



A Look at Health and Its Determinants Across Weld County

An Updated Community Health Assessment Report

Weld County Department of Public Health and Environment

June 2024



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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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 five (5) 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.

Cancer and heart disease remain the leading causes of death in Weld County. Both conditions share many modifiable risk factors, such as tobacco use, overweight or obesity, physical inactivity, dietary factors, and alcohol use. The data show 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.



Differences in health status still 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. Data also showed that parts of Greeley and Southwest Weld County report higher rates of delaying or going without needed medical care in the past year which may impact health.

Rates of residents needing mental health care are steady but more residents who reported they needed care sought it.

The percentage of residents who needed mental healthcare in 2022 was similar to 2019, but more of those who needed it sought out treatment. The suicide rate for 2022 was 18.9 per 100,000 and is one of the top contributors to premature death in the county. The age-adjusted suicide rate was five times higher for male residents compared to female residents.





Fewer variations in maternal and early childhood health were noted in this report.

In a change from previous reports, infant mortality and low birth weight were similar across income, education, and race/ethnicity groups, while prenatal care initiation varied by Hispanic/Latino origin. 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/Latina mothers and non-Hispanic/Latina mothers persisted through 2022.

Substance use and risky behaviors are still prevalent; however, the opioid overdose death rate in Weld County decreased in 2022.

The number of fatal drug overdoses in Weld County nearly doubled between 2020 and 2021, driven by any opioid overdose deaths. However, the number of fatal drug overdoses decreased in 2022, aligning with statewide trends.



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 often not considered as relating directly to health. These factors are known as social determinants of health, which this report covers for several health measures for county residents. Social determinants of health include education, income, housing, employment, and the environment in which we live.

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

- 2022 Weld Community Health Survey, which is a stratified random sample survey of households sponsored and conducted every three years by the Weld County Department of Public Health and Environment
- 2010 and 2020 Census data and 2019 and 2021 American Community Survey 5-year Estimates
- Centers for Disease Control and Prevention (CDC) Wide-ranging Online Data for Epidemiologic Research (WONDER) database
- Colorado Department of Local Affairs (DOLA) population and forecast estimates
- Colorado Department of Public Health and Environment (CDPHE) vital statistics
- CDPHE Colorado Health Information Dataset (CoHID)
- CDPHE Community Health Equity Maps (2015-2019 Data)
- CDPHE Environmental Data and Environmental Protection Agency Data
- Colorado Electronic Disease Reporting System (CEDRS) infectious disease data
- 2019 Healthy Kids Colorado Survey (HKCS) youth and adolescent data and a 2021 HKCS Community Profile special data request

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 2024; however, some health measures are more dated but were the most recent data available.

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 racial 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. Racial and ethnic comparisons are made using mutually exclusive categories as often as possible.

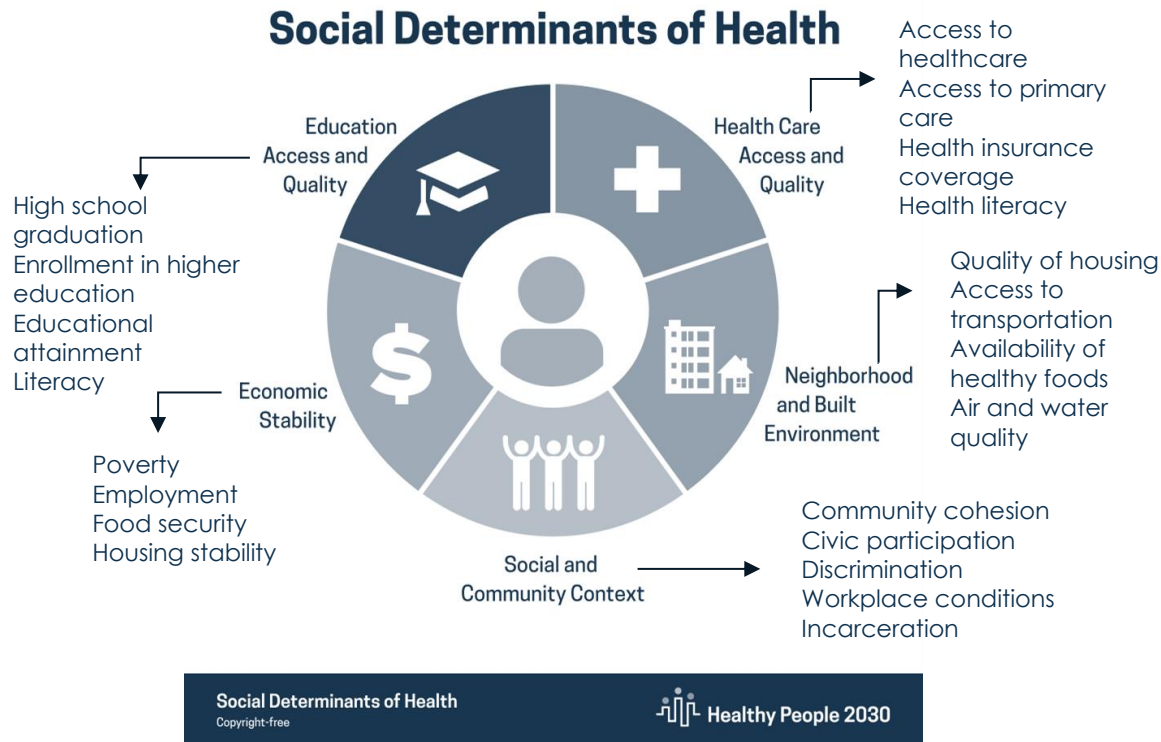
Significance testing was done on all weighted survey estimates from the Weld County Community Health Survey discussed in the report using Chi-squared tests with a significant p-value defined as ≤ 0.05 . Significance testing determines which differences are true and likely not due to randomness in the survey estimates.

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, but also by structural conditions that establish and maintain the environments in which we live.

For example, we know that substandard housing is related to illnesses such as asthma and cardiovascular disease. However, the connection between where we live and our health goes beyond the physical environment. Access to healthy food, opportunities for educational achievement, access to nature, and social connection can also impact health. These social determinants of health are factors upstream from personal health behaviors and genetics that influence individual health. These factors are often grouped into five major categories summarized below:



By 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, such as race, ethnicity, gender, age, socioeconomic status, and/or geographic location. The American Public Health Association (APHA), the national organization for Public Health in the United States, defines health disparities as *differences in health that are closely linked with social, economic, and/or environmental disadvantage*.¹

¹ American Public Health Association. Available from https://www.apha.org/-/media/Files/PDF/factsheets/Advancing_Health_Equity.ashx

When health disparities are present, they shed light on health inequities that are potentially avoidable and could be addressed through action. Closely related is public health equity, which is defined by the CDC as *the state in which everyone has a fair and just opportunity to attain their highest level of health*.² 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.³

This report is an updated look at the relationship between Weld County's social and health characteristics and helps to identify health disparities. These data provide information for the Health Department, our partners, and communities to work toward reducing disparities in health to improve the overall health of county residents.



² Centers for Disease Control and Prevention. Available from: <https://www.cdc.gov/healthequity/index.html>.

³ 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: 10.1177/003335491412915203

Weld County Demographic Profile

Population

2021* **2050****
Population Estimates Population Forecast

Population	322,424	597,004
Population Change	-	+85%



Race/Ethnicity¹

White, non-Hispanic	64%	50%
Black or African American, non-Hispanic	1%	2%
Asian only, non-Hispanic	2%	3%
Hispanic, Any Race	30%	44%
Any other race, non-Hispanic	3%	-



Public Health

Age

0-17	26%	23%
18-64	62%	60%
65(+)	12%	17%



Other Characteristics

Disability ²	11%
Born Outside of US	9%

Education

Less than High School ⁷	12%
High School (Diploma or Equivalent) ⁷	88%
Bachelor's Degree or Higher ⁷	30%

Income

Median Household Income	\$80,873
Individuals Living At or Below Poverty	10%
Children Living At or Below Poverty	12%
Unemployment ³	3%

Transportation

Mean Travel Time to Work in Minutes⁸ 28

Households

Single Parent Households ⁴	16%
Households with Older Adults Living Alone ⁵	23%
Linguistically Isolated Households ⁶	7%
With a Computer	96%
With Broadband Internet Subscription	90%

Sources:

*American Community Survey 5-year estimates, 2017-2021
**Colorado Department of Local Affairs (DOLA) Single Year of Age Data 1990-2050, Population Forecast, 2050

1. Colorado Department of Local Affairs (DOLA) archived Race by Age Forecast, updated 2023, 2050 Population Forecasts

2. Includes hearing, vision, cognitive, ambulatory, self-care and independent living facility

3. Bureau of Labor Statistics, September 2023, Weld / Greeley MSA, not seasonally adjusted

4. Among households with children

5. Among households with at least one member who is 65 or older

6. Speaks English less than very well

7. Persons aged 25(+) years

8. For workers aged 16(+), 2017-2021

Population Growth

In 2021, there was an estimated 322,424 residents in Weld County. By the year 2050, Weld County is projected to grow 85% to over 597,000 residents. Growth is primarily expected among adults aged 65 years and older, and among the Hispanic/Latino community in Weld County.

In 2021, there were nearly 90,000 Hispanic/Latino residents in Weld County, which represented roughly 30% of the county's total population. By 2050, over 250,000 are projected to live in Weld County, which is nearly half the projected adult population (over 44%).

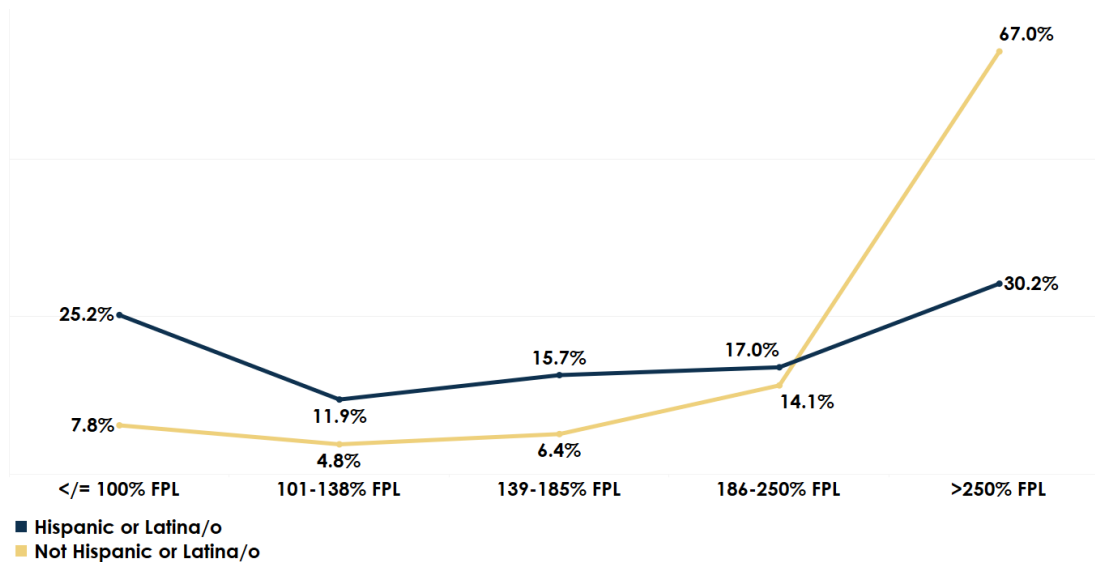
By 2050, the
Hispanic/Latino
population is expected
to grow to more than

44%

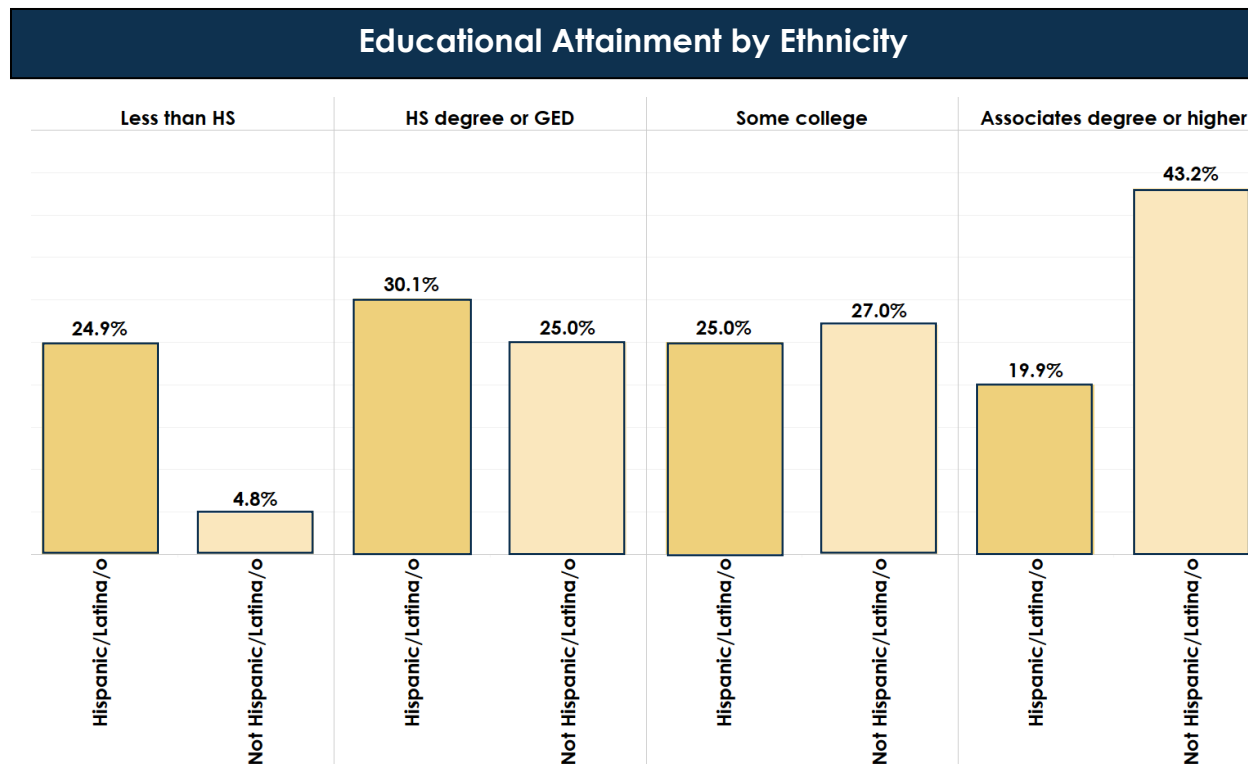
of the adult population.

In 2022, 73% of adult Hispanic/Latino residents in Weld County were younger than 54 years old compared to 62% of non-Hispanic/Latino residents. Over half of adult Hispanic/Latinos had lived in Weld County for over 10 years, similar to the percentage of non-Hispanic/Latino residents. While nearly 30% of residents identified as Hispanic/Latino in Weld County as of 2022, a larger portion of adverse social determinants of health indicators were present amongst Hispanic/Latino residents.

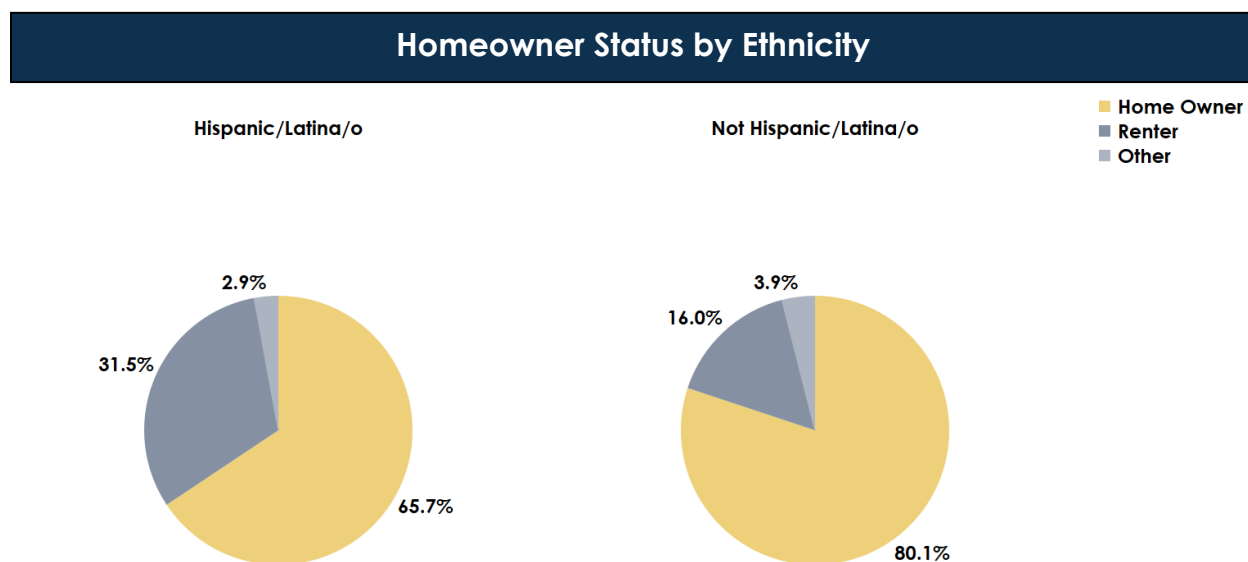
Household Percent at/below Federal Poverty Level in 2022



For example, Hispanic/Latino residents had a higher proportion of residents with households at or below the 250% federal poverty level (FPL).



Also, fewer Hispanic/Latino residents had a college degree, and a lower percentage of Hispanic/Latino residents own homes compared to non-Hispanic/Latino residents.



A Note on the Federal Poverty Level

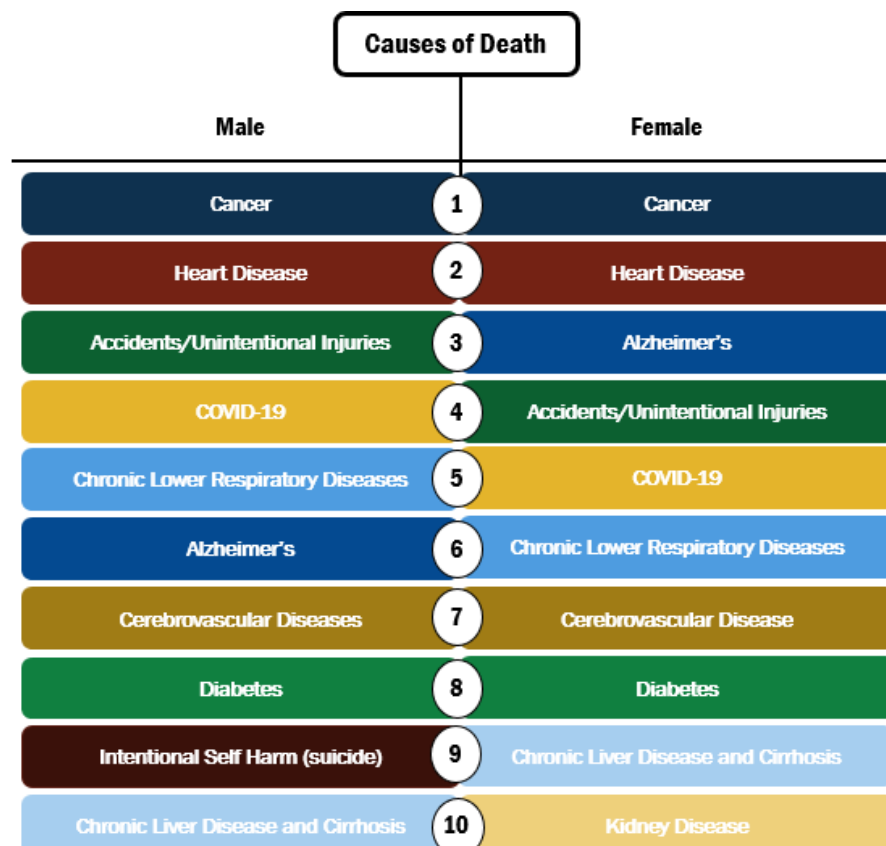
The federal poverty level (FPL) is an income measure used by many governmental and non-governmental programs to determine eligibility for benefits and various programs. It categorizes a household's income level and considers both household earnings and household size. In 2022, the federal poverty level was an annual income at or below \$13,590 for a single person and \$27,750 for a family of four.

Mortality and Morbidity

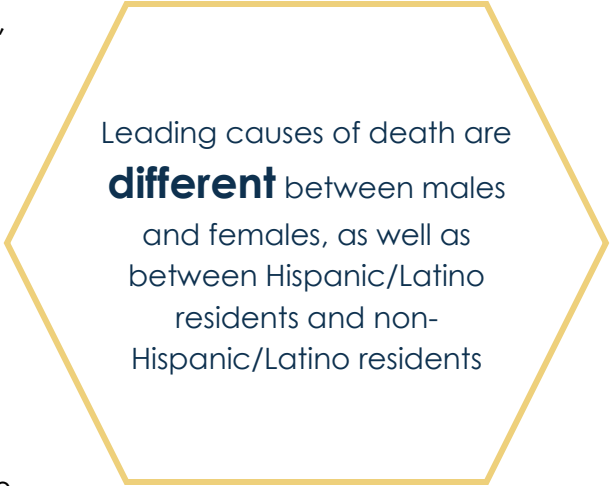
Leading Causes of Death

According to the CDC Wide-ranging Online Data for Epidemiologic Research (WONDER) database, the leading cause of death between 2018-2022 for Weld County residents was **cancer**. Over 1,600 individuals died from cancer between 2018 and 2022, representing an estimated 125 per 100,000 individuals who die

Top 10 Leading Causes of Death in Weld County by Gender, All Ages



per year of this disease. Following cancer, the next leading causes of death were heart disease, accidents/unintentional injuries, COVID-19, chronic lower respiratory diseases, Alzheimer disease, cerebrovascular diseases, diabetes, intentional self-harm (suicide), chronic liver disease and cirrhosis, and kidney disease.

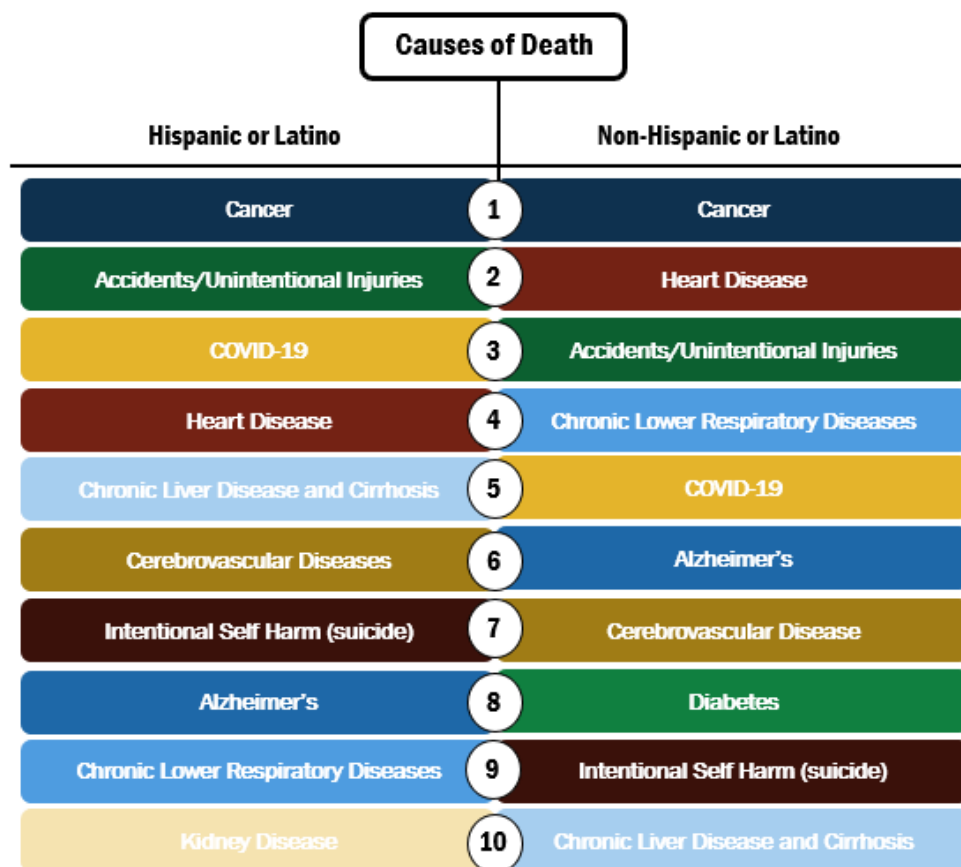


Leading causes of death are **different** between males and females, as well as between Hispanic/Latino residents and non-Hispanic/Latino residents

For Weld County males, accidents/unintentional injuries, COVID-19, and chronic lower respiratory diseases ranked higher compared to Weld County females. Additionally, intentional self-harm (suicide) was the ninth leading cause of death among males but was not a leading cause of death among Weld County females. Among female residents in Weld County, Alzheimer's disease was the third leading cause of death and ranked higher compared to males and kidney disease was the tenth leading cause of death (this was not a leading cause of death among Weld County males).

There were also differences in the leading causes of death among Hispanic/Latino residents and non-Hispanic/Latino residents. Hispanic/Latino residents had higher rates of deaths due to accidents or unintentional injuries, COVID-19, chronic liver disease/cirrhosis, cerebrovascular disease, and intentional self-harm (suicide) compared to non-Hispanic/Latino residents. Non-Hispanic/Latino residents had heart disease, chronic lower respiratory diseases, and diabetes as higher-ranking causes of death compared to Hispanic/Latino residents.

Top 10 Leading Causes of Death in Weld County by Ethnicity, All Ages



For more information on COVID-19, please see the infectious disease section.

A Special Look at Heart Disease Mortality⁴

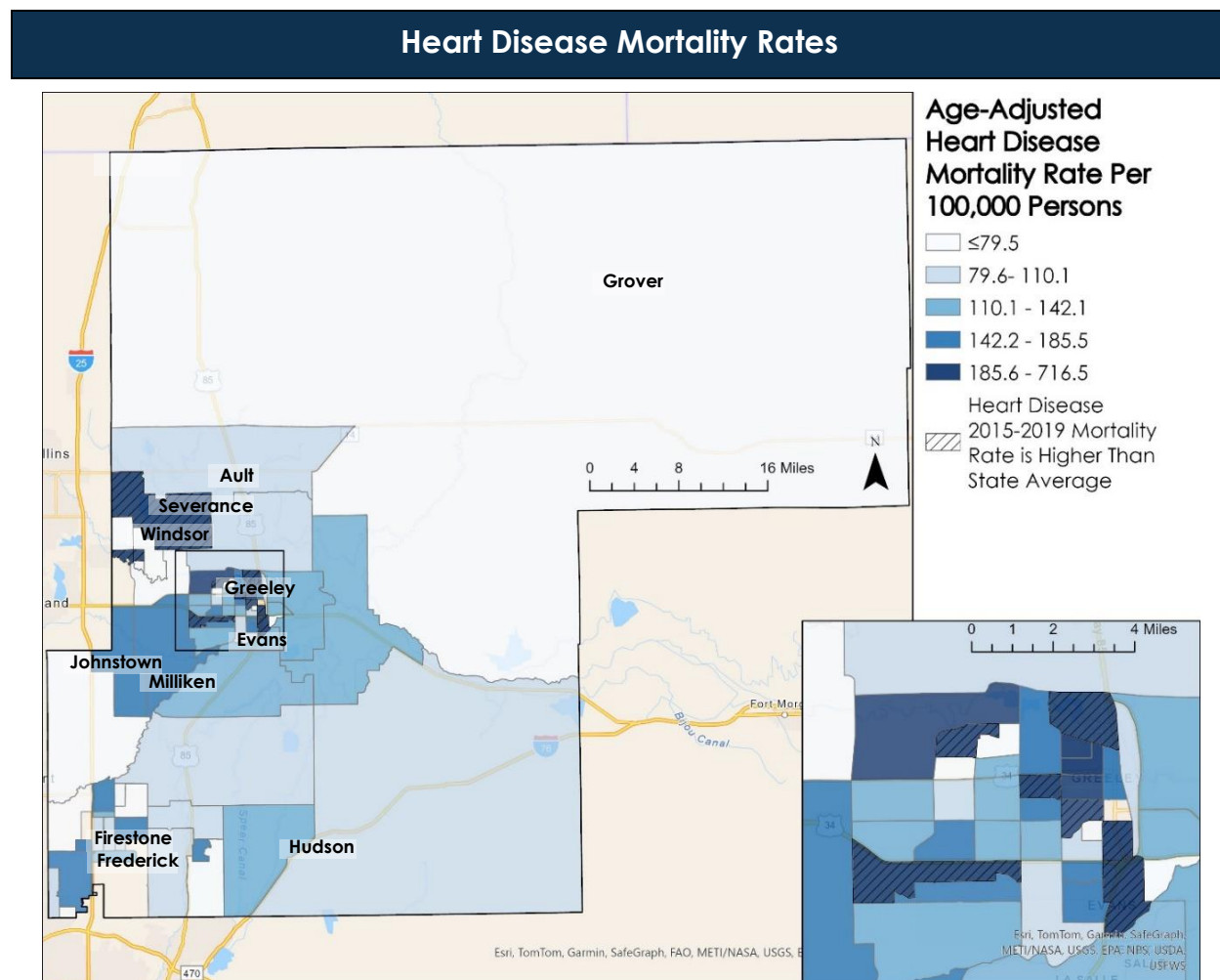
Heart disease is the second leading cause of death in Weld County and the United States.

