

2017

DENVER YOUTH HEALTH ASSESSMENT

Be Healthy **Denver**

COMMUNITY HEALTH MATTERS



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Dear neighbors,

What follows is Denver's first Youth Health Assessment – a thoughtful report on the health of young people living in our city today. The information presented shows the complex time in which our city's young people live, as well their desire to be seen as individuals, to develop into independent and successful adults, to be resilient when facing obstacles, and to be connected with their communities. It also presents the challenges and opportunities our youth face in achieving these goals.

Hundreds of Denver's youth were engaged in its creation, from participating in surveys and analyzing data to making recommendations about how to help overcome the barriers to success they identify throughout the assessment.

What the future holds for our city will be determined by the health and prospects of our youth today, as they will inherit the city from us. Working together – and side-by-side – with our young people, we can minimize barriers to success and improve how we support all our young people.

Respectfully,

A handwritten signature in black ink, appearing to read "M. Hancock".

Michael B. Hancock
Mayor

EXECUTIVE SUMMARY

Young people are getting engaged in decisions that impact their lives.

Denver needed to assess the experiences of its young people to allow Denver youth to shape programs and policies aimed to help them.

A Youth Leadership Team (YLT), composed of young people between the ages of 13-25 who live, learn, love, work, play, and pray in Denver, drove the process of assessing health. Using Community-Based Participatory Research (CBPR) principles, youth leaders and public health staff shared in the development of this assessment from deciding what to ask, to writing the report. Data collected from 447 surveys, four listening sessions with youth, and 21 interviews with youth-focused organizations were used to describe the experience of Denver's youth. These data shaped the contents of this report with a focus on important issues impacting youth health and how youth perceive success.

Data collected



447 youth peer surveys



4 listening sessions with youth



21 partner organization interviews

What Does Success Look Like for Denver Youth?

Young people feel successful when they are treated as the unique and complex individuals they are, and when their perspective and voice are valued by their peers and their community. Young people identify success as the ability to realize their current and future potential. Youth expressed that interacting with systems that support resilience or the ability to “bounce back” at school, home, or in their communities ensures that they can thrive in the face of challenges. Systems that cultivate resilience, like [local Positive Youth Development efforts](#), protect their ability to be healthy and succeed.

What Stands in the Way of Youth Health?

Young people in Denver shared many challenges affecting their health and the health of their families and communities. Mental health arose as a central issue with a specific focus on depression. Young people also spoke about challenges related to eating healthy, staying physically active, getting adequate sleep, and managing stress. Young people shared that pressure and expectations to perform well in both school and life were leading contributors to mental health challenges. These same pressures constrain their ability to make healthy choices. Youth said that contact with the criminal justice system resulted in major limitations in future opportunities. Denver's youth frequently feel unsafe and said frequent exposure to violence negatively affects their health. Youth drew parallels between anxiety and stress and rapid population change in communities across Denver. Youth felt that the use of substances like alcohol and marijuana was closely tied to coping with mental health, depression, and stress. Recognizing the complexity of these health challenges, youth identified factors at the individual, interpersonal, and community level which contribute to either negative health outcomes or success.

How Can This Report Be Used?

The Youth Health Assessment (YHA) elevates the voices of Denver's youth to shape the policies and programs designed to benefit them. The YHA provides agencies and individuals working to improve youth health with the information they need to best support youth success in Denver. The goal is that these findings are shared with relevant community partners, that they provide insight for tailored strategies to meet Denver's youth needs, and that they provide a model to include the youth voice in work to support Denver's youth.

WHY WE DID THIS



Denver Public Health (DPH) and Denver's Department of Public Health and Environment (DDPHE) collaboratively produce a health assessment every three to five years. Health assessments are designed to provide a comprehensive and clear understanding of the health status of Denver residents. Public health and community stakeholders partner with communities and use that information to identify and implement strategies that improve the well-being of all residents.

Past efforts, especially the [2014 Health of Denver Report](#), placed a high priority on health equity and the social and economic barriers to health by measuring the link between income, education, housing, and transportation – and health outcomes. In highlighting differences (inequities) in health outcomes for Denver residents, these assessments help stakeholders understand how health is affected by socio-economic status and events both inside and outside of a medical office. They also shed light on how much health varies based on where one lives.

Improving upon Denver's Past Health Assessments

Previously published health assessments provided a large amount of useful data; however, there were some limitations to the way they were developed and how the information was presented. Specifically, past health assessments missed the opportunity to:

- » **Take a sufficiently deep dive to explore health issues facing a specific group.**
- » **Engage community members to actively participate in and lead the assessment process.**
- » **Ask the target population to define assets and protective factors for success.**

To improve upon prior efforts, DPH and DDPHE committed to conducting a different type of health assessment focused on and designed by Denver's young people. The findings include both quantitative and qualitative or experiential data. A team of young people between the ages of 13-25 who live, learn, love, work, play, and pray in Denver were recruited and employed to drive the health assessment process. By engaging young people directly, this YHA ensured that identified issues and opportunities aligned

with youth-defined needs and desires for improvement and change. The YHA highlights ways in which young people described thriving, while illuminating some key challenges facing Denver's youth that differ from Denver's adult experience.

This assessment lays a foundation for youth-focused, preventive efforts for equitable opportunities to achieve optimal health and quality of life. The YHA elevates Denver's youth voices to inform policies and programs designed to benefit them. The YHA provides agencies working to improve youth health with information they need to further align efforts among partner organizations and maximize impacts to support youth success.

