Intermountain Health | St. Mary's Regional Hospital

2024 Community Health Needs Assessment Executive Summary

Intermountain Health

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Executive Summary

The Power of We

Dear neighbors,

For more than a year, Intermountain Health's Community Health collaborated with county public health, local hospitals, and others to understand Mesa County's and Western Colorado's unmet health needs through the Community Health Needs Assessment process. This assessment and its findings are the backbone of our work to help people live the healthiest lives possible, and we are proud to share it with you.

To the individuals and organizations who worked with us to understand the community's significant and sustaining health needs: thank you. We are grateful for your collaboration.

This report shares the significant health needs St. Mary's Regional Hospital has prioritized for investment over the next three years: Improving Behavioral Health, Achieving Greater Economic Stability, and Increasing Access to Care. It also identifies Improving Child and Family Well-Being as a sustaining health need, prioritized through child-specific morbidity and mortality data as long-standing that may not be specifically identified in the adult population.

Our efforts now shift from assessing needs to developing an Implementation Strategy to meet those needs. We know we cannot have impact if we work alone. As we consider how Intermountain's resources can be allocated in the St. Mary's Regional Hospital service area, we want to work alongside community-based organizations, local government agencies, and community leaders to improve community health.

We hope you will join us.

Sincerely,

Jim Sheets,
Peaks Region
President

Lisa Nichols,
Vice President of
Community Health

Bryan Johnson,
St. Mary's Regional Hospital
President

2024 CHNA Significant and Sustaining Health Needs

APPENDIX: INTERMOUNTAIN HEALTH CHNA GLOSSARY

Intermountain Health

Headquartered in Utah with locations in six primary states and additional operations across the western U.S., Intermountain Health is a not-for-profit system of 33 hospitals, 400 clinics, a medical group of nearly 5,000 employed physicians and advanced care providers, a health plan division called Select Health with more than one million members, and other health services.

With more than 68,000 caregivers on a mission to help people live the healthiest lives possible, Intermountain is committed to improving community health and is widely recognized as a leader in transforming healthcare. We strive to be the model health system by taking full clinical and financial accountability for the health of more people, partnering to proactively keep people well, and coordinating and providing the best possible care.

Our Mission

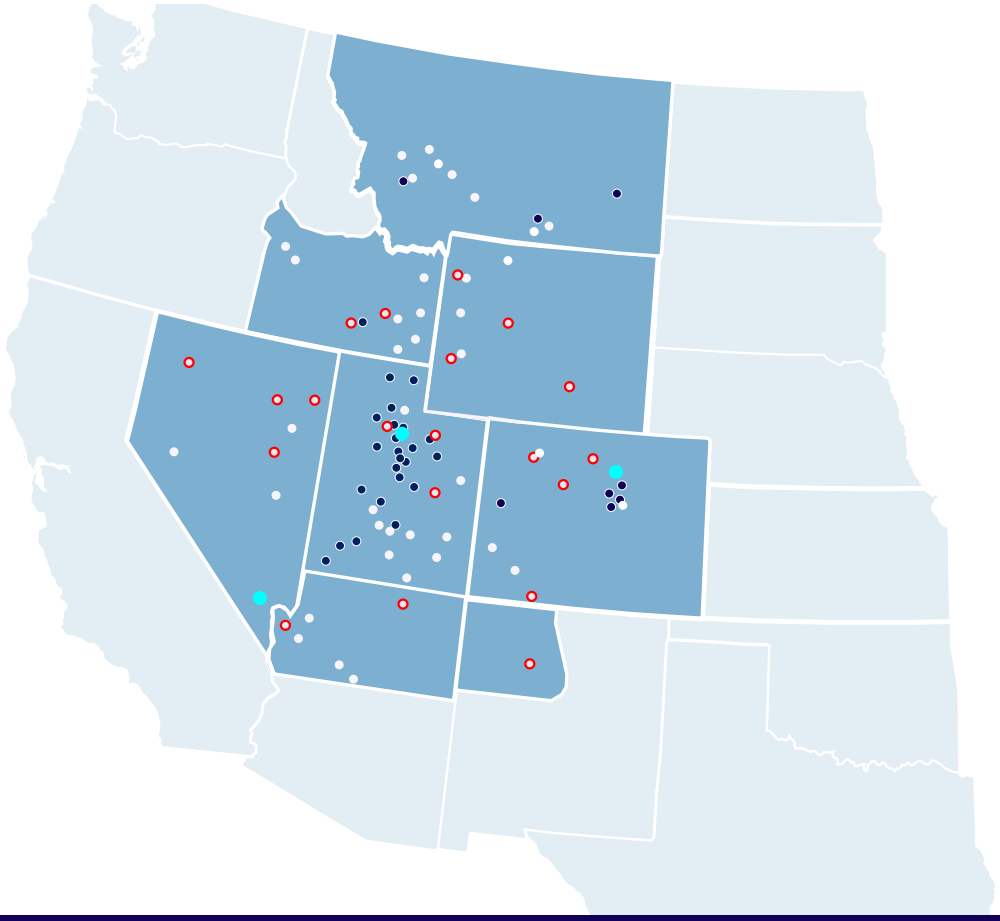
Helping People Live the Healthiest Lives Possible®

Mission for Catholic Entities:

We reveal and foster God's healing love by improving the health of the people and communities we serve, especially those who are poor and vulnerable.

Our Values

- We are leaders in clinical excellence
- We believe in what we do
- We serve with empathy
- We are partners in health
- We do the right thing
- We are better together



Intermountain is headquartered in Salt Lake City, Utah, with regional offices in Broomfield, Colorado, and Las Vegas, Nevada.

- Hospitals
- Region Headquarters
- Affiliate/Outreach Partnerships
- Classic Air Medical Bases

Intermountain Health's 400 clinics not highlighted on the map.

Intermountain Health by the Numbers

6 Primary States
(UT, NV, ID, CO, MT, WY)

33 Hospitals
Including One Virtual Hospital

4,800
Licensed Beds

1.1 Million
Select Health Members

400
Clinics

66,000+
Caregivers

$16.06 billion[1]
Total Revenue

4,600+
Employed Physicians & APPs

[1] Revenue for the year ended December 31, 2023

St. Mary's Regional Hospital

St. Mary's Regional Hospital is a non-profit, fully-accredited facility with over 350 beds. St. Mary's is a Level II trauma center with air emergency transport services, Level III neonatology center, acute rehabilitation, open-heart surgery, brain and spine surgery, and labor and delivery services. It is a certified stroke and chest pain center, as well as an accredited comprehensive community cancer program. The hospital and its associated clinics are also the largest economic contributor to the community of Western Colorado with a $750 million impact annually. It is the second-largest employer and the highest payroll contributor in the community. The hospital has been part of the Western Colorado community since its founding in 1896 by the Sisters of Charity of Leavenworth.

Acknowledgments

The Patient Protection and Affordable Care Act (ACA) requires each not-for-profit hospital to conduct a Community Health Needs Assessment (CHNA) every three years to identify significant health needs and develop an Implementation Strategy to address those needs.

St. Mary's participated in a collaborative CHNA process led by Mesa County Public Health and including Family Health West, Mind Springs Health, Monument Health, Marillac Health, Community Hospital, Hilltop Community Resources, and the Veterans Affairs Western Colorado Health Care System. The process examined health disparities and unmet health needs in target geographical areas. Using the findings of the collaborative CHNA, St. Mary's then determined its significant health needs, which were approved by the Intermountain Health Western Colorado Board of Trustees.

The significant and sustaining health needs identified by St. Mary's and approved by its Board will guide efforts to align strategies and leverage resources alongside public health entities and community stakeholders. By regularly assessing and prioritizing health needs, the hospital can work collaboratively to address disparities and improve the overall health equity of the community.

In conjunction with the 2024 CHNA Report, Intermountain Health formally develops and adopts an Implementation Strategy that leverages system resources to address local health needs. It is publicly available on Intermountain's website.

To submit comments on the 2024 CHNA Report or to request a paper copy, please email IH_CommunityHealth@imail.org

Equity Fundamental

Intermountain Health's mission – helping people live the healthiest lives possible – includes everyone and requires valuing, understanding, and including the diverse backgrounds and experiences of people in the communities we serve. Health equity is the principle of pursuing the highest possible standard of health with a focus on improving the well-being of our most vulnerable communities, who are experiencing the greatest disparities in health outcomes.

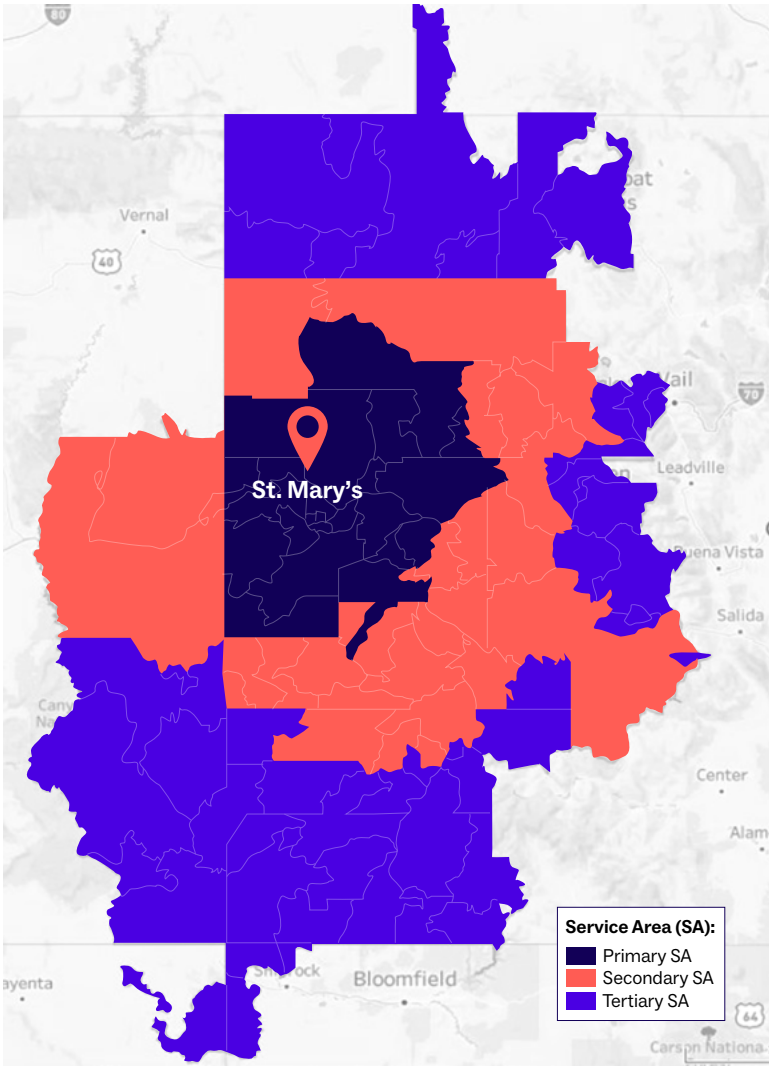
Health equity is embedded in the Community Health Needs Assessment process by identifying and prioritizing local health needs and ensures engagement, inclusion, and responsiveness to our community's unique strengths and challenges. This health equity lens also drives the development of the Implementation Strategy to address differing needs and disparities across race, ethnicity, income, geographic location, gender identity, ability, diagnosis, sexual orientation, and children and families across the lifespan. Health equity also drives Intermountain's collaborative work to remove barriers and invest resources where they have the greatest impact.

As a healthcare system, employer, and community leader, Intermountain Health is committed to improving health equity in the communities we serve.

Community Profile

St. Mary's Regional Hospital is located in Grand Junction, Colorado, and the primary service area is communities within the 19 ZIP codes of Mesa County where the majority of patient admissions originate.

The hospital's secondary service area includes Delta, Eagle, Garfield, Gunnison, Montrose, and Pitkin counties in Colorado and Grand County in Utah. Additionally, St. Mary's serves as a tertiary referral hospital for Dolores, Hinsdale, La Plata, Moffat, Montezuma, Ouray, Rio Blanco, Routt, San Juan, and San Miguel counties in Colorado and San Juan County, New Mexico, Apache County, Arizona, San Juan County, Utah, and Sweetwater County, Wyoming.



Mesa County Service Area

ZIP Code	City
81501, 81502, 81503, 81504, 81505, 81506, 81507	Grand Junction
81520	Clifton
81521	Fruita
81522	Gateway
81523	Glade Park
81524	Loma
81525	Mack
81526	Palisade
81527	Whitewater
81624	Collbran
81630	De Beque
81643	Mesa
81646	Molina

APPENDIX: CHNAS FROM SECONDARY AND TERTIARY SERVICE AREAS

CHNA Data Methodology and Prioritization

Collaborative Process

St. Mary's participated in the Mesa County Public Health 2024-2026 Community Health Needs Assessment. This collaborative CHNA process included an initial collection of secondary data that identified local disparities. Primary data included stakeholder input and a community survey, which refined understanding of health needs among underserved, low-income, and minority populations. This analysis resulted in the identification of eight health needs for Mesa County. Unless otherwise indicated, this Executive Summary cites data from this CHNA Report.

Mesa County Health Needs	
Alcohol Consumption	Behavioral Health Providers
Childcare	Economic Stability
Emergency Department Use	Family Relationships
Housing	Suicide

These health needs were presented to the collaborative and community for further prioritization. Over 300 community stakeholders and residents provided feedback through an online public survey and in-person survey at community events.

St. Mary's Prioritization Process

St. Mary's conducted its own prioritization of the eight health needs to determine the hospital's significant health needs, which will be addressed in its 2025 Implementation Strategy. Intermountain CHNA leaders applied the Hanlon Method for Prioritizing Problems to score health needs. This method is recommended by the National Association of County and City Health Officials. Its scoring process reliably develops objective, data-driven priorities based on the size and seriousness of the issue, and potential impact of intervention.

Following the scoring process, the team applied the PEARL test to determine impact feasibility based on these criteria:

- **P** — **Propriety:** Is a hospital-led or -supported activity for the health need suitable?
- **E** — **Economics:** Does it make economic sense for the hospital to address the need? Are there economic consequences if a need is not addressed by the hospital?
- **A** — **Acceptability:** Will the community accept the hospital's intervention? Is the intervention wanted?
- **R** — **Resources:** Is funding available or potentially available for the intervention?
- **L** — **Legality:** Do current laws allow the intervention to be implemented?

Significant and Sustaining Health Needs Approval

With validation of the significant and sustaining health needs through prioritization, and the support of the hospital leadership team, St. Mary's Regional Hospital presented the CHNA to its Board of Trustees on December 11, 2024. The Board approved the report and identified needs and it was published to the Intermountain Health website before December 31, 2024.

CHNA Significant & Sustaining Needs

PRELIMINARY HEALTH NEEDS

Alcohol consumption

One in ten residents are heavy drinkers and 60% of those binge drink. The rate of heavy drinking is increasing.

Behavioral health providers

Mesa County ranks in the top 30% in the state for shortages in mental health and substance use providers.

Childcare

Capacity analyses show there are, on average, more than three children (under age 5) per every licensed childcare slot existing in the county.

Child safety and family relationships

Injuries are the leading cause of death in children ages 0 to 18 years.

Youth who 'can definitely ask their parents for help' report lower rates of substance use.

Economic stability

Female single parent households have the largest gap between median income and cost of living, with higher disparity among Hispanic/Latino females.

Emergency department use

40% of emergency visits in Mesa County were for nonemergency diagnosis and 5% could have been prevented with lower-level care.

Housing

Costs have increased 96% for starter homes and 58% for rentals, while median income only increased 38% in the previous decade.

Suicide

Mesa County suicide rates are higher than in the state.

Suicide is the second leading cause of death in residents under age 65.

SIGNIFICANT AND SUSTAINING HEALTH NEEDS

IMPLEMENTATION STRATEGY

Identify hospital and community resources to address significant health needs

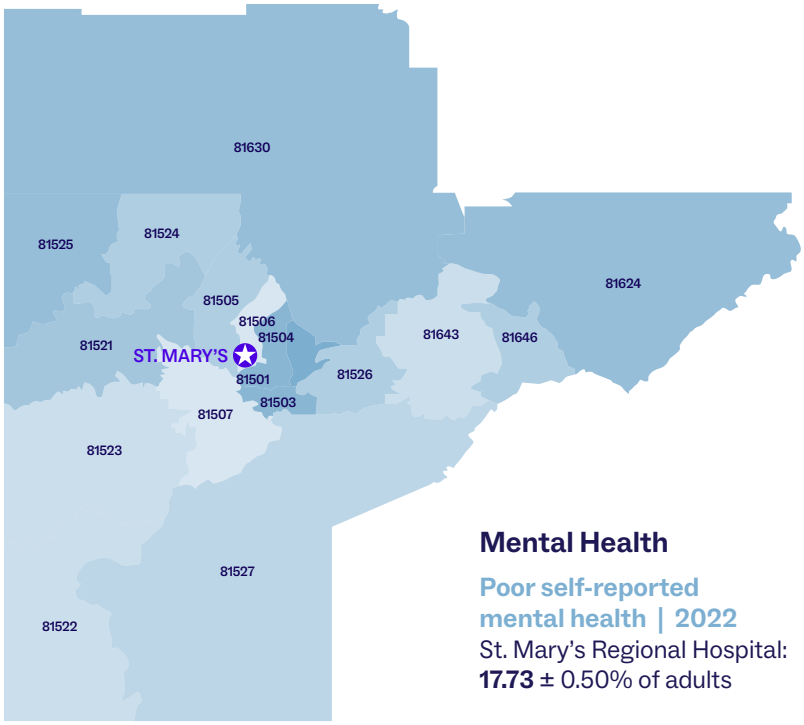
Develop strategies to address significant health needs with an emphasis on equity and anticipated impact

Collaborate with other community organizations to have the greatest possible impact

Improving Behavioral Health

The 2024 CHNA prioritized improving behavioral health as a significant health need through addressing alcohol consumption and suicide ideation, attempt, and death. According to the 2022 *Tell Us Community Survey*, Mesa County residents, regardless of age or income, were overwhelmingly in favor of increasing support for mental health and substance use disorder services. The same survey showed 50% of respondents completely disagreed with the statement: "Mesa County has adequate behavioral health support."

"Mental health resources have been extremely challenging to find for my family." *— Community Stakeholder*



Over 17% of adult residents in the hospital service area have poor self-reported mental health, with the highest rates in downtown Grand Junction (81501) at 21% and in Clifton (81520) at 20%. (Source: CDC PLACES via Metopio)

Mental Health

Poor self-reported mental health | 2022
St. Mary's Regional Hospital:
17.73 ± 0.50% of adults

21.10% **16.39%** **13.20%**

Metopio | Ties © Mapbox, Data source: Centers for Disease Control and Prevention (CDC) PLACES

DISPARITIES, EQUITY & MENTAL HEALTH

Rates of binge drinking in adults and youth have remained above state averages since 2019.

Between 30% to 50% of suicide deaths involved alcohol intoxication.

Nearly 40% of teens reported intense mental health distress.

Young adults (ages 10 to 24 years), particularly females, have the highest rate of emergency department visits related to suicide.

Veterans account for nearly half of the suicide deaths among residents ages 65 years and older.

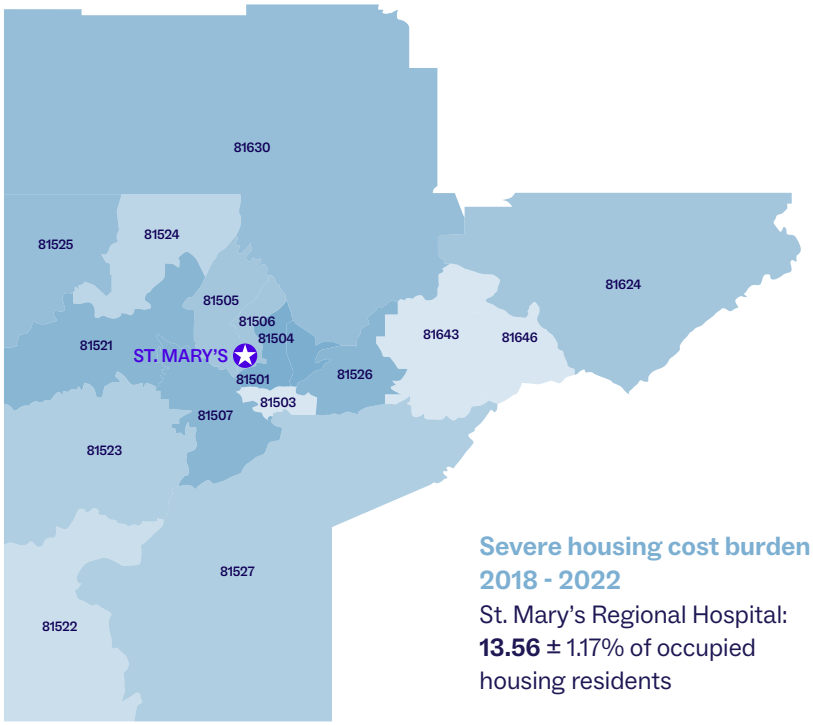
COMMUNITY STRENGTHS

- In 2024, Mesa County has more robust data about behavioral health that helps identify disparities and supports alignment with community collaborators to target the need.
- Existing community navigation agencies and tools provide residents information and connection to resources.

Achieving Greater Economic Stability

The 2024 CHNA prioritized achieving greater economic stability as a significant health need through addressing housing stability. Housing impacts many aspects of health and well-being including safety, stability, and social connection. Nearly a third of Mesa County households spend in excess of 30% of their income on housing. This severe cost burden prohibits economic stability and forces residents to cut expenses in for other essential areas like food, hygiene, health care services, transportation, utilities, and education, which all impact health outcomes.

"Affordable housing has to be on top of the list."
— Community Stakeholder



Severe housing cost burden 2018 - 2022
St. Mary's Regional Hospital:
13.56 ± 1.17% of occupied housing residents

Severe housing cost burden is defined as households spending more than 50% of income on housing, including renters and owners.

Over 13% of households in the hospital service area experience severe housing cost burden, with the highest rates observed in Clifton (81520) at 22% and downtown Grand Junction (81501) at 18%. (Source: ACS Tables B25070/25091 via Metopio)

22.09% **0.00%**

Metopio | Ties © Mapbox, Data source: Centers for Disease Control and Prevention (CDC) PLACES

DISPARITIES, EQUITY & ECONOMIC STABILITY

Hispanic/Latino households earn approximate $10,000 to $15,000 less annually than non-Hispanic residents in Mesa County.

Nearly 4% of students in Mesa County District 51 experienced housing instability or homelessness.

Colorado had an increase of 69% in family homelessness, the highest increase in the country.

25% of households who moved in the last five years attributed it to economic necessity not preference.

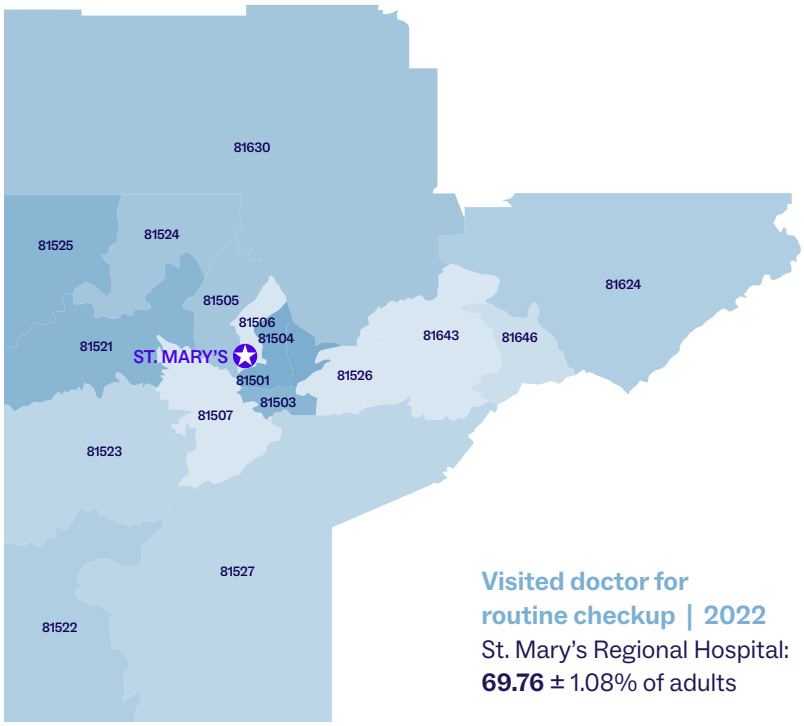
COMMUNITY STRENGTHS

- The trend for childhood poverty has been decreasing over the past five years in the service area.
- Recent collaborations between diverse community providers support the ability to improve awareness and accessibility to services, programs, and resources for low-income residents.

Increasing Access to Care

The 2024 CHNA prioritized increasing access to care as a significant health need through addressing unnecessary emergency department use and the shortage of behavioral health providers. Effective healthcare delivery is dependent on an adequate network of quality providers, access to appointments in a timely manner, and healthcare coverage that keeps care affordable. Disparities in equitable access to care include language or cultural differences that create barriers to navigating application and enrollment systems, establishing trusting relationships with a provider, and receiving accurate information through professional interpretation services.

"Having a usual primary care provider is associated with a higher likelihood of appropriate care, and... better health outcomes."
— County Health Rankings & Roadmaps



Visited doctor for routine checkup | 2022
St. Mary's Regional Hospital:
69.76 ± 1.08% of adults

About 30% of residents in the hospital service area did not visist a doctor for a routine checkup in the previous year; however, that rate is higher in downtown Grand Junction (81501) at 33%.