Heart disease mortality rates are overpronounced in some areas of Weld County compared to Colorado as a whole (census tracts displayed as dark blue with diagonal lines indicate areas where the rate of heart disease mortality is higher than the state average). For example, between 2015 and 2019 many census tracts in the

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

⁴ Data are from 2015-2019 via the CDPHE Health Equity Map Series, most recent data. Section is based on the same data as 2021 report.

central portions of Weld County had age-adjusted heart disease mortality rates that were higher than the state average by almost double.

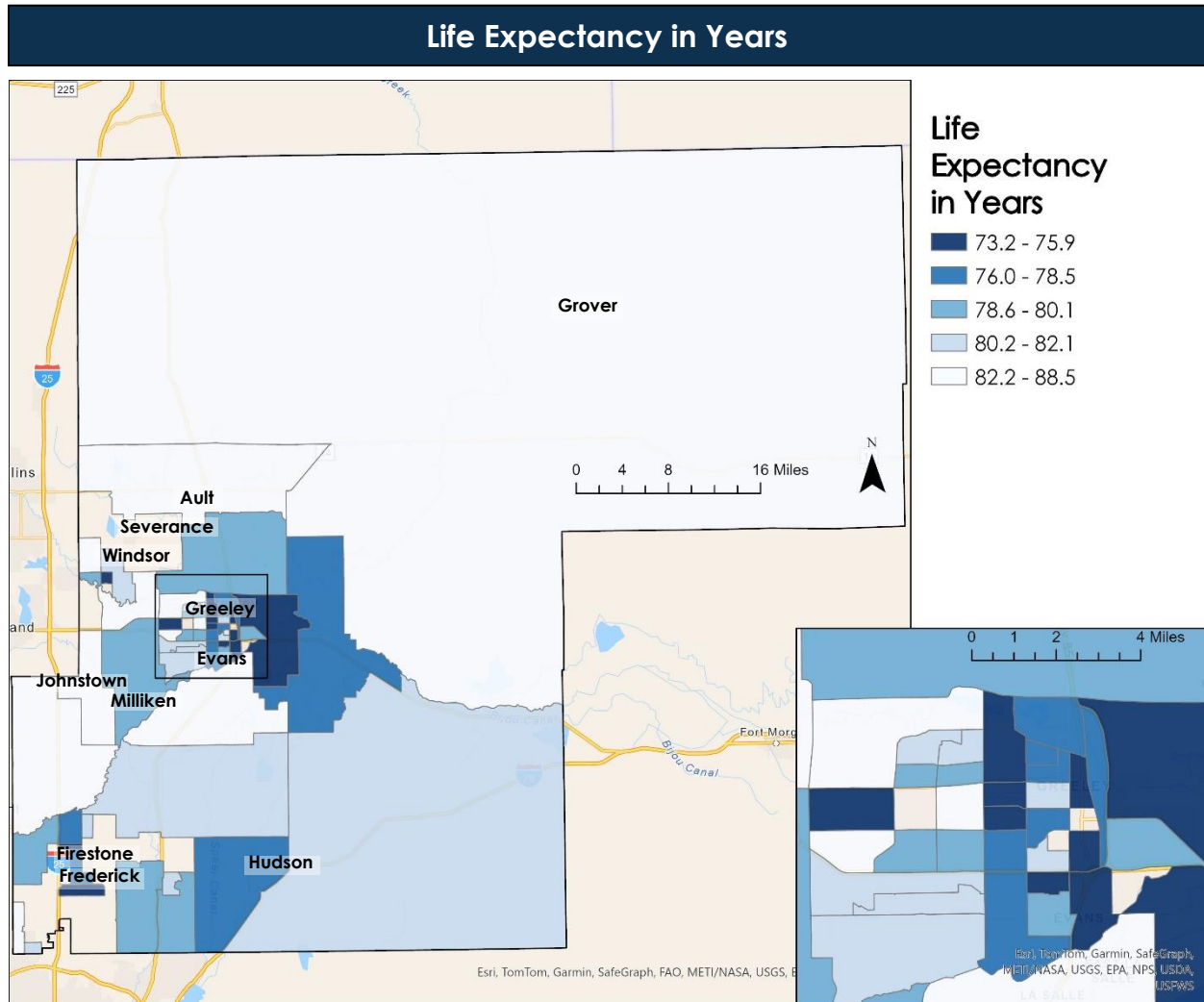


Life Expectancy⁵

The CDPHE Community Health Equity Map series show that some areas in Weld County have shorter life expectancies than other areas. The census tracts with the longest life expectancies of over 86 years of age are in the northern and southeastern portions of the county (displayed with light blue colors). Census tracts with shorter life expectancies (shaded dark blue) are located in the central portion of the county as well as in pockets in the southwestern portion

⁵ Data are from 2010-2015 via the CDPHE Health Equity Map Series, the most recent data. Section is based on the same data as 2021 report.

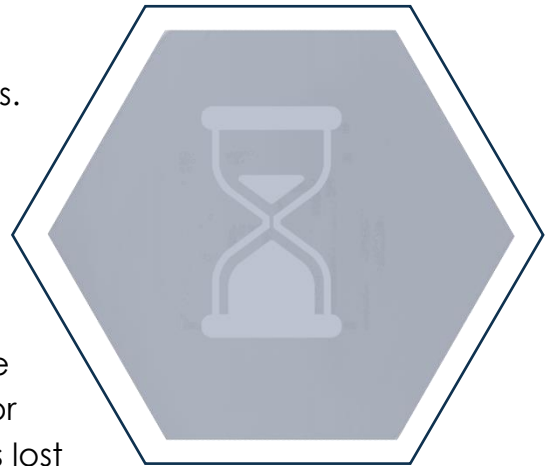
with life expectancies ranging from 73-76 years, which is 5-6 years less than the statewide average of 80.5 years.



In census tracts with higher poverty rates, life expectancy was significantly lower than the life expectancy rates in 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 an estimated 43% of persons in poverty had a life expectancy of only 73.2 years compared to 81.4 years in a census tract 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.⁶ 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 2020 and 2022, there were 1,204 heart disease-related deaths among Weld County residents, and 623 deaths due to unintentional injuries (mostly among residents under age 65). When investigating these deaths by YPLL there were about 2,700 years lost before the age of 65 for heart disease compared to over 11,900 years lost before the age of 65 due to unintentional injuries. Even though there were roughly half as many deaths due to unintentional injuries as there were for heart disease, the YPLL for unintentional injuries is higher because more deaths occurred among younger residents, which increased the years of potential life lost before the age of 65.



Top Five Causes of Years of Potential Life Lost (YPLL) for Weld County, 2020-2022			
Rank	Causes	Number of Deaths <65	YPLL
-	All Causes	2,180	38,459
1	Unintentional injuries	444	11,872
2	Intentional Self Harm/Suicide	148	3,833
3	Malignant neoplasms	354	3,407
4	Heart disease	252	2,688
5	Perinatal period conditions	34	2,210

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.”⁷ Alongside other mortality statistics,

⁶ 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

⁷ 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.

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 1.

Between the years of 2020 and 2022 in Weld County, the leading cause of YPLL was unintentional injuries (which includes motor vehicle accidents and unintentional drug overdoses) with nearly 11,900 estimated years lost; in total this accounted for just under a third of the potential years of life lost before age 65 in Weld County (30.8%). The second leading cause of YPLL in Weld County was suicide. Between 2020 and 2022 there were 148 deaths by suicide among residents under age 65, which contributed to about 3,800 years of potential life lost. This was higher in males (2,976 years) compared to females (857 years), and higher among non-Hispanic/Latino White residents (2,435 years) compared to Hispanic/Latino residents (1,091 years). Other top contributors to YPLL in Weld County included malignant neoplasms (cancer), totaling more than 3,400 years of potential life lost; and heart disease, totaling nearly 2,700 years of potential life lost. For more information on years of potential life lost for detailed causes of death see Appendix 1.

Health Status and Health Behaviors

Self-Rated Health

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 meaning that fewer individuals who rated their health as good or better reported chronic conditions or health-related risk factors compared to individuals who rated their health as fair or poor.

Reported Self-Rated Health and Frequent Mental Distress			
	Fair/Poor Health		Frequent Mental Distress
Countywide	13%		15%
Gender			
Female	13%		17%
Male	14%		13%
Age			
18-34	11%		23%
35-54	10%		15%*
55+	18%		9%*
Race/Ethnicity			
Hispanic/Latino, any race	19%*		16%
Other race, non-Hispanic/Latino	8%		10%
White, Non-Hispanic/Latino	11%		15%
Education Level			
Some college or higher	10%		14%
High school degree, GED, or less	18%*		18%
Income Level ¹			
Above 250% FPL	7%		10%
At or under 250% FPL	22%*		22%*
Region			
Greeley/Evans	17%		16%
Rural (North/Southeast)	14%		12%
Urban Corridor/Southwest	9%*		16%

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

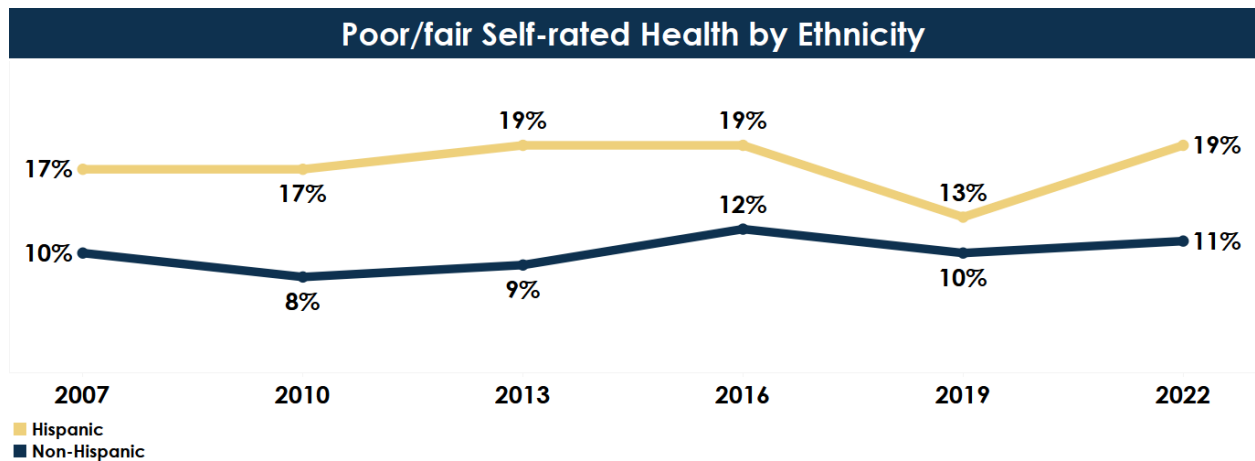
*Statistically significant finding compared to reference category at $p < 0.05$. Reference categories include 18-34 years, male, white non-Hispanic/Latino, some college or higher, above 250% FPL, and Greeley/Evans.

Countywide, 13% of residents (roughly 1 in 8) reported poor or fair health while 87% of residents reported good or better health in the 2022 Community Health Survey (CHS). This difference is pronounced in the Hispanic/Latino population with just under 19.5% of Hispanic/Latino residents reporting poor or fair health compared to 11.2% of non-Hispanic/Latino residents in 2022.

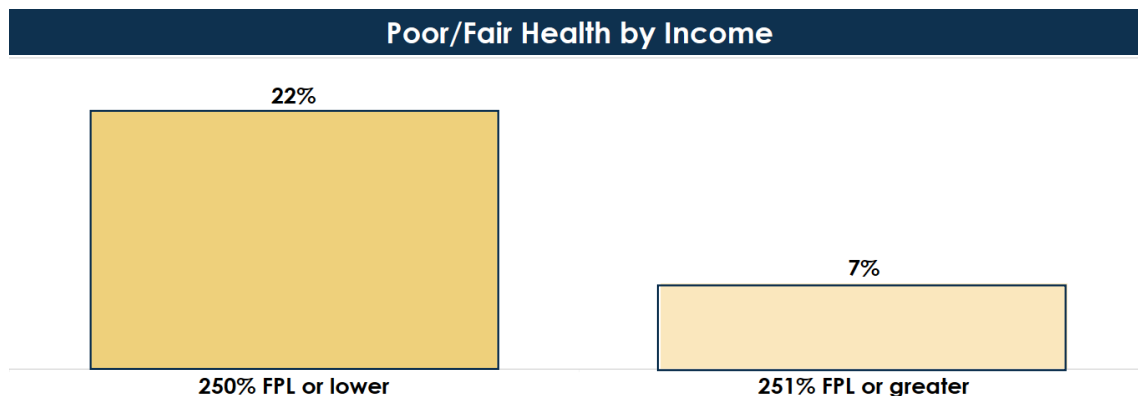
About 1 in 8 Reported Poor/Fair Health



Additionally, self-rated poor/fair health worsened in 2022 — more Hispanic/Latino residents said their health was fair or poor in 2022 (19%) compared to 2019 (13%). 18.3% of residents with a high school degree or less reported poor or fair health, which was significantly higher than residents with some college or higher (10.4%).



Additionally, a significantly higher percentage of residents at or below 250% Federal Poverty Level reported poor or fair health (21.5%) compared to residents above 250% FPL (7.1%).



A Look into Multiple Identities, Intersectionality – Self-Rated Health

Looking at the multiple identities Weld County residents may experience together can better explain the complex experiences of residents.

Overall, residents with a lower household income reported poor/fair health more often than residents with higher household incomes. This trend was similar when looking at different race/ethnicity groups. A significantly higher percentage of White, non-Hispanic/Latino residents with household incomes at or below 250% FPL reported poor/fair health compared to White, non-Hispanic/Latino residents above 250% FPL (19.0% vs 7.6%). A significantly higher percentage of Hispanic/Latino residents with household incomes at or below 250% FPL reported poor/fair health compared to Hispanic/Latino residents above 250% FPL (25.4% vs 5.9%).

Additionally, residents with only a high school degree, GED, or lower reported poor/fair health more often than residents with some college or higher. This trend was also similar among the Hispanic/Latino group. A significantly higher percentage of Hispanic/Latino residents that only had a high school degree, GED, or less reported poor/fair health compared to Hispanic/Latino residents with some college or higher (28.4% vs 8.6%).

Chronic Conditions

Beyond self-rated health, the 2022 CHS asked Weld County residents about their current health conditions.

Heart Disease

Overall, about 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 2022, 4% a heart attack, and 3% a stroke.

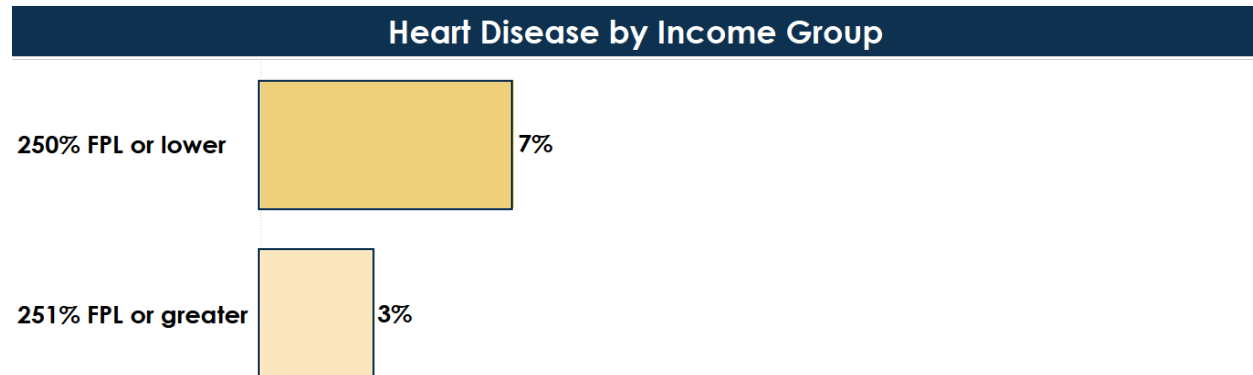
Heart Disease	
	Heart disease
Countywide	5%
Gender	
Female	5%
Male	5%
Age	
18-34	2%
35-54	2%
55+	10%*
Race/Ethnicity	
Hispanic/Latino, any race	2%*
Other race, non-Hispanic/Latino	4%
White, Non-Hispanic/Latino	6%
Education Level	
Some college or higher	4%
High school degree, GED, or less	5%
Income Level ¹	
Above 250% FPL	3%
At or under 250% FPL	7%*
Region	
Greeley/Evans	5%
Rural (North/Southeast)	5%
Urban Corridor/Southwest	4%

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

*Statistically significant finding compared to reference category at $p < 0.05$. Reference categories include 18-34 years, male, white non-Hispanic/Latino, some college or higher, above 250% FPL, and Greeley/Evans.

Heart Disease was significantly higher for older residents, with rates being around five times higher in residents aged 55+ (10.1%) compared to residents aged 18-34 (1.9%) and 35-54 (1.7%). Heart disease was also higher among low-income individuals. Over twice as many residents living at or below 250% federal poverty level (FPL) reported heart disease (6.8%) compared to residents living over 250% FPL (3.0%).

Over **twice as many** residents living at or below the 250% FPL reported heart disease compared to those with higher incomes



Cancer

The National Cancer Institute estimates nearly 1.9 million Americans were diagnosed with any type of cancer in 2022, 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.

Cancer	
	Cancer
Countywide	10%
Gender	
Female	10%
Male	10%
Age	
18-34	3%
35-54	3%
55+	24%*
Race/Ethnicity	
Hispanic/Latino, any race	7%
Other race, non-Hispanic/Latino	2%
White, Non-Hispanic/Latino	12%
Education Level	
Some college or higher	10%
High school degree, GED, or less	10%
Income Level ¹	
Above 250% FPL	10%
At or under 250% FPL	11%
Region	
Greeley/Evans	9%
Rural (North/Southeast)	9%
Urban Corridor/Southwest	12%

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

*Statistically significant finding compared to reference category at $p < 0.05$. Reference categories include 18-34 years, male, white non-Hispanic/Latino, some college or higher, above 250% FPL, and Greeley/Evans.

Countywide, nearly 10% of residents reported they have been told by a doctor or health care professional that they had any kind of cancer. The leading cause of death in Weld County between 2018-2022 was cancer, with over 1,600 deaths in this timeframe. Additionally, between the years of 2020-2022, cancer (all types) contributed to nearly 9% of all years of potential life lost (YPLL) before the age of 65 in Weld County (over 3,400 years), demonstrating the magnitude of younger life lost due to cancer. See the YPLL section for more information.

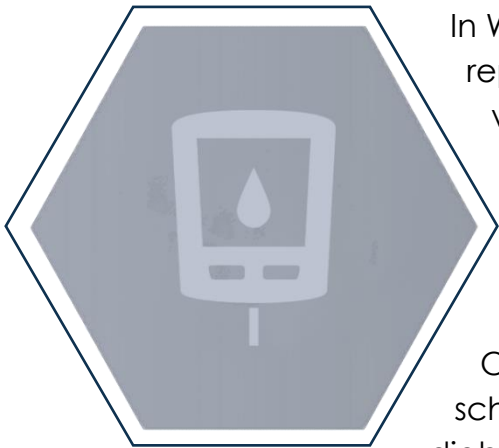
Diabetes

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

Diabetes	
	Diabetes
Countywide	11%
Gender	
Female	10%
Male	12%
Age	
18-34	3%
35-54	9%*
55+	20%*
Race/Ethnicity	
Hispanic/Latino, any race	16%
Other race, non-Hispanic/Latino	13%
White, Non-Hispanic/Latino	10%
Education Level	
Some college or higher	7%
High school degree, GED, or less	19%*
Income Level ¹	
Above 250% FPL	9%
At or under 250% FPL	15%
Region	
Greeley/Evans	14%
Rural (North/Southeast)	11%
Urban Corridor/Southwest	9%

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

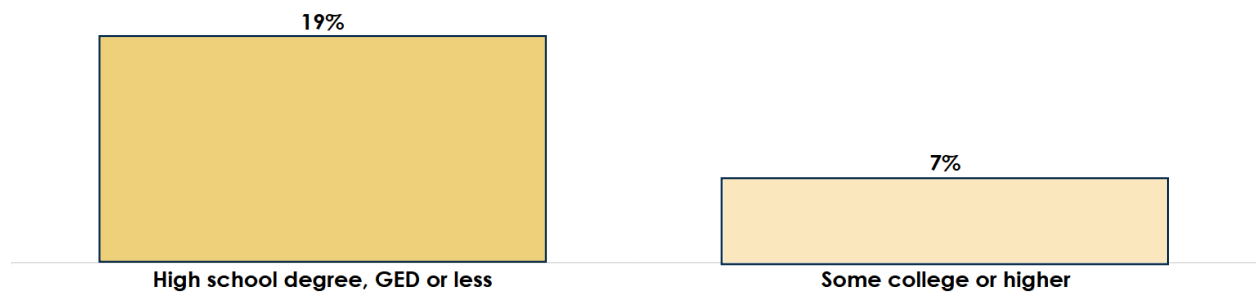
*Statistically significant finding compared to reference category at $p < 0.05$. Reference categories include 18-34 years, male, white non-Hispanic/Latino, some college or higher, above 250% FPL, and Greeley/Evans.



In Weld County, just over 1 in 9 residents (11.4%) reported being diagnosed by a health care provider with diabetes at some point in their lives. A higher percentage of older residents reported they had diabetes, with 20.0% of residents aged 55+, 9.2% of residents aged 35-54, and 3.4% of residents aged 18-34 reporting a diabetes diagnosis.

Over twice as many residents who have a high school degree/GED or less were told they have diabetes compared to residents with some college or higher (19.2% compared to 7.2%).

Diabetes by Education Level

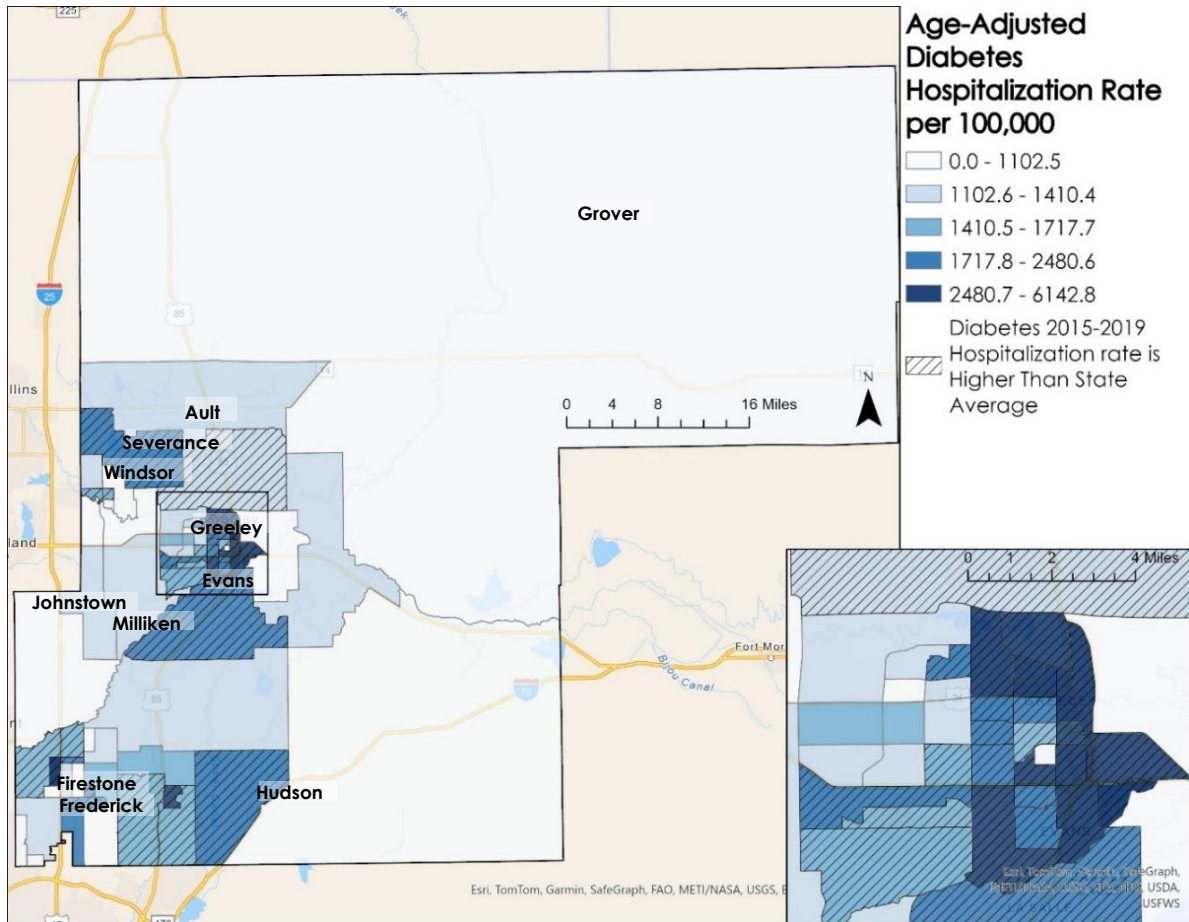


More diabetes-related hospitalizations occurred in central and southern portions of Weld County, between 2015 and 2019.⁸ Census tracts in the map below that have diagonal lines indicate a higher rate of age-adjusted diabetes-related hospitalizations compared to the statewide average.

Diabetes was the 8th leading cause of death among Weld County residents between 2018-2022. Diabetes was also the 10th leading contributor for years of potential life lost before age 65 between 2010-2022, demonstrating the impact of death from diabetes on residents younger than age 65.

⁸ Data are from 2015-2019 via the CDPHE Health Equity Map Series, most recent data. Section is based on the same data as 2021 report.

Diabetes-Related Hospitalization Rates



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 (28.9%) in the 2022 CHS.

About **1** in **3** Reported High Blood Pressure



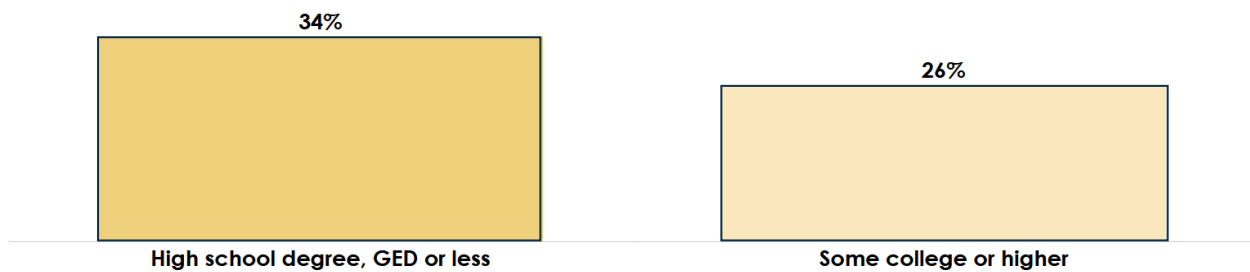
High Blood Pressure	
	High blood pressure
Countywide	29%
Gender	
Female	26%
Male	32%
Age	
18-34	7%
35-54	23%*
55+	52%*
Race/Ethnicity	
Hispanic/Latino, any race	23%
Other race, non-Hispanic/Latino	27%
White, Non-Hispanic/Latino	31%
Education Level	
Some college or higher	26%
High school degree, GED, or less	34%*
Income Level ¹	
Above 250% FPL	29%
At or under 250% FPL	30%
Region	
Greeley/Evans	31%
Rural (North/Southeast)	33%
Urban Corridor/Southwest	25%

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

*Statistically significant finding compared to reference category at $p < 0.05$. Reference categories include 18-34 years, male, white non-Hispanic/Latino, some college or higher, above 250% FPL, and Greeley/Evans.

