

# It's not your genetic code. It's your zip code!

## Racial and Ethnic Disparities in Colorado

Dr. Sheila Davis

Director

Office of Health Equity

Colorado Department of Public Health and Environment

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**COLORADO**  
Department of Public  
Health & Environment

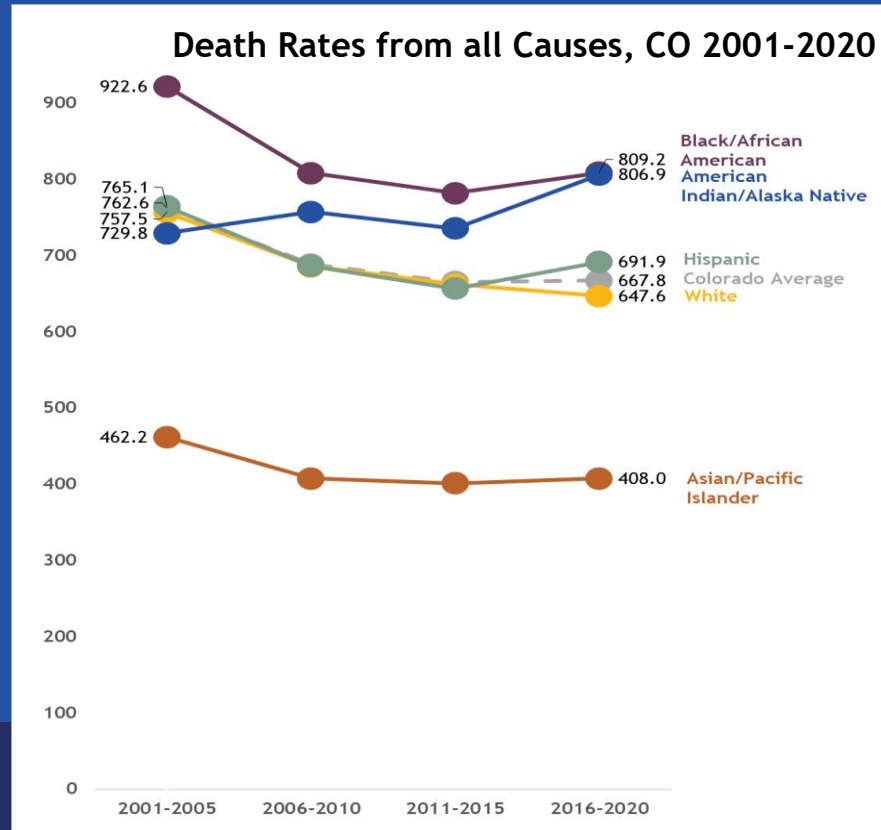
# Today's Roadmap

- My background
- The problem we are trying solve
- Evolution of public health over the past twenty years
- Office of Health Equity milestones
- Trends in health outcomes data
- Health indicators
- Next steps



# What Problem are we Trying to

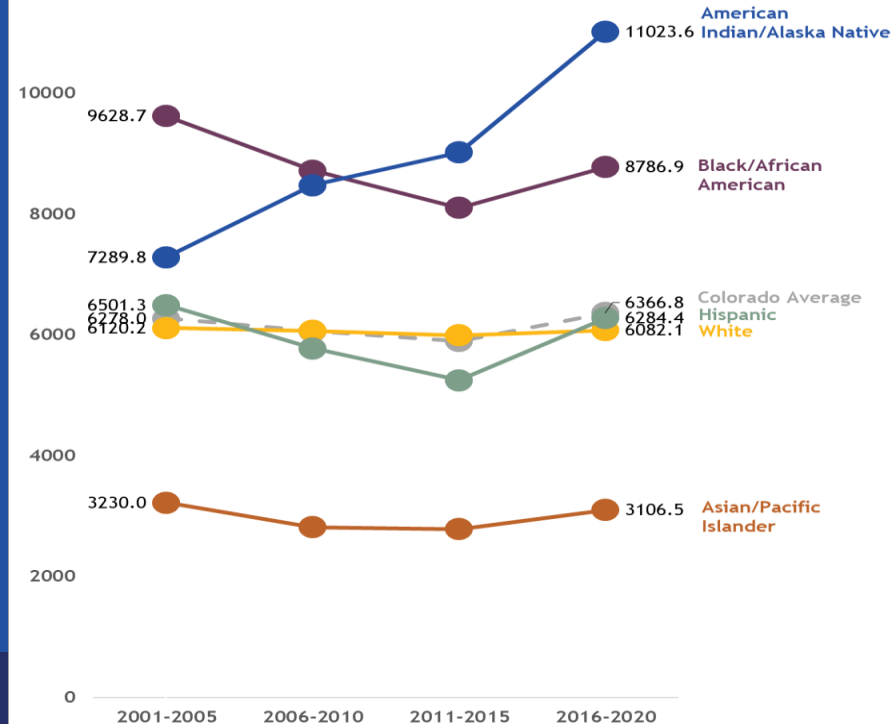
## Solve? Health Disparities



# Missing Coloradans: Premature Death

## Years of Potential Life Lost

Per 100,000 Population Under Age 75, Colorado



Years of Potential Life Lost is a measure of premature death that factors in the age at which a person died. This is calculated by subtracting the age at death from a standard set age point before which a death is considered untimely--in this case age 75. YPLL gives more weight to deaths that occur at earlier ages. Looking at YPLL allows us to understand not just whether certain demographic groups are dying at higher rates, but whether they are also dying at younger ages.

# Health Equity Report: Notes

We define a health disparity as a racial or ethnic group that currently has a statistically significantly higher rate than the Colorado Average.

We use federal census labels since this is how the data was collected, i.e., “American Indian/Alaskan Native.”

We combine five years of data to be able to better discern trends and statistical significance (2001-2005), (2006-2010), (2011-2015) and (2016-2020).

Even with combined rates, it is hard to tell if differences and time trends are statistically significant for the American Indian/Alaskan Native population due to relatively small numbers.

There are patterns of significantly higher rates of deaths for African Americans and Native Americans in many health areas. There are higher rates of deaths for Hispanics in some areas. Asian/Pacific Islanders have statistically lower rates in most areas.

