



THE 2016 COLORADO

Health Report Card

Celebrating a Decade of Data



The Colorado Health Foundation™

www.ColoradoHealth.org/ReportCard



#COHRC

For detailed data on each
of the Health Report Card's
38 indicators and methodology, visit
www.ColoradoHealth.org/ReportCard

Join the Conversation



On the Cover



Avon Elementary students (left to right) Kevin Esparza, Avari Getchell and Eduardo Alvarado test some equipment on Principal Roy Getchell at the School Care Clinic.

Cailey McDermott



Christina Supples and her daughter, Collette Gabreski, enjoy the sun and snow at Alpine Park in Salida with Sarah Gartzman and her son, Ozzie Gartzman.

Cailey McDermott



Eckhart Elementary School in Trinidad follows national nutrition guidelines and serves yummy and healthy scratch-made lunches. Joey Maldonado is a big fan.

Cailey McDermott



Miguel (left) and Yinsin Limon enjoy using outdoor park space in Denver to play soccer.

James Chance



Kathleen Chaffer, Park County's Women, Infants and Children's (WIC) program director, weighs eight-month-old Zayden Rosebrugh at Park County Public Health.

Cailey McDermott



Amos Lee, general manager of the Farmers Fresh Market in Ignacio, holds his son at the grand opening in October. Support from the Colorado Fresh Food Financing Fund helped bring fresh food back to the southwestern Colorado town.

Scott Dressel-Martin



Helen Mills (right) greets customer James McCormick at the Walsh Community Grocery Store in southeastern Colorado. Residents became investors to save their only local grocer.

James Chance



Avari Getchell gets her blood pressure tested by nurse JoAnn Baldwin at the Avon Elementary School Care Clinic, which serves 98 percent of students.

Cailey McDermott

— THE 2016 COLORADO —
Health Report Card
— Celebrating a Decade of Data —

A Decade of Colorado Health Data

Marking 10 Years of Progress and Challenges

The Colorado Health Report Card, in its 10th year, now has a full decade of data to measure how Colorado's health stacks up against the rest of the nation.

The Health Report Card has graded Colorado on its most pressing health issues since 2006. The data look at 38 key health indicators across five stages of life: *Healthy Beginnings*, *Healthy Children*, *Healthy Adolescents*, *Healthy Adults* and *Healthy Aging*.

This decade of data, presented by the Colorado Health Foundation, offers a glimpse into where Colorado is making headway to become a healthier state and critical areas that still need improvement.

Key findings from the 2016 Health Report Card:

- *It was a better year for the state's youngest residents. Both babies and children earned their highest grades in the 10-year history of the Health Report Card.*
- *The Healthy Beginnings category climbed from a C to a C+, mostly because Colorado moms-to-be reached sixth place nationally for timely prenatal care, jumping 12 places.*
- *Children also took home a C+, with higher health insurance coverage driving their rise from a C.*

- *Teens, adults and seniors didn't pull ahead. The state's teens kept their B average. Adults stayed the same at B+. And Colorado's seniors, consistently among the nation's healthiest, lost a bit of ground, dropping from an A- to a B+, mostly because fewer have a personal doctor or health care provider.*

The first Health Report Card noted that Colorado fell below the national average for health insurance coverage in every age group. In this Health Report Card, Colorado's children and adults topped the national average.

However, momentum is lagging in some areas. Many Coloradans, particularly those facing financial hardships, are falling behind. Of adults with annual incomes between \$15,000 and \$20,000, 26.1 percent are obese compared with 19 percent of those earning more than \$75,000. Health disparities based on race or ethnicity persist too. For instance, the infant mortality rate for black infants is 9.6 per 1,000 births, more than double the rate for white infants.

Between 2006 and 2016, the Health Report Card has evolved beyond the health grade. More than a tool to share data, it ignites conversations that are helping to shape the story of Colorado's health.

Here's to the next 10 years and even more progress toward making Colorado the healthiest state in the nation.



Four-year-old Neil McClelland gets active at Alpine Park in Salida, taking advantage of the snow and a sunny winter day.

Cailey McDermott

The Grades

Healthy Beginnings

Grade:

C+

Rank:

21

Last Report Card: **C/24**

Healthy Children

Grade:

C+

Rank:

22

Last Report Card: **C/24**

Healthy Adolescents

Grade:

B

Rank:

16

Last Report Card: **B/16**

Healthy Adults

Grade:

B+

Rank:

12

Last Report Card: **B+/13**

Healthy Aging

Grade:

B+

Rank:

11

Last Report Card: **A-/10**

Rank reflects Colorado's standing among all states. A rank of 1 is the best.

Healthy Beginnings

A healthy beginning is vital to a lifetime of good health. Colorado improved from a C to a C+ for these important early years, getting more babies off to a healthy start.






A primary reason for the improvement? For the first time in the 10 years of the Health Report Card, Colorado cracked the top 10 for women receiving timely prenatal care, a significant climb to sixth place from 18th last year and 27th place two years ago.