A team of young people between the ages of 13-25 who live, learn, love, work, play, and pray in Denver were recruited and employed to drive the health assessment process.

ABOUT DENVER'S YOUTH

Traditional public health data sources provide a basic picture of youth health in Denver.

While basic youth health and population statistics paint a broad picture of the youth experience in Denver, improving youth health often requires more nuanced information that can provide insight into the daily lives of youth. Deaths and emergency department visits do not reveal how youth feel and the challenges they face, nor do they identify opportunities for prevention and the support young people need. Knowing that social and emotional wellness is crucial for optimal health, understanding what youth need to thrive and how they picture health becomes even more critical. **In short, how youth are dying or becoming injured does not provide enough information about how youth are living.**

In 2015

104,982 youth ages 13-25 lived in Denver, which is **15%** of the Denver population.

45% identify as Hispanic

39% identify as White-non Hispanic

10% identify as Black-non Hispanic

5% identify as Asian

1% identify as American Indian

(Colorado Department of Local Affairs, 2015)

2011

Approximately **60** young people died each year

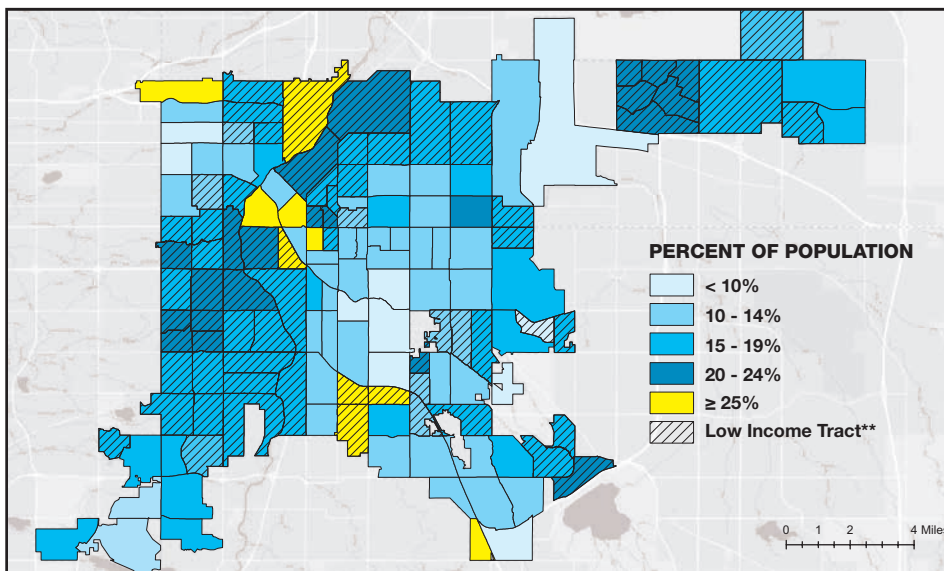
2015

Top Three Causes of Death

- 1 Unintentional injuries such as car crashes, poisoning, and drowning were the most common cause of death.
- 2 Suicide was the second leading cause of death.
- 3 Assault/homicide was the third leading cause of death.

(Registries & Vital Statistics Branch, Colorado Department of Public Health and Environment, 2011-2015)

Relationship between percent of population 13-25 years of age and average neighborhood income, by census tract



** Low income tracts are defined as: 1) the poverty rate is 20% or greater, or 2) the median family income is less than or equal to 80% of the metropolitan area's median family income.

(ESRI 2016 Population Estimates and Food Access Research Atlas)

2011

Paramedics transported

More than 3,400 youth to a hospital emergency room **each year**

from a trauma incident in Denver. During those five years, the rate of youth trauma **EMS transports grew by 17%**.

Car accidents, assaults and fights, and falls were the top three leading causes of EMS trauma transports among youth.

(Denver Health Paramedic Division, 2011-2015)

WHAT WE DID

Community-Engaged Approach

To most effectively empower young people to collaborate on all aspects of the assessment process, Denver's public health agencies adopted a CBPR framework.

To implement this approach, DPH and DDPHE recruited a group of youth from across Denver to lead this work. More than 100 young people applied to participate. Nine were selected based on their capacity to think critically about what shapes health as well as their ability to connect with a wide range of youth communities from many backgrounds and parts of the city. The YLT was trained in assessment research and on the social and economic barriers to health. They met regularly from January through October 2017 and guided this work as paid consultants and subject matter experts. Recognizing the unique strengths and perspectives that youth could offer, the youth leaders shared decision-making power with public health staff for each component of the project.

An internal team of experts from DPH and DDPHE (referred to as the YHA Core Team) was formed to ensure the effectiveness of this community-engaged assessment effort by providing support to the YLT.

Community-Based Participatory Research (CBPR)

Using CBPR requires the participation of community in all aspects of the research. For this report, youth were involved in deciding what information to collect from their peers and how to collect it, collecting and analyzing the data, summarizing findings, and informing this report.

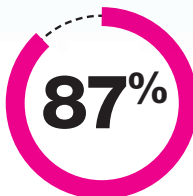
Who Participated?



