



Community Health Improvement Plan

2022-2025

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 goals are to protect and improve the wellbeing of the Weld County community by preventing disease, illness, and injury and impacting the social and economic factors that are fundamental to excellent health.

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Executive Summary

Weld County’s Community Health Improvement Plan (CHIP) prioritization process, to identify new health priority areas, takes several months and includes a broad range of partners. The 2022 prioritization process was spearheaded by the Weld County Department of Public Health and Environment (WCDPHE) and included over 100 participants from 48 partner organizations. Over several months, WCDPHE and partners participated in community meetings to review health data from various sources including the latest Weld County Community Health Assessment data (collected by WCDPHE), national and state priorities, local capacity, and the extent to which progress was made on the previous CHIP health priority areas. This process utilized the prioritization matrix tool to identify new priorities. The two priority areas for the 2022 CHIP are **Housing** and **Mental Health**.

CHIP Vision

To have a community where the healthy choice is the easy choice.

The core partners supporting the 2022-2025 CHIP include the Thriving Weld Steering Committee organizations: WCDPHE, North Colorado Health Alliance, North Range Behavioral Health, and United Way of Weld County.

The core partners understand that improving population health requires community-wide effort. For that reason, priority area workgroups made up of diverse community partners with expertise and experience in each of the strategic health issues were created. Workgroups created the aims and strategies for each priority area based on data from the 2021 *A Look at Health and Its Determinants Across Weld County, A Community Health Assessment Report*, complementary data and expertise from community partners, and a review of the published and online literature.

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If you would like to join the Thriving Weld Coalition or participate in a workgroup, contact Olivia Egen at oeegen@weld.gov or (970) 400-2387.

CHIP Background

A CHIP describes long-term, collaborative efforts to address community health issues. These health issues are typically identified through a comprehensive community health assessment, the examination of additional secondary data, and an assessment of national and state public health priorities.

A CHIP can also be viewed as a community-driven strategic plan intended to mitigate identified health issues. Health priority areas — health issues that community organizations and residents identify as the most concerning issues that are also modifiable — are vital components of a CHIP. This document outlines how WCDPHE, Thriving Weld, community organizations, and community members have worked together, and will continue to work together, to improve the health of Weld County residents.

Weld County's CHIP is a shared responsibility of Thriving Weld, which is a collaboration among WCDPHE and over 100 partner organizations across the county. The CHIP has been continuously reviewed and revised since the initial five-year CHIP in 2012 to incorporate new challenges, needs, activities, and outcomes. As a nationally accredited health department, WCDPHE also follows guidance from the Public Health Accreditation Board (PHAB) on best practices for assessing and completing a CHIP.

WCDPHE and partners utilize the CHIP to improve collaboration among community organizations by advancing an intentional, integrated, and collective approach to create meaningful and lasting changes that can improve the health and wellbeing of all Weld County residents. Thriving Weld workgroups use this collective approach to improve health priority area outcomes.



Demographics

Weld County is situated on the **North Front Range** between the foothills of the Rocky Mountains and the Great Plains.

Weld County is the **3rd largest county** in land mass in the state.

Weld County is the **9th most populous county** in the state.

Weld County has **32 incorporated** and 21 unincorporated towns and municipalities.

Greeley is the largest city in Weld County with 108,633 people or 34% of the population.

¹American Community Survey 5-year estimates, 2015-2019

²Colorado Department of Local Affairs (DOLA) Population Forecast, 2040

³US Census Bureau's Small Area Income and Poverty Estimates (SAIPE)

⁴Bureau of Labor Statistics, April 2021, Weld/Greeley MSA, not seasonally adjusted

⁵Persons aged 25(+) years

	Population Estimates	Population Forecast
Population	2019 ¹	2040 ²
Population	324,492	522,680

Race/Ethnicity

White, non-Hispanic	65%	55%
Black, 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%	5%

Income & Education

Median Household Income	\$74,150
Individuals Living at or Below Poverty ³	8%
Children Living at or Below Poverty ³	12%
Unemployment ⁴	7%
Less than High School ⁵	12%
High School (Diploma or Equivalent) ⁵	88%
Bachelor's Degree or Higher ⁵	28%

Social Determinants of Health and Health Inequities

Social determinants of health are factors, upstream from personal health behaviors and genetics, that strongly influence individual health. “Social determinants of health are the conditions in the environment where people are born, live, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.” (Healthy People 2030) The Centers for Disease Control and Prevention and Healthy People 2030 organize social determinants of health into five categories, as shown in the figure below.



Some examples of how social determinants of health impact the community in Weld County include:

Poverty: Since 2009, the percent of residents at or below the 100% FPL has been trending down. The percent of children aged 5-17 in poverty has remained higher than the percent of adults aged 18 and over in poverty in Weld County. Just under 9% of all persons in Weld County were at or below the FPL in 2021.

Housing: From 2010 to 2021, the median gross rent in Weld County increased by more than 60%, while the estimated median household income increased by only 45%, demonstrating that the gap between housing costs and wages continues to grow.

Food Security: In 2022, 14.7% of residents were usually or always worried about having enough money to buy nutritious meals in the past year.

Education: 62% of adults aged 25-44 in Weld County had some post-secondary education and 87% of adults over age 25 have a high school diploma or GED. (County Health Rankings 2022)

Health Insurance: In 2022, the reported countywide uninsured rate was 7.9%, up from 2019 when it was 6.5%. The percent of residents with employer-sponsored insurance was 54% while the percent of residents on Medicaid was 11%. Not having insurance is one barrier in accessing health care.



Health disparities are differences (greater or lesser) of health indicators between different groups, which may include race, ethnicity, gender, age, socioeconomic status, and/or geographic location. Healthy People 2020, the national leading guidance for health promotion, defines health disparities as:

“... a particular type of health difference that is closely linked with 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.”

Health equity is a principle related to the social determinants of health and health disparities; **health equity is a commitment to reduce disparities in health.** To pursue health equity, there needs to be a focus on the needs of those greatest at risk for poor health, based on the social determinants of health. Conversely, *health inequity* can be used to describe a situation when *health disparities* are present. Health inequalities are not the same as merely differences in health. Health inequities are inequalities that are avoidable and might be addressed through action.

When looking at select social determinants of health (poverty, education, and housing) by race/ethnicity in Weld County it is evident that disparities exist.

Poverty: More Hispanic households are at <100% and 101-185% of the FPL compared to non-Hispanic residents. Additionally, 67.9% of non-Hispanic households are at or above 250% of the FPL compared to just 30.2% of Hispanic households.

Education: More non-Hispanic residents have a college degree compared to Hispanic residents, and more Hispanic residents have less than a high school diploma compared to non-Hispanic residents.

Housing: Fewer Hispanic residents (66%) own a home in Weld County compared to non-Hispanic residents (80%). In 2022, almost half of residents were worried or stressed about paying rent or mortgage (at least rarely) in the past year (44.3%). However, among residents living at or below 100% of the FPL, nearly 7 out of 10 were worried or stressed about paying rent or mortgage (68.2%) compared to 2 in 5 residents with higher incomes (41%).

Health Insurance: More Hispanic/Latino residents were uninsured (23.4%), compared to White, non-Hispanic/Latino residents (2.4%); this trend has persisted since 2007.

Food Security: More than twice as many residents at or below the 100% FPL reported they were sometimes to always worried about having enough money to buy nutritious meals compared to residents not below the federal poverty level (62.8% compared to 29.6%). Residents who are Hispanic more frequently reported they needed and used food or meal assistance compared to residents who are not Hispanic.