Rates of hypertension differed by age: 52.2% of residents aged 55+ reported a hypertension diagnosis compared to 23.2% those aged 35-54 and 7.5% of those aged 18-34. Hypertension also was reported more often in residents with a lower education status: 34.1% of residents with a high school degree/GED or less reported hypertension compared to 26.0% of residents with some college or higher.

High Blood Pressure by Education Level



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.

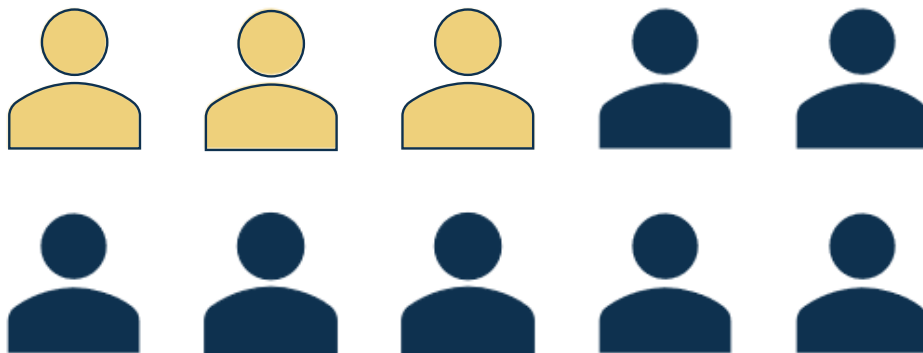
High Cholesterol	
	High cholesterol
Countywide	28%
Gender	
Female	25%
Male	32%
Age	
18-34	9%
35-54	20%*
55+	52%*
Race/Ethnicity	
Hispanic/Latino, any race	22%
Other race, non-Hispanic/Latino	22%
White, Non-Hispanic/Latino	31%
Education Level	
Some college or higher	25%
High school degree, GED, or less	33%*
Income Level ¹	
Above 250% FPL	30%
At or under 250% FPL	26%
Region	
Greeley/Evans	28%
Rural (North/Southeast)	31%

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

**Statistically significant finding compared to reference category at $p < 0.05$. Reference categories include 18-34 years, male, white non-Hispanic/Latino, some college or higher, above 250% FPL, and Greeley/Evans.*

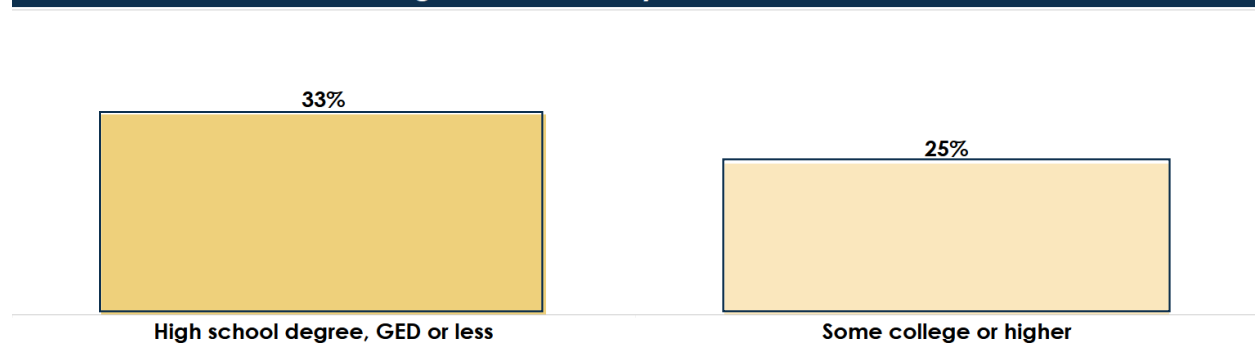
The percent of residents who reported high cholesterol diagnoses in Weld County followed a similar trend to high blood pressure diagnoses. Just under 3 in 10 adult residents reported they had been told by a health care provider they had high cholesterol (28.2%) in 2022.

About 3 in 10 Reported High Cholesterol



Rates of high cholesterol differed by age; 52.4% of residents aged 55+ reported a hypertension diagnosis compared to 19.9% those aged 35-54 and 9.4% of those aged 18-34. High cholesterol was also reported more often in residents with a lower education status, as 33.4% of residents with a high school degree/GED or less reported high cholesterol compared to 25.3% of residents with some college or higher.

High Cholesterol by Education Level



Asthma

Asthma is a chronic disease that affects the airways in the lungs and can cause hospitalization, death, or disruption of daily life.

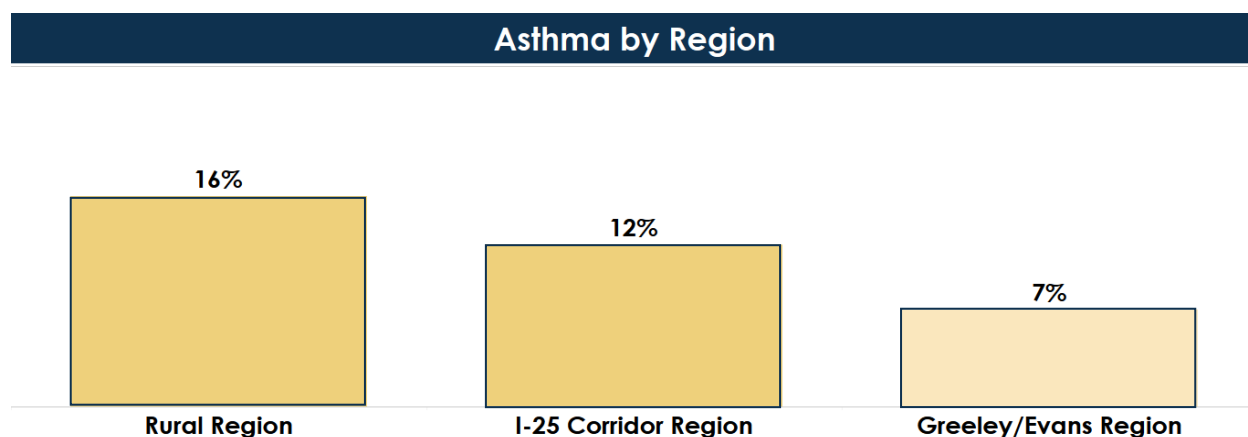
Asthma	
	Asthma
Countywide	11%
Gender	
Female	12%
Male	11%
Age	
18-34	14%
35-54	9%
55+	11%
Race/Ethnicity	
Hispanic/Latino, any race	6%
Other race, non-Hispanic/Latino	10%
White, Non-Hispanic/Latino	13%
Education Level	
Some college or higher	12%
High school degree, GED, or less	11%
Income Level ¹	
Above 250% FPL	12%
At or under 250% FPL	10%
Region	
Greeley/Evans	7%
Rural (North/Southeast)	16%*
Urban Corridor/Southwest	12%*

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

*Statistically significant finding compared to reference category at $p < 0.05$. Reference categories include 18-34 years, male, white non-Hispanic/Latino, some college or higher, above 250% FPL, and Greeley/Evans.

About 11.2% of Weld County adult residents reported they currently had asthma in the 2022 CHS. This was slightly higher than the statewide rate of 10.8% and nationwide rate of 10.4% for adults in 2022. In Weld County, the percentage of adults that currently have asthma differed significantly by region of the county, with Greeley/Evans (7.4%) being significantly lower than the rural

(north/southeast) region (16.1%) and the urban corridor/southwest region (12.4%).



Youth asthma data are limited. According to the 2019 Healthy Kids Colorado Survey, 1 in 5 students in Weld County reported they had asthma (19.8%), which was similar to the Colorado average of just over 20%. This rate was similar across grade levels, age groups, race/ethnicities, and genders. According to a special report in 2021 for Weld County students who participated in the Healthy Kids Colorado Survey, 16% of high school youth and 13% of middle school youth who participated in the survey reported they have ever been told by a doctor or nurse that they had asthma.⁹

A Special Look at Multiple Chronic Conditions

Almost 1 in 2 adults (47%) in Weld County have 2 or more chronic conditions. Based on the number of chronic conditions Weld County residents reported in the 2022 CHS, they were divided into three categories of the chronic disease index (low category included between 0 and 1 condition, moderate included 2-3 conditions, and high included 4 or more conditions).

A significantly higher percentage of residents aged 65+ were in the high and moderate chronic disease index categories compared to other age groups. A significantly lower percentage of Hispanic residents were in the moderate category (21.5%) compared to White, non-Hispanic/Latino residents (40.5%), while the White, non-Hispanic/Latino group had a significantly lower percentage in the low category (46.6%) compared to Hispanic/Latino residents

⁹ Data are from a sample of about 2,500 middle and high school students enrolled in Weld County schools participating in the 2021 Healthy Kids Colorado Survey. However, not enough schools or districts participated, meaning these data are not representative of all Weld County school-aged youth.

(68.5%). The percentages were similar for Hispanic/Latino and White, non-Hispanic/Latino residents for the high category. A significantly higher percentage of residents with a household income at or below 250% federal poverty level (16.6%) were in the high category compared to residents with a household income above 250% federal poverty level (8.2%).

In the 2022 CHS, two questions addressed residents' ability to recover from when things go wrong in their life and their stress resistance. In a special analysis of resiliency and chronic condition data, those residents in the lower chronic disease index categories had significantly better resiliency scores, meaning they have a better ability to recover when things go wrong.

Overweight and Obesity

Overweight and obesity have been linked to numerous health conditions such as hypertension, heart disease, diabetes, cancer, and stroke.

BMI Categories		
	Overweight	Obese
Countywide	35%	34%
Gender		
Female	27%*	35%
Male	43%	33%
Age		
18-34	30%	22%
35-54	36%	37%
55+	37%*	41%*
Race/Ethnicity		
Hispanic/Latino, any race	37%	34%
Other race, non-Hispanic/Latino	32%	32%
White, Non-Hispanic/Latino	34%	34%
Education Level		
Some college or higher	35%	31%
High school degree, GED, or less	34%	40%
Income Level ¹		
Above 250% FPL	36%	32%
At or under 250% FPL	32%	37%
Region		
Greeley/Evans	34%	34%
Rural (North/Southeast)	30%	45%

Urban Corridor/Southwest

38%

29%

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

*Statistically significant finding compared to reference category at $p < 0.05$. Reference categories include 18-34 years, male, white non-Hispanic/Latino, some college or higher, above 250% FPL, and Greeley/Evans.

The percentage of Weld County overweight or obese residents (68.7% overall: 34.6% overweight, 34.1% obese) was higher than the 2022 U.S. rate (67.7%) and the 2022 statewide rate (60.6%).

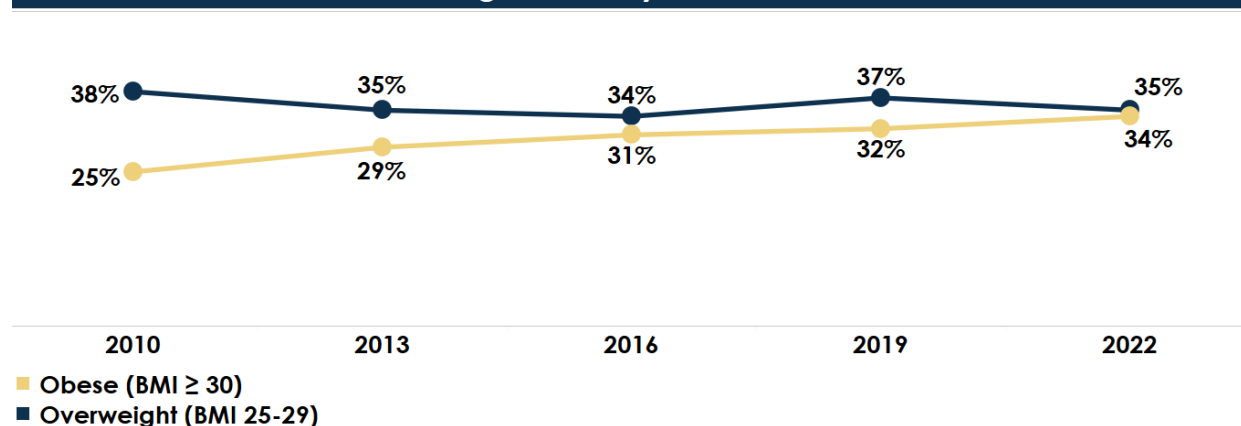
Overweight/Obesity Rate Comparison

Weld County	69%
United States	68%
Colorado	61%

A Note on Obesity and Overweight Trends

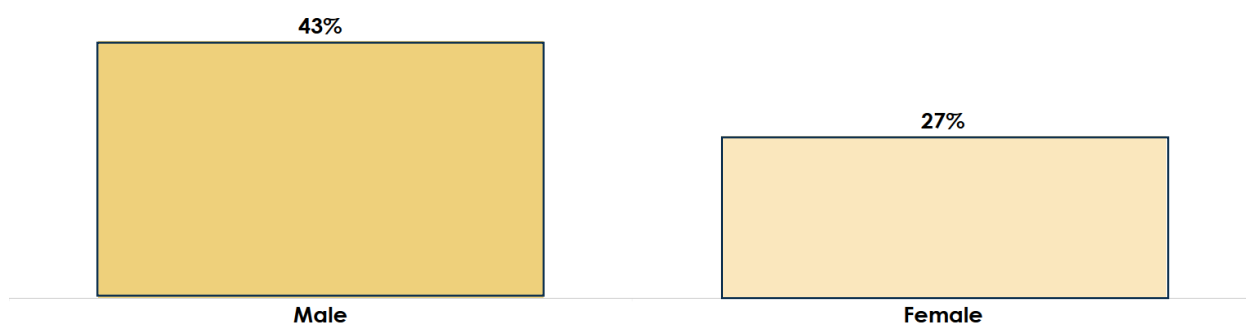
Since 2010, more people have become overweight or obese in Weld County. The obesity rate in Weld County increased from 31.9% in 2019 to 34.1% in 2022. Compared to 36.8% in 2019, the overweight rate in 2022 decreased to 34.6% in 2022, which could be due to more people moving into the obese category.

Overweight/Obesity Rates Over Time



Overweight and obesity rates differed significantly by age in 2022; for residents aged 55+ 37.2% were overweight and 41.0% were obese compared to residents aged 18-34 where 29.8% were overweight and 22.2% were obese. . Additionally, a significantly higher percentage of males (43.1%) were overweight compared to females (27.2%).

Overweight Rate by Gender



Physical Activity

Physical activity can help residents live a longer and healthier life. Regular physical activity can improve sleep, reduce stress, and reduce the risk of developing chronic disease like obesity, heart disease, diabetes, and cancer.

Days of 30+ Minutes of Physical Activity in the Past 7 Days

	0 days	1-2 days	3-4 days	5+ days
Countywide	20%	23%	26%	32%
Gender				
Female	19%	24%	25%	32%
Male	21%	21%	26%	32%
Age				
18-34	18%	21%	29%	32%
35-54	18%	22%	25%	34%
55+	24%	24%	24%	29%
Race/Ethnicity				
Hispanic/Latino, any race	17%	25%	28%	30%
Other race, non-Hispanic/Latino	12%	25%	29%	34%
White, Non-Hispanic/Latino	21%	21%	25%	32%
Education Level				
Some college or higher	17%	21%	28%	34%
High school degree, GED, or less	25%*	25%	22%	27%*
Income Level ¹				
Above 250% FPL	18%	22%	26%	34%
At or under 250% FPL	23%	23%	26%	29%
Region				
Greeley/Evans	23%	23%	24%	31%
Rural (North/Southeast)	23%	20%	24%	33%
Urban Corridor/Southwest	16%	24%	28%	32%

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

**Statistically significant finding compared to reference category at $p < 0.05$. Reference categories include 18-34 years, male, white non-Hispanic/Latino, some college or higher, above 250% FPL, and Greeley/Evans.*

Over 3 in 4 adults (77.7%) reported that they engaged in physical activity outside their regular jobs in the past month, which is slightly higher compared to 74.6% in 2019. Almost 1 in 3 adults (31.8%) reported 5 or more days of the past 7 that they had 30 or more minutes of physical activity.

Almost 1 in 3 Reported 5 or More Days of the Past 7 with 30+ Minutes of Physical Activity



The number of days in the past 7 that residents reported doing 30 or more minutes of physical activity differed significantly by education level. A significantly higher percentage of residents with a high school degree/GED or less (25.2%) reported no days of physical activity in the past 7 days compared to residents with some college or higher (17.0%). A significantly higher percentage of residents with some college or higher (34.2%) reported 5+ days in the last 7 days of 30+ minutes of physical activity compared to residents with a high school degree/GED or less (27.3%).

According to a special report of youth self-reported data from the 2021 Healthy Kids Colorado Survey, 37% of high school and 38% of middle school youth who participated in the survey 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). About 45% of middle school students reported playing group sports and 55% reported attending physical education classes at least once a week on average.¹⁰

¹⁰ Data are from a sample of about 2,500 middle and high school students enrolled in Weld County schools participating in the 2021 Healthy Kids Colorado Survey. However, not enough

Fruit and Vegetable Consumption

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.

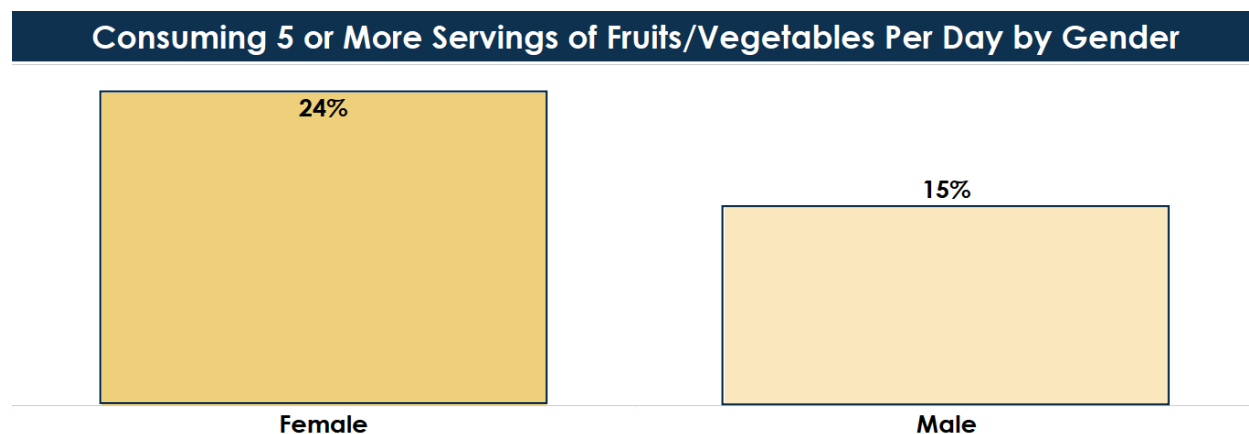
Consuming 5 Servings of Fruits/Vegetables Per Day	
	Consume 5+ servings per day
Countywide	20%
Gender	
Female	24%*
Male	15%
Age	
18-34	22%
35-54	22%
55+	16%
Race/Ethnicity	
Hispanic/Latino, any race	19%
Other race, non-Hispanic/Latino	16%
White, Non-Hispanic/Latino	21%
Education Level	
Some college or higher	22%
High school degree, GED, or less	16%
Income Level ¹	
Above 250% FPL	21%
At or under 250% FPL	18%
Region	
Greeley/Evans	19%
Rural (North/Southeast)	18%
Urban Corridor/Southwest	22%

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

*Statistically significant finding compared to reference category at $p < 0.05$. Reference categories include 18-34 years, male, white non-Hispanic/Latino, some college or higher, above 250% FPL, and Greeley/Evans.

schools or districts participated, meaning these data are not representative of all Weld County school-aged youth.

The 2022 CHS asked residents to report the average number of servings of fruit (not including fruit juice) and vegetables they consumed per day. Countywide, only 19.9% met the recommendations for fruit and/or vegetable consumption.



Fruit and vegetable consumption varied by gender. Fewer male residents (15.2%) reported meeting the fruit and vegetable consumption recommendations compared to female residents (23.8%).

Immunizations

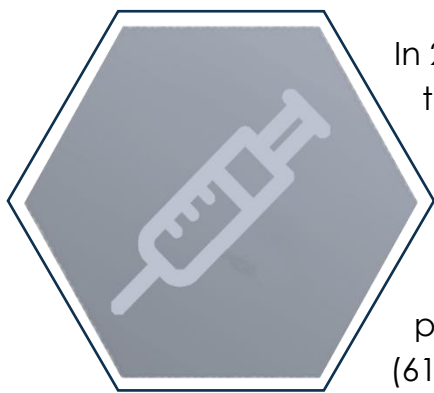
Annual flu immunizations can prevent illness and limit the spread and severity of influenza in a community.

Flu Shot Received and Vaccine Hesitancy		
	Flu shot received	Average Vaccine hesitancy score (lower is more hesitant)
Countywide	58%	3.5
Gender		
Female	61%	3.5
Male	54%	3.4
Age		
18-34	46%	3.6
35-54	55%*	3.4*
55+	71%*	3.4*
Race/Ethnicity		
Hispanic/Latino, any race	49%*	3.5
Other race, non-Hispanic/Latino	43%*	3.1*
White, Non-Hispanic/Latino	62%	3.4
Education Level		
Some college or higher	59%	3.5

High school degree, GED, or less	55%	3.4
Income Level ¹		
Above 250% FPL	62%	3.5
At or under 250% FPL	52%*	3.6
Region		
Greeley/Evans	61%	3.5
Rural (North/Southeast)	51%	3.3
Urban Corridor/Southwest	58%	3.5

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

*Statistically significant finding compared to reference category at $p < 0.05$. Reference categories include 18-34 years, male, white non-Hispanic/Latino, some college or higher, above 250% FPL, and Greeley/Evans.



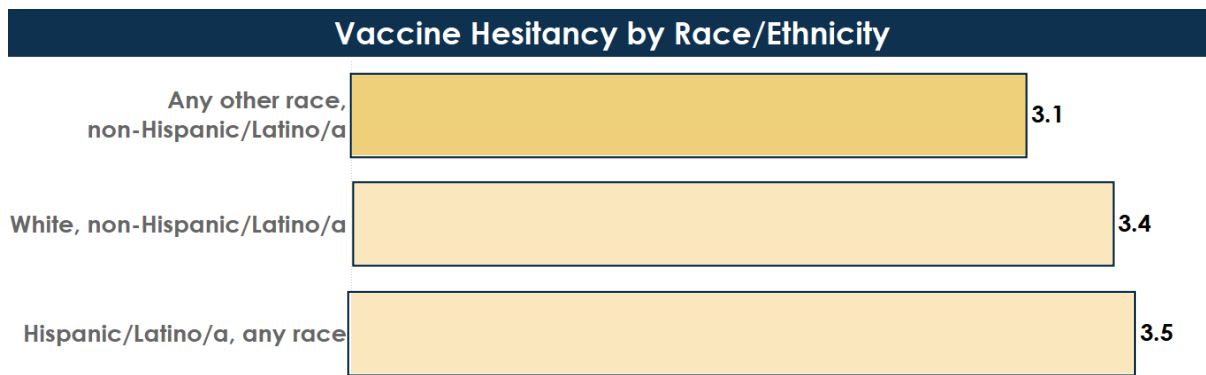
In 2022, just over half (57.8%) of adult residents reported they received a seasonal flu shot or nasal mist during the 2021 flu season. Seven out of 10 adults aged 55 and older (70.7%) received flu shots compared to 45.9% of adults 18-34 years of age and 54.5% of adults 35-54 years of age. A significantly higher percentage of White, non-Hispanic/Latino residents (61.8%) received flu shots compared to Hispanic/Latino residents (49.1%) and residents of any other race (43.4%).

Being insured also led to a significant difference in residents receiving flu shots, with 61.0% of insured residents compared to 23.4% of uninsured residents receiving flu shots.

In the 2022 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 4 (strongly agree), the mean response from county residents was 3.5—meaning, on average, residents agree that vaccines are important for their health, important for the health of others, and are effective.

Countywide, **1 in 8**
adult residents
indicated they were
hesitant towards
vaccines.

Residents aged 18-34 had a significantly higher (less hesitancy) mean vaccine hesitancy score of 3.6 compared to residents aged 35-54 (mean score of 3.4) and residents aged 55+ (mean score of 3.4).



Vaccine hesitancy also was significantly different among race/ethnicity groups. Residents of the Other Race group had significantly more vaccine hesitancy (mean score of 3.1) compared to White, non-Hispanic/Latino residents (mean score of 3.4) and Hispanic/Latino residents (mean score of 3.5).

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.

Uninsured Residents	
	Uninsured rate
Countywide	7.9%
Gender	
Female	9%
Male	7%
Age	
18-34	11%
35-54	10%
55+	3%*
Race/Ethnicity	
Hispanic/Latino, any race	23%*
Other race, non-Hispanic/Latino	4%
White, Non-Hispanic/Latino	2%

Education Level	
Some college or higher	5%
High school degree, GED, or less	12%*
Income Level ¹	
Above 250% FPL	3%
At or under 250% FPL	14%*
Region	
Greeley/Evans	9%
Rural (North/Southeast)	11%
Urban Corridor/Southwest	5%

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

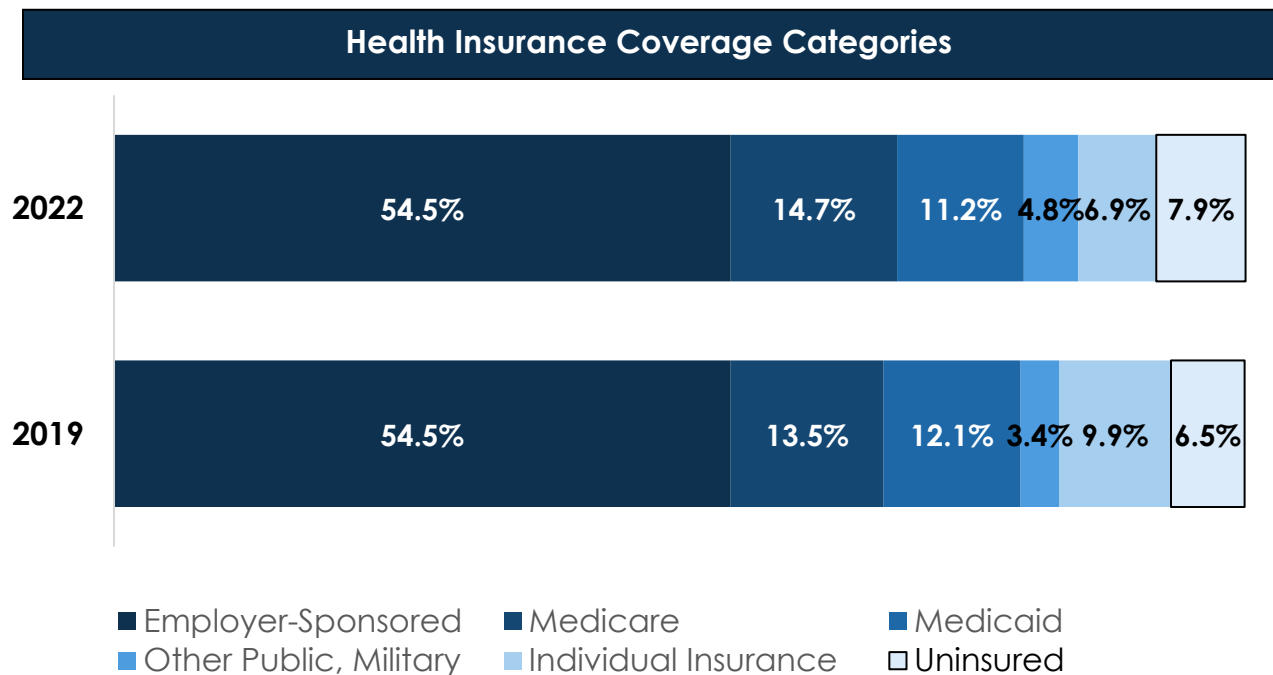
*Statistically significant finding compared to reference category at $p < 0.05$. Reference categories include 18-34 years, male, white non-Hispanic/Latino, some college or higher, above 250% FPL, and Greeley/Evans.

In 2022 the reported countywide uninsured rate was 7.9%, up from 2019 when it was 6.5% according to the Weld CHS. The percent of residents with employer-sponsored insurance stayed the same between 2019 (54.5%) and 2022 (54.5%), and the percent of residents on Medicaid went down between 2019 and 2022 (12.1% to 11.2%).

