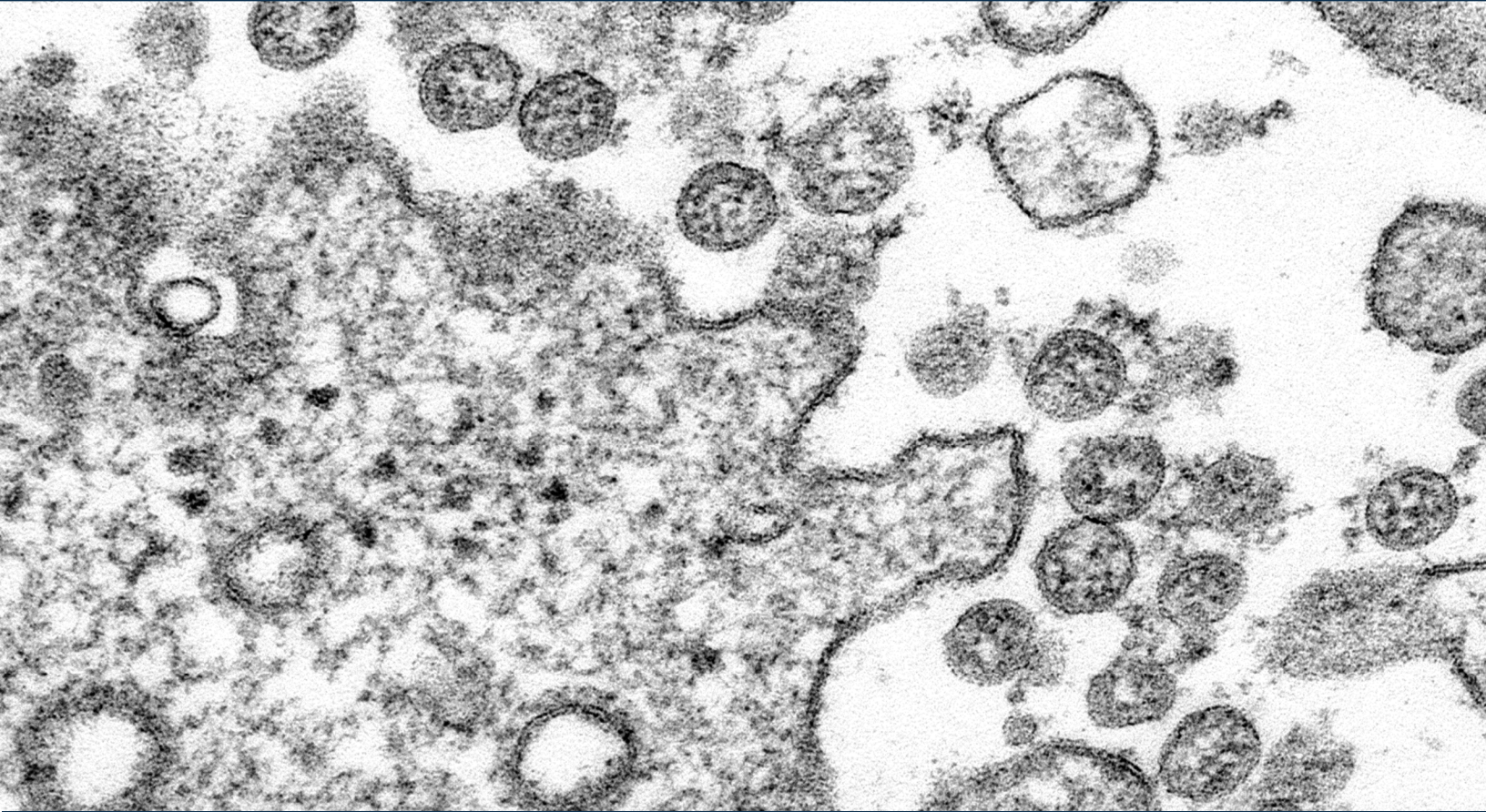




2022



Special Brief: COVID-19 Key Findings

Weld Community Health Survey

Department of Public Health and Environment

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COVID-19 BACKGROUND

We are pleased to present results of the 2022 Weld Community Health Survey (CHS), a comprehensive source of local-level data on the health and wellbeing of Weld County adult residents. This report highlights findings from COVID-19 questions on the 2022 CHS.

SARS-CoV-2 is a virus that causes COVID-19, a respiratory illness that can lead to serious illness or death. COVID-19 first emerged in the United States in January 2020, and Weld County recorded its first two cases of COVID-19 on March 13th, 2020.

Due to the prevalence of COVID-19 and the ongoing public health emergency, additional questions on COVID-19 were included on the 2022 CHS. The findings in this report represent self-reported data on various COVID-19 topics including COVID-19 prevalence, hospitalizations, long COVID, testing behaviors, perspectives on vaccination, worry or stress surrounding COVID-19 topics, and included an open-ended question on the impacts of COVID-19. Findings in this report are presented by differences in health-related social and demographic characteristics.

In this report, quantitative data from the 2022 CHS questionnaire are presented in the text and figures. Resident's responses to the question '*Finally, briefly describe how you and your household have been impacted by the COVID-19 pandemic*' (qualitative data) are shown in italicized, gold font alongside quantitative data. Please see the last section in this report for additional information on resident COVID-19 comments.

To see a copy of the 2022 CHS questionnaire, methodology report, or full key findings report, please visit the Health Department's data and reports webpage [here](#).

INTRODUCTION AND METHODS

The Weld Community Health Survey (CHS) is conducted every three years as part of the Weld County Department of Public Health and Environment's continuous effort to understand residents' health status and health-related behaviors, concerns, and service needs. These data are collected and shared to facilitate ongoing community dialogue about health issues and to help drive efforts to improve the health of Weld County residents.

The 2022 CHS is the sixth cycle of the Health Department's community health assessment survey. Community partners provide input on survey content and have influence over questions included in the survey. Partners also help promote the survey. The Weld County Department of Public Health and Environment, along with other governmental and non-governmental organizations use the information to better inform local program activities, funding, and policy decisions. The survey itself covers a variety of health topics including mental health, health care access and insurance, health conditions and behaviors, preventive screening, environmental issues, community concerns and needs, and health-related social and demographic factors of residents. This report focuses on COVID-19 topics, however, a full Key Findings report can be found on the Health Department's website [here](#).