This data suggests that proximity to healthcare services is not the primary cause of access barriers. Cost, insurance coverage, language, and cultural differences are having the greatest impact.

66.50% **75.00%**

Metopio | Ties © Mapbox, Data source: Centers for Disease Control and Prevention (CDC) PLACES

DISPARITIES, EQUITY & ACCESS TO CARE

One in six residents has no usual source of healthcare.

Two out of three uninsured residents have no usual source of healthcare.

Mesa County is identified as a low-income, primary care shortage area by the U.S. Department of Health and Human Services.

13% of residents indicated they could not get a behavioral health appointment when needed.

COMMUNITY STRENGTHS

- The service area has been established as a regional healthcare hub with specialty care services that provide critical access to services for outlying geographies.
- The collaborative CHNA process has fostered shared understanding among healthcare and public health organizations and provided opportunities to align Implementation Strategies to improve access to care.

Improving Child and Family Well-Being

In addition to the significant health needs prioritized during the 2024 CHNA, Intermountain Health is focused on the sustaining health needs of improving child and family well-being including child and family safety, injury prevention, and advocacy. Sustaining health needs are identified through child-specific morbidity and mortality data as long-standing health needs that may not be specifically identified in the adult population. By considering these sustaining health needs, the hospital can implement upstream strategies to address the factors that impact the trajectory of children's, families', and communities' well-being.

TOP CAUSES OF INJURY-RELATED DEATH IN CHILDREN (2018-2022)

Ages under 1 year	Ages 1 to 5 years	Ages 6 to 18 years
Accidental • Suffocation (primarily sleep environments)	**Accidental** • Motor vehicle accidents • Drowning **Violent** • Child Abuse	**Accidental** • Motor vehicle accidents • Drug overdose **Violent** • Firearms **Suicidal** • Firearms • Suffocation

In Colorado, injuries are the leading cause of mortality and disability among children ages birth to 18 years including accidental, violent, and suicidal deaths.

DISPARITIES, EQUITY & CHILD SAFETY

Hispanic/Latino children (ages birth to 18 years) had the highest death rate from motor vehicle accidents at 5.5 per 100,000 in Colorado.

Firearms are the leading cause of death for children (ages 1 to 18 years) in Colorado with a rate of 4.9 per 100,000, compared to the U.S. rate of 4.0.

The overall death rate for Black infants (under age 1 year) is more than twice the rate for White infants for any cause of death in Colorado.

CDC, National Vital Statistics System, Mortality, Colorado, 2018-2022

COMMUNITY STRENGTHS

- Alignment with the Children's Hospital Colorado on prioritized health needs and collaborative efforts to develop Implementation Strategies to address child and family well-being.
- Intermountain Health has an established and recognized children's health program that seeks collaboration with community organizations to locally implement evidence-based strategies and exchange expertise.

Evaluation of Prior CHNA

St. Mary's Regional Hospital conducted the previous CHNA in 2021, and the significant health needs were identified as Education, Health Implications, and Healthcare Access. Intermountain developed an Implementation Strategy to address these unmet health needs and disparities identified among the medically underserved, low-income, and minority residents in the community. Notable outcomes from those activities are below.

St. Mary's Regional Hospital 2022 Implementation Strategies and Outcomes

Health Need	Strategies	Outcomes 2022-2024*
Education	Provide opportunities for career education and workforce growth	• Provided four clinical rotations in nursing and seven in other hospital occupations. • Provided healthcare career resources and education at community events. • Participated in two career fairs with Mesa County Valley School District 51 providing healthcare career information, mock interviews, and resume assistance. • Hosted a hospital career day attended by 70 students from District 51.
Health Implications	Offer and support community outreach and education	• Secured $6,000 in grants to purchase bike helmets and distributed 447 at 11 different schools/locations with safety education. • Offered trauma and seasonal injury prevention at 12 events that served adults and children. • Expanded suicide prevention initiatives with charitable contributions to Mind Springs, Counseling & Education Center, and Multi Agency Collaborative. • Continued to build out Zero Suicide community resources.
Healthcare Access	Understand barriers to care and implement solutions for community members to access care	• Identified specialty care gaps in Mesa County and increased access to primary care and specialty care, including cardiology through 103 new providers. • Served 50 clients through St. Mary's Community Connections program, providing transportation to healthcare services and other supports.

*Totals as of June 2024

Intermountain CHNA Reports and Implementation Strategies are available publicly this link or at https://intermountainhealthcare.org/about/who-we-are/chna-reports

Conclusion

St. Mary's Regional Hospital is grateful for the support of community members and organizations for their valuable participation in the CHNA process. Their community voices offered a deeper understanding of unique community health needs and disparities. Intermountain leverages this valuable input to develop a local Implementation Strategy in collaboration and alignment with Mesa County and the community to create equitable opportunities for health.

Intermountain Health caregivers from Community Health and Office of Strategic Research led the 2024 St. Mary's prioritization process. The hospital will participate in the next collaborative CHNA in 2027 and looks forward to continuing collaborations to improve the health of our communities.

To submit written comments on this CHNA or request a paper copy, please email IH_CommunityHealth@imail.org

For additional information about the CHNA, contact:

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APPENDIX: RESOURCES TO ADDRESS HEALTH NEEDS IN THE PRIMARY SERVICE AREA

Appendices

Intermountain Health

CHNA Glossary

Term	Definition
Activity or Program	Evidence-based actions to address each significant health need.
Child and Family Advocacy	Working with systems, government leaders, researchers, community advocates, parents, and caregivers at the local, state, and national level to improve well-being for children and families.
Community Health Needs Assessment (CHNA)	Tri-annual review and analysis of unmet or significant health needs in the communities served by Intermountain Health; it informs the development of the Implementation Strategy and all of Intermountain Health's Community Health work.
Evaluation	Assessment of results from actions taken to address significant health needs.
External Stakeholder	Organizations, government agencies, individuals, and other entities outside Intermountain Health that will be influential in the success of or impacted by the CHNA and Implementation Strategy.
Health Disparity	Preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health experienced by socially disadvantaged populations.
Health Equity	Foundational and embedded across Intermountain Health's approach to community health improvement, to include identifying, prioritizing, and addressing disparities including children and across the lifespan, race, ethnicity, income, geographic location and rurality, gender identity, ability, diagnosis, and sexual orientation.
Health Needs	Unmet community health needs identified during the CHNA.
Health Indicators	Specific health discrepancies identified by data within the health needs (i.e., frequent mental distress as an indicator within behavioral health).
Health Outcome	Anticipated impact of strategies on significant health needs.
Implementation Strategies (IS)	A written plan to address health needs prioritized in the CHNA; it includes activities, collaborations, resources, funding, and the anticipated impact on target populations.
Internal Stakeholder	Departments, teams, and other functions of Intermountain Health that will be influential in the success of or impacted by CHNA and Implementation Strategy.
Primary Data	Information gathered directly from sources including stakeholder and resident surveys, interviews, and community and stakeholder meetings.
Secondary Data	Information gathered by third parties, typically public health agencies, government agencies, or large studies.
Significant Health Needs	Community health needs prioritized during the CHNA that are addressed in the Implementation Strategy.
Sustaining Health Needs	Health needs prioritized for children and family that are identified through child-specific morbidity and mortality data as long-standing and may not be specifically identified in the adult population.

Community Profile

CHNAs from Secondary and Tertiary Service Areas

State	County and Related CHNA
Arizona	Apache: 2021 Apache County Community Health Needs Assessment
Colorado	Delta: Delta Health Needs Assessment and Implementation Plan 2022 Dolores, Montezuma: Southwest Health System Community Health Needs Assessment and Implementation Plan 2022 Eagle: Vail Health 2022 Community Health Needs Assessment Hinsdale, Delta, Montrose, Ouray, Gunnison, San Miguel: West Central Public Health Partnership Community Health Assessment Garfield: Valley View Hospital 2021 Community Health Needs Assessment Garfield: Grand River Health 2022 Community Health Needs Assessment Gunnison: Gunnison Valley Health 2022 Community Health Needs Assessment La Plata: La Plata County 2024 Community Health Assessment Moffat, Routt: Yampa Valley Community Health Needs Assessment 2022 Montrose: Montrose Regional Health 2022 Community Health Needs Assessment and Implementation Ouray, San Miguel: Tri-County Health Network 2021 Community Health Needs Assessment Pitkin: Pitkin County Public Health Community Health Needs Assessment 2022 San Juan: Community Health Assessment for San Juan County, Colorado 2022
New Mexico	San Juan: 2023 Community Health Needs Assessment San Juan County, New Mexico
Utah	Grand: Moab Regional Hospital Community Health Needs Assessment 2022 San Juan: Blue Mountain Hospital Community Health Needs Assessment 2022
Wyoming	Sweetwater: Sweetwater County Community Needs Assessment 2022

Community Resources

Resources to Address Health Needs in the Primary Service Area

Significant Health Need	Organization	Summary of Resources
Behavioral Health	Counseling & Education Center	Behavioral health services that improve access to care.
	Colorado Discover Ability	Behavioral health services for people with disabilities, including outdoor recreation therapy and programs for socialization.
	Mind Springs Health	Behavior health services specializing in evidence-based practices for youth and adults with sliding scale fees.
Access to Care	Mesa County Multi-Agency Collaboration (MAC)	Connects individuals to essential services, including primary and mental care, transportation, housing, and food assistance.
	Hilltop Family Resource Center	Programs that assist families in enrollment and navigation of healthcare coverage including Medicaid and CHP+, establishing care and scheduling with providers, health and development education, translation services, and transportation.
Economic Stability	Colorado Mesa University	Tuition free higher education and technology training for qualifying students, promoting economic stability and career advancement.
	Community Food Bank	Food security programs and bilingual resource navigation for low-income residents.
Child and Family Well-Being	Hilltop Family Resource Center	Family services agency with continuum of care services aimed to prevent and reduce child mistreatment, delinquent behavior, and education failure.
	Riverside Education Center	Out-of-school programs for Mesa County students to foster safety, growth, and educational attainment.
	Holy Family Catholic School	Faith-based educational organization that assists with academics and lifelong learning.

Intermountain
Health

MESA COUNTY
PUBLIC HEALTH

COMMUNITY HEALTH NEEDS ASSESSMENT 2024-2026

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MESSAGE FROM OUR EXECUTIVE DIRECTOR

Xavier Crockett, MS

The Community Health Needs Assessment (CHNA) is a collaborative effort to understand the landscape of health in our community.

Improving the health of a community requires three ingredients:

1. A public health team with the expertise and experience to provide a backbone for community health intervention.
2. An engaged set of stakeholder partners who see how their missions and visions align with public health priorities.
3. A clear picture of the strengths and challenges our community faces.

We have all three in Mesa County.

The CHNA shows us where we can grow as a community, and together we have the talent and gumption to see real progress in the coming years.

Photo: Grand Junction Sentinel

"The CHNA shows us where we can grow as a community, and together we have the talent and gumption to see real progress in the coming years."

XAVIER CROCKETT, MS
EXECUTIVE DIRECTOR OF MESA COUNTY PUBLIC HEALTH

ABOUT MESA COUNTY PUBLIC HEALTH

MESA COUNTY
PUBLIC HEALTH

Mesa County Public Health is a leader in our community, our region, and throughout Colorado. We formed in 1948 to protect the health of our residents and visitors.

We believe in the power of community partnerships to develop sustainable solutions to improve quality of life. Mesa County Public Health employees believe in the principles of epidemiology, support evidence-based interventions, and advocate for healthy lifestyles at the personal and community levels.

WHAT IS THE CHNA?

A cycle of health improvement

The Community Health Needs Assessment is step one in a three-year cycle of improving our community's health.

Step 1

Assess the health status of Mesa County, including the community context.

Step 2

Identify priority issues and plan projects to improve outcomes.

Step 3

Implement plans and track progress on goals.

Social determinants of health

The topics in the CHNA are organized according to the social determinants of health. These are the conditions in the environments where people are born, live, learn, work, and play that affect a wide range of health and quality of life outcomes.

Addressing the social determinants of health is an important approach to achieving health equity, in which everyone has the opportunity to achieve their full health potential. As a community, we understand that by addressing these five key areas, we can take meaningful action that will result in improvements to the overall quality of life of Mesa County residents.

ECONOMIC STABILITY

Economic stability describes the financial factors that impact people's health choices.

EDUCATION

Education describes the access and quality of education opportunities for children and adults that impact health outcomes.

HEALTH CARE AND ACCESS

Health Care and Access describes the presence of medical services and people's ability to access the care they require.

NEIGHBORHOOD AND BUILT ENVIRONMENT

Neighborhood and Built Environment describes how neighborhoods and environments impact health and safety.

SOCIAL AND COMMUNITY CONTEXT

Social and Community Context describes how relationships and interactions with family, friends, co-workers, and community members impact health and well-being.

WHAT IS THE CHNA?

Getting the most out of the CHNA

Throughout the CHNA, you'll see icons that help you prioritize, interpret, or extend the data.

Key finding

Insights from the data to remember.

Reader aid

Information to help you interpret the graphs and charts.

Additional resources

Resources to learn more about topics you care about.

We weave our diversity, equity, and inclusion priorities throughout every section of the report. This means we share the specific experience of residents based on gender, age, geographic location, and race and ethnicity. We also highlight inclusion in our social and community context section.

Next steps

In the 2024-2026 Health Improvement Cycle, the CHNA stakeholders intend to align health improvement plan efforts. This means that each group will look for opportunities to select priorities from the Priority Menu on page 9 and collaborate on planning and implementation.

Most stakeholders intend to select priorities and create collaborative action plans by the end of 2024.

A COLLABORATIVE CHNA

Mesa County is unique in our collaborative approach to the CHNA. Local hospitals, health centers, and Mesa County Public Health release one comprehensive document every three years to meet the requirements of all organizations. This facilitates a more unified approach to improving health and quality of life in our community.

Community partners

Family Health West is a non-profit healthcare organization located in Fruita, Colorado, serving the Western Slope region. Our commitment to compassionate care and community health has remained unwavering since our founding in 1946.

Family Health West is a full-service critical access hospital designed for the growing healthcare needs of the community. Our 25-bed hospital includes the only swing-bed or transitional care facility in the Grand Valley. This allows patients to receive intensive, hospital-based rehabilitation after acute hospital care is no longer needed. The hospital also includes emergency, imaging, laboratory, and surgical services.

Family Health West is deeply rooted in the belief that healthy families build strong communities. We remain committed to our mission, working tirelessly to ensure that every individual has access to quality healthcare.

Mind Springs Health is a full-service provider of counseling, therapy, and psychiatric services for mental, behavioral, and emotional wellness for the entire family. Our team of caring employees also help individuals and families deal with and recover from substance use. Our recovery treatment teams provide gender responsive care for both mental illness and addiction together.

Mind Springs Health also offers 24/7 crisis response services, school-based services, several office locations for outpatient treatment, including telehealth psychiatry and same-day appointments, a medically managed withdrawal management program in Grand Junction, and three residential treatment centers. Mind Springs also provides comprehensive, inpatient services through West Springs Hospital, the only psychiatric hospital with a 24/7 psychiatric emergency department between Denver and Salt Lake City.

Monument Health, LLC facilitates the largest and most comprehensive clinically integrated network (CIN) on Colorado's Western Slope and delivers high-impact population health services. Monument Health currently manages a network of 75,000 members across the Western Slope, which encompasses Commercial, Medicaid, CHP+, Medicare, Medicare Advantage, and Dual Special Needs (D-SNP) insurance plans across multiple payors.

Self-funded employer groups utilize the Monument Health network and population health services to help their members achieve greater health while containing costs. In addition, Monument Health offers contracting, data/analytics, population health, and employee-based wellness programs and services.

A COLLABORATIVE CHNA

MarillacHealth, a nonprofit healthcare organization, is Mesa County's only Federally Qualified Community Health Center (FQHC), providing high quality primary medical, dental, and behavioral health services to 10,000-12,000 patients annually.

With multiple locations, including a School Based Health Center, Marillac makes healthcare accessible, affordable, and welcoming to all ages and stages of life. Because CHCs offer a sliding fee discount program for persons of lower income, most Marillac patients are living within 200% of Federal Low-Income guidelines, are uninsured, use Medicaid or Medicare, or experiencing other challenges. Everyone is welcome at Marillac —even patients with private insurance.

Community Hospital is a non-profit, fully accredited acute-care hospital with 60 licensed beds. This hospital is a Level III trauma center with full outpatient diagnostic services, inpatient care, labor and delivery services, and emergency care.

Community Hospital partners with the University of Utah and Huntsman Cancer Institute to offer comprehensive cancer care, including medical and radiation oncology treatment in a brand-new state-of-the art facility. Services are offered by expert staff and with world-class technology in a healing, family-centered environment. Community Hospital also strives to serve our community through various ways including the opening of an on-site early childcare center.

Hilltop Community Resources has over 25 programs dedicated to serving individuals and families in need while providing resources that are comprehensive, evidence-based, family-focused, and supported by community collaboration.

Hilltop's services range from ensuring expecting families have access to healthcare, to fostering brain-injured adults with the ability to live as independently as possible, to providing safe housing for people affected by intimate partner violence or sexual assault, to supporting seniors with memory loss and their families with respite care. At the heart of our mission is the belief in connecting people and fostering a sense of community, where each individual's unique journey is celebrated and cherished.

St. Mary's Regional Hospital, now part of Intermountain Healthcare, has been part of the Grand Junction community since it was founded in 1896 by the Sisters of Charity of Leavenworth. We are the largest medical center between Denver and Salt Lake City and the only Level II Trauma Center and Level III NICU in the region.

Since our founding, we have been committed to putting people first. Our patients and families are at the center of everything we do. St. Mary's is committed to not only providing high quality care but also in helping create a healthier community. Our specialists take an individualized approach to treating the whole person, not just the disease. Having the right support is invaluable to creating a healthier you.

The VA Western Colorado Health Care System strives to uphold President Abraham Lincoln's promise to care for those who have served in our nation's military and for their families, caregivers, and survivors.

We are a federal health care facility that opened in 1949 and currently have 77 acute and long-term beds serving 16,485 Veterans. Our services include surgery, cardio- pulmonary, radiology, women Veterans' healthcare, social work services, physical and occupational therapy, prosthetics and orthotics lab, nutrition, mental health, dental, and podiatry. We have a strong academic program with over 80 Academic Affiliates engaged in training opportunities.

SURVEY DATA SOURCES

Mesa County surveys

Mesa County Tell Us Community Survey, 2022

The Tell Us Community Survey was conducted by Mesa County Public Health in 2022 to assess community members' quality of life, satisfaction with Mesa County and its services, and level of social connectedness.

1,233 responses were collected, and weighted based on sex, age, income, education level, race and ethnicity, and political affiliation in order to better reflect the population of Mesa County. The survey was available in English and Spanish, with online, paper, and phone-in options.

More information about the Tell Us Community Survey is available from Mesa County Public Health.

Mesa County Master Plan Survey, 2022

The Master Plan Survey was conducted by Mesa County in 2022 to solicit feedback on community members' quality of life, priorities for the future growth of Mesa County, and satisfaction with the resources and infrastructure of Mesa County.

2,046 responses were collected, and weighted based on age of householder, homeownership, and zip code in order to better reflect the population of Mesa County. The survey was available in English and Spanish, with paper and online options.

More information about the Master Plan Survey is available from the Mesa County Planning Department.

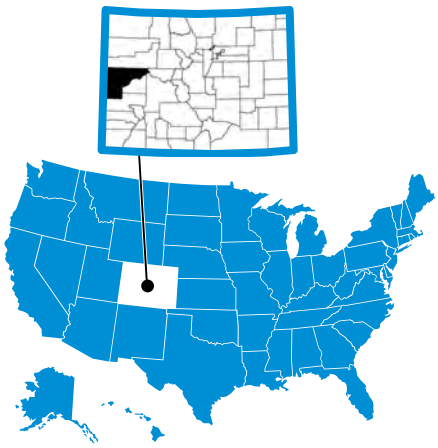
State and national surveys

Behavioral Risk Factor Surveillance System (BRFSS), 2015-2022

The Behavioral Risk Factor Surveillance System survey is a federally-funded random telephone survey of Colorado residents ages 18 and older. Information is gathered on a variety of health behaviors, health conditions, and preventative health practices. The questions collect data related to the leading causes of chronic disease, infectious disease, substance use, disability, injury, and mortality.

In each of the past eight years, between 242 and 324 Mesa County residents have been included in the annual BRFSS survey.

More information about the Behavioral Risk Factor Surveillance System survey is available from the Colorado Department of Public Health and Environment.



Healthy Kids Colorado Survey, 2015-2021

The Healthy Kids Colorado Survey is conducted by the Colorado Department of Public Health and Environment and University of Colorado Anschutz Medical Campus. It is administered by participating districts and schools every other year.

In the 2021 survey cycle, too few Mesa County students participated for data to be included in the state results. However, Mesa County Public Health was able to access the raw, anonymous data, and perform our own analysis of the 1,033 responses.

2023 preliminary data was released June 14, 2024, too late for inclusion in this report. MCPH anticipates a rich analysis of that raw data to update key insights from the 2021 data set.

More information about the Healthy Kids Colorado Survey is available from the Colorado Department of Public Health and Environment.

2024-2026 COMMUNITY HEALTH NEEDS ASSESSMENT PRIORITY FINDINGS

PRIORITY FINDINGS QUICK VIEW

The CHNA is the first step in a cycle of health assessment and improvement. These priority findings represent major obstacles to healthy choices and outcomes for Mesa County residents and key opportunities for collaborative community intervention.

Many households in Mesa County **struggle to reach economic stability.**

Mesa County **continues to be a childcare desert,** but access is increasing.

Housing insecurity significantly burdens Mesa County residents.

Mesa County has a **shortage of behavioral health providers.**

Mesa County residents frequently **use the emergency department for visits that could be completed with primary care doctors** at lower cost and more effective whole health care.

Alcohol consumption is common among youth and adults, and **plays a role in serious health outcomes.**

Rates of suicide ideation, attempt, and death in Mesa County are worrisome.

Youth relationships with their families and peers are primary risk or protective factors in substance use and mental health.

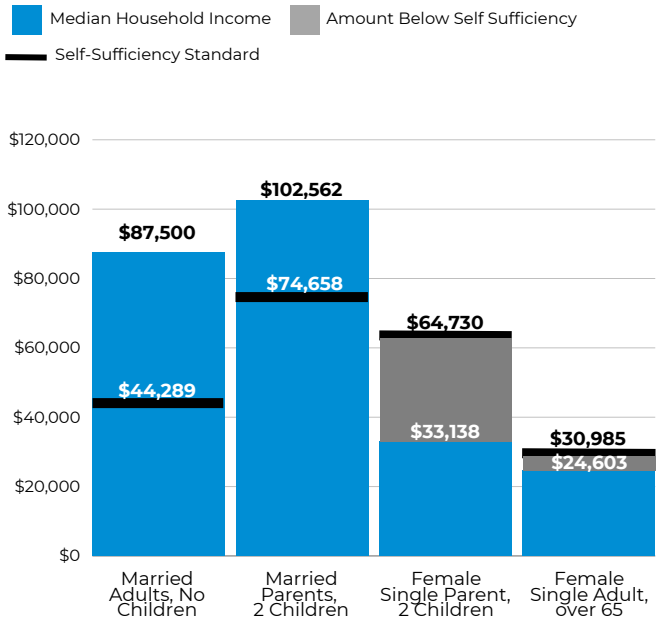
2024-2026 COMMUNITY HEALTH NEEDS ASSESSMENT PRIORITY FINDINGS

Many households in Mesa County struggle to reach economic stability.

- Households with a single adult in Mesa County have a median household income notably below economic stability.
- The median household income for female single parents is less than half of what's required for economic stability for a mother with a preschooler and school-age child.
- Since Hispanic households earn less than non-Hispanic households in many metrics, economic stability is likely even further out of reach for Hispanic female single adults.
- A female single parent with two children earning the median household income for her group may be eligible for nearly $27,000 of benefits, closing the gap to economic stability from $40,513 to $13,700.

SOURCES: Census ACS Tables, Colorado Self-Sufficiency Standard, Enrollment specialists from county benefit agencies

MEDIAN HOUSEHOLD INCOME AND SELF-SUFFICIENCY STANDARD FOR DIFFERENT HOUSEHOLD TYPES (2022)



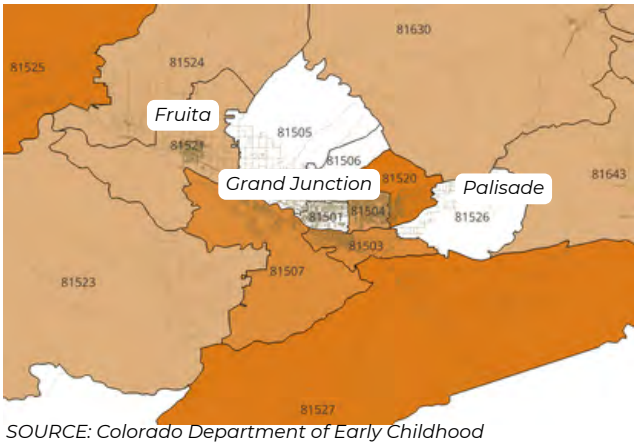
SOURCES: Census ACS Tables DP03, S1101, S1903, B19215, 2022 and Colorado Self-Sufficiency Standard, 2022

Mesa County continues to be a childcare desert, but access is increasing.