Also, the infant mortality rate dropped to 5.1 infant deaths per 1,000 births from the 5.9 deaths per 1,000 births reported in the last Report Card, enough to improve Colorado’s rank to 12th from 20th.

Decade of Data: Spotlight

The percentage of children between 19 and 35 months receiving all of their recommended immunizations dropped from 80.3 in 2007 to 74.3 in 2016.

Colorado lost ground on women smoking during the late stages of their pregnancies. Although non-smokers dropped slightly to 91 percent, other states outpaced Colorado, and the ranking slid to 21st from 14th. Colorado continues to be in the bottom 10 states for low birth weight babies, holding steady at 8.8 percent.

| Health Indicator | Rank Among States | Rank Last Year |
|--|---|----------------|
| 11 percent of women received initial prenatal care later than the first trimester or none at all. | 6  | 18 |
| 91 percent of women abstained from cigarette smoking during the last three months of pregnancy. | 21  | 14 |
| 8.8 percent of babies were born with a low birth weight (less than 5 pounds, 9 ounces). | 41  | 40 |
| Colorado’s infant mortality rate was 5.1 infant deaths per 1,000 live births . | 12  | 20 |
| 74.3 percent of preschool-age children received all recommended doses of six key vaccines. | 25  | 30 |

Since last year ...



Rank improved



Rank stayed the same



Rank declined

Average Grade:

C+

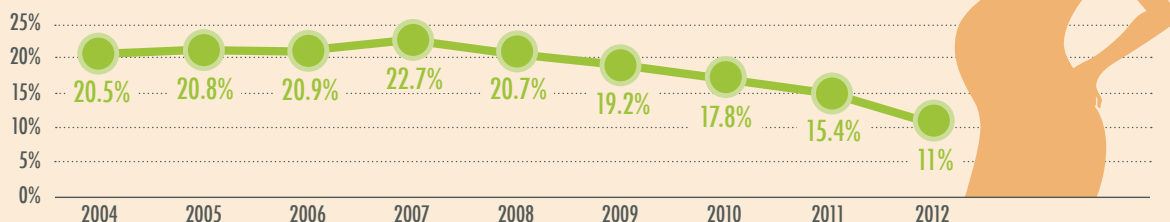
Average Rank:

21

Last Report Card: C/24

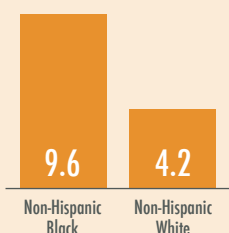
Colorado jumped from 18th to 6th for prenatal care.

Only 11 percent of moms-to-be received their prenatal care late or not at all.



The infant mortality rate among black babies is more than double that of white babies.

(per 1,000 births)



Colorado slid from 14th to 21st for women smoking in their last trimester.



Colorado is ranked 25th for toddlers receiving the recommended immunization series.



Policies to Promote Healthy Beginnings

Family and Medical Leave

Staying current on preventive care like immunizations for babies while maintaining full-time employment can financially strain working parents. Accommodating flexible schedules for medical care can also be challenging for businesses.

The federal Family and Medical Leave Act offers some support to working parents confronting these tradeoffs. It requires some employers to provide 12 weeks of unpaid leave when eligible employees face personal health problems, have a new baby or need to care for an ailing family member.¹

But the federal law doesn't offer flexibility — or financial protection — to many working families. Low-wage earners, for example, are less likely than higher-wage earners to receive paid or unpaid time off for doctor's visits.² This can present difficult choices for a working parent who may need an occasional half-day

off for prenatal care or a well-child visit.

Cities and states across the country have begun to supplement the protections offered under federal law. California, Connecticut, Oregon, Pittsburgh and Seattle, among others, now require most employers to allow their workers to earn paid leave.³

In Colorado:

Colorado employees in same-sex marriages, civil unions or domestic partnerships can receive up to 12 weeks of unpaid leave to care for their partners because of the 2013 Colorado Family Care Act. That law aside, Colorado has not passed new legislation addressing job security or flexibility during times of illness or family caregiving. Nevertheless, some private employers have taken action on their own to support the health of their employees and their families. For example, Colorado-based Chipotle now allows their hourly and part-time workers to earn paid leave.⁴

Healthy Children

Colorado’s children took a healthy step forward, earning a C+ compared with last year’s C.







Colorado made a bit of headway in reducing child poverty, trimming the percentage of kids living in families with low incomes to 20.1 percent from 21.6 percent. This moved Colorado’s children up two places, to 12th from 14th.

A closer look at the data reveal differences by race and ethnicity, with 35.1 percent of Hispanic children and 33.5 percent of black children living in families that can’t afford many basic necessities. This means that both black and Hispanic children are three times as likely as white children (11.1 percent) to live in poverty.

