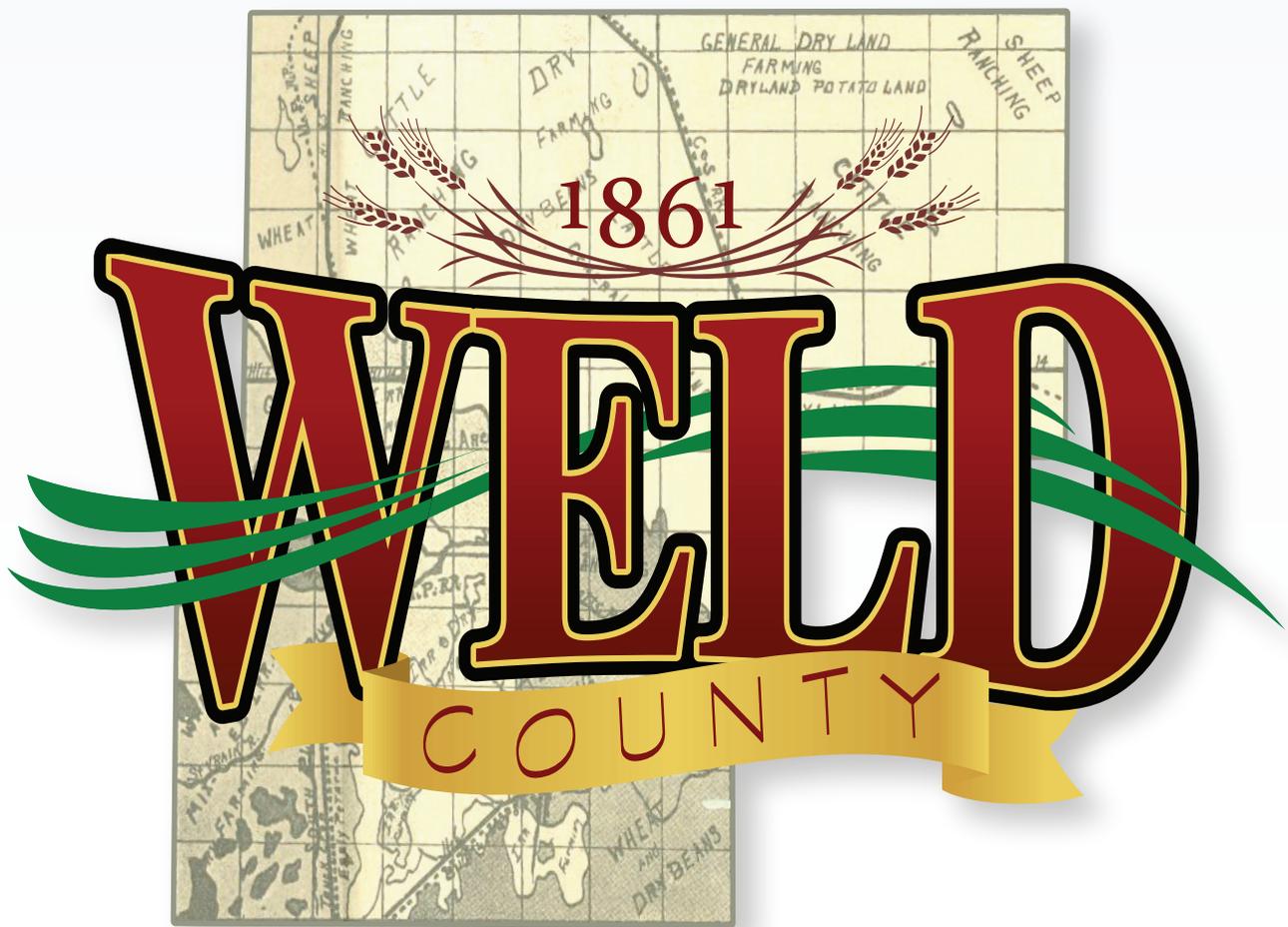


The 2012 Health Status Report

Community Health Improvement Plan

Community Health Assessment



A roadmap for improving Weld County's health.

Table of Contents

	Page
Weld County Framework for Monitoring Population Health Status	1
Community Demographics	3
Determinants of Health	5
<i>Economic Opportunity</i>	6
<i>Physical Environment</i>	8
<i>Social Factors</i>	12
Individual Factors that Influence Health	14
<i>Health Behaviors and Conditions</i>	14
<i>Mental Well-Being and Related Conditions</i>	23
<i>Health Care Access, Utilization, and Quality of Care</i>	25
Population Health Outcomes	28
<i>Quality of Life</i>	28
<i>Morbidity</i>	29
<i>Mortality</i>	32
Community Assessment Process	35
Community Input	35
Strategic Priority Issues	39
The Five-Year Countywide Action Plan	41
Conclusion	42
Data Sources Used in This Report	44
Acknowledgements and Report Participants	46
Appendix of Supporting Documents	48

A Message to the Community

We are proud to present you with this report, *The 2012 Health Status Report and Community Health Improvement Plan, A Roadmap for Improving Weld County's Health* – a comprehensive collection and analysis of data related to the health issues and needs of the residents of Weld County. This report summarizes important health issues that emerged from analyzing a variety of data. These critical health issues will be shared with local leaders and organizations, including government agencies, social service agencies, businesses, healthcare providers, consumers and other groups that interface with the local public health system to make an impact on the health of Weld County.

The information in this report will enable us to more strategically:

- establish priorities,
- implement strategies, and
- commit resources to improve the health of our communities.

Health is an issue of concern and action for all of us. We hope the information in this report will reinforce the collaboration that already exists among agencies within the county. We also encourage new collaborations among other agencies that are part of the public health system, between usual competitors, and among funders in order to address the complex health needs of our residents.

Weld County Framework for Monitoring Population Health Status

Understanding the health of a population or its subgroups is complex. Substantial improvements in our population's health status have been made over the past thirty years, but there is still much work to be done because there continue to be unexplained differences in health status. Most health experts agree that in addition to individual behavioral factors (e.g., diet, nutrition, physical activity, access to services) there are other social and environmental factors that impact a person's health and, hence, a population's health status (see Figure 1). For example, in addition to individual choice in terms of seeking health services, factors in the social environment such as income or transportation also influence or limit health services.

Figure 1. Societal, Environmental, and Individual Influencers on Population Health



The report is organized using a determinant of health framework adapted by a statewide taskforce of public health experts from the World Health Organization's Social Determinants of Health Framework. Determinants of health are factors that encourage life enhancing resources that when distributed across a population can improve that population's life expectancy and quality of life. Most health care and public health work has focused on individual influencing factors but recently the health community has begun to look at other social and environmental factors more closely. For more information on this framework go to <http://www.chd.dphe.state.co.us/HealthIndicators> and look for the Health Equity Model developed by the statewide task force.

"Community health assessment process is a proven and effective tool in improving the health of a community." (Institute of Medicine, 1988)

About this Report

This report profiles the health status of Weld County residents, including the important socio-economic and environmental factors that play a critical role in determining health status. Data are presented at the county level and in some instances in sub-county regions. A variety of data and data sources were used. To make this report more readable and useful, detailed information about data sources and references were kept to a minimum in the body of the report but information can be found at the end of the report. Most of the data come from the Colorado Department of Public Health and Environment and are publicly available on their web site. They have over 350 validated indicators available on their website at:

<http://www.chd.dphe.state.co.us/HealthIndicators>. Analyses presented in this report were carried out by the staff of the Weld County Department of Public Health and Environment. Four comparison counties are used throughout this report – Boulder, Larimer, Mesa, and Pueblo. An explanation of how these counties were chosen as comparison counties can be found at the end of the report. This report is for public use and may be used without obtaining permission from Weld County. For more information about the report and plan, contact the Weld County Public Information Officer, at info@weldhealth.org or by phone at: (970) 304-6470.

Background on Weld County

Weld County incorporates 4,021 square miles within the relatively flat eastern portion of Colorado. The northeastern portions of the county contain the extensive *Pawnee National Grassland* and the *Pawnee Buttes*. Along the western border are low hills that are an indication of the foothills of the Rocky Mountains 30 miles further west. While traditionally rural in nature, due to its proximity to major transit routes and the Denver metro area, many communities in the county have seen rapid population growth and are becoming more urban and suburban in character. The overall population density in the county is 63 persons per square mile which is still quite a bit lower than its neighboring western border counties of Larimer which is 115 persons per square mile and Boulder which is 406 persons per square mile.

Weld County Demographic Snapshot

- 252,825 residents (2010)
- Most residents are White (69%), followed by Latino (27%), Asian (1%), and African American (1%)
- 14% live in poverty (2010)
- 11% of children and 22 % of adults (18-64 yrs) are uninsured
- 3,955 live births annually

Weld County has 26 incorporated and 21 unincorporated towns and municipalities. Greeley is the largest city with 92,889 people or 37% of the population. There are 12 organized school districts in Weld County ranging from the largest, School District Six in Greeley/Evans, to the smaller school districts of Prairie and Pawnee on the eastern plains. Greeley is home to the University of Northern Colorado as well as Aims Community College with a second Aims Campus in Ft Lupton. The county is served by several health care systems including two community-based health centers, and a large network of medical providers. The transit routes in the county include two interstate highways: I-25 (US 87) which runs north and south through western Weld County and I-76 that runs from the south central edge northeastward to the Morgan county border. Other major roads include US 85 and US 34, which intersect near Greeley, and State Highway 14, which runs through Ault. Local bus service is available within Greeley and Evans, but is more limited or nonexistent in other Weld County communities.

Community Demographics

Population

In 2010, there were 252,825 people living in Weld County, according to the 2010 U.S. Decennial Census. Most of that population (83.2%) lives in cities and towns. The county's population has grown by 40 percent since the 2000 U.S. Census. Greeley and Evans are home to nearly 111,500 residents. Weld is one of the top ten most heavily populated counties in the state and its growth since the 2000 U.S. Census was only surpassed by one other Colorado county - Douglas. In comparison, Colorado has grown 17 percent overall compared to other states since the year 2000.

Eleven Weld County communities have growth rates higher than the county's growth rate of nearly 40 percent. These include: Firestone (431.8%), Severance (430.2%), Frederick (251.8%), Erie (188.3%), Johnstown (158.4%), Lochbuie (130.7%), Evans (94.8%), Milliken (94.3%), Mead (68.8%), Eaton (62.3%), and Hudson (50.5%) (see Table 1). Greeley's growth rate (20.7%), however, was lower than the county overall but still higher than the state growth rate. Other communities had smaller or negative growth rates.

Table 1. Population Growth in Selected Weld County Communities, 2000-2010

	% Growth
Firestone	431.8
Severance	430.2
Frederick	251.8
Erie	188.3
Johnstown	158.4
Lochbuie	130.7
Evans	94.8
Milliken	94.3
Mead	68.8
Eaton	62.3
Hudson	50.5
Countywide	39.7
Greeley	20.7

Source: US Census Bureau

Many communities south of Greeley (and Evans) make up the fastest growing communities in the county, adding over 41,000 new residents since 2000. Greeley, Evans, Firestone, and Erie make up more than 50 percent of the county's growth since 2000 (see Table 2).

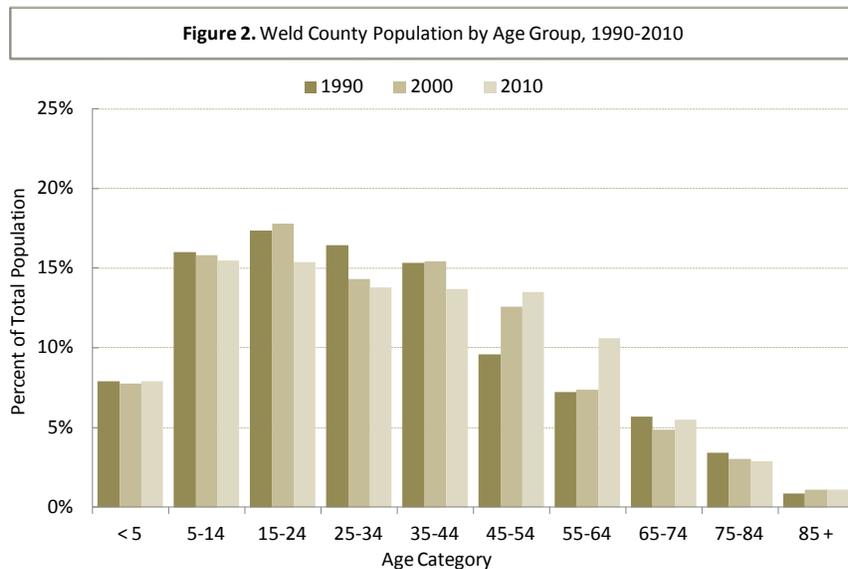
Table 2. Number of New Residents in Selected Weld County Communities, 2000 - 2010

	2010 Population	2000 Population	New Residents
Countywide	252,825	180,936	71,889
Firestone	10,147	1,908	8,239
Severance	3,165	597	2,568
Frederick	8,679	2,467	6,212
Erie	18,135	6,291	11,844
Johnstown	9,887	3,827	6,060
Lochbuie	4,726	2,049	2,677
Evans	18,537	9,514	9,023
Milliken	5,610	2,888	2,722
Mead	3,405	2,017	1,388
Eaton	4,365	2,690	1,675
Hudson	2,356	1,565	791
Greeley	92,889	76,930	15,959

Source: U.S. Census Bureau

Age of Residents

In 2010, the median¹ age in Weld County was 33.1 years, which is younger than the overall Colorado median age of 36.1 years but higher than the median age in Greeley of 29.8 years. The age structure of Weld County's population continues to shift similar to the national pattern, which has shown growth in older age ranges due to aging *baby boomers*. As can be seen in Figure 2, the percentages of the total population in the older age groups (45 to 54, 55 to 64, and 65-74 years) are increasing and the percentages in the younger age groups are decreasing. The most notable increase was found among 55 to 64 year old residents which increased from 7.2 percent in 1990 to 10.6 percent in 2010.



Source: U.S. Census Bureau

¹ The median is the number in the middle where 50 percent of the values are higher and 50 percent are lower.

Race and Ethnicity

In 2010, 68.8 percent of Weld County’s residents were white and 27.4 percent were Hispanic/Latino. Weld County had lower percentages of whites (68.8% vs. 70.0%), African Americans (0.7% vs. 3.8%), American Indians (0.4% vs. 0.6%), and Asians/Pacific Islanders (1.2% vs. 2.8%) but had a higher percentage of Hispanics/Latinos (27.4%) than Colorado (20.7%). In comparison to the city of Greeley, Weld County had a higher percentage of whites (68.8% vs. 59.3%) and lower percentage of Hispanics/Latinos (27.4% vs. 36.0%).

Table 3. Population Estimates by Race/Ethnicity, 2010

	Total Population	Non-Hispanic						Hispanic origin (of any race)
		White	Black/African American	American Indian & Alaska Native	Asian/Pacific Islander	Some other race	Two or more races	
Colorado	5,029,196	70.0%	3.8%	0.6%	2.8%	0.2%	2.0%	20.7%
Weld	252,825	68.8%	0.7%	0.4%	1.2%	0.1%	1.4%	27.4%
Greeley	92,889	59.3%	1.4%	0.4%	1.4%	0.2%	1.3%	36.0%

Source: U.S. Census Bureau

Language/Foreign Born/Nativity

In 2010, 81.4 percent (190,957) of Weld County residents 5 years and older reported speaking only English at home. The remaining 18.6 percent of residents (43,528) spoke a language other than English at home. Of these residents, 89.8 percent (39,083) spoke Spanish, 4.4 percent (1,914) spoke a language related to their Asian or Pacific Islander heritage, and the remaining 5.8 percent (2,528) spoke other languages at home. In 2010, 9.5 percent (24,252) Weld County residents were born outside the United States, which is similar to the percentage of foreign born residents living in Colorado overall (9.8%).

Determinants of Health

Health starts in our homes, schools, workplaces, neighborhoods, and communities. Taking care of ourselves includes eating well and staying active, not smoking, getting the recommended immunizations and screening tests, and seeing a doctor when we are sick. These individual, personal behaviors and choices influence health. Our health is also determined, in part, by: a) access to social and economic opportunities; b) the resources and supports available in our homes, neighborhoods, and communities; c) the quality of our schools; d) the safety of our workplaces; e) the cleanliness of our water, food, and air; and f) the nature of our social interactions and relationships. The conditions in which we live explain in part why some residents are healthier than others.

“Health care matters to all of us some of the time, public health matters to all of us all of the time.”

— C. Everett Koop

Examples of *social determinants* include:

- Resources to meet daily needs (e.g., safe housing and local food markets)
- Access to educational, economic, and job opportunities
- Social support, networks, and participation
- Exposure to crime, violence, and social disorder

Examples of *physical determinants* include:

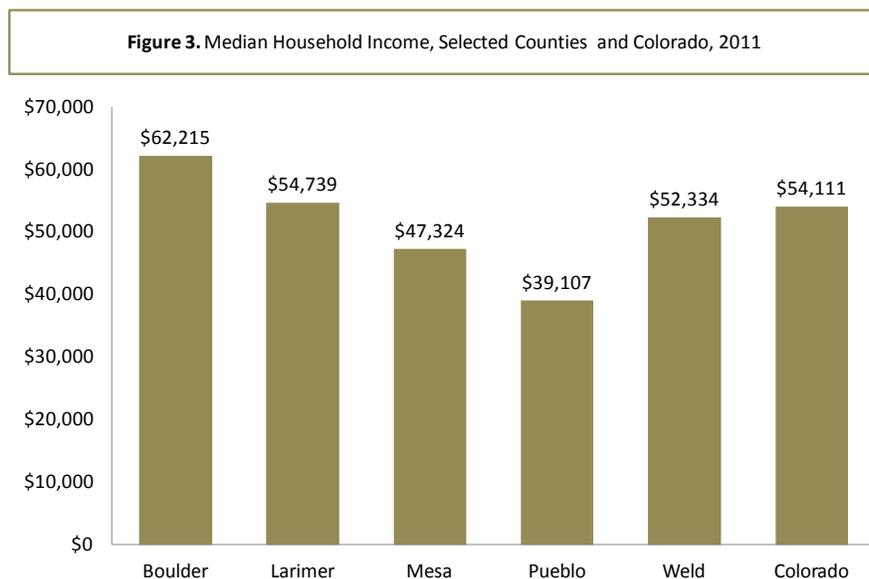
- Community design and neighborhood upkeep
- Transportation - sidewalks, bike lanes, and roads
- Physical barriers, especially for people with disabilities

This next section highlights the economic, physical, and social factors that influence health.

Economic Opportunity

Household and Household Income

In 2010, there were an estimated 89,349 households in Weld County. From 2000 to 2010, however, the total number of households grew by 41.3 percent. The current median household income is \$52,334, which is higher than the national median household income of \$50,046, but lower than Colorado’s median household income of \$54,111. The average number of persons per household in Weld County in 2010 was 2.76, which is higher than the national average of 2.58 persons per household and the Colorado average of 2.49, indicating that more people reside within Weld County homes.



Source: U.S. Census Bureau, Small Area Income & Poverty Estimates

Poverty

Poverty is defined by using a set of income thresholds that vary by family size and composition. If a family’s total income is less than the family’s threshold, then that family and every individual in it is considered in poverty. In 2010 the U.S. Census Bureau defined the poverty threshold for a family of four to be \$22,314 and for a family of two adults aged 65 years and over it was \$13,194. In 2010, an estimated 35,454 (14.3%) of the total population in Weld County were living at or below poverty level. The poverty rate is slightly lower than the United States (15.3%) and slightly higher than Colorado (13.2%). In 2010, the percent of Weld County children that live in a family with a total income below the poverty level was 18.5 percent, higher than the 17.1 percent of all children in Colorado and lower than the 21.6 percent of all children living in the United States.

Employment Status

Currently, the unemployment rate in Weld County is 8.7percent, which is slightly higher than the 7.7 percent rate for the state of Colorado (November, 2011). The largest major industry sectors where people are employed within the county include: manufacturing (13.5%), education services (11.1%), and health care and social assistance (10%). The largest major occupational groups employed within the county are office and administrative support occupations (21.1%), sales and related occupations (15.6%), and food preparation and service related occupations (12.1%).

In 2010, the non-seasonally adjusted average annual unemployment rate in Weld County was 10.2 percent which was higher than Colorado (8.9%) and the U.S. (9.6%). Weld County's unemployment rate was similar to Mesa and Pueblo counties but still higher than the two neighboring counties of Boulder and Larimer (Table 4).

Table 4. Unemployment Rates, 2010

	Annual Unemployment Rate (%)
Boulder	7.1
Larimer	7.4
Mesa	10.6
Pueblo	10.4
Weld	10.2
Colorado	8.9
US	9.6

Source: Local Area Unemployment Statistics, U.S. Bureau of Labor Statistics

Education

According to the latest Census (2010), Weld County has nearly the same percentage of high school graduates (85.3%) as the United States (85.6%) but a lower percentage of high school graduates than Colorado overall (89.7%).

In 2010, the total school enrollment (prekindergarten to college) in Weld County was 74,391. During the 2009-2010 school years, the dropout rate for Weld County public school students enrolled in grades 7 through 12 was 2.4 percent, which is slightly lower than Colorado's rate of 3.1 percent. The four-year on-time high school completion rate among Weld County students is 74.9 percent which is similar to Colorado's rate of 75.9 percent.

Homeownership

The homeownership rate in Weld County is 69.5 percent, which is higher than the state rate of 65.5 percent. The median home value² in Weld County is \$182,500 which is lower than Colorado where the median home value is \$236,600. The median home value in Greeley is \$165,100. Among renters in Weld County, 46.1 percent of renters spend nearly a third of their monthly income in gross rent costs, which is similar to Colorado's rate of 47.5 percent.

Food Insecurity

Food is a basic need and important determinant of health. Food insecurity is an involuntary state that means, at times, family members in a household do not have enough food for an active healthy life. People who experience food insecurity are unable to have an adequate diet in terms of quantity and quality. People experiencing food insecurity consume fewer servings of fruits and vegetables, milk products, and vitamin-rich

² Median home value is the home price that is exactly in the middle of all the home prices in Weld County and is a better measure of housing than the mean or average.

foods than those living in food-secure homes. There are a variety of ways to gauge food insecurity such as those homes that use food stamps or utilize food bank resources, as explained below.

According to the U.S. Census Bureau, 8,236 Weld households (9.2% of all households) receive food stamps. Most of those households (59.7%) have children under the age of 18 years living in the home. Eighteen percent have one or more people 60 years and older living in the home. Just over half the homes (51%) receiving food stamps have one or more people with a disability living in the home. Among households receiving food stamps, 20.6 percent had no one working in the previous 12 months and the median income in those households was \$19, 133.

Since 2007, the Weld Food Bank estimates that it serves over 20,000 residents in need and distributes millions of pounds of food each year (personal communication, Weld Food Bank Resource Manager). In 2011, eight million pounds of food was distributed. According to the 2010 Weld Community Health Survey, 6.4 percent of the respondents (or about 5,700 households) said they or someone in their household needed and used food bank assistance in the previous twelve months. Another 5.1 percent of respondents said that someone in the household needed but did not use food bank assistance in the previous twelve months. Over the past several years, the demand for emergency food has increased in Weld County. Last year the Weld Food Bank distributed 30,135 emergency food boxes, which was a 6.5 % increase over the prior year.

Physical Environment

People interact with their physical environment constantly. These interactions affect quality of life, years of healthy life lived, and health disparities. A focus on the physical (i.e., built) environment consists of preventing or controlling disease, injury, and disability related to the interactions between people and their environment. Maintaining a healthy physical environment is central to increasing quality of life and years of healthy life. Worldwide, nearly one out of four deaths (and the total disease burden) can be attributed to environmental factors such as: a) exposure to hazardous substances in the air, water, soil, and food, b) natural and technological disasters, c) physical hazards, d) nutritional deficiencies, and e) the built environment. Features of the built environment can impact an individual's health-influencing behaviors, physical activity patterns, social networks, and access to resources.

Environmental Quality

Air and Water

Decreasing air pollution is an important part of creating a healthy environment. Weld County air quality is in attainment with the National Ambient Air Quality Standards (NAAQS's) for all EPA air pollutants except for ozone. The elevated ground level ozone concentration and air quality in the southern two-thirds of Weld County is part of the 9-county Denver Metro area where there are primarily respiratory impacts on human health.

Water quality affects the health of people, livestock, wildlife, and the environment. Therefore, everyone has a stake in maintaining and protecting surface and ground water sources. While most Weld County residents get their water from surface water sources, approximately 25,000 – 30,000 residents use ground water as their primary source of consumptive water (Weld County Department of Public Health and Environment). Currently, there are nearly 18,000 constructed and another 3,500 permitted but not constructed ground water wells in Weld County. Types of wells include drinking water, commercial, industrial, monitoring, irrigation, municipal water supplies, stock and wildlife wells (Division of Water Resources, 2011). Between 2006 and 2010, roughly 500 new ground water well permit applications per year were received by the State of Colorado. Weld County

Department of Public Health and Environment's staff are actively involved in monitoring and preserving the county's water sources through involvement in the North Front Range Water Quality Planning Agency and the Big Thompson Watershed Forum among other activities.

Healthy Housing

Most people spend at least half their day inside their homes. Unhealthy housing conditions may seem like cosmetic conditions (e.g., peeling paint that contains lead) or be invisible such as radon gas and lead are a danger to one's health. These potential hazards that can lurk in a home and cause human illness are reported here.

Lead from paint can be dangerous especially to young children and infants. In Weld County, an estimated 18 percent of the total housing units may be at risk for containing lead-based paint because they were built before 1960. This rate is slightly lower than the overall Colorado rate of 21.2 percent but slightly higher than the rate in Boulder (14.9%) and Larimer (13.6%) counties.

Radon is a colorless, odorless, radioactive gas that forms naturally in soil when uranium breaks down in that soil. Radon can seep into our homes through cracks and openings in floors and crawlspaces. Radon gas becomes part of the air we breathe and is known to cause lung cancer. In fact, radon is the second leading contributor to lung cancers in the United States and is the leading cause of lung cancer deaths in non-smokers. In Colorado we have high levels of radon in our soils. EPA maps of the 64 Colorado counties indicates that most counties have average levels greater than 4 picocuries per liter (pCi/L), which is the level recommended for radon mitigation.

Since radon testing is not required in Colorado, information about its prevalence and impact is limited. However, Colorado homeowners are encouraged to buy indoor air test kits to determine if radon levels are high (above 4 pCi/L) in their home. Because testing is voluntary and varies widely from county to county, comparing radon levels in different areas of the state is not an accurate estimate of the prevalence of risk associated with radon gas in Weld County, but is considered a *snapshot* of Weld County's testing rate as baseline for future reference and planning purposes. Between 2005 and 2009, 1029 homes in Weld County were tested for radon and 51.8 percent of the homes tested had radon levels above 4 pCi/L.

Crime and Public Safety

Crime

The Colorado Bureau of Investigation (CBI) collects and publishes crime statistics statewide. Data are based on individuals arrested by a particular agency (e.g., municipal or county police department) and were assigned to the appropriate county. An individual is only counted once based on the most serious offense each time he/she is arrested. Violent crime arrests include arrests for murder and non-negligent manslaughter, forcible rape, robbery, and aggravated assault. Property crime arrests include burglary, larceny-theft, motor vehicle theft including "joy riding", and arson. In order to compare arrests geographically, the number of arrests are divided by the appropriate adult or juvenile total population and then multiplied by 100,000 to obtain a population-based rate.

Weld County's violent crime rates are much lower than the state rates (Table 5). Weld's adult violent crime rate (114.6) is similar to Boulder (116.5) and Larimer (93.4) whereas the juvenile violent crime rate of 117.4 per 100,000 juveniles aged 10 – 17 years is similar to Mesa County's (113.1).

Table 5. Adult (18+ years) and Juvenile (10-17 years) Violent Crime Rates per 100,000 Population, 2010

	Adult Violent crime	Juvenile Violent Crime
Boulder	116.5	159.8
Larimer	93.4	133.4
Mesa	130.1	113.1
Pueblo	197.3	171.5
Weld	114.6	117.4
Statewide	156.7	158.9

Source: Colorado Bureau of Investigation

The pattern of property crime rates is somewhat different from the violent crime rates. Weld County's adult property crime rate (485.7) and its juvenile property crime rate (1462.5) are slightly higher than the state's rates of 463.5 and 1347.9, respectively. Adult property crime rates are similar to Boulder and Larimer counties whereas the juvenile property crime rate is similar to the rate in Larimer County.

Table 6. Adult and Juvenile Property Crime Rates per 100,000 Population, 2010

	Adult Property crime	Juvenile Property Crime
Boulder	430.5	930.6
Larimer	391.4	1667.5
Mesa	546.3	2096.5
Pueblo	173.1	Not available
Weld	485.7	1462.5
Statewide	463.5	1347.9

Source: Colorado Bureau of Investigation

Perceived Safety

Questions about residents' perceptions of safety were asked in two surveys, the Colorado Child Health Survey and the Weld County Community Health Survey. The former survey asked parents to what extent they felt their child was safe in their community or neighborhood. The Colorado Child Health Survey is a telephone-based survey where randomly selected families with children between the ages of 1 and 14 years old are asked to participate after completing the adult-based Behavior Risk Factor Surveillance Survey. About 1,000 child health surveys are completed annually statewide. To obtain county-level estimates, three years of data are combined and then, if more than 50 responses are obtained within a county for the three year period, data are weighted to obtain those county-level estimates. The Weld County Community Health Survey is a mail-based random sample survey that asked residents to rate their concern about neighborhood safety in their particular city, town, or rural area where they live. In 2010, 3,383 residents completed the Weld County survey. These data were also weighted to reflect the county population as a whole.

