2013

General Health Status

University of Colorado Hospital
COMMUNITY HEALTH NEEDS ASSESSMENT

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OVERVIEW

Health is defined by the World Health Organization in 1948 as a state of complete physical, social and mental well-being, and not merely the absence of disease or infirmity.[1] Various measures of general health status provide information about the larger population. Healthy People 2020 assesses general health status of the U.S. population by monitoring the following indicators:

- Life expectancy
- Healthy life expectancy
- Years of potential life lost
- Physically and mentally unhealthy days
- Self-assessed health status
- Limitation of activity
- Chronic disease prevalence[2]

In the U.S., life expectancy is up for all races and both sexes, with White females living the longest. A significant cause for this increase in life expectancy is that cigarette consumption has decreased significantly since the mid-1980s. Prior to this time, per capita cigarette consumption was greater in the United States than the rest of the developed world.[3]
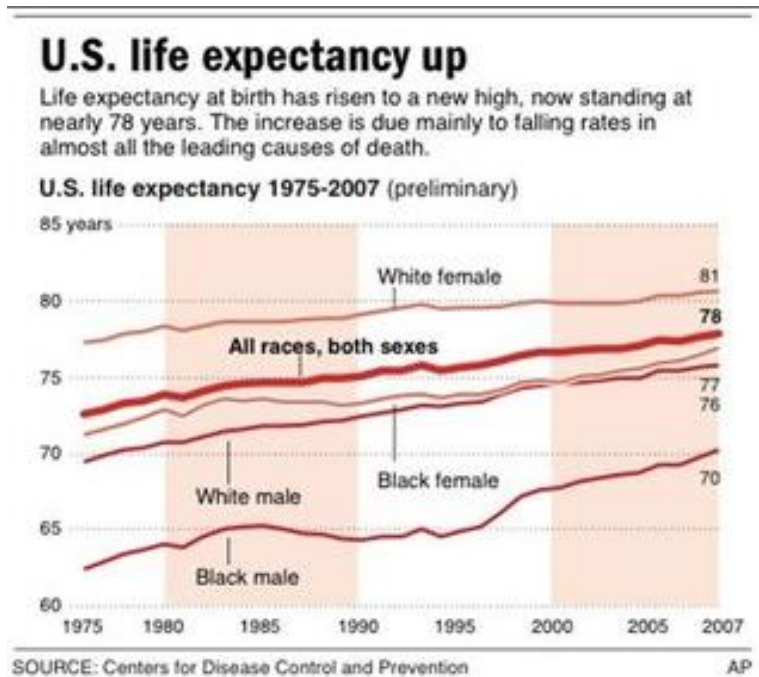
Figure 1 U.S. Life Expectancy Up[4]

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1 http://www.definitionofwellness.com/dictionary/health.html
[2] http://www.healthypeople.gov/2020/about/GenHealthAbout.aspx
3 http://freestudents.blogspot.com/2009/09/taking-on-myth-of-life-expectancy.html
4 Centers for Disease Control and Prevention

Life expectancy is a mortality measure that is often used to describe the overall health status of a population. Life expectancy is defined as the average number of years a person of a certain age is expected to live, if age-specific death rates and morbidity rates remain constant throughout one's life. The following charts show the life expectancy for men and women in Colorado. Douglas County has the highest life expectancy for men. The mountain resort communities also have high life expectancy, while the Eastern Plains and Southern Colorado counties have the shortest life expectancy.

Figure 2 Male Life Expectancy, 2007[5]

[5] Denver Post, http://www.denverpost.com/news/ci_18385708
http://www.pophealthmetrics.com/content/9/1/16

