

DEMOGRAPHICS

In early 2019, the Colorado State Epidemiological Outcomes Workgroup (SEOW) published this four-part document as an overview of opioid, marijuana, and alcohol consumption and consequences in Colorado. Each substance is presented in its own profile, with a Demographics profile provided for additional state context. These epidemiological profiles were designed to be readily usable to all people working in substance use prevention. They cross many data sources and aim to present the most actionable findings.

This Demographics section is intended to provide background and context to the three Colorado State Epidemiological Profiles on Alcohol, Marijuana, and Opioids. Colorado is a geographically, economically and demographically diverse state. For this reason, it is important for the reader to use this section as a companion to the alcohol, marijuana and opioid data which are presented by region, age and/or gender. The Alcohol, Marijuana and Opioid Profiles include youth data from the 2017 Healthy Kids Colorado Survey. In this section, we provide data and background on risk and protective factors for youth substance use and abuse to supplement data presented in other profiles. Demographic, geographic, health, and economic data are presented because of the importance of these factors in risk of and protection from substance use and abuse.

Certain considerations were taken into account in compiling these data, including timeframe and the intended audience. First, the profiles contain all publicly available data. This ensures that persons can access the original source data for more information on any data point in the profiles. It was also important to use a timespan in which the most complete data could be found within and across substances. Lag-time for data to become publicly available can vary widely. While the profiles were in development during the summer and fall of 2018, the most complete data were found for calendar year 2016. With few exceptions, 2016 data are used consistently throughout the profiles. The exceptions include 2017 Healthy Kids Colorado Survey (HKCS) results and aggregate data when no one year yields a large enough sample size for researchers to make definitive statements. The 2017 HKCS was not administered in Adams and Jefferson Counties. When questions were an exact match to those in the HKCS, data from the Adams County Youth Initiative (ACYI) survey were used as a substitute. All HKCS data presented is for high school students, grades 9th - 12th only. For data that was accessed via websites, the citation applies to what was posted during the time span of June 2018 - October 2018.

These profiles were also compiled with deliberate attention to the intended audience. They were designed to be practical and useful for all Coloradoans who are interested in talking to others in their communities about substance use and prevention. This can include anyone from youth groups and community organizations to school superintendents and state legislators. The four profiles can be used as stand-alone products or in conjunction with each other, as hard copy hand-outs or as a power point presentation. We hope that these profiles will facilitate conversation among Coloradoans about the state of our state. For this reason, these profiles eliminate traditional barriers such as the use of estimates and confidence intervals and introduce easily relatable use of benchmarks, such as national comparisons.

The SEOW partnered with The Evaluation Center – University of Colorado Denver on the content for these profiles. Graphic design was provided by Zeto Creative.

For more information, contact Sharon Liu at the Colorado Department of Human Services, Office of Behavioral Health.

Key Terms	
Aggregate	A mathematical computation using a set of values rather than a single value.
Average	A calculated central value of a set of numbers
Cisgender	Denoting to a person whose sense of personal identity and gender corresponds with their assigned birth sex
Economic Output	The quantity of goods or services produced in a given time period
Health Statistics Region	A geographic grouping based on demographic profiles and statistical criteria. Colorado has 21 Health Statistics Regions which correspond with existing county boundaries.
Overcrowded Housing	Calculated by identifying “persons-per-room” in a dwelling. The U.S. Department of Housing and Urban Development offers the rate as 1.01 or above as the threshold to identify overcrowded housing.
Per capita	Per person
Prevalence	The proportion of a population who have specific characteristics in a given time period. Prevalence may be reported as a percentage (5%, or 5 people out of 100), or as the number of cases per 10,000 or 100,000 people.
Proportion	Two ratios that have been set equal to each other
Protective Factor	Characteristics within the individual or conditions in the family, school or community that help someone cope successfully with life challenges
Quartile	A group that contains 25% of the data set
Ranking	Relative position
Risk Factor	Characteristics within the individual or conditions in the family, school, or community that increase the likelihood someone will engage in unhealthy behaviors
Rate	The ratio between two related quantities
Significance	The probability is less than .05 that the difference or relationship happened by chance
Transgender	Denoting to a person whose sense of personal identity and gender does not correspond with their assigned birth sex

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Colorado is the
22ND
MOST
POPULATED STATE¹

ESTIMATED 2017 POPULATION OF²
5,607,154

Population Trends

The state of Colorado is growing at a fast rate and rapidly diversifying in terms of race, ethnicity, language, and age. The population is forecasted to **increase 1.5% over the next 10–15 years.**³

Colorado is ranked the **7th fastest population growth** in the nation at 1.7%,⁴ as compared to the national rate of 0.8%.¹ The majority of growth is concentrated along the Front Range, where over 80% of the state's population lives.⁶

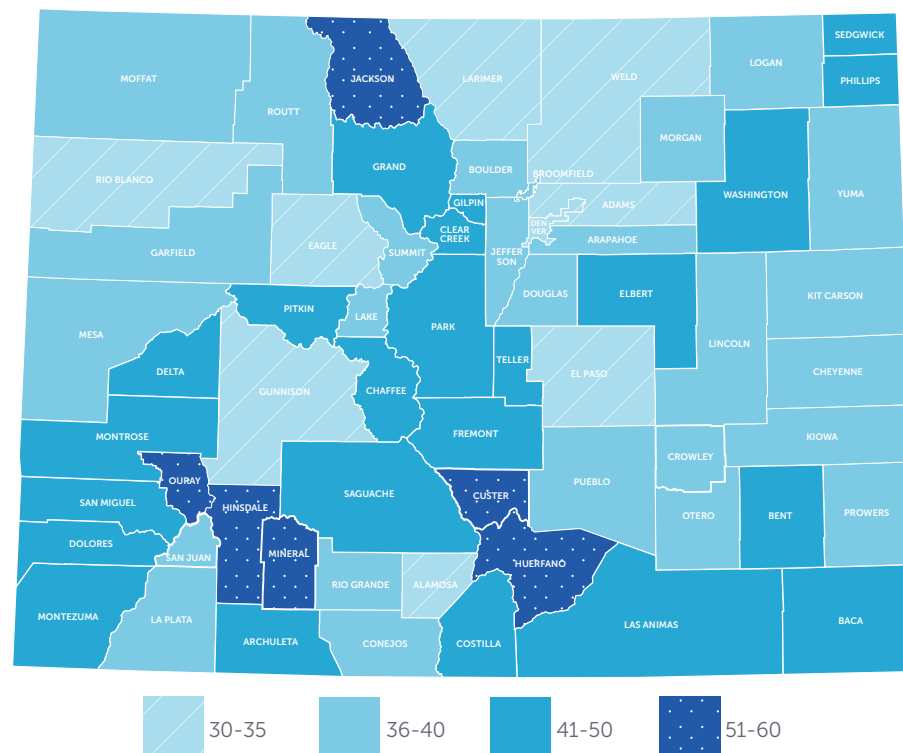
The state population is projected to **increase by 500,000 by 2020**, with over half of that concentrated in the Denver Metro area.⁶