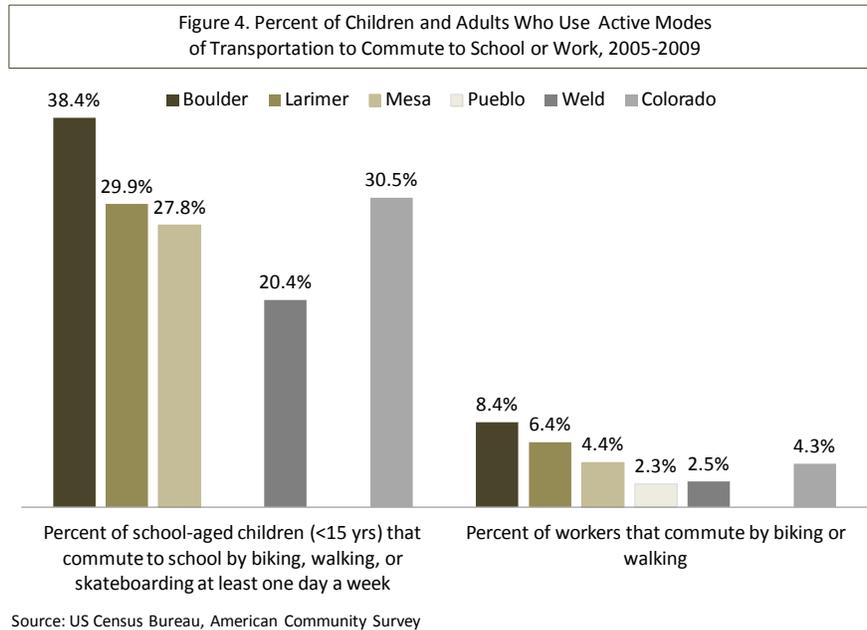
During 2007 to 2009, 96 percent of parents in Weld County said they felt their child was usually or always safe in their community or neighborhood compared to 93 percent of parents who felt this way statewide. Weld County parents' perceptions were similar to Boulder (97%), Larimer (97%), and Mesa (93%) counties. Pueblo County parents' perceptions of their child's safety, however, were much different and lower, with only 86 percent saying they felt their child was usually or always safe in their community/neighborhood.

In 2010, among the 1,436 households with children surveyed, 82 percent of Weld County parents said they were concerned about neighborhood safety in the community in which they live. Parent concerns about neighborhood safety varied by geographic location in the county. Seventy-eight percent of Greeley and Evans parents said they were very or moderately concerned about neighborhood safety compared to 67 percent of parents residing in southeast Weld County communities and 59 percent of parents residing in southwest Weld County who were very or moderately concerned about neighborhood safety in their community. Finally, only 48 percent of parents residing in north Weld County communities were either very or moderately concerned about neighborhood safety.

Built Environment

Creating health-promoting environments is complex. In Weld County, this is complicated by the geographic size of the county which is so large (4,022 square miles) with a diverse population density mixture of rural and urban areas. In some communities, there may be limited options to use active modes of transportation (i.e., walking or biking) to commute to work or school. Interestingly, the majority of residents (74.9%) say that the sidewalks and shoulders in their neighborhood are sufficient to walk, run, or bicycle but this percentage is lower than what Coloradoans report overall (83.9%).

Only 2.5 percent of Weld adults commute to work by biking or walking compared to 4.3 percent of adults statewide (see Figure 4). More importantly, the proportion of Weld County school-aged children (less than 15 years old) that bike, walk, or skateboard to school is 20.4 percent compared to 38.4 percent in Boulder, 29.9 percent in Larimer, 27.8 percent in Mesa, and 30.5 percent statewide. This limited activity contributes to less physical activity among Weld County residents.



Living in neighborhoods with easy access to grocery stores and services such as libraries, senior centers, and recreation facilities as well as to restaurants and entertainment can make daily life less stressful and more enjoyable for individuals and families.

In Weld County, however, there is less than one healthy food establishment for every 10,000 residents (0.9 per 10,000). A healthy food establishment is defined here as either a grocery store or supermarket with four or more employees or a produce stand or farmer's market. The definition includes delicatessen-type establishments that sell canned and frozen foods, fresh fruits and vegetables, and fresh and prepared meats, fish, and poultry but does not include convenience stores using the North American Industry Classification System and U.S. Census Bureau Business Pattern data. For comparison, the overall rate in Colorado is 1.1 healthy food establishments for every 10,000 residents. Weld County's rate is similar to Larimer (0.9), Mesa (1.0), and Pueblo (0.8) counties, but less than Boulder County's (1.3) rate.

Using the same definition of healthy food establishments but looked at a different way, 52 percent of Weld County's twenty-nine zip codes have a healthy food outlet compared to 59 percent of Colorado's 442 zip codes overall. This rate is similar to Mesa County's rate of 50 percent but lower than Larimer (73%), Boulder (73%), and Pueblo (82%) counties.

Social Factors/Environment

The social environment includes those things that contribute to one's ability to relate to others and is a major determinant of health. The strength of social networks within a community, social stability, recognition of diversity and culture, safety, good working relationships, civic participation, and volunteerism are part of the social environment. A healthy social environment can help individuals or groups reduce or avoid many potential risks to good health. The caring that comes from social networks brings a sense of well-being and seems to act as a buffer against health problems. A social environment that supports people working together on common issues through partnerships is invaluable and contributes to good health.

Over the past several decades, health researchers have found evidence that an individual's social environment or culture as well as their lifestyles and behaviors can influence the incidence of illness in a population. Exactly which social factors influence health is still being studied, but several recommended indicators such as participation, political influence, and violence are summarized here.

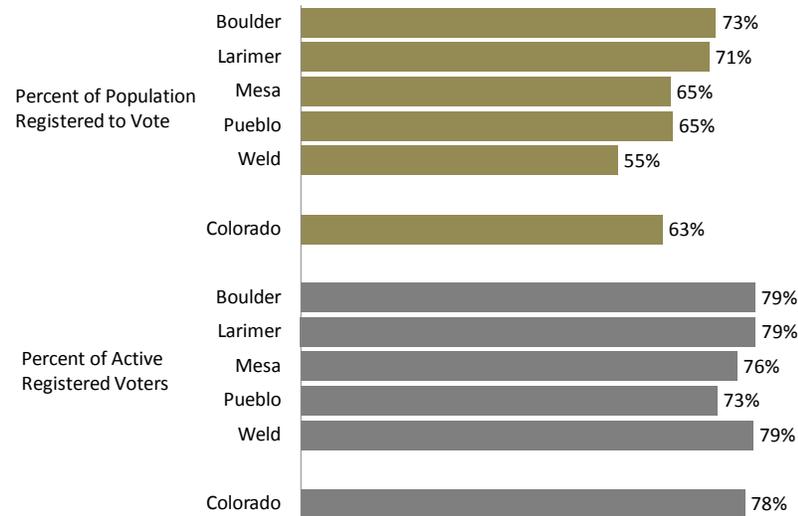
Participation

Participation in one's social environment may include using local facilities such as community libraries. One indicator often used is the percent of residents residing in a library service area that are registered public library borrowers. In Weld County, 51 percent of residents residing in a library service area are registered borrowers. This same indicator for Colorado overall is slightly higher at 58 percent. The neighboring counties of Boulder and Larimer have higher rates of resident library borrowers at 72 and 62 percent respectively. Pueblo County's library borrower rate is also higher than Weld's at 64 percent, whereas Mesa County's rate is slightly lower at 47 percent.

Political Influence

Political participation, sometimes called political influence, is another social well-being indicator. This is often measured by two related indicators: a) the percent of the population that is registered to vote, and b) the percent of active registered voters. In 2009 in Weld County, 55 percent of the population was registered to vote and 79 percent of the registered voters were considered active voters because they either voted or kept their voter registration information up-to-date in recent general elections. The Weld County rate of registered voters is quite a bit lower than the state rate of 63 percent and lower than the four comparison counties shown in Figure 5 (top portion). However, the percent of Weld County registered voters considered to be active is similar (79%) to the state rate (78%) and the four comparison counties.

Figure 6. Political Participation and Influence, 2009



Source: Colorado Secretary of State

Violence

Violence also affects one’s social environment. Violence is widespread in society and is one of the top killers for Americans of all ages. Although many people accept violence as “acts of fate” or “part of life”, most violent-related deaths are predictable and preventable. Violence can have a significant impact on individual well-being by contributing to premature death, disability, poor mental health, high medical costs, and lost productivity. The effects of violence extend beyond the individual victim to family members, friends, coworkers, employers, and communities. Most recently, violence prevention specialists are trying to better understand trends related to bullying, dating violence, and sexual violence among youth as well as elder maltreatment. These two violence indicators and child maltreatment will be discussed here.

Child and elder maltreatment rates are shown in Table 7. Weld County’s child maltreatment rate (7.9 per 1,000) is lower than the state rate (9.1 per 1,000) and similar to Boulder and Larimer counties rates. Weld County’s elder maltreatment rate (587.7 per 100,000) is lower than the state rate (709.8 per 100,000) and the four comparison counties.

Table 7. Child and Elder Maltreatment Rates, 2009

	Child maltreatment ¹ rate per 1,000 children under 18 years	Elder maltreatment ² rate per 100,000 population aged 65+ years
Boulder	8.3	613.8
Larimer	7.6	1069.6
Mesa	11.3	1147.6
Pueblo	6.2	1092.2
Weld	7.9	587.7
Statewide	9.1	709.8

Source: Division of Child Welfare

¹Child maltreatment is defined as any act of physical abuse, neglect, medical neglect, sexual abuse, emotional abuse, or an act or failure to act that presents imminent risk of serious harm to a child and includes only substantiated cases. ²Elder maltreatment open cases include physical abuse, sexual abuse, self-abuse, and financial exploitation to at-risk adults.

In the fall 2010 Weld Healthy Kids Colorado Survey, the percent of Weld County high school students who reported being bullied (in any way) on school property during the twelve months prior to being surveyed was 19 percent. Sixteen percent said they had been bullied electronically via email, chat rooms, instant messaging, web sites, or texting. Twelve percent reported dating violence (i.e., being hit, slapped, or physically hurt by a boyfriend or girlfriend) during the previous 12 months and 8 percent reported being physically forced to have sexual intercourse when they did not want to.

Individual Factors that Influence Health

The next component of the health determinant framework separates individual factors that influence health into three categories: a) health behaviors and conditions, b) behavioral health (i.e., mental health and substance abuse), and c) health care access, utilization, and quality care.

Health Behaviors and Conditions

Health behaviors are lifestyle choices that affect an individual's health and can lead to illness, injury, or death. Some of the most common lifestyle choices include: tobacco use, poor nutrition, physical inactivity (lack of exercise), unintentional injuries, and unintended pregnancies. These behaviors are among the leading causes of disease and premature death in the U.S. and Weld County. This section will review data on tobacco use, sexual health, nutrition, physical activity, obesity, and injury. These behaviors are mostly modifiable and could be influenced by preventive public health strategies, such as health education, promotion of healthy lifestyles, routine health screenings, and preventive care.

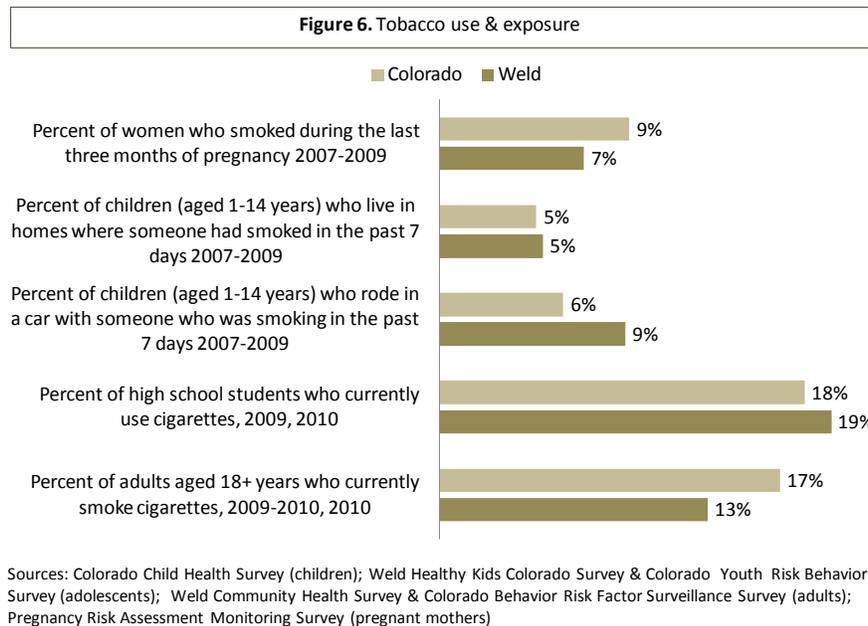
Tobacco Use and Exposure

Tobacco use is the single most preventable cause of death and disease in the United States. Each year, approximately 443,000 Americans die from tobacco-related illnesses, accounting for approximately one of every five deaths. According to the Centers for Disease Control and Prevention, for every person who dies from tobacco use, 20 more people suffer with at least one serious tobacco-related illness. In addition, tobacco use costs the United States \$193 billion annually in direct medical expenses and lost productivity.

In 2010, 13 percent of Weld County adults were current smokers compared to 17 percent of adults statewide. Weld's 2010 rate is much lower than previous year estimates which have remained around 18 percent since 2006. Although there may be multiple explanations for this drop in the smoking rate, the most likely explanation is due to the Federal Government's increase in the Federal tobacco excise tax from \$0.61 to \$1.01 per pack which went into effect in April 2009. This effect of the tax increase may have been enhanced by the down economy we have been experiencing since 2008.

The 2010 Weld Healthy Kids Colorado Survey reported that 19 percent of Weld County high school students were current smokers compared to 13 percent by the 2007 Weld Youth Risk Behavior Survey. Both of these surveys included representative samples of Weld County high school students. For comparison, in 2009, the Healthy Kids Colorado Survey reported that 18 percent of all Colorado high school students were current smokers. More male students (22%) smoke than females (15%) and more Hispanic/Latino students (20%) than non-Hispanic White students (18%) smoke. Six percent of students report they are daily smokers. Eighteen percent of male high school students report they currently use chewing tobacco products.

In terms of children’s exposure to cigarette smoke, according to parent reports on the Colorado Child Health Survey, 9 percent of all Weld County children are exposed to cigarette smoke in a car and 5 percent are exposed in their own homes. Based on a representative sample of recent Weld mothers interviewed by phone using the Colorado Pregnancy Risk Assessment Monitoring Survey (i.e., PRAMS), seven percent of mothers said they smoked during the last three months of their pregnancy. Figure 6 compares Weld’s rates with Colorado rates. The rate of children exposed to cigarette smoke in a car is higher than the state rate but the rate of children exposed to cigarette smoke in their home is the same as the state rate.



Nutrition, Physical Activity, and Body Weight

Good nutrition, physical activity, and a healthy body weight are essential to a person’s overall health and well-being. A healthful diet, regular physical activity, and achieving and maintaining a healthy weight are also important to managing health conditions so they do not worsen over time.

Most Americans, however, do not eat a healthful diet and are not physically active at levels needed to maintain proper health. Nationally, fewer than 1 in 3 adults and an even lower proportion of adolescents eat the recommended amount of vegetables each day. Also, a majority of adults (82%) and adolescents (82%) do not get the recommended amount of physical activity.

Many factors affect a person’s ability to eat a healthful diet, stay physically active, and achieve or maintain a healthy weight. The *built environment* can have an impact on behaviors that influence health. For example, in many communities, there is nowhere to buy affordable or fresh fruit and vegetables, and no safe or appealing place to play or be active. These environmental factors can also be influenced by social and individual factors such as gender, age, race, and ethnicity and education level.

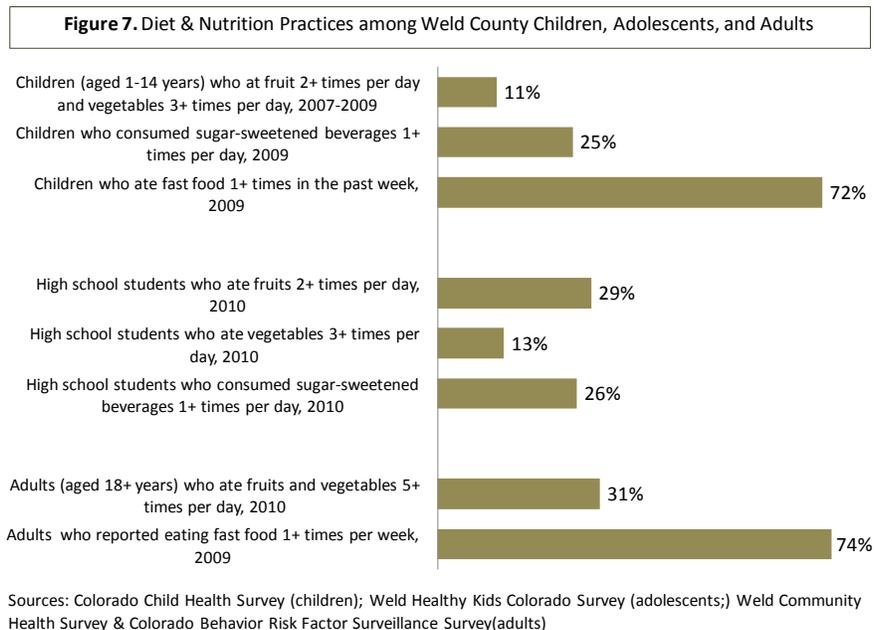
“In our society, we should be putting more emphasis healthy eating.” (Anonymous community resident, 2010 Weld Community Health Survey)

Nutrition

Poor nutrition is a modifiable risk factor that, when improved, can reduce risks for chronic disease and premature death. Consuming at least the recommended amount of fruits and vegetables decreases risk for obesity, especially if fruits and vegetables are substituted for foods that are high in fat and calories.

Based on available data, most Weld County children, adolescents, and adults do not seem to be consuming enough fruits and vegetables to meet the recommended amounts of two or more servings of fruit and three or more servings of vegetables. For children between the ages of one and 14 years, about one out of ten (11%) eat two servings of fruit and three servings of vegetables, according to parent reports. For high school students, 29 percent consume two or more servings of fruit per day and 13 percent consume three or more servings of vegetables per day. Among Weld adults, 31 percent eat the recommended five or more servings of fruits and vegetables per day.

About one out of four children (aged 1- 14 years) and high school students consume at least one sugar-sweetened beverage per day. Nearly three out of four (72% for children and 74% high school students) eat fast food one or more times per week (see Figure 7).



Physical Activity

There is strong scientific evidence that supports the health benefits of regular physical activity among youth and adults. However, nationwide more than 80 percent of adults do not meet the guidelines for both aerobic and muscle-strengthening activities. Similarly, more than 80 percent of adolescents do not do enough aerobic physical activity to meet the guidelines for youth.

For adults, the benefits of regular physical activity are many. Exercise can lower the risk of early death, coronary heart disease, stroke, high blood pressure, Type 2 diabetes, and other medical conditions. For children and adolescents, physical activity can improve bone health, improve cardio respiratory and muscular fitness, decrease levels of body fat, and reduce symptoms of depression.

Personal, social, economic, and environmental factors all play a role in physical activity levels among youth, adults, and older adults. Understanding the barriers and facilitators of physical activity is important in determining which actions have the best chance to improve levels of physical activity in Weld County. For example, some of the factors positively associated with physical activity include:

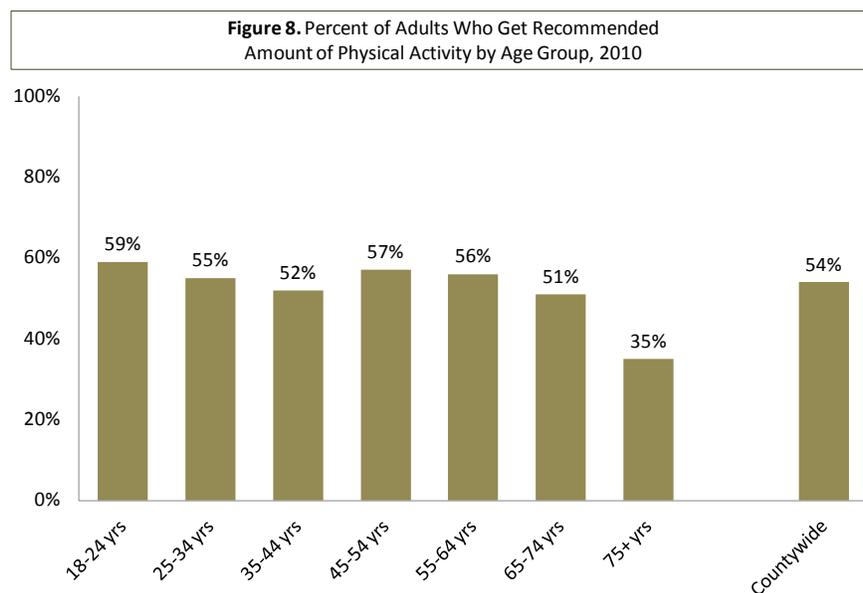
- Enjoyment of exercise
- Personal goals
- Belief in ability to be active (self-efficacy)
- Support of family and friends
- Participation in physical education and/or school sports
- Access to and satisfaction with facilities
- Safe neighborhoods

“I think Greeley (or Weld County) should connect the town better with attractive bike paths. Connecting the town to the Poudre River Trail or the Sheep Draw Trail would be awesome!” (Anonymous community resident, 2010 Weld Community Health Survey)

Factors negatively associated with physical activity include:

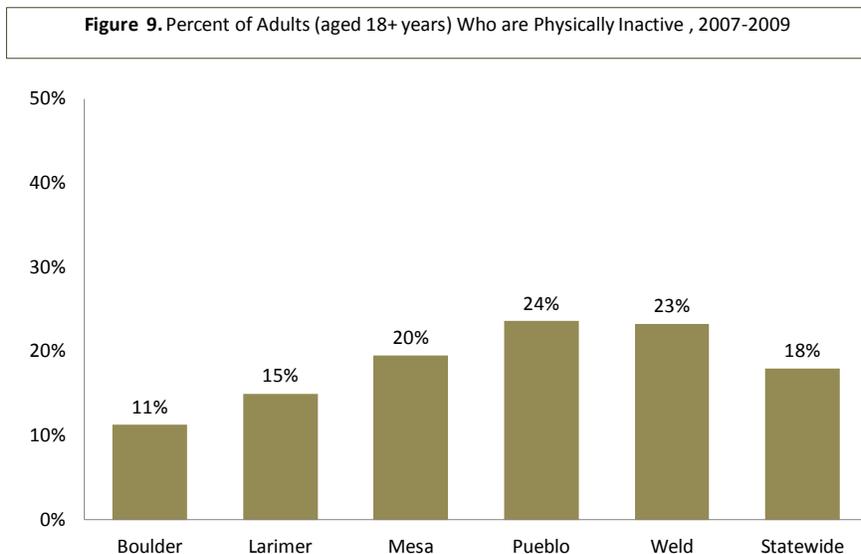
- Advancing age
- Low income
- Lack of time
- Rural residency
- Overweight or obesity
- Being disabled

Unlike the nation, in which only 20 percent of Americans report getting the recommended amount of physical activity, more Weld County residents (54%) get the recommended amount of physical activity. The amount of physical activity achieved by different age groups varies slightly between the ages of 18 and 74 years (see Figure 8).



Source: 2010 Weld Community Health Survey

On the other hand, about one out of four Weld residents are physically inactive, especially compared to some of our neighboring and peer counties (see Figure 9).



Source: Colorado Behavioral Risk Factor Surveillance Survey

The Physical Activity Guidelines for Americans recommend that children and adolescents participate in at least 60 minutes of physical activity most days of the week, preferably daily. Ensuring children have access to physical activity in school is an important way to meet that goal. School is often the only place children are exposed to regular physical activity and being physically active has been shown to help children achieve in the classroom as well as establish healthy habits they can carry throughout their lives.

Until 2011, Colorado was one of only two states with no physical education or physical activity requirements for schools. In 2011, House Bill 11-1069, Physical Activity Expectation in Schools, was signed into law. The law now requires local school boards to set policies that incorporate physical activity into the school schedule for elementary school students so that these young children receive an average of 30 minutes of physical activity per day.

“We have an obesity issue with kids. But to correct it, parents of kids need to eat healthy so kids can see proper eating habits.”
(Anonymous community resident, Weld 2010 Community Health Survey)

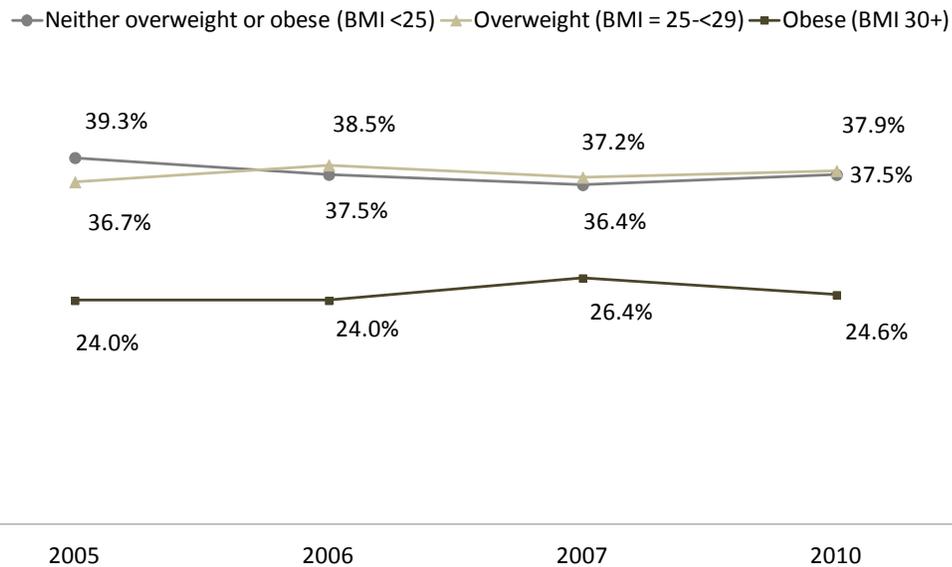
According to parent reports on the 2009 Colorado Child Health Survey, 48 percent of children statewide between the ages of 5 and 14 years engaged in 60 minutes or more per day of physical activity per week. At the time of this report, there was no information available for Weld County children in this age range. Among high school students, according to the 2010 Weld Healthy Kids Colorado Survey, 22 percent of Weld students said they get 60 minutes or more per day of physical activity, which is a slightly lower rate than for high school students statewide in 2009 (27%). However, over 70 percent of Weld high school students report getting 20 or more minutes of vigorous activity per day at least three days per week.

Body Weight Status

Body weight is determined by a combination of factors including genetic, metabolic, behavioral, environmental, cultural, and socioeconomic factors. For most people, overweight or obesity is caused by excess calorie consumption and/or physical inactivity. Overweight and obesity are defined as “abnormal or excessive fat accumulation that may impair health” (World Health Organization). A widely used measure of weight status is the Body Mass Index (BMI) because it is a convenient and reliable way to estimate body fatness for most population groups. For people of all ages, BMI is calculated using height and weight, but the definitions of underweight, healthy weight, overweight, and obese for children and adolescents are different from the definitions for adults.

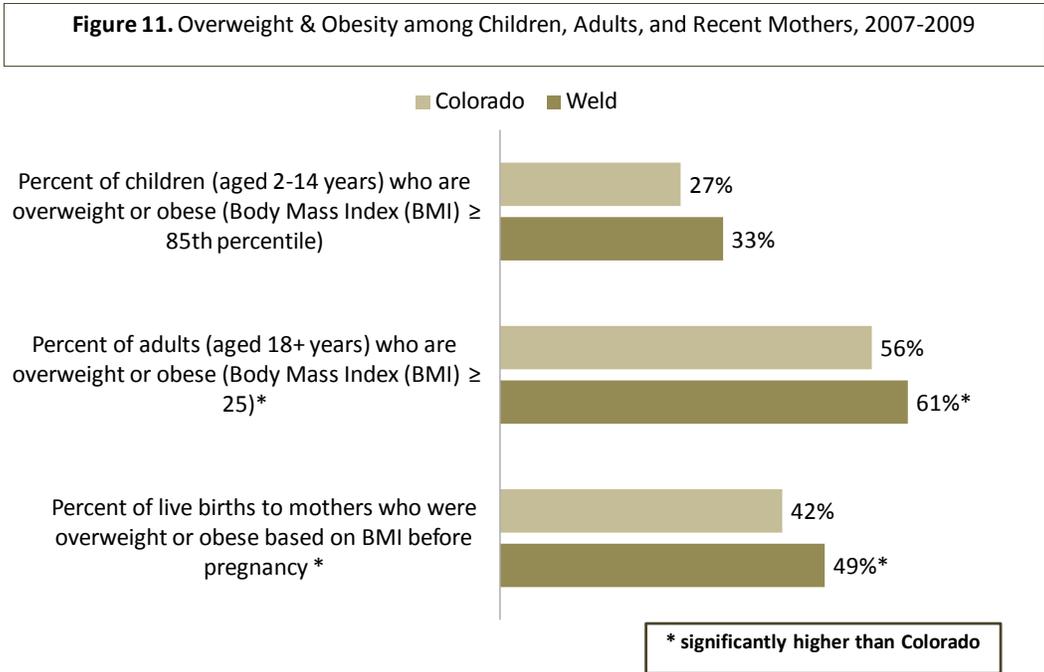
Overweight and obesity have reached epidemic proportions in the U.S including Colorado. Since 1995, the prevalence of obesity in Colorado has nearly doubled. Even though Colorado’s adult obesity rate (19%) is still lower than the national average (25%), Weld County’s rate is not (25%). However, since 2005, Weld County’s adult obesity rate has remained about the same (see Figure 10).

