

2016 Weld County Community Health Survey

Key Findings – Part II Health Insurance and Use

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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
- II. **Health Insurance, Access, and Use** – this report
- 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. 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 ckronauge@weldgov.com if you have comments or questions.

Health Insurance, Access, and Use Finding Summary

Health care is a central part of everyone's lives. Health insurance coverage, health care access, and use of health care services are key issues that gauge how people within the county are managing in the current health care environment. The major findings are:

- More Weld County adult residents than ever had some type of health insurance coverage in 2016. Only about 15,000 working age adults between ages 18 to 64 years remain uninsured.
- There was a 36% decrease in the percentage of uninsured adult residents between 2013 (just prior to implementation of the Affordable Care Act) and 2016 after implementation.
- There was about a 50% reduction in the gap in uninsurance rates between working age Hispanic and non-Hispanic residents between 2010 and 2016. This is the first time this health disparity gap has improved since 2007.
- There is still room for improvement in the uninsured rate in Weld County. About 1 in 7 low income adults are still uninsured.
- The uninsured rate for residents who are not low income is about 1 in 20.
- Among insured residents, about 1 in 10 reported they signed up for their current plan through the Colorado marketplace.
- Slightly more residents living in the Southwest region of the county received financial assistance or subsidy compared to other areas of the county.
- 8 in 10 insured residents had a regular source of care; however, only about 5 in 10 uninsured residents had a regular source of care.
- Many residents, especially those living in the Southeast and Southwest regions got their care outside of Weld County.

- About 4 in 10 low-income residents delayed or went without needed care compared to 1 in 4 residents who were not low income.
- Regardless of income status, the cost of health care was the most frequent barrier to getting needed health care.
- For low income residents, besides cost, scheduling barriers and transportation problems were often mentioned as barriers to care whereas for non-low-income residents, lack of insurance and scheduling were the most frequently mentioned barriers to getting needed health care.
- Residents with Medicare or Medicaid had more frequent visits to their regular health care provider.
- Countywide, 1 in 4 residents visited an ER at least once during the 12 months prior to being surveyed. One in three of those that visited an ER said their condition could have been treated by a regular doctor if one had been available.
- People covered by Medicaid, Medicare, or other public insurance programs had higher rates of emergency department use than people who were uninsured.
- Certain demographic groups of residents reported going to the emergency room for care at higher rates than others. They were: adults aged 55 and older, people living in Greeley/Evans, and those reporting incomes at or below 100% the federal poverty level.

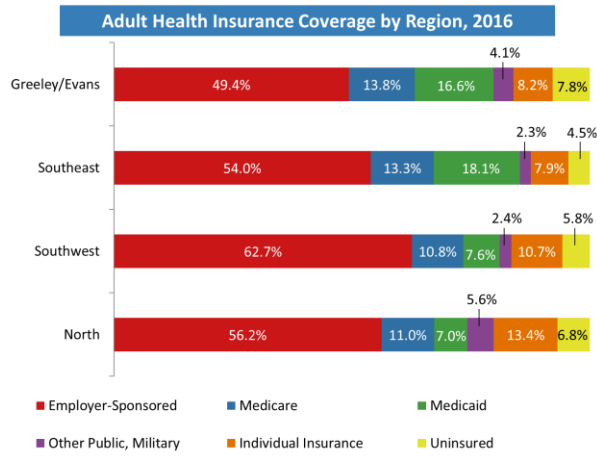
Key Findings

Health Insurance

The percentage of all Weld County adult residents reporting they lacked health insurance coverage at the time of the survey in 2016 was 7.1%, compared to 10.7% in 2013 prior to implementation of the Affordable Care Act. This amounted to a 36% decrease in the percentage of uninsured residents between 2013 and 2016. Weld County's 2016 uninsured rate was similar to Colorado's (6.7%) but lower than the U.S. rate (8.6%).

