better measurement in the future. Though there are many definitions of wellness, the President's Council on Physical Fitness and Sports proposed a widely-accepted definition:[17]

> *"Wellness is a multidimensional state of being describing the existence of positive health in an individual as exemplified by quality of life and a sense of well-being."*



JEFFERSON COUNTY IS THE FOURTH LARGEST OF COLORADO'S 64 COUNTIES.

COMMUNITY PROFILE	2012
Jefferson County Population Estimate	535,734
Unincorporated Jefferson Co. Population Estimate	188,368
County Seat	Golden, CO
Form of Government	Board of Commissioners
Date of Incorporation	1861
Square Miles	773 Square Miles
Unincorporated Jefferson County Area	653 Square Miles

HTTP://JEFFCO.US/JEFFCO/PLANNING_UPLOADS/DEMOGRAPHICS/2012_UPDATE/AT_A_GLANCE/COMMUNITY_PROFILE.PDF

JEFFERSON COUNTY

JEFFERSON COUNTY, Colorado is a place where the great plains meet the Rocky Mountains with some of the most magnificent scenery in the country. Once an agricultural and mining area, Jefferson County now is a thriving suburban, business, industrial, and residential community.

Jefferson County is known to many as the "Gateway to the Rocky Mountains." General boundaries for the county include West 120th Avenue in Westminster on the north, Sheridan Boulevard on the east, and Pike National Forest to the south. The county extends west into the mountains to meet Gilpin, Clear Creek and Park counties. Many cities or towns are located wholly or partially in Jefferson County - Arvada, Bow Mar, Edgewater, Golden, Lakeside, Lakewood, Littleton, Morrison, Mountain View, Superior, Westminster and Wheat Ridge. The unincorporated portions of the county are home to many communities including, but not limited to, Applewood, Aspen Park, Bergen Park, Buffalo Creek, Conifer, Evergreen, Genesee, Idledale, Indian Hills, Kittredge, South Jeffco and Pine.

Outdoor lovers have three national forests and two state parks to choose from. Located partly in Jefferson County are Pike, Roosevelt and Arapahoe national forests, and Golden Gate Canyon State Park and the Chatfield State Recreation Area.

WHAT MAKES US HEALTHY?

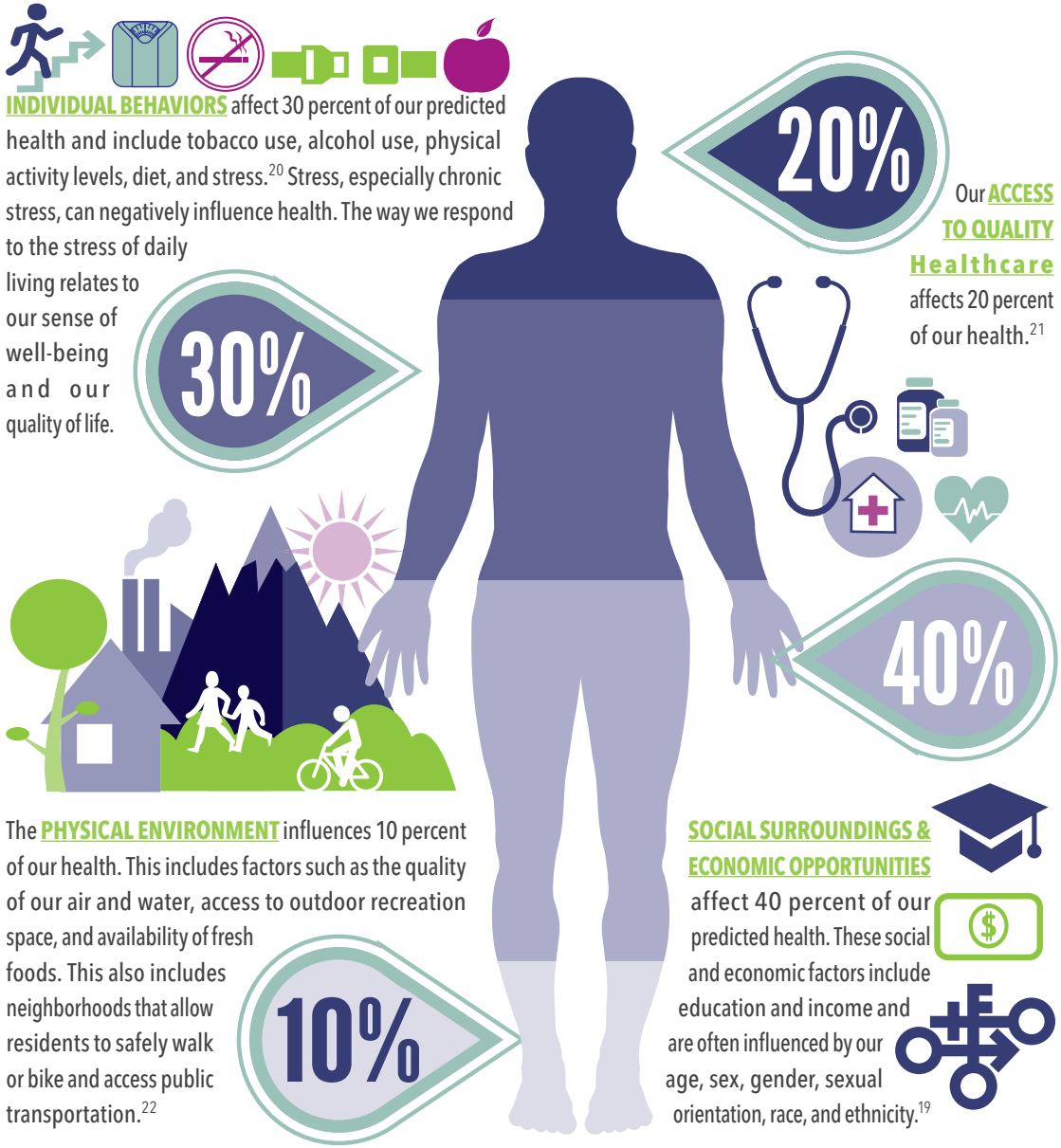
WHERE people live, learn, work and play affects how long and how well they live — to a greater extent than most of us realize. What constitutes health includes the effects of our daily lives — how our children grow up, the food we eat, how physically active we are, the extent to which we engage in risky behaviors like smoking ,exposure to physical risks and harmful substances—as well as the neighborhoods and environments in which we live. We must identify where people can make improvements in their own health and where society needs to lend a helping hand.

POOR health starts long before disease begins. While every disease has a direct biological cause, like an infectious agent or an internal dysfunction in the body, there are many other factors that can impact a person's ability to live a healthy life. These are known as "risk factors".

There are two kinds of risk factors: non-modifiable and modifiable.

- *Non-modifiable* risk factors are factors we cannot change, such as age, sex, genetics and race or ethnicity. These risk factors determine only about 30 percent of our overall health.[18] This means that the majority of our health is determined by modifiable risk factors.
- *Modifiable* risk factors can be changed or controlled through individual actions, policy changes, or environmental modification. All of these risk factors interact over our lifespan to influence our health.

MODIFIABLE RISK FACTORS



INDIVIDUAL BEHAVIORS affect 30 percent of our predicted health and include tobacco use, alcohol use, physical activity levels, diet, and stress.[20] Stress, especially chronic stress, can negatively influence health. The way we respond to the stress of daily living relates to our sense of well-being and our quality of life.

Our **ACCESS TO QUALITY Healthcare** affects 20 percent of our health.[21]

The **PHYSICAL ENVIRONMENT** influences 10 percent of our health. This includes factors such as the quality of our air and water, access to outdoor recreation space, and availability of fresh foods. This also includes neighborhoods that allow residents to safely walk or bike and access public transportation.[22]

SOCIAL SURROUNDINGS & ECONOMIC OPPORTUNITIES affect 40 percent of our predicted health. These social and economic factors include education and income and are often influenced by our age, sex, gender, sexual orientation, race, and ethnicity.[19]

HOW SOCIAL, ECONOMIC & ENVIRONMENTAL FACTORS

DATA SOURCE: ROBERT WOOD JOHNSON FOUNDATION (2013). AVAILABLE AT: HTTP://WWW.COUNTYHEALTHRANKINGS.ORG/OUR-APPROACH

IMPACT OUR HEALTH

COMMUNITY health is connected to a combination of risk factors. Often, many risk factors interact to influence health. For example, the safety of our neighborhoods may affect our ability to get physical activity. Our physical activity levels may also depend on the availability of recreational space or transportation to and cost of joining a fitness center.[23] Our cultural or family traditions may influence the foods we choose to eat. Our diets are also dependent on the availability and affordability of fresh fruits and vegetables. Finally, our financial situations may affect the way we cope with stress or limit our ability to receive quality mental health-care. While individual choices are an important factor for health, we cannot ignore the strong role that social, economic, and environmental factors play in influencing individual behaviors.

EARLY CHILDHOOD

EARLY DEVELOPMENT POVERTY CHILD CARE EDUCATION NUTRITION

- Children born premature and underweight are more likely to face problems with cognitive development and other health problems than their peers. These problems can persist into adulthood. Good prenatal care can help prevent prematurity and ensure a healthy birth weight.
- Children who participate in early childhood development programs are more likely to be healthy adults, to do well in school, to have higher earnings, and less likely to commit crime and to receive public assistance.

SOCIAL IDENTITY

SEXUAL ORIENTATION GENDER SEX RACE AGE ETHNICITY

- Racial and ethnic background has profound effects on an individual's health primarily because of the different social and economic experiences that go along with race and ethnicity.
- Members of Lesbian ,Gay, Bisexual and Transgender (LGBT) communities are at greater risk for some health concerns like overweight and obesity, HIV, and stress-related conditions.

COMMUNITY

SAFE NEIGHBORHOOD | ACCESS TO OPEN SPACE | HOUSING | TRANSPORTATION

- People who live in safe, walkable communities with access to recreational spaces are more likely to be physically active and less likely to be obese than people who live in neighborhoods with high crime rates and physical or environmental hazards.
- Some communities have many fast food restaurants, but no grocery stores or farmers markets. This restricts access to fresh produce and healthy foods and leads to higher rates of overweight, obesity, and premature death.
- Exposure to crime and violence can increase stress. Prolonged stress can lead people to abuse drugs and alcohol and can make existing health conditions, like hypertension, worse.
- Poor quality air, water and housing can increase exposure to indoor allergens that can lead to asthma, unintentional injuries, and exposure to lead and other toxic substances.

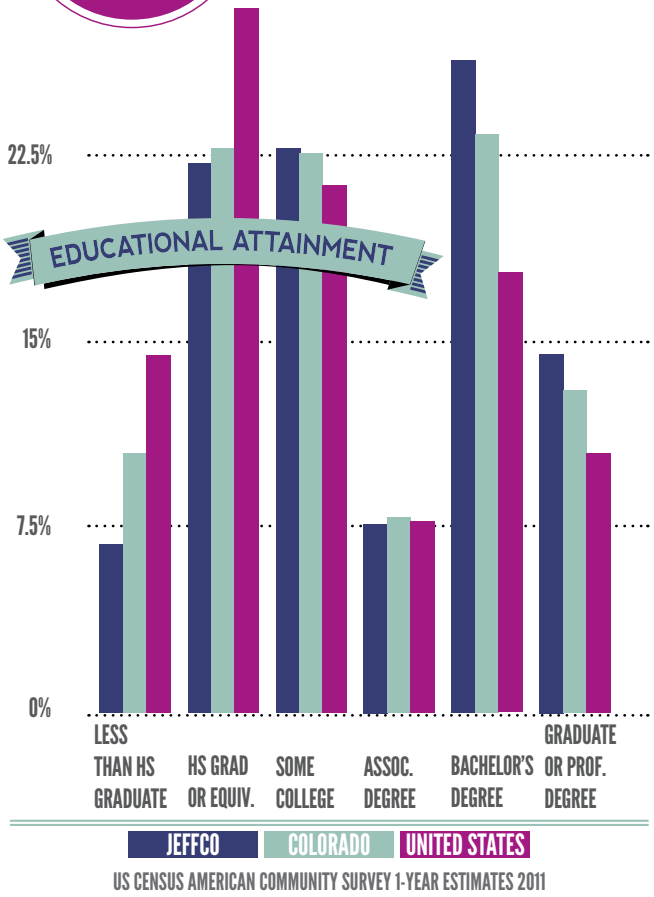
EDUCATION

INCOME | HEALTH LITERACY | ACCESS TO HEALTHCARE | OCCUPATION

- On average, jobs that require higher levels of education or training result in higher incomes and more resources than jobs that require little education or training.
- The death rate of high school dropouts (age 25-64) is more than twice that of people with some college education.
- Almost 50% of adults who have not completed high school have below basic health literacy skills as compared to only 3% of those with a college degree. Adults with less than average health literacy are more likely to report their health status as poor.
- Unemployment can lead to a lack of health insurance. The uninsured are less likely to receive preventive and diagnostic healthcare services, are more often diagnosed at a later disease stage, and on average receive less treatment for their condition compared to insured individuals.

THERE are many individual behaviors that are common risk factors for the leading causes of disease and death. Physical inactivity, poor diet, tobacco use, alcohol abuse, and insufficient coping strategies to stressors have large impacts on our health. While these are individual choices and responses, many social, economic, and environmental factors greatly influence them.

EDUCATION&HEALTH



US CENSUS AMERICAN COMMUNITY SURVEY 1-YEAR ESTIMATES 2011

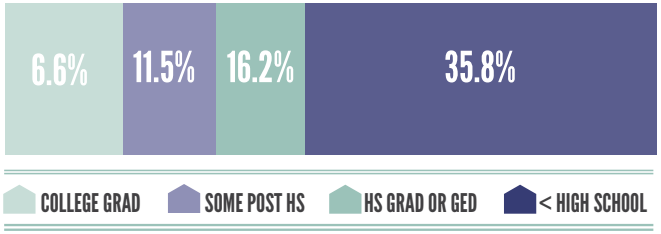
2X

THE DEATH RATE OF HIGH SCHOOL DROPOUTS (AGE 25-64) WAS MORE THAN TWICE THAT OF PEOPLE WITH SOME COLLEGE EDUCATION

IN JEFFERSON COUNTY, 93.1 percent of residents over the age of 25 have received a high school diploma or equivalent and 40.16 percent have received a bachelor's degree or higher.[24] There is a direct relationship between education level and health. On average, people who receive higher levels of education also have better health outcomes.[25,26,27,28] Usually, the more education an individual receives, the less likely he or she is to die prematurely. Quite often, parents who have completed more education also have healthier children.[29,30]

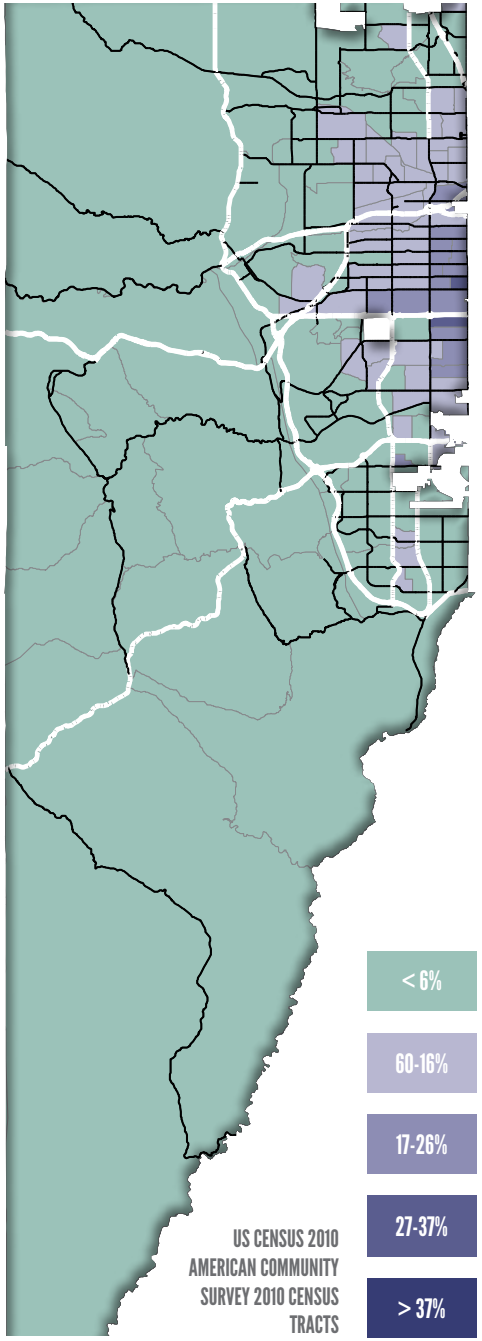
The impact of education on health is significant. For example, the death rate of high school dropouts (age 25-64) was more than twice that of people with some college education.[31] This is true regardless of income, race, ethnicity, gender or age, though the differences decrease once an adult lives to be 50-60 years old.[32]

PERCENT OF COLORADO ADULTS WITH FAIR OR POOR HEALTH BY EDUCATION LEVEL, 2011



Behavioral Risk Factor Surveillance System

JEFFCO PERCENT OF POPULATION AGE 25+ WITHOUT A HIGH SCHOOL DIPLOMA OR GED



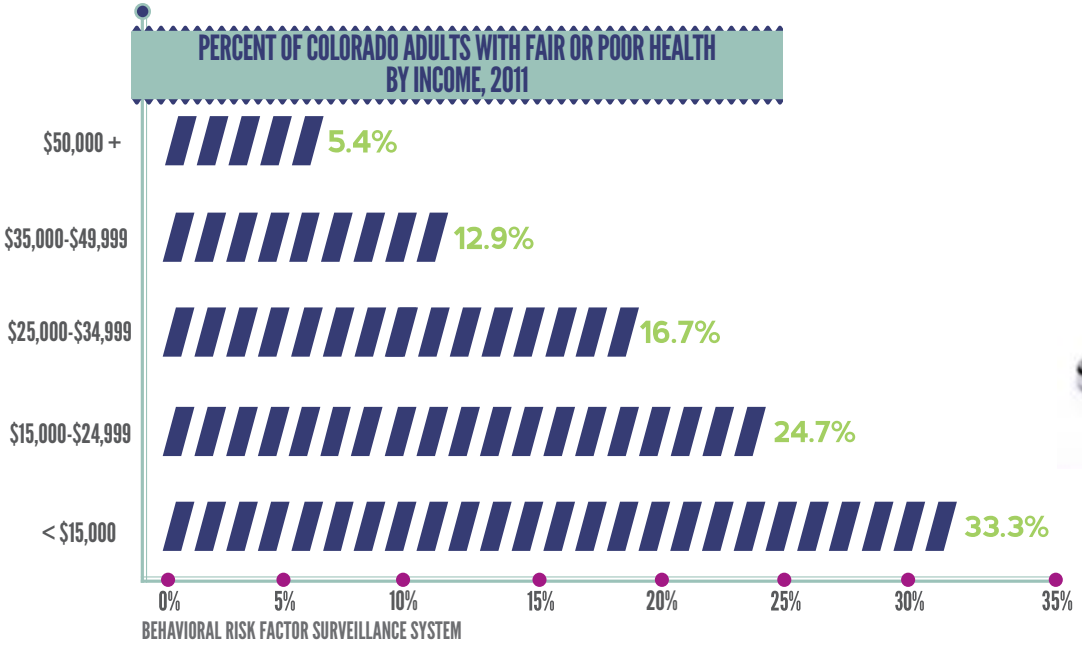
US CENSUS 2010 AMERICAN COMMUNITY SURVEY 2010 CENSUS TRACTS

INCOME & HEALTH

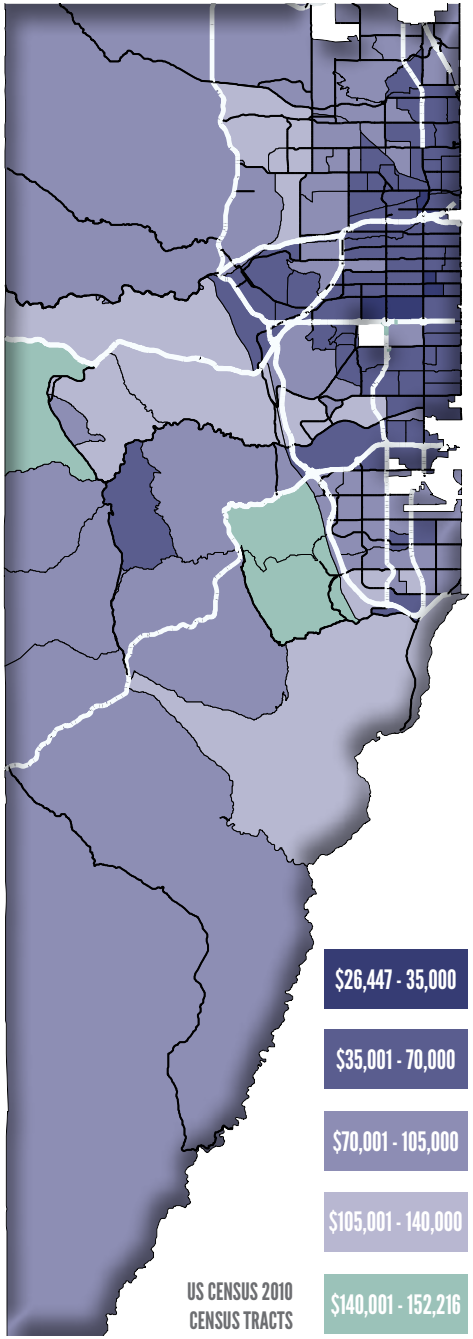
THERE is a direct relationship between income and health. In 2011, the median household income in Jefferson County was $64,292, the average household income was $82,273 and the per capita income was $33,844. An estimated 8.8 percent of residents in Jefferson County were living at or below 100 percent of the Federal Poverty Line (FPL).[33] Individual or household income and the income inequities among a population can often affect the health of individuals, communities and populations as a whole.[34] Studies find time and again that people who have lower incomes also have worse health outcomes. Those with lower incomes are more likely to die prematurely, have higher infant mortality rates and their children are more likely to have poor health outcomes.[35,36,37] The relationship between lower incomes and poor health outcomes is true regardless of education, race and ethnicity, age or gender.[38,39] Increasing the average household income in our community will improve the health of our residents.

8.8%

JEFFCO RESIDENTS LIVING AT OR BELOW 100% OF THE FEDERAL POVERTY LINE (FPL)



JEFFCO MEDIAN FAMILY INCOME, 2010



AGE & HEALTH

THE median age of Jefferson County residents is 40.7 years. This means that our population is slightly older than the Colorado population (36.2 years), and the United States population (37.3 years).[40] By the year 2040, it is estimated that about 25 percent of the County's total population will be older than 65 and almost 10 percent will be more than 80 years old.[41] An aging population is often seen as a success for a community, indicative of strong public policies and socioeconomic development.[42] However, aging can also present new challenges for achieving and maintaining good health and quality of life.

Avoiding tobacco and tobacco smoke, eating a healthy diet, staying physically active, and getting recommended health screenings and immunizations will all contribute to greater health as we age. It is important to maintain good health across the lifespan to ensure a better quality of life in our golden years.

36.2

COLORADO

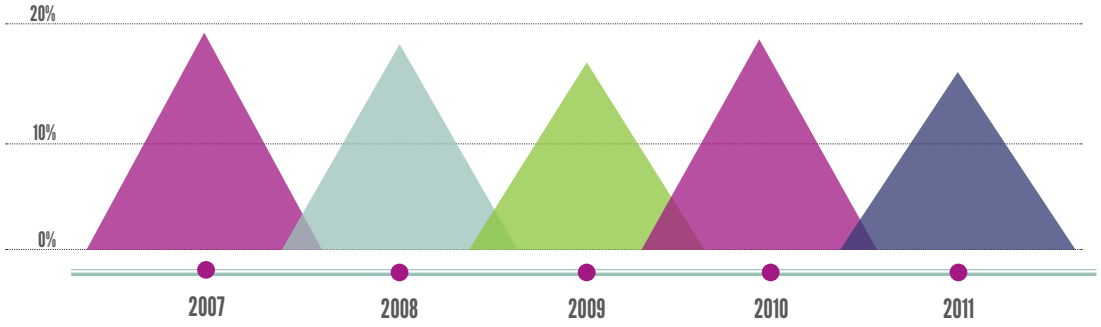
The median age of Colorado residents is 36.2 years.

40.7

JEFFERSON COUNTY

The median age of Jefferson County residents is 40.7 years.

OLDER COLORADO ADULTS (>65) WHO REPORTED POOR PHYSICAL HEALTH EIGHT OR MORE DAYS WITHIN THE PAST MONTH



COLORADO HEALTH INSTITUTE ANALYSIS OF BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM, CENTERS FOR DISEASE CONTROL AND PREVENTION (2004-2011).