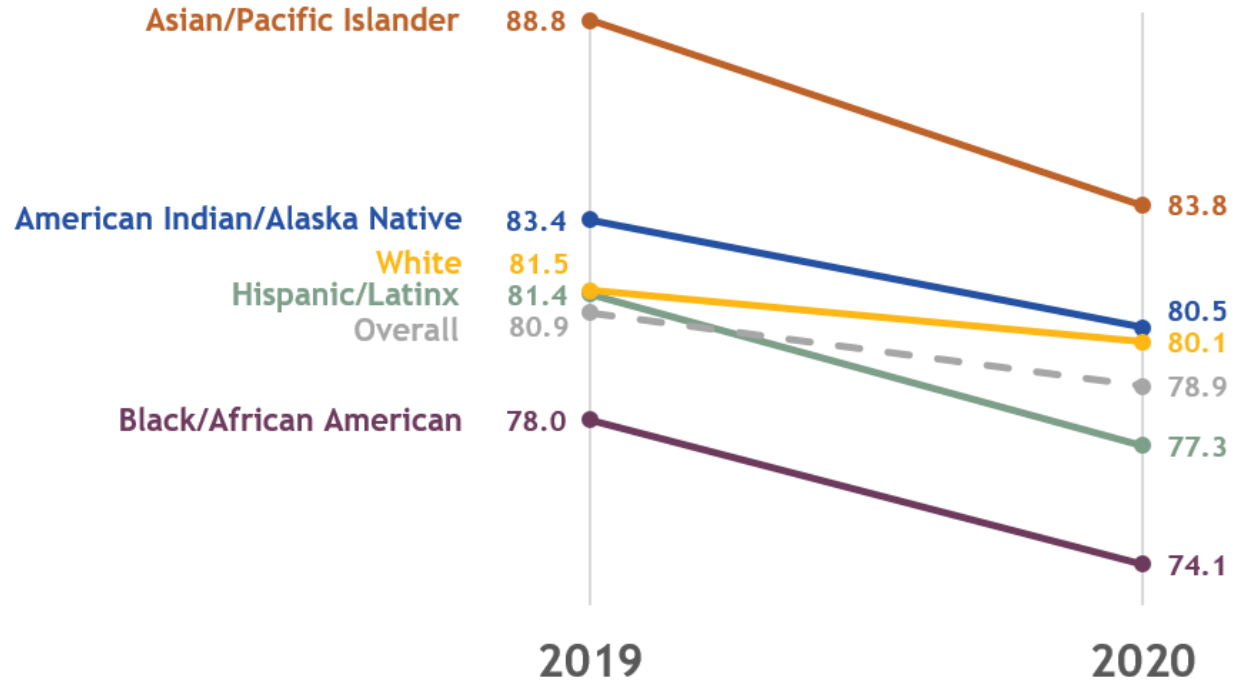
**THERE HAS BEEN REMARKABLE HEALTH IMPROVEMENTS AMONG ALL GROUPS OVER 20**



# Changes in Life Expectancy

## Years of Expected Life: 2019-2020

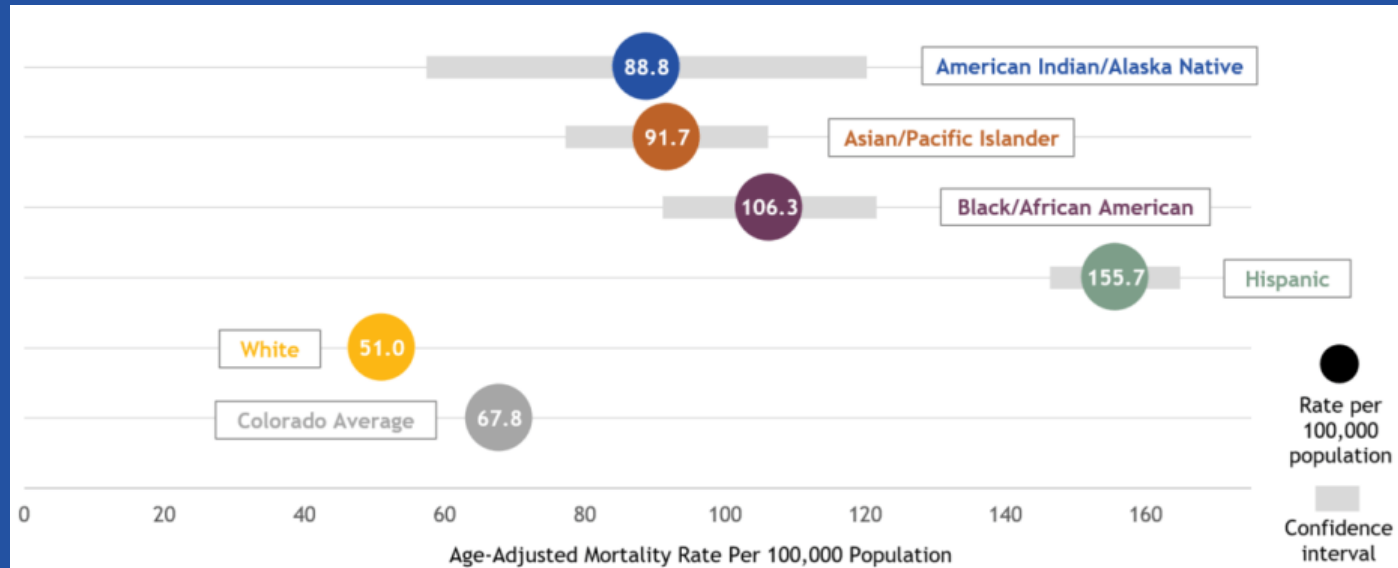
Colorado experienced declines in life expectancy across all racial and ethnic groups between 2019 and 2020. These declines were most pronounced among all Communities of Color and due mainly to COVID-19, but also delaying care, and increases in drug and alcohol-related deaths.



# COVID-19 mortality rates, CO 2020

COVID-19 is the 3rd leading cause of death in CO.

In 2020, **American Indian/Alaska Native**, **Asian/Pacific Islander**, **Black/African American**, and **Hispanic/Latinx** Coloradans died of COVID-19 at higher rates than the **Colorado average**.



# What Keeps You Healthy? (Examples)

Employment

Healthcare Safety

Exercise Diet Air Quality

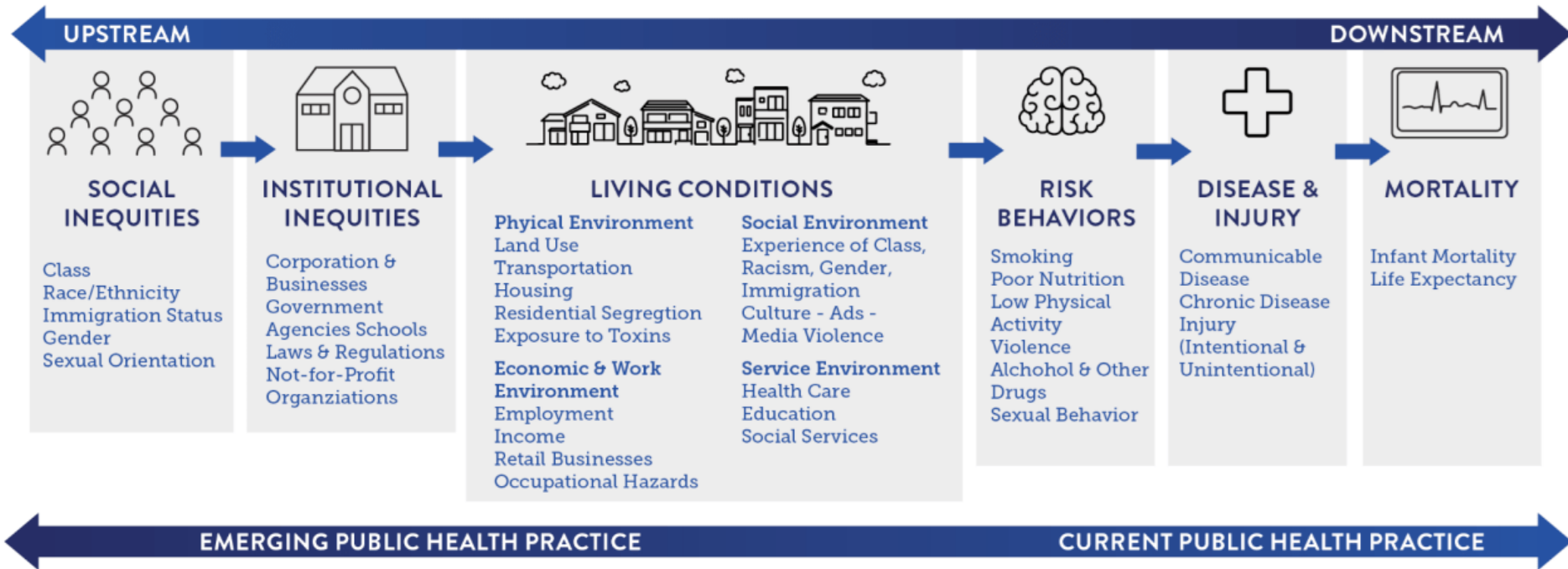
Education

Housing Income

Mental Health

Family Access

# Evolution of Public Health over 20 years



Source: "A Public Health Framework For Reducing Health Inequities", Bay Area Regional Inequities Initiative, 2020.



# Social Determinants or Drivers of Health

These are the stability factors that shore up the health and wellbeing of individuals, families and communities.

Structural Inequities in these stability factors create health disparities between populations.

These inequities stem from historic and present day discrimination and biases in social systems.



# Legacy of Discriminatory Policies

The report examines discriminatory policies that are generational and affect the social determinants of health today.

- Redlining
- Discriminatory/predatory lending practices
- Residential segregation
- School segregation
- Exclusionary zoning/Environmental Justice
- Disproportionate sentencing

# Model Policy Examples

- [House Bill 22-1295](#) created the Department of Early Childhood and a Universal Preschool program
- [House Bill 19-1262](#) established free, full-day kindergarten to all Colorado children.
- [Proposition 118](#) establishes a state-run, paid Family and Medical Leave Insurance (FAMLI) program provides all Colorado workers with access to up to 12 weeks of paid leave (and an additional four weeks in some circumstances) to take care of themselves or their families.
- [House Bill 21-1271](#), the Colorado Department of Local Affairs is working to increase the availability of affordable housing by providing incentives and grants to local communities to develop innovative and locally driven land use policies and regulations that promote affordable housing development.
- [House Bill 21-1266](#) or the Environmental Justice Act supports the Colorado Department of Public Health and Environment in reducing pollution and environmental toxins in disproportionately impacted neighborhoods.
- [House Bill 22-1278](#) created the Behavioral Health Administration (BHA)
- [HB 21-1232](#) The *Colorado Option* in the Colorado Division of Insurance creates standardized health insurance plans that are required to lower premiums for individuals, families, and small businesses by 15% by 2025.

# CDPHE's dedication to equity

**2001**

CDPHE publishes first report on health disparities (additional reports in 2005, 2009, and 2013)

**2005**

A35 Tobacco Tax funds established Health Disparities Grant Program

**March 2013**

House Bill 1088 changed the name of the office to the Office of Health Equity and expanded it to serve lesbian, gay, bisexual and transgender (LGBT), aging, disabled, low-socioeconomic and geographic populations

**July 2020**

CDPHE declares racism a public health crisis

**2004**

Creation of the Office of Health Disparities at CDPHE

**May 2007**

The Office of Health Equity and the Health Equity Commission were codified in statute through Senate Bill 242

**2019**

Health Disparities Grant Program shifts focus from initiatives serving priority populations to improving social determinants of health for priority populations

**June 2021**

Senate Bill 181 Equity Strategic Plan to Address Health Disparities passed



# SB 181 Charge

CDPHE to regularly document and report on health disparities and their root causes as they relate to the social determinants of health. Governor convene the state agencies to conduct strategic planning to address these determinants.