Women live longer than men, with the mountain resort communities for both genders showing the greatest longevity. Douglas County has the highest life expectancy for the Denver metro area. The Eastern Plains shows a decline in life expectancy from 1997 to 2007.
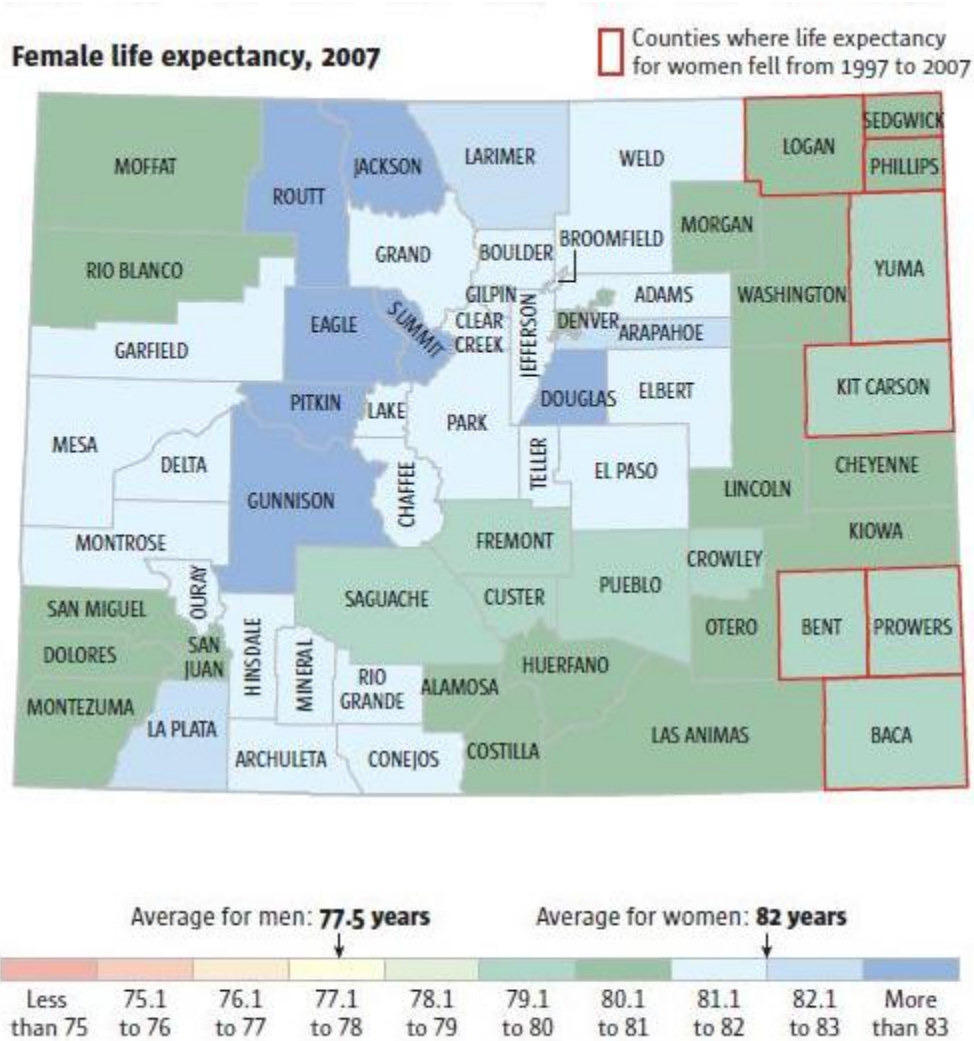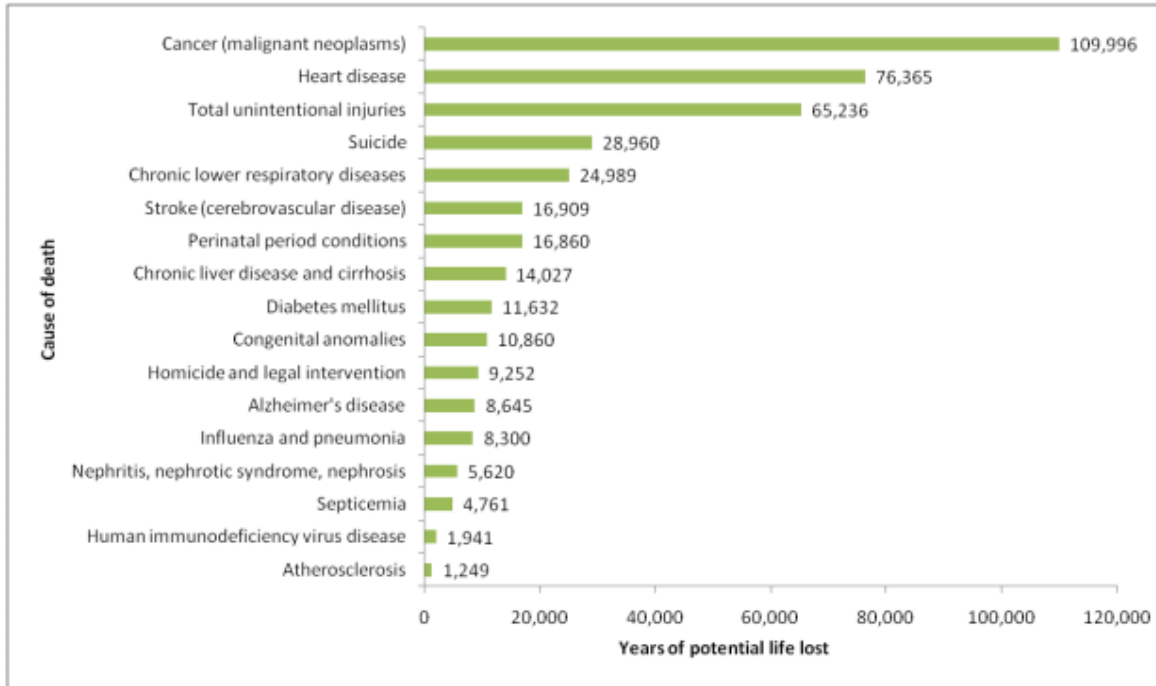

Figure 3 Female Life Expectancy, 2007[6]

The leading causes of premature death in Colorado are cancer, heart disease, and unintentional injuries. Suicide is the fourth leading cause of premature death.

Figure 2.4. Leading causes of years of potential life lost before life expectancy — Colorado, 2008

Cancer (malignant neoplasms) 109,996
Heart disease 76,365
Total unintentional injuries 65,236
Suicide 28,960
Chronic lower respiratory diseases 24,989
Stroke (cerebrovascular disease) 16,909
Perinatal period conditions 16,860
Chronic liver disease and cirrhosis 14,027
Diabetes mellitus 11,632
Congenital anomalies 10,860
Homicide and legal intervention 9,252
Alzheimer's disease 8,645
Influenza and pneumonia 8,300
Nephritis, nephrotic syndrome, nephrosis 5,620
Septicemia 4,761
Human immunodeficiency virus disease 1,941
Atherosclerosis 1,249

Data source: Vital Statistics, Health Statistics Section, CDPHE
Cause of death includes the primary (underlying) cause of death only, not the contributing causes.

