Health Issues

Secondary Data

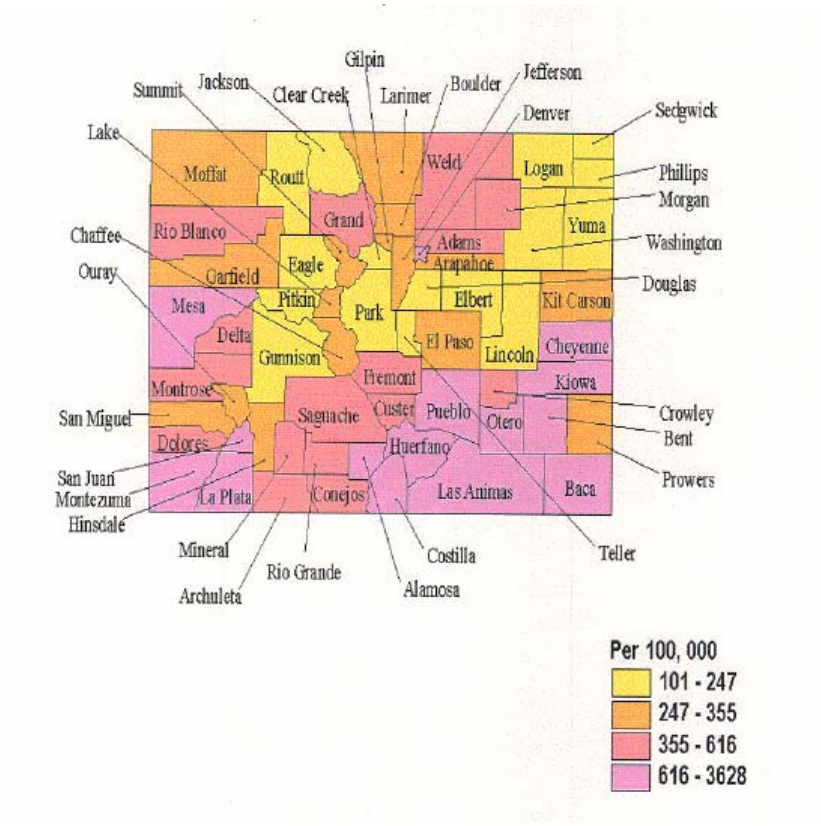
The community health issues examined in this study included alcohol and drug abuse, mental health, lack of affordable medical care, and HIV/AIDS. Secondary data on the scope of alcohol and drug abuse, mental health, medical care and HIV/AIDS is presented below.

Alcohol and drug abuse

Measures of the extent of alcohol and drug abuse in Weld County are difficult to obtain as such data are spread across multiple local, state and national government entities. However, the Colorado Department of Human Services recently published selected drug and alcohol indicators for the State of Colorado and Weld County[22]. Indicators included drug and alcohol diagnoses, hospital discharge rates, alcohol and drug treatment mean rates, and alcohol-related traffic fatality rates.

As shown in Figure 28, the average annual mean rate during 1993-1997 for alcohol hospital discharge diagnosis was 372, compared to a state total of 482 and 252 in Larimer County.

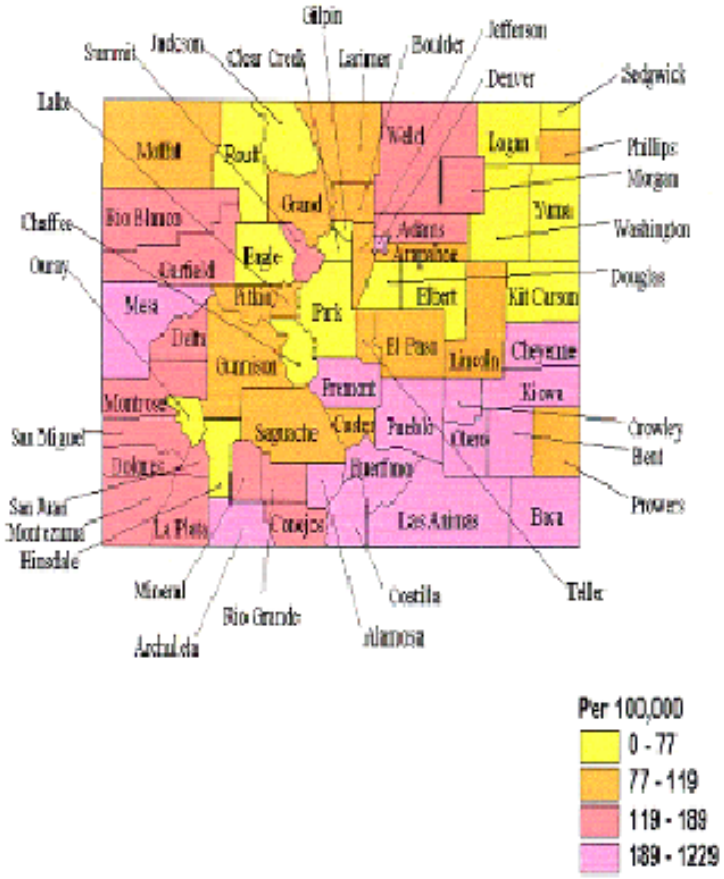
Figure 28. Alcohol Hospital Discharge Diagnoses, Mean Rate, 1993-1997