- Currently, there are 3.5 children under age five for every licensed childcare slot in Mesa County.
- In the past three years, several large employers have opened childcare centers that offset slots lost during COVID and have added supply in key high-demand areas.
- When the Clifton Campus childcare center opens, adding 206 slots, the Clifton zip code will no longer be classified as a child care desert - a key success in providing infrastructure and support to young families in the area.
- 1,936 preschool slots across 71 providers are partially funded by Universal Pre-K, increasing access to care by reducing cost to families.

SOURCES: Census ACS Tables, Colorado Department of Early Childhood

CHILDCARE DESERT BY ZIP CODE, MESA COUNTY (APRIL 2024)



SOURCE: Colorado Department of Early Childhood

Orange zip codes are childcare deserts. Darker orange indicates more shortage.

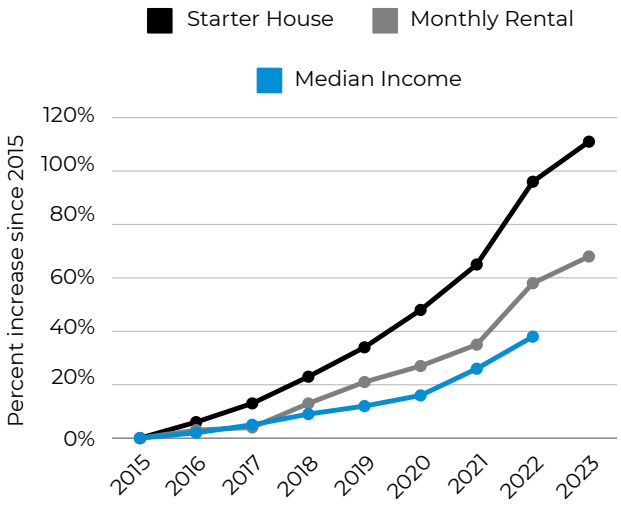
2024-2026 COMMUNITY HEALTH NEEDS ASSESSMENT PRIORITY FINDINGS

Housing insecurity significantly burdens Mesa County residents.

- Between 2015 and 2022 in Mesa County, starter home prices increased by 96%, rental costs increased by 58%, and the median household income increased by just 38%.
- In 2021, 25% of households who had moved in the last five years did not wish to move but had to.
- In the 2023-2024 school year, Mesa County Valley School District 51 identified 754 students in 420 families experiencing housing instability. 60% are "doubled up," which often results in frequent moves.

SOURCES: Census ACS Tables, Grand Junction Housing Assessment, Mesa County Valley School District 51

RELATIVE HOUSING COSTS AND MEDIAN INCOME, MESA COUNTY



SOURCE: Zillow, Cost of Housing Trends & Census ACS Table DP03

Mesa County has a shortage of behavioral health providers.

- In 2022, just 13% of Mesa County residents agreed that Mesa County provides adequate support for mental health and substance use providers.
- In 2023, 19.1% of Mesa County residents had spoken to a mental health or substance use provider in the past year. 12.9% indicated they needed a visit but could not get it.
- The Colorado Department of Public Health and Environment ranks every census tract in Mesa County in the top 30% of mental health and substance use provider shortages across the state.
- The Health Resources and Services Administration indicates a need for eight additional full time psychiatrists, along with other complementary providers, to meet the demand for services on the Western Slope.

SOURCES: Health Resources and Services Administration, Colorado Department of Public Health and Environment, 2022 Tell Us Community Survey, 2023 CHAS Survey

Access to behavioral health care

In 2023, 19.1% of Mesa County residents had spoken to a mental health or substance use provider in the past year.

12.9% indicated they needed a visit but could not get it.

SOURCE: 2023 Colorado Health Access Survey

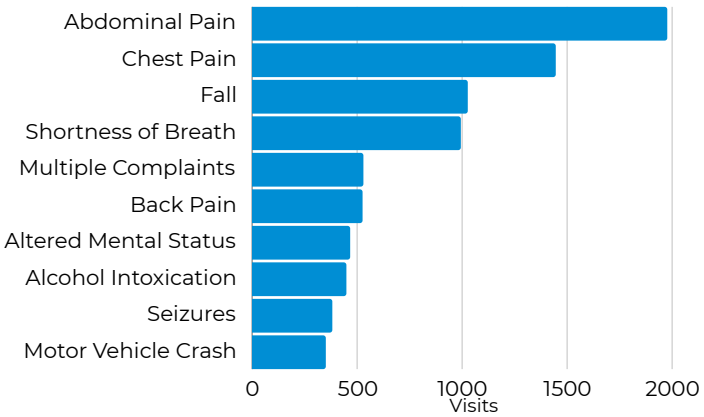
2024-2026 COMMUNITY HEALTH NEEDS ASSESSMENT PRIORITY FINDINGS

Mesa County residents frequently use the emergency department for visits that could be completed with primary care doctors at lower cost and more effective whole health care.

- In an analysis of emergency department visits by Monument Health patients, approximately 40% of visits were for non-emergency diagnoses such as headache and abdominal pain.
- An additional 5% of visits were for emergency diagnoses that could have been prevented by seeking a lower level of care sooner, such as back pain.
- Approximately 35% of visits were for non-preventable emergency care.

SOURCE: Monument Health Data Request

TOP 10 PRIMARY HEALTH CONCERNS, EMERGENCY DEPARTMENT, MESA COUNTY (2023)



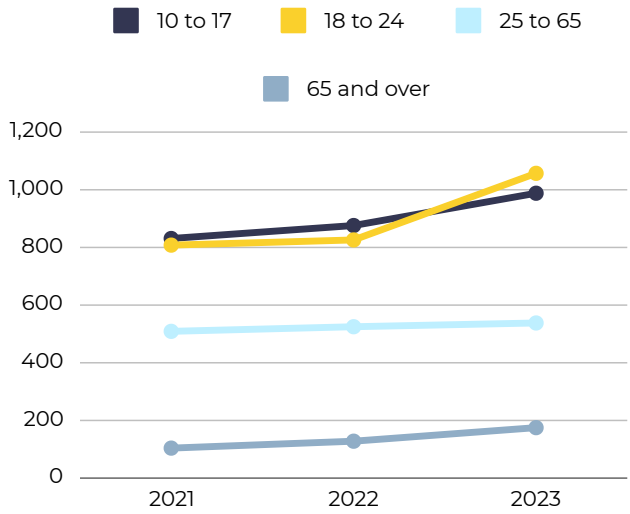
SOURCE: National Syndromic Surveillance System

Rates of suicide ideation, attempt, and death in Mesa County are worrisome.

- From 2020 to 2022, Mesa County's suicide death rate was 32.1 per 100,000 people, compared to 22.6 for Colorado.
- Suicide is the seventh leading cause of death overall, and second leading cause of death for people under the age of 65.
- Youth and young adults ages 10 to 24 have the highest rates for emergency department visits for suicidal ideation and attempt. The rate for girls and young women is more than 1.5 times higher than boys and young men, though visits for working age adults age 25 to 64 are more evenly split between men and women.
- Half of Mesa County adults report having a firearm in their home, which increases risk of suicide death by more than 3 times due to increased access to lethal means. Differences in suicide rates between states are better explained by levels of household gun ownership than by mental health problems, suicidal ideation, or suicide attempts.

SOURCES: Colorado Vital Statistics Death Dataset, National Syndromic Surveillance System, Behavioral Risk Factor Surveillance System 2020-2022, Miller: Suicide Mortality in the United States

SUICIDE-RELATED EMERGENCY DEPARTMENT VISITS, RATE PER 100,000 PEOPLE, MESA COUNTY



SOURCE: National Syndromic Surveillance System

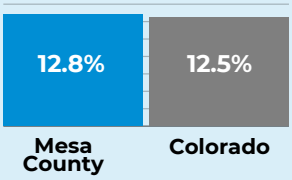
2024-2026 COMMUNITY HEALTH NEEDS ASSESSMENT PRIORITY FINDINGS

Alcohol consumption is common among youth and adults, and plays a role in serious health outcomes.

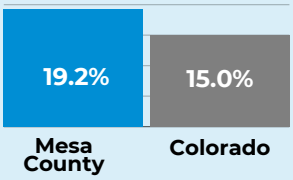
- Overall alcohol use in teens decreased from 28% in 2019 to 21% in 2021. However, binge drinking rates remained at 13%.
- One in ten Mesa County adults is a heavy drinker, and one in six is a current binge drinker. Between 2019 and 2022, binge drinking rates remained steady, and heavy drinking increased.
- Since 2021, between one-third and one-half of suicide deaths and one-third of suicide-related hospital visits have involved alcohol intoxication.
- Since 2016, teen car crashes where the driver was impaired have doubled, from 10 in 2016 to 20 in 2022. Between one-third and one-half of these impaired crashes resulted in an injury, and three resulted in a death.

SOURCES: National Syndromic Surveillance Program, Healthy Kids Colorado Survey 2021, Behavioral Risk Factor Surveillance Survey 2020-2022, Regional Transportation Planning Office

STUDENTS WHO BINGE DRANK FIVE OR MORE DRINKS IN A COUPLE OF HOURS IN THE PAST 30 DAYS



STUDENTS WHO HAD THEIR FIRST DRINK THAT WAS MORE THAN A FEW SIPS BEFORE THE AGE OF 13



Source: Healthy Kids Colorado Survey, 2021

Youth relationships with their families and peers are primary risk or protective factors in substance use and mental health.

Parent support

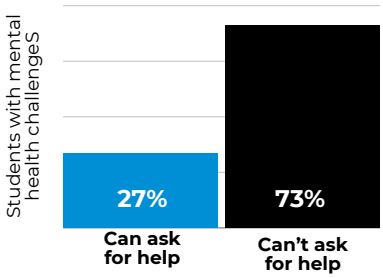
- 54% of youth indicated they can definitely ask their parents for help with a serious problem, 28% said usually, and 18% said not often or never.
- Youth who reported they could definitely ask for help are one-third as likely to report intense mental health challenges as those who said they could not.
- 13% of youth who could definitely ask for help reported high-risk substance use compared to 30% who said they could not.

Belonging at school

- 58% of youth agreed or strongly agreed to feeling a sense of belonging at school. 28% said not sure, and 14% disagreed or strongly disagreed.
- 72% of youth who did not feel a sense of belonging at school reported serious mental health challenges, compared to 31% who said they did feel a sense of belonging.
- 23% of youth who did not feel a sense of belonging at school reported high risk substance compared to 15% who said they did feel a sense of belonging.

SOURCES: Healthy Kids Colorado Survey, 2021

STUDENTS WITH SERIOUS MENTAL HEALTH CHALLENGES BY WHETHER THEY CAN ASK FOR PARENT HELP



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COMMUNITY PROFILES

COMMUNITY PROFILES

Mesa County is a unique community.

Located on the western border of Colorado, Mesa County spans 3,313 square miles, about 70% of which is public land including the Colorado National Monument and Grand Mesa National Forest. **Spanning the region is the Grand Valley, the most densely populated area on Colorado's Western Slope,** covering more than 38 square miles at an elevation of 4,586 feet.

Mesa County's most populous city, Grand Junction, lies in the central region of the Grand Valley and makes up about 42% of the county population. The county also includes smaller communities, such as Fruita, Clifton, Palisade, and many others.

Grand Junction is a regional hub for healthcare, the largest between Denver and Salt Lake City, serving a population of over 500,000 people in western Colorado and eastern Utah.

Innovative business and career-building opportunities, big-city amenities with a small-town atmosphere, and abundant outdoor recreation all contribute to making this a great place to live, work, and play.

In this section, we **provide a picture of the population demographics and economic characteristics** of the county as a whole, as well as for each community individually. This overview gives community leaders a better understanding of those they serve.

MESA COUNTY PROFILE

Quality of life

An exceptional quality of life is a priority for the community in Mesa County. Quality of life is the measure of well-being for a population or an individual in the context of their health, environment, and opportunities.

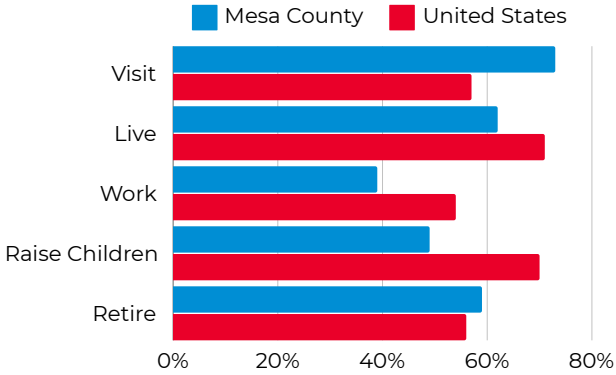
In the 2022 Tell Us Community Survey, residents provided their perspective on quality of life in Mesa County, including evaluations of Mesa County as a good place to visit, live, work, raise children, and retire. The ultimate aim of these quality of life metrics is a community where all residents have the opportunity to thrive.

Overall, 58% of residents agreed that Mesa County provides a good quality of life.

2022 TELL US COMMUNITY SURVEY

QUALITY OF LIFE (2020 & 2022)

MY COMMUNITY IS A GOOD PLACE TO:



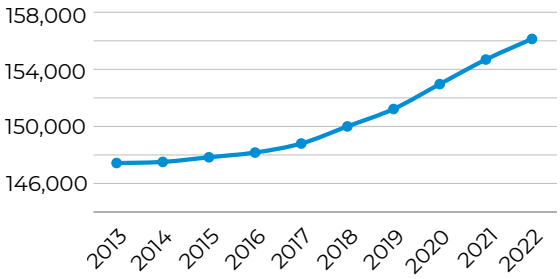
2022 TELL US COMMUNITY SURVEY AND ETC INSTITUTE, NATIONAL SURVEY DATA ON QUALITY OF LIFE INDICATORS, 2020

Demographics

Population growth

Mesa County is a growing community. Over the last decade, Mesa County's total population has increased by about 10,000 people. The increase was slow from 2013 to 2017, and accelerated starting in 2018. From 2018 to 2022, Mesa County had a population growth rate similar to the statewide rate, about 1% each year.

MESA COUNTY POPULATION



CENSUS ACS TABLE S0101

MESA COUNTY PROFILE

Demographics

Components of population change

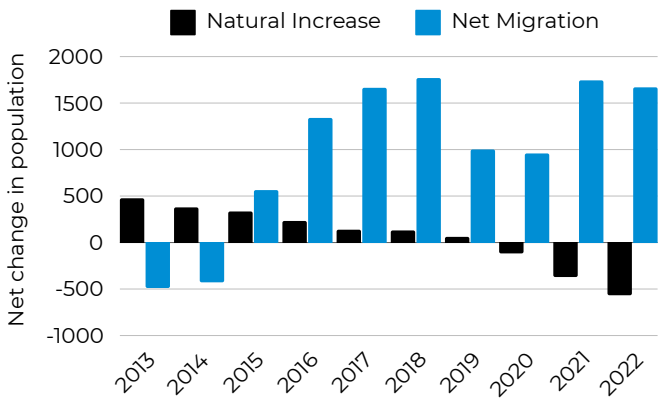
Population growth consists of both natural increase and net migration. Natural increase is the number of births minus deaths, and net migration is the number of people moving in minus those moving out.

Over the last decade, natural increase has been trending downward as both annual births have decreased and annual deaths have increased. With natural increase dropping, net migration has accounted for an increasing share of population growth. In recent years, net migration has accounted for the entirety of population growth in Mesa County, without which the county population would be shrinking.

Though the county has had consistently higher inward migration since about 2015, there has not been a corresponding increase in annual births. The two primary factors contributing to these trends are a heavy prevalence of older adults moving to the county and a statewide increase in access to birth control.

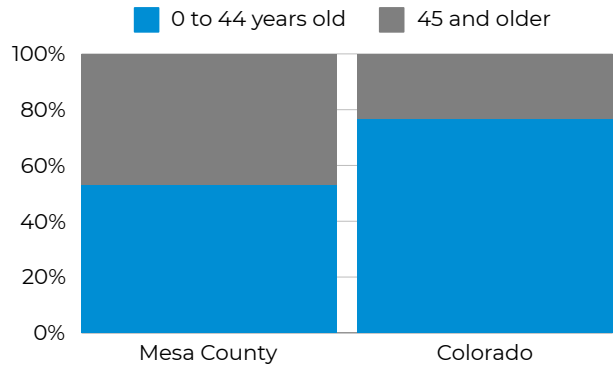
From 2010 to 2020, the age distribution of those moving to Mesa County has heavily consisted of older adults beyond child-bearing years. This trend is significantly different from the statewide distribution.

NATURAL INCREASE AND NET MIGRATION, MESA COUNTY



COLORADO DEMOGRAPHY OFFICE

AGE DISTRIBITION OF NET MIGRATION (2010-2020)



COLORADO DEMOGRAPHY OFFICE

MESA COUNTY PROFILE

Demographics

Components of population change

The annual birth count has been decreasing since about 2008, the same year the state began expanding access to long-acting reversible contraception (LARC). Across the state, this has had a profound impact on decreasing the number of unintended pregnancies, and this impact has been equally significant in Mesa County.

The impact to the birth rate has been primarily concentrated among young women with low income. From 2008 to 2022, births among women under 25 with less than $35,000 in annual household income dropped by over half, compared to only a 12% decrease among all other women.

Alongside the decreasing number of annual births, the death count in Mesa County has been steadily increasing since about 2015. This increase likely has been impacted by the influx of older adults moving to the area. From 2020 to 2022, the death rate was notably higher than previous years, likely related to the impact of the COVID-19 pandemic.

Aging population

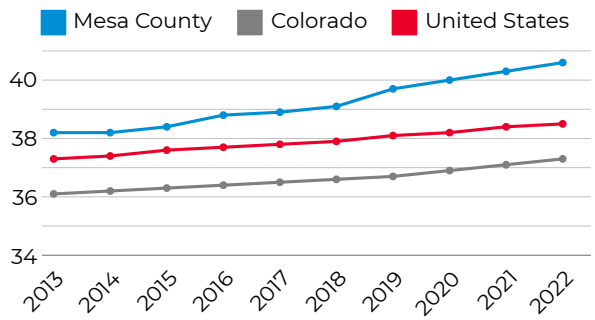
Mesa County has an aging population. The median age has been steadily increasing over the past decade, which is usually a result of longer life expectancies and lower birth rates. In Mesa County, this is also affected by the inward migration of older adults.

Median age is increasing both statewide and nationally, but it is increasing at a faster rate in Mesa County.

As the median age increases, older adults are making up a larger share of the population. As this trend continues, a greater number of adults will likely retire out of the workforce than new workers will enter the workforce to replace them. This shift in the age distribution will have lasting implications for the community in a variety of sectors including:

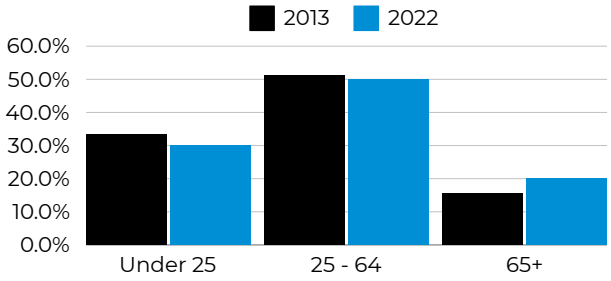
- housing,
- the local economy and job market,
- education, and
- older adult care services.

MEDIAN AGE



CENSUS ACS TABLE S0101

SHARE OF THE POPULATION BY AGE GROUP, MESA COUNTY



CENSUS ACS TABLE S0101

MESA COUNTY PROFILE

Demographics

Race and ethnicity

The majority of people in Mesa County identify as non-Hispanic white, 80% in 2022. The next most prevalent group are those identifying as Hispanic or Latino of any race, 15% in 2022. The additional 5% includes people from a variety of race categories.

For the purposes of statistical trends and actionable insights, this report includes insights on "People of Color," a composite group including both Hispanic or Latino people of any race and non-Hispanic people of color, including but not limited to American Indian or Alaska Native, Asian, Black or African American, and Multiracial people.

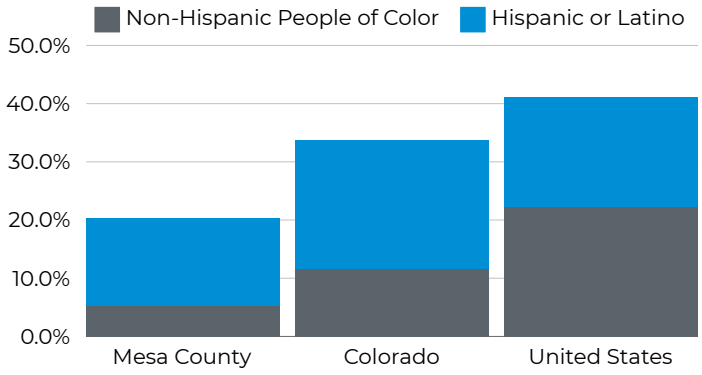
Over the past decade, People of Color have made up a steadily increasing share of the population, from 17% in 2013 to 20% in 2022. This change is being driven primarily by increasing diversity in the younger population. People of Color make up nearly a third of those under age 25, compared to only about 10% among those age 65 and older.

ETHNICITY AND RACE, MESA COUNTY (2022)

American Indian or Alaska Native, not Hispanic or Latino	0.5%
Asian, not Hispanic or Latino	1.0%
Black or African American, not Hispanic or Latino	0.7%
Hispanic or Latino of any race	15.1%
Multiracial, Not Hispanic or Latino	2.7%
Unknown or Not Reported	0.4%
White, not Hispanic or Latino	79.6%

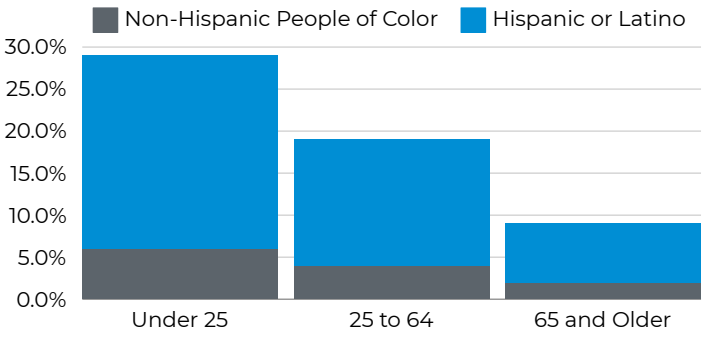
CENSUS ACS TABLE DP05

PEOPLE OF COLOR (2022)



CENSUS ACS TABLE DP05

PEOPLE OF COLOR BY AGE GROUP, MESA COUNTY (2022)



COLORADO DEMOGRAPHY OFFICE

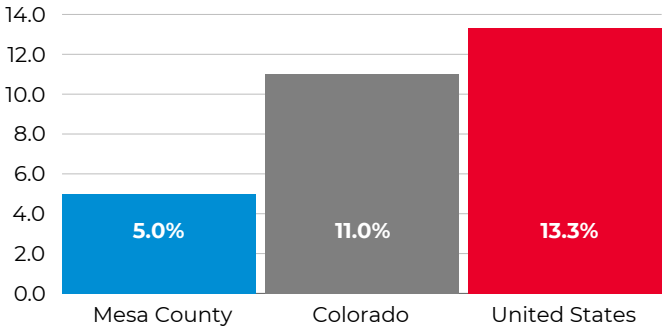
MESA COUNTY PROFILE

Demographics

Spanish-speaking households

In 2022, about 5% of Mesa County residents reported speaking Spanish at home; this is about a third of Hispanic residents. Among these, 30% said they speak English "less than very well," which is about 2,300 residents five years or older.

POPULATION AGE 5 AND OVER WHO SPEAK SPANISH AT HOME (2022)



CENSUS ACS TABLE S1601

Gender identity and sexual orientation

National, statewide, and local data collection efforts often lack sufficient information related to sexual orientation or gender identity.

The limited data currently available on sexual orientation and gender identity presents a challenge in meaningfully describing the local LGBTQ+ community in a way that would help in highlighting community resources and identifying areas in need of community action.

Nationally, about 4.5% of the population identifies as lesbian, gay, bisexual, or transgender, 4.6% in Colorado and 3.7% in Utah. Based on these percentages and the likelihood that there is a similar prevalence locally, there are somewhere in the range of 5,700 to 7,200 residents identify as LGBTQ+ in Mesa County.

The most robust data available about LGBTQ+ residents of Mesa County comes from the Healthy Kids Colorado Survey for high schoolers. 24.5% of survey respondents identified as LGBTQ+.

Recent statewide survey data from the Williams Institute indicates the following are some characteristics of LGBTQ+ Coloradans which are likely to be similar in Mesa County:

- LGBTQ+ individuals tend to be younger with an average age of 37 compared to non-LGBTQ+ individuals with an average age of 47.
- LGBTQ+ individuals are more likely to have a household income that is less than $24,000.
- LGBTQ+ individuals are twice as likely to experience food insecurity, 27% compared to 15%.

Understanding the experiences and characteristics of different communities in Mesa County is a priority for local community leaders, which can help to shape better organizational capacity and benefit those they serve.

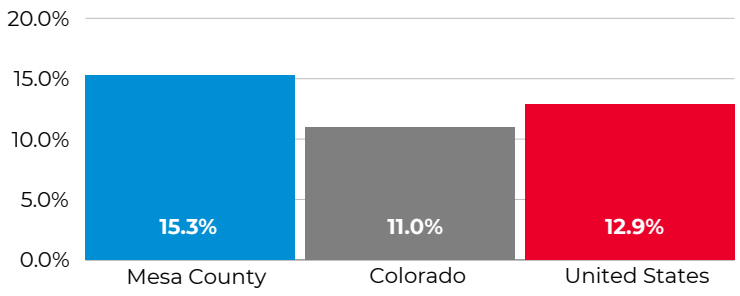
MESA COUNTY PROFILE

Demographics

Disability

In 2022, about 15% of the population in Mesa County had one or more disabling conditions. This rate is higher than the Colorado and U.S. rates; however, this is unsurprising given the higher share of older adults in Mesa County.

