

BEHAVIORAL HEALTH IN PUEBLO COUNTY



Prevent • Promote • Protect

Facts and figures
related to the 2018-
2022 Community
Health Assessment
priority.

December 2016

Introduction

“Mental and substance use disorders affect people from all walks of life and all age groups. These illnesses are common, recurrent, and often serious, but they are treatable and many people do recover”¹. It is estimated that 13.6 million adults in the U.S. experienced some form of mental illness in 2014. Furthermore, 20.2 million adults had a substance use disorder and 7.9 million had a co-occurring mental health and substance use disorder¹.

Mental health and substance abuse were two of the three top priorities identified through the community health assessment process led by the Pueblo City-County Health Department (PCCHD) to be addressed from 2018 to 2022. The comprehensive assessment was compiled from a thorough analysis of data collection and feedback from leaders and members of the Pueblo community. Behavioral health is a term used to describe both mental health and substance abuse because these issues often co-occur and must be treated simultaneously. Therefore, if Pueblo County residents used effective behavioral health treatment and services they would be more likely to reach their full potential, cope with the stresses of life, be productive workers, and make meaningful contributions to the community when they are engaging in positive health behaviors.

Using This Report

There are multiple goals PCCHD hopes to achieve with this report.

- Allow the community to examine an issue from a similar perspective and knowledge base in order to determine common efforts to address behavioral health.
- Celebrate successes through pinpointing areas where Pueblo County excels. PCCHD firmly believes the data should not be used to only highlight shortcomings, but also to spur action.
- Use this information in order to create a five-year action plan detailing actions to be taken by the community to make positive impacts.

Understanding the impact of an issue on the community is vital for making crucial decisions related to policies, services, programs, funding and organizational efforts. The data contained in this report should be used to examine behavioral health issues in-depth. This analysis examined how behavioral health issues are impacting different segments of the population disproportionately and what community resources are currently available to improve the health of Pueblo County residents.

Moving forward, data will be used to track progress and determine if efforts are making a difference and achieving the desired outcome. Thus, the data within this report will be updated on a regular basis by PCCHD and analyzed by the Community Health Assessment Steering Committee to determine trends, changes and discuss how the data is driving efforts.

Data Related to Behavioral Health

The information below provides a snapshot of the most recent data available on behavioral health issues in Pueblo County. The data represents the entire adult or high school population in Pueblo County. Additionally, PCCHD analyzed the available data further to determine if, and where, disparities and inequalities existed. A health disparity exists when there is a statistically significant difference

between data points for two populations. According to the Centers for Disease Control and Prevention (CDC), a health inequity exists when the disparity is due to differences in social, economic or healthcare resources².

When analyzing the data, significant variations were noted when adequate data was available to determine statistical differences. When available, differences were examined based on age, gender, race/ethnicity, income and education. Based on Pueblo County’s size and survey participation numbers, data is limited and further stratification is not possible.

The sections below summarize the data specific to various mental health and substance abuse issues.

To start on a positive note, Pueblo County’s rates for women drinking alcohol during pregnancy are significantly **lower** than the state of Colorado³. Additionally, Pueblo County’s rate of adult’s binge drinking is **lower** than the Healthy People 2020 goal of 24.3%⁵.

| Data Indicator | Pueblo | Colorado |
|---------------------------------------------------------------------------------------|--------|----------|
| Percent of adults who currently use marijuana, 2014 ⁵ | 12.7% | 13.6% |
| Percent of adults who reported binge drinking in past 30 days, 2012-2014 ⁵ | 15.6% | 18.4% |

| Data Indicator | Pueblo | Colorado |
|-------------------------------------------------------------------------------------------------------------------------|--------|----------|
| Adult mental health hospitalizations rate (per 100,000), 2012-2014 ⁶ | 4083.8 | 2731.1 |
| Adult suicide hospitalizations rate (per 100,000), 2012-2014 ⁶ | 92.3 | 48.9 |
| Note: Pueblo County’s rates are significantly higher for both indicators when compared to the state of Colorado. | | |

The U.S. Surgeon General’s report states “There is no safe level of exposure to tobacco smoke. Any exposure to tobacco smoke—even an occasional cigarette or exposure to secondhand smoke—is harmful. Damage from tobacco smoke is immediate.”

Tobacco is often included with substance abuse due to the addictive properties and classification as a drug at the federal level. Additionally, “people with mental and/or substance abuse disorders account for 40% of all cigarettes smoked in the United States. Research shows that quitting smoking can improve mental health and addiction recovery outcomes”⁴.

