



A Look at Health and Its Determinants Across Weld County

A Community Health Assessment Report

Weld County Department of Public Health and Environment

October 2021



Letter from the Director

Dear Partner in Health,

I am pleased to share *A Look at Health and Its Determinants Across Weld County, A Community Health Assessment Report*. This report provides an update on our population's health overall and looks at the relationship between health and some of the determinants of health that influence residents' health. Although many of our residents and communities enjoy very good health, we know there is room for improvement for others.

We compiled this report to inform future discussions on how to continue to improve the health and wellbeing of our residents beyond what previously has been done. We are sharing it as the starting point for new conversations and strategic actions. We look forward to engaging a broad spectrum of residents, communities, and partners from government and the private sector that represent the whole community.

While this document uses data to describe the challenges we face, it is important to remember there are many people already working for change across Weld County, including the dedicated partners and residents we work with. In addition, health interventions are all around us — from programs that help youth graduate from high school to people working to enhance our mental health care system to home-visiting programs that meet residents where they live — working to improve health collectively.

On behalf of the staff of the Weld County Department of Public Health and Environment, we look forward to each of you becoming involved in making Weld County a healthier and thriving community.

Sincerely,

Mark Lawley

Executive Director

Weld County Department of Public Health and Environment

This report was produced by the Weld County Department of Public Health and Environment. Our vision is that everyone in Weld County has the opportunity to live their healthiest lives, and our goal is to protect and improve the wellbeing of the Weld County community by preventing disease, illness, and injury and impacting social and economic factors that are fundamental to excellent health.

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Table of Contents

Executive Summary	5
Introduction and Methods	7
Determinants of Health	9
Weld County Demographic Profile	11
Mortality and Morbidity	15
Leading Causes of Death	15
Life Expectancy	19
Years of Potential Life Lost (YPLL)	20
Health Status and Health Behaviors	21
Self-Rated Health	22
Chronic Conditions	22
Overweight and Obesity	29
Fruit and Vegetable Consumption	30
Immunizations	31
Smoking and Tobacco Use	33
Health Insurance and Coverage	34
Insurance Status	34
Regular Source of Care	35
Maternal and Child Health	35
Live Births	35
Infant and Maternal Mortality	36
Low Birth Weight	37
Preterm Births	38
Prenatal Care Initiation	39
Adolescent Health	39
The Environment and Health	48
Housing	48

Lead	50
Radon.....	51
Food Access	52
Physical Environment	53
Infectious Diseases	54
Enteric Diseases	54
Vaccine-Preventable Diseases	57
Zoonotic Diseases	57
COVID-19	58
Mental Health.....	62
Depression, Anxiety, and Other Mental Health Conditions.....	62
Needed Mental Health Care	63
Suicide.....	64
Drug Overdose	66
Conclusions and Next Steps	69
References.....	70
Appendix 1: Weld County Asset Inventory	73
Appendix 2: Years of Potential Life Lost Before the Age of 65, Weld County...	79
Appendix 3: Top 10 Causes of Death in Weld County, Number of Deaths and Rate per 100,000 Residents, All Ages, 2010-2019	80

Executive Summary

This report details the health status of Weld County residents. Weld County is changing, and the population is growing and becoming more diverse. The following list summarizes seven (7) key findings in this report:

Overall health status varies by many factors and there are shared modifiable risk factors (such as diet, exercise, smoking, and weight status) for many diseases.

Heart disease (the overall combined leading cause of death in Weld County) and various types of cancer share the risk factors of tobacco use, overweight or obesity, physical inactivity, dietary factors, and alcohol use. The data showed that more than half of adult residents regularly consume alcohol, and about 1 in 4 adult residents report consuming the recommended number of fruits and/or vegetables per day for optimal nutrition.

Weld County spans over 4,000 miles, and differences in health status exist within Weld County's diverse geography. For example, heart disease mortality rates, are higher in the areas of Greeley, Windsor, and Severance compared to other areas. Teen birth rates are higher in areas surrounding Greeley, northern Weld County, northern Frederick, and northern Fort Lupton compared to other areas in Weld County.



Weld County's projected population growth and increasing lack of housing affordability may contribute to poorer health for low- to moderate-income earners.

With Weld County's expected population growth to nearly 550,000 residents by 2040, housing options and affordability are significant concerns for all Weld County residents, but especially low- to moderate-income earners. For example, in 2019, low-income earners in Weld County reported higher rates of housing instability. Those same residents also rated their health more poorly compared to those who did not report housing instability.



Poor mental health indicators have grown since 2016, and the age-adjusted rate of suicide for Weld County residents has increased.

Since 2016, the percent of residents who were diagnosed with depression or anxiety increased. Likewise, the percent of residents who reported they needed mental health care increased to nearly 1 in 3 residents. The age-adjusted suicide rate in Weld County continues an upward trend and is one of the top contributors to premature death in the county.



Infectious diseases and COVID-19 have disproportionately

burdened Hispanic/Latino residents. In 2020, deaths due to COVID-19 was the third leading cause of death for Weld County residents. The age-adjusted rate of death for COVID-19 was 4 times as high in Hispanic/Latino residents compared with non-Hispanic/Latino residents.



Maternal and early childhood health varies by many

factors. Maternal and child health indicators (such as premature birth, low birth weight, and prenatal care initiation) varied by factors such as ethnicity, age, and income level. While the majority of expecting mothers in Weld County sought out prenatal care in the first trimester of pregnancy, the gap in initiation between Hispanic/Latino mothers and non-Hispanic/Latino mothers widened in 2019.

Since 2017, the annual rate of age-adjusted opioid overdose deaths (for any opioid use, illicit or prescribed) has increased. Overall, Weld County ranks 36th out of the 64 Colorado counties for the overall age-adjusted death rate attributed to drug overdose of any kind. Since 2017, the rate of opioid-specific overdose deaths has grown in Weld County to over 10 deaths per 100,000 residents.

Introduction and Methods

Regularly monitoring data over time sheds light on potentially emerging health issues and changes as well as where continued or new energy and investments may need to occur. Much of what influences the health and quality of life in a community lies within factors that are not often considered as relating directly to health. These factors are known as social determinants of health, which this report sheds light on in relation to several health measures for county residents. Examples include education, income, housing, employment, and the environment in which we live.

This report documents the health status and needs of Weld County communities mostly prior to the onset of the COVID-19 pandemic. Throughout 2020 and 2021, COVID-19 has had a rapid and substantial impact on nearly every aspect of our lives as well as on the overall health and well-being of our communities. Many of the data analyses in this report reveal differences in health status that can help us understand the conditions in Weld County prior to the onset of the COVID-19 pandemic, and where available, examines the initial impacts of COVID-19 on community health.

To capture the most complete picture of the health of Weld County residents, primary and secondary data sources were used, including:

- 2019 Weld Community Health Survey which is a stratified random sample survey of households which is sponsored and conducted every three year by Weld County Department of Public Health and Environment
- 2010 Census data and 2019 American Community Survey 5-year Estimates
- Centers for Disease Control and Prevention Wide-ranging ONline Data for Epidemiologic Research (WONDER) database
- Colorado Department of Local Affairs (DOLA) population and forecast estimates
- Colorado Department of Public Health & Environment (CDPHE) vital statistics
- Colorado Department of Public Health and Environment Colorado Health Information Dataset (CoHID)
- Colorado Department of Public Health and Environment Community Health Equity Maps (2015-2019 Data)
- Colorado Department of Public Health and Environment Environmental Data and Environmental Protection Agency Data

- Colorado Health Observation Regional Data Service (CHORDS) adolescent data
- Colorado Electronic Disease Reporting System (CEDRS) infectious disease data
- Healthy Kids Colorado Survey (HKCS) youth and adolescent data
- Communities That Care Shared Risk and Protective Factor Profile Report, 2019
- National Alliance on Mental Illness data
- Healthy People 2030 goals and objectives

There is always a lag between when data are compiled and then released. Data in this report reflect health measures that were available by mid-year 2021. Most health measures reflect data through 2019 or 2020; however, some health measures are more dated but were the most recent data available. We realize that most of the information provided reflects resident's health prior to COVID-19. COVID-19 continues to potentially have long-term and lasting impacts on community needs and has already influenced our population's health and well-being, however, the data presented in this report can provide a benchmark to assess and monitor health and well-being moving forward.

This report does not include all metrics for all health topics, rather, metrics were chosen to best represent health in Weld County based on availability, accuracy, relevance, and representativeness of the county's population.

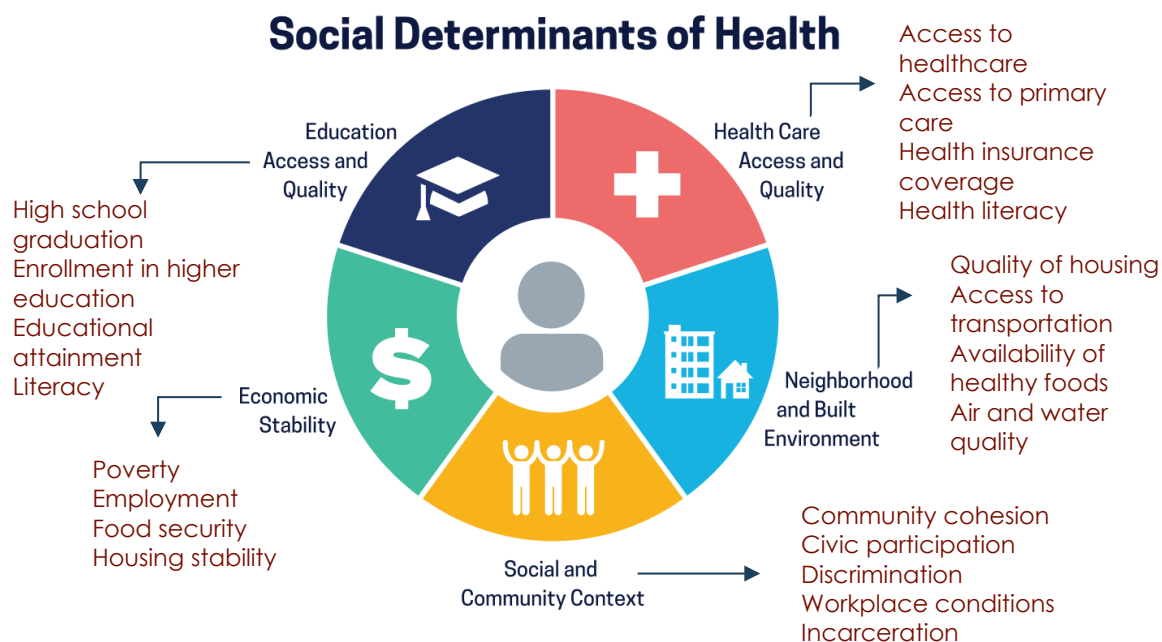
Some race and ethnic comparisons are made throughout the report to identify important differences and track demographic trends. In 2021, the major racial and ethnic groups in Weld County were White, non-Hispanic (65%) and Hispanic or Latinos of any race (30%). Residents of other races and ethnicities (including Black or African American, Asian, Native Hawaiian or Pacific Islander, and American Indian or Alaskan Native) represent less than 5% of the total population when combined. Our ability to report data by all these groups and others, such as the African immigrant community or LGBTQ+ community, is limited by small numbers and how some data are collected. As much as possible, racial and ethnic comparisons are made using mutually exclusive categories.

Lastly, some data may be incomplete or limited in providing enough contextual findings on a health topic. Further data will be needed to draw out why some of the patterns and trends occurred.

Determinants of Health

Health starts where we live, learn, work, and play. Improving health is not solely determined by genetics, individual behavior choices, and visits to a doctor. Health is also determined by the environments in which we live, learn, work, and play including the structural conditions that establish and maintain these environments.

The conditions in which we live and work have an impact on our health. For example, we know that substandard housing is related to illness such as asthma. Access to healthy food and opportunities for physical activity are also related to where we live. The connection between where we live and our health goes beyond the physical environment. For example, higher levels of housing instability and affordability have been found to be related to overall psychological wellbeing. It is also well known that if you do not graduate from high school, you are likely to earn less money than a college-educated professional. We also know that the ability to play is related to normal growth and development and emotional well-being. In summary, these social determinants of health are factors, upstream from personal health behaviors and genetics, that we know influence individual health. These factors are often grouped into five major categories and include many health indicators which are summarized below:



In looking at various social characteristics alongside health indicators, health disparities experienced by population groups can be identified. Health disparities are differences (greater or lesser) in health indicators among different groups, which may include race, ethnicity, gender, age, socioeconomic status, and/or geographic location. Healthy People 2030, the national leading guidance for health promotion, defines health disparities as a particular type of health difference that is closely linked to economic, social, or environmental disadvantage.

"Health disparities adversely affect groups of people who have systematically experienced greater social or economic obstacles to health based on their racial or ethnic group, religion, socioeconomic-status, gender, age, or mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion."

When health disparities are present, they shed light on health inequities that are potentially avoidable and could be addressed through action. Closely related is the term health equity, which is a commitment to reduce disparities in health. To pursue health equity, it is important to look at the needs of those most at risk for poor health, based on the social determinants of health.¹

This report is the first step in mapping out the relationship between Weld County's social and health characteristics and identifying health disparities where they exist. These data provide information for the Health Department, our partners, and communities to work toward reducing disparities in health and improving the overall health of county residents.



¹ Braveman, P. What Are Health Disparities and Health Equity? We Need to Be Clear. *Public Health Rep.* 2014 Jan-Feb; 129(Suppl 2): 5-8. Doi: 10.1177/00333549141291S203

Weld County Demographic Profile

	2019* Population Estimates	2040** Population Forecast
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Population	324,492	548,183
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Race/Ethnicity

White, non-Hispanic	65%	55%
Black or African American, non-Hispanic	1%	2%
Asian only, non-Hispanic	1%	3%
Hispanic, any race	30%	40%

Age

0-17	26%	23%
18-64	62%	62%
65(+)	12%	15%

Sources:

- *American Community Survey 5-year estimates, 2015-2019
- **Colorado Department of Local Affairs (DOLA) Population Forecast, 2040
- ***U.S. Census Bureau's Small Area Income and Poverty Estimates (SAIPE)
- ****Bureau of Labor Statistics, April 2021, Weld / Greeley MSA, not seasonally adjusted
- 1. Includes hearing, vision, cognitive, ambulatory, self-care and independent living facility
- 2. Among households with children
- 3. Among households with at least one member who is 65 or older
- 4. Speaks English less than very well
- 5. Persons aged 25(+) years
- 6. For workers aged 16(+), 2015-2019

Other Characteristics

Disability ¹	10%
Born Outside the U.S.	9%

Income

Median Household Income	\$74,150
Individuals Living At or Below Poverty***	8%
Children Living At or Below Poverty***	12%
Unemployment****	7%

Transportation

Mean Travel Time to Work in Minutes ⁶	28
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Households

2019*

Single-Parent Households ²	18%
Households with Older Adults Living Alone ³	33%
Linguistically Isolated Households ⁴	7%
With a Computer	93%
With Broadband Internet Subscription	86%

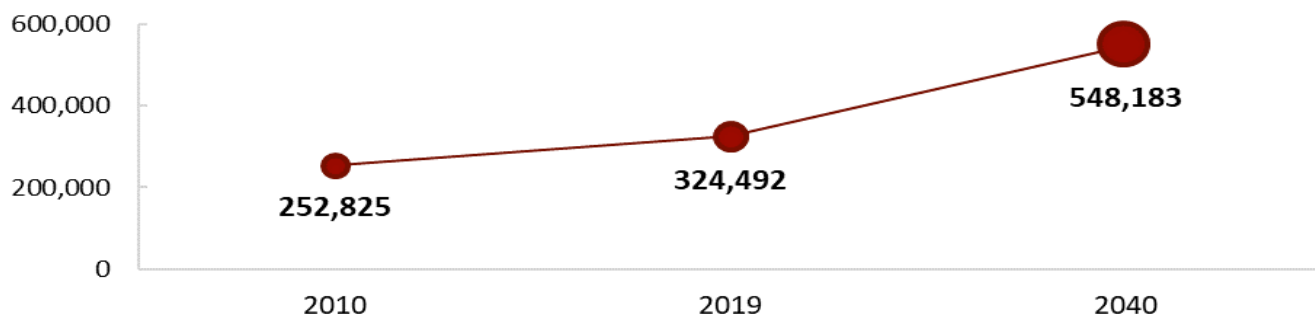
Education

Less than High School ⁵	12%
High School (Diploma or Equivalent) ⁵	88%
Bachelor's Degree or Higher ⁵	28%

Overall Population Growth

In 2019, there was an estimated 324,492 residents in Weld County, a 28% increase from the 2010 Census count of 252,825 residents. By the year 2040, Weld County is projected to grow 69% to over 548,000 residents (Figure 1).

Figure 1: Weld County Population and Projected Growth, DOLA Population Forecast



Hispanic/Latino Population in Weld County

The Hispanic/Latino population in Weld County is increasing. In 2020, there were almost 75,000 Hispanic/Latino residents in Weld County, which represented roughly 30% of the county's total population. By 2040, nearly 220,000 are projected to live in Weld County (nearly half the projected adult population, over 40%).

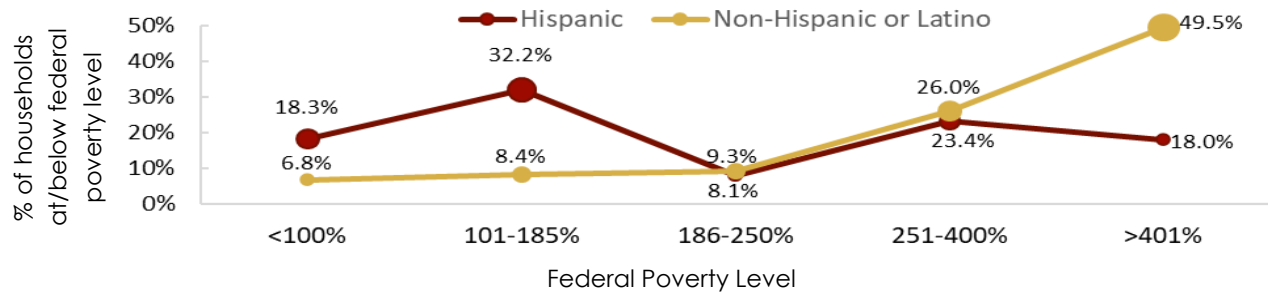
In 2020, more than half (52%) of adult Hispanic/Latinos in Weld County were younger than 44 years old, and 7 out of 10 adult Hispanic/Latinos had lived in Weld County for over 10 years compared to 5 out of 10 non-Hispanic/Latino residents. While nearly 30% of residents identified as Hispanic/Latino in Weld County as of 2019, a larger portion of adverse health-related indicators were present in Hispanic/Latino residents.

By 2040, the Hispanic/Latino population is expected to grow to more than

40%

of the adult population.

Figure 2: Household Percent at/below Federal Poverty Line by Ethnicity, 2019



For example, Hispanic/Latino residents had a higher proportion of residents with households at or below the 250% federal poverty level (FPL) (Figure 2), a lower percentage of residents with a college degree (Figure 3), and a lower percentage of residents who own homes (Figure 4) compared to non-Hispanic/Latino residents.

Figure 3: Education Level by Ethnicity, 2019

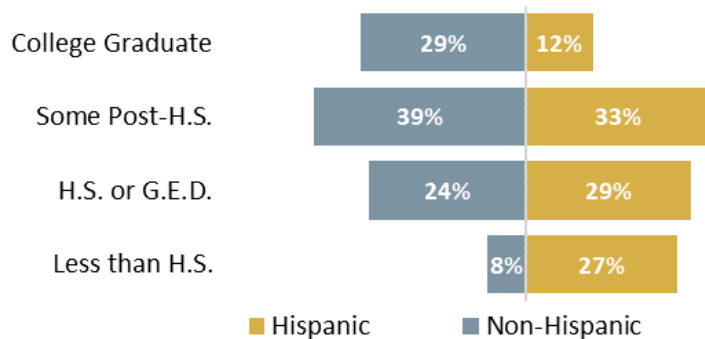
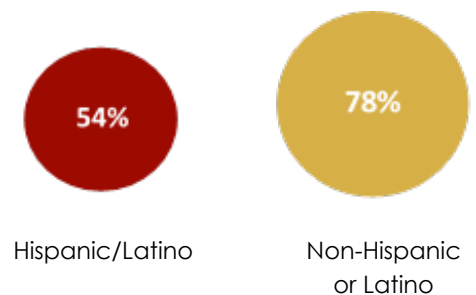


Figure 4: Percent Homeowners by Ethnicity, 2019



Economy, Poverty, and Job Loss

The 2019 Community Health Assessment Survey (CHS) asked questions about job stability and reasons why residents had to quit, not take, or change their job. Countywide, 1 in 5 (20%) residents reported they had job loss in the 12 months prior to being surveyed. Between 3% and 6% of residents had to quit, not take, or change their job because of insufficient pay, being laid off, needing to care for a family member, or their own medical concern. A small number of residents reported transportation issues as reasons they had to quit, not take, or change jobs. For 2%, breakdown of a personal vehicle was the main reason, while insufficient public transportation was listed by an additional 2% of residents.

A Note on the Federal Poverty Level

The federal poverty level (FPL) is an income measure used by many government and non-governmental programs to determine eligibility for benefits and various programs. It categorizes a household's income level and considers both household earnings and household size. In 2021, the federal poverty level was an annual income at or below \$12,880 for a single person, \$4,540 for each additional person, and \$26,550 for a family of four.

Since 2009, the percent of residents at or below the 100% FPL has been trending down (with the slight uptick in 2018 noted, Figure 5). The percent of children age 5-17 in poverty has remained higher than the percent of adults age 18 and over in poverty in Weld County.

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Figure 5: Percent at/below Federal Poverty Level by Age Trend, Weld County, 2008-2018



Source: U.S. Census Bureau Small Area Income and Poverty Estimates (SAIPE)

Among the residents living at or below the 100% FPL, 1 in 10 had to quit, not take, or leave a job due to the need to take care of a family member (10.5%), and 1 in 8 due to insufficient pay or lack of hours to work (12.2%). Among workers with children living at or below the 100% FPL, 11% had to quit, not take, or change their job due to problems with childcare.

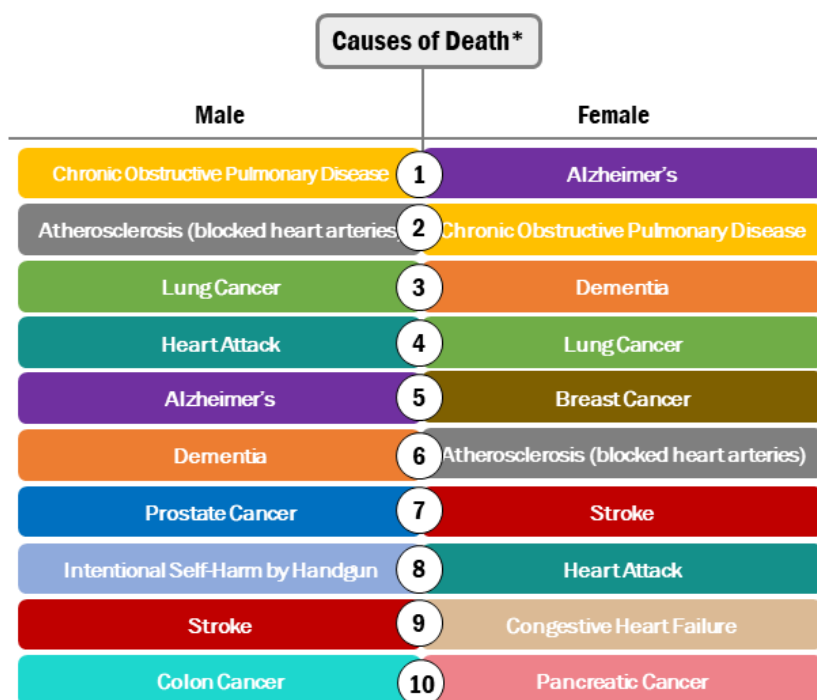
Difficulties preventing residents from working were **more pronounced** among residents living at or below the 100% FPL

Mortality and Morbidity

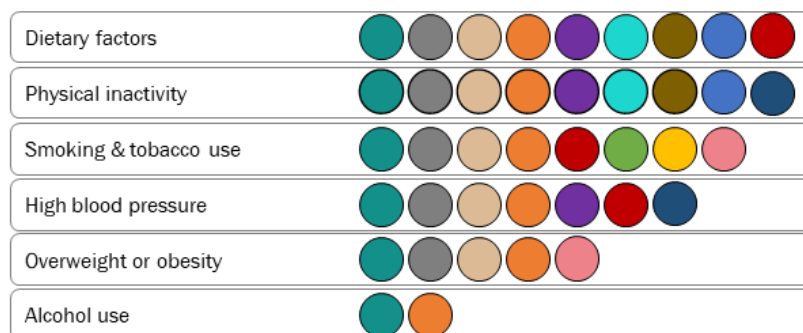
Leading Causes of Death

According to the Centers for Disease Control and Prevention Wide-ranging ONline Data for Epidemiologic Research (WONDER) database, the leading cause of death between 2010 and 2019 for Weld County residents was chronic obstructive pulmonary disease (COPD). Nearly 900 individuals died from this between 2010 and 2019, representing an estimated 30 per 100,000 individuals who die per year of this disease. Following COPD, the next leading causes of death were lung cancer, atherosclerotic heart disease (blocked arteries), Alzheimer's, unspecified dementia, heart attack, stroke, breast cancer, and pancreatic cancer (Figure 6).

