THE 2016 COLORADO

Health Report Card

Celebrating a Decade of Data

DATA SPOTLIGHT:

Where Health Happens

Health Begins Where Coloradans Live, Learn, Work and Play

The Colorado Health Foundation™

The Colorado Health Report Card tracks Colorado’s performance on 38 key health indicators. The Health Report Card supports efforts to make Colorado the healthiest state, providing evidence that shows where we are making progress as well as where we are falling behind.

This Data Spotlight delves more deeply into five social determinants of health. Data are drawn from several sources to provide a closer look at how Colorado fares on these issues nationally, whether the state has improved in the past decade and how Colorado’s communities differ on these important factors. It also highlights key policy and program efforts underway across the state and features three communities working to improve health.

Acknowledgments:
Cindy Campbell, LiveWell Huerfano County
Coby Gould, The GrowHaus
Lynne Picard, Denver Housing Authority


Join the Conversation #COHRC
Where Health Happens
Health Begins Where Coloradans Live, Learn, Work and Play

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Kids from the Elyria-Swansea neighborhood learn to care for plants at The GrowHaus. Food education is a critical part of the nonprofit’s mission.
Eat healthy and exercise.
The prescription for healthy living sounds simple. But too often, the places where we live, learn, work and play help or hinder our ability to make healthy choices.

Who wants to go out for a walk or bike ride in a neighborhood that lacks sidewalks or feels unsafe? Who will choose fresh vegetables when the nearest head of lettuce for sale is a 45-minute bus ride away? How often do people opt for a dark, dingy staircase over the more convenient elevator?

Finances and schooling matter, too. Low-wage jobs and high housing costs leave little money for recreational activities or wholesome food. And educational disparities create a system that doesn’t serve youth equally, which stunts our future workforce.

Colorado aspires to be the healthiest state in the nation, but it can only achieve this goal if the state’s residents and leaders value how much influence the everyday environment has on health.

The good news: Coloradans are working to improve health at home and in their communities.

A greenhouse is bringing fresh food and lifelong learning to a polluted industrial neighborhood.

Residents of a southern Colorado town spoke up to shift their community’s transportation spending to incorporate walking and biking paths.

A Denver low-income housing development is transforming into a mixed-income community with plentiful transportation options, job training and easy access to affordable, healthy food.

These are just a few examples of how Coloradans are taking action to shape their environment in a healthier way.

This Data Spotlight highlights five everyday needs that have a profound impact on health:
- Education and child care
- Financial security and safety
- Food access
- Housing
- Transportation

These factors have a great influence over the state’s performance on the health indicators tracked by the Colorado Health Report Card. In fact, researchers have found that conditions in our communities have an enormous impact on our health, long before we see a doctor.

This knowledge is spurring action.

There are growing partnerships among the medical community, educators, city planners, activists and private businesses to bring the idea of health out of the clinic and into the community — the homes, jobs, schools, roads, sidewalks, stairways and gardens where people live their lives.

It’s time we expand the way we think about health. This Data Spotlight highlights disparities we need to address, opportunities for improvement and communities making healthy changes.
Education and health are interconnected. Coloradans with more education report better health than their less-educated counterparts. Studies have even found that higher levels of education lead to longer lives. Nationally, men with the highest levels of education live an average of 14 years longer than those with the lowest levels. For women, it’s a 10-year difference in life expectancy.\(^1\) Such statistics underscore the importance of making education a priority from the get-go. High-quality child care and preschool give kids a good start to succeed in school and as they grow up. After-school and activity-based programs don’t just keep kids active; they have also been shown to improve school attendance and performance.\(^2\) And access to these programs may help parents keep working, which in turn can improve wages and long-term health for the entire family.

### Colorado parents who said their work life was affected by child care problems.

This could mean quitting or passing up a job because of problems with child care.

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>2003</td>
<td>7.4%</td>
</tr>
<tr>
<td>2007</td>
<td>11.5%</td>
</tr>
<tr>
<td>2012</td>
<td>13.8%</td>
</tr>
</tbody>
</table>

Colorado’s 2012 percentage closely tracks the U.S. average of 13.7 percent.

### 83.1% of Colorado children participated in after-school programs in 2012.

Down from 86.6 percent in 2007, but above the U.S. average of 80.8 percent. Urban and rural Colorado children showed nearly identical rates in 2012.