GENDER / SEXUAL ORIENTATION & HEALTH

SLIGHTLY more than half of Jefferson County's population is female (50.4%).[43] Sex and gender can have a profound impact on health. Sex and gender are often used interchangeably, but their differences are important to distinguish in the context of health.[44]

While our biological sex can affect our health, socially constructed gender norms and values also play a role.[45] An example of a health issue relating to *sex* is breast cancer. Though men can get breast cancer, women are at a much greater risk because they have a greater level of female hormones and more developed breast tissue.[46] On the other hand, social expectations of our *gender* also influence health habits and behaviors. For example, gender-based smoking behavior has led to greater lung cancer death rates in men since smoking has traditionally been a male activity.[47] In addition to sex and gender, sexual orientation and gender identity also play a role in health. Sexual orientation and gender identity are related, but their differences are important to note.[48]

SEX

"SEX" REFERS TO THE BIOLOGICAL TRAITS OF BEING "MALE" OR "FEMALE"

GENDER

"GENDER" REFERS TO THE PSYCHOLOGICAL AND SOCIAL TRAITS OF BEING "MASCULINE" OR "FEMININE"

GENDER IDENTITY

"GENDER IDENTITY" REFERS TO A PERSON'S INTERNAL FEELING OF BEING MALE, FEMALE OR SOMETHING ELSE.

SEXUAL ORIENTATION

"SEXUAL ORIENTATION" REFERS TO EMOTIONAL, SEXUAL AND/OR RELATIONAL ATTRACTION. BEING HETEROSEXUAL, BISEXUAL OR HOMOSEXUAL.

THERE continue to be large gaps in research regarding Lesbian, Gay, Bisexual, Transgender (LGBT) health and more study is needed.[49] However, sexual orientation and gender are nonetheless important factors in understanding the health of our community. There are more than 186,000 self-identified LGBT individuals in Colorado, though this is likely to be a vast underestimate due to social stigma.[50]

Many health issues that affect LGBT individuals are similar to those that affect the general population.[51] However, some studies have found that members of LGBT communities are at greater risk for some health concerns like overweight and obesity, HIV, and stress-related conditions.[52] Tobacco use in LGBT communities, for example, is twice as high as in the general population.[53] Access to quality healthcare can also be a challenge with discrimination in healthcare settings or barriers to insurance coverage.[54]

2X

TOBACCO USE IN LGBT COMMUNITIES IS TWICE AS HIGH AS IN THE GENERAL POPULATION

RACE, ETHNICITY & HEALTH

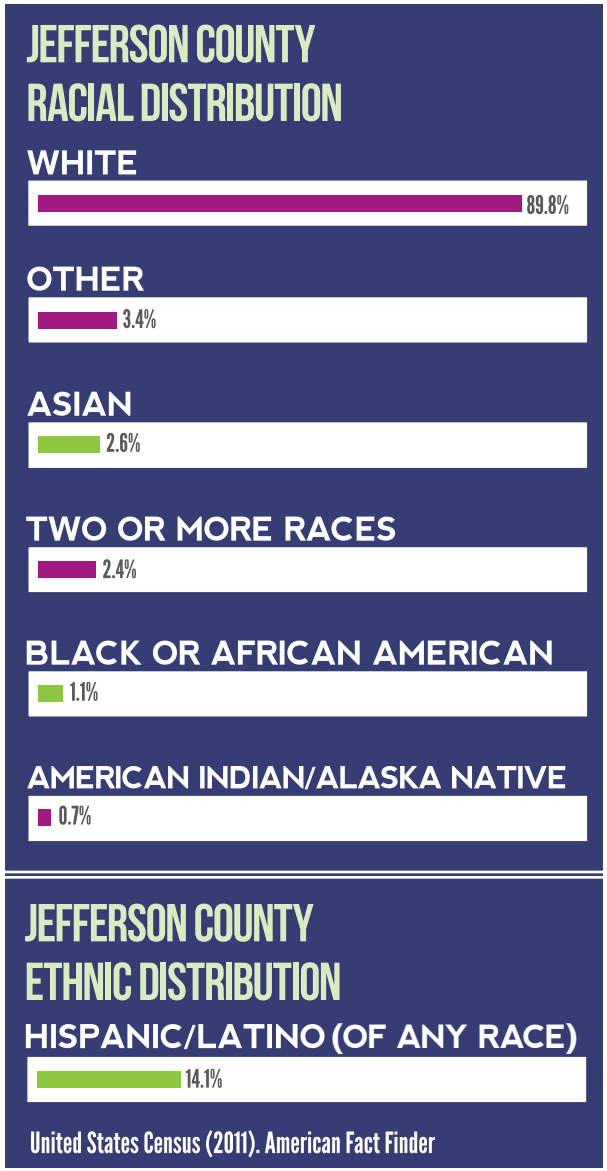
THE United States Census asks residents to self-identify their race and ethnic origin. Race and ethnicity are often confused, so we distinguish them as follows.[55]

- **RACE** - refers to groups of people who are categorized by physical traits that are constructed by historical, political and social forces.
- **ETHNICITY** - refers to shared cultural practices, perspectives, and distinctions that set apart one group of people from another. That is, ethnicity is a shared cultural heritage.

There are many ways to classify race. The Census generally uses the following five general categories: [56]

- White
- Black or African American
- American Indian or Alaska Native
- Asian
- Native Hawaiian or Other Pacific Islander

The Census defines ethnicity as either being of Hispanic or Latino origin, or not of Hispanic or Latino origin. People who identify as being of Hispanic or Latino origin may be of any race.[57]



HEALTH is affected by race and ethnicity.[58,59] Race is often assumed to predict genetic susceptibility to certain diseases and health conditions. However, no genetic traits determine one's race.[60] While historical and social forces define race by similar physical characteristics, such as skin color, there is not a genetic basis for this distinction. Although there are a handful of conditions related to race, such as sickle cell anemia, racial categories are generally not useful for determining biological susceptibility to disease.[61] Instead, **racial and ethnic impacts on health primarily result from a complex interaction among biological, social, and environmental factors and specific health behaviors.**[62]

There are a number of health concerns that disproportionately affect racial and ethnic minorities, including access to quality healthcare.[63] Language barriers pose a significant challenge to accessing and receiving quality healthcare.[64] In addition, many health concerns affecting racial and ethnic populations are related to social and economic disadvantages that lead to income and educational differences. For example, those who live in lower earning neighborhoods have less access to healthy food outlets and safe outdoor recreational space. Those neighborhoods also have a higher concentration of tobacco and alcohol retail stores.[65] The cumulative effects of these disadvantages have a profound impact on health. As with gender and age, understanding the distribution of race and ethnicity of our community helps us improve and provide services that better meet the needs of our community.

INDIVIDUAL BEHAVIORS & HEALTH

There are many individual behaviors that are common risk factors for the leading causes of disease and death. Physical inactivity, poor diet, tobacco use, alcohol abuse, and insufficient coping strategies to stressors have large impacts on our health. While these are individual choices and responses, many social, economic, and environmental factors greatly influence them.

DIET

A healthy diet is an essential part of overall health. A healthy diet decreases the risk for many health problems including cardiovascular disease, cancer, diabetes and other conditions related to overweight and obesity.[66] General guidelines for a healthy diet from the World Health Organization are: [67,68]

- Eat more fruits and vegetables
- Eat more beans, nuts and grains
- Choose low-fat dairy products over full-fat versions
- Choose lean proteins over higher-fat proteins
- Limit amounts of salt, sugar and fat
- Choose unsaturated fats like olive and canola oils
- Limit fats like butter and lard
- Eliminate trans-fatty acids ("trans fats")

Trans fats are found in packaged foods and some shortenings and margarines. They are listed in the ingredient list as "partially hydrogenated" oil.

TOBACCO USE & EXPOSURE

Avoiding tobacco is one of the best ways to protect your health. Tobacco is the leading cause of preventable death in the United States.[69] Tobacco use is defined as smoking (cigarettes, cigars, pipes, or hookah) or using smokeless products (chewing tobacco and snuff).[70] Secondhand smoke also has negative effects on health. There is no safe level of tobacco exposure.[71]

PHYSICAL ACTIVITY

Regular physical activity improves health in a number of ways.[72]

- Improved cardiovascular (heart) health
- Reduced risk of cancer, specifically breast and colon cancer
- Improved bone strength and reduced fall risk
- Reduced risk of depression
- Improved weight control

Physical activity can be as gentle as walking around your neighborhood or as intense as training for a triathlon. Below are the recommendations for physical activity by age group.[73,74]

AGE	PHYSICAL ACTIVITY RECOMMENDATIONS
5-17 years	60 minutes of moderate to vigorous intensity physical activity per day
18 years and older	30 minutes of moderate intensity physical activity, 5 days per week (150 minutes per week) OR 75 minutes of vigorous intensity physical activity per week OR An equivalent combination of moderate and vigorous physical activity

ALCOHOL USE

It is recommended that men consume no more than two drinks per day and women no more than one drink per day.[75] A drink is considered "12-ounces of beer, eight ounces of malt liquor, five ounces of wine, or 1.5-ounces or a 'shot' of 80-proof distilled spirits or liquor (e.g., gin, rum, vodka, or whiskey)."[76] This is considered moderate alcohol consumption. Excessive alcohol use is associated with a number of health risks.[77]

IMMEDIATE RISKS

- Unintentional injuries (motor vehicle crashes and falls)
- Alcohol poisoning (increased risk with prescription drug use)
- Impaired physical and mental capacities
- Neglect of healthy behaviors

LONG-TERM RISKS

- Cardiovascular problems, including heart attack and stroke
- Cancer
- Mental health problems, including depression, anxiety and suicide
- Social problems, including unemployment
- Liver disease

STRESS

Everyone experiences stressors in daily life. We all deal with multiple demands and competing priorities for our time and attention. Sometimes this kind of stress may even be helpful in pushing us to accomplish goals. However, longer lasting stress (known as "chronic stress") can affect our physical and mental health in a number of ways.[78] Our risk of developing cardiovascular disease or mental illness, such as depression, can increase due to chronic stress.[79] Long-term stressors may also strain our immune system and reduce our ability to fight infections.[80]

A person's ability and skills to cope with stress is highly individualized. What one person may find stressful, others may not, or they may overcome stress more quickly.[81] It is important to be aware of our individual limits when it comes to stress in our lives. Keeping in touch with supportive family members and friends may help reduce stress. Regular exercise and having time for rest, relaxation, and enjoyable activities also helps with stress reduction.[82] Getting help from a mental health professional may also improve our ability to cope with occasional and chronic stressors.[83]

LOCAL STORY

LAKEWOOD HIGH SCHOOL

LAKEWOOD High School (LHS) health committee decided to begin offering Zumba® classes two days per week, Monday and Friday evenings. Using a portion of the Healthy School funds, advertising banners aimed at the community were made and hung in front of the school. The Zumba® classes were also advertised in student announcements, on the school's webpage, on Facebook and in employee newsletters. The first offering of the evening class was a hit, with 20 students, faculty, staff and community members attending. Since the initial start of two days per week, the average attendance has increased to 50 per class. With such success, three classes per week will be offered throughout the summer months at the high school and will be open to the LHS community at large. Because LHS has a large student body and venues for student involvement, instructors and class participants have had to be flexible with meeting space. Although Zumba® class times have not changed, meeting locations have been in three different rooms. With this new option added to the wellness offerings at LHS, employee participation has increased to 20 percent. Another benefit is the inclusion of the community and LHS students. This has increased the awareness of the health goals for LHS and demonstrated that they are truly a 'Healthy School'. LHS has also adapted their wellness program to meet the needs of their community. They have witnessed positive change with the surrounding neighborhood and parent community.

LOCAL STORY

BLUE HERON ELEMENTARY

Blue Heron Elementary is proud to be a healthy school. They have implemented many programs and policies to encourage healthy eating habits, more physical activity and healthier lifestyles both at and away from school. They have a salad bar to encourage students to eat more fresh fruits and vegetables. They have also held cooking classes in their classrooms to teach their students about healthy food preparation. Their guidelines also address foods brought into the school. A classroom snacks list was created to eliminate non-nutritious snacks during the school day. A non-food/party birthday program was also implemented to reduce the amount of unhealthy treats. The birthday program includes daily intercom announcements, a "birthday basket" item from the office, and a free Skate City pass to encourage physical activity.

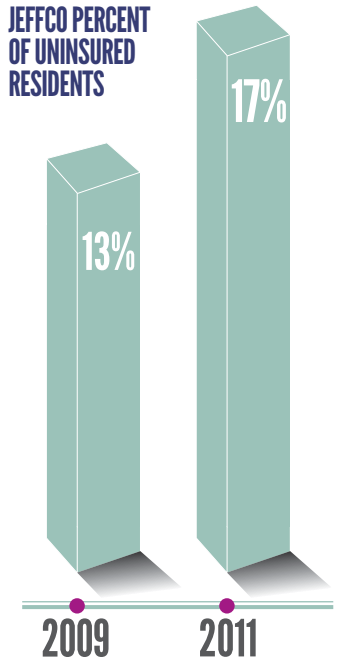
To encourage more physical activity, Blue Heron also implemented a recess program with parent volunteers. They won an award for their exemplary participation in the Get Active-Get Fit Program. They offer no-cost jump rope and running clubs to ensure everyone has access to a physical activity program. They are also planning a school walk-a-thon and health fair to further encourage healthy living.

To improve health outside of the classroom, Blue Heron also improved health communications within their school community. They are working on a wellness website that will provide many resources about the benefits of a healthy lifestyle, school and home environment.

ACCESS TO QUALITY CARE & HEALTH

85%

85% OF JEFFCO'S UNINSURED RESIDENTS SAY THEY CAN'T AFFORD TO PAY FOR HEALTH INSURANCE



JEFFCO HEALTH INSURANCE COVERAGE, 2011

ACCESS to quality healthcare affects an individual's health. Poor access to quality healthcare is associated with 10-20 percent of premature deaths.[84,85,86] Many factors influence one's ability to access quality healthcare. Lack of availability (too few providers or long wait lists), high cost, and lack of insurance are common barriers to healthcare access.[87] These barriers lead to unmet health needs, delays in care, not receiving preventive services, and preventable hospitalizations.[88]

Health insurance is critical because it increases an individual's ability to access care. The Affordable Care Act (ACA), also known as healthcare reform, will help improve access to health insurance for millions of Americans.[89] Nevertheless, health insurance does not guarantee access. In addition to health insurance, it is also important to have:

- Providers that accept the patient's health insurance
- Relatively close proximity of providers to patients
- Primary care providers in the community
- Availability of transportation to providers' offices
- Comprehensive healthcare coverage
- Patient and provider knowledge of preventive care
- Ability to get an appointment without a long wait
- Individual health literacy
- Ability to pay the deductibles and/or co-pays for receiving treatment[90]

Finally, it is important to keep in mind that not all healthcare is equal. Simply accessing healthcare is not the same as accessing quality healthcare. Quality healthcare means different things to different people; however, "clinical quality" is of particular importance to health outcomes.[91]

Clinical quality means that as a patient you are:

- Getting the healthcare services you need
- Getting the healthcare services at the right time
- Getting the appropriate tests and/or procedures

As a provider, quality clinical healthcare also means striking the right balance of services by:

- Avoiding under-use of tests and procedures that are necessary
- Avoiding overuse of tests or procedures that are not necessary
- Eliminating misuse of prescriptions and diagnosis

We must consider all of these factors when analyzing our access to quality healthcare and how it influences health in Jefferson County.

OUR physical environment includes both the "natural" and the "built" environment. There is significant overlap between the two in how they affect health. These environments often influence one another in relation to health.[92] For example, access to outdoor recreational areas is related to decreased obesity in populations.[93] This outdoor space could either be natural (open space) or built (a park). Open space not only provides a safe place to be physically active, but it also brings economic and environmental incentives like raising property values and filtering out pollutants.[94] It is very important to consider both the natural and built environment to understand health in Jefferson County.

THE ENVIRONMENT & HEALTH

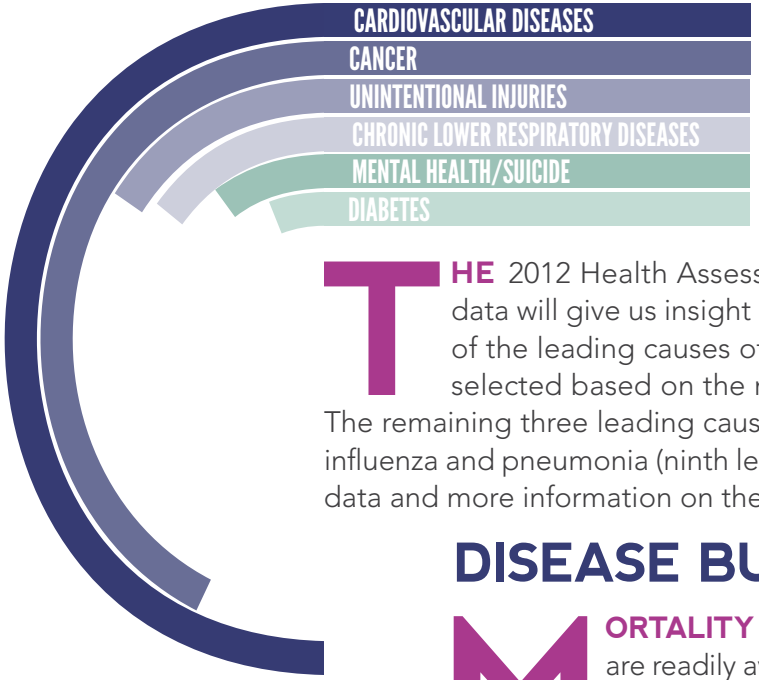
THE NATURAL ENVIRONMENT

The natural environment includes all things occurring naturally (such as the air, water, or soil). The natural environment affects our exposure to chemicals, dust and radiation, as well as the quality of our air and water. In Jefferson County, air pollution plays a large role in our environmental health. This pollution comes from a variety of sources, such as motor vehicle exhaust and wood burning. All of these exposures influence an individual's health. Our climate also plays a role in health, with drought affecting the quality of our water supplies and agriculture.[95] Exposure to the outdoors also influences health in a number of other ways. For example, evidence shows that "access to or views of the natural environment improve cognitive functioning and improve recovery from surgery and illness".[96]

THE BUILT ENVIRONMENT

THE built environment includes all things created by humans (such as sidewalks, grocery stores, parks, housing, public transportation, etc.). Our built environment influences our health in a variety of ways. The "density of communities, presence and size of parks, land-use mix, height and size of residential structures, grocery store locations, and how roads are laid out affect people's physical health and psychological well-being".[97] For example, if there are no grocery stores in a neighborhood, this affects the residents' ability to access fresh, healthy food. Similar to the natural environment, the built environment also influences our exposure to chemicals, dust and radiation, and impacts the quality of our air and water. Public transportation, for example, helps reduce air pollution from motor vehicle emissions. In Jefferson County, the extension of the light rail on the West Rail Line through Denver, Lakewood, and Golden is an example of a built environment feature that impacts the natural environment and our health.

Healthy People
Healthy Places

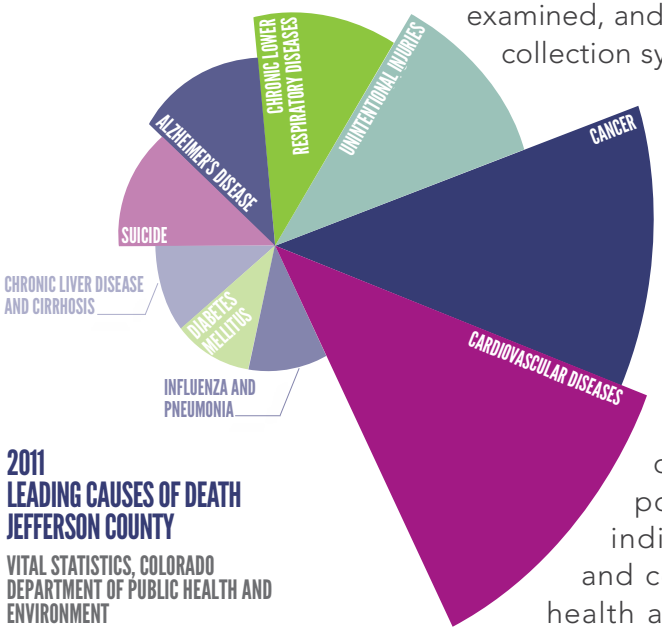


HEALTH CONCERNS

THE 2012 Health Assessment presents the most current available data on the health of our residents. These data will give us insight into the state of our health and quality of life. The following six health concerns are part of the leading causes of death and will be the focus of the health assessment. These six health concerns were selected based on the number of people affected. In addition, these six concerns share common risk factors. The remaining three leading causes of death for Jefferson County in 2011 were Alzheimer's disease (fifth leading cause), influenza and pneumonia (ninth leading cause), and chronic liver disease (seventh leading cause). The **Appendix** contains data and more information on the leading causes of death.

DISEASE BURDEN: MORE THAN DEATH

MORTALITY (death) data are readily available and routinely collected. The data are collected on an ongoing basis, so trends can be examined, and it requires no new collection systems. Because of the reliability of mortality data, we have framed the profile in terms of the leading causes of death. However, whether someone dies from a certain condition is only one part of the impact that poor health has on individuals, families, and communities. Poor health affects our lives in many ways beyond decreasing our lifespans. Mortality is just one way of measuring a community's health. It provides a pattern of health outcomes. There are many other measures of health. For example, another way of understanding the impact of these health concerns is to look at "disease burden". Disease burden includes not only years of life lost due to premature death but also years spent living with poor health.[98] Poor health greatly influences the quality of our daily lives, such as our ability to be physically active, maintain a job, and care for our families. In addition, poor health affects the economic wellbeing of the county.



2011 LEADING CAUSES OF DEATH JEFFERSON COUNTY

VITAL STATISTICS, COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT

These and others are all factors that affect our health-related quality of life.[99] Self-assessed health status (your opinion of your own health) is a strong predictor of disease and death risk.[100] However, more research is needed in this area, particularly at the local level. This will help us fully understand the health-related quality of life and disease burden presence in Jefferson County.

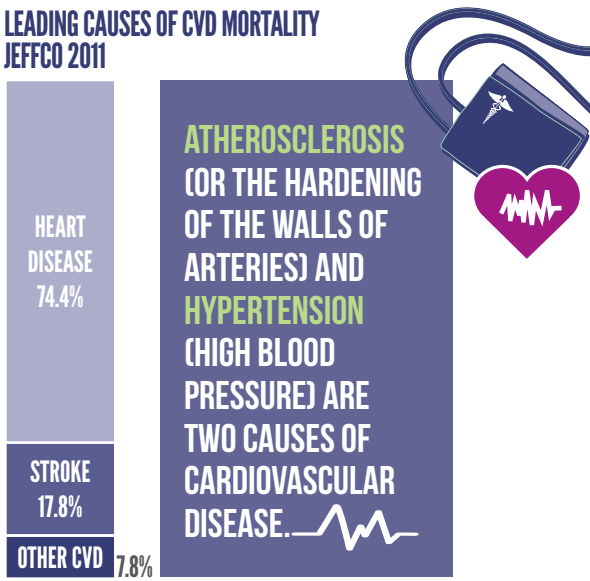
This section will focus on the top health concerns affecting the residents of Jefferson County. In addition, we will show how the chronic conditions that decrease our residents' quality of life are highly preventable. We will discuss risk factors, preventive strategies, and the role of social and environmental factors on each of these health concerns. Finally, each section will highlight the cost of these health conditions on the county, state, and nation.

13
12
11
10

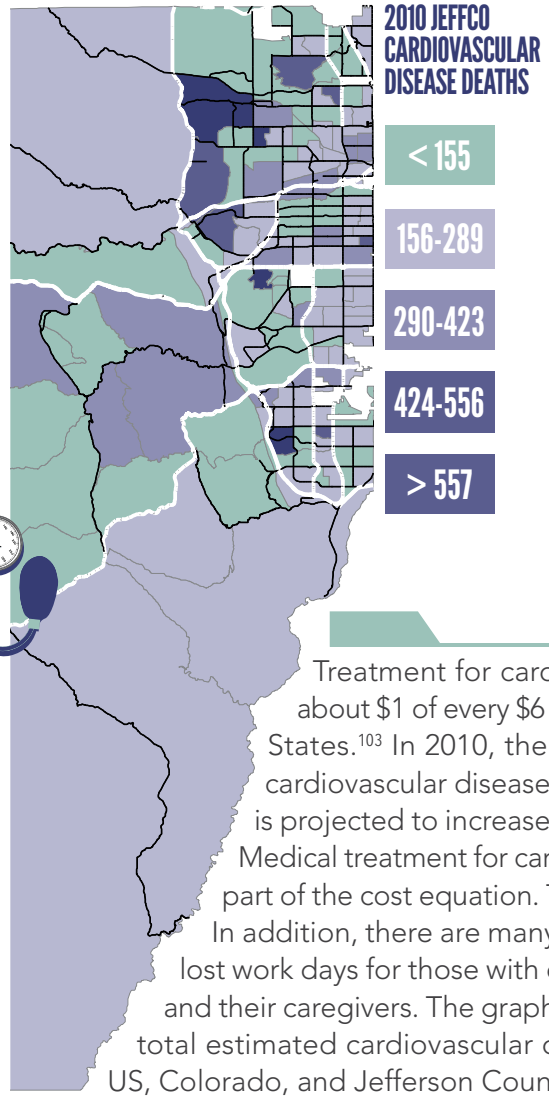
CARDIOVASCULAR DISEASE

WHAT IS IT?