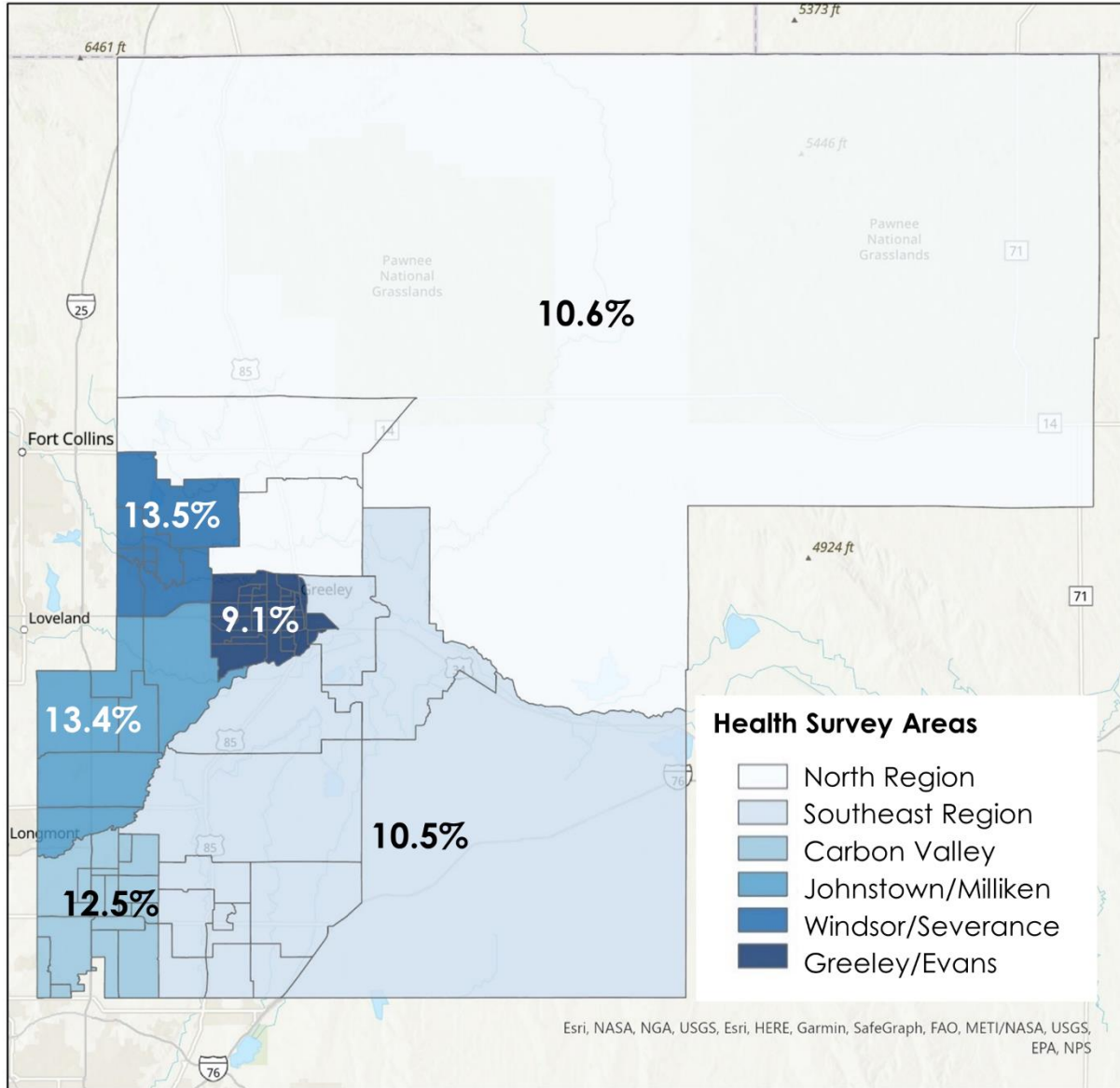
In 2022, letters, postcards, and/or paper copies of the survey with directions to take the survey online were mailed to about 17,000 randomly selected addresses in Weld County. No incentives were used. All responses were voluntary. No individually identifying information was provided and responses are kept confidential. This year's survey was fielded during the summer months, May through August, unlike previous years when it was conducted in the fall. Some estimates may be affected by this change in methodology.

The overall response rate was 11.0% in 2022, yielding 1,828 useable responses. Statistical adjustments for gender, age, race, ethnicity, education, income, and the presence of children in the household have been made so that results presented in this report reflect the demographic makeup of adults in Weld County according to the most recent U.S. Census estimates. This year's sample is stratified into six geographic regions (Figure 1).

The term *significant* is used throughout this report to highlight statistically significant differences in weighted survey estimates with a p-value of less than 0.05.

Note: A full methodology report can be found on the Health Department's website [here](#).

Figure 1. Response Rate by Region



Nearly nine in ten completed surveys were answered online, a higher proportion than in 2019, when nearly six in ten were answered online. A total of 45 surveys (2.5%) were completed in Spanish. Seven percent of respondents were part of a household where a language other than English was spoken in the home. Table 1 describes the unweighted and weighted demographic distribution of those who responded to the survey.

Table 1. Demographic Breakdown of Survey Respondents*

Age	Unweighted	Weighted
18-34	11%	27%
35-54	28%	38%
55(+)	61%	35%
Sex		
Female	62%	54%
Male	35%	46%
Sexual Orientation and Gender Identity		
Heterosexual	90%	91%
Lesbian/Gay/Bisexual	3%	6%
Unsure/Something Else	2%	3%
Transgender	<1%	<1%
Race		
Alaska Native or American Indian	<1%	<1%
Asian	1%	1%
Black	<1%	<1%
Native Hawaiian or Other Pacific Islander	<1%	<1%
White	86%	88%
More Than One Race	2%	2%
Ethnicity		
Hispanic/Latino/a (any race)	12%	26%
Non-Hispanic/Latino/a	84%	74%
Household Income		
\$22,000 or less	9%	11%
\$22,001 - \$32,000	8%	8%
\$32,001 - \$43,000	7%	7%
\$43,001 - \$60,000	14%	14%
\$60,001 - \$88,000	18%	17%
\$88,001 or more	44%	43%

*Sections that do not total to 100% reflect missing data

A note on how race and ethnicity are presented in this report: Due to a small number of responses and small percentage of the overall Weld County population, some race groups are combined in this report. Residents who identified as Alaska Native or American Indian, Asian, Black, Native Hawaiian or Other Pacific Islander or more than one race are grouped as 'Non-Hispanic/Latino, any other race'. We acknowledge that combining these categories can mask important differences in health status and health outcomes between groups.

COVID-19 PREVALENCE, HOSPITALIZATIONS & LONG COVID

Prevalence of COVID-19

From the start of the pandemic through August 1st, 2022, about 1 in 4 Weld County residents (25.6%) reported they had been told by a health provider that they tested positive for COVID-19, over six percent (6.3%) reported they tested positive with a test not observed by a health provider and 3.5% reported they thought they had COVID-19 but never got a test. If a respondent reported they had been told by a health provider that they tested positive for COVID-19, tested positive with a test not observed by a health provider, or thought they had COVID-19 but did not get a test, they are referred to as having 'self-reported COVID-19' throughout this report.

'We recently got covid for the 1st time, took us 2 weeks to get over. It wasn't fun. but never bad enough to go to the hospital.' – Resident

There were significant differences among residents who self-reported COVID-19 by age group, race/ethnicity group, and employment status (Table 2).