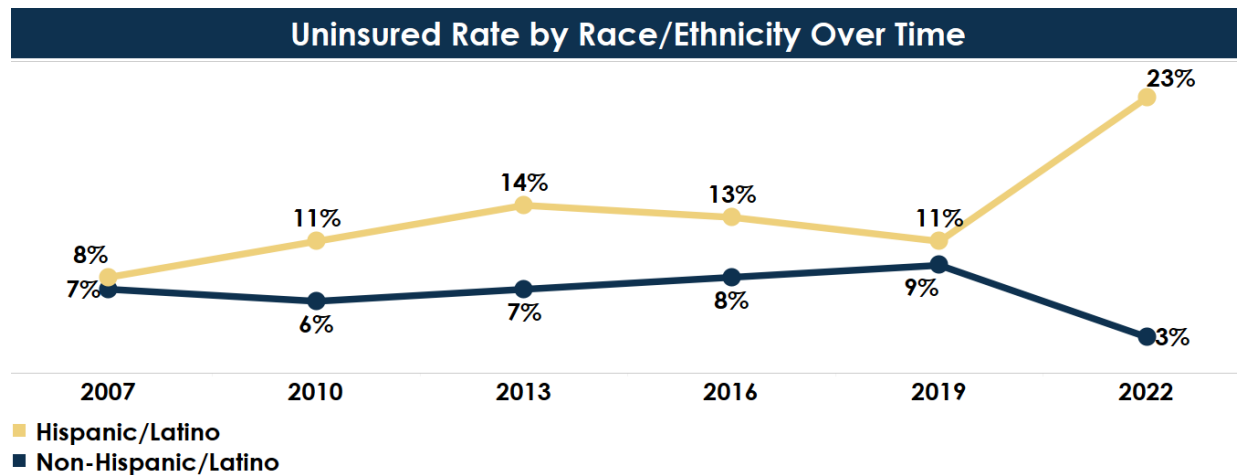
The uninsured rate for Hispanic/Latino residents was

9x the rate

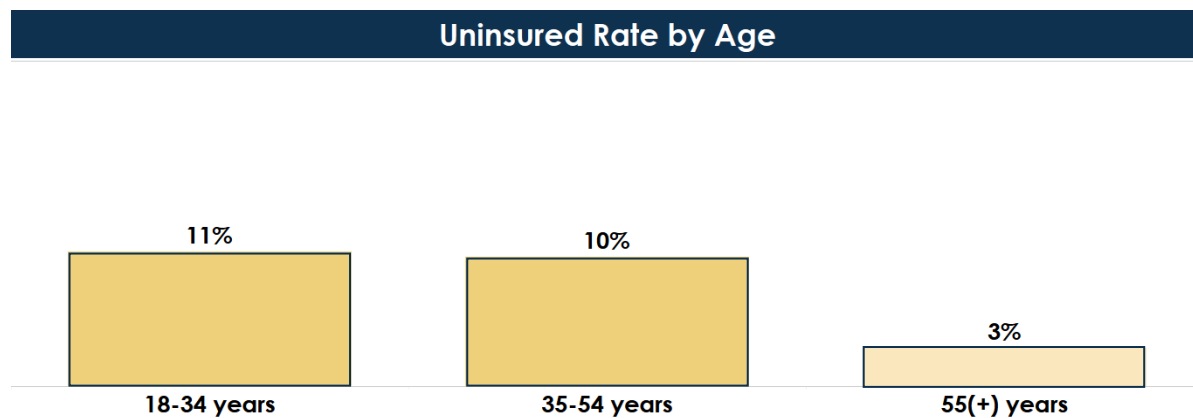
for non-Hispanic/Latino residents



In 2022, over 18,000 adults did not have health insurance in Weld County. Overall, the gap between the percent of uninsured Hispanic/Latino and White, non-Hispanic residents widened in 2022. Most of the uninsured residents were Hispanic/Latino (13,848). The uninsured rate for Hispanic/Latino residents (23.4%) was over 9 times higher than the rate for White, non-Hispanic/Latino residents (2.5%).

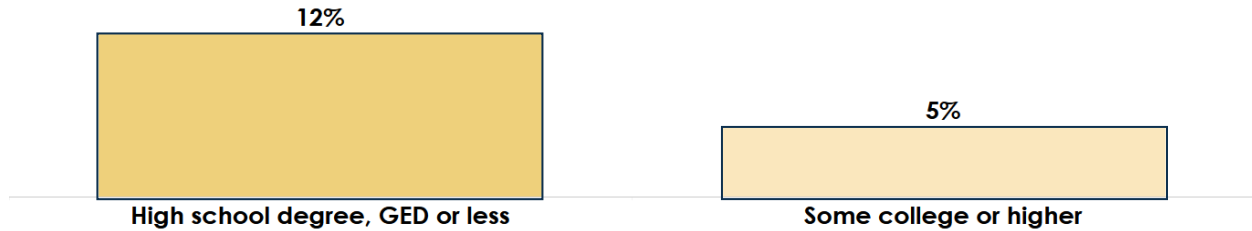


Uninsured rates were also significantly different among age groups, with a significantly lower percentage of residents reporting they were uninsured in the 55+ age group (3.1%) compared to the 18-34 age group (10.7%) and the 35-54 age group (10.4%).



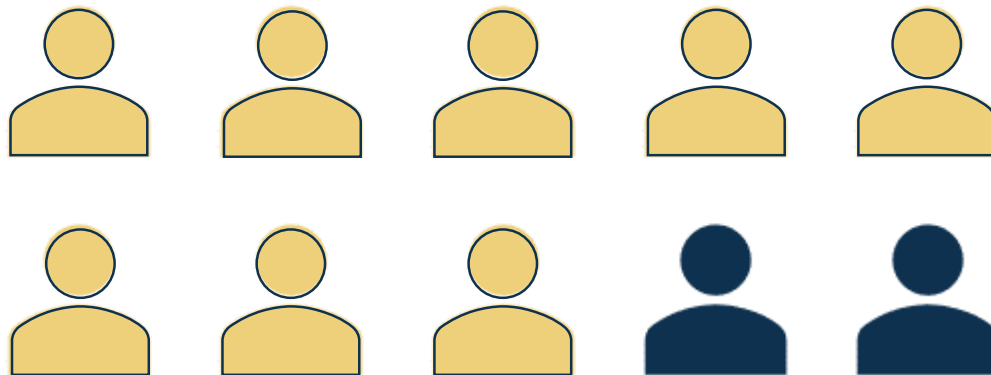
More residents with a high school degree/GED or less were uninsured (12.4%) compared to residents with some college or higher (5.3%).

Uninsured Rate by Education



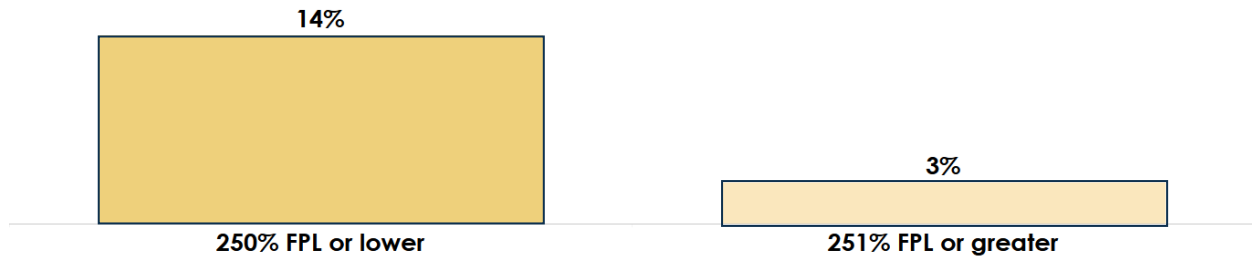
Among uninsured residents, over 8 out of 10 reported that costs being too high was their reason for not having insurance.

About 8 in 10 Uninsured Residents Reported Not Having Insurance Due to Cost



Around 16.0% of Weld County adults who live in households at or below 138% federal poverty level (FPL) did not have health insurance, accounting for about 6,800 of uninsured adult residents. Around 13.2% of adults who live in households at 139% - 250% FPL did not have health insurance, accounting for about 7,200 uninsured adult residents. Around 3.2% of adults who live in households above 250% FPL did not have health insurance, accounting for about 4,200 uninsured adult residents. The middle- and low-income groups (250% FPL and lower) make up the majority of uninsured residents, emphasizing the need for increased insurance availability for adults in this income range.

Uninsured Rate by Income



Among uninsured residents, the top reasons for not having insurance were reported to be high cost (80.9%), a lack of insurance offered by their employer (22.0%), a lost job/changed employer (17.6%), and not needing insurance due to being in good health (17.5%).

Regular Source of Care

In the 2022 CHS, residents were asked if they had one person they think of as their personal doctor or health care provider.

Residents without One Person as Primary Healthcare Provider

Do NOT have a Primary Healthcare Provider	
Countywide	25%
Gender	
Female	25%
Male	25%
Age	
18-34	41%
35-54	27%*
55+	11%*
Race/Ethnicity	
Hispanic/Latino, any race	37%*
Other race, non-Hispanic/Latino	34%*
White, Non-Hispanic/Latino	20%
Education Level	
Some college or higher	24%
High school degree, GED, or less	27%

Income Level ¹	
Above 250% FPL	18%
At or under 250% FPL	35%*
Region	
Greeley/Evans	30%
Rural (North/Southeast)	20%
Urban Corridor/Southwest	23%

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

*Statistically significant finding compared to reference category at $p < 0.05$. Reference categories include 18-34 years, male, white non-Hispanic/Latino, some college or higher, above 250% FPL, and Greeley/Evans.

About 1 in 4 Weld County residents (25.1%) did not have one person they think of as their personal doctor or health care provider.

About **1** in **4** Reported Not Having a Regular
Healthcare Provider

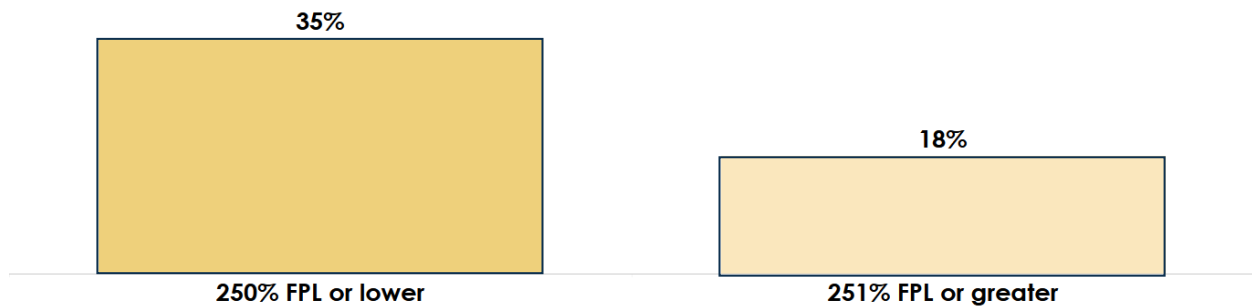


d A significantly higher percentage of uninsured residents were without a regular source of care (67.4%) compared to insured residents (21.9%); however, this percentage decreased from 72% in 2019 (more uninsured residents in 2022 had a regular source of care than in 2019).

The percentage of people that did not have one person they think of as their personal doctor or healthcare provider was about 2 times greater for residents with a household income at or below 250% of the Federal Poverty Level (35.3%) compared to residents with a household income above 250% FPL (17.7%).

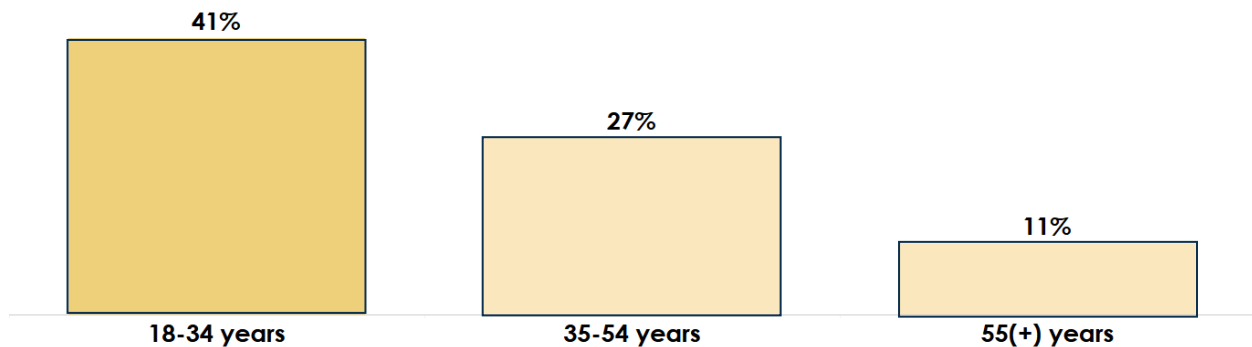
The percentage of uninsured residents who had a regular source of care **increased** between 2019 and 2022 in Weld County

Residents without Healthcare Provider by Income



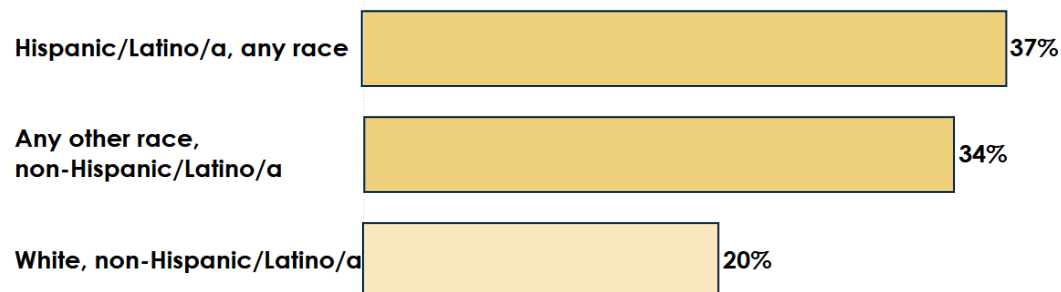
A significantly higher percentage of residents aged 18-34 years (41.5%) reported not having one person they think of as their personal doctor or healthcare provider compared to residents aged 35-54 years (26.5%) and 55+ years (10.7%).

Residents without Healthcare Provider by Age



Also, a significantly higher percentage of Hispanic/Latino residents (36.7%) reported not having one person they think of as their personal doctor or healthcare provider compared to White, non-Hispanic/Latino residents (20.4%).

Residents without Healthcare Provider by Race/Ethnicity



Delayed Care

Almost 1 in 3 (32.1%) of Weld County residents reported that they delayed or went without needed healthcare during the past 12 months on the 2022 CHS.

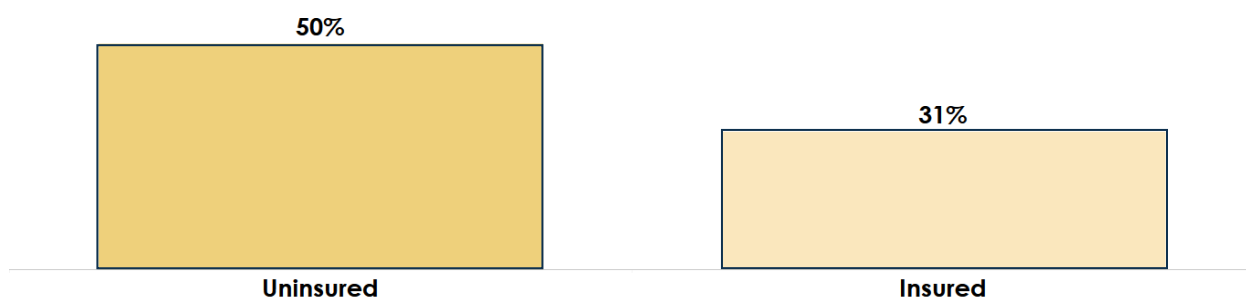
Residents that Delayed Needed Care in the Past 12 months	
	Delayed care in past 12 months
Countywide	32%
Gender	
Female	34%
Male	29%
Age	
18-34	43%
35-54	32%*
55+	24%*
Race/Ethnicity	
Hispanic/Latino, any race	32%
Other race, non-Hispanic/Latino	38%
White, Non-Hispanic/Latino	32%
Education Level	
Some college or higher	33%
High school degree, GED, or less	30%
Income Level ¹	
Above 250% FPL	26%
At or under 250% FPL	40%*
Region	
Greeley/Evans	32%
Rural (North/Southeast)	29%
Urban Corridor/Southwest	33%

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

*Statistically significant finding compared to reference category at $p < 0.05$. Reference categories include 18-34 years, male, white non-Hispanic/Latino, some college or higher, above 250% FPL, and Greeley/Evans.

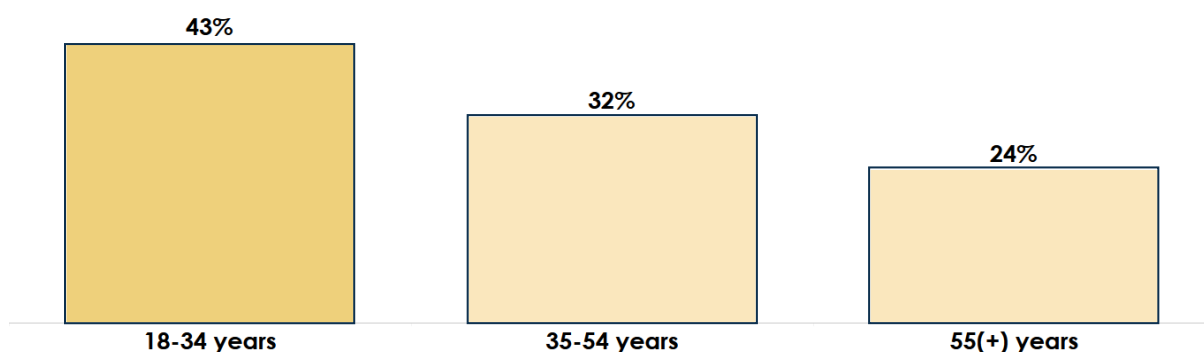
A higher percentage of uninsured residents (50.2%) compared to insured residents (30.6%) reported that they delayed care in the previous 12 months.

Delayed Care by Insurance Status



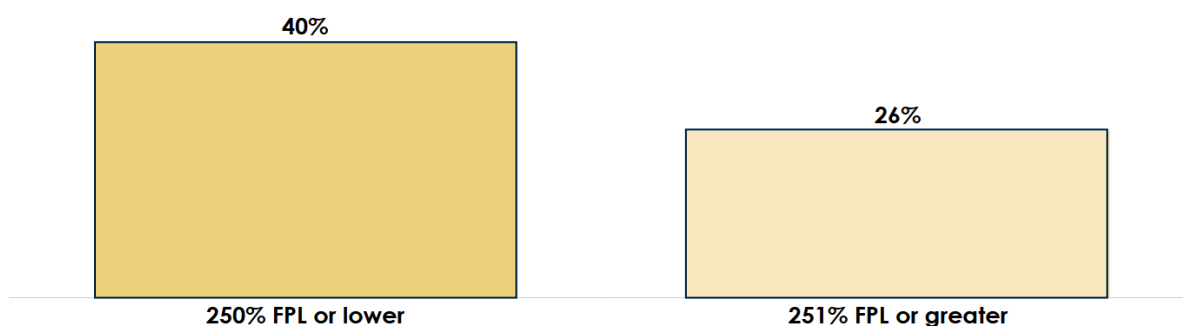
A higher percentage of younger residents aged 18-34 (43.3%) reported delaying care in the past 12 months compared to residents aged 35-54 (31.9%) and residents aged 55+ (23.5%).

Delayed Care by Age



A higher percentage of residents with a household income at or below 250% of the Federal Poverty Level (40.1%) reported delaying care compared to those with a household income above 250% of the Federal Poverty Level (26.2%).

Delayed Care by Income



A Look into Multiple Identities, Intersectionality – Delayed Care

Looking at the multiple identities Weld County residents may experience together can better explain the complex experiences of residents. While a significantly higher percentage of lower income residents reported delaying care, the trend was similar when looking at income groups for different races/ethnicities. A significantly higher percentage of Hispanic/Latino residents with a household income at or below 250% FPL reported delaying care compared to Hispanic/Latino residents with incomes above 250% FPL (39.3% vs 16.0%). Also, a significantly higher percentage of White, non-Hispanic/Latino residents with a household income at or below 250% FPL reported delaying care compared to White, non-Hispanic/Latino residents with incomes above 250% FPL (40.6% vs 27.5%).

For those residents that delayed care, nearly half (49.5%) cited cost as the reason, making it the top reason for delaying care.

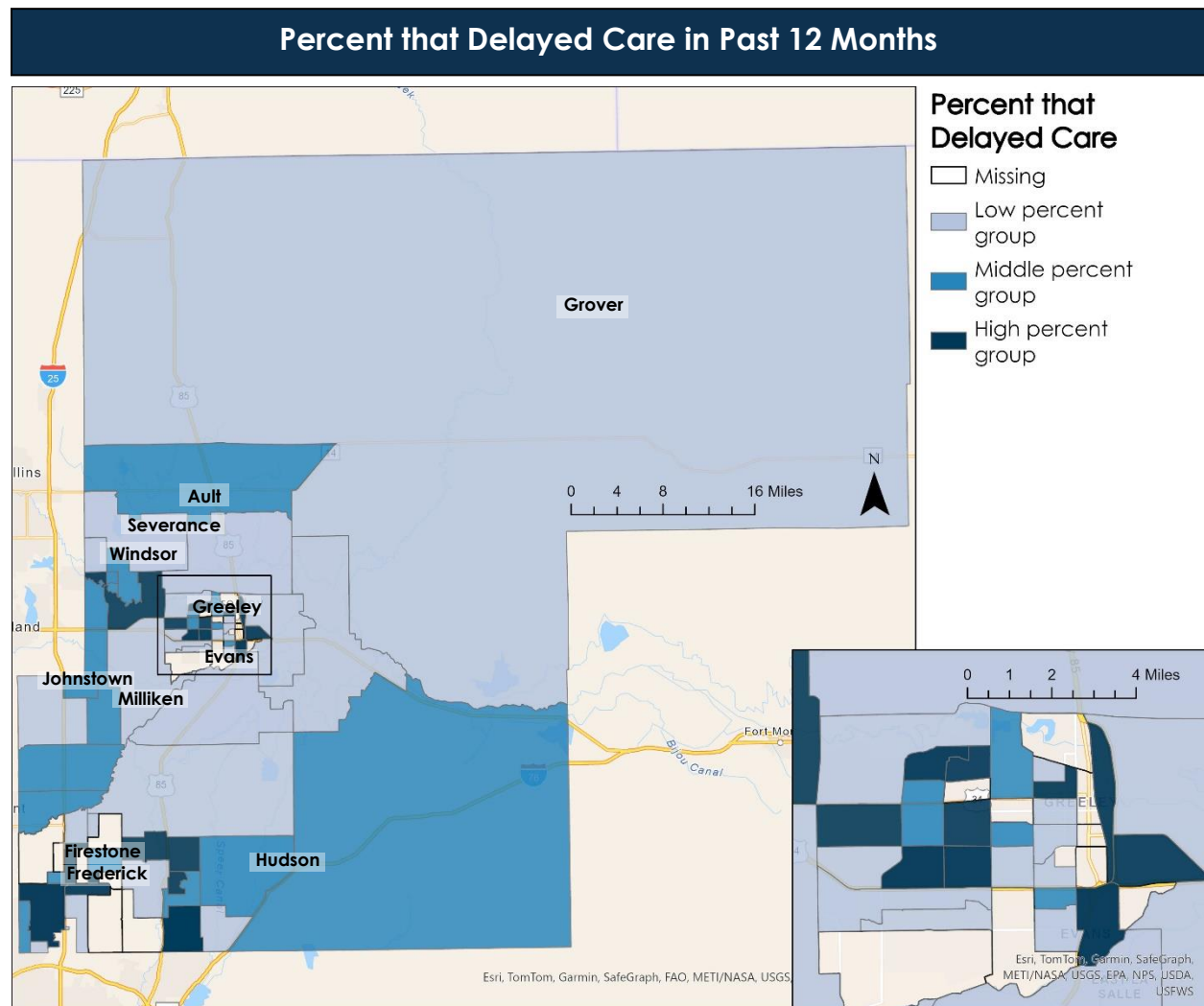
About **1** in **2** Reported Delaying Care Due to
Cost



However, the percentage of residents that delayed care due to cost differed based on income group. Over half (58.0%) of residents earning a household income of 250% of the Federal Poverty Level or below that delayed care cited cost as the reason, while 39.9% of residents earning a household income above 250% that delayed care cited cost as the reason. Following cost, residents' top reasons for delaying care were not having a convenient time/available appointment (36.6%), not being able to take time off work (23.4%), not having their problem covered by insurance (16.7%), and not having insurance (15.5%).

Analysis of 2022 CHS data did not reveal statistically significant differences in rates of delaying care by region of the county (regions combining multiple census tracts). The map below shows census tracts grouped into three categories: tracts with the lowest percentages of residents delaying care, a middle group, and tracts with the highest percentages of residents delaying

care. The absence of exact percentages in the map above guards against close comparisons of census-tract level data for which significance testing was not completed. The map offers a view, however, of concentrations of tracts in the Greeley/Evans area and south Weld County which generally had the highest rates of delaying needed care. Some census tracts in these areas are missing due to a low response rate.



Maternal and Child Health

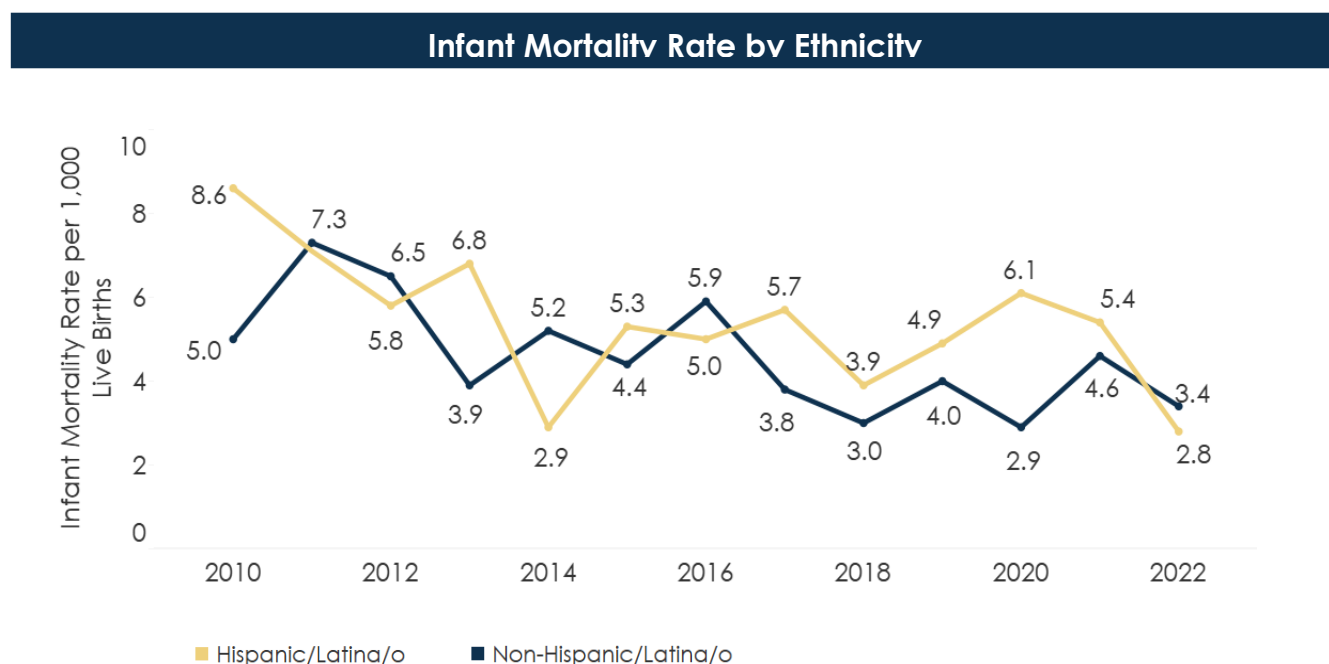
Having a healthy pregnancy is integral to the health of women, infants, and families. In 2022, the total number of live births to women in Weld County was

4,751. The crude birth rate for all Weld County women, including adolescent girls, was 31.4 per 1,000; this rate is similar to the previous 5 years. Weld County had Colorado's second-highest birth rate in 2022, following only Morgan County (32.7 per 1,000).

Infant and Maternal Mortality

Infant Mortality

Infant mortality is defined by the CDC 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. While infant mortality in Weld County was higher in Hispanic/Latino infants compared to non-Hispanic/Latino from 2017 through 2020, that trend changed in 2021 and 2022. In 2022, the rate of infant mortality in Hispanic/Latino infants (2.8 per 1,000 live births) was similar to that of non-Hispanic/Latino infants (3.4 per 1,000 live births).