Figure 6: Top 10 Causes of Death and Associated Risk Factors in Weld County, All Ages, by Gender, 2010-2019



Modifiable Risk Factors and Associated Diseases

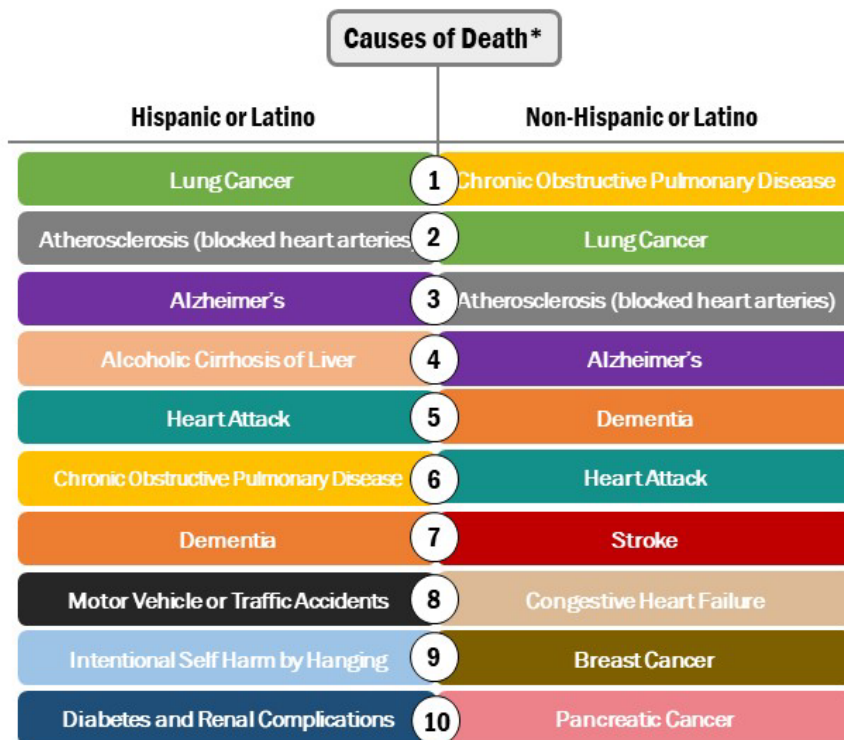


Prepared by Weld County Department of Public Health & Environment, March 2021
Data source: CDC WONDER Online Database, Cause of Death Files, 1999-2019



Leading causes of death are different between males and females, as well as between Hispanic/Latino residents and non-Hispanic/Latino residents. For Weld County males, COPD, atherosclerosis, and lung cancer were the top causes of death; for females, Alzheimer's, COPD, and dementia were the leading causes of death (Figure 6).

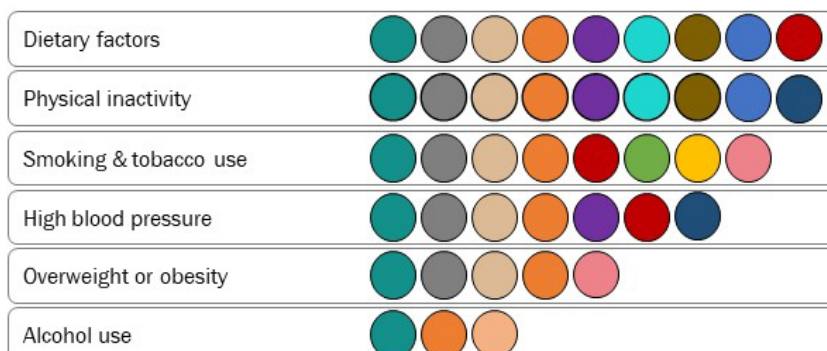
Figure 7: Top 10 Causes of Death and Associated Risk Factors in Weld County, All Ages, by Hispanic Origin, 2010-2019



Between Hispanic/Latino residents and non-Hispanic/Latino residents, the top 6 leading causes of death were similar. Differences in the leading causes of death occurred between the 8th, 9th, and 10th top causes. For Hispanic/Latino residents, motor vehicle accidents, intentional self-harm (suicide) by hanging, and diabetes/renal complications were included in leading causes of death; for non-Hispanic/Latino residents, congestive heart failure, breast cancer, and pancreatic cancer were included (Figure 7).

For more information on the leading causes of death including counts and rates, see Appendix 3.

Modifiable Risk Factors and Associated Diseases



Prepared by Weld County Department of Public Health & Environment, March 2021
Data source: CDC WONDER Online Database, Cause of Death Files, 1999-2019



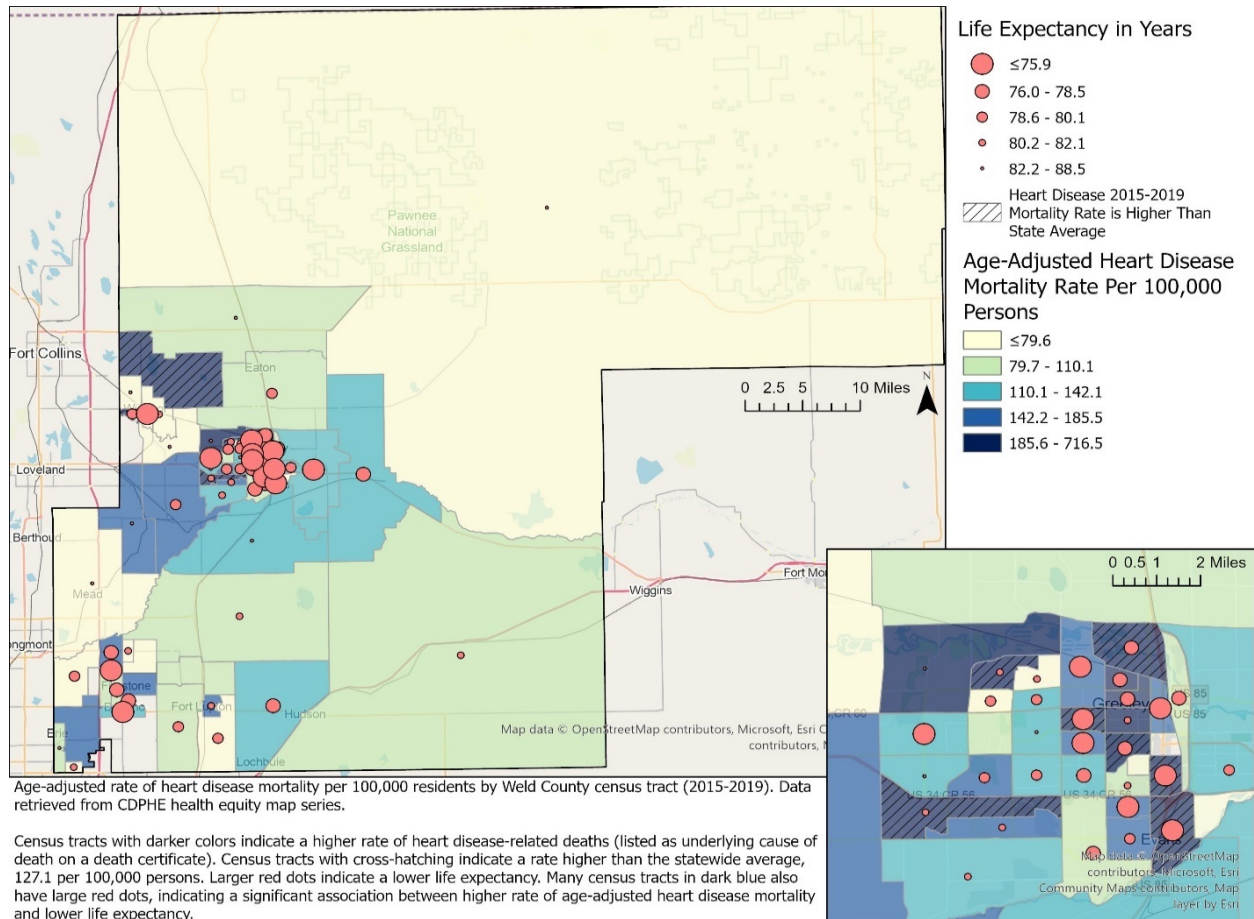
Between 2015-2019,
the age-adjusted heart
disease mortality rate was
**nearly double the
statewide average**
in the central portions
of Weld County

Heart Disease Mortality

Many of the leading causes of death in Weld County, such as atherosclerosis, heart attacks, and congestive heart failure, fit under the umbrella of heart disease. When considering all types of heart disease, overall heart disease is the leading cause of death in Weld County, Colorado, and the United States.

Heart disease mortality rates are overpronounced in some areas of Weld County compared to Colorado as a whole. For example, between 2015 and 2019, in the central portions of Weld County (darker blue with cross-hatching in Figure 8, see inset), the age-adjusted heart disease mortality rate is higher than the state average by almost double. Many census tracts in dark blue also have large red dots, indicating a relationship between lower life expectancy and higher age-adjusted heart disease mortality rates.

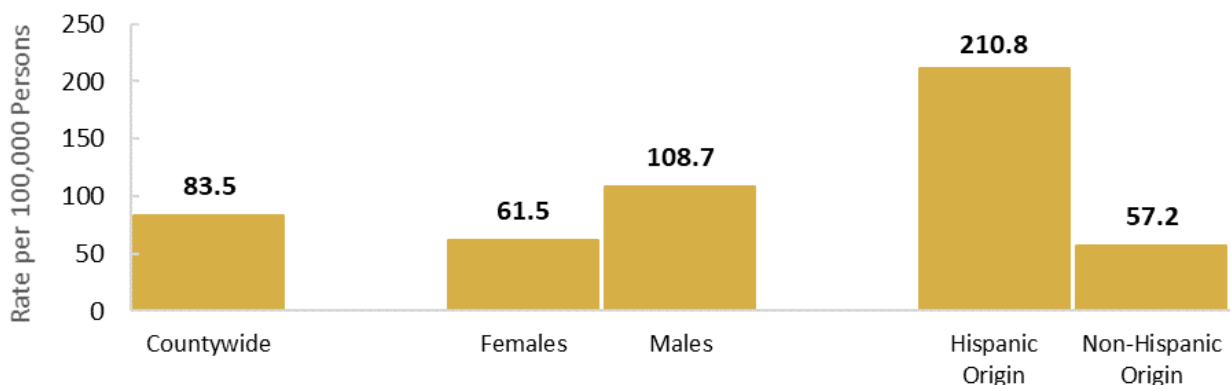
Figure 8: Age-Adjusted Weld County Census-Tract Mortality Rate per 100,000 Persons for Heart Disease as the Underlying Cause of Death (2015-2019), CDPHE Equity Map Series



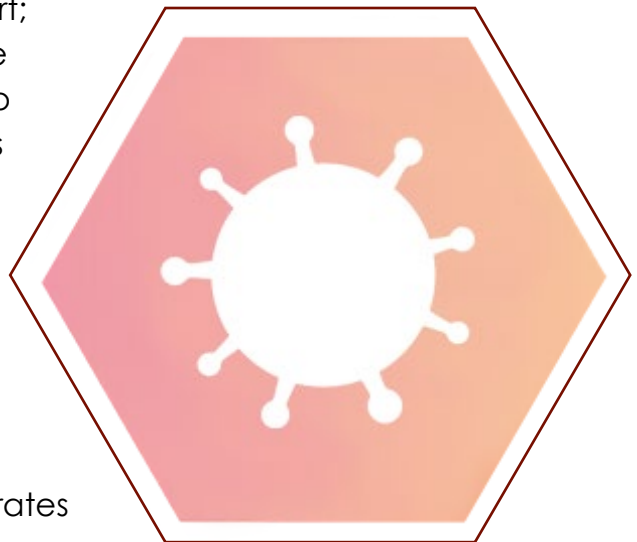
COVID-19 Deaths in 2020

Weld County reported its first two cases of the novel coronavirus (COVID-19) on March 13, 2020. Throughout 2020, 20,956 confirmed and probable COVID-19 cases were reported in all 32 municipalities and the unincorporated areas of the county (data retrieved July 2021).

Figure 9: Age-Adjusted COVID-19 Death Rate per 100,000 by Sex and Ethnicity, 2020, CDPHE Vital Stats

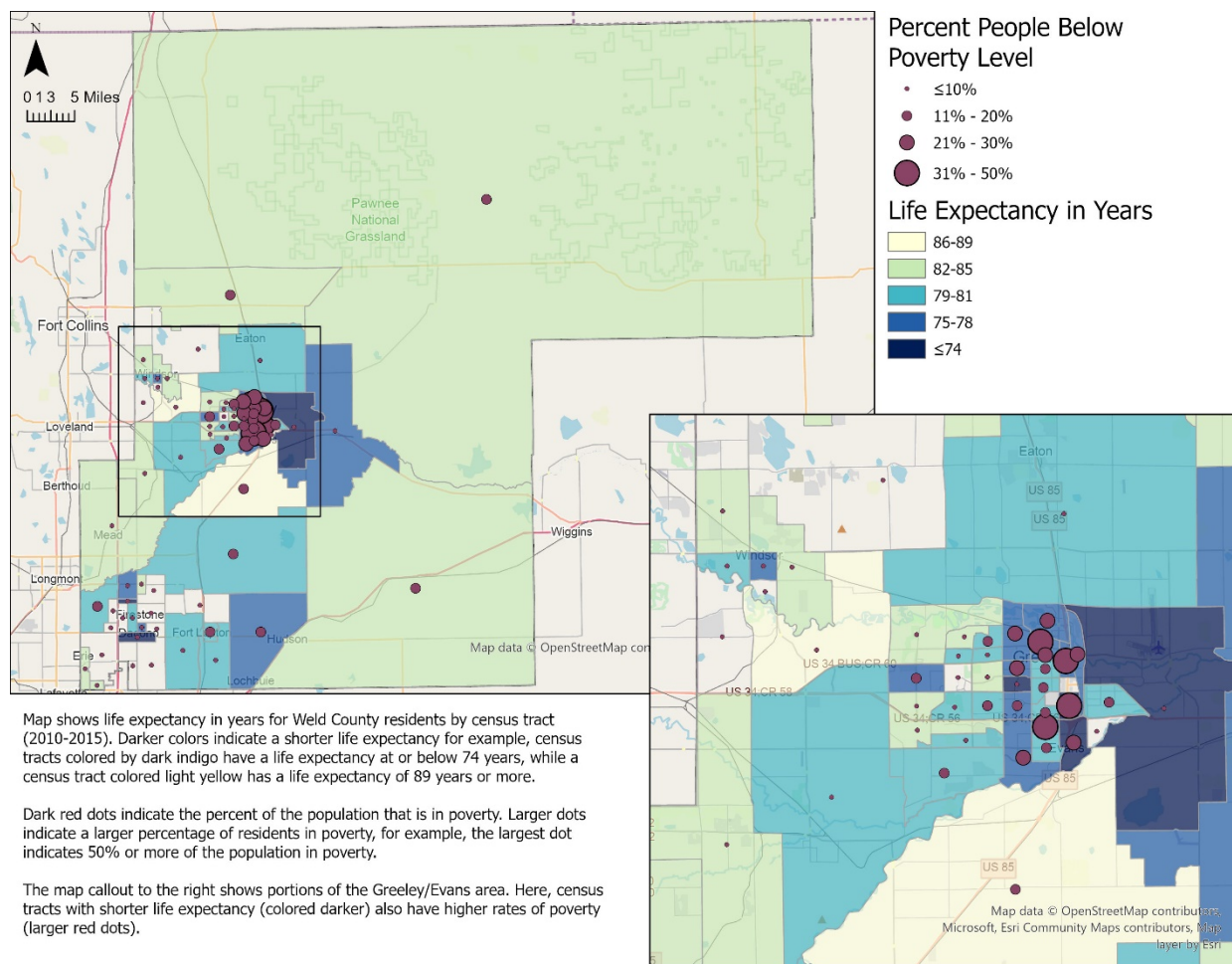


Estimates from the Colorado Health Information Dataset (CoHID) Mortality Statistics indicate that COVID-19 was the third leading cause of death for Weld County residents in 2020 (overall leading causes of death for 2020 by the CDC were not available at the time of this report; 2019 data was used in above section). The age-adjusted death rate for deaths due to COVID-19 in Weld County was 83.5 deaths per 100,000 residents (Figure 9). More men (108.7 per 100,000) died from COVID-19 than women (61.5 per 100,000). Also, a higher rate of Hispanic/Latino residents died due to COVID-19 than non-Hispanic/Latino residents; nearly 4 times as many Hispanic/Latino residents died (210.8 per 100,000 vs. 57.2 per 100,000). This demonstrates a large gap in the burden of COVID-19 across communities. More data regarding the impact of COVID-19 across Weld County communities are available in the infectious disease section, and a map of COVID-19 cases by census tract can be found in Appendix 4.



Life Expectancy

Figure 10: Estimated Life Expectancy at Birth for Residents of Weld County Census Tracts based on records from 2010-2015, CDPHE Equity Map Series



The CDPHE Community Health Equity Map series help show that some areas in Weld County have shorter life expectancies than other areas (Figure 10, see inset). The census tracts with the longest life expectancies, over 86 years of age, are in the northern and southeastern portions of the county (displayed with light green/yellow colors). Census tracts with shorter life expectancies (shaded dark blue) are located in the central portion of the county, as well as pockets in the southwestern portion with life expectancies ranging from 75-76 years, which is 5-6 years less than the statewide average of 80.5 years.

These data highlight that life expectancy in census tracts with higher poverty rates are significantly lower than the life expectancy of census tracts with fewer residents in poverty. For example, between 2010 and 2015, a census tract in southern Greeley with a median household income of \$29,279 and estimated 43% of persons in poverty had a life expectancy of only 73.2 years compared to 81.4 years in Windsor with 2.1% of persons in poverty and a median household income of \$97,969.

Years of Potential Life Lost (YPLL)

Years of potential life lost (YPLL) is a metric used to describe premature death. YPLL estimates the average time a person would have lived had they not died prematurely (before the age of 65) and emphasizes deaths of younger persons, whereas statistics that include all mortality emphasize deaths of older residents.² For example, while heart disease may be the overall leading cause of death among Weld County residents, it affects mainly older adults. Between the years of 2010 and 2019, there were over 350 heart disease-related deaths among Weld County residents and 214 deaths related to drug overdose, which mainly impacted young to middle age groups. When investigating these deaths by YPLL there were about 3,900 years lost before the age of 65 for heart disease compared to over 4,700 years lost before the age of 65 due to drug overdose. Despite having fewer overall deaths, the YPLL for drug overdose is higher because more deaths occurred among younger residents, which increased the years of potential life lost before the age of 65.



YPLL is an important measure for public health because “deaths at younger ages are more likely to be attributable to preventable causes and therefore subject to prevention and intervention.”³ Alongside other mortality statistics, such as leading causes of death and life expectancy, YPLL helps us understand the rate and distribution of premature mortality. Further YPLL data can be found in Appendix 2.

² Gardner JW, Sanborn JS. Years of potential life lost (YPLL)--what does it measure? *Epidemiology*. 1990;1(4):322-329. doi:10.1097/00001648-199007000-00012

³ YPLL: A Summary Measure of premature Mortality Used in Measuring the Health of Communities. Wisconsin Public Health and Health Policy Institute (WPHI) Issue Brief. October 2004.

Table 1: Top Five Causes of Years of Potential Life Lost (YPLL) Overall, Weld County, 2010-2019

Ranking	Cause	Number of Deaths	
		<65 Years of Age	YPLL
Overall:	All Causes	2784	49,032
1.	Overall Total Unintentional Injuries (TUI)	514	13,327
2.	Other Unintentional Injuries (part of overall TUI)	300	7,129
3.	Suicide	259	6,950
4.	Motor Vehicle Accidents (part of overall TUI)	214	6,198
5.	Malignant Neoplasms (Cancer, all types)	569	5,918

Between the years of 2010 and 2019 in Weld County, the leading cause of YPLL was unintentional injuries with over 13,300 estimated years lost (Table 1). Unintentional injuries include motor vehicle accidents (6,198 years lost) and other unintentional injuries (7,129 years lost); in total this accounted for over a quarter of all potential years of life lost in Weld County (27.2%). The second leading cause of YPLL in Weld County was suicide. Between 2010 and 2019 there were 259 deaths by suicide, which contributed to nearly 7,000 years of potential life lost. This was higher in males (5,436 years) compared to females (1,514 years) and higher among non-Hispanic/Latino white residents (4,613 years) compared to Hispanic/Latino residents (1,761 years). Other top contributors to YPLL in Weld County included malignant neoplasms (cancer), totaling nearly 6,000 years of potential life lost; drug overdose (all manners), totaling nearly 4,800 years of potential life lost; and heart disease, totaling nearly 4,000 years of potential life lost. For more information on years of potential life lost for detailed causes of death see Appendix 2.

Health Status and Health Behaviors

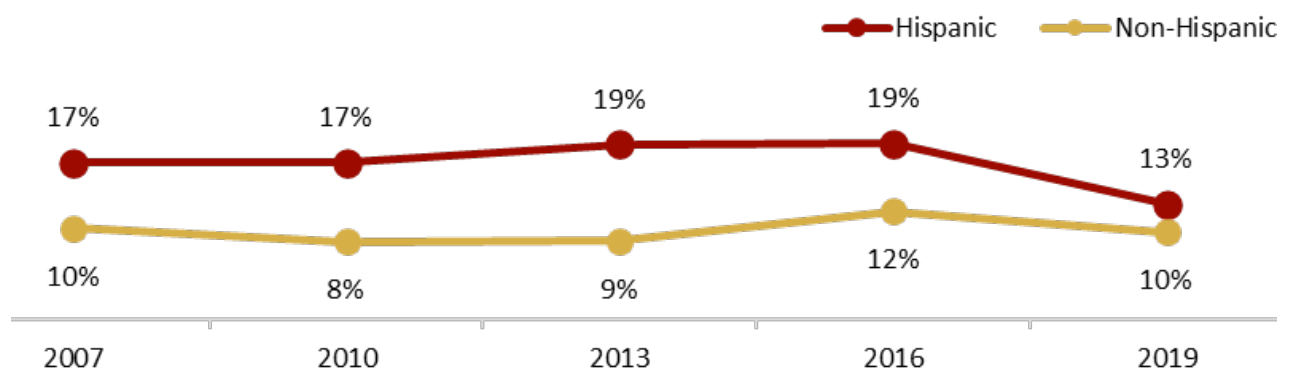
Analyzing self-rated health provides insight into the broad consequences of illness, disease or injury, and social and environmental influences on health. Self-rated health is inversely related to self-reported chronic diseases and their risk factors. Countywide, 11% of residents reported poor or fair health while 89% of residents reported good or better health in the 2019 Community Health Assessment Survey (CHS).

Self-Rated Health

Just over 13% of Hispanic/Latino residents reported poor or fair health compared to 10% of non-Hispanic/Latino residents in 2019 (Figure 11). While this difference is pronounced in the Hispanic/Latino population, it should be noted that this trend improved in 2019 — fewer Hispanic/Latino residents said their health was fair or poor in 2019 compared to 2016 (and previous years). Additionally, 13% of Hispanic/Latino residents reported frequent mental distress, compared to 8% of non-Hispanic/Latino residents.

Countywide,
more than
1 in 10
residents rated
their health as
poor or fair

Figure 11: Poor or Fair Self-Rated Health by Ethnicity, 2019



Chronic Conditions

Beyond self-rated health, the 2019 CHS asked Weld County residents about their current health conditions. Differences are broken apart by key social determinants of health to highlight gaps in Figures 12 and 13.

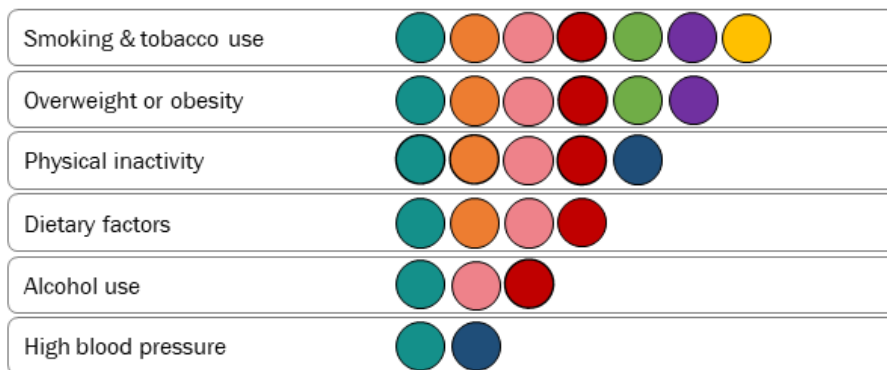
Figure 12: Top 10 Self-Reported Chronic Conditions and Associated Risk Factors in Weld County Adults by Gender, 2019

Chronic Condition*		Male	Female
1	Hypertension	36.7%	Hypertension 26.4
2	High Cholesterol	30.3%	High Cholesterol 24.7%
3	Arthritis	18.0%	Arthritis 22.0%
4	Diabetes	12.1%	Other Chronic Conditions 18.1%
5	Other Chronic Conditions	13.5%	Asthma 16.0%
6	Asthma	10.5%	Diabetes 8.2%
7	Other type of cancer	7.9%	Other type of cancer 6.0%
8	Skin Cancer	7.8%	Skin Cancer 5.7%
9	Heart attack, Coronary Artery Disease or Stroke	6.8%	Heart attack, Coronary Artery Disease or Stroke 3.5%
10	Chronic Obstructive Pulmonary Disease	5.7%	Chronic Obstructive Pulmonary Disease 3.2%

*Note: percentages are given for each condition and ethnicity. Data are only available for chronic conditions asked in the 2019 Community Health Assessment.

**Some data are suppressed

Modifiable Risk Factors and Associated Conditions



Prepared by Weld County Department of Public Health & Environment, May 2021.
Data source: 2019 Weld County Community Health Assessment



Heart Disease

Overall, 5% of Weld County residents reported they have been told by a doctor or other health care professional that they had a heart attack, stroke, or coronary artery disease (CAD). Statewide, just under 3% of Coloradans reported coronary artery disease in 2018, 3% a heart attack, and 2% a stroke.