Table 2: Adult Self-Reported COVID-19 Rates by Age, Race/Ethnicity, and Employment Status

	Self-Reported COVID-19
Age	
18-34 years	36.9%
35-54 years	43.6%
55(+) years	25.5%
Race/Ethnicity	
Hispanic/Latino/a, any race	39.3%
Non-Hispanic/Latino/a, any other race	45.3%
White, non-Hispanic/Latino/a	33.4%
Employment Status	
Employed full-time	41.0%
Not employed	24.1%

Additionally, 2.3% of residents preferred not to answer the question about COVID-19 testing.

'I was in the hospital for 16 days and am still recovering I had Covid Pnemonia. After 2 weeks could not get home health even though Dr. ordered it.' – Resident

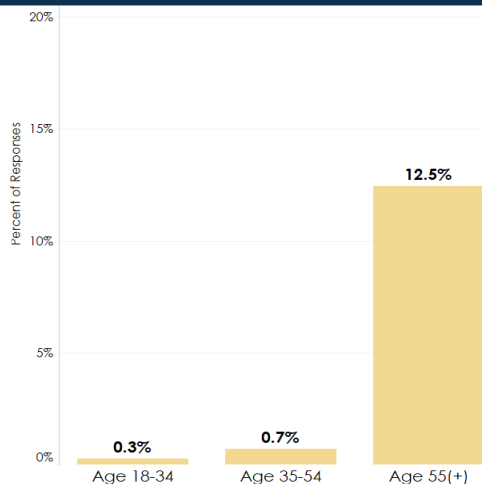
Overall, over 4 in 10 (43.6%) adults between the ages of 35-54 years old reported they tested positive for COVID-19 or thought they had COVID-19, whereas about 37% of adults 18-34 said they had or thought they had COVID-19, and 25.5% of adults 55 and older reported they had or thought they had COVID-19. More Hispanic/Latino/a residents (39.3%) and residents who identify as other race/ethnicities (45.3%) reported ever testing positive for COVID-19 compared to White, non-Hispanic/Latino/a adults (33.4%). About 4 in 10 residents (41.0%) who were employed said they had or thought they had COVID-19 whereas 24.1% of not employed residents said they had or thought they had COVID-19.

A note on known reported COVID-19 cases in Weld County: Based on survey estimates, as of August 1st 2022, about 82,210 (35.3%) residents 18 years or older had tested positive or thought they had COVID-19. This estimate includes antibody, or blood, tests. A few respondents, representing about 6,400 residents, skipped or did not answer this question. Since COVID-19 is a reportable disease data are available on the number of known and reported cases. Based on Colorado Electronic Disease Reporting System (CEDRS) case data, as of August 1, 2022, 78,417 adult residents with confirmed or probable COVID-19 had been reported to WCDPHE. CEDRS case data is limited to tests which were administered by a health professional and reported into the system. Residents with suspected COVID-19 who used at-home tests, did not have access to an administered test, or chose not to test are therefore not included in this case count. Due to this limitation, case counts derived from the CEDRS database are likely lower than the true number of cases within the county.

Hospitalized for COVID-19

Among those who said they tested positive for COVID-19, 3.6% said they had been hospitalized due to their infection. Significantly more older residents (55 years of age or older) reported being hospitalized for COVID-19 (12.5%) compared to less than one percent for other age groups (Figure 2).

Figure 2: Adult Self-Reported COVID-19 Hospitalization Rates Among COVID-19 Cases BY Age



Three times as many low-income residents (at or below the 250% federal poverty level or 'FPL'; 6.1%) compared to higher income residents (over the 250% FPL; 1.9%) who reported they had been told they have COVID-19 reported they were also hospitalized for COVID-19 (Figure 3). Hospitalization rates for COVID-19 were also higher among residents who were not employed (about 10%) compared to employed residents (1.8%; Figure 4).

Figure 3: Adult Self-Reported COVID-19 Hospitalization Rates Among COVID-19 Cases BY Income Status

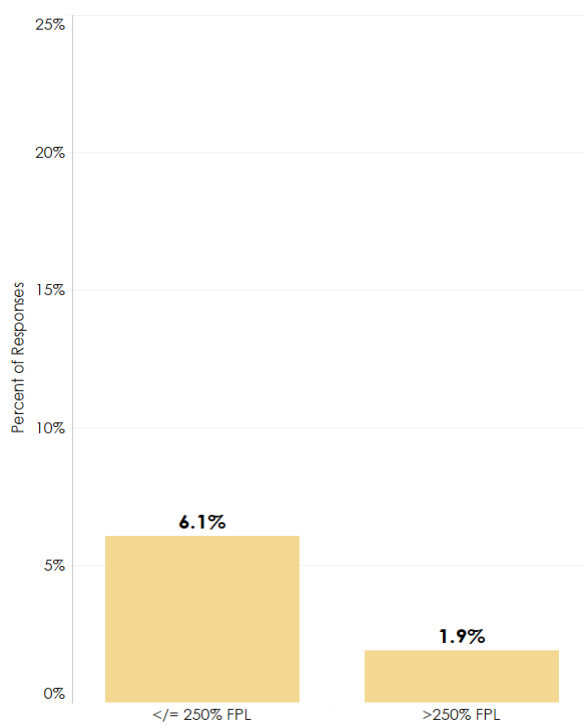
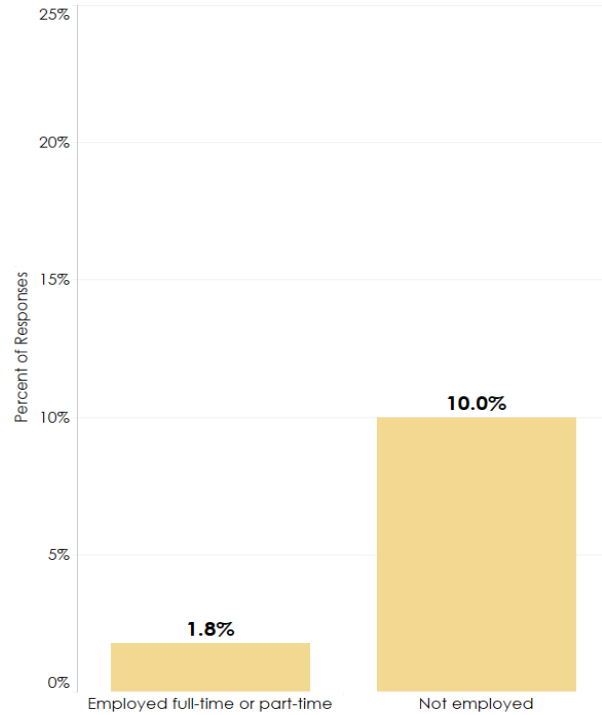