Figure 10. Weight Status Trend, Weld County, 2005-2010



Sources: Weld Behavioral Risk Factor Surveillance Survey (2005, 2006);
Weld Community Health Survey (2007, 2010)

The prevalence of overweight and obesity among Weld children, adults, and recent mothers is significantly higher than Colorado’s rates (see Figure 11). One-third of Weld children, about sixty percent of adults, and nearly half of recent mothers are overweight or obese.

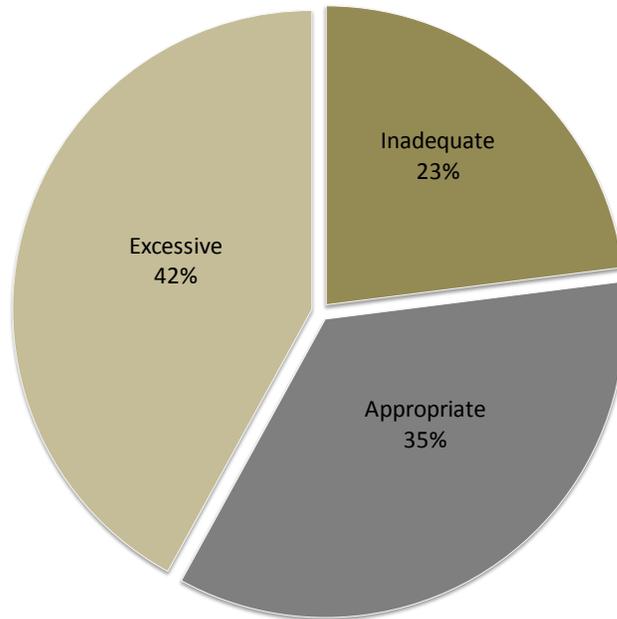


Sources: Colorado Child Health Survey (children); Colorado Behavior Risk Factor Surveillance Survey (adults, recent mothers)

In 1990, the Institute of Medicine developed guidelines for women about weight gain during pregnancy. To meet the recommendations, women need to gain within the weight gain ranges for their body mass index (BMI) category. A woman with a low BMI (< 19.8) should gain 28-40 pounds. A woman with a normal BMI (19.8-26.0) should gain 25-35 pounds and a woman with a high BMI (>26.0) should gain 15-25 pounds. Appropriate (or adequate) weight gain is defined as a gain of the recommended number of pounds. Excessive weight gain is defined as a gain of more than the recommended number of pounds. Inadequate weight gain is defined as a gain of less than the recommended number of pounds.

In Weld County, about one-third (35%) of pregnant women gained an appropriate amount of weight, whereas, 42 percent gained an excessive amount, according to the IOM guidelines. About one out of four (23%) Weld pregnant women did not gain enough weight during their pregnancy (see Figure 12). These percentages are similar to statewide rates which are 34, 42, and 25 percent respectively.

Figure 12. Maternal Weight Gain During Pregnancy, 2004-2008, Weld County



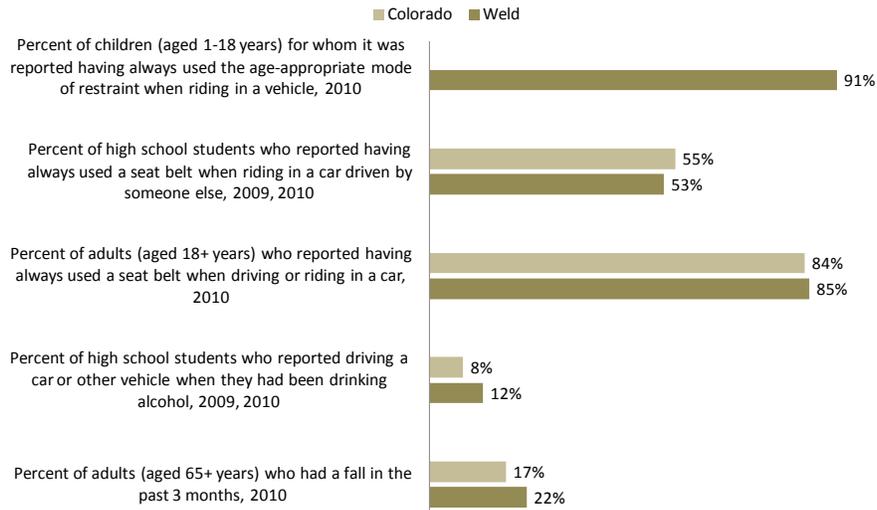
Source: Colorado Pregnancy Risk Assessment Monitoring Survey

Injury-related Behaviors

Injuries are the leading cause of death for Americans ages 1 to 44, and a leading cause of disability for all ages, regardless of sex, race/ethnicity, or socioeconomic status. In Weld County, unintentional injuries are the leading cause of death among residents 65 years and younger (see Population Health Outcomes section). Reducing injury improves physical and emotional health. The leading causes of death from unintentional injury include motor-vehicle related injuries, unintended poisoning (see the substance use section for more information), and falls.

In Weld County, 9 out of 10 children always use an age-appropriate motor vehicle restraint (i.e., safety seats, booster seats, or seat belts), according to parent reports. Slightly more than half (53%) of Weld high school students and students statewide said they always use a seatbelt when riding in a car or other vehicle driven by someone else. The percentage of Weld County adults (85%) who always use a seatbelt when riding or driving a car is similar to the statewide rate (84%). Twelve percent of all high school students (drivers and non-drivers), report driving after drinking alcohol compared to 8 percent of all Colorado high school students. Nationwide each year, about one third of adults aged 65 years and older experience a fall. In Weld County, about one out of five adults experienced a fall in the three months prior to be surveyed.

Figure 13. Injury-related Behaviors



Sources: Colorado Child Health Survey (children); Weld Healthy Kids Colorado Survey & Colorado Youth Risk Behavior Survey (adolescents); Weld Community Health Survey & Colorado Behavior Risk Factor Surveillance Survey (adults)

Sexual Health

Healthy reproductive and sexual practices enable people to remain healthy and contribute to their community. Planning and having a healthy pregnancy is critical to the health of women, infants, and families and is also important in preventing teen pregnancy and childbearing.

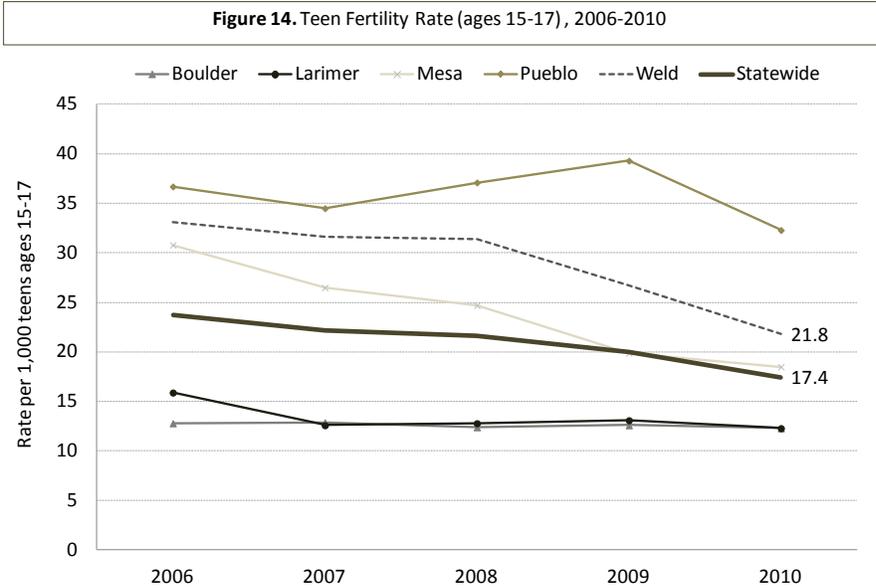
Among sexually active Weld adults, 91 percent report using an effective method of birth control compared to 78 percent of sexually active adults statewide. Effective methods are defined as permanent methods (vasectomy, tubal ligation), hormonal-based methods (pills, shots, implants, etc.), or an intrauterine device (IUD). The percentage of unintended pregnancies in Weld County (37%) is similar to the rate statewide (38%) as is the percentage of high school students that have *never* had sexual intercourse (58% Weld vs. 60% Statewide).

Table 8. Indicators of Sexual Health, Weld and Colorado

	Weld	Colorado
Percent of sexually active adults (aged 18-44 years) using an effective method of birth control to prevent pregnancy, 2010	91%	78%
Percent of pregnancies (among women aged 15+ years) resulting in live births that were unintended, 2007-2009	37%	38%
Percent of high school students who have <i>never</i> had sexual intercourse, 2010	58%	60%

Sources: Colorado Behavior Risk Factor Surveillance Survey, Colorado Pregnancy Risk Assessment Monitoring System, Weld Health Kids Colorado Survey

On the other hand, the rate of live births to teen mothers (21.8 per 1,000) in Weld County is higher than the statewide rate (17.4 per 1,000) (see Figure 14). Similar to other neighboring and peer counties (except Pueblo), the rate of teen births in Weld County has decreased steadily since 2006.



Source: Health Statistics Section, Colorado Department of Public Health and Environment

Mental Well-being and Related Conditions

Mental and emotional well-being is essential to overall health. Positive mental health enables people to cope with the stresses of life, work more productively, and make meaningful contributions to their communities. Anxiety, depression, and other mental disorders are associated with other behaviors that are considered high risk (e.g., tobacco, alcohol and other drug use) as well as many chronic and acute conditions such as obesity, diabetes, and cardiovascular disease, and premature death.

Mental Health

In the 2010 Community Health Survey, 8 percent of adult residents reported 14 or more mentally unhealthy days. Sixteen percent of residents said they currently had depression, anxiety, or some other mental health problem. Among those that did not report an existing mental health problem, another 6 percent of adults reported needing help for emotional and mental health problems within the past year. Weld women report needing help for emotional and mental health problems more than men (19% vs. 12% respectively). Most adult residents who report needing help for emotional/mental problems are between the ages of 18 and 54 years.

Among high school students in Weld County, 29 percent said they felt so sad or hopeless almost every day for two weeks or more in a row such that they stopped doing some usual activities, according to the 2010 Weld Healthy Kids Colorado Survey. Nationally, in 2008, 8.3% of adolescents aged 12-17 experienced at least one major depression episode (being depressed for at least two weeks or a loss of interest or pleasure in daily activities plus other depressive symptoms such as altered sleeping patterns, fatigue, and feelings of worthlessness (SAMHSA, National Survey

“We need easier access to doctors, therapist, and county resources for teens with mental health needs and we need more public awareness of other options available to access to mental health practitioners.”
(Anonymous community resident, 2010 Weld Community Health Survey)

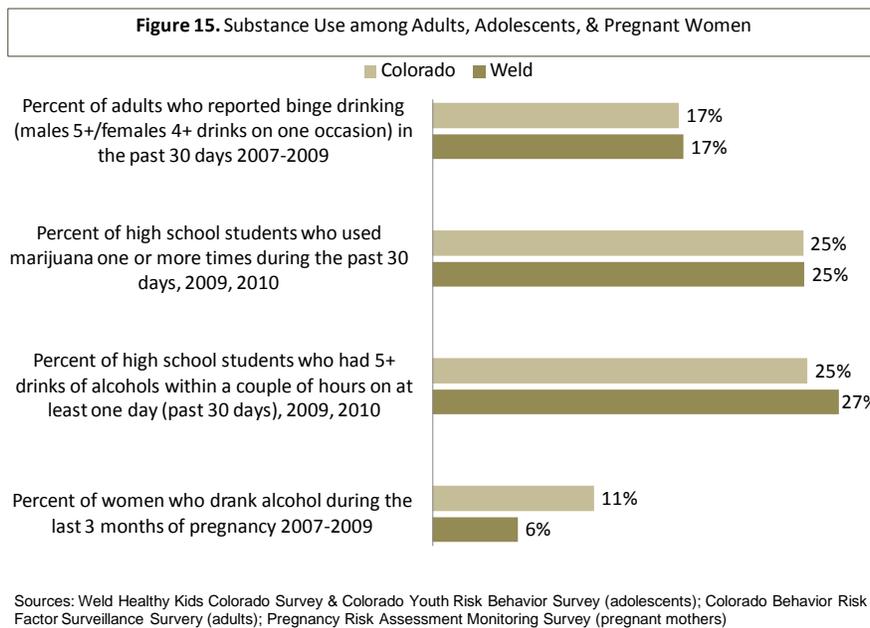
of Drug Use and Health). Among adolescents ages 12-17 who received treatment or counseling for an emotional or behavioral problem (not including alcohol or drug use), depression was the most commonly reported problem (48.6%).

Suicide is the 8th leading cause of death in Weld County, 7th in Colorado, and the 10th leading cause of mortality nationally. Suicide is the 2nd leading cause of death for Coloradoans aged 10 – 34. Also, Colorado has the 7th highest suicide rate in the country. Seventeen percent of high school students (19% females, 15% males) seriously considered attempting suicide, and 12% of students made a plan how they would do it. Ten percent of students attempted suicide one or more times, and of these attempts, 40% of these resulted in treatment from a medical professional.

Substance Use

With regard to substance use, Weld County has one of the highest reported percentages (35%) of underage current alcohol use rates, among persons aged 12 to 20, according to the most recent local data available from National Survey on Drug Use and Health. Seventeen percent (see Figure 15) of Weld adults 18+ years reported binge drinking with the 30 days prior to being surveyed and six percent of pregnant women report drinking alcohol during the last three months of their pregnancy.

Among Weld County high school students, 41 percent reported consuming alcohol in the past 30 days and 27 percent binge drank, consuming 5 or more alcoholic beverages per occasion. A higher percentage of Hispanic/Latino (31%) than non-Hispanic white (24%) high school students binge drink. More students believe that students are drinking (78%) or binge drinking (68%) than they actually are, which can contribute to the social norm that it’s OK to drink. Another substance of concern is marijuana. About one out of four Weld high school students are current marijuana users.



Health Care Access, Utilization, and Quality of Care

Access to comprehensive, quality health care services is important for increasing the quality of a healthy life for every resident in the county. Access to health care as well as limits or lack of health care access impacts: a) overall physical, social, and mental health status, b) prevention of disease and disability, c) identification and treatment of health conditions, d) quality of life, e) preventable death, and f) life expectancy. This section looks at indicators in four broad areas: health insurance coverage, usual source of care, receiving needed care, and preventive care.

Health Insurance Coverage

Lack of health insurance is a major barrier to obtaining needed and preventive health care. About one in five (19.0%) Weld County residents between 0 and 64 years of age (43,497) are without health insurance for all or part of the year. In comparison, 17 percent of Colorado residents less than 65 years of age do not have health insurance.

Adults between the ages of 18 and 64 make up the majority (82% or 35,795) of the uninsured in Weld County. Nearly 8,000 of the county's children 0 to 17 years are without health insurance for all or some part of the year.

The percentage of uninsured adult residents is similar to the state rate and to Mesa and Pueblo counties but higher than the two neighboring counties of Larimer and Boulder. The percentage of uninsured children in Weld County is the highest among comparable and neighboring counties and similar to the pattern for adults (Table 9).

Local Findings

- *Over 43,000 residents or about one in five residents have no health insurance.*
- *82% of the uninsured are between 18 and 64 years of age.*

Table 9. Percent of Children (0 -17 yrs) and Adults (18 – 64 yrs) without Health Insurance by County

	Uninsured Children 0-17	Uninsured Adults 18- 64
Boulder	8.1%	15.8%
Larimer	8.3%	17.8%
Mesa	10.6%	21.1%
Pueblo	8.8%	21.5%
Weld	11.2%	22.4%
Statewide	9.9%	20.0%

Source: Small Area Health Insurance Estimates, US Census Bureau, 2009

Weld Asian (33%) and Hispanic/Latino residents (25.8%) have higher uninsurance rates than other race/ethnicity groups (see Table 10). In comparison, 37% of Colorado Latinos are uninsured. The rates of uninsurance among men and women in Weld County are similar (17.6% vs. 18.9% respectively).

Table 10. Residents 18-64 Years Old without Health Insurance by Race/Ethnicity, 2010

	Percent Uninsured
American Indian or Alaskan Native	*
Asian	33.0%
Black/African American	*
Hispanic/Latino, any race	25.8%
Native Hawaiian or other Pacific Islander	*
White only, not Hispanic	12.5%
Other or Multiracial, not Hispanic	18.4%
Countywide	18.3%

Source: 2010 Weld Community Health Survey

Usual Source of Care and Received Needed Care

Improving health care services depends in part on ensuring that people have a usual source of care and receive needed medical care. Having a primary care provider (PCP) as the usual source of care is especially important. PCPs can develop meaningful and sustained relationships with patients and provide integrated services while practicing in the context of family and community. In Weld County, more than 3 out of 4 residents (77%) report having one person they think of as their personal doctor or health care provider. This rate is similar to what residents report statewide (79%) but slightly lower than what residents report in Boulder (81%), Larimer (82%), Mesa (84%), and Pueblo (85%) counties.

Improving the well-being of mothers, infants, and children has been a major public health goal for quite some time. Healthy birth outcomes and early identification and treatment of health conditions among infants can prevent death or disability and enable children to reach their full potential. Adequate and timely care during pregnancy can also provide an opportunity to identify existing health risks in women and to prevent future health problems for women and their children.

The adequacy of prenatal care indicator depicted in Figure 16 is based on two things: a) adequacy of initiation of prenatal care and b) adequacy of received services. In other words, it takes into account how early prenatal care began in the pregnancy and to what extent the appropriate number of prenatal visits for the time period the women received services took place. In Weld County, 60 percent of pregnant women received adequate prenatal care. This rate is similar to the overall rate in Colorado and in Pueblo; however, the rate is lower than Boulder and Larimer county's rates.

2010 Weld Community Health Survey Highlight - Uninsured Adults 18-64 yr by Region

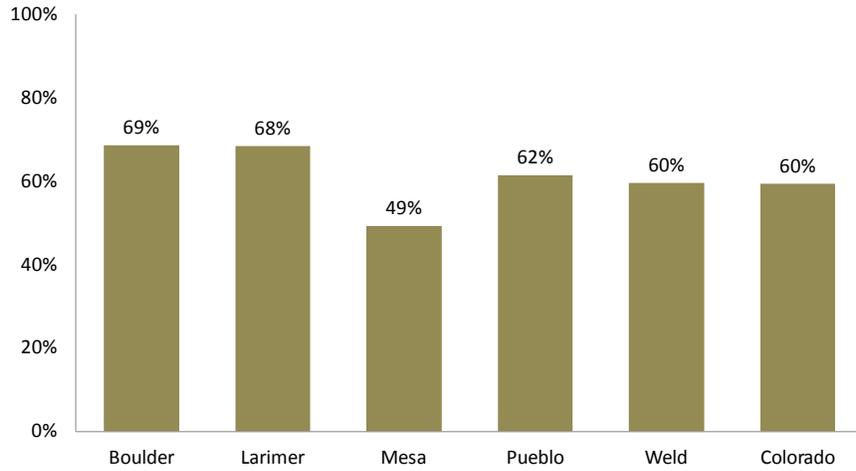
North Weld – 13%

Greeley/Evans – 21%

Southwest – 15%

Southeast – 20%

Figure 16. Percent of Pregnant Women who Received Adequate Prenatal Care by Geographic area, 2007-2009

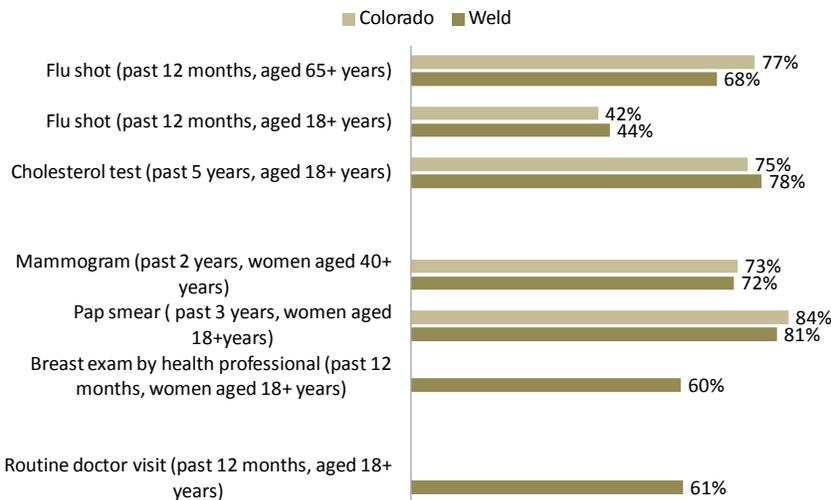


Source: Health Statistics Section, Colorado Department of Public Health and Environment

Preventative Care

Assessing the use of evidence-based preventative services is another essential community indicator to monitor. Preventative services are those that prevent illness by detecting early warning signs or symptoms before they develop into a disease (primary prevention) and detect a disease at an earlier, and often more treatable, stage (secondary prevention). Several indicators of preventative care use for Weld County and Colorado as a whole are shown in Figure 17. In general, Weld County residents' preventative care service use is similar to residents statewide with one exception. Only 68 percent of Weld residents aged 65 and older said they obtained a recent flu shot compared to 77 percent of all Colorado residents.

Figure 17. Preventative Care Services Use, Weld & Colorado



Source: 2010 Weld Community Health Survey (Weld); 2007-2009 Colorado Behavioral Risk Factor Surveillance Survey (Colorado)

Population Health Outcomes

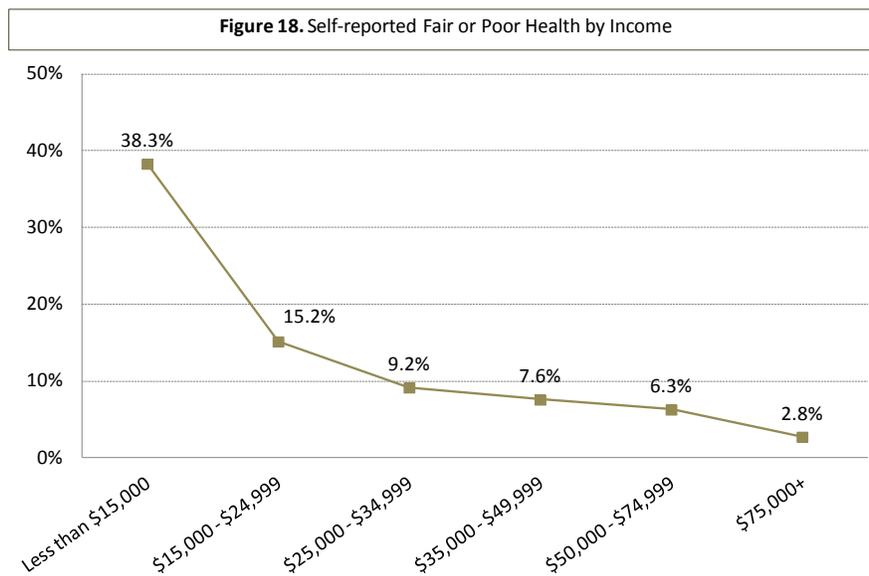
Quality of Life

Perception of Health

Perception of health is a self-reported indicator of how an individual sees his or her own general health as excellent, very good, good, fair, or poor. Self-rated health has been found to be a good predictor of mortality above and beyond predictions based on the presence of health problems, disability, and lifestyle risk factors.

In 2010, 10 percent of adults reported their general health status as fair or poor. A higher percentage of residents from Greeley/Evans (12.5%) and Southeast Weld County (11.2%) reported fair or poor general health compared to residents from Southwest Weld (7.2%) and North Weld (7.3%).

More adults living in lower income households report fair or poor health compared to people living in households with higher annual household incomes. In Weld County, 38 percent of adults living in households where the annual household income was less than \$15,000 rated their own health as fair or poor whereas only 3 percent of adults living in households where the household income was \$75,000 or more rated their own health as fair or poor.



Source: 2010 Weld Community Health Survey

The Colorado Child Health Survey asks parents to rate their child's (aged 1 – 14 years) health. Based on parent reports between 2007 and 2009, 4.5 percent of Weld parents reported that their child's health was fair or poor. Statewide, 3.2 percent of parents reported their child's health as being fair or poor. During this time, more parents in Weld reported fair or poor health for their child than Boulder (1.1%), Larimer (1.8%), and Pueblo (1.2%). The percent of parents reporting their child's health as fair or poor in Mesa County was 8 percent.

Morbidity

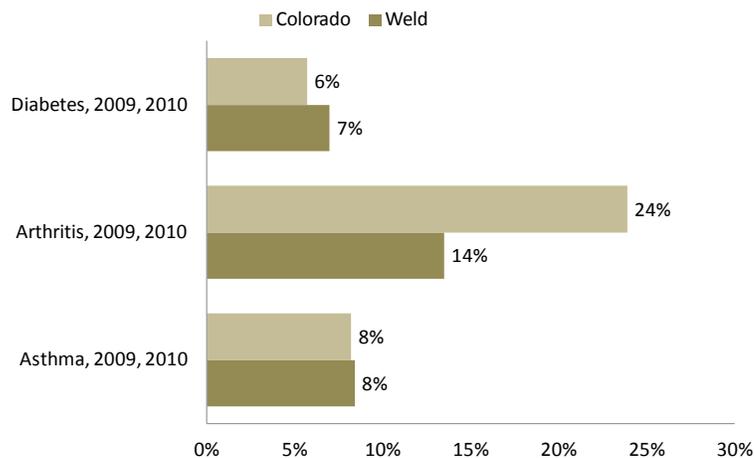
Morbidity refers to the existence of a sickness or disease, disability or poor health due to any cause. There are many health-related indicators of morbidity and their potential risk factors. Four broad areas will be the focus in this section: 1) chronic disease, 2) communicable disease, 3) hospitalizations from heart disease, stroke, and motor vehicles, and 4) oral health.

Chronic Disease

A chronic disease is one that persists for a long period of time. Most chronic diseases can be controlled with medication and lifestyle changes. Behavioral risk factors such as tobacco use, lack of physical activity, and poor eating habits are major contributors to many chronic diseases. Chronic diseases are some of the most common and costly health problems, but they are also among the most preventable.

Diabetes is a serious lifelong condition that is widely recognized as a leading cause of death and disability. Nearly 2 million new cases of diabetes were diagnosed in people aged 20 years and older in 2010 (National Health Interview Survey). In 2010, 7 percent of adults aged 18 years and older in Weld County reported they had ever been told by a health professional that they have diabetes (Weld Community Health Survey) whereas 6 percent of Colorado adults reported they had diabetes (Colorado Behavior Risk Factor Surveillance Survey). About one out of ten Hispanic/Latino residents (10.6%) reported they had been told they had diabetes compared to one out of seventeen non-Hispanic/Latino residents (5.9%).

Figure 19. Prevalence of Diabetes, Arthritis, and Asthma



Sources: 2010 Weld Community Health Survey, 2009 Colorado Behavior Risk Factor Surveillance Survey

Arthritis is the most common cause of disability in the U.S. In 2010, 14 percent of Weld County adults reported they had ever been diagnosed with arthritis or rheumatism compared to 24 percent of Colorado adults in 2009. Asthma affects people of all ages, but for children it is one of the most common chronic diseases. In 2010, the prevalence of asthma in children is 9.4 percent in the U.S (National Health Interview Survey). According to three years averages from 2007-2009 in Weld County, 9 percent of children aged 1 – 14 years had asthma compared to 8.4 percent of children the same age statewide. In 2010, 8 percent of Weld adults aged 18 years or older reported currently having asthma which is similar to the 2009 state rate.

Cancer is a chronic disease that affects people of all ages, races, and socioeconomic levels. It is the leading cause of death in Weld County (see Mortality section for more information); however, the overall incidence of new cancer diagnoses in Weld County (417.7) is significantly lower than the statewide rate (440.6). The female breast cancer incidence rate (108.3) is also significantly lower than Colorado's (123.0). The prostate cancer incidence rate is lower among Weld County men (146.5) than among Colorado men (160.7). The incidence of lung and bronchus cancer is slightly higher among Weld County residents (53.1) than it is statewide (51.0).

Table 11. Age-adjusted Incidence Rates per 100,000 Population for Cancer by Gender, Weld County and Colorado, 2006-2008

	Weld	CO
Cancers, all sites**	417.7	440.6
Male**	479.2	513.5
Female	378.1	393.1
Prostate, male	146.5	160.7
Cervical, female	7.1	6.8
Breast, female **	108.3	123.0
Lung and bronchus	53.1	51.0
Male	66.1	60.3
Female	44.5	45.0

Source: Colorado Central Cancer Registry
 Note: ** significantly lower than Colorado

Communicable Disease

Communicable diseases are infectious diseases that are transmitted in a variety of ways. Communicable diseases are closely monitored by state and local health departments to identify outbreaks and epidemics. Health departments also provide preventive treatment such as immunization programs to control vaccine-preventable diseases. This section provides data on the five most common communicable diseases in Weld County and compares them to Colorado rates. All rates are crude rates of newly diagnosed cases per 100,000 population. Chlamydia and gonorrhea are the most common communicable diseases in Weld County, followed by campylobacter and salmonella infections. Weld County's incidence rates of campylobacteriosis and salmonellosis are higher than Colorado's rates.