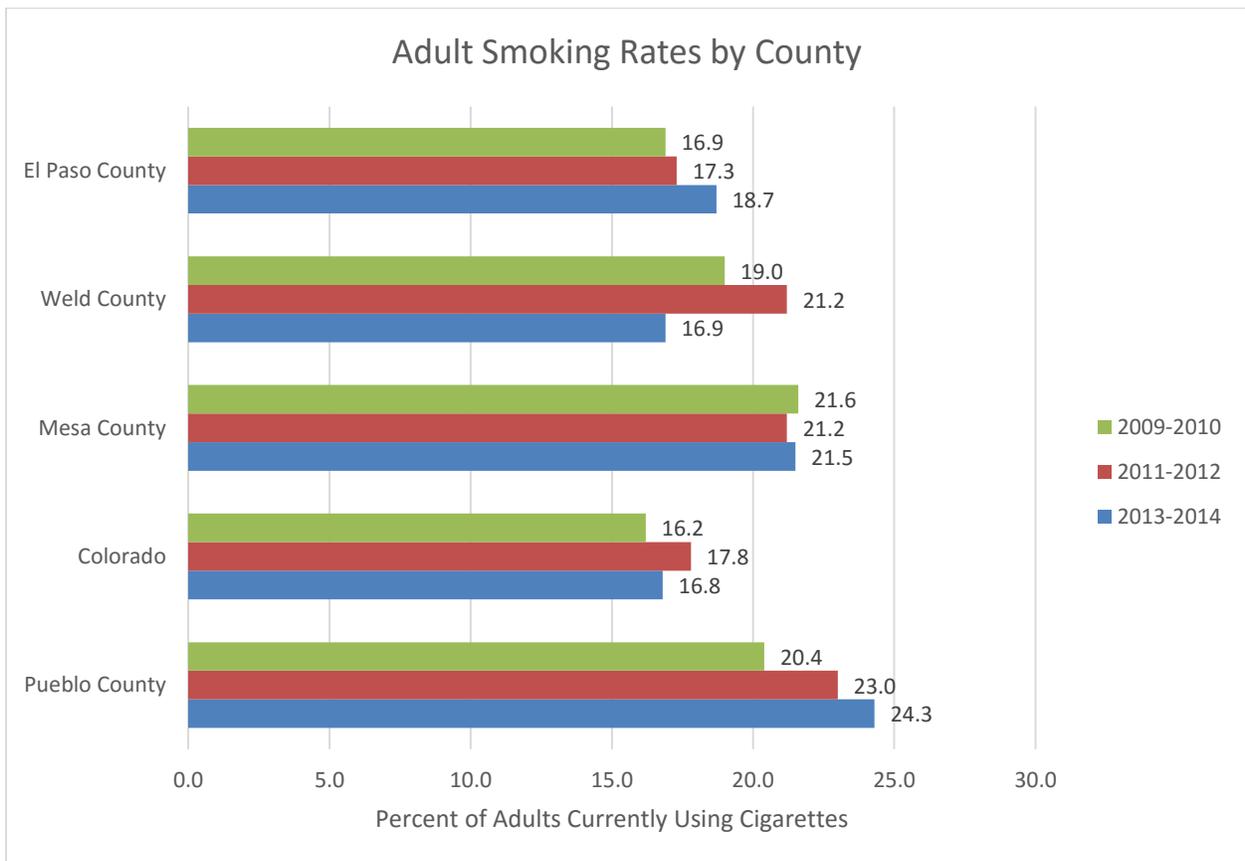


Figure 1: Adult Smoking⁵

Notes on Smoking Data:

- Smoking rates in Colorado, and Pueblo County, have not changed significantly since prior to 2009⁵.
- Adult smoking rates are higher among those 25-54 years of age and lowest among those over 65 years of age⁵.
- Significantly more individuals with less than a high school diploma smoke than any other education level⁵.

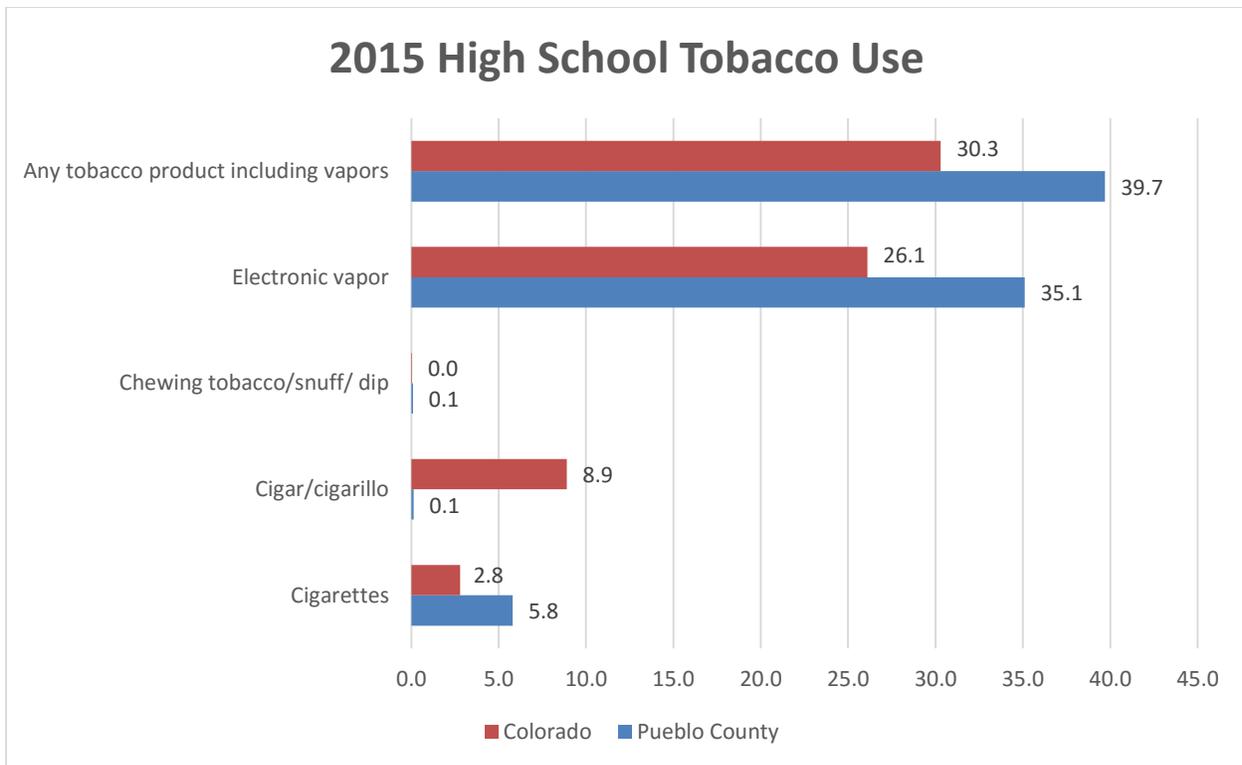


Figure 2: High school tobacco⁸

Notes on High School Tobacco Data⁸:

- Students reporting use of an electronic vapor product do not follow the same trends for other tobacco products. More than half of all students report ever trying the products, with 35% using it in the past 30 days. Also, there is no difference between gender or age; all students are using at similar rates.
- High school smoking rates are significantly **higher** among males and **lower** among those 15 years and younger.
 - Rates increase significantly with each grade.
 - Hispanic/Latino students smoke at significantly lower rates.
 - Those identifying as multiple races smoke at significantly higher rates than all racial categories.
 - Those identifying as heterosexual smoke at significantly lower rates.
- Rates for high school students who used tobacco products other than cigarettes (cigars, chewing tobacco, spitless tobacco) show significantly more males and older students using these products.
 - White students and those identifying as heterosexual are using at significantly lower rates.

Hospitalizations per 100,000 from Drug Poisonings, 2014

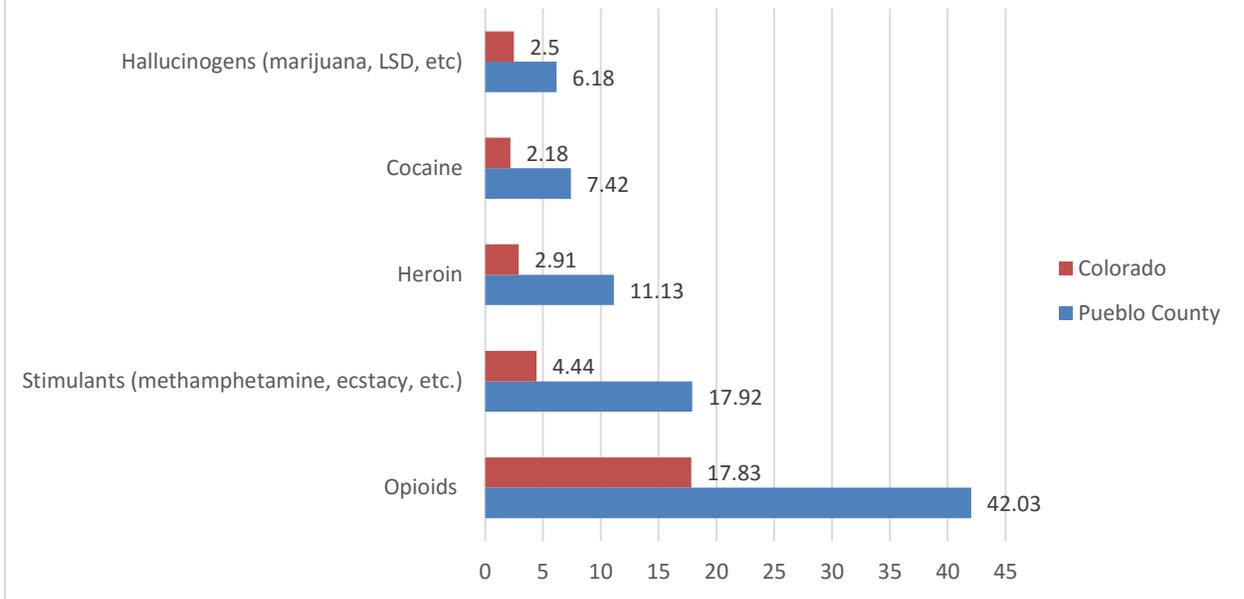


Figure 3: Drug poisonings⁶

| Data Indicator | Pueblo | Colorado |
|-----------------------------------------------------------------------------------|--------|----------|
| Total drug poisoning hospitalizations (crude rate per 100,000), 2014 ⁶ | 174.92 | 85.22 |