Cardiovascular (CVD) disease is the leading cause of death in the United States.[101] Cardiovascular disease is the name for a group of disorders that affect the heart and blood vessels. This includes conditions such as heart disease and stroke. There are many causes of cardiovascular disease, but the most common are atherosclerosis (or the hardening of the walls of arteries) and hypertension (high blood pressure).[102]



ATHEROSCLEROSIS (OR THE HARDENING OF THE WALLS OF ARTERIES) AND HYPERTENSION (HIGH BLOOD PRESSURE) ARE TWO CAUSES OF CARDIOVASCULAR DISEASE.

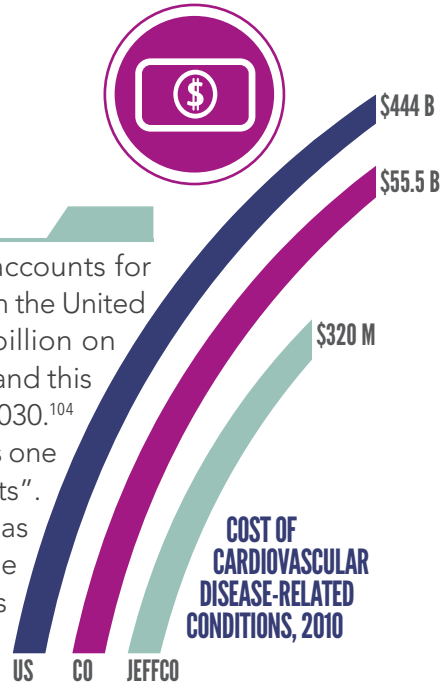


IMPACT

Cardiovascular disease is the leading cause of death in Jefferson County. It accounted for more than 24 percent of all deaths in 2011. Heart disease and stroke are the most common types of cardiovascular disease. Although cardiovascular disease is the leading cause of death in Jefferson County, the number of deaths has declined over the past 10 years.

COST

Treatment for cardiovascular disease accounts for about $1 of every $6 spent on healthcare in the United States.[103] In 2010, the nation spent $444 billion on cardiovascular disease-related conditions, and this is projected to increase to $1094 billion by 2030.[104] Medical treatment for cardiovascular disease is one part of the cost equation. These are "direct costs". In addition, there are many indirect costs, such as lost work days for those with cardiovascular disease and their caregivers. The graphic on the right shows total estimated cardiovascular disease costs for the US, Colorado, and Jefferson County.



PREVENTING CARDIOVASCULAR DISEASE

A **NUMBER** of risk factors affect our cardiovascular health. There are a few risk factors we cannot change (non-modifiable risk factors), such as our family history of cardiovascular disease or growing older. However, there are many other factors that we can change (modifiable risk factors) to maintain good cardiovascular health. There are many types of cardiovascular diseases. These diseases share common risk factors such as tobacco use and exposure to tobacco smoke, lack of physical activity, and an unhealthy diet.[105,106,107] Low income populations bear an excess burden of cardiovascular disease. People who have lower incomes are more at risk for factors such as poor diet or lack of physical activity. For example, low-income communities may experience barriers to accessing healthy foods, such as high cost or lack of neighborhood grocery stores. This puts members of these communities at higher risk to be overweight or obese. Being overweight or obese increases the risk for poor cardiovascular health.[108]

30 MINUTES OF PHYSICAL ACTIVITY, FIVE DAYS PER WEEK, CAN IMPROVE YOUR HEALTH AND REDUCE YOUR RISK OF CARDIOVASCULAR DISEASE.

TOBACCO USE

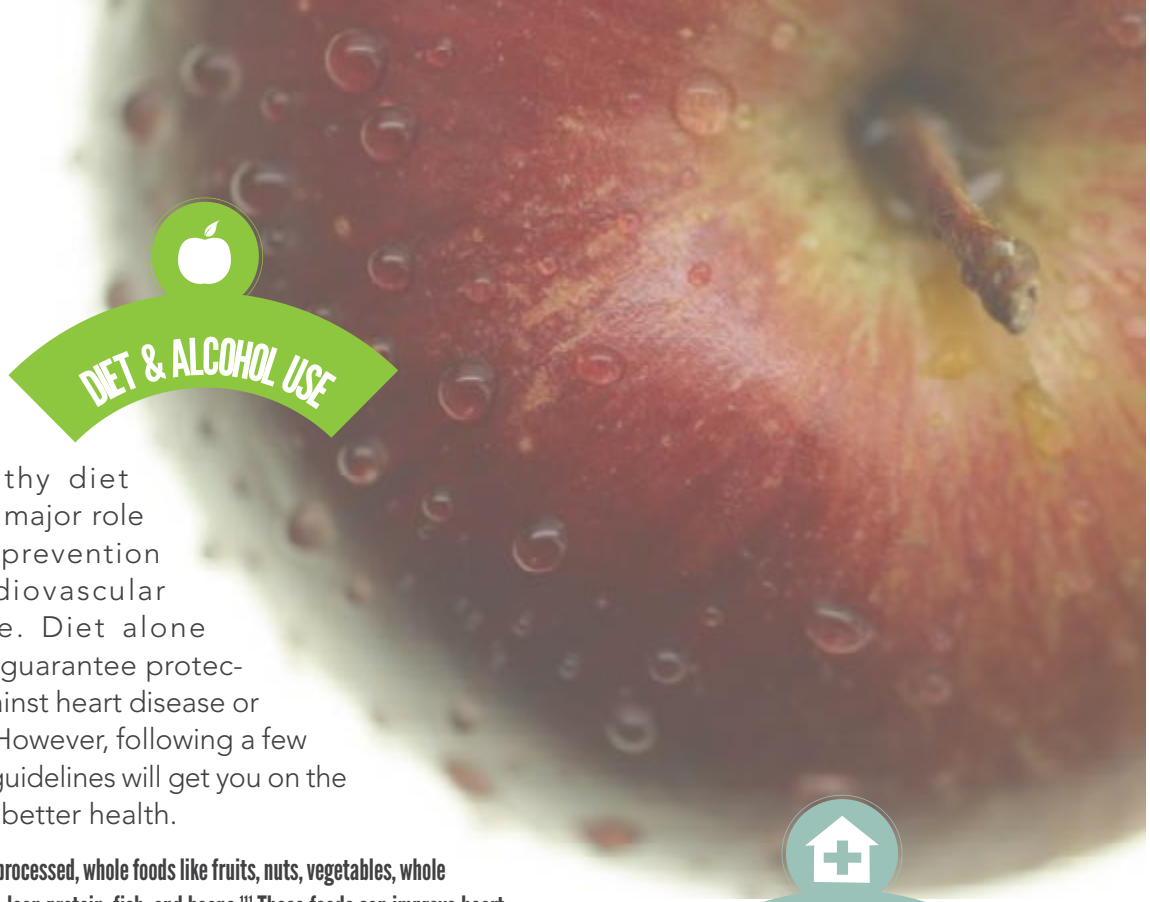
Avoiding tobacco is one of the best things you can do for your health. Smoking has been called the "single leading preventable cause of disease and deaths in the United States"[109], and its link to cardiovascular disease is profound.

- Smoking increases blood pressure and the tendency for blood to clot (and cause blockages in our blood vessels).
- Women who use oral contraceptives (birth control pills) and smoke greatly increase their risk of cardiovascular disease compared with women who use oral contraceptives and do not smoke.
- Smoking decreases "good" cholesterol (HDL), which increases the risk for cholesterol-related heart problems.

PHYSICAL ACTIVITY

We are much less active today than we were 50 years ago in our jobs and daily lives. This is impacting our health, including increasing our risk for cardiovascular disease.

- 30 minutes of physical activity,five days per week, can improve your health and reduce your risk of cardiovascular disease.[110] It can be as simple as walking or working in the yard or as vigorous as running a marathon.
- Physical activity has the added benefit of helping you to achieve a healthy weight and reduce your risk of other diseases, such as type 2 diabetes and cancer.
- Physical activity helps reduce stress, which is another major risk factor of cardiovascular disease.



DIET & ALCOHOL USE

A healthy diet plays a major role in the prevention of cardiovascular disease. Diet alone cannot guarantee protection against heart disease or stroke. However, following a few simple guidelines will get you on the road to better health.

- Eat unprocessed, whole foods like fruits, nuts, vegetables, whole grains, lean protein, fish, and beans.[111] These foods can improve heart health and help maintain a healthy weight. A healthy weight reduces the risk of other conditions like type 2 diabetes.
- Eat at home more, eat out less.[112] You can better control portion size and what is in your food, including fats and sodium.
- Decrease your salt (sodium) intake to less than 1500mg per day.[113] This includes seasoning foods with salt. However, many foods also have "hidden" sodium. Canned and packaged goods often contain high levels of sodium even if they do not taste salty. One slice of bread, for example, can have up to 250mg of sodium. Check the nutritional label to be sure.
- Drinking too much alcohol can also raise the levels of triglycerides (fats) in your blood. High triglyceride levels increase the risk of cardiovascular disease. If you choose to drink alcohol, keep your limit at 1-2 drinks per day for men and 1 drink per day for women. Drinking more alcohol than this can increase your blood pressure and put you at greater risk for stroke, obesity, and some types of cancer.[114]

ACCESS TO CARE

The inability to access quality healthcare is associated with 10-15 percent of all premature deaths in the United States, including cardiovascular disease outcomes.[115,116]

- Uninsured adults at risk for cardiovascular disease are less likely to be aware of their health status. In addition, their conditions are less likely to be well-managed. They also have worse health outcomes.[117]
- Insurance matters: when uninsured adults with cardiovascular disease turn 65 years old and receive Medicare coverage, their health and functional statuses improve substantially.[118] By the time these individuals turn 70, the differences previously seen between the uninsured and insured individuals have dropped by 50 percent.[119]

DO YOU KNOW YOUR ABCs?

The Centers for Disease Control and Prevention estimates that:

- **A** — AVOIDING TOBACCO AND EXPOSURE TO TOBACCO SMOKE
- **B** — BEING PHYSICALLY ACTIVE
- **C** — CHOOSING GOOD NUTRITION

WOULD PREVENT

- 80% OF HEART DISEASE & STROKE
- 80% OF TYPE II DIABETES
- 40% OF CANCER

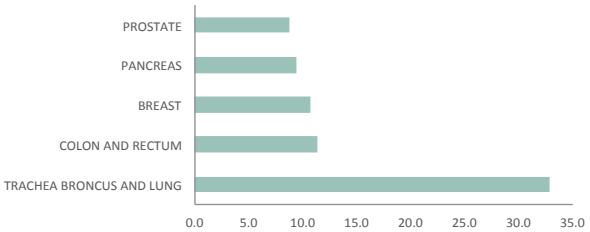
CANCER

CANCER IS ONE OF THE LEADING CAUSES OF DEATH IN THE UNITED STATES.[120] MOST OF US KNOW SOMEONE WHO HAS BEEN AFFECTED BY CANCER. THERE ARE MANY DIFFERENT TYPES OF CANCER, SUCH AS LUNG AND COLON CANCER. IN FACT, THE TERM "CANCER" IS USED TO DESCRIBE MORE THAN 100 DISEASES. ALL CANCERS START WHEN ABNORMAL CELLS GROW OUT OF CONTROL AND SPREAD THROUGHOUT THE BODY.[121]

IMPACT

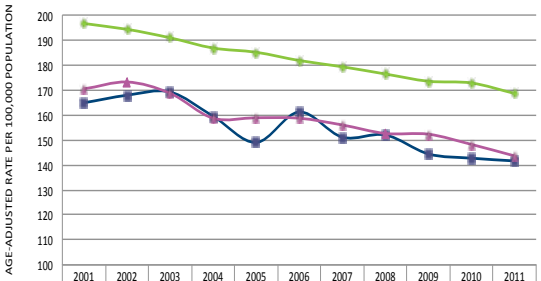
In Jefferson County, cancer is the second leading cause of death. In 2011, 21% of the deaths in the county were due to cancer. While cancer still accounts for a large number of deaths, the cancer death rate has been declining over the past 20 years. **Lung cancer is the leading cause of cancer death for both males and females in Jefferson County.**

LEADING CAUSES OF CANCER DEATH JEFFERSON COUNTY, 2011



	TRACHEA BRONCUS AND LUNG	COLON AND RECTUM	BREAST	PANCREAS	PROSTATE
AGE-ADJUSTED RATES PER 100,000	32.8	11.4	10.7	9.4	8.7

ALL CANCER DEATHS JEFFERSON COUNTY, COLORADO AND THE UNITED STATES, 2001-2011



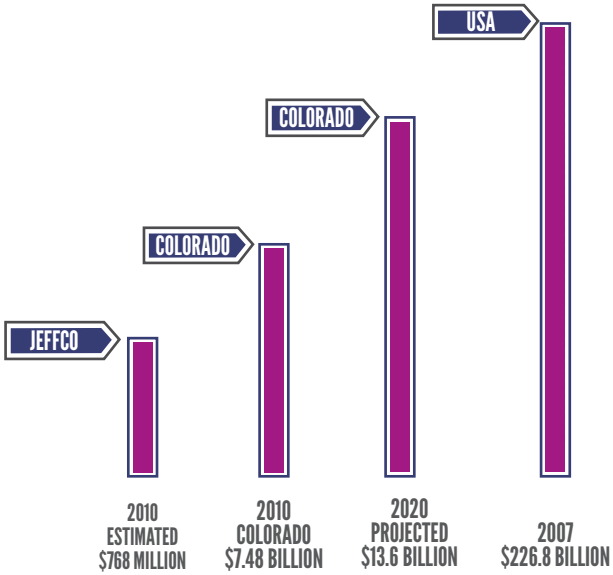
	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
JEFFERSON COUNTY[1]	164.8	167.9	169.2	159.5	149	161.2	151.1	152	144.4	142.7	141.6
COLORADO[1]	170.2	173.2	168.7	158.7	158.9	158.7	156	152.6	152.3	148.2	143.6
UNITED STATES[2]*	196.5	194.3	190.9	186.8	185.1	181.8	179.3	176.4	173.5	172.8	168.6

BREAST CANCER
19.8 DEATHS
PER 100,000 WOMEN

LUNG CANCER
25.5 DEATHS
PER 100,000 WOMEN

COST

Cancer takes a toll on many lives. The financial costs are high for families as well as our country, state, and county. Medical treatment for cancer is one part of the cost equation. These are "direct costs". In addition, there are many indirect costs of cancer, such as lost workdays for those with cancer and their caregivers. The graphic below shows total cancer costs for the US, Colorado, and Jefferson County.[122]



LOCAL STORY

BARBARA

BARBARA lives in Unincorporated Jefferson County. In 2002, Barbara was diagnosed with colon cancer and carcinoid tumors on her duodenum. During her two-year recovery, Barbara made significant changes to her lifestyle to support her healing process. She also made a life-long commitment to an overall healthier life. She left her high-stress job and increased the intensity of her physical activity. She also made changes to her daily eating habits. Now she is committed to preparing healthier meals for her family, including having more fruits and vegetables at the table.

In her desire to increase access to healthy, locally-grown food, Barbara started multiple community garden and greenhouse projects. Over the past three to four years, she has partnered with cities, faith communities and nonprofit organizations. Committed to youth nutritional choices, she is currently teaching an eight-week healthy eating course at McLain Community High School in Lakewood. She has also taught urban farming and nutrition at Lakewood, Brady, and Warren Tech High Schools, Bear Creek Elementary and Wheat Ridge Head Start.

CANCER PREVENTION

THERE are certain risk factors that influence whether a person will develop cancer. Some risk factors for cancer we cannot change, and we call these non-modifiable risk factors. These include our family history of cancer or growing older. However, there are also risk factors we can change (modifiable risk factors) to reduce our risk of cancer. There are many modifiable risk factors that all cancers have in common.

MORE THAN 30% OF CANCER DEATHS COULD BE PREVENTED BY AVOIDING KEY RISK FACTORS[123], INCLUDING:

- TOBACCO USE AND EXPOSURE TO TOBACCO SMOKE
- UNHEALTHY DIET, WITH LOW FRUIT AND VEGETABLE INTAKE
- LACK OF PHYSICAL ACTIVITY
- BEING OVERWEIGHT OR OBESE
- ALCOHOL USE
- SEXUALLY TRANSMITTED HUMAN PAPILLOMA VIRUS (HPV) INFECTION (CERVICAL CANCER)

TOBACCO USE

Tobacco use is the biggest risk factor for developing cancer, responsible for 22 percent of cancer cases worldwide.[124] Cigarette smoking causes almost all lung cancer cases, including about 90 percent of lung cancer deaths in men and almost 80 percent in women. **Men who smoke are about 23 times more likely to develop lung cancer than non-smokers and women who smoke are about 13 times more likely to develop lung cancer.** While we often link smoking with lung cancer, using tobacco or exposure to tobacco smoke also increases the risk of a number of other cancers including leukemia and cancers of the:

- voice box (larynx),
- mouth & throat
- esophagus
- bladder
- kidney
- pancreas
- cervix
- stomach

PHYSICAL ACTIVITY

A lack of physical activity has been linked to 21-27 percent of all breast and colon cancers worldwide.[125] The good news is we can reduce our risk by increasing our level of physical activity.[126] This will have the added benefit of helping you to achieve a healthy weight. Maintaining a healthy weight reduces your risk of other diseases, such as cardiovascular disease and type 2 diabetes.

Making healthy selections at the grocery store and at mealtime may help reduce cancer risk.[127] There are a number of diet changes you can make to decrease your risk of cancer, including:

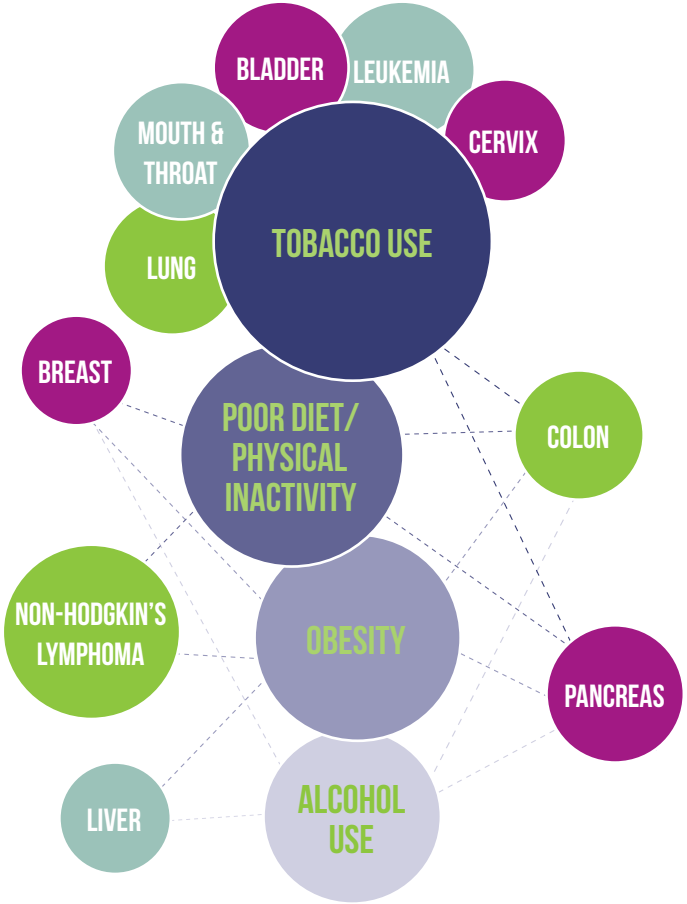
- Increasing intake of fruits and vegetables
- Limiting fat
- Increasing fiber
- Reducing the amount of red and preserved meats (like deli meats, hot dogs, and bacon)

Maintaining a healthy diet can also help you achieve a healthy weight. This reduces the risk of other health conditions, such as cardiovascular disease and type 2 diabetes.[128] Type 2 diabetes has been linked to an increased risk of pancreatic cancer.[129]

Alcohol use has been linked to an increased risk of developing breast, colon, liver, pancreas, and mouth and throat cancers.[130] The effects of alcohol on mouth and throat cancers are greatly increased if you also use tobacco. Heavy alcohol use also increases your risk of developing cardiovascular disease. If you choose to drink alcohol, keep your limit at one-to-two drinks per day for men and one drink per day for women.

HOW UNHEALTHY BEHAVIORS CONTRIBUTE TO CANCER

TOP MODIFIABLE RISK FACTORS ASSOCIATED WITH INCREASED RISK OF CANCER (BY TYPE)



STRESS. WHILE STRESS DOES NOT DIRECTLY CAUSE CANCER, IT MAY LEAD TO UNHEALTHY BEHAVIORS LIKE OVEREATING, TOBACCO, OR ALCOHOL USE. WE KNOW THAT OVEREATING, TOBACCO AND ALCOHOL USE CAN INCREASE CANCER RISK. IN THIS WAY, STRESS CAN PLAY AN INDIRECT ROLE IN CANCER DEVELOPMENT.[137]

RECOMMENDED SCREENING TESTS

CANCER SCREENING EXAMS ARE ONE WAY TO HELP FIND CANCERS EARLY, WHICH OFTEN MAKES TREATMENT MORE SUCCESSFUL. THERE ARE RELIABLE SCREENING TESTS FOR MANY FORMS OF CANCER. THESE INCLUDE:

- BREAST CANCER (MAMMOGRAM);
- COLON CANCER (COLONOSCOPY);
- ORAL CANCER (DENTAL SCREENING); AND
- CERVICAL CANCER (PAP SMEAR).

OTHER CANCERS, SUCH AS PROSTATE, ALSO HAVE SCREENING TESTS AVAILABLE. HOWEVER, THE USEFULNESS OF THESE TESTS DEPENDS ON YOUR PERSONAL MEDICAL HISTORY AND THE ADVICE OF A MEDICAL PROFESSIONAL.[136]

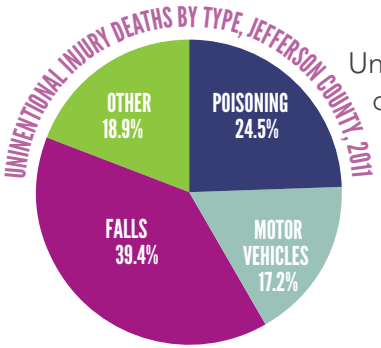
The inability to access quality healthcare is associated with 10-15 percent of all premature deaths in the United States, including cancer outcomes.[131,132] Uninsured adults with cancer:

- Are more than twice as likely to report difficulty getting a needed prescription.[133]
- Will attend fewer than half as many office visits as their insured peers.[134]
- Are more likely to be diagnosed with later-stage cancers that can be detected through screening or an exam by a clinician.
- Are more likely to die or suffer poor outcomes because their cancer was detected at a later stage.[135]

UNINTENTIONAL INJURY

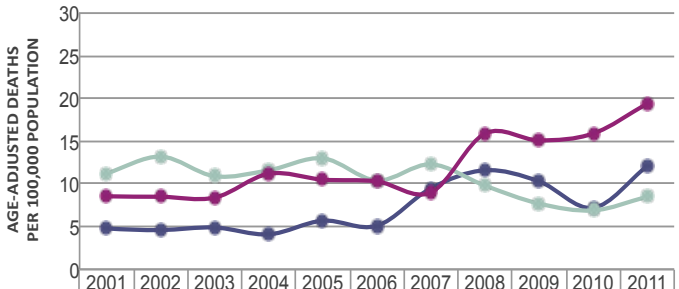
Unintentional injury is a broad category used to describe any unintentional damage to the body. This type of injury is often called an "accident". However, injuries are not accidents. They can be prevented by changing the environment, individual behavior, products, social norms, laws, or policies.[138] Deaths due to unintentional injuries are on the rise across the United States. In Colorado, unintentional injuries are the fourth leading cause of death.[139] In addition, injuries can have a significant impact on overall health. They can result in life-long disabilities and psychological harm. Medical expenses, property damage, emergency services, or wage and job losses also result in great financial costs for individuals and communities.[140]

IMPACT



Unintentional injury is the third leading cause of death in Jefferson County, accounting for more than seven percent of all deaths in 2011. The top three causes of death due to unintentional injury were falls, poisoning, and motor vehicle crashes.