### The Colorado Preschool Program

serves kids who are at risk for starting elementary school unprepared. In 2014-15, 27,017 children were enrolled in the program. Still, more than 4,000 children are on the waiting list.
On the Cutting Edge

Colorado Child Care Assistance Program

The Colorado Child Care Assistance Program (CCCAP) provides financial support to help low-income working parents enroll their children in child care. Counties administer CCCAP and set their own income eligibility levels but may not go below 165 percent of the federal poverty level based on family size. CCCAP provided subsidies to care for 30,181 children in fiscal year 2014-15.4

Colorado legislators have made CCCAP more accessible and responsive to the needs of working parents. Legislation in 2014 established tiered copayments and provided more money for lower-income families. Legislators also made it easier for families to enroll by using existing data from other public assistance programs. This year, lawmakers removed barriers for teen parents and/or domestic violence survivors. They no longer have to pursue child support before applying to receive child care subsidies.

However, additional efforts are needed. A 2015 study found that low reimbursement was the most frequently cited reason by providers for limiting their CCCAP participation. Providers also called out burdensome administrative processes.5

Colorado in Context

Colorado isn’t making the grade when it comes to high school graduation, and that’s not good for the health of our state. Only three of four Colorado students graduated on time in 2015. While improving, Colorado lags behind the national graduation rate by 5 percentage points. Rates vary widely across the state and among students of different races and ethnicities. A total of 69.8 percent of black and 67.6 percent of Hispanic or Latino students graduated on time compared with 82.6 percent of white students.

Many families struggle with child care. In 2012, 13.8 percent of parents said lack of child care forced them to turn down employment, change jobs or stop working. That’s nearly double the rate in 2003 (7.4 percent). The rate is noticeably worse in rural Colorado (17.9 percent).

State funding for preschool is not keeping up with the need. In 2014, more than 4,000 children were on the waiting list for the Colorado Preschool Program. The Colorado Department of Education estimated that more than 11,400 eligible 4-year-olds had no available preschool programs.3

Communities in Action:
The GrowHaus offers lifelong learning and Mariposa connects youth with career education. Pages 16 and 22.
Poverty has far-reaching consequences over a lifetime, including worse health and earlier death. Studies show a strong link between living in low-income areas and higher rates of obesity, greater chances of disease and shorter life expectancies. As the income gap continues to widen, financial insecurity is becoming an even bigger driver of health disparities. That’s evident in Colorado, where residents below the poverty line saw their health decline between 2009 and 2015, with nearly one of four rating their health as fair or poor, the two lowest categories. Just 8 percent of more affluent Coloradans, those living at and above four times the poverty level, report that their health is fair or poor. Residents of neighborhoods plagued by crime and violence also face higher health risks. It’s not only a matter of becoming a victim. When parents fear that it is too dangerous for their children to be outside, for example, their kids lose the opportunity for regular exercise enjoyed by children in safer neighborhoods. The stress associated with living in an unsafe community can also lead to poor health.

Colorado’s median household income is nearly $6,000 higher than the U.S.

<table>
<thead>
<tr>
<th>Colorado’s Lowest</th>
<th>Colorado’s Highest</th>
</tr>
</thead>
<tbody>
<tr>
<td>Costilla</td>
<td>Douglas</td>
</tr>
<tr>
<td>$27,882</td>
<td>$107,250</td>
</tr>
<tr>
<td>Saguache</td>
<td>Broomfield</td>
</tr>
<tr>
<td>$31,227</td>
<td>$85,885</td>
</tr>
<tr>
<td>Crowley</td>
<td>Elbert</td>
</tr>
<tr>
<td>$32,570</td>
<td>$83,603</td>
</tr>
<tr>
<td>Huerfano</td>
<td>Eagle</td>
</tr>
<tr>
<td>$32,750</td>
<td>$76,661</td>
</tr>
<tr>
<td>Otero</td>
<td>Pitkin</td>
</tr>
<tr>
<td>$33,043</td>
<td>$73,274</td>
</tr>
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</table>

But there’s wide variation among Colorado’s counties.

Colorado has uneven violent crime rates.

