2016 Weld County Community Health Survey

Key Findings - Part IV
Social-Emotional Wellbeing
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Social-Emotional Wellbeing

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October 1, 2017
Acknowledgements

The Weld Community Health Survey was done in partnership with other organizations and members of the community. The following organizations and their staff and students assisted the Health Department with the survey design, implementation, or reporting:

- Custom Direct, LLC
- Health District of Northern Larimer County
- KGRE-TIGRE FM Radio
- Kiley and Michael Floren Consultants
- Make TODAY Count! Committee
- Marketing Systems Group
- North Colorado Health Alliance
- North Range Behavioral Health
- United Way of Weld County
- University of Northern Colorado Applied Statistics and Research Methods Program
- Weld County Department of Human Services
- Weld County Community Health Improvement Plan Steering Committee
- Weld County Geographic Information Systems Division
- Weld County Printing and Supply
- Weld County Department of Public Health & Environment, Health Communication Education and Planning Division
- Authors contributing to this report were Cindy Kronauge and Lauren von Klinggraeff

This survey was funded by Weld County Government. Funding from the United Way of Weld County also partially supported the 2016 survey process. Finally, many thanks goes to the over 2,000 Weld County residents who completed the survey. Without them, this report would not be possible.
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 (18-64 years) 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  
III. Healthy Lifestyle Behaviors (including healthy eating and active living, community priority issues)  
IV. Social-Emotional Wellbeing (a community priority issue) — this report  
V. Risky Lifestyle Behaviors (including alcohol, tobacco, marijuana, and distracted driving)

Each report contains a findings 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.

Social Emotional Wellbeing Finding Summary

- Similar to the state rate, nearly 10% of Weld County residents reported frequent mental health distress during the 30 days prior to being surveyed.
- Frequent mental health distress was more often reported by residents whose household income is less than $16,000 per year or residents without a high school diploma.
- Countywide, 2 in 10 people indicated they currently had depression, anxiety, or another mental health condition.
- More Greeley/Evans and Southeast Weld County residents reported depression, anxiety, or another mental health condition compared to residents living in other areas of the county.
- In Weld County, about 1 in 5 residents said they needed mental health care or counseling in the 12 months prior to being surveyed.
- Among those in need of mental health care, about half said they sought treatment. Most people sought care from a private therapist or counselor.

- Attitudes about mental health vary with more than 9 in 10 people experiencing no mental health symptoms agreeing that treatment can help people with mental illness lead normal lives whereas only 8 in 10 residents reporting mental health symptoms at the time of the survey agreeing to the same statement.
- Only about half as many residents experiencing mental health symptoms believe that people are generally caring and sympathetic to people with mental illness compared to residents who were not experiencing mental health symptoms.

Key Findings

Frequent Mental Distress

Residents were asked the number days over the past month their mental health was “not good.” A report of 14 or more days of poor mental health in the past 30 days was identified as frequent mental health distress.

Nearly 10% of Weld County residents reported frequent mental health distress during the 30 days prior to being surveyed. This rate was the same as the 2013 rate but higher than the 2010 rate of 8%. The 2016 Weld County rate was similar to the statewide rate of 11%.

Frequent mental health distress was more often reported by residents whose household income was less than $16,000 per year (21.4%) or those without a high school diploma (20.1%; Figure 1).

Figure 1

<table>
<thead>
<tr>
<th>Education Level</th>
<th>Experienced Frequent Mental Distress More than 14 Days in the Past 30</th>
</tr>
</thead>
<tbody>
<tr>
<td>College Grad</td>
<td>4.4%</td>
</tr>
<tr>
<td>Some Post-High School</td>
<td>8.8%</td>
</tr>
<tr>
<td>High School Grad or G.E.D.</td>
<td>10.3%</td>
</tr>
<tr>
<td>Less than High School</td>
<td>20.1%</td>
</tr>
</tbody>
</table>
Current Mental Health Condition

Mental illness is defined as health conditions that are characterized by alterations in thinking, mood, or behavior associated with distress or impaired functioning. Mental disorders are strongly related to risk behaviors and chronic diseases.

Countywide, about 2 in 10 (19%) people indicated they currently had depression, anxiety, or another mental health condition. More residents of Greeley/Evans and Southeast Weld County reported current mental health conditions than residents of other areas in the county (Figure 2). Current mental health conditions were reported twice as often among those who were at or below 100% of the federal poverty level (26%) than those who were not (17%).

Figure 2

<table>
<thead>
<tr>
<th>Region</th>
<th>Current Mental Health Condition** by Region</th>
</tr>
</thead>
<tbody>
<tr>
<td>Greeley/Evans</td>
<td>20.1%</td>
</tr>
<tr>
<td>Southeast</td>
<td>20.5%</td>
</tr>
<tr>
<td>Southwest</td>
<td>16.0%</td>
</tr>
<tr>
<td>North</td>
<td>11.4%</td>
</tr>
</tbody>
</table>

** Depression, anxiety, or PTSD

Received Needed Mental Health Care

In Weld County, 18.5% of residents said they needed mental health care or counseling in the 12 months prior to being surveyed. This was fewer than the number who said they needed counseling in 2007 but more than the percentage who said they need counseling in 2010 and 2013 (Figure 3).

Figure 3

Needed Mental Health Care, 2007-2016

2007: 21.3%
2010: 15.2%
2013: 17.1%
2016: 18.5%

The percentage of residents saying they needed mental health care or counseling was higher among those aged 18 to 34 years (24%), college graduates (24%), and respondents living at or below 100% of the federal poverty level (26%). This percentage was lower for residents living in the North region (13%), those aged 55 and older (9%), and Hispanic/Latino residents (13%).

In 2016, for those who sought treatment, a higher percentage of people sought treatment from a private therapist (59%) or from North Range Behavioral Health (23%) than their primary care doctor (21%) or place of worship (9%; Figure 4).

Figure 4

Where People Sought Treatment

Private counselor/therapist: 59.3%
North Range Behavioral Health: 22.6%
Primary Care Doctor: 20.5%
Place of Worship: 9.3%
Mental Health Stigma

Negative attitudes about mental illness can influence whether or not people acknowledge symptoms or delay treatment. Since 2013, the Weld Community Health Survey included two questions about mental health stigma developed by the Centers for Disease Control and Prevention.

In 2016, 95% of all residents agreed that treatment can help people with mental illness lead normal lives and 57% agreed that people are generally caring and sympathetic to people with mental illness. These rates were similar to what residents believed in 2013.

When comparing residents who were currently experiencing mental health symptoms to those who were not, 96% of residents experiencing no mental health symptoms believed that treatment can help people with mental illness lead normal lives whereas only 79% of residents reporting mental health symptoms at the time of the survey believed the same. Over half (58%) of residents not experiencing mental health symptoms believed people are generally caring and sympathetic to people with mental illness whereas only 33% of residents who were experiencing mental health symptoms felt this way (Figure 5).

Conclusions

These data indicate that similar to the state rate, some residents may be experiencing depressive symptoms or mental distress of some kind. While the association between income and mental wellbeing is complex, it is clear that more low-income residents experience mental health symptoms and conditions compared to residents who are not low-income. It appears that many residents, even though they need care, do not seek care. On a positive note, countywide, the level of stigma associated with mental health treatment is very low in Weld County. However, not as many residents feel people are caring and sympathetic to people with mental illness, especially residents who are experiencing mental health symptoms.

In conclusion, these results related to social-emotional wellbeing, 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.