

# 2016 Weld County Community Health Survey

Key Findings - Part 1

Health Status and Conditions



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## Key Findings – Part I Health Status and Conditions

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## Introduction

We are pleased to present the results of the 2016 Weld County Community Health Survey (CHS) to the community. It is a primary source of meaningful, local-level health data for Weld County residents. Every three years a random sample of households from four geographic areas is selected by mail to complete the survey. The North region includes Windsor, Eaton, Ault, and other communities to the north; the Southwest Region includes Firestone, Frederick, Johnstown, Mead, Milliken, Platteville, and more; the Southeast region includes Dacono, Erie, Ft. Lupton, Kersey, La Salle, and more; and the Central Region includes Greeley and Evans. In 2016, over 2,000 adult residents or about 1% of the total adult population completed the survey either on paper or online. Results from this survey provide local-level data on health status, health behaviors, and health concerns and needs of residents in Weld County. This survey is part of the Health Department's continuous effort to understand resident's health and encourage ongoing community dialogue about health issues and concerns through the collection of information and data.

## The Importance of Local Level Data

There is a variety of health data available at the county level that are used to inform health strategic planning and policies. However, county level averages can mask important differences in health behaviors and outcomes between certain groups of people. For example, health insurance rates vary widely around the county. The 2016 CHS found the countywide uninsured rate was 7%. In the Greeley/Evans region, about 8% were uninsured, however, in the Southeast region, only 5% were uninsured, a rate lower than the county rate. Furthermore, the uninsured rate among the working age (18 to 64-year-old) Hispanic population living in Weld County was found to be 14%, a rate about twice the county rate. Based on these findings, resources can be targeted where they are needed most. This is just one example of how local level data can be used to highlight the areas of need and potentially help direct resources.

It is at the local level where health improvement interventions are implemented. But if we don't have an accurate picture of the health of local communities and the issues that impact local community health, then it is difficult to develop and monitor effective interventions to improve health and quality of life of residents. It is equally difficult to set priorities and targets to direct efforts where they are needed most, to create community-level

solutions that respond to the every-day realities of local residents, and to decrease health disparities where they exist.

It is with this in mind that the community health survey was initiated in 2007 in order to achieve the following objectives:

- Assess the health status of county residents,
- Understand important variations in health measures within the county, and
- See if certain population groups were disproportionately more (or less) healthy than other groups.

## How Data Were Analyzed

Systematic data analysis is necessary to identify and understand current and emerging trends in health behaviors, disease incidence, and other factors in order to understand the magnitude of health problems and their potential causes, as well as aid in designing and evaluating programs and interventions.

In addition to examining countywide population estimates, the survey sample data were examined by:

1. Region
2. Age group
3. Hispanic or Latino origin
4. Education level
5. Income level
6. Federal poverty status level
7. Health insurance status

Wherever possible, countywide data were also compared against state and national data and over time. Data were analyzed using SPSS or Sudaan. Several statistical techniques were used to analyze the survey data including simple point estimates, confidence intervals, rates, ratios, and group difference tests.

## About the Key Findings Reports

There are five community health survey key findings reports. They are:

- I. **Health Status and Conditions** – this report
- II. Health Insurance, Access, and Use
- III. Healthy Lifestyle Behaviors (including healthy eating and active living, community priority issues)
- IV. Social-Emotional Wellbeing (community priority issue)
- V. Risky Lifestyle Behaviors (including alcohol, tobacco, marijuana, and distracted driving)

Each report contains a finding summary, key findings, and conclusions section.

In addition to the key findings reports, there are several survey-related data products available. To access these products go to [www.weldhealth.org](http://www.weldhealth.org). Weld County Department of Health and Environment staff welcomes questions and comments about the survey and findings from the public. Please call 970-400- 2221 or email [kronauge@weldgov.com](mailto:kronauge@weldgov.com) if you have comments or questions.