<table>
<thead>
<tr>
<th>Crime Rate Statewide</th>
<th>Denver County</th>
</tr>
</thead>
<tbody>
<tr>
<td>309 per 100,000</td>
<td>598 per 100,000</td>
</tr>
<tr>
<td>residents (2014)</td>
<td>residents (2014)</td>
</tr>
</tbody>
</table>
On the Cutting Edge

Colorado Opportunity Project

The goal of the Colorado Opportunity Project is to help each Coloradan reach middle class by middle age.

The project brings together evidence-based programs from three state departments — Health Care Policy and Financing (HCPF), Public Health and Environment (CDPHE) and Human Services (CDHS) — and focuses on every stage of life. Project initiatives include CDPHE’s 10 Winnable Battles, which addresses leading public health challenges such as unintended pregnancy and mental health; CDHS’s Two-Generation Approach, which focuses on the needs of vulnerable children as well as their parents; and HCPF’s Medicaid Accountable Care Collaborative, which provides coordinated primary care services.

Shared performance measures track whether Coloradans are progressing on the path to middle class. The metrics, which have been shown to be predictors of future success later in life, include the percentage of pregnancies that are intended, the percentage of babies born at a healthy weight, the level of access to affordable food, and school readiness and advancement.

Colorado in Context

The state’s economy continues to improve on several fronts, but many Coloradans have been left behind. Those with low incomes often remain in neighborhoods and communities where it is difficult to stay healthy.

Residents of the San Luis Valley, in particular, face many obstacles to health. Counties in this historic region of southern Colorado have some of the lowest household incomes and highest poverty rates. They also face a growing gap between the rich and the poor.

Colorado has lowered its rate of violent crime, another socioeconomic factor contributing to bad health. But community experiences vary considerably. The urban centers of Denver, Pueblo, El Paso and Adams counties have the state’s highest levels of violent crime respectively, while the rural counties of Cheyenne, Conejos and Phillips have the state’s lowest rates.

Communities in Action:

Walsenburg and Mariposa projects are designing safer streets for pedestrians. Pages 19 and 22.
Access to fresh food is a must for good health. A diet filled with fruits and vegetables is linked to lower obesity rates and better overall health outcomes.8 Children need adequate nutrition to fuel their growing bodies and minds. But not all Coloradans are getting the healthy food they need – or aren’t getting enough. One of seven Coloradans, and one of five children, struggle with food insecurity and are unable to afford healthy, adequate meals.9 And an estimated 759,000 Coloradans live in “food deserts,” areas without a nearby supermarket where residents can buy high-quality food.

One of Seven
Coloradans struggle with food insecurity.

759,000
Coloradans lived in a food desert in 2010.

This included 80,000 children.

SNAP
A PATH TO HEALTHY EATING
The Supplemental Nutrition Assistance Program (SNAP) provides financial assistance for low-income Coloradans to purchase groceries. SNAP enrollment in Colorado and the U.S. grew during the economic recession. Enrollment has declined with an improving economy, but remains above pre-recession levels in Colorado and the nation, suggesting many households are still struggling.

<table>
<thead>
<tr>
<th>Year</th>
<th>Colorado</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>396,000</td>
<td>39 million</td>
</tr>
<tr>
<td>2012</td>
<td>491,000</td>
<td>46 million</td>
</tr>
<tr>
<td>2014</td>
<td>503,000</td>
<td>47 million</td>
</tr>
<tr>
<td>2016</td>
<td>480,000</td>
<td>45 million</td>
</tr>
</tbody>
</table>

45th Colorado’s U.S. rank for enrolling eligible residents.
On the Cutting Edge

Strengthening SNAP

Tight budgets can mean that some families must choose between paying the rent or putting enough food on the table. That’s where SNAP comes in. The federal program, administered by the U.S. Department of Agriculture, helps low-income families stretch their limited food dollars. SNAP also provides an important economic boost for farmers and grocers.

Colorado’s SNAP program, administered by the state and counties, has struggled with meeting federal standards for timely application processing and enrollment. In 2015, Colorado paid $1 million in fines for exceeding allowable SNAP expenses for technology and program administration. This year, Colorado lawmakers unanimously passed bipartisan legislation to improve the program’s efficacy and efficiency. Under the new law, accountability for the program’s success — or failures — will be shared between the state and counties. Counties that improve Colorado’s overall performance will be eligible to receive federal bonuses, while poor-performing counties may be penalized. The state will also identify best practices among Colorado’s high-performing counties and the resources needed to implement them more broadly.