Figure 4 Leading Causes of Years of Potential Life Lost Before Life Expectancy – Colorado, 2008[7]

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[7] Colorado Department of Public Health and Environment. Vital Statistics, Health Statistics Section, 2008.

Cardiovascular disease, which includes heart disease and strokes, is responsible for the most deaths in Colorado. Within this group, strokes are responsible for about 5% of all deaths, and are the leading cause of disability. Cardiovascular disease and cancer comprise almost 50% of all deaths. Respiratory diseases and unintentional injuries are responsible for about 7% each of all deaths.
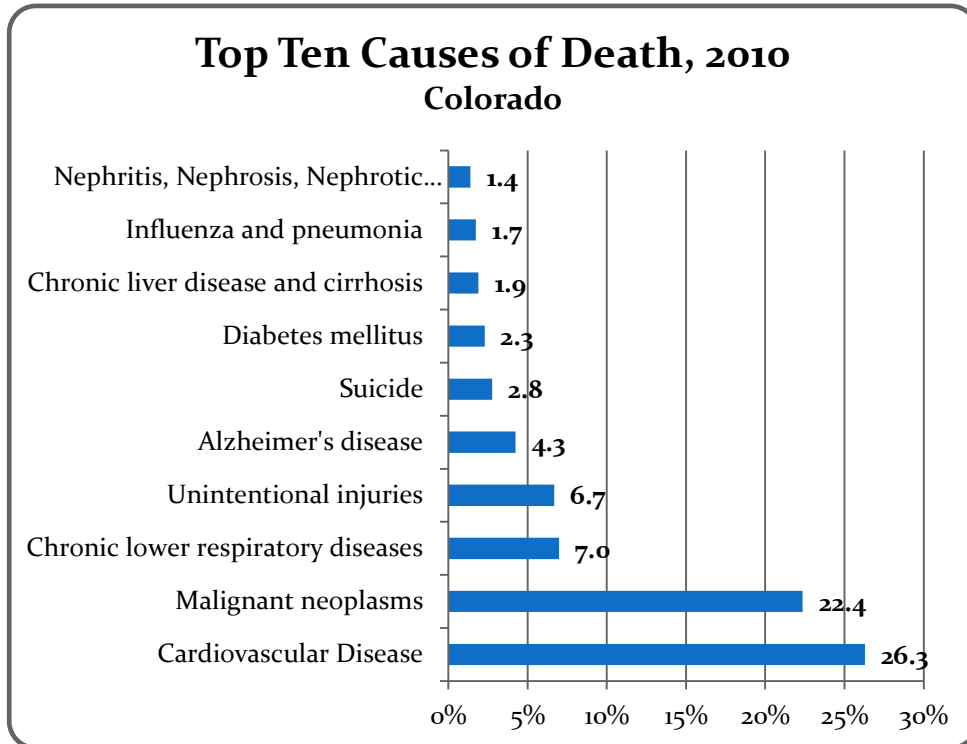
Top Ten Causes of Death, 2010
Colorado

Cause	Percentage
Nephritis, Nephrosis, Nephrotic...	1.4
Influenza and pneumonia	1.7
Chronic liver disease and cirrhosis	1.9
Diabetes mellitus	2.3
Suicide	2.8
Alzheimer's disease	4.3
Unintentional injuries	6.7
Chronic lower respiratory diseases	7.0
Malignant neoplasms	22.4
Cardiovascular Disease	26.3

Figure 5 Top Ten Causes of Death Colorado[8]

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[8] Colorado Department of Public Health and Environment
http://www.cdphe.state.co.us/scripts/htmsql.exe/cohid/deathquick1.hsql.

BRFSS Survey Question: How is your general health? (Answer: Fair or Poor)

Self-assessed health status measures how a person rates his or her health, whether it is excellent, very good, good, fair, or poor. Self-assessed health status is an accurate indicator of health and is useful for comparing populations.

Denver and Adams Counties have the highest percentage of people who said that their general health was fair or poor. On the contrary, Douglas County had the smallest percentage of people stating that their general health was fair or poor. Arapahoe County had rates below the state average.
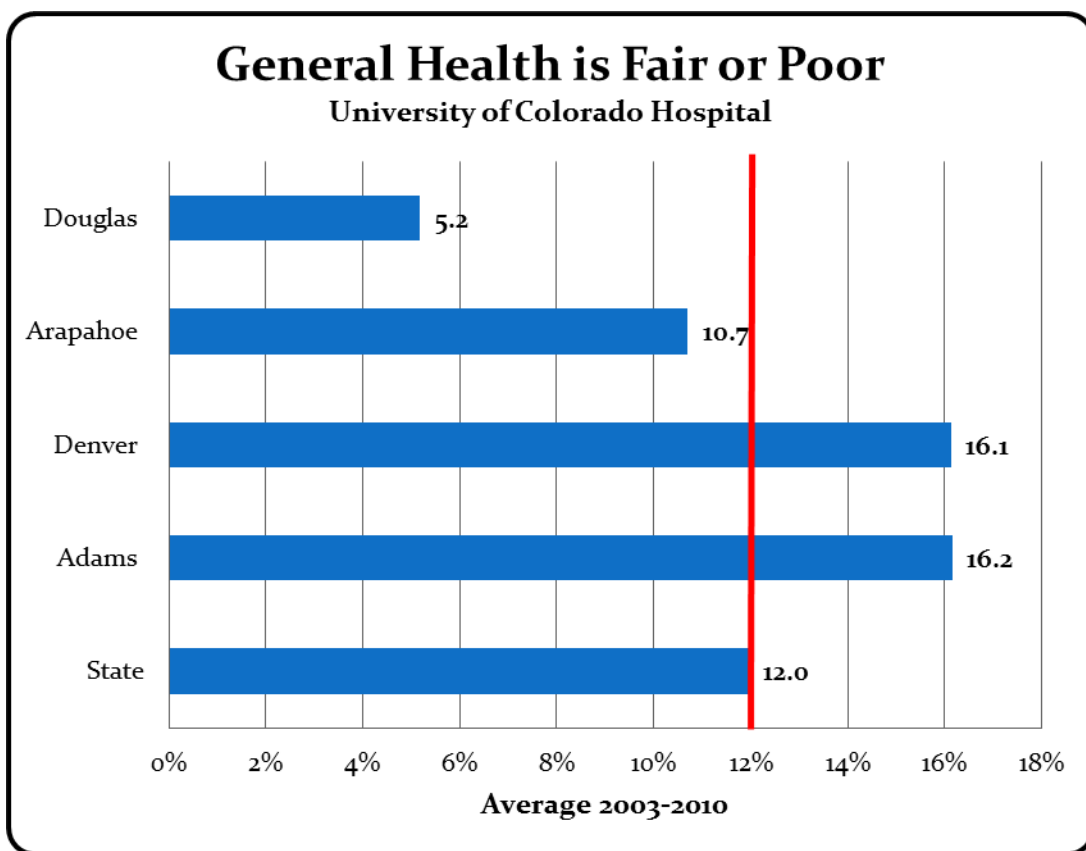