447 Eligible surveys collected



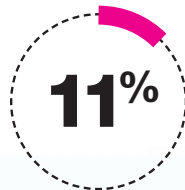
47 Schools represented in survey responses



87% Denver zip codes represented in survey responses



75% Surveys from the 15-17 age group



11% Identified as lesbian, gay, bisexual, queer, or questioning

Race/Ethnicity of Survey Respondents

32%	identify as Hispanic
29%	identify as White-non Hispanic
17%	identify as Black-non Hispanic
12%	identify as two or more races/ethnicities
5%	identify as Asian
2%	identify as Middle Eastern or North African
2%	identify as other

Note: 1% of respondents preferred not to say.

Because survey respondents were mostly youth under the age of 18, the experience of older youth may be under-represented in this report's findings.

i

The survey asked two open-ended questions:

- 1** What is the most important issue impacting your health and the health of the young people you know? Why?
- 2** What does success look like for you in your community?

Youth-Led Data Collection

Surveys

The YLT created a short survey that was distributed on paper and online to young people in their communities. In addition to collecting basic demographic data, the survey asked two open-ended questions:

- 1. What is the most important issue impacting your health and the health of the young people you know? Why?**
- 2. What does success look like for you in your community?**

The youth leaders engaged young people in venues where they were already connected. They worked strategically to identify additional venues (i.e., schools, email listservs, and social media) where young people could respond to these questions.

Listening Sessions

The youth leaders conducted four listening sessions or focus groups with youth from [Street Fraternity](#), the [Gang Rescue and Support Project \(GRASP\)](#), the [Safe City Youth](#)

[Leadership Team](#), and Denver Public School's 5280 Youth group, using the same questions asked on the survey. These sessions allowed for youth from vulnerable communities and diverse backgrounds to discuss the issues and opportunities important to their health.

Community Partner Interviews

To complement the youth survey data, representatives of 21 youth-serving community organizations were interviewed about their perceptions of critical youth health issues and priorities. Community partners discussed how they measure youth success and described resource and/or health care service gaps which impact Denver's youth population.

Data Analysis and Synthesis

The YLT reviewed all survey responses and analyzed the data using an approach called grounded analysis, in which the information "speaks for itself." This allowed for key themes to emerge through collaborative review and group discussion. A similar approach was used for the community partner interview data,

where key findings from each interview were presented for group analysis. Following these efforts, youth leaders led a conversation with YHA Core Team members to synthesize key strengths and challenges in youth health.

Report Development and Community Feedback

Building off of the analysis, members of the YHA Core Team drafted this summary report. Youth and public health staff provided feedback on drafts to clarify and strengthen messaging about the key issues and opportunities related to the health of youth in Denver. Young people from across the city were then invited to in-person events to provide feedback on whether key messages matched their experiences or the experiences of youth in their communities. Finally, community partners came together to review and discuss the findings and feedback from young people. Feedback from young people and community partners was incorporated into the Community Feedback section of this report.



WHAT WE FOUND

Opportunities to Support Youth Health and Success

The following sections describe four themes that Denver youth observed when framing and conceiving factors for success. Each of these sections includes key health challenges young people see or experience in their communities that threaten their ability to thrive. Quotes from Denver high school students, college students, and working young people were selected to illustrate the youth experience with their own voice. The goal is that, by recognizing what stands in the way of youth success, decision makers and youth-serving organizations can position themselves more effectively to collaboratively address these challenges.

THEME

Addressing Youth as Unique, Multi-Faceted Individuals

When Denver young people discussed success, they noted wanting to be seen as whole, unique, and complex individuals.

Young people wanted equitable opportunities to contribute in their communities, both through employment and leadership. They desired opportunities to learn from their mistakes in an environment that encourages growth. Youth sought information and resources that would help them in the present and would help them succeed in navigating adulthood. Treating each young person as a unique individual was noted as especially important when a young person is simultaneously struggling with their mental health and being confronted with norms that support using substances to cope with challenges.

“Stress impacts students in many ways, especially when they don’t know how to cope. Many lose sleep, experience stomach issues, or turn to substance abuse, which all end up negatively impacting their health.”

Youth stated that stress comes from expectations related to school, but that it also stems from the layering of life responsibilities such as needing to help support their families or feeling pressure to be successful outside of school. Young people worried that stress, other mental health challenges, or the strain of daily life resulted in negative coping behaviors, especially substance use.

Young people were also concerned about inadequate awareness of and access to mental health services and talked about stigma interfering with help-seeking behavior.

Lack of safe spaces for mental health conversations – combined with stigma from peers, families, and the broader community – caused young people to agonize that peers coping with mental health challenges may not reach their potential and might harm themselves.

“Many of my friends and I are children of or are immigrants and there is a stigma to even speak about [mental health] and seek help.”



Threat: Mental Health Challenges

Mental health was a central challenge affecting youth. Young people specifically spoke about depression and also shared that pressure and expectations to perform well in both school and life contributed to their mental health challenges.

Young people reported feeling an intense amount of stress in their lives. More than 10 percent of survey responses identified stress as a key issue affecting youth health.

“I believe that the amount of stress that adolescents face is too high. There is constant pressure on us to do well and it can become overwhelming.”

30% Thirty percent of high school students reported feeling so sad for at least 2 weeks in a row that they stopped engaging in normal activities. This was **55% higher** for students identifying as lesbian, gay or bisexual, compared to their heterosexual peers.

(Healthy Kids Colorado Survey, 2015)



Less than half (45%) of high school students reported they would likely talk to an adult when they felt sad.

(Healthy Kids Colorado Survey, 2015)

7%

Only 7% of youth in Denver have received a depression diagnosis.