CHIP Structure and Process

Thriving Weld Steering Committee

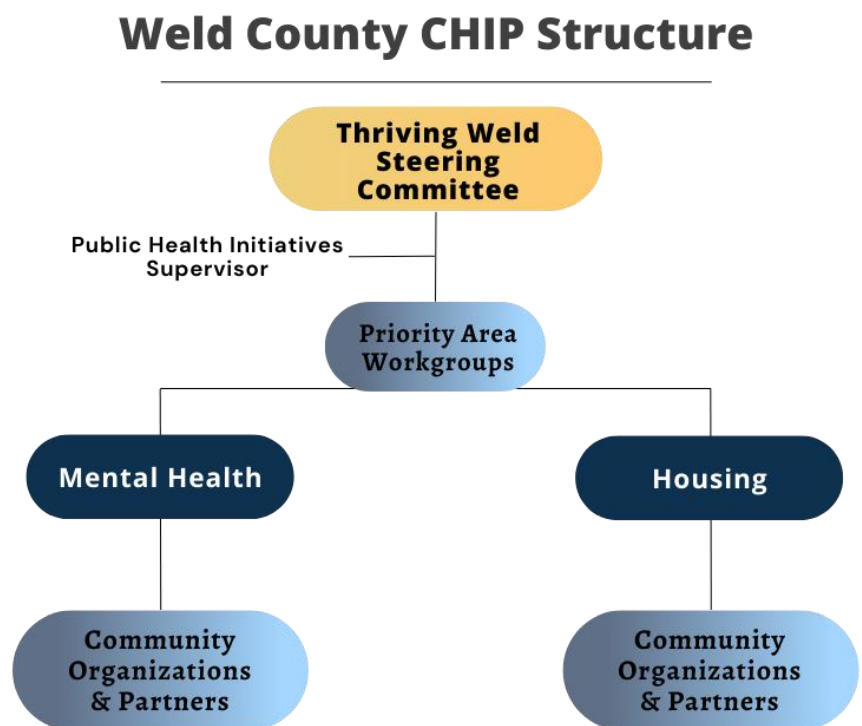
The Thriving Weld Steering Committee leads the CHIP creation and implementation processes. The committee is supported by 4 organizations that share responsibility for helping maintain overall strategic coherence and manage implementation of the community work including stakeholder engagement, communications, data collection, and analysis. Key responsibilities of steering committee members are to guide vision and strategy, maintain and establish shared measurement practice, cultivate community engagement and ownership, support aligning workgroup activities, advance policy and systems plans, and mobilize resources. Originally, the steering committee was an internal WCDPHE team, but it expanded in 2014 to include North Range Behavioral Health, North Colorado Health Alliance, and United Way of Weld County, as well.

Thriving Weld Coalition

Community-wide health improvement efforts are undertaken by WCDPHE and various community partners representing multiple, diverse sectors within Weld County. The Thriving Weld Coalition and workgroups include partners from municipal government, business, health care, education, community organization (non-profits), behavioral and mental health, and the general public. Since the initial CHIP in 2012, the number of partners has grown significantly; in 2012 there were only about 35 partner organizations and now, in 2022, there are over 100 partner organizations. The entire Thriving Weld Coalition meets quarterly to remain engaged, learn, and grow the movement to make Weld County the healthiest place to live, learn, work, and play.

Priority Area Workgroups

The Weld County CHIP is implemented by priority area workgroups. The priority area workgroups are made up of individuals from WCDPHE and



partner organizations with knowledge and professional or lived experience that connects to the priority health issues. During the initial meetings for the two priority area workgroups, Housing and Mental Health, members created action plans (including aims and strategies), identified data measures, and developed 2022 workplans. Moving forward the priority area workgroups will meet regularly to monitor progress on action plans and coordinate activities that align with their respective workplans.

Timeline

Below is the timeline of major activities leading to the creation of the 2022-2025 CHIP. Planning began in the summer of 2021 and work progressed through the summer of 2022.

CHIP Prioritization Process

In determining the priority areas for the 2022-2025 CHIP it was decided that the NACCHO-recommended technique known as the prioritization matrix would be used. This is an established prioritization technique that provides a structured mechanism for objectively ranking health issues and making decisions; it is also a best practice technique as identified by NACCHO. Additionally, the prioritization matrix is commonly used when there is a need to identify only the top health issues.

The prioritization matrix technique uses criteria to identify how important health issues are. The criteria that were used include:

- Size of problem (*% of population with health problem*)
- Seriousness of problem (*economic, quality of life, YPLL, etc.*)
- Ability to impact (*are interventions available and will their implementation lead to change*)
- Importance to community (*does the community see the health issues as important*)
- Disproportionate impact (*are some populations disproportionately impacted, healthy equity*)

