2025 DATA

2026-8-9
GTK

Colorado's death rate improves

Traffic crashes and drug overdoses keep it above pre-pandemic levels

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The overall death rate in Colorado improved in 2025, but overdoses, traffic accidents and deaths linked to frailty in older adults kept it above pre-pandemic levels, according to newly released state data.

Last year, 45,093 people died in Colorado — an increase in raw numbers from 44,527 deaths in 2024, but an improvement after adjusting for population growth and aging.

The death rate still wasn't back to 2019 levels in Colorado, however, which made the state an anomaly. Nationwide, the age-adjusted death rate hit an all-time low in 2025, according to provisional data from the Centers for Disease Control and Prevention, with mortality rates decreasing for all age groups and most ethnic groups.

The continued post-pandemic elevation comes even as Colorado has made progress against common diseases. The adjusted death rate is down since 2019 for seven of the top 10 causes: cancer, heart disease, chronic lower respiratory diseases (such as emphysema), stroke and related cerebrovascular diseases, Alzheimer's disease, suicide and diabetes.

The exceptions were overdoses, other types of accidents and liver disease.

High number of youth traffic deaths

Rather than one threat killing people early, the data points to three causes: vehicle accidents killing children and teens, drug overdoses shortening working-age adults' lives and older people dying of malnutrition — although that could reflect changes in how doctors fill out death certificates.

Last year, 161 people under 25 died in traffic accidents, up from 129 in 2019. In Colorado, motor vehicle accidents are the top cause of death for children after their first birthday and the second-leading cause for adults younger than 25, behind suicide.

Traffic deaths in teenagers particularly increased, with 86 people between 15 and 20 dying, up from 70 the previous year and 45 a decade earlier. The Colorado Department of Transportation put out a notice in June reminding the public that even inexperienced drivers can significantly lower their odds of being in a crash, or surviving if they do get in an accident, if they obey speed limits, don't drive while impaired or distracted and wear their seatbelts.

Nationwide, preliminary data from the National Highway Traffic Safety Administration showed traffic deaths were down 8% for people between 15 and 24, and 12% for younger children. Neither the NHTSA nor CDOT made an expert available to discuss why deaths might be rising in Colorado specifically.Motor vehicle deaths also rose for middle-age people in Colorado, but a larger increase in overdoses was the top factor keeping their mortality rates up.

Drug overdose deaths still elevated

Last year, 1,554 people died of unintentional drug overdoses, up from 1,409 in 2024 and 884 in 2019. About 86% of those deaths involved working-age adults, and overdoses were the top cause of death for people 25 to 44.

About three-quarters of all fatal overdoses involved fentanyl and more than half involved methamphetamine or other stimulants. Some people intentionally mix those substances, while others may have bought a contaminated dose.

Fatal overdoses dropped nationwide in 2024 but partially rebounded in Colorado and neighboring Southwestern states last year. For three months in spring 2025, Denver alone averaged two overdose deaths per day.

Although no one can be certain what happened, public health officials in Denver pointed to a change in supply, with fentanyl powder replacing counterfeit pills as a possible cause for the spike in overdoses. Harm-reduction advocates raised concerns that drug busts might have precipitated the wave of deaths if they pushed people to unfamiliar suppliers.

So far this year, Denver is reporting about 40 overdoses per month, which is in line with trends since 2021.

Interestingly, overdose deaths are flat among teens and young adults, with 74 people between 15 and 24 dying from accidentally taking too much of a drug in 2019 and 2025. (Most years, the state doesn't separately report overdose numbers in children and younger teens, because of its policy of withholding data for privacy reasons if fewer than three people fall into a category.)

Surveys suggest the average teenager is trying substances later than in previous generations, and efforts to raise awareness of the dangers of counterfeit pills seem to have paid off, said Lisa Raville, executive director of the Harm Reduction Action Center in Denver.

Schools are teaching kids how to protect themselves and others if they use drugs, and parents are packing kits with the overdose-reversal medication naloxone for their college students, she said.

"Folks are doing a much better job raising awareness," she said.

Those measures haven't shown the same benefits for working-age adults, who are more likely to turn to illicit drugs for pain relief or to stave off withdrawal than for experimentation, Raville said. In addition, adults tend to have more health conditions than teens, putting them at greater risk from the combination of drug effects and heat, both of which can put strain on the heart.

Hopefully, drug deaths will decrease again this year, now that harm-reduction organizations in Denver have drug-checking machines to identify when a sample includes unexpected chemicals, Raville said. But there are limits to people's ability to protect themselves when the amount of drugs like fentanyl in a pill or powder is wildly unpredictable, she said.

A study in Los Angeles found that a 1-gram dose could contain from 1 milligram to 650 milligrams of fentanyl, making it practically impossible for people to gauge how much they could tolerate.

"It's really the supply and using alone" that are causing deaths, she said.

Deaths from overdoses were also up for older people, but in small numbers. Fewer than three people over 85 died of overdoses, as did 21 people between 75 and 84 — up from only three in 2019.

Malnutrition among the elderly

The oldest groups have generally benefited from progress against chronic diseases, with the rates of deaths from cancer and heart disease dropping even as the older population continues to grow.

Causes linked to possible frailty are bucking the trend, though, with death rates from malnutrition up more than 50% from 2019. Deaths from falls also increased, although not as dramatically. Younger people who have an eating disorder or are being abused can die of malnutrition, but it happens rarely enough that the state doesn't report specific numbers for groups below middle age most years.

For people 85 and up, however, malnutrition is the seventh-leading cause of death, behind falls and ahead of Parkinson's disease. The state's data showed 319 malnutrition deaths in that age group, meaning it was the cause for approximately one in 50 deaths.

For people between 75 and 84, it was the 10th-leading cause, between kidney disease and sepsis. The state reported 160 malnutrition deaths in that group.

Colorado isn't alone in showing an increase. A study of malnutrition death trends found they decreased from 1999 to 2006, held about steady until 2013, and then increased sharply nationwide. The rise was most pronounced among people 85 and older.

Researchers haven't nailed down whether older people are more likely to be malnourished than in the past, but some policy changes may have made doctors more likely to note malnutrition on death certificates.

Hospitals, nursing homes and hospice providers have had incentives to watch for malnutrition since the mid-2010s, either to prove someone is progressing toward death or to avoid being penalized because a death or complication appeared avoidable, as first reported by The Washington Post.

The increase could reflect that hospitals are paying more attention to nutritional biomarkers in the blood, said Dr. Sei Lee, a professor of medicine at the University of California-San Francisco.

When doctors are filling out someone's death certificate, they often turn to recent test results for clues about contributing factors, he said.

Roughly speaking, there are three ways an older person could become malnourished, with the inability to afford food as the most obvious one, Lee said. Another possibility is that people who have trouble with swallowing or the mechanics of eating don't get enough food if they don't have a caregiver with the time to feed them manageable bites, he said.

The most common scenario is likely that people lose their appetites when they have metastatic cancer or advanced dementia, Lee said. Digesting food is relatively laborious for the body, so when it has a more urgent priority, it shuts down appetite, as anyone who has ever lost interest in food while battling the flu knows. That was why AIDS patients would waste away before antivirals made HIV a condition people can live with for decades, he said.

Cases where a patient is malnourished are challenging, because research has shown putting in a feeding tube or giving them appetite stimulants doesn't improve their outcomes, Lee said. Ideally, doctors can find a treatable cause, but near the end of someone's life, that isn't always realistic, he said.

"When we see a patient who is not meeting their nutritional needs, there is something pretty profound wrong," he said.