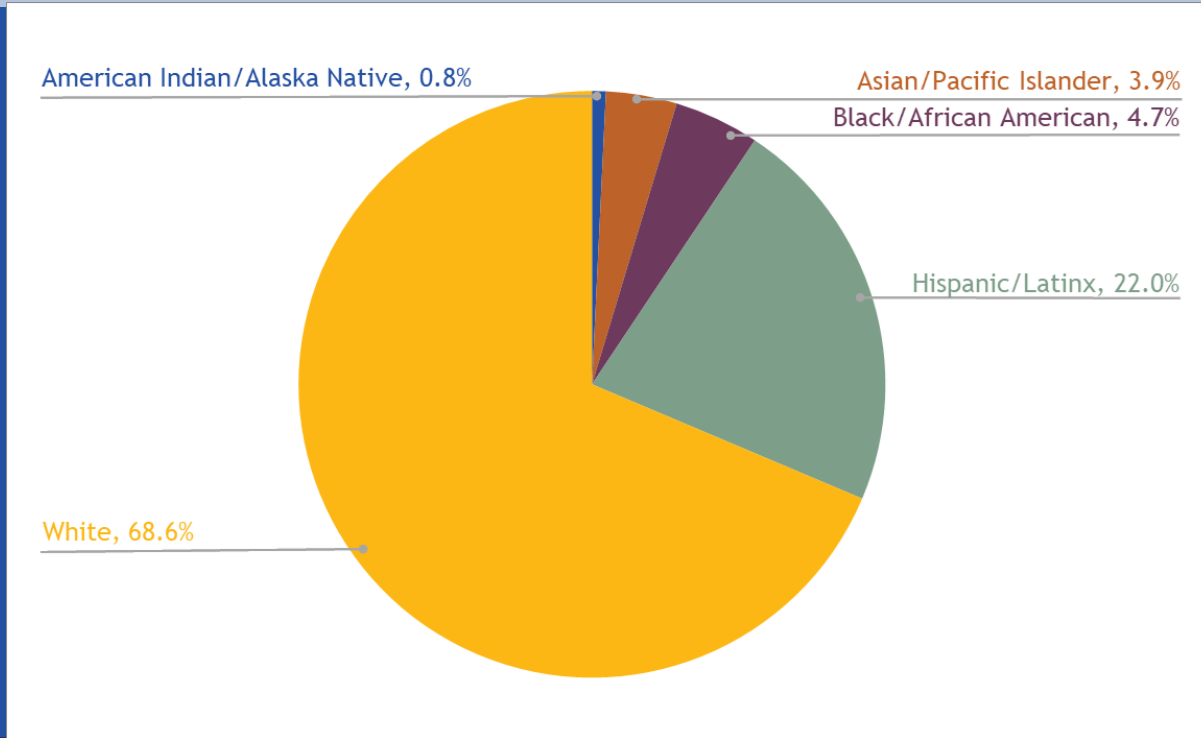
Starting with Communities of Color

Conduct a similar process with:

*People with Disabilities, LGBTI+, Rural communities, Aging Coloradans, People with Low Socioeconomic Status*



# Colorado's Population by Race/Ethnicity, 2020



Source: Colorado Department of Local Affairs, State Demography Office, Population Estimates, 2020

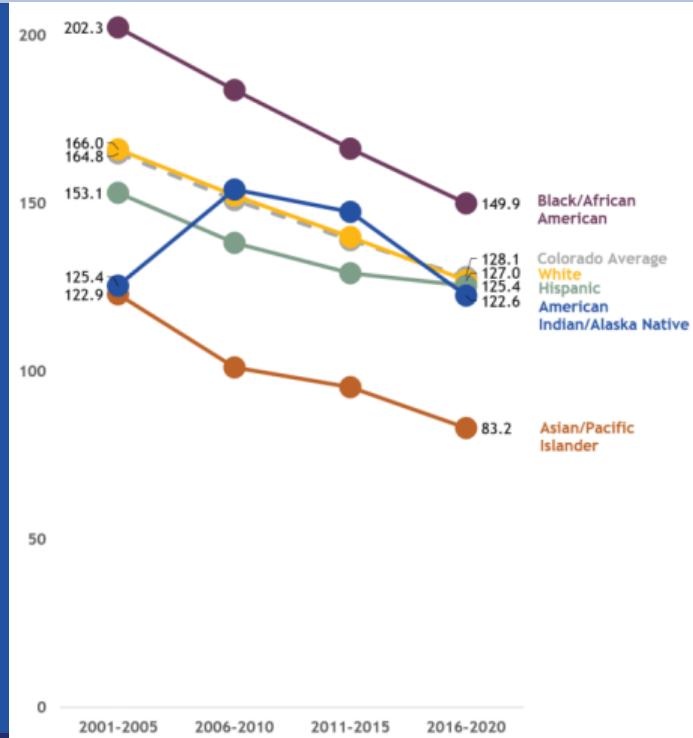


# All-site cancer death rates, CO 2001-2020

Cancer is the leading cause of death in CO.

The decline in cancer death rates are remarkable, and have improved significantly over the last 20 years for **Black/African American**, **Hispanic**, **White**, and **Asian/Pacific Islanders** in Colorado.

**Black/African American** Coloradans still experience significantly higher rates than the **Colorado average**.



# Prostate cancer mortality rates, CO 2001-2020

American Indian/Alaska Native, Asian/Pacific Islanders, Hispanic and White men in Colorado experienced significant declines in prostate cancer mortality rates over 20 years

Black/African American men have experienced significantly and persistently higher prostate cancer mortality rates than the Colorado average for the past 20 years.

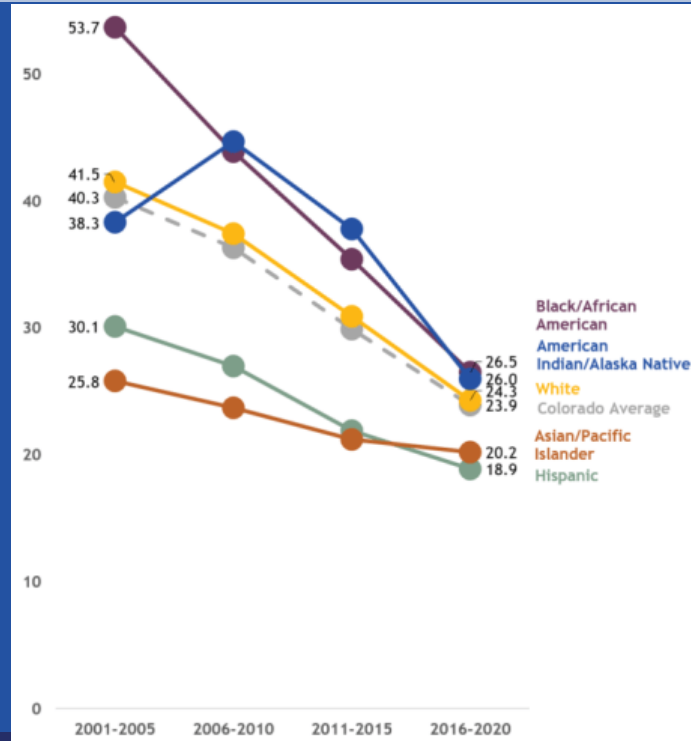
*Age-adjusted mortality rates in deaths per 100,000 population*



# Lung cancer mortality rates, CO 2001-2020

Lung cancer is the leading cancer death in Colorado.

The **Colorado average** lung cancer mortality rate decreased significantly between 2001-2020, for all groups, and gaps between groups narrowed. Currently, there are no significant disparities between groups.

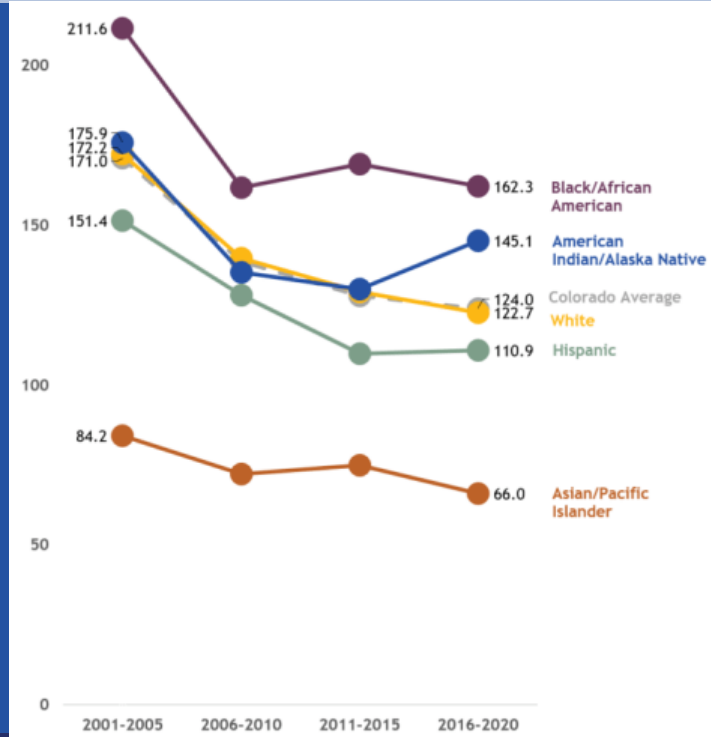


# Heart disease mortality rates, CO 2001-2020

Heart disease is the 2nd leading cause of death in CO.

Declines in heart disease death rates are remarkable across the board, and statistically significant for Black/African American, Asian/Pacific Islander, Hispanic/Latinx, and White Coloradans.

Disparities still exist among **Black/African American** and **American Indian/Alaska Native** Coloradans compared to the Colorado average (2016-2020).