Currently 17% of Colorado households speak a language other than English at home.²

43% of Colorado children under 18 are non-white.²

As the population ages, the state's workforce will become dramatically more racially and ethnically diverse.⁴

MEDIAN AGE BY COUNTIES



The median age for Colorado is 36.4².

COLORADO'S POPULATION IS QUICKLY AGING.
BY THE YEAR 2030, COLORADO'S POPULATION OF
65 AND OLDER RESIDENTS WILL BE
77% LARGER THAN IT WAS IN 2015.⁴

SOURCES:

¹ US CENSUS BUREAU, POPULATION CHANGE FOR THE US, REGIONS, STATES, AND PUERTO RICO AND STATE RANKING, JULY 2014 TO JULY 2015

² US CENSUS BUREAU, AMERICAN COMMUNITY SURVEY, 5-YEAR ESTIMATES, 2012-2016

³ COLORADO STATE DEMOGRAPHY OFFICE, PRELIMINARY POPULATION FORECAST BY COUNTY, 2010-2050

⁴ POPULATION TRENDS: GROWTH IMPACT CHANGE. COLORADO OVERVIEW, ELIZABETH GARDNER, 2017

⁵ COLORADO'S 2016 POPULATION AND ECONOMIC OVERVIEW, STATE DEMOGRAPHY OFFICE

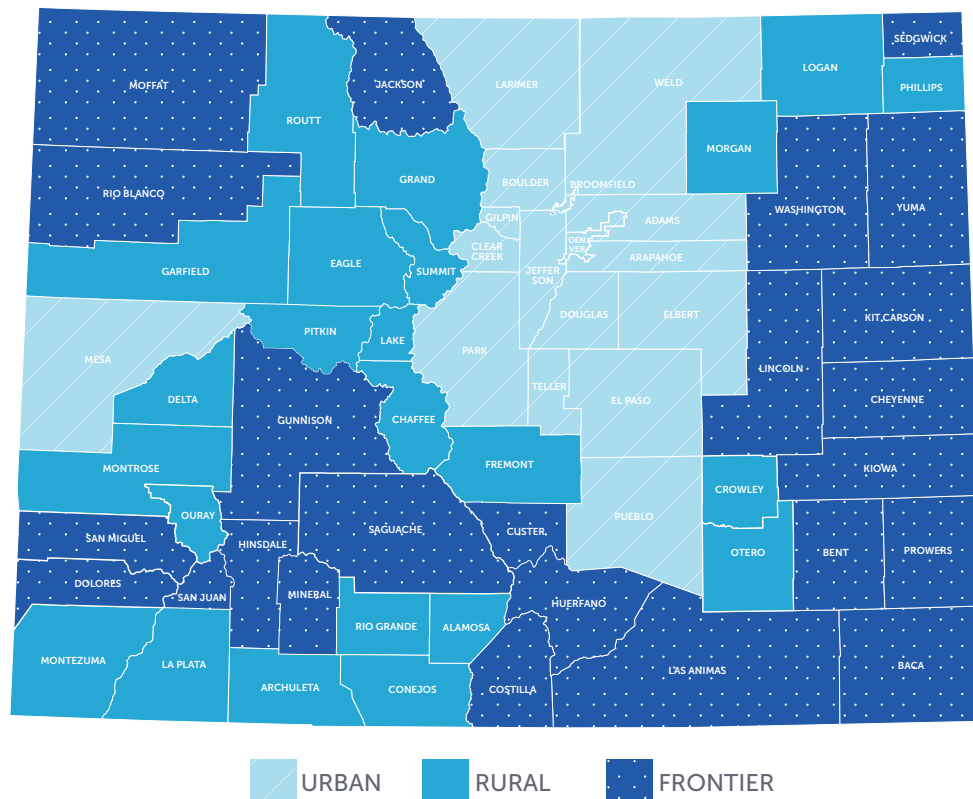
73%

of Colorado Counties
are considered
RURAL or **FRONTIER**

Colorado is the
**8TH LARGEST
STATE**
Geographically
IN THE U.S.

Over
750,000

Coloradans live in
RURAL OR FRONTIER
areas of the state.



RURAL:

Defined as a “non-metropolitan county with no cities over 50,000 residents”

FRONTIER:

Defined as “a county that has a population density of 6 or fewer residents per square mile.”

Geographic Populations at Risk:

51% of all rural counties do not have an active, licensed addiction counselor (27 of 47 counties).

Resort towns have particularly high economic disparities. Economies/jobs are largely seasonal and communities are frequently changing. These factors can result in low neighborhood attachment and community disorganization, which is a risk factor for substance abuse. High rates of mobility, which are seen in the rural and resort areas of the state, are associated with developing problematic alcohol or substance behaviors.