Maternal Mortality

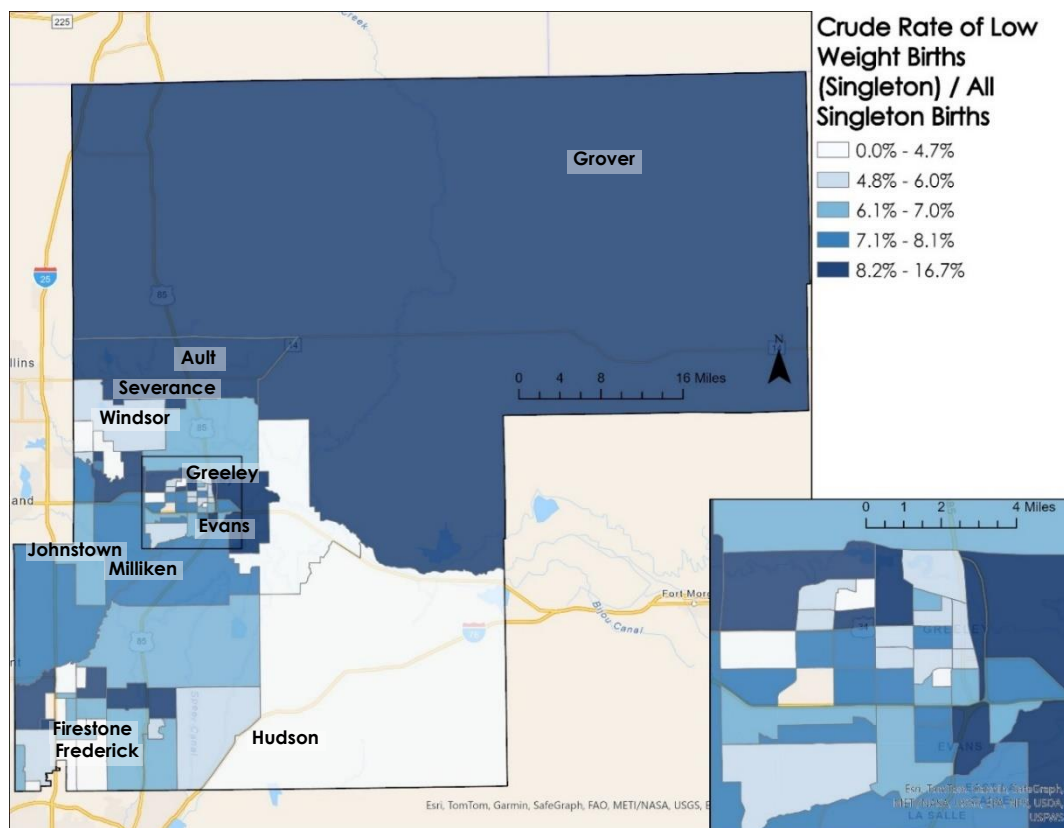
Between 2013 and 2022, there were 7 maternal deaths during pregnancy, childbirth, and the puerperium period (six weeks after birth) in Weld County. This is similar to neighboring counties, including Larimer County (7 deaths) and Adams County (7 deaths). Due to the small number of deaths and limited data, maternal mortality cannot be examined beyond counts.

Low Birth Weight

Low birth weight babies have an increased risk of infant mortality, respiratory disorders, and neurological problems. In 2022, 9.3% of live births, or 440 infants, were born with low birth weight (defined as weighing less than 2,500 grams) and 1.2% of infants were born at a very low birth weight, defined as weighing less than 1,500 grams. The percent of infants born in Weld County in 2022 with a low birth weight was similar across Hispanic/Latino and non-Hispanic/Latino groups, as well as by education and income levels.

The percent of infants born at a low birth weight **increased** from 8.8% in 2020 to 9.3% in 2022

Crude Infant Low Birth Weight Rates

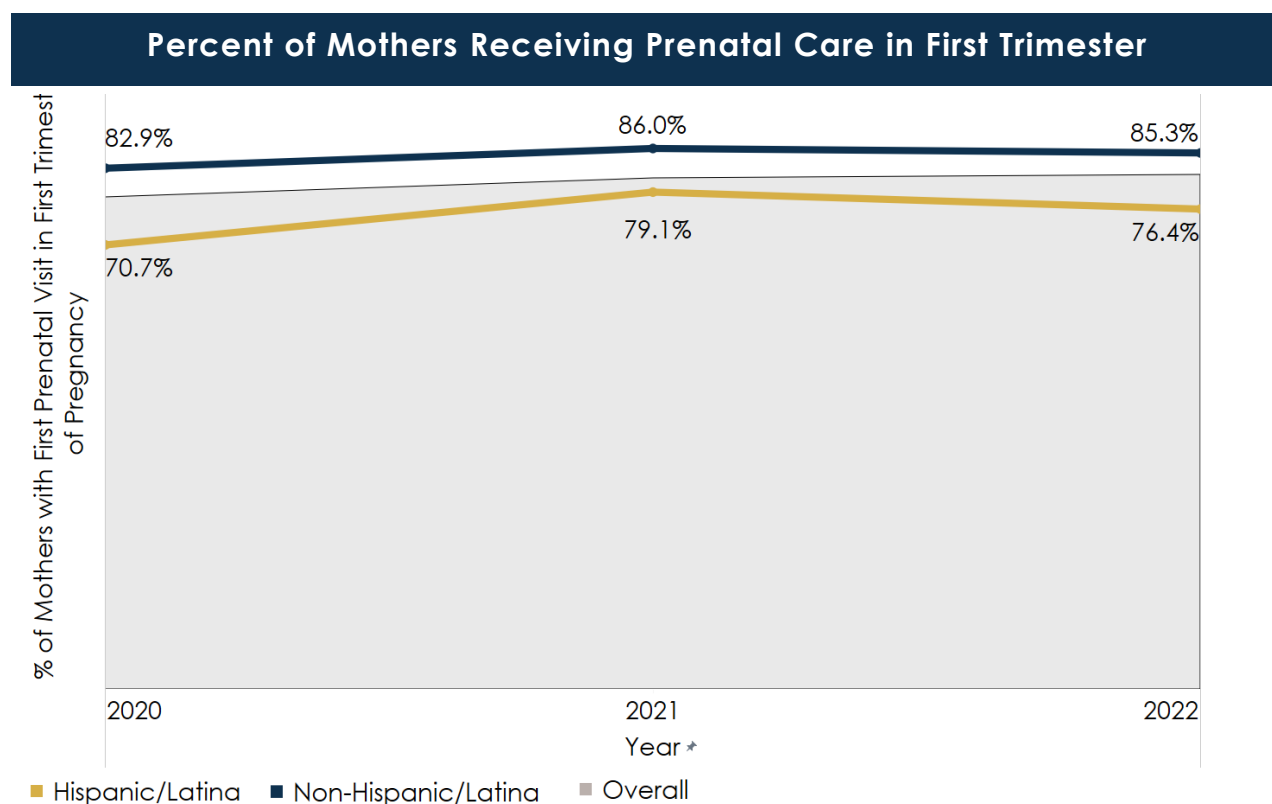


The central portion of the county, near and around Greeley, along with the Windsor/Severance area, and northern Weld experienced the highest

percentage of infants born with a low birth weight compared to other areas of the county between the years of 2015 and 2019.¹¹

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 2022, 81.9% of



Weld County mothers sought prenatal care in the first trimester, up from 78.2% in 2020. The percentage who did not receive any prenatal care was 2.3% in 2022.

In Weld County, a lower percentage of Hispanic/Latina mothers initiated prenatal care in the first trimester compared to non-Hispanic/Latina mothers in 2022 (74.7% vs. 84.8%). While the rate of Hispanic/Latina mothers receiving first trimester care is at its highest since 2010, it is important to note that the gap in rates of early prenatal care initiation between Hispanic/Latina and non-Hispanic/Latina mothers appeared to widen from 2021 to 2022.

¹¹ Data are from 2015-2019 via the CDPHE Health Equity Map Series, most recent data. Section is based on the same data as 2021 report.

Breastfeeding

There were 4,631 infants born in a hospital setting in 2022, representing 97.4% of live births in Weld County that year. Among them, 91.5% were breastfeeding at the time of discharge from the hospital. Breastfeeding at discharge among hospital-born infants was slightly lower among those born to Hispanic/Latina mothers (89.8%), compared to non-Hispanic/Latina mothers (92.6%). Women with lower levels of educational attainment (a high school diploma/GED or less than a high school education) also had lower rates of breastfeeding their infants at hospital discharge (87.1%) compared to those who had completed some college or attained a degree (94.2%).

Built 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.

Housing			
	Unstable Housing	Double Up	Rent/Mortgage Burden
Countywide	9%	15%	33%
Gender			
Male	8%	13%	27%
Female	11%	17%	38%*
Age			
18-34	14%	14%	40%
35-54	8%	13%	35%
55+	7%	19%	25%*
Race/Ethnicity			
White, Non-Hispanic/Latino	6%	13%	28%
Hispanic/Latino, any race	21%*	22%*	44%*
Other race, non-Hispanic/Latino	3%	11%	39%
Education Level			
Some college or higher	4%	13%	31%

High school degree, GED, or less	18%*	19%	35%
Income Level ¹			
Above 250% FPL	3%	9%	24%
At or under 250% FPL	18%*	24%*	45%*
Region			
Greeley/Evans	15%	20%	37%
Rural (North/Southeast)	7%*	13%*	30%
Urban Corridor/Southwest	5%*	12%*	30%

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

*Statistically significant finding compared to reference category at $p < 0.05$. Reference categories include 18-34 years, male, white non-Hispanic/Latino, some college or higher, above 250% FPL, and Greeley/Evans.

Housing Costs and Wages

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. Between 2019 and 2022, this trend had slowed with gross rent increasing by 17% while estimated median household income increased by 16% (ACS estimates).

Unstable Housing

With Weld County's expected population growth to more than 597,000 residents by 2050, housing options and affordability are significant concerns for all Weld County residents, but especially low- to moderate-income earners. As part of the 2022 Community Health Survey (CHS), Weld County residents were asked if they had been living in stable housing in the 2 months prior to being surveyed. Countywide, nearly 1 in 10 (9%) adult residents reported they had an unstable housing situation.

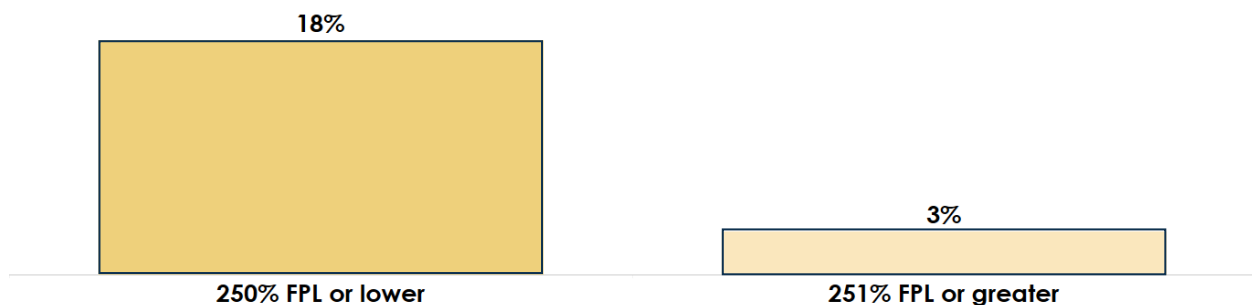
About 1 in 10 Reported Unstable Housing



6x as many low-income residents) reported unstable housing compared to residents with higher incomes

A higher percentage of residents who were low income (at or below the 250% FPL) reported having unstable housing; 18% of low-income residents reported unstable housing compared to 3% of residents above the 250% FPL.

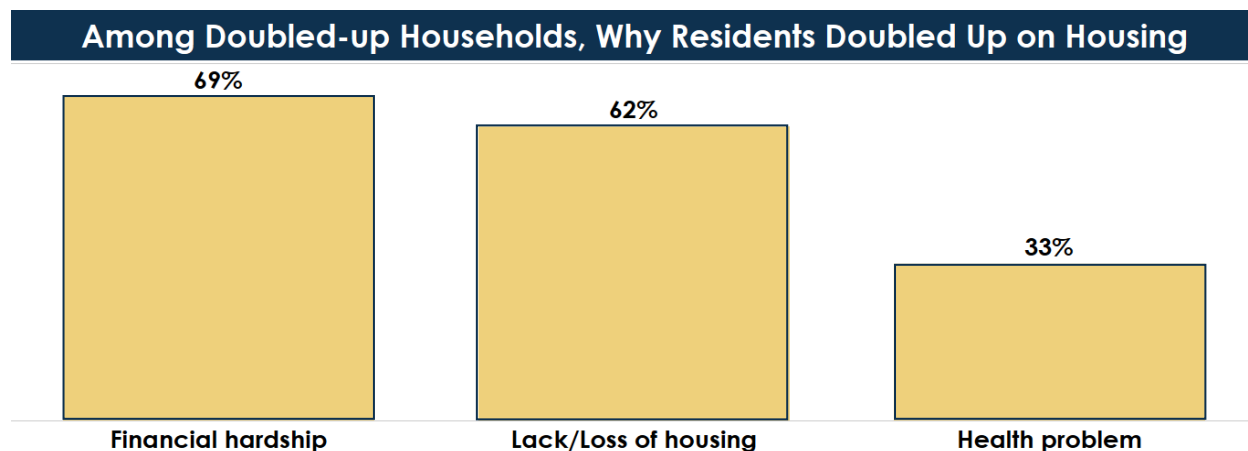
Unstable Housing by Income



Doubling Up

“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, about 1 in 5 residents provided temporary housing to another person (19%). Residents were asked why they provided housing to

another person. Of the residents who reported providing temporary housing to another person, 33.4% did so because of a health problem, 62.5% because of loss of housing, and 69.2% because of financial hardship (respondents were able to report multiple reasons for offering temporary housing). A higher percentage of low-income residents reported doubling up compared to residents with higher incomes.

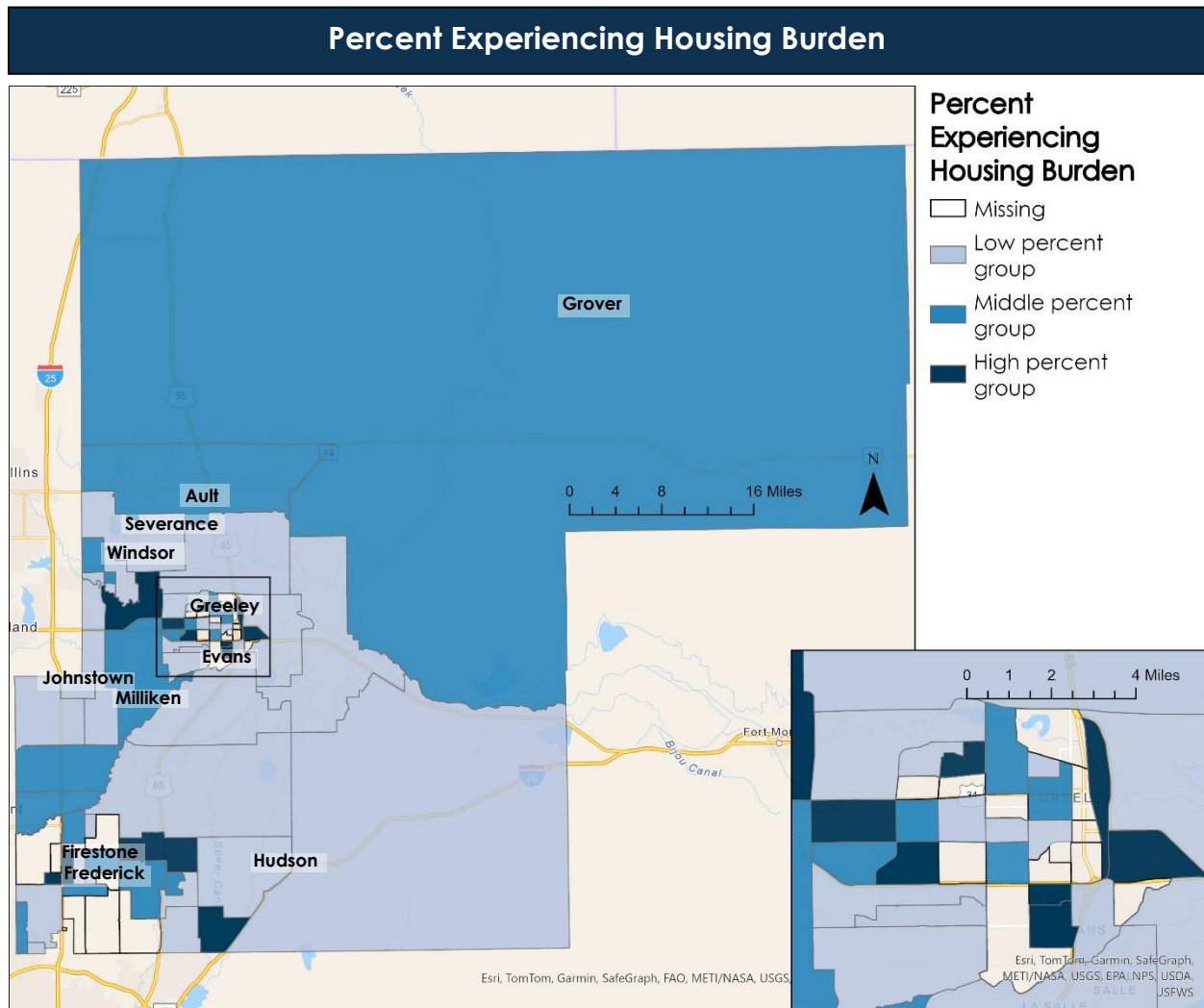


Housing Cost Burden

Roughly 13.0% of Weld County adults reported usually or always being worried about paying their rent or mortgage. Nearly 3 in 10 residents living at or below the 100% FPL were usually or always worried or stressed about paying rent or mortgage (28.6%) compared to 1 in 10 residents with higher incomes (10.7%).

The burden of housing costs impacts many Weld residents; 1 in 3 said they spend more than 30% of their household income on rent/mortgage and utilities (cost burdened). While 4 in 10 renters reported being housing cost burdened, it is notable that this was also true for 3 in 10 homeowners.

4x as many residents at or below the 100% FPL reported unstable housing compared to residents with incomes above the 100% FPL



Analysis of 2022 CHS data did not reveal statistically significant differences in rates of residents experiencing housing cost burden by region of the county (regions combining multiple census tracts). The map above shows census tracts grouped into three categories: tracts with the lowest percentages of residents experiencing housing cost burden, a middle group, and tracts with the highest percentages of residents experiencing housing cost burden. The absence of exact percentages in the map above guards against close comparisons of census-tract level data for which significance testing was not completed. The map offers a view, however, of concentrations of tracts in the Greeley/Evans area and south Weld County which generally had the highest rates of residents experiencing housing cost burden. Some census tracts in these areas are missing due to a low response rate.

Food Access

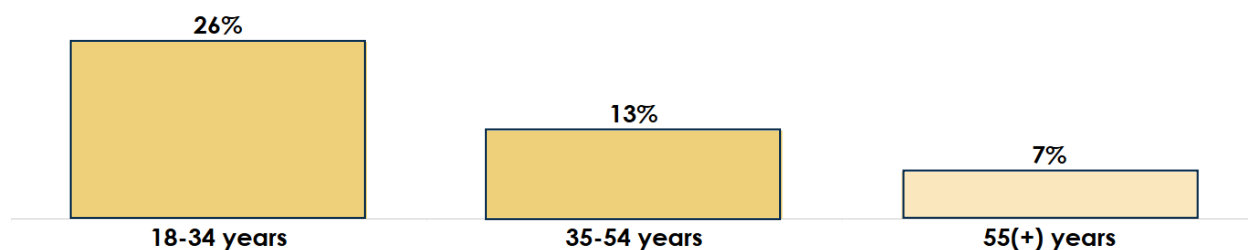
Food insecurity, defined as limited or uncertain availability of nutritionally adequate foods, has been associated with chronic diseases, heart disease, and depression. The 2022 CHS asked residents if they had been worried or stressed about having enough money to buy nutritious meals in the past year and if they needed food or meal assistance. Across the county, 15.3% of residents were



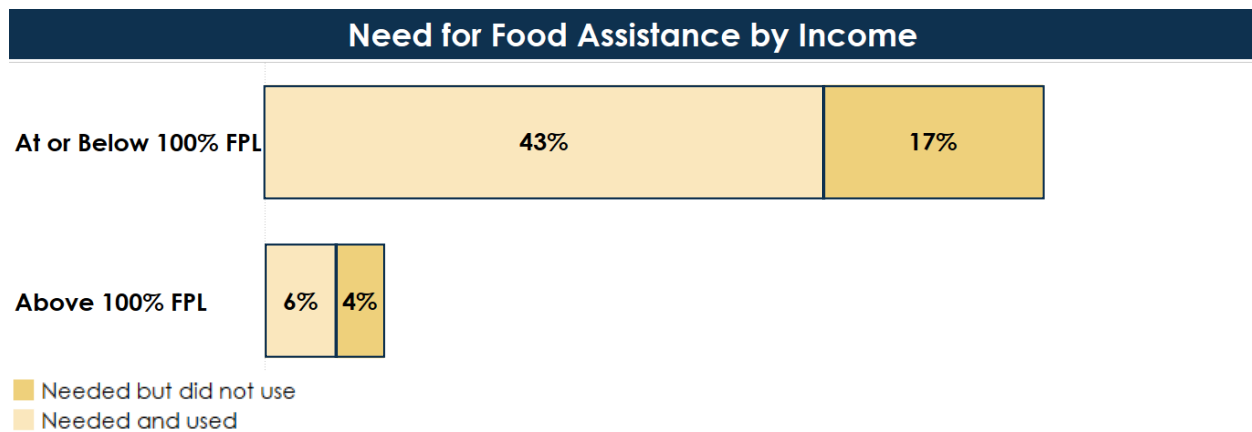
usually or always worried about having enough money to buy nutritious meals in the past year (a finding consistent with 2019 CHS data), and 15.0% reported needing food or meal assistance in the past year. The need for food or meal assistance among residents with household incomes at or below 100% FPL rose 17% from 2019 to 2022. According to the USDA, about 8.9% of Colorado households experienced food insecurity between 2020 and 2022.

Concern varied by age group; roughly 1 in 4 (26.5%) residents aged 18-34 were usually or always worried about affording nutritious food compared to 13.2% of those aged 35-54 and 7.0% of those aged 55 or older.

Always/Usually Stressed about Affording Nutritious Food by Age



Need for food assistance was significantly different between income groups. Residents at or below 100% FPL had significantly higher percentages of 43% needing and using food assistance and 17% needing but not using food assistance compared to 6% needing and using food assistance and 4% needing and not using food assistance for residents above 100% FPL.

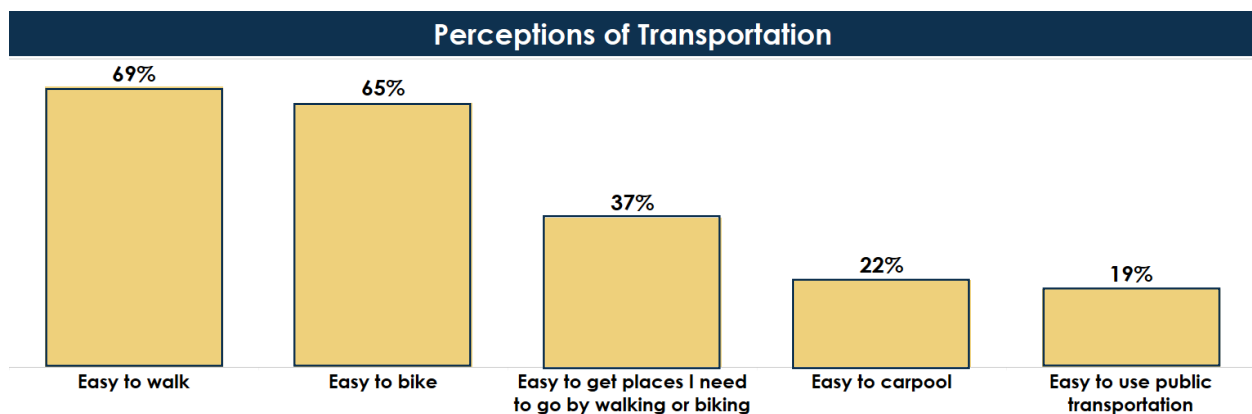


The Greeley/Evans area had the highest percentage of residents in need of food or meal assistance (22.3%).

Physical Environment

Active and Public Transportation

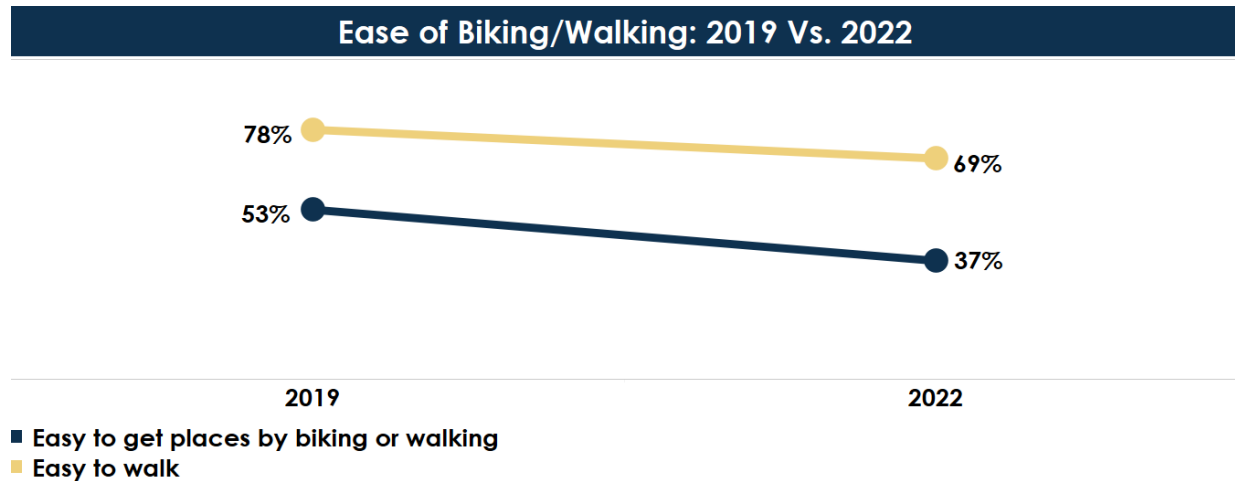
Walking, biking, and other forms of active transportation can provide affordable opportunities to exercise as part of a daily routine. The availability of active transportation can increase travel options in a community and potentially reduce traffic congestion and air pollution. The 2022 CHS asked residents about concerns related to active transportation and agreement that it is easy to get around their communities by walking or biking. More than 1 in 3 residents (34.8%) reported that not having enough sidewalks or trails for walking or biking was an area of concern.



Countywide, nearly 7 in 10 residents agreed it was easy to walk in their communities (69.1%), down from roughly 8 in 10 in 2019, and 65.0% of residents agreed it was easy to bike in their communities. More Hispanic/Latino residents expressed favorable attitudes towards the ease of using carpooling, public

transportation, and getting places by walking or biking. More than a third (35.8%) of Hispanic/Latino residents said they found it easy to carpool in their communities compared to 15.4% of White, non-Hispanic/Latino residents and 17.7% of non-Hispanic/Latino residents of another race. Similarly, more than a third said it was easy to use public transportation compared to 13.1% of White, non-Hispanic/Latino residents and 28.2% of non-Hispanic/Latino residents of another race. Nearly half of Hispanic/Latino residents agreed or strongly agreed that it was easy to get places they needed to go by walking or biking while closer to 1 in 3 residents from other racial/ethnic groups said the same.

The percent of residents who agreed it was possible to get to many places they needed to go by walking or biking declined from 53.3% in 2019 to 36.8% in 2022.



This varied by geography in Weld County. More residents in the Greeley/Evans and Windsor/Severance regions agreed that it was easy to get many places they needed to go by walking or biking. This highlights differences in and preferences of the built environment for residents across Weld County.