Heart disease was higher in men compared to women, with nearly twice as many men in Weld County (6.8%) reporting they had been told by a health care professional

they had a heart condition compared to women in Weld County (3.5%). While this is similar to statewide and national trends for coronary artery disease and heart attacks, it highlights an important difference in heart health for Weld County residents.

Heart disease also was higher among low-income individuals. Nearly twice as many residents living at or below the 138% federal poverty level (FPL) reported heart disease (8.5%) compared to residents living between the 251-400% FPL (4.3%) or living above the 400% FPL (3.4%).

Nearly **twice as many** residents living at or below the 138% FPL reported heart disease compared to those with higher incomes

Figure 13: Top 10 Self-Reported Chronic Conditions and Associated Risk Factors in Weld County Adults by Ethnicity, 2019

Cancer

The National Cancer Institute estimates nearly 2 million Americans were diagnosed with any type of cancer in 2020, making cancer a top health concern in America. Reducing the number of new cancer cases, illnesses, disabilities, and deaths from all types of cancer is a leading goal of Healthy People 2030.

Countywide, nearly 13% of residents reported they have been told by a doctor or health care professional that they had any kind of cancer. The second overall leading cause

Chronic Condition*	
Hispanic or Latino	Non-Hispanic or Latino
Hypertension 31.7%	1 Hypertension 31.5%
High Cholesterol 29.2%	2 High Cholesterol 26.9%
Arthritis 17.0%	3 Arthritis 21.1%
Diabetes 14.6%	4 Other Chronic Conditions 18.3%
Other Chronic Conditions 9.5%	5 Asthma 15.1%
Asthma 8.2%	6 Skin Cancer 8.9%
Other type of cancer 5.2%	7 Diabetes 8.5%
Chronic Obstructive Pulmonary Disease **	8 Other type of cancer 7.6%
Heart attack, Coronary Artery Disease or Stroke **	9 Heart attack, Coronary Artery Disease or Stroke 6.4%
Skin Cancer **	10 Chronic Obstructive Pulmonary Disease 4.5%

*Note: percentages are given for each condition and ethnicity. Data are only available for chronic conditions asked in the 2019 Community Health Assessment.

**Some data are suppressed

Modifiable Risk Factors and Associated Conditions

Smoking & tobacco use	
Overweight or obesity	
Physical inactivity	
Dietary factors	
Alcohol use	
High blood pressure	

Prepared by Weld County Department of Public Health & Environment, May 2021
Data source: 2019 Weld County Community Health Assessment



of death in Weld County is lung cancer. Furthermore, prostate cancer is a leading cause of death for men, and breast cancer is a leading cause of death for women. Additionally, between the years of 2010 and 2019, cancer (all types) contributed to nearly 12% of all years of potential life lost (YPLL) before the age of 65 in Weld County (nearly 6,000 years), demonstrating the magnitude of life lost due to cancer. See the YPLL section for more information.

Diabetes

People with diabetes are at higher risk for experiencing serious health problems such as blindness, kidney failure, heart disease, and stroke. In Weld County, just

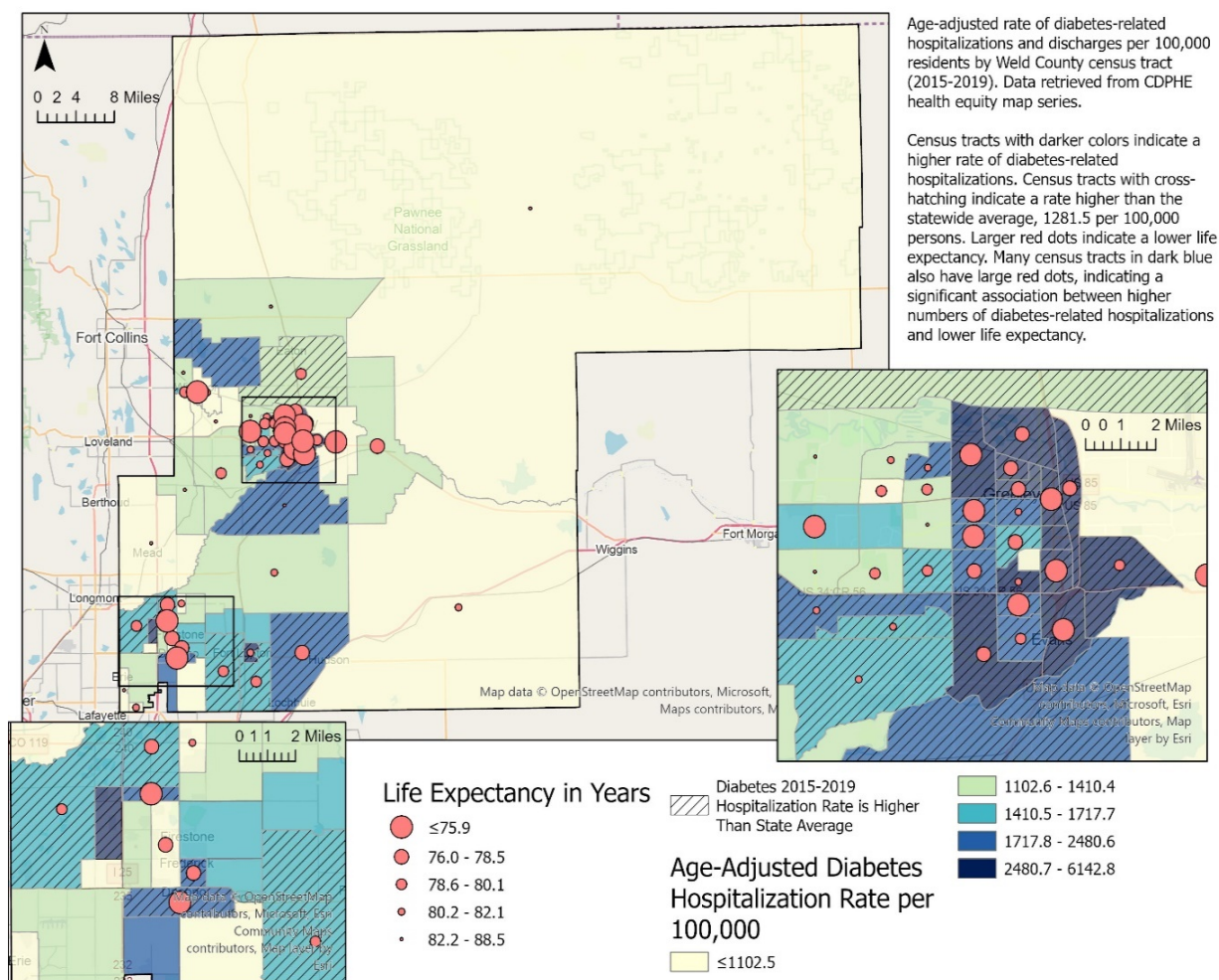


over 1 in 10 residents (10.1%) reported being diagnosed by a health care provider with diabetes at some point in their lives. A higher percentage of Hispanic/Latino residents reported they had diabetes (14.6%) compared to non-Hispanic/Latino residents (8.5%) (Table 2). Similarly, nearly twice as many residents who have a high school degree or less education were told they have diabetes compared to residents with an education above high school (13.6% compared to 7%). In addition, diabetes prevalence varied by income status. A

higher percentage of residents with household incomes between the 139% and 400% FPL were told by a health care provider they have diabetes.

Also, more diabetes-related hospitalizations occurred in central portions of Weld County, such as south of Greeley, between 2015 and 2019 (Figure 14, see inset). Census tracts in the map below that have cross-hatching indicate a higher rate of age-adjusted diabetes-related hospitalizations compared to the statewide average. Many census tracts in dark blue also have large red dots, indicating a relationship between lower life expectancy and diabetes-related hospitalizations.

Figure 14: Age-Adjusted Rate of Diabetes-Related Hospitalizations by Weld County Census Tracts based on records from 2015-2019, CDPHE Equity Map Series



High Blood Pressure

High blood pressure (also called hypertension) is a contributing factor for many conditions including heart disease, stroke, and kidney disease. In Weld County, nearly 1 in 3 adult residents reported they had been told by a health care professional they had high blood pressure (31.6%) in the 2019 CHS. Rates of hypertension differed by gender: 37% of males reported a hypertension diagnosis compared to 26% of females. Hypertension also was reported more often in residents with a lower education status: 39% of residents with a high school degree/GED or less reported hypertension compared to 26% of residents with some post-high school or more education.

High Cholesterol

Cholesterol is found in the blood of every animal and person and is vital in building healthy cells. However, too much cholesterol can contribute to a variety of health conditions including atherosclerosis (blocked heart arteries), heart attacks, and stroke. The percent of residents who reported high cholesterol diagnoses in Weld County followed a similar trend to high blood pressure diagnoses. Just under 3 in 10 adult residents reported they had been told by a health care provider they had high cholesterol (27.5%) in 2019. This was reported more often in residents with a lower education status, as 32% of residents with a high school degree/GED or less reported high cholesterol compared to 24% of residents with some post-high school or more education (Table 2).

Table 2: Select Chronic Diseases by Education, Ethnicity, and Income Level, 2019

	Diabetes	High Blood Pressure	High Cholesterol
Education Level			
Less than HS or HS/GED	14%*	39%*	32%*
Some post-HS or more education	7%*	26%*	24%*
Ethnicity			
Hispanic/Latino	9%*	32%	29%
Non-Hispanic/Latino	15%*	31%	27%
Income Level¹			
<138% FPL	8%*	42%	29%
139-250% FPL	17%*	29%	30%
251-400% FPL	23%*	30%	23%
>400% FPL	8%*	29%	28%

¹Income level defined as a percentage of the federal poverty level (FPL)

*Statistically significant finding at $p < 0.05$

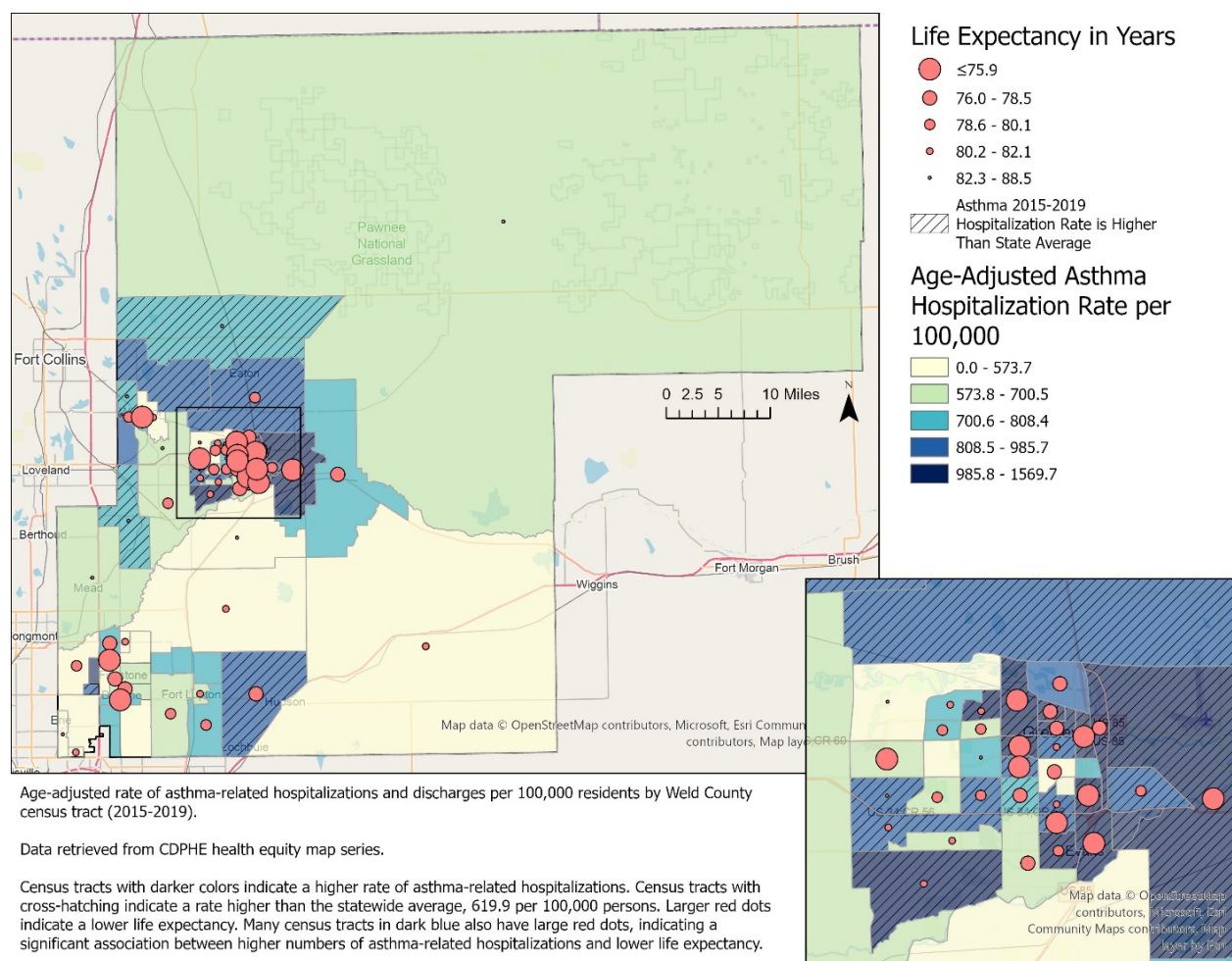
Asthma

Asthma is a chronic disease that affects the airways in the lungs and can cause hospitalization, death, or disruption of daily life. About 13% of Weld County adult residents reported they currently had asthma in the 2019 CHS. This was slightly higher than the statewide rate of 9.1% and nationwide rate of 9.5% for adults.

However, asthma diagnoses differed by several factors, including ethnicity, with more non-Hispanic/Latino residents reporting asthma diagnoses (15.1% vs 8.2%).

Asthma-related hospitalization rates were higher among Weld County census tracts located near or around Greeley, as well as in the Firestone/Frederick area between the years of 2015 and 2019 (Figure 15, see inset). Many census tracts in dark blue also have large red dots, indicating a relationship between lower life expectancy and asthma-related hospitalizations. For youth asthma data, see the Adolescent Health section.

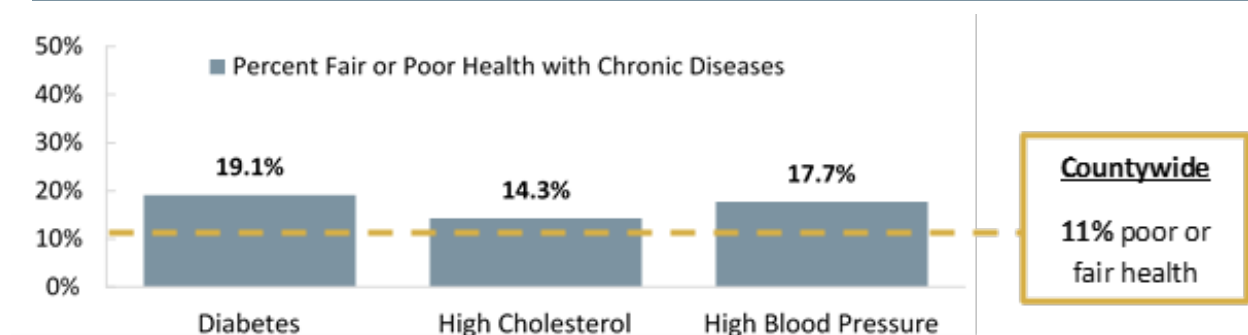
Figure 15: Age-Adjusted Rate of Asthma-Related Hospitalizations by Weld County Census Tracts based on records from 2015-2019, CDPHE Equity Map Series



Chronic Conditions and Self-Rated Health

A significantly higher percentage of residents who reported they had been told by health care professionals they had chronic diseases (such as diabetes, high blood pressure, and high cholesterol) reported poor or fair self-rated health (Figure 16). For example, while 11% of residents countywide reported poor or fair health, over 19% of those with diabetes reported poor or fair health, and 18% with high blood pressure and 14% with high cholesterol reported poor or fair health.

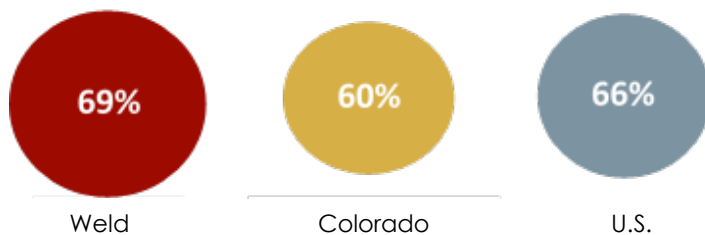
Figure 16: Poor or Fair Self-Rated Health by Select Reported Chronic Diseases, 2019



Overweight and Obesity

Overweight and obesity have been linked to numerous health conditions, such as hypertension, heart disease, diabetes, cancer, and stroke. The percentage of Weld County overweight or obese residents (69%) was higher than the 2018 U.S. rate (66%) and the 2018 statewide rate (60%) (Figure 17).

Figure 17: Percent Overweight or Obese, 2019

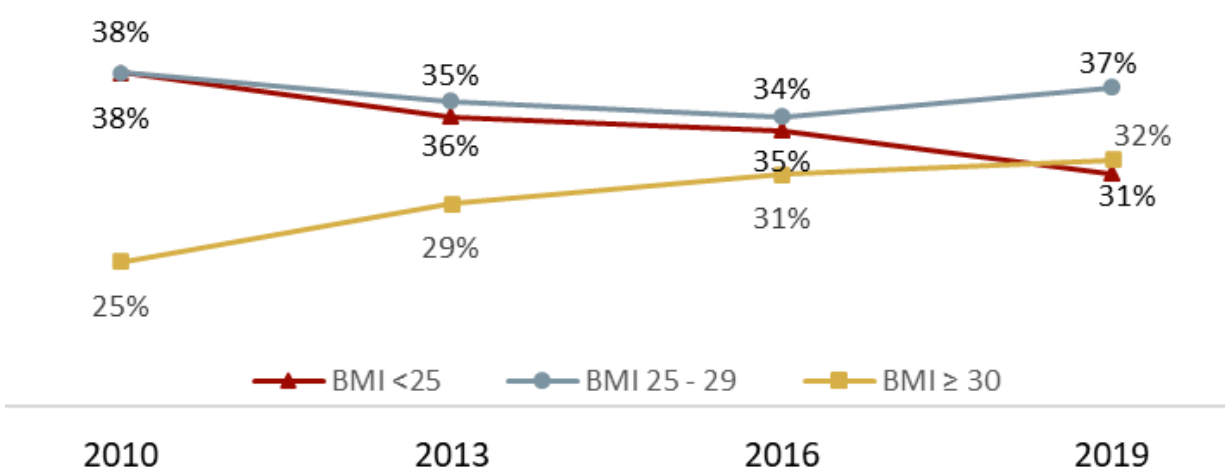


A Note on Obesity and Overweight Trends

Since 2010, more people have become overweight or obese in Weld County. The percentage of residents with a body mass index less than 25 (at a healthy weight, not overweight or obese) declined to 31% in 2019 from 35% in 2016 (Figure 18). Disparities in reported weight status between ethnicities existed in

Weld County from 2010 to 2016. For example, in 2010, 2013, and 2016, a significantly higher number of Hispanic/Latino Weld County residents were obese compared to non-Hispanic/Latino residents. The obesity and overweight rates continued to grow to nearly 7 in 10 residents countywide in 2019 (69%). However, in 2019, no significant differences were identified by any demographic factors, including ethnicity, indicating that residents are equally overweight and obese in Weld County. Youth weight status data can be found in the Adolescent Health section.

Figure 18: Body Mass Index (BMI) Trends, 2010-2019



Fruit and Vegetable Consumption

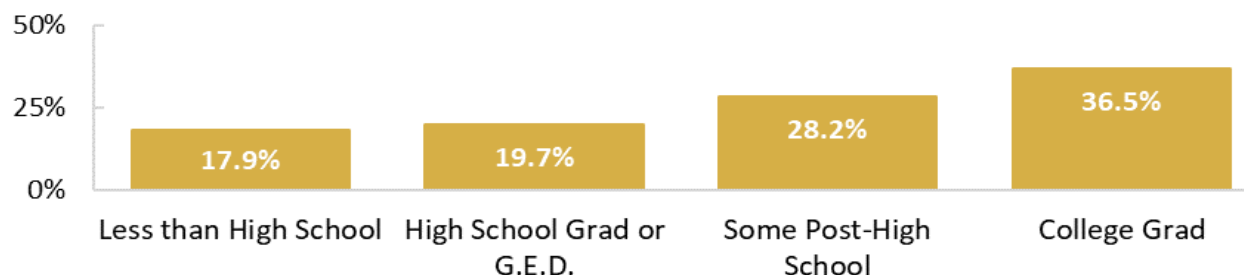
Twice as many residents with a college degree met the dietary guidelines for fruit and/or vegetable servings per day compared to residents with a high school degree

Consuming a nutrient-rich diet is part of maintaining good health and reducing the risk of chronic conditions such as obesity, type 2 diabetes, heart disease, and stroke. A balanced diet that includes at least 5 total servings of fruits and vegetables can reduce the risk of overweight, obesity, and chronic diseases including cancer, hypertension, and type 2 diabetes. The 2019 CHS asked residents to report the average number of servings of fruit (not including fruit juice) and vegetables they consumed per day.

Countywide, 27% met and 73% did not meet the recommendations for fruit and/or vegetable consumption. Fruit and vegetable consumption varied by

education level (Figure 19). Residents with at least a college degree most often met the daily recommendation of at least 5 servings of fruit and/or vegetables per day (36.5%). Nearly half as many residents with less than a high school degree met this recommendation (17.9%).

Figure 19: Percent Consuming 5(+) Fruit and/or Vegetable Servings per Day by Education Level, 2019



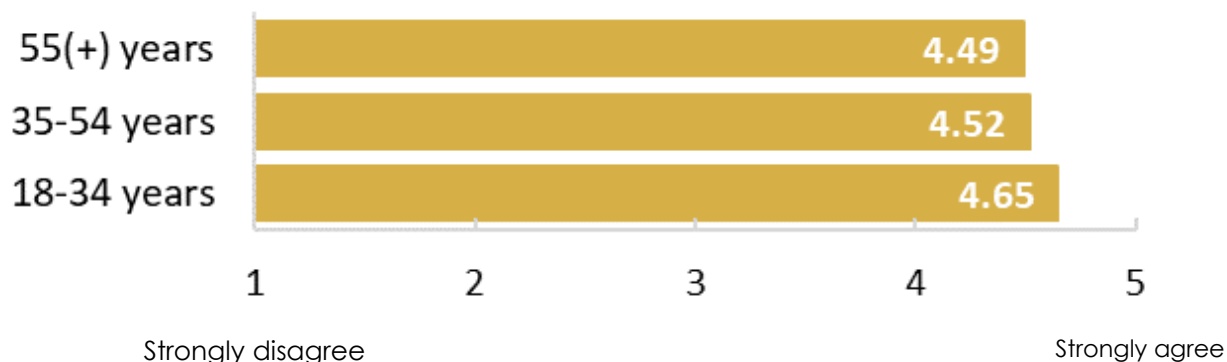
Immunizations

Annual flu immunizations can prevent illness and limit the spread and severity of influenza in a community. In 2019, just over half (54.2%) of adult residents reported they received a seasonal flu shot or nasal mist during the 2018 flu season. More women (58.1%) received flu shots than men (50.0%). Nearly 7 out of 10 adults age 55 and older received flu shots compared to 50% of adults 18-34 years of age and adults 35-54 years of age (45.2%).

In the 2019 CHS, residents were asked to rate a series of statements to examine their hesitancy toward vaccines including: vaccines are important for my health, vaccines are effective, and being vaccinated is important for the health of others in my community. Overall, on a scale of 1 (strongly disagree) to 5 (strongly agree), the mean response from county residents was 4.6—meaning, on average, residents agree that vaccines are important for their health, important for the health of others, and are effective.

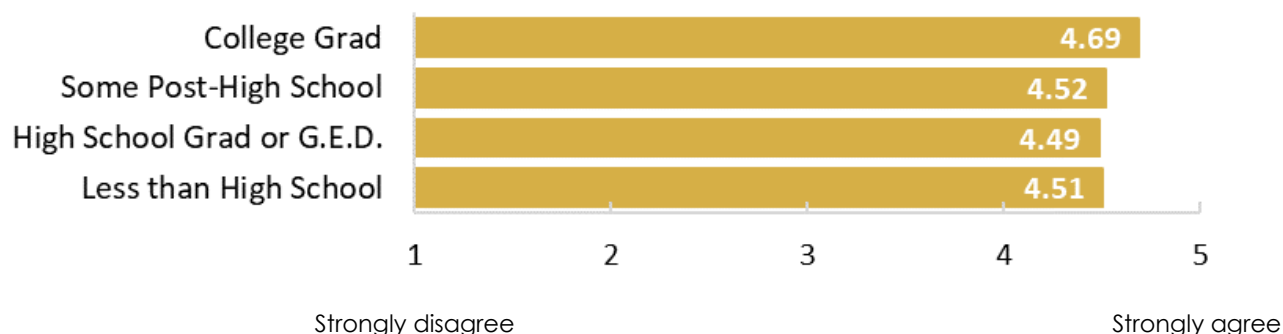


Figure 20: Vaccine Hesitancy Score by Age Group, 2019



While nearly 7 out of 10 residents over the age of 55 reported they received a flu shot during the 2018 flu season, more vaccine hesitancy (a lower score) was reported in this age group compared to younger residents (Figure 20). In addition, men (average score 4.49) showed more hesitancy toward vaccines than women (average score 4.61).