COLORADO HEALTH FACTS:

Ranked the

7TH HEALTHIEST STATE



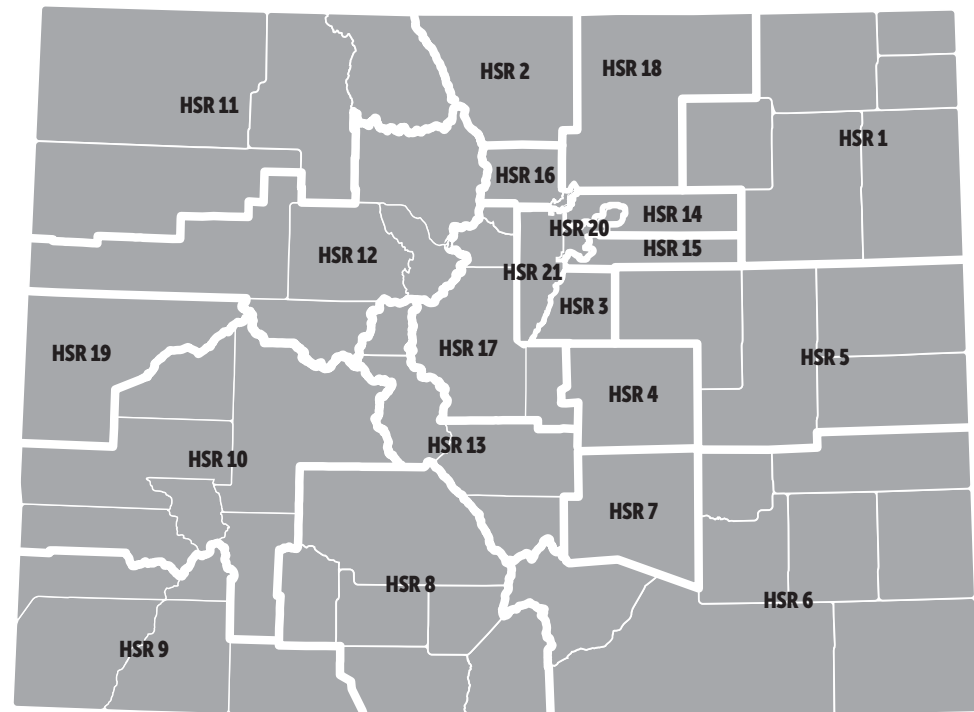
Has the **LOWEST** prevalence
of **ADULT OBESITY**

Has the **LOWEST** prevalence of
DIABETES

While Colorado is considered a healthy state, we rank 48th in the nation for health disparities based on educational attainment. This means that there is a large difference in how residents with college degrees rate their health vs. residents without. 70.6% of Colorado residents with a college degree rate their health as good or excellent while only 26.2% of residents without a high school diploma rate their health similarly.

Colorado is divided into 21 Health Statistics Regions (HSR).

The boundaries of these regions were developed by Colorado Department for Public Health and the Environment and local public health professionals and agencies based on demographic profiles and statistical criteria. Data within Colorado is frequently collected and presented at the HSR level.