## Health Status and Conditions Finding Summary

- Residents living in Greeley/Evans, who were Hispanic or Latino, had less than a high school education, or reported a household income less than or equal to 100% of the federal poverty level more often reported fair and poor health.
- Countywide, about 9 in 10 of residents reported their health as good or better; which was about that same as the rate in Colorado and the United States.
- The average number of unhealthy days (physical or mental) residents experienced in the 30 days prior to being surveyed was 5.8 days.
- About 1 in 4 residents had been told they have high blood pressure. Similarly, about 1 in 4 in had been told they have high cholesterol.
- Countywide, about 10% of residents reported being told they had diabetes, which was slightly higher than the statewide rate of 7% but about the same as the rate nationwide.
- The self-reported rate of diabetes among Hispanic residents was 13% compared to 8% among non-Hispanic residents

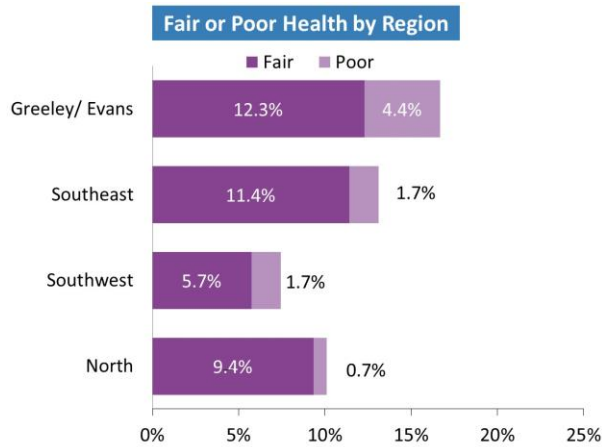
- In Weld County, the prevalence of high blood pressure increased by 17% and diabetes increased by 43% since 2010.
- High blood pressure and diabetes are more prevalent among Weld County residents with lower levels of education.
- Similar to the U.S. 2015 rate, but higher than the 2015 state rate, about 2 in 3 Weld County adult residents were overweight or obese.
- The Greeley/Evans region of the county had the highest rate of overweight or obese residents whereas the Southwest region had the lowest rate of overweight or obese residents.
- About 4 in 10 Hispanic and Latino residents were obese compared to about 3 in 10 non-Hispanics and Latinos.
- The countywide obesity rate for Hispanic and Latino residents was 10% higher than state and 5% higher than national obesity rates for Hispanics and Latinos.
- Since 2010, overall, slightly more people have become overweight or obese in Weld County with most of the increase occurring among people becoming obese.
- The obesity rate for low income residents was higher than for residents who were not low income.
- About 1 in 10 Weld County residents reported they currently had asthma.
- Asthma was more prevalent among residents in Greeley/Evans compared to residents living in the Southwest, Southeast, and North regions.
- About 2 in 10 Weld County residents reported a current toothache or problems with teeth or gums.
- Oral health problems were more common among those who had a lower household income.

## Key Findings

### Self-Rated Health

Examining health-related quality-of-life helps us understand the broad consequences of illness, disease, or injury, and social and environmental influences on health. Health-related quality-of-life is related to self-reported chronic diseases and their risk factors. The 2016 survey asked residents several questions to determine physical and mental health status, and the impact of poor physical or mental health on daily activities.

Figure 1



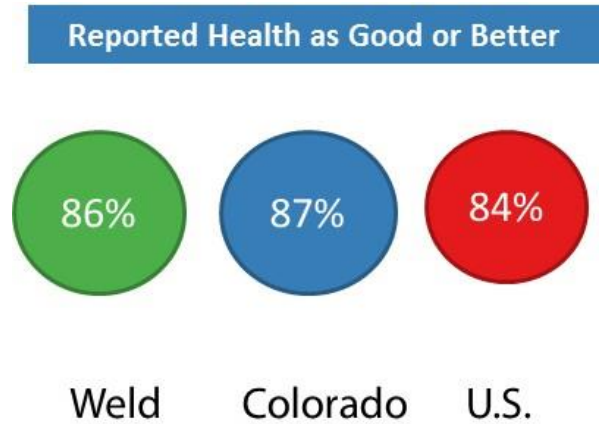
Fair or poor physical health was more often reported by residents who lived in Greeley/Evans (17.0%; Figure 1), were Hispanic/Latino (19%; Figure 2), or reported a household income less than or equal to 100% of the federal poverty level (32%; not shown).

Figure 2



Countywide, 86% of residents reported their health as good or better; this is similar to the rate in Colorado (87%) and somewhat higher than the U.S. rate (84%; Figure 3). The percent of Weld County residents who reported their health as good or better has gone down slightly since 2010 when the most residents reported good or better health (90%).