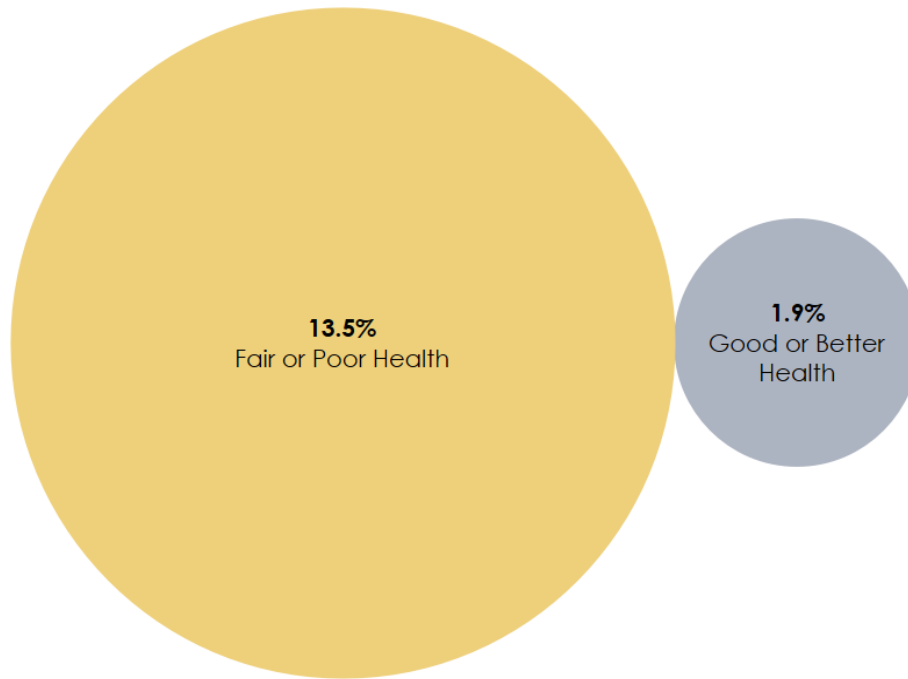
Figure 4: Adult Self-Reported COVID-19 Hospitalization Rates Among COVID-19 Cases BY Employment



The 2022 CHS asked residents to rate their personal health from poor to excellent. Nearly 87.0% of Weld County adults described their health as good, very good, or excellent and 13.0% rated their personal health as fair or poor. When examining COVID-19 hospitalization rates by self-rated health, more residents who reported fair and poor health (13.5%) were hospitalized for COVID-19 compared to residents who were in good to excellent health (1.9%; Figure 5).

'My mom died in October of 2021... My dad was in the hospital with it too but he made it.' - Resident

Figure 5: Adult Self-Reported COVID-19 Hospitalization Rates Among COVID-19 Cases BY Self-Rated Health

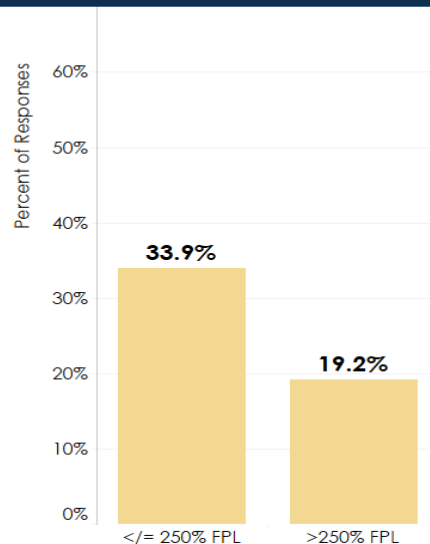


Long COVID (Post-COVID Conditions)

Residents were asked if they experienced long COVID symptoms. In the 2022 CHS, long COVID was defined as having any of the following symptoms - tiredness, difficulty concentrating or forgetfulness (sometimes referred to as “brain fog”), difficulty breathing, joint or muscle pain, fast-beating heart rate, dizziness on standing, depression, anxiety or mood changes, or symptoms that got worse after physical or mental activities lasting 30 days or longer that they did not have prior to having COVID-19.

Among those who said they had tested positive for COVID-19, 25.3% (about 20,000 residents) said they had experienced long COVID symptoms. Significantly more residents

Figure 6: Self-Reported Long COVID-19 Among COVID-19 Cases BY Income Status



who were very low to low income (i.e., <250% FPL; 33.9%) who reported having COVID-19 reported long COVID-19 compared to higher income groups (19.3%; Figure 6).

Long COVID rates were similar by age and also similar by racial and ethnic groups. Over 26% of White, non-Hispanic residents said they had long COVID-19 (26.9%) whereas 21.2% of Hispanic/Latino residents of any race and 26.8% of non-Hispanic residents of other races said they had long COVID.

***'We are both still experiencing long covid. One of us cannot smell or taste... properly and that has impacted mental health and eating habits.'* - Resident**

RESIDENT COMMENT THEME HIGHLIGHT: One of the top themes identified in the analysis of residents' comments on COVID-19 was prevalence of COVID-19 (396 mentions related to testing positive for COVID-19, long COVID, and death due to COVID-19). Many residents stated that they, family, or friends had contracted COVID-19. The impacts varied with some residents mildly impacted, including those that were asymptomatic, to others who lost close family members including parents and spouses. Just over 20% of residents that shared that they had contracted COVID-19 also mentioned experiencing long COVID symptoms (residents were not specifically asked if they experienced long COVID symptoms in the open-ended question however, so this is likely an underrepresentation of the number of residents who experienced long COVID). Many residents that contracted COVID-19 shared that someone else in their household also contracted the disease at the same time highlighting the spread of COVID-19 within households.

TESTING BEHAVIORS

Location of Testing for COVID-19

When asked about where residents received their most recent COVID-19 test, most residents reported their most recent COVID-19 test was from a drive-through site (38.1%) or they took a home test (31.0%). One in four residents reported their most recent test was from a doctor (25.6%). Just over three percent of residents said they were not able to get a test when they needed one (3.2%).

Everyone across the county used drive-through COVID-19 testing sites. Residents living in the south part of the county and along the western border of the county

reported using drive-through sites for their most recent test more than residents living in other parts of the county (Table 3).

Table 3. COVID-19 Test Drive-thru Site Use by Weld County Region

Region	Percentage
Carbon Valley	44.3%
Johnstown/Milliken	40.7%
Southeast	40.3%
North	37.3%
Windsor/Severance	36.6%
Greeley/Evans	34.5%

There were differences in testing locations by demographic groups. Younger adults (18-34 years; 39.6%) used a drive-through site more than other age groups; adults between 35-54 years old used a home test more than other groups (35.7%); and older adults aged 55 years and older used a doctor for their COVID-19 testing more than the younger aged groups (32.5%).

Only 17.2% of Hispanic/Latino residents used a home test for their most recent COVID-19 test compared to 36.2% of White, non-Hispanic residents, and 27.7% of other racial and ethnic groups. Home testing was not used as much by residents who reported lower education levels (19.6% for HS/GED or less level of education versus 35.5% for some college or higher versus 37.4% for college degree or higher) and lower income groups (22.9% for at or below the 250% federal poverty level or FPL versus 36.2% for higher than 250% FPL) compared to their higher education and higher income counterparts.