As shown in Figure 29, the average annual mean rate during 1993-1997 for drug hospital discharge diagnosis was 134, which was lower than the state total of 183, but higher than Larimer County which was 90.

The drug treatment client mean rate for Weld County during this same time period per 100,000 was 208 and was lower than the state rate of 227, but higher than Larimer County's rate of 108. The Alcohol treatment client mean rates for Weld County was 857 which was higher than the state mean rate of 667 and Larimer County's mean rate of 324.

Figure 29. Drug Hospital Discharge Diagnoses Mean Rate by County, 1993-1997



Mental Health and Emotional Issues

Data regarding the mental health needs at the state level might provide some insights into those that likely exist in Weld County. A study of state-wide mental health needs found the following:[23]

- One out of five people in Colorado needs mental health services each year, yet fewer than a third of them receive care;
- Children and adolescents make up nearly one-quarter of Colorado's population, but experience over one-third of the severe mental health needs in the State;
- In 2001, Colorado ranked 31st nationally for publicly funded mental health care;
- Public mental health spending continues to lose ground as a result of state budget cuts;
- Significant disparities exist in access to mental health care for racial, ethnic and sexual minority groups, for people with disabilities and people living in rural areas;
- Colorado lacks… providers with specialized skills. Shortages are most acute for children and older adults, and in rural areas of the state.

Estimations of the prevalence of the need for public and private severe mental illness (SMI) and severe emotional disturbance (SED) for Weld County indicate that 6.6% of the Weld County population or 12,011 individuals are in need of public or private SMI or SED services. When broken down by age, the demand for SMI/SED services is 8.3% for youth aged 0-20, is 6% for adults aged 21-64, and is 4.2% for adults over age 65, which are higher than those for the State in each age group.

In an assessment of mental health resources, it was reported that the northern front-range region, which includes Weld County, has the following gaps in the public mental health system:[24]

- Lack of inpatient beds for children and adolescents
- Lack of Residential Treatment Center beds for children and adolescents
- Lack of community adult inpatient beds
- Rapid expansion of waiting lists for uninsured and non-Medicaid populations
- There is only 1 nursing home with mental health services in the region

Another key indicator of mental health is the suicide rate. The average crude death rate (age-adjusted) for suicides in Weld County from 1990 to 2003 was 16.0 and ranged from a high of 27.6 in 1991 to a low of 14.1 in 2002.[25] The average crude suicide rate (per 100,000) for individuals aged 15 to 19 in Weld County was 14.4 and 22.3 for individuals aged 65 years and older.

Lack of Affordable Health Care

Weld County ranks 18th among Colorado counties in the percent of individuals who are uninsured.[26] The estimated percent of the uninsured of all ages in the County during 1997-1999 was 18.9%, compared to the estimated State average of 15.9%. In 2001,

Weld County was a federally designated medically underserved area or population. The Fort Lupton area was an area in the county designated as a Health Professional Shortage Area as it is an area that exceeds a state population to health professional ratio.

HIV/AIDS

In 2001, there were 95 AIDS and 53 HIV cases in Weld County.[27]

Community Health Issues- Survey Data

Key informants and household respondents were asked to indicate whether alcohol abuse, drug abuse, mental illness or emotional issues, lack of affordable medical care and HIV/AIDS were *not an issue, a minor, moderate, or major issue* in their community. Respondent perceptions of the extent to which health issues were of concern appear in Table 15 and Figure 30.