Environmental Health

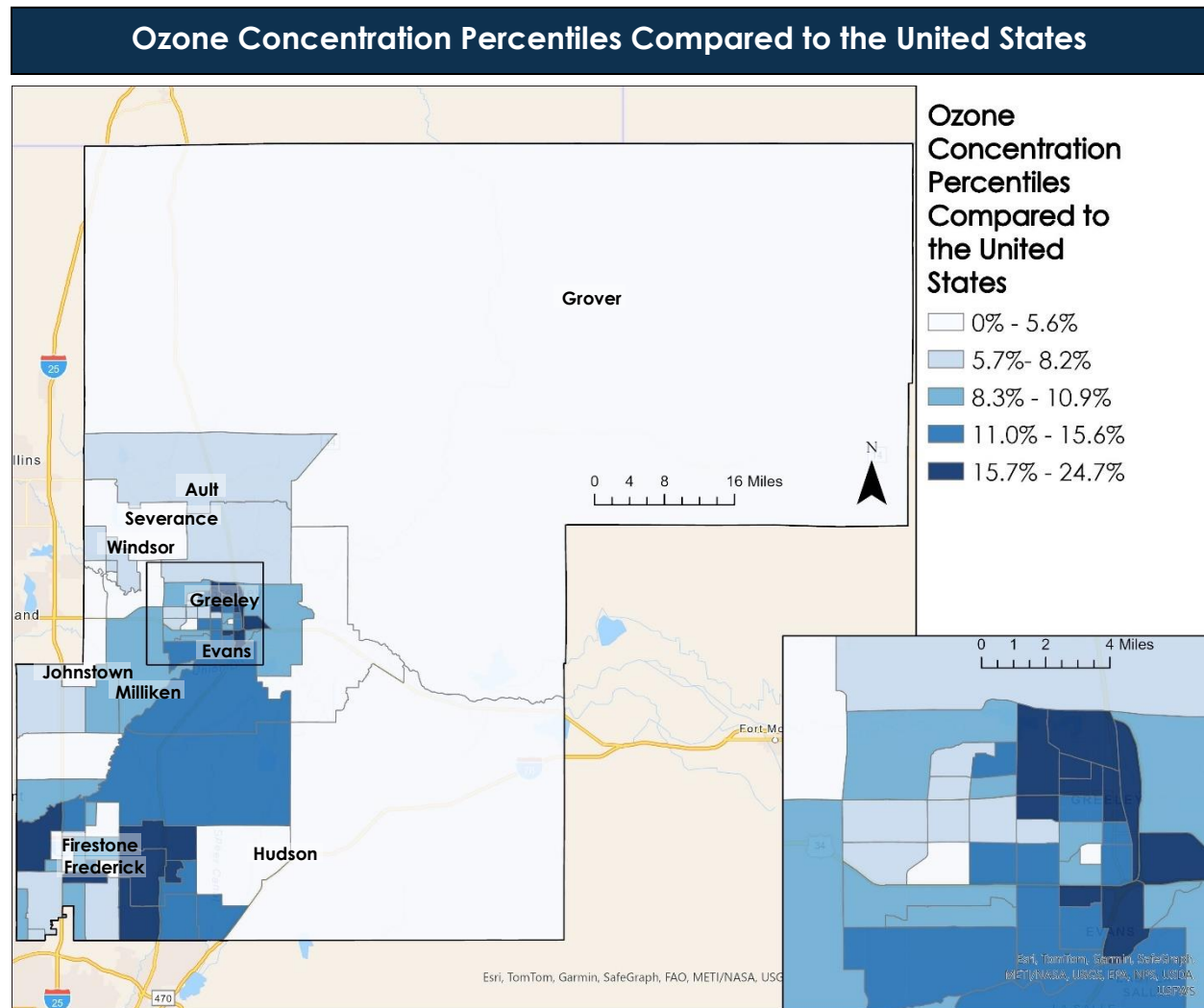
Air Quality Indicators

The presence of air pollution can cause increased risk of premature mortality and chronic diseases such as asthma, heart disease, and cancer. The following data on air pollutants (Ozone and PM 2.5 concentrations) come from the United States Environmental Protection Agency's (EPA) Environmental Justice Screening

Tool. The EPA's tool provides public geographic data on various environmental indicators across the entire United States.

Ozone Concentration

Ozone gas found at the ground level can aggravate existing respiratory conditions, as well as increase the risk of lung damage.

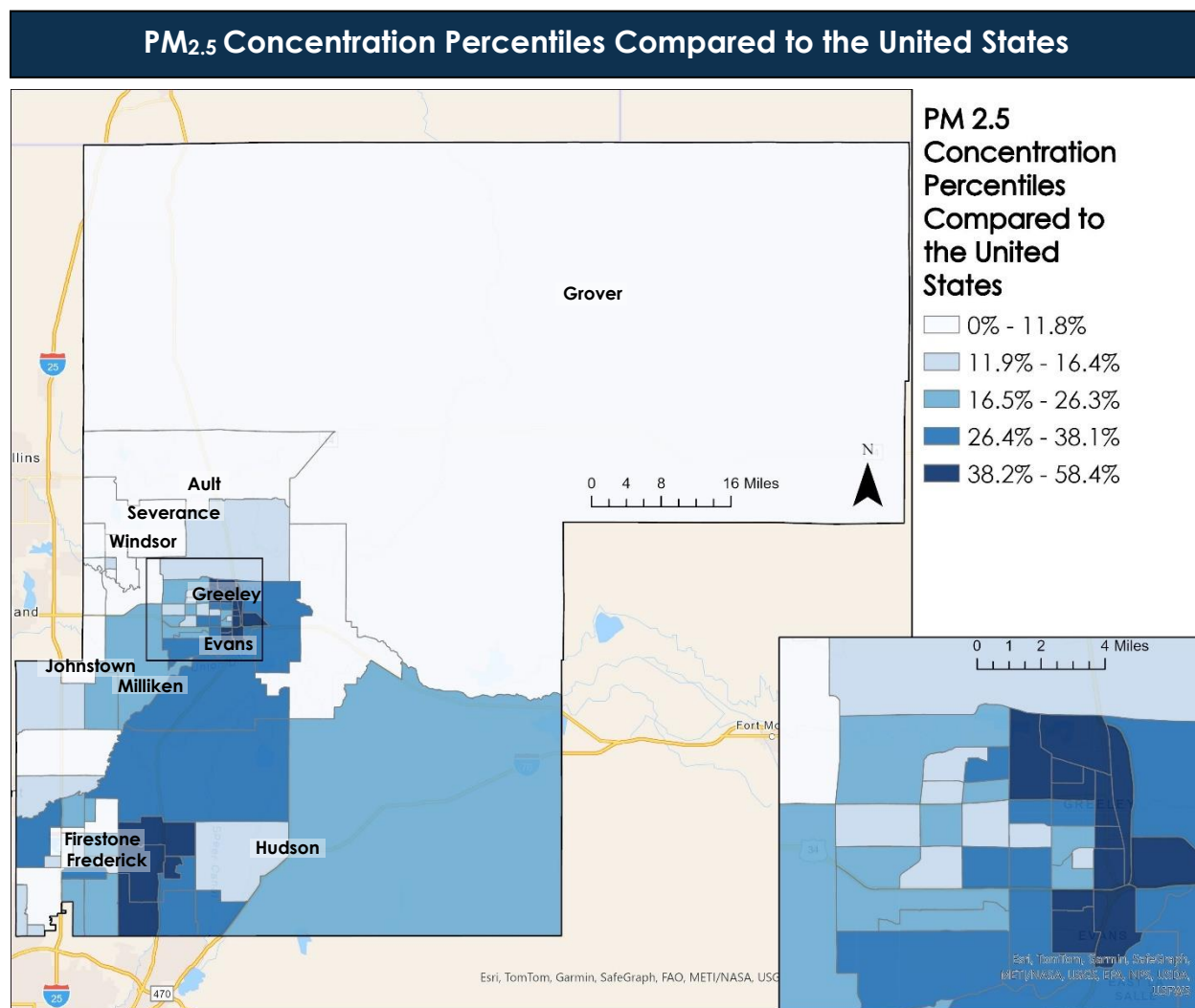


The map above shows how ozone concentrations in Weld County census tracts compare to concentrations found all over the United States. For example, the rural, northern tract containing the town of Grover has an ozone concentration that places it in the 0-5.6th percentile of US census tracts, which means somewhere between 94.4% and 100% of US census tracts have a higher ozone concentration than the tract containing Grover. While the percentiles only allow a comparison to the national numbers and do not define areas that have “good” or “bad” air quality, they provide a look at which areas in Weld County

have lower amounts of a particular air pollutant. Areas around the Greeley/Evans region, as well as regions in the southern part of the County tended to have higher concentrations of ozone.

PM_{2.5} Concentration

Particulate matter that is 2.5 micrometers or smaller (PM_{2.5}) are small particles present in the air that can be inhaled and can even enter the blood stream, causing increased risk of lung and heart damage.



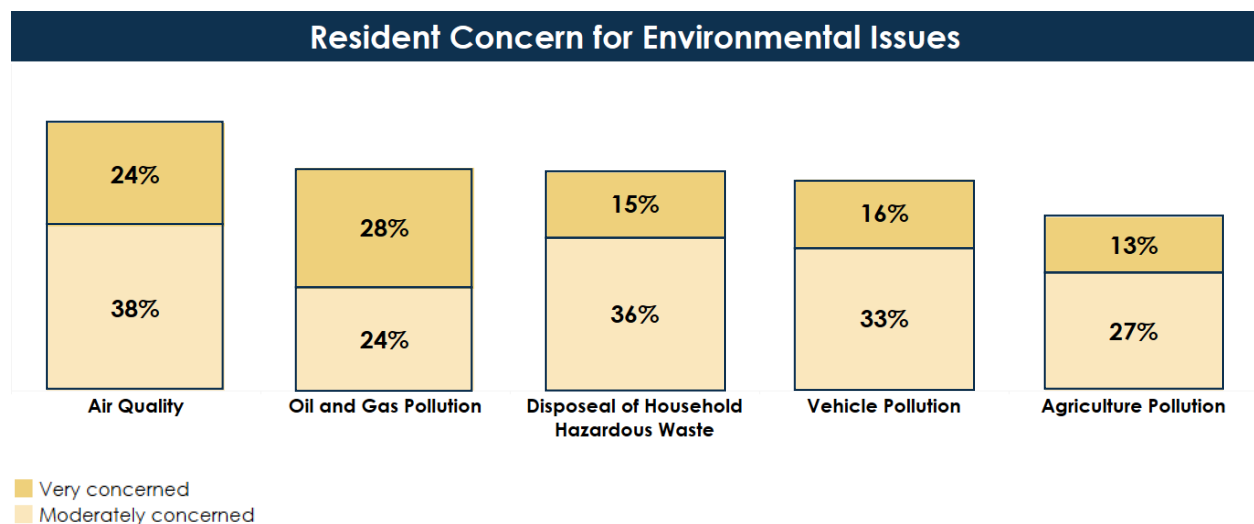
Similar to the ozone map, the map above shows how PM_{2.5} concentrations in Weld County census tracts compare to concentrations found all over the United States. While the percentiles only allow a comparison to the national numbers and do not define areas that have “good” or “bad” air quality, they provide a

look at which areas in Weld County have lower amounts of a particular air pollutant. Areas around the Greeley/Evans region, as well as regions in the southern part of the County tended to have higher concentrations of PM_{2.5}.

Environmental Health Concerns

Concern regarding selected environmental health issues was assessed in the 2022 CHS. Residents were asked to rate their level of concern for a set of environmental issues. Residents' top concern was the level of outdoor air quality; 62.0% of residents said they were moderately or very concerned with the issue.

More than half of residents (50.7%) said they were concerned or very concerned about the disposal of household hazardous waste in landfills. Sources of pollution also concerned many residents; 51.8% said they were concerned or very concerned about pollution from oil and gas activities, while 49.0% expressed concern about pollution from vehicles, and 40.4% said they were concerned about pollution related to agricultural activities.



A note on accessing air quality information: Although the top environmental health concern for residents in the 2022 CHS was the air quality in their community, the vast majority of residents reported it is easy for them to get air quality information when they want it. Specifically, 83.6% of residents in Weld County reported that it was easy for them to get air quality information when they wanted it, with residents reporting they most often get air quality information from news/weather forecasts or an app on their phone. Of the 16.4% of residents who said it is not easy to find air quality information, residents indicated that they don't know where to find air quality data for their specific area.

84% of residents in Weld County reported that it was easy for them to get air quality information when they wanted it

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 2018 to 2022, the top three reported enteric diseases in Weld County were Campylobacteriosis, Salmonellosis, and STEC (Shiga toxin-producing *Escherichia coli*), accounting for over 1,000 reported cases.

Top Three Reported Enteric Diseases (Reported Cases)

Campylobacteriosis	496
Salmonellosis	336
STEC	198

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

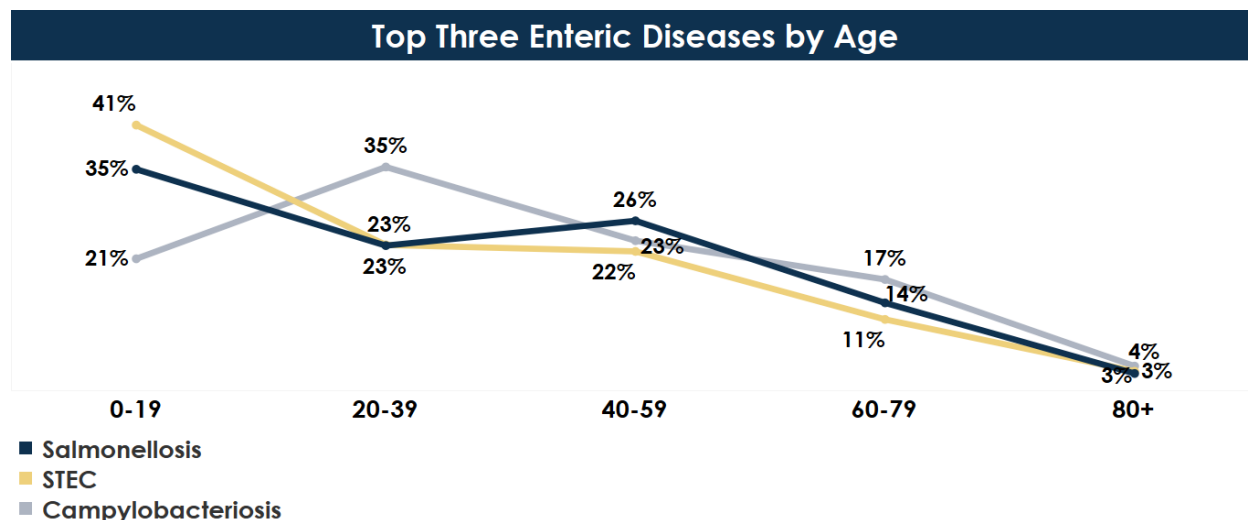
The disease Campylobacteriosis, caused by the bacteria campylobacter, is spread when a person or animal eats microscopic amounts of an infected animal's or person's feces. It is commonly found in the GI tracts of cattle, poultry, sheep, pigs, and other pets, such as birds, kittens, and puppies. Campylobacter 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.

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.

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.

Enteric Disease Demographics, Outbreaks, and Hospitalizations

The percent of reported enteric disease cases are not distributed evenly across age groups. For example, 41.4% of reported STEC cases in Weld County between 2018 and 2022 were in youth between 0-19 years, despite this age group accounting for only 29% of the population.



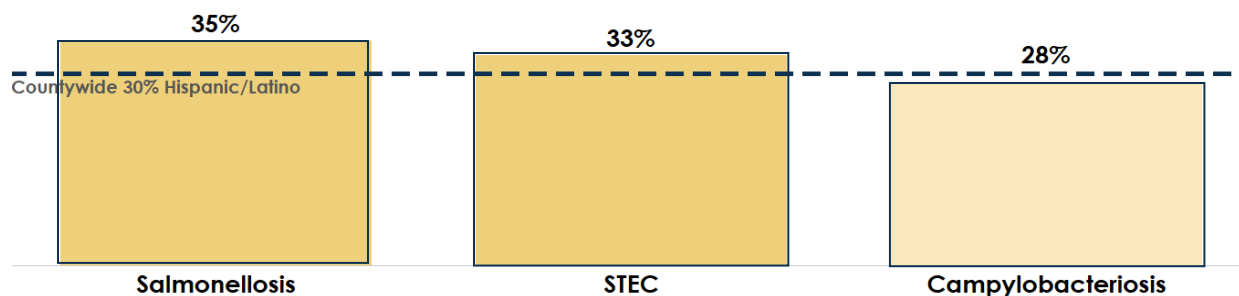
In some cases, enteric diseases can be severe enough to require hospitalization. Between 2018 and 2022 in Weld County, 15% of Campylobacteriosis, 22% of Salmonellosis, and 25% of STEC cases resulted in hospitalization during illness, representing nearly 200 hospitalizations (20% of all Campylobacteriosis, Salmonellosis, and STEC cases).

About **4 in 10**
reported STEC cases
were age 0-19
between 2018-2022

Among the top 3 enteric diseases, Hispanic/Latino residents were disproportionately represented in cases for Salmonellosis and STEC. While the Hispanic/Latino population makes up roughly 30% of the entire Weld County population, about 35.1% of reported Salmonellosis cases and 32.8% of reported STEC cases were in Hispanic/Latino residents.

Additionally, Hispanic/Latino residents were over-represented in Salmonellosis hospitalizations, with 45.1% of Salmonellosis hospitalizations occurring in Hispanic/Latino residents. Hispanic/Latino residents were also over-represented in Campylobacteriosis hospitalizations, making up 33.3% of hospitalized cases. Hispanic/Latino residents only made up 28.4% of all Campylobacteriosis cases.

Percent of Enteric Disease Cases, Hispanic/Latino



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 2018 and 2022 were Pertussis (Whooping Cough), Varicella (Chicken Pox), and Haemophilus Influenzae. From 2018 to 2022, there were 67 cases of Pertussis, 40 cases of Varicella, and 21 cases of Haemophilus Influenzae, representing 128 total cases of VPDs in the county.

Because the number of cases of each VPD were relatively low from 2018 to 2022, Pertussis, Varicella, and Haemophilus Influenzae cases have been combined to examine differences across groups in this report. By age group, these VPDs were more commonly seen in the youngest age group, those between 0 - 19 years of age. This is expected, as these diseases occur more

often in infants and children. Although nearly 92% of residents in Weld County identify as White, only about 84% of reported VPD cases were amongst White residents. Despite comprising less than 2% of Weld County's population, African American residents made up 10% of VPD hospitalizations.

Fifty percent of Weld County residents identify as female while 53% of VPD cases were reported in females; however, nearly 74% of reported hospitalized VPD cases were amongst those who identified as male.

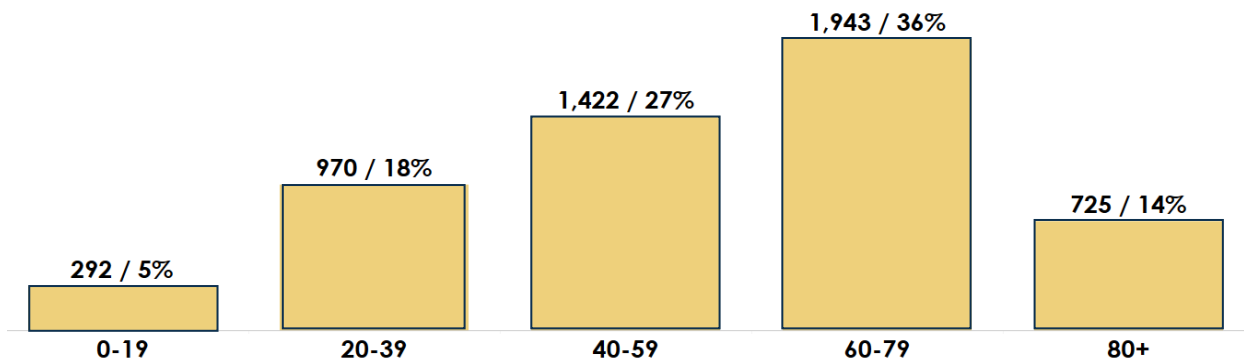
COVID-19

From March 13, 2020, to December 31, 2022, (data retrieved February 2024), Weld County had 104,376 confirmed and probable COVID-19 cases retrieved from the Colorado Electronic Disease Reporting System (CEDRS). This number underrepresents the true burden of COVID-19 among Weld County residents due to the limited availability of testing kits when the pandemic entered the United States, changes in COVID-19 reporting requirements, and the availability of at-home test kits during the pandemic. *For these reasons, this report will focus on COVID-19 hospitalization and vaccination statistics rather than case demographics.*

The number of COVID-19 hospitalizations varied by many factors, including year of hospitalization, age, race, and ethnicity. Overall, there were 5,380 hospitalized cases of COVID-19 in Weld County residents between 2020 and 2022. The lowest number of COVID-19 hospitalizations occurred in 2022 with 1,439 hospitalized cases, and the highest number of hospitalizations occurred in 2021 with 2,207 hospitalized cases. These two years represent 27% and 41%, respectively, of all hospitalized cases over the years examined.

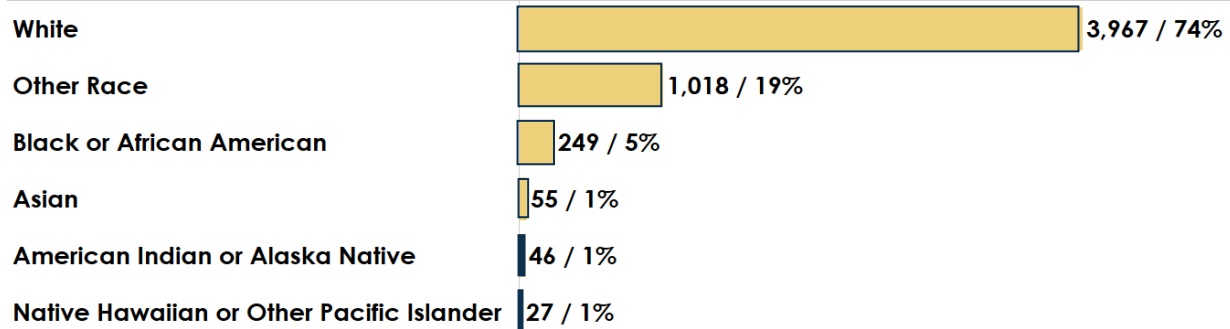
Certain age groups were disproportionately affected by COVID-19 hospitalizations. Those who were between 60 and 79 had the highest number of hospitalized cases (1,943). This represents about 36% of total hospitalizations even though this age group makes up about 16% of Weld County's total population. Those who were 80+ also had a larger number of hospitalizations: 725 hospitalizations were reported among an estimated 8,827 residents who are 80+, representing 14% of hospitalizations despite only representing 3% of the population in Weld County. On the other hand, despite making up 29% of the population, those who were between 0 and 19 only had 292 hospitalizations, accounting for about 5% of COVID-19 hospitalizations.

COVID-19 Hospitalizations by Age



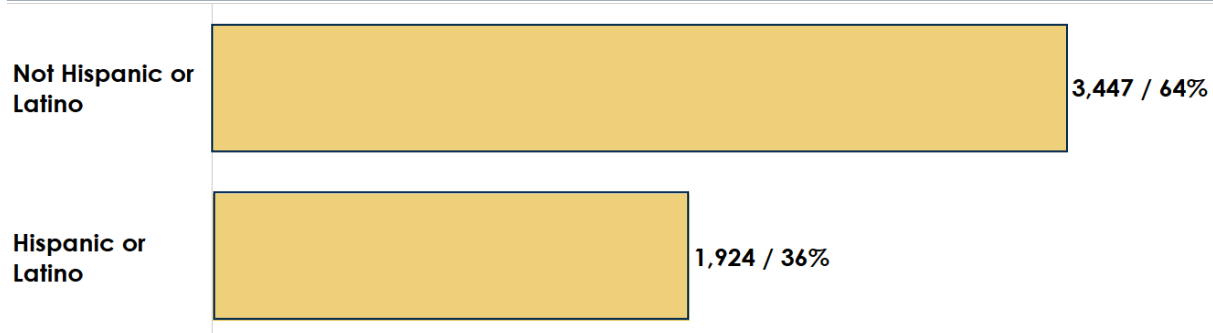
COVID-19 hospitalizations varied by race. People who identified as Black or African American represented nearly 5% (249) of COVID-19 hospitalizations despite representing 2% of the population in Weld County while 74% (3,967) of hospitalized cases identified as White even though 92% of Weld County identifies as White.

COVID-19 Hospitalizations by Race



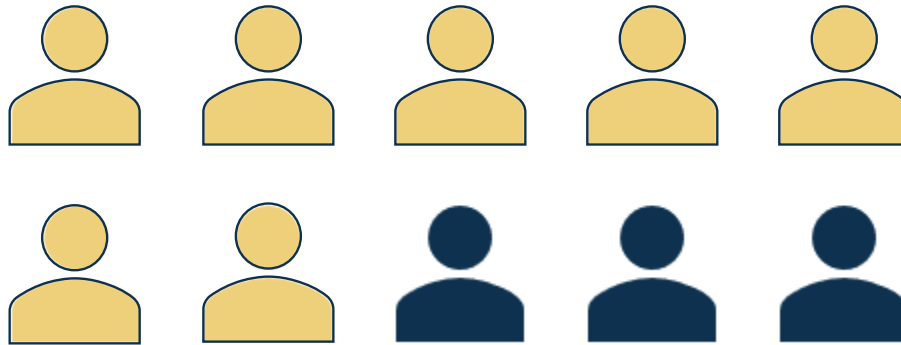
Hispanic and Latino ethnicities made up 36% (1,924) of hospitalized COVID-19 cases but comprise 31% of the county population.

COVID-19 Hospitalizations by Ethnicity



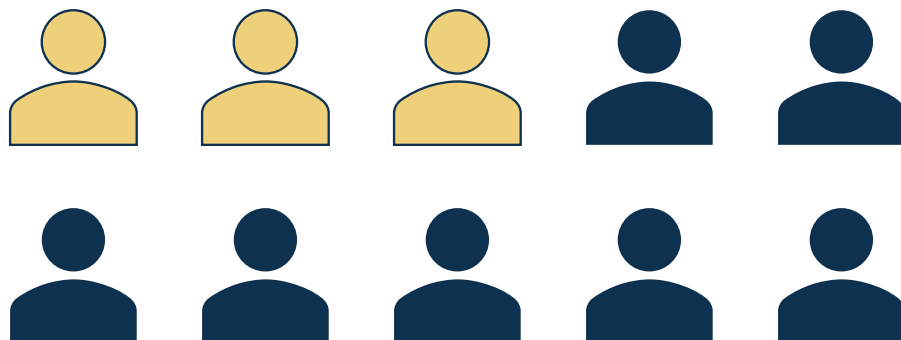
Throughout Colorado, 71.9% of Coloradans (4,128,826 people) have completed a primary series of a COVID-19 vaccine.

About **7** in **10** Coloradans Completed a Primary COVID-19 Vaccine Series



Almost 1 in 3 Coloradans (29.6%) of Coloradans (around 1,700,000 people) have completed a primary series of a COVID-19 vaccine and the additional Omicron dose through March 19, 2024.

About **3** in **10** Coloradans Completed a Primary COVID-19 Vaccine Series and an Additional Omicron Dose



In Weld County, 62.3% of residents have completed a primary series of a COVID-19 vaccine, which is lower than the statewide 71.9%. Data is not available on the Weld County percentage of residents that have received an Omicron dose, but 16.4% of residents have received 2 or more booster doses of a COVID-19 vaccine.

When broken into age groups, Weld County's COVID-19 primary series rates are also lower than the statewide percentages for ages 12-17 and 18+. For Weld County residents, 43.9% of residents aged 12-17, 75.2% of residents aged 18+, and 99.9% of residents aged 65+ have received a primary series of a COVID-19 vaccine.

Compared to neighboring counties, the percentage of Weld County residents that have completed a primary series of a COVID-19 vaccine and 2 or more booster doses was higher than Logan and Morgan Counties, but lower than Adams, Boulder, and Larimer Counties.

County Comparison of COVID-19 Primary Series + 2 or more Booster Doses Vaccination Rates				
County	Overall	Ages 12-17	Ages 18+	Ages 65+
Weld	16.4%	5.0%	21.0%	57.9%
Adams	18.7%	7.0%	23.5%	62.3%
Boulder	34.5%	19.9%	39.0%	79.8%
Larimer	25.4%	10.8%	30.2%	67.7%
Logan	10.4%	0.6%	13.1%	33.2%
Morgan	10.1%	0.6%	13.6%	36.6%

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 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 2018 to 2022, the top endemic zoonotic disease was West Nile virus (WNV) (85 cases), followed by Tularemia (less than 10 cases), and Acute Q Fever, (less than 10 cases).