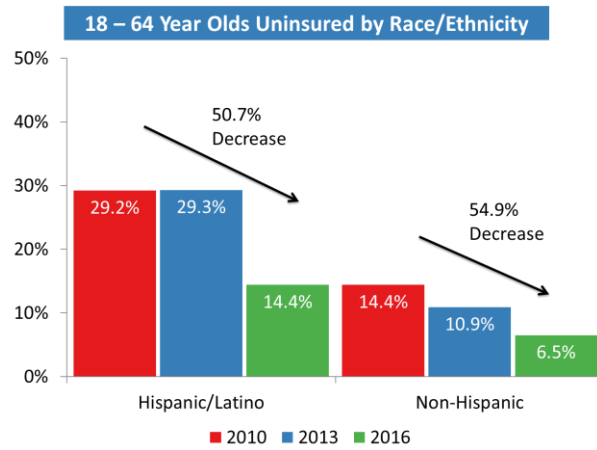
Health insurance rates vary widely around the county. In the Greeley/Evans area, 49% had employer-sponsored insurance, 25% had some type of public insurance including Medicare, Medicaid, or other public insurance, and 7.8% were uninsured (Figure 1). In contrast, in the North region, 56.2% had employer-sponsored insurance, 23.6% had some type of public insurance including Medicare, Medicaid, or other public insurance, and 6.8% were uninsured (Figure 1).

Figure 1



In 2016, about 15,000 adults did not have health insurance in Weld County. Although most of the uninsured were White, non-Hispanic (7,500), the uninsured rate for 18 to 64-year-old Hispanics and Latinos (14%; Figure 2) was double the rate of 7% for 18 to 64-year-old non-Hispanics and Latinos. Between 2010 and 2016, the gap in uninsurance rates between 18 to 64-year-old Hispanics and non-Hispanics decreased from 14.8% to 7.9% (Figure 2).

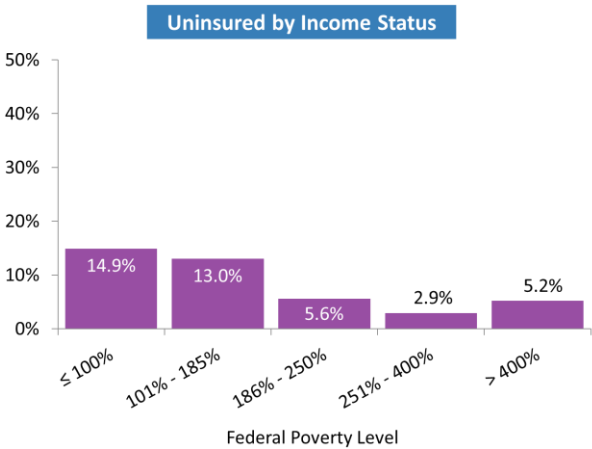
Figure 2



Insurance status was also correlated with income. In Figure 3, income was categorized as a percent of the federal poverty level. This way of considering uninsured status took into account household size and income. About one in six Weld County adults (15%) who live in households at or below the poverty line (100%

FPL) did not have health insurance. Slightly less adults (13%) living in households between 101% and 185% of the federal poverty level reported not having health insurance. The uninsured rate for individuals living in households above 185% of the federal poverty level varied between 3% and 6%.

Figure 3



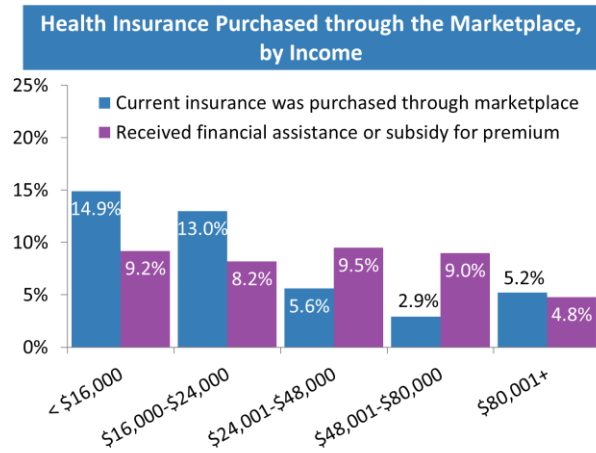
Connect for Health Colorado

The Connect for Health Colorado health insurance marketplace helps people shop for and enroll in affordable health insurance. Of all Weld County adult residents who had insurance, 9% reported they signed up for their current plan through the marketplace.