VACCINATION BEHAVIORS

COVID-19 Vaccination Rates

When asked if vaccinated against COVID-19, over 8 in 10 adult residents (81.0%; or an estimated 180,00 adults across Weld County) reported they had at least one dose of the COVID-19 vaccine through August 1st, 2022. This is consistent (within a margin of error) with statewide COVID-19 immunization data estimates during the same timeframe.

Overall, the estimated completed primary series rate for adults 18 years and older is 75.3% (or over 175,000 adults) and the estimated first booster dose rate is 48.5% (or over 113,000 adults). These estimates are higher than the state of Colorado

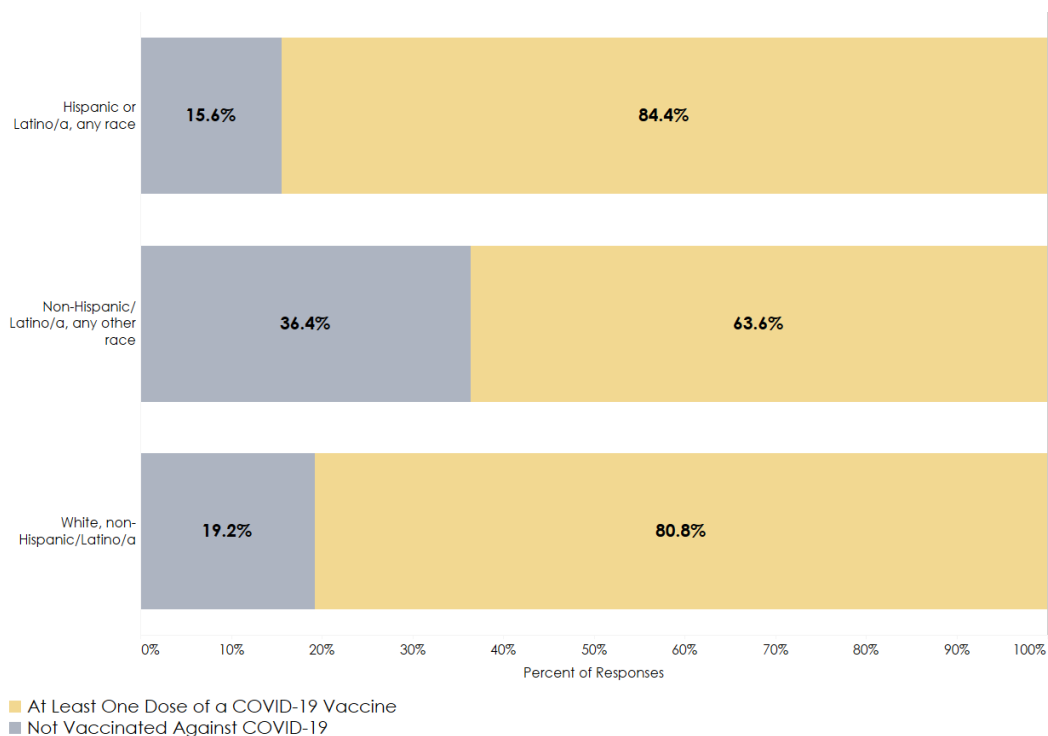
'When the vaccine became available, the VA called me and I received two doses of the pfizer vaccine. I also had a booster shot when it became available.' - Resident

estimates for Weld County which are 72.5% for the completed primary series rate and 39.7% for the first booster dose rate based on immunization registry data



These survey data indicate that the at least one dose vaccination rate for Hispanic and Latino residents (84.4%) is higher than for White, non-Hispanic/Latino/a residents (80.8%) and higher than statewide immunization data estimates by race/ethnicity. This may be due to the large amount of missing race/ethnicity data in immunization registries whereas most survey respondents did disclose their race/ethnicity due to the anonymity of the survey (refer to Table 1). The vaccination rate was lowest in residents of other race/ethnicities (63.6%; Figure 7).

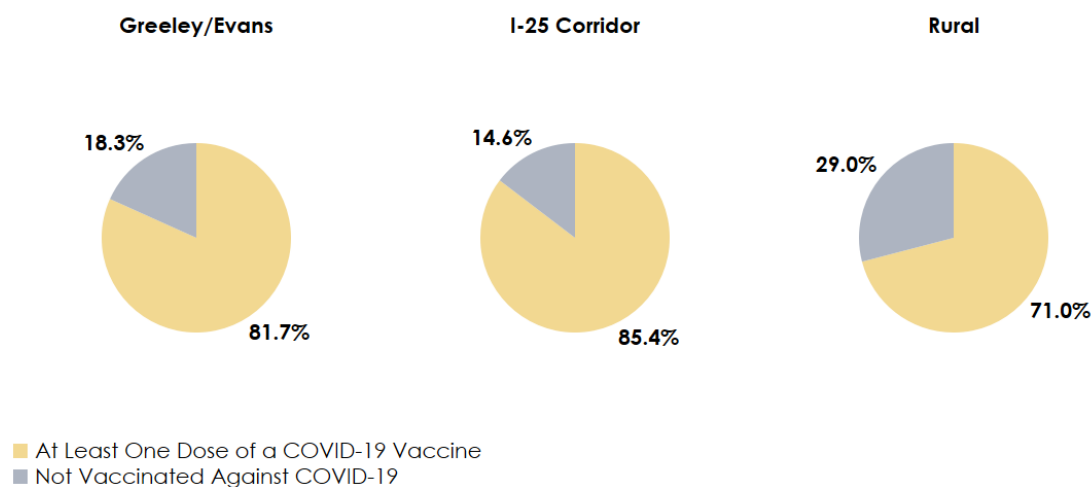
Figure 7: Self-Reported Vaccination Rates (At Least One Dose) by Race/Ethnicity



Vaccination rates also differed by demographic factors. For example, at least one dose vaccination rates were significantly higher in residents with more education (86.3% for college degree or higher compared to 77-78% for lower education levels), who were insured (82.7% among insured residents compared to 65.0% among uninsured residents), and significantly lower in residents who live in mobile or manufactured homes (68.0%) compared to residents who live in single-family home (82.2%) or multi-unit dwelling (85.4%).

Notably, vaccination rates varied significantly by region of the county. Rates for at least one dose of a COVID-19 vaccination were lowest in the rural regions of the county (i.e., the North and Southeast regions; 71%) and highest among regions along the western I-25 border of the county (85%). The Greeley and Evans vaccination rate was 82.0% overall (Figure 8).