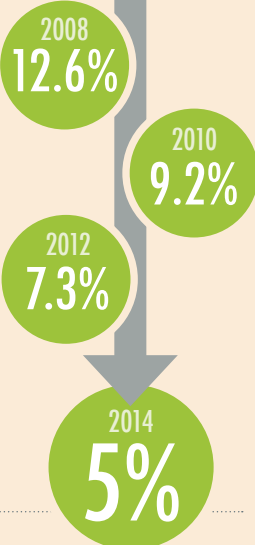
Decade of Data: Spotlight

Only 5 percent of children remain uninsured, down from 14.1 percent in 2007. Even so, Colorado’s kids still rank 28th in the nation.

Families that live in poverty face barriers to a healthy life. For example, an overall child obesity rate of 10.9 percent positions Colorado in fifth place nationally. But Hispanic children, who are more likely to live in households struggling to make ends meet, have a higher level of obesity than white children: 15.5 percent compared with 8.7 percent.

| Health Indicator | Rank Among States | Rank Last Year |
|--|--|----------------|
| 5 percent of children were not covered by private or public health insurance. | 28  | 37 |
| 20.1 percent of children lived in families with incomes below the federal poverty level. | 12  | 14 |
| 55.3 percent of children had a medical home that is accessible, continuous, comprehensive, family-centered, coordinated and compassionate. | 35  | 35 |
| 77.6 percent of children received all the routine dental preventive care needed in the past 12 months. | 29  | 29 |
| 67.6 percent of school-age children participated in vigorous physical activity for four or more days per week. | 24  | 24 |
| 10.9 percent of children were obese. | 5  | 5 |

Colorado kids without insurance has dropped to just **5 percent.**



One of five Colorado kids live in households facing financial hardship.



Children from families that struggle financially are much less likely to have a medical home.

Percentage with a Medical Home, by FPL

| | | | |
|--------------|-------|--------------|-------|
| 0-99% FPL | 37.6% | 200-399% FPL | 63% |
| 100-199% FPL | 42.8% | 400+% FPL | 65.7% |

FPL = Federal Poverty Level



Policies To Promote Healthy Children

Health Insurance for Low-Income Children

Low-income children are often eligible for health insurance through two public insurance programs, Colorado's Child Health Insurance Program — called Child Health Plan *Plus* (CHP+) — or Medicaid. Much progress has been made to ensure that all eligible children are enrolled in one of these insurance programs.

Innovative outreach efforts — including mobile technology driven by high rates of cell phone ownership — are having some success in helping parents know their options. Michigan, for example, uses a text message program to encourage parents to renew their children's health insurance. The program, which includes one-on-one assistance for parents, increased retention in public health insurance by 8 percent.⁵

In Colorado:

Colorado has made gains in ensuring that children have health insurance coverage by deciding to expand insurance eligibility, bolstering outreach efforts and simplifying enrollment processes, according to a recent study by Mathematica Policy Research.⁶ Strong statewide outreach and enrollment assistance helped more Colorado families learn about their coverage options and how to enroll.

However, the Mathematica study highlighted areas for improvement. There are still gaps in coverage for some children, particularly those who are U.S. citizens even though their parents are not.

Healthy Adolescents

Colorado's teens are maintaining a steady B grade when it comes to their health.

But many of their families face financial hardships, an indicator that can directly affect the ability of teens to stay healthy.

Nearly one of five teens (17.7 percent) now lives in a family whose income is below the federal poverty level, up from 15.8 percent last year. This pushed Colorado's rank down nine places to 21st from 12th.












Among Hispanic teens, 32 percent live in families that can't afford the basics of life. For black teens, it's 25.5 percent. By comparison, the rate for white teens is 9.6 percent.

Decade of Data: Spotlight

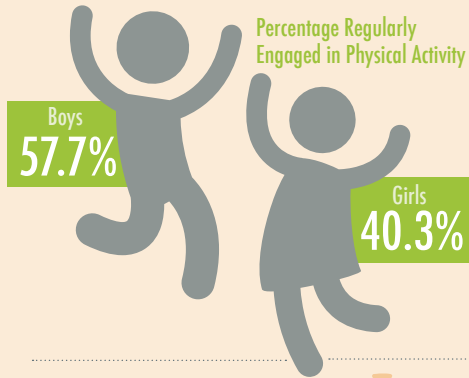
The percentage of teens living in poverty has increased over the decade. The percentage living in families with incomes below the poverty line was 10.3 in 2007 but had risen to 17.7 by 2016.

However, the state's teens made substantial gains in health insurance coverage. Lack of health insurance fell to 8.5 percent from 11.6 percent for this group. Still, they rank 38th among all states when it comes to insurance.