Table 12. Top Five Communicable Diseases in Weld County, 2007-2009

	Weld	Weld Rate Compared to Colorado's	Colorado
Chlamydial infection (15-29 year olds)	1136.0	Lower	1514.7
Gonococcal infection (15-29 year olds)	96.9	Lower	234.4
Campylobacteriosis	33.3	Higher	15.6
Salmonellosis	16.6	Higher	12.6
Hepatitis B (chronic)	5.9	Lower	11.4

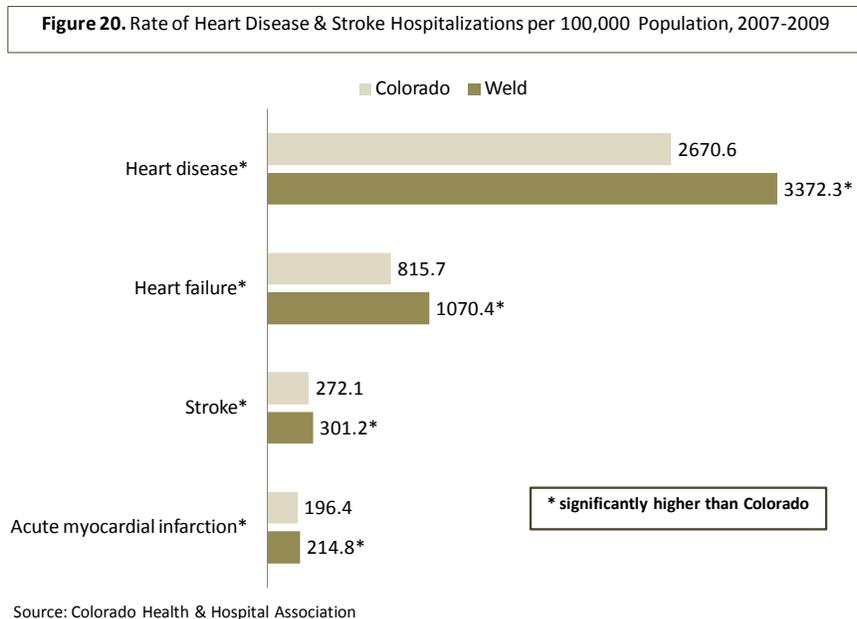
Source: Colorado Division of Disease Control and Environmental Epidemiology

The increase in life expectancy during the 20th century is largely due to improvements in child survival, which is mainly related to reductions in deaths from infectious disease. These reductions are largely due to immunization. Immunizations are given to children and adults to protect them against serious infectious diseases in order to prevent illness, disability, and death. Vaccines protect against disease by inducing immunity or strengthening an individual's immune system. Vaccines not only protect the immunized person, but the community as well. According to the most recent data (2008) compiled by the Colorado Department of Public Health and Environment, 75 percent of young children (through age five) have received some or all of their required immunizations, which is a somewhat lower rate than among all children statewide (81%). In terms of adult immunizations, 80 percent of adults in Weld County aged 65 and older have had a pneumonia shot, which is higher than in Colorado (73%) and the national benchmark of 60 percent. About two out of three Weld County adults aged 65 and older (68%) had a flu shot in the past 12 months compared to 74 percent of similar aged adults statewide.

Hospitalizations

Heart Disease and Stroke

Weld County's hospitalization rates per 100,000 population for heart disease, heart failure, stroke, and acute myocardial infarction are significantly higher than statewide rates. The rates here are age-adjusted and reflect rate of the appropriate ICD-9-CM diagnosis code for each disease requiring at least a 1-day in hospital admission. The rates include fatal and non-fatal hospitalizations for heart disease and stroke.



Motor Vehicle Accidents

Between 2007 and 2009, Weld County's rate of motor vehicle accident hospitalizations per 100,000 population is 102.3 and is significantly higher than the statewide rate of 88.7. The rate is age-adjusted and includes non-fatal and fatal hospitalizations involving Weld County residents. Weld County's rate is significantly higher than Boulder (62.7) and Larimer (79.5) counties but is lower than Mesa and Pueblo County's rates which are both 133.3.

Oral Health

Oral health is an essential part of staying healthy. Good oral health allows a person to speak, smile, taste, chew, and swallow among other things. Poor oral health has serious consequences. Oral diseases range from dental caries to oral cancers. They cause pain and disability for millions of Americans and the impact of these diseases does not necessarily stop at the mouth and teeth. Researchers studying oral health are starting to find links between oral disease (especially gum disease) and some chronic diseases.

Dental disease, including untreated cavities, is one of the most common chronic diseases among children, even more common than asthma. Good oral health is essential to positive self-esteem, school readiness, good nutrition, and overall well-being for everyone. Between 2007 and 2009, according to parent reports, 11 percent of Weld County children (aged 1 – 14 year) had teeth in fair or poor condition compared to 9.9 percent of children statewide. A 2006-2007 survey of young children in third grade found that 71.7 percent of Weld third graders had experienced a cavity, filling, or missing tooth compared to only 57 percent of children that age statewide. Access and use of oral health services is also important. Slightly more than half (52%) of Weld County children on Medicaid received dental services in the past year compared to 46 percent statewide.

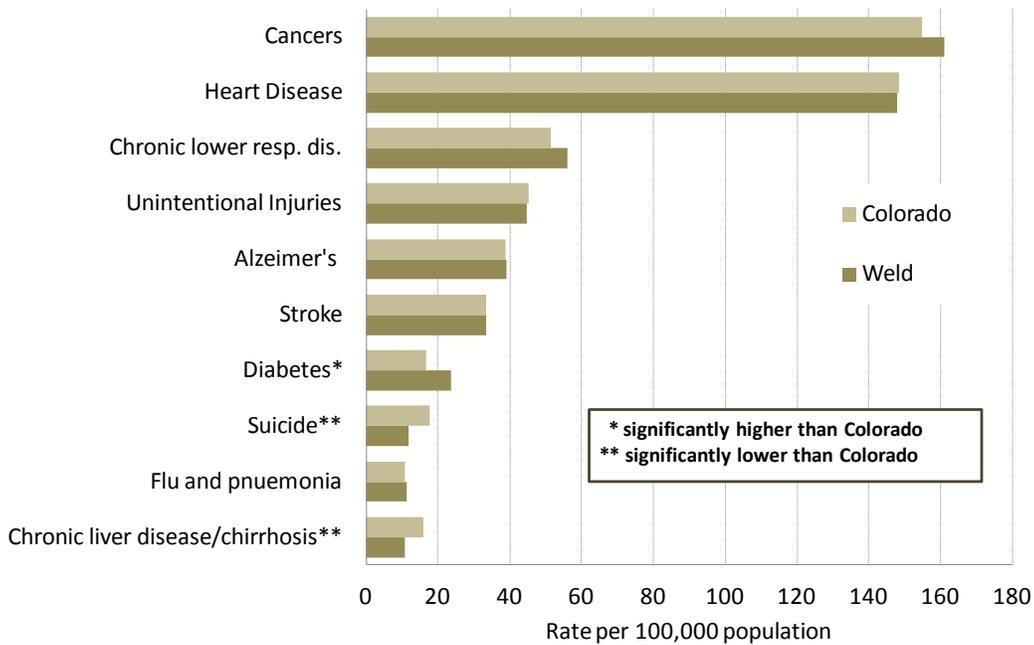
In 2008, a little over one-third (35%) of Weld adult residents reported losing a tooth or having gum disease compared to 15 percent of adult residents statewide. More recently, fifty-nine percent of adult residents reported having seen a dentist for a dental exam or teeth cleaning with the previous year (Weld County Community Health Survey, 2010). The most recent statewide comparison data found that 67 percent of Coloradoans reported seeing a dentist within the previous year for an exam or cleaning (Colorado Behavior Risk Factor Surveillance System, 2008).

Mortality

Mortality refers to the rate of deaths that occur in a population. Rates reported in this section are per 100,000 residents and are age-adjusted. Cancer and heart disease are the most common causes of death in Weld County as they are statewide. Between 2007 and 2009, there were 3,964 deaths among Weld County residents. This means that on average 1,321 residents died each year. Weld County's age-adjusted death rate (692.9 per 100,000) from all causes was lower than Colorado's age-adjusted rate (715.5 per 100,000).

The leading causes of death are those that account for the greatest number of deaths. In Figure 21, the leading causes of death are ranked according to number of deaths and provide an overall picture of the overall burden of deaths from specific causes. The ten leading causes of death in Weld County account for 76 percent of the total number of deaths. Five chronic diseases - cancer, heart disease, chronic lower respiratory disease, stroke (i.e., cerebrovascular disease) and diabetes, account for nearly 60 percent of all the deaths.

Figure 21. Top Ten Leading Causes of Death, 2007-2009

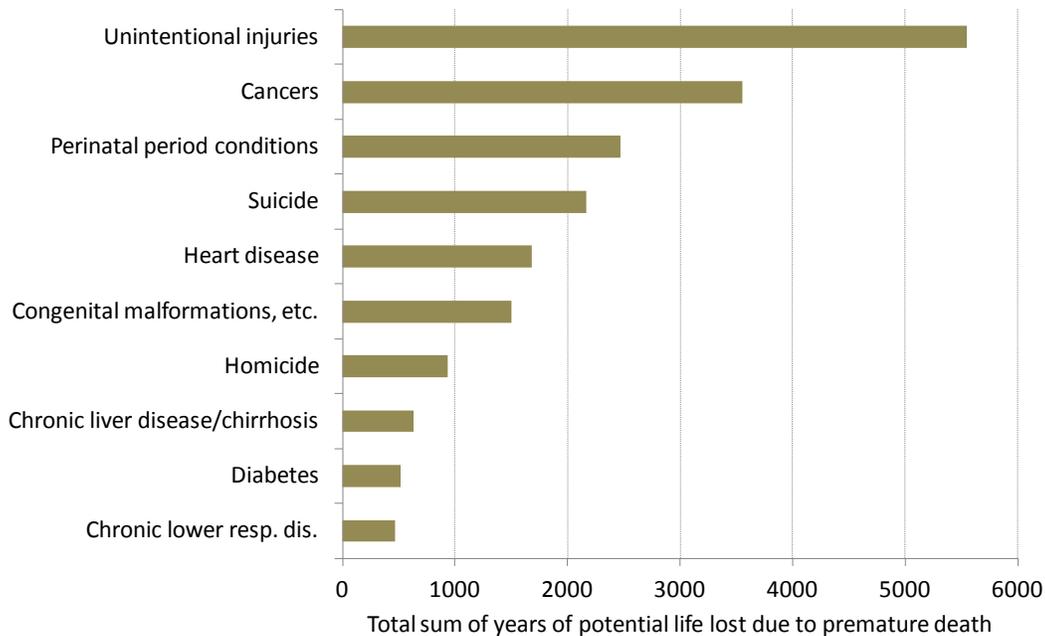


Source: Health Statistics Section, Colorado Department of Public Health and Environment

Years of potential life lost (YPLL) is a measure of premature death that highlights the burden of loss among younger aged people. In contrast, all cause and leading cause death rates are dominated by causes of death common among mostly older aged groups. By weighting deaths occurring at younger ages more heavily than those occurring at older ages, a more accurate picture of premature mortality can be examined. The measure of YPLL used here represents the numbers of years of life lost due to death before age 65 among Weld County residents, summed over all under 65 age groups. It is important to look at these deaths because some of these deaths may be avoidable and others may be subject to intervention programming such as early detection and screening programs that can reduce premature mortality. In addition, a reduction in premature death is also desirable from a social or economic standpoint.

Between 2007 and 2009, the total number of years of potential life lost from premature deaths among residents under age 65 years was 23, 824 years. The ten leading causes of premature death accounted for 82 percent of the total years of life lost. In Weld County, the largest contributor to years of potential life lost was unintentional injury accounting for 23 percent of years of life lost, followed by cancers and then perinatal period conditions. Perinatal period conditions are deaths that occur near the time of birth (28 weeks of gestation to one week after birth). One out of ten premature deaths are from perinatal period conditions which include such conditions as low birth weight, infection, and asphyxia and include stillbirths and respiratory distress. Here, four chronic diseases - cancer, heart disease, chronic lower respiratory disease, and diabetes - account for 26 percent of premature deaths.

Figure 22. Leading Causes of Premature Death among Weld Residents ≤ 65 years, 2007-2009



Source: Health Statistics Section, Colorado Department of Public Health and Environment

Fetal and Infant Death

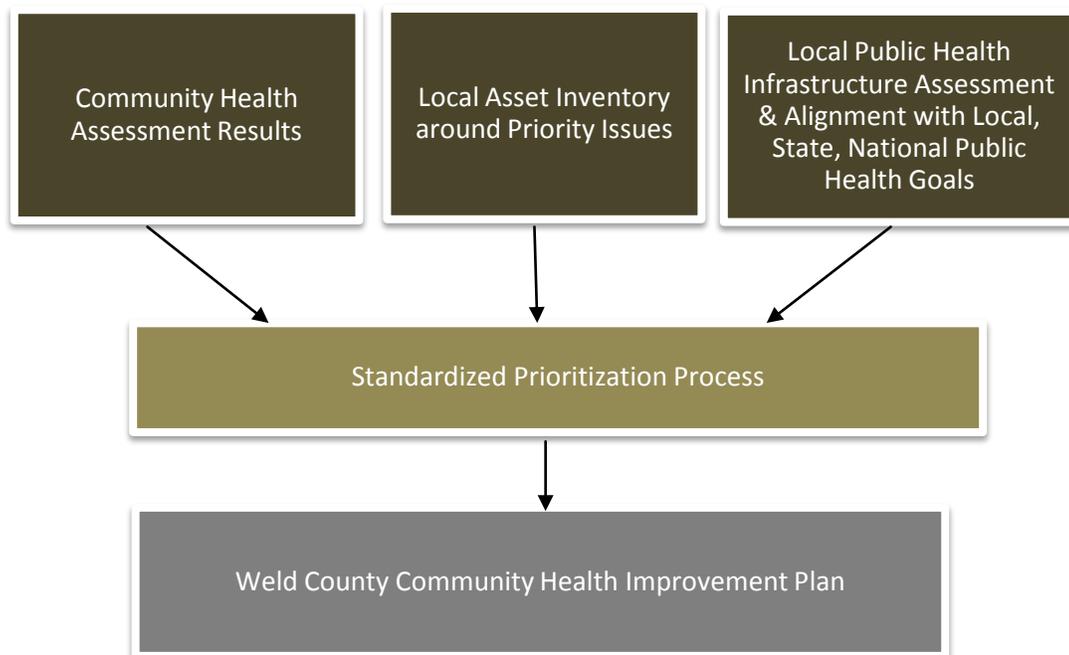
Fetal and infant mortality are measures of a community’s social and economic well-being, as well as its overall health. Fetal and infant mortality reflect a range of factors such as medical issues, the ability of health care systems to respond to the needs of women and infants, environmental factors, and social issues such as poverty, education and culture. Infant and fetal mortality also indicate something about women’s lives such as their lifestyle and relationships, and the stress they experience. Fetal mortality is a significant public health issue that is often overlooked. Infant and fetal mortality taken together provide a more complete picture of perinatal health in a community.

Infant deaths are deaths to infants under one year of age whereas a fetal death means death prior to birth irrespective of the duration of pregnancy. There were 113 infant deaths in Weld County between 2006 and 2010 – an average of 23 per year (Source: Health Statistics Section, Colorado Department of Public Health and Environment). The infant mortality rate for the county is 5.7 per 1,000 live births. In Weld County, the greatest number of infant deaths occurs among Latinos (66) and White residents (45). Between 2006 and 2010 there were 92 fetal deaths (20+ weeks gestation) in Weld County – an average of about 18 per year. The fetal mortality rate for the county is 4.6 per 1,000 live births and fetal deaths. There were similar numbers of fetal deaths occurs among Latinos (42) and White residents (43). Sixty four percent of infant deaths fall into two main categories of cause of death: 1) conditions originating in the perinatal period, and 2) congenital malformations, deformations, and chromosomal abnormalities.

Community Assessment Process

Community health assessment is a process and is ongoing. It involves getting community input in identifying problems, setting priorities, developing action plans, measuring progress, deciding whether the actions are effective, modifying the actions if necessary, and eventually re-evaluating the community's problems and priorities. The process developed in Weld County was drawn from the National Association of City and County Health Officials (NACCHO) Mobilizing for Action through Planning and Partnerships (MAPP) process as well as other health-related strategic planning processes. The process in Weld County is depicted in Figure 23.

Figure 23. Diagram of the Improvement Plan Process



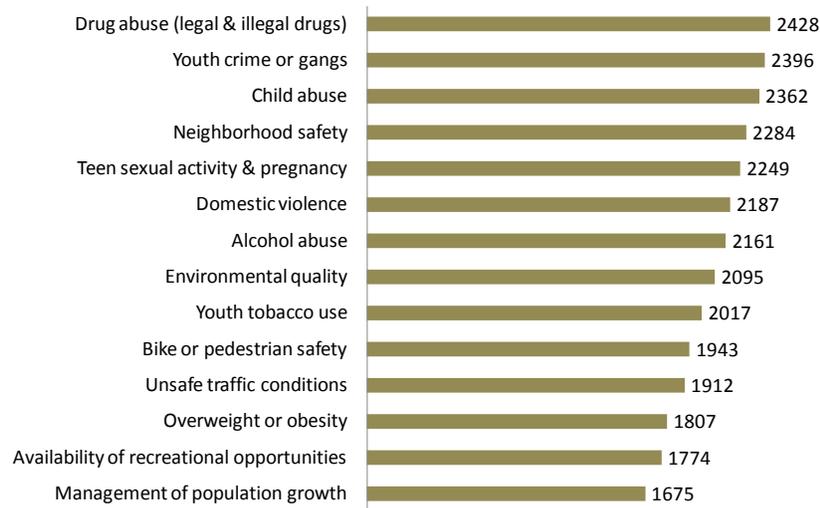
Community Input

In addition to the data just described, other data were gathered and analyzed from residents, key public health stakeholders and partners, and from public health department staff.

Resident Input

The 2010 Weld Community Health Survey asked residents to rate how concerned they were about certain pre-determined health-related community. Figure 24 highlights the response to this multiple response question. The numbers represent how many respondents out of 3,383 who returned a survey said they were very or moderately concerned about the issue. A very high percentage of respondents (92%) said they were very or moderately concerned about at least one of the issues listed in Figure 25. The top five concerns were drug abuse (72%), youth crime and gangs (71%), child abuse (70%), neighborhood safety (68%), and teen sexuality (67%). Still significant, but to a lesser extent, over half of respondents were very or moderately concerned about obesity (53%), available of recreation opportunities (52%), and population growth (50%).

Figure 24. Number of Respondents (N=3,383) Who Were Very to Moderately Concerned About Health-related Community Issues



Source: 2010 Weld Community Health Survey

When asked if there was anything else to tell the health department, some residents chose to write a comment. A total of 575 residents (17%) made comments. Some residents made only one comment about one issue but many residents mentioned multiple topics in their comments. Weld County Department of Public Health and Environment staff reviewed the comments and classified them into 48 different themes. The top health, environment, and other community issue themes are shown in Figure 25 below.

Figure 25. Main Themes from Survey Respondent Open-Ended Comments

Top Ten Health Themes (n=371)	Top Five Environment Issues (n=94)	Top Five Other Issues (n=269)
<ul style="list-style-type: none"> • Health care • Insurance/Medicaid/Medicare • Recreation/physical activity • Teen sex • Food/eating habits • Doctors/clinics/hospitals • Dental/oral health • Tobacco/alcohol/drugs • Mental health/depression /substance use • Obesity 	<ul style="list-style-type: none"> • Water • Mosquitoes • Mining/uranium/oil/gas • Clean air • Farm/agriculture 	<ul style="list-style-type: none"> • Income/Employment • Government/Taxes • Schools/Education • Traffic, poor roads, crashes • Crime/Safety/Gangs

Source: 2010 Weld Community Health Survey

Local Asset Inventory around Potential Health Priority Areas

The community assessment included an inventory of 30 local organizations identifying local assets around the potential priority issues. Information on the type (e.g., screening, medical services, education, referral, etc.) and quantity of assets (e.g., capital, people, and funding) was obtained along with information about the people they served in the areas of child health, adolescent health, mental health, and chronic disease risk

factor reduction. In each health issue area information pertaining to health care access and disparities were also assessed. Organizations were asked to quantify this information for the year 2010. The results outlined in Table 13 give a picture of what resources were dedicated to the potential health priority areas in 2010 by the 12 organizations that completed this part of the inventory. The tally of total funds represents minimum estimates rather than complete estimates because some organizations did not complete the inventory. In terms of primary staffing, *at least* 203.2 full time equivalent (FTE) staff worked in the mental health area, 111.9 staff worked in child health, 51.7 staff worked in adolescent health, and 39.6 staff worked in chronic disease risk factor reduction. In terms of total funds being dedicated in the community to each health issue area, it appears more funds were spent in child health (\$17.3 million) and mental health (\$15.9 million) than in adolescent (\$6.5 million) or chronic disease risk factor reduction (\$6.2 million). Looking at total funding as it relates to the specific target population, nearly \$400 dollars is spent in the community on child health issues for every child living in the county between the ages of 0 and 10 years. About \$250 is spent on adolescent health issues for every adolescent between the ages of 11 and 17 years; \$63 is spent on mental health issues for every resident living in the county; and about \$25 is spent on chronic disease risk reduction for every resident living in the county.

“There is confusion about getting to the correct source of care. Many times clients just go to the ER instead. Also, costs are exorbitant for many middle income families.” (Faith Community Services Fund spokesperson)

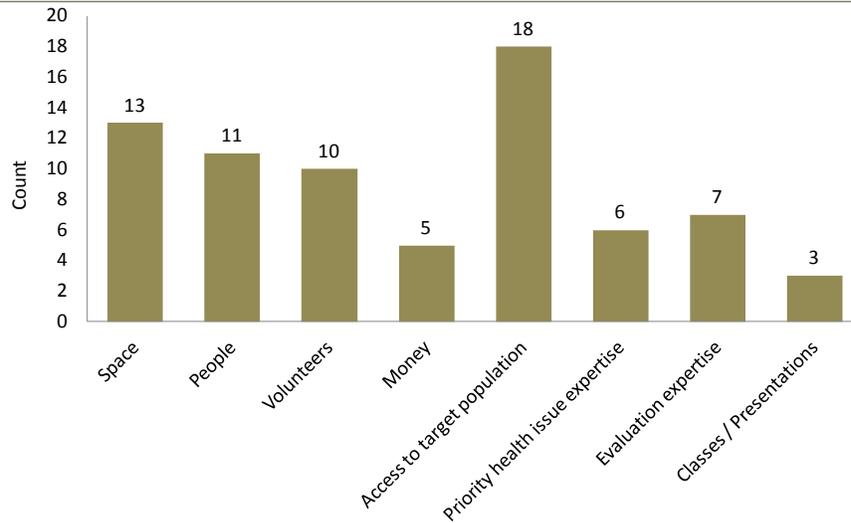
Table 13. Summary of Weld County assets around potential health priority areas, 2010

	Primary staff FTE*	Support staff FTE	Volunteer FTE	Total funds in millions, 2010	Dollars spent per target pop.	Number of org. responses* *
Child health (0-10 yrs)	111.89	112.38	27.5	\$17.3	\$387.84	12
Adolescent health (11- 17 yrs)	51.65	16.83	37.5	\$6.5	\$251.99	12
Mental health (All ages)	203.2	65.4	31	\$15.9	\$62.89	7
Chronic disease risk reduction (All ages)	39.55	43.88	1.4	\$6.2	\$24.52	12

Notes: *FTE means full-time equivalent. **For a complete list of organizations who participated in the inventory see acknowledgements on page 46

Twenty organizations responded to a question about what assets they may be able to offer in the potential health priority areas. Many organizations (18) said they could offer access to the population of interest, space (13), people (11), or volunteers (10). Five organizations said they could possibly offer funding and seven said they could possibly offer evaluation expertise (see Figure 26).

Figure 26. Responses to Question: "What assets can your organization offer to help improve our community's health around any of the priority health issues?"



Source: 2011 Weld Community Assets Inventory

Local Public Health Agency Assessment

Weld County's public health agency, Weld County Department of Public Health and Environment (WCDPHE), was established in 1938, and is the second organized health department in Colorado. The health department has five divisions to serve the public: Administration and Vital Records, Emergency Preparedness, Environmental Health, Health Communication, Education and Planning, and the Public Health Services Division. The department offers a full range of public health services in Weld County. WCDPHE is a department of Weld County government. The Board of Weld County Commissioners is made up of five elected officials that serve as the policy makers for Weld County government. The health department receives approximately one third of its funds from the county, one third from state and federal funds and one third from fees for services. The health department budget for 2011 was \$8,101,406.00.

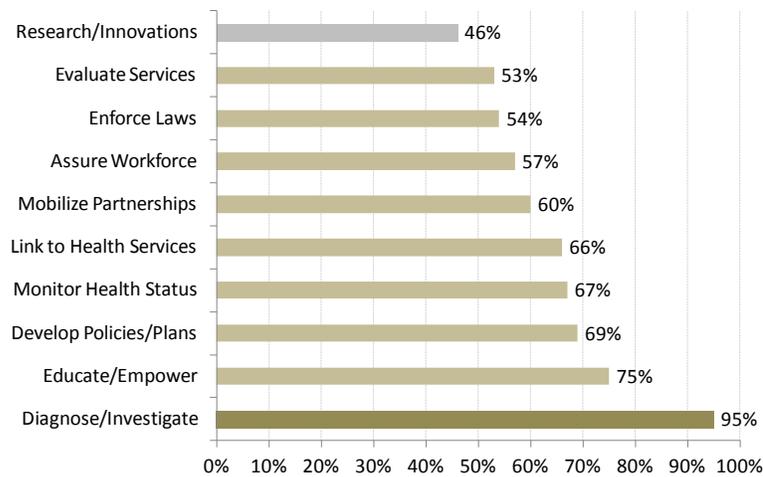
In February 2011, WCDPHE public health managers completed the *Local Public Health System Performance Assessment*, which is part a three-tiered assessment, developed by the National Public Health Performance Standards Program (NPHPSP). The NPHPSP is made up of the following seven national partners:

- Centers for Disease Control and Prevention, Office of Chief of Public Health Practice (CDC/OCPHP)
- American Public Health Association (APHA)
- Association of State and Territorial Health Officials (ASTHO)
- National Association of County and City Health Officials (NACCHO)
- National Association of Local Boards of Health (NALBOH)
- National Network of Public Health Institutes (NNPHI)
- Public Health Foundation (PHF)

The NPHPSP assessment is intended to help answer the questions: "What are the activities and capacities of our public health system?" and "How well are we providing the Essential Public Health Services in our jurisdiction?" The purpose is to stimulate a dialogue that results in identifying strengths and weaknesses and determine opportunities for growth and improvement. The agency self-assessment questionnaire is based on the ten essential public health services and several associated model standards for each essential service. Using the responses to the assessment questions, a weighted scoring process generates two levels of scores: a set of scores for each related model standard and a set of scores for each essential service, plus an overall score.

A score between 75 and 100 percent indicates optimal activity in the given area, between 50 and 75 percent indicates significant activity, between 25 and 50 percent indicates moderate activity, and between 1 and 25 percent indicates minimal activity. A score of zero indicates no activity in that area.

Figure 27. Rank Ordered Performance Scores for Each Essential Service by Level of Activity, Weld County 2011



Source: 2011 Local Public Health System Performance Assessment

Although WCDPHE had conducted strategic planning and community health assessments in the past, this was the first time Weld County Health conducted an agency self-assessment. A summary of the results can be found in Figure 27. Local public health managers gave the health department the highest ratings, resulting in an optimal activity ranking, in the area of diagnosing and investigating health problems and health hazards in the community. The remaining nine essential services, except for essential service ten, which is to research for new insights and innovative solutions to health problems, were also rated highly. These areas received a ranking that reflects significant activity is taking place in those areas. The results were shared internally and with the community-based steering group and are being used for quality improvement and agency strategic planning purposes in 2012.

Strategic Priority Issues

Weld County’s initial local issues of concern were not only chosen based on information gathered during the community health and local capacity assessments but also with consideration of national and state goals. Weld County’s initial issues of concern are aligned with Colorado’s 10 Winnable Battles, which are key public health and environmental issues where it is expected progress can be made over the next several years. Weld County selected its top two priority issues (discussed more below) because they provide the greatest opportunities for ensuring the health of all of residents. Many of Weld County’s initial issues of concern also aligned with the Centers for Disease Control and Prevention’s (CDC) Winnable Battles and the Office of the Surgeon General’s National Prevention Strategy. Weld County’s local issues of concern along with Colorado’s winnable battles and the CDC’s Winnable Battles are displayed in Figure 28.

Figure 28. CDC and Colorado Winnable Battles, Weld Local Issues of Concern

CDC-National Winnable Battles	CO – State Winnable Battles	Weld – Local Issues of Concern
<ul style="list-style-type: none"> • Food Safety • Global Immunization • Healthcare-associated Infections • HIV in the U.S. • Lymphatic Filariasis in the Americas (vector is the mosquito) • Motor Vehicle Injuries • Nutrition, Physical Activity and Obesity • Mother-to-Child Transmission of HIV/AIDS Globally • Teen Pregnancy • Tobacco 	<ul style="list-style-type: none"> • Clean Air • Clean Water • Infectious Disease Prevention • Injury Prevention • Mental Health and Substance Abuse • Obesity • Oral Health • Safe Food • Tobacco • Unintended Pregnancy 	<ul style="list-style-type: none"> • Infant Health • Motor Vehicle Safety for Teens • Mental Health & Substance Abuse** • Nutrition, Physical Activity, and Obesity** • Teen Pregnancy • Tobacco <p>** indicates priority focus areas</p>

Weld County’s top priorities were chosen for three reasons: a) local data showed that many people are affected or at risk of mortality, morbidity, or disability because of the issue, b) our local capacity assessment indicates we have the ability to impact these issues due to the community’s readiness and the availability of evidence-based strategies and best practice programming locally, and c) there are organizations, resources, and local champions that can move the issue forward.