HSR KEY

HSR 1: Logan, Morgan, Phillips, Sedgwick, Washington, Yuma

HSR 2: Larimer

HSR 3: Douglas

HSR 4: El Paso

HSR 5: Cheyenne, Elbert, Kit Carson, Lincoln

HSR 6: Baca, Bent, Crowley, Huerfano, Kiowa, Las Animas, Otero, Prowers

HSR 7: Pueblo

HSR 8: Alamosa, Conejos, Costilla, Mineral, Rio Grande, Saguache

HSR 9: Archuleta, Dolores, La Plata, Montezuma, San Juan

HSR 10: Delta, Gunnison, Hinsdale, Montrose, Ouray, San Miguel

HSR 11: Jackson, Moffat, Rio Blanco, Routt

HSR 12: Eagle, Garfield, Grand, Pitkin, Summit

HSR 13: Chaffee, Custer, Fremont, Lake

HSR 14: Adams

HSR 15: Arapahoe

HSR 16: Boulder, Broomfield

HSR 17: Clear Creek, Gilpin, Park, Teller

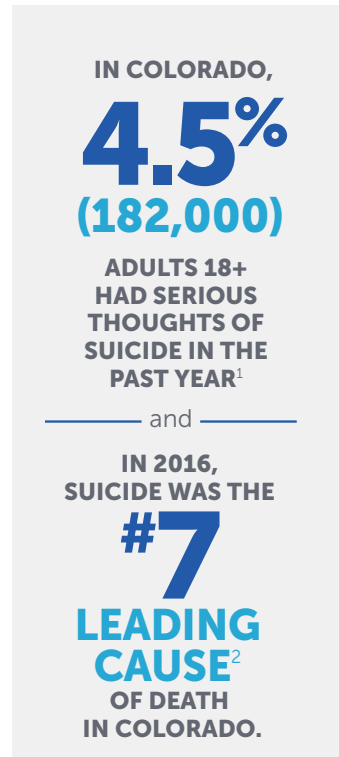
HSR 18: Weld

HSR 19: Mesa

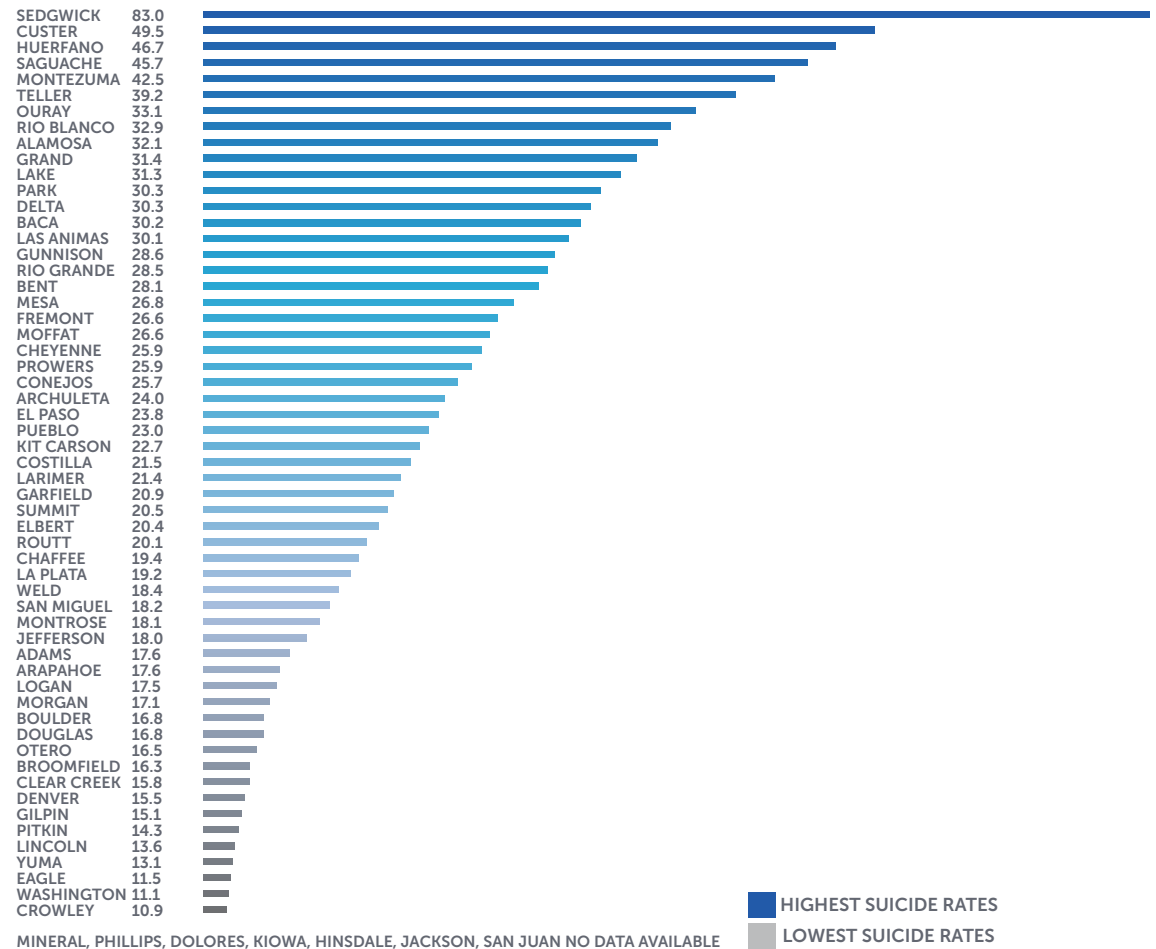
HSR 20: Denver

HSR 21: Jefferson

SUICIDE



Suicide Rate by County⁴



POPULATIONS AT RISK

An annual average of about **57,000 adolescents aged 12–17 (13.7% of all adolescents) experienced a major depressive episode (MDE)** in the past year.¹

Among Youth in Colorado:⁵

- **7.0% attempted suicide in the past 12 months**, which is not significantly different from the national estimate (**7.4%**).
- **8.8% of females** and **5.2% of males** attempted suicide in the past 12 months.
- **LGB and transgender youth are more likely** to attempt suicide than heterosexual and cisgender youth.

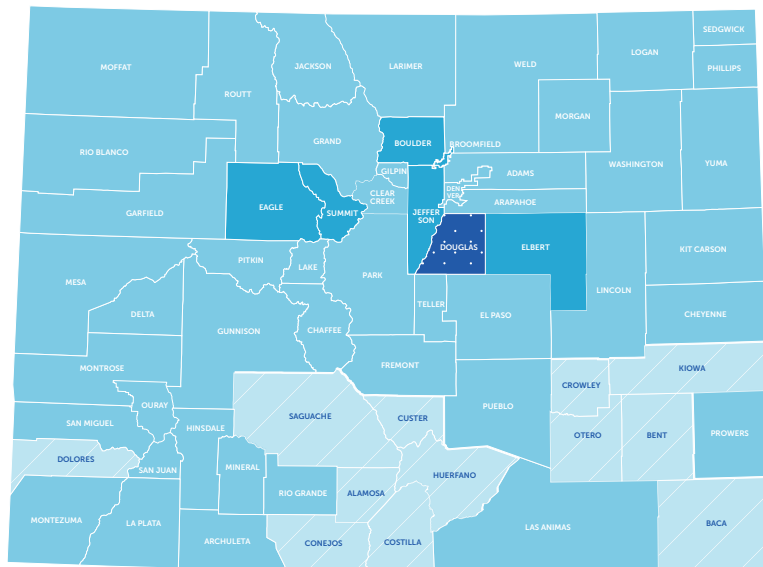
SOURCES:
¹2017 BEHAVIORAL HEALTH BAROMETER: COLORADO, VOLUME 4, SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION
²CENTERS FOR DISEASE CONTROL AND PREVENTION, NATIONAL CENTER FOR HEALTH STATISTICS, NATIONAL VITAL STATISTICS
³COLORADO HEALTH INSTITUTE: [HTTPS://WWW.COLORADOHEALTHINSTITUTE.ORG/DATA](https://www.coloradohealthinstitute.org/data)
⁴COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT (CDPHE)
⁵2017 HEALTHY KIDS COLORADO EXECUTIVE SUMMARY

As of June 2018, Colorado was tied for the **third lowest unemployment rate** in the nation, at 2.7%.¹

Income

The state has the **4th fastest growth in economic output**, surpassed only by California, Oregon, and Texas.²

MEDIAN INDIVIDUAL INCOME BY COUNTY³



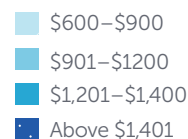
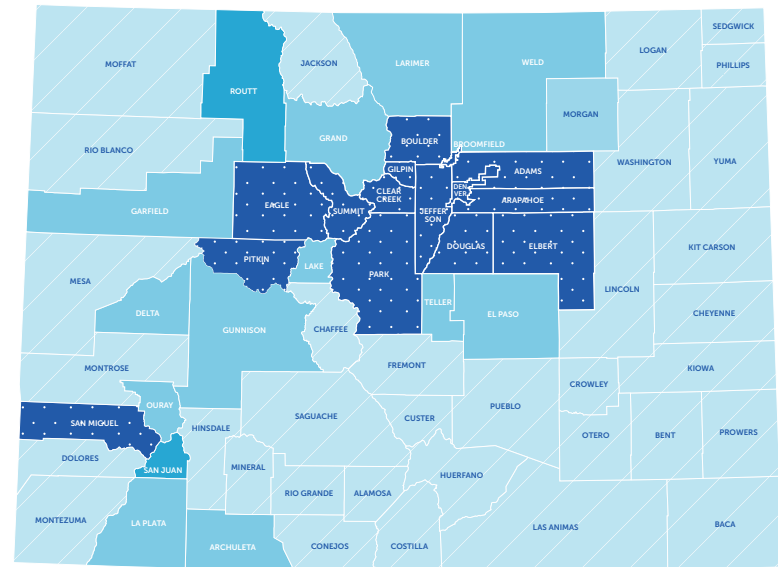
Colorado Median State Income:

\$62,850

Housing

Over **53,000 Coloradans** live in overcrowded housing.³

HUD FAIR MARKET RENTAL RATES 2018 FOR A 2-BEDROOM DWELLING



Colorado State Average Rent:
Two Bedroom Dwelling:

\$1,306 which is \$126 more than the national average⁴

Populations At Risk

Children who live in areas characterized by poverty, high unemployment, and poor living conditions are more likely to develop problematic alcohol and substance use issues later in life.⁵ Over 190,000, or 15.7% of children under 18 in Colorado, live below the poverty line. Some rural and frontier areas of the state experience far higher rates of childhood poverty than the state average.³

TOP FIVE COUNTIES WITH HIGHEST RATES OF CHILDREN LIVING IN POVERTY³

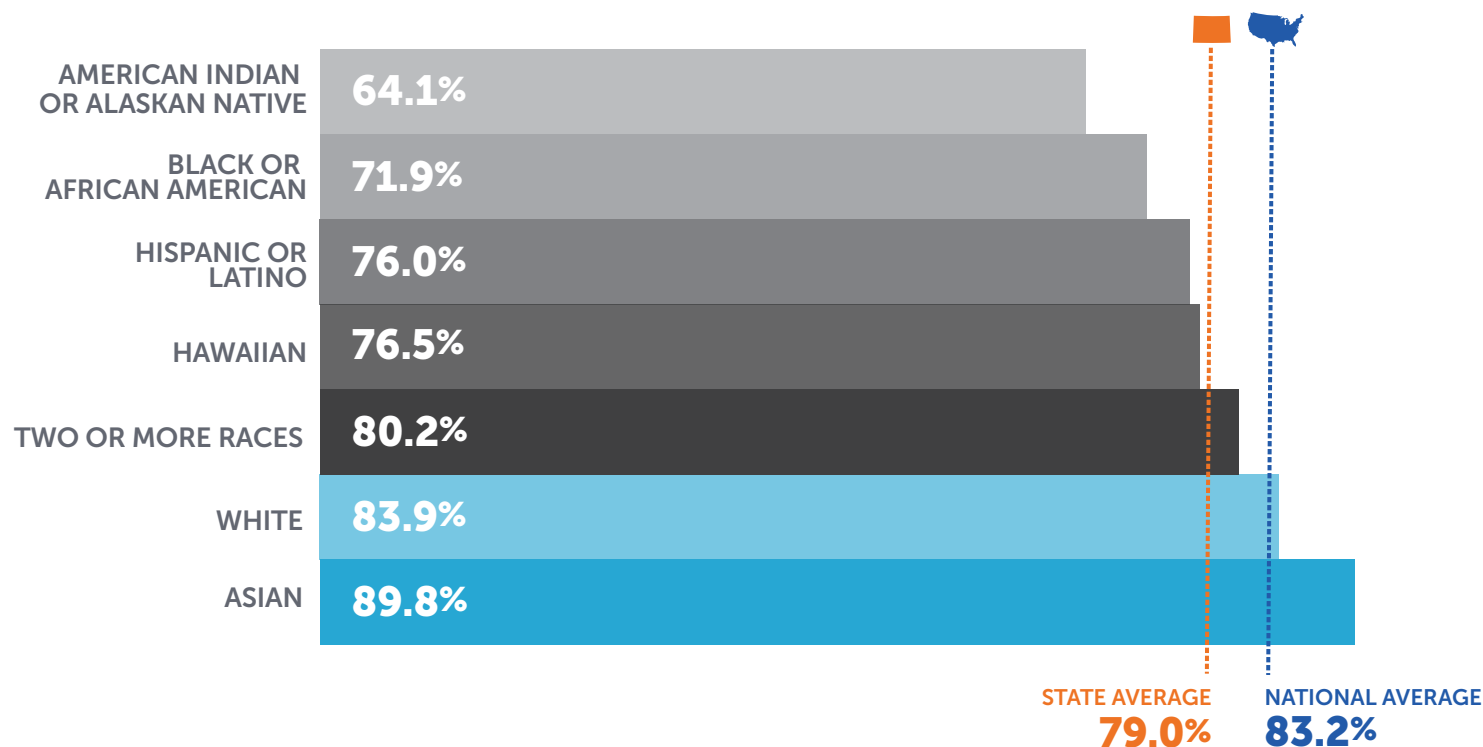


SOURCES:
¹ US DEPARTMENT OF LABOR, BUREAU OF LABOR STATISTICS
² COLORADO'S 2016 POPULATION AND ECONOMIC OVERVIEW, STATE DEMOGRAPHY OFFICE
³ 2012-2016 ACS 5 YEAR ESTIMATES
⁴ RENTONOMICS APARTMENTLIST
⁵ 2013 CENTER FOR COMMUNITIES THAT CARE, UNIVERSITY OF WASHINGTON

The state of Colorado's education lags behind, with Colorado youth graduating high school at a much lower rate than the national average.

The state ranks 45th in graduation rates with 80.8% graduating or receiving equivalency.¹ The national average is 83.2%.² However, Colorado has the highest population in the nation of adults 25+ with a bachelor's degree at 24.4%.³

GRADUATION RATES BY RACE AND ETHNICITY¹



Students who **experience academic failure** or a **lack of commitment** to school are **at a higher risk** for developing alcohol or substance misuse behaviors later in life.⁴

SOURCES:

1 COLORADO DEPARTMENT OF EDUCATION 2016-2017 GRADUATION RATES

2 AMERICA'S HEALTH RANKINGS ANNUAL REPORT, 2017

3 US CENSUS BUREAU, AMERICAN COMMUNITY SURVEY, 5-YEAR ESTIMATES, 2012-2016

4 CENTER FOR COMMUNITIES THAT CARE, UNIVERSITY OF WASHINGTON, 2013

LGBTQ

THE 2016 NEEDS ASSESSMENT BY ONE COLORADO ESTIMATES APPROXIMATELY

4% IDENTIFY AS **LGBTQ**

Individuals that identify as lesbian, gay, bisexual, transgendered, or queer (LGBTQ) are at a **much higher risk** for substance misuse than heterosexual individuals.¹

According to the results of a 2015 national survey, LGBTQ adults were **three times more likely** than heterosexuals **to have engaged in heroin use** in the past year, **twice as likely to have used prescription painkillers** in the past year, and **twice as likely to have used marijuana in the past year**.¹

In the 2016 Needs Assessment of LGBTQ Colorado residents, **23% of participants identified access to substance abuse treatment and prevention as a top issue**. Access to affordable housing was identified by 51% of respondents as a top priority for state-level advocacy.²

VETERANS

Veterans experience high rates of trauma and stress-related disorders, suicide, and substance misuse disorders. Veterans are more likely to engage with problematic alcohol behaviors or risky prescription drug behavior.