Figure 8: Self-Reported Vaccination Rates (At Least One Dose) by Region



Number of Vaccinations Received

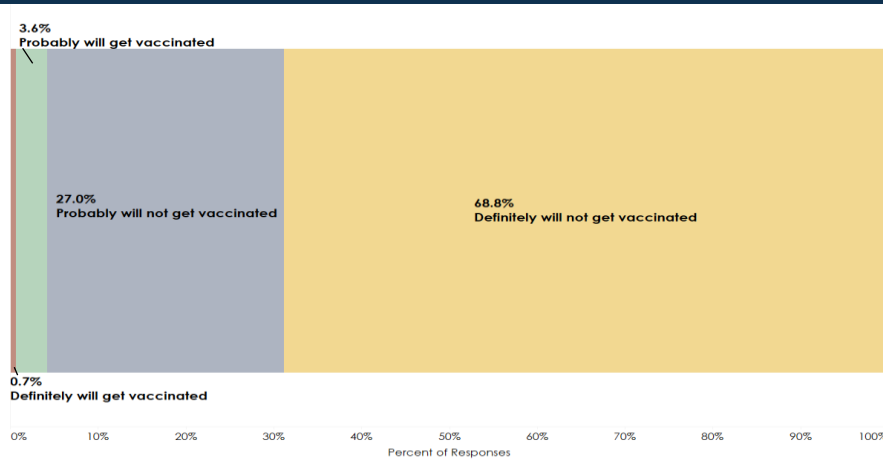
Residents were also asked about the number of vaccinations they have received. Among those vaccinated through August 1, 2022, only 60.5% said they had received at least three doses, another 33.4% had received two doses and 5.0% had received only one dose.

‘we have a daughter who is a ICU nurse [...] who has been on the front lines for covid for 2+ years. We have been very attentive in getting vaccines, wearing masks, keeping our distance in public places.’ - Resident

Likeliness to Get Vaccinated in the Future

If residents reported they were not vaccinated against COVID-19, they were asked about their likeliness to get vaccinated in the future. Among those who have not been vaccinated against COVID-19, 68.8% reported they definitely will not get vaccinated for COVID-19; 27.0% said they probably will not, and the remaining 4.2% said they probably or definitely will (Figure 9).

Figure 9: Likeliness to Get Vaccinated in the Future Among Residents Not Vaccinated Against COVID-19



Reasons for Not Receiving COVID-19 Vaccination

Similarly, if residents reported they were not vaccinated against COVID-19, they were asked reasons why they haven't received a COVID-19 vaccination. Among residents who had not received a COVID-19 vaccination, the top reasons for not being vaccinated included concern about side effects/sickness (54.0%), lack of trust in COVID-19 vaccines (53.4%), and don't need/want a vaccine (59.6%; Table 4).

'Stress over potentially mandated vaccines and related concern over long term side effects...'
- Resident

Table 4. Reason For Not Received COVID-19 Vaccination Among Residents Not Vaccinated

Reason	Percentage
Concerned about side effects	54.0%
Don't trust the COVID-19 vaccines	53.4%
Don't need/want a vaccine	49.6%
Don't trust the government	32.8%
Concerned about allergic reaction	20.5%

RESIDENT COMMENT THEME HIGHLIGHT:

Vaccination was a top theme of the resident comments with 140 mentions of vaccinations. Most resident comments showed support for COVID-19 vaccination and in the majority of comments residents shared that they had received the vaccination. Some residents shared that they, or loved ones, only had mild cases of COVID-19 after being vaccinated while other residents expressed frustration with those that have not been vaccinated. In less than 10% of comments about COVID-19 vaccinations, residents expressed their displeasure with vaccine requirements or concerns about the vaccination.

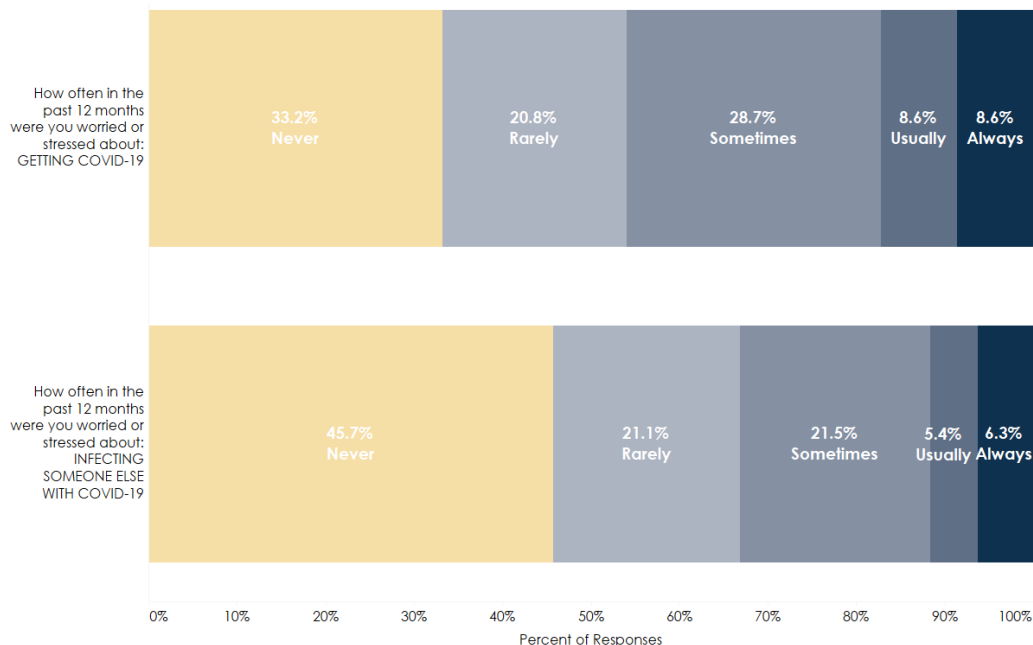
***'Ridiculous attempt at government control over a medical issue. No one in my household is vaccinated nor will be.'* -Resident**

WORRY & STRESS RELATED TO COVID-19

Worry About Getting and/or Infecting Someone with COVID-19

Residents were asked how often they worried about getting COVID-19 or infecting someone else with COVID-19 over the past year. Countywide, 2 in 3 residents (66.8%) said they worried about getting COVID-19 at least rarely and 54.2% said they worried (at least rarely) about infecting someone else with COVID-19 (Figure 10).