This percentage was greater among those with a lower annual income: nearly 1 in 6 residents with an annual household income less than \$16,000 per year purchased their current plan through the marketplace (15%), and about 1 in 8 residents whose annual household income was between \$16,000 and \$24,000 had purchased their current plan through the marketplace (13%; Figure 4).

The proportion of residents reporting receiving financial assistance or a subsidy varied by region. 11% of residents living in the Southwest region of the county reported they received financial assistance or a subsidy, compared to 8% of those living in Greeley and Evans, 5% in the Southeast region and the North region.

Figure 4



About 1 in 3 residents whose annual household income was less than \$16,000 per year (29%), and about 1 in 4 residents who had less than a high school education (22%), did not know whether their current insurance plan had been purchased through the marketplace.

Regular Source of Care

Three in four Weld County residents (76%) had a regular source of care when they were sick or needed advice about health care; however, only 46% of the uninsured had a regular source of care (Figure 5). Statewide, 87% of Coloradans report having a regular source of care.'

Figure 5

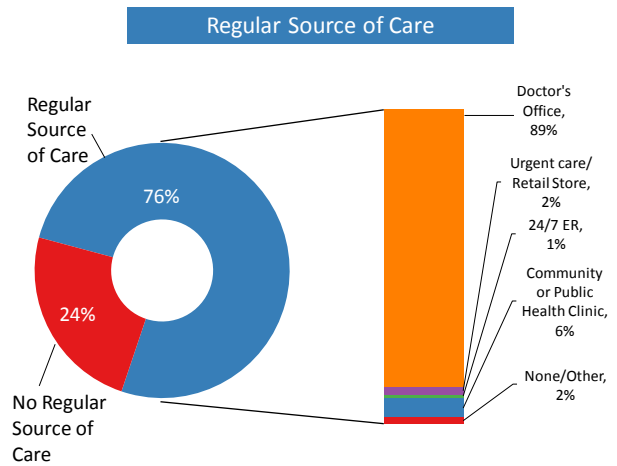
Has Regular Source of Care



Insured vs. Uninsured

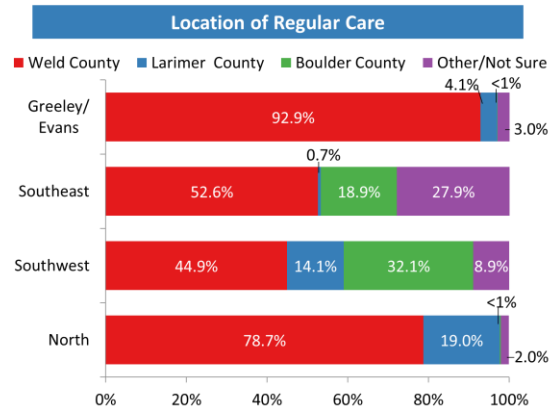
For those with a regular source of care, nearly nine in ten (89%) said their regular source of care was a doctor's office or private clinic. Six percent said they usually go to a community health clinic or public health clinic (Figure 6).

Figure 6



Many residents get their care outside of Weld County. Nine in ten Greeley/Evans residents (93%) got their care in Weld County compared to only 5 in 10 residents (53%) in the Southeast part of the county (17% went to Adams County) (Figure 7). About three in ten residents (32%) in the Southwest part of the county got their care in Boulder County.

Figure 7



Delayed Care

Residents were asked if they delayed or went without needed health care in the 12 months prior to being surveyed. Countywide, 27% reported they delayed or went without needed care. About 4

in 10 (38%) low income residents delayed or went without needed care compared to 26% of residents who were not low income.