Figure 6 General Health is Fair or Poor[9]

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[9] Chart Source: Behavioral Risk Factor Surveillance System Survey, Colorado Department of Health and Environment. Average 2003/2004, 2005/2006, 2007/2008, 2009/ 2010.

Females report fair/poor general health significantly more than males.

Fair/Poor General Health by Gender
Colorado

Male	10.4
Female	12.2

0%   5%   10%

2009/2010
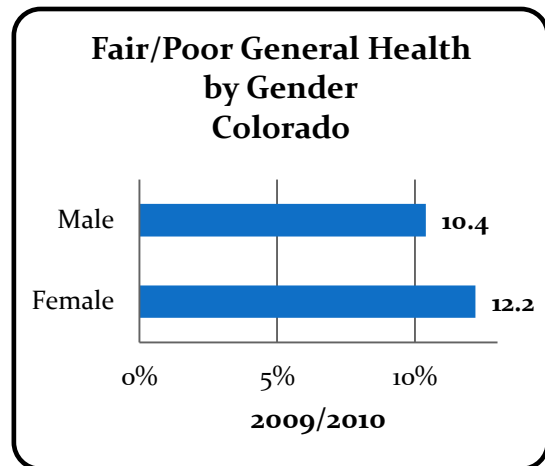
Figure 7 Fair/Poor General Health by Sex[10]

Fair/Poor General Health by Age
Colorado

18-24	25-34	35-44	45-54	55-64	65+
7	6.9	9.1	12	14	19.6

2009/2010

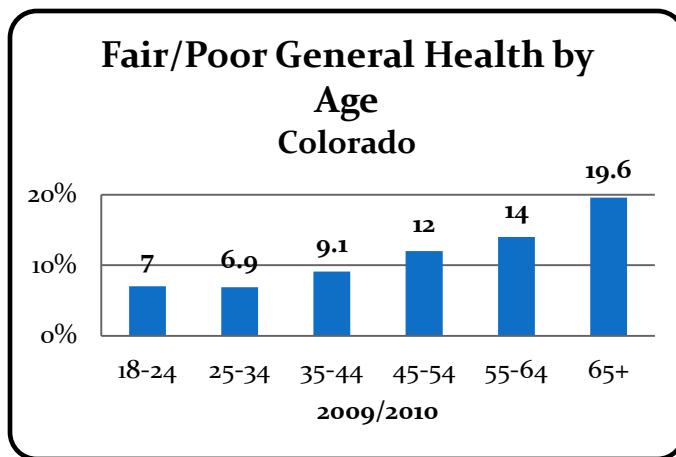People are significantly more likely to experience fair/poor general health status as they age.

Figure 8 Fair/Poor General Health by Age[11]