POPULATION WITH A DISABILITY (2022)



CENSUS ACS TABLE S1810

DEFINITIONS

Hearing difficulty Deaf or having serious difficulty hearing.

Vision difficulty Blind or having serious difficulty seeing, even when wearing glasses.

Cognitive difficulty Because of a physical, mental, or emotional problem, having difficulty remembering, concentrating, or making decisions.

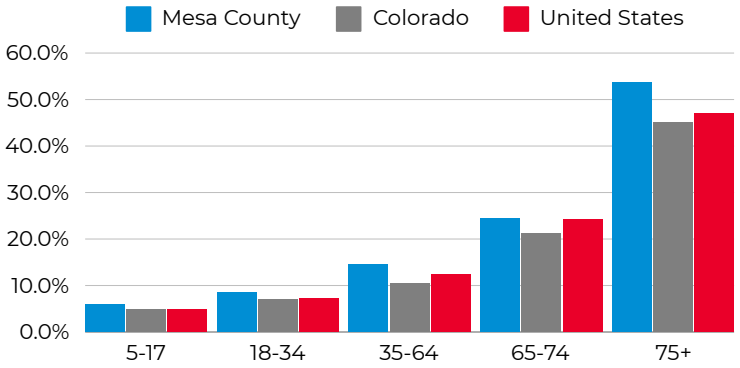
Ambulatory difficulty Having serious difficulty walking or climbing stairs.

Self-care difficulty Having difficulty bathing or dressing.

Independent living difficulty Because of a physical, mental, or emotional problem, having difficulty doing errands alone such as visiting a doctor's office or shopping.

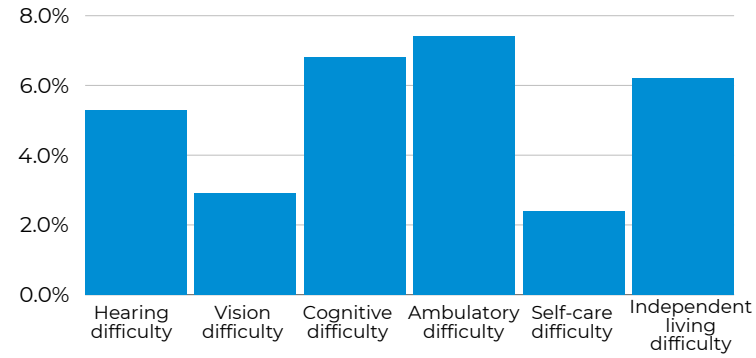
UNITED STATES CENSUS BUREAU

POPULATION WITH A DISABILITY BY AGE (2022)



CENSUS ACS TABLE S1810

POPULATION WITH A DISABILITY BY DISABILITY TYPE, MESA COUNTY (2022)



CENSUS ACS TABLE S1810

MESA COUNTY PROFILE

Educational attainment

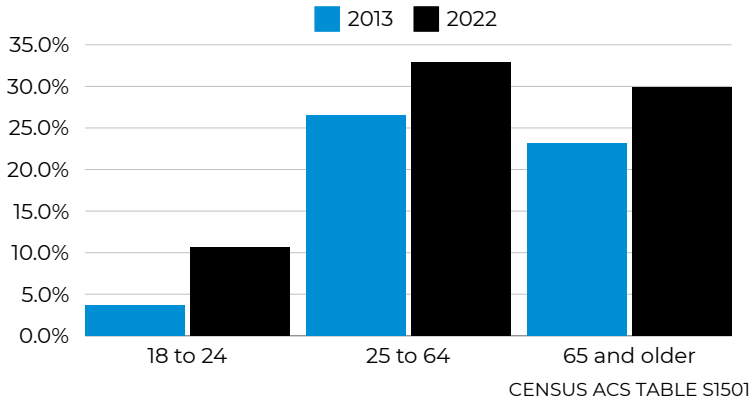
Among adults 25 and older, the rate of high school completion in Mesa County and Colorado is about 92%, which is higher than the national rate of 89%.

Historically, Mesa County has significantly trailed both the state of Colorado and the U.S. in the share of adults with bachelor's degrees or greater.

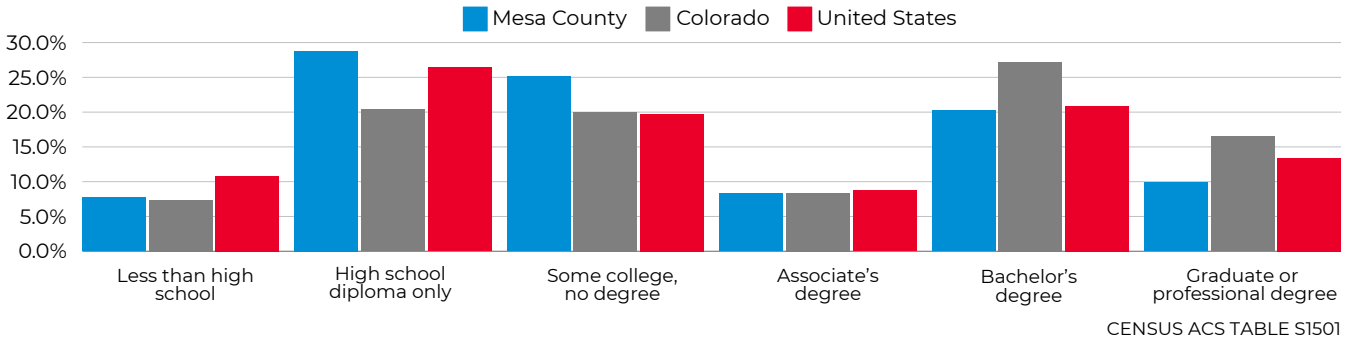
However, the prevalence of adults with higher education in Mesa County has increased. Over the last decade, the share of young adults with a bachelor's degree has nearly doubled.

This prevalence has increased even among older age groups, likely impacted by the higher educational attainment of those moving to the area in recent years.

ADULTS WITH A BACHELOR'S DEGREE OR HIGHER BY AGE GROUP, MESA COUNTY



EDUCATIONAL ATTAINMENT (2022)



MESA COUNTY PROFILE

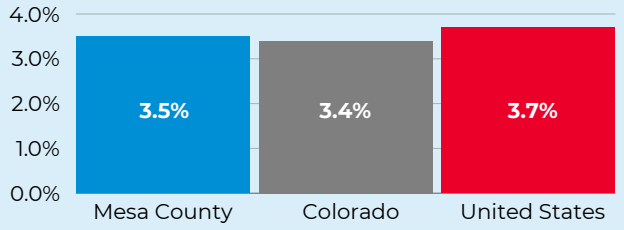
Economic characteristics

Employment

In Mesa County, a smaller share of the population 16 and older participates in the labor force compared to both Colorado and the U.S. This is expected given the notably higher share of adults 65 and older in Mesa County.

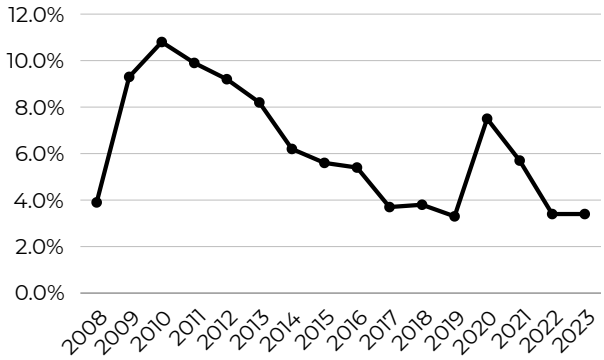
Mesa County's unemployment rate peaked in 2010 at 10.8%, and again recently in 2020 at 7.5%. In 2019, nine years after Mesa County's 2010 unemployment rate spike, the unemployment rate returned to levels similar to those of pre-2010 years. The impact of the COVID-19 pandemic raised the unemployment rate again, but the effect was short-lived with rates returning to pre-pandemic levels by 2022.

DECEMBER 2023 UNEMPLOYMENT RATES



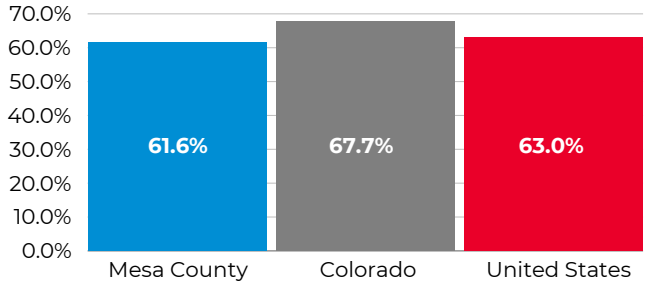
U.S. BUREAU OF LABOR STATISTICS

RATE OF UNEMPLOYMENT, MESA COUNTY



MESA COUNTY WORKFORCE CENTER

POPULATION AGE 16 AND OVER IN CIVILIAN LABOR FORCE (2022)



CENSUS ACS TABLE DP03

MESA COUNTY PROFILE

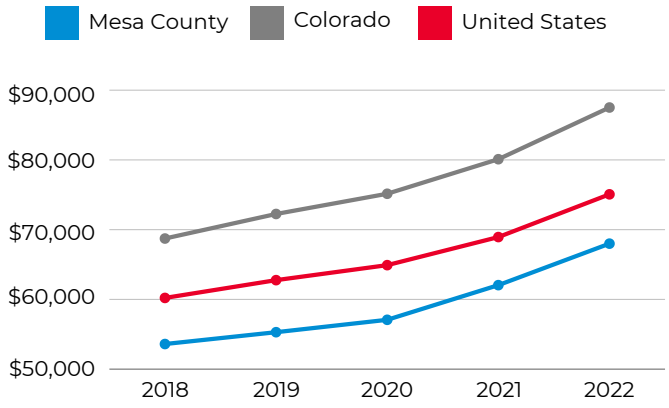
Economic characteristics

Household income

The median household income in Mesa County is lower than that of both Colorado and the U.S. Median incomes span a wide range across Mesa County communities, from $55,108 in Clifton to $106,201 in the rural western region containing Loma and Mack.

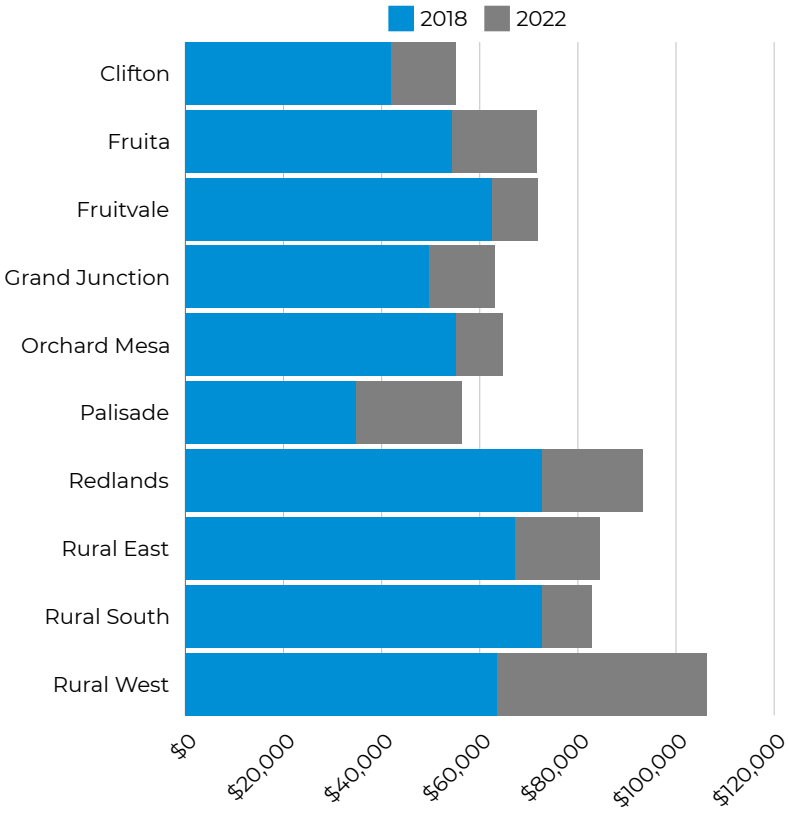
Median income rose notably in recent years, both for the county as a whole and in each of the various communities profiled in this report. The county-wide median income in 2022 was $68,077, a 27% increase from the median in 2018.

MEDIAN HOUSEHOLD INCOME

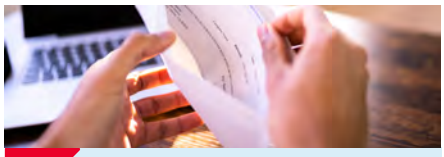


CENSUS ACS TABLE S1901

MEDIAN HOUSEHOLD INCOME



CENSUS ACS TABLE S1901



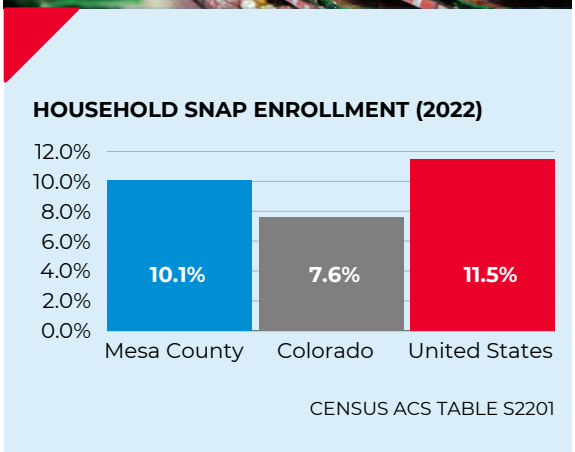
Minimum wage increased by 75% between 2015 and 2024, from $8.23 to $14.42 per hour.

MESA COUNTY PROFILE

Economic characteristics

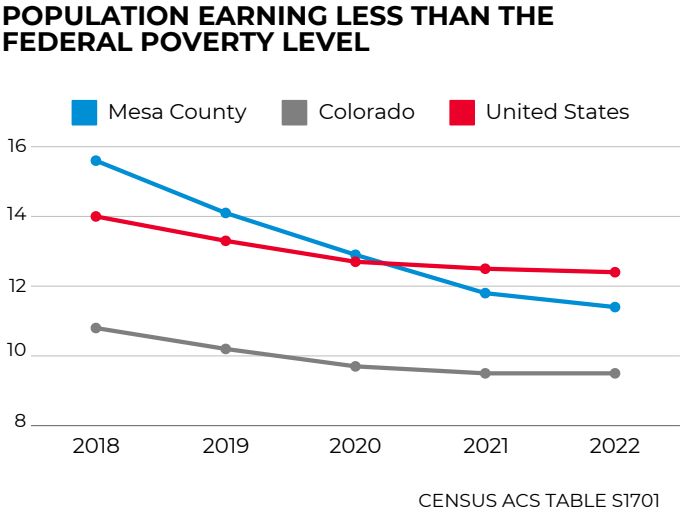
SNAP enrollment

The Supplemental Nutrition Assistance Program, or SNAP, provides nutrition benefits to supplement the food budget of families in need so they can purchase healthy food and move towards self-sufficiency.



Poverty

Nationwide, the prevalence of poverty has been slowly decreasing since about 2016. This has also been true for Mesa County, with the share of the population impacted by poverty dropping from nearly 16% in 2018 to nearly 12% in 2022. See page 48 for an in depth analysis on poverty in Mesa County.



MESA COUNTY PROFILE

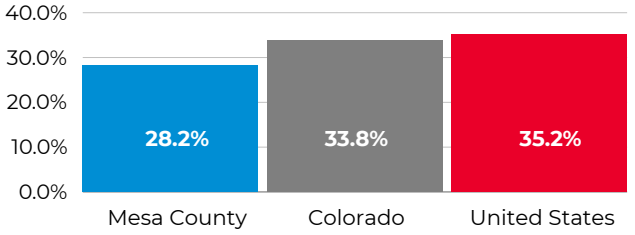
Economic characteristics

Housing cost burden

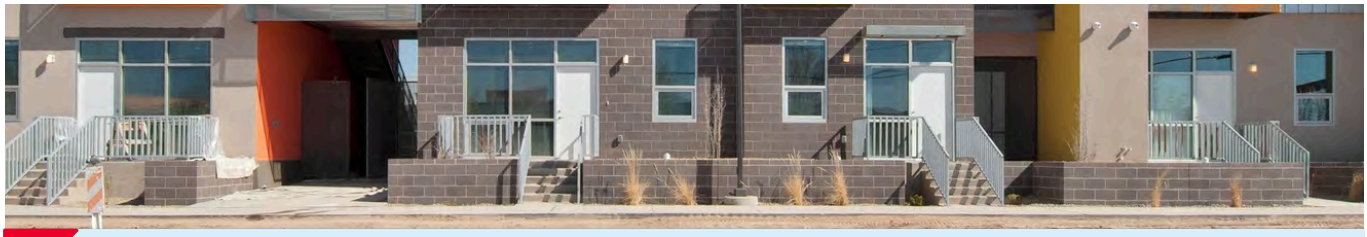
Renters pay a higher percentage of their income for housing expenses than homeowners in every community in Mesa County except the Rural South region. Nearly half of renters throughout the county are experiencing a housing cost burden, defined as paying 30% or more of their income towards rent.

The price of housing in Mesa County, both owning and renting, has increased significantly in the last seven years relative to the median income. For more information about trends in housing costs, see page 105.

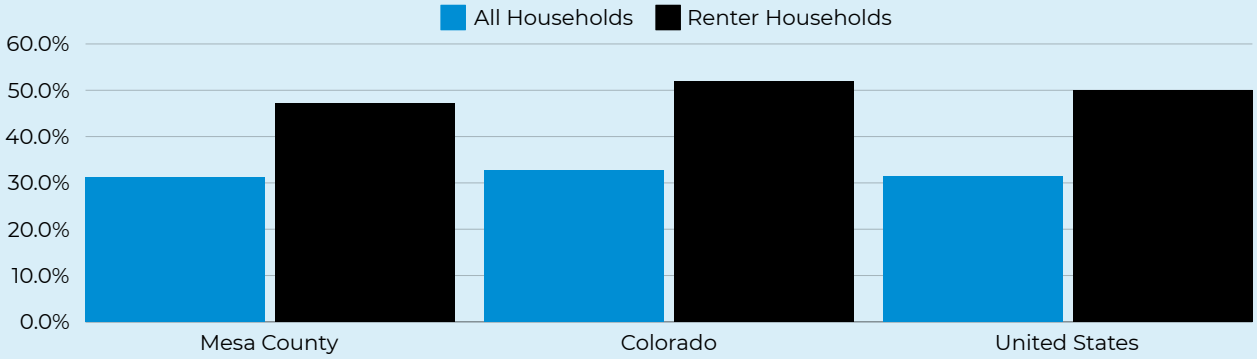
HOUSEHOLDS THAT RENT THEIR HOME (2022)



CENSUS ACS TABLE DP04



HOUSING COST BURDEN



CENSUS ACS TABLE DP04

COMMUNITIES

Fast Facts: Communities in Mesa County

	Population	% of Mesa County Population	% Hispanic Residents	Median Age	% Completed High School	% Completed Bachelors+	2022 Unemploy-ment	Median Income
Mesa County	**156,131**	**100.0%**	**15.1%**	**41**	**92.3%**	**30.0%**	**5.3%**	**$68,077**
Clifton	19,443	12.5%	26.1%	35	87.8%	12.8%	9.1%	$55,108
Fruita	13,462	8.6%	11.9%	40	94.0%	30.7%	3.5%	$71,550
Fruitvale	8,022	5.1%	11.0%	40	93.8%	26.0%	4.5%	$71,747
Grand Junction	65,918	42.2%	16.5%	40	92.6%	35.2%	4.7%	$62,993
Orchard Mesa	7,173	4.6%	7.4%	42	93.1%	21.4%	7.9%	$64,688
Palisade	2,571	1.6%	13.0%	47	88.5%	26.4%	4.6%	$56,359
Redlands	8,914	5.7%	6.6%	48	97.2%	47.3%	3.6%	$93,223
Rural East	3,378	2.2%	6.2%	43	93.5%	24.5%	7.3%	$84,461
Rural South	4,895	3.1%	5.3%	55	96.4%	35.1%	0.6%	$82,821
Rural West	8,398	5.4%	8.1%	40	95.5%	31.7%	6.7%	$106,201

COMMUNITIES

Fast Facts: Mesa County

Total population	156,131
Median age	40.6
Hispanic or Latino	15.1%

Educational attainment for adults 25 and over	
High school diploma	92.3%
Bachelor's degree	30.0%

2022 Unemployment rate	5.3%
Median household income	$68,077

Housing cost burden	
Renter	47.2%
Owner	25.4%
All	31.2%

Total households	63,098
Households with resident age 60 or over	45.7% (28,836)
Households with children	27.8% (17,541)
Female single parents	5.7% (3,566)
Share of families with children with a female single parent	28.2%
Households that rent	20.3%

CENSUS ACS TABLES, 2022

Housing cost burden is defined as paying 30% or more of a household's income towards rent.

Population demographics and economic characteristics

The total population in Mesa County has grown every year since 2015, by about 1,200 residents each year. Over this period the median age increased to 40.6 in 2022. This is likely a result of lower birth rates and a heavy prevalence of older adults moving to the area.

As of 2022, nearly half of all households include residents 60 and older and about a quarter include children. About 6% of all households are female single parent households; this is about one in five among households with children.

The share of the population who identify as Hispanic or Latino is also growing, up to 15.1% in 2022. This will likely continue given that the youngest generations are the most diverse; 30% of residents 0 to 14 years old are People of Color.

The median household income has risen rapidly in recent years, increasing by 27% since 2018. In the years prior, 2014 to 2018, the median income had only increased by 10%. This trend was likely impacted by the addition of more well-resourced households moving to the area, as well as COVID-19 pandemic response programs and rapidly increasing inflation.

Unemployment also dropped dramatically in recent years, from about 7% during the pandemic to 3% by the end of 2023.

COMMUNITIES

Fast Facts: Clifton

Total population	19,443
Median age	35.3
Hispanic or Latino	26.1%

Educational attainment for adults 25 and over	
High school diploma	87.8%
Bachelor's degree	12.8%

2022 Unemployment rate	9.1%
Median household income	$55,108

Housing cost burden	
Renter	50.8%
Owner	34.2%
All	38.5%

Total households	7,589
Households with resident age 60 or over	37.1% (2,816)
Households with children	34.4% (2,611)
Female single parents	10.9% (824)
Share of families with children with a female single parent	31.6%
Households that rent	28.2%

CENSUS ACS TABLES, 2022

Housing cost burden is defined as paying 30% or more of a household's income towards rent.

Population demographics and economic characteristics

Clifton is an unincorporated community to the east of the City of Grand Junction. It has the second largest population in the county, accounting for 13% of the county's total population.

This community has the lowest median age at 35, with a high concentration of households with children, about a third of which are female single parent households. This area also has the highest concentration of Hispanic or Latino residents at 26%, and that share has increased in recent years.

Clifton has the lowest median household income in the county, 20% less than the county median. Clifton has the smallest share of adults with a bachelor's degree at only 13%. This community also has the highest unemployment rate at 9.1% compared to 5.3% countywide. Clifton has the highest share in the county with housing cost burden at 39%.

COMMUNITIES

Fast Facts: Fruita

Total population	13,462
Median age	40.4
Hispanic or Latino	11.9%

Educational attainment for adults 25 and over	
High school diploma	94.0%
Bachelor's degree	30.7%

2022 Unemployment rate	3.5%
Median household income	$71,550

Housing cost burden	
Renter	51.3%
Owner	24.9%
All	29.8%

Total households	5,018
Households with resident age 60 or over	43.9% (2,203)
Households with children	39.3% (1,972)
Female single parents	6.0% (303)
Share of families with children with a female single parent	15.4%
Households that rent	21.8%

CENSUS ACS TABLES, 2022

Housing cost burden is defined as paying 30% or more of a household's income towards rent.

Population demographics and economic characteristics

The City of Fruita, located on the western side of the Grand Valley, accounts for 9% of the county's population. Fruita has the greatest concentration of households with children in the county, and that share has increased notably in recent years. The city also has one of the lowest concentrations of households that include older adults.

In 2022, Fruita had one of the lowest unemployment rates in the county, and the median household income had increased more rapidly than the county median.

COMMUNITIES

Fast Facts: Fruitvale

Total population	8,022
Median age	40.4
Hispanic or Latino	11.0%

Educational attainment for adults 25 and over	
High school diploma	93.8%
Bachelor's degree	26.0%

2022 Unemployment rate	4.5%
Median household income	$71,747

Housing cost burden	
Renter	29.7%
Owner	25.3%
All	25.5%

Total households	3,237
Households with resident age 60 or over	48.9% (1,583)
Households with children	28.4% (919)
Female single parents	6.0% (303)
Share of families with children with a female single parent	12.8%
Households that rent	6.0%

CENSUS ACS TABLES, 2022

Housing cost burden is defined as paying 30% or more of a household's income towards rent.

Population demographics and economic characteristics

Fruitvale is a small community located between Grand Junction and Clifton, accounting for about 5% of the county's total population.

The median household income has historically been higher than the county median; however, this gap has diminished in recent years. As of 2022, Fruitvale's median income was only 5% higher than the county's, dropping from 17% higher in 2018.

This community has the lowest concentration of households who rent, at only 6%, and the lowest concentration of those who are paying 30% or more of their income towards housing.