Figure 21: Vaccine Hesitancy Score by Education Level, 2019



Residents with lower education levels exhibited more hesitancy toward vaccines. College graduates in the county had the least hesitancy toward vaccines (average score 4.7) compared to residents with some post-high school education, residents with a high school degree or GED, and residents with an education less than high school (Figure 21).

Smoking and Tobacco Use

Tobacco use (and secondhand smoke exposure) has been shown to cause cancer, heart disease, stroke, diabetes, and lung diseases. The CHS asked residents whether they had used certain tobacco products some days, every day, or not at all. Residents who reported they used a product some days or every day were considered current users of that product. Nearly 1 in 7 people in Weld County used tobacco products (15%). Smoking was more prevalent among lower-income residents: 17.3% of residents with a household income less than \$25,000 per year smoke cigarettes or e-cigarettes (Figure 22). While cigarette usage has decreased in Weld County since the federal tobacco tax was implemented in 2009, these findings represent a large percentage of low-income residents using tobacco products.

Over **1 in 6** residents with a household income less than \$25,000 per year reported using cigarettes or e-cigarettes

Figure 22: Smoking by Income Category, 2019

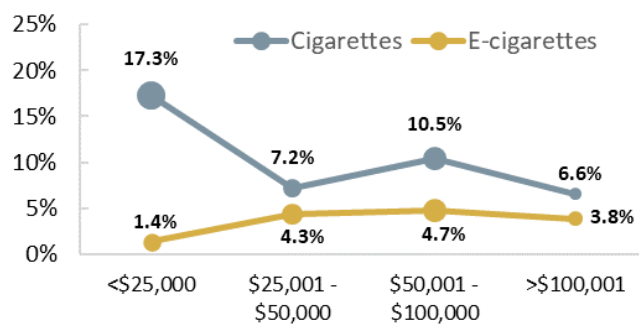
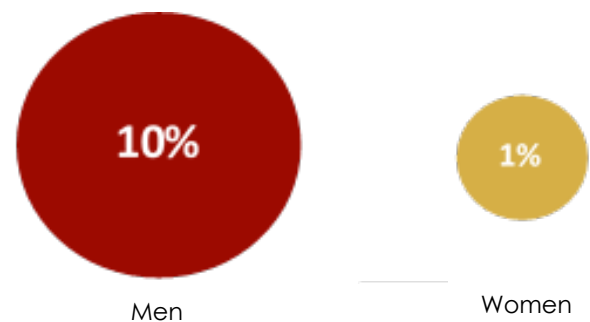


Figure 23: Chewing Tobacco by Gender, 2019



The percent of residents who chew tobacco increased from 3.4% in 2016 to 5.6% in 2019. This differs greatly by gender, as nearly 10 times as many men reported using chew tobacco compared to females (9.9% compared to 1.4%, Figure 23). Youth tobacco use data can be found in the Adolescent Health section.

Health Insurance and Coverage

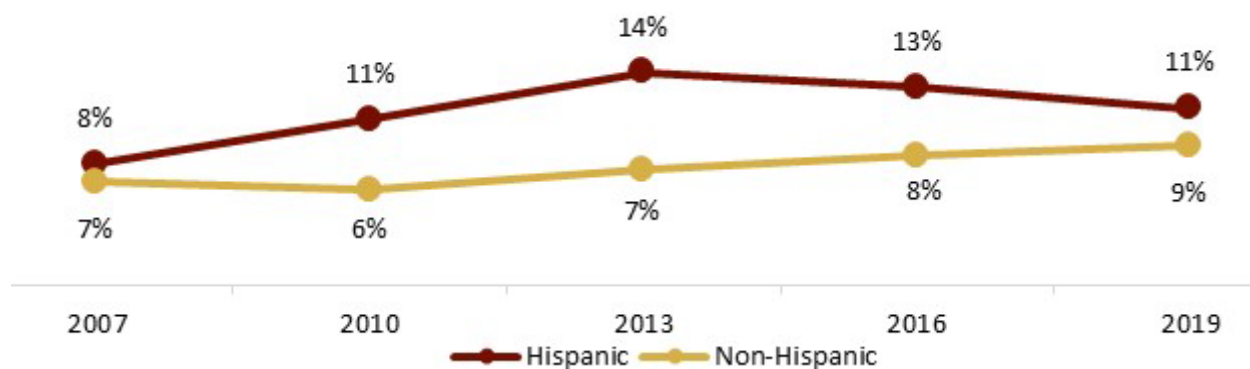
Insurance Status

Having timely and easy access to needed health services helps individuals maintain overall physical, social, and mental health status. Not having insurance is one barrier in accessing health care. In late 2019, the reported countywide uninsured rate was 6.5%, down from 2016 when it was 7.1%, according to the Weld CHS. The percent of residents with employer-sponsored insurance went up slightly between 2016 (53%) and 2019 (55%), and the percent of residents on Medicaid went down between 2016 and 2019 (14% to 12%).

The uninsured rate for Hispanic/Latino residents age 18-64 was **3x the rate** for non-Hispanic/Latino residents of the same age group

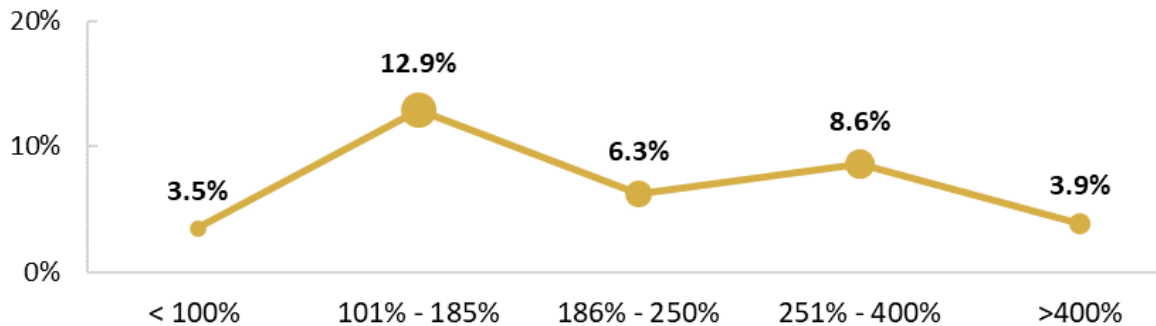
In 2019, over 13,500 adults did not have health insurance in Weld County. Overall, the gap between the percent of uninsured Hispanic and non-Hispanic residents shrunk in 2019 (Figure 24). Although most of the uninsured were White, non-Hispanic/Latino (5,100), the uninsured rate for Hispanic/Latinos residents aged 18 to 64 years (15.9%) was triple the rate of 4.9% for non-Hispanic/Latinos residents aged 18 to 64 years.

Figure 24: Percent of Residents Uninsured by Ethnicity, 2019



About 4% of Weld County adults who live in households at or below the 100% federal poverty level (FPL) did not have health insurance (Figure 25). Nearly 1 in 8 adults (12.9%) living in households between the 101% and 185% FPL reported not having health insurance. The uninsured rate for individuals living in households above 185% FPL varied between 4% and 9%. This demonstrates that the lowest-income residents (<100% FPL) no longer represent the largest portion

Figure 25: Percent of Residents Uninsured by Income Status, 2019



of uninsured residents in Weld County. Instead, the middle- to low-income groups (101%-400% FPL) represent the largest groups of uninsured residents, highlighting the importance of insurance availability for middle- to low-income groups.

Regular Source of Care

In the 2019 CHS, residents were asked if they had a regular source of care when they were sick or needed advice about health care. Over 3 in 4 Weld County residents (77%) had a regular source of care when they were sick or needed advice about health care; however, only 28% of the uninsured population had a regular source of care. The percentage of uninsured residents who have a regular source of care has decreased by nearly 40% since 2016 when 46% of uninsured residents had a regular source of care.

The percentage of uninsured residents who had a regular source of care **decreased** between 2016 and 2019 in Weld County

Maternal and Child Health

Live Births

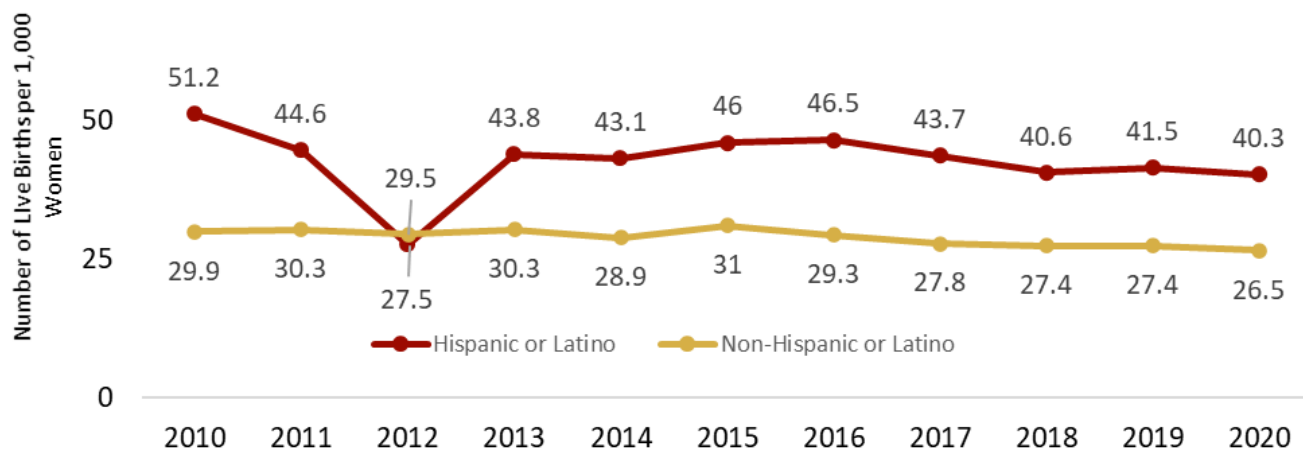
Having a healthy pregnancy is integral to the health of women, infants, and families. In 2020, the total number of live births to women in Weld County was 4,373, which was similar to the number of live births from the previous 5 years. Over 60% of mothers who gave birth in 2020 had some college education or graduated with a professional degree while 23% had a high school diploma or

GED. Almost 2 in 5 mothers had a household income of \$75,000 or more (35%), and 1 in 5 mothers had a household income of \$15,000 or less.



The overall crude rate of live births in Weld County was 30.5 per 1,000 women in 2020. This is down from a high of 44.5 live births per 1,000 women in 2003. This rate was higher among Hispanic/Latino women (40.3 per 1,000 women) compared to non-Hispanic/Latino women (26.5 per 1,000 women) (Figure 26). The crude rate of live births to women was also higher among women age 25-29 (125.3 per 1,000 women) and 30-34 (108.1 per 1,000 women).

Figure 26: Crude Birth Rate by Year per 1,000 Women, 2010-2020, CoHID Database



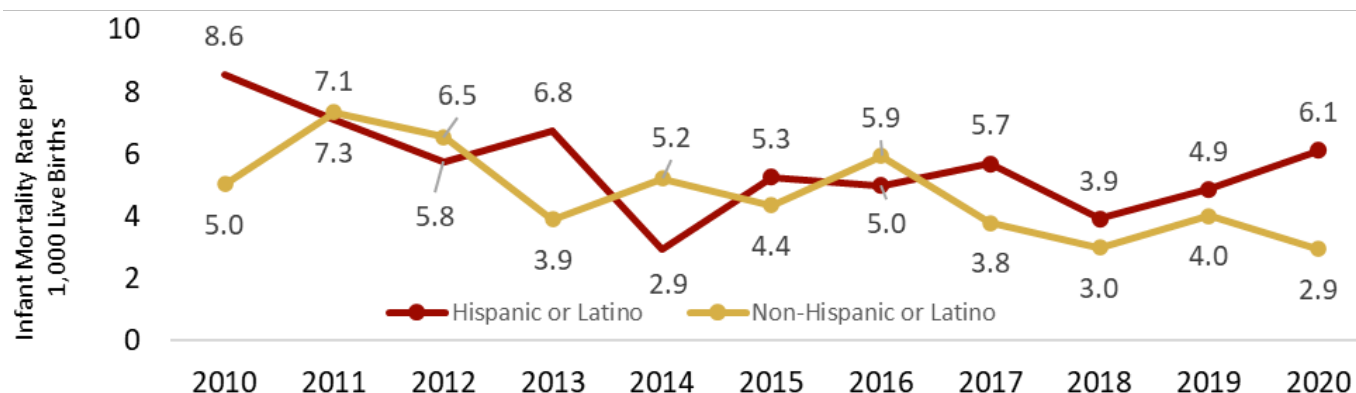
Infant and Maternal Mortality

Infant Mortality

Infant mortality is defined by the Centers for Disease Control and Prevention as the death of an infant before their 1st birthday and is often presented as a rate: the number of infant deaths per 1,000 live births. Since 2017, infant mortality remains higher in Hispanic/Latino infants compared to non-Hispanic/Latino infants in Weld County. In 2020, the gap in the infant mortality rate widened: The

rate of infant mortality in Hispanic/Latino infants (6.1 per 1,000 live births) was double that of non-Hispanic/Latino infants (2.9 per 1,000 live births) (Figure 27).

Figure 27: Infant Mortality Rate per 1,000 Live Births, Weld County, 2010-2020, CoHID Database



Maternal Mortality

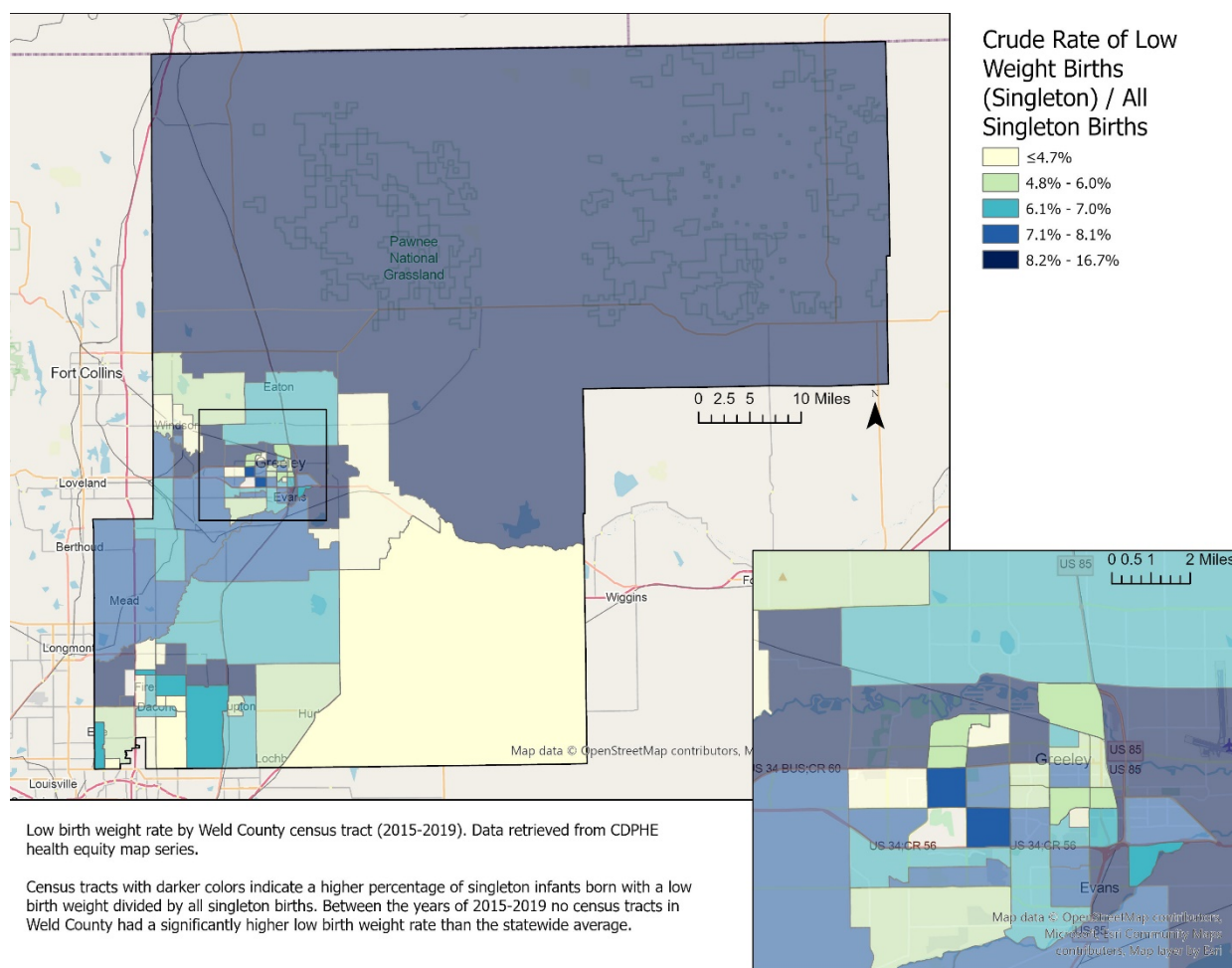
Between 2011 and 2020, there were 8 maternal deaths during pregnancy, childbirth, and the puerperium period in Weld County. This is slightly higher than neighboring counties, including Larimer County (5 deaths) and Adams County (5 deaths). Due to the small number of deaths and limited data, maternal mortality cannot be examined beyond counts.

Low Birth Weight

Low birthweight babies are at risk of infant mortality, respiratory disorders, and neurological problems. In 2020, 8.8% of live births, or 397 infants, were born with low birth weight (defined as weighing less than 2,500 grams). Less than 1% (0.8%) of infants were born at a very low birth weight, defined as weighing less than 1,500 grams. The percent of infants born with a low birthweight was similar across Hispanic/Latino and non-Hispanic/Latino groups, as well as by education and income levels.

The central portion of the county, near and around Greeley, along with the Windsor/Severance area, experienced the highest percentage of infants born with a low birth weight compared to other areas of the county (Figure 28, see inset) between the years of 2015 and 2019. Due to limited and suppressed data, low birth weight is not examined with life expectancy like other health indicator maps in this report.

Figure 28: Infants Born with Low Birth Weight by Weld County Census Tracts based on records from 2015-2019, CDPHE Equity Map Series



Preterm Births

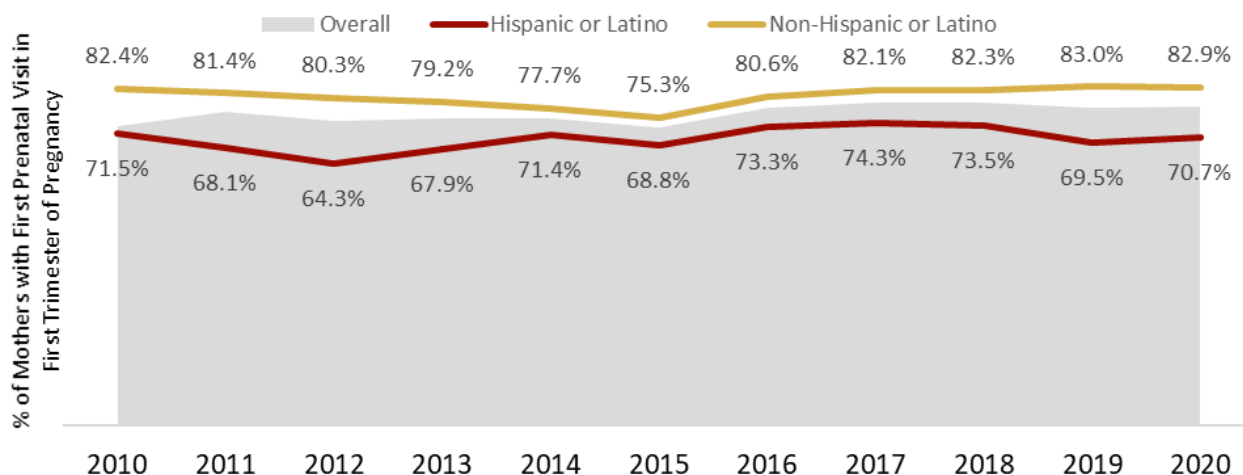
Infants born prematurely are at risk for many health complications. In 2020, 8.9% of live births, or 389 infants, were born prematurely (defined as being born before 37 weeks of gestation). The percent of infants born prematurely was slightly higher in the Hispanic/Latino population at nearly 1 in 10 (9.5%) compared to just over 8% in the non-Hispanic/Latino population (8.4%). Also, a slightly higher percentage of women with annual household incomes less than \$15,000 had preterm births (9.2%) compared to women with annual household incomes more than \$75,000 (8.5%).

Prenatal Care Initiation

Early prenatal care improves the likelihood of a healthy pregnancy and birth. National recommendations encourage pregnant women to seek prenatal care within the first trimester (first 3 months) of pregnancy. In 2020, 7 out of 10 (70.7%) Weld County mothers sought prenatal care in the first trimester. About 18% sought prenatal care after the first trimester and nearly 10% did not seek any prenatal care. This is similar to the percentage from the past 10 years.

In Weld County, a lower percentage of Hispanic/Latino mothers initiated prenatal care in the first trimester compared to non-Hispanic/Latino mothers in 2020 (70.7% vs. 82.9%). While this trend was similar to the past 10 years, the gap in prenatal care between ethnicities widened further in 2019. (Figure 29).

Figure 29: Percent of Mothers with First Prenatal Visit in First Trimester of Pregnancy, 2010-2020, CoHID Database



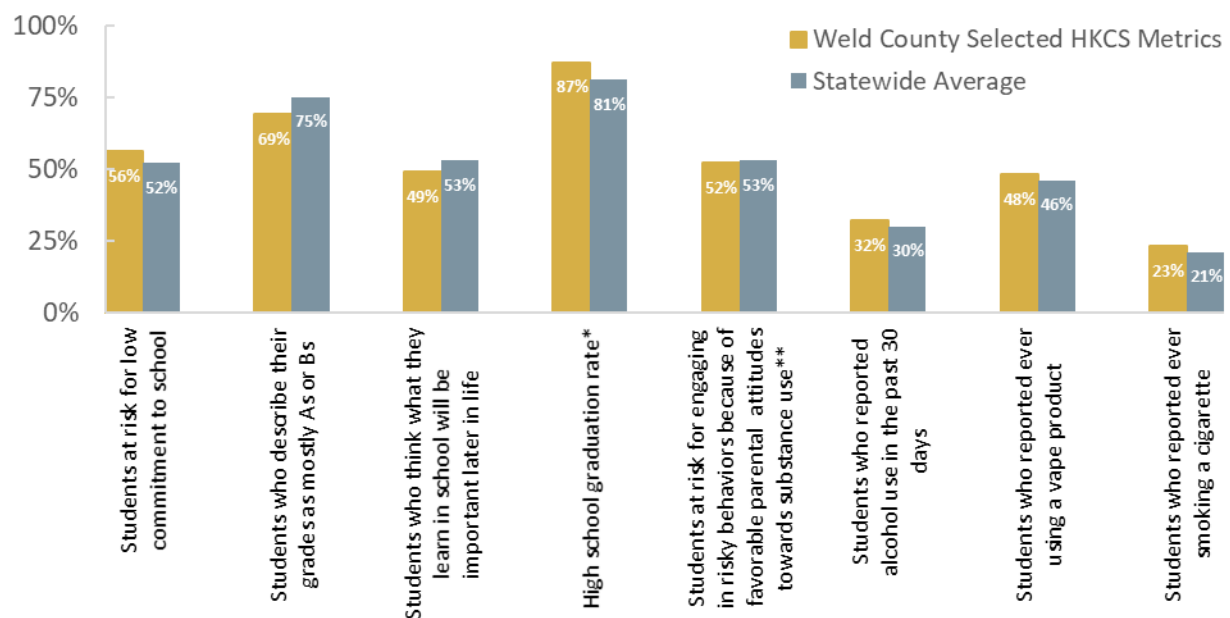
Adolescent Health

The adolescent health section provides data and information about a variety of topics among adolescent youth including substance use and mental health conditions. Information about similar topics for the adult population are provided throughout this report. For example, for adult substance use information see the health status and behaviors section, and for adult mental health information see the mental health section.

Healthy Kids Colorado Survey Data Shared Risk and Protective Factors

According to the 2019 Communities That Care Shared Risk and Protective Factor Profile for Weld County and the Healthy Kids Colorado Survey (HKCS), the top identified risk factors or challenges in Weld County youth include low commitment to school and parental attitudes favorable towards substance use (Figure 30).

Figure 30: Selected Healthy Kids Colorado Survey (HKCS) Metrics, Weld County and Statewide Averages, 2019



*Graduation rate from Colorado Department of Education

**Favorable parental attitudes towards substance use from Healthy Kids Colorado Survey youth self-reported data of parental attitudes towards substance use

School Engagement

The 2019 Communities that Care Shared Risk and Protective Factor Profile for Weld County and HKCS data indicated nearly 56% of students were at risk for low commitment to school. This has increased since 2017 when just over half of students had this risk factor (51%) and remains higher than the statewide and national estimates (52% and 48%, respectively). Across grade levels, risk for low commitment to school was overpronounced in 9th-grade (55%) and 10th-grade (59%) students compared to 11th- and 12th-grade students. The percentage of students who described their grades as mostly As or Bs over the past year was

less than the state average, 69% and 75%, respectively. This was lowest among Hispanic/Latino students at 59% and male students at 62%.



The percentage of students in Weld County who think what they learn in school will be important later in life sits at 49%, compared to 53% for the state of Colorado. The graduation rate of Weld County youth was higher than the state average in the 2018-2019 school year (87% and 81%, respectively) and the drop-out rates for Weld County youth was slightly lower than the state average (1.3% and 2%, respectively). However, this represents nearly 600 students in Weld County that dropped out of school in the 2018-2019 school year according to the Colorado

Department of Education, demonstrating a sustained risk for low commitment to school in Weld County youth.