(Colorado Health Observation Regional Data Service, 2015)



Mental health conditions represented the top 5 leading causes of hospitalizations for youth aged 13-17 or **18% of all hospitalizations** for that age group.

(Colorado Hospital Association, 2013-2015)

Poor Mental Health among High School Students

(Healthy Kids Colorado Survey, 2015)



6 of 10
FEMALES

reported poor mental health



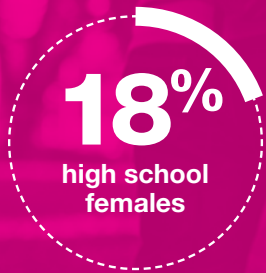
4 of 10
MALES

reported poor mental health

Threat: Mental Health Challenges

Percentage of High School Students That Have Considered Attempting Suicide

(Healthy Kids Colorado Survey, 2015)



“The lack of resources for students and teenagers in addition to the stigma against mental health issues creates the perfect environment to breed mental illness.”



Threat: Substance Use

The use of drugs and alcohol came up as a key issue affecting Denver’s youth. The main substances young people spoke about were alcohol, marijuana, and tobacco. While use and exposure to “drugs” was mentioned generally, this reference may have represented marijuana or other harmful drugs like prescription drugs and heroin. Community organizations providing youth programs in Denver also noted the threat that other harmful drugs, in addition to marijuana and alcohol, can pose to the young people that they serve.

Young people expressed concern that the combination of social pressure and ease of access may make using substances a regular occurrence among their peers.

Drug use behavior was sometimes modeled in young people’s homes by parents or other family members, adding pressure to “fit in.” There was also concern that not all young people recognized the impact of drug or alcohol use on their health and that they did not perceive the use of marijuana or alcohol to be risky. Young people felt their peers do not think marijuana is dangerous, nor do they think their parents would disapprove of its use.



“Most young people in my neighborhood are already doing drugs. Some kids are considering joining gangs. I think that when they see adults doing drugs and such then they want to “fit in.”

Student-reported substance use

(Healthy Kids Colorado Survey, 2015)



25%

reported having used marijuana in the past 30 days



28%

reported having used alcohol in the past 30 days



10%

reported having used prescription drugs without a prescription

LESS THAN HALF of high school students spoke with a parent about the dangers of substance use in the past year.



1 in 3



of EMS youth transports had evidence of substance use.

(Denver Health Paramedic Division, 2011-2015)



Emergency room visits

Among youth, alcohol was associated with **twice as many** emergency room visits compared to marijuana each year, 1,237 vs 612.



(Colorado Hospital Association, 2013-2015)



Action: Drive the Vision of Youth as Unique, Multi-Faceted Individuals

Community partners (including schools and religious organizations), healthcare providers, leaders, policymakers, and Denver residents have an important role to play in embracing each young person as whole person.

To support youth:

- » Validate the complex demands on young people's time and the overwhelming pressures they face.
- » Recognize that young people have unique needs (including confidentiality) and barriers (including financial) when it comes to accessing mental health and substance use prevention and treatment services.
- » Advocate for comprehensive, youth-friendly behavioral health services (including mental health and substance use services).
- » Learn about the principles of [Positive Youth Development](#) and initiate meaningful conversations with young people directly to learn about their needs and how you or your organization can provide support.

Positive Youth Development (PYD)

PYD is an intentional, prosocial approach that engages youth within their communities, schools, organizations, peer groups, and families in a manner that is productive and constructive; recognizes, utilizes, and enhances young people's strengths; and promotes positive outcomes for young people by providing opportunities, fostering positive relationships, and furnishing the support needed to build on their leadership strengths.

—[Interagency Working Group on Youth Programs](#)

PYD is guided by the following principles:

- » **Strengths-based**
- » **Inclusive**
- » **Engages Youth as Partners**
- » **Collaborative**
- » **Sustainable**

Source: [PYD Fact Sheet](#), Colorado Department of Public Health and Environment



Youth felt pressure from their family, teachers, friends and society to:

- » Become independent adults
- » Get good grades
- » Get into college and win a scholarship
- » Pay for their education
- » Work to provide for their family

» Additional information about PYD is available in the [PYD Fact Sheet](#) from the Colorado Department of Public Health and Environment.



THEME

Guiding Youth toward a Positive and Healthy Future

Young people recognized that their long-term success is closely tied to their ability to realize their current and future potential.

They expressed hope for the future and interest in setting long-term goals for themselves. The desire to graduate both high school and college, and the ability to care for oneself and one's family, was central to how young people think about their lives. They wanted to be self-sufficient, financially stable, responsible, and to lead healthy and safe lives. **Young people wanted the opportunity to develop into independent and successful adults.**

When faced with obstacles to leading a healthy everyday life, it becomes harder for young people to set goals for the future. Frequent exposure to violence or concerns about making healthy decisions about sex makes it hard for youth to see a clear path to a successful future.



Threat: Challenges Related to Living a Healthy Life

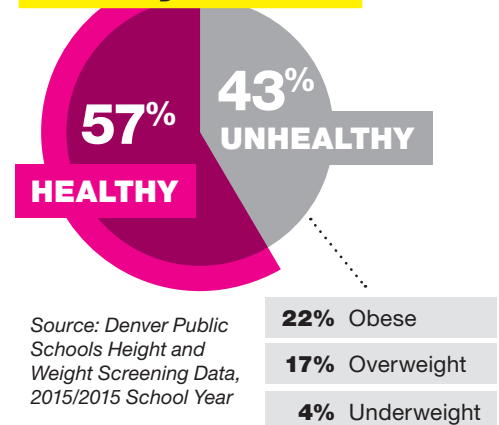
More than one in four youth touched on challenges related to leading a healthy lifestyle. A healthy lifestyle was specifically defined by youth as the ability to eat healthy, stay physically active, and get adequate sleep. Young people expressed concern over the ability to maintain a healthy lifestyle, as a result of both personal motivation and competing pressures on their time from school, work, and life in general.