UNINTENTIONAL INJURY DEATHS BY TYPE, JEFFERSON COUNTY 2001-2012

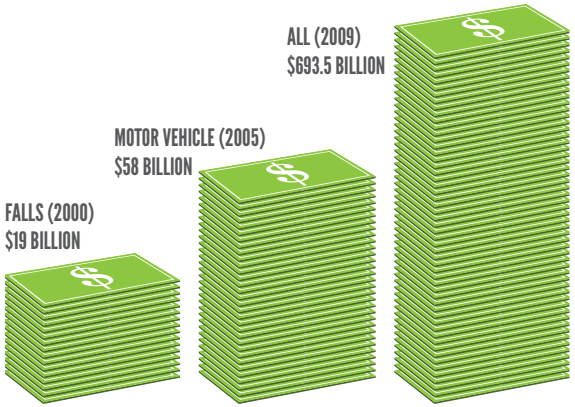


	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
POISONING	4.7	4.6	4.9	4.1	5.7	5.1	9.5	11.6	10.3	7.2	12.1
MOTOR VEHICLE	11.2	13.2	10.9	11.6	13	10.4	12.3	9.8	7.7	6.9	8.5
FALLS	8.5	8.5	8.4	11.2	10.5	10.3	9	15.9	15.1	15.9	19.4

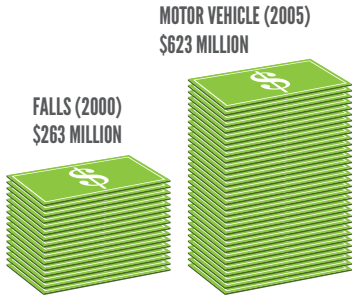
COST

Unintentional injuries are responsible for a large number of deaths at the county, state and national levels. Unintentional injuries also result in a large number of disabilities. Medical treatment accounts for the "direct costs" associated with unintentional injuries. Additionally, there are many indirect costs, such as lost work days, wage and productivity losses, vehicle damage, employer's uninsured cost and fire loss.[141] The graphic below shows total unintentional injury costs for the United States and Colorado.[142,143,144,145]

COST OF UNINTENTIONAL INJURIES (US)

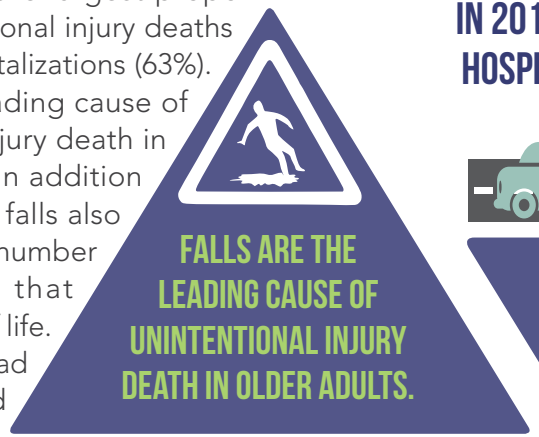


COST OF UNINTENTIONAL INJURIES (CO)

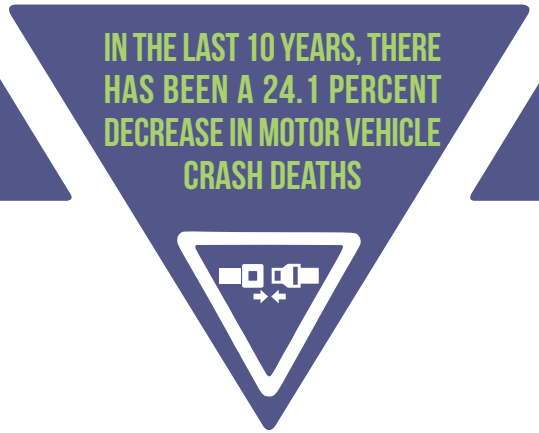


FALLS

Falls make up the largest proportion of unintentional injury deaths (39%) and hospitalizations (63%). Falls are the leading cause of unintentional injury death in older adults.[146] In addition to fatal injuries, falls also contribute to a number of disabilities that impact quality of life. For example, head injuries can lead to increased cognitive difficulties, while hip fractures may lead to limited mobility and a loss of independence. Because of Jefferson County's aging population, falls are a major concern for our county. Over the past 10 years, there has been a 128.2 percent increase in deaths related to falls.

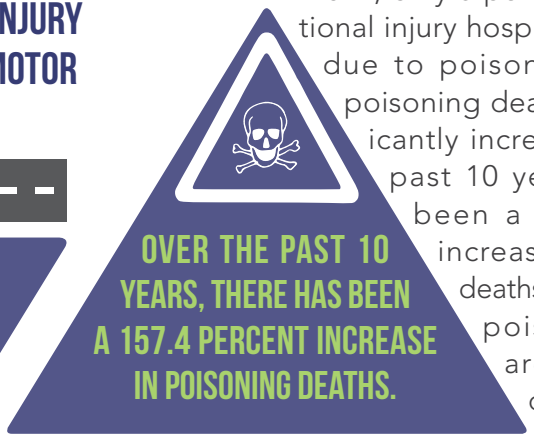


IN 2011, 12% OF UNINTENTIONAL INJURY HOSPITALIZATIONS WERE DUE TO MOTOR VEHICLE TRAFFIC CRASHES.



POISONING

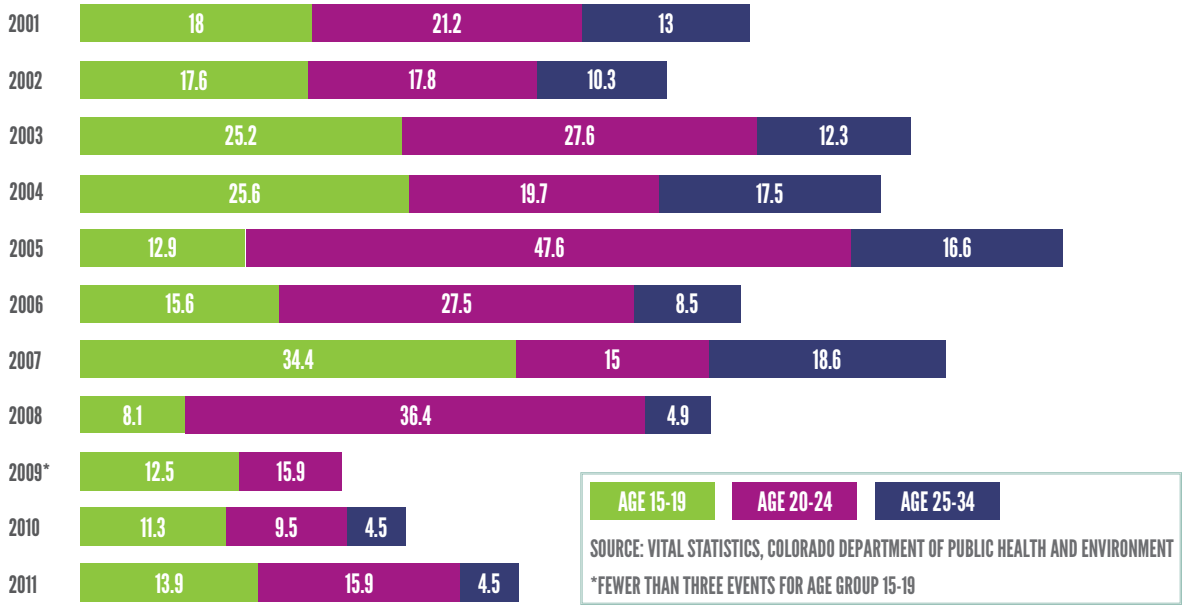
In 2011, only 5 percent of unintentional injury hospitalizations were due to poisoning. However, poisoning deaths have significantly increased. Over the past 10 years, there has been a 157.4 percent increase in poisoning deaths.[147] Unintentional poisoning deaths are the result of overdoses due to misuse, inaccurate dosing, or accidental overconsumption of chemical substances. For example, poisoning can occur when an adult misreads prescription instructions or when a child gets into medications.[148] These do not include suicide-related poisoning deaths, which are classified as intentional.



MOTOR VEHICLE CRASHES

Motor vehicle crash incidents have been decreasing in Jefferson County since 2007. In the last 10 years, there has been a 24.1 percent decrease in motor vehicle crash deaths. Some of the decrease can be attributed to better car engineering and road design. Motor vehicle injuries are largely preventable and more likely result from inappropriate behavior rather than poor road design, vehicle issues, or weather. More comprehensive laws, such as those that require drivers to use seatbelts or prohibit texting or use of cell phones while driving, are among policies that can help save lives.

MOTOR VEHICLE CRASH DEATHS BY AGE GROUP, JEFFERSON COUNTY, 2001-2011 (RATES PER 100,000 POPULATION)



SOURCE: VITAL STATISTICS, COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT

*FEWER THAN THREE EVENTS FOR AGE GROUP 15-19

PREVENTING UNINTENTIONAL INJURY

FALLS

Aging and cognitive decline, especially in an older population, contribute to falls. Arthritis is a risk factor for falls. In 2009, 25 percent of Jefferson County residents reported receiving a diagnosis of arthritis.

OLDER ADULTS CAN REDUCE THEIR RISK OF FALLS BY:

- staying physically active;
- taking medications appropriately;
- having their vision checked regularly; and
- eliminating hazards in their home.[149]

POISONING

The category of "poisoning" incorporates deaths and injuries from improper use of drugs and medications and household chemicals. These are unintentional and do not include suicide deaths due to poisoning. Carbon monoxide is also responsible for many poisoning deaths and injuries.

THERE ARE A NUMBER OF PREVENTIVE MEASURES TO TAKE TO REDUCE THE RISK OF UNINTENTIONAL POISONING.[150]

- Take medications only as directed. Only the person for whom it was prescribed should take the medication.
- Store medication out of the reach of children.
- Dispose of unused, unneeded, or expired prescription drugs properly. Jefferson County's Sheriff's Office offers Drug Take Back days to dispose of your medications safely.
- Install carbon monoxide detectors in your home, and test them regularly to ensure they are working properly.

ACCESS TO CARE

The inability to access quality healthcare is associated with 10-15% of premature deaths and is an important contributing factor for unintentional injury outcomes.[156,157]

STUDIES HAVE SHOWN THAT ADULTS WITHOUT INSURANCE WHO ARE IN A SEVERE MOTOR VEHICLE COLLISION HAVE SUBSTANTIALLY HIGHER MORTALITY RATES.[158]

UNINSURED ADULTS ARE LESS LIKELY THAN INSURED ADULTS TO FULLY RECOVER FROM AN UNINTENTIONAL INJURY AND MORE LIKELY TO REPORT DECLINES IN HEALTH STATUS.[159]

However, insurance status alone does not appear to impact all unintentional injury outcomes. For example, falls are the leading cause of unintentional injury deaths. Almost 85% of these injuries occur in individuals over the age of 65. 100% of these individuals have insurance in Jefferson County through Medicare.[160]

MOTOR VEHICLE CRASHES

Alcohol use is a leading contributing factor in motor vehicle crashes. In 2010, 10,228 people were killed in alcohol-impaired motor vehicle crashes, accounting for nearly one-third (31%) of all traffic-related deaths in the United States.[151] Distracted driving is another significant factor in motor vehicle crashes. The proportion of U.S. drivers reportedly distracted at the time of a fatal crash has increased from 7 percent in 2005 to 11 percent in 2009.[152]

HOW CAN DISTRACTED DRIVING BE PREVENTED?

- Many states have enacted laws—such as banning texting while driving—or using graduated driver licensing systems for teen drivers to help raise awareness about the dangers of distracted driving.[153,154]
- Consistent seat belt and child safety seat use are two additional ways to help prevent motor vehicle crash deaths.[155]

CHRONIC LOWER RESPIRATORY DISEASE

THERE ARE A NUMBER OF IMPORTANT CONTRIBUTORS TO CHRONIC LOWER RESPIRATORY DISEASE:[161]

- TOBACCO EXPOSURE
- AIR POLLUTION
- EXPOSURE TO POLLUTANTS IN THE WORKPLACE
- POOR NUTRITION
- LOW BIRTH WEIGHT
- MULTIPLE EARLY LUNG INFECTIONS

WHAT IS IT?

Chronic Lower Respiratory Disease (CLRD) is a group of chronic diseases that affect the airways and other structures of the lungs.[162] Some of these diseases include asthma, chronic obstructive pulmonary disease (COPD), chronic bronchitis, and emphysema.

COST

Costs associated with two of the main CLRDs can be quite high. COPD accounted for $49.9 billion in direct and indirect costs in the US in 2010.[163] Nationally, direct and indirect costs related to asthma totaled $56.0 billion between 2002 and 2007.[164] Medical treatment, or direct costs, is only one part of the cost equation. There are also many indirect costs, such as reduced productivity or lost workdays for those with respiratory disease and their caregivers. Asthma is a leading chronic disease in children, accounting for 14.4 million lost school days nationally.[165]

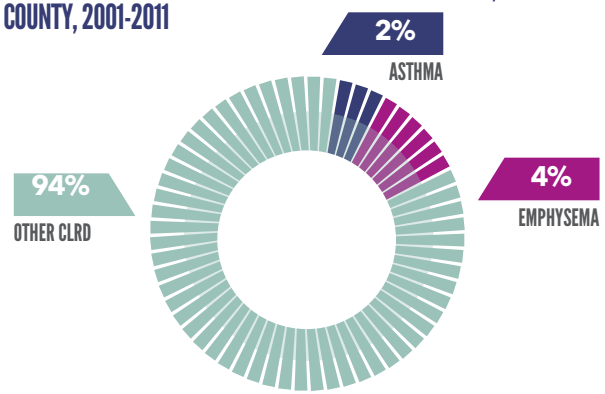
IMPACT

Chronic lower respiratory diseases are the 4th leading cause of death in Jefferson County, accounting for over six percent of all deaths in 2011. Emphysema accounts for almost four percent of deaths, and asthma accounts for more than two percent. The remaining deaths from these types of diseases are due to other chronic lower respiratory diseases, such as COPD.

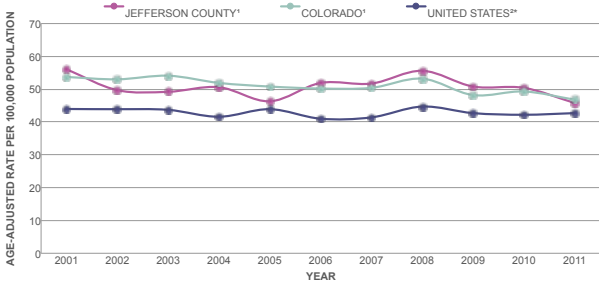
Although asthma only accounts for two percent of chronic lower respiratory deaths, 8.4 percent of Jefferson County residents reported having asthma in 2010. In addition, more than 14 percent of residents reported having asthma at some point in their lives.

IN 2010, 14.6% OF RESIDENTS REPORTED SMOKING CIGARETTES. SMOKING CIGARETTES IS A MAJOR RISK FACTOR FOR DEVELOPING RESPIRATORY DISEASE.

CHRONIC LOWER RESPIRATORY DISEASE DEATHS BY TYPE, JEFFERSON COUNTY, 2001-2011



CHRONIC LOWER RESPIRATORY DISEASE DEATHS JEFFERSON COUNTY, COLORADO & UNITED STATES, 2001-2011



Source: ¹Vital Statistics, Colorado Department of Public Health and Environment, ² National Vital Statistics Report, National Center for Health Statistics
*2011 U.S. data is preliminary

PREVENTING CHRONIC LOWER RESPIRATORY DISEASE

TOBACCO USE

Avoiding tobacco is the single best way to reduce your risk of developing respiratory disease.[166] This includes direct exposure to tobacco smoke (smoking) and indirect (second-hand smoke). Supporting the development of smoke-free workplace and public space policies can help reduce your risk.

ACCESS TO CARE

Not being able to access quality healthcare is associated with 10-15% of premature deaths and is an important contributing factor for chronic lower respiratory disease outcomes.[167,168] Early detection of COPD has been shown to result in better lung function. For some smokers, this can mean restoring lung function that is comparable to that of non-smokers.[169] There is a test available to measure lung function and detect COPD for people 45 years and older.[170] Access to quality healthcare also impacts asthma outcomes. Inability to access quality healthcare can lead to poorly managed asthma. As a result, asthma may require higher levels of care in emergency department or in-patient hospital settings.

EMPHYSEMA AND CHRONIC BRONCHITIS

Approximately 80 to 90% of cases are attributed to smoking.[171] The remaining 10 to 20% of cases are attributed to environmental exposure, respiratory infections, and genetic factors.

ASTHMA

Asthma has a strong genetic basis with about 30 to 50% of cases attributed to inherited factors.[172] Being overweight and obese can also increase the risk of developing asthma.[173] There are also a number of non-genetic factors that can cause or aggravate asthma.[174] These are often called "triggers".

COPD

In 2011, 4.6% of Colorado residents reported having been told by a physician that they had COPD.[175] COPD is largely preventable and occurs most often in people over 40 with a history of smoking. Smoking contributes to 75-90% of COPD.[176,177] Occupation-related exposures may account for an additional 15% of cases.[178] Genetic factors, exposure to pollutants, asthma, and respiratory infections also play a role, though good asthma management may prevent the development of COPD.[179]

KEEP YOUR LUNGS HEALTHY!

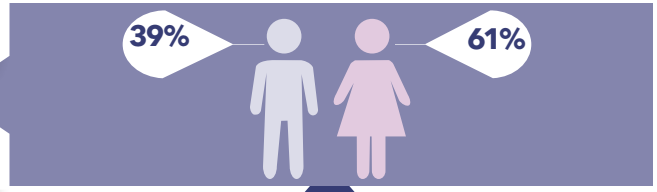
1. **AVOID TOBACCO** - smoking and second-hand smoke increase the risk of many respiratory diseases
2. **AVOID AIR POLLUTION** - wear protective gear if you encounter pollutants at work and avoid going outdoors on days when pollution is high
3. **MAINTAIN A HEALTHY WEIGHT** - being overweight or obese increases the risk of respiratory problems

COMMON ASTHMA TRIGGERS

Preventing, eliminating and avoiding triggers can reduce asthma attacks and improve the quality of life for those with asthma.

- ALLERGENS, SUCH AS POLLEN, MOLD, DUST, FOOD, ANIMAL DANDER, AND COCKROACHES
- CIGARETTE SMOKE (SECOND HAND OR SMOKING)
- AIR POLLUTION
- EXERCISE
- WEATHER CHANGES
- INFECTIONS, SUCH AS A COLD OR THE FLU

MENTAL HEALTH



IN 2011, 264 PEOPLE IN JEFFERSON COUNTY WERE HOSPITALIZED AS A RESULT OF ATTEMPTED SUICIDE. 61% WOMEN, AND 39% MEN.

Mental health touches all of our lives. Mental health is not just the absence of mental illness. Social, emotional, and psychological well-being are all components of mental health .[180] Our mental health status affects how well we handle stressors, interact with others, and make decisions.[181] Everyone experiences a particular level of mental health, even if he or she never experiences a mental illness. A person's mental health can vary throughout one's lifetime.

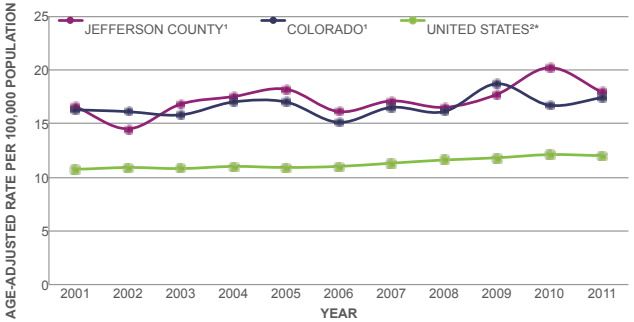
SUICIDE

Many factors affect the mental health of individuals. Similarly, mental illness results from complex circumstances. Suicide is one outcome of poor mental health. Suicide is the "act of deliberately killing oneself".[182] Suicide is a serious public health problem that affects individuals, families, and communities. Nationwide, suicide was one of the top ten causes of death in 2009. Because of stigma associated with suicide, individuals who show signs of suicidal behavior are often met with silence and shame. This shame can create barriers to prevention and care.[183] In addition to being one of the leading causes of death, for each person who completes suicide (dies from a suicide attempt), more than 30 others attempt suicide.[184] More than 90 percent of people who complete suicide have a diagnosable mental disorder.

Between 80 and 90 percent of mental disorders are treatable.[185] Most commonly, disorders associated with suicide are either a depressive disorder or a substance abuse disorder (which includes both alcohol and drug abuse).[186] In fact, **the rate of completed suicide for people with major depression is eight times that of the general population.**[187]

IMPACT

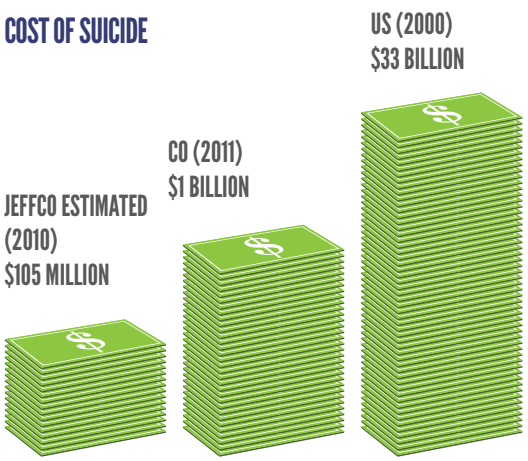
Suicide is the 6th leading cause of death in Jefferson County, accounting for more than 2.7 percent of all deaths in 2011. In Jefferson County, although more women attempt suicide, more men complete suicide. This is also the case nationally. Men are nearly four times more likely to **die** from suicide, whereas women are three times more likely to **attempt** suicide.[188]



SUICIDE DEATHS, JEFFERSON COUNTY, COLORADO & UNITED STATES, 2001-2011

COST

Suicide is costly not only for individual families, but also for the nation, Colorado, and Jefferson County. Medical treatment for suicide, known as "direct costs," is only one part of the cost equation. There are a host of "indirect costs," such as missed days of work and lost productivity that contribute to the economic burden of suicide. The graphic on the right shows total suicide costs for the US, Colorado, and Jefferson County.[189,190]



CONTRIBUTING FACTORS

On average, individuals with a serious mental illness die 25 years earlier than the general population.[191] This life expectancy difference is attributed to preventable factors such as smoking, obesity, substance abuse, and poor access to quality healthcare, which are all more likely to affect people with mental illness.

Occasional stress is a normal part of life. This is usually called "acute stress." Stress that is more frequent is called "chronic stress." Chronic stress can increase the risk of depression and anxiety.[192] It also can have a major impact on our physical health, increasing the risk of infections, diabetes, and cardiovascular disease.[193] A third kind of stress is traumatic stress, which may be brought on by a major life-changing event. This can include a death in the family, abuse or other violent crimes, war or natural disaster. An individual's perception of an event as stressful contributes to their experience of stress. What is stressful for one person may not be for another person. Previous experiences of traumatic stress may make a person more prone to other traumatic reactions. Some people may cope with stress more effectively or recover from stressful events quicker than others. Mental health counselling may be an important option for individuals experiencing stress or others who have a hard time recovering from stress. Regular physical activity can help reduce symptoms of depression and anxiety.[194] Social support also helps promote resilience and recovery from stress reactions.

Physical activity helps maintain good physical and mental health. For those who suffer from anxiety and depression, regular physical activity can reduce symptoms of these conditions.[195] In addition, physical activity helps with weight maintenance, which can be a concern for individuals taking medications for mental health issues that might lead to weight gain.[196] Good nutrition and a balanced diet can also help minimize weight gain.

Individuals who suffer from alcohol abuse are 50-70 percent more at risk for suicide than the general population.[197] In addition to poor mental and emotional health, alcohol and substance abuse have profound impacts on individuals, families, and communities. Alcohol abuse and substance use disorders increase the cost of treating physical conditions and result in poorer health.[198] The presence of substance use conditions complicates the treatment of a variety of medical disorders as well as mental illness. The prevalence of substance use among those with mental health disorders is well-established, with chronic drug use leading to or greatly exacerbating existing mental health disorders.

In the United States, smoking rates are highest for people who have a mental illness. In fact, 75 percent of those with substance use disorders or mental illness are also smokers. This does not mean that smoking causes mental illness. Instead, it shows that those with substance use disorders or mental illness are more likely to smoke. This puts them at a higher risk for tobacco-related health concerns, such as an increased risk of cancer, cardiovascular disease, or respiratory illness. Individuals with mental illness are about twice as likely to smoke as others. **Although they comprise an estimated 28 percent of the population, people with mental illness consume about 44 percent of all cigarettes smoked.**[199] Smoking rates are especially high for those with schizophrenia (75 to 95 percent).[200]

The inability to access quality healthcare is associated with 10-15 percent of premature deaths and is an important contributing factor for suicide deaths.[201,202] Less than one-third of adults who completed suicide accessed mental health services in their last year of life. This was the case despite the fact that more than 75 percent of these adults had been diagnosed with a mental illness. Lack of access has been attributed to difficulty paying medical bills, issues with finding a doctor and challenges getting into a treatment facility.[203]

LOCAL STORY

BOB

BOB, a long-time Arvada resident, has made some major changes in his life to help improve his health. Perhaps Bob's biggest transformation has come in the way of mental health and well-being. These changes came after a diagnosis of stage IV lymphoma in late 2011. While undergoing chemo, he realized he could not keep up with his previously busy schedule. Instead of long days at the office, he spent much of his time resting. Suddenly, when faced with this life-threatening illness, he realized his priorities needed to change. His body could not sustain the stress of his previous schedule, which was a difficult adjustment for someone who prides himself on a strong work ethic.