Table 15. Percent of Key Informants and Household Respondents (HH) Indicating Community Health Concerns Are an Issue[a]

Health Issues	Minor Issue		Moderate Issue		Major Issue		Don't know	
	Key Informant %	HH %	Key Informant %	HH %	Key Informant %	HH %	Key Informant %	HH %
Alcohol abuse	22.2	19.7	30.2	15.8	34.9	12.0	9.5	20.8
Drug abuse	19.0	15.3	27.0	17.5	44.4	13.9	9.5	22.1
Mental illness or emotional issues	33.9	17.8	29.0	12.6	22.6	7.4	9.7	28.4
Lack of affordable medical care	17.7	10.1	12.9	14.4	59.7	34.1	3.2	17.4
HIV/AIDS	27.0	10.8	22.2	5.8	1.6	5.5	28.2	38.7

[a] Throughout this report, the percent of respondents who reported concerns were ''not an issue" were excluded from the charts and tables. The complete set of frequencies can be found in the Appendix.

Of those who expressed an opinion, lack of affordable health care was the number one health concern. Over half of the respondents indicated that lack of affordable medical care was an issue and 34.1% of those respondents reported that the lack of affordable medical care was a major community concern. Interestingly, a noticeable percent of household respondents reported they did not know if the health concerns listed were an issue. Among the key informants, over half felt that the following issues were a moderate or major concern – mental illness or emotional issues (51.6%), alcohol abuse (65.1%), drug abuse (71.4%), and lack of affordable health care (72.6%).

Focus group participants indicated that substance abuse, alcohol abuse and other drug abuse, is a community problem in the urban setting. Alcohol abuse was identified as a community problem.

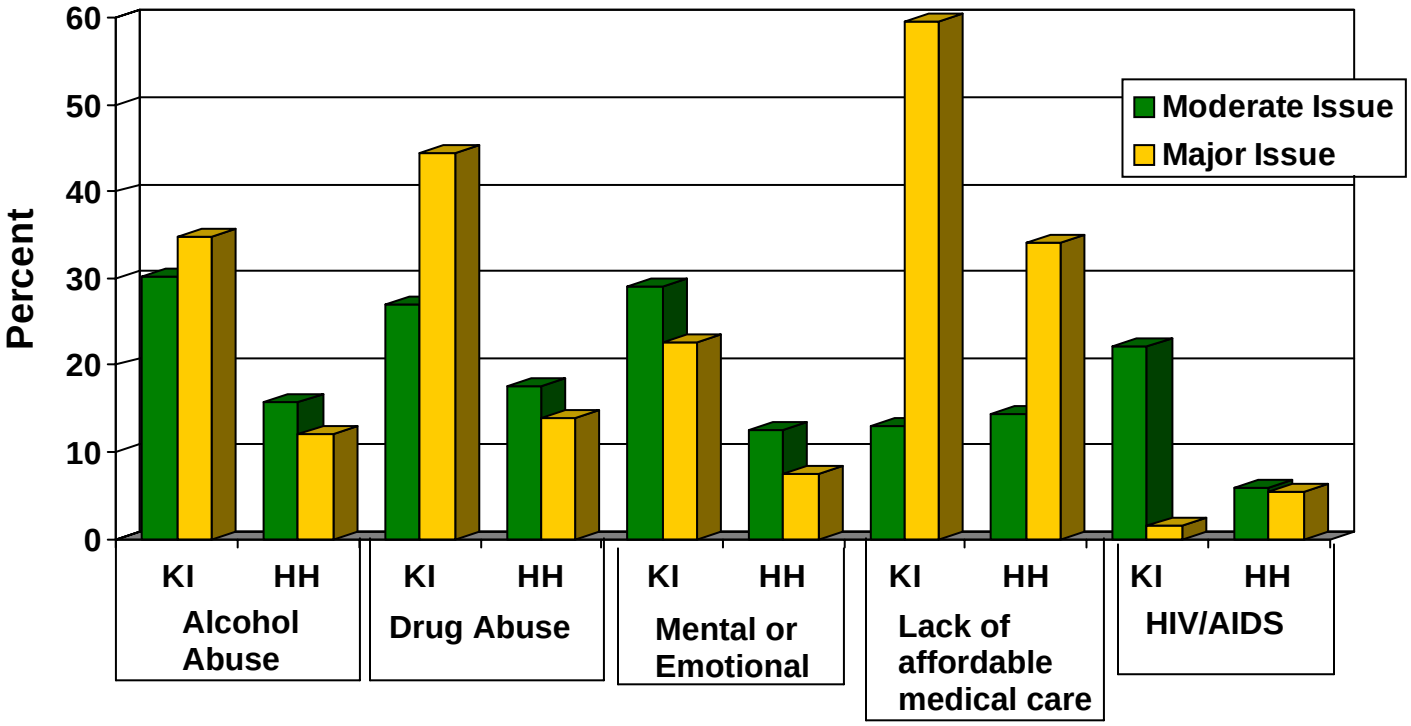
> "It depends on the case, sometimes the fathers drink too much, or people who drive too fast after drinking or are outside drinking. It is a big problem."