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

Because the case counts of zoonotic diseases are relatively low, only WNV will be examined by select demographic characteristics. Males were over-represented in WNV cases, making up 61% of cases . There were 55 hospitalizations (65% of WNV cases) and 6 deaths (7% of WNV cases). In

hospitalized cases of WNV, only 7% of cases had non-neuroinvasive syndromes, while 93% had a neurological presentation of this illness including acute flaccid paralysis, meningitis, encephalitis, and other neuroinvasive symptoms. Among the 30 reported non-hospitalized cases, 93% had a non-neuroinvasive syndrome.

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 (28.1%) indicated they currently had depression, anxiety, or another mental health condition in the 2022 CHS, similar to the 2019 CHS rates.

Residents that Have Ever Had Depression or Anxiety			
	Depression	Anxiety	Needed mental health services
Countywide	24%	22%	29%
Gender			
Female	27%	28%*	34%*
Male	21%	16%	23%
Age			
18-34	34%	32%	44%
35-54	21%*	21%*	30%*
55+	19%*	16%*	15%*
Race/Ethnicity			
Hispanic/Latino, any race	17%	12%*	29%
Other race, non-Hispanic/Latino	28%	26%	22%
White, non-Hispanic/Latino	27%	26%	29%
Education Level			
High school degree, GED, or less	21%	19%	24%
Some college or higher	26%	24%	32%

Income Level ¹			
Above 250% FPL	20%	19%	25%
At or under 250% FPL	29%*	27%*	34%*
Region			
Greeley/Evans	25%	24%	29%
Rural (North/Southeast)	20%	13%*	28%
Urban Corridor/Southwest	26%	25%	29%

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

*Statistically significant finding compared to reference category at $p < 0.05$. Reference categories include 18-34 years, male, white non-Hispanic/Latino, some college or higher, above 250% FPL, and Greeley/Evans.

Current mental health conditions were more prevalent in female residents (31.8%) compared to male residents (23.7%). Of the residents who reported they currently had a mental health condition, 61.0% reported seeking out mental health treatment or counseling services, an increase from 55% in 2019. Fifty-seven percent of those with a mental health condition reported using medication to manage it.

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 2022 CHS, including depression and anxiety. Nearly 1 out of 4 (24.1%) residents reported they had been told by a health care professional they have depression and 22.3% reported they had been told they have an anxiety disorder. These rates are similar to 2019 CHS rates.

Youth Mental Health¹²

Nearly 4 in 10 (39.1%) Weld high school youth responding to the 2021 HKCS said that they felt so sad or hopeless for at least two consecutive weeks that they stopped doing their usual activities, a measure used to identify risk of mental health issues. Fewer male students (26.8%) reported that feelings of sadness or hopelessness disrupted their usual activities compared to their female counterparts (48.1%).

Seventeen-and-a-half percent of students reported engaging in self-harm over the past year, meaning that they purposefully hurt themselves without intending

¹² Data are from a sample of about 2,500 middle and high school students enrolled in Weld County schools participating in the 2021 Healthy Kids Colorado Survey. However, not enough schools or districts participated, meaning these data are not representative of all Weld County school-aged youth.

suicide. This was higher for female students (23.7%) than for male students (8.6%).

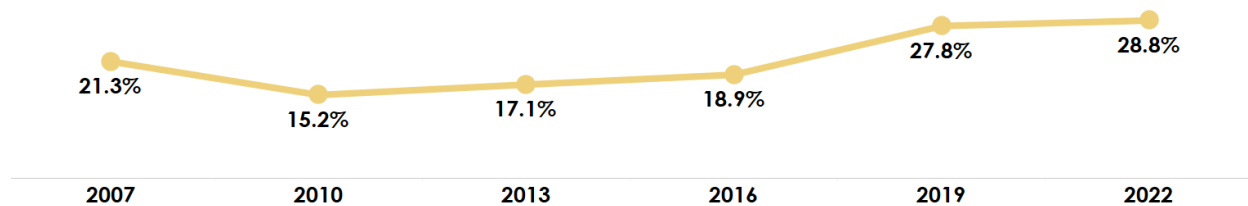
Having a trusted relationship with an adult is considered a protective factor for youth. About 7 in 10 students (70.1%) said they had an adult they could go to for help with a serious problem. When it came to receiving support from peers, a little over half (53.0%) said they most of the time or always could talk to a friend about their feelings.

Needed Mental Health Care

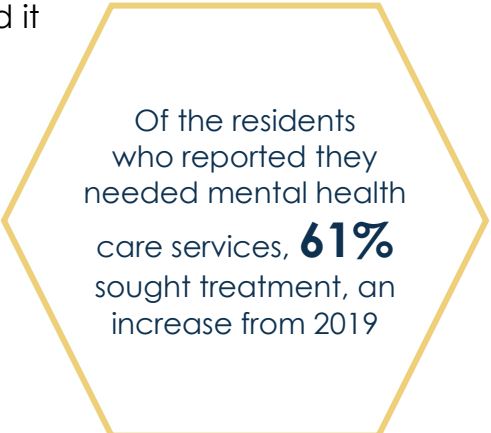
More than **4 in 10**
young adults (aged
18-34) reported
needing mental
health care

According to the National Alliance on Mental Illness, 1 in 5 Americans live with mental health conditions, yet less than half received treatment in 2021. Adult residents were asked if they needed mental health services in the past 12 months in the 2022 CHS. In Weld County, 28.8% of residents said they needed mental health care or counseling services in the 12 months prior to being surveyed. This was highest among the youngest adult age group of 18-34 years (43.9%).

Needed Mental Healthcare Over Time



Of the residents who reported they needed mental health care services, 61.0% sought care and 39.0% did not seek care. Most residents sought treatment with a private counselor or therapist (74.0%). Of the residents who reported they needed mental health services but did not seek out care, 56.7% reported they did not have the time, 48.2% said they did not know where to seek treatment, 46.2% stated they could not afford it, and 44.1% said it was not covered by insurance. Twenty-seven percent of 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.



Of the residents who reported they needed mental health care services, **61%** sought treatment, an increase from 2019

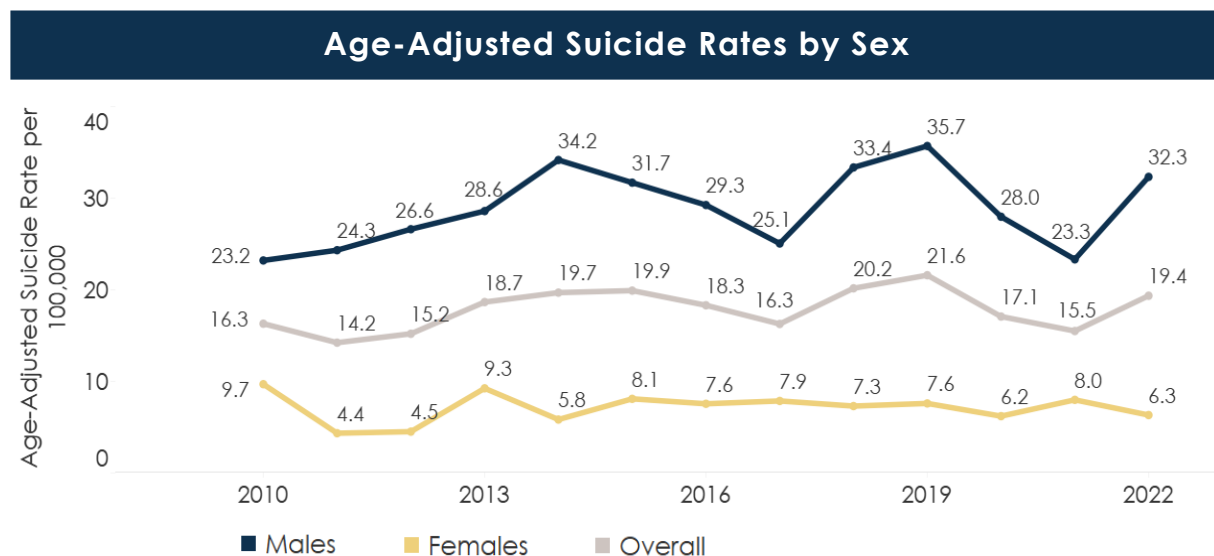
Suicide

In Weld County, deaths by suicide represented roughly 3,800 years of potential life lost from 2020 to 2022. Suicide was the 9th leading cause of death among all Weld residents and the 7th leading cause of death for Hispanic/Latino residents between 2020 and 2022. In 2022, the crude suicide rate for residents of all ages was 18.9 deaths by suicide per 100,000 residents. This represents a decrease from the 16-year high in the crude rate of suicide per 100,000 population occurring in 2019.

Firearms were the most common method used to commit suicide for Weld County residents in 2022 (10.9 per 100,000). Male (21.2 per 100,000), non-Hispanic/Latino (13.7 per 100,000), and White (11.2 per 100,000) residents died by suicide from a firearm at higher rates compared to female residents (the rate for female firearm suicides is suppressed due to low counts) and Hispanic/Latino residents (4.6 per 100,000).

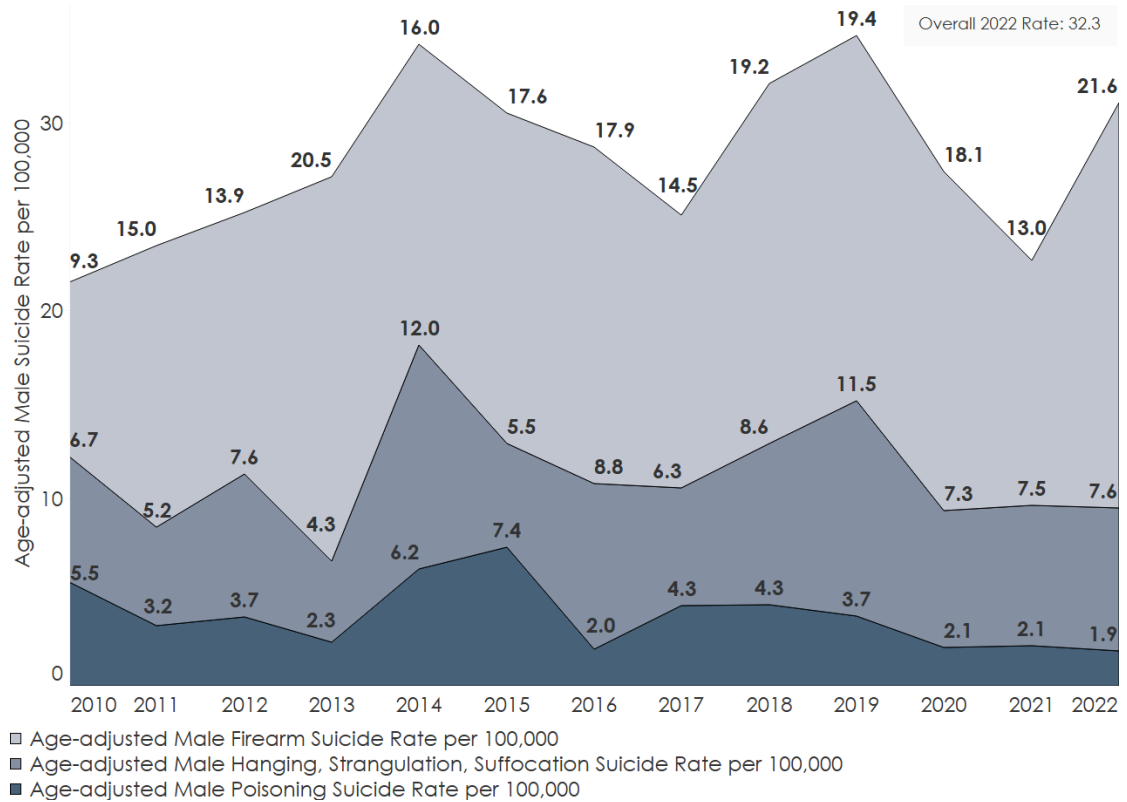
In 2022, the rate of suicide in Weld County male residents was **5x higher** compared to female residents

Hanging, strangulation, or suffocation was the 2nd most common method used (5.1 per 100,000). This method was used more often by Hispanic/Latino residents (7.3 per 100,000) than non-Hispanic/Latino resident (4.2 per 100,000).



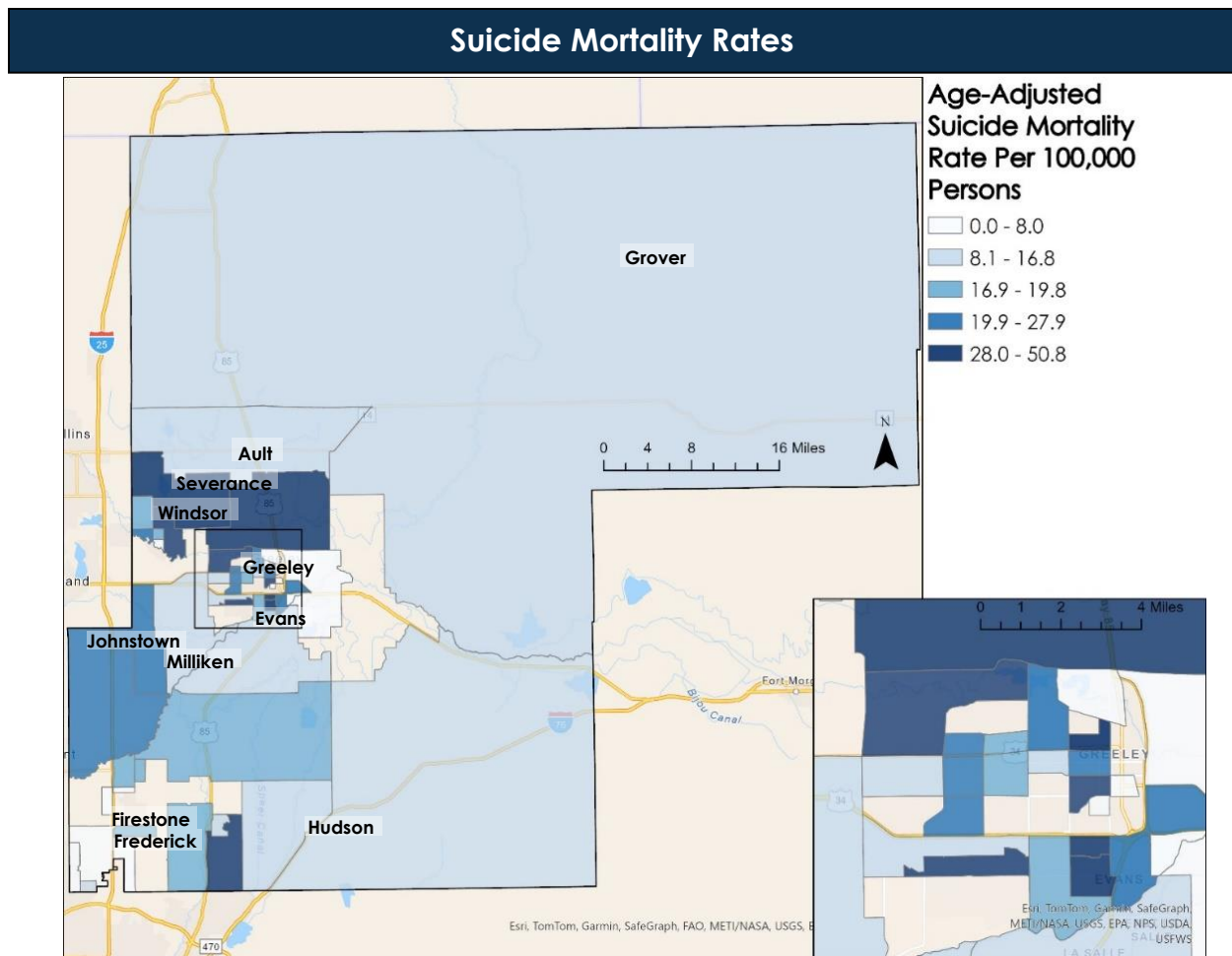
The rate of death by suicide differed by gender. In 2022, the rate of age-adjusted deaths by suicide were 5 times higher in males (32.3 per 100,000 residents) compared to females (6.3 per 100,000). The most frequent suicide method used by males from 2010 through 2022 was firearms (21.6 per 100,000). Males used firearms at roughly three times the rate they used hanging/strangulation/suffocation (7.6 per 100,000), and about ten times the rate at which they used poisoning (1.9 per 100,000) in 2022. The age-adjusted rates for male suicide by sharp instrument, falls, or other methods were all less than 1 per 100,000.

Male Age-adjusted Suicide Rates by Method



The overall age-adjusted male suicide rate in 2022 was 32.3 per 100,000, the sum of suicides by firearm, hanging/strangulation/suffocation, poisoning, and all other methods. This graph shows the top three methods used by males, "stacked, meaning the rates shown are for each individual method and are not cumulative. To see overall male suicide rates per year, see the previous chart, "Age-adjusted Suicide Rates by Sex".

Between the years of 2015 and 2019, age-adjusted rates of suicide were highest in the Greeley, Eaton, Severance, Windsor, and Fort Lupton areas. Areas with darker blue shading indicate census tracts with higher suicide mortality rates.



From 2017 to 2021 for Weld County suicides with additional circumstantial information, 46.1% had a history of suicidal thoughts or plans, 45.3% had a crisis within two weeks prior to death, and 42.6% had a contributing intimate partner problem. More than a third (35.7%) had ever been treated for a mental health problem.

Youth and Young Adult Self-Harm¹³

Overall, 15.4% of Weld high school youth responding to the 2021 Healthy Kids Colorado Survey reported considering suicide, and 7.9% had made an attempt in the past year.

¹³ Data are from a sample of about 2,500 middle and high school students enrolled in Weld County schools participating in the 2021 Healthy Kids Colorado Survey. However, not enough schools or districts participated, meaning these data are not representative of all Weld County school-aged youth.

About 1 in 7 Youth Reported Considering Suicide



Seventeen-point-six percent of female students and 10.6% of male students had considered suicide. More than 1 in 10 students (10.7%) had made a plan for how they would commit suicide. Suicidal ideation and attempts were higher among Weld County students identifying as genderqueer or nonbinary; roughly half (49.3%) had considered suicide in the past year, 22.0% had made a plan, and close to 1 in 5 (18.6%) had made an attempt.

Between the years of 2020-2022, 8 Weld County youth and young adults aged 15-19 died by suicide. Fewer youth suicides occurred in 2020, 2021, and 2022 combined compared to an all-time annual high of 10 deaths in 2019. The 2020-2022 three-year rate of deaths by suicide was 9.6 per 100,000 youth aged 15-19, less than half the 2019 rate of 23.8 per 100,000 15-18-year-olds*. Intentional self-harm deaths (suicide) occurred more in male and non-Hispanic/Latino youth.

Additionally, suicide accounted for 10% of all years of potential life lost before age 65 in Weld County between 2020 and 2022 (3,833 YPLL to suicide), demonstrating the magnitude of loss of young lives due to suicide.

**Note: changes in the way Colorado Vital Statistics data are displayed means that slightly offset age groups are used before and after 2020.*

Healthy Kids Colorado Survey Data Shared Risk and Protective Factors¹⁴

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

¹⁴ Data are not updated from previous report. Most recent data available.

commitment to school and parental attitudes favorable towards substance use. Please see the substance use section for more information on attitudes towards substances.

A Special Look at Youth 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 in Weld County 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. While there is no county-level data available for Weld County youth on academic success in 2021, a special data request for schools that did participate in the youth health survey suggests that the limited academic success measures are trending more favorably in youth in Weld County in 2021 compared to 2019 and is supported by statewide trends.¹⁵

Substance Use

Smoking, Tobacco, and Alcohol Use

Substance use (including tobacco, vaping, and alcohol products) can cause negative physical, social, and mental effects on those using the products. The

¹⁵ 2021 Weld County Community Profile Report special data request. Community Profile Report reflects estimates for only the schools that participated in 2021 HKCS and may not be representative of all youth in Weld County; entire 2021 Weld County (Region 18) HKCS data unavailable.

impact of substance use not only affects the individuals using the products, but those around them.

Smoking, Tobacco, and Alcohol Use		
	Used tobacco products (cigarettes, cigars, or chew) within last 30 days	Used alcohol within last 30 days
Countywide	11%	51%
Gender		
Female	9%*	49%
Male	14%	53%
Age		
18-34	11%	52%
35-54	13%	55%
55+	9%	45%
Race/Ethnicity		
Hispanic/Latino, any race	11%	32%*
Other race, non-Hispanic/Latino	16%	50%
White, Non-Hispanic/Latino	11%	58%
Education Level		
Some college or higher	10%	59%
High school degree, GED, or less	13%	36%*
Income Level ¹		
Greater than 250% FPL	12%	64%
At or under 250% FPL	10%	33%*
Region		
Greeley/Evans	11%	41%
Rural (North/Southeast)	13%	52%*
Urban Corridor/Southwest	9%	60%*

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

*Statistically significant finding compared to reference category at $p < 0.05$. Reference categories include 18-34 years, male, white non-Hispanic/Latino, some college or higher, 250% or greater FPL, and Greeley/Evans.

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 (cigarettes, cigars, or chew) 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 9 people in Weld County reported using at least one of these tobacco products in the past 30 days (11%).

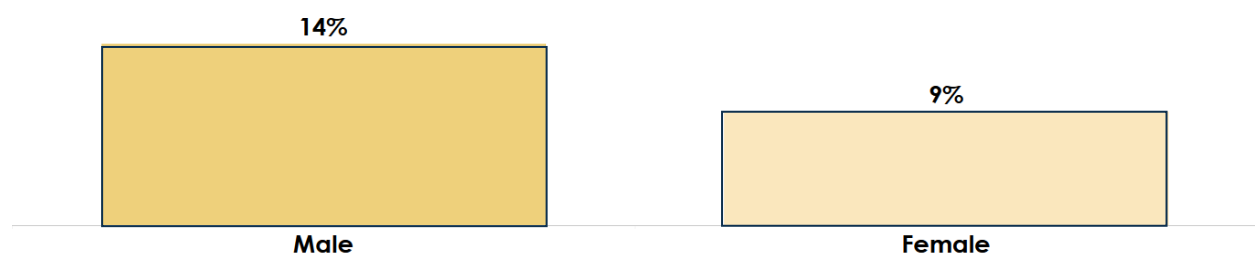
The percentage of men using tobacco products was about **1.6X** higher compared to women in Weld County

About 1 in 9 Reported Using Tobacco Products



A significantly higher percentage of men (13.8%) reported using tobacco products compared to women (8.6%).

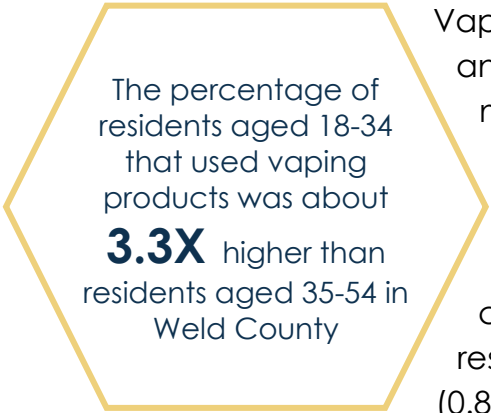
Tobacco Use by Gender



The percent of residents who chew tobacco decreased from 5.6% in 2019 to 3.3% in 2022. This differs greatly by gender, as nearly 6 times as many males reported using chew tobacco compared to females (5.8% compared to 1.1%). Youth tobacco use data can be found in the Adolescent Health section.

Adult Vaping Use

In Weld County, 4.6% of adult residents reported vaping/using e-cigarettes in the past 30 days.



The percentage of residents aged 18-34 that used vaping products was about **3.3X** higher than residents aged 35-54 in Weld County

Vaping/e-cigarette use significantly differed by age and gender. A significantly higher percentage of males (7.3%) reported vaping/e-cigarette use in the past 30 days compared to females (2.3%).

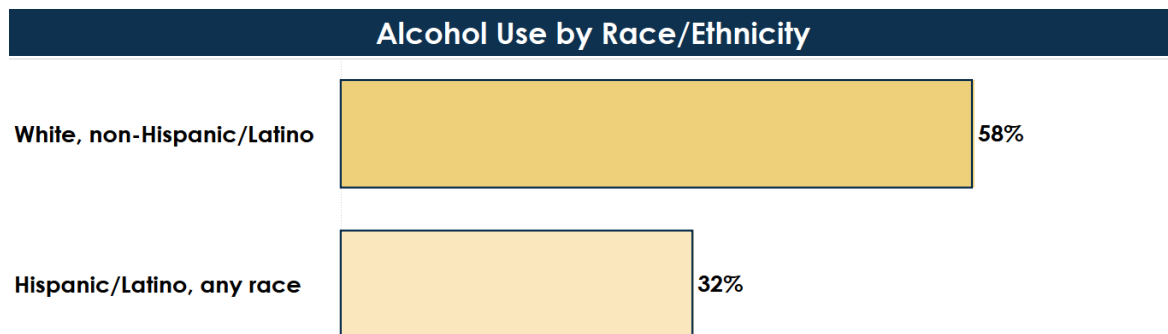
A significantly higher percentage of residents aged 18-34 years (11.1%) reported vaping/e-cigarette use in the past 30 days compared to residents aged 35-54 years (3.4%) and aged 55+ years (0.8%).

Note on Vaping/e-cigarette Use and Data

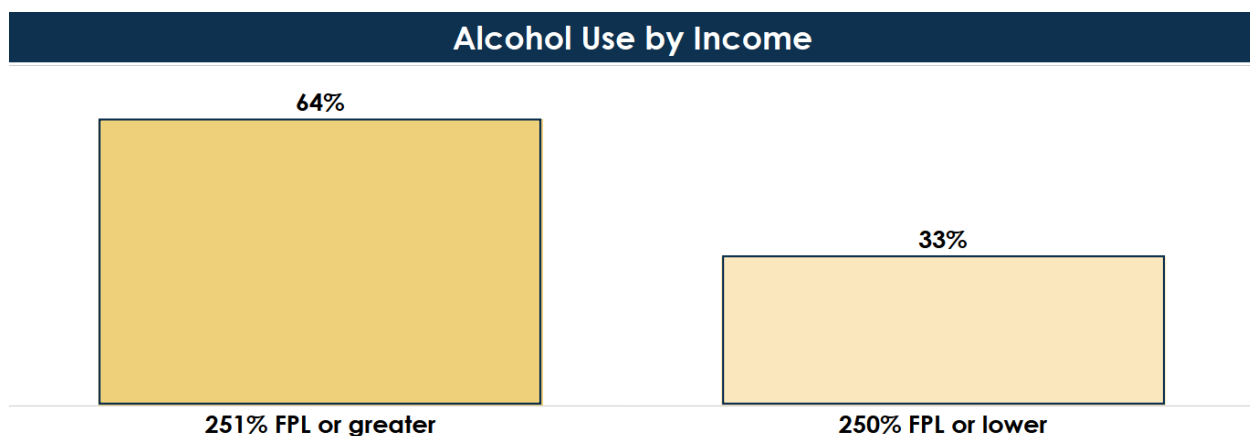
The 2022 CHS only obtains data from adult Weld County residents aged 18+ years, so the data listed in the above section does not include any data on youth residents. Additionally, the effects (especially long-term) of vaping are still being studied and are yet to be fully understood.

Alcohol Use

Over 1 in 2 residents (50.8%) reported consuming alcohol in the past 30 days in Weld County. A significantly higher percentage of White, non-Hispanic/Latino residents (57.6%) reported consuming alcohol in the past 30 days compared to Hispanic/Latino residents (32.1%).



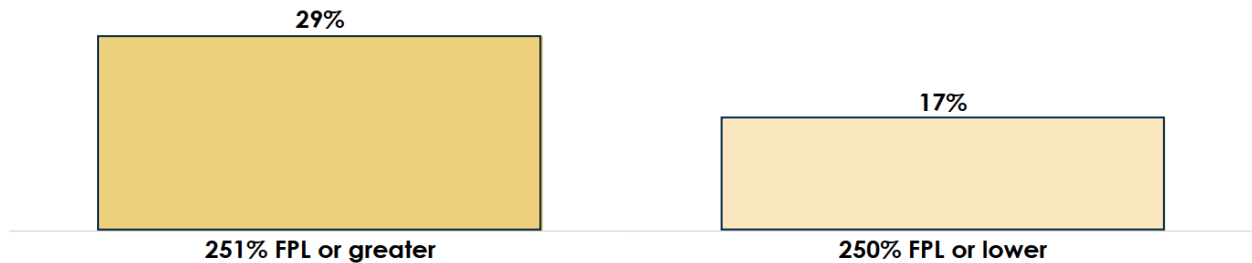
More residents earning a household income above 250% of the Federal Poverty Level (64.1%) reported consuming alcohol in the past 30 days compared to residents earning a household income at or below 250% of the Federal Poverty Level (32.8%).