Regardless of income status, the cost of health care was the most frequent barrier to getting needed health care mentioned. More than half (52%) of low income residents and nearly two in three (62%) residents who were not low income did not get needed health care because it cost too much (Figure 8). For low income residents, scheduling barriers (34%) and transportation problems (31%) were the next most frequently mentioned barriers to getting needed health care. For residents who were not low income, lack of insurance (21%) and scheduling barriers (22%) were the next most frequently mentioned barriers to getting needed health care (Figure 8).

Figure 8

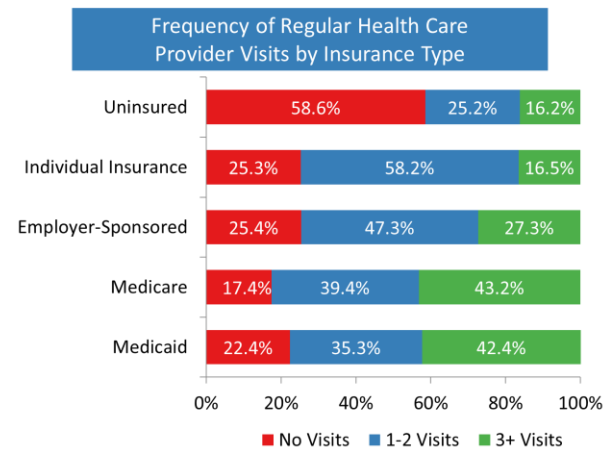
Barriers to Health Care* by Income Status		
Did not get care due to...	Low Income (≤100% FPL [†])	Not Low Income (>100% FPL)
Cost	52.0%	61.5%
No insurance	21.2%	20.6%
Problem not covered by insurance	15.8%	11.3%
Couldn't find provider who accepted insurance	22.8%	5.4%
Provider not available in area	20.9%	4.2%
Transportation problems	30.5%	1.6%
Scheduling barriers	34.0%	21.5%
Could not miss work	5.1%	12.5%

* Responders could check all that apply; includes medical, dental, mental health, and therapies.
[†] 100% Federal Poverty Level (100% FPL) in 2015 was \$11,770 for single person, \$4,160 for each additional person, and \$24,250 for a family of four.

Health Care Use

Residents with Medicare or Medicaid had more frequent visits to their regular health care provider. About 4 in 10 Medicare and Medicaid users had three or more visits to their regular health care provider in the 12 months prior to being surveyed (Figure 9). Most uninsured residents (59%) did not see a regular health care provider in the 12 months prior to be surveyed (Figure 9).

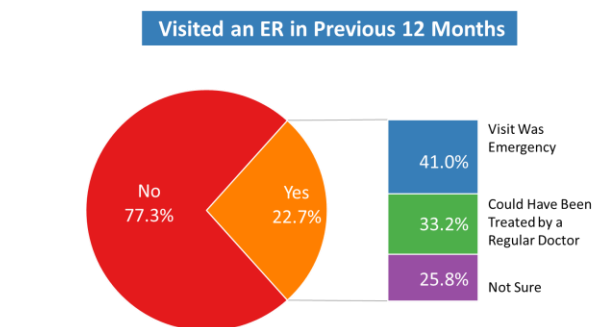
Figure 9



Emergency Room Visits

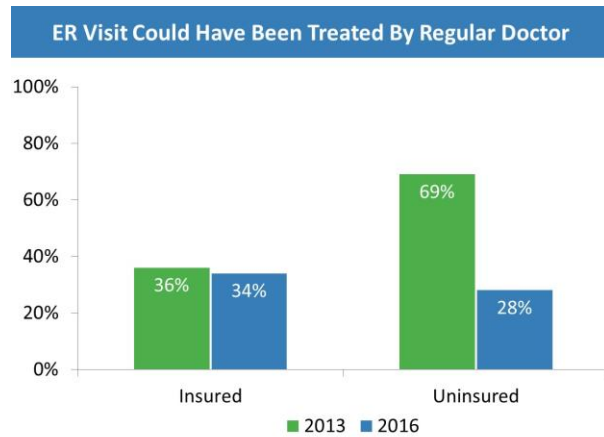
As the focus locally and nationally continues on providing the right care at the right time in the right place, understanding who uses emergency department services can provide important information about our local health care delivery system. The 2016 CHS asked residents three questions about emergency department service use – how many times they visited an ER for care in the past 12 months, whether or not the last visit was for non-urgent care, and reasons why residents went to the ER instead of another type of provider.