People of White race are significantly less likely to experience fair/poor general health in comparison to other races and ethnicities. Conversely, Hispanics are more likely to experience fair/poor general health status in comparison to those of White race.
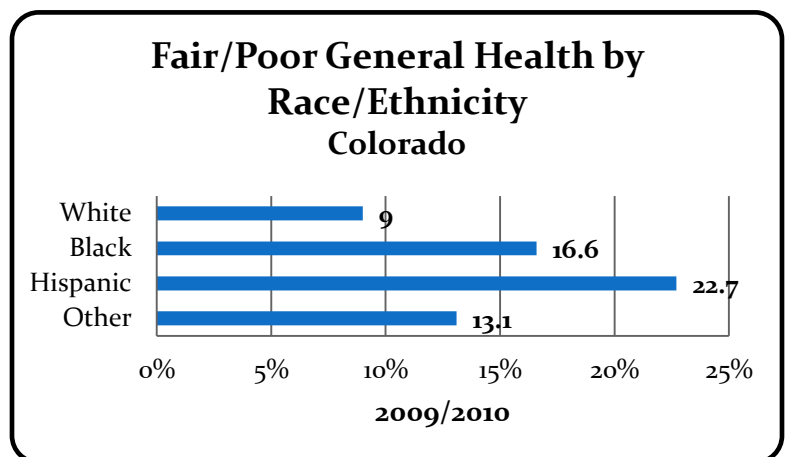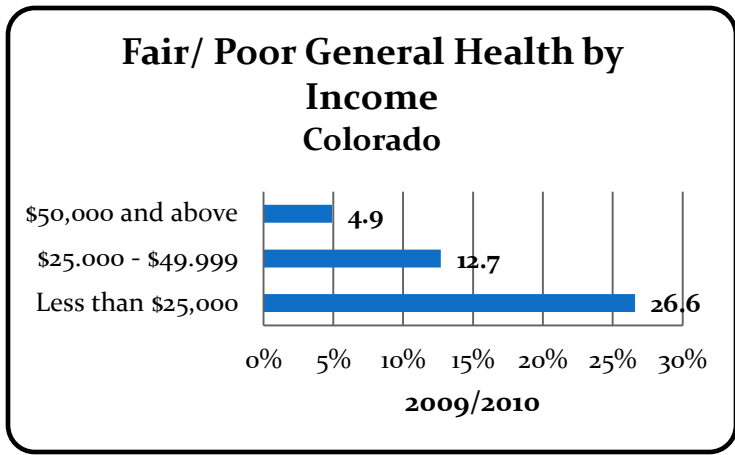
Fair/Poor General Health by Race/Ethnicity
Colorado

White	9
Black	16.6
Hispanic	22.7
Other	13.1

0%   5%   10%   15%   20%   25%

2009/2010

Figure 9 Fair/Poor General Health by Race/Ethnicity[12]

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[10] Chart Source: Chart Source: Behavioral Risk Factor Surveillance System Survey, Colorado Department of Health and Environment.
[11] Ibid.
[12] Ibid.

Fair/ Poor General Health by Income
Colorado

$50,000 and above	4.9
$25.000 - $49.999	12.7
Less than $25,000	26.6

0% 5% 10% 15% 20% 25% 30%

2009/2010

Lower income and education levels were significantly associated with fair/poor general health status. Improvements in general health status were reported as income and education levels increased.
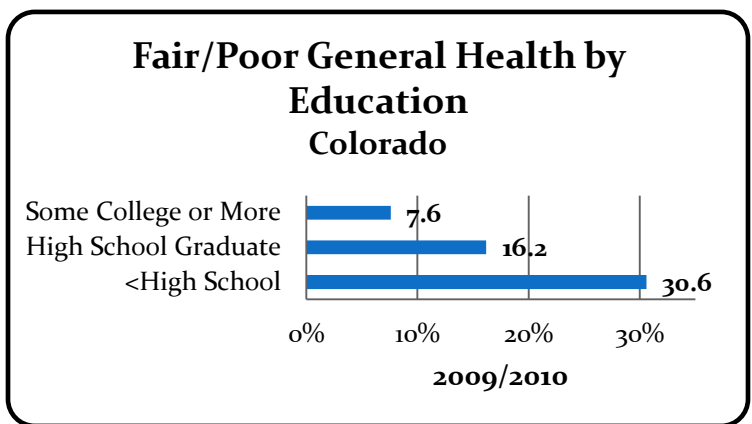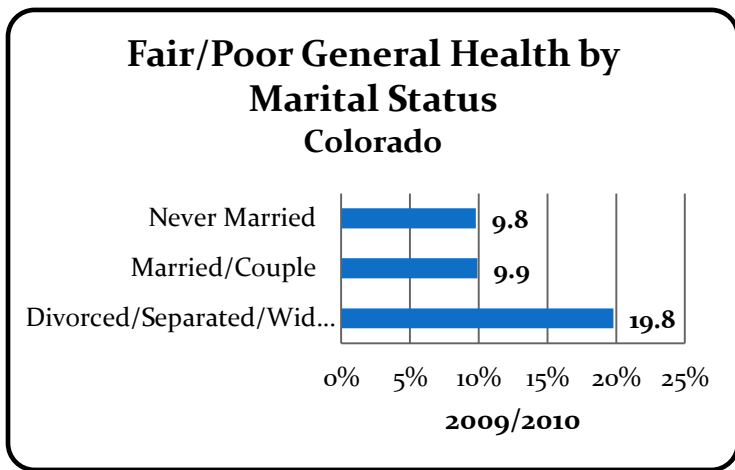
Fair/Poor General Health by Education
Colorado

Some College or More	7.6
High School Graduate	16.2
<High School	30.6

0% 10% 20% 30%

2009/2010

Fair/Poor General Health by Marital Status
Colorado

Never Married	9.8
Married/Couple	9.9
Divorced/Separated/Wid...	19.8

0% 5% 10% 15% 20% 25%

2009/2010

Fair/poor general health status was significantly more likely with those who are divorced, separated or widowed.

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[13] Chart Source: Chart Source: Behavioral Risk Factor Surveillance System Survey, Colorado Department of Health and Environment.
14 Ibid.
15 Ibid.