Colorado in Context

SNAP – formerly known as food stamps – has helped low-income people purchase food since 1964. More Coloradans turned to the program as the economy slowed during the recession, but enrollment has declined with an improving job market.

However, 43 percent of eligible Coloradans aren’t enrolled, compared with 25 percent nationally. Colorado ranks 45th out of 50 states for the percentage of SNAP enrollment among qualified residents. More than half of Colorado counties have an eligible but not enrolled rate of 50 percent or higher. In five counties, the rate is greater than 75 percent.

Colorado counties with the highest concentration of food deserts have an average obesity and overweight rate of nearly 30 percent, while the statewide average stands at just over 21 percent. Residents of these communities, concentrated on the Eastern Plains, the San Luis Valley and western and eastern Denver County, have few options for purchasing fresh, healthy foods for themselves and their families.

Communities in Action:
The GrowHaus brings fresh, healthy choices to a food desert. Page 16.
Adequate housing promotes a sense of well-being and security. Poor housing has been associated with an increased risk of chronic illness, inadequate nutrition — especially among children — and poor mental health. High housing costs force many low-income families to make difficult choices and trade-offs. One study of low-income adults struggling to pay housing bills found they were less likely to have a usual source of medical care and more likely to put off getting needed care or prescriptions. And those without a home struggle most of all.

In 2012, an affordable two-bedroom apartment required ...

- 85 hours of minimum wage work per week.

In 2015, that increased 14 percent to

- 97 hours

In 18 Colorado counties, a worker earning minimum wage in 2015 needed to log more than 100 hours to afford a two-bedroom apartment.

In 2015, nearly 10,000 Coloradans were homeless.

- 4,200 people are in families with children.
- Nearly one of ten are veterans.

Spending more than 30 percent of income on housing:

- One of Two Colorado renters
- One of Three Colorado owners
Unaffordable Rent

On the Cutting Edge

Denver Social Impact Bond

Colorado foundations and investors have adopted a new financing model to help housing advocates and mental health providers tackle homelessness in Denver.

The Denver Social Impact Bond program will fund housing and supportive services for up to 250 people in frequent contact with Denver’s jails, police and emergency departments.

Private and philanthropic lenders, including the Colorado Health Foundation, have provided more than $8 million in loans, which leveraged an additional $15 million in federal resources. The five-year program, which began in February 2016, will measure whether these investments yield reduced spending through fewer jail stays, police encounters and emergency department visits.

Investors will be repaid by the City of Denver if the program achieves reduced costs.

Colorado in Context

Securing an affordable place to live — defined as spending 30 percent or less of one’s income — feels out of reach for many Coloradans, especially renters. There were only 10 counties where at least two-thirds of renters had affordable housing. All of them were on the Eastern Plains or in rural parts of the Western Slope.

Income hasn’t increased on pace with the cost of housing in the state. Coloradans needed to spend 50 percent of their average income to afford a two-bedroom apartment in 2011. By 2015, that had increased to more than 54 percent. With less than half of their income left for groceries, transportation, health care and everything else, this monetary mismatch presents a major challenge for many Coloradans.

Homelessness has the most serious consequences for health. Colorado had nearly 10,000 homeless residents in 2015. However, the state’s homeless population is on the decline, from a high of nearly 17,000 in 2012. But in 2013-14, Colorado was one of only 16 states and territories that saw an increase in the number of homeless. And Colorado also had the second largest increase in the number of homeless veterans from 2014-15, with nearly 200 more veterans living on the streets or in shelters.

Communities in Action: Mariposa creates an affordable and desirable community. Page 22.
How we get around affects our health and the health of those around us. Driving from A to B — rather than walking, cycling or taking public transportation — can result in greater air pollution, more injury crashes and less physical activity, all with negative health consequences. Studies have shown that the risk of obesity increases about 6 percent with every additional mile that commuters spend in a car. Thus, biking and walking to work are healthy alternatives to the drive-time commute.

COLORADO HAS

728 drivers per 1,000 residents.
This is 9 percent higher than the national average of 671 and higher than nearby states such as Utah (573), Wyoming (723) and New Mexico (698).