Youth spoke specifically about obesity as a health challenge and recognized how hard staying at a healthy weight can be for young people in Denver. They expressed a related concern about self-image and weight.

Young people recognized the link between healthy food and a healthy weight. They were concerned about access to healthy food, education related to healthy food, and pervasive advertising of unhealthy options in some communities more than others.

For many young people, not getting enough sleep was closely linked to stress and contributed to their personal experiences of mental health challenges.

Weight Status of 13-17 year olds



“The most important issue impacting my health and health of young people is sleep. Between school, sports, and other activities, high schoolers and young adults are not getting adequate sleep which affects their mood, grade performance, and health.”



high school students slept a recommended 8 hours per night on school nights.

(Healthy Kids Colorado Survey, 2015)



“The most important issue impacting health would be obesity and a general downfall of healthier lifestyles. This is an issue because many people my age have issues with healthy lifestyles and taking good care of their bodies.”



Almost 1/2
of high school students were physically active for at least one hour per day on five or more days per week.

“Many people in my community don’t have access to affordable healthy and nutritious foods. Which means they are typically eating unhealthy foods that negatively impact their health and well-being overall.”



46%
of Denver high school students reported trying to lose weight.

(Healthy Kids Colorado Survey, 2015)

“...eating unhealthy foods and not getting exercise especially since phones/technology consumes our life. Also unhealthy lifestyles (anorexia, etc.) especially in girls because of society body norms...”

Roughly 60,000
Denver Youth

live in a census tract that is considered a food desert.

(Food Access Research Atlas, 2015; ESRI Population Estimates, 2016)

A food desert is defined as any tract where either the poverty rate is ≥20% or the median family income is ≤ 80% of the area's median family income AND most households are at least 1/2 mile from a grocery store.

Supporting Healthy Sexuality

Many young people today are able to be open about their sexuality and this presents more opportunity for experimentation with sex. Young people expressed concern about inadequate access to effective sex education that ensures they have the knowledge and resources needed to make safe decisions as they experiment sexually.

While Colorado's teen birth rate has dropped significantly in recent years, birth rates among Denver's young women ages 15-19 remains higher than that of Colorado and the United States as a whole. Births to Hispanic and Black women ages 15-19 in Denver have declined but are still higher than births among their White peers. Denver youth remain stressed about their ability to make healthy sexual and family planning decisions.

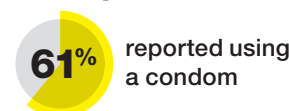
(Colorado Patient Reporting & Investigation Surveillance Manager 2016, and ESRI Population Estimates, 2016)



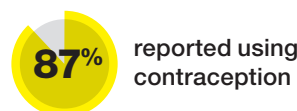
high school students have had multiple sexual partners in the previous three months.

(Healthy Kids Colorado Survey, 2015)

Among high school students having sex in the past 3 months



(Healthy Kids Colorado Survey, 2015)



In 2016
36 out of every 1,000
youth in Denver were diagnosed with chlamydia

Chlamydia rates are always higher than other STDs because it is generally asymptomatic.

(Colorado Patient Reporting & Investigation Surveillance Manager, 2016)

“I think access to birth control is a big issue as many teenagers get pregnant accidentally and may not have had access to something that would have prevented it or something that could help them now.”



Threat: Safety and Exposure to Violence

Many young people in Denver did not feel safe and said violence negatively impacted their health. They discussed being constantly on edge due to feeling unsafe at home, in their neighborhoods, and at school. The pervasiveness of violence in schools and communities led youth to feel desensitized so that violence and gang activity started to feel normal. Young people recognized the impact that gang violence can have on their health and well-being. The intensity and depth of experience related to gang violence varied depending on the community where youth live.

Young people expressed concerns with crime and the potential for interacting with the criminal justice system. While very few minors are incarcerated across the state, many young people are arrested. Being arrested for crimes and even entering into the criminal justice system via probation or detention can limit future opportunities and impact a young person's course in life. Young people spoke about how prior crimes committed or interactions with the criminal justice system made it hard for them to imagine future opportunities for themselves. Young people in Denver shared their own view of what is known as the 'school-to-prison pipeline': limited opportunities after turning 18 because of previous arrests or periods in jail.



There were more than 6,000 violent crimes (assaults, robberies, and homicide) in which youth were victims in 2015 and 2016.

(Denver Public Safety, 2015-2016)



More than 17,000 young people in Denver were arrested in 2015 and 2016.

(Denver Public Safety, 2015-2016)

Gang Violence

While precise estimates of the number of gang members in Denver (either adult or youth) are lacking, experts approximate that less than five percent of young people across the U.S. are involved in gangs. The Colorado Division of Youth Services (formerly Division of Youth Corrections) estimates that about 60 percent of the young people they engage with are affiliated with gangs. Denver County Probation estimates that about 25 percent of its youth affiliate with gangs. The impact of gangs goes far beyond direct involvement, as secondary trauma experienced by Denver youth exposed to community-level gang violence is common.