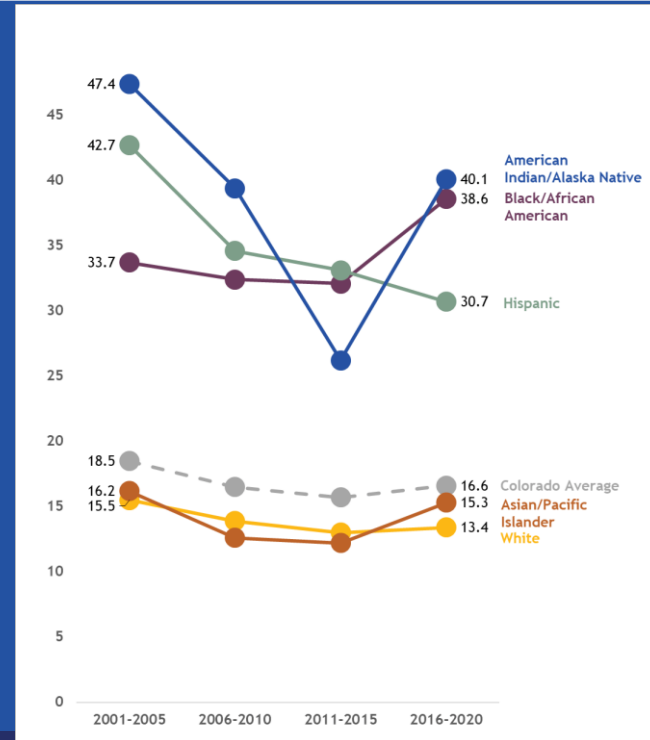
# Diabetes mortality rates, CO 2001-2020

Diabetes mortality rates significantly decreased among **Hispanic** and **White** Coloradans over 20 years.

**American Indian/Alaska Native**, **Black/African American**, and **Hispanic** Coloradans had significantly higher diabetes mortality rates than the Colorado average over 20 years.

The disparity in the diabetes mortality rate widened for **American Indian/Alaska Natives** and **Black/African Americans**.

*Age-adjusted mortality rates in deaths per 100,000 population*



# Takeaways

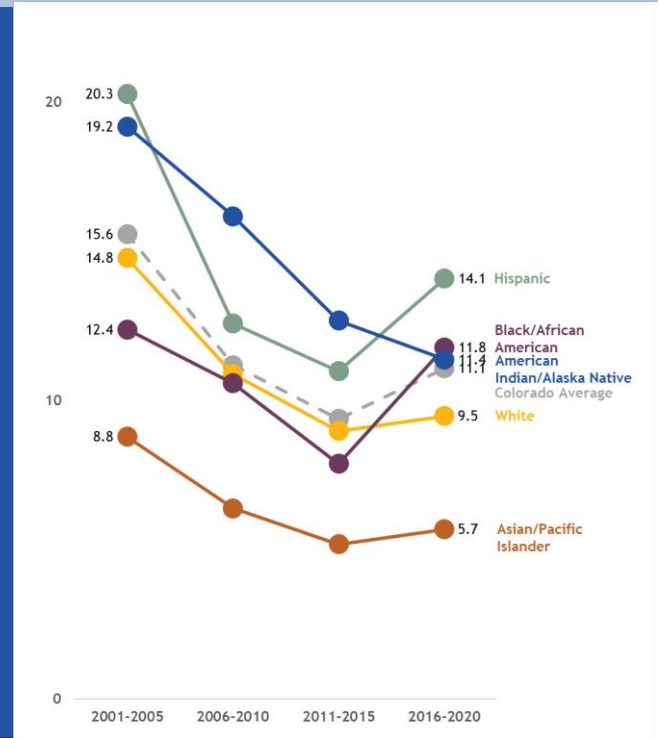
What strikes you about this data?

# Motor vehicle crash mortality rates, CO 2001-2020

Motor vehicle crash mortality rates significantly decreased among **American Indian/Alaska Native**, **Asian/Pacific Islander**, **Hispanic**, and **White** Coloradans over 20 years.

The **Hispanic** population had significantly higher rates than the Colorado average over 20 years.

*Age-adjusted mortality rates in deaths per 100,000 population*



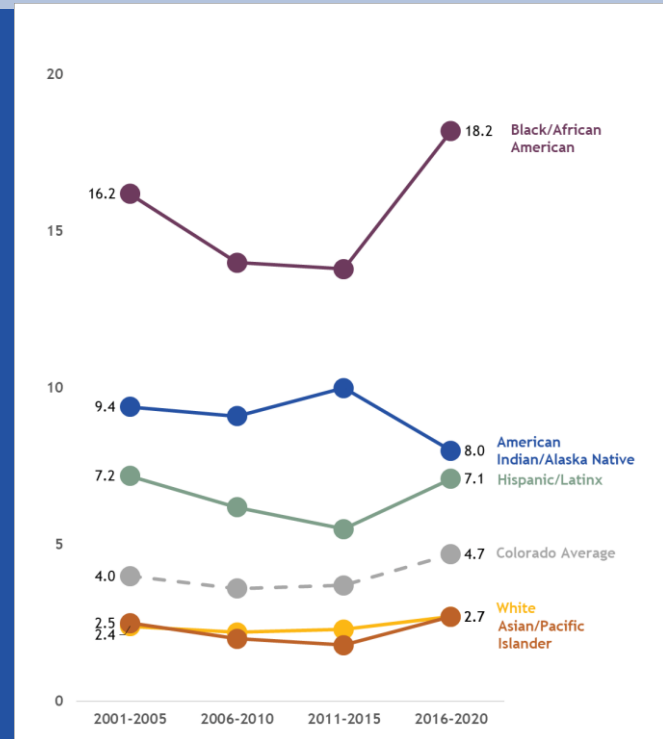
# Homicide mortality rates, 2001-2020

Disparities in homicide mortality rates among **Black/African American** Coloradans have persisted over 20 years. The 2016-2020 rate was 3.9 times that of the **Colorado average**.

The **Hispanic** population also experienced persistently and significantly higher mortality rates during 2001-2020.

The homicide mortality rate among **American Indian/Alaska Natives** was significantly higher than the **Colorado average** from 2001-2015. Although the difference was no longer significant, it remained elevated in 2016-2020.

*Age-adjusted mortality rates in deaths per 100,000 population*

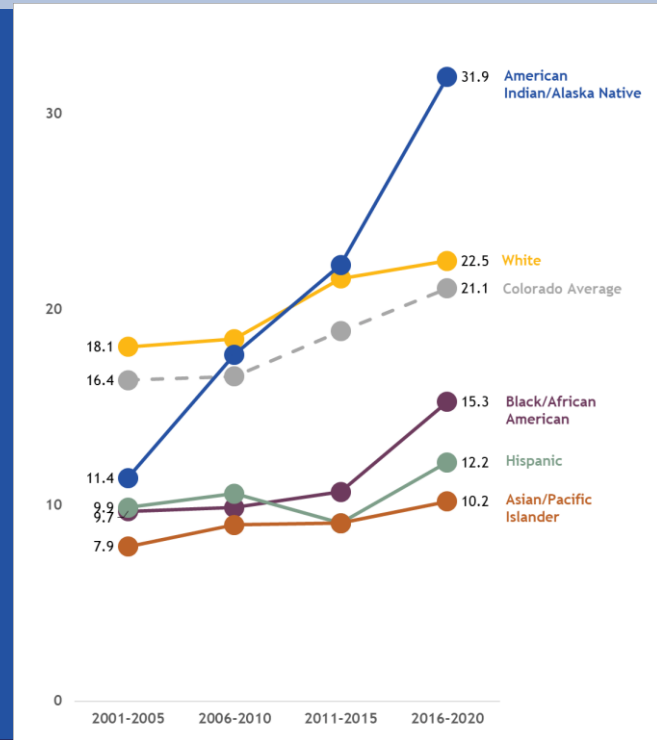


# Suicide mortality rates, 2001-2020

From 2001-2020, suicide mortality rates increased significantly among **American Indian/Alaska Native**, **Hispanic**, and **White** Coloradans.

During 2016-2020, **American Indian/Alaska Native** and **White** Coloradans have significantly higher suicide mortality rates than the Colorado average.

*Age-adjusted mortality rates in deaths per 100,000 population*

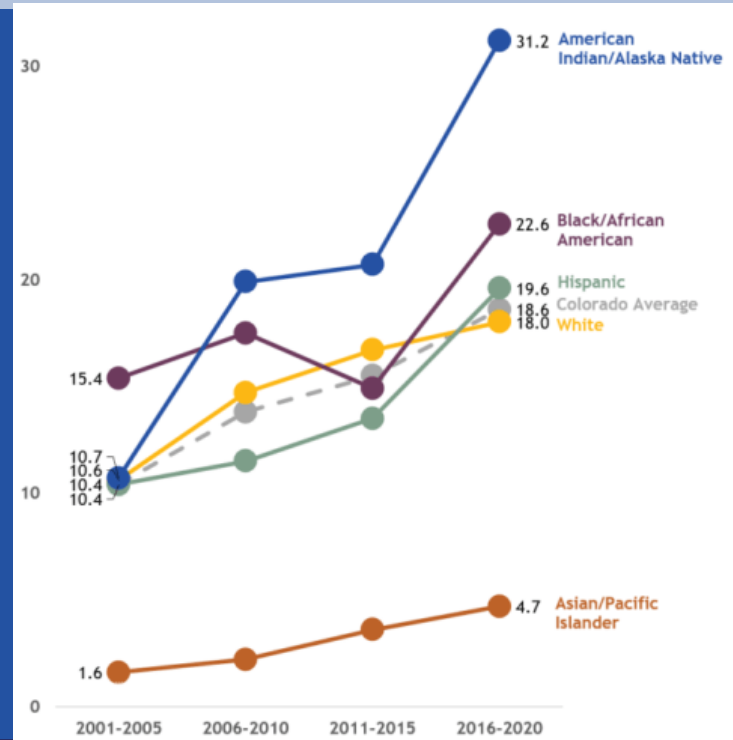


# Drug-Related Overdose Mortality Rates, CO 2001-2020

Drug-related overdose mortality rates have significantly increased over 20 years for all groups, fueled by the opioid/fentanyl epidemic.