Nine of Ten
91 percent of Colorado’s commuters drive to work — a little higher than the national average of 90 percent.

This number hasn’t changed since 2009.

Biking to Work

Boulder County has the highest percentage of all urban Colorado counties, with nearly 5 percent of workers hopping on their bikes.

In two Colorado counties, San Juan and Gunnison, over one of 10 commuters bike to work.

In 41 out of 64 Colorado counties, less than 1 percent of commuters bike to work.
Colorado in Context

Active living is key to a healthy lifestyle. By biking, walking or taking public transit to work, commuters integrate physical activity into their daily schedule.

But fewer Coloradans than Americans in general are willing (or able) to choose a healthy commuting option. While the state ranks a bit higher on biking and walking to work, only about 3.4 percent of Coloradans take public transit compared with the national average of 5.3 percent.

Counties with the highest rates of commuting outside of a car aren’t the urban centers but more rural areas such as Pitkin, San Juan and San Miguel counties. However, less than 1 percent of commuters in 34 Colorado counties take public transit, suggesting limited availability in rural areas. In Front Range hubs like Denver and Boulder, just 7 percent of residents share public transit with other members of their community.

Communities in Action:
Walsenburg residents speak up for a more walkable town. Page 19.
Colorado’s most polluted ZIP code is a strange place to find a banana tree.

Yet there it stands, its broad leaves branching six feet out of a pot on the floor of an old flour mill.

Small houses with tidy yards stand to the west. Industrial shops, marijuana businesses, a police vehicle impound lot surround them. Traffic grinds past on the elevated deck of Interstate 70, which cuts the Elyria-Swansea neighborhood in half.

A century of industrial development has left the ground too polluted with oil and other chemicals to grow anything. An Environmental Protection Agency cleanup project changed very little.

The nearest grocery store is two miles away, meaning it’s more convenient for the residents of ZIP code 80216 to buy legal marijuana than a fresh tomato.

So, what better place for a banana tree? That’s the thinking behind The GrowHaus, a nonprofit that pairs food activists with local

The GrowHaus sells locally grown fresh food from a farm stand outside the building and a market inside. The brightly painted building is the only place to buy a variety of fresh food in nearly a two-mile radius.
We said from the beginning we wanted to be community led, community driven, said Executive Director Coby Gould.

The first group of volunteers who began refurbishing the flour mill called it the “grow house.” They tweaked the spelling as a tribute to the Eastern European immigrants who originally settled Elyria-Swansea, Gould said.

“We also liked the imagery of a home — a place you can come home to, a place people and plants can grow,” he said.

The banana tree is just one curiosity in the 20,000-square-foot building. It’s also home to an aquaculture operation — which raises tilapia and bass and uses their waste to fertilize vegetable beds — a greenhouse, a mushroom-cultivation room, a fresh food market and a hydroponic farm that grows lettuce for Denver restaurants like ChoLon and The Squeaky Bean to help pay program expenses.

But most food from The GrowHaus is consumed within walking distance.

The nonprofit has three missions: food cultivation, food distribution and food education.

Each week, volunteers and staff compile boxes full of produce grown at The GrowHaus or donated by Colorado farms and businesses. They sell for $12 for a single person or $20 for a family. The produce boxes include recipes to help people prepare a week’s worth of fresh food. Prices are higher for people who live outside ZIP code 80216.

The building also includes a market that is likely
the only place in eight square miles where you can buy beets and squash. Neighbors pay a wholesale price, while people from outside 80216 pay slightly more.

Above all, The GrowHaus is proving how closely tied are the concepts of food access and education.

Neighbors take classes in seed cultivation. The GrowHaus sells some of the seedlings its students have nurtured. Every Monday morning, local families gather to listen to music and attend a free cooking class led by a nutritionist.

Elyria-Swansea is a neighborhood with a deep history. It was settled in the 1870s, and some families go back generations. It’s also a popular landing spot for immigrants. More than 80 percent of the residents are Hispanic and at least a third lack a high school degree. A third of the population faces food insecurity – double the city’s average – according to the Denver Department of Environmental Health.

The GrowHaus fills the neighborhood’s need for wholesome food, while also attempting to reverse some of the environmental damage the area has suffered. Out back, the staff keep beehives – not for the honey but to provide pollinators for nearby trees.

