



## 2004 Jefferson County, Colorado Community Health Assessment

Dear Readers:

On behalf of the Jefferson County Department of Health and Environment (JCDHE), I am pleased to present our 2004 Jefferson County Community Health Assessment. Two years ago, our department embarked on a journey to measure the health of our county as one of the essential elements of good public health practice. The assessment is derived from the results of a major community health survey and analyses of a broad array of health data available to public health workers in Colorado. Every effort was made to provide comparative state and national data and to compare our county with national health objectives developed by the U.S. Centers for Disease Control and Prevention, National Center for Health Statistics, Healthy People 2010 Program.

The information gathered and presented in this report is the most thorough compilation of health-related data published to date about Jefferson County, Colorado. The team of public health practitioners who prepared it provided input from programs covering the broad scope that has become public health practice. These public health workers brought to the project not only quantitative data, but the qualitative knowledge that comes from working with individuals, families, community groups and leaders, and seeing firsthand the strengths of our people and the opportunities for improvement. Not every piece of data about the county could be used, nor is this the final statement on every health topic. We expect that this assessment will

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generate new questions, ideas, innovations and hypotheses about how to move forward to keep Jefferson County healthy, or to improve our health where change is needed. It is our intent that this report will mark a beginning rather than an end to the community health planning process.

It is important to remember that no organization or assessment can fully assess or predict the health status in a community, particularly one as large and diverse as Jefferson County. For this reason, we hope that you will use the information in this report in conjunction with other data, both qualitative and quantitative, and will contact us for further information as needed. We are pleased to present this report to community members, leaders, organizations, health care providers and

all of our partners who are working to ensure that Jefferson County is a healthy place to live, work, grow and play. We are grateful to all 3,250 residents who responded to our community health survey and to the unnamed and innumerable workers and residents throughout the county and state who responded to our requests for information, expertise and data. This endeavor would not have been possible without their energy and input.

In Good Health,



Mark B. Johnson, M.D., M.P.H.  
Executive Director

## EXECUTIVE SUMMARY

The residents of Jefferson County are as healthy or are healthier than residents in most other Colorado counties. In several areas of health, Jefferson County meets or exceeds the targets set for the nation's health by the Centers for Disease Control and Prevention in *Healthy People 2010: Understanding and Improving Health* and *Objectives for Improving Health*<sup>1</sup> (HP 2010). However, certain population groups are disproportionately affected by health disparities, particularly in the area of access to quality health care.

### Access to Quality Health Care

- Jefferson County residents have high rates of insurance coverage and access to health care.
- Ninety-one (91) percent of residents seek regular health care through a physician's office, health maintenance organization (HMO) or clinic.
- Approximately 95% of Jefferson County children aged 18 or younger have health insurance coverage.
- However, the cost of health care is the greatest health-related concern among county residents.
- Significant health disparities exist for health insurance coverage based on

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- Less than 85% of adults in the central-eastern area of the county had a regular source of health care.
- Seventeen (17) percent of adults report having to delay children's health care and 25% report delaying their child's dental care due to costs.



## Child, Infant and Maternal Health



- For the period 1998 – 2002, Jefferson County’s infant mortality rate was 5.3 deaths per 1,000 live births, lower than both the Colorado and national rates.

• Neonatal and postnatal mortality rates are very close to the HP 2010 objectives.

- Prenatal care rates for the first trimester of pregnancy are close to the HP 2010 objective for the Nation.
- Infants are being put to sleep in a safe position at a rate that exceeds the HP 2010 objective.
- Overall, Jefferson County mothers initiate breastfeeding during the early postpartum period at rates that exceed the objectives for the nation.
- However, younger pregnant

women and women of color were much less likely to receive early prenatal care.

- Maternal alcohol and tobacco use during pregnancy are much higher than the HP 2010 objectives.
- Low birth weight rates in every maternal subgroup exceed the HP 2010 objective.
- The rate of new neural tube birth defects is more than double the HP 2010 objective.

## Chronic Disease

- Age-adjusted cancer mortality rates are much lower than the national rates and are approaching the HP 2010 objective.
- Cancer incidence rates are declining at a faster rate than both the national and state rates.
- Lung cancer and prostate cancer incidence rates are very close to the objectives set for the nation.
- The HP 2010 objective for breast cancer mortality in women has been reached.
- The HP 2010 objective for coronary heart disease mortality has been met for both men and women.
- Stroke mortality rates are lower



than those for Colorado and are near the HP 2010 objective.

- Age-adjusted congestive heart failure hospitalization rates for both male and female adults aged 65 and older are very close to the HP 2010 objective.
- Early detection of colorectal cancer is low.
- However, rates of melanoma of the skin are increasing and early stage

diagnosis is decreasing.