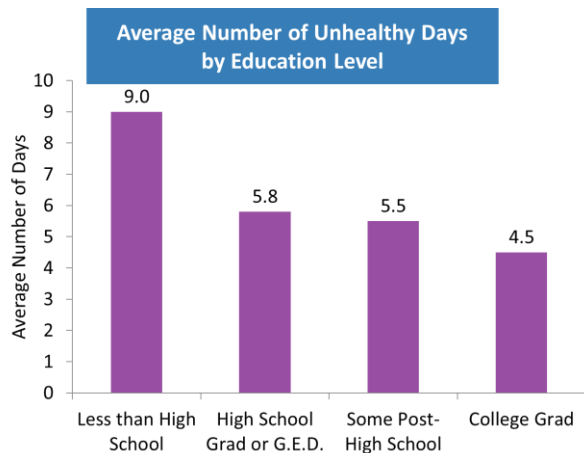
Figure 3



The unhealthy days measure was determined by taking the sum of the physically and mentally unhealthy days reported in the last 30 days. Countywide, the average number of physically or mentally unhealthy days residents experienced in the previous month was 5.8 days.

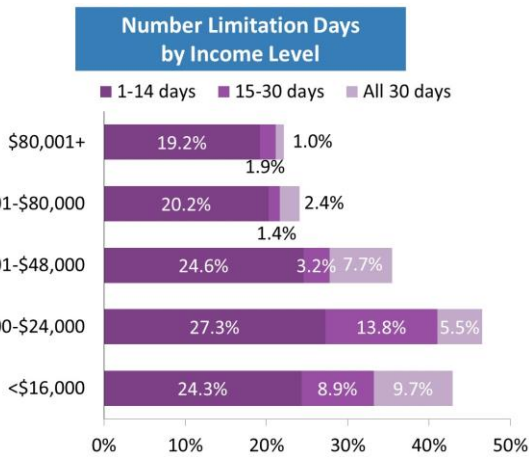
The average number of unhealthy days (physical or mental) was higher among residents who had less education. Residents who had less than a high school education reported an average of 9 unhealthy days over the past month (Figure 4).

Figure 4



Limitation days were measured separately from physically and mentally unhealthy days. This measure was derived from the number of days residents reported they were prevented from doing their usual activities by poor physical or mental health. The countywide average of limitation days was 2.8 days in the previous month. Residents with lower income reported more limitation days than residents with higher income (Figure 5).

Figure 5

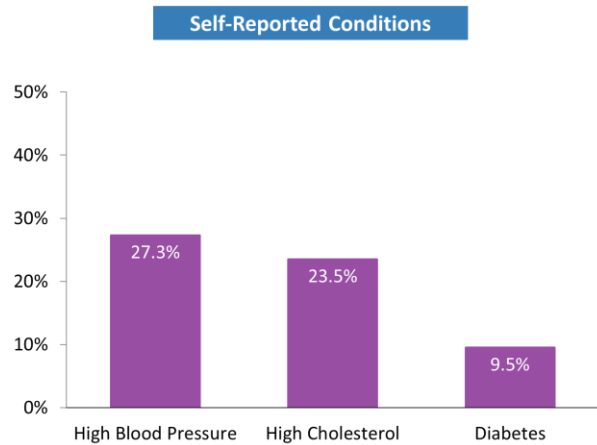


### High Blood Pressure, Cholesterol, and Diabetes

High blood pressure increases risk for heart disease and stroke. Countywide, 27% of residents reported they had been told they had high blood pressure (Figure 6). The nationwide rate is about 29%. Of those with high blood pressure, ¾ were taking prescribed blood pressure medication.