In May 2011, after four months of gathering, reviewing, and discussing local data related to the six priority issues, the oversight committee engaged in a best practice priority setting process using a pre-determined standardized criterion with an anonymous electronic voting system. The identified issues were once again briefly reviewed and a facilitated group discussion resulted in the twenty agency participants voting on the importance of the issue (based on the data and separately on the individual’s expert opinion) and the ability and capacity of the community to impact each health priority. The multidimensional results were instantly tallied, presented, and discussed further. The group then made a final decision to focus on the top two priority issues based on the ranking of scores for each health priority in the areas of ability, capacity, importance, and overall importance. In The results are summarized in Table 14 and 15.

Table 14. Multidimensional Rating of Six Potential Priority Health Issues

	Ability	Capacity	Importance	Average of all 3	Ranking
Nutrition, physical activity, and obesity	3.9	3.8	4.6	4.10	1
Mental health & substance abuse	3.8	3.4	4.4	3.87	2
Teen pregnancy	3.1	3.4	4.0	3.50	
Teen motor vehicle safety	3.1	3.8	3.4	3.43	
Tobacco use	3.4	3.1	3.4	3.30	
Infant health	3.2	3.4	3.3	3.30	

Table 15. Overall Importance Rating of Six Potential Priority Health Issues

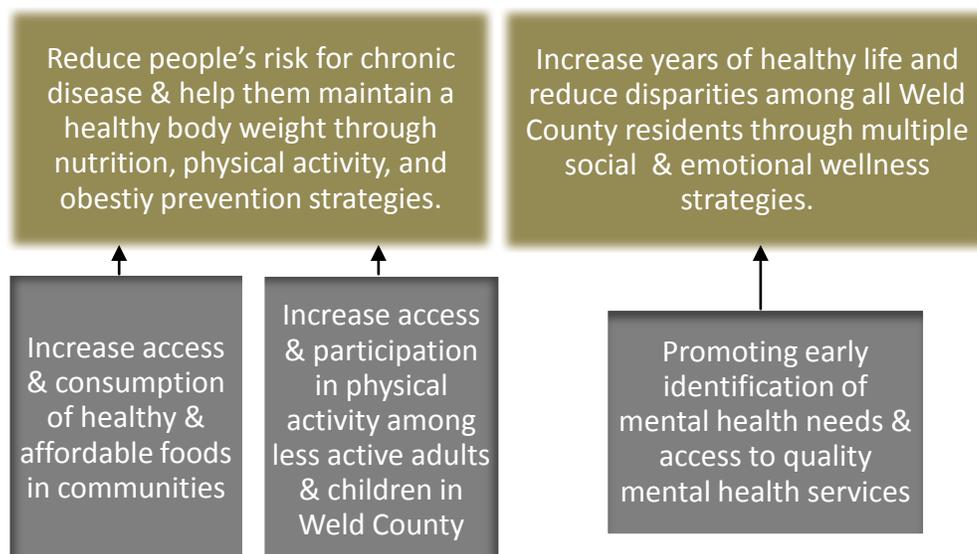
	Importance Count	Top two rankings
Nutrition, physical activity, and obesity	17	1
Mental health & substance abuse	10	2
Infant health	5	
Teen motor vehicle safety	2	
Tobacco use	2	
Teen pregnancy	2	
TOTAL	38	

The Five-Year Countywide Action Plan

The Weld County Five-year Community Health Improvement Plan was developed in partnership with the agencies that serve the greater public health system in Weld County. The Weld County Plan was developed using the process and guidelines outlined in the Colorado Public Health Improvement Plan – from Act to Action and the Public Health Act of 2008 passed by the Colorado Legislature.

The North Colorado Health Alliance (NCHA) served as the steering committee for the development of the plan and will guide the implementation process through 2016 (and beyond). NCHA is a 501(c)(3) nonprofit incorporated to improve access and quality of health care and prevention services for the underserved and uninsured populations in Weld County. Members include Banner Health and North Colorado Medical Center, North Colorado Family Physicians, North Colorado Medical Center Foundation, North Range Behavioral Health, Weld County School District Six, Aims Community College, University of Northern Colorado, United Way of Weld County, Sunrise Community Health Centers, Board of Weld County Commissioners, Weld County Human Services and the Weld County Department of Public Health and Environment. Other major contributors were the Community Foundation, Kaiser Permanente, Catholic Charities of Northern Colorado, and Senator Mark Udall’s office.

Figure 29. Weld County Community Health Improvement Plan
Long-term Outcomes and Five Year Goals



The process of identifying our priority health issues included a series of meetings throughout 2011 with our public health partners and members of the community. Data from the 2010 Community Health Survey and other state and national sources were reviewed and discussed; a resource capacity assessment was completed by thirty agencies serving the public health in Weld County; and guest experts attended meetings to share information on the opportunities and barriers to improving public health in Weld County. Through a process of electronic voting, two focus areas for the 5-year plan were identified and action plans developed from six broad areas of concern mentioned previously.

Although the county five-year action plan will focus on two priorities issues: 1) nutrition, physical activity, and obesity, and 2) mental health and substance abuse, individual organizations, coalitions, and programs will each maintain their focus on the other priority health issues in addition to contributing resources and people power toward the priority issues. The detailed action plan can be found on the web at www.weldhealth.org Figures 29 and 30 (see next page) outlines the goals, long-term outcomes, and strategies that were identified by the committee as steps to be taken over the next five years.

Conclusion

Everyone knows that reports alone are not enough. They are only shorthand for what we put forward as a community to highlight our priorities for the future. Where we live and work is a critical factor that determines whether we end up healthy or not. When people do not have access to a healthy environment or opportunities to make healthier choices, it undermines their health and lowers their quality of life. Many residents in our area are struggling to be healthy because of the economy. Promoting and maintaining health means addressing community health and local public systems that people interact with such as markets with healthy foods, transportation, and schools that promote health through good nutrition and physical education requirements. When these structures (and others) are in place they make it possible for us to maintain our health and quality of life. Weld County is a wonderful place. It can become an even healthier place by leaders and citizens coming together to effect the changes laid out in our local community health improvement plan.

“The key to mapping our way to a healthier community is to attain and maintain a stronger, more well connected local public health system.” (Anonymous stakeholder)

For More Information

The 2011 Weld County Health Assessment and Community Health Improvement Plan as well as more data are available on the Weld County Department of Public Health and Environment’s website at www.weldhealth.org. If you have additional questions, WCDPHE staff is available to discuss the information in this report. Contact Cindy Kronauge at (970) 304-6470 or ckronauge@co.weld.co.us.

Healthy Affordable Food Access

- Increase availability of healthy foods in existing establishments
- Improve the nutrition quality of the local food supply
- Support economic development of local/regional farm to table efforts
- Improve the variety of healthy food options that are affordable for people living on lower incomes
- Align organizational and programmatic nutrition standards and policies with the latest Dietary Guidelines for Americans
- Help residents recognize and make healthy food and beverage choices

Access & Participation in Physical Activity

- Encourage community design and development that supports physical activity
- Promote school and early learning center policies and programs that increase physical activity
- Facilitate access to safe, accessible, and affordable places for physical activity
- Support workplace policies and programs that increase physical activity
- Assess basic health status (blood pressure, cholesterol, BMI) including physical activity levels and provide education, counseling, and referrals

Early Identification & Access to Mental Health Care

- Implement USPSTF recommendations for screening and referrals for adults and adolescents (ages 12-18 yrs)
- Public awareness and health education campaigns (for all ages) that reduce stigma associated with mental health (and substance abuse) services
- Integrate needs identification into health care, social service, community, work-sites, schools, faith-based organizations, 211, etc. for youth and adults
- Promote stress identification and prevention at work-sites
- Increase Medicaid enrollments for eligible families and children in need

Figure 30. Local Priority Strategies to Achieve Goals

Methodology

The data collection, analysis, and reporting process were managed by Weld County Department of Public Health and Environment's Health Communication, Education, and Planning Division. Since some data are based on information collected from other sources, timeliness and detail were sometimes limited. The most recent data available with the greatest level of detail at the time of publication are presented. Where appropriate, data have been age-adjusted to account for age differences between compared population groups. Percentages have been rounded and, therefore, may not always sum to 100 percent. Different categories are used when referring to race and ethnicity. White, Black and Asian are racial classifications. Hispanic is an ethnic category, not a racial category; therefore, Hispanics may fall into any of the racial categories. For this report, the racial terms "White", "Black/African American", "Asian/Pacific Islander", and "American Indian/Alaska Native" refer to individuals that do not consider themselves of the ethnic category "Hispanic." The "Other" racial category includes Native Hawaiian as well as multiracial and unknown racial categories.

For much of the general narrative accompanying local data, we relied heavily on similar reports and summaries within the public domain on the internet such as Healthy People 2020 at <http://www.healthypeople.gov>, the National Prevention Strategy Report at <http://www.healthcare.gov/prevention/nphpphc/strategy/report.pdf>, and the Colorado Department of Public Health and Environment website.

Data Sources Used in the This Report

- Data charts and tables identified the original data source; however, most of the data actually come from the Colorado Department of Public Health and Environment and are publicly available on their web site. They have over 350 validated indicators available on their website at: <http://www.chd.dphe.state.co.us/HealthIndicators> Colorado Department of Public Health and Environment Colorado Health Indicator Data website includes county, regional, and state level data. The data are part of Colorado's Health Assessment and Planning System (CHAPS), a standard process created to help local public health agencies and their local partners meet new assessment and planning requirements.
- The Weld County Community Health Survey: Beginning in 2007, Weld County Department of Public Health and Environment conducts a community survey every three years to assess the health status and health needs of county residents. The questionnaire asked residents about their perceived overall health and included questions about health status, health habits, lifestyle factors, screening rates, insurance coverage, and a variety of health-related perceptions and concerns. The 2010 survey was an eight-page, 53-question survey sent to a statistically representative sample of people living in Weld County. Residents aged 18 and older were chosen at random from a comprehensive list of households that included residents in single-family dwelling units (including mobile home parks), multi-family dwelling units (including senior housing), and general delivery P.O. boxes located within the county. A total of 3,383 residents completed the survey. The overall response rate was 42%. Survey responses were weighted to the 2009 American Community Survey one-year estimates for Weld County (US Census) by age, gender, and race/ethnicity. The margin of error for county estimates is plus or minus 1-2 percent and for regional estimates is plus or minus 3-5 percent.

- The 2011 Weld Community Assets and Capacity Assessment around Potential Priorities was developed by Weld County Department of Public Health and Environment staff and is available upon request by contacting the Data Analyst at (970) 304-6470 or info@weldhealth.org
- The 2011 Local Public Agency Self-Assessment Tool developed by National Public Health Performance Standards Program (NPHPSP) is a tool to help state and local health agencies improve and to prepare for eventual accreditation. For more information go to: <http://www.cdc.gov/nphpsp>
- Other data sources include:
 - The U.S. Census Bureau – www.factfinder2.census.gov
 - Weld Behavioral Risk Factor Surveillance Survey – information about this survey is available from the Data Analyst at Weld County Department of Public Health and Environment
 - Weld Healthy Kids Colorado Survey – a countywide probability-based survey of middle and high school students administered by OMNI Research, Denver, Colorado on behalf of the Weld County Prevention Partnership.
 - Input about concerns and barriers to health and ideas and priorities to improve the health of the community was gathered from over 3,000 residents (as part of the Weld Community Health Survey) and over 30 local agencies through community meetings.

Explanation of Peer County Selection Process

Data in this report compares Weld County health data to state data or to peer or neighboring county data. Four counties are considered to be peer or neighboring counties because they have similar population size, poverty, or age structure (Table 16).

Table 16. Population Size, Poverty, and Age Structure of Weld and Five Peer Counties. 2010

	Boulder	Larimer	Mesa	Pueblo	Weld
Population	294,567	299,630	146,723	159,063	252,825
Population per square mile	406	115	44	67	63
Persons below poverty level	13.6%	13.6%	14.7%	19.6%	14.3%
Children in poverty	13.8%	13.0%	18.0%	25.8%	18.5%
Persons under 18 years old	21.3%	21.4%	23.5%	24.5%	27.8%
Persons 65 years old and over	10.0%	11.9%	14.9%	15.3%	9.6%

Source: U.S. Census Bureau, Decennial Census and Small Area Income and Poverty Estimates

Acknowledgements

Thanks to the following community leaders, agencies and staff that contributed to and participated in the Community Health Improvement Planning process over the past two years:

Steering Committee:

North Colorado Health Alliance:

North Colorado Medical Center, North Range Behavioral Health, Sunrise Community Health Center, United Way of Weld County, University of Northern Colorado College of Health and Human Sciences, Weld County Department of Public Health and Environment, Weld County Board of Commissioners.

Other Partners:

Catholic Charities, Community Foundation, Colorado Department of Public Health and Environment, City of Greeley Community Development, CSU Extension, High Plains Library District, Kaiser Permanente, SAVA, Senator Mark Udall's office, Weld County Prevention Partners, Weld County School District Six, Weld County Department of Human Services and Social Services, Weld County Food Bank, and Weld County Prevention Partners.

Thanks to the agencies that completed the Weld County Community Assets Inventory:

- Catholic Charities of Weld County
- CDI Head Start of Weld County
- City of Greeley, Community Development Program
- The Community Foundation of Greeley and Weld County
- Colorado Expanded Food and Nutrition Education Program (EFNEP) of Weld County, part of Colorado State University Extension Services
- Drive Smart Weld County
- Faith Community Service Fund
- High Plains Library District
- North Colorado Health Alliance
- North Colorado Medical Center - Cancer Institute
- North Colorado Medical Center - Cardiovascular
- North Colorado Medical Center- Banner Health Wellness
- North Colorado Medical Center-Behavioral Health
- North Range Behavioral Health
- Sunrise Monfort Family Clinic
- The Sexual Assault Victim Advocate Center
- Weld County Tobacco-Free Coalition
- United Way of Weld County

- University of Northern Colorado, Fitness and Wellness Program
- University of Northern Colorado, Realizing Our Communities Program
- Weld County Department of Human Services, Children, Youth, and Family Services
- Weld County Department of Human Services, Area Agency of Aging
- Weld County Department of Public Health and Environment, Public Health Services Division
- Weld County Prevention Partners
- Weld County Department of Public Health and Environment, Health Communication, Education and Planning Division
- Weld County Government, Safety and Wellness Program
- Weld County School District 6
- Weld County Special Supplemental Nutrition Program for Women, Infants and Children (WIC)
- Weld Food Bank

Consultants:

Chris Adams, President, Engaged Public, Denver, Colorado

Denise Retzlaff, Greeley, Colorado, Facilitator

Health Department Contributors:

Carol Bond – editing, proofing

Marjorie Hanson – design, art direction

Cassie Kauffman – editing, writing

Cindy Kronauge – analysis, writing, editing

Gaye Morrison – editing, writing

Kathy Zavela Tyson, Weld County Prevention Partners – editing, writing

Special Thanks to:

Colorado Department of Public Health and Environment, Office of Planning and Partnerships

Kirk Bol, Vital Statistics Unit, Health Statistics Section

Weld County for supporting this process and printing this report

Appendix of Supporting Documents

Weld County Assets Inventory Results

Active Living Priority

Emotional Well-being Priority

Healthy Eating Priority

Healthy Eating Plan

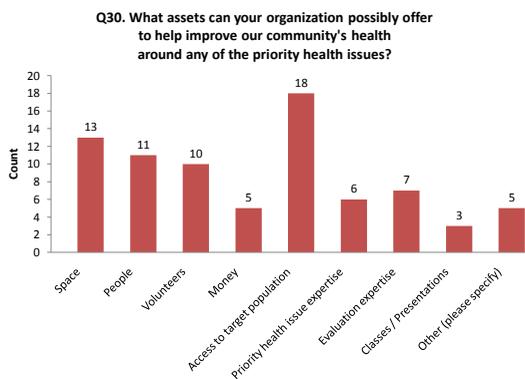
Active Living Plan

Behavioral Health Plan

Special Populations Data

Caveats about the inventory & findings

- It was challenging to complete!
- We combined online & excel file results
- Results are “preliminary”
- There is some missing data
 - Some things underestimated, some overestimated
- Be careful not to infer too much
- But do share what you think about results
- There is lots of interesting information!



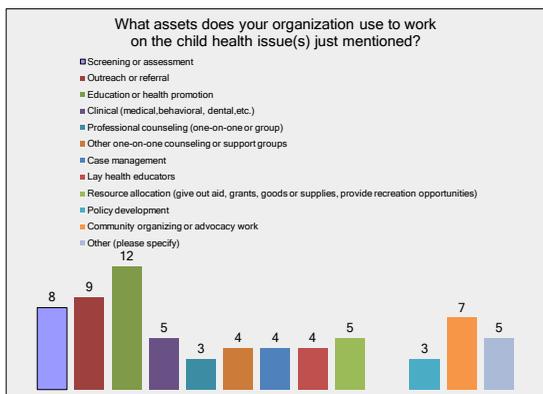
Preliminary Findings - Assets

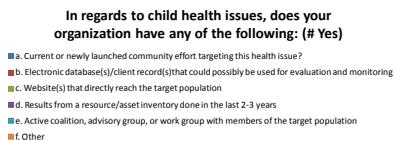
Total Primary Staff FTE

- Child health
 - 111.89 FTE
- Adolescent health
 - 51.65 FTE
- Mental/emotional health
 - 203.2 FTE
- Chronic disease/risk factor reduction
 - 39.55 FTE

Total Support Staff FTE

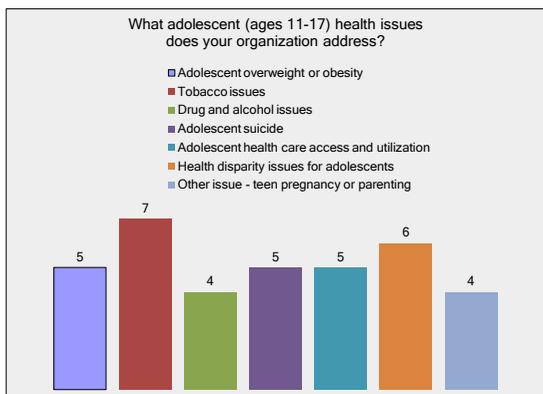
- Child health
 - 112.38 FTE
- Adolescent health
 - 16.83 FTE
- Mental/emotional health
 - 65.4 FTE
- Chronic disease/risk factor reduction
 - 43.88 FTE

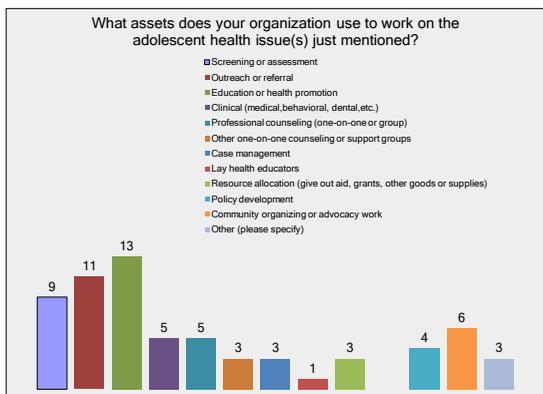


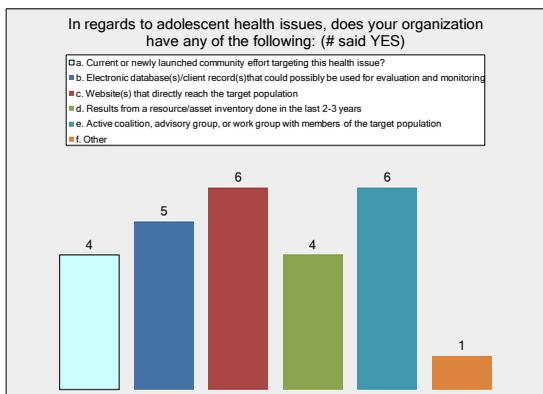


Adolescent health issues



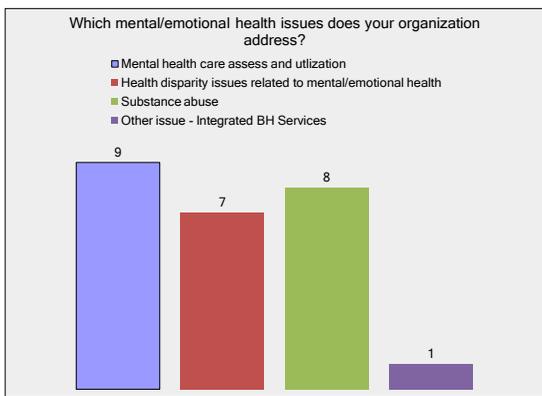


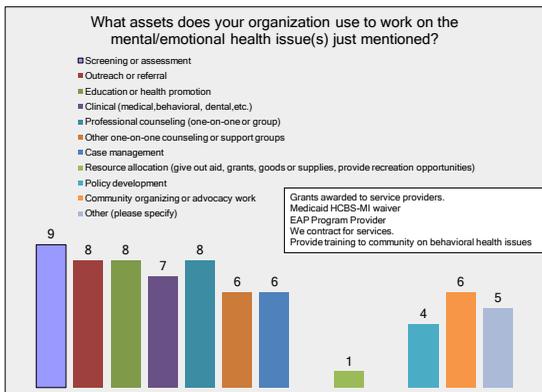


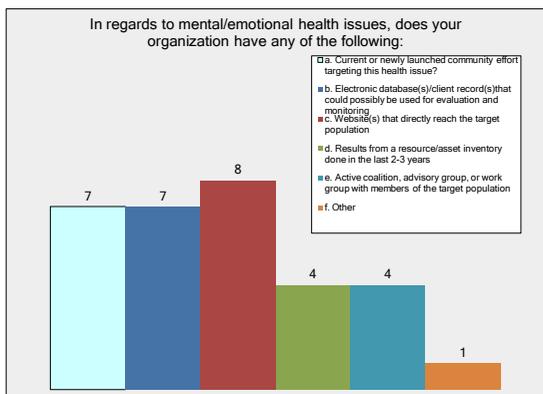


MENTAL/EMOTIONAL HEALTH ISSUES



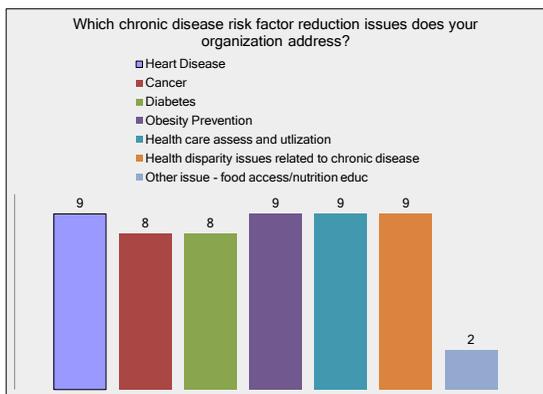


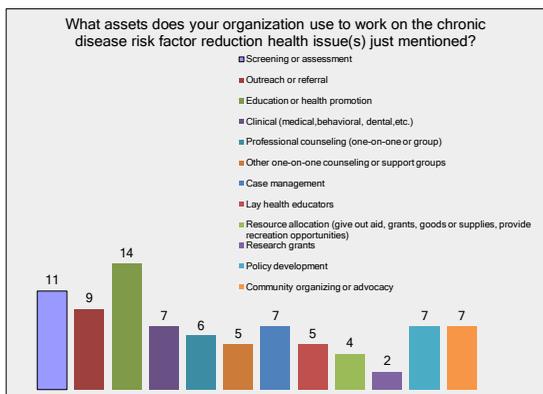


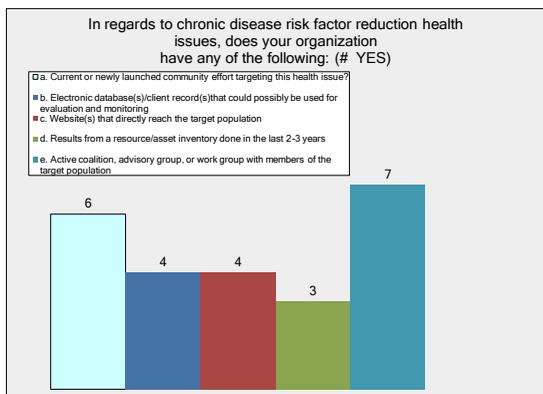


Chronic disease risk factor reduction issues



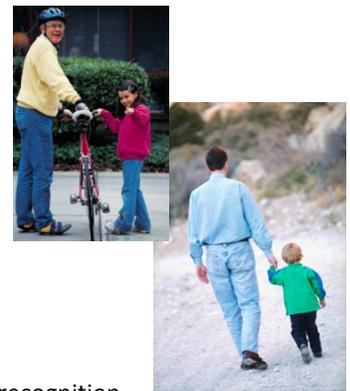






Active Living Priority

Strategic Issue: How do we achieve active living across the life span?



Background:

The health benefits of regular physical activity are many and well known. There is also growing recognition that the physical structures and infrastructure of communities – the built environment – plays a significant role in shaping our health. The designated use, layout, and design of a community's physical structures including its housing, businesses, transportation systems, and recreational resources affect behaviors that, in turn, affect health.

Many factors play a role in physical activity levels among youth, adults, and older adults. Understanding the barriers and facilitators of physical activity is important in determining which actions have the best chance to improve levels of physical activity in Weld County. For example, some of the factors positively associated with physical activity include a) support of family and friends, b) participation in physical education and/or school sports, c) access to and satisfaction with the built environment, and d) safe neighborhoods. Factors negatively associated with physical activity include: a) lower income, b) lack of time, c) rural residency, and d) overweight or obesity.

The Physical Activity Guidelines for Americans recommend that children and adolescents participate in at least 60 minutes of physical activity most days of the week, preferably daily. Ensuring children have access to physical activity in school is an important way to meet that goal. School is often the only place children are exposed to regular physical activity and being physically active has been shown to help children achieve in the classroom as well as establish healthy habits they can carry throughout their lives.

Until 2011, Colorado was one of only two states with no physical education or physical activity requirements for schools. In 2011, House Bill 11-1069, Physical Activity Expectation in Schools, was signed into law. The law now requires local school boards to set policies that incorporate physical activity into the school schedule for elementary school students so that these young children receive an average of 30 minutes of physical activity per day.

According to parent reports on the 2009 Colorado Child Health Survey, 48 percent of children statewide between the ages of 5 and 14 years engaged in 60 minutes or more per day of physical activity per week. Currently there is no county-wide information available for Weld County children in this age range. Among high school students, according to the 2010 Weld Healthy Kids Colorado Survey, 22 percent of Weld students said they get 60 minutes or more per day of physical activity, which is a slightly lower rate than for high school students statewide in 2009 (27%). However, over 70 percent of Weld high school students report getting 20 or more minutes of vigorous activity per day at least three days per week.

Active Living Priority

GOAL: INCREASE ACCESS AND PARTICIPATION IN PHYSICAL ACTIVITY AMONG LESS ACTIVE ADULTS AND CHILDREN IN WELD COUNTY

Long-term Objectives	Outcome Indicators	Baseline
By 2020, improve population-based behavioral, biometric and physiologic measures (2%-5%) by the following:	• Increase the proportion of adults who engage in at least 150 minutes of moderate activity per week	15.7%, 2010 WCHS
	• Increase the proportion of adolescents who engage in at least one hour of activity per day	21.5%,10-11 CPPS HKCS
	• Increase the proportion of children who limit screen time to less than 2 hours per day	Children 1-14 yrs 68.7%, 07-09 CHS
	• Proportion of commute trips that are by transit and non-motorized transportation	Children <15 yrs commute at least 1x/wk 20.4%, 05-09 ACS Adult workers 2.5%, 05-09 ACS
By 2016, improve the following system measures:	• Increase the proportion of schools that provide access to their facilities for physical activity use for all persons outside of normal school hours.	--
	• Rate of recreation facilities	N=26, 10.2%, 2009 CHR(2012)
	• Rate of bike lanes and trails	

Evidence-based Strategy**	Recommended Activities (In Progress* or Not Started [†])	Performance Indicator	Lead Partners
Encourage community design and development	<ul style="list-style-type: none"> • Active modes of transport planning and policies* • Health impact assessments* • Active living by design training & TA* • Community Wellness Resource Fund* • Trail connectivity initiatives* 	Document efforts # trainings Funds raised	WCDPHE, City of Greeley
Promote school and early learning center PA policies and programs	<ul style="list-style-type: none"> • Enhanced school-based PE implementation (i.e., HB11-1069 best practice implementation)[†] • Multi-agency policies and programs for children[†] • Public information campaigns/consisting messaging[†] 	# policies and programs Media hits Campaign reach	WCDPHE ECOP
Facilitate access to safe, accessible and affordable places for PA	<ul style="list-style-type: none"> • Design/retrofit PA places for all ages and abilities in high need communities* • Joint use agreements* • Bella Romero project* 	Document efforts # joint use agreements	HW2020, NCHA, WCDSD6
Support workplace PA policies and programs	<ul style="list-style-type: none"> • Worksite wellness and other workplace PA strategies* • Weigh and Win* 	# new strategies and programs Participant stats	WCDPHE
Assess basic health status including PA levels, and provide education, counseling and referral	<ul style="list-style-type: none"> • Recruit provider champions[†] • Increase counseling and referrals re: PA[†] • Wellness screening, education and referrals at health fairs* • Integrate with patient-centered medical home initiative, accountable care collaborative, and patient navigator programs[†] • Support meaningful use EHR's and clinic reminder systems for preventive care[†] 		NCHA

**Sources: National Prevention Council, *National Prevention Strategy*, Washington, DC: U.S. Department of Health and Human Services, Office of the Surgeon General, 2011; Keener, D., Goodman, K., Lowry, A., Zaro, S., & Kettel Khan, L. (2009). *Recommended community strategies and measurements to prevent obesity in the United States: Implementation and measurement guide*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention.