- People in the lowest income categories are among those most likely to have a history of stroke.
- Males, older adults and those with the lowest income are more likely to have diabetes.
- The prevalence of both high cholesterol and hypertension exceed the HP 2010 targets.
- Women, non-Hispanics, older people and people with lower incomes are more likely to have arthritis or rheumatism.
- The hospitalization rate for asthma in children under 5 years is substantially higher than the objective for the Nation.

## Communicable Disease

- The incidence rate of Hepatitis A for the last two years is significantly below the HP 2010 objective.
- Incidence rates of Hepatitis B among 25 – 44 year olds are lower than the HP 2010 target for people aged 25 – 39 years.
- Age-specific *Chlamydia* infection rates among people aged 15 – 19 years and 20 – 24 years were about half the comparable rates for Colorado.
- Gonorrhea rates remain close to the HP 2010 objective and are significantly

lower than those for Colorado.

- The primary and secondary syphilis rate is similar to the Colorado rate and very close to the HP 2010 objective.
- The incidence rate of Hepatitis C is well below the HP 2010 objective.
- Jefferson County’s incidence rate for tuberculosis is near the HP 2010 objective.
- However, pertussis incidence (whooping cough), a vaccine-preventable disease, has risen. The



rates are much higher in infants.

- The incidence rate of vaccine-preventable invasive pneumococcal disease, is higher in older adults than the HP 2010 objective.

## Family Planning

- Women who were younger, unmarried, and with lower income and educational attainment were more likely to have an unintended pregnancy.
- Shorter intervals between births are more likely to result in prematurity and adverse birth outcomes. More than 20% of mothers had birth intervals shorter than 24 months, more than double the



proportion reflected by the HP 2010 objective. Short time intervals between births were most frequent among adolescent females, aged 15-19.

- Although births to adolescent females have declined slightly, adolescent sexual activity appears to be increasing.

## Injury

- For the period 1990-2002, the mean age-adjusted homicide rate was better than the HP 2010 target.
- For the period 1990-2002, the mean age-adjusted unintentional injury mortality rate was 35% lower than that for Colorado and 22% lower than the 1998 U.S. rate. These rates are all higher than the HP 2010 objective.
- Poisoning mortality among children was a rare event in the county during 1990-2002.
- Nearly 100% of survey respondents report “always” or “almost always” using infant and young child safety seats.



- During the period 1990 – 2002, the age-adjusted mortality rate due to the effects of smoke, fire or flames was near the HP 2010 objective.
- The age-adjusted drowning and submersion-related death rate is lower than the HP 2010 objective; however, these rates among males were twice those for females.
- However, for the period 1990-2002, the mean age-adjusted suicide rates for Jefferson County and Colorado were significantly higher than the national rate and exceed, by more than 3-fold, the HP 2010 objective.

## Occupational and Environmental Health

- The mortality rate due to occupational injury is well below the HP 2010 target.
- Ninety (90) percent of workers report feeling safe in their workplace, with 88% indicating that their health and safety concerns are adequately addressed; however, workers in the lowest income categories were least likely to feel safe in their workplaces.
- Foodborne illness incidence rates equal or closely approach the HP 2010 objectives.
- Most zoonotic disease occurs sporadically; the exception was West Nile Virus, which became epidemic

in 2002 among Colorado and Jefferson County residents. Risk remains high for this seasonal mosquito-borne disease.

- Nineteen (19) percent of residents have had their homes tested for radon, a rate that closely approaches the HP2010 target of 20%. Residents who are older, those with higher income, and of non-Hispanic ethnicity are more likely to have had their homes tested. Ten (10) percent reported that radon was detected at dangerous levels.
- Water shortages are an increasing concern, yet Jefferson County residents use over twice the daily amount of water recommended in the HP 2010 objective.

## Health Behaviors

- The HP 2010 objectives for physical activity are met or exceeded.



- However, cigarette smoking and smokeless (chewing) tobacco use among people 18 years exceeds the HP 2010 objectives.
- Forty-eight (48) percent of adults aged 18 years and older are at a healthy weight and 17% are obese.
- The proportion of those 18 years and older who consume the recommended servings of fruits and vegetables is approximately half of the HP 2010 targets.
- The binge drinking rate for adults is nearly double the HP 2010 objective.
- Ten (10) percent of those who had consumed alcohol during the previous month reported that they had driven at least once after two or more drinks.
- Rates of marijuana and inhalant use exceed the HP 2010 objective among school-aged youth.
- Drug-induced deaths are on the rise in Jefferson County, Colorado and the Nation.



### Jefferson County Department of Health and Environment

1801 19th Street | Golden, CO 80401  
Phone: 303-271-5700 | Fax: 303-271-5702

**The 2005 Community Health Assessment is available on CD-Rom and online at:**  
<http://health.jeffco.us>

**For questions regarding these findings or for further assistance, contact Dr. Gayle Miller, JCDHE Epidemiologist at 303-271-5705.**

*Special thanks to former JCDHE Epidemiologist, Dr. Kathe Bjork, for her work on this report.*