Figure 10



About one in four (23%) Weld County adult residents visited an ER at least once during the 12 months prior to being surveyed (Figure 10). Overall, 1 in 3 (33%) of those that visited an ER said their condition could have been treated by a regular doctor if one had been available. In 2016, among uninsured ER users, 3 in 10 said their condition could have been treated by a regular doctor whereas in 2013, 7 in 10 uninsured ER users said so (Figure 11).

Figure 11



Among people who visited an ER last year, important reasons for using the ER instead of a regular doctor were needing care after hours (45.9%), having a medical need too serious for a regular doctor (43.7%), being unable to schedule an appointment (25.1%), being told to go to an ER (20.8%), and being taken to an ER by an emergency vehicle (14.3%).

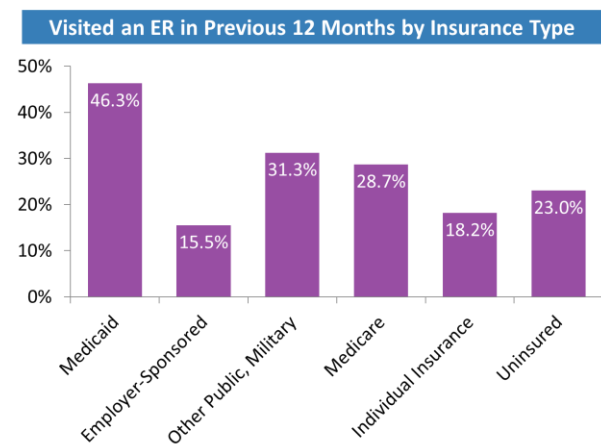
Certain groups of residents reported going to the emergency room for care at higher rates than others. They were: adults aged 55 and older (28.6%), people living in Greeley/Evans (26.2%), and those reporting household incomes at or below 100% of the federal poverty level (44.3%).

Countywide, the average number of ER visits (for those who reported going to the ER in the 12 months prior to the survey) was 2.7 visits. The number of visits ranged from 1 to 50 visits. The average number of ER visits was highest at 6.4 visits for residents reporting very low incomes (less than \$16,000/year) and those with less than a high school education (6.1 visits).

In Weld County, people covered by Medicaid, Medicare, or other public insurance programs had the highest rates of emergency department use (Figure 12). Nearly half (46.3%) of people covered by Medicaid (the joint state and federal insurance program for qualified low-income individuals) visited an ER in the 12 months prior to being surveyed (Figure 12).

Countywide, 1.8% of adult residents were frequent visitors to the ER, meaning they went to the ER three or more times during the 12 months prior to being surveyed.

Figure 12



Conclusions

These data show that more Weld County residents than ever had some type of health insurance in 2016. There was also a large reduction in the gap between Hispanic and Latino and non-Hispanic and Latino residents in uninsurance rates. But there is still room for improvement because many low-income residents remain uninsured.

Interestingly, most Weld County residents have somewhere to go for health care within the county but many residents seek health care in the neighboring counties especially in the southern part of the county.

Even though more residents are insured, the cost of health care continues to be the top barrier to getting care. Many residents delay getting health care due to cost. Another major reason for delaying care for all residents was due to scheduling barriers.

Finally, these data show the most frequent users of regular health care and emergency care is among residents with some sort of public insurance (Medicare, Medicaid, Military, etc.) and not the uninsured. In addition, many people who recently visited an emergency room report that a regular doctor could have treated their health condition if one had been available.

In conclusion, these results, 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.