Colorado's teen birth rate continues to decline, falling to 23.4 births for each 1,000 teenagers, down from 25.4.

| Health Indicator | Rank Among States | Rank Last Year |
|--|--|----------------|
| 8.5 percent of adolescents are not covered by private or public health insurance. | 38  | 41 |
| 17.7 percent of adolescents live in families with incomes below the federal poverty level. | 21  | 12 |
| 92.3 percent of adolescents ate vegetables one or more times during the past seven days. | 41  | 41 |
| 49.1 percent of adolescents participated in vigorous physical activity on five or more of the past seven days. | 13  | 13 |
| 16.6 percent of adolescents had five or more drinks of alcohol in a row on one or more of the past 30 days. | 17  | 17 |
| 10.7 percent of adolescents smoked cigarettes on one or more of the past 30 days. | 10  | 10 |
| 24.3 percent of adolescents felt so sad or hopeless almost every day for two consecutive weeks during the past 12 months that they stopped doing some usual activities. | 9  | 9 |
| 6.6 percent of adolescents attempted suicide one or more times during the past 12 months. | 7  | 7 |
| 23.3 percent of adolescents were sexually active in the past three months. | 1  | 1 |
| Among students who had sexual intercourse during the past three months, 63.7 percent reported using a condom during last sexual intercourse. | 3  | 3 |
| Teen fertility rate (23.4 births to teen mothers per 1,000 teenage females). | 18  | 19 |

Teenage boys out-exercise teenage girls.



Colorado's teen birth rate is at a record low.

(teen birth rate per 1,000)

| Year | Teen Birth Rate (per 1,000) |
|------|-----------------------------|
| 2006 | 43.8 |
| 2013 | 23.4 |

13% of teens in the lowest-income families remain uninsured.



The percentage of teens who binge drink is almost half of what it was 10 years ago.



Policies To Promote Healthy Adolescents

Family Planning

Teens who receive family planning education learn about various methods to avoid unintended pregnancies. State and federal health reforms have helped to increase the number of young women who have access to information as well as various forms of contraception.

Most private health insurance plans are now required to cover all forms of contraception approved by the U.S. Food and Drug Administration. Many state Medicaid programs, including Colorado's, have benefits for family planning services.⁷ Meanwhile, low-income women who don't have insurance or who don't use their insurance for privacy concerns can receive low-cost services and contraception at clinics funded by the federal Title X program.

Maryland ranks in the top 10 for states with the lowest teen birth rates, but the city of Baltimore has historically been a different story. A citywide, multiagency campaign to prevent teen pregnancies, B'more for Healthy Babies, expanded family planning, increased educational services and provided young women with long-acting reversible contraception (LARC).⁸ Since the start of this initiative in 2009, Baltimore's teen birth rate fell from 64.4 births per 1,000 teens to 34.4 births.⁹

In Colorado:

The teen birth rate is at a record low and many teens have benefited from a variety of resources. For instance, the Colorado Department of Public Health and Environment's family planning initiative provides education to prevent unplanned pregnancies and offers effective contraceptive options, including LARC, at low cost.

But some teens still face barriers when seeking family planning services, especially in rural communities. Colorado Medicaid is proposing a more flexible payment structure for Rural Health Clinics that provide family planning services to young women.

Healthy Adults

Colorado adults held onto a B+, tied with seniors for the highest grade across all life stages. This is largely due to increased access to health insurance, low rates of obesity, fewer smokers and fewer binge drinkers.

Colorado adults again claimed the nation's best ranking for obesity at 21.5 percent. Even as the state's adults stayed ahead of the pack, though, the obesity rate has increased by three percentage points since 2006, when it was 18.4 percent.











Adults lost their nation-leading ranking for physical activity to Oregon, dropping to second place. Colorado adults also lost the nation's top ranking for diabetes, falling to fourth, as the percentage with the disease rose to 5.3 from 4.5.

Decade of Data: Spotlight

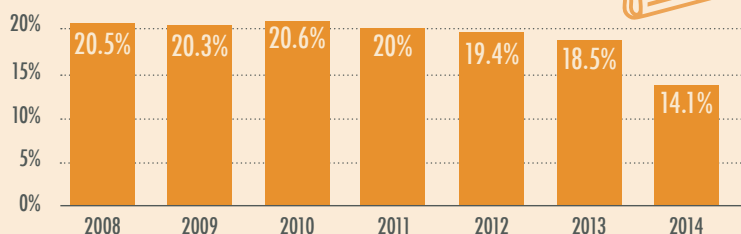
Colorado is falling back when it comes to mental health for adults. The percentage of adults with poor mental health was 11.8 in 2007 but had increased to 13.7 by 2016.

The uninsured rate for adults fell to 14.1 percent from 18.5 percent, pushing the state ranking up four places to 21st.