"I believe that violence in the community is the most important issue impacting society because it doesn't just affect gang members it affects everyone in the community as a bullet has no home."



28%

Assaults and fights accounted for **28%** of the trauma transports between 2011 and 2015 while firearms accounted for only 2%.

(Denver Health Paramedic Division, 2011-2015)

Firearm homicide was highest



The rate of firearm homicide was highest among the 15-24 year age group, compared to all other age groups.

(Colorado Violent Death Report System; 2011-2015)

Personal Safety



of high school students regularly carried a weapon in the past 30 days.



of high school students chose to stay home at least once in the past 30 days because they worried they would be unsafe on the way to or from school.



of high school youth were threatened or injured because of gang activity in the past 12 months.

(Healthy Kids Colorado Survey, 2015)



Action: Guide Youth toward a Positive and Healthy Future

Community partners, health care providers, leaders, policymakers, and Denver residents can all increase the odds of youth success. A public health approach suggests that the best way to support the whole population of youth is to ensure systems and structures are organized for youth success. Some specific ways to do this:

- » Use findings and lessons learned from [research](#) and [schools](#) that have adopted later start times to change middle and high school policies as appropriate.
- » Support policies and programs that create access to healthy food (sliding scale farmers markets, healthy corner store initiatives, and accessible grocery stores) and physical activities (skate parks, no-cost sports, and recreation centers).
- » Support in-school and out-of-school age-appropriate programming to ensure all young people have access to standardized, comprehensive sex education.
- » Expand restorative justice programs that help young people develop both the empathy and the skills to deal with conflict without violence.
- » Fund and sustain cross-sector collaborations like [Denver's Youth Violence Prevention Project](#) that work to address the root causes of community and youth violence.
- » Create safe community spaces like the Mental Health Center of Denver's [Emerson Street drop-in center](#) and dedicated youth library spaces where young people can feel safe gathering and spending time with their peers.

THEME

Helping Youth Bounce Back by Supporting Resilience

Young people identified many protective factors that support them in thriving and being healthy.

Youth found value in interacting with systems (whether at school, home, or in their communities) that support resilience and ensure success in the face of challenges. Being connected to caring, trustworthy, supportive adults was crucial to helping them reach their full potential. Trusted adults were family members who model healthy behaviors as well as mentors or teachers who provide guidance and support in making life decisions. Access to the right resources at the right time enabled youth to effectively overcome obstacles.

Just as healthy relationships, including interactions with trusted healthcare providers, promote youth success, unhealthy relationships and barriers to accessing healthcare are detrimental to youth health and resilience. Both converge when youth experience deep and impactful traumatic life events, are without trusted adults to help them and are unable to access health care or appropriate resources.





Threat: Unhealthy Relationships

Young people recognized how crucial healthy, safe, and strong relationships with peers, family, and romantic partners are for overall health. Young people looked to adults in positive healthy relationships to model interpersonal relationship behaviors.

Some young people worried about how toxic relationships affect their ability to thrive and do the things they want to do. Whether it be a toxic romantic relationship or one with family members, young people expressed concern about unhealthy relationships and recognized the important role that home environments play in supporting a healthy life.



“The most important issue impacting my health and the health of young people is the environment at home...because the environment can really impact one’s life.”



of students in a romantic relationship said that they had been **physically hurt by a partner.**



1 in 12

high school students reported experiencing rape.



Students who identify as gay, lesbian or bisexual experienced rape more than 3 times as often as their heterosexual peers.



Students who identify with more than one race or ethnicity also reported experiencing rape 3 times as often as their peers who identify with only one race or ethnicity.

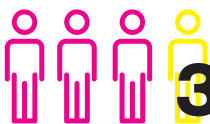
(Healthy Kids Colorado Survey, 2015)



Threat: Inadequate Access to Health Care

Young people in Denver articulated an awareness of how the continuously changing system for health care access directly affects their health. They worried about accessing insurance coverage as well as accessing and paying for care. Navigating the health care system independently from their parents or guardians during the transition from high school to college concerned them. They also spoke about how limited resources or proximity to health care services had a direct effect on their ability to access care.

Youth in Denver expressed concern about how changes in national health care policy will impact them. They worried about how immigration status and/or socio-economic status may impact their ability to get needed care at the right time and place.



3 of 4

young people (74%) had a usual source of health care.

(Colorado Health Access Survey, 2015)



“I think the biggest issue is the price for health care...it’s also the false sense of security people have thinking, ‘Oh, as long as I’m careful, I won’t need to go to the hospital,’ but when this happens they come without insurance and have to pay major expenses.”

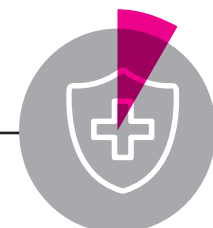
Uninsured Youth

(Colorado Health Access Survey, 2015)



15%

DENVER YOUTH



8%

COLORADO YOUTH



“The biggest problem is access to quality health care. Especially with the recent administration defunding Planned Parenthood and attempting to get rid of [the Affordable Care Act].”



Approximately

1 out of every 5

young people in Denver (22%) received care in an emergency room in 2015.