**American Indian/Alaska Native** and **Black/African American** Coloradans died of drug-related overdose at significantly higher rates than the **Colorado average**.

Among **American Indian/Alaska Natives**, the disparity has widened over time.

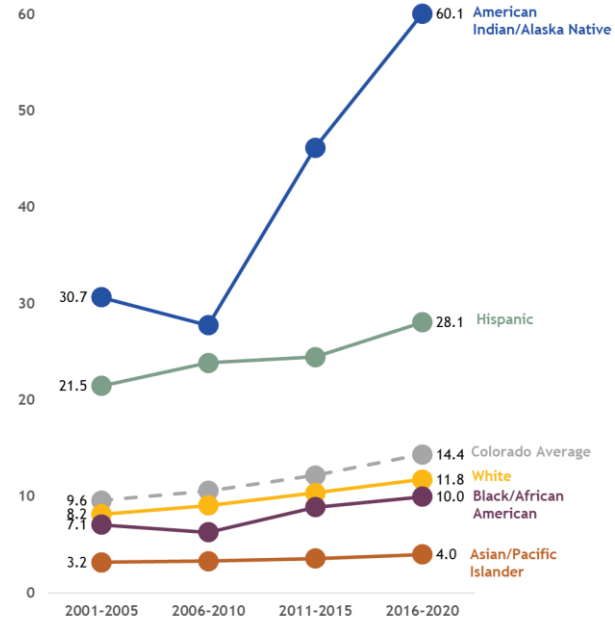


# Liver disease/cirrhosis mortality rates, 2001-2020

Liver disease/cirrhosis mortality rates have significantly increased for **American Indian/Alaska Native**, **Black/African American**, **Hispanic**, and **White** Coloradans over 20 years.

American Indian/Alaska Native and Hispanic Coloradans have experienced liver disease/cirrhosis mortality rates significantly higher than the Colorado average over 20 years.

*Age-adjusted mortality rates in deaths per 100,000 population*



# Takeaways

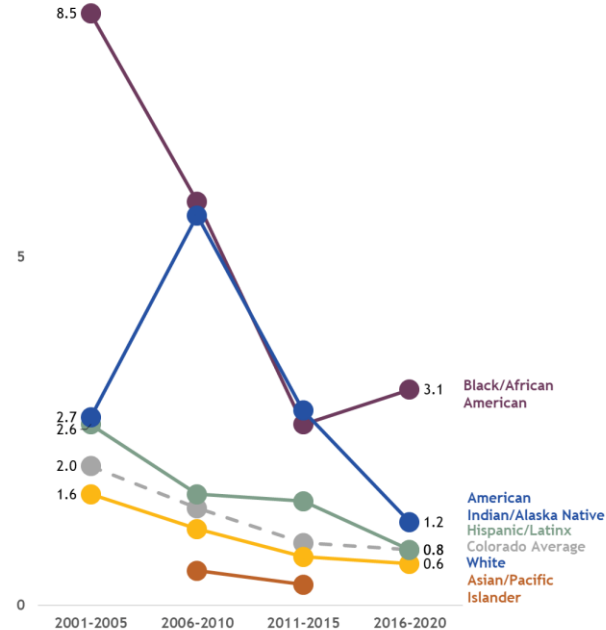
What strikes you about this data?

# HIV mortality rates, CO 2001-2020

Despite declines within most groups, disparities in HIV mortality persist.

During 2016-2020, HIV/AIDS mortality rates were significantly higher among the **Black/African American** population compared to the **Colorado average**.

*Age-adjusted mortality rates in deaths per 100,000 population*



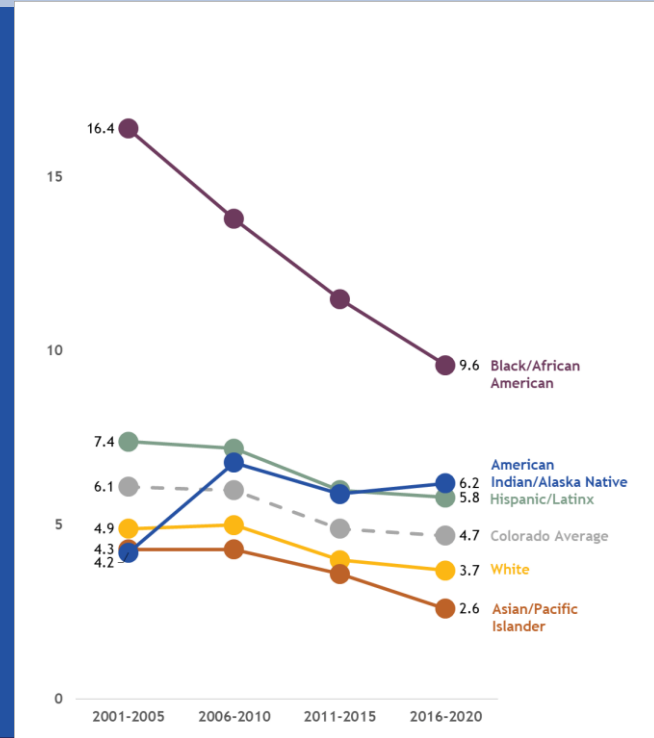
# Infant mortality rates, CO 2001-2020

From 2001-2020, infant mortality rates have decreased significantly among **Asian/Pacific Islander**, **Black/African American**, **Hispanic**, and **White** Coloradans.

During 2016-2020, **Black/African American** and **Hispanic** Coloradans have had significantly higher rates when compared to the **Colorado average**.

Although **American Indian/Alaska Native** infant mortality rates have been higher than the **Colorado average** since 2006-2010, this difference is not statistically significant.

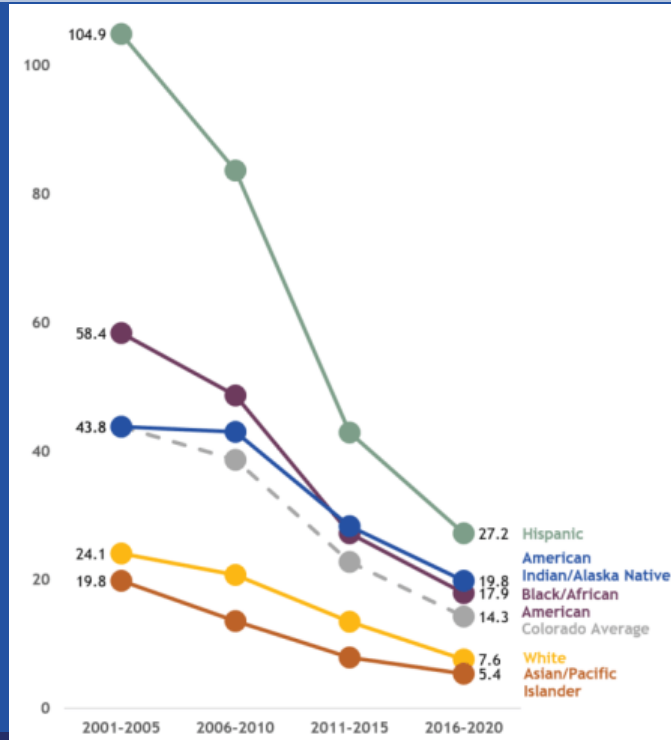
*Deaths before age 1 per 1,000 live births*



# Teen birth rates, CO 2001-2020

The decline in the teen birth is remarkable and significantly in Colorado for all racial and ethnic groups. Plus gaps between groups have narrowed in the past 20 years.

There are still disparities among **Black/African American**, **Hispanic** and **American Indian/Alaskan Native** teens.