CHIP Timeline



October 2021

CHIP Round 1 Prioritization with Multi-Sectoral Community Partners



December 2021

CHIP Round 2 Prioritization at Thriving Weld Quarterly Meeting



January 2022

CHIP Priority Areas Identified

Literature Review - Mental Health & Housing



February 2022

Thriving Weld Quarterly Meeting

Workgroup Recruitment



March 2022

Workgroups Begin Meeting

Create/Update Action Plans



April 2022

Create/Update Action Plans

Identify Data Measures



May 2022

Identify Data Measures

Draft CHIP



June - November 2022

Create Workplans



December 2022

CHIP Finalized

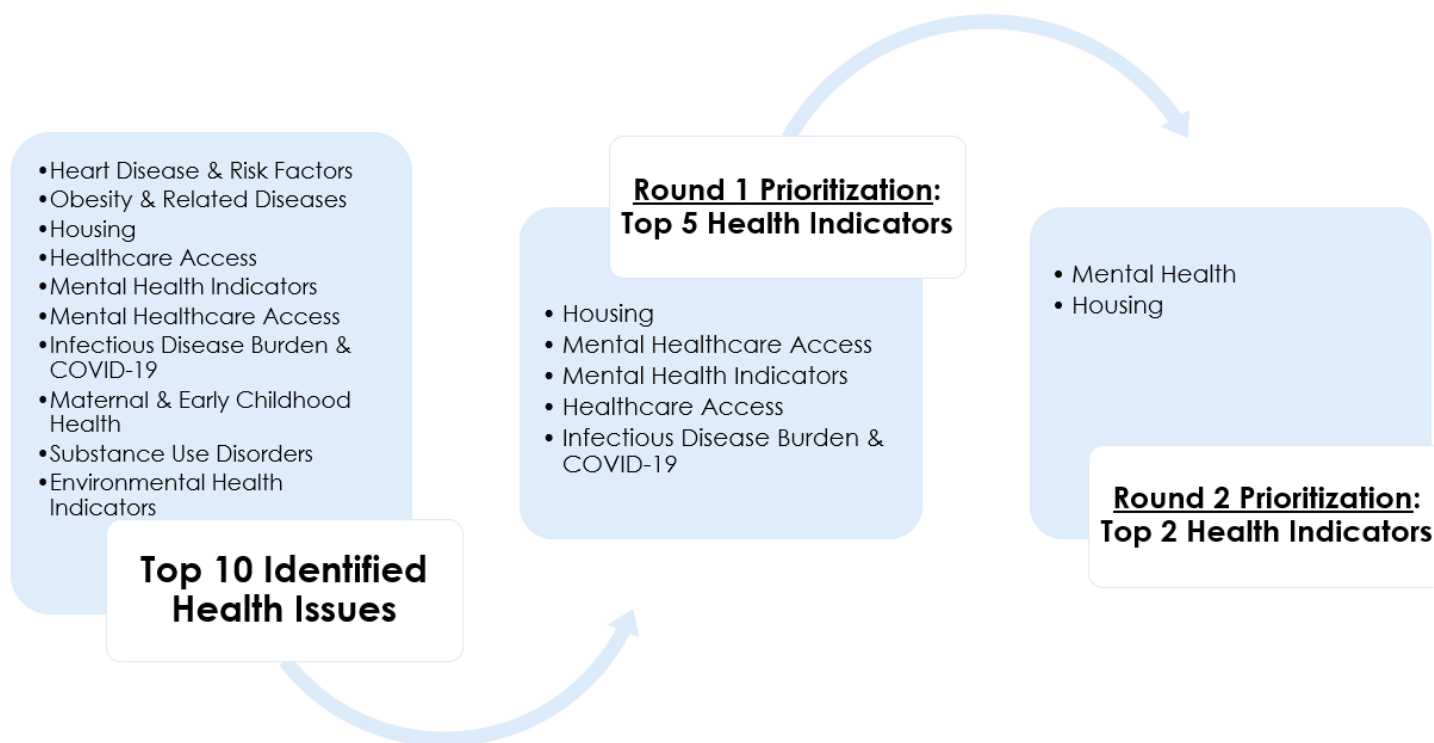
2022 - 2025

CHIP Implementation

For each health issue, each criterion (size, seriousness, disproportionate impact, ability to impact, and importance to community) was averaged. Then all criteria for that health issue were averaged for a final, overall score. Scales used were as follows:

- High Importance/ Highly Likely = 4
- Moderate Importance/ Moderately Likely = 3
- Low Importance/ Less Likely = 2
- Not Important/ Not Likely = 1

A 2-round prioritization process occurred in which a select number of individuals from a variety of health, human services, and community organizations came together in an initial health issue prioritization meeting to condense the Top 10 health issues in Weld County down to the Top 5 issues. In the follow-up prioritization meeting, everyone involved in the Thriving Weld Coalition was invited to a special virtual meeting where information was shared on these Top 5 health issues in order to identify the Top 2 issues.

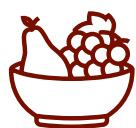


Round 1 CHIP Prioritization

The initial Top 10 health issues for Weld County were identified through a careful examination of WCDPHE's 2021 *A Look at Health and Its Determinants Across Weld County, A Community Health Assessment Report*. These Top 10 health issues included¹:



Heart Disease and Risk Factors: Heart disease was the No. 1 broad category leading cause of death for residents between 2010 and 2019. In 2019, just over 5% of adults (roughly 10,000 residents) in Weld County reported they were told they have had a heart attack, stroke, or have coronary artery disease by a health care professional.



Obesity and Related Diseases: Nearly 1 in 3 (32%) Weld County adults reported they were obese in 2019; this represents nearly 67,000 adult residents. Adult self-reported rates of obesity-related diseases were high blood pressure (32%); high cholesterol (28%), and diabetes (10%); all rates have increased since 2016.



Housing: Estimates for median gross rent increased by over 40% while median household income increased by just over 30% between 2010 and 2019. A higher percentage of residents who reported unstable housing, doubling up, and being usually or always worried about paying rent or mortgage also rated their overall health poorer compared to residents not experiencing these housing indicators.



Health Care Access: In late 2019, 6.5% of adult residents reported they were uninsured, trending down since 2007, but still representing over 13,500 adults who were uninsured. Countywide, 30% of adults reported they delayed or went without needed care in 2019; top barriers included cost, scheduling, and lack of insurance.



Mental Health Indicators: The crude rate of death by suicide for Weld County residents has steadily increased from 2017 after a slight drop the year prior. Nearly 3 in 10 (29%) adult residents reported they were ever diagnosed with anxiety or depression by a health care professional in 2019.



Mental Healthcare Access: Nearly 3 in 10 adult residents reported they thought they needed mental health care services in 2019, but only 55% of those residents sought care.

¹ Weld County Department of Public Health and Environment. *A Look at Health and Its Determinants Across Weld County, A Community Health Assessment Report*. 2021.



Infectious Disease Burden & COVID-19: In 2020, a total of 267 deaths among Weld County residents were due to COVID-19. Though Hispanic residents make up an estimated 30% of Weld County's population, Hispanic residents accounted for 53% of all COVID-19 cases in 2020.



Maternal & Early Child Health: Weld County's infant mortality rate: 4.1 deaths per 1,000 live births; this translates to about 15-20 infants/year or about 1 death every 3 weeks among 4,000 mothers annually. The infant mortality rate for Hispanic infants in 2020 was 2 times higher than the rate for non-Hispanic infants.



Substance Use Disorders: Of the 53% of Weld County adults who reported they consume alcohol in 2019, over 27% reported they binge drank in the past 30 days. Nearly 1 in 7 adult residents reported any tobacco use in 2019 (14.9%), and nearly half of students reported ever using an electronic vapor product (48%). The death rate of opioid overdose from any opioid (illicit or prescribed) increased to a 10-year high in 2020 of 10.7 deaths per 100,000 residents.



Environmental Health Indicators: Portions of northern Weld County and southwestern Weld County had between 60-80% of home radon tests above the action limit of 4 pCi/L between 2005-2018. Areas of the county with the highest annual average ozone and PM 2.5 concentrations are in south Weld County, bordering Denver, I-25 corridor.

31 individuals attended the initial prioritization meeting held in late October 2021; the meeting was hybrid allowing individuals to join in person or virtually. These individuals represented 14 organizations including local public health, health care, human services, education, government, and non-profit community organizations. Following a data presentation, individuals voted on the importance/likelihood for each criterion (size, seriousness, disproportionate impact, ability to impact, and importance to community) using the above-mentioned scale.

31 individuals from 14 local organizations attended the Round 1 Prioritization Meeting



This round of voting narrowed the Top 10 health issues to the Top 5. Health issues with the highest average scores were: **1) Housing; 2) Mental Health Care Access; 3) Mental Health Indicators (Anxiety, Depression, and Suicide); 4) Health Care Access; and 5) Infectious Disease and COVID-19.** See Appendix A for prioritization results.