COMMUNITIES

Fast Facts: Grand Junction

Total population	65,918
Median age	39.9
Hispanic or Latino	16.5%

Educational attainment for adults 25 and over	
High school diploma	92.6%
Bachelor's degree	35.2%

2022 Unemployment rate	4.7%
Median household income	$62,993

Housing cost burden	
Renter	45.8%
Owner	22.8%
All	31.1%

Total households	28,093
Households with resident age 60 or over	44.7% (12,558)
Households with children	24.1% (6,770)
Female single parents	6.0% (303)
Share of families with children with a female single parent	20.0%
Households that rent	37.1%

CENSUS ACS TABLES, 2022

Housing cost burden is defined as paying 30% or more of a household's income towards rent.

Population demographics and economic characteristics

Grand Junction is the most populous city in Mesa County, accounting for 42% of the county's population. One of the unique characteristics of this city is the presence of a university. Many population characteristics are impacted by student lifestyle and preferences. For example, the median age in Grand Junction is among the lowest in the county, and the city has the highest concentration of residents with college degrees.

Grand Junction's median household income increased by 26% between 2018 and 2022, similar to the overall county increase. The city has one of the highest concentrations of Hispanic or Latino residents in the county at 16.5%. It also has the highest concentration in the county of households who rent their home, at 37%. Among renters, nearly half are paying more than 30% of their income towards monthly rent.

COMMUNITIES

Fast Facts: Orchard Mesa

Total population	7,173
Median age	42
Hispanic or Latino	7.4%

Educational attainment for adults 25 and over	
High school diploma	93.1%
Bachelor's degree	21.4%

2022 Unemployment rate	7.9%
Median household income	$64,688

Housing cost burden	
Renter	75.1%
Owner	24.3%
All	32.7%

Total households	2,685
Households with resident age 60 or over	49.9% (1,340)
Households with children	32.3% (867)
Female single parents	9.3% (249)
Share of families with children with a female single parent	28.7%
Households that rent	18.0%

CENSUS ACS TABLES, 2022

Housing cost burden is defined as paying 30% or more of a household's income towards rent.

Population demographics and economic characteristics

Orchard Mesa is a small community located on the southeast side of Grand Junction, accounting for about 5% of the county's total population. This community has a higher concentration of households with children, more than a quarter of which are female single parent households.

The median household income in Orchard Mesa is slightly lower than the county median, and though it has increased in recent years, it has increased at a slower rate. The area also has the second highest unemployment rate in the county, 50% higher than the county rate.

A comparatively smaller share of these households are renters at only 18%. However, for those who rent, housing cost burden is high, at 75%.

COMMUNITIES

Fast Facts: Palisade

Total population	,571
Median age	47.1
Hispanic or Latino	13.0%

Educational attainment for adults 25 and over	
High school diploma	88.5%
Bachelor's degree	26.4%

2022 Unemployment rate	4.6%
Median household income	$56,359

Housing cost burden	
Renter	51.4%
Owner	21.4%
All	29.1%

Total households	1,171
Households with resident age 60 or over	56.3% (659)
Households with children	18.4% (215)
Female single parents	2.8% (33)
Share of families with children with a female single parent	15.3%
Households that rent	26.2%

CENSUS ACS TABLES, 2022

Housing cost burden is defined as paying 30% or more of a household's income towards rent.

Population demographics and economic characteristics

The Town of Palisade, known for its peaches and wine, is a small community located on the eastern side of the Grand Valley and makes up about 2% of the county's population.

The area has one of the highest median ages in the county with a high concentration of households with older adults and the lowest concentration of households with children.

Palisade also has one of the lowest median household incomes in the county, 17% lower than the county median.

COMMUNITIES

Fast Facts: Redlands

Total population	8,914
Median age	48.5
Hispanic or Latino	6.6%

Educational attainment for adults 25 and over	
High school diploma	97.2%
Bachelor's degree	47.3%

2022 Unemployment rate	3.6%
Median household income	$93,223

Housing cost burden	
Renter	60.0%
Owner	23.5%
All	26.8%

Total households	3,474
Households with resident age 60 or over	59.8% (2,077)
Households with children	25.1% (872)
Female single parents	2.0% (68)
Share of families with children with a female single parent	7.8%
Households that rent	8.8%

CENSUS ACS TABLES, 2022

Housing cost burden is defined as paying 30% or more of a household's income towards rent.

Population demographics and economic characteristics

The Redlands is a small community located along the southwest side of the Colorado River, accounting for 6% of the county's population.

Aside from rural regions, the Redlands community has the highest median household income in the county, 37% higher than the county median. This community also has the highest concentration of adults with a bachelor's degree and one of the highest median ages.

The Redlands has one of the lowest unemployment rates in the county and one of the lowest shares of households that rent at only 9%.

COMMUNITIES

Fast Facts: Rural Communities

Total population	16,671
Median age	
East	43.4
South	55.3
West	40.3
Hispanic or Latino	6.9%

Educational attainment for adults 25 and over	
High school diploma	95.4%
Bachelor's degree	31.2%

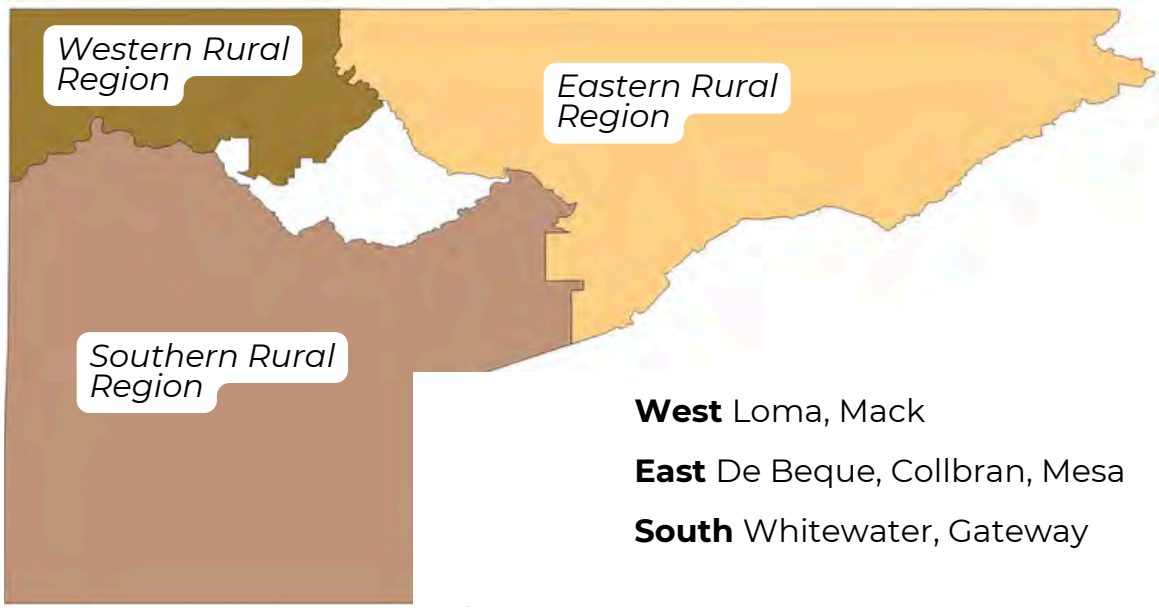
2022 Unemployment rate	
East	7.3%
South	0.6%
West	6.7%
Median household income	
East	$84,461
South	$82,821
West	$106,201

Housing cost burden	
Renter	21.9%
Owner	27.3%
All	26.5%

Total households	6,431
Households with resident age 60 or over	51.1% (3285)
Households with children	26.1% (1677)
Female single parents	1.7% (112)
Share of families with children with a female single parent	6.5%
Households that rent	17.1%

CENSUS ACS TABLES, 2022

Housing cost burden is defined as paying 30% or more of a household's income towards rent.



West Loma, Mack

East De Beque, Collbran, Mesa

South Whitewater, Gateway

COMMUNITIES

Fast Facts: Rural Communities

Population demographics and economic characteristics

Residents in rural communities account for about 11% of the total population of Mesa County. These communities are an important part of Mesa County's culture and character.

Here we review key characteristics of three rural regions in the east, west, and south of Mesa County. The rural regions include the communities of De Beque, Collbran, and Mesa in the east, Whitewater and Gateway in the south, and Loma and Mack in the west.

In general, residents in rural areas tend to be older and have higher household incomes compared to the county overall. As of 2022, 51% of rural households included older adults, an increase from previous years. In all three regions the median income was higher than the county median.

Renting is less prevalent in rural areas at only 16% in 2022, though this was an increase from previous years. Rental costs represent a smaller financial burden among rural residents than among county residents as a whole.

The East rural region has a higher rate of households experiencing housing cost burden than other rural areas, at 34% compared to 24% in the South and 26% in the West.

The South rural region has the highest concentration of older adults in the county at 63%.

The population in the West rural region has increased notably in recent years, increasing by about 12% since 2018. Over this period, there have been dramatic changes to the median age and the median household income.

From 2018 to 2022, the median age dropped from 45 to 40 and the median household income increased from around $60,000 to over $100,000, the highest median income in the county and 56% higher than the county median.

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REFERENCES

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U.S. Census Bureau, American Community Survey 5-Year Estimates, S2201 - Food Stamps / Supplemental Nutrition Assistance Program (SNAP), 2022

REFERENCES

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ECONOMIC STABILITY

ECONOMIC STABILITY

Economic stability "...allows families and individuals to purchase health insurance and medical care, but also provides options for healthy lifestyle choices. [Low-income] families and individuals are most likely to live in unsafe homes and neighborhoods, often with limited access to healthy foods, employment options, and quality schools."

COUNTY HEALTH RANKINGS & ROADMAPS

In Mesa County, **economic stability is a key priority for dozens of local agencies and nonprofits** who support employment, housing, food security, and more in an effort to create a stable financial base from which households can make healthy choices and thrive.

While many people enjoy financial stability in Mesa County, **others struggle to reach economic self-sufficiency**. Thousands of families and individuals live in poverty, and in addition, some find themselves fully employed and still without the economic means to meet their basic needs. Some groups are more likely to experience poverty, including people of color, female single parents, and children.

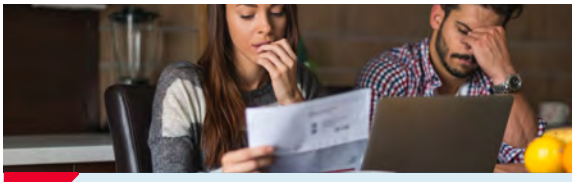
However, enrollment in benefit programs can help close the gap for eligible families, and **childhood poverty has steadily decreased in the past decade.**

HOUSEHOLD ECONOMIC STABILITY

Household economic stability is an important factor for health outcomes because healthy behaviors depend on adequate financial resources to meet basic needs, access health care and nutritious foods, and ensure safe and healthy environments.

In addition, many health outcomes improve as income and household economic stability increase.

In Mesa County, many households enjoy economic self-sufficiency and the flexibility and autonomy it provides in creating a healthy lifestyle. However, many households fall below this threshold, and support programs can be one way to help close the gap.



When asked to rank a list of 15 priorities for county leadership to focus on, **Mesa County residents ranked family economic stability third** overall. People of Color and people with less than $35,000 in household income ranked it their top priority.

2022 TELL US COMMUNITY SURVEY

Economic self-sufficiency

Economic self-sufficiency refers to the level of income required by a working family to meet the expenses of basic necessities, while also allowing for a small savings.

The Self-Sufficiency Standard is a tool that helps us understand how these incomes vary for different types of families. This is based on the costs in a given community, the number of working adults, and the ages of any children.

We highlight the self-sufficiency standard for a various Mesa County household types. We also highlight their median income, which is how much an average household is earning.

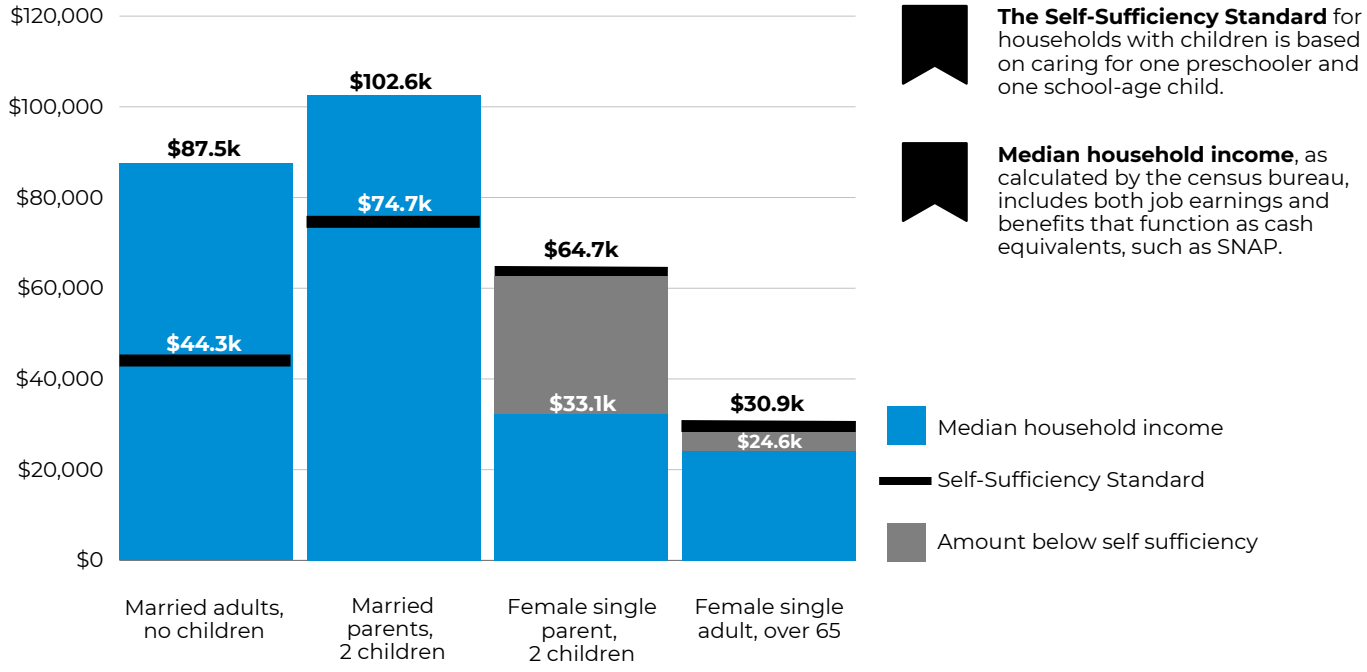
These household types were selected because together they represent more than two-thirds of Mesa County residents, and highlight some households known to be most vulnerable to economic instability, such as female single parent families and older adults living alone.

Median income shows what a household in the middle is earning; 50% of households earn more, and 50% earn less. In every household category, even those where median income is high, some households will be struggling to reach self-sufficiency. In categories where the median household income is below self sufficiency, it indicates that more than half of households are struggling to reach stability.

HOUSEHOLD ECONOMIC STABILITY

Household profiles in stability

MEDIAN HOUSEHOLD INCOME AND SELF-SUFFICENCY STANDARD FOR DIFFERENT HOUSEHOLD TYPES (2022)



CENSUS ACS TABLES DP03, S1101, B19215, S1903
AND THE SELF-SUFFICIENCY STANDARD FOR COLORADO 2022

Households with married adults in Mesa County tend to earn more than the income needed for self-sufficiency.

Female single parents earn less than half the income needed for self-sufficiency.

Single adults age 65 or over earn only 80% of the income needed for self-sufficiency. This is especially concerning given the prevalence of fixed incomes in this group.

Hispanic or Latino households

Data on household earnings and income for new moms suggests that Hispanic or Latino households in Mesa County earn approximately $10,000-15,000 less than their non-Hispanic counterparts. This suggests that Hispanic or Latino households are more likely to earn below the self-sufficiency income.

HOUSEHOLD ECONOMIC STABILITY

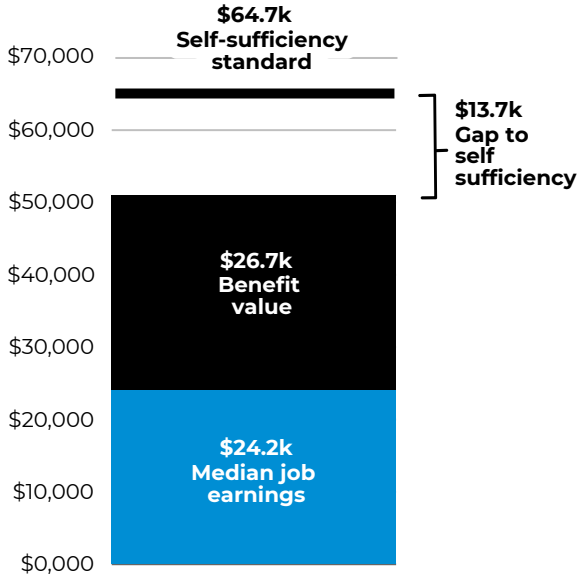
Closing the gap to self-sufficiency

Female single parents in Mesa County have much lower incomes than their married counterparts.

In this chart, we measure only job earnings and see that enrollment in benefits programs designed to build economic stability significantly reduces the gap.

This chart shows the impact of enrolling a female single parent household with one preschooler in SNAP, WIC, CCCAP, UPK, LEAP, and Medicaid. While the household isn't quite self-sufficient, they move from 37% of the self sufficiency standard income to 79% of it.

GAP TO HOUSEHOLD STABILITY FOR FEMALE SINGLE PARENT HOUSEHOLDS WITH CHILDREN



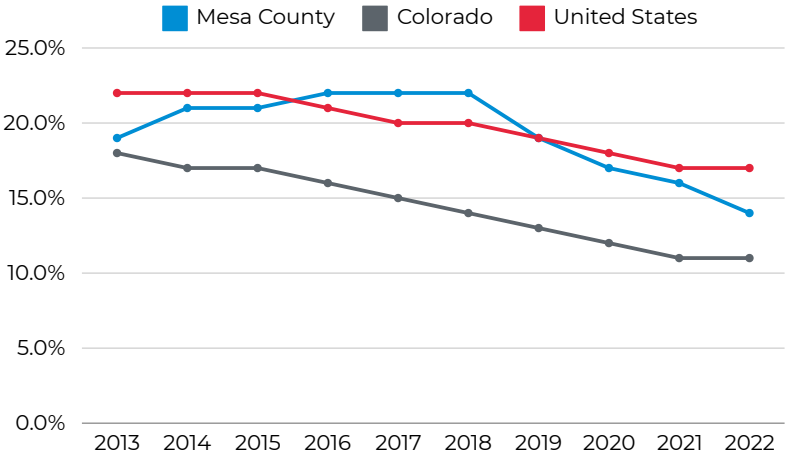
CENSUS ACS MICRODATA AND THE SELF SUFFICIENCY STANDARD FOR COLORADO 2022 AND DEPARTMENT OF HUMAN SERVICES BENEFIT AMOUNTS

POVERTY

Childhood poverty

Childhood poverty has decreased over time in Mesa County, Colorado, and the U.S. Since 2019, Mesa County's childhood poverty rate has been comparable to the U.S. rate, and higher than Colorado's.

CHILDHOOD POVERTY RATES



SMALL AREA INCOME AND POVERTY ESTIMATES (SAIPE)

POVERTY

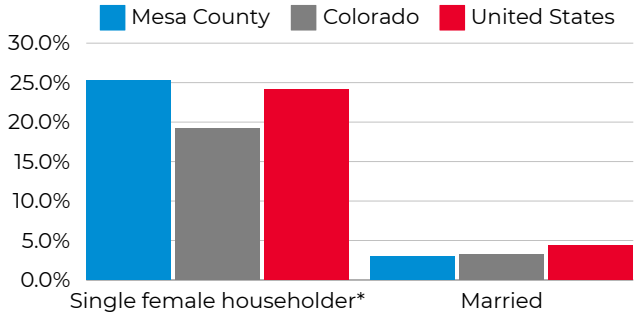
Characteristics of people in poverty

Poverty rates vary by age, gender, family type, and ethnicity in Mesa County. Mesa County poverty rates are higher than Colorado's for all groups. When compared to the whole U.S., Mesa County is sometimes higher and sometimes lower.

Among age groups, children are the most likely to experience poverty. Hispanic residents are more likely to experience poverty than white non-Hispanic residents, and women are more likely than men. Single female adults have higher rates than adult women in general, and notably higher rates than married households.

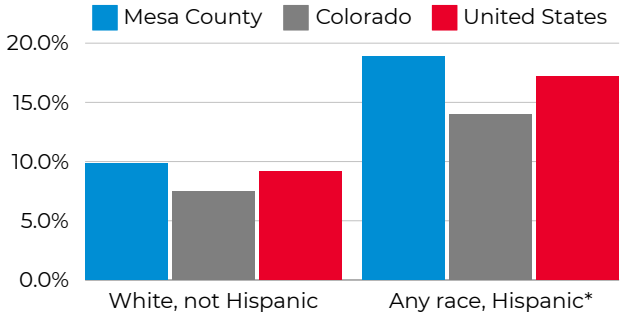
Mesa County estimates with an asterisk (*) are approximations due to small census sample size.

POVERTY RATES BY HOUSEHOLD TYPE (2022)



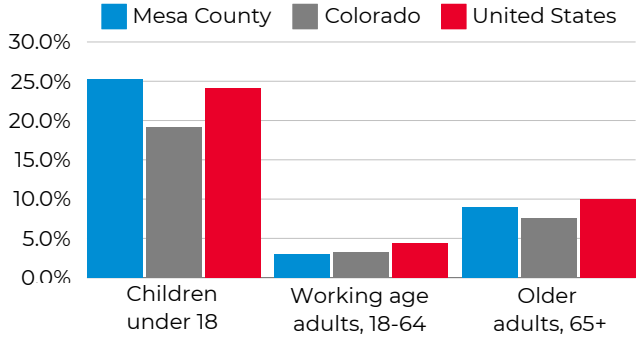
CENSUS ACS TABLE S1701

POVERTY RATES BY RACE (2022)



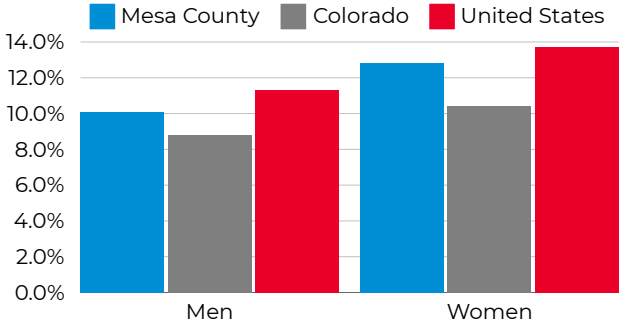
CENSUS ACS TABLE S1701

POVERTY RATES BY AGE (2022)



CENSUS ACS TABLE S1701

POVERTY RATES BY GENDER (2022)



CENSUS ACS TABLE S1701

POVERTY

Poverty needs assessment

In 2024, the Community Services Block Grant Board and Mesa County Public Health conducted an assessment of Mesa County organizations to better understand their perspective on the characteristics, causes, and conditions of poverty in Mesa County.

Fifty-one respondents across seven sectors contributed to this assessment, including representatives from the public sector or government, community based organizations or non-profits, medical health providers, early childhood organizations, educational institutions, private sector or businesses, and faith based organizations.

About half of survey respondents who indicated food security, transportation, or employment were met well, also indicated that they were met poorly. This may reflect the causes of poverty theme of "insufficient support networks and safety net gaps." When we can meet the need, we do it well, but we can't always meet it.

Several write-in comments indicated that a cause of poverty was a service provider being overwhelmed. In other words, they are working hard to meet the need well, but can't meet all of the need.

Another explanation is that resources for these needs may be available, but not accessible, such as produced in multiple languages, or in an accessible location.

Respondents rated how well Mesa County policies, resources, and organizations meet the needs of households experiencing poverty.

TOP 5 NEEDS MET WELL

1. Food Security
2. Medical Care
3. Basic Education
4. Employment
5. Transportation

TOP 5 NEEDS MET POORLY

1. Housing
2. Mental Health Care
3. Transportation
4. Food Security
5. Employment

Most sectors gave similar responses. Some differences were:

- The business and faith community identified child care in their top three poorly-met needs
- Educational Institution representatives identified language services in their top three poorly-met needs

Recent community work has focused on **facilitating connections between diverse service providers and people in need** to improve awareness and accessibility of services, programs, and resources.

POVERTY

Causes of poverty

Partners described causes of poverty built on a foundation of lack of resources coupled with mental health challenges, substance use, and barriers to care. In many cases, a person with a strong social network might be able to address these needs and regain financial stability. However, partners noted generational poverty and ineffective support networks as common factors that led to or perpetuated poverty as well.

There was broad agreement about the top three causes of poverty, only three respondents did not include one of these three items in their response. Respondents often listed the overall cost of living in Mesa County as a cause of poverty, and then went on to name specific costs such as housing, food, and child care.

TOP 10 CAUSES OF POVERTY IDENTIFIED BY PARTICIPANTS:

1. Lack of affordable housing
2. Mental health, substance use, and barriers to care
3. Lack of employment opportunities and adequate wages
4. Increasing, high cost of living
5. Lack of educational opportunities and job skills
6. Ineffective support networks and safety net gaps
7. Lack of affordable childcare
8. Generational poverty, financial fragility
9. Cost of food, medical care, transportation
10. Lack of culturally appropriate services for groups such as Spanish speakers, low-income households, unhoused

Half of respondents named a lack of affordable housing as a cause of poverty.