Binge Drinking

Of all adult residents in Weld County, 23.9% reported at least one episode of binge drinking in the past 30 days. A significantly higher percentage of residents with a household income over 250% of the Federal Poverty Level (29.2%) reported at least one episode of binge drinking in the past 30 days compared to residents with a household income at or below 250% of the Federal Poverty Level (16.7%).

Binge Drinking by Income



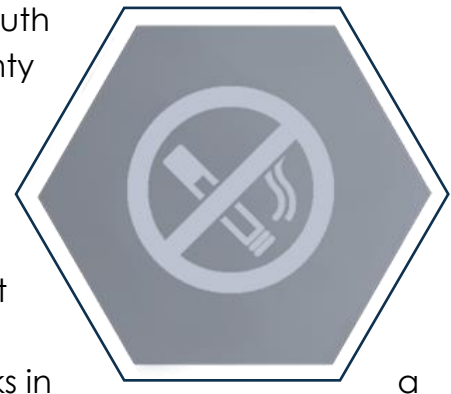
Youth Substance Use¹⁶

Attitudes

Parental attitudes favorable toward substance use have been identified as a risk factor for Weld County youth. While 94.4% of middle school youth from Weld County who participated in the 2021 Healthy Kids Colorado Survey (HKCS) said their parents or guardians held unfavorable attitudes towards their children using alcohol and 95.2% held unfavorable attitudes towards youth marijuana use, only 88% of middle schoolers said their parents or guardians would feel it was wrong for youth to vape.

Alcohol

Early initiation to substance use is a risk factor for youth substance abuse. Roughly 1 in 7 (14.1%) Weld County high school students participating in the 2021 HKCS had their first drink of alcohol, other than a few sips, before the age of 13. Roughly 1 in 6 (15.8%) Weld high schoolers responding to the survey were current alcohol drinkers (meaning they had at least one drink in the past month), while 6.1% reported binge-drinking (consuming 5 or more drinks in couple of hours) in the past month.



¹⁶ 2021 Weld County Community Profile Report special data request. Community Profile Report reflects estimates for only the schools that participated in 2021 HKCS and may not be representative of all youth in Weld County; entire 2021 Weld County (Region 18) HKCS data unavailable.

Vaping

One in four Weld high school students (25.4%) and more than 1 in 10 middle school students (11.2%) responding to the 2021 HKCS reported ever trying an electronic vaping product, and 14.0% of high schoolers said they currently vape. Among students who have used vapor products, 25.0% tried vaping before the age of 13. Having a friend or family member who vaped was the leading reason students gave for why they themselves vaped. Among those who vaped, 60.0% had tried to quit in the past year.

Tobacco Use

Nearly 1 in 4 (18.9%) Weld high school students reported ever smoking a cigarette, even 1 or 2 puffs, and 7.6% did so before the age of 13. Two percent were current smokers. Nearly a quarter (23.0%) of current high school smokers smoked menthol cigarettes.

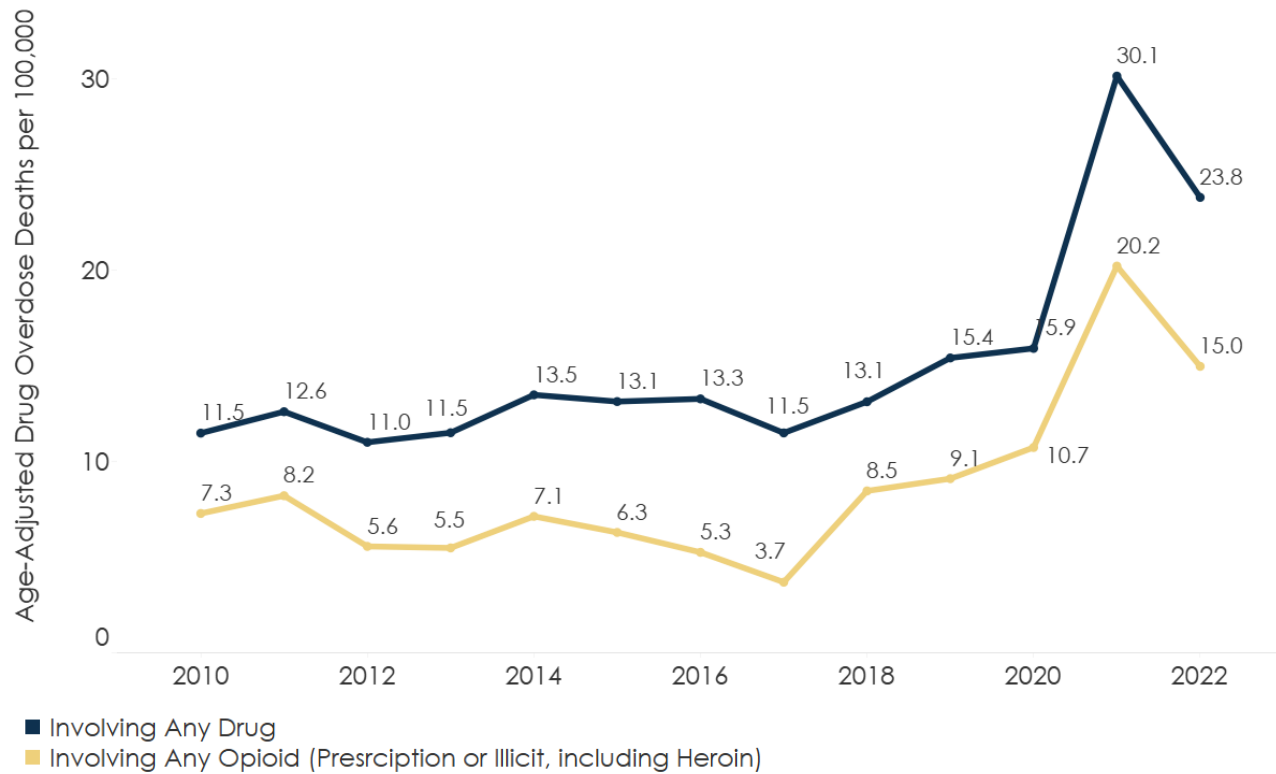
Drug Overdose

Drug Overdose of Any Kind

According to the CDC, more than one million Americans have died from a drug overdose since 1999. In Weld County, 735 of residents have died from a drug overdose involving any drug since 2000.

The number of fatal drug overdoses in Weld County nearly doubled between 2020 and 2021, driven by any opioid overdose deaths. However, the number of fatal drug overdoses decreased in 2022, a statewide trend. Among Weld County residents, the age-adjusted death rate for any drug overdose in 2022 was 23.8 deaths per 100,000 deaths down from 30.1 in 2021, which was the highest age-adjusted drug overdose death rate since data became available in 2000.

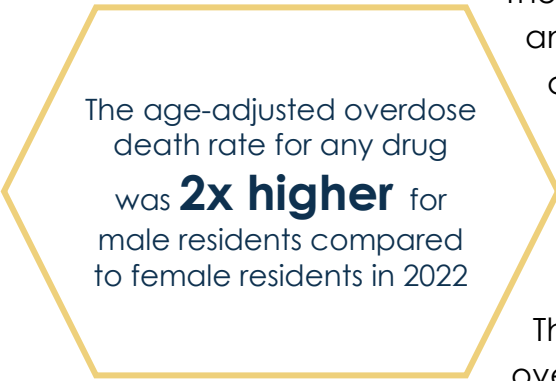
Age-Adjusted Rate of Drug Overdose Deaths



The Weld County age-adjusted overdose death rate for any drug is slightly higher than neighboring Larimer, Boulder, and Morgan counties, but lower than neighboring Adams and Logan counties.

Age-Adjusted Drug Overdose (Any Drug) Rate in 2022 by County

County	Drug Overdose Death Rate per 100,000 deaths
Weld County	23.8
Larimer County	19.6
Boulder County	19.5
Adams County	40.3
Morgan County	21.8
Logan County	33.6



The age-adjusted overdose death rate for any drug was **2x higher** for male residents compared to female residents in 2022

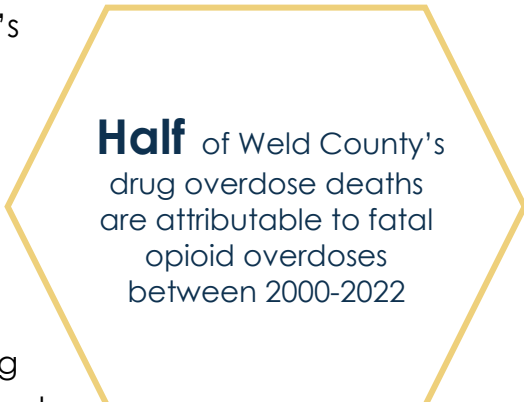
The age-adjusted drug overdose death rate for any drug in 2022 differed by gender. The age-adjusted death rate for drug overdoses of any kind per 100,000 deaths was significantly higher among male residents in Weld County (33.4 per 100,000) compared to female residents (14.2 per 100,000).

There was no significant difference in the drug overdose death rate by Hispanic origin in Weld County in 2022 as was noted in the previous report; however, please see the opioid overdose section for more information on the trend of opioid overdose deaths among Hispanic/Latino residents in Weld County.

Opioid Overdoses

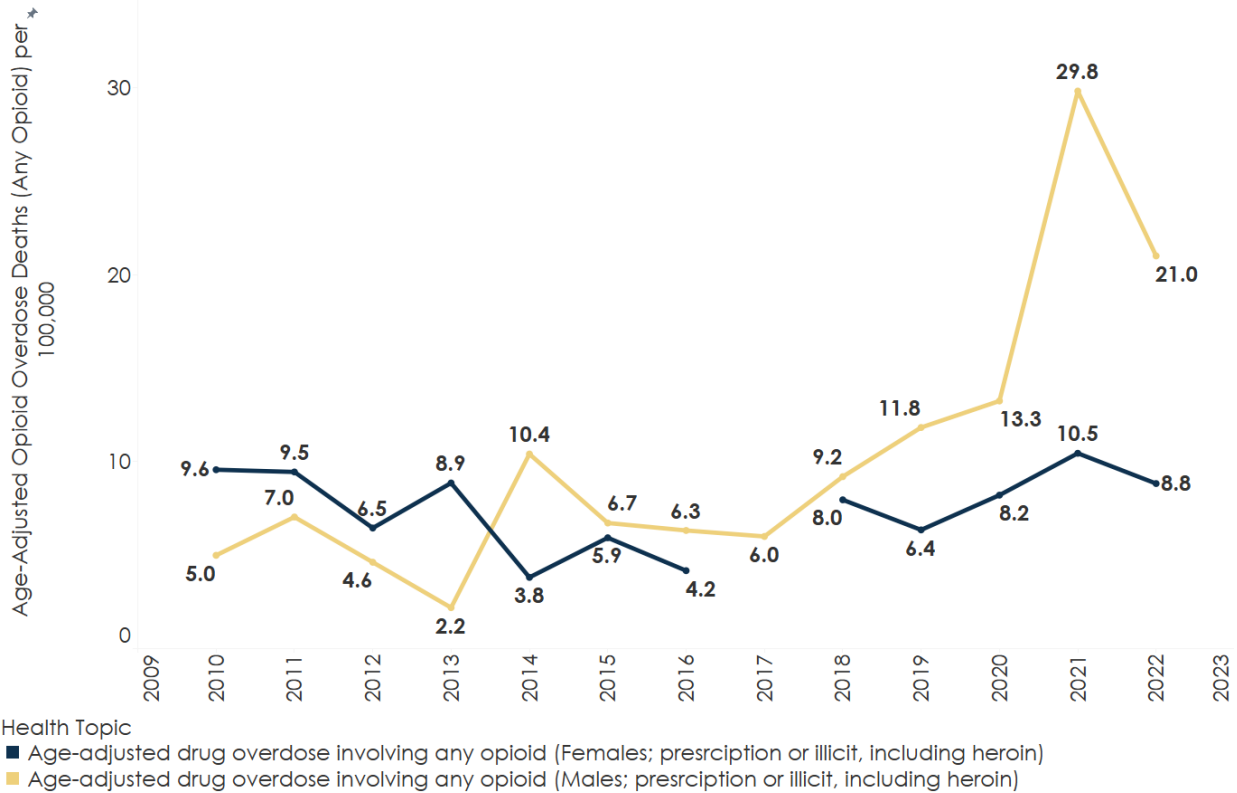
According to the CDC, over 75% of drug overdose deaths that occurred in the United States in 2021 involved an opioid. In Colorado and Weld County, opioid-related drug overdoses are also a significant contributor to the overall drug overdose death rate. Over half of Weld County's 735 drug overdose deaths between 2000-2022 involved opioids, and between 2011 and 2022, nearly 60% of drug overdose deaths involved opioids.

The age-adjusted rate of drug overdose for any opioid (prescription or illicit) per 100,000 deaths in 2022 was over two times higher among male residents (21.0) compared to female residents (8.8), which is a smaller difference than what was seen in 2021 (29.8 among males compared to 10.5 among females).



Half of Weld County's drug overdose deaths are attributable to fatal opioid overdoses between 2000-2022

Age-Adjusted Rate of Any Opioid Overdose Death by Gender



While there was no significant difference in the opioid overdose death rate between Hispanic/Latino residents and non-Hispanic/Latino residents in Weld County in 2022, it is important to note there was a slight uptick in the age-adjusted opioid overdose death rate for Hispanic/Latino residents between 2021 and 2022 (23% increase) despite the countywide age-adjusted opioid death rate decreasing between 2021 and 2022 (20.2 and 15.0, respectively).

Age-Adjusted Opioid Overdose Death Rate (Any Opioid) by Year

Race / Ethnicity	2018	2019	2020	2021	2022	% change 2020-2021	% change 2021-2022
Hispanic	7.6	12.0	14.5	16.4	20.4	13.6%	23.3%
Non-Hispanic	7.6	7.7	8.9	21.2	11.4	138.1%	- 46.2%

One important measure of the adverse consequences resulting from the use of drugs is the number and rate of visits to the

In 2022, there were
125 reported
 emergency medical
 visits to acute care
 hospitals in Weld County
 for opioid overdoses,
 fatal and non-fatal

emergency department, which may represent both fatal and non-fatal overdoses. The age-adjusted rate of emergency department (ED) visits for overdose involving any opioid in Weld County between 2016 and 2022 was 31.7 per 100,000 residents. This rate represents roughly 733 emergency medical visits to acute care hospitals for opioid overdoses between 2016 and 2022 in

Weld County (125 visits in 2022 alone). The rate of ED visits for any opioid overdose was significantly higher for male residents (37.3 per 100,000) compared to female residents (26.0 per 100,000).

Age-Adjusted Rate of Opioid Overdose Emergency Department (ED) Visits at Acute Care Hospitals by County between 2016-2022

County	ED Visit Rate per 100,000 Residents
Weld County	31.7
Larimer County	26.9
Boulder County	23.6
Adams County	48.2
Morgan County	29.1
Logan County	31.4

Similar to the age-adjusted drug overdose death rate, the Weld age-adjusted rate of opioid overdose emergency department visits at acute care was slightly higher than neighboring Larimer, Boulder, and Morgan counties, similar to Logan County, and lower than neighboring Adams County.

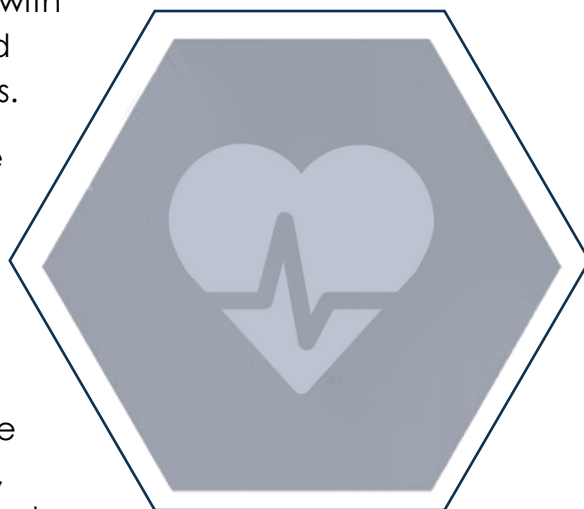
Note on Drug Overdose Data Limitations

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.

Conclusions and Next Steps

This report details the health status of Weld County residents with data through 2022 (most up-to-date available). Weld County's population continues to grow and is becoming more diverse and different groups may face different health challenges. For example, White, non-Hispanic and primarily male residents are dying in greater numbers and at greater rates by suicide. When examining multiple identities such as ethnicity and income, a significantly higher percentage of Hispanic/Latino residents with lower incomes reported poor/fair health compared to Hispanic/Latino residents with higher incomes, demonstrating the unique and complex experiences of Weld County residents.

Health outcomes are also affected by multiple factors. Health behaviors at 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. Available data for these health factors indicate there is room for improvement in diet, exercise, weight status, and smoking amongst Weld County youth.



But the system in which residents maneuver may also impact their health. It would be insufficient to point out the rise in chronic conditions without also noting changes in factors that influence the prevalence of these conditions, such as the growing uninsured rate, especially among Hispanic/Latino residents.

Furthermore, where residents live plays a part in residents' health and life expectancy. Overall, Weld County residents' 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 than the state average. While premature death rates (such as deaths from suicide or motor vehicle crashes) are relatively

small compared to the rates of death from cancer and heart disease, they can have a larger impact on life expectancy by claiming the lives of 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. Data from this report can pinpoint areas to target modifiable risk factors and possible areas to focus on addressing health disparities. Possible next steps include seeking community input in prioritizing health issues, reviewing the evidence base on what can positively impact the selected health issue areas, and prioritizing programmatic options with community partners.

References

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

Behavioral Risk Factor Surveillance System and Child Health Survey. Colorado Department of Public Health and Environment website.

<https://cdphe.colorado.gov/center-for-health-and-environmental-data/survey-research/behavioral-risk-factor-surveillance-system>. Retrieved February 2024.

BRFSS Prevalence and Trends Data. Centers for Disease Control and Prevention (CDC). <https://nccd.cdc.gov/BRFSSPrevalence>. Retrieved February 2024.

CDPHE Community Health equity Map Series. Unpublished Data, 2015-2019, special data request.

Colorado Department of Public Health and Environment. 2019 Communities that Care Shared Risk and Protective Factor Profile Including Trends Over Time since 2017, Health Statistics Region 18, Healthy Kids Colorado Survey.

https://drive.google.com/file/d/1QrZOYIH7b-3lw6jHCx_Pm3wN4DLK4Nzp/view. Accessed March 2024.

Colorado Department of Public Health and Environment. COVID-19 Vaccine Data. [COVID-19 Vaccine data | Department of Public Health & Environment \(colorado.gov\)](https://cdphe.colorado.gov/center-for-health-and-environmental-data/survey-research/covid-19-vaccine-data). Updated 2023. Accessed March 19, 2024

Colorado Department of Public Health and Environment. Healthy Kids Colorado Survey. <https://cdphe.colorado.gov/center-for-health-and-environmental-data/survey-research/healthy-kids-colorado-survey-data>. Published 2019.

Accessed March 13, 2020.

Colorado Drug Overdose Dashboard. Colorado Department of Public Health & Environment website.

https://cohealthviz.dphe.state.co.us/t/HealthInformaticsPublic/views/CoHIDLandingPage/LandingPage?iframeSizedToWindow=true&:embed=y&:showAppBar=false&:display_count=no&:showVizHome=no. Accessed March 13, 2024.

Colorado Electronic Disease Reporting System (CEDRS). Colorado Department of Public Health & Environment. Weld County COVID-19 Data. Accessed February 2024.

Colorado Health Information Dataset (CoHID), Live Birth Statistics. Colorado Department of Public Health & Environment website.

https://cohealthviz.dphe.state.co.us/t/HealthInformaticsPublic/views/CoHIDLandingPage/LandingPage?iframeSizedToWindow=true&:embed=y&:showAppBanner=false&:display_count=no&:showVizHome=no. Accessed March 20, 2024.

Colorado Health Information Dataset (CoHID), Mortality Statistics. Colorado Department of Public Health & Environment website.

https://cohealthviz.dphe.state.co.us/t/HealthInformaticsPublic/views/CoHIDLandingPage/LandingPage?iframeSizedToWindow=true&:embed=y&:showAppBanner=false&:display_count=no&:showVizHome=no. Accessed March 2024.

EJSCREEN: Environmental Justice Screening and Mapping Tool data. United States Environmental Protection Agency website.

<https://www.epa.gov/ejscreen>

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

Physical Activity. Centers for Disease Control and Prevention (CDC).

<https://www.cdc.gov/physicalactivity/index.html>. Retrieved March 2024.

Cancer Facts and Figures, 2022. American Cancer Society website.

<https://www.cancer.org/research/cancer-facts-statistics/all-cancer-facts-figures/cancer-facts-figures-2022.html#:~:text=The%20Facts%20%26%20Figures%20annual%20report,deaths%20in%20the%20United%20States>. Retrieved February 9, 2024

Race by Age Forecast- County. Colorado Department of Local Affairs (DOLA) website.

<https://demography.dola.colorado.gov/population/data/race-forecast/>. Retrieved February 2024..

Social Determinants of Health. Healthy People 2030, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion

website. <https://health.gov/healthypeople/objectives-and-data/social-determinants-health>. Retrieved March 2024.

Underlying Cause of Death, 2018-2021. Centers for Disease Control and Prevention WONDER database website. <https://wonder.cdc.gov/>. Retrieved February 2024.

Weld County Department of Public Health and Environment (2022). Community Health Survey. <https://www.weld.gov/Government/Departments/Health-and-Environment/Population-Health-Data-and-Reports/Community-Health-Surveys>

Weld County YPLL Analysis. CDPHE Vital Statistics Program. Unpublished Data, special data request.

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

<https://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.169.3486&rep=rep1&type=pdf>. Published October 2004. Retrieved March 2021.

Appendix 1: Years of Potential Life Lost Before the Age of 65, Weld County, 2020-2022

	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
<i>All Causes</i>	2180	38459	100%	4327.0	778	12870	100%	2988.0	1402	25589	100%	5753.0	1377	21447	100%	3959.0	657	13595	100%	2432.0
<i>Unintentional injuries</i>	444	11872	31%	1335.0	132	3447	27%	779.7	312	8425	33%	1838.0	242	5982	28%	1108.0	157	4647	34%	752.4
<i>Suicide</i>	148	3833	10%	431.3	29	857	7%	190.9	119	2976	12%	671.6	99	2435	11%	451.1	39	1091	8%	194.4
<i>Malignant neoplasms</i>	354	3407	9%	383.3	177	1721	13%	406.4	177	1686	7%	382.9	255	2205	10%	408.5	81	1003	7%	214.0
<i>Heart disease</i>	252	2688	7%	302.4	74	772	6%	176.3	178	1916	7%	446.8	178	1724	8%	319.4	59	761	6%	156.2
<i>Perinatal period conditions</i>	34	2210	6%	248.7	17	1105	9%	258.9	17	1105	4%	247.7	15	975	5%	180.6	13	845	6%	105.7
<i>COVID-19</i>	187	1989	5%	223.8	62	602	5%	145.3	125	1387	5%	323.1	97	971	5%	179.9	84	991	7%	215.1
<i>Chronic liver disease and cirrhosis</i>	132	1919	5%	215.9	57	820	6%	198.6	75	1099	4%	258.9	84	1084	5%	200.8	44	759	6%	155.7
<i>Homicide/legal intervention</i>	47	1452	4%	163.4	11	339	3%	75.5	36	1113	4%	245.0	26	716	3%	132.6	18	651	5%	99.5
<i>Diabetes mellitus</i>	75	921	2%	103.6	25	309	2%	73.7	50	612	2%	141.2	47	577	3%	106.9	24	268	2%	60.6
<i>Congenital abnormalities</i>	14	486	1%	54.7	6	240	2%	53.5	8	246	1%	55.6	6	115	1%	21.3	5	224	2%	30.8
<i>Cerebrovascular diseases</i>	33	481	1%	54.1	10	101	1%	24.9	23	380	1%	84.1	16	235	1%	43.5	13	168	1%	36.6
<i>Nephritis, nephrotic syndrome, nephrosis</i>	24	359	1%	40.4	10	112	1%	25.5	14	247	1%	55.6	13	148	1%	27.4	10	209	2%	37.1
<i>Other infectious and parasitic diseases</i>	13	354	1%	39.8	5	100	1%	23.4	8	254	1%	56.9	7	231	1%	42.8	5	91	1%	18.1
<i>Septicemia</i>	18	345	1%	38.8	6	105	1%	23.8	12	240	1%	53.1	12	217	1%	40.2	5	125	1%	21.6
<i>Chronic lower respiratory diseases</i>	43	309	1%	34.8	16	111	1%	25.1	27	198	1%	44.3	37	222	1%	41.1	4	66	<1%	12.9
<i>Injuries of undetermined intent</i>	7	229	1%	25.8	*	*	*	*	6	203	1%	43.1	4	144	1%	26.7	3	85	1%	14.4
<i>Influenza and pneumonia</i>	15	226	1%	25.4	6	92	1%	23.3	9	134	1%	33.3	9	142	1%	26.3	3	40	<1%	8.9
<i>Other diseases of respiratory system</i>	15	147	<1%	16.5	7	65	1%	15.1	8	82	<1%	17.1	13	99	<1%	18.3	*	*	*	*
<i>(Primary) hypertensive renal disease</i>	8	137	<1%	15.4	*	*	*	*	6	50	<1%	11.5	6	70	<1%	13.0	*	*	*	*
<i>Other diseases of circulatory system</i>	9	123	<1%	13.8	*	33	<1%	8.2	*	60	<1%	22.0	6	87	<1%	16.1	*	*	*	*

Appendix 2: Top 10 Causes of Death in Weld County, Number of Deaths and Rate per 100,000 Residents, All Ages, 2020-2022

Rank	Metric	Overall	Male	Female	Hispanic or Latino Origin	Non-Hispanic or Latino Origin
1		Malignant Neoplasms	Malignant Neoplasms	Malignant Neoplasms	Malignant Neoplasms	Malignant Neoplasms
	#/rate per 100,000	1,635 / 124.3	876 / 131.8	759 / 117.1	286 / 72.3	1,349 / 147.1
2		Heart Disease	Heart Disease	Heart Disease	Accidents ¹	Heart Disease
	#/rate per 100,000	1,474 / 112.3	865 / 130.2	609 / 93.9	201 / 50.8	1,277 / 139.2
3		Accidents ¹	Accidents ¹	Alzheimer's	COVID-19	Accidents ¹
	#/rate per 100,000	741 / 56.4	494 / 74.3	258 / 39.8	200 / 50.6	539 / 58.5
4		COVID-19	COVID-19	Accidents ¹	Heart Disease	CLRD ²
	#/rate per 100,000	585 / 44.6	348 /	247 / 38.1	195 / 49.3	437 / 47.6
5		CLRD ²	CLRD ²	COVID-19	Diabetes	COVID-19
	#/rate per 100,000	478 / 36.4	261 / 52.4	237 / 36.6	72 / 18.2	384 / 41.9
6		Alzheimer's	Suicide	CLRD ²	Chronic Liver Disease & Cirrhosis	Alzheimer's
	#/rate per 100,000	372 / 28.3	186 / 28	217 / 33.5	67 / 16.9	329 / 35.9
7		Cerebrovascular Disease	Diabetes	Cerebrovascular Disease	Cerebrovascular Disease	Cerebrovascular Disease
	#/rate per 100,000	338 / 25.7	169 / 25.4	174 / 26.8	53 / 13.4	285 / 31.1
8		Diabetes	Cerebrovascular Disease	Diabetes	Suicide	Diabetes
	#/rate per 100,000	281 / 21.4	164 /	112 / 17.3	51 / 12.9	209 / 22.8
9		Suicide	Chronic Liver Disease & Cirrhosis	Chronic Liver Disease & Cirrhosis	Alzheimer's	Suicide
	#/rate per 100,000	233 / 17.7	135 / 20.3	92 / 14.2	43 / 10.9	182 / 19.8
10		Chronic Liver Disease & Cirrhosis	Alzheimer's	Kidney Disease	CLRD ²	Chronic Liver Disease & Cirrhosis
	#/rate per 100,000	227 / 17.3	114 / 17.2	63 / 9.7	41 / 10.4	159 / 17.3

¹ Unintentional injuries, including accidental poisoning by and exposure to narcotics, psychodeysleptics (drug overdoses)

² Chronic Lower Respiratory Disease