Community Health Update

Adams County

April 2021

Purpose

The mission of Tri-County Health Department is to promote, protect, and improve the lifelong health of individuals and communities in Adams, Arapahoe, and Douglas Counties through the effective use of data, evidence-based prevention strategies, leadership, advocacy, partnerships and the promotion of health equity. The COVID-19 pandemic has changed the way people in Adams County live, grow, work, play, and access care. Our community has made great strides in addressing one of the greatest health challenges in present memory. The purpose of this Community Health Update is to provide a snapshot of the current health status of the county, focusing on the four areas of Public Health Improvement Plan—housing, food security, mental health, and access to care—as well calling attention to social connection and economic security: key factors that influence health and wellness. We envision that this update will strategically inform the work of Tri-County Health Department as we continue to work together to navigate the pandemic and turn our collective focus toward recovery and innovation. As we are continually reminded, “Public Health is what we do together as a society to ensure the conditions in which everyone can be healthy.”

Process

The health behaviors and outcomes in this report reflect community priorities as developed during the public health improvement planning process in 2019. The data presented in this report were compiled from a variety of sources and include both primary (collected for local health assessment purposes) and secondary data sources (collected for another purpose, usually by another organization/institution). Public Health Improvement Plan Priority Area leads consulted on which data to include in this health update. Staff of the Planning and Information Management (PIM) Division of Tri-County Health Department completed this report. For questions or concerns, please contact Kelly Weidenbach, PIM Division Director, at 720-200-1542.

Data Limitations

While data limitations and weaknesses always exist, they are mitigated as much as possible. Timeliness may be the largest limitation to these data in that the lag between data collection and release are such that our most recent data are typically at least one-year old. Completeness, survey and recall bias, and small sample sizes all impact data. Small sample sizes or events that occur to a small portion of the population need to be displayed carefully so as not to identify an individual. It is important to measure patterns of health among subgroups of the population and to explain the context of data whenever possible.

## Community Characteristics: Adams County

### Population

<table>
<thead>
<tr>
<th>2019 Population</th>
<th>2030 Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population*</td>
<td>517,885</td>
</tr>
<tr>
<td>Population Change*</td>
<td>+4%</td>
</tr>
<tr>
<td></td>
<td>612,286</td>
</tr>
<tr>
<td>Population Change*</td>
<td>+18%</td>
</tr>
</tbody>
</table>

### Race/Ethnicity

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>2019</th>
<th>2030</th>
</tr>
</thead>
<tbody>
<tr>
<td>White Non-Hispanic*</td>
<td>51%</td>
<td>51%</td>
</tr>
<tr>
<td>Hispanic*</td>
<td>37%</td>
<td>40%</td>
</tr>
<tr>
<td>African-American*</td>
<td>5%</td>
<td>4%</td>
</tr>
<tr>
<td>Asian*</td>
<td>5%</td>
<td>5%</td>
</tr>
</tbody>
</table>

### Age

<table>
<thead>
<tr>
<th>Age</th>
<th>2019</th>
<th>2030</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-17</td>
<td>26%</td>
<td>22%</td>
</tr>
<tr>
<td>18-64*</td>
<td>64%</td>
<td>65%</td>
</tr>
<tr>
<td>65+*</td>
<td>11%</td>
<td>13%</td>
</tr>
</tbody>
</table>

### Other Characteristics

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disability**</td>
<td>10%</td>
</tr>
<tr>
<td>Includes hearing, vision, cognitive, ambulatory, self-care, and independent living difficulty</td>
<td></td>
</tr>
<tr>
<td>Born Outside US**</td>
<td>16%</td>
</tr>
<tr>
<td>Households without broadband internet**</td>
<td>10%</td>
</tr>
</tbody>
</table>

### Income

- Median Household Income** $75,804
- Individuals Living at or Below Poverty** 9%
- Children Living at or Below Poverty** 12%
- Unemployment*** 9%

### Households

- Single-Parent Households, kids <18** 5%
- Residents Age 65 or Older Living Alone** 7%
  - (of households with one member 65+)
- Linguistically-Isolated Households** 11%
  - (households where all adults speak a language other than English and none speaks English “very well”)

### Educational Attainment

- Less than High School** 15%
- High School (Diploma or Equivalent)** 30%
- Bachelor’s Degree or Higher** 25%