He also noted that men, particularly of his generation, often have a difficult time forming close friendships with other men. He started to realize how much he needed a larger support system. He started regularly communicating with a group of men, if even just to touch base and let them know he was thinking of them. He has noticed the profound impact that these social connections have had on his health.

Bob realizes that he will never know the root cause of his cancer. However, he admits that his life leading up to his diagnosis was full of stressors that did not promote good health. Though his cancer will likely never be "cured", he is learning to manage his health through better eating and regular physical activity, which also helps him with his mental health. In addition, he feels a supportive social network has been crucial to his improvement. The strong work ethic that he previously applied so voraciously to his career is now serving him well in his journey to a more balanced life—physically, mentally, and spiritually.

LOCAL STORY

ROLAND

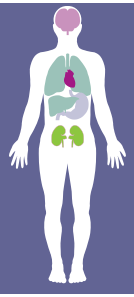
ROLAND, a Lakewood resident, started smoking when he was 11 years old. Growing up in rural South Dakota, a friend of his would sneak his mom's cigarettes for them to smoke. He remembers smoking until he was sick, and it gave him a sense of belonging. He was addicted by age 13 or 14, even though smoking was forbidden in his house growing up.

After many failed attempts at quitting, he quit for good over 30 years ago. His faith had helped him quit using alcohol, but smoking was harder. One evening, he was up on Lookout Mountain with friends who smoked. He prayed for the strength to quit and never smoked again after that. It was probably the hardest thing he had ever done, and he remembers the discomfort of withdrawal. He did not realize that the desire to smoke would last so long, though it has since subsided.

Roland is now involved in a quitting smoking program at Red Rocks Community College as a quit smoking coach. This is a pilot program that may be used at other college campuses. As a coach, he encourages people to set a quit date, and tell as many people as they can about that date.

After smoking for years and losing his sister, who also smoked, to lung cancer, Roland is glad to be tobacco-free and help others begin a process that was hard, but worth it.

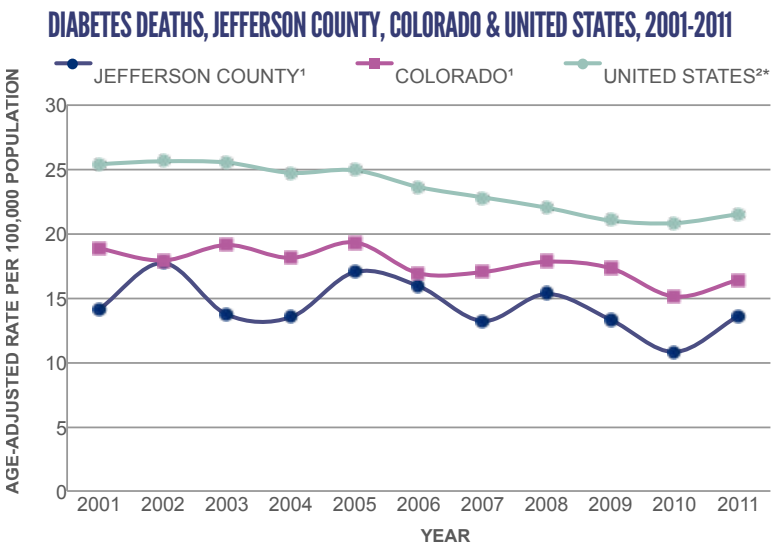
DIABETES



DIABETES (DIABETES MELLITUS) IS A CHRONIC DISEASE THAT OCCURS WHEN BLOOD GLUCOSE (SUGAR) LEVELS ARE TOO HIGH.[204] HIGH BLOOD GLUCOSE OCCURS WHEN THE PANCREAS DOES NOT CREATE ENOUGH INSULIN OR WHEN THE BODY CANNOT USE THE INSULIN THAT IT CREATES.[205]

IMPACT

Diabetes is the 8th leading cause of death in Jefferson County, accounting for over two percent of all deaths in 2011. In 2009, five percent of Jefferson County residents reported having been told that they have diabetes. Nationally, around 27 percent of those with diabetes do not know they have it, so the estimate of those in the county with diabetes is likely low.[206]



COST

The financial costs of diabetes are high for families as well as for our country, state, and county. Medical treatment, also known as "direct costs," is one part of the cost equation. In addition, there are many "indirect costs," such as lost productivity and missed days of work. The graphic below shows total diabetes costs for the US, Colorado, and Jefferson County.[207]

$$$$$$$$ US (2007): $174 BILLION

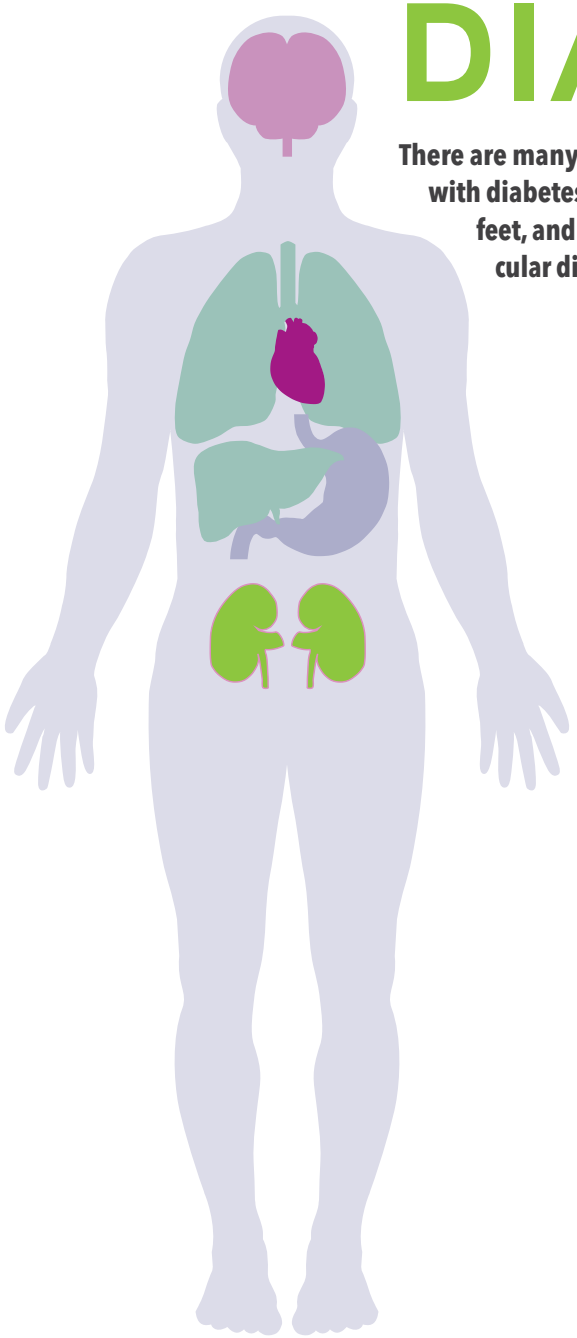
$$$$$$$$ CO (2010): $2.18 BILLION

$$$$$$$$ JEFFCO (2010): $230 MILLION

NATIONALLY, ABOUT 27% OF THOSE WITH DIABETES DO NOT KNOW THEY HAVE IT.

PREVENTING DIABETES

There are many complications associated with diabetes. People with diabetes can develop problems with their kidneys, eyes, feet, and skin.[215] They are also at a higher risk of cardiovascular disease, high blood pressure, and nerve damage.[216]



ACCESS TO CARE

- The inability to access quality healthcare is associated with 10-15% of all premature deaths nationally, including for diabetes outcomes.[208,209]
- Studies have shown that when uninsured individuals with diabetes turn 65 years old and receive Medicare coverage, their health and functional status improve substantially.[210] By the time they turn 70, disparities previously seen between uninsured and insured individuals with diabetes drop by 50%.[211]
- Adults without insurance have significantly worse control over their blood sugar than their insured peers. This lack of control increases their risk for diabetes-related complications.[212]

PHYSICAL ACTIVITY

- Because of the close link between obesity and type 2 diabetes, regular physical activity can greatly reduce the risk of developing type 2 diabetes.[213]
- In addition to a healthy diet, it is possible that diabetes can be prevented by losing even a small amount of weight. A 5-7% reduction in body weight achieved through 30 minutes of physical activity, 5 days a week has been shown to help delay and prevent type 2 diabetes.[214]

DIET

Because of the close link between obesity and type 2 diabetes, maintaining a healthy weight through healthy eating can reduce the risk of developing the condition.[217,218] Examples of foods that help maintain a healthy weight are:

- Fiber-rich foods, like whole grain breads and cereals
- Fruits and vegetables
- Legumes, like beans and peas

Examples of foods to **avoid** in order to maintain a healthy weight are:

- Fatty foods, like fried foods or baked goods like cookies and cakes
- Foods high in sugar, like soda, fruit-flavored drinks, or sweetened coffee and tea
- Salty foods, such as canned soups and processed meats

DIABETES CONTRIBUTING FACTORS

1 TYPE 1 DIABETES

Type 1 diabetes occurs when the body does not produce enough insulin.[219]

- **Type 1 diabetes accounts for about 5-10% of all diabetes cases.[220]**
- **The cause of type 1 diabetes is unknown. It is most likely an autoimmune disorder, which can be passed down through families.[221]**
- **Although type 1 diabetes can occur at any age, it is most frequently diagnosed in children, adolescents, and young adults.[222]**
- **To decrease the risk of complications, those with type 1 diabetes should maintain a healthy weight, get regular physical activity, and closely monitor their blood sugar levels.**

2 TYPE 2 DIABETES

Type 2 diabetes occurs when the body cannot use insulin well.[223] Type 2 diabetes is often called "adult onset" and usually develops slowly.

- **Type 2 diabetes accounts for 90-95% of all diabetes cases.[224]**
- **African Americans, those of Hispanic/Latino origin, American Indians, and some Asian Americans and Pacific Islanders are at increased risk for type 2 diabetes.[225]**
- **Non-modifiable risk factors, such as older age, family history and genetics influence our risk of developing type 2 diabetes .**
- **Modifiable risk factors like an unhealthy diet, lack of physical activity, and excess weight can increase the risk of developing type 2 diabetes.[226]**

3 GESTATIONAL DIABETES

About 2-10 percent of women will develop diabetes during pregnancy.[227] This is called "gestational diabetes". Gestational diabetes occurs when pregnancy hormones prevent insulin from maintaining normal blood sugar levels leading to an increase in blood sugar.[228] Gestational diabetes occurs more frequently in certain racial and ethnic groups. African Americans, those of Hispanic/Latino origin, and American Indians are more at risk.[229]

A number of risk factors are associated with gestational diabetes:

- **Being older than 25 when becoming pregnant**
- **Having a family history of diabetes**
- **Giving birth to a baby that weighed more than nine pounds or had a birth defect**
- **Having high blood pressure**
- **Having too much amniotic fluid**
- **Having had an unexplained miscarriage or stillbirth**
- **Being overweight or obese before becoming pregnant**

High blood sugar levels usually return to normal after giving birth. However, women who had gestational diabetes have a 35 to 60 percent chance of developing diabetes 5–20 years after pregnancy.[230,231] While complications can arise, closely monitoring diet and blood sugar along with regular physical activity can help prevent complications. This also reduces the chance that a woman will develop diabetes after pregnancy.

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71

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APPENDIX

SELECTED HEALTH CONDITIONS AND CAUSES OF DEATH IN JEFFERSON COUNTY COMPARED TO THE HEALTHY PEOPLE 2010 AND HEALTHY PEOPLE 2020 TARGETS

		JEFFERSON COUNTY		HP 2010		HP 2020	
LEADING CAUSE OF DEATH RANK		YEAR	MEASURE	OBJECTIVE	TARGET	OBJECTIVE	TARGET
CAUSES OF DEATH							
	INCREASE OVERALL CARDIOVASCULAR HEALTH IN THE U.S. POPULATION		NO TARGET MEASURE WAS SET TO MATCH HP2020		NO TARGET	HDS-1	NO TARGET MEASURE WAS SET
1	CARDIOVASCULAR DISEASE DEATHS	2011	162.6 DEATHS PER 100,000 POPULATION		NO TARGET		NO TARGET
	REDUCE CORONARY HEART DISEASE DEATHS	2011	121 DEATHS PER 100,000 POPULATION	12-1	156 DEATHS PER 100,000 POPULATION	HDS-2	100.8 DEATHS PER 100,000 POPULATION
	REDUCE STROKE DEATHS	2011	28.9 DEATHS PER 100,000 POPULATION	12-7	50.0 DEATHS PER 100,000 POPULATION	HDS-3	33.8 DEATHS PER 100,000 POPULATION
3	REDUCE UNINTENTIONAL INJURY DEATHS	2011	49.3 DEATHS PER 100,000 POPULATION	15-13	17.1 DEATHS PER 100,000 POPULATION	IVP-11	36.0 DEATHS PER 100,000 POPULATION
	PREVENT AN INCREASE IN POISONING DEATHS AMONG ALL PERSONS	2011	12.1 DEATHS PER 100,000 POPULATION	15-8	1.5 DEATHS PER 100,000 POPULATION	IVP-9.1	13.1 DEATHS PER 100,000 POPULATION
	REDUCE MOTOR VEHICLE CRASH-RELATED DEATHS PER 100,000 POPULATION	2011	8.5 DEATHS PER 100,000 POPULATION	15-15	8.0 DEATHS PER 100,000 POPULATION	IVP-13.1	12.4 DEATHS PER 100,000 POPULATION
	PREVENT AN INCREASE IN FALL-RELATED DEATHS AMONG ALL PERSONS	2011	19.4 DEATHS PER 100,000 POPULATION	15-27	3.3 DEATHS PER 100,000 POPULATION	IVP-23.1	7.0 DEATHS PER 100,000 POPULATION
	PREVENT AN INCREASE IN FALL-RELATED DEATHS AMONG ADULTS 65 AND OLDER	2011	133.4 DEATHS PER 100,000 POPULATION		NO TARGET	IVP-23.2	45.3 DEATHS PER 100,000 POPULATION
	PREVENT AN INCREASE IN POISONING DEATHS AMONG PERSONS AGED 35 TO 54 YEARS	2011	14.4 DEATHS PER 100,000 POPULATION		NO TARGET	IVP-9.2	25.5 DEATHS PER 100,000 POPULATION
6	REDUCE THE SUICIDE RATE	2011	17.9 DEATHS PER 100,000 POPULATION	18-1	4.8 DEATHS PER 100,000 POPULATION	MHMD-1	10.2 SUICIDES PER 100,000 POPULATION
8	REDUCE THE DIABETES DEATH RATE	2011	13.6 DEATHS PER 100,000 POPULATION	5-5	46 DEATHS PER 100,000 POPULATION	D-3	65.8 DEATHS PER 100,000 POPULATION
2	REDUCE THE OVERALL CANCER DEATH RATE	2011	141.6 DEATHS PER 100,000 POPULATION	3-1	158.6 DEATHS PER 100,000 POPULATION	C-1	160.6 DEATHS PER 100,000 POPULATION
	REDUCE THE LUNG CANCER DEATH RATE	2011	32.8 DEATHS PER 100,000 POPULATION	3-2	43.3 DEATHS PER 100,000 POPULATION	C-2	45.5 DEATHS PER 100,000 POPULATION
	REDUCE THE FEMALE BREAST CANCER DEATH RATE	2011	19.8 DEATHS PER 100,000 FEMALES	3-3	21.3 FEMALE BREAST CANCER DEATHS PER 100,000 FEMALES	C-3	20.6 DEATHS PER 100,000 FEMALES
	REDUCE THE COLORECTAL CANCER DEATH RATE	2011	11.6 DEATHS PER 100,000 POPULATION	3-5	13.7 DEATHS PER 100,000 POPULATION	C-5	14.5 DEATHS PER 100,000 POPULATION

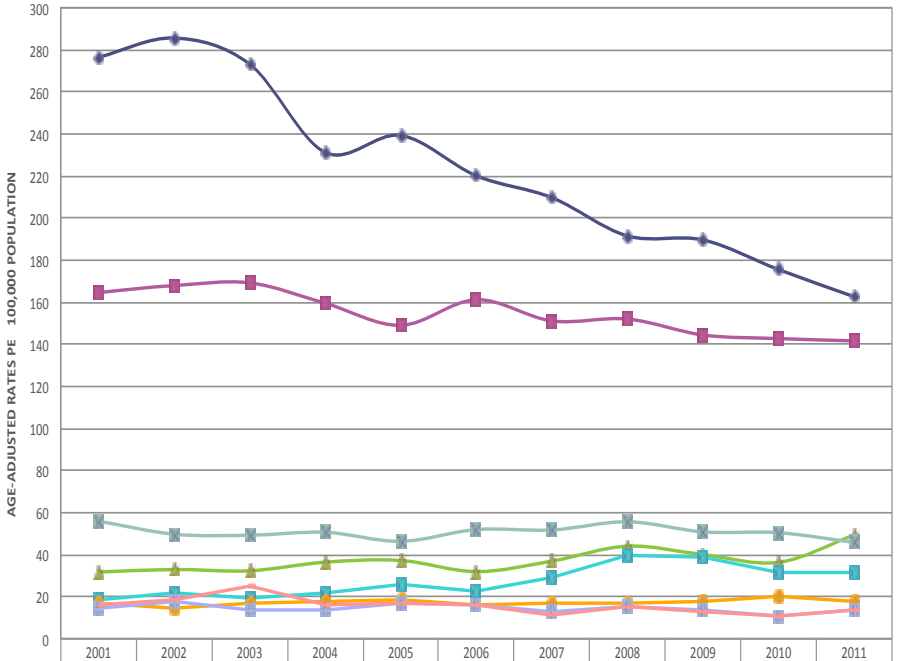
SELECTED HEALTH CONDITIONS AND CAUSES OF DEATH IN JEFFERSON COUNTY COMPARED TO THE HEALTHY PEOPLE 2010 AND HEALTHY PEOPLE 2020 TARGETS

		JEFFERSON COUNTY		HP 2010		HP 2020	
LEADING CAUSE OF DEATH RANK		YEAR	MEASURE	OBJECTIVE	TARGET	OBJECTIVE	TARGET
	REDUCE THE PROSTATE CANCER DEATH RATE	2011	21.2 DEATHS PER 100,000 MALES	3-7	28.2 DEATHS PER 100,000 MALES	C-7	21.2 DEATHS PER 100,000 MALES
4	CHRONIC LOWER RESPIRATORY DISEASE DEATH RATE	2011	45.8 DEATHS PER 100,000 POPULATION		NO TARGET		NO TARGET
	RISK FACTORS						
	INCREASE THE PROPORTION OF ADULTS (18+ YEARS) WHO HAVE HAD THEIR BLOOD CHOLESTEROL CHECKED WITHIN THE PRECEDING 5 YEARS	2009	83.6 PERCENT (ADULTS 18+)	12-15	80 PERCENT (AGE ADJUSTED, 18+ YEARS)	HDS-6	82.1 PERCENT (AGE ADJUSTED, 18+ YEARS)
	REDUCE THE PROPORTION OF ADULTS (18+ YEARS) WITH HYPERTENSION	2009	23.9 PERCENT (ADULTS 18+)	12-10	14 PERCENT (AGE ADJUSTED, 18+ YEARS)	HDS-5.1	26.9 PERCENT (AGE ADJUSTED, 18+ YEARS)
	REDUCE THE OVERALL RATE OF DIABETES THAT IS CLINICALLY DIAGNOSED	2010	5.1 PERCENT (ADULTS 18+)	5-3	2.5 PERCENT		NO TARGET
	REDUCE THE PROPORTION OF ADULTS WHO ARE OBESE (BMI $\geq$ 30)	2010	20.4 PERCENT (ADULTS 18+)	19-2	15 PERCENT (ADULTS 20+)	NWS-9	30.5 PERCENT (ADULTS 20+)
	INCREASE THE PROPORTION OF ADULTS WHO ARE AT A HEALTHY WEIGHT	2010	45.2 PERCENT (ADULTS 18+)		60 PERCENT(ADULTS 20+)	NWS-8	33.9 PERCENT (ADULTS 20+)
	REDUCE THE PROPORTION OF ADOLESCENTS AGED 12 TO 19 YEARS WHO ARE CONSIDERED OBESE		NO DATA AVAILABLE		5 PERCENT (ADOLESCENTS 12-19)	NWS-10.3	16.1 PERCENT (ADOLESCENTS 12-19)
	REDUCE THE PROPORTION OF ADULTS WHO ENGAGE IN NO LEISURE-TIME PHYSICAL ACTIVITY	2009-2010	14.5 PERCENT (ADULTS 18+)	22-1	20 PERCENT	PA-1	32.6 PERCENT
	REDUCE CIGARETTE SMOKING BY ADULTS	2010	13.8 PERCENT	27-1	12 PERCENT	TU-1.1	12.0 PERCENT
	REDUCE SUICIDE ATTEMPTS BY ADOLESCENTS (PERCENT, GRADES 9–12)		NO DATA AVAILABLE		NO TARGET	MHMD-2	1.7 SUICIDE ATTEMPTS PER 100 POPULATION

MORTALITY: LEADING CAUSES OF DEATH, AGE-ADJUSTED MORTALITY RATES, JEFFERSON COUNTY 2001-2011

SOURCE: VITAL STATISTICS, COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT

LEADING CAUSES OF DEATH, JEFFERSON COUNTY, 2001-2011



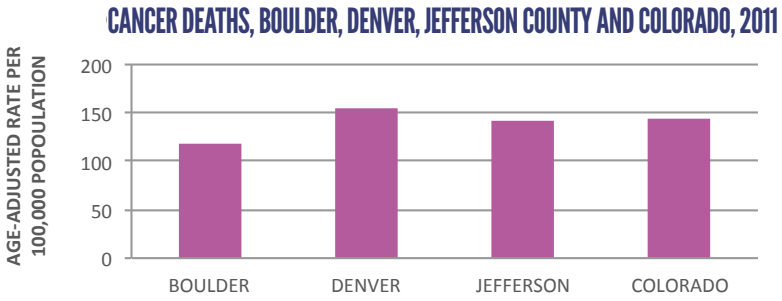
	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
#1 CARDIOVASCULAR DISEASE	276.4	285.6	273.2	231.2	239.3	220.1	209.7	191.5	189.6	175.5	162.6
#2 CANCER	164.8	167.9	169.2	159.5	149	161.2	151.1	152	144.4	142.7	141.6
#3 UNINTNETIONAL INJURY	31.7	32.9	32.3	36.4	37.2	31.9	36.9	44	40	36.3	49.3
#4 CHORNIC LOWER RESPIRATORY DISEASE	56	49.7	49.2	50.6	46.3	51.9	51.7	55.6	50.8	50.4	45.8
#5 ALZHEIMER	18.2	21.4	19.5	21.6	25.6	22.6	29.1	39.9	38.9	31.9	31.1
#6 SUICIDE	16.6	14.5	16.8	17.5	18.2	16.1	17.1	16.5	17.7	20.2	17.9
#8 DIABETES	14.1	17.7	13.7	13.5	17	15.9	13.2	15.3	13.3	10.8	13.6
#9 INFLUENZA AND PNEUMONIA	15.8	18.8	24.7	16.4	16.8	16	11.6	15.2	13.2	10.8	13.4

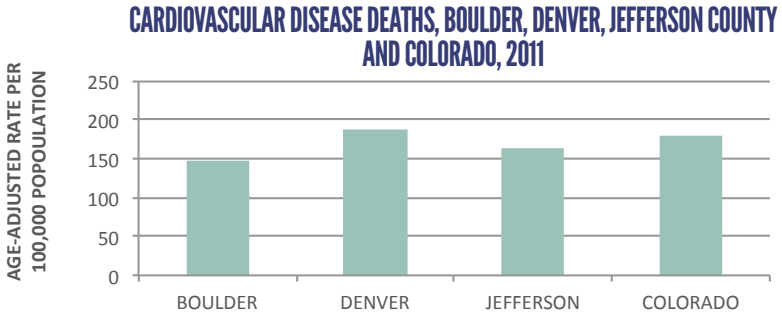
LEADING CAUSES OF DEATH, JEFFERSON COUNTY & COLORADO BY AGE-ADJUSTED RATES AND RANKS, 2011