Youth Substance Use

Attitudes

Parental attitudes favorable toward substance use was also identified as a risk factor for Weld County youth. Nearly 52% of youth were at risk for engaging in risky behaviors because of parental favorable attitudes toward substance use. This risk factor has increased since 2017, when 46% of youth were at risk for engaging in problem behaviors. While this metric was lower than the Colorado statewide average (53%), it was higher than the 2018 Bach Harrison Norm (BH Norm, 37%), indicating that a higher percentage of Weld County youth displayed this risk factor than the national indicator.

Alcohol

Youth in Weld County report attitudes favorable toward substance use and report substance use at a higher rate than youth across Colorado. Notably, a higher percent of Weld County youth reported alcohol use in the past 30 days (32%) compared to the state average and national indicator of just under 30%. This was highest among students 18 and older (32.2%) and female students (36.0%). Nearly 1 in 5 Weld County students had their first drink of alcohol, other than a few sips, before the age of 13. This was higher among Hispanic/Latino

students (23%) compared to White, non-Hispanic/Latino students (15.9%) and students who identify as multiple race (15.1%).

Binge drinking followed a similar trend: A slightly higher percent of Weld County youth engaged in this behavior compared to youth across the state and nation. Over 15% of Weld County students engaged in binge drinking in the past 30 days. Additionally, nearly 6 in 10 students reported they felt it would be sort of easy or very easy to get alcohol if they wanted. This was highest among female students (63.3%) when compared to male students (55.6%).

Vaping

Lifetime vaping (ever using a vaping product) remains higher in Weld County youth compared to the statewide average of 46%. Nearly half (48%) of students in Weld County reported ever using an electronic vapor product, meaning the majority (52%) of students do not report vaping. Among students who have used vapor products, 16% tried vaping before the age of 13, 23% said they used them because they were flavored, and about 1 in 8 said they used them because they think vapor products are less harmful than other tobacco products (14%).

Over half (55%) of student electronic vapor product users reported trying to quit in the past year.



Tobacco Use

Youth tobacco use, although similar to state and national levels, remains at 5%. Nearly 1 in 4 (23%) of students reported ever smoking a cigarette, even 1 or 2 puffs. Almost 1 in 10 (9%) did so before the age of 13. Among students who reported current cigarette use, 64% reported ever trying to quit smoking cigarettes during the past year. Among students who reported cigarette use, the most commonly reported ways of obtaining cigarettes for Weld County youth were borrowing them from someone else (48%), giving someone else money to buy them (42%), or some other way (30%). Information regarding adult tobacco use can be found in the Health Status and Health Behaviors section.

Youth Health Status and Health Behaviors

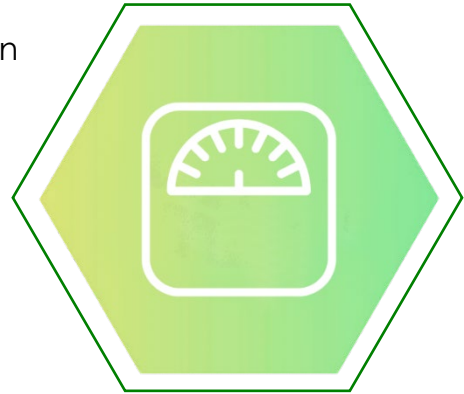
Youth Asthma

Asthma is a chronic condition that impacts the lungs and breathing. Overall, 1 in 5 students in Weld County reported they have asthma in 2019 (19.8%), which is

similar to the Colorado average of just over 20%. This rate was similar across grade levels, age groups, race/ethnicities, and genders. Adult asthma information can be found in the Health Status and Health Behaviors section.

Youth Weight Status

Obesity in children and teens is defined as a person who has a body mass index that is above the 95th percentile for children and teens of the same age and sex. According to available youth medical record data in northern Colorado, nearly 4 in 10 (38.1%) youth and adolescents age 0-19 in Weld County were overweight or obese in 2019 and 2020 (Figure 31). This was higher than the statewide youth self-reported average of 32%.



Overweight and obesity was higher among Hispanic/Latino youth of any race (44.7%) compared to non-Hispanic/Latino youth (28.1%) (Figure 31). Overweight and obesity was also more common in older age group youth: Over 4 in 10

Figure 31: Weld County Youth Overweight and Obesity Status by Ethnicity, Available Medical Record Data, CHORDS, 2019-2020

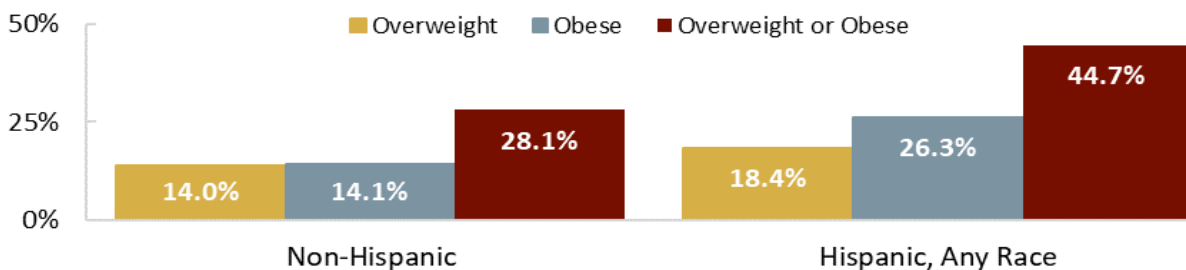
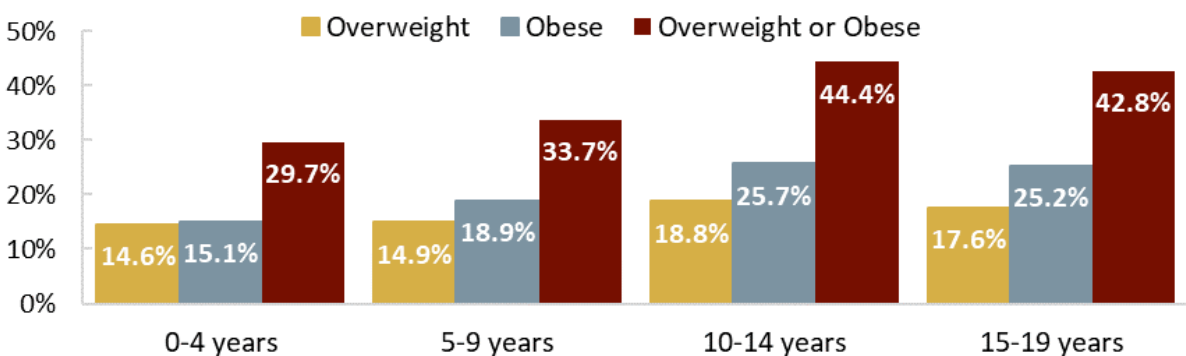


Figure 32: Weld County Youth Overweight and Obesity Status by Age Group, Available Medical Record Data, CHORDS, 2019-2020



youth age 10-19 had an overweight or obese BMI compared to about 3 in 10 youth 0-9 years of age (Figure 32). In addition, a slightly higher percentage of male students were overweight or obese (39.5%) compared to female students (36.7%). Adult weight status information can be found in the Health Status and Health Behaviors section.

A Note on BMI, Obesity, and Overweight Data

BMI, obesity, and overweight data are made available through the Colorado Health Observation Regional Data Service (CHORDS) and include available youth medical records. Not all health care centers and locations participate in sharing of de-identified and aggregated medical record data. Although not inclusive of all youth, available data are a strong representation of the weight status of youth in the county.

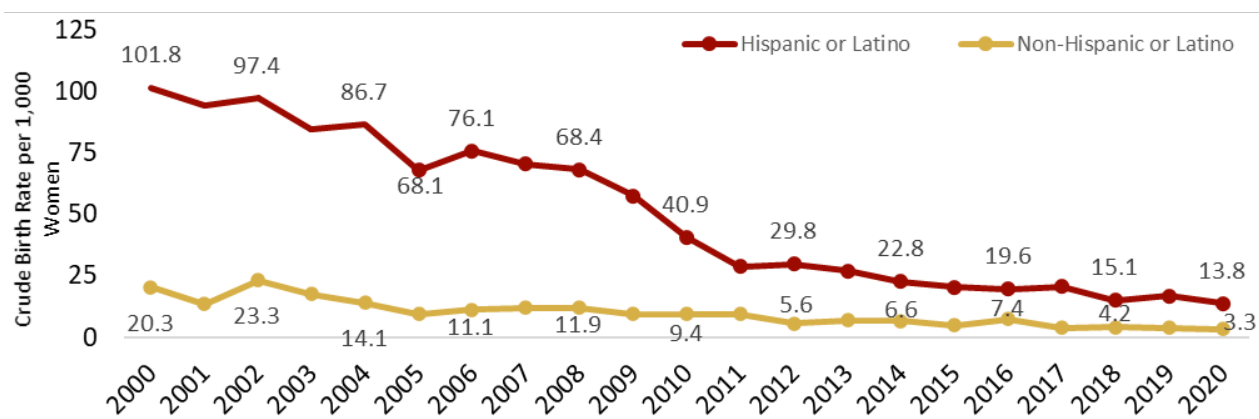
Youth Physical Activity

According to youth self-reported data, just over 47% of youth in Weld County reported they met the minimum physical activity guideline for youth (at least 60 minutes of physical activity per day for 5 or more days per week). This was similar to youth across Colorado (48%) and lowest among Hispanic/Latino youth (43.2%).

Teen Pregnancy

The crude rate of live births to mothers ages 15-17 in Weld County in 2020 was 7.6 per 1,000 women. Since 2002, Weld County has seen a continued downward trend in the crude rate of births to teen mothers, however, rates in Hispanic/Latino women remain higher than non-Hispanic/Latino women (Figure 33).

Figure 33: Crude Birth Rate for Mothers Age 15-17 per 1,000 Women, 2000-2020, CoHID Database

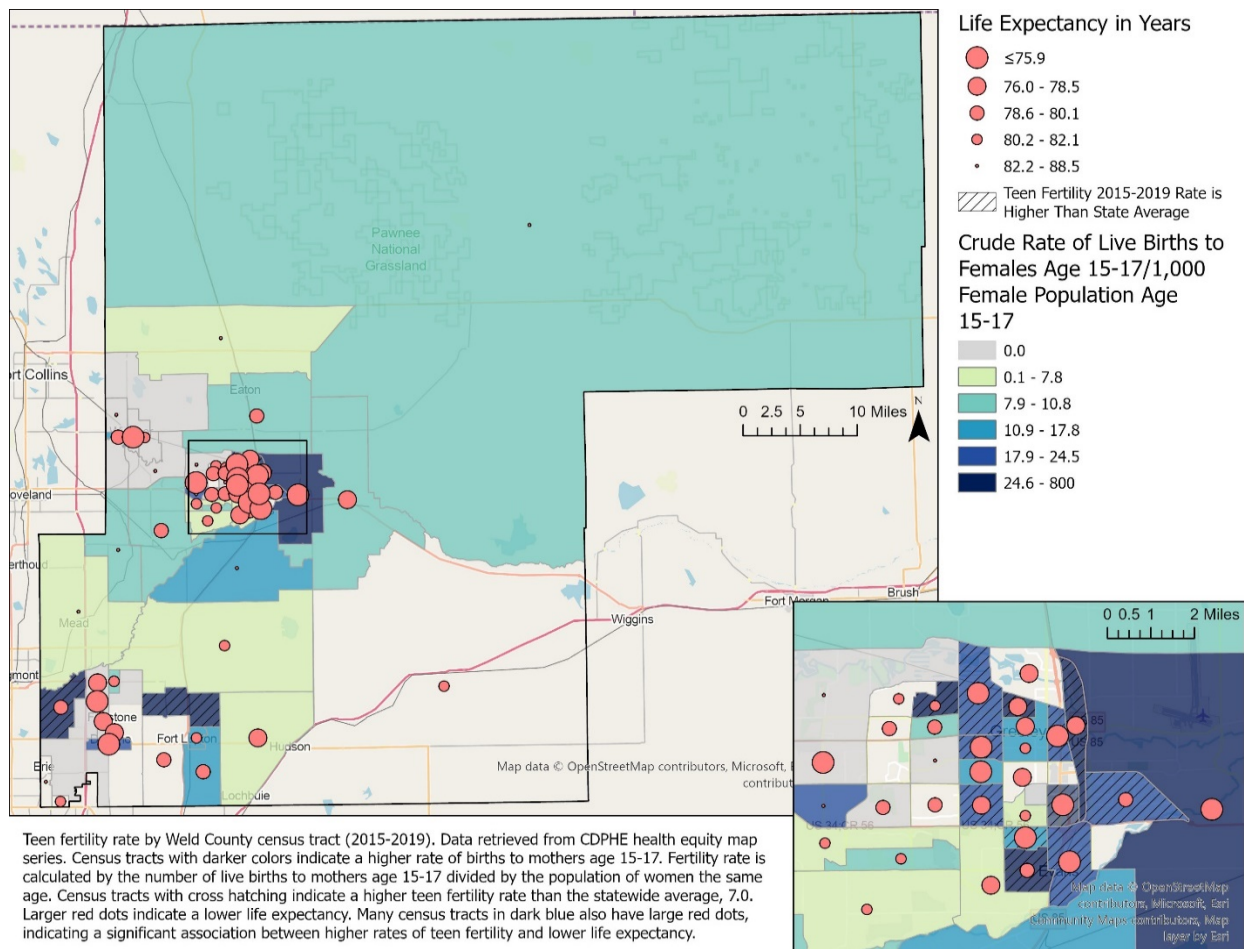


In 2020, the crude rate of live births to mothers ages 15-17 was three times higher for Hispanic/Latino mothers compared to non-Hispanic/Latino mothers (13.8 and 3.3 per 1,000, respectively) (Figure 33).

Teen fertility is relatively low in most areas of the county, with many census tracts below the statewide average of 7.0 births per 1,000 15- to 17-year-old females. Some areas of the county, including the Greeley area, have a higher rate of teen fertility compared to other areas in the county (Figure 34, see inset). Many census tracts in dark blue also have large red dots, indicating a relationship between lower life expectancy and higher teen fertility rates.

The crude rate of live births was **3x higher** for Hispanic/Latino mothers age 15-17 compared to non-Hispanic/Latino mothers of the same ages of the same age group

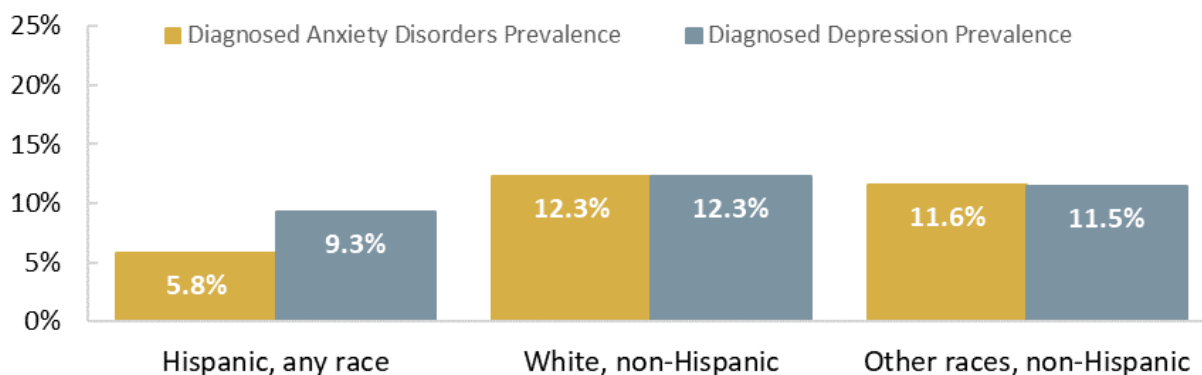
Figure 34: Teen Fertility by Weld County Census Tracts based on records from 2015-2019, CDPHE Equity Map Series



Youth Anxiety and Depression

Data available from available medical records in Northern Colorado indicate that poor mental health is a challenge for many Weld County youth ages 12-17. Nearly 1 in 10 (8.9%) youth were diagnosed with anxiety disorders in 2019 and 2020, representing over 7,000 youth in Weld County. The prevalence of anxiety disorder diagnoses was higher among female youth (11.3%) compared to male youth (6.3%) and was lower among Hispanic/Latino youth (5.8%) compared to White, non-Hispanic/Latino youth (12.3%) and non-Hispanic/Latino youth of other races (11.6%) (Figure 35).

Figure 35: 2019-2020 Anxiety Disorder and Depression Diagnoses by Race/Ethnicity for Weld County Youth, CHORDS



Female youth, regardless of race/ethnicity, had a **higher prevalence** of anxiety and depression diagnoses

Roughly 7% of Weld County youth ages 12-17 were diagnosed with depression in 2019 and 2020. Depression diagnoses were higher in female youth: Nearly 1 in 10 female youth were diagnosed with depression (9.3%) compared to less than 5% of male youth (4.2%). The prevalence of

depression diagnoses was also higher among White, non-Hispanic/Latino youth (12.3%) and non-Hispanic/Latino youth of other races (11.5%) compared to Hispanic/Latino youth (9.3%) (Figure 35).

When examining just female youth anxiety and depression diagnoses, the gap between anxiety and depression diagnoses in female Hispanic/Latino youth and white non-Hispanic/Latino youth shrinks. For example, while anxiety diagnoses are twice as high in White, non-Hispanic/Latino youth compared to Hispanic/Latino youth overall (12.3% vs 5.8%), in female White, non-Hispanic/Latino youth

the rate of anxiety diagnoses was 16% compared to 11% in female Hispanic/Latino youth of any race and 11.6% in female non-Hispanic/Latino youth of other races. Similarly, 12.3% of white non-Hispanic/Latino female youth were diagnosed with depression compared to 9% of Hispanic/Latino female youth and 12% of non-Hispanic/Latino female youth of other races. These findings highlight how female youth, regardless of race/ethnicity were diagnosed with anxiety and depression at a higher rate than male youth, according to available youth medical record data. Adult anxiety, depression and mental health data can be found in the Mental Health section.



A Note on Adolescent Anxiety and Depression Data

Adolescent anxiety and depression data are made available through the Colorado Health Observation Regional Data Service (CHORDS) and include available youth medical records. Not all health care centers and locations participate in sharing of de-identified and aggregated medical record data. Although not inclusive of all youth, available data are a strong representation of the anxiety and depression status of youth in the county.

Youth Self Harm and Suicide

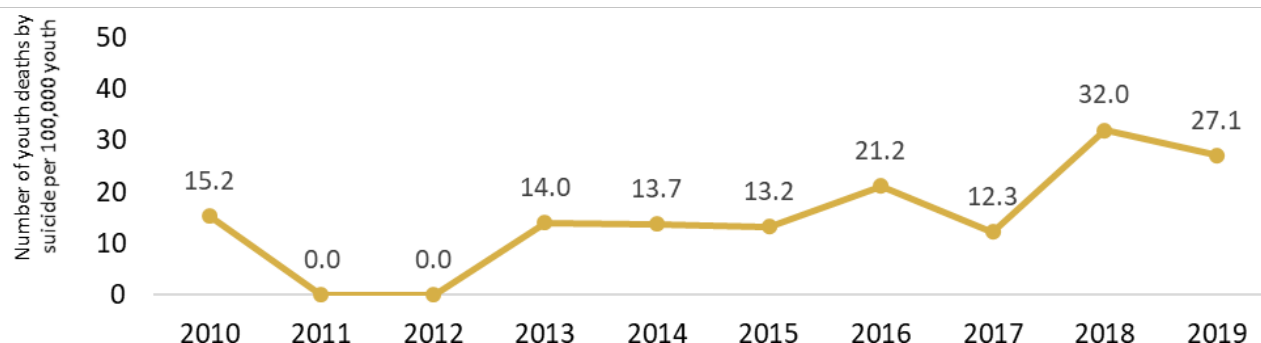
Youth suicide and self-harm indicators in Weld County have increased since 2017, as 1 in 5 (20%) youth reported engaging in self-harm behaviors and over 1 in 3 (37%) reported feeling sad or hopeless almost every day for 2 weeks over the past 12 months. This is higher than the state rate of nearly 35% of youth who reported feeling sad or hopeless almost every day in the same time period.

Over 1 in 6 Weld County students reported seriously considering attempting suicide in the past year (16.6%). This was nearly twice as high among Black students at 30% compared to Hispanic/Latino students (15.4%) and White, non-Hispanic/Latino students (17.3%).

Between the years of 2015-2019, 29 Weld County youth and young adults ages 5-19 years died by suicide. From 2015 to 2019, the number of youth who died by suicide increased by over 200%, from 3 deaths in 2015 to an all-time high of 10 deaths in 2019; the 2019 rate of deaths by suicide was 27.1 per 100,000 youth

(Figure 36). Intentional self-harm deaths (suicide) occurred more in male and non-Hispanic/Latino youth.

Figure 36: Weld County Youth Age 15-19 Deaths Due to Intentional Self-Harm (Suicide) per 100,000 Youth, 2010-2019, CoHID Database



Additionally, suicide accounted for nearly 15% of all years of potential life lost before age 65 in Weld County between 2010 and 2019 (6,950 years, 14,7%), demonstrating the magnitude of loss of young lives due to suicide. Adult suicide data can be found in the Mental Health section.

The Environment and Health

Housing

Having a safe, stable, and reliable home is essential to human health. Inadequate and unsafe housing can contribute to health problems such as chronic disease and injuries and can have harmful effects on child development. With Weld County's expected population growth to nearly 550,000 residents by 2040, housing options and affordability are significant concerns for all Weld County residents, but especially low- to moderate-income earners. As part of the 2019 Community Health Assessment Survey (CHS), Weld County residents were asked if they had been living in stable housing in the 2 months prior to being surveyed. Countywide, over 9% of adult residents reported they had an unstable housing situation.

From 2010 to 2019, the American Community Survey 5-year estimates for median gross rent in Weld County increased by nearly 41%, while the estimated median household income increased by only 33% (ACS estimates), demonstrating that the gap between housing cost and wages continues to grow.

Income also can be categorized as a percent of the federal poverty level (FPL). Residents who were very low income (at or below the 100% FPL) more frequently reported having unstable housing; 1 in 3 low-income residents (32.8%) reported unstable housing compared to 7% of residents above the 100% FPL.

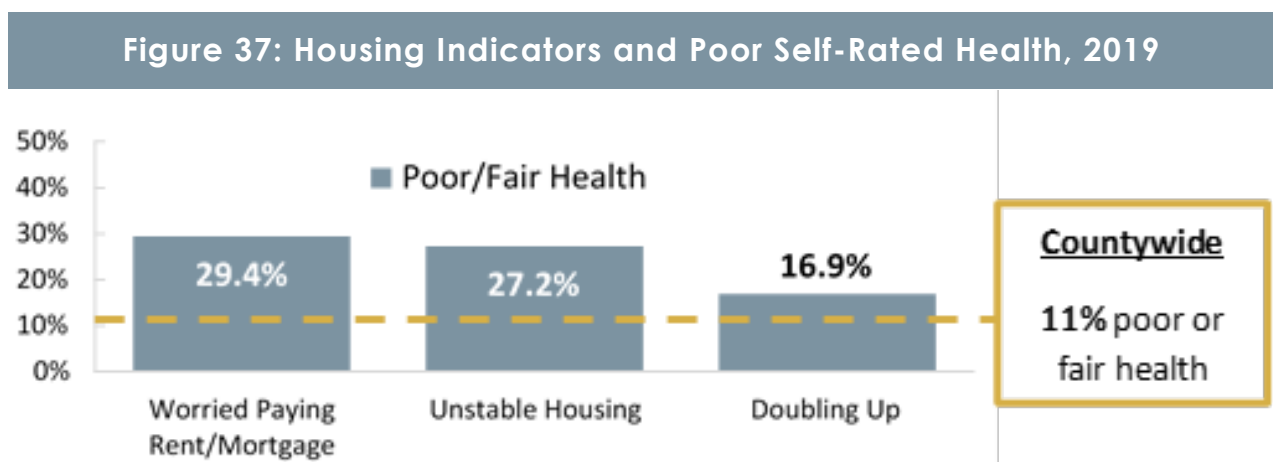
“Doubling up” refers to a situation where individuals are unable to maintain their housing situation and are forced to stay with a series of friends and/or family members. Countywide, nearly 1 in 6 residents provided temporary housing to another person (17%). Residents were asked why they provided housing to another person. Of the residents who reported providing temporary housing to

1 in 3 residents at or below the 100% FPL reported unstable housing compared to just **7%** of those above the 100% FPL

another person, 23% did so because of a health problem, 27% because of loss of housing, and 39% because of financial hardship. Similarly, a higher percentage of low-income residents reported doubling up compared to residents with higher incomes.

Almost half of residents were worried or stressed about paying rent or mortgage (at least rarely) in the past year (45.6%). Nearly 8 out of 10 residents living at or below the 100% FPL were worried or stressed about paying rent or mortgage (78.8%) compared to 2 in 5 residents with higher incomes (41%).

A higher percentage of residents who reported unstable housing, doubling up, and being usually or always worried about paying rent or mortgage also reported poorer health overall, providing insight to the impact of housing status on Weld County residents (Figure 37).