Round 2 CHIP Prioritization

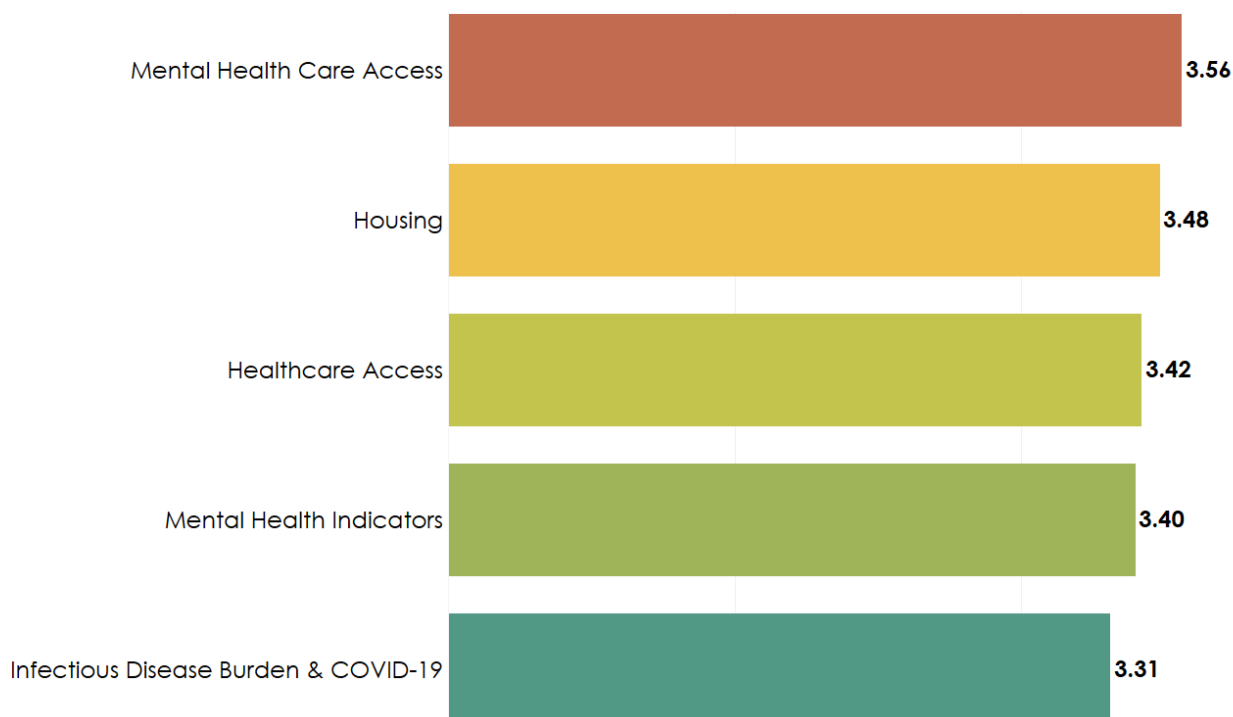
Following the initial prioritization, a 2nd data presentation and round of voting was held during the virtual Thriving Weld Quarterly Meeting in December 2021. Individuals at this meeting voted on the Top 5 health issues (following the same process as the Round 1 Prioritization) to identify the Top 1-3 health issues that would be the focus of the 2022-2025 CHIP. (For those individuals who could not join the virtual meeting, a recording of the meeting and link to vote were sent to the entire Thriving Weld Coalition.)



117 individuals from **44 local organizations** attended the **Round 2 Prioritization Meeting**

The 2 issues with the highest average scores were: 1) Mental Health Care Access and 2) Housing; see below. The 2 health issues that are the focus of the 2022-2025 CHIP are **Mental Health** (both Mental Health Care Access and Mental Health Indicators) and **Housing**. It was decided that both Mental Health Care Access and Mental Health Indicators would be included because of previous work by the Thriving Weld Healthy Mind and Spirit Workgroup, which focused on both these aspects of mental health. See Appendix A for prioritization results.

Round 2 Prioritization- Health Indicator Grand Means



Priority Areas

- Mental Health
- Housing



Community partners participating in the prioritization process used health data and a rigorous, NACCHO-recommended technique to identify priority areas. Likewise, priority area workgroups used Weld County Community Health Assessment (CHA) data, literature, and supplemental data from partners relevant to the priority areas to inform outcome and strategy development. These outcomes and strategies aim to move the needle on indicators related to issues that fall under the broad areas of Mental Health and Housing.

Several cross-cutting strategies around asset capacity and development that apply to both priority areas were identified:

- Gather and share data to improve prioritization and monitoring
- Build a strong coalition of diverse partners to support strategies
- Leverage best practices and tools for collective impact

It is also important to highlight current initiatives in the community that address Mental Health and Housing. As we move forward with implementing the strategies for each priority area, we want to ensure strong alignment with efforts already in place to address these health issues so we can leverage resources to address gaps and take advantage of opportunities to improve community health. In the following sections on Mental Health and Housing there is information on current community initiatives that align with these priority areas.

Population Measures and Goals

Population outcome measures were selected by priority area workgroups using the best available data. Goals for the population outcome measures were developed in consultation with the Weld County Department of Public Health and Environment, Public Health Initiatives Supervisor.

Population measures that are similar to or align with Healthy People 2030 are marked (HP 30). Most data come from WCDPHE's Community Health Assessment (CHA) and Healthy Kids Colorado Survey; the next year for which data will be available is 2025. Therefore, target goal dates for all population measures are set to 2025.

Population measure goals are aligned with a 5% improvement based on the data provided. Striving for a 10% improvement is a common practice for public health goal setting and an achievable target for 10-year goals, therefore we have reduced the target to 5% due to the shorter timeframe.

Mental Health

Mental Health as a priority relates to promoting positive mental and emotional wellbeing in homes, schools, workplaces, and neighborhoods in Weld County. While much work on mental health indicators (anxiety, depression, suicide, etc.) and access to mental health care is occurring in Weld County, there is still a need for collective action on strategies. One of the major concerns is ensuring individuals receive needed mental health care. Nearly 3 in 10 adult residents reported they thought they needed mental health care services in 2022 (trending up), but only 61% of those residents sought care. Of those that reported they needed mental health care services and did not seek care, over half stated they did not have time to seek treatment (57%), they did not know where to go to get services (58%), and/or they could not afford the cost of treatment or counseling (46%).

In 2022, some Weld County residents reported significantly higher rates of needing mental healthcare services, including:



Female residents



Residents aged 18-34



Lower-income residents

Other concerns in the community include the high rates of anxiety, depression, and suicide among Weld County adults and youth. The crude rate of death by suicide for Weld County residents has steadily increased from 2017 after a slight drop the year prior. Death by intentional self-harm by handgun is the 8th leading cause of death for Weld County males; death by intentional self-harm by hanging is the 9th leading cause of death for Hispanic residents. Overall, suicide was the 3rd leading contributor of years of potential life lost before age 65 for Weld County residents between 2015 and 2019, accounting for nearly 7,000 years of potential life lost.

Nearly 3 in 10 (29.5%) adult residents reported they were ever diagnosed with anxiety or depression by a health care professional in 2022 (trending up since 2016). Nearly 1 in 10 (or roughly 2,500) Weld County adolescents were diagnosed with depression between 2019 and 2020 and 7% with anxiety, according to available youth medical record data.

To address the variety of mental health concerns in the community, the priority area workgroup created outcomes and strategies that promote prevention, intervention, and recovery.

Current community organizations working in the behavioral and mental health field include but are not limited to:

- Behavioral and Mental health care providers/agencies
 - Alternative Homes for Youth
 - American Military Family
 - Aspen Summit Wellness and Counseling
 - Heart Centered Counseling
 - Integration Mental Health
 - Intermountain Healthcare
 - Journey's Hope Counseling
 - North Range Behavioral Health
 - Pathways Family Wellness
 - Perklen Center for Psychotherapy
 - The Children's Health Place
 - True Hope Counseling
 - Windsor Counseling Services
- Child-, youth-, and family-serving initiatives
 - A Kid's Place
 - AgriSafe Network
 - Community Grief Center
 - Frontier House
 - National Alliance on Mental Illness (NAMI), Union Colony-Greeley
 - Sexual Assault Victim Advocate (SAVA) Center
 - United Way of Weld County
- Prevention initiatives
 - Hope4_2morrow
 - Imagine Zero, Weld County
 - Thirst Living Waters Fund
 - Weld County Department of Public Health and Environment
 - Yellow Ribbon Suicide Prevention Program, Greeley Chapter
- Substance use
 - Alcoholics Anonymous
 - Colorado Opioid Synergy for Larimer and Weld Counties (CO-SLAW)
 - Narcotics Anonymous
 - Northern Colorado AA Intergroup
 - Tobacco Control Team, WCDPHE
- Other community initiatives
 - Centennial Area Health Education Center

Outcome (1): Increase amount of people who receive needed care.