Colorado's adults posted some gains on lifestyle indicators. Fewer adult Coloradans are smoking cigarettes — 17.3 percent compared with 19.4 percent — resulting in an improvement to 10th place from 15th. And the percentage of binge drinkers fell to 20.4 percent from 21.2 percent, moving Colorado up to 33rd from 37th.

| Health Indicator | Rank Among States | Rank Last Year |
|---|--|----------------|
| 14.1 percent of working-age adults are not covered by private or public health insurance. | 21  | 25 |
| 71.9 percent of adults had one (or more) person(s) they think of as their personal doctor or health care provider. | 26  | 26 |
| 19.2 percent of adults consumed five or more fruits and/or vegetables per day within the past month. | 8  | 8 |
| 84.8 percent of adults participated in any physical activity within the past month. | 2  | 1 |
| 21.5 percent of adults were obese. | 1  | 1 |
| 17.3 percent of adults smoked cigarettes. | 10  | 15 |
| 20.4 percent of adults binge drank (males having five or more drinks on one occasion, females having four or more drinks on one occasion) in the past month. | 33  | 37 |
| 13.7 percent of adults reported that their mental health was not good eight or more days in the past month. | 11  | 12 |
| 5.3 percent of adults reported that they were diagnosed with diabetes. | 4  | 1 |
| 20.2 percent of adults reported that they were diagnosed with high blood pressure. | 2  | 2 |

The adult uninsurance rate is at a historic low.



Percentage of adults reporting poor mental health by income



9.7%



27.2%

Women are doing a better job of eating fruits and veggies than men.



Male

14.7%

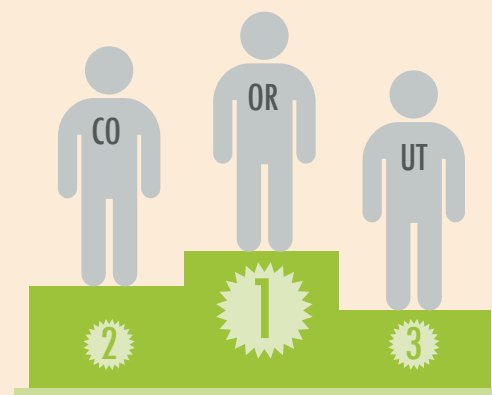


Female

23.9%

Colorado lost its No.1 ranking for physical activity,

dropping to the No.2 slot behind the new leader Oregon and ahead of No. 3 Utah.



Policies to Promote Healthy Adults

Reducing Sugary Drink Consumption

Sugary drinks have been proven to contribute to costly health concerns such as obesity and diabetes.^{10,11} Colorado has the nation's lowest obesity rate at 21.5 percent, but that rate has tripled since 1990, when it stood at 6.9 percent. And the number of adults with diabetes is projected to top 500,000 by 2030.¹² One possible policy option to discourage the consumption of sugary drinks is a tax modeled after the tobacco tax, which has pushed cigarette smoking rates lower.

In Mexico, a one-peso-per-liter tax, or about 10 percent of the price of sugary drinks, has led to lower soda consumption, especially among its lowest-income residents.¹³ In the Navajo Nation of Arizona, New Mexico and Utah, a tax on sugary drinks and other "junk" foods replaced a tax on fresh fruits and vegetables, with the goal of encouraging residents to make healthier choices.

In Colorado:

Policy efforts to reduce sugary drink consumption in Colorado have often focused on reducing their availability in public settings. For example, certain types of sugary drinks are now prohibited in licensed child care centers and K-12 schools. Local governments and some employers have taken action to remove sugary drinks from public places.

In 2013, the city of Fort Collins removed unhealthy beverages from vending machines in city buildings like libraries and recreation centers. Fort Collins has replaced sugary drinks with healthier options, such as carbonated and flavored waters. Several hospitals across Colorado have adopted similar strategies to improve the nutritional quality of beverages sold in vending machines in their facilities.

Healthy Aging

Colorado's seniors continue to score well compared with older adults across the nation. But their grade declined a bit this year to a B+ from last year's A-.

The state's seniors lost ground in several areas of health. A driving force behind the lower grade was a decrease in the proportion of those with a personal doctor or health care provider. Colorado's seniors are now 25th instead of last year's 19th.

The proportion of seniors receiving the recommended immunizations and flu shots continues to decline, down to 52.8 percent from 53.9 percent last year. Colorado dropped two places, to ninth from seventh. In 2006, 62.2 percent of Colorado seniors were getting their recommended shots.

And while a smaller percentage described their physical health as poor — 17.6 percent compared with 18.2 percent last year — other states posted even better improvements,

Decade of Data: Spotlight

Colorado is struggling to improve immunizations for seniors. The percentage of older adults receiving recommended immunizations decreased from 62.2 in 2007 to 52.8 in 2016.

which lowered Colorado's ranking to 15th from 13th.

Physical activity is a bright spot: Colorado's seniors reclaimed first place from Oregon with more than 77 percent of older adults getting active, up from 76.1 percent a year ago.

There is a considerable economic divide when it comes to mental health. Nearly one of five seniors with annual incomes of less than \$10,000 reported poor mental health, about four times the rate of seniors with annual incomes of \$75,000 or more.

| Health Indicator | Rank Among States | Rank Last Year |
|--|-------------------|----------------|
| 94.5 percent of older adults have one (or more) person(s) they think of as their personal doctor or health care provider. | 25 ↓ | 19 |
| 52.8 percent of older adults have had a flu shot during the past 12 months and have had a pneumonia vaccination. | 9 ↓ | 7 |
| 77.3 percent of older adults participated in any physical activity in the past 30 days. | 1 ↑ | 2 |
| 17.6 percent of older adults reported that their physical health was not good for eight or more days in the past month. | 15 ↓ | 13 |
| 7.9 percent of older adults reported that their mental health was not good for eight or more days in the past month. | 11 = | 11 |
| 20.1 percent of older adults reported eight or more days of limited activity in the past month due to poor physical or mental health. | 5 = | 5 |

Average Grade:

B+

Average Rank:

11Last Report Card: **A-/10**

Colorado is No.1 for physical activity.