BRFSS Survey Question: For how many days during the past 30 days was your physical health not good? (Answer: 1 to 7 days; 8 or more days)

Counties with the greatest percentage of people reporting poor short-term physical health were Douglas and Arapahoe. Denver and Adams Counties had rates below the state average.
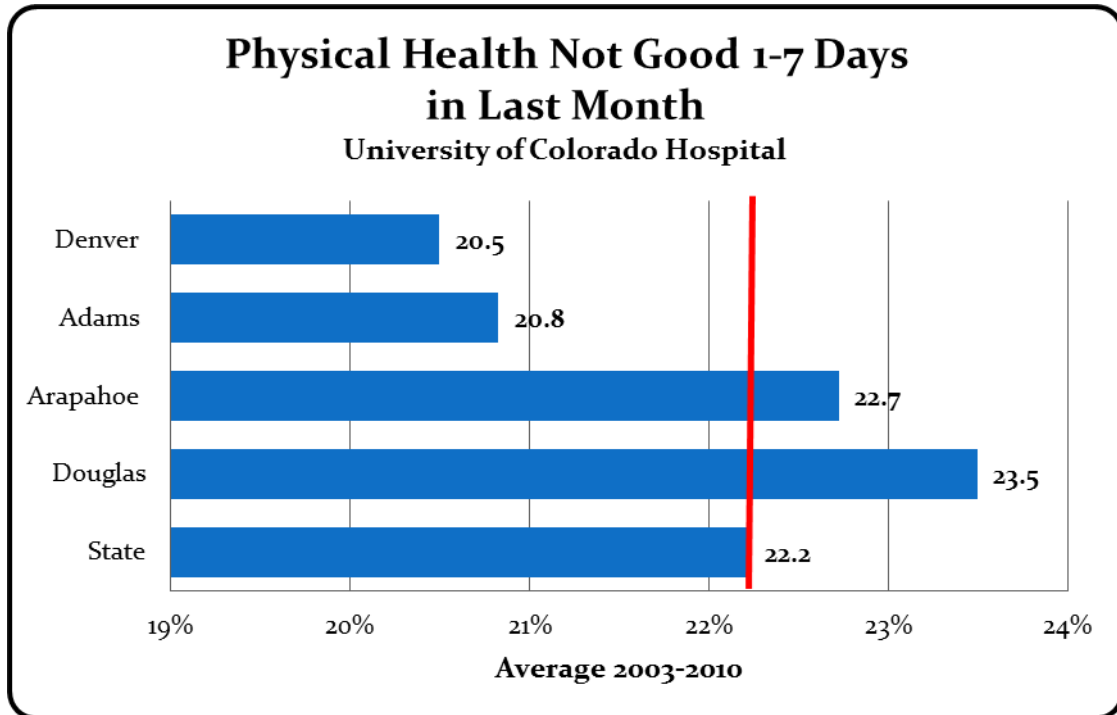
Physical Health Not Good 1-7 Days in Last Month
University of Colorado Hospital

County	Average 2003-2010
Denver	20.5
Adams	20.8
Arapahoe	22.7
Douglas	23.5
State	22.2

19%   20%   21%   22%   23%   24%

Average 2003-2010

Figure 13 Physical Health Not Good 1-7 Days in Last Month[16]

BRFSS Survey Question: For how many days during the past 30 days was your physical health not good? (Answer: 1 to 7 days; 8 or more days)

The largest percentage of people who thought their physical health was not good for 8+ days in the past month live in Adams and Denver Counties. Douglas County had the smallest percentage of people reporting poor long-term health.
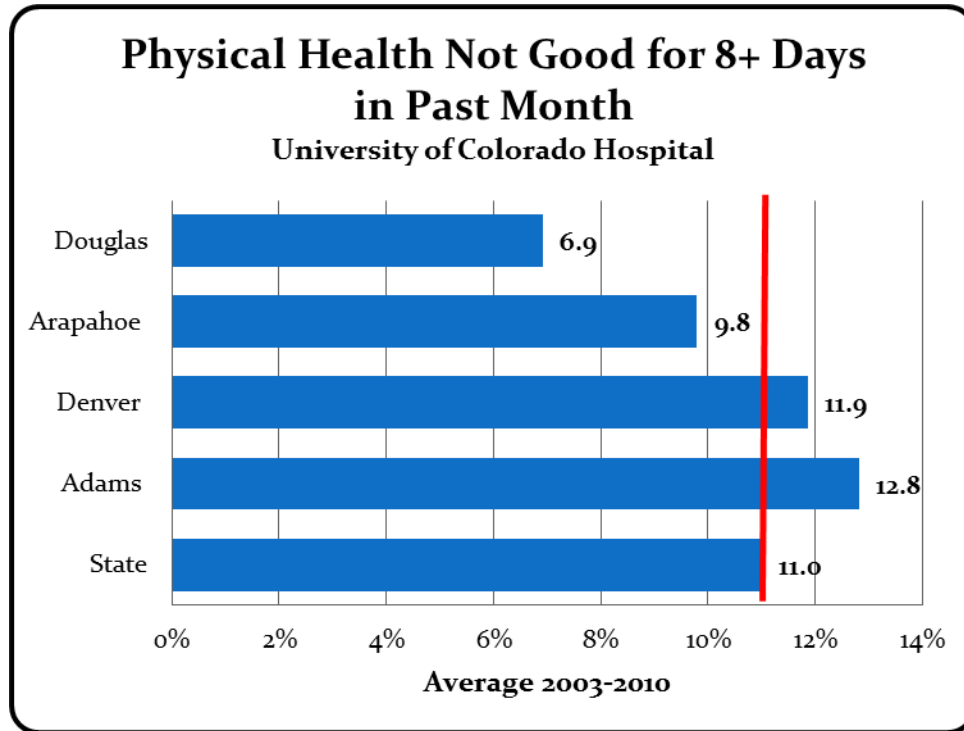
Physical Health Not Good for 8+ Days in Past Month
University of Colorado Hospital

County	Average 2003-2010
Douglas	6.9
Arapahoe	9.8
Denver	11.9
Adams	12.8
State	11.0

Figure 14 Physical Health Not Good for 8+ Days in Past Month[17]

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[17] Chart Source: Behavioral Risk Factor Surveillance System Survey, Colorado Department of Health and Environment. Average 2003/2004, 2005/2006, 2007/2008, 2009/ 2010.