Outcome (2): Reduce self-harm and intrapersonal violence.

Outcome (3): Increase youth and adults who abstain from or use harm-reduction strategies for alcohol, tobacco, and other illicit drugs.

Strategies:

1. Engage businesses and citizens in prevention and early intervention activities.
2. Expand community support systems for vulnerable populations.
3. Improve access to community services through supportive programs and policies.
4. Improve prevention and early detection of depression, suicide, bullying, and violence.
5. Increase amount of primary care providers and community-based organizations that offer prevention activities.
6. Increase programs that promote social connectedness across the lifespan.

Population Measures and Goals

Decrease the average number of days (in the past 30 days) experienced by adults when their mental health was not good by 5% by 2025 in Weld County.

- Baseline: 5.2 days (2022)
- Target: 4.9
- Data Source: CHA, WCDPHE

Decrease the percentage of residents who said they needed mental health care or counseling services in the past 12 months by 5% by 2025 in Weld County.

- Baseline: 28.8% (2022)
- Target: 27.4%
- Data Source: CHA, WCDPHE

Increase the percentage of residents who sought care in the past 12 months (if they needed mental health care or counseling services) by 5% by 2025 in Weld County. (HP30)

- Baseline: 61.0% (2022)
- Target: 64.1%
- Data Source: CHA, WCDPHE

Decrease the rate of deaths by suicide in teens (aged 15-18) by 5% by 2025 in Weld County.

- Baseline: 14.55 per 100,000 (4 deaths) (2021)
- Target: 13.82 per 100,000
- Data Source: Colorado Health Data & Statistics, Colorado Health Information Dataset

Population Measures and Goals

Decrease the rate of deaths by suicide in Weld County by 5% by 2025. (HP30)

- Baseline: 15.47 per 100,000 (53 deaths) age-adjusted (2021)
- Target: 14.7 per 100,000 age-adjusted
- Data Source: Colorado Health Data & Statistics, Colorado Health Information Dataset

Increase the percentage of 12th graders who were not current nicotine users in the past 30 days by 5% by 2025 in Weld County. (HP30)

- Baseline: 65.8% (2019)
- Target: 69.1%
- Data Source: Healthy Kids Colorado Survey

Increase the percentage of 12th graders who were marijuana-free in the past 30 days by 5% by 2025 in Weld County. (HP30)

- Baseline: 79.4% (2019)
- Target: 83.4%
- Data Source: Healthy Kids Colorado Survey

Decrease the percentage of adolescents who binge drank 1 or more times in the past 30 days by 5% by 2025 in Weld County. (HP30)

- Baseline: 15.3% (2019)
- Target: 14.5%
- Data Source: Healthy Kids Colorado Survey

Decrease the percentage of adults who binge drank 1 or more times in the past 30 days by 5% by 2025 in Weld County. (HP30)

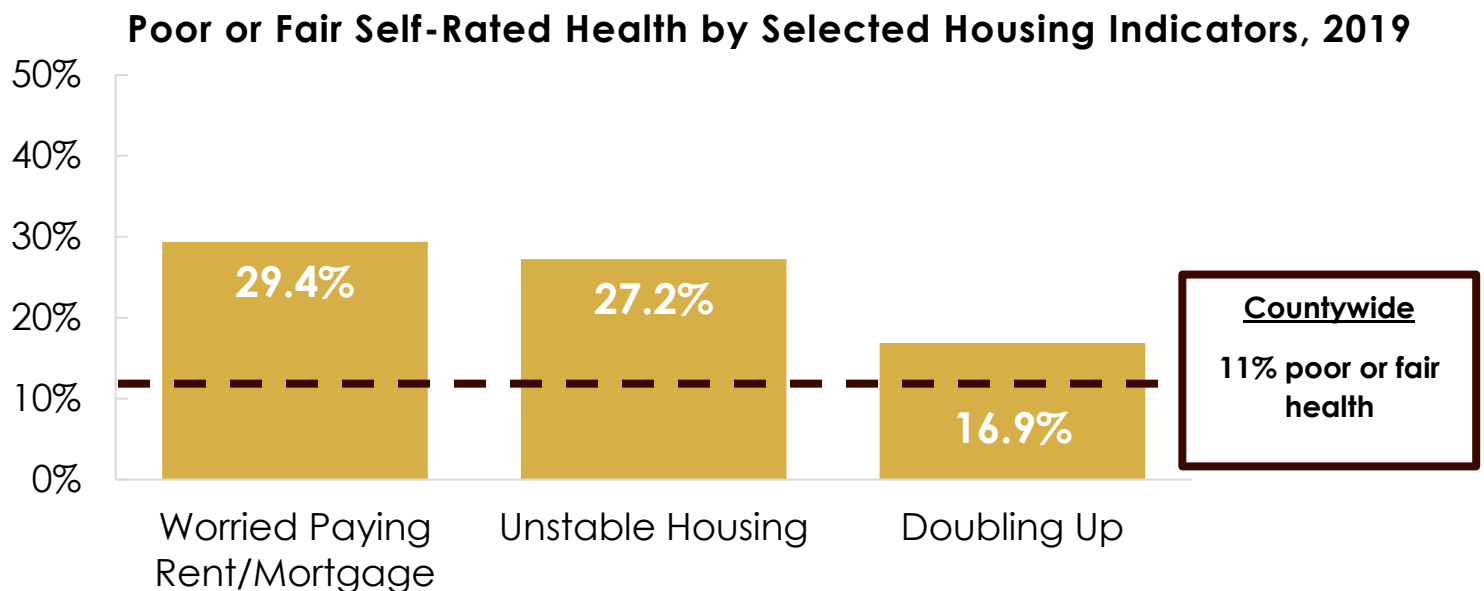
- Baseline: 23.9% (2022)
- Target: 22.7
- Data Source: CHA, WCDPHE

Additional information on outcome measures and strategies can be found at www.thrivingweld.com.

Housing

Housing as a priority relates to increasing affordable housing units (30-120% of area medium income) for residents across Weld County municipalities. Affordable housing is housing in which the occupant is paying no more than 30% of gross income on housing costs, including utilities. Housing was identified as a primary concern in Weld County due, in part, to the county's expected population growth to over 520,000 residents by 2040 (a nearly 61% increase). In fact, Weld County is the county with the highest projected annual population growth in the state of Colorado. Housing costs across Colorado (and the nation) greatly increased during the COVID-19 pandemic, making affordability a major concern. In February 2022, the median sales price of homes in Weld County was \$485,000, a 21.5% increase from February 2021 when the median sales price was \$400,000 (and a 32.9% increase from February 2020 median sales price of \$365,000).

