Community Health Update

Douglas 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 Douglas 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: Douglas County

### Population

<table>
<thead>
<tr>
<th></th>
<th>2019 Population</th>
<th>2030 Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population*</td>
<td>351,528</td>
<td>410,108</td>
</tr>
<tr>
<td>Population Change*</td>
<td>+7% (2016 to 2019)</td>
<td>+17% (2019 to 2030)</td>
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</tbody>
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### Race/Ethnicity

- White Non-Hispanic*: 83%
- Hispanic*: 8%
- African-American*: 2%
- Asian*: 6%

### Age

- 0-17: 23%
- 18-64*: 64%
- 65+: 12%

### Other Characteristics

- Disability**: 7%
  - Includes hearing, vision, cognitive, ambulatory, self-care, and independent living difficulty
- Born Outside US**: 8%
- Households without broadband internet**: 3%

### Income

- Median Household Income**: $122,867
- Individuals Living at or Below Poverty**: 3%
- Children Living at or Below Poverty**: 2%
- Unemployment***: 6%

### Households

- Single Parent Households**: 4%
- Residents Age 65 or Older Living Alone**: 6%
- (of households with one member 65+)
- Linguistically Isolated Households**: 2%
  - (households where all adults speak a language other than English and none speaks English “very well”)

### Educational Attainment

- Less than High School**: 2%
- High School (Diploma or Equivalent)**: 13%
- Bachelor’s Degree or Higher**: 58%

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*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
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

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.

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 Douglas 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 the same 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% (46% in Douglas County) have experienced mental health strain, including anxiety, loneliness, or stress. Mental health 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.

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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 not covered by insurance, including one’s deductible, for example; 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 Douglas County, more people with incomes greater than $50,000 report their own general health as very good (47%) compared to people with incomes less than $25,000 (26%). Higher-income residents are also less likely to describe their health as fair (4%) compared to lower-income residents (25%). Lower-income residents were also more likely than higher-income residents to have ever been diagnosed with depression (37% compared to 12%).

In addition to its devastating physical and mental health impacts, the coronavirus pandemic continues to strain our 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 back 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 coronavirus 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 902% in Douglas County. Figure 4 shows weekly unemployment claims in 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 Douglas County residents precipitate difficulties they face maintaining affordable, stable housing and high quality of life. The worry and concern related to financial struggle, unemployment, and fear of uncertain situations 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, Douglas County, 2019

Figure 4. Weekly unemployment insurance claims, Douglas County, 2019 compared to 2020

Source: Colorado Dept. of Labor & Employment

Where we live is directly connected to our health and safety. Without adequate housing, people have trouble managing 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 and limited housing exacerbated the affordable housing shortage. Between 2014 and 2019, the median monthly household income for residents in Douglas County increased by 17% while the median monthly rent increased by 27%; the cost of housing is outpacing the increase in wages (Figure 5). These issues have only increased since the coronavirus pandemic, due in part to historic increases in unemployment, stable or even declining wages, and limited affordable housing are becoming more pronounced.

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

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, 44% of renters in Douglas County spend 30% or more of their income on rent, exceeding the recommendation of The United States National Housing Act of 1937, still in use today. In Douglas 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 estimate a 6% increase in homeless persons in the past year (from 2019 to 2020) in the metro area. 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.

The coronavirus pandemic in Colorado has exacerbated problems residents face accessing affordable, safe housing in the metro area. 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.

Figure 6. Percent of households paying 30% or more of household income on housing, 2019, Douglas County

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

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

*Point-in-time surveys are not true counts of the homeless population, but often the best existing data
**Homeowners with a mortgage
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.\(^1\) 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.\(^2\)

Retail food prices rose ~3.5% between 2019 and 2020.\(^3\) The increased price of food combined with job loss, impacted many families in Douglas County. The food insecurity rate, a measurement of food access, considers both unemployment and poverty. In Douglas County, it is estimated that 9% of people (nearly one in 10) were food insecure in 2020 compared to 6% in 2018 (Figure 7).\(^2\) Adults aged 65 and older, children, and pregnant women face unique challenges related to food insecurity (Figure 8). Mobility issues and special diets put older adults at higher risk for food insecurity and food-insecure children may not get the nutrients they need for healthy development, as well as the energy and focus necessary to fully participate in school.\(^2\) Food insecurity in pregnant women has been linked to poorer pregnancy outcomes including birth weight and gestational diabetes.\(^6\) Luckily, few women in Douglas County report food insecurity in the year before becoming pregnant (Figure 8).