Within the U.S. Department of Veterans Affairs health care system, approximately **11% of veterans** attending their first appointment meet the criteria for Substance Use Disorder.³

OVER 380,000 VETS
CALL COLORADO HOME¹

Given the rural and frontier expanse of the state, veterans living in these areas are at a particular disadvantage in accessing appropriate and effective substance or alcohol treatment, as **VA facilities may be exceptionally far away**.

SOURCES:

¹ SEXUAL ORIENTATION AND ESTIMATES OF ADULT SUBSTANCE USE AND MENTAL HEALTH. NATIONAL SURVEY ON DRUG USE AND HEALTH (NSDUH), 2015

² ONE COLORADO 2016 NEEDS ASSESSMENT: A LOOK INTO THE LIVES OF LESBIAN, GAY, BISEXUAL, TRANSGENDER, AND QUEER COLORADANS AND THEIR FAMILIES.

³ TEETERS, J., LANCASTER, C., BROWN, D., & BACK, S. (2017). SUBSTANCE USE DISORDERS IN MILITARY VETERANS: PREVALENCE AND TREATMENT CHALLENGES. SUBSTANCE ABUSE AND REHABILITATION, VOLUME 8, 69-77.

⁴ US CENSUS BUREAU, AMERICAN COMMUNITY SURVEY, 5-YEAR ESTIMATES, 2012-2016

PROTECTIVE FACTORS¹



STATE AVERAGE OF STUDENTS WHO FEEL THE RULES IN THEIR FAMILY ARE CLEAR:

93%



STATE AVERAGE OF STUDENTS WHO HAVE PARENTS/GUARDIANS WHO KNOW WHERE THEY ARE AND WHO THEY ARE WITH WHEN NOT AT HOME:

91%



STATE AVERAGE OF STUDENTS WHO HAVE SOMEONE TO TALK TO WHEN FEELING SAD, EMPTY, HOPELESS, ANGRY, OR ANXIOUS:

83%



STATE AVERAGE OF STUDENTS WHO HAVE AN ADULT TO GO TO FOR HELP WITH A SERIOUS PROBLEM:

74%



STATE AVERAGE OF STUDENTS WHO PARTICIPATE IN EXTRACURRICULAR ACTIVITIES AT SCHOOL:

68%

RISK FACTORS²

The more available alcohol and other drugs are in a community, the **higher the risk for alcohol and other drugs use and violence.**

Communities with high rates of mobility appear to be linked to an **increased risk of drug and crime problems.**

Young people who have lost the commitment to school are at **higher risk for substance abuse.**

Children who live in neighborhoods characterized by extreme poverty, poor living conditions, and high unemployment are **more likely to develop problems with alcohol and other drug use, delinquency, teen pregnancy, dropping out of school, and engaging in violence toward others** during adolescence and adulthood.

When parents have histories of alcohol or other drug addictions, criminal behavior, teenage pregnancy, or dropping out of school, their children face an **increased risk of similar behavioral problems.**

Parents who approve of, encourage, or participate in problem behaviors **increase their children's risk for these behaviors.**

Even when young people come from well-managed families and do not experience other risk factors, spending time with friends who engage in problem behaviors greatly **increases their risk of developing those behaviors.**

SOURCES:

¹HEATHY KIDS COLORADO SURVEY (HKCS), 2017

²CENTER FOR COMMUNITIES THAT CARE, UNIVERSITY OF WASHINGTON, 2013

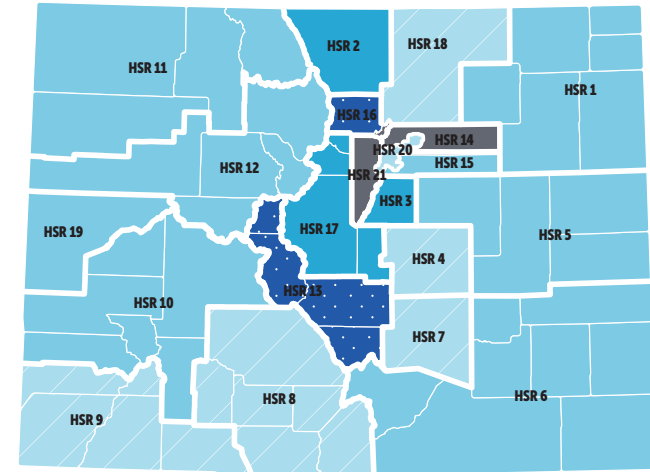
FAMILY-RELATED PROTECTIVE FACTORS

A family-related protective factors score was created for each HSR using the following variables:

- Students who could **ask parents/guardians for help with a personal problem**
- Students who **think they would be caught by parents** for skipping school
- Students who **have an adult to go to for help with a serious problem**
- Students who **participated in organized community services** as a non-paid volunteer one or more times during the past 30 days

The map to the right shows how many times an HSR fell within the top quartile (top 25%) statewide of these four protective factors. Data reflect the percentages within each HSR.

HSR 13 and 16 Report the Highest Number of Family Protective Factors:



0 FACTORS	1 FACTOR	2 FACTORS	3 FACTORS
HSR 4 El Paso HSR 7 Pueblo HSR 8 Alamosa, Conejos, Costilla, Mineral, Rio Grande, Saguache HSR 9 Archuleta, Dolores, La Plata, Montezuma, San Juan HSR 18 Weld HSR 20 Denver	HSR 1 Logan, Morgan, Phillips, Sedgwick, Washington, Yuma HSR 5 Cheyenne, Elbert, Kit Carson, Lincoln HSR 6 Baca, Bent, Crowley, Huerfano, Kiowa, Las Animas, Otero, Prowers HSR 10 Delta, Gunnison, Hinsdale, Montrose, Ouray, San Miguel HSR 11 Jackson, Moffat, Rio Blanco, Routt HSR 12 Eagle, Garfield, Grand, Pitkin, Summit HSR 15 Arapahoe HSR 19 Mesa	HSR 2 Larimer HSR 3 Douglas HSR 17 Clear Creek, Gilpin, Park, Teller	HSR 13 Chaffee, Custer, Fremont, Lake HSR 16 Boulder, Broomfield