WHAT THE COMMUNITY SAID

"We have a disproportionate number of ethnically & linguistically diverse low-income families that have mental health needs and we lack culturally appropriate mental health support. The cost of housing and food make it difficult for our residents who come from generational poverty to improve their circumstances."

EDUCATION SECTOR PARTICIPANT

"In my experience there is a large amount of substance abuse that causes poverty issues in the area that I work. It also seems people have a hard time finding rental properties that they can afford without some type of assistance. Many don't know of assistance that is available."

BUSINESS SECTOR PARTICIPANT

POVERTY

Conditions of poverty

Partners' responses regarding the conditions of poverty reinforced the complex nature of poverty. Several of the conditions listed were also common causes of poverty, showing the cyclical nature of poverty.

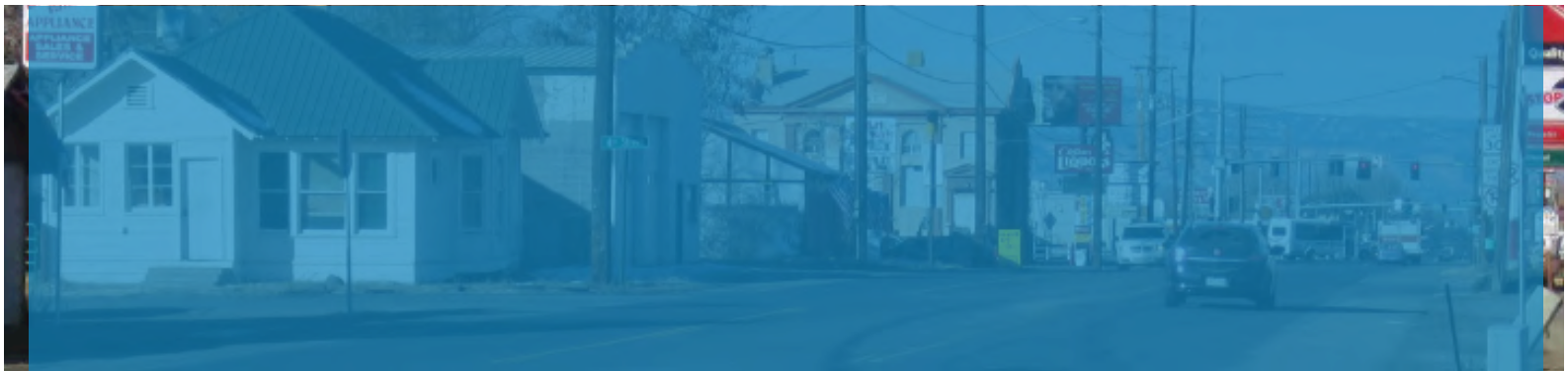
Above, we reported respondents' top 10 causes of poverty, but the pattern of responses was very different for conditions of poverty. While five topics had broad agreement, with only 4 out of 51 responses not including at least one of these conditions, the remaining conditions were many, varied, and dispersed.

TOP 5 CONDITIONS OF POVERTY IDENTIFIED BY PARTICIPANTS:

1. Housing insecurity
2. Food insecurity
3. Family economic instability and cycle of poverty
4. Unmet mental health needs
5. Crime

Additional conditions could be categorized as follows. These categories are often not mutually exclusive, making it hard to count and rank them.

- Social isolation
- Geographic concentration of poverty
- Substance use
- Poor health behaviors and outcomes
- Gaps and barriers in education and job training, leading to fewer job opportunities and lower health literacy
- Challenges for parents and children: childcare, child abuse, parent health behaviors, unmet parent responsibilities
- Burdens in the system: overwhelmed health care system, criminal justice system, education system



POVERTY

Conditions of poverty - Tell Us Community Survey

The 2022 Tell Us Community Survey conducted by Mesa County Public Health collected responses from over 1,200 Mesa County residents, including 156 from residents who indicated they had less than $35,000 in annual household income.

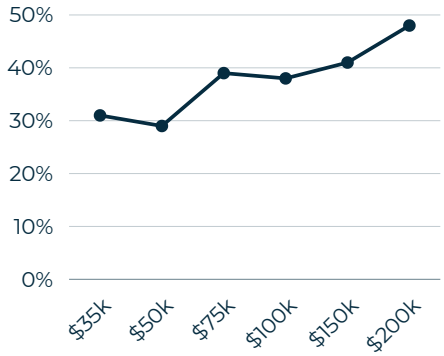
Depending on household size, these respondents may or may not fall below the federal poverty threshold, but regardless of size, these are households that likely struggle with financial stability.

Respondents with less than $35,000 of household income were representative of those impacted by poverty in Mesa County. This group included responses from all age groups, ethnicities, levels of education, and political affiliation.

Only 16% of low-income residents agreed that they have a voice in identifying areas for improvement in the community.

2022 TELL US COMMUNITY SURVEY

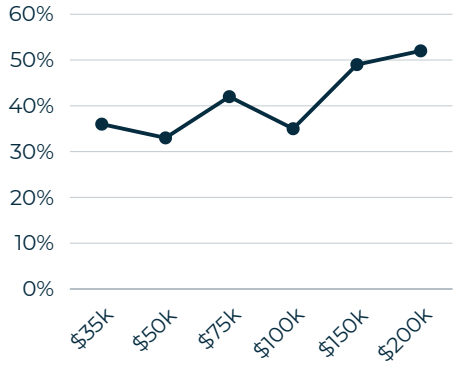
SATISFACTON WITH BASIC CONDITIONS BY INCOME



2022 TELL US COMMUNITY SURVEY

As income increased, satisfaction with basic conditions, including affordable housing, grocery store access, child care access, healthcare access, and safety and security increased as well.

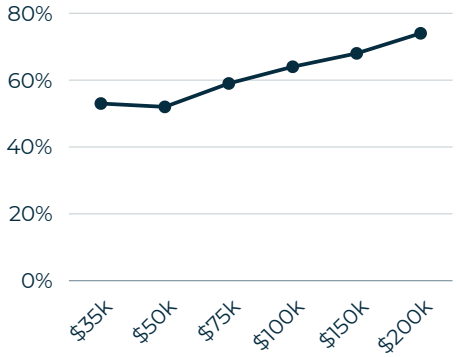
AGREEMENT WITH EASY ACCESS TO COUNTY SERVICES BY INCOME



2022 TELL US COMMUNITY SURVEY

Income affects residents' experience with accessing services. Notably, residents who are already experiencing difficulty with their conditions and quality of life have the added struggle of difficulty accessing services.

SATISFACTON WITH QUALITY OF LIFE BY INCOME

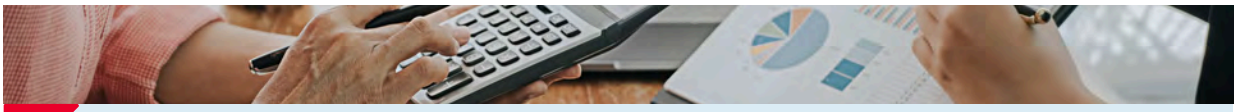


2022 TELL US COMMUNITY SURVEY

Low-income respondents indicated lower levels of satisfaction with overall quality of life in Mesa County.

WORKING IN MESA COUNTY

Employment and income



Findings from the 2022 Tell Us Community Survey:

- 38% of residents agree that Mesa County is a good place to work
- 23% of residents agree they are pleased with the state of the economy in Mesa County
- Local Business Growth ranked fourth for residents' priorities for county leadership

Findings from the 2022 Mesa County Master Plan Survey:

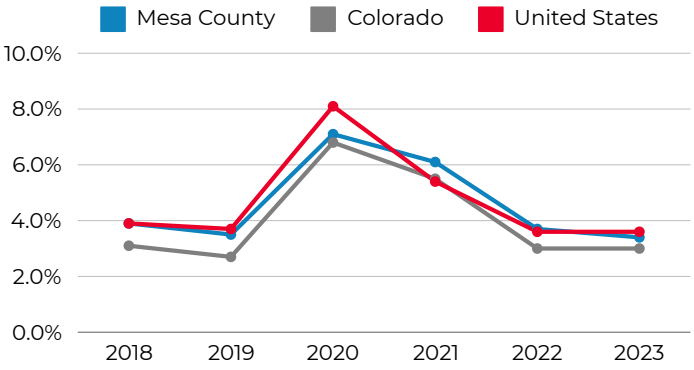
- 11% of residents indicated employment opportunities were one of the things they liked about living in Mesa County

Unemployment

Mesa County, like Colorado and the U.S., saw a spike in the unemployment rate during the COVID-19 pandemic response. Since then, unemployment has returned to pre-pandemic levels. Mesa County generally has a higher unemployment rate than Colorado, and fairly similar to the U.S.

According to Healthy People 2030, people who are unemployed experience negative mental and physical health outcomes such as increased rates of anxiety and depression, as well as stress-related illnesses such as heart attack, stroke, and arthritis.

UNEMPLOYMENT RATE



BUREAU OF LABOR STATISTICS UNEMPLOYMENT REPORT

In 2023, an unemployment rate of 3.4% in Mesa County represented an average of 2,621 unemployed individuals each month.

MESA COUNTY WORKFORCE CENTER UNEMPLOYMENT DASHBOARD

WORKING IN MESA COUNTY

Employment and income

Essential income

In the 2021 Community Health Needs Assessment, we introduced the concept of an Essential Income. While discussing household stability, we showed that different household types have different income requirements in order to be economically self-sufficient. However, the Essential Income represents a wage which would notably raise economic stability across many households and reduce dependence on benefit enrollment to reach self-sufficiency.

In 2021, the Essential Income was $36,400 per year, or $17.50 per hour. This is still a worthwhile target, and many Mesa County residents earn below this amount. However, in 2024 this wage has less buying power than it did just three years ago, given increases in the cost of living. Therefore, in 2024, the Essential Income for Mesa County is $20.45 per hour or $42,552 annually, a 16.9% increase that reflects the 16.9% inflation in the consumer price index since 2021.

Essential income jobs

56% of workers in Mesa County work in occupations with a median income below the 2024 Essential Income. These workers hold roles such as office and administrative support, sales, and food preparation.

While many factors go into setting wages, at the community health level, there are clear correlations between increased economic stability and better health outcomes. Often the cost of lower wages is paid by the community in impact to health, educational outcomes, housing stability, and more.

The 2024 Essential Income for Mesa County is $20.45 per hour or $42,552 annually.

To learn more about industry and occupation in Mesa County, check out the Grand Junction Economic Partnership's Data Center.

WORKING IN MESA COUNTY

Employment and income

Impact of demographic shifts on jobs

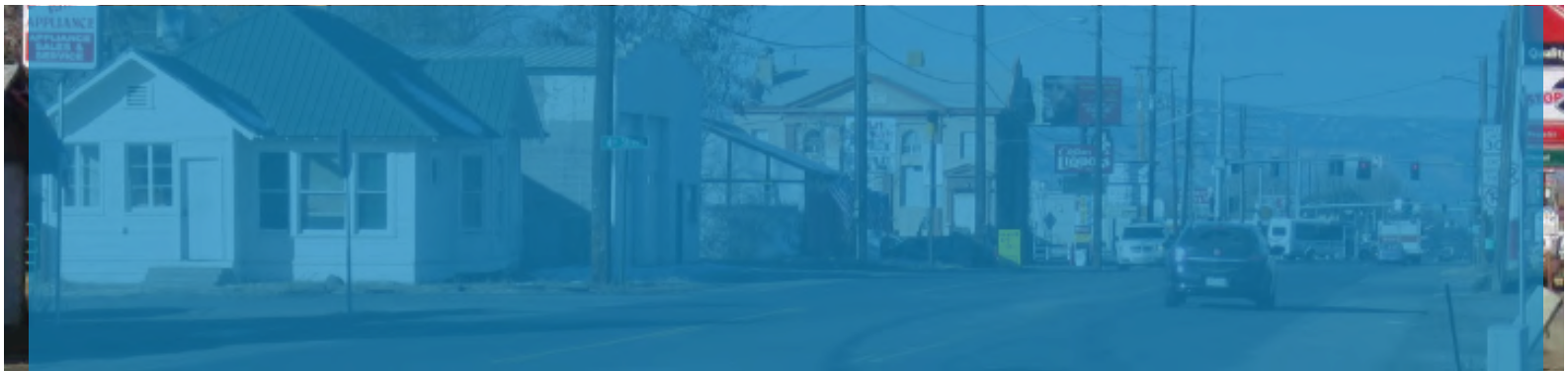
Population demographic changes in Mesa County will continue to affect the labor force as retirees leaving the workforce outnumber new workers entering to replace them. See page 20 for an in depth analysis of population trends in Mesa County.

According to the Colorado Department of Local Affairs, both Mesa County and the state of Colorado must attract more workers in order to continue economic growth.

The Bureau of Labor Statistics reports that in the third quarter of 2023, there were 0.8 job seekers for every job listing in Mesa County, compared to 0.7 for the state of Colorado. Demographic shifts may continue to drive this number down as aging workers retire and the cohort of younger workers is too small to replace them.

One important strategy for effectively maintaining a robust workforce is to continue to develop a robust affordable child care system to allow all parents who desire to work to enter the workforce. See page 70 for more information about child care and early childhood education in Mesa County.

Attracting workers from other areas will be an important piece of any strategy for economic growth and a dependable labor force, but the impact will be limited by the fact that these shifts and shortages are happening nationwide - meaning every state and region is competing for a smaller workforce.



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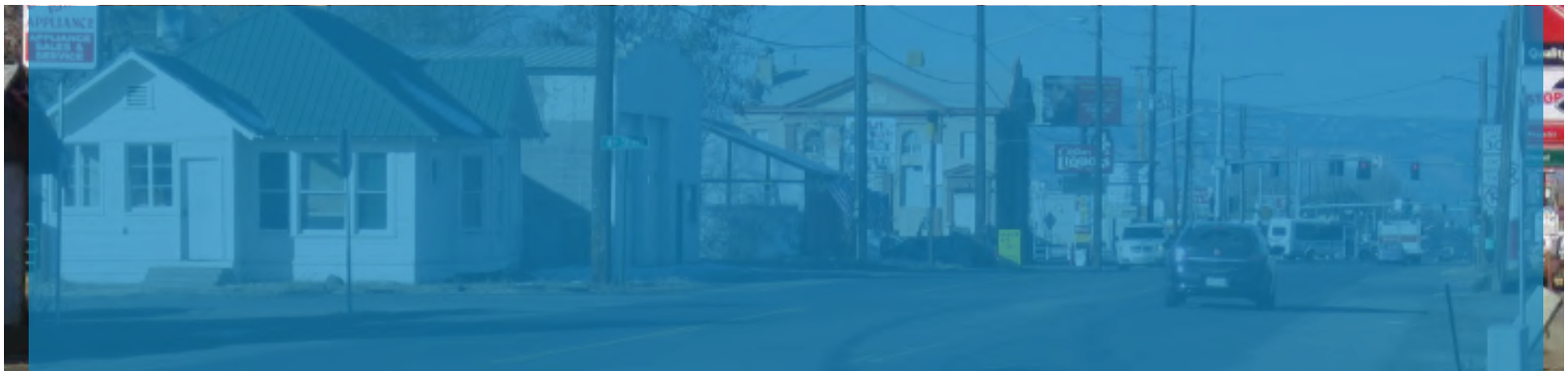


EDUCATION

EDUCATION

Mesa County residents believe K-12 education is a key priority for community improvement. Local school systems will face challenges in the next decade as declining birth rates intensify declining enrollment.

Increasing early childhood education quality and capacity has been a priority for many Mesa County organizations for several years. Following the pandemic, there were both setbacks and progress in this effort. Although **Mesa County is still considered a child care desert, new large centers opening across the county have decreased the gap between supply and demand of care**, and Universal Pre-K has made preschool more accessible for thousands of Mesa County children.

While U.S. students in general are struggling with notable learning loss and achievement gaps following the COVID-19 pandemic, **Mesa County students maintained or improved many measures of academic success**.

In Mesa County, higher educational attainment is correlated with a number of better outcomes. Young women in Mesa County have shown steady improvement in high school and college completion rates, but the rates for young men have not shown the same growth.

PRE-K THROUGH 12TH GRADE EDUCATION

Findings from the 2022 Tell Us Community Survey:

- Respondents ranked K-12 Education as the number one priority for county leaders over the next few years.
- 47% of respondents indicated that Mesa County is a good place to raise children.
- 24% of respondents agreed that they were pleased with the state of education in Mesa County.

Findings from the 2022 Mesa County Master Plan Survey:

- 12% of respondents indicated "Quality of Schools" as a reason they liked living in Mesa County.

Education access and infrastructure

School infrastructure and funding

In 2024, Mesa County Valley School District 51 (District 51) completed a 25-year facility master plan. The plan identifies $582 million in priority projects to be completed in the next decade.

These projects focus on:

- basic repairs, maintenance, and safety enhancements at all schools,
- targeted improvements to learning environments at various schools, and
- improvements at Central High School and Fruita Monument High School.

District 51 school buildings average 48 years old, and a 2023 survey of school facility conditions identified a number of schools with a less than passing condition score.

While all schools were deemed safe and healthy environments, these schools had significant challenges with the conditions of buildings, playgrounds, and parking areas. They also lacked robust ability to meet instructional needs such as small group areas and preschool or kindergarten rooms.

State and federal funding for schools is designated for instruction and operations, and capital improvement funding must come from other sources such as grants and local mill levies or bonds.

PRE-K THROUGH 12TH GRADE EDUCATION

Education access and infrastructure

School infrastructure and funding

In the most recent school year data available through the state of Colorado, 2021-2022, District 51 spent an average of $12,812 per student, compared to $13,509 statewide.

The district's expenditures can be categorized into two main areas:

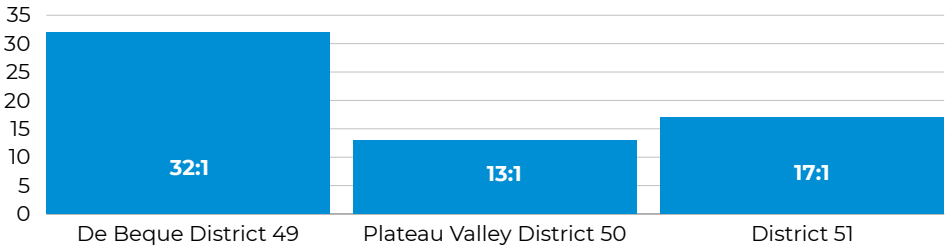
- 74% of the budget goes to costs that contribute to the learning environment, such as teacher and aide salaries, school activities, athletics, and administration.
- 26% of the budget goes to costs that relate to operations, including transportation, food services, and maintenance.

In De Beque School District 49JT, per pupil spending was $15,884 with 73% going to the learning environment, and 27% to operations. In Plateau Valley District 50, per pupil spending was $16,925, with 77% to the learning environment and 23% to operations.

Student teacher ratios are an important factor in quality education. While different age groups have different benchmarks for success, typically students are more successful in a lower ratio environment. The funding a school receives doesn't account for ratios, so decisions about ratios must be based on funding as well as quality. While we compare district-level ratios here, these ratios are set at the school level, and are significantly impacted by the size of the population a school serves.

Since school spending is largely determined by school funding, it is often out of a school district's control how much money is available to spend. Here we measure spending on a per pupil basis because it is easier to compare district to district, but differences reflect the money made available to spend by state, federal, and local sources.

STUDENT TEACHER RATIO (2023-2024)



COLORADO DEPARTMENT OF EDUCATION

PRE-K THROUGH 12TH GRADE EDUCATION

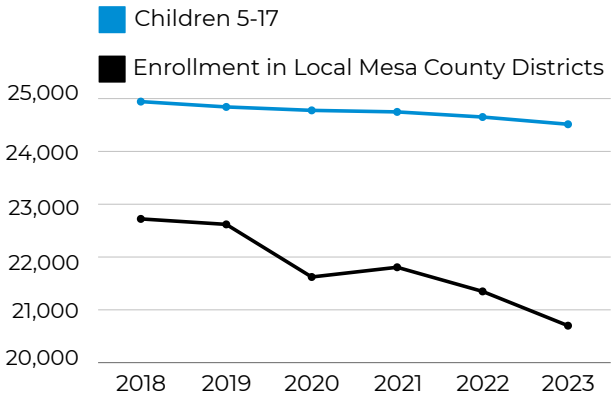
Education access and infrastructure

Enrollment trends

79.9% of Mesa County children age 5 to 17 were enrolled in one of the three local districts in 2023. From 2018 to 2023, enrollment in local public school districts decreased by 8.9%. Students in Mesa County also attend public charter schools, private schools, and home-based education.

From 2018 to 2023, the number of children age 5 to 17 decreased by 1.2%. This drop was largely driven by a decrease in the birth rate in Mesa County, which has been decreasing since 2008. As of 2022, this decreasing trend still has not stabilized. For more information about the causes and impacts of this trend, see page 21.

MESA COUNTY POPULATION AGE 5 TO 17 AND DISTRICT SCHOOL ENROLLMENT



COLORADO STATE DEMOGRAPHY OFFICE AND COLORADO DEPARTMENT OF EDUCATION

PRESCHOOL THROUGH 12TH GRADE SCHOOL ENROLLMENT, MESA COUNTY PUBLIC SCHOOL DISTRICTS

School Year	District 51	De Beque District 49	Plateau Valley District 50
2018-2019	22,082	184	442
2019-2020	22,046	164	394
2020-2021	21,081	171	356
2021-2022	21,315	172	305
2022-2023	20,851	170	314
2023-2024	20,208	168	310

COLORADO DEPARTMENT OF EDUCATION PUPIL MEMBERSHIP

PRE-K THROUGH 12TH GRADE EDUCATION

Education access and infrastructure

Enrollment trends

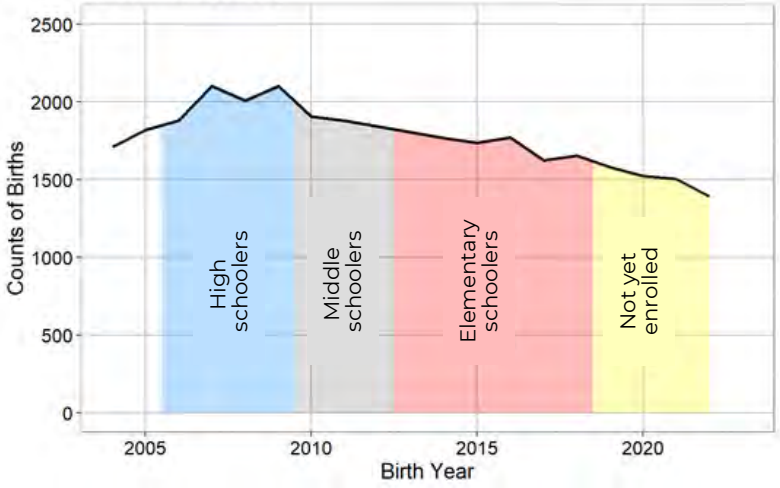
The decreasing birth trend will continue to impact schools for many years. There is no indication that the birth rate trend will change, but even if it were to immediately increase, the current smaller cohorts would have to work their way through the system before the enrollment would begin to increase again.

In 2023 in District 51, for example, there were 1,587 students in 12th grade, but only 1,270 students in kindergarten. This pattern of large high school cohorts graduating and being replaced by small incoming kindergarten cohorts will continue as long as the birth trend continues to decline.

The continued decline in enrollment could have serious implications for maintaining the existing infrastructure. Decreases in the student population lead to decreases in funding, making it difficult to keep up with administrative costs and making school closures an unfortunate possibility.

Local schools offer more than access to education; they frequently act as a social resource for the surrounding community. Strategic planning will be critical in addressing and preparing for the lasting impact of these trends.

BIRTH TRENDS IMPACT ON STUDENT POPULATION, MESA COUNTY



In this chart, colors are used to represent student cohorts. The height of the line shows how many students are in each year's cohort.

High schoolers, shown in blue, average approximately 1,950 children per age year. In the under age 5 group, shown in yellow, there are only 1,530 students per age year.

For each of the next five years, approximately 1,950 high schoolers will graduate, and only 1,530 new kindergarteners will enter.

PRE-K THROUGH 12TH GRADE EDUCATION

Education access and infrastructure

Safety and licensing

Mesa County Public Health supports 60 local K-12 schools with health and safety inspections. The frequency of inspection is based on their risk, and most schools receive a low risk inspection every three years. Schools with high risk classrooms are inspected every year. This includes schools with vocational classrooms, science labs, and potential exposure to toxic or dangerous materials or equipment, such as a ceramics kiln. Between 2021 and 2023, 24% of routine inspections resulted in a follow up inspection.

Childcare providers in Mesa County are licensed by Mesa County Public Health and facilities are inspected for safety and to review any reports of incidents or concerns. In 2023, MCPH inspected 11 new childcare facilities and made 145 routine childcare inspections. In addition, there were 28 inspections relating to an incident, complaint, or concern. There were 17 follow up inspections to verify that a provider had fixed an issue in a previous inspection.

Pre-K through 12th grade student demographics

The Colorado Department of Education publishes counts of students within public school districts in Colorado. We can report on students attending District 51, Plateau Valley District 50, and De Beque District 49.

A total of 20,686 students were enrolled in these districts for Pre-K through 12th grade in 2023.

70.1% of students were white, non-Hispanic, 24.3% were Hispanic or Latino, and 5.6% were non-Hispanic People of Color. For more information on trends in age and race and ethnicity in Mesa County, see page 22.

The state of Colorado collects information about student gender through enrollment forms and later by asking students their gender in the Healthy Kids Colorado Survey (HKCS). 48.3% of students were female and 51.7% were male for the 2023-2024 school year according to enrollment data. While zero students in any of the three districts are in the non-binary category in enrollment data, the 2021 HKCS results show that 62 students indicated a gender other than cis-gendered male or female when self-selecting.