*Source: Colorado Department of Local Affairs, July 2019 Estimates, 2030 Population Forecast
**Source: American Community Survey 1-Year Estimate 2019
***Source: Colorado Department of Labor and Employment, December 2020
There has likely not been a time in recent memory where social connection, or its real or perceived absence, has been so noticeable or, indeed, so often discussed. The importance of connection and the effects of its opposite— isolation—have rarely been felt by so many at once. And yet, contrary to what public health would typically espouse—that connection is very important for health and wellbeing—it is for the public’s health that we physically distance ourselves from others and are more likely to experience isolation and loneliness. Perhaps this collective experience better illustrates the relationship between meaningful connection and health than many of our data.

Human resilience is closely linked to the depth and strength of our interpersonal connections, including our involvement in groups and communities. In contrast, loneliness appears to be one of the greatest threats to our health, survival, and well-being.1

Research tells us that social connection is related to health in several ways. Simply being around other caring people who watch out for each other can reduce the risk of poor health outcomes occurring or the chance that an accident will lead to death or more serious injury. Connection and belonging can protect us from developing certain behaviors that put us at risk for poor health outcomes. Social connection has long been recognized as a factor that can reduce the chance that people will engage in less-healthy behaviors such as heavy drinking or other substance use. In Adams County, most high school youth report having adults available to them for support (Figure 1). More youth report being able to ask parents or guardians for help with a personal problem than report having an adult to go to for help with a serious problem. Percentages were similar in 2017 and 2019.2

An August 2020 survey found that while most Coloradans generally consider their mental health to be excellent or very good, due to the pandemic 53% (52% in Adams County) have experienced mental health strain, including anxiety, stress, or loneliness. Increased mental strain was more commonly expressed by women (58%) compared to men (47%), by people with annual incomes below $30,000 (63%) compared to those with annual incomes above $30,000 (53%), and by people who were currently unemployed (71%) compared to people with some type of employment or retired people (51%).3 (Figure 2)

Published research over the past year has highlighted the impact of social isolation on health: “Keep Socially (but Not Physically) Connected and Carry on: Preventing Suicide in the Age of COVID-19,” “Increased Risk for Family Violence During the COVID-19 Pandemic,” and “The psychological impact of quarantine and how to reduce it: rapid review of the evidence.” The power of building and focusing on resiliency today is even more applicable to the population as a whole. Focusing efforts on acknowledging trauma, (re)building social connection, fostering self-efficacy, and supporting systems that create equitable access and opportunities for all people will be important parts to building our communities’ resiliency as we continue in the fight of the coronavirus and begin recovery planning.

Figure 1. Connections between high school youth and their parents, Adams County, 2017-2019

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Could ask parents or guardians for help with a personal problem</td>
<td>80%</td>
<td>83%</td>
</tr>
<tr>
<td>Have an adult to go to for help with a serious problem</td>
<td>72%</td>
<td>70%</td>
</tr>
</tbody>
</table>

Figure 2. People experiencing mental health strain (anxiety, loneliness, or stress) from COVID-19 pandemic, Colorado, 2020

<table>
<thead>
<tr>
<th></th>
<th>Women</th>
<th>Men</th>
<th>Income ≤$30k</th>
<th>Income &gt;$30k</th>
<th>Unemployed</th>
<th>Some employment</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td>58%</td>
<td>47%</td>
<td>63%</td>
<td>53%</td>
<td>71%</td>
<td>51%</td>
</tr>
</tbody>
</table>

Health and Economic Security

Income directly influences one’s ability to access and/or pay for services and resources that can affect health and wellbeing, such as healthy housing; health care services or costs not covered by insurance, such as deductibles; or high-quality childcare services. Indirectly, income is a key factor in many of the choices people make every day, from the kind of food they buy, to the way they exercise or recreate, to whether or not they can take a vacation. Given the importance of income to not only meet basic needs, but also to access various services, resources, and opportunities, it is no surprise that economic security is a key to health.