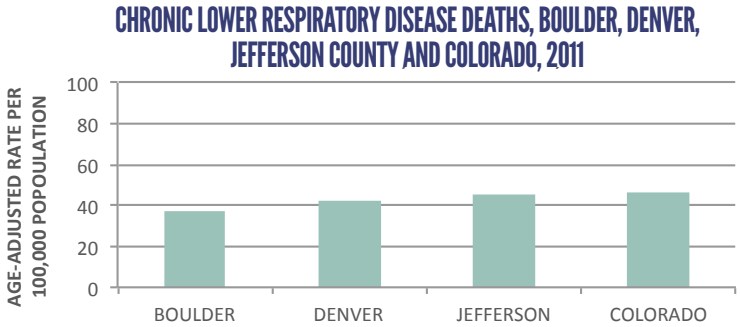
	JEFFERSON COUNTY		COLORADO	
CAUSE OF DEATH	RANK	AGE-ADJUSTED RATES PER 100,000 POPULATION	RANK	AGE-ADJUSTED RATES PER 100,000 POPULATION
ALL CAUSES		672.94		680.6
CARDIOVASCULAR DISEASES	1	162.6	1	180.6
CANCER	2	141.59	2	143.6
UNINTENTIONAL INJURIES	3	49.25	3	46.3
CHRONIC LOWER RESPIRATORY DISEASES	4	45.82	4	46.8
ALZHEIMERS DISEASE	5	31.08	5	29.3
SUICIDE	6	17.91	6	17.4
CHRONIC LIVER DISEASE AND CIRRHOSIS	7	16.37	9	12.3
DIABETES MELLITUS	8	13.63	7	16.4
INFLUENZA AND PNEUMONIA	9	13.36	8	13.1

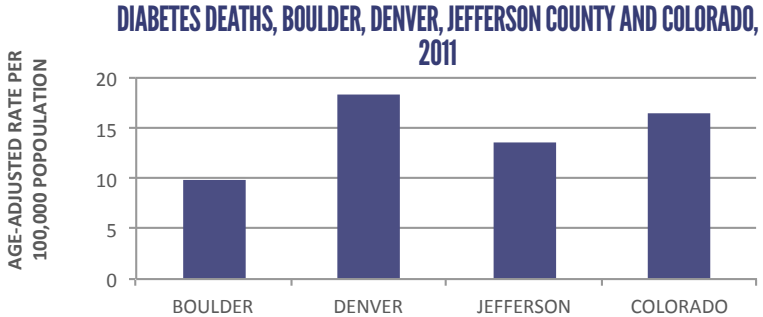
MORTALITY: TOP SIX CAUSES OF DEATH, AGE-ADJUSTED MORTALITY RATES, BOULDER, DENVER, JEFFERSON AND COLORADO, 2011

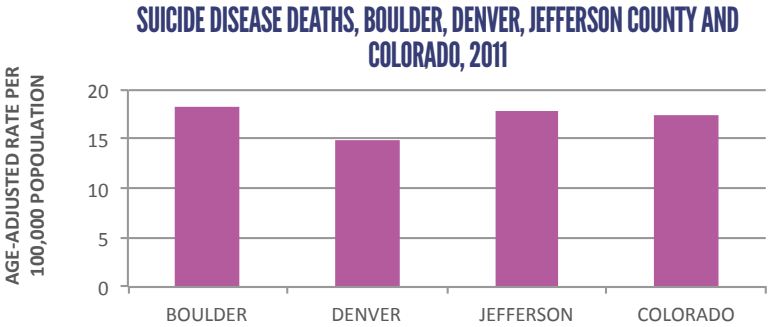
SOURCE: VITAL STATISTICS, COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT

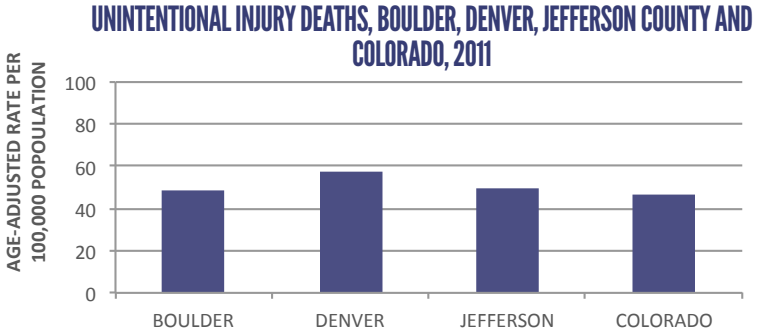








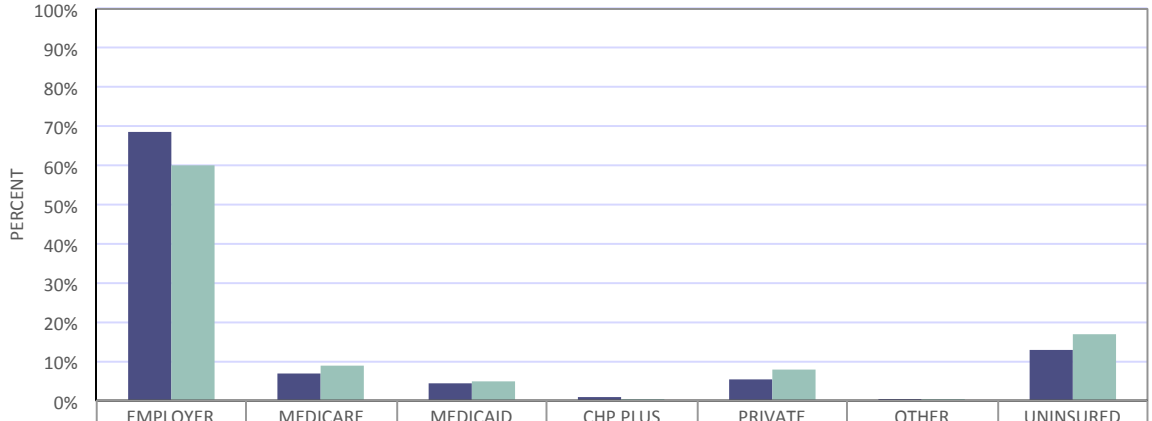




ACCESS TO HEALTHCARE, JEFFERSON COUNTY, 2009 AND 2011

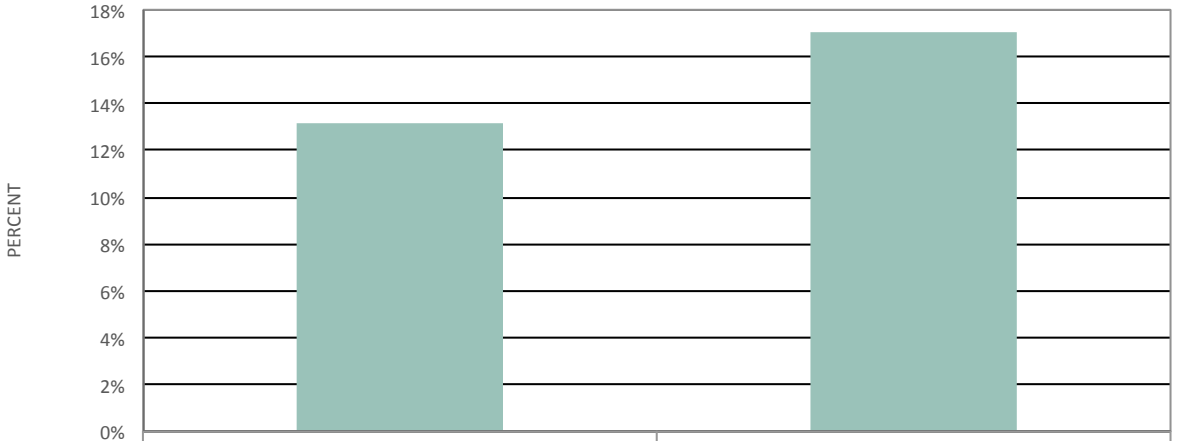
SOURCE: DATA FROM THE COLORADO HEALTH ACCESS SURVEY AND THE COLORADO HOUSEHOLD SURVEY, ANALYSIS BY THE COLORADO HEALTH INSTITUTE

HEALTH INSURANCE COVERAGE, JEFFERSON COUNTY, 2009 AND 2011



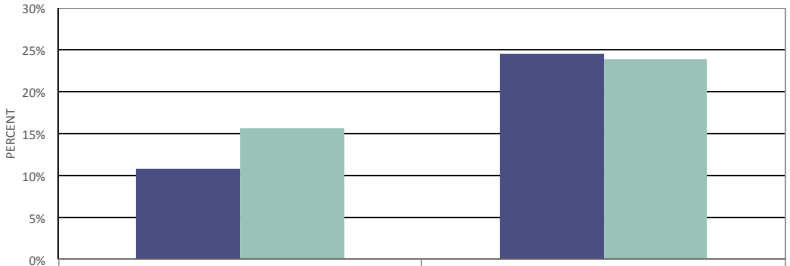
	EMPLOYER	MEDICARE	MEDICAID	CHP PLUS	PRIVATE	OTHER	UNINSURED
2009	68.7%	7.1%	4.6%	0.8%	5.4%	0.3%	13.1%
2011	60.1%	8.8%	5.1%	0.5%	8.0%	0.5%	17.0%

PERCENT OF UNINSURED RESIDENTS, JEFFERSON COUNTY, 2009 AND 2011



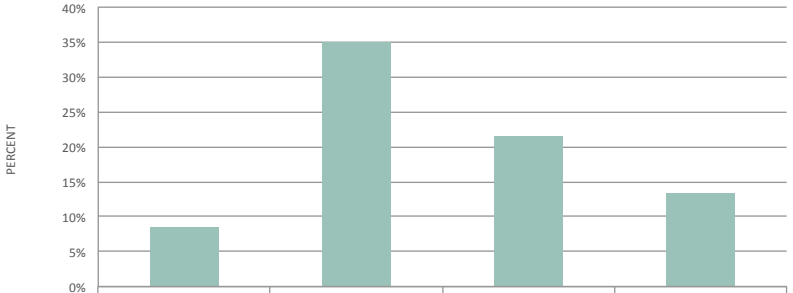
	2009	2011
UNINSURED	13.1%	17.0%

UNINSURED RATES BY RACE/ETHNICITY, JEFFERSON COUNTY, 2009 AND 2011



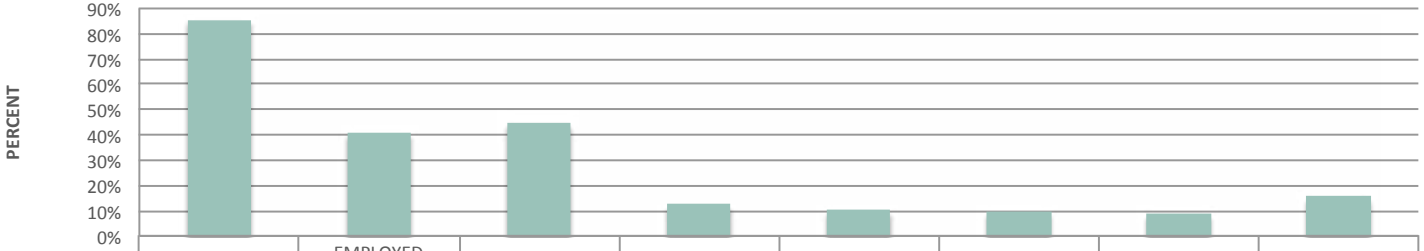
	WHITE, NON-HISPANIC	HISPANIC
2009	10.8%	24.5%
2011	15.7%	23.9%

UNINSURED RATES BY AGE GROUP, JEFFERSON COUNTY, 2011



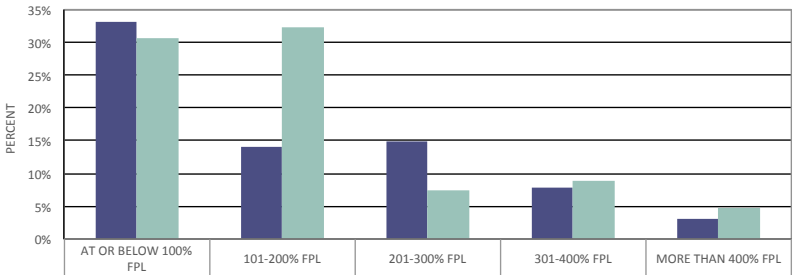
	AGE 0-18	AGE 19-34	AGE 35-54	AGE 55-64
UNINSURED	8.5%	35.0%	21.6%	13.3%

WHY PEOPLE ARE UNINSURED, JEFFERSON COUNTY, 2011



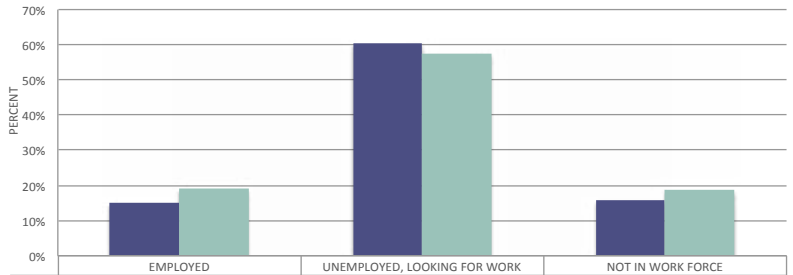
	COST OF HEALTH INSURANCE IS TOO HIGH	EMPLOYED FAMILY MEMBER DEPENDED ON FOR HEALTH INSURANCE WAS NOT OFFERED OR ELIGIBLE FOR EMPLOYER'S COVERAGE	EMPLOYED FAMILY MEMBER DEPENDED ON FOR HEALTH INSURANCE LOST JOB OR CHANGED EMPLOYERS	DO NOT KNOW HOW TO GET HEALTH INSURANCE	LOST ELIGIBILITY FIOR MEDICAID OR CHILD HEALTH PLAN PLUS (CHP+)	DO NOT NEED HEALTH INSURANCE	HAVE PRE-EXISTING MEDICAL CONDITION AND CANNOT OBTAIN HEALTH INSURANCE	FAMILY MEMBER WHO HAS HEALTH INSURANCE IS NO LONGER PART OF FAMILY
UNINSURED	85.0%	40.6%	44.7%	12.5%	10.4%	9.9%	9.0%	15.5%

UNINSURED RATES BY AGE INCOME AS A PERCENTAGE OF FEDERAL POVERTY LEVEL, JEFFERSON COUNTY, 2011



	AT OR BELOW 100% FPL	101-200% FPL	201-300% FPL	301-400% FPL	MORE THAN 400% FPL
2009	33.1%	14.0%	14.9%	7.9%	3.1%
2011	30.6%	32.4%	7.5%	8.8%	4.8%

UNINSURED RATE FOR WORKING ADULTS IN COLORADO AND JEFFERSON COUNTY, AGES 19-64, BY EMPLOYMENT STATUS, 2009 AND 2011

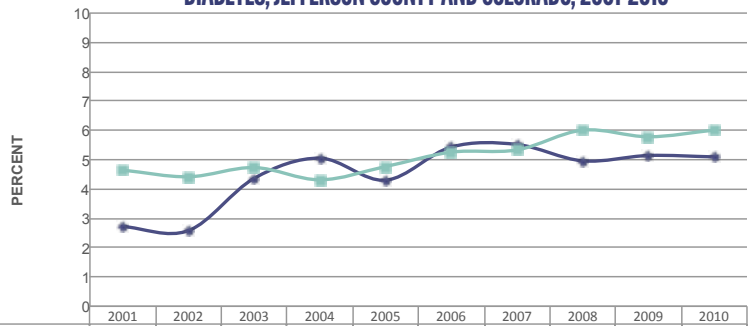


	EMPLOYED	UNEMPLOYED, LOOKING FOR WORK	NOT IN WORK FORCE
2009	14.9%	60.5%	15.9%
2011	19.0%	57.3%	18.7%

CHRONIC DISEASE RISK FACTORS, JEFFERSON COUNTY ADULTS AGE 18+

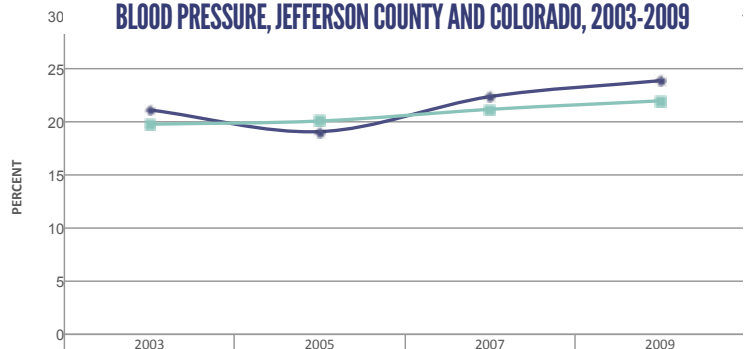
SOURCE: COLORADO BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM, COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT

PERCENT OF ADULTS REPORTING BEING TOLD BY A DOCTOR THEY HAVE DIABETES, JEFFERSON COUNTY AND COLORADO, 2001-2010



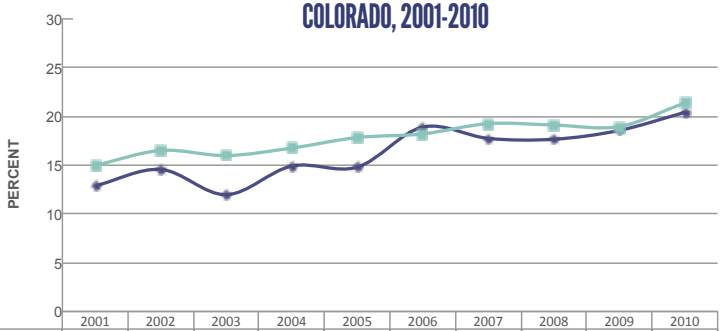
	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
JEFFERSON COUNTY	2.7	2.6	4.4	5.1	4.3	5.4	5.5	5.0	5.1	5.1
COLORADO	4.6	4.4	4.7	4.3	4.8	5.3	5.3	6.0	5.8	6.0

PERCENT OF ADULTS REPORTING BEING TOLD BY A DOCTOR THEY HAVE HIGH BLOOD PRESSURE, JEFFERSON COUNTY AND COLORADO, 2003-2009



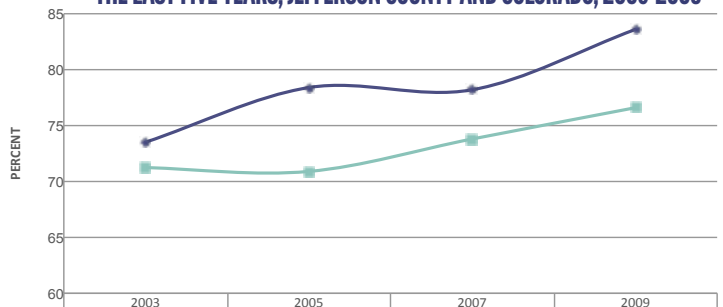
	2003	2005	2007	2009
JEFFERSON COUNTY	21.2	19.1	22.4	23.9
COLORADO	19.8	20.1	21.2	22

PERCENT OF ADULTS WHO ARE OBESE (BMI ≥ 30), JEFFERSON COUNTY AND COLORADO, 2001-2010



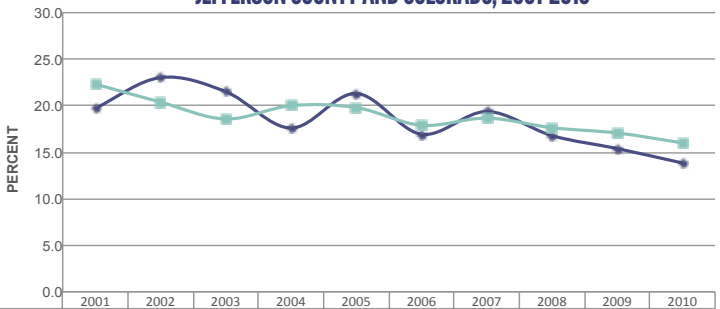
	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
JEFFERSON COUNTY	12.9	14.6	12.0	14.9	14.8	18.9	17.7	17.7	18.6	20.4
COLORADO	14.9	16.5	16.0	16.8	17.8	18.2	19.3	19.1	19.0	21.4

PERCENT OF ADULTS REPORTING HAVING CHOLESTEROL CHECKED WITHIN THE LAST FIVE YEARS, JEFFERSON COUNTY AND COLORADO, 2003-2009



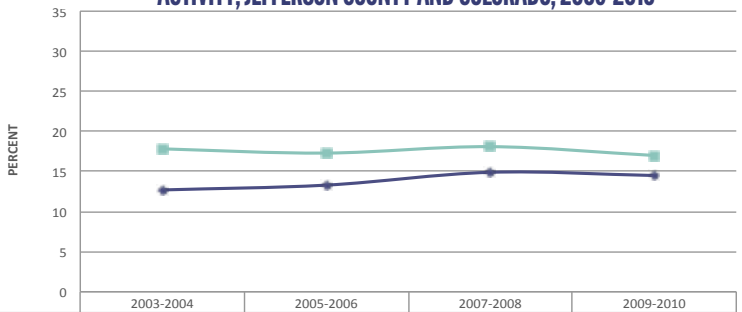
	2003	2005	2007	2009
JEFFERSON COUNTY	73.5	78.4	78.2	83.6
COLORADO	71.2	70.9	73.8	76.6

PERCENT OF ADULTS REPORTING CURRENTLY SMOKING CIGARETTES, JEFFERSON COUNTY AND COLORADO, 2001-2010



	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
JEFFERSON COUNTY	19.8	23.0	21.5	17.6	21.3	16.9	19.4	16.8	15.4	13.8
COLORADO	22.3	20.4	18.6	20.0	19.8	17.9	18.7	17.6	17.1	16.0

PERCENT OF ADULTS REPORTING ENGAGING IN ANY LEISURE TIME PHYSICAL ACTIVITY, JEFFERSON COUNTY AND COLORADO, 2003-2010

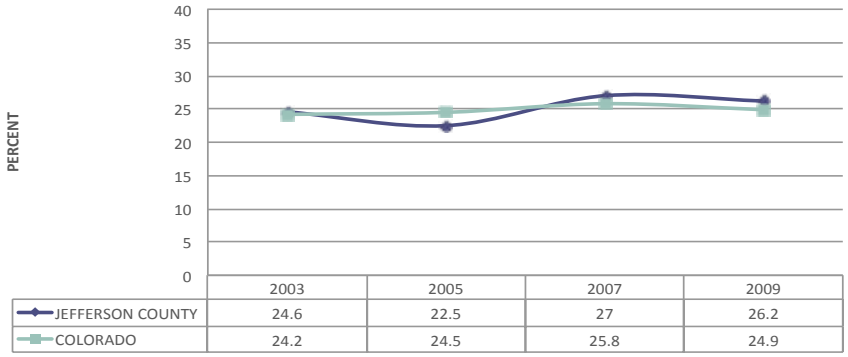


	2003-2004	2005-2006	2007-2008	2009-2010
JEFFERSON COUNTY	12.7	13.3	14.9	14.5
COLORADO	17.8	17.3	18.1	17

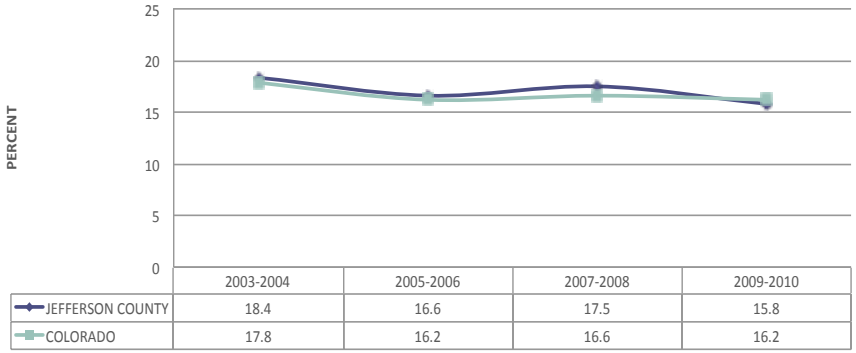
CHRONIC DISEASE RISK FACTORS, JEFFERSON COUNTY ADULTS AGE 18+

SOURCE: COLORADO BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM, COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT

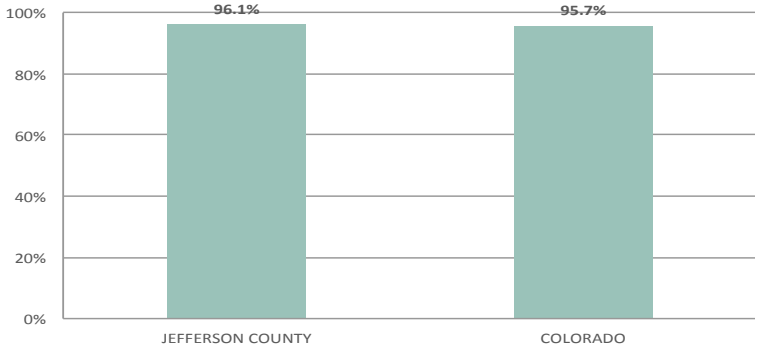
PERCENT OF ADULTS REPORTING CONSUMING FIVE OR MORE FRUITS AND VEGETABLES PER DAY, JEFFERSON COUNTY AND COLORADO, 2003-2009



PERCENT OF ADULTS REPORTING BINGE DRINKING IN THE PAST MONTH, JEFFERSON COUNTY AND COLORADO, 2003-2010



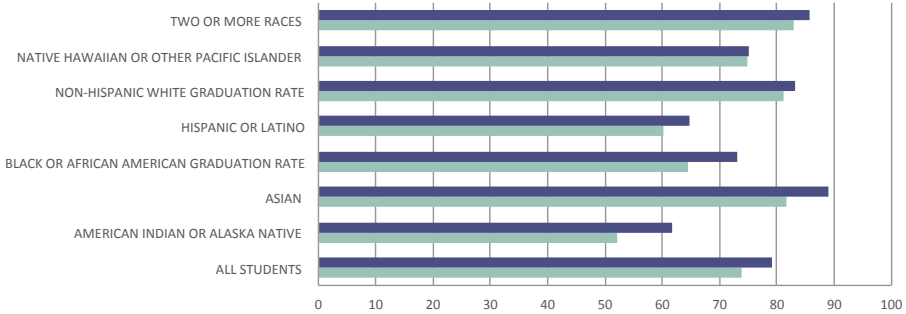
PERCENT OF ADULTS WHO SAY FRESH FRUITS, VEGETABLES AND OTHER HEALTHFUL FOODS ARE SOMEWHAT OR VERY AVAILABLE IN THEIR NEIGHBORHOOD, JEFFERSON COUNTY AND COLORADO, 2009



EDUCATION, COLORADO AND JEFFERSON COUNTY, 2009 AND 2011

SOURCE: EDUCATION STATISTICS, COLORADO DEPARTMENT OF EDUCATION

HIGH SCHOOL GRADUATION RATES BY RACE/ETHNICITY, JEFFERSON COUNTY AND COLORADO, 2011



	ALL STUDENTS	AMERICAN INDIAN OR ALASKA NATIVE	ASIAN	BLACK OR AFRICAN AMERICAN GRADUATION RATE	HISPANIC OR LATINO	NON-HISPANIC WHITE GRADUATION RATE	NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	TWO OR MORE RACES
JEFFERSON COUNTY	79.1	61.8	89	73.1	64.8	83.1	75	85.7
COLORADO	73.9	52.2	81.7	64.6	60.1	81.1	74.8	82.8

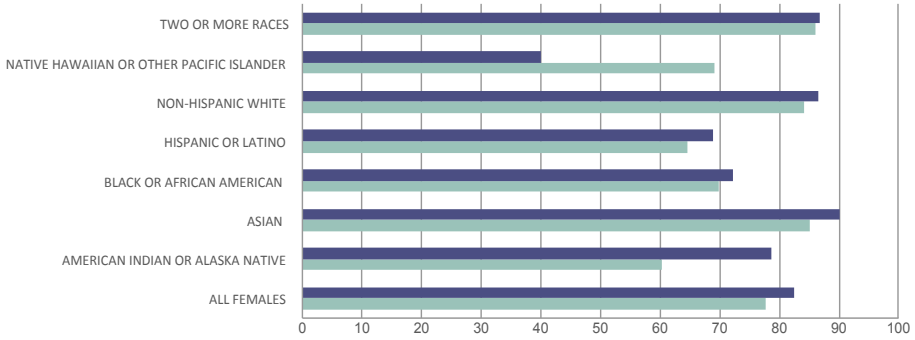
DATA HIGH LIGHTS:

- In 2011 Jefferson County's graduation rate was 79.1%, Asian students had the highest graduation rate with 89%, while American Indians/Alaska Natives (61.8%) and Hispanic (64.8) students had the lowest.
- Among males the graduation rate was 76%, Native Hawaiian/Pacific Islander male students had the highest graduation rate (100%), while American Indans/Alaska Natives (44.4%) and Hispanic (60.4%) male students had the lowest graduation rates.
- Among females the graduation rate was 82.4%, Asian (90%) female students had the highest graduation rate while Native Hawaiian/Pacific Islanders (40%) and Hispanic (68.8%) female students had the lowest graduation rates.