■ =No data

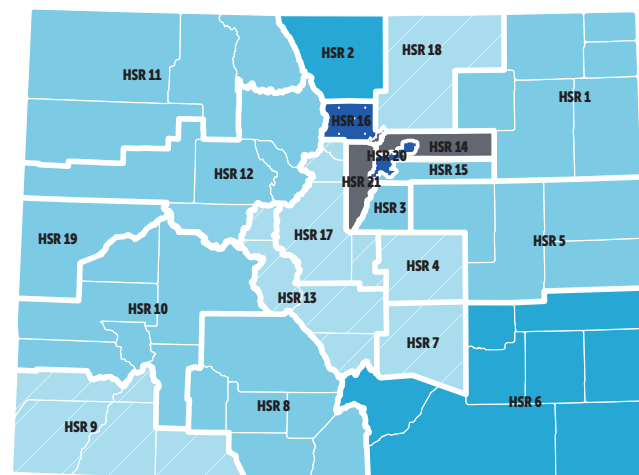
SCHOOL-RELATED PROTECTIVE FACTORS

A school-related protective factors score was created for each HSR using the following variables.

- **Students who played on one or more sports teams** during the past 12 months
- **Students who think their teacher will praise them** when they work hard in school
- **Students who feel safe at school**
- **Students who think their teacher notices** when they are doing a good job and lets them know about it

The map to the right shows how many times an HSR fell within the top quartile (top 25%) statewide of these four protective factors. Data reflect the percentages within each HSR.

HSR 20 and 16 Reported Highest Number of School-Related Protective Factors:



0 FACTORS	1 FACTOR	2 FACTORS	3+ FACTORS
HSR 4 El Paso HSR 7 Pueblo HSR 9 Archuleta, Dolores, La Plata, Montezuma, San Juan HSR 13 Chaffee, Custer, Fremont, Lake HSR 17 Clear Creek, Gilpin, Park, Teller HSR 18 Weld	HSR 1 Logan, Morgan, Phillips, Sedgwick, Washington, Yuma HSR 3 Douglas HSR 5 Cheyenne, Elbert, Kit Carson, Lincoln HSR 8 Alamosa, Conejos, Costilla, Mineral, Rio Grande, Saguache HSR 10 Delta, Gunnison, Hinsdale, Montrose, Ouray, San Miguel HSR 11 Jackson, Moffat, Rio Blanco, Routt HSR 12 Eagle, Garfield, Grand, Pitkin, Summit HSR 15 Arapahoe HSR 19 Mesa	HSR 2 Larimer HSR 6 Baca, Bent, Crowley, Huerfano, Kiowa, Las Animas, Otero, Prowers	HSR 16 Boulder, Broomfield HSR 20 Denver

=No data

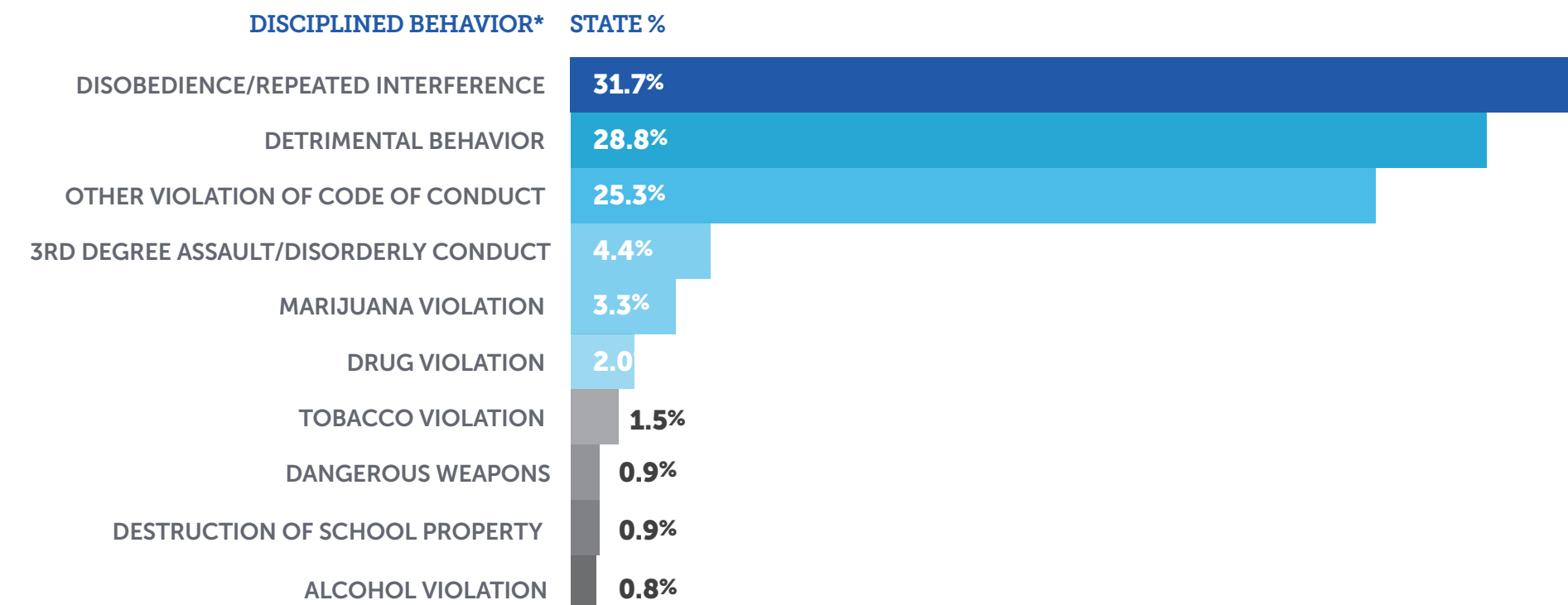
SCHOOL-RELATED RISK FACTORS

Alcohol, marijuana, and other drug violations only account for 6.1% of punishable behaviors at school statewide. Despite this, drug-related behaviors are one of the main reasons for expulsions in Colorado, accounting for 34.7% of all expulsions.