Self-reported health status has a direct relationship with income: the higher the income, the more likely people are to report being healthy (Figure 3). In Adams County, more people with incomes greater than $50,000 report their own general health as very good (40%) compared to people with incomes less than $25,000 (20%). Higher-income residents are also less likely to describe their health as fair (7%) compared to lower-income residents (27%). Lower-income residents are also more likely than higher-income residents to have ever been diagnosed with depression (26% compared to 15%).

In addition to its devastating physical and mental health impacts, the COVID-19 pandemic continues to strain communities economically. Businesses navigate closures and capacity restrictions, people have lost their jobs or been forced into early retirement, and consumers have changed the way they shop and prioritize expenses. In a recent statewide survey, nearly one-third (31%) of respondents had hours cut or wages reduced, one in five (19%) were required to go to work even though they had concerns about their health and safety, and 13% had been laid off – all due to the COVID-19 pandemic. Compared to the 2019 weekly average of unemployment insurance claims, the average number of weekly claims between the weeks of March 21, 2020 and December 29, 2020, increased 708% in Adams County. Figure 4 shows weekly unemployment claims in 2019 and 2020: new claims peaked the week of March 28, 2020, slowly declined in summer months, and rose again in late 2020.

Financial security is a key determinant of health. The financial struggles of Adams County residents precipitate difficulties they face finding affordable, stable housing and accessible, healthy food. The worry and concern related to financial struggle, unemployment, and fear of uncertain situations can negatively impact mental health. Improving health means improving the economic systems in which people live, learn, grow, and work, and the opportunities available for all people to be financially secure and access what they need to be healthy.

Figure 3. Self-reported health outcomes by income, Adams County, 2019

Figure 4. Weekly unemployment insurance claims, Adams County, 2019 and 2020

1Colorado Dept. of Public Health and Environment, Behavior Risk Factor Surveillance System, 2019
Where we live is directly related to our health and safety; without adequate housing, people cannot manage their daily lives. For most people, housing is their greatest monthly expense. Quality, affordable housing is central to individual and community wellbeing. Prior to the pandemic, the growing population of the Denver Metro Area along with limited housing exacerbated the affordable housing shortage. Between 2014 and 2019, the median monthly household income for residents in Adams County increased by 24% while the median monthly rent increased by 34%; the cost of housing is outpacing the increase in wages (Figure 5).\(^1\) Disparities between income and costs have only increased during the COVID-19 pandemic; historic increases in unemployment, stable or even declining wages, and limited affordable housing are becoming more pronounced.

Affordable housing enables people to pay for other basic needs such as utilities, food, and medical care, which can reduce the incidence of negative health outcomes such as malnutrition, diabetes, anxiety, and depression.\(^3\)

As housing costs increase faster than wages, people inevitably spend a greater percentage of their income on housing, if they are able. As shown in Figure 6, in 2019 55% of renters in Adams County spent 30% or more of their income on rent,\(^1\) exceeding the recommendation of The United States National Housing Act of 1937, still in use today. In Adams County, renters are more likely than homeowners to pay 30% or more of their income on housing.

Point-in-time surveys of the homeless population* in the metro area estimate a 6% increase in homeless persons in the past year (from 2019 to 2020). Persons of color make up a higher percentage of the homeless population than they do the general population. Of the over 6,100 homeless people surveyed, 10% were veterans, 7% were families, 5% were unaccompanied youth, and 12% were people fleeing domestic violence.\(^2\)

The COVID-19 pandemic in Colorado has highlighted and intensified problems residents face accessing affordable, safe housing in Adams County. So closely tied to economic security and other social and economic barriers to health, solutions to the housing crisis will need to be interconnected and address the many factors that contribute to accessible housing and overall wellbeing and health.

\(^1\)American Community Survey, U.S Census Bureau, 2019 5-year estimates
\(^3\)Human Impact Project. http://www.pewtrusts.org/~media/assets/2016/03/opportunities_for_the_housing_sector.pdf

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**Figure 5.** Percent change in avg monthly income & avg monthly rent costs between 2014 & 2019, Adams County

**Figure 6.** Percent of households paying 30%+ of household income on housing, 2017 & 2019, Adams Co.
Eating a nutritious diet is an important part of good overall health; it helps keep bodies functioning, improves maternal and child health, and reduces the risk of disease. Eating nutritiously is a challenge for many families, and accessing healthy foods became even more difficult during the COVID-19 pandemic. Not only did lockdown restrictions make it more difficult for some families to get to the grocery store, but rising unemployment, school closures and access to in-school food, and product scarcity added additional challenges. This combination of factors increased food insecurity across the country.