Focus group participants talked about evidence of drug abuse in their neighborhoods. They described young men "hanging around the streets smoking marijuana" and "people in some apartments not far from my house that sell drugs out of their house." "I have seen them on the corner" smoking marijuana.

Focus groups members discussed the relationship between drug abuse and gang activity.

> "It affects everything because everything goes together. For example, what's happening here in Greeley now is that some gangs, who are rivals, they walk around drugged out."

Figure 30. Percent of Key Informants (KI) and Household Respondents (HH) Reporting Health Concerns as a Minor, Moderate or Major Issue



Community Health Issues by Subgroup

Alcohol and Drug Abuse

Respondents who felt alcohol abuse was a moderate or major concern for their communities were more likely to live in central-south Weld (52.2%), west-central Weld (47.0%), and Evans (42.1%). Drug abuse was more likely to be perceived as a moderate or major community or neighborhood problem by five areas in Weld County. These were central-south Weld (70.8%), west-central Weld (61.6%), Evans (50.0%), south-west Weld (43.7%), and Greeley (40.4%).

Lack of Affordable Medical Care

Over 50% of respondents in all areas in Weld County, with the exception of north-central Weld and the Windsor area, said lack of affordable medical care was a moderate or major problem in their communities. Concern about the lack health care was a moderate or major concern for residents in communities located in central-south Weld (81.5%), west-central Weld (75.0%), east-Weld (70%), south-west Weld (67.6%), Evans (65.0%), south-east Weld (57.2%), and Greeley (53.8%). Respondents in rural areas were more likely to view lack of affordable health care as a moderate or major concern than did respondents in the Greeley/Evans area.

Other community health concerns mentioned by respondents included:

Access to Mental Health Services

- Lack of mental health facilities/ professionals to address mental health issues.
- North Range Behavioral Health is understaffed, under funded and overworked to effectively address these issues
- Poor mental health services

Medical Care Concerns

- Lots of low income families with children in desperate need of dental and vision care. Weld County health and other clinics are too full in Greeley to make room for surrounding small towns to go to. And even clinics charge something and people can not afford it.
- Growing number of uninsured…Ability of medical facilities to provide urgent care
- Lack of affordable medical insurance…lack of pre-natal care…immunizations not current.
- High cost of insurance…high rate of uninsured residents…shortage of culturally competent services…shortage of dental care for low income residents
- Drug costs
- Lack of affordable insurance

- Not enough medical staff and doctors that help tax needy
- Uninsured people

Care for Older Adults

- There are a couple of elderly families that are in ill health
- Caring for the elderly
- Some residents have fallen and are injured; some are elderly and not very well