Of the 969 total statewide expulsions that occurred during the 2015–16 school year,

195 expulsion incidents were for marijuana violations (20.1%)

142 expulsion incidents were for other drug-related violations (14.6%)

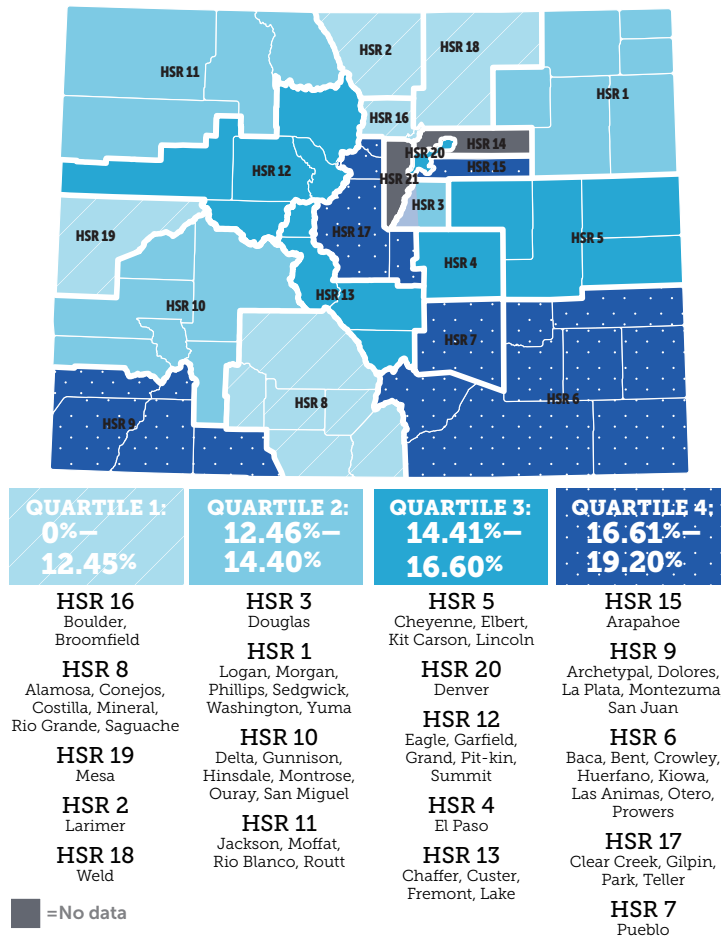


*Three additional disciplined behavior categories, each representing less than .25%, were robbery, other felony, and 1st and 2nd degree vehicular assault

ECONOMIC RISK FACTORS

Lack of Food at Home

% OF STUDENTS IN COLORADO WHO WENT HUNGRY IN THE LAST 30 DAYS BECAUSE OF LACK OF FOOD AT HOME



14.1%* of Colorado's high school students went hungry** because of lack of food at home in the past 30 days, with The **highest rate being in HSR 7 at 19.2%**.

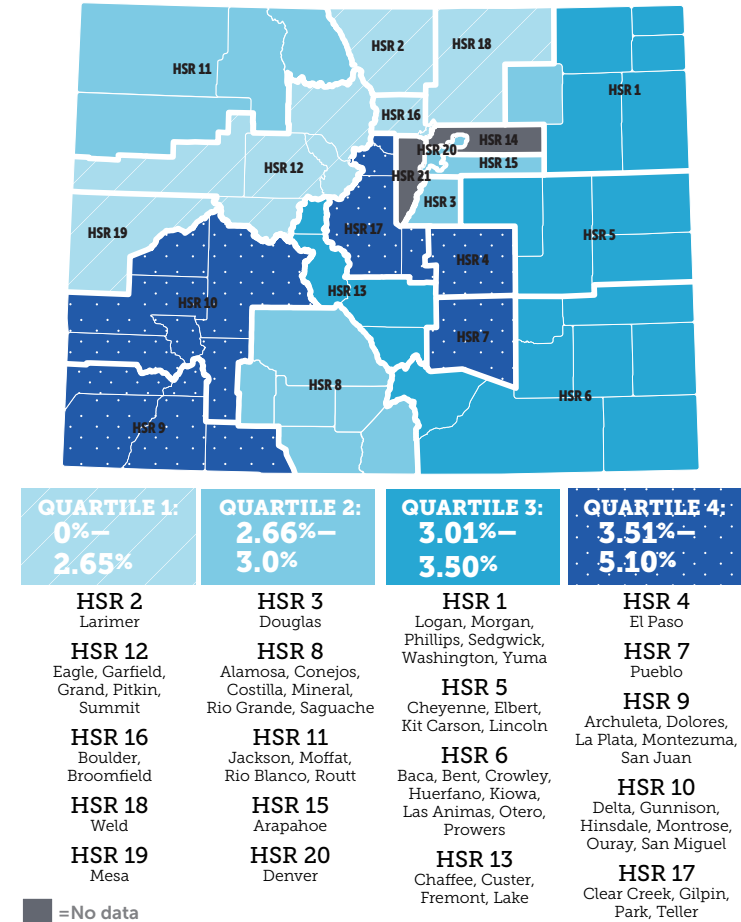
*Colorado state average

**Sometimes, most of the time or always

SOURCE: HEALTHY KIDS COLORADO SURVEY (HKCS), 2017

Sleeping Elsewhere Than Own Home

% OF STUDENTS WHO USUALLY SLEPT SOMEWHERE OTHER THAN THEIR PARENT/GUARDIAN'S HOME IN THE PAST 30 DAYS



3.0%* of Colorado's high school students usually slept somewhere other than their parent/guardian's home in the past 30 days, with the **highest rate being in HSR 17 at 5.1%**.

EARLY INITIATION IN YOUTH

According to the National Institute on Drug Abuse, research suggests that adolescence (at about age 13) is a risky period for drug abuse due to the challenges youth face at this age coupled with greater exposure to drugs. Early initiation of alcohol or drug use is associated with a higher risk of developing problematic substance behaviors later in life.

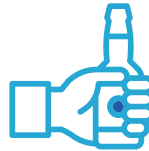
STATE
AVERAGES

% OF STUDENTS WHO BEFORE AGE 13:



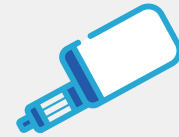
SMOKED WHOLE
CIGARETTE

5%



FIRST DRANK
ALCOHOL
OTHER THAN A FEW SIPS

15%



TRIED
MARIJUANA

7%