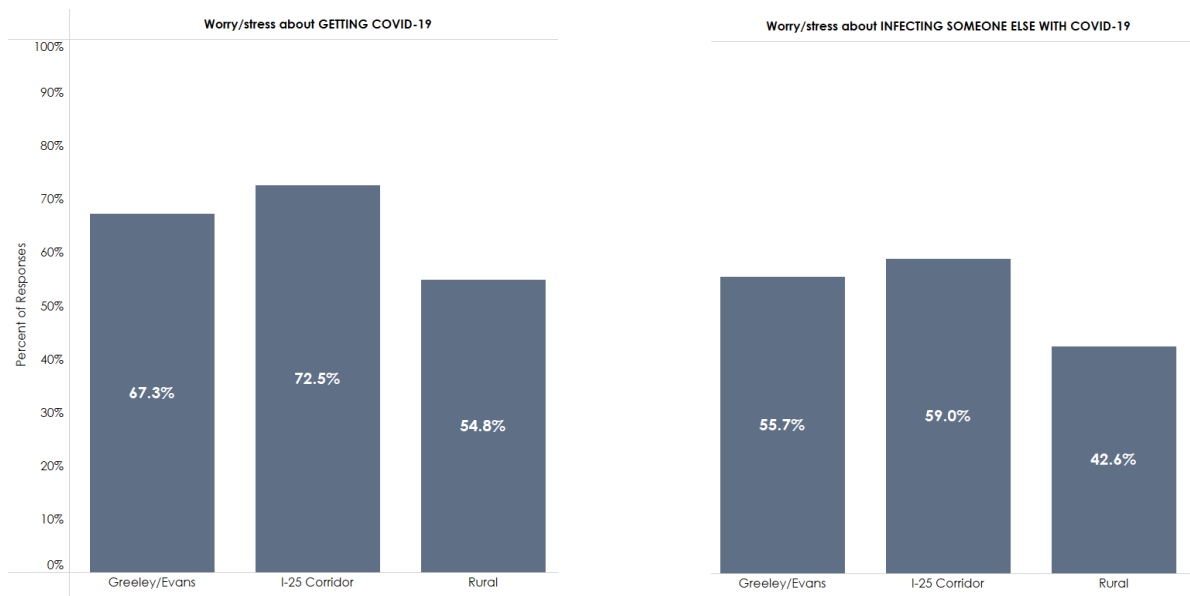
Figure 10: Worry or Stress About COVID-19 Topics



'Feeling continually stressed out about the possible chance of getting it or spreading it unintentionally.'- Resident

Worry or stress about COVID-19 topics varied by region of the county. A smaller percentage of residents who reside in the rural regions of the county were worried about getting or infecting someone with COVID-19. Among residents living in the south and western parts of the county, there was more worry about getting or infecting someone with COVID-19 (Figure 11).

Figure 11: Worry or Stress About COVID-19 Topics (At Least Rarely) by Region

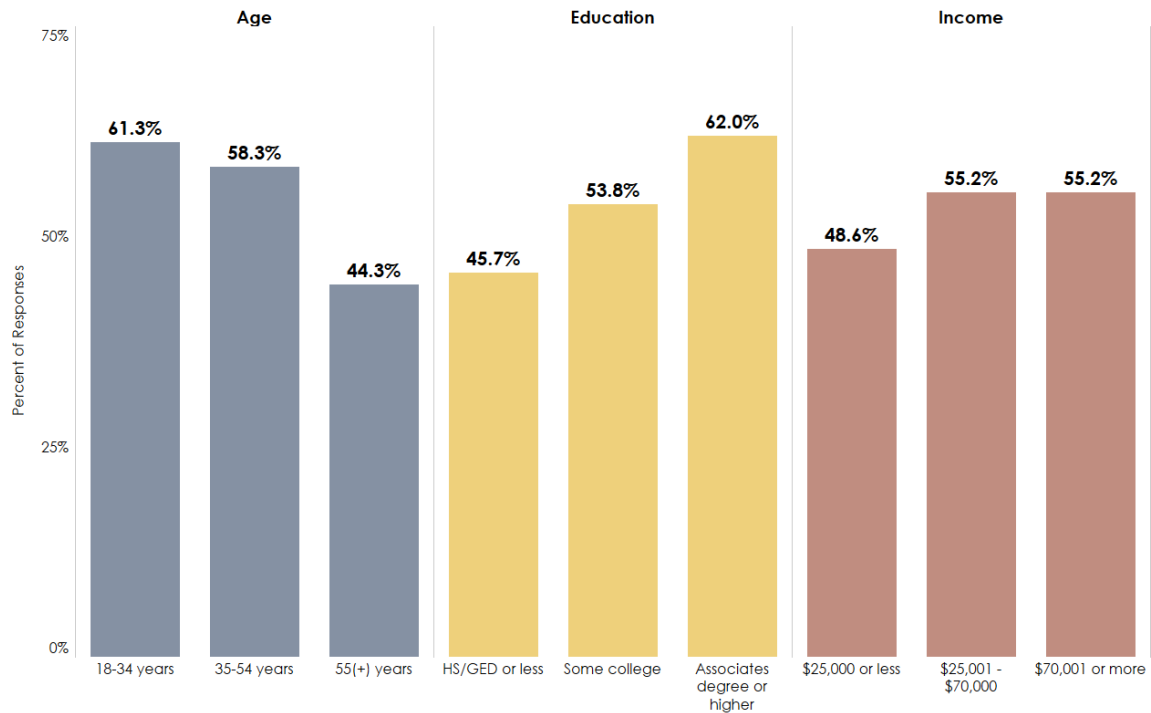


While the rates of residents who worried about *getting* COVID-19 were similar by age, gender, race/ethnicity, income, and education level, there were differences in worry about *infecting someone else with* COVID-19 by demographic characteristics. Younger residents, residents with more education, and higher income had higher rates of worry about infecting

'I work in healthcare and so I have cared for many patients with covid over the last 2 years. I worried that i would get sick and then infect my family, was a daily fear.' - Resident

someone else with COVID-19 compared to older residents or residents with lower education or income levels (Figure 12).

Figure 12: Worry or Stress About Infecting Someone Else with COVID-19 (At Least Rarely) by Demographic Characteristics



ADDITIONAL RESIDENT COMMENTS

A note on COVID-19 resident comments: Roughly 1,400 out of the 1,800 residents that completed the 2022 Weld Community Health Survey provided a comment to the question 'Finally, briefly describe how you and your household have been impacted by the COVID-19 pandemic'. Some comments submitted for this question focused on how COVID-19 was handled by different levels of government and many different perspectives were represented. Findings in this report focus on the health and economic-related COVID-19 comments as they align with survey questions asked on the 2022 Weld Community Health Survey.

Preventative Behaviors

The impact that Weld residents mentioned most frequently were the protective behaviors residents practiced to decrease their likelihood of contracting COVID-19. There were nearly 400 mentions of residents practicing social distancing and social isolation as well as mentions of the initial shut down and isolation and

quarantine by residents with a COVID-19 infection or an exposure to COVID-19. In most comments, residents relayed that they practiced social distancing and stayed at home more often in order to reduce their potential exposure to COVID-19. However, some of the comments highlighted negative effects residents experienced due to social distancing. Additionally, there were nearly 100 mentions of residents using masks as a safety measure. In most comments residents stated they wore masks or expressed their belief that mask mandates were appropriate. However, there was a smaller proportion of comments where residents expressed their dislike for mask mandates. Other protective behaviors such as hand washing, limiting indoor dining at restaurants, and utilizing pick up services for shopping were mentioned less frequently.