# Level-setting on health equity

## Key messages:

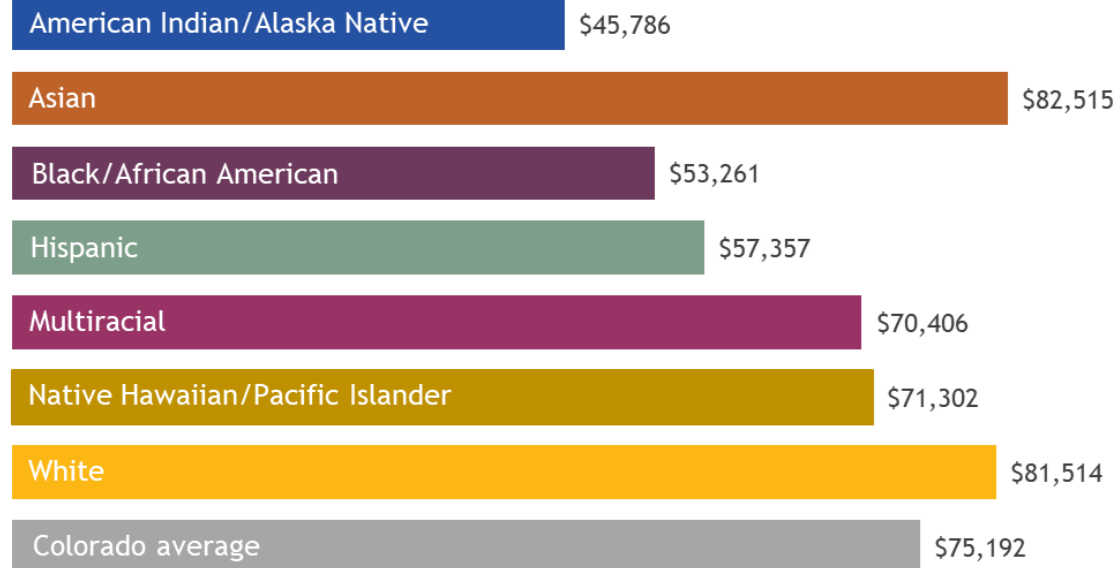
- Health Equity is when everyone, regardless of who they are, whom they love, where they live, or where they come from has a fair and just opportunity to be as healthy as possible.
- Racial and ethnic differences in health result from differences in the social and physical environments in which we live and the policies that create these environments.
- Race is a social rather than a biological construct. We see differences in health outcomes by race and ethnicity because perceptions of racial and ethnic identity influence social experiences and opportunities that either lead us towards or away from good health.
- It is racism, rather than race, that puts one at greater risk for poorer health. CDPHE joined the American Public Health Association in declaring racism a public health crisis.

# Social Determinants of Health



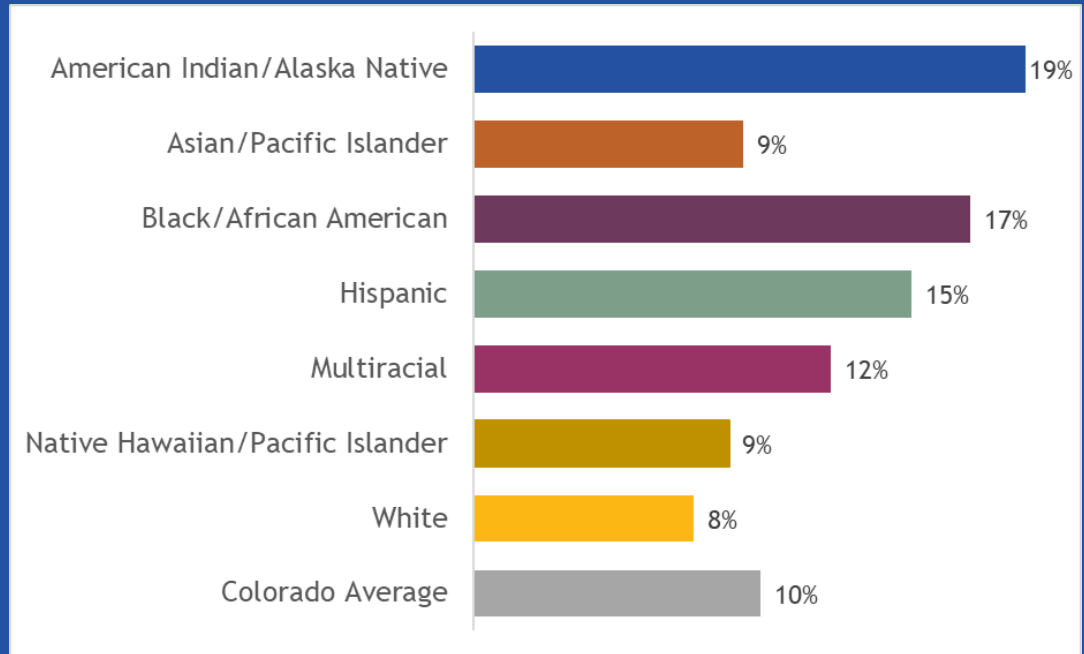
# Median Income, Colorado 2016-2020

American Indian/Alaska Native, Black/African American, Hispanic, Multiracial, and Native/Hawaiian Pacific Islanders have lower median annual household income than the Colorado average.



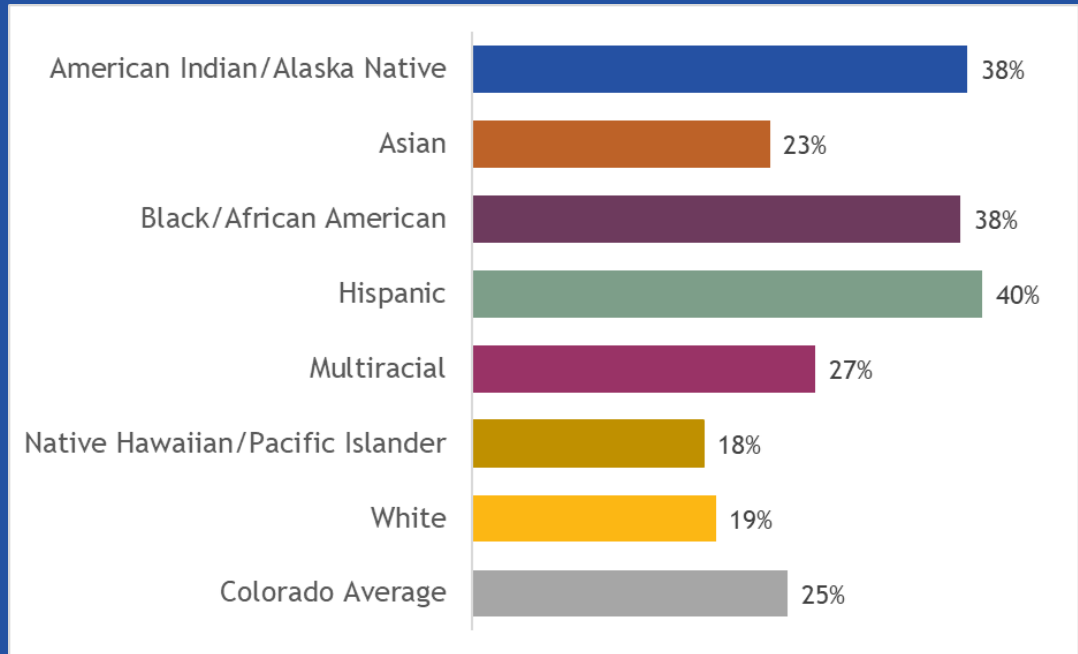
# Living below 100% Federal Poverty Level, CO 2016-2020

American Indian/Alaska Native, Black/African American, Hispanic, and Multiracial Coloradans are more likely to live in households with annual income below 100% the Federal Poverty Level than the Colorado average.



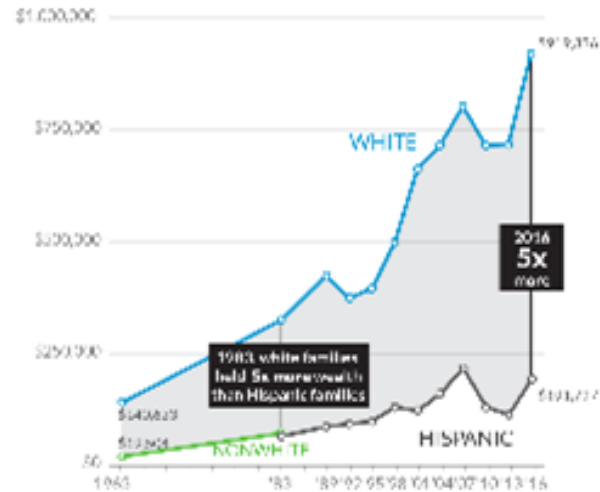
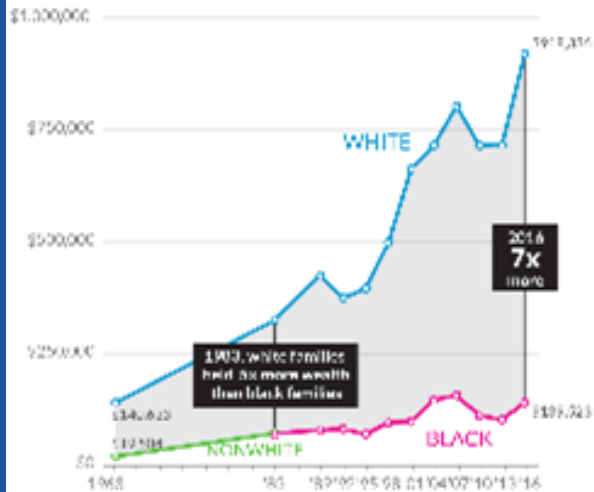
# Living Below 200% Federal Poverty Level, CO 2016-2020

American Indian/Alaska Native, Black/African American, Hispanic, and Multiracial Coloradans are significantly more likely to live in households with annual income below 200% the Federal Poverty Level than the Colorado average.