Women were especially impacted over the past year; not only do more women work in the industries impacted by stay-at-home orders, but they experienced disproportionate job loss during the pandemic.\(^7\) Women are also often the primary caregivers and household managers. The Supplemental Nutrition Assistance Program (SNAP) and the Supplemental Nutrition Program for Women, Infants, and Children (WIC) support families facing food insecurity; the programs supplement food budgets and help families understand nutrition and how to make healthy food choices. From 2018 to 2020, the number of Douglas County families who applied for and received SNAP assistance grew by 30%, totaling over one million dollars.\(^8\) WIC staff also work to increase program enrollment; only 39% of eligible people were enrolled in 2017.\(^9\)

In a healthy community, all residents can access healthy, affordable food and are able to practice healthy eating habits. Healthy children learn better and healthy adults are more productive.\(^1\) 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.\(^4\)

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\(^3\)United States Department of Agriculture (2021). Consumer Price Index data
\(^4\)Hunger Free Colorado (2020). Statewide Food Insecurity Survey
\(^8\)Colorado Dept. of Human Services (2020). SNAP Case, Client and Issuance reports.
\(^9\)Colorado Dept. of Public Health & Environment (2020). WIC eligibility and enrollment data.
Mental health, which includes our emotional, psychological, and social well-being, 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 to members of our Douglas County community and one of our Public Health Improvement Plan Priority Areas.² In 2019, 10% of adults in Douglas County reported mental distress (poor mental health for more than 14 days), and nearly 14% of adults reported regular feelings of depression. More lower-income residents reported mental health distress than did higher-income residents; racial/ethnic groups reported similar percentages of mental health distress in 2019 (Figure 8).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, 10% of mothers in the county reported 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.⁵ In fact, about one in seven (14%) Colorado youth reported at least one major depressive episode in 2020.⁶ Among Douglas County high school students, one-third (31%) stopped doing usual activities, a sign of mental distress (Figure 9).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 Douglas County, 76% of students have someone they can go to when they are feeling sad.⁵

The pandemic has changed our lives, introducing new stressors and further increasing mental health concerns among 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 coronavirus 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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¹Centers for Disease Control & Prevention (2018). Learn About Mental Health: Mental Health Basics
²Tri-County Health Department (2018). Community Health Assessment
³Behavioral Risk Factor Surveillance System (2017-2019)
⁴Colorado Dept. of Public Health & Environment (2019) Pregnancy Risk Factors Assessment System
⁶Mental Health America (2021), State of Mental Health in America
Suicide is one of the most tragic consequences of untreated mental health problems. As seen in Figure 11, the annual suicide rate in Douglas County is fairly steady. However, Colorado hospitals reported an increase 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.

The impacts of a public health emergency, like the coronavirus pandemic, on individuals’ mental health may lead to a range of unhealthy coping mechanisms, including substance abuse. In Colorado, 12% of adults reported substance use in 2018. Among Colorado youth, 5% reported substance use in the same year. In Douglas County in 2019, 29% of students reported drinking alcohol at least once in the past 30 days, 13% smoked marijuana at least once, and 21% used an electronic vape product at least once.

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%. Although we cannot look at the consumption of illegal drugs in the same way, data do show that across the state of Colorado, the number of deaths by overdose grew by 19% from 2019 to 2020 with an uptick in the spring of 2020. In Douglas County, provisional data indicate total annual overdose deaths increased by 35% from 2019 to 2020 (213 to 287). The provisional 2020 overdose death rate is higher than in previous years.

The events of the past year have made challenging situations even more difficult for Douglas County residents. More people report struggling with depression and poor mental health. Liquor sales have increased as have emergency room visits due to mental health distress and deaths from drug overdose. 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.

In 2019, 1 in 10 adults in the United States reported symptoms of anxiety or depression. During the pandemic nearly 4 in 10 adults reported the same symptoms.

*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 Douglas County in 2019, 18% of people had public insurance, 79% had private insurance; and 3% were uninsured. The coronavirus 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 Douglas County residents eligible for Medicaid were not enrolled and 6% 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 Douglas County, the percentage of people unable to get an appointment when needed increased from 8% to 20% between 2017 and 2019. Additionally, 13% of residents reported that finding a doctor who accepted their insurance was an issue and 10% cited cost as barriers to care. Residents looking for mental health care also faced obstacles; those who were unable to access mental health care quadrupled (from 3% to 13%) 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 322% more telehealth services utilized than in all of 2019 in Douglas 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.