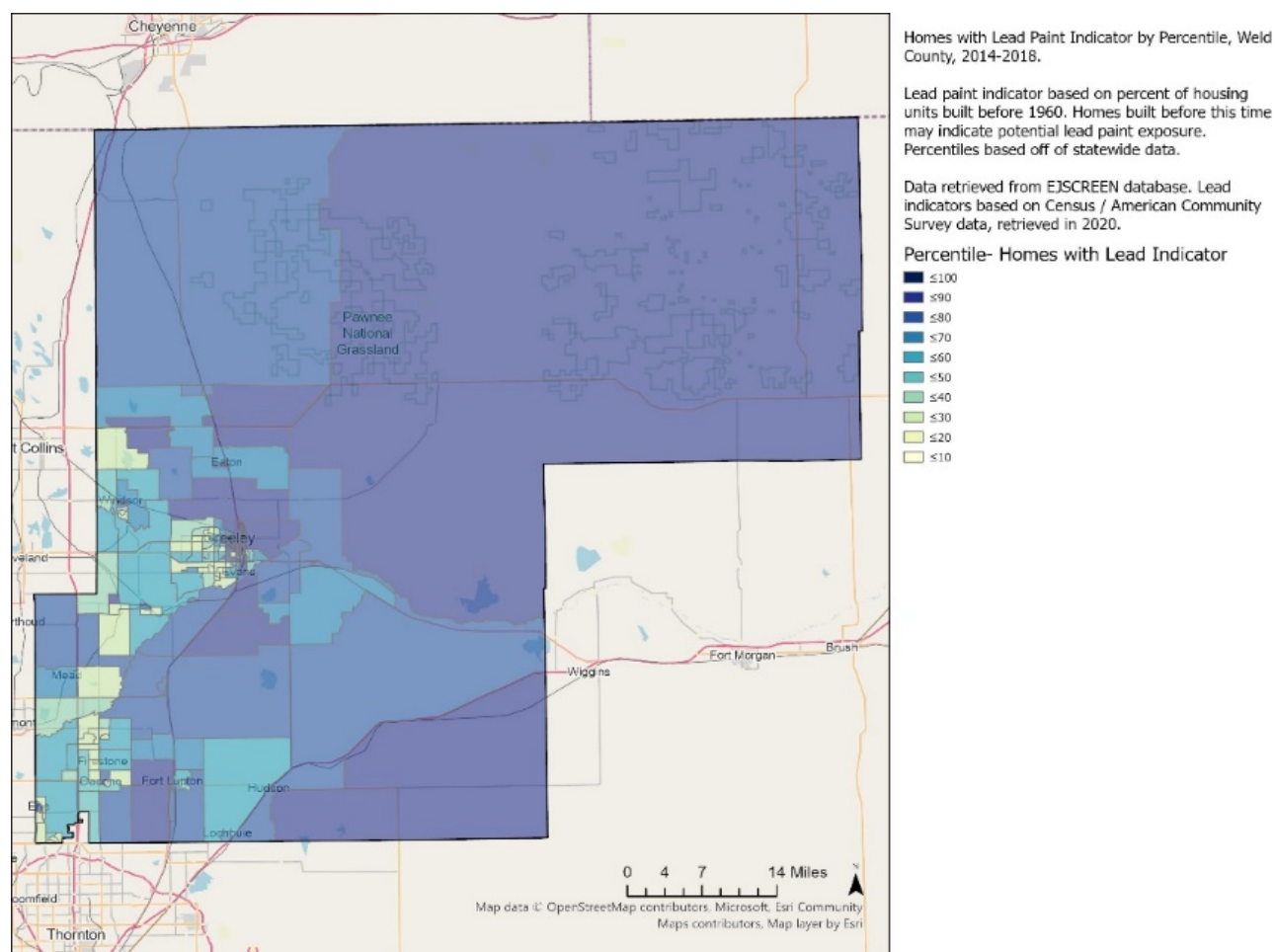


Lead

Lead is a metal that can be toxic if absorbed into the body, especially for young children. The map below shows the percentile of homes with a lead paint indicator — homes built before 1960 that may indicate potential lead exposure — between 2014 and 2018 (Figure 38, see inset). These data are displayed by census tract and percentile of homes compared to other homes in the state.

Census tracts with a higher percentile of homes with the lead paint indicator are shaded with a darker color. For example, homes in the northeastern and southeastern areas of the county have a higher percentile of homes built before 1960, which may indicate a risk for potential lead exposure. Portions of the western part of county and western Greeley have the lowest percentile of homes built before 1960, indicating possibly less exposure to lead.

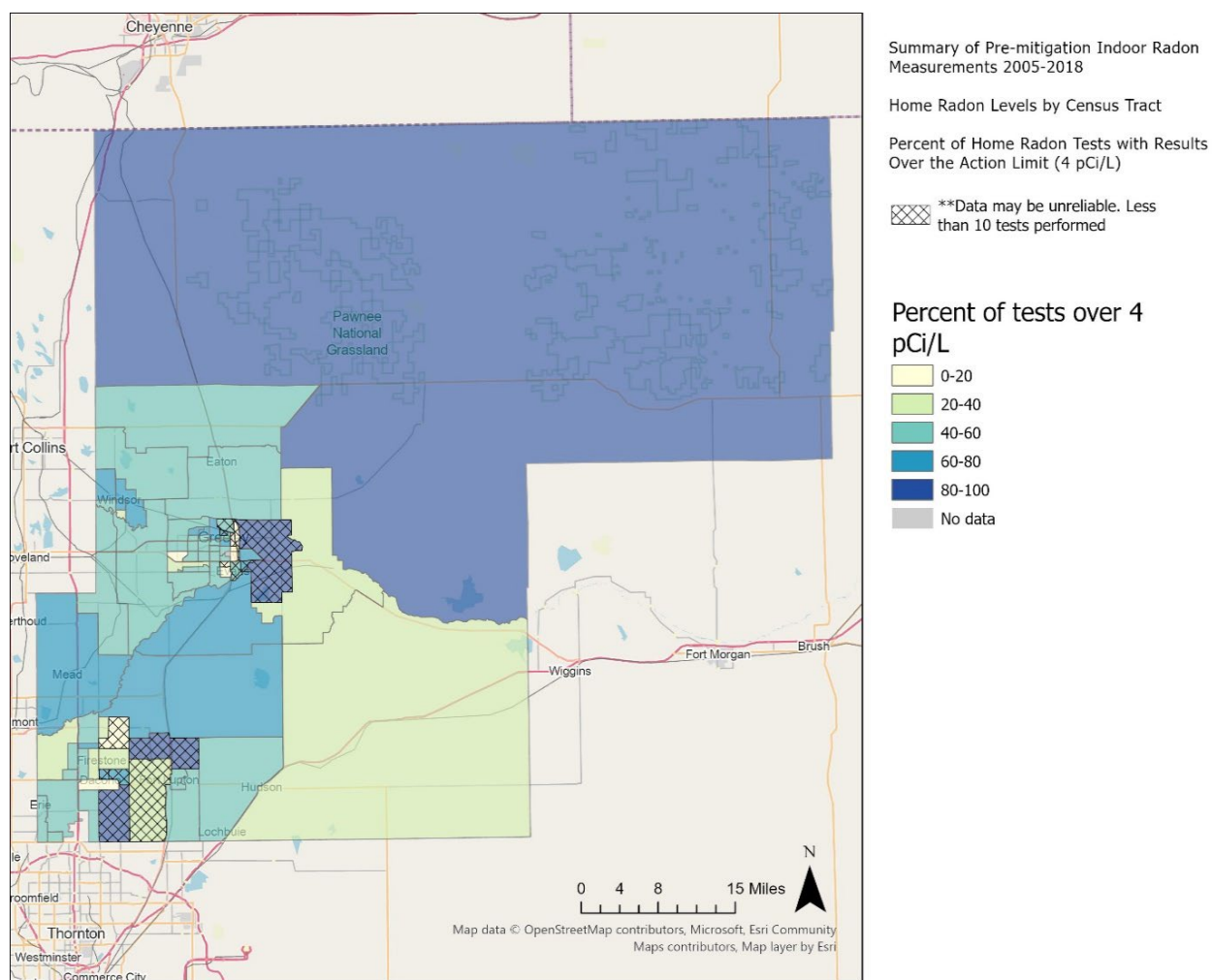
Figure 38: Percent of Homes with Lead Paint Indicator, Weld County, 2014-2018 (EJSCREEN database)



Radon

Radon is a colorless, odorless gas that can come into a home through floors and basements. Indoor radon is a health concern because it is the 2nd most common cause of lung cancer (after smoking). The map below provides a summary of pre-mitigation indoor radon measurements in Weld County from 2005 to 2018 and estimates home radon levels by census tract (Figure 39). This data is not representative of overall indoor radon levels because these measurements are a snapshot in time and some areas may have a small number of tests conducted. These data were retrieved from CDPHE and consist of geolocated tests performed at private labs. In Weld County over 3,000 tests were submitted between 2005 and 2018.

Figure 39: Summary of Pre-mitigation indoor Radon Measurements 2005-2018, Weld County, CDPHE data



The darker colors in this map represent a higher percentage of tests that indicated high levels of radon were present. As can be seen in the map above, a higher percentage of radon tests were above the minimum level (4pCi/L) in the northern area of the county, including Briggsdale, Grover, New Raymer, and Stoneham; 80% to 100% of the tests performed in this region yielded a result greater than 4pCi/L. Areas just east of Greeley and just north of Fort Lupton, as well as some portions of Firestone/Frederick, also had higher radon levels.

Food Access

Food insecurity, defined as limited or uncertain availability of nutritionally adequate foods, has been associated with chronic diseases, heart disease, and depression. The 2019 CHS asked residents if they had been worried or stressed about having enough money to buy nutritious meals in the past year, if they needed food or meal assistance, and their level of concern about access to



affordable, fresh foods. Across the county, 15% of residents were usually or always worried about having enough money to buy nutritious meals in the past year. This is a slight decrease from what residents reported in 2016, when 18% of residents were usually or always worried about having enough money to buy nutritious meals.

Residents at or below the 100% FPL reported they were worried about having enough money to buy nutritious meals nearly 4 times as often as residents who were not below the 100% FPL (43% compared to 12%) (Figure 40). Residents who were Hispanic/Latino more frequently reported that they needed and used food or meal assistance compared to residents who are not Hispanic/Latino (Figure 41).

Figure 40: Worried About Having Enough Money to Buy Nutritious Meals in Past Year, 2019

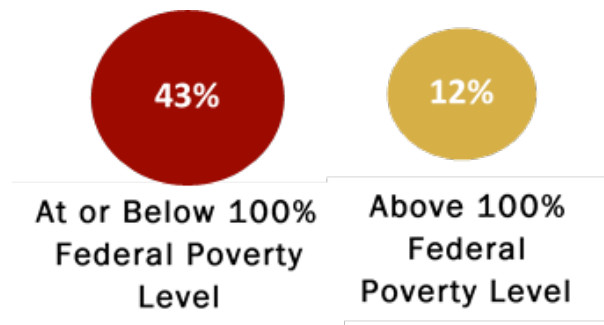
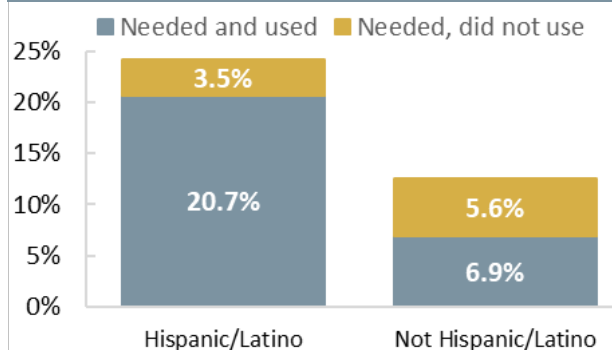


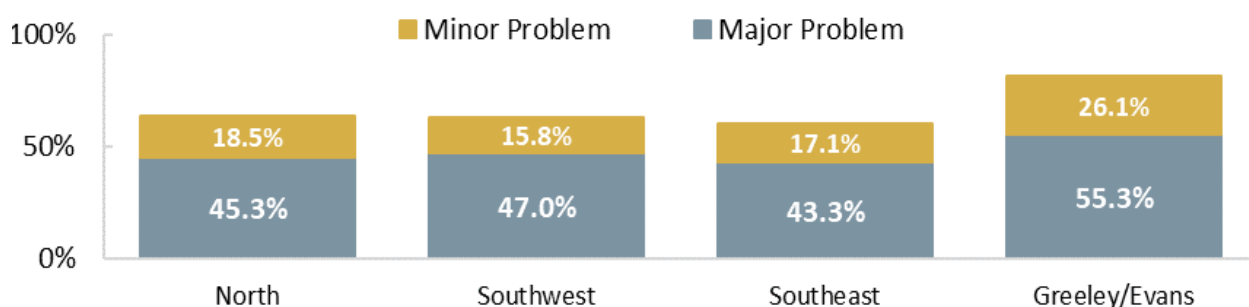
Figure 41: Needed or Used Meal Assistance in Past Year by Ethnicity, 2019



Physical Environment

Concern regarding selected environmental health issues was assessed in the 2019 CHS. Residents were asked to rate issues in their home communities as either major, minor, or no problem at all. Countywide, 31% of residents said polluted indoor air was a minor or major problem. This was higher than what residents reported in 2016 and is similar to what residents reported in 2013 (30%). Additionally, 61% of residents said polluted outdoor air was a problem. This rate has increased since 2016 (38%) and is similar to what residents reported in 2013 (58%) (Figure 42).

Figure 42: Pollution from Road Vehicles by Weld County Region, 2019



Pollution from road vehicles was the most frequently reported air quality problem across Weld County, as 7 out of 10 residents said there was a minor or major problem in their home community with this issue. This was highest among residents in the Greeley/Evans region, where over 8 in 10 residents said pollution from road vehicles was a major or minor problem, and lowest in the southeast region, where 6 in 10 residents reported it was a major or minor problem.

Walking, biking, and other forms of active transportation can provide affordable opportunities to exercise as a part of a daily routine. The availability of active transportation can increase travel options available in a community and potentially reduce traffic congestion and air pollution. The 2019 CHS asked residents about concerns related to active transportation and agreement that it is easy to get around their communities by walking or biking. Just over 46% of residents reported that not having enough sidewalks or trails for walking or biking was a problem.



Countywide, nearly 8 in 10 residents agreed it was easy to walk in their communities (78%) and nearly 7 out of 10 residents agreed it was easy to bike in their communities (69%) (Figure 43). However, only about half of residents (53%) agreed it was possible to get to many places they needed to go by walking or biking (Figure 44). This varied by geography in Weld County. Fewer residents in the southwest and southeast region agreed that it was easy to get many places they needed to go by walking or biking. This sheds light on differences and preferences of the built environment for residents across Weld County.

Figure 43: Perception of Walking, Biking and Public Transit in Community, 2019

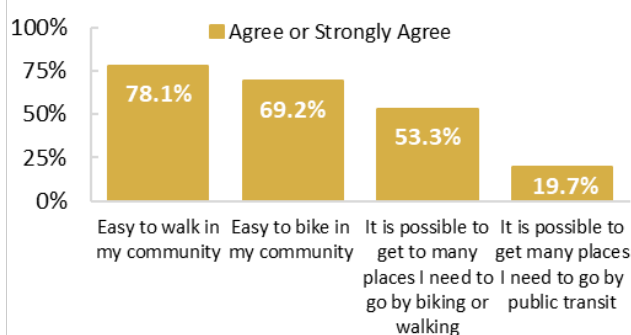
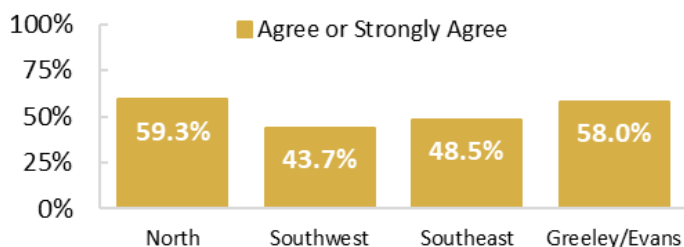


Figure 44: It is possible to get to many places I need to go by biking or walking by Weld County Region, 2019



4 in 5 residents in the southwest region reported that too many mosquitos were a concern in their community

An additional environmental concern that varied across regions was the number of mosquitos where residents lived. A higher percentage of residents in the southwest region (80%) reported that too many mosquitos was a concern in their

community compared to Weld County overall (72%). Similarly, a higher percentage of residents in the southeast region of Weld County expressed that too many flies was a concern in their community compared to Weld County overall (76.7% compared with 69.9%).

Infectious Diseases

Enteric Diseases

Enteric diseases, typically caused by bacteria, viruses, or parasites, are transmitted by consuming contaminated food/water, interacting with infected

animals or feces, or from person to person. Enteric diseases can cause a wide range of illness from no symptoms or gastrointestinal (GI) discomfort to severe illness or death. From 2016 to 2020, the top three reported enteric diseases in Weld County were Campylobacteriosis, STEC (Shiga toxin-producing *Escherichia coli*), and Salmonellosis, accounting for over 900 reported cases (Table 3).

Table 3: Top Three Reported Enteric Diseases in Weld County, 2016-2020

Enteric Disease	Number of Reported Cases
Campylobacteriosis	518
STEC	130
Salmonellosis	277

Campylobacter, Shiga toxin-producing Escherichia coli, and Salmonella Background

The disease Campylobacteriosis, caused by the bacteria campylobacter, is spread when a person or animal eats microscopic amounts of an infected animal's or person's feces. It is commonly found in the GI tracts of cattle, poultry, sheep, pigs, and other pets, such as birds, kittens, and puppies. Campylobacter is most often transmitted through contaminated food or drink such as undercooked poultry, raw milk products, or when cutting boards are used for both raw meat and vegetables without cleaning in between.

STEC is caused by the bacteria *Escherichia coli* or *E. coli*. It is spread when food or water is contaminated with infected feces and then eaten or drunk. The bacteria can be found in the intestines of cattle, deer, elk, goats, or sheep. A person infected with STEC can spread the illness to other people.

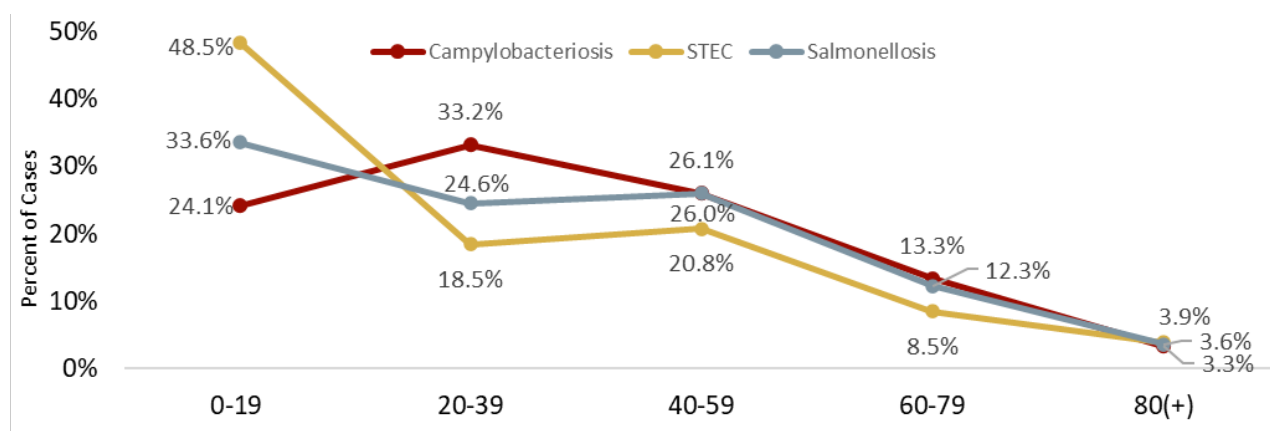
Salmonellosis is caused by the bacteria *Salmonella* and accounts for millions of enteric disease cases in the United States each year. It is spread when food or water is contaminated with infected feces and then eaten or drunk. Pet chicks and reptiles also spread the bacteria. *Salmonella* is found widely in livestock, pets, poultry, birds, reptiles, and amphibians. Most commonly, salmonella infections are caused by undercooked meat, poultry, or eggs, however, you can get *Salmonella* from a variety of foods including sprouts, vegetables, and even processed and frozen foods.

Enteric Disease Demographics, Outbreaks, and Hospitalizations

The percent of reported enteric disease cases are not distributed evenly across age groups. For example, nearly half of reported STEC cases in Weld County

between 2016 and 2020 were in youth between 0-19 years (48.5%), despite this age group accounting for roughly 30% of the population (Figure 45).

Figure 45: Percent of Top Three Enteric Disease Cases (Combined) by Age Group, 2016-2020



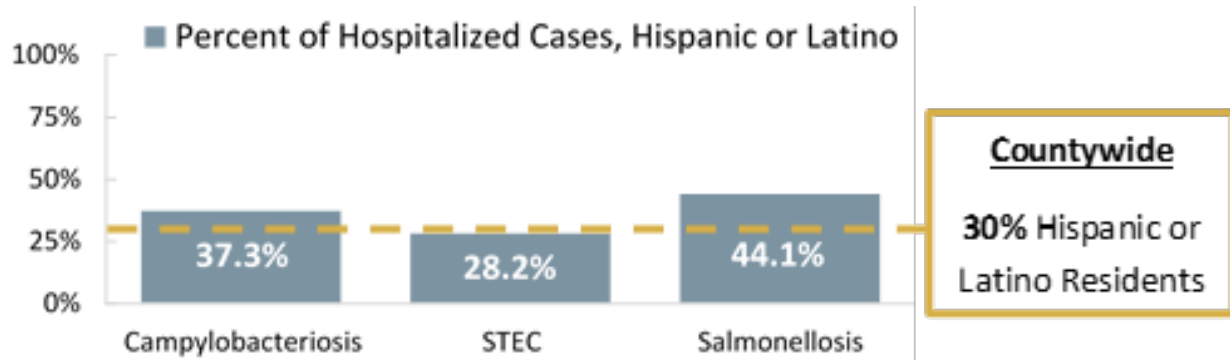
In some cases, enteric diseases can be severe enough to require people to go to the hospital. Between 2016 and 2020 in Weld County, 16% of Campylobacteriosis, 32% of STEC, and 23% of Salmonellosis cases resulted in hospitalization during illness. This represents nearly 180 hospitalizations and 20% of all reported top three enteric disease cases during this time frame.

Nearly **half** of reported youth STEC cases age 0-19 were hospitalized between 2016-2020

Of the residents who were hospitalized, a large percentage were youth 0-19 years of age, representing a larger percentage than the population of youth in Weld County. For example, 49% of hospitalized STEC cases were in youth between 0-19 years of age, while youth in that age group make up less than 30% of the entire Weld County population.

Additionally, a larger percentage of cases resulting in hospitalization were among Hispanic/Latino residents compared to the general population. While the Hispanic/Latino population makes up roughly 30% of the entire Weld County population, over 37% of reported Campylobacteriosis cases in Hispanic/Latino residents and 44% of reported Salmonellosis cases in Hispanic/Latino residents resulted in residents being hospitalized during illness (Figure 46).

Figure 46: Percent of Hospitalized Top Enteric Diseases Cases (Combined) Among Hispanic/Latino Population, 2016-2020



Vaccine-Preventable Diseases

Vaccine-preventable diseases (VPDs), caused by bacteria or viruses, are diseases that can be prevented, or their spread can be reduced, thereby reducing the overall incidence of that disease. The top three vaccine preventable diseases in Weld County between 2016 and 2020 were Pertussis (Whooping Cough), Varicella (Chicken Pox), and a tie between Hepatitis A and Mumps. From 2016 to 2020, there were 99 cases of Pertussis, 69 cases of Varicella, and fewer than 10 cases of Hepatitis A and Mumps, representing 182 total cases of VPDs in the county.

Because the number of cases of each VPD were relatively low from 2016 to 2020, Pertussis and Varicella cases have been combined to examine differences across groups in this report. By age group, these VPDs were more commonly seen in the younger age group between 0- 19 years of age. This is expected, as these diseases occur more often in infants and children. Additionally, these diseases occur more commonly in White, non-Hispanic/Latino residents (70% of cases) compared to all other race/ethnicity groups, despite this group only accounting for 65% of the Weld County population.

Zoonotic Diseases

Zoonotic diseases, caused by bacteria, viruses, parasites, and fungi, are diseases that spread between animals and people. Animals may carry harmful germs that spread via direct contact with bodily fluids of an infected animal or by indirect contact with areas where animals live or objects and surfaces that they contaminate. Zoonotic

The **top three** zoonotic diseases in Weld County are West Nile Virus, Tularemia, and Q Fever

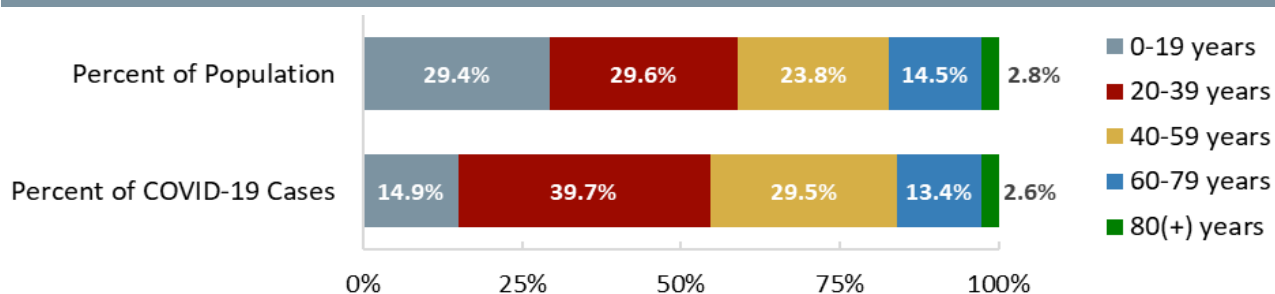
diseases can also be vector borne (carried by insects like mosquitos, fleas, ticks) or foodborne and waterborne if contaminated by the feces of an infected animal. In Weld County from 2016 to 2020, the top endemic zoonotic disease was West Nile virus (WNV) (65 cases), followed by Tularemia (less than 10 cases), and Acute Q Fever, (less than 10 cases).