# Accumulated Wealth: US 1963-2016

## Average Family Wealth by Race/Ethnicity, 1963-2016



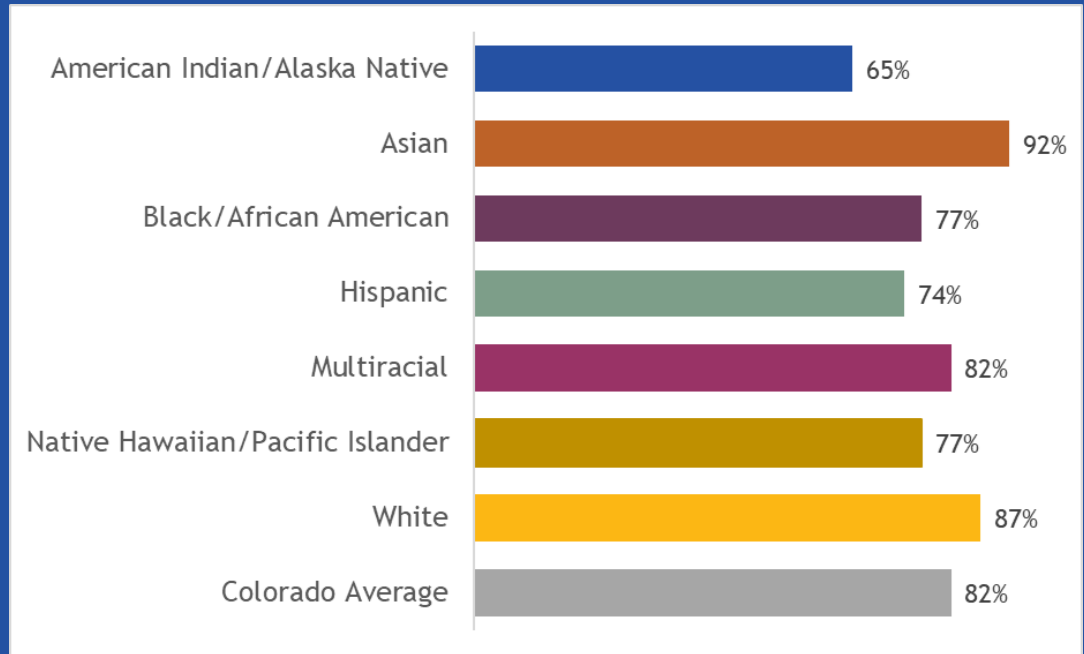
Sources: U.S. Department of Commerce, Bureau of Economic Analysis, Survey of Consumer Finances (December 2013), Survey of Consumer Finances (March 2016), and Survey of Consumer Finances (2016).

Note: 2016 data is comparable data available between 2000 and 2010. Black figures include only the non-Hispanic population available only in 2010 and later.

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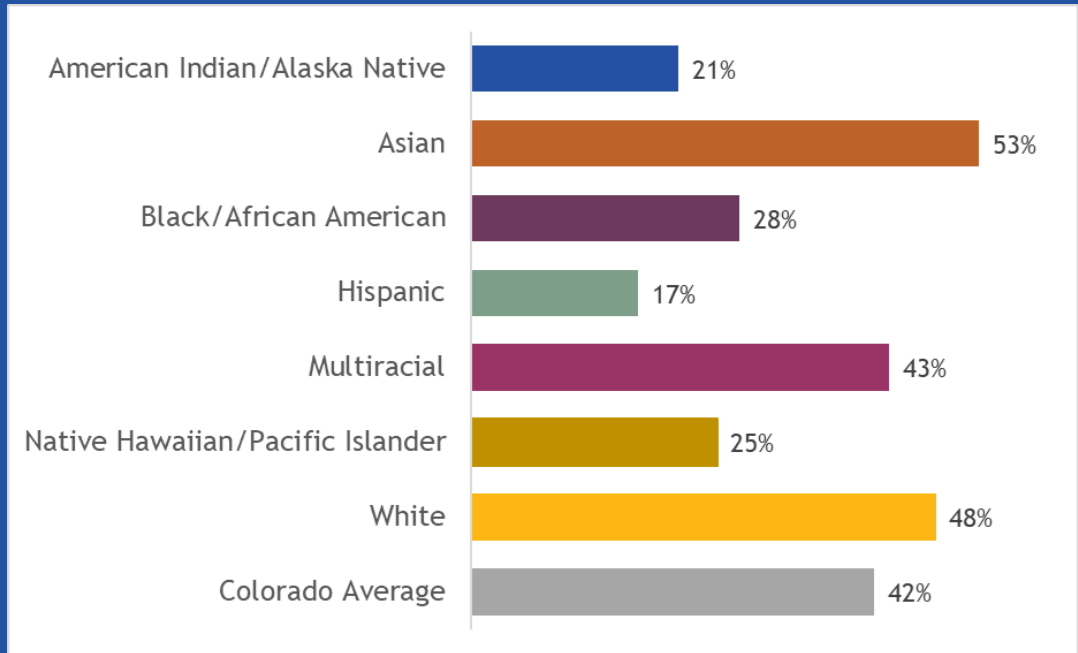
# High School Graduation Rates, CO 2020-2021

American Indian/Alaska Native, Black/African American, Hispanic, and Native Hawaiian/Pacific Islanders experience lower four-year high school graduation rates than the Colorado average.



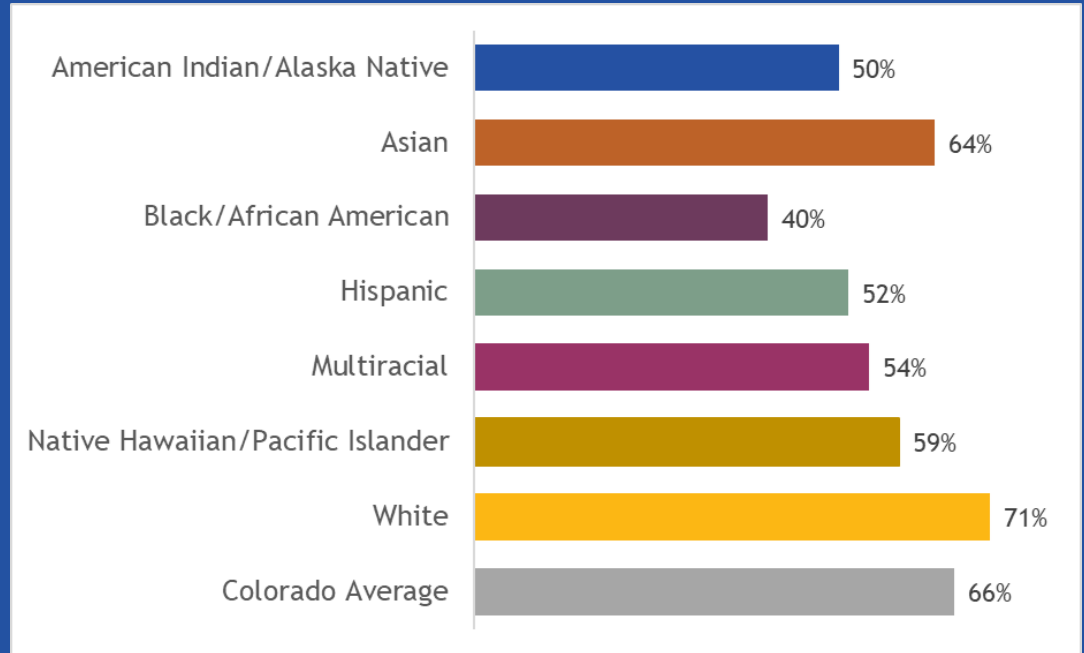
# Bachelor's Attainment (age 25+), CO 2016-2020

Among those who are 25 years and older, **American Indian/Alaska Native**, **Asian**, **Black/African American**, **Hispanic**, and **Native Hawaiian/Pacific Islander** Coloradans are significantly less likely to have completed a Bachelor's degree than the Colorado average.



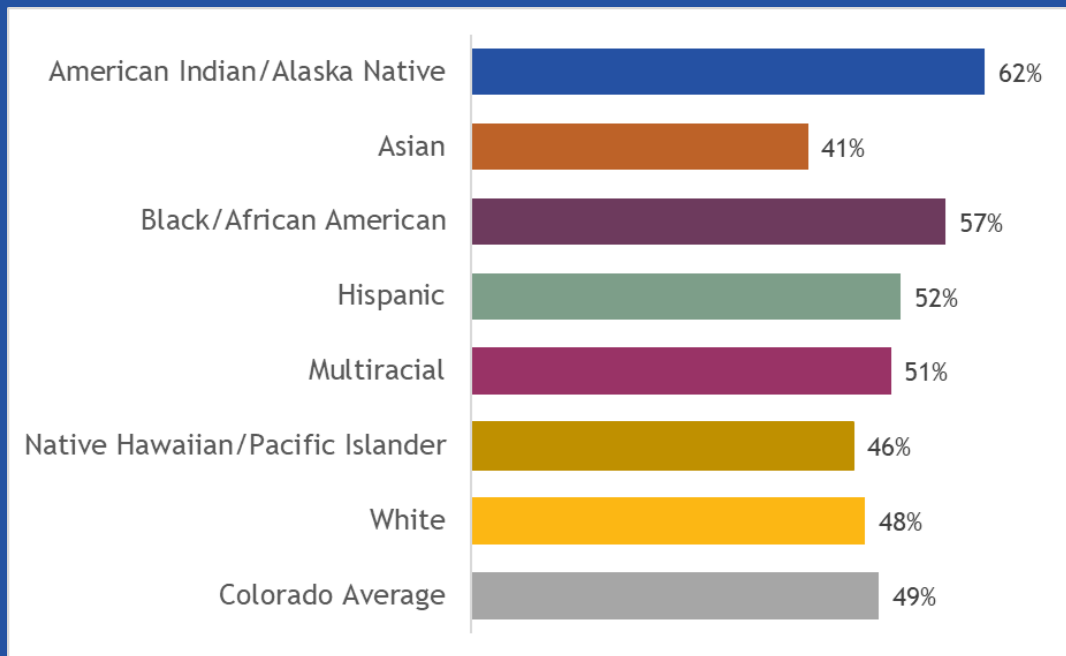
# Homeownership by Race/Ethnicity, CO 2016-2020

American Indian/Alaska Native, Asian, Black/African American, Hispanic, and Multiracial households are significantly less likely to own their home than the Colorado average.