Deaths per 100,000 from Drug Poisonings, 2014

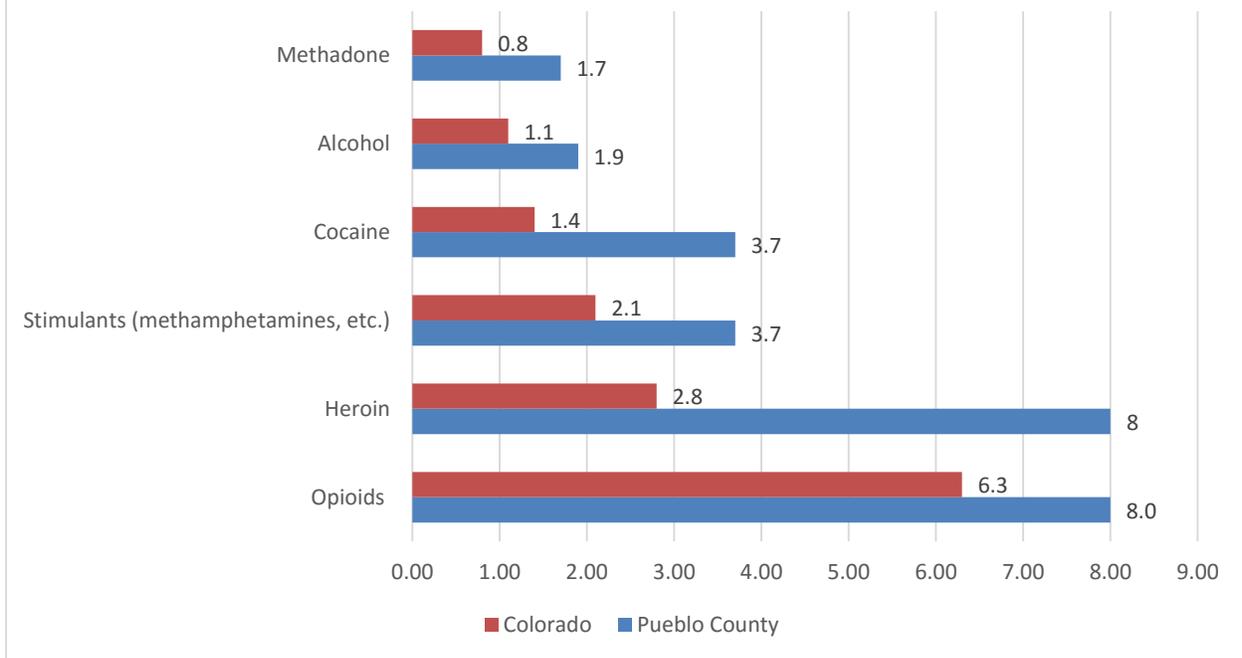


Figure 4: Drug Poisoning deaths⁷

Notes on Adult Drug Use Data:

- Hospitalization rates for alcohol are significantly higher than any other drug category at 961.75 per 100,000 for Pueblo County vs Colorado at 607.83 (2014)⁶.
- Significantly more high school males use heroin than females⁸.

| Data Indicator | Pueblo | Colorado |
|-----------------------------------------------------------------------|--------|----------|
| Total Drug poisoning deaths (rate per 100,000) 2013-2015 ⁷ | 28 | 16.1 |

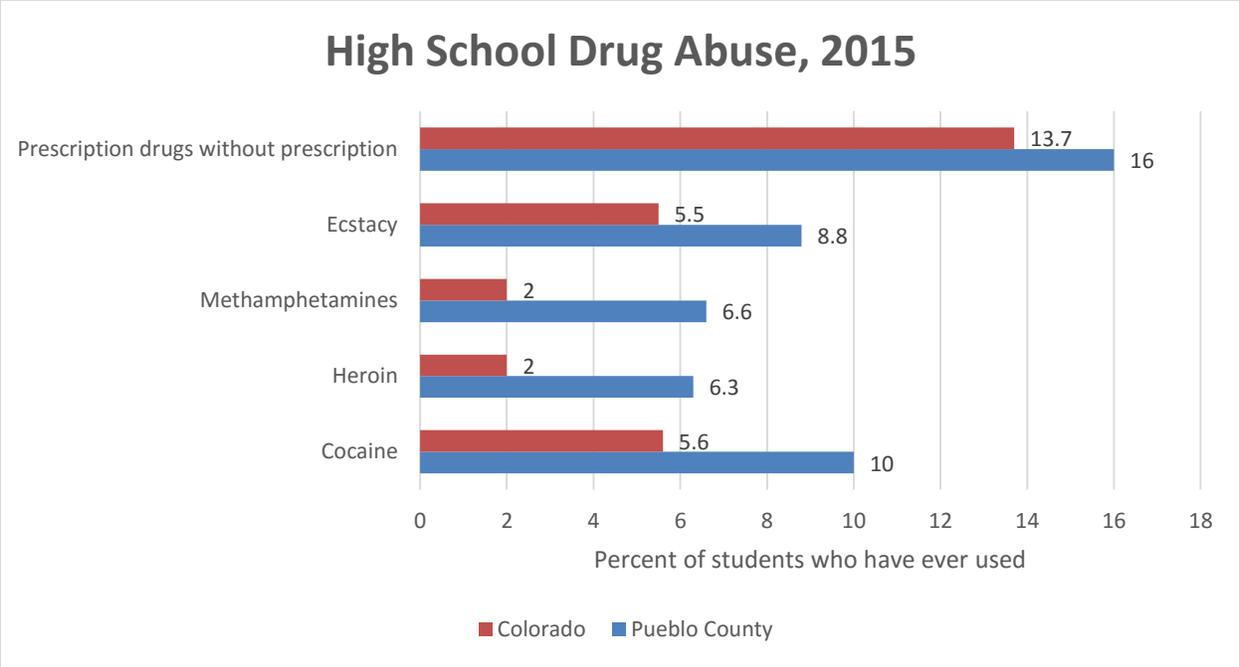


Figure 5: High school drug use⁸

Note: prescription drug abuse is usage without a prescription.

| Data Indicator | Pueblo | Colorado |
|-----------------------------------------------------------------------------------------------------------------|--------|----------|
| Percent of high school students who used marijuana one or more times during the past 30 days, 2015 ⁸ | 30.1% | 21.2% |
| Percent of high school students who binge drank in past 30 days, 2015 ⁸ | 20.8% | 16.6% |

Notes on High School Drug Use Data⁸:

- High school binge drinkers are significantly
 - less likely to be in 9th grade or under the age of 15 years,
 - more likely to report multiple races,
 - and unsure of their sexual orientation.
- High school students who have ever used marijuana or used it at least once in the past 30 days are significantly less likely to be 9th grade or under age 15 years, white and heterosexual.
- Cocaine, heroin, methamphetamine and prescription drug use in high school students is significantly higher among males and increases significantly through each age group. Use also increases significantly among those identifying as something other than heterosexual and multiple races.
 - The same is true for ecstasy use; however, there is a significant difference among each racial category. Those reporting multiple races indicated the highest usage rates.