Retail food prices rose ~3.5% between 2019 and 2020. The increased price of food combined with job loss impacted many families in Adams County. The food insecurity rate, a measurement of food access, considers both unemployment and poverty. In Adams County, approximately 1 in 8 people (13%) was food insecure in 2020 compared to 8% in 2017 (Figure 7). Food insecurity is especially worrisome in vulnerable populations. Limitations with mobility and special diets put older adults at higher risk for food insecurity. Good nutrition is vital for the health and development of children as well as the energy and focus necessary to fully participate in school. Food insecurity in pregnant women has been linked to poor pregnancy outcomes including birth weight and gestational diabetes (Figure 8).

In a healthy community, all residents can access healthy, affordable food and are able to practice healthy eating habits. Healthy children have bodies more ready to learn and healthy adults are more productive. Providing access to affordable, healthy foods helps reduce risk for many health conditions and prevent chronic diseases, putting everyone on the path for good overall health.

When asked about affording basic expenses — such as food — 12% of Colorado families said they were financially stable prior to the pandemic but began to struggle after it began.

References:
Mental health, which includes our emotional, psychological, and social wellbeing, is important at every stage of life. It affects how we think, feel, and act. Mental health helps determine how we handle stress, relate to others, and make choices. Good mental health is important for our personal well-being, our relationships, and our ability to contribute to society. Poor mental health can increase the risk for other chronic health problems such as stroke, diabetes, and heart disease.¹

Even before the pandemic, mental health was a concern of our Adams County community members and partners, and one of the Priority Areas of the Public Health Improvement Plan.² In 2019, almost 13% of adults in Adams County reported mental distress (poor mental health for more than 14 consecutive days), and nearly one in five (18%) adults reported regular feelings of depression. More lower-income residents reported mental health distress than did higher-income residents, but racial/ethnic groups reported similar percentages of mental health distress in 2019 (Figure 9).³ Mothers with postpartum depressive symptoms (PDS), a mood disorder women can experience after childbirth, experience feelings of extreme sadness, anxiety, and exhaustion that may make it difficult for them to complete daily care activities for themselves or for others. In 2019, 11% of mothers in the county reported PDS. Women with lower incomes are more likely to report PDS.⁴

Children and youth also struggle with poor mental health. In 2020, American children reported higher stress levels than did adults and were more likely to experience common symptoms of depression.⁶ In fact, about one in seven (14%) Colorado youth reported at least one major depressive episode in 2020.⁶ Among Adams County high school students, nearly one-third (32%) stopped doing usual activities, a sign of mental distress (Figure 10).⁵ In order for teenagers to achieve good mental health, they must develop skills such as coping, resilience, and good judgment. Having a trusted confidante or support can aid in the development of resilience. In Adams County, 70% of students report having someone they can go to when they are feeling sad.⁵

Among the many ways the pandemic has changed our lives, it has certainly introduced new stressors and increased the mental health concerns of our community members. Growing uncertainty stemming from lockdowns and closures, economic hardship, and social isolation are associated with distress, anxiety, fear of contagion, depression, and insomnia.⁷ Acknowledging the mental health burden of the COVID-19 pandemic may open the doors for more widespread discussion around mental health in general and the forces that influence and amplify good mental health.

In a pandemic, fear increases anxiety and stress levels in healthy individuals and intensifies the symptoms of those with pre-existing psychiatric disorders.⁸

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Suicide is one of the most tragic consequences of untreated mental health needs. As seen in Figure 11, the monthly suicide rate in Adams County from 2019 to 2020 is fairly steady, with the highest rate occurring in November 2020.\(^1\) Despite the steady rate, Colorado hospitals reported a spike in both adult and adolescent emergency room visits related to mental health from March–May 2020, citing suicidal ideation and disaster-related mental health as the main reasons.\(^2\)

The impacts of a public health emergency like the COVID-19 pandemic on individuals’ mental health may lead to a range of unhealthy coping mechanisms, including substance use.\(^3\) In Colorado, 12% of adults and 5% of youth reported substance use in 2018.\(^4\) In 2019 in Adams County, 25% of students reported current (past 30-day) alcohol use, 18% reported current marijuana use, and 28% reported current use of an electronic vapor product.\(^5\)

