



HEALTH INEQUITIES IMPACTING COLORADO COMMUNITIES OF COLOR: *When some groups suffer more than others, it hurts us all*

Non-White Coloradans

***This includes American Indian & Alaska Native, Asian American & Pacific Islander, Black/ African American & Latinx Coloradans**

We can't understand data without knowing the context

Our health is shaped by our environments. Healthy communities are ones where we have opportunities to make healthy choices. The health of our communities is driven by structural factors and policy decisions, many of which harm some groups more than others.

Differences in health status between groups are called health disparities. But when differences are systemic, avoidable, and unjust, we understand these differences to be **health inequities**.ⁱ When certain communities, such as communities of color, persistently experience poorer health compared to others, we consider this to be a result of systemic and historical inequities.

Inequities limit our state's growth. But when we advance racial equity, we see significant economic and social gains. Eliminating racial disparities in healthcare alone could reduce medical costs by \$230 billion nationally.ⁱⁱ When a system is designed equitably, it works better for everyone.

We don't have to accept inequities as inevitable. Past policies have led to present-day inequities. But we have the power and responsibility to repair our systems and reshape our future. If we work together, as government, community, and funders, we can create systemic change and achieve greater health for all. Every Coloradan deserves the opportunity to thrive.

Certain communities aren't given a fair chance for great health

Some groups of people face unique barriers that have resulted from systems and policies. For example, residential segregation is linked to racial inequities in infant mortality.ⁱⁱⁱ And residential zoning that places some groups in older and poorer quality homes near highways and industrial waste facilities means greater exposure to lead paint and air pollution.^{iv}

It's not a coincidence that we see higher rates of childhood asthma in communities more exposed to air pollutants. Across Colorado, rates of lead poisoning are higher for children living in low-income neighborhoods, which tend to contain more families of color living in older homes.^v Poor quality housing harms children's development and is also tied to mental illness.^{vi}

These, among other, factors combine to create toxic stress that affects families over generations.^{vii} Without policies that reverse inequities and create opportunities, communities become stuck in unhealthy neighborhoods.^{viii} Read our [Equity Action Guide](#) for more.

Visit www.colorado.gov/pacific/cdphe/inequity-factsheets for citations & additional resources.

Let's take a look at key inequities facing Non-White Coloradans:

Note: The "Inequity" column includes a ✓ if the difference in values between Non-White Coloradans and White Coloradans is statistically significant. For information on statistical tests performed, data sources (ranging from 2013-2017), indicator definitions, & references cited, visit the [Colorado Office of Health Equity](https://www.colorado.gov/pacific/cdphe/inequity-factsheets) website.

	All Coloradans	White Non-Hispanic Coloradans	Non-White Coloradans	Inequity
Key Social Factors				
Food insecurity	23.9%	19.2%	37.0%	✓
No health insurance	11.2%	6.2%	23.9%	✓
Health of Mothers and Children				
Infant mortality (rate per 1,000 live births)	4.7	3.8	6	✓
Low birth weight births	9%	8.4%	10%	✓
Women reporting 3 or more stressors during pregnancy	26.7%	25.1%	29.4%	✓
Childhood asthma	7.7%	6.8%	9.3%	✓
Illnesses and Injury				
HIV (rate per 100,000 persons)	7.8	5.5	13.5	✓
Tuberculosis (rate per 100,000 persons)	1.5	0.3	4	✓
Diabetes	6.5%	5.7%	8.5%	✓
Mental health was not good 8 or more days in the past 30 days	15.1%	14.5%	16.4%	✓
Disability (cognitive & physical)	19.5%	18.7%	21.6%	✓

Change is possible

These health inequities are challenging, but solution-oriented strategies and promising tools exist that can help create more equitable policies and greater opportunity for all our Colorado communities.^{ix} Health inequities will persist unless equity is considered in decision-making. To avoid creating new inequities, we must consider how policy and program decisions impact different communities. That's why it's critical to integrate community wisdom into decision-making alongside technical expertise. When we work across sectors, such as housing, education, and transportation, we are better positioned to achieve equity.

How we communicate racial inequities matters

Data are critical for decision-making, but data don't always tell the whole story or illuminate root causes and structural inequities. Sometimes, they can perpetuate negative stereotypes. That's why it's critical to frame disparity data by providing relevant context and background, using inclusive and strengths-based language, and pointing to root causes and structural determinants of health, across sectors. Whenever possible, incorporate the voices of people directly facing inequities. For more, read our [Framing Data to Advance Equity tool](#). To learn more about an equity approach, and for ideas on solutions and action steps, read our [Equity Action Guide](#).

Visit www.colorado.gov/pacific/cdphe/inequity-factsheets for citations & additional resources.



COLORADO

Office of Health Equity

Department of Public Health & Environment