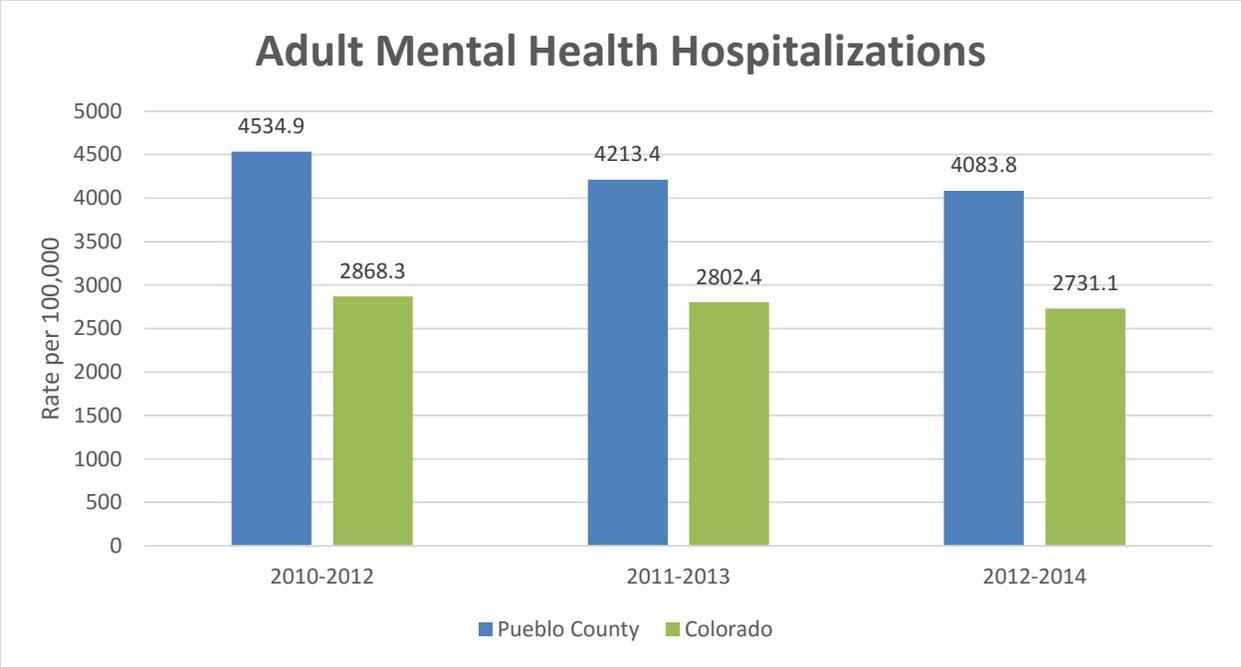


Figure 6: Adult Mental Health⁶

Note: significant decrease in rates each year for Pueblo County and Colorado.