Even before the COVID-19 pandemic, housing issues in Weld County were prevalent. Estimates for median gross rent increased by over 40% while median household income increased by just over 30% between 2010 and 2019. Over 9% of households in Weld County reported they had an unstable housing situation in 2019, and 17% reported doubling up (sharing housing with other persons due to loss of housing or economic hardship). A higher percentage of residents who reported unstable housing, doubling up, and being usually or always worried about paying rent or mortgage also rated their overall health poorer compared to residents not experiencing these housing indicators.



To address the variety of housing concerns in the community, the priority area workgroup created outcomes and strategies that promote collaboration, innovation, and incentives.

Current community organizations working to increase affordable housing options include but are not limited to:

- Colorado Department of Local Affairs
- Eaton Housing Authority
- Fort Lupton Housing Authority
- Greeley-Weld Habitat for Humanity
- Greeley-Weld Housing Authority
- Habitat for Humanity of the St. Vrain Valley
- Johnstown Housing Authority
- Keenesburg Housing Authority
- Milliken Housing Authority
- Municipal governments
- Thriving Weld Housing and Land Use Project, WCDPHE
- Windsor Housing Authority
- Weld County Planning and Zoning Department
- Weld's Way Home, United Way of Weld County initiative
- Other community initiatives

Outcome (1): Create new housing units between 30-120% AMI.

Outcome (2): Preserve existing housing units between 30-120% AMI.

Strategies:

1. Engage businesses and developers to explore new housing opportunities.
2. Explore opportunities to create monetary incentives for creating new housing supply.
3. Explore utilizing innovative solutions from other communities.
4. Improve regional collaboration and communication among those working to increase housing supply.
5. Promote affordability by reducing barriers to new housing supply.
6. Protect against displacement and poor housing conditions.

Population Measures and Goals

Decrease the percentage of renters who pay 30% or more of household income on rent in Weld County by 5% by 2025. (HP30)

- Baseline: 51.1% (2020)
- Target: 48.5%
- Data Source: ACS, 2020 (5-year estimates)

Decrease the percentage of homeowners who pay 30% or more of household income on mortgage in Weld County by 5% by 2025.

- Baseline: 29.2% (2020)
- Target: 27.7%
- Data Source: ACS, 2020 (5-year estimates)



CHIP Implementation

Implementation

The aims, population measures, and strategies provide the framework for mobilizing community action to improve the health of people in Weld County. No single person or organization can implement the entire CHIP framework alone to achieve our shared goals. Rather, everyone involved in the creation of the framework now needs to determine the specific actions they and their organization will take.

The Mental Health and Housing Priority Area Workgroups will create workplans associated with select strategies and implement these workplans each year. The workgroups will monitor and track their respective action plans and progress using the Thriving Weld Dashboard at www.thrivingweld.com. The Thriving Weld platform (an interactive strategy management system) is maintained by the North Colorado Health Alliance. WCDPHE and participating partners have access to the platform so CHIP strategies and activities can be revised and indicators and outcome data can be updated in a timely fashion (data measures are associated with action plan strategies and outcomes). In addition to the workgroups tracking progress on the action plans, the larger Thriving Weld Coalition and Steering Committee also track progress.

To successfully implement the CHIP Priority Area Workgroups, and the entire Thriving Weld Coalition, we will need to commit to:

- Pursuing the outcomes, goals, and strategies described in this document.
- Sharing work and learning from other partners to inform collective action.
- Aligning plans and programs of our community's organizations with these goals.
- Leveraging partnerships and resources to achieve these goals.
- Continuing to build a public health system that supports our priority areas and meets the needs of our community.

The CHIP is updated and revised over the course of the multi-year effort by each priority area workgroup with input as needed by the Thriving Weld Steering Committee. The Thriving Weld interactive strategy management system and website make it easy to revise action plans and, more importantly, communicate those changes to partners and the community as a whole. Organizations responsible for implementing strategies can be found in Appendix B.

Alignment with Colorado's Public and Environmental Health Improvement Plan

The Colorado Department of Public Health and Environment (CDPHE) recently released their Public Health and Environmental Improvement Plan for 2020-2024. WCDPHE used the Colorado Health Assessment and Planning System (CHAPS) to guide development of our CHIP

as did CDPHE to develop their PHIP. CDPHE identified six public health priorities including COVID-19 response, racism as a public health crisis, climate action and air quality, behavioral and mental health, trending and emerging issues, and transforming Colorado's governmental public health system. Within the trending and emerging issues CDPHE is focusing on vaping and high-potency marijuana use among teens, contaminants of emerging concern, and decreasing childhood immunization rates. There is alignment between WCDPHE's CHIP and CDPHE's PHIP in the area of behavioral and mental health. WCDPHE's Mental Health priority area includes outcomes, strategies, and population measures and goals that encompass behavioral health, mental health, substance use, and suicide prevention strategies – all of which are a focus of CDPHE's PHIP highlighting how closely our plans align within the Mental Health priority area.

Policy, Systems, and Environmental Change

Policy, systems, and environmental (PSE) changes go beyond individual-level programming to focus on the underlying structures that affect how we live, work, and play. PSE strategies can promote healthy behaviors and actions by making healthy choices easier to access and more readily available for everyone. PSE approaches are focused on community/population level programming, long term, and ongoing as opposed to individual-level programming, which is often of shorter duration or a one-time event.

Policy change includes policies that are at both the organizational or legislative level and could include creating or changing rules or procedures, as well as passing laws, ordinances, resolutions, or regulations. Systems change often involves changes within organizations such as changes to their rules, processes, or infrastructure that prioritize health and healthy behaviors. Environmental change strategies focus on changing physical, social, or economic factors that can influence practices or behaviors.

There are plans for PSE changes in many areas in Weld County to help alleviate identified causes of health inequalities. Many of these plans for PSE changes are aimed at important social determinants of health.

Example: Thriving Weld Housing and Land Use Project

The Housing Priority Area Workgroup will be working closely with the Thriving Weld Housing and Land Use Project (a collaborative project between WCDPHE, the Weld County Planning Department, and the United Way of Weld County), which aims to build an engaged community that can promote regulatory and municipal-level policy changes to increase affordable, high quality, stable, and safe housing options in Weld County.

Fundamentally, this project also aims to reduce health disparities and unequal opportunities to affordable housing. Through collaboration with the community, creation of an inventory of effective land-use and housing policy options tailored to local needs, and partnership with

municipalities to explore the implementation of policies, this project will contribute to social structures that will lead to improved health and, ultimately, thriving communities. The key objectives of this project are the creation of a Housing Needs Assessment and Weld County Housing Report. Expected outcomes include an inventory of acceptable and effective housing and land-use policy options and an engaged community that has the knowledge, skills, and tools to promote change.

Thriving Weld & WCDPHE Initiatives and Activities

In addition to the Mental Health and Housing workgroups focused on the priority areas for the 2022-2025 CHIP the Thriving Weld Coalition has a number of other workgroups focused on a wide variety of issues of concern for Weld County. There are workgroups focused on Healthy Eating and Active Living as well as those focused on social issues including education (Reading Great by 8 and Thrive by 25 workgroups) and livelihood (Weld's Way Home and Aging Well workgroups).

Significant work towards alleviating the top 10 health issues in Weld County is being undertaken by these workgroups as well as WCDPHE initiatives. The Active Living and Healthy Eating workgroups focus on PSE changes that reduce the risk factors for heart disease and obesity. Additionally, WCDPHE recently started a Community Health Worker program focused on reducing cardiovascular disease amongst vulnerable Weld County populations – while the Promotoras focus primarily on cardiovascular disease they provide information and resources for any health issue residents may have. Staff at WCDPHE also work to alleviate and prevent infectious diseases (including COVID), substance use disorders, environmental health concerns, and to improve maternal and early childhood health.