In the same survey, 739 students indicated that they were straight or heterosexual, about three in four. 210 students indicated a different sexual orientation, about one in four. An additional small group, 36 students, selected “Not sure.” Almost all students who selected a gender other than male and female selected a sexual orientation other than heterosexual, resulting in a total of 254 LGBTQ+ identifying students.

30% of Mesa County school children are people of color.

COLORADO DEPARTMENT OF EDUCATION, 2023-2024

25% of Mesa County students are LGBTQ+

HEALTHY KIDS COLORADO SURVEY, 2021

PRE-K THROUGH 12TH GRADE EDUCATION

Education access and infrastructure

Pre-K through 12th grade demographics

Across the three local Mesa County districts for the 2023-2024 school year, 4.1% attend a gifted and talented program and 16.1% attend a special education program. 3.3% attend school online, all based at District 51. 3.9% attend an English Language Learner program.

Students with housing instability

As of April, 2024, 754 students from 420 families had been identified for the District 51 REACH program, which supports students in unstable housing situations.

Some of these families may have entered stable housing during the school year. These numbers reflect how many students and families faced housing instability this school year, regardless of their current housing.

Among students with unstable housing, 60% were doubled up, which means sharing housing with another household when they would prefer to be in separate households. This is commonly because of loss of housing or economic instability, and often leads to frequent moves. An additional 24% students with unstable housing were sheltered, unsheltered, or living in a motel. 8% were unaccompanied youth. 8% were in some type of transitional or supportive housing. Housing instability was evenly spread across student age groups.

Mesa County homeschool participation increased from 213 students in fall 2019 to 511 in 2020. In 2023, it decreased to 346.

COLORADO DEPARTMENT OF EDUCATION

WHAT THE COMMUNITY SAID

"The lack of stable permanent housing has a direct negative impact on a student's education. Basic needs such as housing, food, hygiene and safety must be met before a child is capable of acquiring new information."

MARGERY BRENNAN
DISTRICT 51 REACH MCKINNEY-VENTO LIAISON

PRE-K THROUGH 12TH GRADE EDUCATION

Education access and infrastructure

Absenteeism

Nationwide, chronic absenteeism doubled between the 2018-2019 school year and the 2021-2022 school year. According to Attendance Works, chronic absenteeism can lead to students "having difficulty learning to read by the third grade, achieving in middle school, and graduating from high school." Students in groups that already face achievement gaps are also the most likely to be chronically absent, such as low income students and students of color.

Mesa County students were nearly always chronically absent at a higher rate than the state in all three school districts in the most recent three completed school years. Across Mesa County and the state, rates peaked in the 2021-2022 school year and decreased in 2022-2023. These trends are likely due to the changes and disruptions to the traditional school year brought on by the COVID-19 pandemic.

CHRONICALLY ABSENT STUDENTS

	2020-2021	2021-2022	2022-2023
De Beque District 49	35.4%	58.7%	50.6%
Plateau Valley District 50	33.9%	43.4%	31.5%
District 51	25.1%	37.8%	36.6%
Colorado	26.0%	35.5%	31.1%

COLORADO DEPARTMENT OF EDUCATION

Chronically Absent
A student who is absent for more than 10% of possible school days, regardless of whether the absences are excused or unexcused.

PRE-K THROUGH 12TH GRADE EDUCATION

Education access and infrastructure

Truancy

WHAT THE COMMUNITY SAID

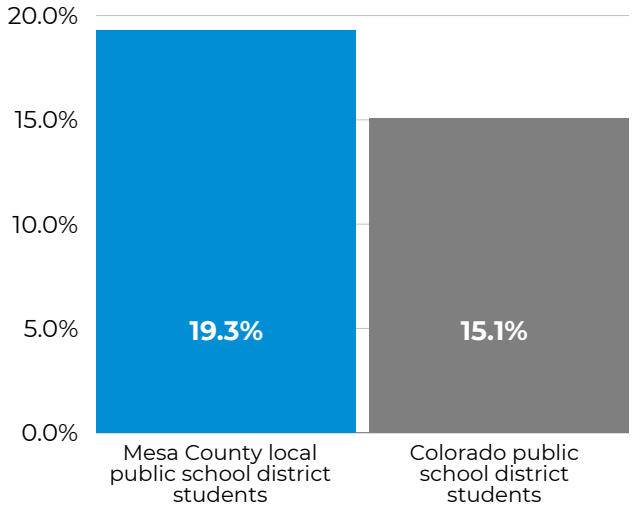
"Based on my observations handling truancy court cases, children are rarely truant solely because they are defiant and refuse to listen to their parents. Low socioeconomic status, parents' lack of education, and family system issues such as domestic violence, divorce, child abuse or neglect, generational trauma, substance abuse and mental illness are some of the many factors that contribute to children being truant. Truant children appear to have a higher risk of committing a criminal offense that leads them to have cases in the juvenile delinquency or adult criminal justice system."

MAGISTRATE KATHERINE BARNES
HEARS TRUANCY CASES IN MESA COUNTY

Habitually Truant
A student with four or more unexcused absences in a month, or 10 unexcused absences in a school year.

Nearly one in five local public school district students were habitually truant in the 2022-2023 school year.

HABITUALLY TRUANT STUDENTS, (2022-2023)



COLORADO DEPARTMENT OF EDUCATION

PRE-K THROUGH 12TH GRADE EDUCATION

Early education

Childcare and pre-k

A geographic area is considered a childcare desert if there are more than three children under the age of five per licensed childcare slot. District 51 offers licensed half day pre-k, which is an asset in early childhood education. However, since these slots do not meet the childcare needs of many Mesa County families, they are excluded from this childcare desert assessment.

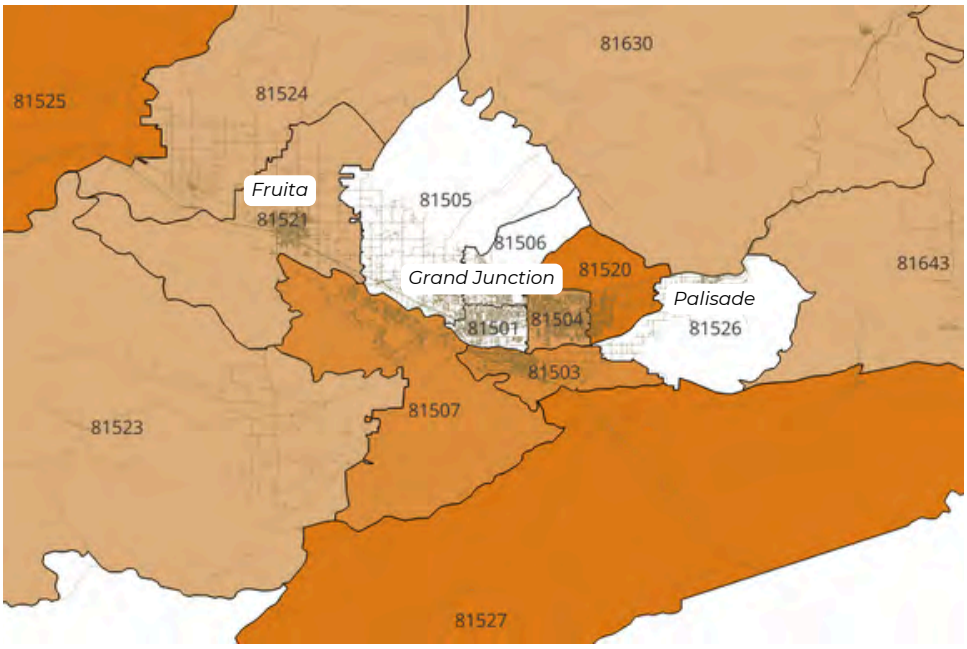
As of April 2024, Mesa County is considered a childcare desert, with 3.5 children per childcare slot.

Many zip codes in the region rate as a childcare desert as well. Since parents need to be able to access childcare near their home or workplace, it's important that the slots are geographically distributed where children and jobs are. While many childcare providers closed in the past four years, several large facilities operated by major local employers opened, which increased access in many parts of the county.

In summer 2024, the Clifton Community Campus opened, including 206 childcare slots. This removed the childcare desert designation from zip code 81520.

Childcare shortages remain a considerable concern in more rural areas of the county. Additionally, the childcare desert metric does not quantify the quality of the childcare available, nor does it account for child ages. For example, several local childcare providers do not have slots for infants under 12 months.

CHILDCARE DESERT BY ZIP CODE, MESA COUNTY (APRIL 2024)



Orange areas are childcare deserts

Darker orange indicates more shortage.

COLORADO DEPARTMENT OF EARLY CHILDHOOD

PRE-K THROUGH 12TH GRADE EDUCATION

Early education

Childcare and pre-k

Mesa County Partnership for Children and Families is the Local Coordinating Organization for Universal Pre-K in Mesa County. From August 2023 to March 2024, this program invested over $4.4M in tuition credits and $1.1M in quality improvement grants into local childcare providers, including school districts, childcare centers, and childcare homes. There are 71 participating locations in Mesa County with 1,936 slots or openings for preschool aged children.

Based on local childcare rates, families who receive the standard 15 hours of Universal Pre-K tuition assistance are saving $285 a month or a total of $2,850 a year in childcare costs at the location of their choice.

Just over half of Mesa County children age three to four were enrolled in preschool in 2022. This measure predates the implementation of Universal Pre-K.

WHAT THE COMMUNITY SAID

"We moved to Colorado from Arizona. [Mesa County Partnership for Children and Families (PCF)] helped us find Early Intervention screening and services when our child needed some support and even connected us with local resources that help us financially with specialized medical treatment to help our granddaughter. PCF has been a great tool for us to find what we need for our preschooler."

TRAVIS AND ANDREA SCHROEDER, FRUITA RESIDENTS

Just 16.5% of Mesa County residents indicated that they were satisfied with the access to quality child care in the area they lived. This dropped to 5.0% for respondents earning less than $50,000 per year.

2022 TELL US COMMUNITY SURVEY

PRE-K THROUGH 12TH GRADE EDUCATION

Early education

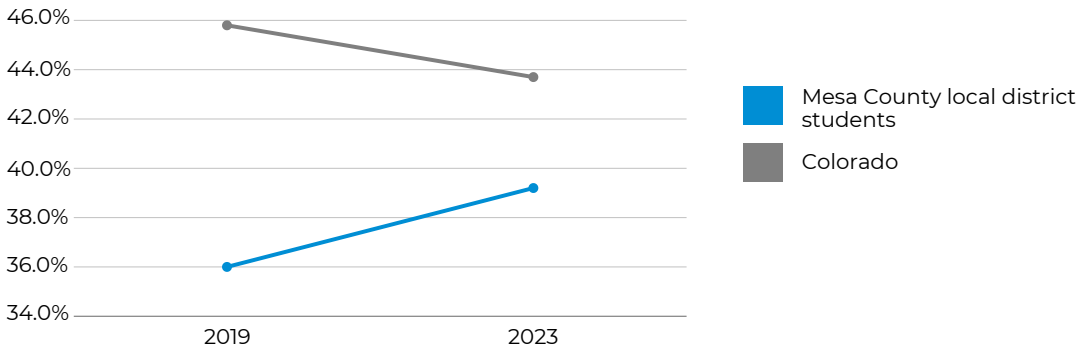
Reading and math proficiency

Between 2019 and 2023, Colorado saw a 2% decrease in CMAS scores for English language arts (ELA) and math proficiency in 3rd through 8th grade students. In contrast, Mesa County students improved their scores over this time.

Although Mesa County students remain less proficient than the state average, the gap has somewhat closed from approximately 10 percentage points in 2019 to five points in ELA and three points in math.

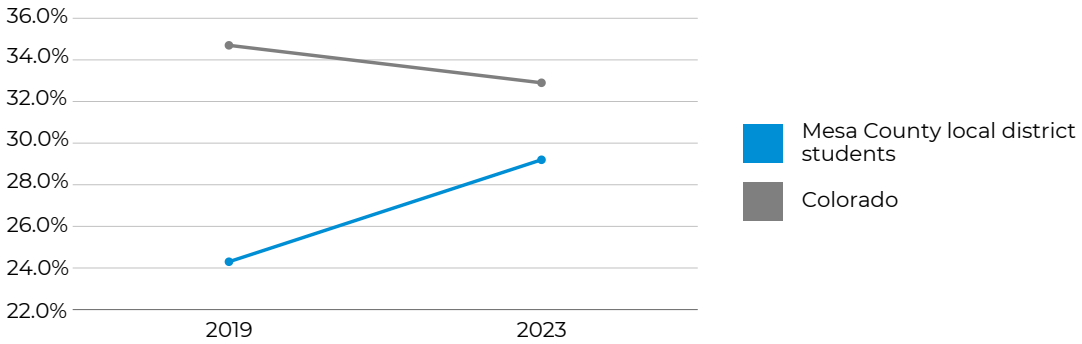
This trend may be a result of Mesa County's decision to quickly reopen schools in the Fall of 2020, with appropriate COVID-19 protective measures in place. A 2023 Harvard University study showed that students in regions with a high percentage of remote days in the 2020-2021 school year experienced larger drops in proficiency.

STUDENTS PROFICIENT ON CMAS ELA TESTS



COLORADO DEPARTMENT OF EDUCATION

STUDENTS PROFICIENT ON CMAS MATH TESTS



COLORADO DEPARTMENT OF EDUCATION

PRE-K THROUGH 12TH GRADE EDUCATION

Early education

Reading and math proficiency

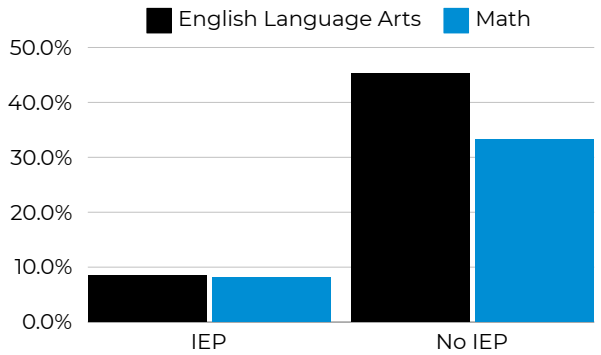
Achievement across groups within District 51 is not evenly distributed. We do not consider students from De Beque or Plateau Valley Districts because their data is often suppressed due to small numbers in these categories.

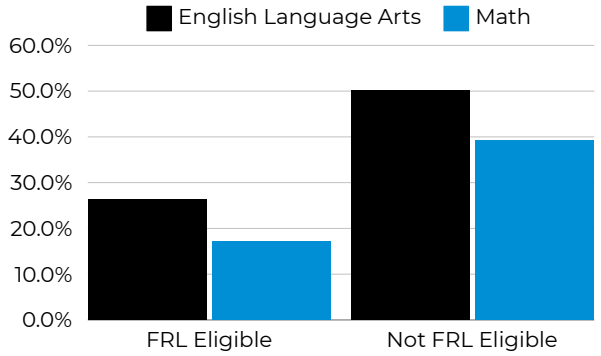
District 51 students who do not have an IEP and are not Free and Reduced Lunch eligible score above the district average in ELA and Math. Students who have an IEP or are eligible for Free and Reduced Lunch score below the district average.

Individualized Education Plan (IEP)
An IEP is a formal legal document for students with documented disabilities that explains special education instruction, supports, and services to help that student thrive.

Free and Reduced Lunch (FRL)
Public school children qualify for FRL benefits if their household earns less than 185% of the Federal Poverty Level.

STUDENTS WHO MET OR EXCEEDED EXPECTATIONS ON CMAS TESTS, DISTRICT 51 (2022-2023)





COLORADO DEPARTMENT OF EDUCATION

PRE-K THROUGH 12TH GRADE EDUCATION

Early education

Reading and math proficiency

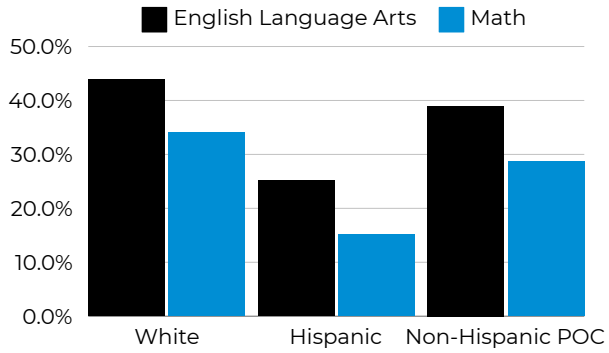
District 51 students who are white score above the district average in ELA and Math. Students who are non-Hispanic People of Color score similarly to the district average. Students who are Hispanic score below the district average.

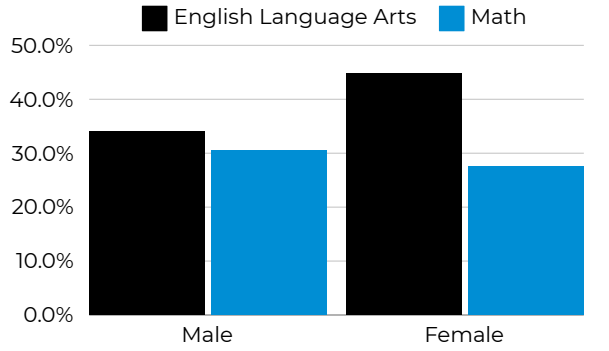
Boys and girls score similarly in math. Girls score above average in ELA and boys score below.

CMAS scores cannot predict a student's future. However, they can be a good benchmark for understanding a student's progress and learning.

There are no public data sources that connect a student's CMAS scores to more impactful outcomes such as high school graduation, post-secondary training, and adult literacy and math skills. Nonetheless, it is reasonable to assume that students who are struggling with CMAS are likely to be at risk of worse educational outcomes.

STUDENTS WHO MET OR EXCEEDED EXPECTATIONS ON CMAS TESTS, DISTRICT 51 (2022-2023)





COLORADO DEPARTMENT OF EDUCATION

PRESCHOOL THROUGH 12TH GRADE EDUCATION

High school

High school completion

Mesa County's 2023 four-year graduation rate is slightly below the state average of 83.1%. However, this rate is somewhat impacted by the option for District 51 students to extend graduation to five years while in a concurrent enrollment program with Colorado Mesa University or CMU Tech. These students do not graduate in four years, but are on-track academically.

This is reflected in the seven-year completion rate. Reviewing completion rates for students who entered high school in 2016, by 2023 all Mesa County districts had a rate comparable to or higher than the state rate. This is an important metric because people without a high school diploma have notably worse economic outcomes than people who complete high school.

Graduation rates in District 51's four traditional high schools ranged from 83.0% to 93.0%. Alternative high schools ranged from 37.4% to 98.0%. Alternative schools in District 51 attempt to meet a range of student needs. Alternative school populations include students who excel and are seeking additional independence and challenge, students seeking alternative teaching methods, and students who struggle to thrive in their local school.

HIGH SCHOOL COMPLETION IN 4 AND 7 YEARS (2023)

	4-Year	7-Year
De Beque 49JT	80.0%	>90%
Plateau Valley High School	95.0%	98.0%
District 51	81.2%	89.7%
Colorado	83.1%	89.9%

COLORADO DEPARTMENT OF EDUCATION

Plateau Valley High School's rates are compared to the other Mesa County District rates because more than half of Plateau Valley School District's overall high school student population is from mountain west states attending Grand Mesa High School in an effort to remediate challenges in their home schools and communities. Their completion rates are not directly comparable to those of local students.

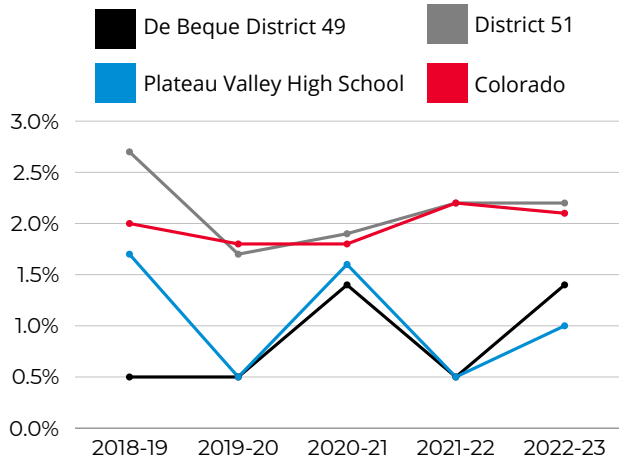
PRE-K THROUGH 12TH GRADE EDUCATION

High school

High school completion

While some states saw increased dropout rates in the 2020-2021 school year and beyond, the trend is less clear in Colorado and in Mesa County. At District 51, the highest dropout rate in the past five years was before the COVID-19 pandemic, decreased during the 2019-2020 school year, and then climbed steadily each following school year.

7TH TO 12TH GRADE DROPOUT RATE



COLORADO DEPARTMENT OF EDUCATION

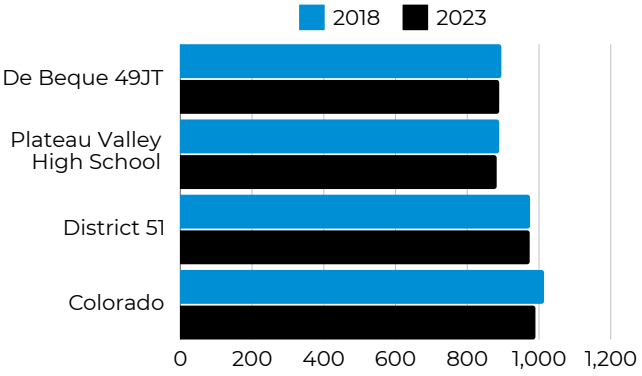
SAT

The SAT is a standardized test for high schoolers frequently used in college admission processes.

It is routinely administered to all public high school students in eleventh grade in Colorado. Between 2018 and 2023, students across the state saw a small drop in the average score, but Mesa County students maintained their scores.

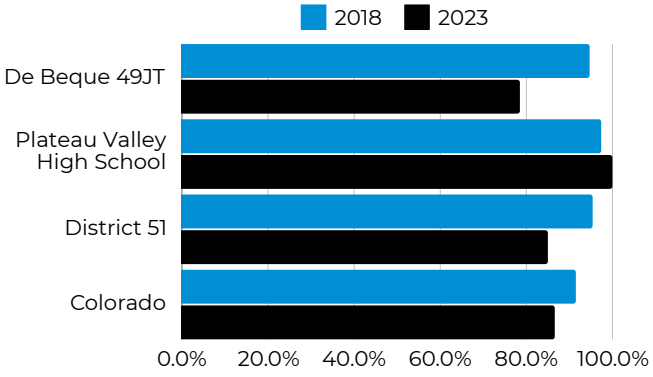
Notably, participation dropped by about 5% statewide and 10% at District 51. There could be several explanations for this drop. Over this time, Mesa County saw an increase in absenteeism, and some students may simply not have been present. It could reflect a decrease in interest in higher education. However, it could also reflect the decrease in reliance on test scores by higher education institutions in the application process.

AVERAGE SAT SCORE OUT OF 1,600



COLORADO DEPARTMENT OF EDUCATION

SAT PARTICIPATION



COLORADO DEPARTMENT OF EDUCATION

HIGHER EDUCATION AND TRAINING

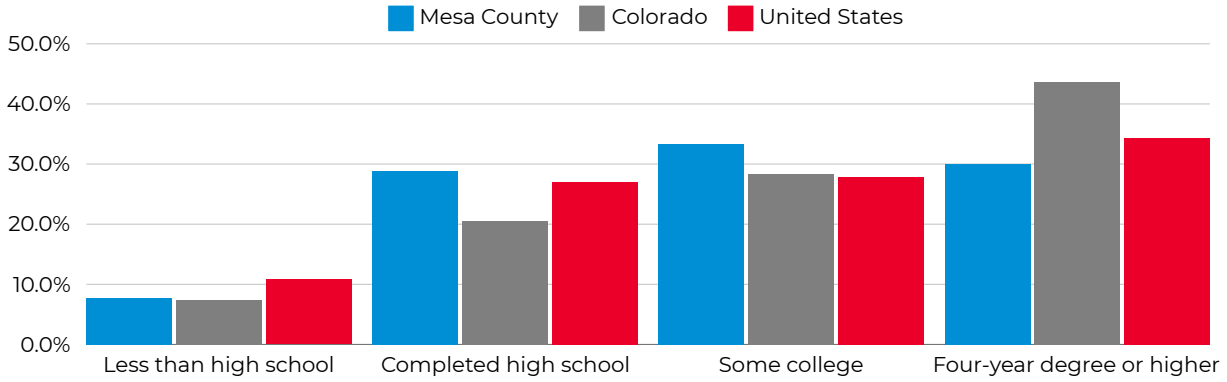
Educational attainment

Educational attainment is directly linked to many health and economic outcomes. Mesa County adults over age 25 are more likely to have completed high school than their state and national counterparts, but less likely to have a four year degree or higher. Mesa County has a larger percentage of residents with "some college" compared to Colorado or the U.S. "Some college" could include a technical certificate, associate's degree, or an incomplete bachelor's degree.

Rates of educational attainment vary by race and ethnicity within Mesa County. In adults over age 25, people of color are 2.5 times more likely to lack a high school diploma. High school completion is an impactful educational attainment threshold, so organizations who provide GED support need to ensure they have culturally and linguistically appropriate resources for GED seeking students.