HIGH SCHOOL GRADUATION RATES AMONG MALES BY RACE/ETHNICITY, JEFFERSON COUNTY & COLORADO, 2011

	ALL MALES	AMERICAN INDIAN OR ALASKA NATIVE	ASIAN	BLACK OR AFRICAN AMERICAN MALE GRADUATION RATE	HISPANIC OR LATINO	NON-HISPANIC WHITE	NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	TWO OR MORE RACES
JEFFERSON COUNTY	76	44.4	88.1	73.8	60.4	79.9	100	84.7
COLORADO	70.3	43.7	78.4	59.5	55.6	78.1	79.2	79.4

HIGH SCHOOL GRADUATION RATES AMONG FEMALES BY RACE/ETHNICITY JEFFERSON COUNTY & COLORADO, 2011

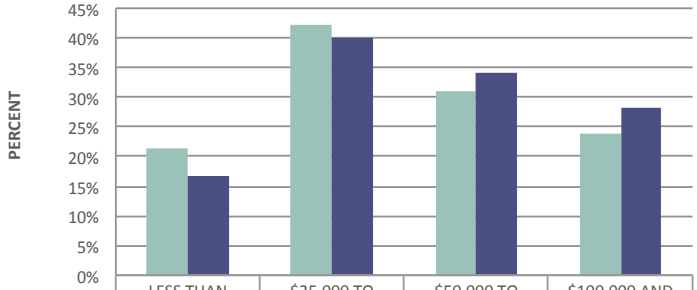


	ALL FEMALES	AMERICAN INDIAN OR ALASKA NATIVE	ASIAN	BLACK OR AFRICAN AMERICAN	HISPANIC OR LATINO	NON-HISPANIC WHITE	NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	TWO OR MORE RACES
JEFFERSON COUNTY	82.4	78.6	90	72.2	68.8	86.5	40	86.7
COLORADO	77.6	60.3	85.2	69.8	64.7	84.2	69	86.1

GENERAL INCOME CHARACTERISTICS, JEFFERSON COUNTY & COLORADO, 2011

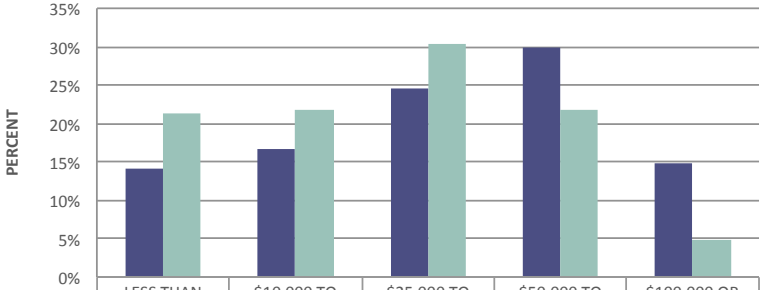
SOURCE: AMERICAN COMMUNITY SURVEY, U.S. CENSUS BUREAU, 2011

HOUSEHOLD INCOME, JEFFERSON COUNTY AND COLORADO, 2011



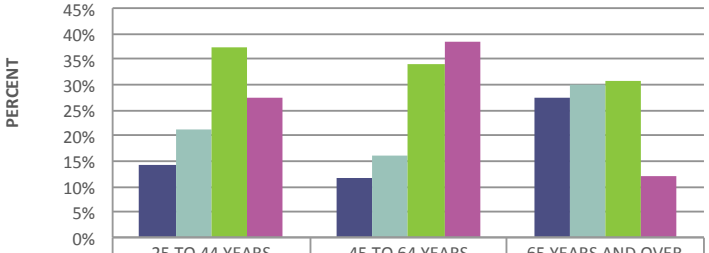
	LESS THAN $25,000	$25,000 TO $49,999	$50,000 TO $99,999	$100,000 AND OVER
COLORADO	21.50%	42.32%	31.16%	23.77%
JEFFERSON COUNTY	16.65%	40.13%	34.03%	28.36%

INCOME BY GENDER, JEFFERSON COUNTY, 2011



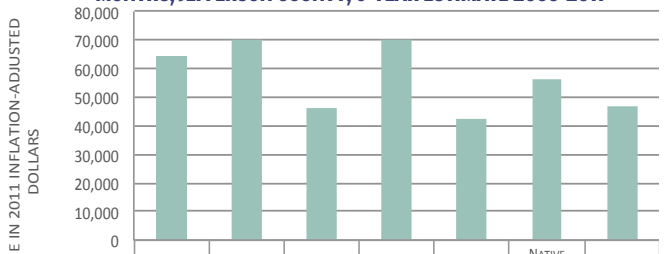
	LESS THAN $10,000	$10,000 TO $24,999	$25,000 TO $49,999	$50,000 TO $99,999	$100,000 OR MORE
MALE	14%	17%	25%	30%	15%
FEMALE	21%	22%	30%	22%	5%

HOUSEHOLD INCOME BY AGE, JEFFERSON COUNTY, 2011



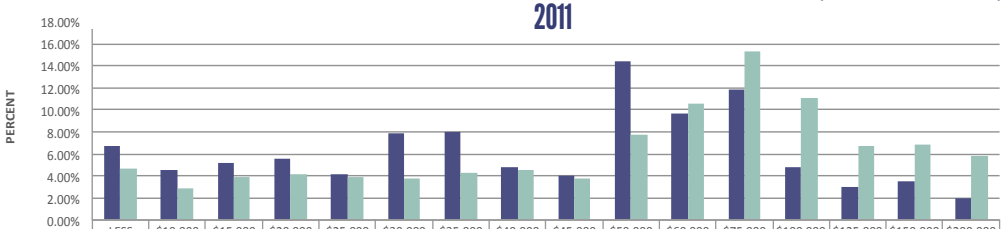
	25 TO 44 YEARS	45 TO 64 YEARS	65 YEARS AND OVER
LESS THAN $25,000	14.28%	11.52%	27.26%
$25,000 TO $49,999	21.17%	16.02%	30.06%
$50,000 TO $99,999	37.15%	34.16%	30.73%
$100,000 AND OVER	27.40%	38.30%	11.96%

MEDIAN HOUSEHOLD INCOME BY RACE/ETHNICITY IN THE PAST 12 MONTHS, JEFFERSON COUNTY, 3-YEAR ESTIMATE 2009-2011



	MEDIAN HOUSEHOLD INCOME	NON-HISPANIC WHITE	BLACK OR AFRICAN AMERICAN	ASIAN	AMERICAN INDIAN AND ALASKA NATIVE	NATIVE HAWAIIAN AND OTHER PACIFIC ISLANDER	HISPANIC
INCOME IN 2011 INFLATION ADJUSTED DOLLARS	64,292	70,279	45,979	70,010	42,216	56,139	47,093

HOUSEHOLD INCOME DISTRIBUTION AMONG NON-HISPANIC WHITES AND HISPANICS, JEFFERSON COUNTY, 2011

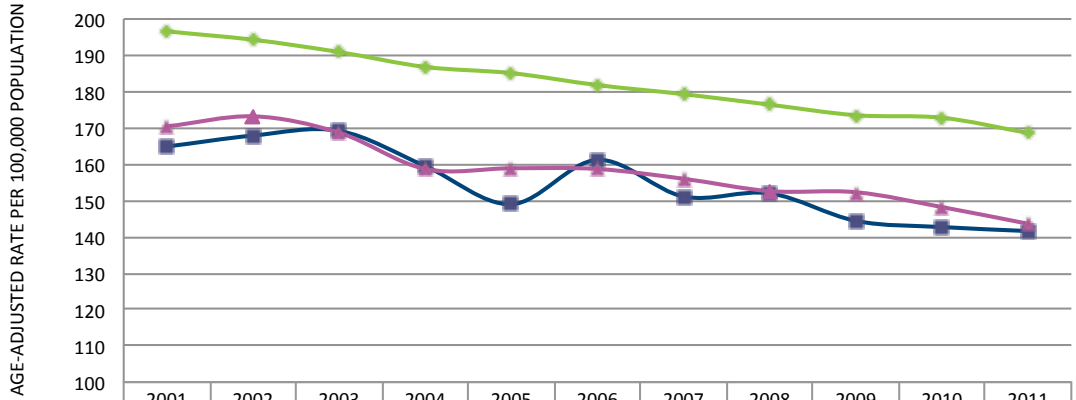


	LESS THAN $10,000	$10,000 TO $14,999	$15,000 TO $19,999	$20,000 TO $24,999	$25,000 TO $29,999	$30,000 TO $34,999	$35,000 TO $39,999	$40,000 TO $44,999	$45,000 TO $49,999	$50,000 TO $59,999	$60,000 TO $74,999	$75,000 TO $99,999	$100,000 TO $124,999	$125,000 TO $149,999	$150,000 TO $199,999	$200,000 OR MORE
HISPANIC	6.74%	4.50%	5.13%	5.51%	4.15%	7.84%	8.02%	4.86%	4.06%	14.44%	9.66%	11.83%	4.76%	3.05%	3.52%	1.92%
NON-HISPANIC WHITE	4.71%	2.90%	3.87%	4.15%	3.84%	3.79%	4.33%	4.59%	3.72%	7.71%	10.55%	15.33%	11.10%	6.71%	6.84%	5.85%

MORTALITY: CANCER MORTALITY, AGE-ADJUSTED RATES JEFFERSON COUNTY, COLORADO, AND THE UNITED STATES 2001-2011

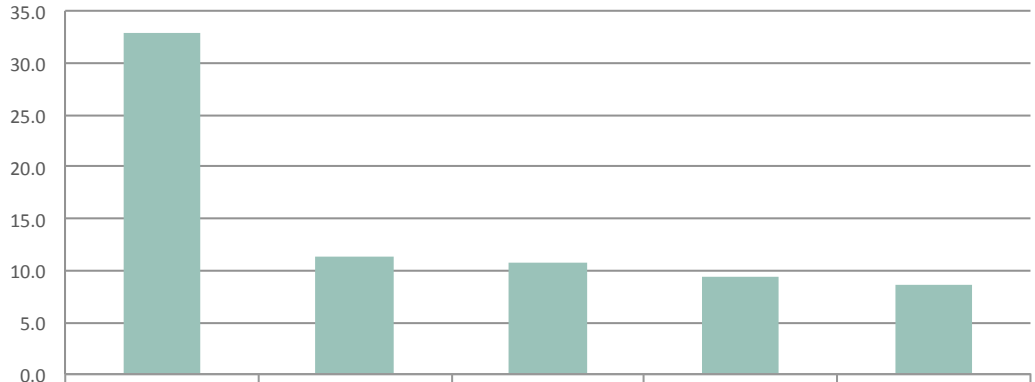
SOURCE: VITAL STATISTICS, [1] COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT, [2] NATIONAL VITAL STATISTICS REPORT, NATIONAL CENTER FOR HEALTH STATISTICS, *2011 U.S. DATA IS PRELIMINARY

ALL CANCER DEATHS, JEFFERSON COUNTY, COLORADO AND THE UNITED STATES, 2001-2011



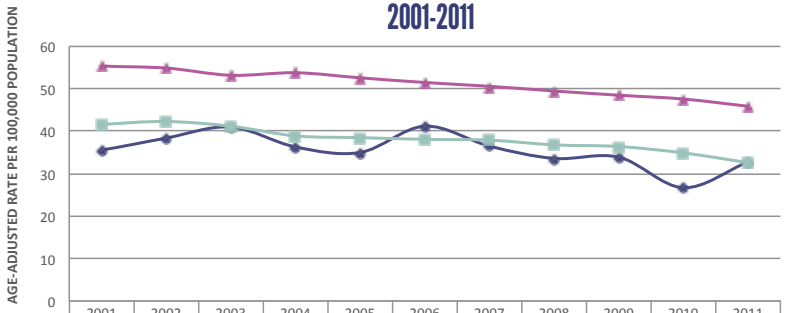
	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
JEFFERSON COUNTY[1]	164.8	167.9	169.2	159.5	149	161.2	151.1	152	144.4	142.7	141.6
COLORADO[1]	170.2	173.2	168.7	158.7	158.9	158.7	156	152.6	152.3	148.2	143.6
UNITED STATES[2]*	196.5	194.3	190.9	186.8	185.1	181.8	179.3	176.4	173.5	172.8	168.6

LEADING CAUSES OF CANCER DEATH, JEFFERSON COUNTY, 2011



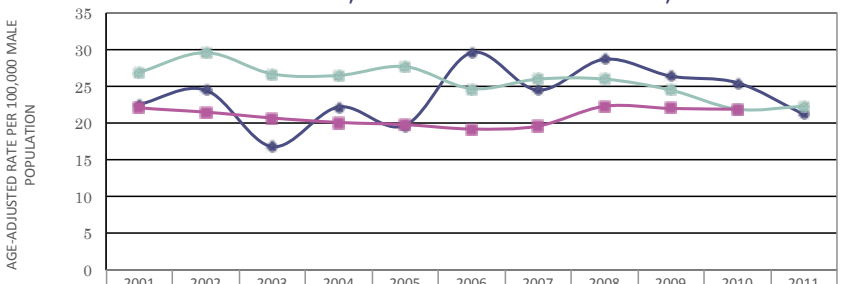
	TRACHEA BRONCUS AND LUNG	COLON AND RECTUM	BREAST	PANCREAS	PROSTATE
AGE-ADJUSTED RATES PER 100,000	32.8	11.4	10.7	9.4	8.7

LUNG CANCER DEATHS, JEFFERSON COUNTY, COLORADO AND THE UNITED STATES, 2001-2011



	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
JEFFERSON COUNTY[1]	35.4	38.4	41	36.3	35	41.2	36.5	33.6	33.9	26.7	32.8
COLORADO[1]	41.7	42.3	41.2	38.9	38.5	38.1	37.9	36.8	36.4	34.9	32.6
UNITED STATES[2]*	55.3	54.9	53.2	53.8	52.6	51.5	50.6	49.5	48.5	47.6	45.9

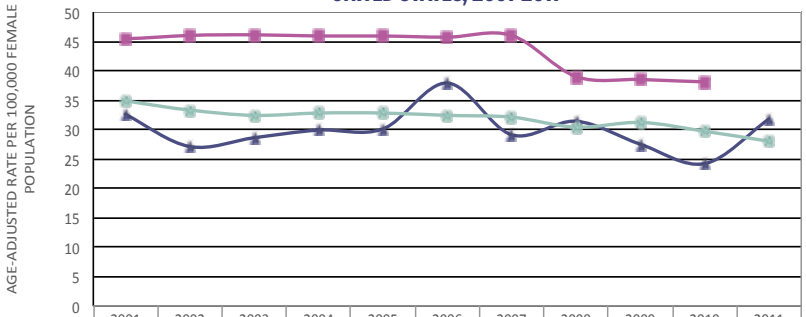
PROSTATE CANCER DEATHS AMONG MALES, JEFFERSON COUNTY, COLORADO AND THE UNITED STATES, 2001-2011



	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
JEFFERSON COUNTY[1]	22.6	24.5	16.8	22.2	19.7	29.6	24.5	28.7	26.4	25.5	21.2
COLORADO[1]	26.9	29.6	26.7	26.5	27.7	24.7	26	26	24.5	21.9	22.3
UNITED STATES[2]*	22	21.5	20.7	20.1	19.8	19.2	19.6	22.3	22	21.9	

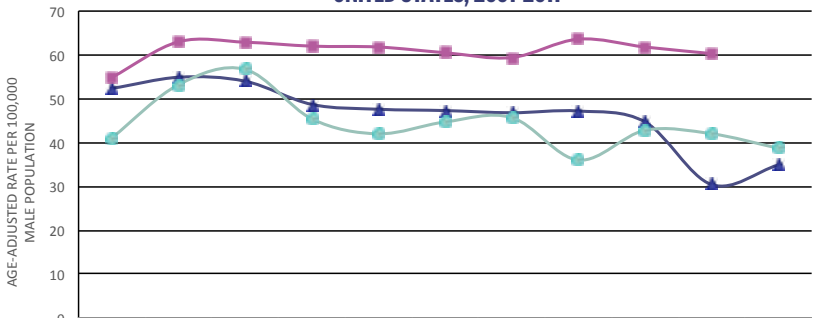
*U.S. DATA NOT AVAILABLE FOR 2011

LUNG CANCER DEATHS AMONG FEMALES JEFFERSON COUNTY, COLORADO AND THE UNITED STATES, 2001-2011



	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
JEFFERSON COUNTY[1]	32.5	27.1	28.6	29.9	30.1	37.9	29.1	31.4	27.5	24.2	31.8
COLORADO[1]	34.8	33.3	32.4	32.8	32.8	32.4	32.1	30.4	31.2	29.7	28
UNITED STATES[2]*	45.3	46	46.1	45.9	45.9	45.7	46	39	38.5	38.1	

LUNG CANCER DEATHS AMONG MALES JEFFERSON COUNTY, COLORADO AND THE UNITED STATES, 2001-2011



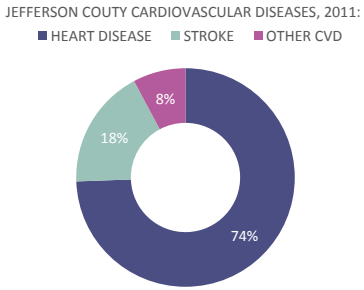
	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
JEFFERSON COUNTY[1]	52.2	54.9	54	48.7	47.6	47.3	46.8	47.2	44.7	30.4	34.9
COLORADO[1]	41.1	53.2	56.7	45.4	42	44.7	45.7	36	42.8	42	38.7
UNITED STATES[2]*	54.8	63	62.9	62	61.8	60.5	59.4	63.6	61.8	60.3	

*U.S. DATA NOT AVAILABLE FOR 2011

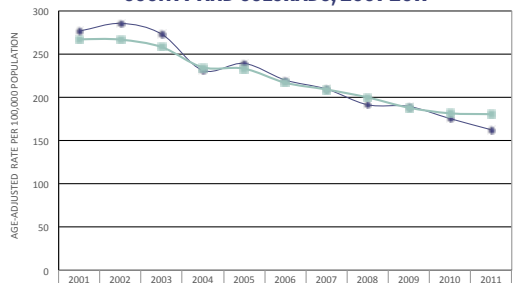
MORTALITY: CARDIOVASCULAR DISEASE, AGE-ADJUSTED MORTALITY RATES, JEFFERSON COUNTY & COLORADO, 2001-2011

COLORADO DEPARTMENT OF PUBLIC HEALTH AND THE ENVIRONMENT, VITAL STATISTICS, COHID MORTALITY DATA, COLORADO HOSPITAL ASSOCIATION DATA

JEFFERSON COUNTY CARDIOVASCULAR DISEASES, 2011

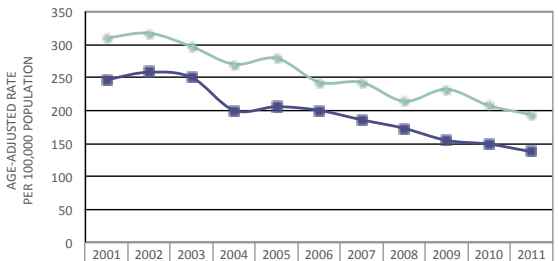


CARDIOVASCULAR DISEASE DEATHS, JEFFERSON COUNTY AND COLORADO, 2001-2011



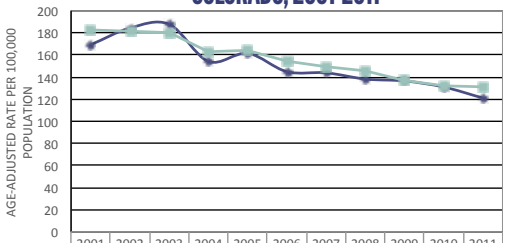
	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
JEFFERSON COUNTY	276.4	285.6	273.2	231.2	239.3	220.1	209.7	191.5	189.6	175.5	162.6
COLORADO	267.7	266.8	258.2	234.8	233.3	217	209.2	200	188.1	181.6	180.6

CARDIOVASCULAR DISEASE DEATHS BY GENDER, JEFFERSON COUNTY, 2001-2011



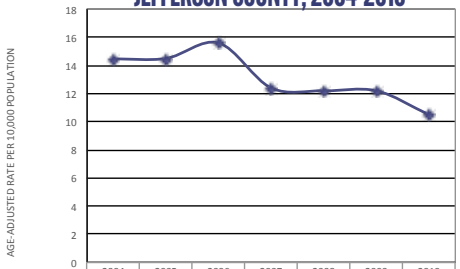
	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
MALES	310.4	317.2	297	270.1	279.2	243	242.7	214	232.2	207.4	193.6
FEMALES	247.4	258.1	250.1	200.2	205.8	200.2	185.9	173	154.7	149	137.5

HEART DISEASE DEATHS, JEFFERSON COUNTY AND COLORADO, 2001-2011



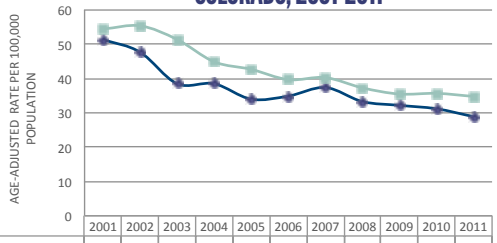
	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
JEFFERSON COUNTY	169.1	184.4	187.8	154.2	161.5	144.9	143.9	138.2	136.5	131	121
COLORADO	182.2	181.7	179.8	162.7	164.5	154.6	149.8	145.6	137.6	131.5	131.2