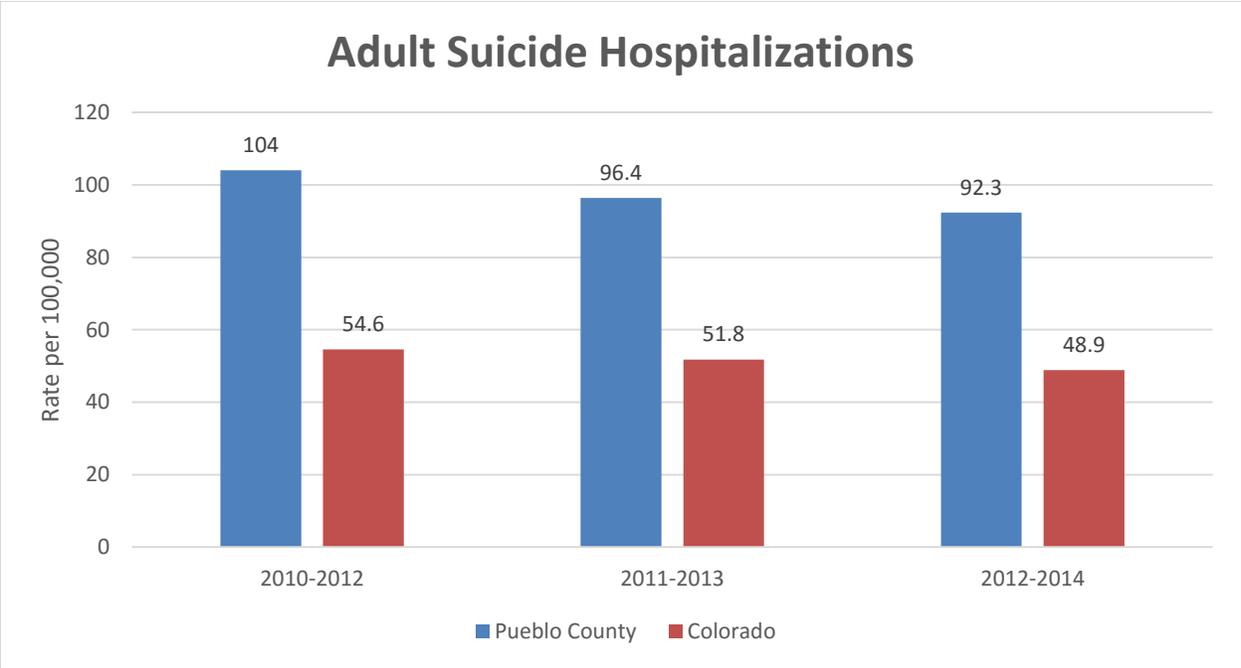


Figure 7: Adult Suicide⁶

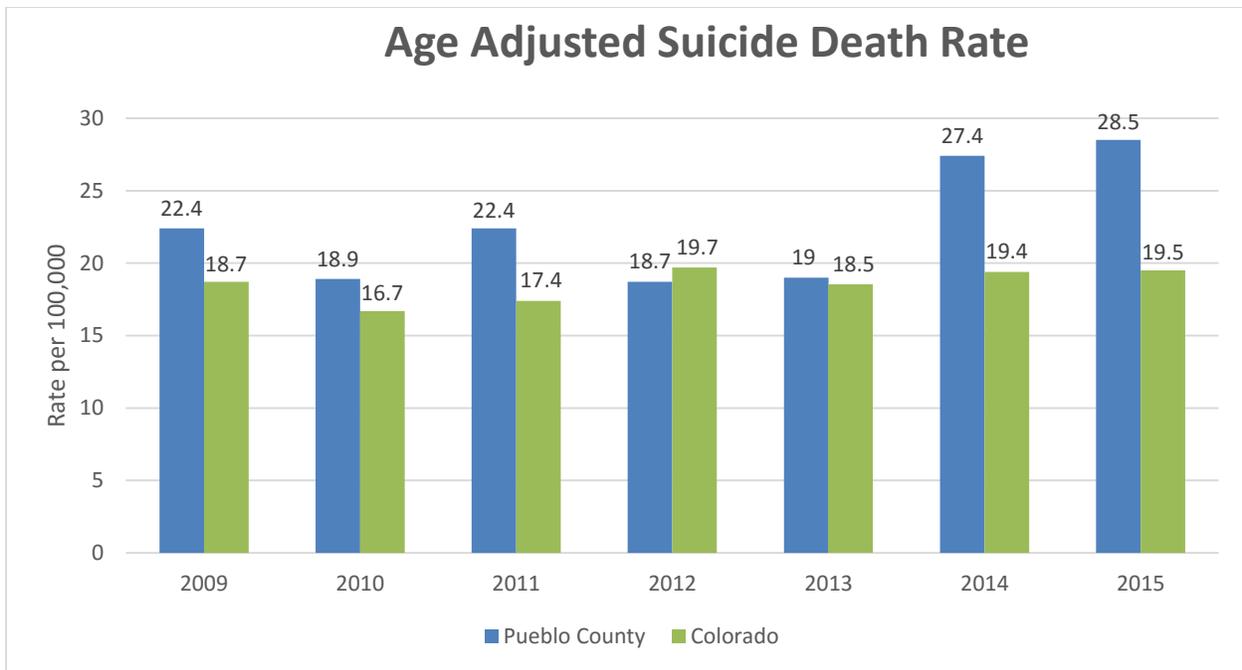


Figure 8: Adult suicide⁶

Notes on Suicide Data:

- Suicide hospitalization rates are significantly lower in those 55 years and above and highest for those 25-34 years of age⁶.
- Pueblo is consistent with state and national trends indicating⁶:
 - More females than males are hospitalized for suicide attempts.
 - More males die from suicide attempts than females.
- Suicide death rates are the highest among ages 35-44 years and 55-64 years⁷.