(Colorado Health Access Survey, 2015)



School-Based Health Centers

Denver Health's [School-Based Health Centers \(SBHCs\)](#) are some of Denver's greatest assets for young people to access health care. At 17 [Denver Public School campus clinics](#), students can access primary care that includes reproductive health and behavioral health services. While SBHCs were formerly only available for students enrolled in host schools, in 2015, SBHC policies were revised to enable access by any young person between 0-21 years, including those not attending a host school. Most students seeking care at a SBHC were covered by Medicaid. During the 2015-2016 school year, Denver SBHCs served 11,840 school-aged youth.



Threat: Trauma

Almost all youth-serving organizations expressed concern for how trauma impacts the ability of young people to be healthy and succeed. Trauma describes negative and emotionally painful events that overwhelm a person's ability to cope. Youth did not use the term trauma but discussed many related experiences including stress, lack of safety, and violence. While youth may use different terms, all of the experiences they identified have the potential to traumatize young people, as well as their families and communities.

Young people and youth-serving organizations referenced fear and stress related to recent national focus on identifying undocumented individuals and deporting them to their country of origin. Many youth were aware of families that had been split up when one or both parents were deported and discussed how shocking and disabling these events have been for entire communities.



Action: Support Youth Resilience

The construction of systems and structures that will sustainably support young people in Denver is essential, as is immediate support for young people's resilience. Community partners can provide resources that are responsive to the needs of youth, support their resilience, and promote their ability to recover from negative experiences. Specific ways to do this include:

- » Train adults to recognize signs of mental health challenges or unhealthy relationships and provide support and resources through programs such as Youth Mental Health First Aid.

- » Educate youth about healthy and unhealthy relationships, including positive gender norms.
- » Promote adult education and skill-building in PYD and the critical importance of trusting relationships between adults and young people.
- » Expand access to [youth-friendly health care clinics](#) like SBHCs that facilitate access to youth-specific health services.
- » Acknowledge that [community trauma](#) impacts youth and their families, and explore ways to mitigate those impacts and promote community resilience.





THEME

Strengthening Community Connectedness

Strong communities play a major role in ensuring and supporting youth success.

Youth wanted to improve their neighborhoods through civic engagement, and they craved a connection to neighbors. They felt they are better able to thrive when their voices are heard by city decision makers, and they wanted to build positive and trusting relationships with police and other city officials. Rapid and drastic shifts in population (e.g., gentrification) jeopardize each neighborhood's longstanding, established identity, which created concerns for youth about the feasibility of remaining in Denver. They identified community autonomy, or the ability of residents to make independent decisions about community well-being, as another important component of both youth and community success.



Threat: Loss of Community Identity in the Face of Changing Neighborhoods

Youth placed a high value on community connectedness and knowing neighbors. They raised concerns about the rising cost of housing in Denver and how this impacted their families' well-being. Some youth had recently moved to live in a more affordable home within Denver, and many youth were experiencing stress around what would happen if their families could not remain in Denver.

Youth expressed concerns that the changes taking place in many Denver neighborhoods will negatively impact community connectedness and dramatically

shift the racial and ethnic diversity of many communities across the city. According to the Denver Housing Report, nearly 40,000 net new residents moved to the Denver metro area in 2016. Many higher-income families are moving into traditionally minority and working class neighborhoods like Montbello, Baker, and Five Points. With property values and property taxes on the rise, many who have been rooted in specific locations for generations are no longer able to live in their home communities. Lack of affordable housing options in Denver have forced many families to move out of Denver or into homelessness.

Homelessness

The experience and profile is different among youth and adults who are experiencing homelessness.

» **The 2017 Point in Time Survey conducted by the Metro Denver Homeless Initiative** estimates that **600 Denver youth** were homeless on any given night, down from about 1,100 in 2016.

» **Roughly 70 percent of the youth experiencing homelessness were male** and frequently struggled with substance use and mental health. Many youth experiencing homelessness have been engaged with the juvenile justice system. Some youth become homeless when they age out of the foster care system.

Supporting Affordable Housing

As Denver continues to grow, we must manage change in a way that reflects our values – including helping people stay in their homes so they can continue to build their lives and build their futures.

- » Denver policy makers are focused on the housing crisis. A 2016 study conducted by the Office of Economic Development identified communities vulnerable to displacement and made recommendations for action. The mayor addressed affordable housing in his July 2017 State of the City speech.
- » In September 2016, Denver’s City Council approved Mayor Hancock’s proposal to create the city’s first dedicated fund for affordable housing which will raise at least \$150 million in 10 years to create or preserve 6,000 affordable homes for low- to moderate-income families.



Action: Strengthen Community Connectedness

Building community connectedness and maintaining the integrity of Denver neighborhoods will require collaboration among diverse partners to invest time and resources in building consensus around a common goal. Externally driven initiatives are rarely successful at building community connectedness and may do more harm than good. To ensure the success of effective solutions, organizations should:

- » Align with community action groups to ensure that youth concerns and youth voices are included in those efforts.
- » Advocate for investments in affordable housing.
- » Increase services and funding for youth who flee unsafe home situations (runaway youth) and youth who for whatever reason end up on the street.
- » Recognize that youth experiences in Denver are often unique based on each community’s experience and assets; each community deserves focused attention.

What the Community Thought about this Report

Conducting a health assessment through authentic and structured community engagement is somewhat novel as a public health practice.

While youth initially helped define target assessment data for collection, it was just as crucial to reconvene with both youth and community partners to share findings and allow each group to reflect and offer suggestions for response.

