2013 Weld County Community Health Survey

Key Findings - Part III
Healthy Eating and Active Living



2013 Weld County Community Health Survey

Key Findings – Part II Health Insurance and Use

Table of Contents

- 1 Introduction
- 1 Importance of Local Level Data
- 1 How Data Were Analyzed
- 2 About Key Findings Reports
- 2 Finding Summary
- 2 Key Findings
- 2 Health Insurance
- 3 Regular Source of Care
- 4 Delayed Care
- 4 Health Care Use
- 5 ER Visits
- 6 Conclusions

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:

- Colorado School of Public Health, Master of Public Health in Community Health Education Program and Global Health & Health
 Disparities Program
- Colorado Department of Public Health & Environment, Prevention Services Division and Office of Planning and Partnerships
- Colorado Health Institute
- Custom Direct, LLC
- Health District of Northern Larimer County
- KGRE-TIGRE FM Radio
- Make Today Count Campaign Steering Committee
- Marketing Systems Group
- North Colorado Health Alliance
- North Range Behavioral Health
- United Way of Weld County
- University of Colorado Health (North Campus), Community Health Improvement Department
- University of Northern Colorado Applied Statistics and Research Methods Program
- University of Wyoming Survey Analysis Center
- Weld County Community Health Improvement Plan Steering Committee
- Weld County GIS
- 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 Kiley Floren

This survey was funded by Weld County Government. Funding from the Colorado Department of Public Health & Environment, Office of Planning and Partnerships also partially supported the 2013 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.

Weld Community Health Survey Key Findings

Introduction

We are pleased to present the results of the 2013 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 2013, 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 2013 CHS found the countywide uninsured rate was 14%. In the Greeley/Evans region, about 15% were uninsured, however, in the North region, only 4% were uninsured, a rate much lower than the county rate. Furthermore, the uninsured rate among the working age Hispanic population living in Weld County was found to be 29%, a rate more than 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 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 local 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. Due to the nature of the sample design, the data were analyzed using a specialized software called Sudaan. A variety of 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) this report
- 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 survey findings from the public. Please call 970-304-6470, ext. 2221 or email ckronauge@weldgov.com if you have comments or questions.

Healthy Lifestyle Behaviors Finding Summary

- Countywide, about 3 out of 4 residents did not meet the recommendation for fruit and vegetable consumption of five or more servings per day. Slightly more Coloradans do not meet this guideline.
- Between 2010 and 2013, the percentage of Weld County residents who consumed 3 or more servings of vegetables per day increased by 13%.
- About 9 out of 10 Weld County adults ate one or more servings of vegetable daily compared to about 8 out of 10 adults across Colorado or the United States.
- Countywide, just under half of residents consumed one or more sugar sweetened beverages per day.
- Many more Hispanic residents consumed sugar sweetened beverages at least once per day compared to non-Hispanic residents.
- Sugar sweetened beverage consumption was higher among people who lived in Greeley/Evans compared to other county regions and low-income residents.
- Countywide, 3 out of 4 residents reported they participated

- in physical activity for exercise in the past month. This rate was slightly lower than national and Colorado rates.
- Although many residents reported participating in physical activity only half met the recommended moderate physical activity quideline.

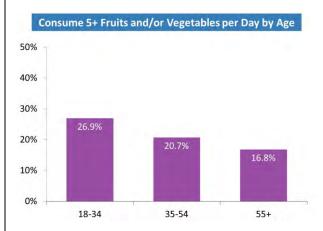
Key Findings

Fruit and Vegetable Consumption

The national recommendation is at least five total servings of fruit and vegetables be consumed per day, including at least three servings of vegetables and two servings of fruit. Fruit and vegetable consumption can help maintain health by reducing the risk of overweight, obesity and chronic diseases including cancer, hypertension and type 2 diabetes. The 2013 Community Health Survey asked residents to report the average number of servings of fruit (not counting juice) and vegetables they consumed per day.

Countywide, 22% met and 78% did not meet the recommendations for fruit and vegetable consumption. Slightly more Coloradans (86%) do not meet this guideline.

Figure 1

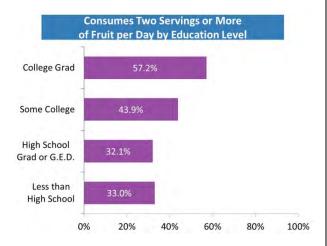


Fruit and vegetable consumption varies by age. About 1 out of 4 adults aged 18 to 34 years consumed the recommended amount whereas only 1 out of 6 adults aged 55 years or older consumed 5 and/or more fruits and vegetables a day (Figure 1).

Residents with at least a college degree most often met the daily recommendation of at least 2 servings of fruit per day (57.2%; Figure 2).

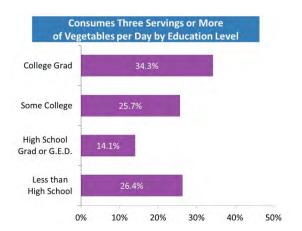


Figure 2



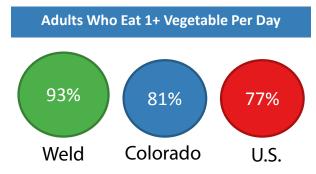
The percentage of Weld County residents who consumed 3 or more servings of vegetables per day increased by 13% from 24% in 2010 to 27% in 2013.