Because the case counts of zoonotic diseases are relatively low, only WNV will be examined by select demographic characteristics. More cases were reported in males (62%) than females (38%) and there were 29 hospitalizations (44% of WNV cases) and 4 deaths (6% of WNV cases).

COVID-19

On January 21, 2020, the United States confirmed the first case of COVID-19 in the state of Washington. On March 13, 2020, Weld County reported its first 2 COVID-19 cases and throughout the year of 2020, over 20,000 confirmed and probable cases were reported. This summary is based on a review of 20,956 confirmed and probable COVID-19 cases retrieved from the Colorado Electronic Disease Reporting System (CEDRS) data from March 13, 2020, to December 31, 2020, (data retrieved July 2021). This number underrepresents the true burden of COVID-19 among Weld County residents in large part due to the limited availability of testing kits when the pandemic entered the United States.

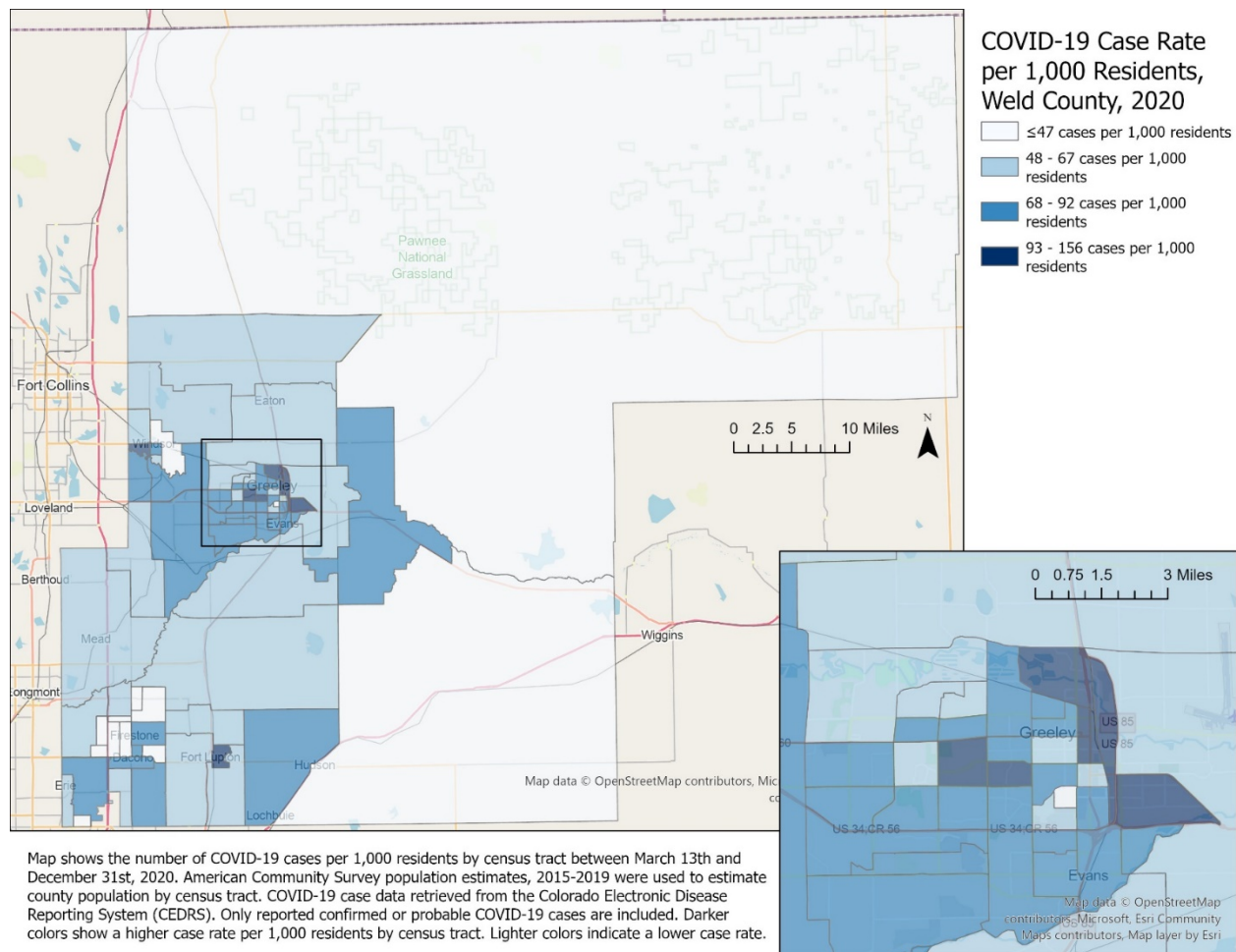
Figure 47: 2020 COVID-19 Cases and 2019 DOLA Population Estimates by Age Group



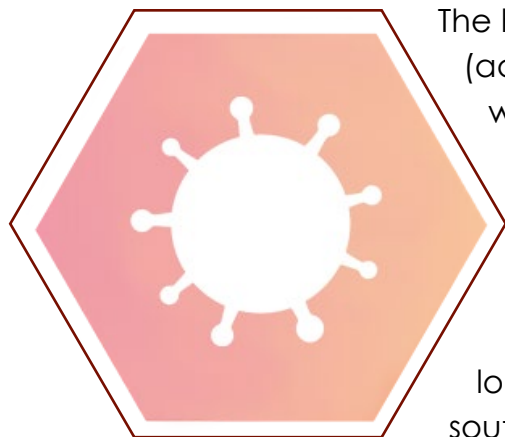
Through analysis of 2020 data, it was found that over a third of confirmed and probable cases of COVID-19 in Weld County were in residents between the ages of 20-39 (39.7%); nearly another third were between the ages of 40-59 (29.5%) (Figure 47). Youth age 0-19 and adults age 60-79 comprised only about 15% of cases, and older adults age 80 and over comprised only 3% of cases (Figure 47). The distribution of cases across age groups did not follow the population distribution by age group in Weld County. For example, while the 20-39 age

group represented nearly 40% of COVID-19 cases in Weld County, this age group only accounts for about 30% of the population (Figure 47). Nearly 53% of COVID-19 cases were in female residents and 47% were in male residents, closely aligning with population estimates.

Figure 48: Weld County COVID-19 Case Rate per 1,000 Population by Census Tract, 2020



The map above (Figure 48) shows the rate of reported confirmed and probable COVID-19 cases per 1,000 residents by census tracts in Weld County between March 13, 2020 – December 31, 2020. The case rate was created by taking the total number of reported cases divided by the 2019 population estimate, and then was multiplied by 1,000 to compare to other census tract, county, and state metrics. Darker colored census tracts indicate a higher case rate and lighter colored census tracts indicate a lower case rate.



The highest rates of reported COVID-19 cases in 2020 (adjusting for the population of each census tract) were located in census tracts in parts of Greeley, Windsor, and Fort Lupton. The highest case rate was 156 cases per 1,000 residents in a census tract in Windsor. This was 3 times higher than the lowest category of case rates (less than or equal to 47 cases per 1,000 residents) which were located in census tracts in the northern and southeastern portions of the county.

Demographic Profile of Weld County Cases – A Look at Race/Ethnicity

Race and ethnicity information was not available for all cases. The following descriptive tables are based on the 13,656 cases in which race and ethnicity information was available (over 7,000 COVID-19 cases were missing race/ethnicity information). Over half (52%) of Weld County COVID-19 cases with known demographic information identified as Hispanic, any race. White, non-Hispanics comprised 44% of cases and the remaining 5% were non-Hispanic Asian, Black, or other race. Of Weld County COVID-19 cases with known

Table 4: Race and Ethnicity of Weld County COVID-19 Cases, 2020 (n=13,656 cases)*

	Number of Cases	Percent of Cases	Population Estimate**
Asian, non-Hispanic	117	0.9%	1.0%
Black, non-Hispanic	119	0.9%	1.0%
Hispanic, Any Race	7,273	53.2%	30.0%
Other Races, Non-Hispanic	206	1.5%	3.0%
White, Non-Hispanic	5,941	43.5%	65%
Total	13,656	100.0%	100.0%

**Note: Does not include 7,300 confirmed or probable cases reported in 2020 with missing race and/or ethnicity information*

***Population estimates from American Community Survey 5-Year estimates, 2015-2019*

demographic information, 43% were among White, non-Hispanic residents, whereas the remaining 56% were either Asian, Black, Hispanic ethnicity, or other races, representing a large burden of COVID-19 in these populations (Table 4).

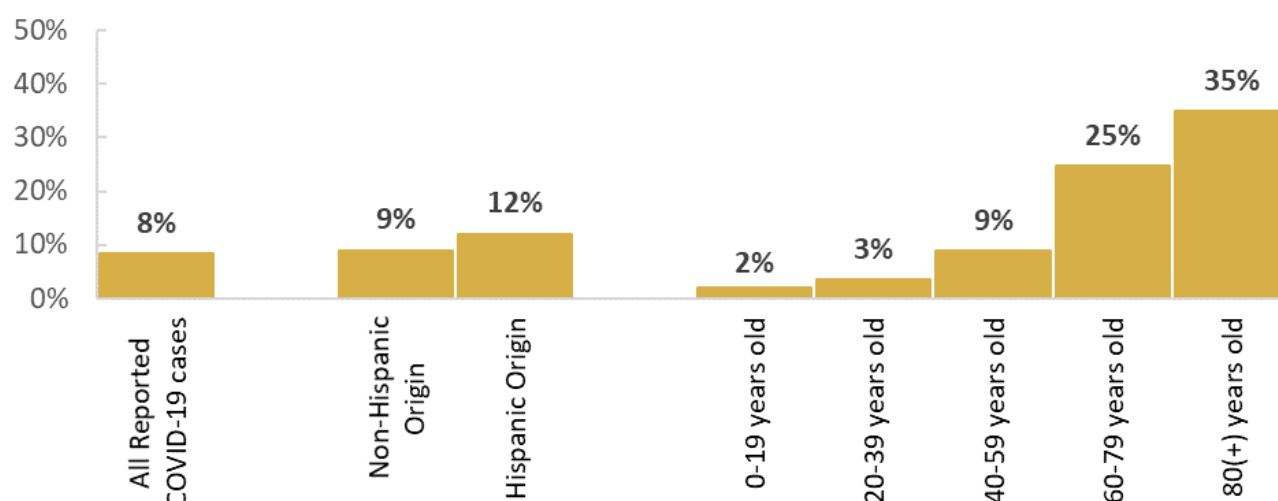
Table 5: Percent of COVID-19 Cases by Age Categories and Hispanic Ethnicity, 2020 (n=16,191 cases)*

Age Category	Non-Hispanic/Latino	Hispanic/Latino	Row Percentage
0 – 19 years	54.3%	45.7%	100%
20 – 39 years	48.1%	51.8%	100%
40 - 59 years	43.8%	56.2%	100%
60 - 79 years	33.0%	67.0%	100%
80+ years	24.0%	76.1%	100%

**Note: Does not include 4,765 confirmed or probably cases reported in 2020 with missing ethnicity information*

Cases of COVID-19 in Hispanic residents were overrepresented in older age groups. When examining reported COVID-19 cases with known ethnicity (n=16,191), over two-thirds (67%) of confirmed COVID-19 cases in the 60-79 age group were in residents of Hispanic/Latino origin (Table 5). This gap widened in the 80(+) year old age group, where 3 in 4 cases were in Hispanic/Latino residents, compared to just 1 in 4 among non-Hispanic residents (Figure 49).

Figure 49: COVID-19 Percent of Cases Hospitalized with Known Hospitalization by Age and Ethnicity, 2020



During 2020, there were 1,734 reported cases of COVID-19 that resulted in hospitalizations in Weld County (8.3% of all 20,956 cases). Just over 9% of non-Hispanic/Latino cases and 12% of Hispanic/Latino cases resulted in a hospitalization (based on the 16,191 cases with known ethnicity).

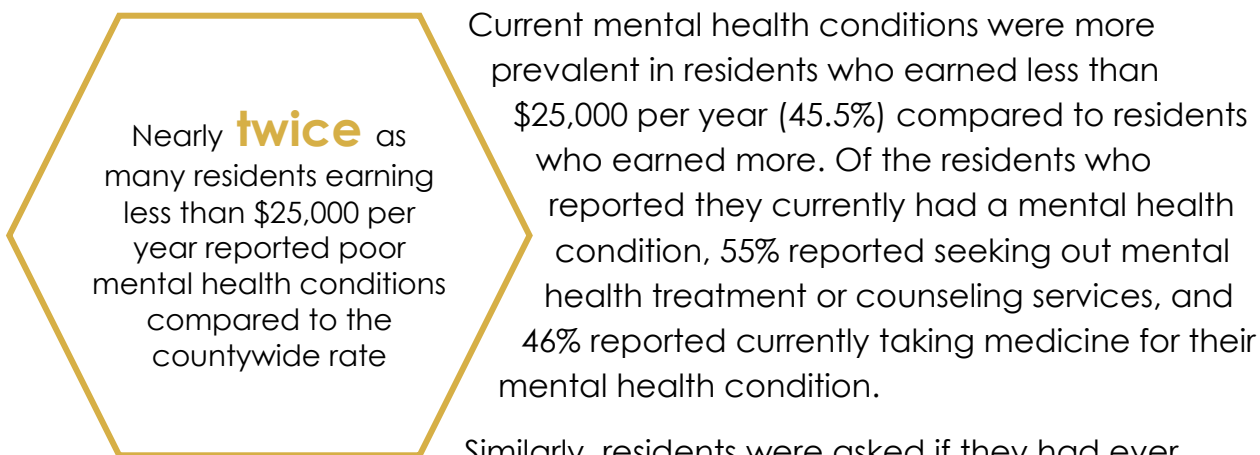
Information regarding deaths due to COVID-19, as ruled by death certificate, are available in the mortality and morbidity section.

Mental Health

Mental illness is defined as health conditions characterized by alterations in thinking, mood, or behavior associated with distress or impaired functioning. Mental health conditions are strongly related to risk behaviors and chronic diseases and can be influenced by many factors.

Depression, Anxiety, and Other Mental Health Conditions

Countywide, nearly 3 in 10 residents (28%) indicated they currently had depression, anxiety, or another mental health condition in the 2019 Community Health Assessment Survey (CHS).



Similarly, residents were asked if they had ever been told by a doctor or other health care professional that they had a diagnosed mental health condition in the 2019 CHS, including depression, anxiety disorder, or alcohol or drug dependence. Nearly 1 out of 4 (24%) residents reported they had been told by a health care professional they have depression; 1 in 5 (21%) reported they had been told they have an anxiety disorder; and 4% reported they had been told they have alcohol or drug dependence (Table 6).

Table 6: Mental Health Indicators by Age, Ethnicity, Gender, and Income Level, 2019

	Ever Diagnosed with Depression or Anxiety	Needed Mental Health Care
OVERALL	29%	28%
Age Group		
18-34 years	35%*	46%*
35-54 years	26%*	25%*
55+ years	23%*	10%*
Gender		
Female	38%*	20%*
Male	19%*	35%*
Income Level¹		
<138% FPL	51%*	42%*
139-250% FPL	31%*	31%*
251-400% FPL	25%*	25%*
>400% FPL	21%*	22%*

¹Income level defined as % of federal poverty level (FPL)

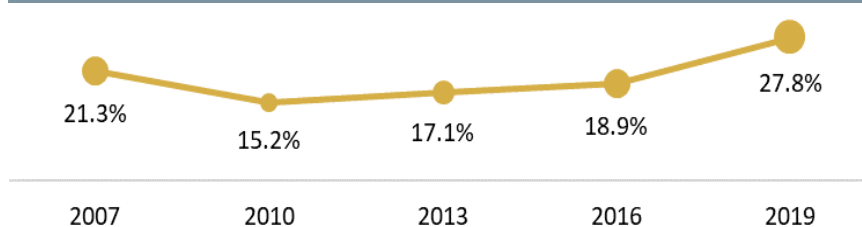
*Statistically significant finding at $p < 0.05$

Needed Mental Health Care

According to the National Alliance on Mental Illness, 60 million Americans live with mental health conditions, yet only

half receive treatment. Residents were asked if they needed mental health services in the past 12 months in the 2019 CHS. In Weld County, 27.8% of residents said they needed mental health care or counseling services in the 12 months prior to being surveyed. This represents a 50% increase in the number of residents who said they needed counseling from 2016 (19%) (Figure 50). This was highest among the younger adult age group (18-34 years, 46%).

Figure 50: Needed Mental Health Care, 2007-2019



Of the residents who reported they needed mental health care services, only **half** sought treatment

Of the residents who reported they needed mental health care services, 55% sought care and 45% did not seek care. Most residents sought treatment with a private counselor or therapist (67%). Of the residents who reported they needed mental health services but did not seek out care, 62% reported they did not have the time, 56% stated they could not afford it, 51% said it was not covered by insurance, and 51% said they did not know where to seek treatment. Over 1 in 3

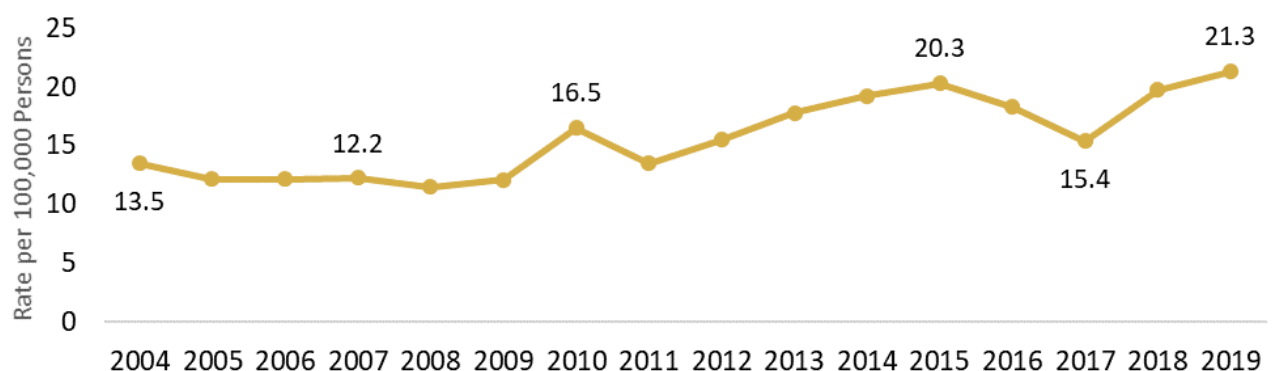
(32%) residents who needed mental health services but did not seek out treatment reported they were worried about friends or family having a negative opinion of them. This highlights the importance of strategies to improve mental health, decrease stigmatization of mental health and seeking mental health care services, and the need to promote the availability of mental health services.

Suicide

In Weld County, deaths by suicide represented roughly 7,000 years of potential life lost from 2010 to 2019. Suicide by firearms was the 8th leading cause of death for males in Weld County and suicide by hanging, suffocation, or strangling was the 9th leading cause of death for Hispanic/Latino residents. In 2019, the crude suicide rate for residents of all ages was 21.3 deaths by suicide per 100,000 residents. This represents a 16-year high in the crude rate of suicide per 100,00 population (Figure 51).

The rate of suicide in Weld County male residents was **4x higher** compared to female residents

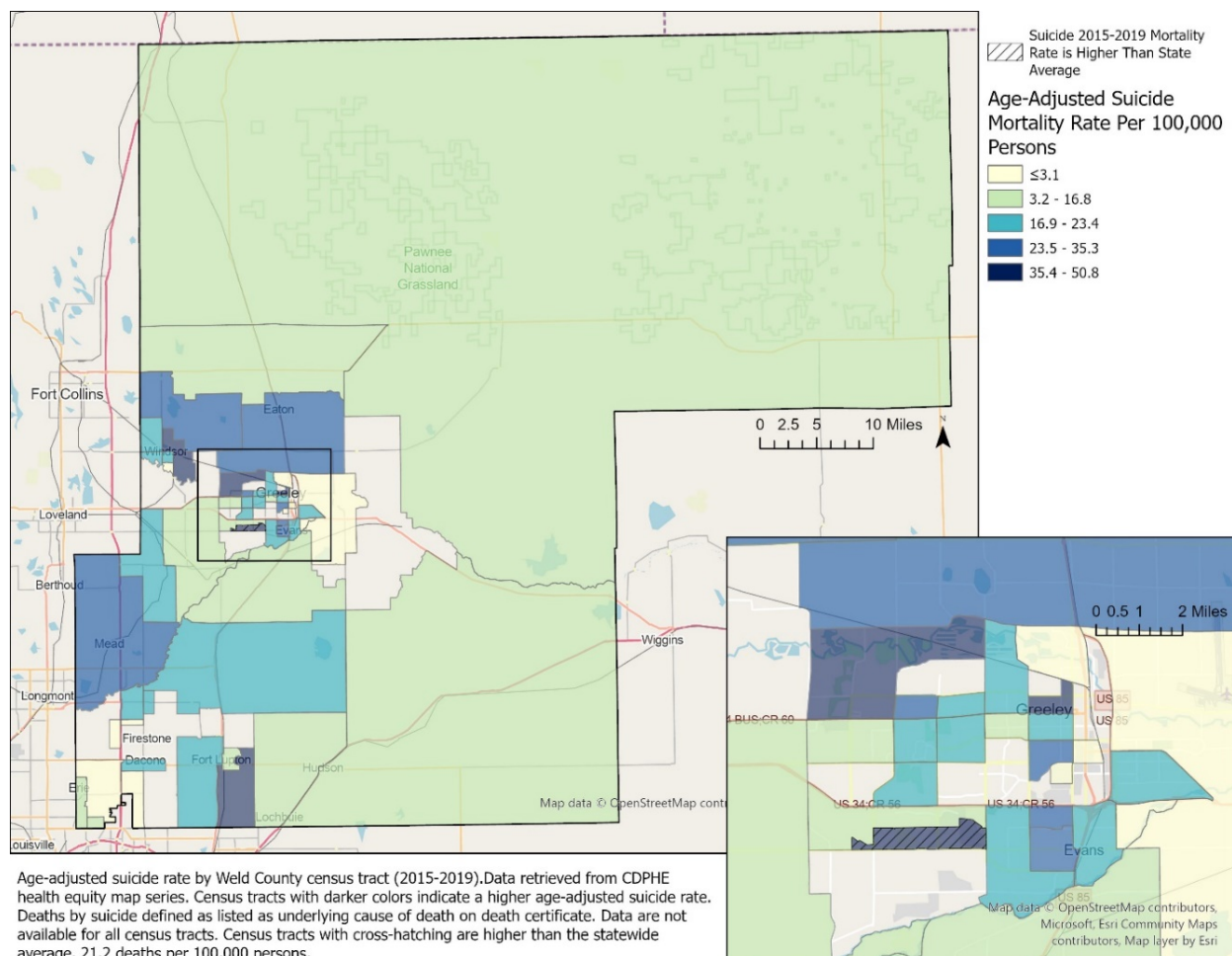
Figure 51: Weld County Crude Suicide Rates, 2004-2019, CDPHE Vital Stats



The rate of death by suicide differed by gender. In 2019, death by suicide was 4 times higher in males (34.6 per 100,000 residents) compared to females (8.0 per 100,000). Firearms were the most common method used to inflict the fatal injury for Weld County residents in 2019 (11.1 per 100,000). Male (18.7 per 100,000), non-Hispanic/Latino (12.3 per 100,000), and White (11.7 per 100,000) residents died by suicide from a firearm at higher rates compared to female (3.4 per 100,000) and Hispanic/Latino residents (5.8 per 100,000).

Hanging, strangulation, or suffocation was the 2nd most common method used to inflict the fatal injury (6.2 per 100,000). This method was similarly used more often by male (9.5 per 100,000) and Hispanic/Latino residents (7.9 per 100,000) compared to female (3.2 per 100,000) and non-Hispanic/Latino resident (5.8 per 100,000).

Figure 52: Age-Adjusted Weld County Census Tract Mortality Rate per 100,000 Persons for Suicide at the Underlying Cause of Death (2015-2019), CDPHE Equity Map Series



Between the years of 2015 and 2019, age-adjusted rates of suicide were highest in the Greeley, Eaton, Severance, Windsor, and Fort Lupton areas (Figure 52, see inset). Census tracts with cross-hatching indicate the age-adjusted suicide mortality rate per 100,000 persons is higher than the statewide average of 21.2 deaths per 100,000. Due to limited and suppressed data, the age-adjusted suicide mortality rate is not examined with life expectancy like other health indicator maps in this report.

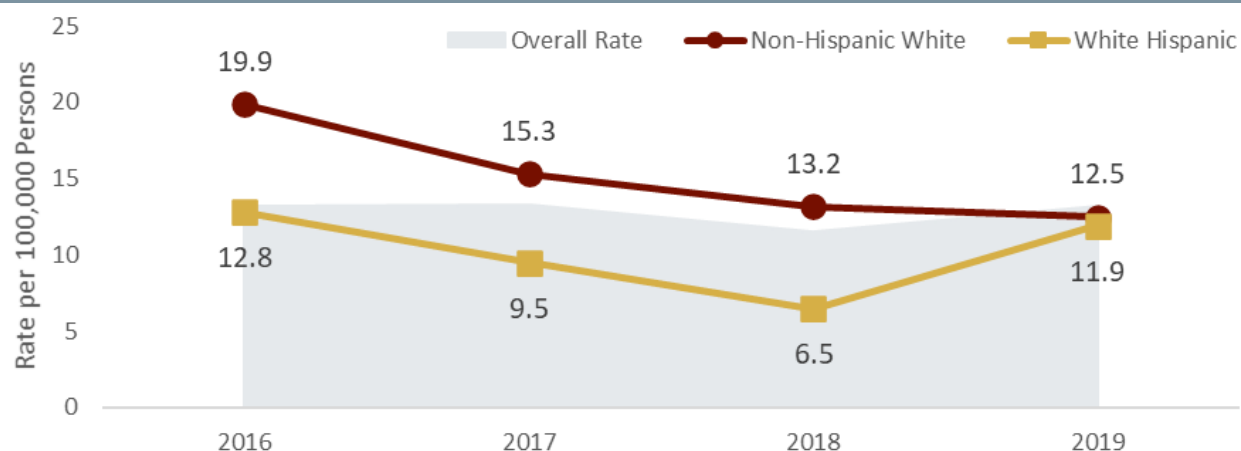
Drug Overdose

According to the Centers for Disease Control and Prevention (CDC), the number of drug overdoses in the United States has quadrupled since 1999, and in 2019 alone, over 70,000 deaths nationally were attributed to opioid use. The CDC estimates that nationally 136 people die every day from an opioid overdose in the United States, including deaths from prescribed opioids and illicit use.