'Some isolation from COVID-19 infected friends and relatives as/when they became infected'

'I stay home as much as possible now'

'The emotional struggles when not allowed to see people as easily was hard as expected'

'Limited travel, reduced participation in public events, during the initial outbreak we wore masks and employed higher levels of sanitation in the form of hand cleaning, "cleaning" purchased items before bringing them into our home and limited social contacts.'

'Impacted very little. We still did most of the things we usually did. Were very unhappy about having to wear masks everywhere.'

'Limited our exposure during peak outbreaks and wore masks even when not mandated.'

'Took precautions and shopped in other countries that had mask mandates. [Kept] our social distance from others and kept up to date with vaccine shots.'

'I live alone and have [been] very lonely, unable to see children and grandchildren regularly'

'I limited any shopping in stores. I shifted to online shopping when possible. I avoided restaurants and inside public places.'

Impacts on Employment, Mental Health & Children

Major impacts residents mentioned fell into three main themes: impacts on employment, mental health, and children. Most comments on employment impacts were about job loss, reduction in hours, or reduction in business. However, in some comments residents shared they had a change in their work

format (moving to remote work), or they worked in high-risk environments. Many comments about mental health highlighted that the COVID-19 pandemic negatively affected people's mental health, in some cases due to protective behaviors such as social distancing. Most comments about the impact on children were about the change to remote learning, mask mandates in schools, and less educational attainment by children.

'Myself and my spouse's income was affected, causing our ability to pay our mortgage to be tight and we have to budget everything.'

'Oh my gosh... Covid-19 shut my self employment down due to the industry I service and we lived off of credit to keep things paid. It has been so tough.'

'My youngest daughter has really struggled academically and with emotional regulation after having to do online schooling.'

'We are stressed having endured the ongoing health crisis.'

'Covid-19 has impacted us financially. Emotionally mentally from being the best homeowners, people and parents that we can be.'

'My household has been able to work from home since the start of the pandemic.'

'As a healthcare worker, COVID has been a huge stress; I've worked so much and feel burnt out.'

'I got covid in 2020, impact was being off work without wages for 2 weeks.'

'Overburdened at home with trying to keep kids engaged during online learning.'

'My husband was not able to work for over 6 months during the pandemic, and we had to access unemployment which was stressful and scary, but ultimately helped us be able to pay all of our bills.'

'Daughter is nurse so continuous exposure and testing.'

'My wife was able to set up work from home and that allowed her to keep kids out of daycare.'

'Elderly population felt an increase in isolation and a decrease in socialization. This in turn resulted in an increase in anxiety.'

'I believe the children were mostly adversely affected because of the schools going to virtual learning.'

Additional COVID-19 Impacts

Other impacts felt by residents were mentioned less frequently but are still important to note. Impacts on the ability to access healthcare services, supply shortages, and closures of local business as well as the current downturn in the economy and inflation were noted by residents. Finally, some residents expressed frustration with other community members, most often due to others' lack of protective behaviors.

'Cost of food + gas + meds +Dr Appointments + Rent has gone from 850 [to]1050'

'My mother passed away in late 2020 due to the lack of access to healthcare caused by the pandemic restrictions and burden on the healthcare. I believe she is considered an excess death due to the pandemic. My family and I are still grieving her death and it is made harder by the idea that she could still be alive if her medical crisis occurred outside of the pandemic.'

'Being able to get things for the household because lack of [availability], getting parts for my business.'

'Don't know how to cope with the many varying opinions of family members, friends and customers.'

'Anxiety is heightened by so many people denying COVID'S existence or threat.'

'Local businesses closing down - access to close + easy services due to private local businesses closing.'

'Delays in being able to access providers due to staffing issues in healthcare. Delays in getting recommended screenings due to schedules and backlog of appointments.'

'Economy and distancing [from] people who, being sick, do not wear masks or have been vaccinated.'

'Now it would be fair to say that the inflation leftover from C19 is greatly affecting our household.'

'Mental health and not wanting to go out and deal with people because I feel the world got less patient and meaner.'

CONCLUSIONS

These findings suggest that COVID-19 has considerably impacted residents across Weld County. Thousands of adults have contracted COVID-19 in Weld County, and an estimated 20,000 adults report long COVID symptoms. However, residents were impacted differently. For example, a higher percentage of low-

income residents who contracted COVID-19 reported they experienced long COVID symptoms compared to residents with higher income. Also, residents who self-reported they had COVID-19 and were hospitalized due to their infection rated their health more poorly than residents who did not report being hospitalized for a COVID-19 infection—nearly seven times as many residents rated their health poorly among residents who reported they were hospitalized for a COVID-19 infection. Self-rated health, a metric widely used in national health surveys, is associated with quality-of-life indicators, mental health measures, chronic conditions, and highlights the impacts of COVID-19 on residents' health.

Data beyond the 2022 CHS confirm the significant impacts of COVID-19. In 2020 and 2021, COVID-19 was the third leading cause of death nationally and in Weld County, Colorado according to death certificate data, though the burden of COVID-19 is not equal among residents. The gap between age-adjusted death rates for COVID-19 was nearly three-and-a-half times higher among Hispanic/Latino/a residents compared to non-Hispanic/Latino/a residents in 2020 (221.8 per 100,000 vs. 61.0 per 100,000; CDPHE Vital Stats program).

Moreover, resident comments confirm the impact of COVID-19 among residents, and themes point to negative economic and employment impacts, poor impacts on educational attainment in children, lack of access to healthcare due to COVID-19, increased mental health issues in residents, and more. Additional comments provided by residents suggest that many practiced protective behaviors to limit their exposure to COVID-19 including social distancing/social isolation, mask wearing, using to-go options for restaurants and shopping, and hand washing.

Other themes point to divides in residents' views of the governmental response to COVID-19 as well as concerns with the response by other entities such as healthcare, businesses, and media. Some comments even referenced the response by other residents ranging from a frustration over lack of protective behaviors by some versus a frustration that the COVID-19 response was disproportionate to the risk. The span of resident views highlights the differences in perspectives on COVID-19 seriousness and governmental response.

However, it should be noted that nearly one-third to one-half of residents' perspectives indicated no worry or stress related to COVID-19 topics, and many resident comments confirmed little to no worry, or minimal impacts on their health (in over 300 of the 1,400 responses residents stated that they were not impacted or minimally impacted by COVID-19). Of residents that spoke of

serious impacts of COVID-19, comments specifically suggest a range of impacts from those that experienced death in close family and friends and major economic impacts due to job loss. This range highlights the breadth of impacts due to COVID-19 experienced by Weld County residents.

While ample data are available on case counts, positive test rates, etc., disease or immunization registry data do not provide the breadth of demographic characteristic data (such as education level, income status, or housing characteristics) that the 2022 CHS provides, thus offering an additional lens into the impacts of COVID-19. Additionally, the 2022 CHS asked perception questions on COVID-19 that provide valuable information on views of COVID-19 among residents. This range highlights the breadth of impacts due to COVID-19 experienced by Weld County residents.