Three of four seniors got active in the past 30 days.



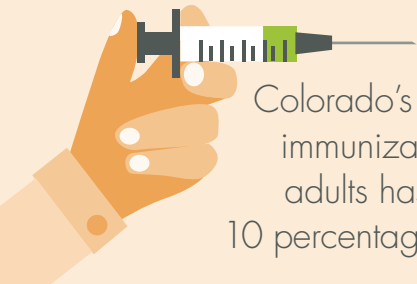
But less income = less activity.



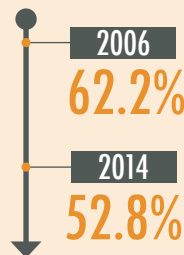
62.8%
Participated in Physical Activity



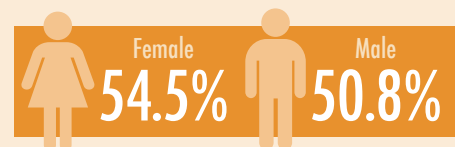
90.7%
Participated in Physical Activity



Colorado's flu and pneumonia immunization rate for older adults has dropped nearly 10 percentage points since 2006.



And more women than men are getting immunized.



Policies to Promote Healthy Aging

Advance Care Planning

Advance care planning allows people of all ages to learn about their end-of-life care options, determine which treatments they prefer and communicate with their families and their health care providers about how they want to spend their final days.

Research shows most adults prefer to be cared for at home as they near the end of their lives.¹⁴ Yet only a third of Medicare beneficiaries over 65 actually do stay at home in their last days. The goal of advance care planning is to ensure that the wishes of those receiving end-of-life care are honored.

Health care providers historically have not been paid to provide advance care planning for their Medicare patients, but the federal government began reimbursing for that service in January 2016.¹⁵ This is an important step toward improving participation.

In Colorado:

Colorado Medicaid reimburses providers for advance care planning consultations for clients with serious, chronic or terminal illnesses. Adequately compensating providers for engaging in this conversation with patients will help increase access to advance care planning by those who could most benefit. It is important to communicate the availability of this service to Medicaid beneficiaries as well as to providers so that they are aware they can bill for this service.

A Decade of Data

10 Years of Colorado Health Report Cards

2006

Blue Ribbon Commission for Health Care Reform begins work, placing Colorado in the lead on many reforms.

2008

The **Colorado Public Health Reauthorization Act** aims to renovate the state's public health system.

2010

The **Colorado Health Service Corps Act** wins legislative approval, aiming to recruit providers to vulnerable communities.

2007

Lawmakers vote to make **school breakfasts** free for low-income children.

2009

Legislators pass the **Colorado Health Care Affordability Act** to expand Medicaid and CHP+, financing it with a provider fee on hospitals.

Colorado Milestones Health Report Card Milestones

2006

Colorado ranks #1 with nation's lowest adult obesity rate.

2007

14.4% of children live in families below the poverty level, ranking 16th.

2008

The rate for adults without health insurance **reaches 20.1%**, highest across the decade.

2009

Childhood obesity rate **climbs to 14.2%** from 9.9%. Rank hits a low of 23rd for the decade.

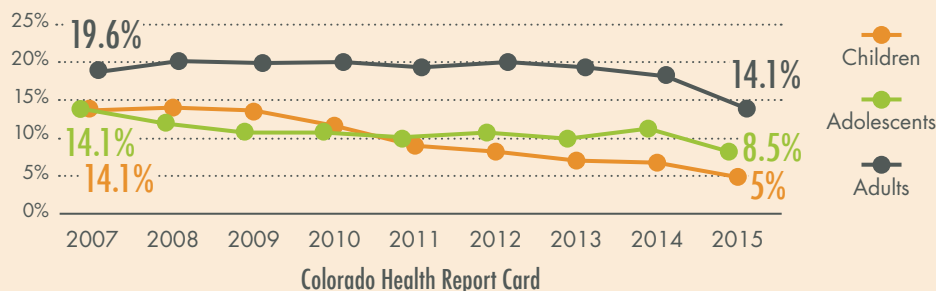
2010

The uninsured rate for children **drops to 11.8%**.