Weld County ranks 36th out of the 64 Colorado counties for the overall age-adjusted death rate attributed to drug overdose of any kind. The age-adjusted death by drug overdose rate (for any drug) between 2010 and 2019 in Weld County was 12.8 deaths per 100,000 deaths, the highest rate in the past 10 years. This is slightly lower than bordering counties, such as Larimer (14.7), Adams (19.3), and Morgan (15.6) counties, and slightly higher than Logan (12.0) and Boulder (12.4) counties.

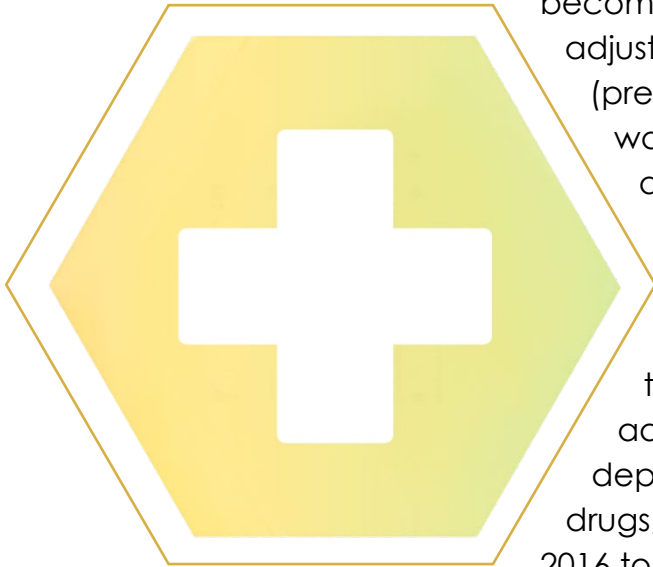
The age-adjusted overdose rate from 2010 to 2020 was similar between males (12.8) and females (12.7) but differs by race and ethnicity. A significantly higher

Figure 53: Weld County Overdose Rate (Including Any Drug), 2016-2019 by Race/Ethnicity, 2016-2019, CoHID Database



rate of overdose was present for White, non-Hispanic/Latino residents compared to White, Hispanic/Latino residents between 2016 and 2018, but the rate

became more similar in 2019 (Figure 53). The age-adjusted drug overdose rate for any opioids (prescription or heroin) between 2010 and 2019 was 6.7 in Weld County and was similar across genders, races, and ethnicities.



One important measure of the adverse consequences resulting from the use of drugs is the number and rate of visits to the emergency department. The age-adjusted annual rate of emergency department (ED) visits for overdose involving all drugs, per 100,000 residents, in Weld County from 2016 to 2019 was 171.7. This rate represents roughly

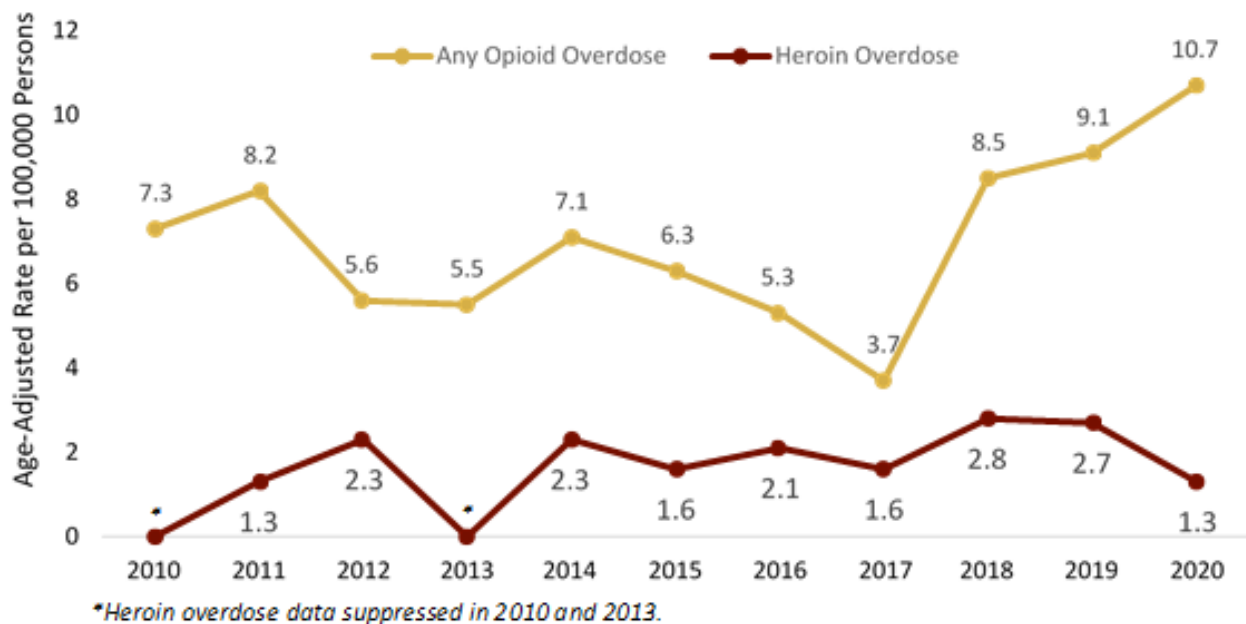
2,200 emergency medical visits for drug overdoses involving all drugs. This rate of ED visits for drug overdoses was significantly higher in female residents (204.6) compared to male residents (139.3).

Opioids

The age-adjusted rate of death for drug overdose by heroin (an illicit opioid) between the years of 2010 and 2020 was 1.8 per 100,000. This is lower than neighboring Larimer (2.5), Boulder (2.8), and Adams (2.8) counties. The death rate for drug overdose (age-adjusted) between the same years was significantly higher in men (2.7) compared to women (0.9).

The age-adjusted rate of drug overdose for any opioid overdose (prescription or heroin) between the same years was 7.1 per 100,000 residents and was similar across genders and race/ethnicities. However, between the years of 2010 and 2020, the annual rate of age-adjusted drug overdose deaths for any opioid exhibited an upward trend from 2017 to 2020 (Figure 54).

Figure 54: Weld County Annual Age-Adjusted Rate of Drug Overdose Deaths, 2010-2020, CDPHE CoHID Database



Dispensing of Controlled Substances

The majority of schedule 2, 3, and 4 controlled substances dispensed by health care professionals to Weld County residents from 2014 to 2019 were opioid analgesics. The age-adjusted rate of opioid analgesic prescriptions in Weld County from 2014 to 2019 was 736.7 per 1,000 residents, meaning enough opioids were dispensed between 2014 and 2019 for nearly 3 out of every 4 residents in the county. The rate of opioid prescriptions was higher in females (856.1) compared to males (612.7).

Benzodiazepine prescriptions were the 2nd most common controlled substance dispensed to Weld County residents. The age-adjusted rate of benzodiazepine prescriptions for residents between 2014-2019 was 266.4 per 100,000 residents. This was also higher in females (342.3) compared to males (187.9).

Note on Opioid Data Limitations

This report does not capture the full extent of the opioid epidemic, rather, it provides select indicators of drug overdose and opioid use for the purposes of assessing community health. A separate, more in-depth report regarding opioid drug use and overdose is forthcoming.

Conclusions and Next Steps

This report details the health status of Weld County residents leading up to 2021. Weld County's population is growing and becoming more diverse. Different groups face different challenges. For example, Hispanic and Latino residents are dying in greater numbers and at greater rates from COVID-19 whereas White,



non-Hispanic and primarily male residents are dying in greater numbers and at greater rates by suicide. Health outcomes are affected by many factors. Health outcomes in younger ages impact health outcomes later in life. For example, diet, exercise, smoking, and weight status are correlated with several outcomes later in life such as heart disease and cancer. Yet, available data for these health factors indicate there is room for improvement in diet, exercise, weight status, and smoking.

Improving the health of Weld County residents will require changing chronic disease outcomes. This report helps pinpoint areas to target modifiable risk factors and possible areas to focus on in addressing chronic diseases.

Where residents live plays a part in life expectancy. Overall, Weld County resident's life expectancy is similar to the statewide rate of 80.5 years, but some central areas of Weld County have a life expectancy that is up to 6 years less compared to the state average. Premature death rates (such as suicide or motor vehicle crashes) are relatively small compared to death rates from cancer and heart disease. On the other hand, premature death rates can have a larger impact on life expectancy for some communities, such as younger adults.

This report aimed to assess the health status of the community and quantify health issues impacting residents' health in more detail and with a focus on the impact of health determinants. Possible next steps include seeking community input in prioritizing health issues, reviewing the evidence-base on what can positively impact change in the selected health issue areas, and prioritizing programmatic options with community partners.

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Appendix One: Weld County Asset Inventory

This inventory lists possible resources and assets in Weld County identified by WCDPHE staff and partners that may be available to address health issues that become prioritized in the future.



Economic Resources

(Employment, poverty reduction, housing, and transportation resources)

- 60+ Ride
- Affordable Housing
- Chambers of Commerce (Evans, Carbon Valley, Greeley, Southeast Weld County)
- City and Town Governments
- Colorado Child Care Assistance Program – Weld County Department of Human Services
- Disability Services (Access and Ability, Adeo (Greeley Center for Independence, Inc), Arc of Weld County, Connections for Independent Living, Division of Vocational Rehabilitation, Envision, Overture, Schaefer Enterprises, Inc., Triangle Cross Ranch, Inc., The Otero Corp)
- Economic development organizations (Greeley Downtown Development Authority, Mead Town Economic Development, Upstate Colorado Economic Development,)
- Employers – small and large
- Faith-based organizations (Catholic Charities, Lutheran Family Services, Our Lady of the Valley)
- Grant Agencies (Bright Futures, Broomfield Rotary Charitable Foundation, Inc., Northern Colorado Medical Center Foundation, United Way of Weld County, Weld Community Foundation, Weld Trust)
- Greeley-Weld Habitat for Humanity
- Greeley-Weld Housing Authority
- Immigrant & Refugee Center of Northern Colorado
- Legal Assistance (Colorado Legal Services, Weld County Legal Services, Inc.)
- Low-income Energy Assistance Program (LEAP) – Weld County Dept. of Human Services

- Resource Centers (Carbon Valley Help Center, The Grove Neighborhood Network, Guadalupe Community Center, Northern Colorado Veterans Resource Center, Stepping Stones of Windsor, The Women's Fund of Weld County, Women2Women)
- RideNoCo
- Service Corp programs (AmeriCorps VISTA – United Way of Weld County)
- United Way of Weld County
- Workforce development centers (Employment Services of Weld County, Jobs of Hope, Inc.,)
- Weld County Area Agency on Aging
- Weld County Human Services Department
- Weld County Salvation Army



Food Resources

- Boys and Girls Club of Weld County
- Carbon Valley Help Center
- Erie Community Food Bank
- Faith-based organizations (Cornerstone Community Church, Family of Christ Presbyterian Church, Friendship Alliance Church Food Pantry, Greeley Vineyard Church, Journey Christian Church, Milliken Presbyterian Church Community Food Pantry)
- Fort Lupton Food and Clothing Bank
- Meals on Wheels of Greeley & Weld County
- Salida Del Sol Academy
- St. Peters Food Pantry
- Weld County Area Agency on Aging – Friendly Fork program (23 Weld locations)
- Weld County Salvation Army
- Weld Food Bank – including Mobile Food Pantry
- Windsor-Severance Food Pantry



Educational Resources

- Adult basic education classes (The Grove Neighborhood Network, Immigrant and Refugee Center of Northern Colorado)
- Colleges and Universities (University of Northern Colorado)
- Community Colleges (Aims Community College)
- Promises for Children (Early Childhood Council) – United Way of Weld County

- English as a second language classes (Colorado Language Program, Immigrant and Refugee Center of Northern Colorado)
- Graduate Equivalency Diploma programs (GED) (Aims Community College, Colorado Language Program, Educational Opportunity Center, Employment Services of Weld County – Assessment and Learning Center, The Grove Neighborhood Network)
- Head Start – Colorado Early Education Network (Greeley, Evans, LaSalle, Milliken)
- Library Districts (Clearview Library District, High Plains Library District, Wellington Public Library)
- School Districts (Briggsdale School RE-10, Eaton School District RE-2, Greeley-Evan Weld County School District 6, Pawnee School District RE-12, Platte Valley School District RE-7, Prairie School District RE-11, Weld County School District RE-1, Weld RE-3J School District, Weld RE-4 School District, Weld RE-5J School District, Weld RE-8 School District, Weld RE-9 School District)
- United Way of Weld County
- Vocational and trade schools



Health and Wellness Resources

- 12-Step Organizations (AA, NA)
- Allegiance Ranch and Equine Rescue Inc.
- Behavioral and Mental Health service providers
- Colorado Access providers
- Colorado Community Health Network
- Colorado Crisis Services – North Range Behavioral Health
- Colorado Health Service Corp sites
- Colorado Quit Line
- Community Clinics
- Community Grief Center
- Community-based safety-net clinics
- Counseling and support groups
- Dental service providers
- Dialysis centers
- Disability Services (medical) (Access and Ability, Adeo (Greeley Center for Independence, Inc.), HCP – A Program for Children and Youth with Special Healthcare Needs)
- Disease-specific associations
- Enight Skills – Curtis Strong Center

- Good Health Will
- Health and Wellness Coalitions (Northern Colorado Breastfeeding Coalition, Thriving Weld Coalition, Tobacco Free Coalition of Weld County)
- Home Healthcare providers
- Hospitals (Platte Valley Medical Center – SCL Health, North Colorado Medical Center – Banner Health, Northern Colorado Rehabilitation Hospital – Ernest Health, UCHHealth Greeley Hospital)
- North Colorado Health Alliance
- Parks, open spaces, and trails
- Pharmacies
- Planned Parenthood – Greeley Health Center
- Private health care providers
- School-based health centers (Kids Care Clinic – Sunrise Community Health, Dick and Reva Bond Children's Clinic – Sunrise Community Health)
- Recreation Centers (Carbon Valley Parks & Recreation District, City of Evans Recreation, Eaton Recreation Center, Fort Lupton Recreation Center, Greeley Family FunPlex, Greeley Recreation Center, Johnstown Community YMCA, Thompson Rivers Parks & Recreation District, Windsor Community Recreation Center)
- Victim services (Life Stories: Child and Family Advocacy (Child Advocacy Center and Court Appoint Special Advocates), A Woman's Place, Sexual Assault Victim Advocate (SAVA) Center)
- Vision service providers
- Weld County Department of Public Health and Environment



Neighborhood and Built Environment Resources

- City and Town Planning Departments (municipal government planning departments)
- North Front Range Metropolitan Planning Organization (NFRMPO)
- Safety Resources
- 911
- Colorado State Patrol (Group 3A – Greeley)
- Disaster relief organization (American Red Cross, AmeriCorps VISTA, Weld County Salvation Army)
- Office of Emergency Management – Weld County
- Local Fire Departments
- Local Police Departments
- Medical Reserve Corps – Colorado Volunteer Mobilizer

- Neighborhood Watch Programs
- School Resource Officers
- Victims Assistance Programs – Victim Services Unit (Ault, Eaton, Evans, Garden City, Greeley, Johnstown, Kersey, La Salle, Milliken, Nunn, Severance, Windsor Police Departments and Weld County Sheriff's Office)
- Weld County Sheriff's Office
- Shelters/Housing Resources (Hope at Miracle House, The Greeley Family House, Weld's Way Home)
- Weld County Planning Department
- Weld County Department of Public Health and Environment – Environmental Health programs



Social and Community Connections

- After school clubs/programs
- Boys and Girls Club of Weld County (Art & Martie Barker Clubhouse, Eaton/Galeton Clubhouse, Fort Lupton Clubhouse, Madison Clubhouse, Monfort Clubhouse, Pawl Clubhouse, Teen Center)
- Community gardens
- Community newspapers (BizWest, Greeley Tribune, North Weld Herald/Central Weld Voice, Windsor Beacon)
- Community parks, trails, open spaces, and playgrounds
- Counseling and support groups
- Downtown areas and public spaces in Weld cities and towns
- Entertainment (Art Galleries, Civic Centers, Music Venues, Restaurants, and Theatres)
- Family Resource Centers (Nurse-Family Partnership, SEVA Community, Inc., Youth & Family Connections)
- Farmer's Markets (Frederick Farmer's Market, Greeley Farmer's Market, Windsor Farmer's Market)
- Leadership Groups (4-H Leader, Discovery: Peer Leadership Program, Leadership Northern Colorado, League of Women Voters of Greeley-Weld County, Inc.)
- Library Districts (Clearview Library District, High Plains Library District, Wellington Public Library)
- Local 'meet-up' events
- Local events and festivals (4th at Firestone, Beef N Bean Day, Chainsaws & Chuckwagons, Greeley Friday Fest, Greeley Stampede, Windsor Harvest Festival, etc.)

- Places of worship
- Recreation Centers (Carbon Valley Parks & Recreation District, City of Evans Recreation, Eaton Recreation Center, Fort Lupton Recreation Center, Greeley Family FunPlex, Greeley Recreation Center, Johnstown Community YMCA, Thompson Rivers Parks & Recreation District, Windsor Community Recreation Center)
- Social and Resource Centers (Community Centers, Resource Centers, Senior Centers, Veteran Centers)
- Seniors Helping Seniors Northern Colorado
- Service Clubs (Elks Lodge, Rotary Club, Lions Club, Optimist Club, and Kiwanis Club)
- Sporting events
- Town hall meetings
- Weld County Fair
- Youth sport organizations

Appendix 2: Years of Potential Life Lost Before the Age of 65, Weld County

	OVERALL YPLL Before Age 65				Female YPLL Before Age 65				Male YPLL Before Age 65				White, Non-Hispanic/Latino YPLL Before Age 65				Hispanic/Latino, Any Race YPLL Before Age 65			
	Deaths <65	YPLL	%	Rate	Deaths <65	YPLL	%	Rate	Deaths <65	YPLL	%	Rate	Deaths <65	YPLL	%	Rate	Deaths <65	YPLL	%	Rate
All Causes	2784	49032	100	3653.3	1001	17327	100	2611	1783	31705	100	4672.7	1986	30684	100	3563	669	15204	100	3570.7
Heart Disease	364	3971	8.1	295.9	103	1273	7.3	191.8	261	2698	8.5	397.6	292	2904	9.5	337.2	57	798	5.2	187.4
Malignant Neoplasms	569	5918	12.1	440.9	256	2805	16.2	422.7	313	3113	9.8	458.8	440	4126	13.4	479.1	113	1607	10.6	377.4
Lung Cancer	88	472	1	35.2	33	207	1.2	31.2	55	265	0.8	39.1	76	418	1.4	48.5	7	36	0.2	8.5
Breast Cancer	50	576	1.2	42.9	50	576	3.3	86.8	*	*	*	*	40	438	1.4	50.9	9	136	0.9	31.9
Chronic Lower Respiratory Diseases	97	634	1.3	47.2	41	252	1.5	38	56	382	1.2	56.3	90	558	1.8	64.8	7	76	0.5	17.8
Cerebrovascular Disease	57	592	1.2	44.1	22	199	1.1	30	35	393	1.2	57.9	36	307	1	35.6	19	244	1.6	57.3
Total Unintentional Injuries	514	13327	27.2	993	148	3988	23	600.9	366	9339	29.5	1376.4	341	7909	25.8	918.4	154	4815	31.7	1130.8
Motor Vehicle	214	6198	12.6	461.8	45	1445	8.3	217.7	169	4753	15	700.5	129	3417	11.1	396.8	81	2644	17.4	621
Other Unintentional Injuries	300	7129	14.5	531.2	103	2543	14.7	383.2	197	4586	14.5	675.9	212	4492	14.6	521.6	73	2171	14.3	509.9
Total Drug Overdose (All Manners)	193	4779	9.7	356.1	80	1885	10.9	284	113	2894	9.1	426.5	136	3069	10	356.4	49	1446	9.5	339.6
Influenza and Pneumonia	31	404	0.8	30.1	15	259	1.5	39	16	145	0.5	21.4	24	336	1.1	39	6	59	0.4	13.9
Suicide	259	6950	14.2	517.8	55	1514	8.7	228.1	204	5436	17.1	801.2	187	4613	15	535.7	54	1761	11.6	413.6
Diabetes Mellitus	98	1067	2.2	79.5	27	326	1.9	49.1	71	741	2.3	109.2	60	540	1.8	62.7	34	457	3	107.3
Chronic Liver Disease and Cirrhosis	142	1858	3.8	138.4	45	564	3.3	85	97	1294	4.1	190.7	87	1234	4	143.3	48	553	3.6	129.9
Nephritis, Nephrotic Syndrome, Nephrosis	19	200	0.4	14.9	10	67	0.4	10.1	9	133	0.4	19.6	9	73	0.2	8.5	9	114	0.7	26.8
Septicemia	27	442	0.9	32.9	19	373	2.2	56.2	8	69	0.2	10.2	18	257	0.8	29.8	6	96	0.6	22.5
Homicide and Legal Intervention	45	1315	2.7	98	13	388	2.2	58.5	32	927	2.9	136.6	24	668	2.2	77.6	19	572	3.8	134.3
Congenital Abnormalities	44	2225	4.5	165.8	20	1085	6.3	163.5	24	1140	3.6	168	26	1177	3.8	136.7	13	810	5.3	190.2
Perinatal Period Conditions	49	3177	6.5	236.7	27	1747	10.1	263.3	22	1430	4.5	210.8	22	1422	4.6	165.1	23	1495	9.8	351.1
Human Immunodeficiency Virus Disease	4	65	0.1	4.8	*	*	*	*	3	44	0.1	6.5	3	46	0.1	5.3	*	*	*	*
All Other Causes	463	6878	14	512.5	198	2459	14.2	370.5	265	4419	13.9	651.3	325	4505	14.7	523.1	106	1728	11.4	405.8

Appendix 3: Top 10 Causes of Death in Weld County, Number of Deaths and Rate per 100,000 Residents, All Ages, 2010-2019

Rank	Metric	Overall	Male	Female	Hispanic or Latino Origin	Non-Hispanic or Latino Origin
1	#/rate per 100,000	COPD ¹ 847 / 29.8	COPD ¹ 454 / 31.7	Alzheimer's 474 / 33.5	Lung cancer 78 / 9.4	COPD ¹ 794 / 39.3
2	#/rate per 100,000	Lung cancer 760 / 26.7	Atherosclerosis ² 450 / 31.4	COPD ¹ 393 / 27.8	Atherosclerosis ² 75 / 9.1	Lung cancer 682 / 33.8
3	#/rate per 100,000	Atherosclerosis ² 706 / 24.8	Lung cancer 400 / 27.9	Dementia ³ 380 / 26.9	Alzheimer's 64 / 7.8	Atherosclerosis ² 630 / 31.2
4	#/rate per 100,000	Alzheimer's 393 / 24.3	Heart attack 308 / 21.5	Lung cancer 360 / 25.5	Alcoholic cirrhosis of liver 56 / 6.8	Alzheimer's 629 / 31.1
5	#/rate per 100,000	Dementia ³ 590 / 20.7	Alzheimer's 219 / 15.3	Breast cancer 265 / 18.8	Heart attack 55 / 6.7	Dementia 543 / 26.9
6	#/rate per 100,000	Heart attack 503 / 17.7	Dementia ³ 210 / 14.7	Atherosclerosis ² 256 / 18.1	COPD ¹ 53 / 6.4	Heart attack 448 / 22.2
7	#/rate per 100,000	Stroke 342 / 12.0	Prostate cancer 204 / 14.2	Stroke 204 / 14.4	Dementia ³ 47 / 5.7	Stroke 297 / 14.7
8	#/rate per 100,000	Congestive heart failure 272 / 9.6	Suicide by handgun 149 / 10.4	Heart attack 195 / 13.8	Motor-vehicle accident 47 / 5.7	Congestive heart failure 245 / 12.1
9	#/rate per 100,000	Breast cancer 265 / 9.3	Stroke 138 / 9.6	Congestive heart failure 158 / 11.2	Suicide by hanging 47 / 5.7	Breast cancer 226 / 11.2
10	#/rate per 100,000	Pancreatic cancer 238 / 8.4	Colon cancer 122 / 8.5	Pancreatic cancer 118 / 8.3	Diabetes with renal complications 45 / 5.5	Pancreatic cancer 203 / 10.0
Total	#/rate per 100,000	16,673 / 585.8	8,783 / 613.0	7,890 / 558.3	2,511 / 304.1	14,154 / 700.5

¹ Chronic obstructive pulmonary disease

² Atherosclerosis, hardening of the arteries

³ Unspecified dementia

Many of the leading causes of death in Weld County relate to heart disease and overall heart health, such as atherosclerosis, heart attacks, and congestive heart failure. These factors contribute to heart disease (overall) as the leading cause of death in Weld County, Colorado, and the United States.