Emotional Well-being Priority



Strategic Issue: How do we achieve mental and emotional wellness across the life span?

Background:

Mental and emotional well-being is essential to overall health. Positive mental health enables people to cope with the stresses of life, work more productively, and make meaningful contributions to their communities. Anxiety, depression, and other mental disorders are associated with other behaviors that are considered high risk (e.g., tobacco, alcohol and other drug use) as well as many chronic and acute conditions such as obesity, diabetes, and cardiovascular disease, and premature death.

In the 2010 Community Health Survey, 8 percent of adult residents reported 14 or more mentally unhealthy days. Sixteen percent of residents said they currently had depression, anxiety, or some other mental health problem. Among those that did not report an existing mental health problem, another 6 percent of adults reported needing help for emotional and mental health problems within the past year. Weld women report needing help for emotional and mental health problems more than men (19% vs. 12% respectively). Most adult residents who report needing help for emotional/mental problems are between the ages of 18 and 54 years.

Among high school students in Weld County, 29 percent said they felt so sad or hopeless almost every day for two weeks or more in a row such that they stopped doing some usual activities, according to the 2010 Weld Healthy Kids Colorado Survey. Nationally, in 2008, 8.3% of adolescents aged 12-17 experienced at least one major depression episode (being depressed for at least two weeks or a loss of interest or pleasure in daily activities plus other depressive symptoms such as altered sleeping patterns, fatigue, and feelings of worthlessness (SAMHSA, National Survey of Drug Use and Health). Among adolescents ages 12-17 who received treatment or counseling for an emotional or behavioral problem (not including alcohol or drug use), depression was the most commonly reported problem (48.6%).

Suicide is the 8th leading cause of death in Weld County, 7th in Colorado, and the 10th leading cause of mortality nationally. Suicide is the 2nd leading cause of death for Coloradoans aged 10 – 34. Also, Colorado has the 7th highest suicide rate in the country. Seventeen percent of high school students (19% females, 15% males) seriously considered attempting suicide, and 12% of students made a plan how they would do it. Ten percent of students attempted suicide one or more times, and of these attempts, 40% of these resulted in treatment from a medical professional.

With regard to substance use, Weld County has one of the highest reported percentages (35%) of underage current alcohol use rates, among persons aged 12 to 20, according to the most recent local data available from National Survey on Drug Use and Health. Seventeen percent of Weld adults 18+ years reported binge drinking with the 30 days prior to being surveyed and six percent of pregnant women report drinking alcohol during the last three months of their pregnancy.

Among Weld County high school students, 41 percent reported consuming alcohol in the past 30 days and 27 percent binge drank, consuming 5 or more alcoholic beverages per occasion. A higher percentage of Hispanic/Latino (31%) than non-Hispanic white (24%) high school students binge drink. More students believe that students are drinking (78%) or binge drinking (68%) than they actually are, which can contribute to the social norm that it's OK to drink. Another substance of concern is marijuana. About one out of four Weld high school students are current marijuana users.

Emotional Well-being Priority

GOAL: PROMOTE POSITIVE MENTAL AND EMOTIONAL WELL-BEING IN HOMES, SCHOOLS, WORKPLACES, AND NEIGHBORHOODS

Long-term Objectives	Outcome Indicators	Baseline
By 2020, improve population-based behavioral, biometric and physiologic measures (2%-5%) by the following:	• Increase percentage of adults who say they received social/emotional support needed	--
	• Increase the proportion of children with mental health problems who receive treatment	--
	• Reduce the proportion of high school students who seriously considered attempting suicide in past year	16.9% CPPS HKCS 10-11
	• Reduce suicide deaths & hospitalizations teens (15-19) suicide deaths	10.4/100,000 MCH dataset 05-09
	• suicide hospitalizations	55.3/100,000 CHHA 07-09
	• Increase the proportion of 12 th graders not using alcohol, tobacco, or illicit drugs in past month	
	• Alcohol-free	49.0% CPPS HKCS 10-11
• Tobacco-free	75.2% CPPS HKCS 10-11	
• Marijuana-free	66.1% CPPS HKCS 10-11	
By 2016, improve the following system measures:	• Increase depression screening by primary care providers	National baseline is 2%
	• Increase the number of community-based organizations providing population-based primary prevention programs for mental illness	Success stories
	• Increase the number of worksite intervention programs and policies that enhance social and emotional wellness	Success stories
	• Decrease the gap between Medicaid eligible and eligible but not enrolled residents	5.3% children EBNE for Medicaid 2011, 53.2% children EBNE for CHP+ 2011 (2013 CHI Data Supplement Update)
	• Increase graduation rates/high school completion rates	74.9% (completion rate) CDE 2010
	• Adults	16.8% BRFS 07-09

Evidence-based Strategy**	Recommended Activities (In Progress* or Not Started [†])	Performance Indicator	Lead Partners
Promote early identification of behavioral health needs and promote access using an integrative model	<ul style="list-style-type: none"> • Awareness campaign among providers[†] • Enhance screening and referral practices[†] • Encourage integrated systems* • Online resource and referral system[†] • Community-based trainings* • Enhance data sharing and EHR use* • Patient navigator programs, support groups* • School-based mental health services* 	<ul style="list-style-type: none"> • # providers reached • # screenings/ referrals • Document outreach efforts • Document partnership efforts • # trainings / #trained • # groups/# visits 	<ul style="list-style-type: none"> • NCHA • NRBH • United Way • Faith Community Service Fund
Conduct public awareness and health education campaigns that reduce stigma	<ul style="list-style-type: none"> • Local campaign to dispel myths about services[†] • HPLD At-Risk Youth Programs* • Friends Are Good Mental Health Campaign and other campaigns[†] • Suicide prevention and ATOD programs* 	<ul style="list-style-type: none"> • Implementation of campaigns/programs • \$\$ used • # screenings 	<ul style="list-style-type: none"> • NRBH • HPLD • WCDPHE • WCPP
Promote stress identification and prevention at worksites	<ul style="list-style-type: none"> • Improve/change practices[†] • Enhance EAPs[†] • Support policy change[†] 	<ul style="list-style-type: none"> • Employee wellness reports • Enrollment tracking • Changes in policy stories 	<ul style="list-style-type: none"> • Weld County Employee Wellness Programs
Increase Medicaid enrollments for eligible families and children	<ul style="list-style-type: none"> • Expand school-based outreach* • Enrollment fairs* • Brochures and flyers campaign* 	<ul style="list-style-type: none"> • Enrollment tracking • # events • # materials distributed 	<ul style="list-style-type: none"> • WC- DHS • WCSD6 • HPLD

**Sources: National Prevention Council, *National Prevention Strategy*, Washington DC: U.S. Department of Health and Human Services, Office of the Surgeon General, 2011;

Healthy Eating Priority

Strategic Issue: How do we achieve healthy eating across the life span?



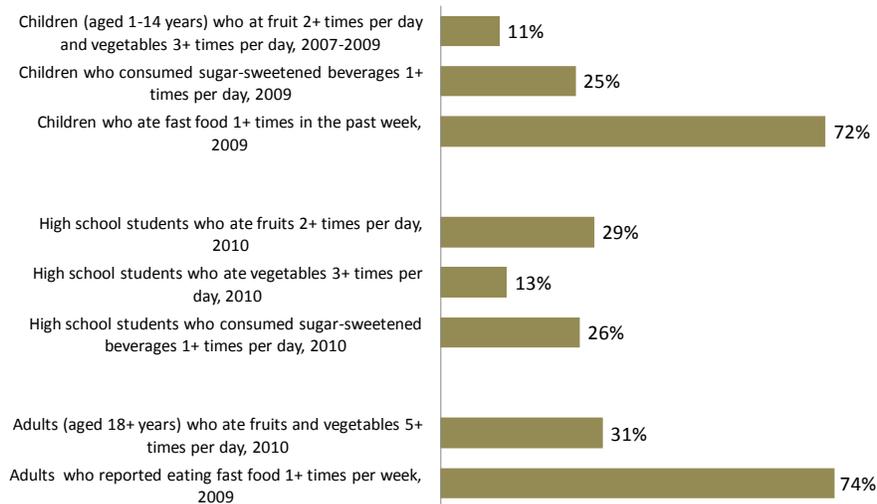
Background:

Poor nutrition is a modifiable risk factor that, when improved, can reduce risks for chronic disease and premature death. Consuming at least the recommended amount of fruits and vegetables decreases risk for obesity, especially if fruits and vegetables are substituted for foods that are high in fat and calories.

Based on available data, most Weld County children, adolescents, and adults do not seem to be consuming enough fruits and vegetables to meet the minimum recommended amounts of two or more servings of fruit and three or more servings of vegetables. For children between the ages of one and 14 years, about one out of ten (11%) meet the minimum guidelines and eat two servings of fruit and three servings of vegetables, according to parent reports. For high school students, 29 percent consume two or more servings of fruit per day and 13 percent consume three or more servings of vegetables per day. Among Weld adults, 31 percent eat the minimum recommended five or more servings of fruits and vegetables per day.

About one out of four children (aged 1- 14 years) and high school students consume at least one sugar-sweetened beverage per day. Nearly three out of four (72% for children and 74% high school students) eat fast food one or more times per week (see Figure 7).

Figure 7. Diet & Nutrition Practices among Weld County Children, Adolescents, and Adults



Sources: Colorado Child Health Survey (children); Weld Healthy Kids Colorado Survey (adolescents); Weld Community Health Survey & Colorado Behavior Risk Factor Surveillance Survey(adults)

Healthy Eating Priority

GOAL: INCREASE ACCESS AND CONSUMPTION OF HEALTH AND AFFORDABLE FOODS ACROSS THE LIFESPAN IN WELD COUNTY

Long-term Objectives	Outcome Indicators	Baseline
By 2020, improve population-based behavioral, biometric and physiologic measures (2%-5%) by the following:	<ul style="list-style-type: none"> Increase the consumption of healthier foods in adults and children including: <ul style="list-style-type: none"> Fruits (2 or more per day), Vegetables (3 or more per day) Whole grains and fiber Decrease the proportion of children (aged 1-14) who consumed sugar-sweetened beverages one or more times per day Decrease the proportion of adults and children (aged 1- 14) who reported eating fast food one or more times per week Decrease the proportion of obese adults and children including: <ul style="list-style-type: none"> Children 2-4 in WIC Children 2- 14 Adolescents 9 – 12th grade Adults 20+ Increase the proportion of adults with hypertension whose blood pressure is under control Increase the proportion of babies who are breastfed exclusively for the first six months after birth. 	Adults who ate 3+ veggies: 24.2%, 2010; Children who ate 2+ and 3+: 11.1%, 07-09 Children: 25.4%, 07-09 Adults: 74.1%, 09 Children: 72.4%, 07-09 Children 2-4 in WIC (11.3%, Sunrise, 08-10) Children 2- 14 (18.7%, 07-08) Adolescents 9 – 12th grade (11.9%, WICSD6, 06-07) Adults 20+ (24.6%, 18+ yrs, 2010) No baseline data Ck get data
	By 2016, improve the following system measures: <ul style="list-style-type: none"> Increase the number of restaurants and food retailers with healthy food options Percent of all restaurants that are fast food Increase the number of farmer's markets and community gardens Increase the number of regional food hub/farm-to-school participants Increase the number of nutritious school meals served Increase the proportion of schools offering nutritious foods and beverages served outside of school meals (i.e., competitive foods) 	131/48%,2009 Markets (3, 2012) Gardens (20, 2012)

Evidence-based Strategy**	Recommended Activities (In Progress* or Not Started [†])	Performance Indicator	Lead Partners
1.1 Increase availability of healthy foods in existing establishments	<ul style="list-style-type: none"> Healthy Corner Store Initiative* Farm-to-School* Food Access Task Forces* Healthy School Vending* 	Increased sales # mini-grants, \$\$ and pds of food Participant tracking	HW2020 WCSD6
1.2 Improve the nutrition quality of the local food supply	<ul style="list-style-type: none"> Retailer/ Supplier Initiative[†] Healthy Menu Labeling* Food Safety Training and TA[†] 	Outputs to retailers # outlets doing labels # trainings & participants	WCDPHE
1.3 Support local/regional farm to table efforts	<ul style="list-style-type: none"> High-Impact Community Gardens* Farmer's Markets and Produce Stands* Regional Food Hub* CSAs[†] 	# gardens, pds of food # markets, stands Food Hub Success Story	HW2020 WCSD6 City of Greeley NCHA
1.4 Promote availability of affordable healthy food and beverages with a focus on lower income residents	<ul style="list-style-type: none"> SNAP and EBT* Food Bank Programs* Hunger Free Hotline[†] 	# enrollments New partnerships pds of food # of referrals	NCHA Kaiser Food Bank
1.5 Support policies and programs that promote breastfeeding	<ul style="list-style-type: none"> Work with hospital, ELCs, and others to implement policies and programs* Workplace policies* Baby-friendly hospital designation* 	GET FROM ECOP WORKPLAN	WCDPHE
1.6 Educate the general public about healthy food and beverage choices	<ul style="list-style-type: none"> Messaging campaigns[†] Food demos and cooking classes* Adult counseling and classes* Disseminate national media messages[†] 	# media hits and type #classes, participants	NCHA Kaiser, WIC, NCMC, WCDPHE, Weld County Extension, United Way, WCSD6

**Sources: National Prevention Council, *National Prevention Strategy*, Washington, DC: U.S. Department of Health and Human Services, Office of the Surgeon General, 2011; Keener, D., Goodman, K., Lowry, A., Zaro, S., & Kettel Khan, L. (2009). *Recommended community strategies and measurements to prevent obesity in the United States: Implementation and measurement guide*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention.

Strategic Priority One: Reduce people's risk for chronic disease and help them maintain a healthy body weight through nutrition, physical activity and obesity prevention strategies.						
Five Year Goal One: Increase access and consumption of healthy and affordable foods in communities.						
Measurable Objectives	Evidence-based Strategies	Community Activities	Agencies	Target Population	Evaluation Measures/Methods/Frequency	Activity Status **
A. Decrease the proportion of obese children and adults. B. Increase the consumption of fruits, vegetables in children and adults. C. Increase the number of restaurants and food retailers with healthy food options. D. Increase the number of farmer's markets, community gardens and producer food hubs.	1. Increase availability of healthy foods in existing establishments.	Increase availability of healthier food and beverages at small food retailer establishment in one or more food deserts areas. <ul style="list-style-type: none"> Work with small retail grocery/convenience stores in Milliken, Platteville, LaSalle, Gilcrest, Kersey and other small towns to improve availability of fresh fruits and vegetables and other local foods, dairy, meats and grains. Provide mini-grants to retailers to purchase refrigerators or signage to promote healthy foods. Host nutrition classes featuring the foods carried at the retail stores. Classes promoted and hosted at the Public Computing Centers in Pierce, Milliken, LaSalle, Kersey 	Healthy Weld 2020 City of Greeley High Plains Library District WIC	General Population	HW 2020 <ul style="list-style-type: none"> Track relative increase of fruits and vegetables sold through retail establishments in select small towns throughout the county. Track number of mini-grants utilized by retailers to promote healthy food and beverage options by customers. WIC <ul style="list-style-type: none"> Track number of nutrition classes provided. 	IP
		Support farm-to-school efforts in Weld School Districts <ul style="list-style-type: none"> Assist the Weld Farm to School purchasing coalition in recruiting producers to sell to schools. Assist with development of Food Safety training regulations for producers to enable them to sell to schools and other local wholesale/retail buyers in Weld and northern Colorado Help connect local producers with retailers and institutions through partnerships with Real Food Colorado the schools Provide a Garden-to-Cafeteria program for schools in WICSD6 to sell/supply school garden produce to Nutrition Services 	Healthy Weld 2020 WICSD6 Real Food Colorado	School Districts	HW 2020 <ul style="list-style-type: none"> Cultivation Event participant tracking Maintain database of participating farmers and buyers Document number of partnerships established WICSD6 <ul style="list-style-type: none"> Track dollars and pounds of Farm to School produce purchased Track dollars and pounds of Garden to Cafeteria program produce purchased 	IP
		Establish sustainable community-driven food access task forces in one or more food desert areas of the county <ul style="list-style-type: none"> Work with existing task forces and establish food access groups in other small towns along the Highway 85 and 34 corridors to advocate for increased healthy local foods. Explore transportation to grocery stores in underserved areas. Explore the use of Public Computing Centers for distribution center for local produce 	HW2020 High Plains Library District	Retail leaders	HW 2020 <ul style="list-style-type: none"> Document progress through Task Force meeting notes Document number of food outlets establishing new programs and/or policies that increase availability of healthy food and beverages 	IP
		Establish a healthy food vending program to replace all food vending machines in WICSD6 schools. All foods will comply with the school district's wellness policy and will provide a rating system to further encourage healthy choices.	WICSD6	Kids, employees	WICSD6 <ul style="list-style-type: none"> Track nutrition information for menu items Track sales by ratings category. 	IP
		2. Improve the nutrition quality of the local food supply	Increase awareness of retailers and food suppliers (that do/do not fall under HC Reform Act) of the role they can play in serving healthier food options. <ul style="list-style-type: none"> Provide education and mini grant support to retailers to add fresh healthy foods and help market the new choices to people in their communities with classes, billboards, flyers, coupons and events. Use Public Computing Centers to promote upcoming classes and events. 	WCDPHE NoCo Dietetics Assoc. UNC	Retailers	WCDPHE <ul style="list-style-type: none"> Document education and outreach efforts to retailers
Implement healthy menu labeling for Kids in local restaurants geared toward appropriate portion sizes and choices on children's menus. <ul style="list-style-type: none"> Work with local restaurants to add/identify Smart Kids and Adults meals choices on their menus; provide free materials for their stores and market these retailers to the community. Track sales of items over a year to determine results. Implement easy-to-understand point-of-purchase nutrition information in local restaurants. 	WCDPHE	Kids	WCDPHE <ul style="list-style-type: none"> Track number of retail outlets implementing healthy menu labeling for Kids Track sales of items related to POP nutrition programs in restaurants 	IP		
Implement programs to ensure proper food handling, preparation and storage among food producers, distributors and preparers including commercial establishments as well as in individuals homes. <ul style="list-style-type: none"> Work with Environmental Health, CSU and USDA to offer training on proper food handling and storage requirements for producer to institution sales of local food 	WCDPHE, CSU extension, HPLD	Food producers, distributors and preparers	WCDPHE <ul style="list-style-type: none"> Track number of trainings and who is participating 	NS		

	<p>products including vegetables, fruits and other items.</p> <ul style="list-style-type: none"> • Offer classes at HPLD throughout the county. 				
3. Support economic development of local/regional farm to table efforts.	<p>Support the development of consumer-driven, sustainable, higher impact community gardens modeled after "successful key ingredients" from Denver Urban Gardens or similar type garden.</p> <ul style="list-style-type: none"> • Recruit local business, schools, town administration to develop and implement a community garden that is sustainable: water, labor, tools and produce seeds are available every year. Food is shared with the low income families. • Support other agencies and groups to start community gardens for their clients and families. • HPLD provide information on establishing and sustaining community gardens. 	Prevention Partners and agencies	General population		IP
	<p>Support the development of farmers markets and produce stands in high need areas</p> <ul style="list-style-type: none"> • Work with the town administrators, food task forces and local producers to identify and develop local farmers markets and produce stands to improve access to fresh foods in that town. • Work with local producers to develop and implement a mobile "produce market" that can travel to smaller towns on a regular basis during the growing season. • Utilize HPLD and PCC locations as market sites. • Youth driven community garden at Boy's and Girls Clubs • Establishment of a community garden at the Guadalupe Center - food grown by the residents and consumed by the residents 	City Gov, producers, HW2020, HPLD, Boy's and Girls Clubs, Guadalupe Center	Residents in food deserts	<p>HW 2020</p> <ul style="list-style-type: none"> • Track recruitment and participation in food access projects such as the Food Hub 	IP
	<p>Support the development of a regional small to mid-size producer food hub for schools, hospitals, senior centers and other food serving institutions.</p> <ul style="list-style-type: none"> • Work with local distributors and producers to establish a "hub" for collecting and packaging local produce and other products to be sold to local institutions at a wholesale price. • Support/promote advocacy and policy work that addresses nutrition guidelines, food access (e.g. zoning/incentives especially around schools), and food procurement policies locally and regionally. • Market establishments to the public that carry/buy fresh local foods and educate the public on the benefit of these foods. • HPLD carry information on locally grown foods and educational materials on benefits of eating locally. 	HW2020, Real Food, Producer Collaborative, HPLD		<p>HW 2020</p> <ul style="list-style-type: none"> • Food Safety Handbook/ Education classes and outreach – Farm Show, Cultivation event and Farm to School conference 	IP
	<p>Support community supported agriculture efforts in Weld County and the northern Colorado region.</p>	HW2020, County Gov.	Local food producers	<p>HW 2020</p> <ul style="list-style-type: none"> • Document outreach efforts 	NS
4. Promote availability of affordable healthy food and beverages with a focus on lower income residents. (KAISER)	<p>Support healthy eating in hard times activities such as the purchase of healthy foods through SNAP/food stamp enrollments, food banks, etc.</p> <ul style="list-style-type: none"> • Support the outreach and enrollment activities of the HS office and Food Bank to increase awareness of these programs and where they are available. Connect residents with enrollment options. • Support the WIC program which offers nutritious foods, nutrition education, including breastfeeding support and community referrals. • HPLD assist patrons to identify and enroll in various programs. • HPLD offer healthy snack and drink options in the vending machines. • Partner with faith-based and other organizations who serve the elderly to promote optimal nutrition with the home-bound elderly. • Provide healthy meals and nutrition education to older Americans through the Weld County Senior Nutrition Program • Increase partnerships with home meal. programs, educational programming with AAA (chronic disease), nursing homes and assisted living agencies. • Refer families to WIC for nutrition concerns 	Food Bank, Kaiser, NOCO Dietetics Assoc., CSU/EFNEP, DHS, AAA CEEN Head Start	Low income population	<p>AAA</p> <ul style="list-style-type: none"> • Track outreach efforts • Document number of new partnerships established • Track number of enrollments <p>Track number of partnerships established with the faith community</p> <p>United Way</p> <ul style="list-style-type: none"> • Document number of referrals 	IP

	<p>Expand EBT use in farmer's markets and other food establishments</p> <ul style="list-style-type: none"> Establish EBT at the Milliken Farmers market and markets in other towns and local retail grocery stores as they bring on more healthy food choices to encourage residents to purchase healthier choices. WIC vouchers will be accepted at the Greeley Farmers market beginning in 2012 	HW2020, CSU, City Govt, DHS, WIC	Farmers markets and food stores	<p>HW 2020</p> <ul style="list-style-type: none"> Track number of EBT machines and WIC vouchers utilized Document new collaborations 	IP
	<p>Promote Hunger Free Colorado Hotline and other aligned strategic activities.</p> <ul style="list-style-type: none"> Support Kaiser Permanente and the Hunger Free Colorado Coalition's activities to connect families and children to healthy food resources in Weld County. http://www.hungerfreecolorado.org/main.html 	Food Bank, United Way 211, Kaiser	Low income population		NS
5. Align organizational and programmatic nutrition standards and policies with the latest Dietary Guidelines for Americans	<p>Screen for hunger in the clinical setting</p> <ul style="list-style-type: none"> Identify tools that can be used by family practitioners for measuring food insecurity in children and adults. Assess tools that are currently in use by providers to determine food security. Educate providers on hunger in Weld County, tools to assess hunger and resources for clients that are food insecure. 	NCHA	General population low income		
	<p>Increase awareness and disseminate consistent messages among schools, early learning centers, work-site, institutional cafeterias, hospitals and living facilities through various education campaigns (e.g. Kaiser ETP)</p> <ul style="list-style-type: none"> Disseminate information to schools, early learning centers, work-sites, institutional cafeterias, hospitals and living facilities, community and faith-based partners. Provide low cost nutrition education counseling and classes on how to balance caloric intake and output (i.e. diet/weight management classes) to maintain healthy weight for low income families. <ul style="list-style-type: none"> NCMC cooking classes WIC nutrition education classes Cooking Matters (CAHEC) Shopping Matters (WIC, WCDPHE) Ethnic Cooking (refugee population) Food demonstrations at Farmer's Markets in Greeley and Milliken (WCDPHE) Local employers of low wage workforce training on healthy eating and breast feeding (WIC, MCH) HPLD Wellness program for staff Promote "Weigh and Win" free weight loss/healthy eating program encouraging residents to sign up and participate by accessing kiosks at the Centennial Library in Greeley, Firestone and the mobile kiosk through NCMC 	NCMC, WIC, CAHEC, HW2020, WCSD6, WCDPHE MCH, Kaiser, HPLD	General population	<p>HW2020</p> <ul style="list-style-type: none"> Use database tracking or participation of Weigh and Win program 	
	<p>Implement new guidelines in schools, early learning centers, work-site, institutional cafeterias, hospitals and living facilities</p> <ul style="list-style-type: none"> Engage partners representing these institutions in the CHIP partnership Partner with Head Start, United Way and WIC to build on existing programs, providing training, technical assistance and resources for home cooked, local healthy foods WC Boces to assess meal/nutrition programs in 10 rural schools HPLD to offer space for training, purchase educational materials and display CEEN participates in the Colorado Child and Adult Food Care Programs CEEN incorporates "I am Moving, I am Learning" (IMIL) and "Fun with New Foods" into the daily curriculum CEEN provides professional development for child care providers of young children. 	<p>WCSD6, child care centers, United Way, WIC, WCDPHE, WC Boces, HPLD</p> <p>CEEN Head Start</p>		<p>United Way</p> <ul style="list-style-type: none"> Document number of participants served 	
	<p>Support/promote advocacy and policy work that addresses nutrition guidelines, food access (e.g. zoning/incentives especially around schools), and food procurement policies locally and regionally.</p>	HW2020, policy makers (i.e. school boards)		<p>HW 2020</p> <ul style="list-style-type: none"> Document efforts 	

	Establish a healthy catering menu for WCSD6 schools that complies with the school district's wellness policy and will provide point-of-service nutrition information for regular menu items.	WCSD6	Kids, employees	WCSD6	<ul style="list-style-type: none"> Track nutrition information for menu items. 	C
6. Educate the general public about healthy food and beverage choices. (KAISER)	In partnership with community and faith-based partners, conduct local health education campaigns that get the following four messages out: 1) eat less utilizing tools such as MyPlate, etc, 2) manage body weight by balancing intake and expenditure of calories, 3) follow key food safety practices, and 4) breastfeed babies exclusively for the first six months	WCDPHE, NCMC, Kaiser, media, HPLD and others	General population	WCDPHE	<ul style="list-style-type: none"> Document new partnerships and outreach efforts Number of media hits and media type 	NS
	Interested partners collaborate to conduct community-based food demonstrations and cooking classes that support healthy home-cooked meals Food Play program at schools CAHEC/Cooking matters classes and partnerships	WCDPHE, EFNEP, WCFB, HW2020	General population	HW2020	<ul style="list-style-type: none"> Track recruitment and class participation Track number of cooking classes held Track number of partnerships established 	IP
	Provide adult nutrition education counseling and classes on how to balance caloric intake and output (i.e., diet/weight management classes) to achieve and maintain healthy weight	EFNEP, NCMC, WCDPHE, AAA, HPLD and others	General adult population	NCMC	<ul style="list-style-type: none"> Track number of classes provided and number of participants 	IP
	Provide adults cooking classes to the public	NCMC	General adult population	NCMC	<ul style="list-style-type: none"> Track number of classes provided and number of participants 	
	Provide point-of-sale nutrition information for all non-fruit and non-vegetable food items in WCSD6 schools.	WCSD6	Kids, employees	WCSD6 -	<ul style="list-style-type: none"> Track the number of nutrition brochures distributed to the schools. 	IP
	Provide a point-of-sale nutrition rating and education program for food vending machines in WCSD6 schools.	WCSD6	Kids, employees	WCSD6	<ul style="list-style-type: none"> Track sales by ratings category. 	IP
	Increase residents' exposure to national and state media campaigns by making sure national media messages get disseminated in Weld County (i.e. IOM's May 2012 Media Campaign release)	Kaiser, Livewell, CDPHE media partners and others	General population	WCDPHE	<ul style="list-style-type: none"> Document campaigns occurring in Weld County 	IP
	Encourage local media to support healthier decision making by promoting new and existing healthier food and beverage choices and limiting marketing of unhealthy foods, especially to children			WCDPHE	<ul style="list-style-type: none"> Document media outreach efforts and number of impressions of a healthy food message they disseminate 	
Additional agency and community efforts designed to improve the nutrition and promote healthy weight for Weld County residents.						
	Health Risk Assessments for employees in the workplace	NCMC	Employees			IP
	Jump2Fitness programs	Sunrise	Families			IP
	A series of "Weight of the Nation" screenings for public health professionals, the general public, employers and the Spanish speaking population.	Kaiser, WCDPHE, Prevention Partners	Varied audiences			IP
	Weld County Senior Nutrition Program	AAA	Senior adults			IP
	Callers to 211 in need of food will be connected with local churches or other organizations for a foodbox when they don't have eligibility or Food Bank.	United Way 211	General population		Document the number of requests.	IP
	Provide Chef in the Classroom program to teach children in WCSD6 about cooking and nutrition.	WCSD6	Kids			IP
	Develop Healthy Classroom Party kits for teachers to use in planning classroom parties. Kits will discourage the use of food in classroom parties and will encourage active celebrations.	WCSD6	Kids, employees			IP
	Provide non-food rewards for teachers to use in place of food rewards in WCSD6 schools.	WCSD6	Kids			IP
	Community Garden at Guadalupe Center provides fresh produce to residents	Catholic Charities	Homeless		Track pounds of produce grown and utilized to feed residents	IP