Females report fair to poor physical health more frequently than males on both a short- and long-term basis.

Fair/Poor Short- and Long-Term Physical Health by Gender
Colorado

Male	9.6 / 21
Female	12.6 / 24

0% 5% 10% 15% 20% 25% 30%
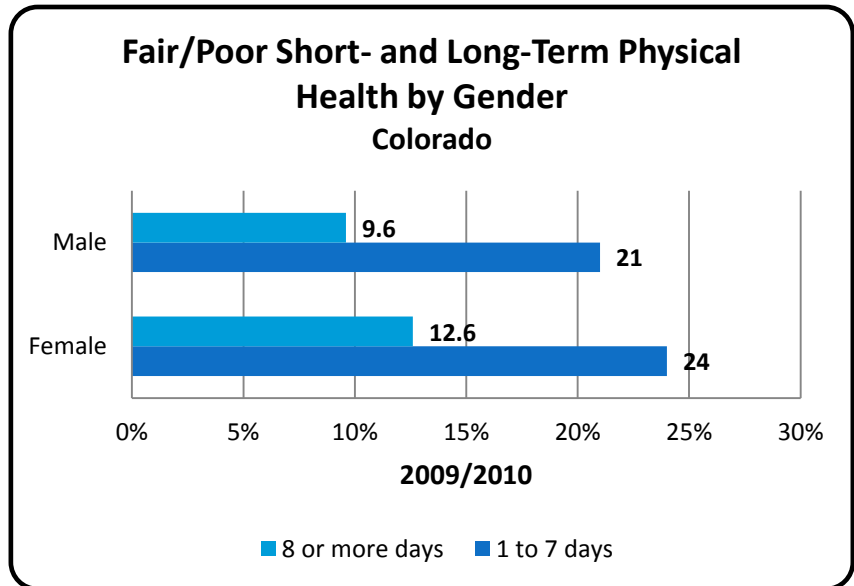
2009/2010

■ 8 or more days ■ 1 to 7 days

Figure 15 Fair/Poor Short and Long Term Physical Health by Gender[18]

While young people report fair/poor physical health more frequently on a short-term basis, older people report fair/poor physical health more often on a long-term basis. Differences among races and ethnicity were not significant.
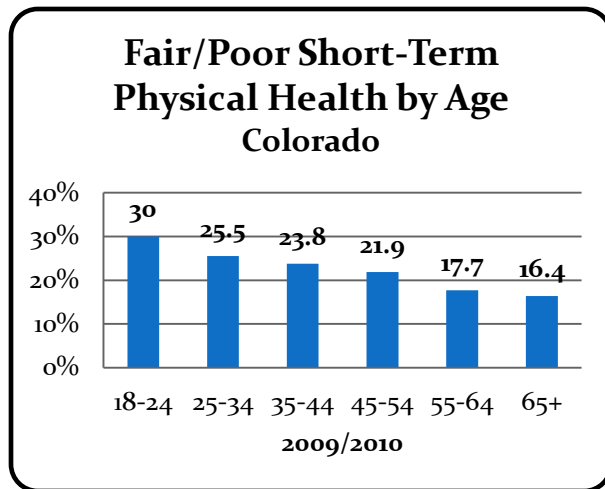
Fair/Poor Short-Term Physical Health by Age
Colorado
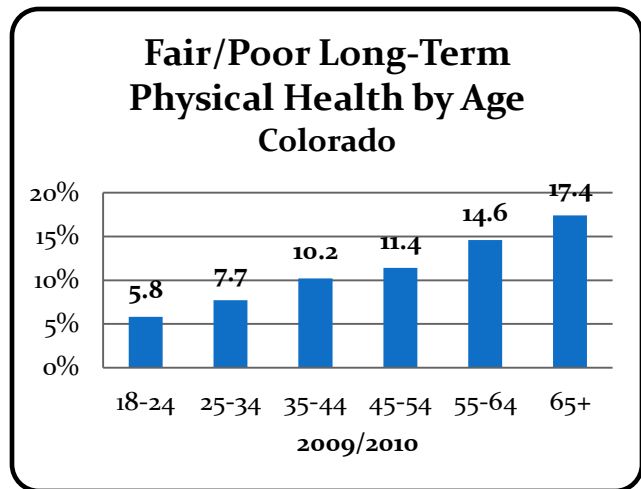
Age	Value
18-24	30
25-34	25.5
35-44	23.8
45-54	21.9
55-64	17.7
65+	16.4

2009/2010

Figure 16 Fair/Poor Short-Term Physical Health by Age[19]

Fair/Poor Long-Term Physical Health by Age
Colorado

Age	Value
18-24	5.8
25-34	7.7
35-44	10.2
45-54	11.4
55-64	14.6
65+	17.4

2009/2010

Figure 17 Fair/Poor Long-Term Physical Health by Age[20]

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[18] Chart Source: Chart Source: Behavioral Risk Factor Surveillance System Survey, Colorado Department of Health and Environment.
19 Ibid.
20 Ibid.