One feedback session with community partners and two feedback sessions with youth were held in August 2017. Feedback solicited

from these groups ensured that youth data had been interpreted correctly and that no major health issues were missing. These sessions also provided an opportunity for deeper exploration of findings and to collect more context around key themes. Youth provided specific examples of how key themes showed up in their lives. Community partners brainstormed next steps and identified additional stakeholders.



Youth not involved in writing this report said the findings resonated with them and that there were no major health topics missing. Youth could identify with all of the challenges and opportunities through their own personal experience or through experience of their peers.



WHAT HAPPENS NEXT

Potential Impact to Government and Community Work

This report has been a targeted effort to improve health with and through youth and youth stakeholders. The youth voice needs to be heard and should influence all youth-serving work whether in the government or community space. Our hope is that those reading this report will share these findings with relevant community partners, develop specific strategies, and tailor interventions to meet Denver youth's needs.

Improve Youth Health through Information

The YHA's purpose is to provide agencies and individuals working to improve youth health with information they need to best support youth success in Denver.

A key stakeholder group has been community partners engaged in youth-focused work. These partners are encouraged to use this report to ensure that services are designed to meet the needs of Denver youth and provided in such a way that youth can access them.

Stakeholders should also partner across sectors with the goal of mobilizing and aligning youth health work with youth needs. Efforts might include building new partnerships and systems to address identified gaps, or replicating successful systems-building efforts at the state level (such as [Colorado 9 to 25](#) and the [Collaborative Management Program](#)).

Public health work can create and ensure conditions in which all populations within a society have equal opportunities for health and success. Public health stakeholders have a responsibility to address these opportunities for and threats to youth success, and should support youth-serving organizations as they seek changes that will benefit youth. Additionally, a public health approach includes addressing the root causes of negative health outcomes. A root-cause approach to youth health would include addressing system-wide gaps and resources and ensuring all of Denver's public health systems support young people throughout the transition from childhood to adulthood.

Denver's public health agencies will develop a five-year community health improvement plan to be implemented between 2019 and 2023.

Cultivating a youth focus and commitment from local government, community-based organizations, and key stakeholders will prioritize youth health, where appropriate. Public health stakeholders in Denver should use findings from this report to reassess how to measure youth health and monitor change over time.

Finally, involving youth in the change efforts to improve health is of paramount importance. As this effort and the report indicate, young people have the capacity and interest to make changes to improve health. The slogan 'nothing about us, without us' should be adopted for all adults and youth-serving agencies to remind them that youth can and should be involved in programs, services, and policies that impact their health.

How to Engage and Empower Youth

Many strategies were used to engage and empower youth to tell the story of youth health in Denver.

Stakeholders in Denver Can:

- » Engage youth directly from local communities during the selection of programs and interventions.
- » Seek out evidence-based frameworks for youth engagement such as [Positive Youth Development](#).
- » Commit resources to training adults in youth-adult partnership to ensure successful youth engagement; for models see the Youth Advisor models implemented by [Colorado Department of Public Health and Environment](#), [Denver Public Health](#), and other state and local agencies.
- » Embrace the capacity of young people to share their perspectives and contribute to making change happen.
- » Empower young people to analyze their own data and tell their own stories including experiences that cannot be easily measured and may otherwise be missed. This may require thinking beyond typical methods and experimenting with new approaches to youth engagement.
- » Ask youth specifically about the challenges and opportunities they experience in their daily lives.
- » Work with youth to craft communications to reach health influencers like the mayor or city council with key messages and action steps.
- » Explore opportunities to leverage limited resources and increase impact through collaboration across organizations and sectors, as is underway in [youth violence prevention](#) efforts.
- » Compensate youth for their time and expertise (with livable wages versus gift cards) to facilitate their participation.
- » Build meaningful relationships with young people before and during every step of their participation—personal, meaningful relationships are what keep young people engaged.
- » Strive for shared decision-making by creating structures and systems that allow youth to engage and lead.

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Denver Housing Authority

Denver Human Services

Denver Public Library

Denver Public Safety/Denver Juvenile
Services Center

Denver Public Schools

Denver Victim Offender Reconciliation
Program (VORP)

Gang Rescue and Support Project (GRASP)

Groundwork Denver

Padres y Jóvenes Unidos

Planned Parenthood

Rainbow Alley

Servicios de la Raza

Street Fraternity

The Mayor's Office of Children's Affairs

Mental Health Centers of Denver

Urban Peak



Data Sources

2010 Census Tract Boundaries: United States Census, 2010

2006-2015 DOLA Population Estimates: Colorado Department of Local Affairs, 2015

2016 ESRI Population Estimates: ESRI Community Analyst, 2016

Annual Deaths and Causes of Death: Registries & Vital Statistics Branch, Colorado Department of Public Health and Environment, 2011-2015

Chlamydia case rate: Colorado Patient Reporting & Investigation Surveillance Manager, 2016

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Emergency department visits and hospitalizations: Colorado Hospital Association, 2013-2015

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Be Healthy Denver

COMMUNITY HEALTH MATTERS

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Together Denver Public Health and Denver's Department of Public Health and Environment provide comprehensive, high-quality public health services to the City and County of Denver. Our agencies have unique areas of expertise in public and environmental health, which we use to collaboratively serve our community. The high-quality services we provide resulted in the City and County of Denver receiving national public health accreditation in 2017. Much of our work is done in partnership with community organizations in Denver's diverse neighborhoods.

BeHealthyDenver.org