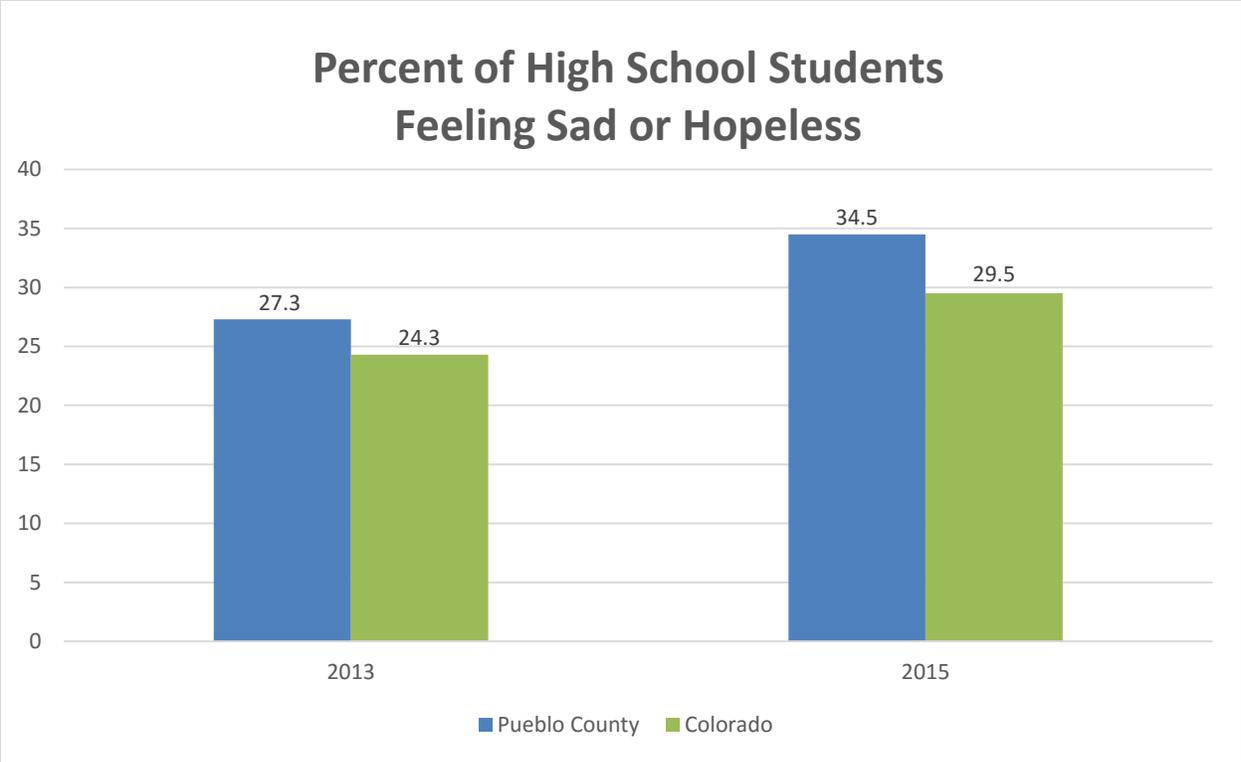


Figure 9: High school depression⁸

Healthy Kids Colorado Survey question stated: Percent of high school students who felt sad or hopeless almost every day for two or more weeks in a row that they stopped doing some usual activities during the past 12 months⁸.

| Data Indicator | Pueblo | Colorado |
|--------------------------------------------------------------------------------------------------------------------------|--------|----------|
| Percent of high school students who seriously considered attempting suicide during the past 12 months, 2015 ⁸ | 21% | 17.4% |
| Percent of students who actually attempted suicide one or more times during the past 12 months, 2015 ⁸ | 11.5% | 7.8% |

Notes on High School Behavioral Health Data⁸:

- More female and 10th grade students report depressive symptoms that interfere with normal activities.
- Individuals identifying as gay, lesbian or bisexual or unsure in sexual orientation report significantly higher depressive symptoms and attempted suicides.
- Female students contemplate and attempt suicide at significantly higher rates than their male counterparts.
 - More students under the age of 15 years attempted suicide.

Factors Contributing to Health Challenges

Behavioral health is a complex issue impacted by a variety of “social factors such as housing, safe neighborhoods, education, adequate employment, social connectedness and high quality, integrated health care. Living in poverty often has associated stresses that can be linked to decreased cognitive development, depression, increased drug use and a higher risk of some chronic diseases. Additionally, health systems that fail to provide person-centered care and treat conditions as isolated issues result in poor quality care and high costs⁹.

Within Pueblo County, community participants noted several other contributing challenges related to behavioral health during a SWOT (strengths, weaknesses, opportunities, and threats) assessment. Those include the stigma around seeking care, workforce shortage, lack of communication between providers, lack of resources for prevention and treatment, lack of resources in the schools, a community culture supportive of drug use, lack of workforce skills for employment, economic drivers, and availability of substances.

Additionally, the report *Chronic Health Conditions and Access to Care in Pueblo County*¹⁰ found that initial observations regarding the number of mental health providers in Pueblo County seems favorable. However, after further analysis while the number of providers is accurate, the number that are available to the general public is less than reported. Due to the location of the Colorado Mental Health Institute-Pueblo (CMHIP) within the community the number of providers recorded is high. However, CMHIP providers are unavailable for the general public and can only be accessed through the court system.

Within Pueblo County there are also a significant amount of individuals with co-occurring chronic conditions. This is often compacted with mental health and substance use. Often the hardship experienced by an individual dealing with a chronic disease brings on depressive symptoms. In fact, major depression is consistently higher in people affected by chronic disease. Additionally, patients with depression are “three times more likely not to comply with medical regimens than non-depressed patients”¹¹.

Next, the cost to treat behavioral health conditions such a depression often cost more than the cost to treat cancer¹¹. Compound this with the fact that behavioral health issues often manifest early in life and require long-term treatment and this is a burden that many within Pueblo County simply cannot bear.

Last, an influx in homeless population may explain some of the mental health needs in Pueblo County. In 2015, there were 2,700 people experiencing homelessness living in Pueblo County based on a point-in-time count conducted by Posada and Housing and Urban Development (HUD). The number of people experiencing homelessness in Pueblo County has increased 54% from 2013 to 2014. Reasons for the influx in the homeless population in Pueblo County may be

due to the lower cost of living in Pueblo County, legalization of marijuana, and potential jobs linked to the marijuana industry. There is a likely association among increase in homelessness, substance abuse, and poor mental health in Pueblo County¹⁰.

Resources

The following assets were identified during a public meeting in November of 2016. These assets already are, or could be, deployed to address behavioral health concerns within the community. Assets change quickly; PCCHD does not guarantee the accuracy of this list.

| Assets in Pueblo County to Address Behavioral Health | | |
|------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| Agency or Organization | Services/ Programs | Contact Name |
| Addict to Athlete | Weekly support meetings for addiction/compulsive behaviors followed by a workout | Rob Archuletta |
| Boys & Girls Clubs of Pueblo County | Substance abuse prevention and education | Melanie Bravo |
| Cathedral of the Sacred Heart, Diocese of Pueblo | Assistance and referral for mental health and homelessness | Deacon Dan Leetch |
| Crossroads' Turning Points, Inc. | Treatment of substance abuse disorders and co-occurring disorders | Charles Davis |
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| CSU-Pueblo | ATOD program | Sarah Lawson |
| CSU-Pueblo | Mindfulness in schools | Carol Foust |
| El Pueblo | Residential treatment and day school program | |
| Friendly Harbor | Drop-in center for mental health support | Patrick Hurley |
| HB 1451 | Family Support Teams | Michael Botello |
| Health Solutions | Integrated medical and behavioral healthcare, in-home services, school-based services, crisis services, acute treatment, horticulture therapy | Dorothy Perry |
| Just Do the Right Thing | Facebook page to educate youth and parents on alternatives to alcohol use and abuse, educating adults to stop giving alcohol to minors | |
| Mothers Against Drunk Driving (MADD) | Underage drinking education through presentations to youth | |