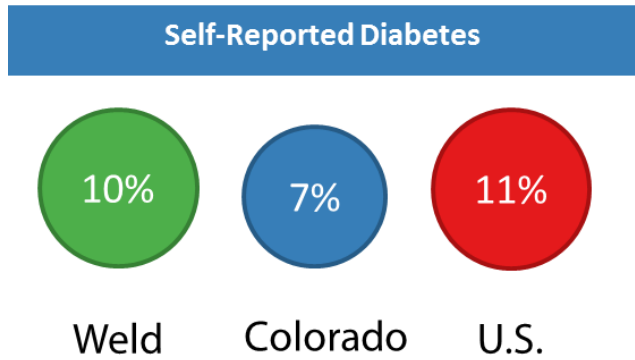
High cholesterol increases risk for heart disease, the leading cause of death in the United States. In the U.S., 36% of adults have high cholesterol; the self-reported rate among Weld County residents was 24% (Figure 6).

Figure 6



People with diabetes are at higher risk for blindness, kidney failure, heart disease, stroke, and loss of toes, feet or legs. Countywide, about 10% of residents reported they had been told they have diabetes (Figure 6). This is higher than the statewide rate (7%) and similar to the rate nationwide (11%) (Figure 7).

Figure 7

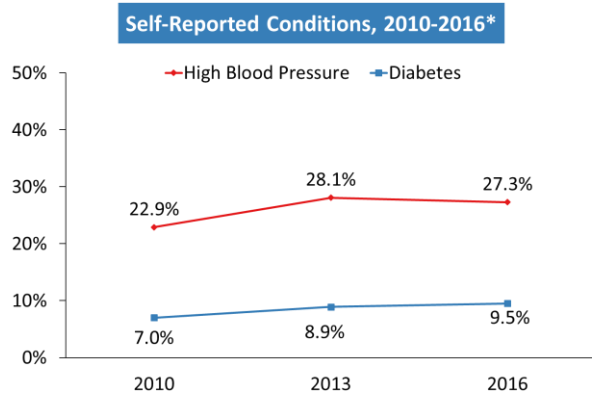


Diabetes was more prevalent among Hispanic residents. In 2016, the self-reported rate of diabetes among Hispanic residents was 13% compared to 8% among non-Hispanic residents.

The prevalence of high blood pressure and diabetes in Weld County both increased since 2010 (Figure 8). High blood pressure increased 17%, from 23% in 2010 to 27% in 2016. Diabetes increased 43%, from 7% in 2010 to 10% in 2016.



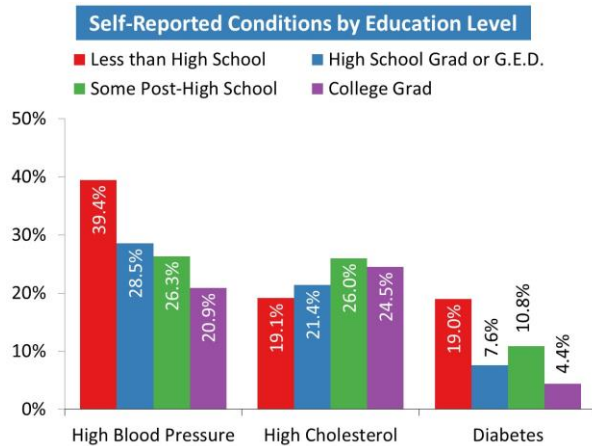
Figure 8



\*Due to changes in weighting methodology, interpret comparisons before 2016 with caution.

High blood pressure, high cholesterol, and diabetes are all more prevalent among Weld County residents with lower levels of education (Figure 9). The high blood pressure rate among residents with less than a high school degree is about double those among college graduates; the diabetes rate among residents with less than a high school degree is nearly four times that of college graduates.