Activity Status Key** NS: Not Started IP: In Progress COM: Complete

Strategic Priority One: Reduce people's risk for chronic disease and help them maintain a healthy body weight through nutrition, physical activity and obesity prevention strategies.						
Five Year Goal Two: Increase access and participation in physical activity among less active adults and children in Weld County						
Measurable Objectives	Evidence-based Strategies	Community Activities	Agencies	Target Population	Evaluation Measures/Methods/Frequency	Activity Status **
A. Increase the proportion of adults who engage in at least 150 minutes of moderate activity per week.	1. Encourage community design and development that supports physical activity.(COLORADO HEALTH FOUNDATION HEALTHY PLACES)	Increase awareness among planners and policymakers about designs that support active modes (walking, biking) of transportation for everyday living. <ul style="list-style-type: none"> Provide resources and sponsor training opportunities for municipalities, county staff, the public and business communities on applying physical activity friendly design principles. (http://designinghealthycommunities.org/) Assemble a task force of citizens to advocate for building healthy communities in Weld County. 	WTCC, WCDPHE, City of Greeley	Planners, policymakers	Track number of trainings provided. Document efforts of task forces.	IP
		As needed, convene partners and/or provide technical assistance to municipal and county planners to help them consider health impacts when making land use and transportation design decisions.	Weld Gov, City of Greeley	Planners, policymakers	Document efforts.	
		As needed, offer periodic training opportunities to communities on applying physical activity friendly design principles.	Weld Gov, City of Greeley	Planners, policymakers	Track additional trainings and opportunities to educate planners and policymakers.	
B. Increase the proportion of adolescents who engage in at least one hour of activity per day.	2. Promote school and early learning center policies and programs that increase physical activity. (KAISER)	Help school districts implement Colorado's new physical activity expectation in schools for elementary students (HB11-1069)	SD6, School boards, CDE	School Districts	Document new policies implemented.	NS
		Encourage school districts, early learning centers and before/after school programs to adopt voluntary policies and programs that increase physical activity opportunities in their settings (and limit screen time). Colorado Early Education Network (CEEN) Head Start requires children to receive 30 minutes of Physical Activity moderate to vigorous physical activity (MVPA) per day and half day programs and 1 hour of MVPA per day for full day programs. Highland Early Childhood Education Center provides the IMIL health and fitness program. Professional development for child care providers of young children. Flat 14er	WCDPHE, parent groups, Kaiser CEEN Head Start United Way Highland Early Childhood Education Center United Way of Weld County Promises for Children (PFC)	School Districts, early learning centers and before/after school programs Pre-school in Ault	Track number of policies and programs adopted. United Way <ul style="list-style-type: none"> Document the number of children served. Document the number and type of professionals who receive training. HW 2020 <ul style="list-style-type: none"> Database tracking of Flat 14er participation individual/school 	NS
C. Increase the proportion of children who limit screen time to less than 2 hours per day.		Conduct a Public Information Campaign for increasing physical activity and limiting screen time for kids and families <ul style="list-style-type: none"> Consistent theme messages at all partner agencies for clients and staff WIC offices display posters in offices and waiting rooms and provide "get moving" DVD's for clients to check out HPLD and NCMC Wellness Library offer activity DVD's for check out 	Partner agencies	General population	Track campaign efforts and number of media hits.	
		Where feasible, support walk and bike to school programs <ul style="list-style-type: none"> HPLD ensure adequate bike rack space and also sponsors bike-to-work events 	Weld County Public Works, CDOT, Drive Smart, HPLD	Youth	Document outreach efforts.	IP
D. Increase the proportion of schools that provide access to their facilities for physical activity use for all persons outside of normal school hours.	3. Facilitate access to safe, accessible and affordable places for physical activity.(COLORADO HEALTH FOUNDATION HEALTHY PLACES)	Work with communities to ensure public places (e.g. , parks, playgrounds, community centers, schools, fitness centers, trails and gardens) are designed/retrofitted to provide safe, easy access by people of all ages and abilities <ul style="list-style-type: none"> Offer low or no-cost physical activity programs across the life span United Way provides mini-grants for scholarships to 11 area recreation centers to allow low-income residents to participate in physical activity programs Develop and implement after-hours/joint us agreements that facilitate shared use of physical activity facilities Incorporate playground into Farr Library remodeling project Work with municipalities to connect libraries to trails, walking paths and bus stops 	City/County Gov, Law Enforcement, Recreation and Senior Centers, Aims, School Districts, WCDPHE, United Way	Planners, partner agencies, "retail" physical activity centers	Track outreach efforts. Track number of mini-grants provided to low income residents. Document number of joint use agreements.	IP
		4. Support workplace policies and programs that increase physical activity.	Encourage employers to adopt worksite wellness programs and other strategies (lunchtime walking groups, walking meetings, access to walking paths/fitness facilities, etc.) that increase the number of employees who are physically active during the work day	HW2020, NCMC, HPLD, Kaiser, County and City Gov., regional worksite wellness group	Employers and their employees	HW 2020 <ul style="list-style-type: none"> Participant tracking through Weigh and Win Web page

	<ul style="list-style-type: none"> Promote adoption of evidence-based worksite wellness programs and membership in WELCOA (or similar) Provide resources and technical assistance for classes, events and programs Support workplace and community based physical activities and/or challenges (e.g., Turkey Trot, Commissioner's 5K, etc.) HPLD offer classes for staff (and community), such as zumba, yoga, dance, cooking, walking groups WCDPHE staff wellness programs Offer physical activity classes to the community (Zumba, Yoga, Spinning, etc.) 				
5. Assess basic health status (blood pressure, cholesterol, BMI), including physical activity levels, and provide education, counseling and referral. (KAISER –YOUTH FOCUS)	Increase health care provider's interest and participation in public health & community programming related to chronic disease risk factor reduction <ul style="list-style-type: none"> Promote and further integrate best practice models, methods and materials into WCDPHE policies and services 	NCHA and member agencies	Health care providers	NCHA <ul style="list-style-type: none"> Track number of new policies implemented 	IP
	Encourage health care providers to assess, provide counseling and referrals to allied health professionals related to physical activity (and nutrition education) <ul style="list-style-type: none"> Provider counseling on risk and protective factors associated with early childhood obesity <ul style="list-style-type: none"> Messages about appropriate gestational weight gain, sleep, physical activity and breast feeding Develop list of all resources for the community for physical activity Bounce Program at the Kids Care clinic 	NCHA and member agencies	Health care providers	NCHA <ul style="list-style-type: none"> Track referrals Document counseling in the client EMR Development of physical activity resource guide 	NS
	Conduct screening, education and referrals at community and worksite health fairs <ul style="list-style-type: none"> Screen adults and children for biometrics and provide resources/referrals <ul style="list-style-type: none"> Provide wellness screenings and immunizations HPLD will provide space for health fairs and screenings 	Employers, agencies	Health Fair planners	<ul style="list-style-type: none"> Document number of health fairs Track number of screenings conducted 	IP
	Expand the Patient Centered Medical Home and Accountable Care Collaborative initiatives in Weld County <ul style="list-style-type: none"> Investigate/implement a Patient Navigator system to find a medical home for disenfranchised peoples 	NCHA	Health care providers		IP
	Support the use of meaning EHR's (electronic health record) and clinic reminder systems for annual checkups and preventative care	NCHA and member agencies	Health care providers		IP
	Additional agency and community efforts designed to improve the level of physical activity and promote healthy weight for Weld County residents.				
	Membership fitness clubs offerings	"Retail" fitness clubs	General population		IP
	Jump2Fitness programs	Sunrise	Families		IP
	A series of "Weight of the Nation" screenings for public health professionals, the general public, employers and the Spanish speaking population.	Kaiser, WCDPHE, Prevention Partners	Varied audiences		IP

Activity Status Key** NS: Not Started IP: In Progress COM: Complete

Strategic Priority Two: Increase years of healthy life and reduce disparities among all Weld County residents through multiple social and emotional wellness strategies.						
Five Year Goal: Promote early identification of mental health needs and access to quality mental health services.						
Measurable Objectives	Evidence-based Strategies	Community Activities	Agencies	Target Population	Evaluation Measures/Methods/Frequency	Activity Status **
<p>A. Increase depression screening by primary care providers. (HP2020 Natl' baseline is 2.2% of PCPs for 19+yrs adults; 2.1% of PCPS for 12-18 yrs)</p> <p>B. Increase the number of community-based organizations providing population-based primary prevention programs for mental illness.</p> <p>C. Increase the number of work-site intervention programs and policies that enhance social and emotional wellness.</p> <p>D. Decrease the gap between Medicaid eligible, and eligible but not enrolled residents.</p>	<p>1. Promote early identification of behavioral health needs and access to quality behavioral health services using an integrative model.</p>	<p>Increase awareness about USPSTF recommendations with constituents of providers of health care.</p> <ul style="list-style-type: none"> Establish a task force to develop the implementation process and timeline. Assess the provider community by survey to determine if there is a support system in place for screening and referral. 	NCHA, NRBH, Weld County Medical Society, NCMC, PVH, Kaiser & others	Health care providers	<p>Complete survey of providers</p> <p>Establish task force</p> <p>Track number of screenings and referrals</p>	NS
		<p>Work with private and community-based providers to initiate and/or enhance their screening and referral practices for children, adolescents, and adults especially among those with disabilities and chronic conditions.</p> <ul style="list-style-type: none"> Expand Columbia University's TEEN SCREEN Tool into local health care providers and or schools. Utilize Project Launch screening and referral for maternal mental health and early childhood social and emotional wellness. 	NCHA, NCMC, PVH, Kaiser & others (UNC Counseling)	Health care providers	<p>United Way</p> <ul style="list-style-type: none"> Track number of referrals <p>Track number of providers and schools utilizing screening tools</p> <p>Track number of referrals resulting from screenings</p>	NS
		<p>Encourage the use of integrated systems; build/integrate tools into electronic health record (EHR) systems.</p> <ul style="list-style-type: none"> Identify existing health system partners that have EHR capability Develop appropriate data fields and train staff to make consistent entries to provide a valid source of mental health data. 	NCHA	Health care providers	Document outreach efforts	IP
		<p>Explore online or other high quality resource and referrals (see Larimer's http://www.mentalhealthconnections.org/)</p>	NRBH, PVH, NCMC, Kaiser HPLD	Health care providers	Utilization data	NS
		<p>Use library space for counselor appointments with clients.</p>	HPLD	Health care providers/client	Document use of library space	
		<p>Identify training models (e.g., Mental Health First Aid 101, Question Persuade Refer [QPR] First Aid) and train staff in multiple sectors to identify residents in need of further mental health screening and referral. In place at NRBH:</p> <ul style="list-style-type: none"> Staff provides mental health screening in the primary care setting [Sunrise, Monfort Family, Monfort Children's, Salud in Ft. Lupton. Project LAUNCH assessment for 0-8 year olds with NCHA, Dr. Dubynski and some day care centers. 2 day Mental Health First Aid 3x/year FREE Question Persuade Refer [QPR] First Aid for both adults and adolescents 4x/year Provide Mental Health First Aid classes for any workers who deal directly with the public 	NRBH, NCHA & others	Target reach is 1,000/year Health care providers and those who work with the public	Track number of trainings held and number trained	IP
		<p>Enhance communication and data sharing (with appropriate consents) with social service networks.</p>	NRBH, WCSS, Dept. of Probation, Dept. of Corrections, WCSD6, Youth & Family Connections	Social Services	Increased number of partnership efforts	IP
		<p>Enhance/expand the integrated mental health model in place at Sunrise/NRBH and/or Monfort Family Clinic.</p> <p>Assess providers current services in place for mental health model (through provider survey).</p> <p>In place for mental health or substance abuse support:</p> <ul style="list-style-type: none"> One time intervention Intervention with regular medical visits On-going intervention 	NRBH	Health care professionals	Document number of different types of interventions	IP

	<p>Provide support groups and/or patient navigators/lay health advisors/community health workers in schools and school-based health centers. Assess mental health services in other school districts. In place:</p> <ul style="list-style-type: none"> • NRBH provides 1 FTE counselor at school-based health center • School-based health center currently serves Centennial, Dos Rios and Maplewood with medical, dental and mental health services. Grant funded through Sunrise. • Psychological Services Clinic at UNC available to the community 	NRBH, WCDPHE, North Colorado Family Medicine, UNC	Health care professionals	Track number of support groups provided Document number of visits	IP
2. Public awareness and health education campaigns (for all ages) that reduce stigma (i.e., eliminate discrimination and prejudice) associated with mental health (and substance abuse) services.	<p>Develop/implement a local campaign aimed at reducing the disconnect between perceived vs. actual service availability in the Greater Greeley Area based on Corrigan’s Five Principles for Social Marketing Campaign (2011).</p>	WC Prevention Partners, WCDPHE	General population	Implementation of campaign	NS
	<p>In place through HPLD:</p> <ul style="list-style-type: none"> • librarian active with the Second Wind Fund which helps reduce the incidence of teen suicide. She is a trainer for at-risk youth. • collaborates with WCDPHE to prepare videoclips to place on HPLD website and other websites on social and emotional wellness related issues. • provides employment at the library for Frontier House members. 	HPLD, WCDPHE	At risk youth	Documentation of continued assistance	IP
	<ul style="list-style-type: none"> • Implement a county-wide “Friends are Good Mental Health” media campaign (or similar). • Promote National Depression Day for at-risk populations), and other regularly scheduled awareness campaigns around mental health. • Recovery from Addictions Day • Mental Health Month (May) activities • Opportunistic Awareness campaigns around mental health - monthly mental health awareness article in the Greeley Tribune 	WCDPHE, NRBH, Kaiser & others	General population	Implementation of campaigns and programs	NS
	<p>Identify and implement a suicide prevention and/or drug/alcohol risk reduction program(s) including possible educational theatre programs for adolescents and/or college age youth that focuses on social connectedness. NRBH:</p> <ul style="list-style-type: none"> • Depression screenings at Channel 9 Health Fairs • Suicide education and support services county-wide in Junior and Senior High Schools (QPR) • Group and individual drug and alcohol relapse prevention. <p>HPLD:</p> <ul style="list-style-type: none"> • assure collection of resources in the mental health field is comprehensive and up-to-date • work with professionals to identify current resources for the lay person • create health and wellness guides on www.MyLibrary.us with links to catalog, websites and videos. • develop displays, especially ones tied to calendar-based events, (i.e. May Mental Health Month.) • offer programming on mental health topics. 	WC Prevention Partners, NRBH, Kaiser, HPLD, WCSD6, The Colorado Meth Project	General population and youth	Track number of screenings held Document educational programs being provided Track number of resources going out to residents	IP at NRBH NS for others
3. Promote stress identification and prevention at work-sites	<p>Through Greeley Well City and others, work with employers to improve/change organizational practices that reduce employee stress and provide reasonable accommodations that promote wellness/reduce stress (i.e. enhanced EAPs).</p>	NCMC, Weld County Employee Wellness and other employers	Employers	Employee wellness reports	NS

	Through Greeley Well City and others, identify and offer best practice employer-based programs such as Afterdeployment.org for the military community and other high risk groups that experience stressors. (VA facilities exist in Denver and Cheyenne)	NCMC, Weld County Employee Wellness	Employers	Employee wellness reports	NS
	Support/promote advocacy and policy work that addresses mental health parity in employer-based health plans.	Local Policy Makers, NCHA	Employer-based health plans	Track changes in policy	NS
	Library offer walk-in services support, with mental health professional staff on-site.	HPLD	Mental health professionals	Track meeting space utilization	IP
	Library offer meeting room spaces as available to accommodate individual and group sessions.				
	Some worksite Employee Assistance Programs utilize NRBH	NRBH	EAP's	Track increase in EAP's	IP
4. Increase Medicaid enrollments for eligible families and children in need.	Expand Medicaid outreach workers in WCD6 and other school districts.	Medicaid outreach workers	Medicaid eligible	Track enrollment	IP
	In conjunction with existing school and community events, increase Medicaid enrollment opportunities via enrollment fairs. (Manuella Cibirin)	WCD6	Medicaid eligible	Track enrollment	
	Provide brochures and flyers to let people know they can get help filling out forms at the library.	HPLD	Medicaid eligible		IP
Additional agency and community efforts designed to reduce stress and enhance mental health within, between and among Weld County residents.					
	<ul style="list-style-type: none"> "Spirit of Women" programs and publication Yoga 	NCMC	Women General Public		IP
	Mental health counseling for migrant children and families	Centennial BOCES	Migrant families		IP
	Support acclimating to American culture for refugee children and families	UNC Dept of Psychology	Refugee families		IP
	Personal care item, clothing, kitchen basics and basic needs for everyday living are provided to those in transition from homelessness to living independently	Guadalupe Center	Transitional homeless		IP
	Mental health and substance abuse counseling on a sliding fee scale	NRBH	Low income		IP
	Victim assistance	Catholic Charities	Victims of person to person crime		IP
	Weld Aging Well programs	AAA	Seniors and caregivers of seniors		IP
	Dental, Vision and Hearing Program	AAA	Low income seniors		IP
	Grandparents Raising Grandchildren Program	AAA	Grandparents raising grandchildren due to stressful family circumstances		IP

Activity Status Key** NS: Not Started IP: In Progress COM: Complete

Weld County Community Health Survey 2010 Databook

DEMOGRAPHIC GROUPS	All Weld				North (Area 1)				Southwest (Area 2)				Southeast (Area 3)				Greeley/Evans (Area 4)			
	N	WEIGHTED	%	C.I. (95%)	N	WEIGHTED	%	C.I. (95%)	N	WEIGHTED	%	C.I. (95%)	N	WEIGHTED	%	C.I. (95%)	N	WEIGHTED	%	C.I. (95%)
TOTAL				—				—				—				—				—
SEX																				
Female	2148	92,052	50.1	(47.8-52.4)	424	16,406	50.16	(45.4-54.9)	487	21,412	52.3	(47.6-56.7)	459	19,516	49.32	(44.3-54.4)	778	34,717	49.2	(45.3-53.2)
Male	1229	91,668	49.9	(47.6-52.2)	246	16,300	49.84	(45.1-54.6)	275	19,523	47.7	(43.3-52.2)	258	20,051	50.68	(45.6-55.7)	450	35,793	50.8	(46.9-54.7)
AGE																				
18 - 24	108	12,778	7.1	(5.8-8.8)													69	8,041	11.7	(9.05-15.0)
25-34	469	52,845	29.5	(27.0-32.0)	85	8,673	27	(22.3-32.2)	122	11,556	29.2	(25.0-33.8)	109	13,526	34.7	(29.3-40.6)	153	19,089	27.8	(23.6-32.4)
35-44	557	31,562	17.6	(16.0-19.3)	113	5,551	17.25	(14.2-20.8)	160	8,993	22.7	(19.2-26.7)	116	6,317	16.2	(13.2-19.8)	168	10,701	15.6	(13.0-18.5)
45-54	700	37,224	20.8	(19.1-22.5)	150	7,462	23.2	(19.7-27.1)	174	8,922	22.5	(19.3-26.1)	140	7,880	20.2	(16.7-24.3)	236	12,960	18.9	(16.3-21.7)
55-64	697	21,646	12.1	(11.1-13.1)	157	4,545	14.1	(12.0-16.6)	136	4,358	11.0	(9.2-13.2)	160	5,027	12.9	(10.8-15.3)	244	7,716	11.2	(9.7-12.9)
65-74	458	14,449	8.1	(7.3-8.9)	86	2,615	8.1	(6.5-10.1)	94	2,920	7.4	(5.9-9.1)	110	3,318	8.5	(7.0-10.4)	168	8,896	8.2	(6.9-9.6)
75 or more	291	8,919	5.0	(4.4-5.6)	54	1,613	5	(3.8-6.5)	32	934	2.4	(1.7-3.4)	54	1,778	4.6	(3.4-6.0)	151	4,595	6.7	(5.6-8.0)
RACE																				
African American/Black	9	480	0.3	(0.1-0.5)																
Asian or Pacific Islander	47	3,187	1.8	(1.2-2.5)																
American Indian or Alaskan Native	21	1,043	0.6	(0.4-1.0)																
Hispanic or Latino	355	40,574	22.5	(20.1-25.1)					63	6,679	16.6	(12.8-21.4)	91	10,690	27.4	(22.0-33.6)	174	20,473	29.7	(25.4-34.4)
White, not Hispanic	2814	132,009	73.3	(70.7-75.7)	610	28,242	88.3	(83.5-91.9)	652	32,039	79.8	(75.1-83.8)	581	26,479	67.9	(62.0-73.3)	971	45,248	65.6	(61.0-69.9)
Other / Multiple Races																				
EDUCATION																				
Less Than H.S.	240	16,363	100.0		32	1,518	9.3	(6.2-13.7)	42	2,894	17.7	(12.6-24.3)	48	3,550	21.7	(14.6-31)	118	8,401	51.3	(42.5-60.1)
H.S. or G.E.D.	602	31,330	100.0		108	4,932	15.4	(12.7-19.4)	1148	7,654	24.4	(20.2-29.2)	159	8,100	25.9	(21.6-30.6)	187	10,644	34.0	(28.8-40)
Some Post-H.S.	1182	65,435	100.0		232	12,018	18.4	(15.9-21.1)	278	14,666	22.4	(20.0-25.1)	251	12,983	19.8	(17.2-22.8)	421	25,768	39.4	(35.9-42.9)
College Graduate	1212	63,763	100.0		275	13,299	20.9	(18.6-23.3)	264	14,330	22.5	(20.1-25.1)	233	13,373	21	(18.3-23.9)	440	22,761	35.7	(32.6-38.9)
HOUSEHOLD SIZE																				
1	602	25705	100.0		112	4,225	16.4	(13.5-19.9)	97	4,248	16.5	(13.4-20.2)	107	4,393	17.1	(13.9-20.8)	286	12,838	50.0	(45.2-54.7)
2	1391	65,742	100.0		289	12,724	19.4	(17.1-21.9)	294	12,950	20.0	(17.6-22.0)	318	14,289	21.7	(19.2-24.5)	490	25,779	39.2	(35.9-42.6)
3	520	33,081	100.0		91	5,666	17.1	(13.7-21.2)	133	7,878	23.8	(19.8-28.3)	106	6,488	19.6	(15.6-24.3)	190	13,050	39.5	(34.1-45.1)
4	498	33,682	100.0		106	6,230	18.5	(15.2-22.4)	151	9,912	29.4	(25.3-34)	100	8,153	24.2	(19.4-29.8)	141	9,386	27.9	(23.5-32.7)
5 or more	328	23,364	100.0		68	3,658	15.7	(12.0-20.1)	78	5,368	23.0	(17.7-29.2)	81	5,859	25.1	(19.9-31.1)	101	8,478	36.3	(30.0-43.6)
HOUSEHOLD INCOME																				
Less than \$15,000	311	18452	100.0		55	2,496	13.5	(10.0-18.1)	35	2,028	11.0	(7.6-15.6)	58	3,820	20.7	(14.4-28.9)	163	10,109	54.8	(47.3-62.1)
\$15,000- 24,999	256	14015	100.0		43	2,346	16.7	(10.8-25.1)	32	1,395	10.0	(6.9-14.2)	57	2,751	19.6	(14.5-26.1)	124	7,523	53.7	(45.5-61.7)
\$25,000- 34,999	316	17,058	100.0		44	2,051	12	(8.5-16.7)	64	2,894	17.0	(12.9-22.0)	66	3,410	20	(15.0-26.1)	142	8,702	51.0	(43.8-58.2)
\$35,000- 49,999	472	27489	100.0		89	4,407	16	(12.6-20.2)	94	5,436	19.8	(15.7-24.7)	110	6,316	23	(18.0-28.8)	179	11,330	41.2	(34.9-47.8)
\$50,000- 74,999	642	35,104	100.0		144	7,885	22.5	(18.8-26.6)	158	7,859	22.4	(18.9-26.3)	124	6,474	18.4	(14.8-22.7)	216	12,886	36.7	(31.8-41.9)
\$75,000+	1067	57,696	100.0		238	11,324	19.6	(17.4-22.1)	280	16,882	29.3	(26.3-32.5)	246	14,234	24.7	(21.8-27.8)	303	15,256	26.4	(23.6-30.0)
LANGUAGE OTHER THAN ENGLISH SPOKEN AT HOME																				
Yes	221	21,084	11.6	(9.9-13.6)					30	2,482	6.2	(4.2-9.0)	62	5,875	15.1	(11.1-20.0)	115	11,767	16.9	(13.6-20.7)

Description of health indicator	Community Health Survey Prevalence		Steps Weld BRFSS Oversample				Benchmarks		HP 2010 Target
	2010	2007	2007	2006 (n=1071)	2005	2004	CO	US	
Self-rated health status									
Excellent	19.3%	17.9%	23.3%	23.3%	21.0%	23.5%	24.0%	20.1%	
Very good	42.2%	43.3%	32.9%	32.9%	34.0%	30.7%	36.0%	34.1%	
Good	28.4%	27.2%	29.7%	29.7%	28.6%	32.3%	26.8%	30.4%	
Fair	8.0%	9.1%	9.4%	9.4%	12.6%	11.9%	10.3%	10.9%	
Poor	2.1%	2.6%	4.6%	4.6%	3.8%	—	3.0%	3.9%	
Fair or Poor	10.1%	11.7%	14.0%	14.0%	16.5%	13.5%	13.3%	14.8%	
Physical Health									
How many days over past 30 days was your physical health not good?									
None	61.4%	52.7%	64.7%	64.7%	68.5%	71.6%			
1-2 days	17.2%	19.1%	12.6%	12.6%	11.4%	10.8%			
3-7 days	10.0%	15.5%	10.4%	10.4%	10.5%	7.8%			
8-29 days	5.9%	8.8%	7.6%	7.6%	4.5%	4.4%			
30 days	2.3%	3.9%	4.8%	4.8%	5.0%	5.2%			
Mean		3.5							
Mental Health									
How many days over past 30 days was your mental health not good?									
None	59.8%	56.4%	66.2%	66.2%	65.5%	72.4%			
1-2 days	14.8%	15.0%	9.0%	9.0%	11.4%	8.6%			
3-7 days	11.9%	11.5%	9.9%	9.9%	10.8%	8.2%			
8-29 days	9.9%	13.5%	10.4%	10.4%	8.9%	7.8%			
30 days	3.5%	3.6%	4.5%	4.5%	3.4%	—			
Mean		3.9							
Physical & Mental Health									
How many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?									
None	72.1%	63.1%	63.8%	63.8%	63.0%	63.8%			
1-2 days	13.1%	16.5%	13.2%	13.2%	13.3%	—			
3-7 days	7.8%	9.0%	11.3%	11.3%	12.3%	—			
8-29 days	4.8%	8.6%	7.1%	7.1%	6.4%	—			
30 days	2.3%	2.8%	4.5%	4.5%	4.9%	—			
Mean		2.8							

Health-related quality of life (HR-QOL) includes how persons perceive their own health and helps assess how well they function physically, psychologically, and socially during usual daily activities. Measures of HR-QOL are important because they assess dysfunction and disability not reflected by standard measures of morbidity and mortality. Since January 1993, the Behavioral Risk Factor Surveillance System (BRFSS) has included four HR-QOL questions regarding overall self-rated health and recent physical health, mental health, and activity limitation