Fair/ Poor Long-Term Physical Health by Income
Colorado

$50,000 and above — 7.4
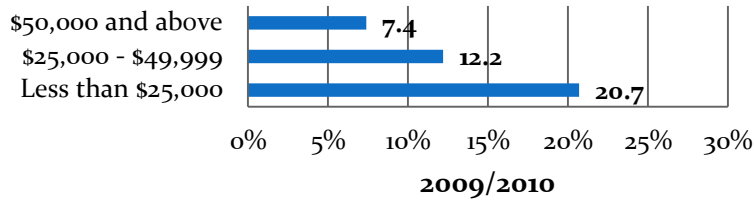$25,000 - $49,999 — 12.2
Less than $25,000 — 20.7

2009/2010

Figure 18 Fair/Poor Long Term Physical Health by Income[21]

Rising income and education are significant positive influencers of long-term physical health, but not short-term health. Conversely, those with low income and education levels report fair to poor health more frequently.

When examining marital status, people who have never married report fair to poor health more frequently on a short-term basis, whereas those who are divorced/separated/widowed report fair/poor health more frequently on a long-term basis.
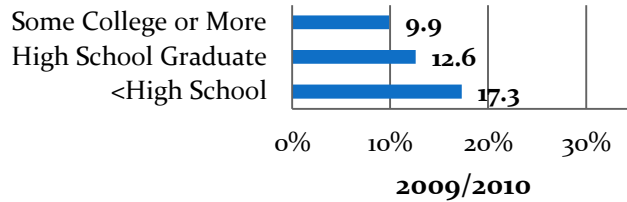
Fair/Poor Long-Term Physical Health by Education
Colorado

Some College or More — 9.9
High School Graduate — 12.6
<High School — 17.3

2009/2010

Figure 19 Fair/Poor Physical Health by Education[22]

Fair/Poor Short-Term Physical Health by Marital Status
Colorado

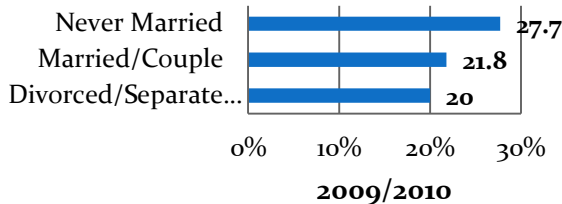Never Married — 27.7
Married/Couple — 21.8
Divorced/Separate… — 20

2009/2010

Figure 20 Fair/Poor Short Term Physical Health by Marital Status [23]

Fair/Poor Long-Term Physical Health by Marital Status
Colorado

Never Married — 9.1
Married/Couple — 10.4
Divorced/Separated/… — 16.8

2009/2010

Figure 21 Fair/Poor Long Term Physical Health by Marital Status[24]

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[21] Chart Source: Chart Source: Behavioral Risk Factor Surveillance System Survey, Colorado Department of Health and Environment.
22 Ibid.
23 Ibid.
24 Ibid.

While not a direct measure of overall health, birth rates help gauge which county populations will grow through non migratory measures. Birth rates are highest in Adams County, while Denver, Douglas and Arapahoe Counties' rates were close to the state average.
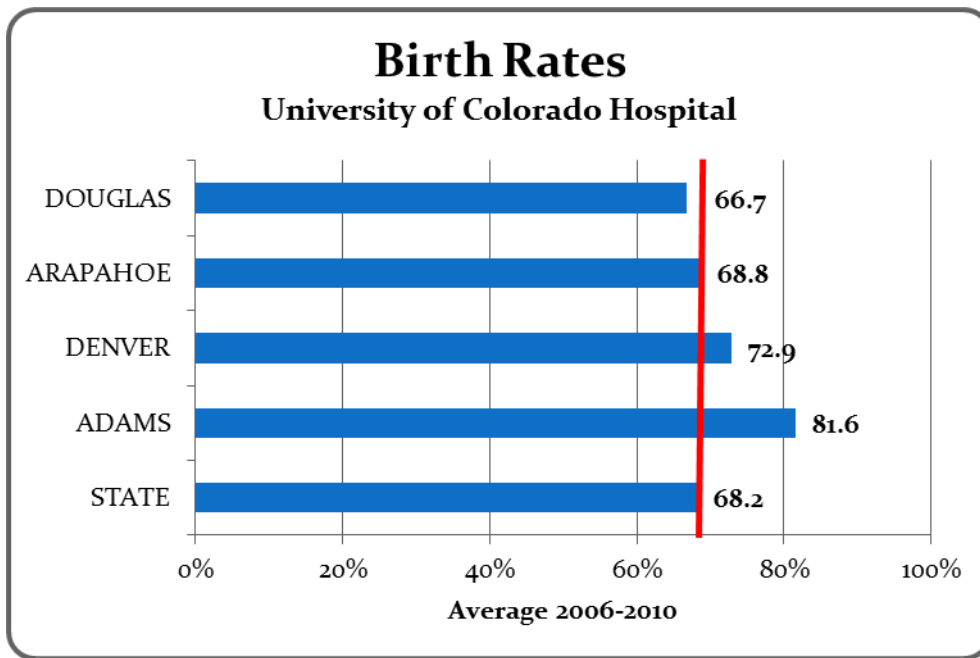

Figure 22 Birth Rates[25]

[25] Chart Source: Colorado Department of Health and Environment.
http://www.cdphe.state.co.us/scripts/broker.exe

INTERVENTIONS

See specific health indicators for relevant interventions.

RESOURCE INVENTORY

See specific health indictors for relevant resources.