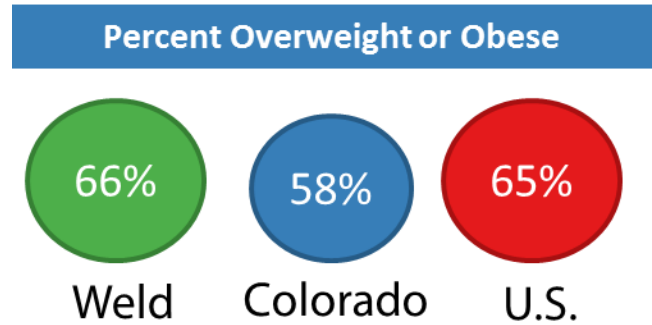
Figure 9



### Overweight and Obesity

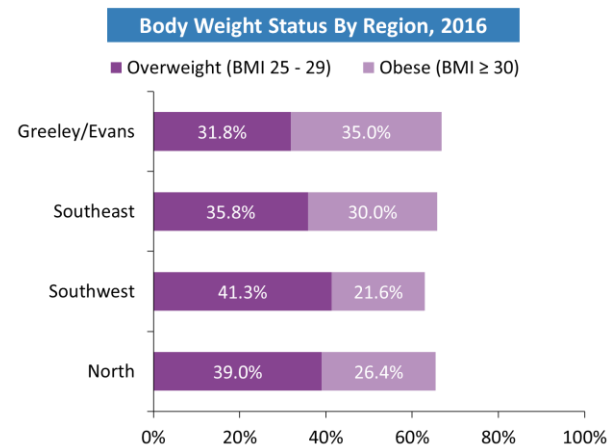
The percentage of Weld County overweight or obese residents was similar to the 2016 U.S. rate (65%) but higher than the 2016 statewide rate (58%) (Figure 10).

Figure 10



Countywide, 66% of residents were overweight or obese whereas 67% of the residents in the Greeley/Evans region of the county (highest rate) were overweight and 63% of residents in the Southwest region (lowest rate) were overweight or obese. (Figure 11).

Figure 11

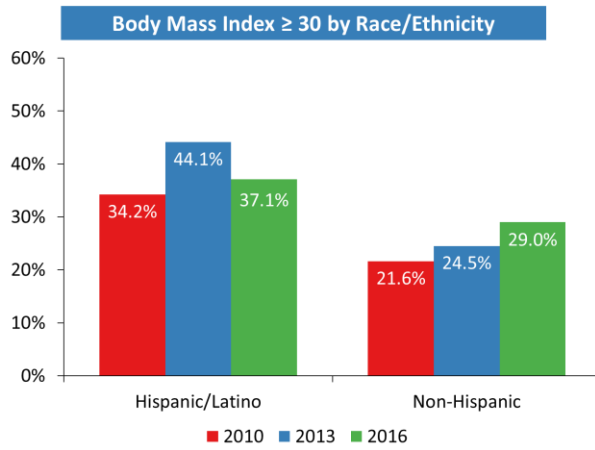


Some groups have higher rates of obesity than others. About 4 in 10 (37%) Hispanic or Latino residents were obese compared to about three in ten (29%) non-Hispanic or Latino residents (Figure 12). Statewide in 2016, about 27% of Hispanics or Latinos were obese.

Since 2010, the obesity rate for Weld County Hispanics or Latinos has fluctuated up and down (Figure 12). The obesity rate for non-Hispanic or Latino residents increased by 34% between 2010 and 2016 (Figure 12).

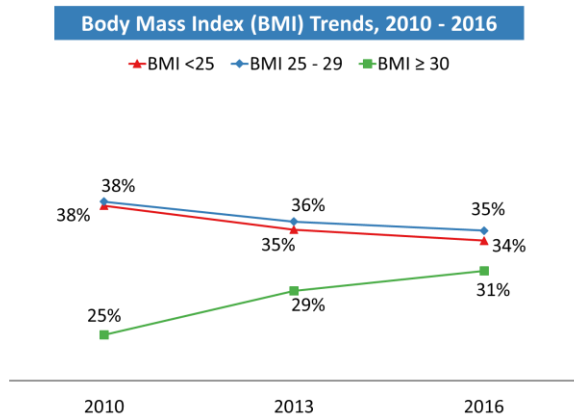


Figure 12



Since 2010, more people became overweight or obese in Weld County. The percentage of residents with a body mass index less than 25 (not overweight or obese) declined to 34% in 2016 from 38% in 2010 (Figure 13). The percentage of residents with a body mass index equal to or greater than 30 (obese category) increased from 25% in 2010 to 31% in 2016 (Figure 13). Among low income residents ( $\leq 100\%$  FPL\*), the obesity rate was 44.8% compared to 28.9% for residents who were not low income ( $>100\%$  FPL).

Figure 13



\*Due to changes in weighting methodology, interpret comparisons before 2016 with caution.

Physical inactivity is one risk factor that individuals can change to reduce the risks of overweight and obesity. Physical activity helps people lose and/or maintain weight. Countywide, about 3 in 4 residents (75%) reported achieving at least moderate levels of

physical activity intensity\*\*\* in a typical week through a combination of activities including walking, bicycling, jogging, or similar activities.