Description of health indicator	Subgroups														Benchmark Notes for Weld County, Colorado, & Nation - unless otherwise noted
	Race/Ethnicity		Insurance Status		Income			Age Group			Geography				
	Hispanic	Non Hispanic	Insured	Unins	Less than \$25,000	\$25,000-\$49,999	\$50,000 +	18 - 34 yrs	35 - 54 yrs	55 yr and older	North Weld (Area 1)	Southwest (Area 2)	Southeast (Area 3)	Greeley/ Evans	
Self-rated health status															
Excellent	13.1%	21.2%	20.3%	13.6%	9.0%	17.3%	24.9%	25.8%	18.1%	11.9%	*	*	*	*	17.4%
Very good	33.8%	44.7%	44.1%	31.5%	27.5%	41.9%	47.1%	43.3%	44.9%	36.3%	*	*	*	*	
Good	36.3%	26.0%	27.1%	35.9%	34.6%	32.3%	24.0%	24.4%	28.0%	35.0%	*	*	*	*	
Fair	12.6%	6.7%	6.9%	4.3%	20.9%	7.6%	3.4%	5.2%	6.8%	13.5%	*	*	*	*	
Poor	4.2%	1.5%	1.6%	4.6%	8.0%	0.9%	0.6%	1.3%	2.1%	3.3%	*	*	*	*	
Fair or Poor	16.8%	4.1%	8.5%	19.0%	28.9%	8.5%	4.1%	6.5%	8.9%	16.8%					12.5%
Physical Health															
How many days over past 30 days was your physical health not good?															
None	59.1%	62.2%	63.3%	51.4%	44.6%	63.4%	65.5%	60.9%	63.5%	60.1%	*	*	*	*	57.3%
1-2 days	14.7%	18.2%	17.1%	18.2%	15.2%	18.4%	18.3%	20.7%	17.1%	12.7%	*	*	*	*	17.8%
3-7 days	12.2%	10.8%	11.0%	12.6%	14.2%	8.5%	11.6%	10.9%	10.7%	12.2%	*	*	*	*	13.1%
8-29 days	11.3%	6.0%	6.2%	12.6%	18.0%	7.2%	3.6%	6.9%	6.4%	8.7%	*	*	*	*	8.2%
30 days	2.7%	2.8%	2.4%	5.2%	8.1%	2.4%	1.0%	0.7%	2.3%	6.4%	*	*	*	*	3.6%
Mean															
Mental Health															
days was your mental health not good?															
None	56.9%	60.4%	61.5%	50.2%	45.5%	59.2%	63.2%	54.5%	59.2%	67.7%	*	*	*	*	56.9%
1-2 days	12.7%	15.6%	15.2%	12.7%	12.2%	15.1%	16.1%	15.1%	15.9%	13.4%	*	*	*	*	14.3%
3-7 days	13.7%	11.5%	11.6%	14.1%	11.4%	12.9%	12.3%	14.7%	12.0%	7.7%	*	*	*	*	13.1%
8-29 days	12.3%	9.3%	9.3%	12.7%	20.9%	9.0%	7.0%	12.3%	9.2%	7.7%	*	*	*	*	11.5%
30 days	4.5%	3.3%	2.4%	10.3%	9.9%	3.8%	1.5%	3.3%	3.7%	3.5%	*	*	*	*	4.1%
Mean															
Physical & Mental Health															
How many days did poor physical or mental health keep you from doing your usual activities, such as self-care,															
None	69.4%	72.9%	73.0%	67.1%	57.3%	74.2%	75.6%	69.9%	74.2%	72.2%	*	*	*	*	68.9%
1-2 days	12.0%	13.4%	13.0%	12.4%	12.3%	13.4%	13.5%	16.3%	11.9%	10.4%	*	*	*	*	13.0%
3-7 days	10.5%	7.0%	7.7%	9.0%	10.1%	6.1%	7.9%	9.9%	6.6%	6.6%	*	*	*	*	9.1%
8-29 days	5.2%	4.6%	4.3%	7.7%	13.0%	4.2%	2.5%	3.5%	4.9%	6.5%	*	*	*	*	6.1%
30 days	3.0%	2.1%	2.1%	3.8%	7.3%	2.1%	0.6%	0.4%	2.5%	4.3%	*	*	*	*	3.0%
Mean															

Weld County Community Health Survey 2010 Databook

Description of health indicator	Weld County Community Health Survey Prevalence						Steps Weld BRFSS Oversample		Benchmarks		HP 2010 Target
	2010	2007	2007	2006 (n=1071)	2005	2004	CO	US			
	Routine Check-ups										
How long has it been since your last visit to a doctor for a routine check-up?											
Never	1.4%	3.2%		3.1%	3.2%						
Within 1 year	60.5%	57.5%		56.1%	56.8%						
Between 1-2 years ago	17.6%	15.9%		16.3%	16.4%						
More than five years ago	8.7%	9.9%									
Oral Health											
How long has it been since you had your teeth cleaned by a dentist or hygienist?											
Never	1.9%	2.8%									
Within 1 year	59.4%	54.6%				68.9%					
Between 1-2 years ago	14.9%	16.1%				10.5%					
More than five years ago	9.7%	12.8%									
Children's Oral Health											
Have any of your children visited a dentist in the past 12 months? (among households with children) (Yes)	74.5%	63.7%									
Immunizations											
Adult Immunizations											
Flu shot within 1 year	44.2%	39.2%				38.4%					
Flu shot within 1 year (aged 65+)		75.1%					76.4%	72.0%			
Pneumonia shot (ever)		35.2%				20.8%					
Pneumonia shot (ever) (aged 65+)		80.2%					72.5%	67.3%			
Child Immunizations											
All children up-to-date (among households with children)		92.3%									
Chronic conditions											
Ever diagnosed with any of the following conditions?											
Alcoholism	1.2%	2.0%									
Arthritis or rheumatism	13.5%	15.1%					23.9%	27.5%			
Asthma	10.0%	11.4%		11.8%	12.3%	13.6%	12.9%	13.1%			
Liver disease	0.8%	1.2%									

Weld County Community Health Survey 2010 Databook

Description of health indicator	2010 Subgroups													
	Race/Ethnicity		Insurance Status		Income			Age Group			Geography			
	Hispanic	Non Hispanic	Insured	Unins	Less than \$25,000	\$25,000-\$49,999	\$50,000 +	18 - 34 yrs	35 - 54 yrs	55 yr and older	North Weld (Area 1)	Southwest (Area 2)	Southeast (Area 3)	Greeley/ Evans
Routine Check-ups														
How long has it been since your last visit to a doctor for a routine check-up?														
Never	—	1.3%	—	—	—	—	—	—	—	—	—	—	—	—
Within 1 year	57.0%	61.5%	64.8%	35.7%	53.7%	54.6%	64.9%	51.6%	58.8%	76.4%	63.7%	64.8%	63.1%	55.1%
Between 1-2 years ago	16.8%	18.0%	17.7%	18.1%	16.5%	17.8%	18.2%	19.2%	19.1%	13.2%	18.0%	16.5%	14.3%	20.0%
More than five years ago	—	8.7%	7.2%	17.0%	10.0%	12.3%	6.8%	11.9%	8.6%	3.9%	6.0%	4.5%	6.6%	7.1%
Adult Oral Health														
How long has it been since you had your teeth cleaned by a dentist or hygienist?														
Never	—	1.1%	1.2%	—	8.3%	—	—	—	—	—	—	—	—	—
Within 1 year	46.4%	63.2%	65.4%	26.7%	32.2%	51.1%	71.9%	52.5%	61.0%	67.6%	59.9%	66.1%	59.0%	55.4%
Between 1-2 years ago	16.6%	14.4%	14.9%	15.0%	18.4%	14.6%	13.7%	17.5%	13.2%	12.8%	16.5%	12.8%	13.9%	15.9%
More than five years ago	13.4%	8.5%	6.9%	25.5%	17.4%	15.0%	5.1%	9.8%	10.3%	9.1%	8.8%	7.2%	9.8%	11.7%
Children's Oral Health														
Have any of your children visited a dentist in the past 12 months? (among households with children)														
Adult Immunizations														
Flu shot within 1 year	45.0%	44.0%	47.4%	27.0%	43.7%	43.6%	45.2%	36.3%	39.6%	62.9%	45.0%	44.7%	45.0%	43.1%
Pnuemonia shot (ever)														
Child Immunizations														
All children up-to-date (households with children)														
Ever diagnosed with any of the following conditions?														
Alcoholism	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Arthritis or rheumatism	10.7%	14.1%	14.0%	10.3%	22.4%	12.2%	10.0%	—	10.2%	33.9%	13.1%	10.8%	14.1%	14.8%
Asthma	8.4%	10.6%	9.8%	10.8%	14.2%	7.5%	10.2%	12.1%	8.9%	8.7%	7.1%	9.0%	7.3%	8.8%
Liver disease	—	—	—	—	—	—	—	—	—	—	—	—	—	—

Benchmark Notes for Weld County, Colorado, & Nation -unless otherwise noted

__ indicates small sample size

Weld County Community Health Survey 2010 Databook

Description of health indicator	2010	Weld County Community Health Survey Prevalence	Steps Weld BRFSS Oversample				Benchmarks		HP 2010 Target
		2007	2007	2006 (n=1071)	2005	2004	CO	US	
Health Screenings									
Cervical Cancer (Pap smear)									
Ever (Women, age 18+)		96.6%				95.5%			
Within past year (Women, age 18+) (excludes women who never had a pap)	54.1%	56.6%				67.4%			
% within recommendation (within past 3 years, women, 18+)		80.8%							
Cervical cancer death rate (age adjusted)							1.0	1.3	2.0
Clinical breast cancer screening (Breast exam)									
Ever (Women, age 18+)		94.7%				91.1%			
Within past year (Women, age 18+) (excludes women who never had an exam)	60.0%	62.8%				74.9%			
% within recommendation (within past 2 years, women, age 40+)		74% ¹							
Breast cancer death rate (age adjusted)							12.6	13.8	
Clinical Mammogram									
Ever had (all women)		50.9%				55.3%			
% within recommendation (within past 2 years, women, age 40+)	12.3%	70.6% ¹							
Sigmoidoscopy or Colonoscopy									
% within recommendation (within 5 years, both genders, age 50+)		56.5% ²				83.2%			
Colon/rectum/anus cancer death rate (age adjusted)							17.2	18.0	13.9
Prostate Cancer Screening									
Ever (Men, age 18+)		35.9%							
% within recommendation (within past year, men, age 50+)	23.6%	59.6% ²							
Prostate Cancer death rate (age adjusted)									
Digital Rectal Exam									
Ever (men, age 50+)		67.8% ²							
% within recommendation (within past year, men, age 50+)		34.7% ²							
Ever (both genders, 50+)		60.8% ²							
% within recommendation (within past year, both genders, age 50+)		25.8% ²							
Blood stool test (using home test kit)									
Ever (both genders, 50+)		63% ²				40.0%			
Within past year (both genders, 18+)		8.5%							
% within recommendation (within past year, age 50+)		22.4%							
Cholesterol & BP screening									
Ever: Cholesterol (both genders, 18+)		74.4%			70.0%		78.4%	78.7%	
Cholesterol : % within recommendation (within past 5 years, both genders, 18+)		66.9%			66.2%		73.8%	74.8%	
Doctor ever told you that you had: High cholesterol	25.4%	22.2%			31.5%				
Doctor ever told you that you had: Hypertension, High BP, or stroke	22.9%	23.3%			18.9%				
Doctor ever told you that you had: Heart attack or other heart disease	4.6%	4.7%							

Weld County Community Health Survey 2010 Databook

Description of health indicator	2010 Subgroups														Benchmark Notes for Weld County, Colorado, & Nation -unless otherwise noted
	Race/Ethnicity		Insurance Status		Income			Age Group			Geography				
	Hispanic	Non Hispanic	Insured	Unins	Less than \$25,000	\$25,000-\$49,999	\$50,000 +	18 - 34 yrs	35 - 54 yrs	55 yr and older	North Weld (Area 1)	Southwest (Area 2)	Southeast (Area 3)	Greeley/ Evans	
Health Screenings															
Cervical Cancer (Pap smear)															
Ever (Women, age 18+)															
Within past year (Women, age 18+)	54.8%	52.4%	56.9%	32.6%	41.9%	48.0%	61.4%	63.9%	54.3%	33.8%	57.8%	59.5%	54.5%	48.7%	
% within recommendation (within past 3 years, women, 18+)															
Cervical cancer death rate (age adjusted exam)															
Ever (Women, age 18+)															
Within past year (Women, age 18+)	54.3%	59.9%	64.2%	32.8%	46.0%	54.0%	66.5%	61.1%	58.5%	55.6%	68.2%	66.2%	58.3%	53.2%	
% within recommendation (within past 2 years, women, age 40+)															Aged 45+ yrs
Breast cancer death rate (age adjusted)															
Clinical Mammogram															
Ever had															
% within recommendation (within past 2 years, women, age 40+)															Aged 45+ yrs
Sigmoidoscopy or Colonoscopy															
% within recommendation (within 5 years, both genders, age 50+)															Aged 55+ yrs
Colon/rectum/anus cancer death rate (age adjusted)															
Prostate Cancer Screening															
Ever (Men, age 18+)															
% within recommendation (within past year, men, age 50+)															Aged 55+ yrs
Prostate Cancer death rate (age adjusted)															
Digital Rectal Exam															
Ever (men, age 50+)															Aged 55+ yrs
% within recommendation (within past year, men, age 50+)															Aged 55+ yrs
Ever (both genders, 50+)															Aged 55+ yrs
% within recommendation (within past year, both genders, age 50+)															Aged 55+ yrs
Blood stool test (using home test kit)															
Ever (both genders, 50+)															Aged 55+ yrs
Within past year (both genders, 18+)	8.7%	7.5%	8.7%	3.6%	12.0%	6.3%	6.9%	—	6.7%	19.8%					
% within recommendation (within past year, age 50+)															
CVD screening / diagnosis															
Ever (both genders, 18+)															
% within recommendation (within past 5 years, both genders, 18+)															
Doctor ever told you that you had: High cholesterol	24.2%	25.6%	26.9%	17.9%	25.6%	24.0%	25.2%	8.4%	26.3%	47.3%	25.6%	26.1%	30.7%	22.0%	
Doctor ever told you that you had: Hypertension	21.8%	22.9%	22.9%	22.9%	31.1%	19.3%	21.3%	9.6%	19.9%	46.0%	22.7%	22.2%	26.0%	21.6%	
Doctor ever told you that you had: Heart attack or other heart disease	—	4.7%	4.7%	—	9.2%	4.3%	2.9%	—	—	12.8%	3.7%	4.1%	6.0%	4.6%	

Weld County Community Health Survey 2010 Databook

2007 Weld County Community Health Survey	Weld County Community Health Survey Prevalence						Steps Weld BRFSS Oversample		Benchmarks		HP 2010 Target
	2010	2007	2007	2006 (n=1071)	2005	2004	CO	US			
	Obesity (BMI status)										
Mean BMI (range 15.81 – 60.07)		27.0									
Neither overweight or obese (BMI <25)	37.5%	41.0%		37.5% (CI: 33.8%-41.2%)	39.3%	45.5%	44.4%	37.0%		60.0%	
Overweight (BMI = 25-<29)	37.9%	35.0%		38.5% (CI: 35.0%-42.0%)	36.7%	38.2%	36.4%	36.6%			
Obese (BMI 30+)	24.6%	24.0%		24% (CI: 20.9%-27.1%)	24.0%	16.4%	19.3%	26.3%		15.0%	
Has a doctor, nurse, PA, NP ever told you that you were overweight or obese?	15.0%	18.8%									
Of those overweight or obese:											
Has a doctor, nurse, PA, NP ever told you that you were overweight or obese?		30.0%									
Report fair/poor health		13.8%									
Community opinions											
Slightly, moderately, very concerned about issue of overweight and obesity (very, moderately)		78.7% (54.9%)									

Weld County Community Health Survey 2010 Databook

2007 Weld County Community Health Survey	2010 Subgroups													
	Race/Ethnicity		Insurance Status		Income			Age Group			Geography			
	Hispanic	Non Hispanic	Insured	Unins	Less than \$25,000	\$25,000- \$49,999	\$50,000 +	18 - 34 yrs	35 - 54 yrs	55 yr and older	North Weld (Area 1)	Southwest (Area 2)	Southeast (Area 3)	Greeley/ Evans
Obesity (BMI status)														
Mean BMI (range 15.81 – 60.07)														
Neither overweight or obese (BMI <25)	23.5%	41.8%	38.5%	32.0%	37.8%	33.3%	38.8%	45.5%	33.0%	32.3%	39.0%	37.1%	40.2%	35.5%
Overweight (BMI = 25-<29)	42.3%	36.7%	38.5%	35.2%	35.9%	40.0%	37.4%	34.4%	37.7%	43.2%	39.5%	37.6%	34.5%	39.3%
Obese (BMI 30+)	34.2%	21.6%	23.0%	32.8%	26.4%	26.7%	23.9%	20.0%	29.3%	24.5%	21.6%	25.3%	35.4%	25.2%
Has a doctor, nurse, PA, NP ever told you that you were overweight or obese?	15.3%	14.8%	15.5%	12.5%	16.1%	13.8%	15.4%	8.8%	19.1%	17.4%	14.1%	15.7%	15.3%	14.8%
Of those overweight or obese:														
Has a doctor, nurse, PA, NP ever told you that you were overweight or obese?														
Report fair/poor health														
Community opinions														
Slightly, moderately, very concerned about issue of overweight and obesity (<i>very, moderately</i>)														

Benchmark Notes for Weld County, Colorado, & Nation -unless otherwise noted

NOTE: removed out of range BMI to calculate mean but left in for prevalence estimates

US & CO: 2007 BRFSS / HP2010 BMI $\geq 18.5 < 25$ for 20+ yrs

US & CO: 2007 BRFSS

WC & LC: COHID BRFSS, 2004-2005/US & CO: 2007 BRFSS / HP2010 20+ yr olds

Weld County Community Health Survey 2010 Databook

Description of health indicator	Weld County Community Health Survey Prevalence		Steps Weld BRFSS Oversample				Benchmarks		HP 2010 Target
	2010	2007	2007	2006 (n=1071)	2005	2004	CO	US	
Diabetes									
Death rates									
Diabetes-related deaths									7.8 /1,000
Diabetes deaths rate (age-adjusted)							17.4	24.5	45.0
Screenings									
Ever screened (both genders, 18+)	74.1%	70.4%							
Within past year (both genders, 18+)	43.1%	39.2%							
% within recommendation (within past 3 years, age 45+)	75.3%	73.1%							
Prevalence									
Doctor ever told you have: Diabetes (percent of population) (does not include women during pregnancy)	7.0%	6.4%		5.0% (CI: 3.6%-6.4%)	5.8%	3.7% ¹	5.3%	8.0%	
Among diagnosed diabetics									
Obese (BMI 30+)	51.0%	56.4%							
Overweight or obese (BMI =>25)	88.2%	84.7%							
Report fair/poor health	38.8%	35.1%							
BRFSS diabetics only (n=89)									
taking insulin					21.5%				
taking diabetes pills					72.5%				
check blood glucose at least 1 time per day					52.0%				61.0%
check feet daily					65.0%				
had at least one A1C test in past year					79.6%				72.0%
recent dr. foot check (past year)					64.4%				91.0%
recent eye exam (past year)					56.9%				76.0%
told by dr that diabetes affected eyes					19.8%				
diabetes ed class (ever taken)					59.1%				60.0%

Weld County Community Health Survey 2010 Databook

Description of health indicator	2010 Weld County Community Health Survey Subgroups													
	Race/Ethnicity		Insurance Status		Income			Age Group			Geography			
	Hispanic	Non Hispanic	Insured	Unins	Less than \$25,000	\$25,000-\$49,999	\$50,000 +	18 - 34 yrs	35 - 54 yrs	55 yr and older	North Weld (Area 1)	Southwest (Area 2)	Southeast (Area 3)	Greeley/ Evans
Diabetes														
Death rates														
Diabetes-related deaths														
Diabetes deaths rate (age-adjusted)														
Screenings														
Ever screened (both genders, 18+)	72.4%	74.5%	75.4%	67.0%	68.7%	72.7%	75.8%	60.5%	80.0%	85.2%	76.5%	76.1%	73.4%	72.9%
Within past year (both genders, 18+)	43.7%	42.8%	45.8%	28.9%	39.8%	39.8%	45.1%	28.6%	42.9%	65.4%	46.3%	46.2%	46.6%	37.8%
% within recommendation (within past 3 years, age 45+)	88.6%	73.9%	77.6%	59.2%	71.7%	73.8%	78.0%				74.5%	79.8%	73.4%	74.3%
Prevalence														
Doctor ever told you have: Diabetes (percent of population) (does not include women during pregnancy)	10.6%	5.9%	7.2%	6.7%	13.8%	6.3%	4.9%	—	6.3%	15.6%	5.8%	6.4%	8.8%	6.9%
Among diagnosed diabetics														
Obese (BMI 30+)														
Overweight or obese (BMI =>25)					16.1%	13.8%	15.4%							
Report fair/poor health														
BRFSS diabetics only (n=89)														
taking insulin														
taking diabetes pills														
check blood glucose at least 1 time per day														
check feet daily														
had at least one A1C test in past year														
recent dr. foot check (past year)														
recent eye exam (past year)														
told by dr that diabetes affected eyes														
diabetes ed class (ever taken)														

Benchmark Notes for Weld County, Colorado, & Nation -unless otherwise noted

HP2010 (National Vital Statistics System; National Health Interview Survey, 1997)

WC, LC, & CO: COHID Death Statistics, 2004 - 2006/ US: CDC Wonder, 2004

¹sample size < 30 for Weld BRFSS; COHID estimate for Weld is 4.5% with sample size =25; state rate is from cdc website for 2007; US rate is 2007 median of all state rates; n=154 for chs

Weld County Community Health Survey 2010 Databook

Description of health indicator	2010	Weld County Community Health Survey Prevalence	Steps Weld BRFSS Oversample				Benchmarks		HP 2010 Target
		2007	2007	2006 (n=1071)	2005	2004	CO	US	
Tobacco Use									
Ever diagnosed with emphysema or chronic bronchitis	2.6%	3.6%							
Cigarette Use									
Cigarette smokers (of total population)		19.7% (CI: 19.35% - 20.08%)		18.1% (CI: 15.2%-21.0%)	21.4%		19%	20%	12.0%
Of all current smokers									
Every day	9.4%	14.9%					12%	15%	
Some days	3.6%	4.5%					6%	5%	
Ever smoked at least 100 cigarettes in lifetime?				39.0%	44.6%	37.7%			
Chewing Tobacco Use									
Current users (of total population)		4.4% (CI: 4.20% - 4.66%)						3.0%	0.4%
Of all chewing tobacco users									
Every day	2.4%	48.9%							
Some days	2.6%	51.1%							
Cigar Use									
Cigar users (of total population)		2.98% (CI: 2.81% - 3.15%)						6.0%	1.2%
Of all cigar users									
Every day	57.0%	—							
Some days	4.0%	83.0%							
Quitting Smoking									
Quit for at least 24 hours in the past 12 months (among ever smokers who still don't smoke)		—		61.8%	59.5%	44.3%		43.0%	75.0%
Community opinions about tobacco & secondhand smoke									
Think exposure to secondhand smoke is a problem (major or minor)		28.1%							
Concerned about youth tobacco use (very, moderately, slightly) (<i>very, moderately</i>)		81.5%							

Weld County Community Health Survey 2010 Databook

Description of health indicator	2010 Weld County Community Health Survey Subgroups															
	Gender		Race/Ethnicity		Insurance Status		Income			Age Group			Geography			
	Male	Female	Hispanic	Non Hispanic	Insured	Unins	Less than \$25,000	\$25,000-\$49,999	\$50,000 +	18 - 34 yrs	35 - 54 yrs	55 yr and older	North Weld (Area 1)	Southwest (Area 2)	Southeast (Area 3)	Greeley/ Evans
Tobacco Use																
Ever diagnosed with emphysema or chronic bronchitis	•••	•••	—	2.6%	2.5%	—	5.9%	3.6%	—	—	—	4.8%	—	—	—	3.3%
Cigarette Use																
Cigarette smokers (of total population)																
Of all current smokers																
Every day			8.2%	9.9%	7.8%	18.3%	17.9%	9.8%	6.2%	9.4%	10.2%	7.8%	7.3%	9.5%	11.7%	9.1%
Some days			—	3.4%	3.3%	—	7.0%	—	3.0%	—	4.5%	—	—	—	—	4.0%
Ever smoked at least 100 cigarettes in lifetime?																
Chewing Tobacco Use																
Current users (of total population)																
Of all chewing tobacco users																
Every day			—	3.1%	2.4%	—	—	—	2.8%	—	—	—	—	—	—	—
Some days			—	2.6%	2.4%	—	—	—	—	—	—	—	—	—	—	—
Cigar Use																
Cigar users (of total population)																
Of all cigar users																
Every day			—	—	—	—	—	—	—	—	—	—	—	—	—	—
Some days			—	4.0%	3.6%	—	—	—	3.9%	—	—	—	—	—	—	6.0%
Quitting Smoking																
Quit for at least 24 hours in the past 12 months (among ever smokers who still don't smoke)	•••	•••	•••	•••	•••	•••	•••	•••	•••	•••	•••	•••	•••	•••	•••	•••
Community opinions about tobacco & secondhand smoke																
Think exposure to secondhand smoke is a problem (major or minor)																
Concerned about youth tobacco use (very, moderately, slightly)																

Benchmark Notes for Weld County, Colorado, & Nation -unless otherwise noted

WC & LC: COHID BRFSS, 2004-2005/ CO & US: BRFSS 2007

CO & US: BRFSS 2006 (among total population)

CO & US: BRFSS 2006 (among total population)

US: Aged 12+, SAMHSA 2005 National Survey on Drug Use and Health

US: Aged 12+, SAMHSA 2005 National Survey on Drug Use and Health

US: CDC, 2005

Weld County Community Health Survey 2010 Databook

Description of health indicator	2010	Weld County Community Health Survey Prevalence	Steps Weld BRFSS Oversample				Benchmarks		HP 2010 Target
		2007	2007	2006 (n=1071)	2005	2004	CO	US	
Mental health									
Doctor ever told you that you had: Depression	15.3%	19.0%						7%	
Doctor ever told you that you had: Mental health problem/illness not depression	3.1%	5.2%							
Mean number of mentally unhealthy days out of past 30 days		3.9							
Percent reporting frequent mental distress (at least 2 weeks out of past 30 days)		11.6%							
How many days over past 30 days was your mental health not good?									
None	59.8%	56.4%							
1-2 days	14.8%	15.0%							
3-7 days	11.9%	11.5%							
8-29 days	9.9%	13.5%							
30 days	3.5%	3.6%							
Weld County Mental Health Questions									
During the past 12 months, did you think you needed help for emotional or mental health issues or concerns?	15.2%	21.3%							
Did you seek mental health treatment? (among those who said yes above)	56.2%	58.4%							50-75%
Where did you seek mental health treatment? (among those who said they needed help)									
Private therapist	36.2%	37.5%							
Primary care doctor	30.6%	19.7%							
NRBH	12.8%	18.0%							
Church	6.1%	9.9%							
Other	14.3%	12.8%							
During the past 12 months, did you have difficulties or delays in getting mental health treatment? (among those experiencing difficulties or delays)									
		32.8%							
Reason for delay:									
Access		45.0%							
Financial		32.0%							
Other/personal		23.0%							
Community opinions									
Slightly/moderately/very concerned about mental illness or emotional issues (very, moderately)		79.9% (54.1%)							
Slightly/moderately/very concerned about availability of mental health services (very, moderately)		63.1% (41.4%)							

Weld County Community Health Survey 2010 Databook

Description of health indicator	2010 Weld County Community Health Survey Subgroups														Benchmark Notes for Weld County, Colorado, & Nation -unless otherwise noted
	Race/Ethnicity		Insurance Status		Income			Age Group			Geography				
	Hispanic	Non Hispanic	Insured	Unins	Less than \$25,000	\$25,000-\$49,999	\$50,000 +	18 - 34 yrs	35 - 54 yrs	55 yr and older	North Weld (Area 1)	Southwest (Area 2)	Southeast (Area 3)	Greeley/ Evans	
Mental health															
Doctor ever told you that you had: Depression	15.0%	15.4%	14.3%	21.4%	25.2%	16.7%	11.9%	13.7%	16.3%	15.8%	16.0%	15.5%	13.2%	16.1%	US: National Institute of Mental Health , 2005
Doctor ever told you that you had: Mental health problem/illness not depression	—	3.0%	2.6%	5.7%	9.2%	—	—	—	3.2%	—	—	—	—	4.1%	— indicates small sample size
Mean number of mentally unhealthy days out of past 30 days														4.4	
Percent reporting frequent mental distress (at least 2 weeks out of past 30 days)														13.2%	
How many days over past 30 days was your mental health not good?															
None	56.9%	60.4%	61.5%	50.2%	45.5	59.2	63.2	54.5%	59.2%	67.7%	66.3	59.0%	60.5%	56.9%	
1-2 days	12.7%	15.6%	15.2%	12.7%	12.2	15.1	16.1	15.1%	15.9%	13.4%	13.0	17.9%	13.9%	14.3%	
3-7 days	13.7%	11.5%	11.6%	14.1%	11.4	12.9	12.3	14.7%	12.0%	7.7%	8.4	11.4%	13.4%	13.1%	
8-29 days	12.3%	9.3%	9.3%	12.7%	20.9	9.0	7.0	12.3%	9.2%	7.7%	8.5	8.6%	9.7%	11.5%	
30 days	—	3.3%	2.4%	10.3%	9.9	3.8	—	—	3.7%	3.5%	—	—	—	4.1%	
During the past 12 months, did you think you needed help for emotional or mental health issues or concerns?	17.7%	14.7%	14.3%	20.8%	23.8%	17.1%	12.6%	17.8%	16.9%	9.5%	15.0%	14.9%	13.5%	16.5%	
Did you seek mental health treatment?	—	57.3%	58.7%	39.5%	50.6%	48.8%	62.2%	47.5%	57.9%	62.5%	67.7%	56.9%	55.4%	51.5%	HP2010: 50% for depression and generalized anxiety disorder, 55% for serious mental illness, 75% for schizophrenia
Where did you seek mental health treatment? (among those who said they needed help)															
Private therapist	—	36.0%	40.1%	—	—	—	53.8	—	38.8%	—	—	—	—	36.4%	
Primary care doctor	—	34.9%	32.5%	—	—	—	33.7	—	33.5%	36.4%	—	—	—	—	
NRBH	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
NCMC BH	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Other	—	14.1%	—	—	—	—	—	—	—	—	—	—	—	—	
During the past 12 months, did you have difficulties or delays in getting mental health treatment?(among those experiencing difficulties or delays)															
Reason for delay:															
Access															
Financial															
Other/personal															
Community opinions															
Slightly/moderately/very concerned about mental illness or emotional issues (very, moderately)															
Slightly/moderately/very concerned about availability of mental health services (very, moderately)															