Anecdotally, people report increased alcohol consumption during the early months of the pandemic. Monthly liquor excise taxes* in Colorado averaged $3.8 million from 2015 to 2019, but rose to $4.2 million in 2020—an 11% increase. Since 2015, liquor excise taxes have increased by 3.5% a year on average but from 2019 to 2020, this amount grew by 12%.\(^6\) Although we cannot look at the consumption of illegal drugs in the same way, data indicate that across the state of Colorado, the number of deaths by overdose grew 19% from 2019 to 2020 with an increase in the spring of 2020. In Adams County, provisional data indicate total annual overdose deaths increased 39% from 2019 to 2020 (208 to 290).\(^6\) (Figure 12)

The events of the past year have made challenging situations even more difficult for Adams County residents. More people report struggling with depression and poor mental health. Liquor sales increased along with emergency room visits due to mental health distress and drug overdose deaths. Reducing the environmental, social, and economic factors that contribute to stress, ensuring affordable access to mental health care services, and creating accepting, inclusive and supportive communities will help to bolster mental health for all, leading to higher productivity, safer communities, and optimal health and wellness.

\(^1\)Colorado Dept of Public Health & the Environment (2021). Colorado Health Information dataset
\(^2\)Colorado Hospital Association (2020). Hospital Utilization data.
\(^4\)Mental Health America (2021) State of Mental Health in America
\(^6\)Colorado Dept of Revenue (2021). Colorado Dept of Revenue liquor excise tax data

\(^*\)Liquor excise taxes measure taxes paid on quantities of alcohol manufactured and sold at the wholesale level. While this does not account for all retail alcohol sales, it does give an idea of the increased volume of alcohol sold by manufacturers and wholesalers.
The ability to access and afford the mental and physical health services needed to be healthy is one of the most important health problems identified by our community members. Although many factors influence health, people need access to services for prevention, management, and treatment of various health conditions and diseases. Comprehensive access to care must include the ability to find, afford, and make an appointment within a reasonable time period, with health care providers (including specialists), therapists, counselors, and other health care providers to maintain good health. Not only do these services need to be available to community residents, they need to be able to navigate the system in which they exist.

Health insurance, public or private, is the primary way in which people pay for and afford health services. In Adams County in 2019, 39% of people had public insurance, 52% had private insurance; and 9% were uninsured. The COVID-19 pandemic resulted in both job loss and loss of employer-sponsored, private coverage. Beginning in April 2020, and continuing every month through December 2020, more people enrolled in Medicaid than enrolled the month before (Figure 13).

Not everyone who is eligible for public health insurance is enrolled in a plan, however. Whereas virtually all eligible adults ages 65+ are enrolled in Medicare, fewer of those who are eligible for Medicaid or CHP+ are enrolled. In 2018, 7% of Coloradans eligible for Medicaid were not enrolled and nearly one-quarter (22%) of those eligible for CHP+ were not enrolled. People with insurance coverage can struggle to locate, access, or pay for primary and mental health care services for a variety of reasons. In Adams County, the percentage of people unable to get a primary care appointment when needed increased from 17% to 28% between 2017 and 2019. Additionally, 20% of residents cited work obligations and 17% cited cost as barriers to care. Residents looking for mental health care also faced obstacles: those who were unable to access mental health care doubled (from 6% to 12%) in the same time period.

Not everyone in our communities has equal access to health services and the COVID-19 pandemic has exacerbated this problem. A shift from in-person to telehealth services offers an opportunity to reach more community members; between January and April 2020 alone, there were 385% more telehealth services utilized than in all of 2019 in Adams County (Figure 14). However, data indicate people utilized fewer preventive services in general in 2020—even with increased use of telemedicine. Additionally, people living in zip codes with 80% or more residents of color experienced smaller increases in telemedicine usage than people living in zip codes with 80% or more white people. Affordable services help ensure that all people in our communities have the mental and physical energy, vitality, and resilience to obtain optimal health.

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1. TCHD (2018) Community Health Assessment
5. Colorado Department of Public Health & Financing (2020) Eligible but not enrolled population