And the staff mycologist is experimenting with mushrooms that can break down the oil that fouls the ground in Elyria-Swansea.

Maybe it’s a crazy dream. Or maybe it’s bananas.

By Joe Hanel,
Colorado Health Institute
The people of Walsenburg are outnumbered in their own neighborhoods.

The southern Colorado town sits at the junction of Interstate 25 and U.S. Highway 160 — the main route to the San Luis Valley, Durango and Farmington, New Mexico.

Every day, Walsenburg’s resident population of 2,900 is dwarfed by the estimated 8,000 vehicles that grind through town, including some 400 heavy trucks, according to the Colorado Department of Transportation (CDOT).

So while summer means bike rides and outdoor adventures for most small-town kids, it’s different for those in Walsenburg.

“In the summertime, it’s back to back semis,” said Cindy Campbell, director of the Huerfano County Chapter of LiveWell Colorado, a nonprofit dedicated to fighting obesity.

The traffic is more than just a disturbance. Huerfano County, where Walsenburg is located, placed last in Colorado for health outcomes in the most recent County Health Rankings by the Robert Wood Johnson Foundation.

A group of Walsenburg residents decided to take a stand for the health of their community. Their vision will start to become reality when CDOT spends $1.3 million to create safe pedestrian routes at three critical points in the town. Project design will start this summer, with construction scheduled for 2017.

Getting to this moment, though, has demonstrated the challenges with creating alternatives to the automobile.

Campbell started working for LiveWell in 2011 and created a community group to focus on the built environment.

“The conversations just kept going back to biking and walking,” Campbell said. “The topography
is ideally suited for bike riding — some hills, but nothing too extreme . . . But no bike routes.”

A bike and pedestrian advocacy team asked local kids to sketch out their favorite bike routes on a map. The team used that input to designate bike routes and, with the city council’s blessing, began painting bicycle icons on the roads to alert drivers.

The painting project proved burdensome for Campbell’s volunteer team, but about that time, a bigger opportunity came along.

The Colorado Public Interest Research Group (CoPIRG) got involved and set up a meeting with Bill Thiebault, the transportation commissioner for southern Colorado. The Transportation Commission oversees CDOT and decides which projects should be a priority.

Flashing pedestrian crossing signs and additional and enhanced sidewalks will be added to the busy thoroughfare near City Park west of downtown Walsenburg.

A high school student, Emilio Archuleta, gave Thiebault a PowerPoint presentation on Walsenburg’s treacherous pedestrian environment. Thiebault was impressed and returned soon with CDOT staff for an encore presentation.
Archuleta hardly had a chance to start before a CDOT official interrupted and said the agency planned to commit $1 million to the project, Campbell said.

CDOT hired an engineering firm to work with local advocates and draw up a menu of options for making Walsenburg friendlier to walkers and bicyclists. One option was to remove some street parking downtown and build bike lanes.

That idea sparked an outcry that lasted for months.

“Folks want to be able to park right in front of whatever store they’re going to,” Campbell said.

So they shelved plans for bike lanes. The current project will not touch Walsenburg’s congested downtown.

But it will create sidewalks and safer crosswalks in three areas that attract lots of kids — the elementary school and library, both north of downtown, and the town’s water park west of downtown. CDOT will also add a pedestrian/bike lane on a bridge near the school that is currently dangerous to cross, especially when snow piles up on the edges.

The project is designed to work for all ages at the intersection of safety, physical activity and economic opportunity. When people feel safer on foot, they’re more likely to get out of the car. And when they get out of the car, they’re more likely to visit a local business.

CDOT staffers listened closely to community voices, which was a welcome change from typical transportation projects, Campbell said.

“They get it when it comes to community engagement, especially with bike and pedestrian advocacy,” she said.

It’s a lesson in how healthy change is possible — one step at a time.

By Joe Hanel, Colorado Health Institute
Mariposa Combines All the Right Ingredients for Healthy Living

The right spice can make the difference between a successful recipe or a failed one.

African immigrants who lived in the old Lincoln Park housing development southwest of downtown Denver knew this. They would take buses all the way out to ethnic markets in Aurora to buy the spices they needed to prepare the traditional dishes they love.

So when the Denver Housing Authority (DHA) began asking Lincoln Park residents what they wanted when the area was redeveloped, some of the women asked for community gardens to grow their own spices.