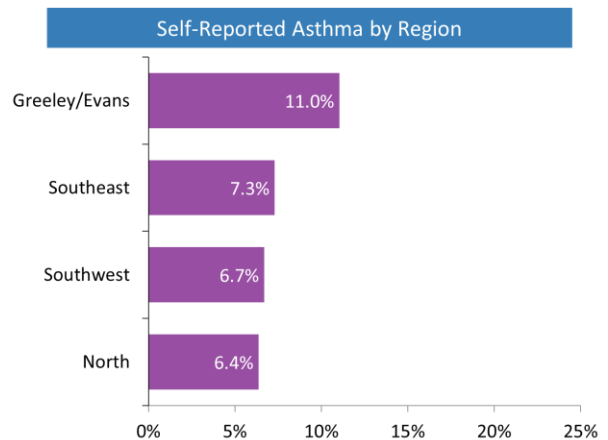
Of residents who typically obtained at least moderate levels of physical activity intensity, nearly three in ten (28%) were obese. In comparison, almost four in ten (38%) residents with little or no physical activity were obese.

\*\*\* Moderate physical activity adds up to as much as 150 minutes of qualifying activity per week (or less if some activity is more vigorous).

### Asthma

Asthma is a chronic disease that affects the airways in the lungs and can cause hospitalization, death, or disruption of daily life. About 9% of Weld County residents reported they currently had asthma. This was the same as the statewide and nationwide rate of 9% for U.S. adults.

Figure 14

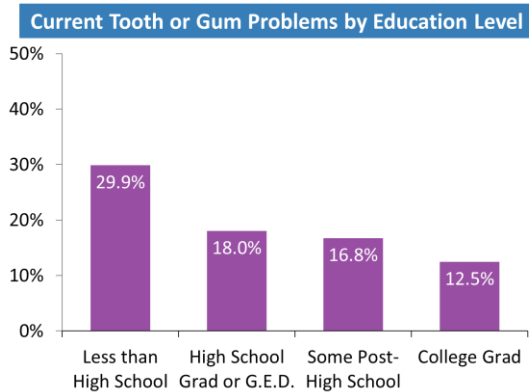


Asthma was more prevalent among residents in Greeley/Evans (11%) compared to residents living in the Southwest region (7%) the Southeast (7%) and North (6%) regions (Figure 14).

### Oral Health

Eighteen percent of Weld County residents reported a current toothache or problems with teeth or gums – slightly lower than the national rate of 1 in 4. Oral health problems were more common among those who live in Southeast Weld County (21%) or Greeley and Evans (22%).

Figure 15



Oral health problems varied by education level, from nearly 1 in 3 residents with less than a high school education, to 1 in 8 residents who had completed college (Figure 15).

Countywide, 22% of residents reported they needed access to low cost dental or oral health services. This percentage was higher among low-income residents (49%), although only 30% used this type of service in the past year.

## Conclusions

The overall health status of Weld County residents is mixed. When compared to national rates, slightly more Weld County residents report good or better health status. However, some groups of residents experience more fair to poor health. People who live in Greeley or Evans (compared to other county regions), people who are Hispanic or Latino, and low-income residents have higher rates of fair to poor health.

Several Weld County resident health status indicators seem to have worsened over time. Since 2010, the percentage of residents reporting they have high blood pressure, diabetes, and overweight or obesity increased whereas asthma stayed the same. However, the 2016 prevalence of some chronic conditions in the population is still better than U.S. rates (but not state rates). For example, high blood pressure, high cholesterol, and diabetes rates are all lower than U.S. rates.

Lastly, several health status and chronic conditions varied by geographic region, income, education, or race/ethnicity. It is well known that all these factors are not only correlated with several health variables but also, in some cases with each other. The burden of diabetes and overweight and obesity is especially high

for Hispanic and Latino residents. These residents have higher rates of both conditions.

In conclusion, these results related to health status and chronic conditions, as well as the other key findings from the 2016 Community Health Survey, will be used by Weld County and its partners to further shape Weld County's community health improvement plan, the Health Department's strategic plan, and the community's priorities in order to help Weld County's ongoing health improvement efforts.