Household Health Issues – Survey Data

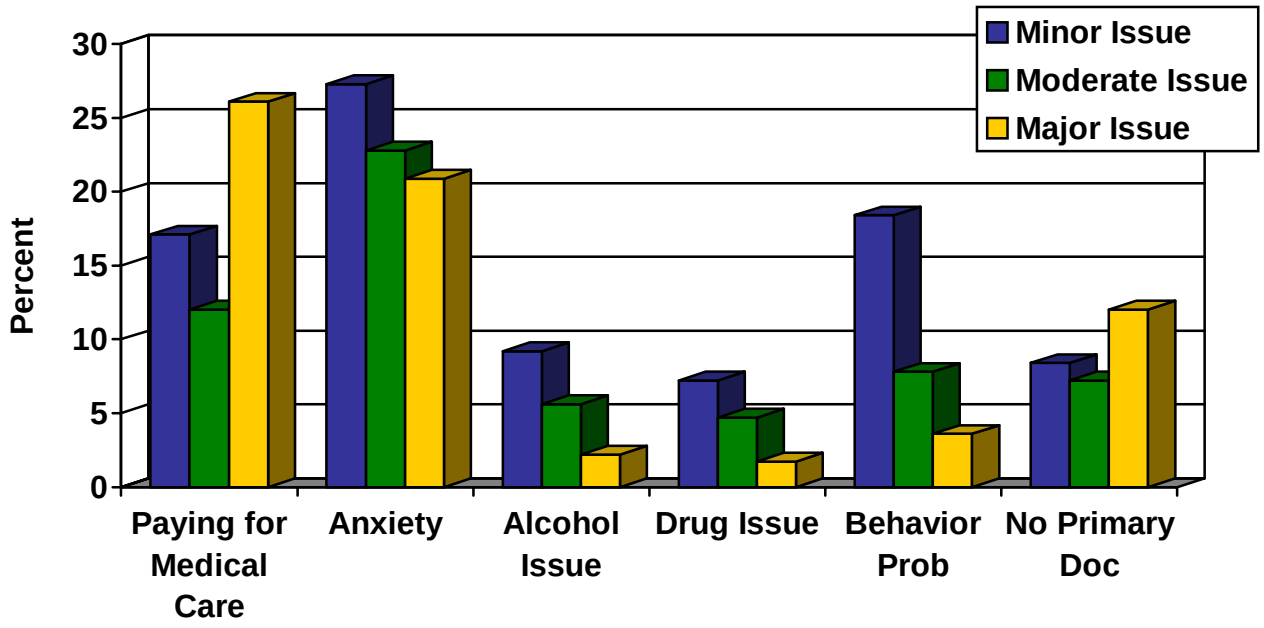
Respondents were asked to indicate the extent to which six different health related issues - 1) not having enough money to pay the doctor, or buy prescription medications, or get medical insurance, 2) having a lot of anxiety or stress, 3) experiencing an alcohol issue, 4) experiencing a drug issue, 5) experiencing behavior or emotional problems and 6) not having a primary doctor or care provider - were an issue for them or someone in their household in the last twelve months. The results are shown in Table16 and Figure 32.

Table 16. Number and Percent of Household Respondents Indicating that Health Concerns were Not an Issue, a Minor, Moderate or Major Issue

Household Health Issues	Not an Issue		Minor Issue		Moderate Issue		Major Issue	
	n	%	n	%	n	%	n	%
Not having enough money to pay the doctor, or buy prescription medications, or get medical insurance	162	44.4	61	16.7	43	11.8	99	27.1
Having a lot of anxiety or stress	104	28.3	98	26.7	84	22.9	81	22.1
Experiencing an alcohol issue	302	82.3	34	9.3	21	5.7	10	2.7
Experiencing a drug issue	315	85.6	27	7.3	18	4.9	8	2.2
Experiencing behavior or emotional problems	254	69.2	67	18.3	31	8.4	15	4.1
Not having a primary doctor or care provider	262	71.4	31	8.4	27	7.4	47	12.8

The results indicated that a high percentage of respondents reported that two household health issues were a moderate or major issue. These were having a lot of anxiety or stress (45.0%) and not having enough money to pay the doctor, or buy prescriptions or get medical insurance (38.9%). Not having a primary doctor or care provider was a moderate or major issue for 19% of the respondents.

Figure 31. Percent of Households Reporting Health Concerns as a Minor, Moderate or Major Issue



Household Health Issues by Subgroup

Paying for Medical Care

Additional analyses were conducted for each of the health issues listed by subgroups based on income, age, race, and county location. Not surprisingly, those with the lowest incomes were significantly more likely to report that not having enough money to pay for medical needs was a moderate or major issue. Sixty-nine percent of those with incomes <$15,000 and 60.9% for those with incomes between $15,000 - $34,999 reported that not having enough money to pay for medical needs was a moderate or major issue (see Table 32).

Not having enough money for medical needs was also seen as a moderate or major issue by more non-white[1] respondents than white respondents (56.7% and 31.0%, respectively).

In rural Weld County, focus group participants consistently reported acceptable access to and availability and affordability of high quality health care services in their

[1] Throughout this report non-whites were respondents who indicated they were either American Indian, Asian or Pacific Islander, or Hispanic and were grouped together for additional analyses (n=88).