Three indicators from the Health Report Card help to tell the story of Colorado's

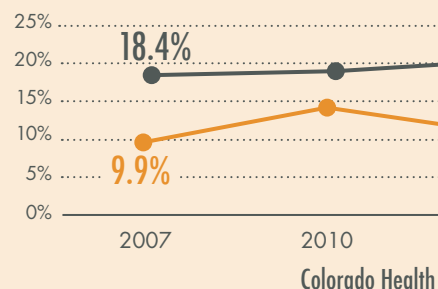
TOP OF THE CLASS: Health Insurance

Not Covered by Public or Private Health Insurance



HOLDING STEADY: Obesity

Percentage Who Are Obese



The first decade of the Colorado Health Report Card spans a time of sweeping change in health policy. In many areas, Colorado has been a leader in creating policies that make it easier for all Coloradans to be as healthy as possible. Still, 10 years of measuring Colorado’s progress shows that becoming a “straight A” state is challenging. Much progress has been made, but much work remains.

2011

Lawmakers require elementary students to have **150 minutes of physical activity at school** each week.

Colorado votes to create a **state-based insurance market** under the ACA, one of 13 states to do so.

2012

Trans fats are banned from public schools.

2013

Open enrollment through **Connect for Health Colorado** begins October 1.

The General Assembly votes to expand **Medicaid eligibility**.

2014

Colorado wins \$65 million federal award to fund the **State Innovation Model (SIM)**.

2015

The bipartisan **Health Care Cost Containment Commission** releases its first report.

2011

Adult obesity **tops out at 22%**, but Colorado is still No. 1.

2012

The uninsured rate for teens **hits 11.3%**.

2013

18.3% of teens are in families below poverty line, highest rate over the 10 years.

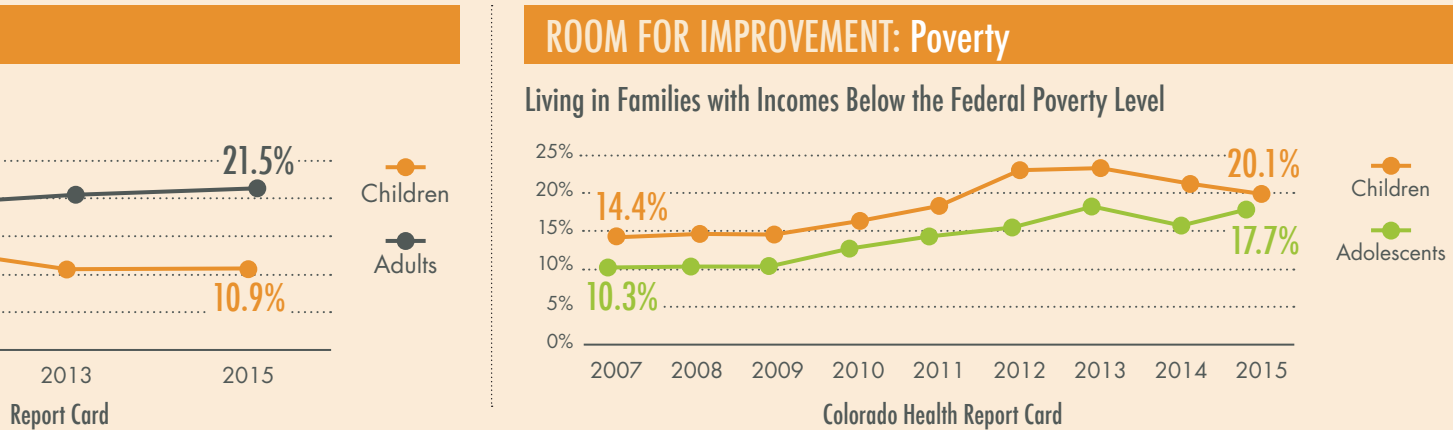
2014

Only **7.1% of children** don't have health insurance.

2015

20.1% of children now live in families below the poverty level, higher than when the Health Report Card started.

progress – or lack of progress – in becoming the healthiest state.



Methodology

The Colorado Health Report Card's 38 health indicators are presented through five life stages.

Because the data come from many sources, the age ranges for some indicators vary within a life stage. Detailed information about the data, including the ages, years and sources, can be found in the data workbooks at www.ColoradoHealth.org/ReportCard.

- **Healthy Beginnings:** All indicators are for newborns, with the exception of immunizations. Immunization data are for children between 19 and 35 months.
- **Healthy Children:** Insurance and poverty indicators include all children under age 13 while medical home and preventive dental indicators are for all children up through 18 years of age. Physical activity data are for kids between six and 17, while obesity data are for those between 10 and 17.
- **Healthy Adolescents:** Insurance and poverty indicators include all teens between ages 13 and 17. Teen fertility is for teen girls between 15 and 19. All other data are for high school students grades 9-12.
- **Healthy Adults:** All data are for adults between 18 and 64.
- **Healthy Aging:** All data are for seniors 65 years and older.

Data Sources

The indicators selected for the Colorado Health Report Card come from eight different data sources. The data are the most recent available for all states.