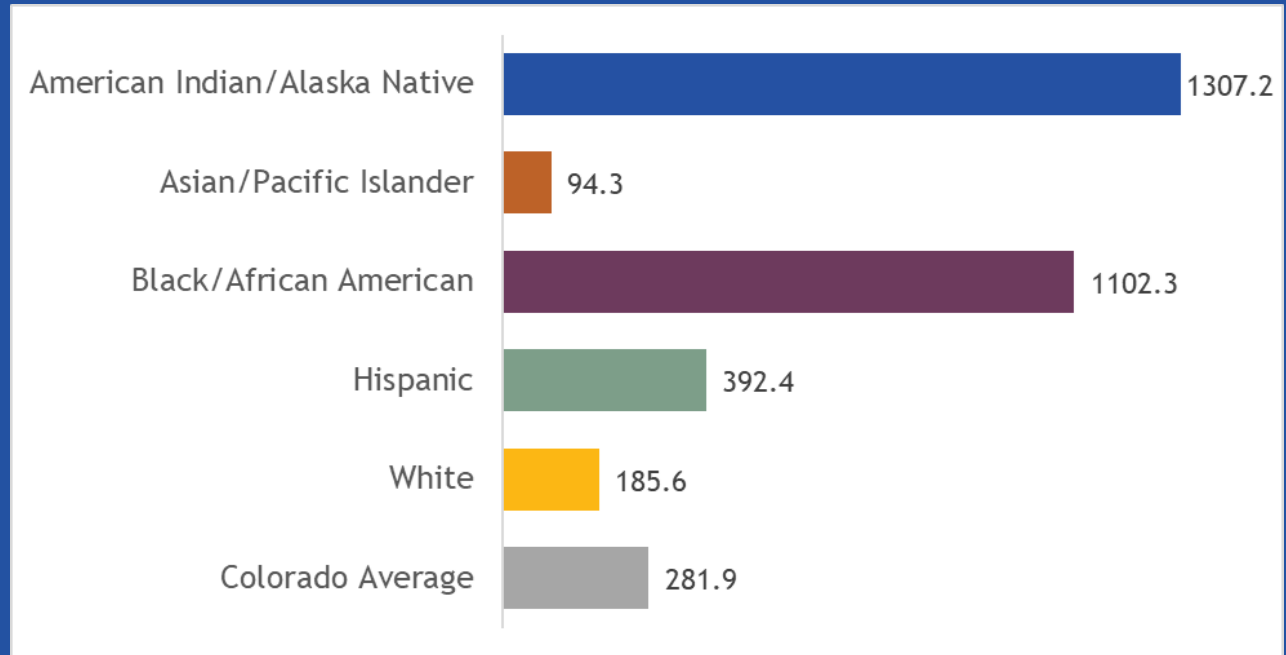
# Housing Financial Burden by Race/Ethnicity, CO 2016-2020

**American Indian/Alaska Native, Black/African American, and Hispanic** renter households were significantly more likely to spend 30% or more of their income on housing than the **Colorado average**.



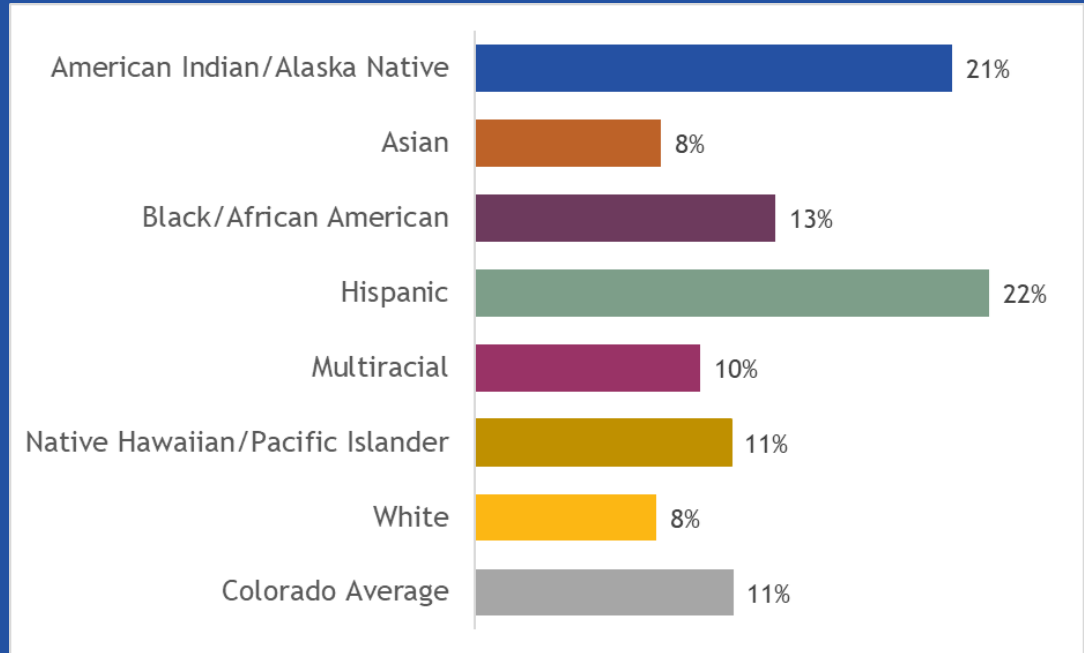
# Incarceration Rates, Colorado 2020

American Indian/Alaska Native, Black/African American, and Hispanic people are significantly overrepresented among the sentenced prisoner population in Colorado.



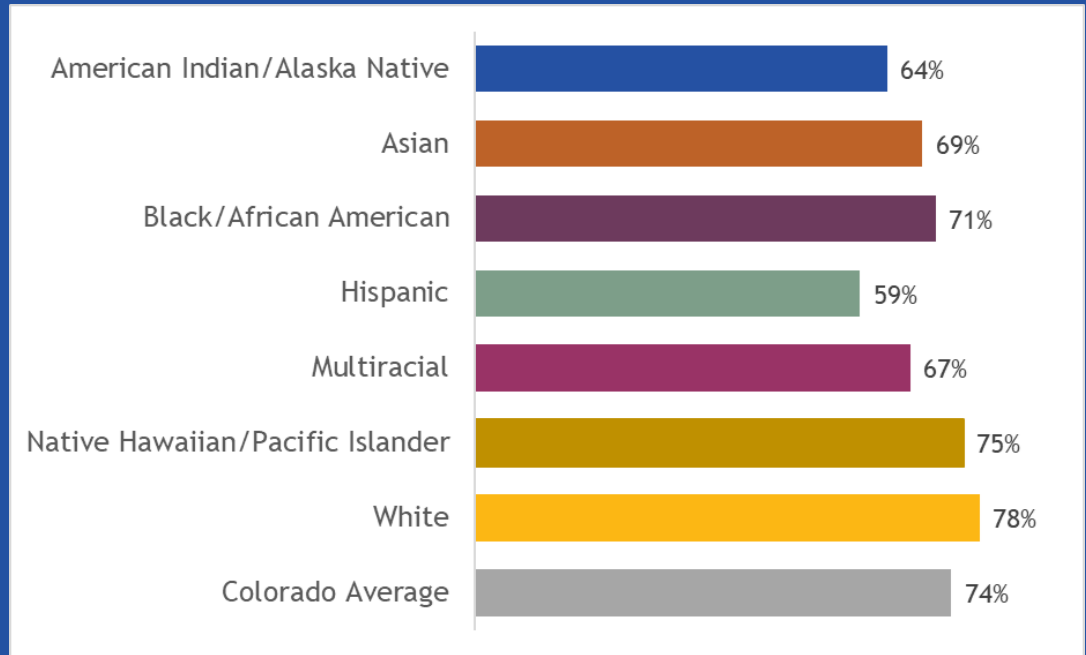
# No health insurance (adult) by race/ethnicity, CO 2016-2020

Significantly higher proportions of **American Indian/Alaska Native**, **Black/African American**, and **Hispanic** Coloradans do not have health insurance compared to the **Colorado average**.



# Have a Usual Source of Care, CO 2018-2020

American Indian/Alaska Native, Asian, Hispanic, and Multiracial adults in Colorado are significantly less likely to have one or more regular health care providers than the Colorado average.



# A call to action

- Key messages:
  - Colorado has already made considerable strides to advance equity across a spectrum of areas, including housing, early childhood education, the environment, and health care.
    - Ex. Free full day Kindergarten, universal preschool, affordable housing development, Environmental Justice task force and legislation, Colorado Option
  - Through the strategic planning process, we have an immense opportunity to take collective action across ten state agencies to address systemic bias in Colorado and create opportunity for all to achieve optimal health.
  - All of us have a role to play in eliminating racial and ethnic health disparities.

# Questions?

## Contact

**Sheila Davis, MD MS**

Director, Office of Health Equity

Colorado Department of Public Health and Environment

720-245-4198

[sheila.davis@state.co.us](mailto:sheila.davis@state.co.us)