What You Can Do to Help

Community-level change takes time. However, when communities come together, real, lasting, measurable change can happen. Weld County's CHIP has been developed with extensive community involvement, but we encourage more organizations and individuals to become involved. Businesses, local governments, health care systems, insurers, clinicians, educators, non-profit, and faith-based organizations can align health improvement efforts around the CHIP, promote policies, and leverage resources that focus on one or more of the health priority areas.

If you'd like to join the Thriving Weld Coalition or one of the Priority Area Workgroups, contact **Olivia Egen**, Public Health Initiatives Supervisor (oeegen@weld.gov).

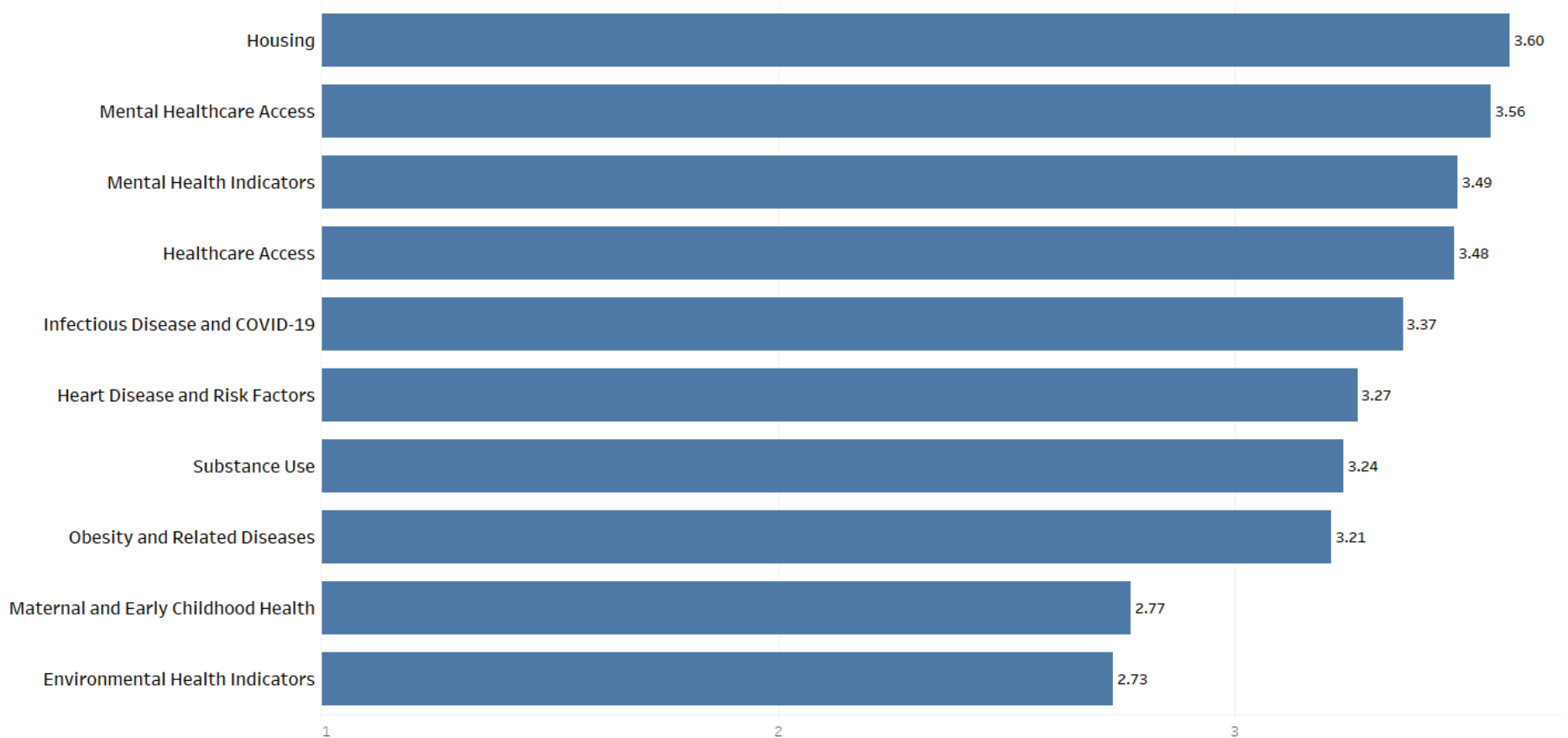
APPENDICES

Appendix A - Prioritization Results

Round 1 CHIP Prioritization Results

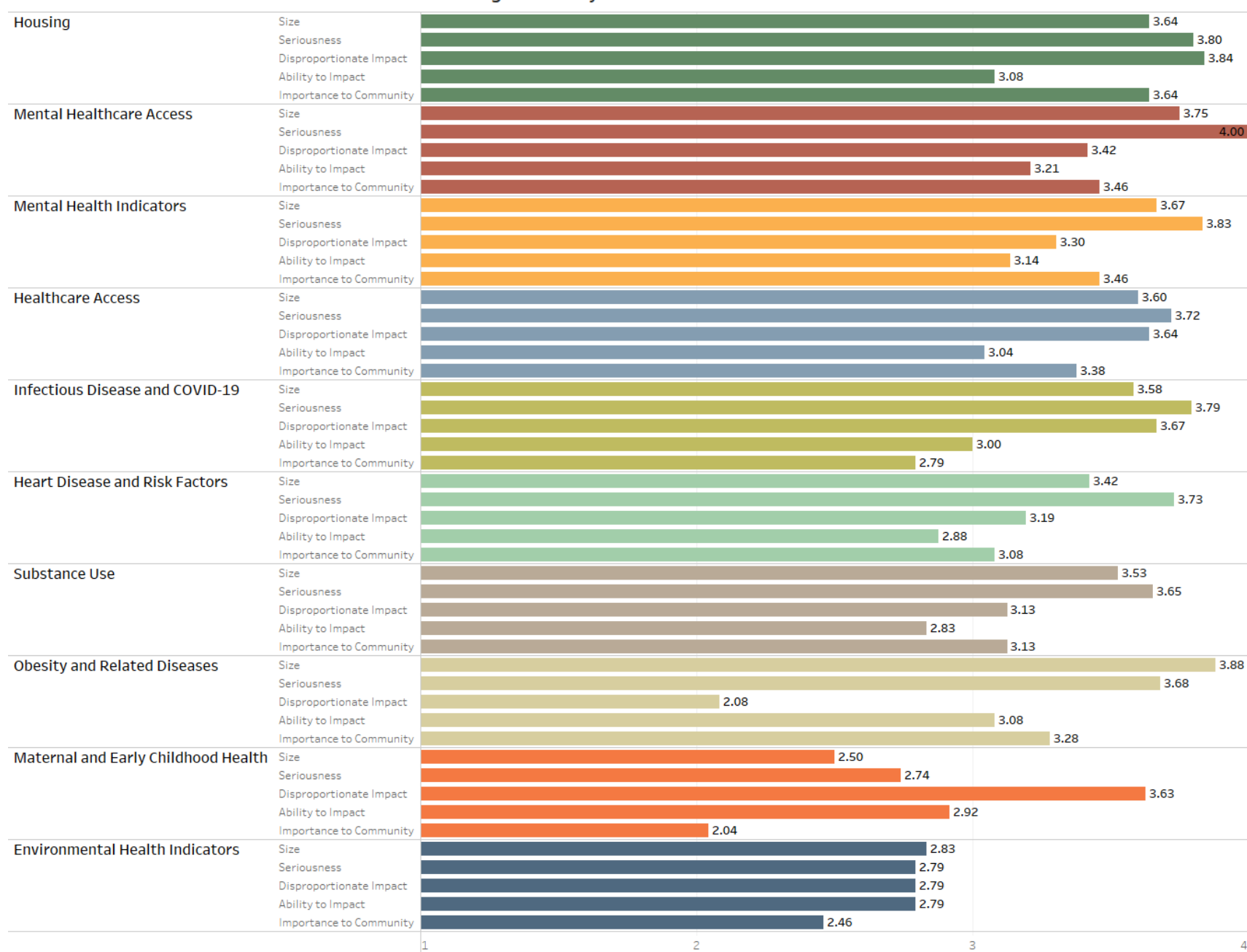
The results below indicate the Top 5 issues with the highest average scores were: **1) Housing; 2) Mental Health Care Access; 3) Mental Health Indicators (Anxiety, Depression, and Suicide); 4) Health Care Access; and 5) Infectious Disease and COVID-19.** These were the issues that went on to Round 2 Prioritization.