1. Centers for Disease Control and Prevention. Behavioral Risk Factor Surveillance System (BRFSS), 2014.
2. Centers for Disease Control and Prevention, National Center of Health Statistics. National Survey of Children's Health, 2011-12.
3. Centers for Disease Control and Prevention. National Immunization Survey, 2014.
4. Centers for Disease Control and Prevention. National Vital Statistics System, 2013.

5. Centers for Disease Control and Prevention, Office of Adolescent and School Health. Youth Risk Behavior Survey, 2013.
6. Centers for Disease Control and Prevention. Pregnancy Risk Assessment Monitoring System, 2012.
7. Colorado Department of Public Health and Environment, Colorado Department of Human Services Office of Behavioral Health, the Colorado Department of Education and University of Colorado Denver. Healthy Kids Colorado Survey, 2013.
8. United States Census Bureau. American Community Survey, 2014.

Ranking

The indicators selected are reported consistently across states, allowing Colorado's performance to be ranked relative to other states. For each indicator, the best-performing state is ranked first. An adjusted rank was calculated for indicators with fewer than 50 states reporting data. In cases where states had the same value for an indicator, they were listed randomly.

Decade of Data

Indicators used for Decade of Data life stage breakouts are reported by the year in which the Health Report Card was released.

Grading

A grade was assigned to each life stage based on Colorado's average rank for all indicators in that life stage.

| Average Rank | Letter Grade | Average Rank | Letter Grade |
|--------------|--------------|--------------|--------------|
| 1-3 | A+ | 27-30 | C- |
| 4-6 | A | 31-33 | D+ |
| 7-10 | A- | 34-36 | D |
| 11-13 | B+ | 37-40 | D- |
| 14-16 | B | 41-43 | F+ |
| 17-20 | B- | 44-46 | F |
| 21-23 | C+ | 47-50 | F- |
| 24-26 | C | | |

Health Indicators Endnotes

Healthy Beginnings

- ¹ United States Department of Labor. (2015). "Wage and Hour Division: Family and Medical Leave Act." <http://www.dol.gov/whd/fmla/>
- ² United States Department of Labor. (2015). "Selected Paid Leave Benefits: Access." <http://www.bls.gov/news.release/ebs2.t06.htm>
- ³ A Better Balance: the Work and Family Legal Center. (2015). "Overview of Paid Sick Time Laws in the United States." <http://www.abetterbalance.org/web/images/stories/Documents/sickdays/factsheet/PSDchart.pdf>
- ⁴ The New York Times. (2015). "New Momentum on Paid Leave, in Business and in Politics." http://www.nytimes.com/2015/06/22/upshot/a-federal-policy-on-paid-leave-suddenly-seems-plausible.html?_r=0

Healthy Children

- ⁵ Michigan Primary Care Association. (2015). "Increasing Retention and Reducing Churn Through Innovative Renewal Strategies." https://s3.amazonaws.com/assets.enrollamerica.org/wp-content/uploads/2015/06/SOE_MPCA_Presentation.pdf
- ⁶ Mathematica Policy Research and the Urban Institute. (2014). "CHIPRA Mandated Evaluation of the Children's Health Insurance Program: Final Findings." https://www.medicaid.gov/chip/downloads/chip_report_congress-2014.pdf

Healthy Adolescents

- ⁷ Colorado Department of Health Care Policy and Financing. (2015). "Family Planning Services." <https://www.colorado.gov/pacific/hcpf/family-planning-services>
- ⁸ B'more for Healthy Babies. (2015). "Teen Pregnancy Prevention." <http://healthybabiesbaltimore.com/our-initiatives/teen-pregnancy-prevention>
- ⁹ B'more for Healthy Babies. (2015). "Teen Pregnancies in Baltimore Drop by a Third." <http://healthybabiesbaltimore.com/news-and-events/news/2015/02/24/teen-pregnancies-in-baltimore-drop-by-a-third->

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- ¹⁰ Harvard School of Public Health. (2015). "Sugary Drinks and Obesity Fact Sheet." <http://www.hsph.harvard.edu/nutritionsource/sugary-drinks-fact-sheet/>
- ¹¹ Harvard School of Public Health. (2015). "Soft Drinks and Disease." <http://www.hsph.harvard.edu/nutritionsource/healthy-drinks/soft-drinks-and-disease/>
- ¹² The State of Obesity. (2015). "The State of Obesity in Colorado." <http://stateofobesity.org/states/co/>
- ¹³ The Guardian. (2015). "How one of the most obese countries on earth took on the soda giants." <http://www.theguardian.com/news/2015/nov/03/obese-soda-sugar-tax-mexico>

Healthy Aging

- ¹⁴ American Association of Retired Persons. (2012). "The United States of Aging Survey." <http://www.aarp.org/content/dam/aarp/livable-communities/learn/research/the-united-states-of-aging-survey-2012-aarp.pdf>
- ¹⁵ The Henry J. Kaiser Family Foundation. (2015). "10 FAQs: Medicare's Role in End-of-Life Care." <http://kff.org/medicare/fact-sheet/10-faqs-medicare-role-in-end-of-life-care/>



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