Figure 3



Only about 1 out of 3 residents with a college degree met the daily recommendation of 3 or more servings of vegetables per day (34.3%; Figure 3). Younger adults (ages 18-34) more often met the daily recommendation of 3 or more servings of vegetables per day (32%) than those who were 35-54 (27%) or 55 and older (22%).

Figure 4



A higher percentage of Weld County adults (93%) ate one or more servings of vegetable daily than adults across Colorado (81%) or the United States (77%; Figure 4).

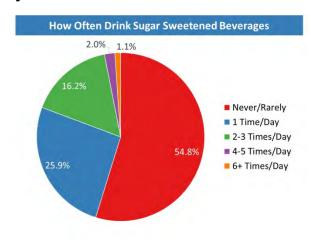
Countywide, 46% of people were concerned about access to affordable, fresh foods. This concern was even more common among residents living at or below 185% of the Federal Poverty Level* (56%), and those living in Greeley/Evans (51%).

Sugar Sweetened Beverage Consumption

Reducing consumption of calories from added sugars is an objective of Healthy People 2020. Daily consumption of sugar sweetened beverages is associated with chronic health conditions such as diabetes and cardiovascular disease.

In the 2013 CHS, sugar sweetened beverages was defined as any drink with added sugar, syrups or sweeteners but not diet, sugarfree, or 100% fruit juices. Countywide, 45.2% of people consumed one or more sugar-sweetened beverages per day (Figure 5).

Figure 5





Sugar sweetened beverage consumption was higher among people who lived in Greeley/Evans (50.9%; Figure 6), and residents whose income was less than \$15,000 per year (59%).

Figure 6

Drink Sugar Sweetened Beverages at Least Once Per Day by Region

North	45.9%
Southwest	41.0%
Southeast	35.2%
Greeley/Evans	50.9%

More Hispanic residents (61%) consumed sugar sweetened beverages at least once per day compared to non-Hispanic residents (41%; Figure 7).

Figure 7

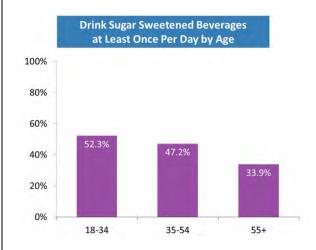
Drink Sugar Sweetened Beverages at Least Once Per Day by Ethnicity



Hispanic vs. Not Hispanic

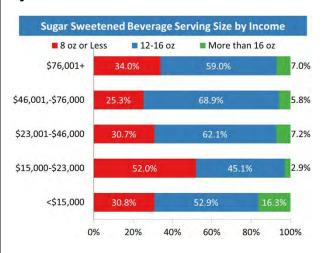
Sugar sweetened beverage consumption also varied by age. Over half (52.3%) of adults between 18 and 34 years drank sugar sweetened beverages at least once per day whereas about one-third (33.9%) of adults 55 years or older drank sugar sweetened beverages (Figure 8).

Figure 8



Most people from each annual household income group who drank sugar sweetened beverages reported they typically drank a 12-16 ounce serving size (Figure 9). About one third from each income group (except those making \$15,000 to \$23,000 per year) reported they typically drank 8-ounce servings or smaller (Figure 9).

Figure 9



Physical Activity

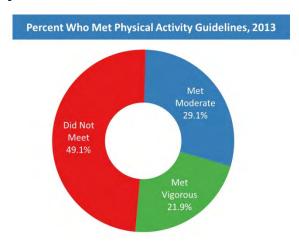
Moderate physical activity adds up to as much as 150 minutes of qualifying activity per week (or less if some activity is more vigorous). Countywide, 75% of residents participated in physical activity for exercise in the past month. This is lower than the nationwide percentage (82%) and the percentage for Colorado residents (84%). In 2010, slightly more (79%) residents reported



Weld Community Health Survey Key Findings

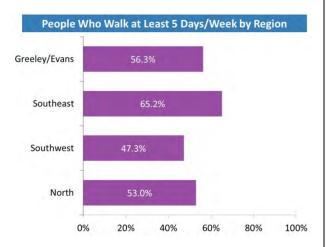
participating in physical activity for exercise.

Figure 10



Although many residents reported participating in physical activity, only 51% met the recommended weekly moderate physical activity guideline (Figure 10). This is similar to the nationwide percentage (50%) but lower than the statewide percentage (62%). In 2010, slightly more (54%) residents met the moderate physical activity guideline.

Figure 11



Residents in the Southeast region most often reported walking at least 5 days per week (65.2%), whereas residents in the Southwest region least often reported walking at least 5 days per week (47.3%; Figure 11).

The 2013 Community Health Survey asked residents how they usually got to work or school in the previous week. About 90% of residents used a motor vehicle, and only 2% used active

transportation such as biking or walking. This was about the same as the percentage of adults who bike or walk to work across Colorado and nationwide.

Conclusions

Although it appears more residents are consuming the recommended amounts of fruits and vegetables compared to a few years ago, nearly three-fourths of residents do not meet the recommended guideline of three or more servings of vegetables and two or more servings of fruit per day.

Another concern is the consumption of sugar sweetened beverages. Many residents consume sugar sweetened beverages at least once per day and in larger quantities. Also, consumption rates are higher among Hispanic residents, those living in the Greeley/Evans areas, and low income residents.

Finally, although many people report participating in physical activity for exercise, many residents do not get the recommended amount of weekly moderate to vigorous activity which could be detrimental to their overall health.

In conclusion, these results related to healthy eating and active living, as well as the other key findings from the 2013 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 direct future health improvement efforts.