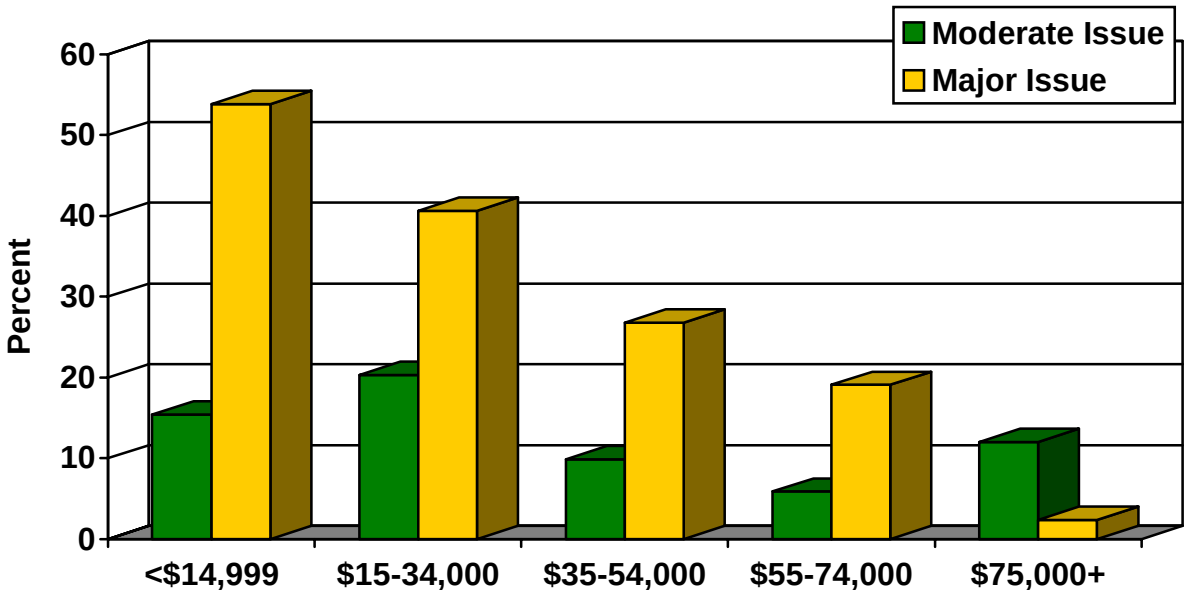
communities. Unanimously, rural county participants reported high satisfaction with not only health care services but dental services as well.

On the other hand, focus group participants in Greeley reported dissatisfaction and problems with access to, quality of and affordability of health care and dental services. Access to health care did not always result in acceptable treatment and differentials in health care were noted. At a local community clinic, many informants reported waiting many hours to see a doctor, some waited for hours without being seen by a doctor and others reported the quality of care was poor. Many had to take off from work to be seen in the health care clinic and were frustrated with the health care encounter.

> "At the clinic, they make you wait and they don't treat you well. I don't know if it is because all the patients are Mexican or what. I think that is why the services are so bad".

Even though dental services are available in Greeley, these services are expensive and rationed to one problem per visit. This policy creates a burden for those who are working as they must take multiple times off of work for each dental problem. As one informant explained, "It's expensive but if you have an appointment and there is more than one problem, you have to make another appointment. And I said, "Why? I have to work."

Figure 32. Percent of Households Reporting Not Having Enough Money to Pay Doctor, or Buy Prescription Drugs or Get Medical Insurance as a Moderate or Major Issue by Income



Health care costs were a significant issue for the focus group participants in Greeley. Many conveyed personal experiences with expensive health care costs at clinics and hospitals and the burden of expensive health care bills to pay. Some participants thought it was important to have health insurance to help decrease health care costs yet many stated health insurance was too expensive. As one participant observed:

"But when you don't earn very much, it is pay the insurance or eat. It's too much. I have to pay rent, take care of my family. It's not that I don't want to pay for it. I don't know what you guys earn, but for me I earn very little. It's too much. It's more than too much, it's difficult

Stress and Anxiety

Having a lot of anxiety and stress was a moderate or major issue for many of the respondents, but those with the lowest incomes reported the highest degree of stress. Some 63.5% of those with incomes below $15,000 reported stress or anxiety was a moderate or major issue, followed by those with incomes between $15,000-$34,999 (48.6%), those with incomes between $50,000-$74,999 (47%), and those with incomes between $35,000-$49,999 (42.9%).