HEART ATTACK HOSPITALIZATION RATES, JEFFERSON COUNTY, 2004-2010



	2004	2005	2006	2007	2008	2009	2010
AGE-ADJSUTED RATES PER 10,000	14.5	14.5	15.6	12.4	12.2	12.2	10.5

STROKE DEATHS, JEFFERSON COUNTY AND COLORADO, 2001-2011

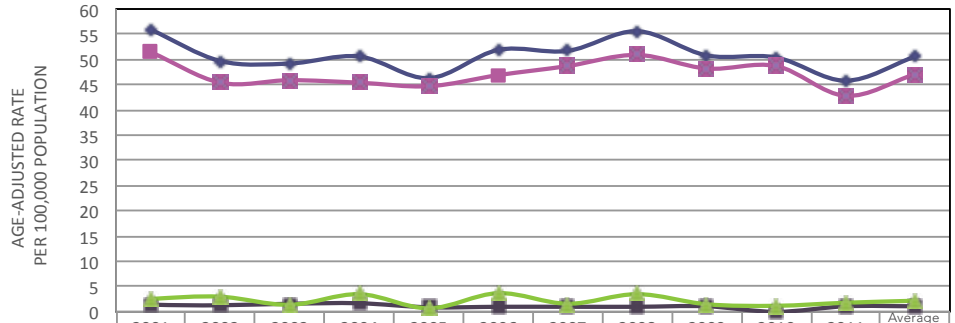


	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
JEFFERSON COUNTY	51.5	47.7	38.5	38.5	34	34.9	37.4	33.3	32.2	31.2	28.9
COLORADO	54.4	55.4	51.4	44.9	42.7	39.7	40.3	37.3	35.5	35.7	34.8

MORTALITY: CHRONIC LOWER RESPIRATORY DISEASES-AGE-ADJUSTED MORTALITY RATES, JEFFERSON COUNTY, COLORADO, AND THE UNITED STATES, 2001-2011

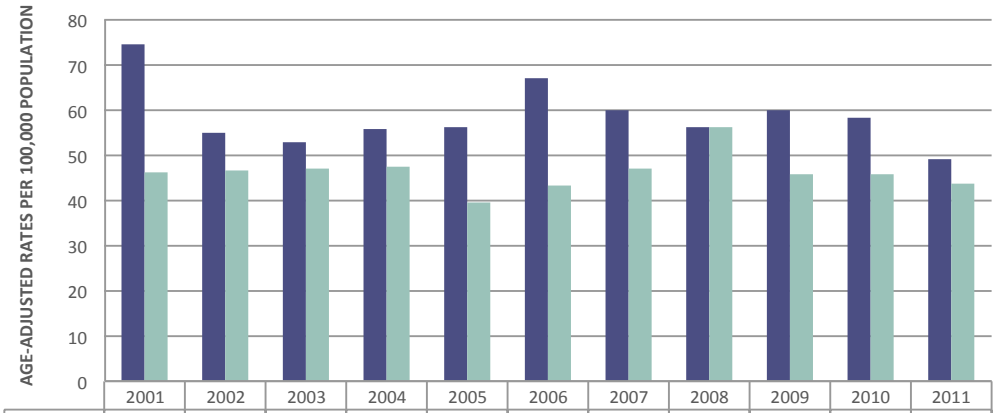
COLORADO DEPARTMENT OF PUBLIC HEALTH AND THE ENVIRONMENT, VITAL STATISTICS, COHID MORTALITY DATA; COLORADO HOSPITAL ASSOCIATION DATA

CHRONIC LOWER RESPIRATORY DISEASES DEATHS BY TYPE, JEFFERSON COUNTY, 2001-2011



	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	Average '01 - '11
CLRD	56	49.7	49.2	50.6	46.3	51.9	51.7	55.6	50.8	50.4	45.8	50.6
ASTHMA	1.3	1.3	1.6	1.7	0.9	1	1	1	1.1	0	1.1	1.1
EMPHYSEMA	2.7	3	1.4	3.5	0.7	3.7	1.6	3.5	1.5	1.2	1.8	2.2
OTHER LCRD	51.6	45.4	45.9	45.4	44.7	46.9	48.7	50.9	48.2	48.7	42.8	47.1

CHRONIC LOWER RESPIRATORY DISEASES DEATHS BY GENDER, JEFFERSON COUNTY, 2001-2011

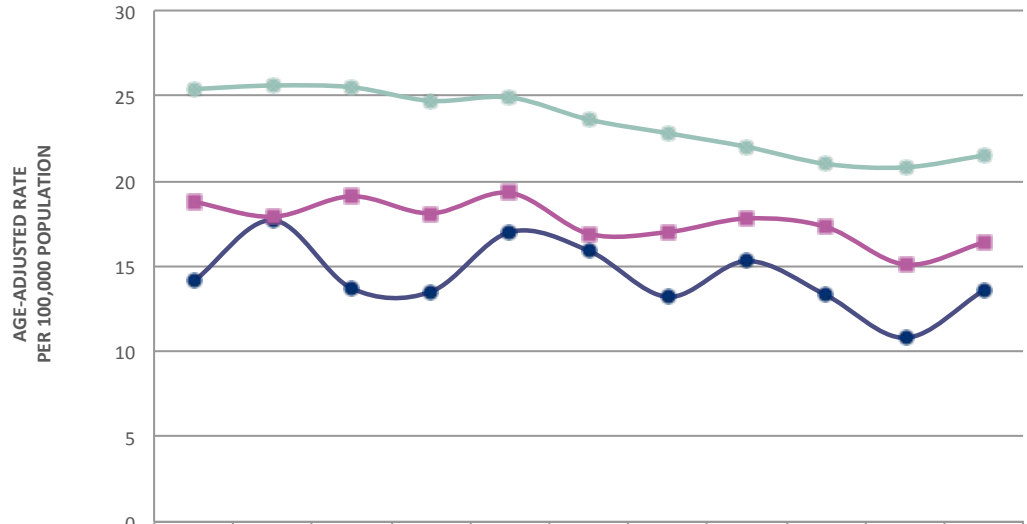


	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
MALES	74.4	55.1	52.9	55.7	56.3	66.9	60.1	56.2	60	58.2	49.2
FEMALES	46.2	46.5	47	47.5	39.4	43.2	47.2	56.4	45.9	46	43.7

MORTALITY: DIABETES AGE-ADJUSTED MORTALITY RATES,JEFFERSON COUNTY, COLORADO AND THE UNITED STATES, 2001-2011

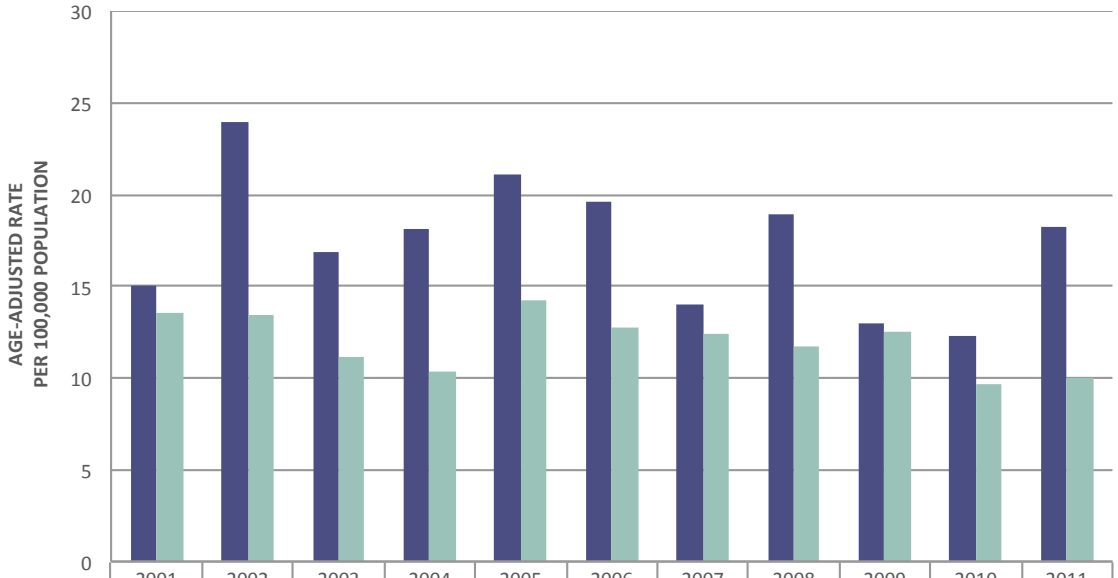
SOURCE: VITAL STATISTICS, [1]COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT, [2]NATIONAL VITAL STATISTICS REPORT, NATIONAL CENTER FOR HEALTH STATISTICS, *2011 U.S. DATA IS PRELIMINARY

DIABETES DEATHS, JEFFERSON COUNTY, COLORADO AND THE UNITED STATES, 2001-2011



	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
JEFFERSON COUNTY[1]	14.1	17.7	13.7	13.5	17	15.9	13.2	15.3	13.3	10.8	13.6
COLORADO[1]	18.8	17.9	19.1	18.1	19.3	16.9	17	17.8	17.3	15.1	16.4
UNITED STATES[2]*	25.4	25.6	25.5	24.7	24.9	23.6	22.8	22	21	20.8	21.5

DIABETES DEATHS BY GENDER, JEFFERSON COUNTY, 2001-2011

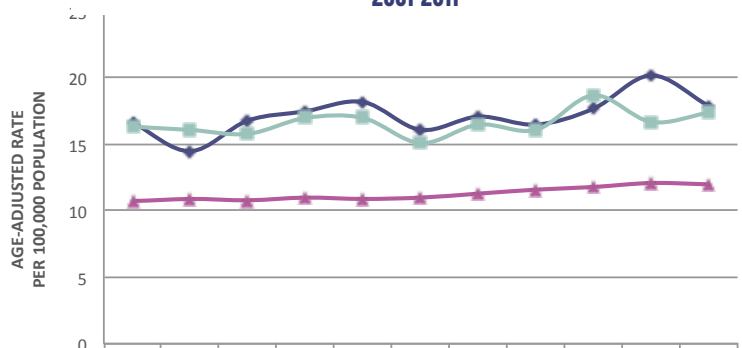


	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
MALES	15	23.9	16.9	18.1	21.1	19.6	14	18.9	13	12.3	18.2
FEMALES	13.5	13.4	11.2	10.4	14.2	12.8	12.4	11.7	12.5	9.7	10

MORTALITY: SUICIDE AGE-ADJUSTED MORTALITY RATES JEFFERSON COUNTY, COLORADO, AND THE UNITED STATES, 2001-2011

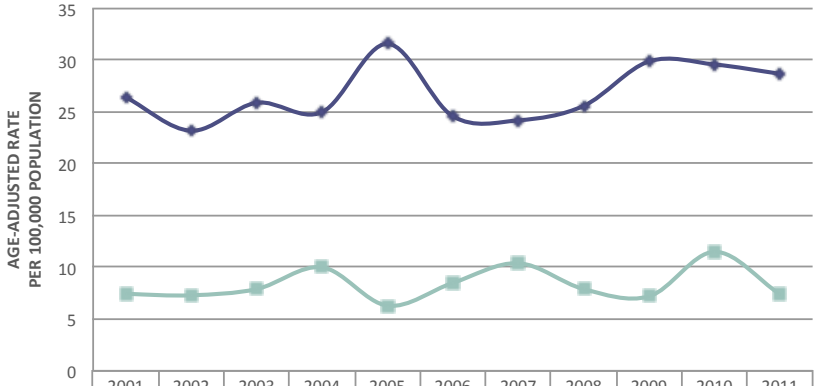
SOURCE: VITAL STATISTICS, [1] COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT, [2] NATIONAL VITAL STATISTICS REPORT, NATIONAL CENTER FOR HEALTH STATISTICS, *2011 U.S. DATA IS PRELIMINARY

SUICIDE DEATHS, JEFFERSON COUNTY, COLORADO AND THE UNITED STATES, 2001-2011



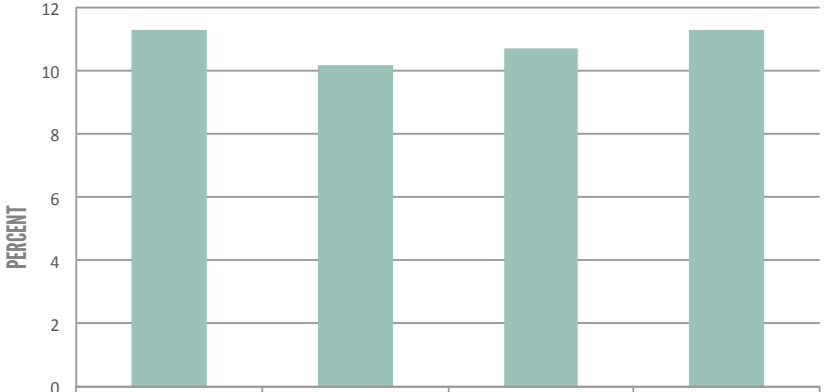
	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
JEFFERSON COUNTY[1]	16.6	14.5	16.8	17.5	18.2	16.1	17.1	16.5	17.7	20.2	17.9
COLORADO[1]	16.3	16.1	15.8	17	17	15.1	16.5	16.1	18.7	16.7	17.4
UNITED STATES[2]*	10.7	10.9	10.8	11	10.9	11	11.3	11.6	11.8	12.1	12

SUICIDE DEATHS BY GENDER, JEFFERSON COUNTY, 2001-2011



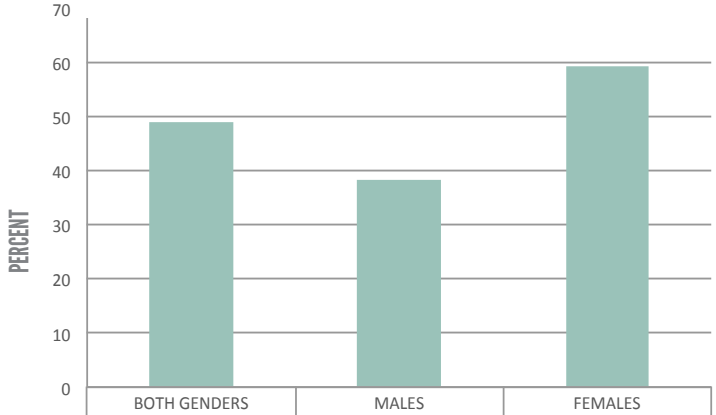
	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
MALES	26.4	23.2	25.9	25	31.6	24.6	24.2	25.6	29.9	29.6	28.7
FEMALES	7.4	7.3	7.9	10	6.3	8.5	10.4	7.9	7.2	11.5	7.4

PERCENT OF ADULTS REPORTING 8 OR MORE DAYS WITH POOR MENTAL HEALTH IN THE LAST MONTH, JEFFERSON COUNTY, 2004-2010



	2004-2003	2006-2005	2007-2008	2009-2010
PERCENT	11.3	10.2	10.7	11.3

SUICIDE HOSPITALIZATIONS BY GENDER, JEFFERSON COUNTY, 2011

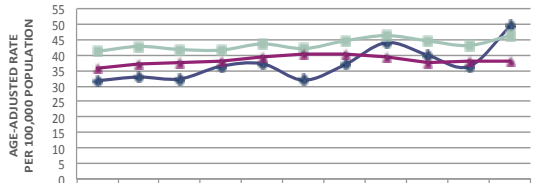


	BOTH GENDERS	MALES	FEMALES
CRUDE RATE PER 100,000 POPULATION	48.9	38.4	59.2

MORTALITY: UNINTENTIONAL INJURY AGE-ADJUSTED MORTALITY RATES, JEFFERSON COUNTY, COLORADO AND THE UNITED STATES, 2001-2011

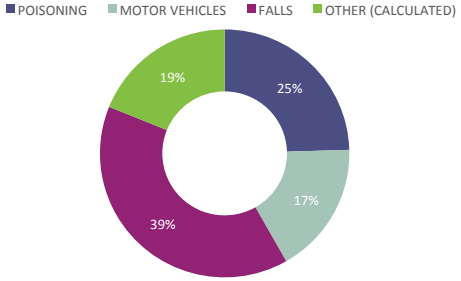
SOURCE: VITAL STATISTICS, [1] COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT, [2] NATIONAL VITAL STATISTICS REPORT, NATIONAL CENTER FOR HEALTH STATISTICS, *2011 U.S. DATA IS PRELIMINARY

UNINTENTIONAL INJURY DEATHS, JEFFERSON COUNTY, COLORADO AND THE UNITED STATES, 2001-2011

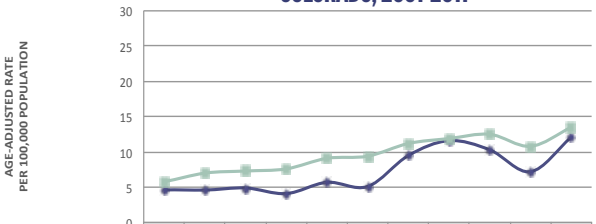


	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
JEFFERSON COUNTY[1]	31.7	32.9	32.3	36.4	37.2	31.9	36.9	44	40	36.3	49.3
COLORADO[1]	41.1	42.8	41.8	41.6	43.6	42.1	44.6	46.3	44.6	43.1	46.3
UNITED STATES[2]*	35.7	37.1	37.6	38.1	39.5	40.2	40.4	39.2	37.5	38	38

UNINTENTIONAL INJURY DEATHS BY TYPE, JEFFERSON COUNTY, 2011

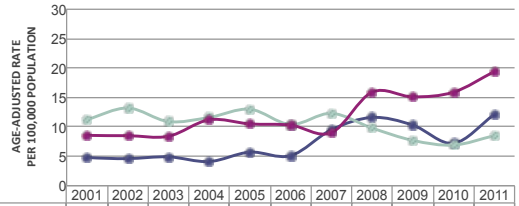


POISONING DEATHS, JEFFERSON COUNTY AND COLORADO, 2001-2011



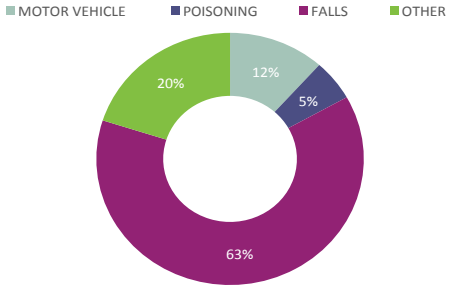
	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
JEFFERSON COUNTY	4.7	4.6	4.9	4.1	5.7	5.1	9.5	11.6	10.3	7.2	12.1
COLORADO	5.7	7	7.3	7.6	9.1	9.4	11.2	11.9	12.5	10.8	13.5

UNINTENTIONAL INJURY DEATHS BY TYPE, JEFFERSON COUNTY, 2001-2011

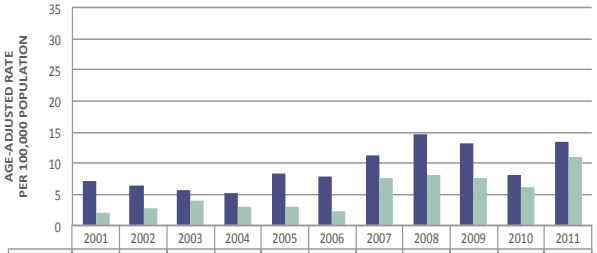


	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
POISONING	4.7	4.6	4.9	4.1	5.7	5.1	9.5	11.6	10.3	7.2	12.1
MOTOR VEHICLE	11.2	13.2	10.9	11.6	13	10.4	12.3	9.8	7.7	6.9	8.5
FALLS	8.5	8.5	8.4	11.2	10.5	10.3	9	15.9	15.1	15.9	19.4

UNINTENTIONAL INJURY HOSPITALIZATIONS, JEFFERSON COUNTY, 2001-2011

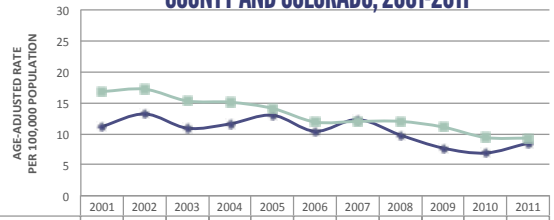


POISONING DEATHS BY GENDER, JEFFERSON COUNTY, 2001-2011



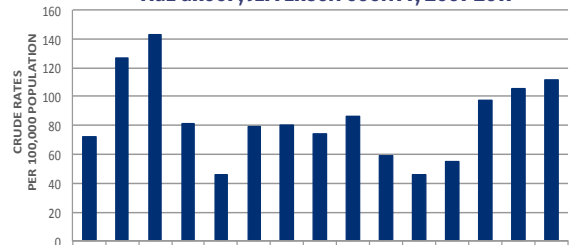
	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
MALES	7.1	6.3	5.7	5.1	8.3	7.9	11.2	14.7	13.1	8.2	13.4
FEMALES	2.1	2.8	3.9	3.1	3	2.3	7.7	8	7.5	6.1	10.9

DEATHS DUE TO MOTOR VEHICLE CRASHES, JEFFERSON COUNTY AND COLORADO, 2001-2011



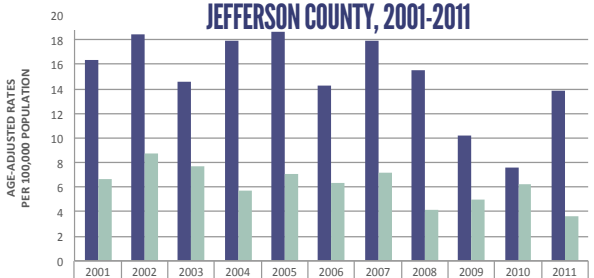
	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
JEFFERSON COUNTY	11.2	13.2	10.9	11.6	13	10.4	12.3	9.8	7.7	6.9	8.5
COLORADO	16.8	17.2	15.3	15.1	14.1	11.9	12	12	11.1	9.4	9.3

MOTOR VEHICLE CRASHES INJURY HOSPITALIZATIONS BY AGE GROUP, JEFFERSON COUNTY, 2001-2011



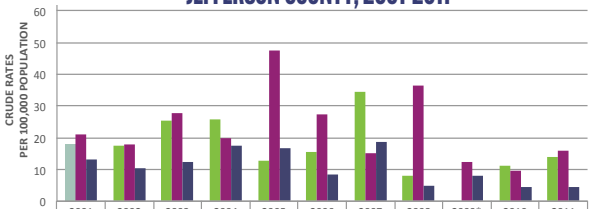
	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	85+
CRUDE RATE	72	126.9	143.3	81.6	45.8	79.2	80	74.4	86.7	59	45.9	54.8	97.2	105.1	111.3

DEATHS DUE TO MOTOR VEHICLE CRASHES, BY GENDER JEFFERSON COUNTY, 2001-2011



	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
MALES	16.4	18.4	14.6	17.9	18.6	14.3	17.9	15.5	10.2	7.6	13.9
FEMALES	6.7	8.7	7.7	5.7	7.1	6.3	7.2	4.2	5	6.2	3.6

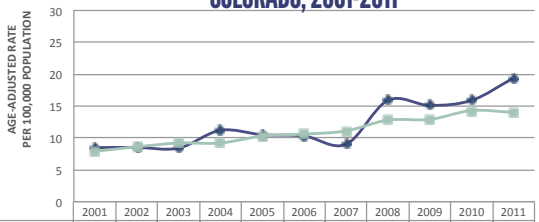
DEATHS DUE TO MOTOR VEHICLE CRASHES BY AGE GROUP, JEFFERSON COUNTY, 2001-2011



	2001	2002	2003	2004	2005	2006	2007	2008	2009*	2010	2011
15-19	18	17.6	25.2	25.6	12.9	15.6	34.4	8.1		11.3	13.9
20-24	21.2	17.8	27.6	19.7	47.6	27.5	15	36.4	12.5	9.5	15.9
25-34	13	10.3	12.3	17.5	16.6	8.5	18.6	4.9	7.9	4.5	4.5

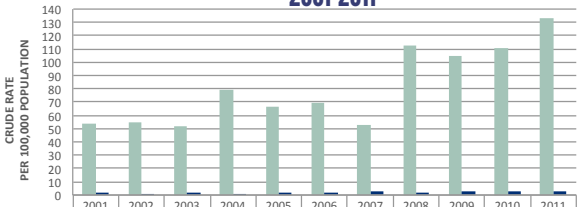
*Fewer than three events for age group 15-19

DEATHS DUE TO FALLS, JEFFERSON COUNTY AND COLORADO, 2001-2011



	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
JEFFERSON COUNTY	8.5	8.5	8.4	11.2	10.5	10.3	9	15.9	15.1	15.9	19.4
COLORADO	7.9	8.6	9.2	9.2	10.3	10.6	11.1	12.8	12.9	14.3	14

DEATHS DUE TO FALLS AMONG ADULTS 65 YEARS OR OLDER AND 65 AND UNDER, JEFFERSON COUNTY AND COLORADO, 2001-2011



	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
65 AND OLDER	53.7	54.6	51.6	79.2	66.6	69.9	52.5	112.9	104.8	110.3	133.4
UNDER 65	1.5	1.3	1.9	0.9	2.1	1.5	2.6	1.9	2.4	2.8	2.3

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