| | | |
|----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|-----------------------|
| Maple Star Child Placement | Teen Keep program- addresses challenges of adolescence and supports everyone in strengths based manner | Debi Grebink |
| One CommUNITY | Communication, networking and connections | Cheryl Reid |
| Parkview Medical Center | In-patient program for teens with substance abuse and co-occurring disorders, chemical dependency unit | Cindy Fuentes |
| Pueblo City-County Health Department | SIM Grant | Kim Whittington |
| Pueblo Community Health Center | Integrated medical care | Donald Moore |
| Posada | Mental health referrals and support, outreach for homeless, full continuum of health services and referrals for transitional aged youth | Anne Stattelman |
| Pueblo City Schools | School Wellness Centers | Amy Winegardener |
| Pueblo City Schools | Behavioral health | Jason Cellan |
| Pueblo Community College | Freedom from Smoking Cessation Classes | |
| Pueblo County Sheriff | Referral/Discussion/Confinement | JR Hall- Undersheriff |
| Rise Above Colorado | Promote youth engagement with the goal of preventing substance misuse | Kavitha Kailasam |
| Southern CO Aids Project (SCAP) | Needle exchange | Dr. Nerenburg |
| Senate Bill 94 | Juvenile Justice | Kelsey Moore |
| St. Mary Corwin | Mindfulness Classes | Jude LaFollette |
| St. Mary-Corwin | Freedom from Smoking Cessation Classes | |
| State of Grace Counseling | Therapy/Anger management | Lenny Ruiz |
| Victory Life Ministries | Christian recovery homes for adult men and women with drug and/or alcohol problems | Pastor Darin Carroll |
| Young People in Recovery | Supporting young people seeking recovery through employment, housing and education | Chris Carter |
| <u>Overarching Resources:</u> independent counselors, medical providers and medical clinics | | |

Within Pueblo County, community participants noted several other community strengths and assets related to behavioral health during a SWOT assessment. Those include local educational programs related to the health field (nursing, mental health nurse practitioner program, etc.), free well child visits, family supports, school-based mental health services, mentoring with youth, trained first responders, programs (mindfulness, Health Solutions, Adverse Childhood Experiences, etc.), and inter-agency collaboration.

Call to Action

In order to truly improve the health of Pueblo County and create a community that values, supports, engages in, and seeks out health, it will take every person, organization and leader. Engagement could include actions such as promoting resources, ensuring policies and procedures do not create or worsen health inequities, supporting existing efforts or even starting new efforts to fill known gaps.

PCCHD along with community partners will use the information contained in this report along with knowledge of evidence-based strategies to create a community health improvement plan. The plan will outline specific strategies to be implemented along with who will be involved in those efforts and timelines for implementation. For more information on this process contact Shylo Dennison, PCCHD Public Health Planner, at 719-583-4353 or email dennison@pueblocounty.us.

Citations

¹ Substance Abuse and Mental Health Services Administration [Internet]. **Mental Health and Substance Use Disorders Overview**. Available from: <http://www.samhsa.gov/disorders>

² Klein, R., Huang, D. [Internet]. **Defining and Measuring Disparities, Inequities, and Inequalities in the Healthy People Initiative**. Available at: https://www.cdc.gov/nchs/ppt/nchs2010/41_klein.pdf

³ Colorado Department of Public Health and Environment [Internet]. Colorado Health Indicators: **Pregnancy Risk Assessment Monitoring System**. Available from: <http://www.chd.dphe.state.co.us/HealthIndicators/Indicators/RegionMap/7?id2=101&id3=1&id4=1>

⁴ Substance Abuse and Mental Health Services Administration [Internet]. **Alcohol, Tobacco and Other Drugs: Tobacco**. Available from: <http://www.samhsa.gov/atod/tobacco>

⁵ Colorado Department of Public Health and Environment [Internet]. Colorado Health Indicators: **Behavioral Risk Factor Surveillance System**. Available from: <http://www.chd.dphe.state.co.us/HealthIndicators/Indicators/RegionMap/7?id2=101&id3=1&id4=1>

⁶ Colorado Department of Public Health and Environment [Internet]. Colorado Health Indicators: **Colorado Health and Hospitalization Association**. Available from: <http://www.chd.dphe.state.co.us/HealthIndicators/Indicators/RegionMap/7?id2=101&id3=1&id4=1>

⁷ Colorado Department of Public Health and Environment [Internet]. Colorado Health Indicators: **Colorado Vital Statistics**. Available from: <http://www.chd.dphe.state.co.us/HealthIndicators/Indicators/RegionMap/7?id2=101&id3=1&id4=1>

⁸ Colorado Department of Public Health and Environment [Internet]. Colorado Health Indicators: **Healthy Kids CO Survey**. Available from: <http://www.chd.dphe.state.co.us/HealthIndicators/Indicators/RegionMap/7?id2=101&id3=1&id4=1>

⁹ Colorado Department of Public Health and Environment [Print]. **Healthy Colorado: Shaping a State of Health, Colorado's Plan for Improving Public Health and the Environment 2015-2019**.

¹⁰ Hill, Anne and Jennifer Case [Print]. **Chronic Health Conditions and Access to Care in Pueblo County**. Pueblo City-County Health Department, 2015.

¹¹ World Health Organization [Print]. (2003). **Investing in mental health**. Geneva.