Non-whites were also more likely than whites to report that having a lot of stress and anxiety was either a moderate or major issue (56.3%, 40%, respectively). Finally, approximately one-third or more of individuals across all age groups reported that having a lot of stress or anxiety was a moderate or major issue. However those under age 34 and between ages 35-54 were more likely to report having moderate or major amounts of stress (54.9% and 45.8%, respectively) than were those in other age groups.

Alcohol or Drug Abuse

The majority of respondents (70% and over) reported that alcohol and drug abuse was not an issue for them or anyone in their household and of those who reported these as an issue, most said it was a minor issue.

However, of the respondents who did report that alcohol and drug abuse was a moderate or major issue, individuals with incomes between $15,000-$34,999 and $50,000-74,999 were more likely to say that these were moderate or major issues (11.1% and 13.3%, respectively for alcohol abuse, and 13.9% and 10.3% for drug abuse) than did individuals in other income brackets. Similarly, non-whites were more likely than whites to report that alcohol and drug abuse were moderate or major issues for them or someone in their household (15%, and 5.5%, respectively for alcohol abuse, and 13.5% and 4.1%, respectively for drug abuse). Respondents in one county area, central south Weld, were more likely to report that alcohol and drug abuse was a moderate or major issue for them or someone in their household (31% for alcohol abuse, and 27.5% for drug abuse), than were other geographically located respondents.

Emotional or Behavioral Problems

Experiencing emotional or behavioral problems was reported as a moderate or major issue for non-whites compared to whites (27.6% vs. 9.6%, respectively).

Not Being Able to Afford a Primary Doctor or Care Provider

Not having a primary doctor or care provider was a more significant issue for lower income individuals than for higher income individuals. Forty-three percent of those with incomes below $14,999 said not having a doctor or care providers was a moderate or major problem, compared to those with incomes between $15 - $34,999 (29.2%), those with incomes between $50-$74,999 (17.7%), those with incomes between $35 - $49,999 (15.5%) and those with incomes over $75,000 (1.2%). Non-whites were more likely than whites to report not having a primary doctor or care provider was a moderate or major issue (27.5% vs. 16.2%, respectively, see Figure 33).

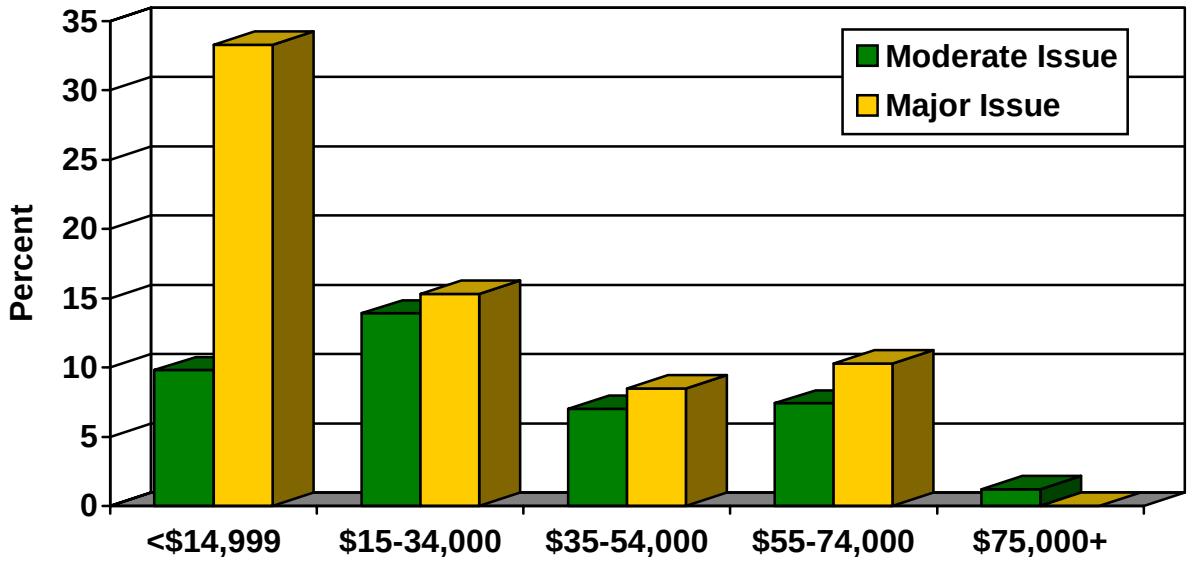



Figure 33. Percent of Households Reporting Not Having a Primary Doctor or Care Provider as a Moderate or Major Issue by Income