They got gardens and much, much more.

The new development, named Mariposa – Spanish for butterfly – brought an array of hard-to-find ingredients to the neighborhood, which used to be a food and retail desert. Bikes Together brings low-cost exercise and transportation. Catholic Charities runs a child care program. Youth on Record and Arts Street provides job training in the music and arts industries. Osage Café sells affordable, healthy food, while also serving as a spot for internships for students in Mariposa’s culinary academy.

And Denver Botanic Gardens not only designed community gardens and a greenhouse, but also provided expert advice on how to grow those African spices in Colorado’s climate.

Mariposa is still in development but is already gaining a national reputation as an example of using community-driven design to promote health.

The development employs a healthy living coordinator and a patient navigator. They are crucial to promoting use of the health-focused amenities, said Lynne Picard, DHA’s director of...
workforce development and community initiatives.

Picard heard about residents’ desire for spices during a series of community dialogues about what La Alma-Lincoln Park residents wanted from their new neighborhood.

Mariposa is just west of the Arts District on Santa Fe, and project leaders learned how much value residents place on art. So for the first time in DHA history, public art was included in a housing development.

Better street lighting and wide sidewalks give the area a safer feel. This was especially important for residents and people using the nearby light rail station.

Mariposa replaces roughly four blocks of vacant lots and obsolete public housing with mid-rises packed with amenities. The first building was completed in 2012 and the whole development is scheduled to be finished around the end of 2017. When complete, Mariposa will consist of 517 housing units with a projected population of 725, split among three types of units: public housing, low-income housing and market-rate rentals.
Private developers could add units for purchase on two parcels the DHA plans to sell.

Currently, about 450 people live in the development.

“We built everything here through a public health lens,” Picard said. “Our stairways are wider. They have more light. It’s easier to get to a stairway than an elevator.”

One building features an “active staircase” that lures kids into climbing steps instead of riding the elevator. Buttons are built into the railings to activate sounds and lights that help tell a Mayan folk tale titled “Chocolate Tree.” Children’s hospitals and museums have active staircases, but Mariposa’s is one of the first in a residential building, Picard said.

The Colorado Health Foundation provided funding for the stairway and other touches that took Mariposa from a good place to live to an enviable one.

Those touches have shown that a well-built environment can improve people’s health. DHA leaders have the numbers to prove it.

The DHA takes annual surveys of its residents. In the three years since Mariposa opened, 38 percent more residents say their health status is good rather than poor. There’s been a 6 percent drop in smoking rates, Picard said.

And residents are voting with their feet. Nationally, around 10 percent of people return to a housing project when it is rebuilt. At Mariposa, 45 percent of residents returned.

“It takes input from all levels of the community to figure out what it takes to create a healthy community — not just physical health but economic health, transportation health,” Picard said. “You need all of them to create a truly healthy community.”

By Joe Hanel,
Colorado Health Institute
Endnotes


3 Colorado Preschool Program, 2016 Legislative Report.


Data Sources
The data in the Data Spotlight are the most recent available.

Education and Child Care
• Colorado Department of Education
• National Survey of Child Health

Financial Security and Safety
• American Community Survey
• Colorado Department of Labor and Employment
• FBI Uniform Crime Reporting
• U.S. Census Bureau, Small Area Income and Poverty Estimates

Food Access
• Eligible but Not Enrolled Accessed from Hunger Free Colorado, which includes data from the Colorado Department of Human Services, United States Department of Agriculture (USDA) and Program Access Index (PAI) calculated by the Center on Budget and Policy Priorities (CBPP) using 2013 Census data
• USDA Food Environment Atlas
• USDA 2012-2014 Average in Household Food Security in the United States in 2014, September 2015

Housing
• Headwaters Economic’s Economic Profile System
• National Low Income Housing Coalition, Out of Reach reports
• U.S. Department of Housing and Urban Development, 2015 Annual Homeless Assessment Report to Congress

Transportation
• American Community Survey
• U.S. Department of Transportation, Bureau of Transportation Statistics, State Transportation Statistics 2015
Contributing Members

Jaclyn Lensen
Keri Jones
Dustin Moyer
Kyle Legleiter
Kaye Boeke
Kindle Fahlenkamp-Morell
Taryn Fort

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