Average Scores by Health Issue



The graphic on the next page shows the average scores for each criterion (size, seriousness, disproportionate impact, ability to impact, and importance to community) within each of the 10 health issues voted on during Round 1 Prioritization.

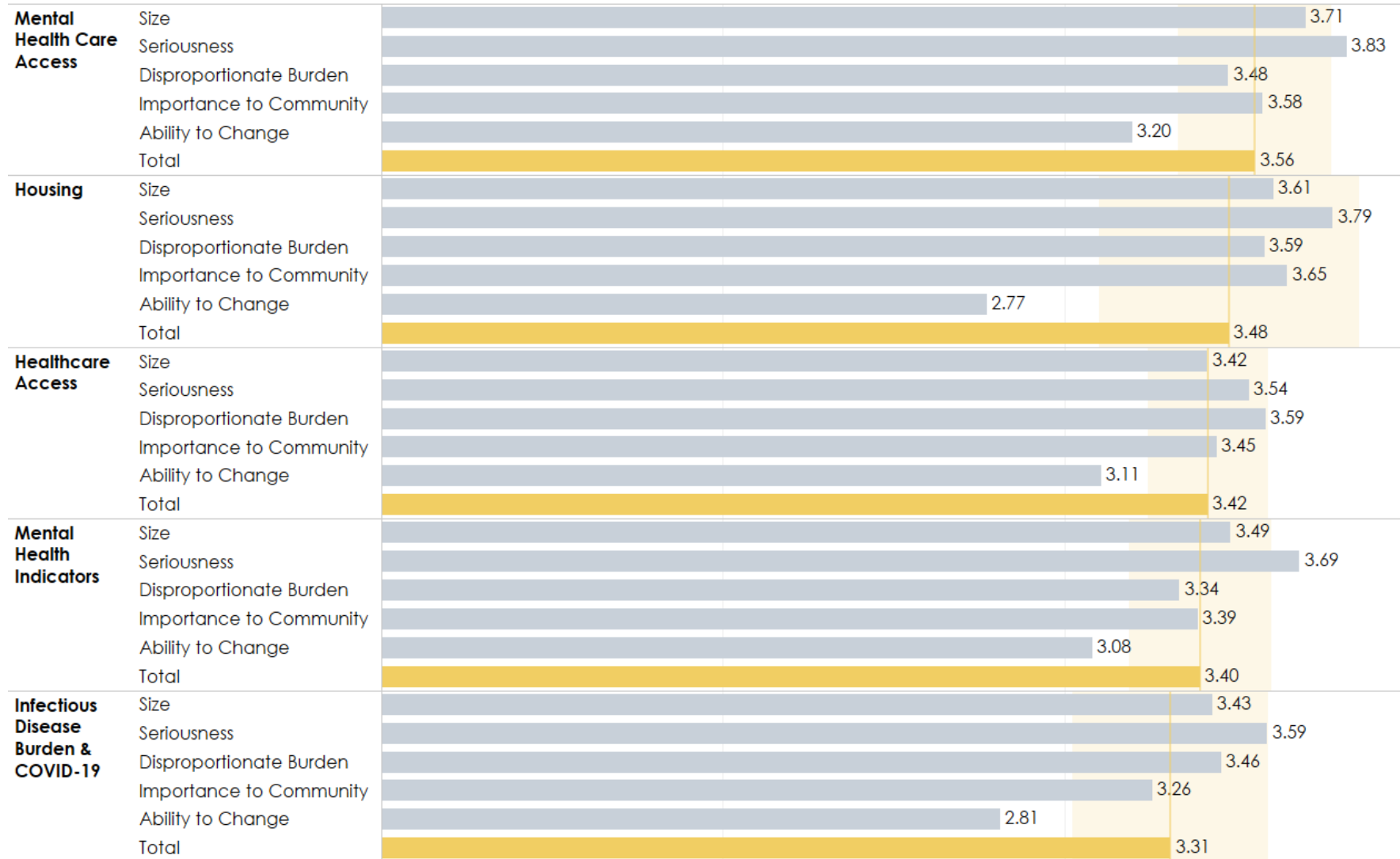
Average Scores by Health Issue and Criteria



Round 2 CHIP Prioritization Results

This graphic shows the average scores for each criterion (size, seriousness, disproportionate impact, ability to impact, and importance to community) within each of the 5 health issues for Round 2 of Health Issue Prioritization.

Round 2 Prioritization- Health Indicator Means by Criteria



Appendix B - Thriving Weld Workgroup Members

Thriving Weld Steering Group

The Thriving Weld Steering Group includes members from the Weld County Department of Public Health and Environment (WCDPHE), North Colorado Health Alliance (NCHA), United Way of Weld County (UWWC), and North Range Behavioral Health (NRBH).

Eric	Aakko	WCDPHE
Olivia	Egen	WCDPHE
Cindy	Kronauge	WCDPHE
Deirdre	Pearson	NCHA
Mark	Wallace	NCHA
Kim	Collins	NRBH
Lyle	Smith-Graybeal	UWWC

Mental Health Workgroup

The Healthy Mind and Spirit Workgroup currently consists of members from the following organizations and is facilitated by Melissa Jensen, Centennial Area Health Education Center, and Becky Wyperd, North Range Behavioral Health.

Aims Community College
Centennial Area Health Education Center
Community Grief Center
Banner Health
Greeley-Evans School District 6
High Plains Library District
North Range Behavioral Health
SCL Health System
University of Northern Colorado
Weld County Department of Public Health and Environment
Weld Trust

Housing Workgroup

The Housing Workgroup currently consists of members from the following organizations and is facilitated by Michelle Delgado, Weld County Department of Public Health and Environment, and Alaina Kelley, United Way of Weld County.

Almost Home, Inc.
Area Agency on Aging, Weld County
Colorado Department of Public Health and Environment
Greeley-Weld Habitat for Humanity
Jobs of Hope
Sears Real Estate

United Way of Weld County
Weld County Department of Public Health and Environment
Weld Faith Partnership Council
Weld Trust
WeldWerks Brewing Co.