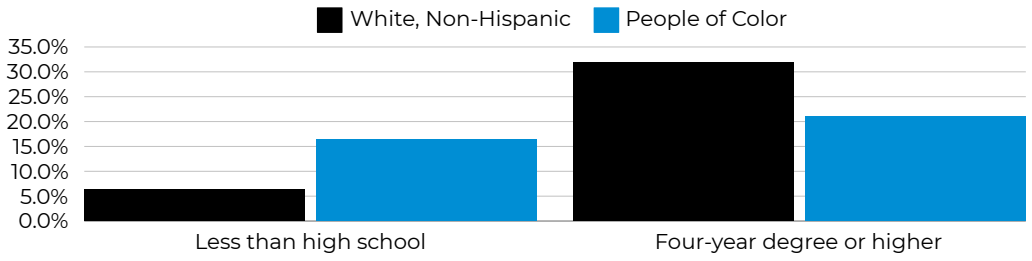
Additionally, one of the most effective predictors of college success is whether a student's parents are college educated. With a lower rate of bachelor's degrees in communities of color in Mesa County, students of color may need additional resources, encouragement, and support to be successful in a college environment.

EDUCATIONAL ATTAINMENT (2022)



CENSUS ACS TABLE S1501

ETHNICITY AND EDUCATIONAL ATTAINMENT (2022)



CENSUS ACS TABLE S1501

HIGHER EDUCATION AND TRAINING

Educational attainment

Among Mesa County and Colorado young adults age 18 to 24, high school completion rates increased between 2014 and 2018, then remained steady between 2018 and 2022. Mesa County young adults are less likely to have a bachelor's degree than Colorado young adults, but between 2014 and 2018, Mesa County showed a notable increase in bachelor's degree attainment, climbing faster than the state and beginning to close this gap. Between 2018 and 2022, both the state and Mesa County rate climbed modestly.

Tracking the whole young adult cohort masks some important gender differences for Mesa County young adults. Young women saw a steep increase in their completion rate between 2014 and 2018, and maintained the change in 2022. Young men, however, saw a very small decrease in their completion rate, and then maintained that change. While the rate of bachelor's completion for young women steadily increased from 2014 to 2022, the rate for young men showed only a very small increase.

Educational attainment rates for young adults age 18 to 24 should not be compared to rates for adults 25 and up. Not all young adults are of an appropriate age to have attained these levels of education. These rates are useful to compare to other young adult rates only.

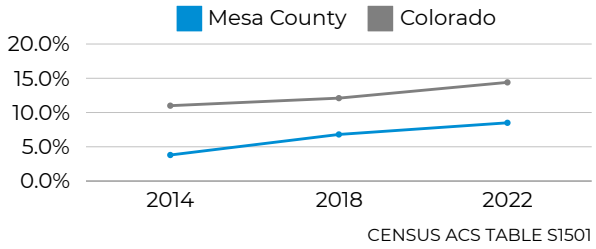
SPOTLIGHT

Colorado Mesa University

Colorado Mesa University is the largest higher education institution on the Western Slope.

In CMU surveys between 2013 and 2022, 75% of alumni indicated they live in the state of Colorado and just over 50% in Western Colorado.

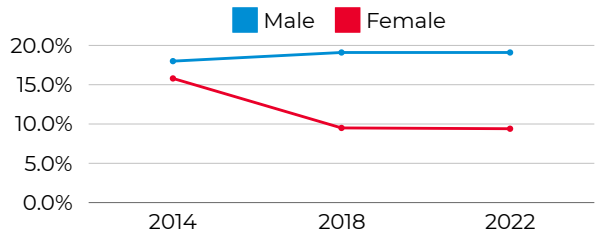
YOUNG ADULTS AGE 18 TO 24 WITH BACHELOR'S DEGREE OR HIGHER



CENSUS ACS TABLE S1501

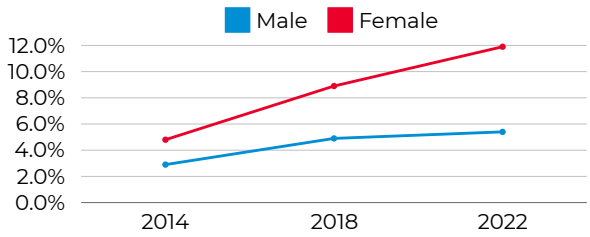
EDUCATIONAL ATTAINMENT FOR YOUNG ADULTS AGE 18 TO 24 BY GENDER, MESA COUNTY

LESS THAN HIGH SCHOOL



CENSUS ACS TABLE S1501

BACHELOR'S DEGREE OR HIGHER



CENSUS ACS TABLE S1501

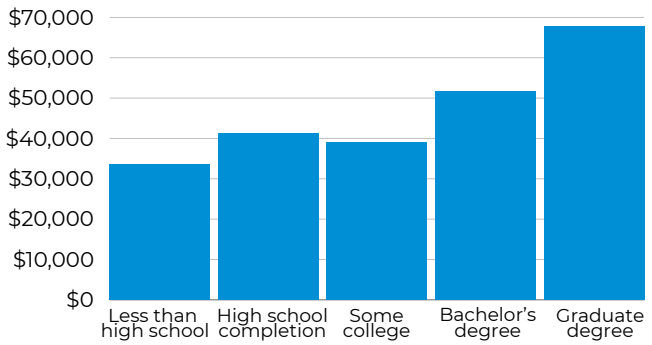
HIGHER EDUCATION AND TRAINING

Educational attainment effect on outcomes

In Mesa County, additional education increases median household income and health insurance coverage and decreases unemployment. This benefit clearly exists for completing high school or achieving a bachelor's degree or higher.

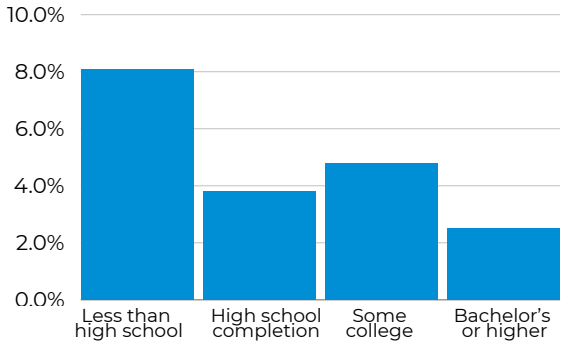
The relationship is less clear for people who attained "some college." This may be due to the fact that the category includes people who completed a technical certification or associate's degree and those who invested time and money into a degree program but did not complete it. While these people would fall in the same category, they may not have the same economic opportunities.

MEDIAN HOUSEHOLD INCOME BY EDUCATIONAL ATTAINMENT, MESA COUNTY (2022)



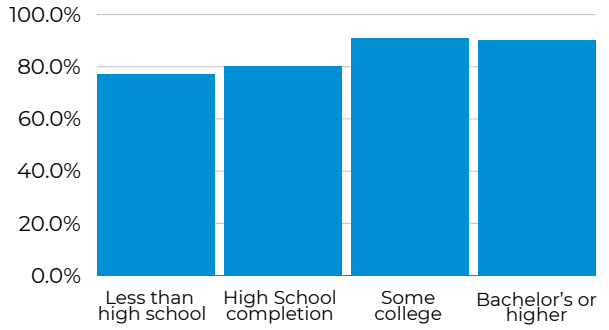
CENSUS ACS TABLE S1501

UNEMPLOYMENT RATE BY EDUCATIONAL ATTAINMENT, MESA COUNTY (2022)



CENSUS ACS TABLE B23006

HAS HEALTH INSURANCE BY EDUCATIONAL ATTAINMENT, MESA COUNTY (2022)



CENSUS ACS TABLE B27019

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REFERENCES

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U.S. Census Bureau, American Community Survey 5-Year Estimates, B23006 - Educational Attainment by Employment Status for the Population 25 to 64 Years, 2022

U.S. Census Bureau, American Community Survey 5-Year Estimates, B27019 - Health Insurance Coverage Status by Educational Attainment, 2022

HEALTH CARE AND ACCESS

HEALTH CARE AND ACCESS

Effective delivery of health care depends on an adequate network of quality providers, whom patients can access in a timely manner, through healthcare coverage that keeps the cost of care affordable.

When a patient or community struggles with any of these factors, physical and mental health suffers.

Most Mesa County residents have a provider they see for routine care, and most are insured. Cost continues to be a significant barrier to accessing care, especially for residents who have private or employer insurance and for those who are uninsured**. Urgent care and emergency departments serve patients with a variety of needs, some of which would better be served in a primary care setting** for cost efficiency and overall effectiveness. **Mesa County has a shortage of behavioral health providers**, a topic that is very important to residents.

One way to evaluate a health care system is through the patient population's perceptions of the system. In a statewide survey in 2022, 56% of Mesa County residents indicated that the health care system meets their family's current needs. In the 2022 Tell Us Community Survey, 49% of Mesa County residents indicated satisfaction with their access to quality health care.

The local survey also showed a distinct difference in satisfaction based on income level and ethnicity. Only 39% of people in households earning less than $50,000 were satisfied, compared to 61% of people in households earning over $150,000. Only 39% of Hispanic or Latino residents were satisfied, compared to 50% of all other residents.

UTILIZATION OF CARE

A healthcare system is made up of tiered levels of care. At the primary care tier, providers address the majority of a patient's health needs throughout their life including preventive care and diagnosis and treatment of routine medical concerns. Primary care happens in the patient's local community.

Second tier care includes specialized treatment from doctors the patient is referred to for a specific issue. It is usually still delivered in the patient's community.

Third tier care is even more specialized and may happen at a regional or national hospital or medical center. Emergency room care can be considered second or third tier, depending on the type of intervention required.

Since Mesa County is a regional health care hub, the medical system delivers all three types of care. Ideally, patients would usually access care at the primary level and only extend to higher levels of care during emergencies or when referred by their primary care provider.

Several systemic and individual barriers can disrupt that model of care. The system can have barriers such as lack of providers, limited insurance acceptance, and insufficient training pathways for new providers.

Individuals can face cost barriers and language or cultural barriers. They can also experience socio-economic barriers like unstable housing, lack of transportation, untreated mental health conditions, or substance use. These barriers can make the typical process of accessing primary care more challenging.

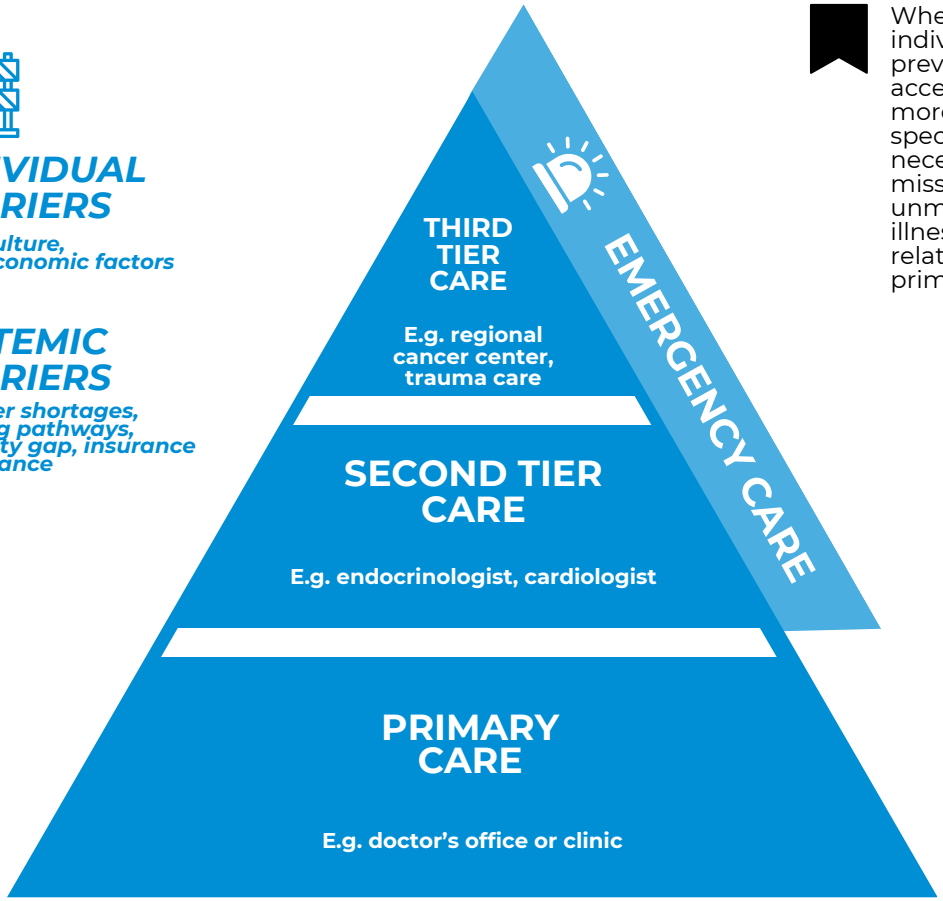
HEALTHCARE SYSTEM PYRAMID

INDIVIDUAL BARRIERS

cost, culture, socioeconomic factors

SYSTEMIC BARRIERS

provider shortages, training pathways, specialty gap, insurance acceptance



When systemic and individual barriers prevent patients from accessing primary care, more emergency and specialized care is necessary. This is due to missed preventive care, unmanaged chronic illness, and a lack of relationships with a primary care provider.

UTILIZATION OF CARE

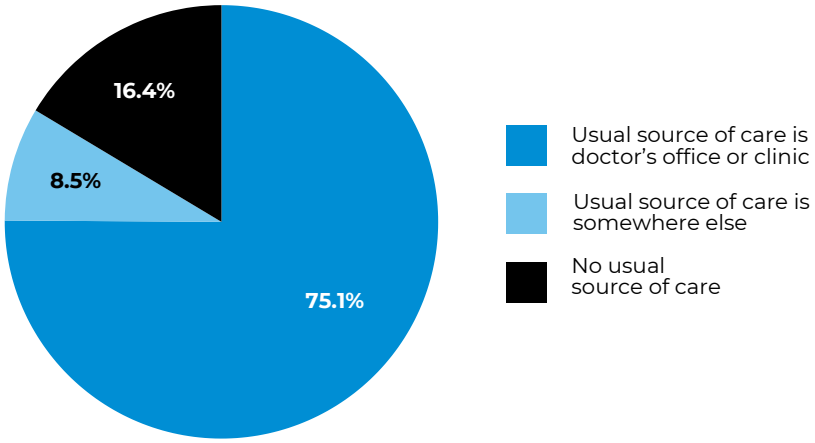
Primary care

People without a usual source of care are more likely to utilize urgent care and the emergency department for cases that could be treated by a primary care provider at lower cost, or could have been entirely prevented by treatment by a primary care provider. This puts a strain on these second or third tier care providers, and drives up the cost of care.

"Having a usual primary care provider is associated with a higher likelihood of appropriate care, and... better health outcomes."

COUNTY HEALTH RANKINGS & ROADMAPS

USUAL SOURCE OF CARE, MESA COUNTY (2023)



COLORADO HEALTH ACCESS SURVEY, 2023

One in six Mesa County residents has no usual source of health care.

COLORADO HEALTH ACCESS SURVEY, 2023

Two in three **uninsured** Mesa County residents have no usual source of health care.

COLORADO HEALTH ACCESS SURVEY, 2023

UTILIZATION OF CARE

Primary care

84.6% of Mesa County residents visited a health care professional or facility in the past 12 months. Among the uninsured population, however, only 32.0% reported they had a visit. Of all respondents who reported a visit, 78.5% saw a general doctor, and 54.8% saw a specialist.

Monument Health represents nearly half of Mesa County patients across a variety of providers and insurance types, making them a meaningful sample of the overall population excluding uninsured patients.

2023 patient data indicates that 70% have a medical home, which means they are both registered with a primary care provider and have seen that provider in the past 12 months. People who qualify for both Medicare and Medicaid had the highest rate of having a medical home at 88%. 78% of people with commercial insurance through private or employer sponsored plans had a medical home. 65% of Medicaid patients had a medical home.

These numbers compare favorably to the rest of the state, which is likely a result of a concerted effort by Mesa County primary care providers to build relationships with patients. In addition, the past two years have brought increased care coordination and navigation services that can help make connections between clients with various needs that include a primary care provider, such as Grand Valley Connects or the Mesa County MAC team. See page 97 for more information about these programs.

Mesa County is identified by the U.S. Department of Health and Human Services as a low-income primary care provider shortage area. This means that by their measures, the county has enough primary care providers for the population earning 200% or more of the federal poverty level, but not enough who provide services to the population earning less than that. Typically these patients qualify for Medicaid or Medicare.

Geographically, the Colorado Department of Public Health and Environment designates the metro areas of Mesa County as adequately covered by primary care providers, but designates the rural sections as primary care shortage areas.

In an effort to address the shortage of primary care services for low-income Mesa County residents, Mesa County Public Health offers immunization and reproductive health care on a sliding-scale fee basis. The Mesa County Public Health Clinic offers a variety of routine and travel vaccines, and in 2023, their providers gave over 2,000 flu vaccines and 5,000 COVID-19 vaccines. In addition, they provide a range of reproductive health care services. In 2023, 412 patients selected long-acting reversible contraception (LARC). For more information on the impact of LARC on birth trends, see page 21.

UTILIZATION OF CARE

Specialty care

As a regional healthcare hub, Grand Junction offers many types of specialty care. Nearly half of Mesa County residents, 46.3%, saw a specialist in the past year.

Nonetheless, nearly a quarter indicated that they were unable to get an appointment with a specialist as soon as they thought one was needed, and one in eight Mesa County residents skipped specialist care because of cost.

A broad range of care can be delivered by a primary care provider. We would expect specialty care, a second or third tier service, to make up a smaller percentage of visits than primary care across a community. However, Monument Health data suggests that there is roughly one specialist visit for every primary care visit in Mesa County. This could be an indication that patients are relying on specialists to manage types of care that could be provided at the primary care level. It could also indicate that people are waiting to see their primary care doctor until they have a health issue that requires a specialist.

Urgent care and after hours utilization

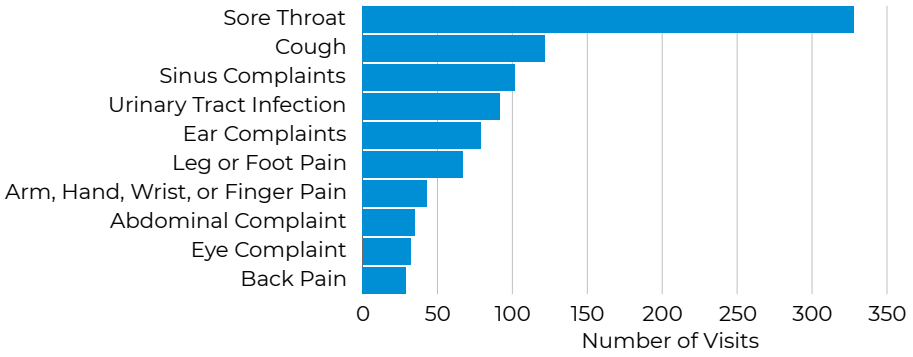
Urgent care is intended to fill a critical need for health care services that do not require emergency intervention, but cannot wait for a scheduled appointment. In communities with barriers to care, urgent care sometimes takes the place of a primary care provider. This isn't ideal since urgent care isn't the correct setting for many types of preventive care or building a strong relationship with a provider through regular visits.

The 10 primary health concerns, also called chief complaints, for people visiting one of several urgent cares in Mesa County are shown below.

Most of these conditions could be treated at a primary care appointment, but it's difficult to determine the urgency of the situation from the primary concern alone. It may not have been possible for the patient to wait for an appointment, so the urgent care may be the correct context for the visit.

When the primary care provider delivers this care, the patient benefits from the provider's robust understanding of the patient's overall health. Many local primary care providers are increasing flexibility for urgent appointments and providing additional information about managing chronic conditions to reduce the need for urgent appointments. This also decreases the burden on urgent care centers, reducing wait times for appointments that are, in fact, urgent.

TOP 10 PRIMARY HEALTH CONCERNS, URGENT CARE, MESA COUNTY (2023)



NATIONAL SYNDROMIC SURVEILLANCE PROGRAM

UTILIZATION OF CARE

Emergency department utilization

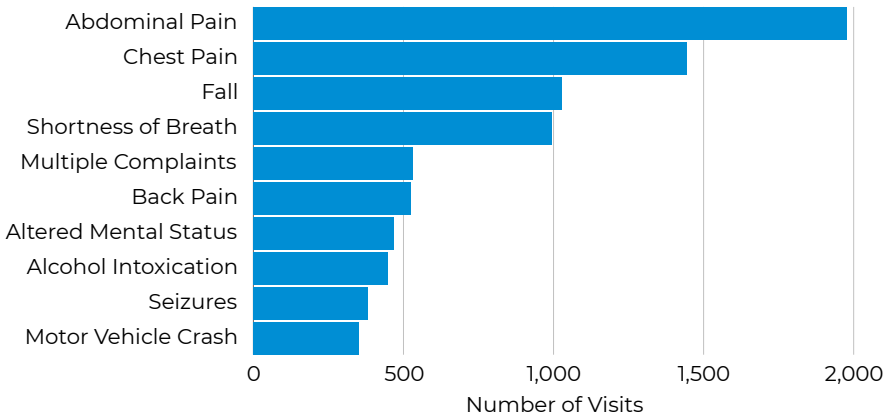
The emergency department spans second and third tier health care, depending on the severity and specialty required. In Mesa County, St. Mary's Hospital serves a regional population for third tier emergency services.

In an analysis of emergency department visits by Monument Health patients from February 2023 to January 2024, approximately 40% of visits were for non-emergency diagnoses such as headache and abdominal pain. An additional 5% each month were for emergency visits that could have been prevented by accessing a lower tier of care, sooner, such as lower back pain. Approximately 35% of visits were for health emergencies that were not preventable, including chest pain, and the remaining 20% fell into categories that are difficult to classify as emergency or non-emergency, such as substance use and mental health.

This means that more than 45% of these visits could have been routed to a less expensive urgent care or primary care provider. In the primary care context, the treatment for the specific diagnosis would have accounted for the patient's full health status, and been delivered with appropriate preventive care recommendations and follow up.

Understanding why the patients accessed the emergency department instead of a lower tier of care is an important step in addressing the problem. Some barriers are systemic, such as provider shortages. Other barriers are individual, which will be discussed on page 93.

TOP 10 PRIMARY HEALTH CONCERNS, EMERGENCY DEPARTMENT, MESA COUNTY (2023)



NATIONAL SYNDROMIC SURVEILLANCE PROGRAM

This chart indicates the top 10 primary health concerns, also called chief complaints, for people visiting two of the largest emergency departments in Mesa County.

UTILIZATION OF CARE

Behavioral health care

According to the 2022 Tell Us Community Survey, Mesa County residents, regardless of age or income, were overwhelmingly in favor of increasing support for mental health and substance abuse services. Only 13% of residents agreed that Mesa County provides adequate support for these services and 50% completely disagreed.

Grand Valley Connects, a resource navigation hub based at Mesa County Public Health, offers mental health care referrals as one of its diverse services. Among all needs expressed by incoming clients, 25% were for some type of mental health service.

In a 2023 survey, 19.1% of Mesa County residents had spoken to a mental health or substance use disorder professional in the past year. 12.9% indicated they needed a visit but did not get it. The survey did not ask why they did not get the visit, but there are likely two main reasons:

- stigma or confusion about how to pursue care may have prevented the patient from seeking care, or
- shortages in care providers across Mesa County may have made it difficult to get connected with an appropriate provider.

According to the Health Access Branch of CDPHE, Mesa County has some of the most intense shortages of mental health care providers in the state. Every Mesa County census tract ranks in the top 30% of shortage across the state. This means that the number of professional providers is deeply insufficient to meet the needs of the number of patients suffering from mental health challenges or substance use disorder.

A similar federal database indicates that Mesa County would need to add eight additional full time psychiatrists to meet demand, along with other types of providers.

For information about rates of mental illness in Mesa County, see page 161.

WHAT THE COMMUNITY SAID

"Mental health resources have been extremely challenging to find for my family."

FEMALE, 40-49, TELL US SURVEY 2022

Mesa County is a behavioral health care shortage zone.

UTILIZATION OF CARE

Behavioral health care

West Springs Hospital potential closure impact

West Springs Hospital is the only psychiatric hospital with a 24/7 psychiatric emergency department between Denver and Salt Lake City. West Springs Hospital is also the only inpatient psychiatric hospital in Western Colorado.

In 2024, Mind Springs Health, the parent organization of West Springs Hospital, announced that without significant financial intervention, the hospital would have to close. While imminent closure was averted by an agreement with Rocky Mountain Health Plans and a significant downsizing of staff, the threat of a possible future closure remains.

A West Springs Hospital closure would impact the Western Slope economy and the health and access to care of Western Slope residents.

Western Slope residents, and especially those in Mesa County, experience rates of suicide ideation, attempt, and death higher than the state and country.

COLORADO HEALTH INFORMATION DATASET

ECONOMIC IMPACT

- A West Springs Hospital closure would result in 200 lost jobs for Western Slope employees.
- The loss of $11.8m in annual payroll costs could result in $40m or more in lost spending within the Western Slope.
- $8m budgeted for non-payroll expenditures would be lost, including dollars spent on local and regional vendors.
- Indirect impacts would include job losses at regional businesses that serve West Springs Hospital, and reduced local economic vigor due to the multiplier effect of local employees having less money to spend.

IMPACT ON RESIDENT HEALTH AND MENTAL HEALTH CARE SYSTEM

- An effective mental health care system relies on robust care at all levels. If West Springs Hospital were to close, it would adversely affect care at other levels of the system such as law enforcement co-response and medical emergency departments.
- From January to December 2023, after West Springs Hospital's Psychiatric Emergency Department opened, Mesa County hospital Emergency Department visits including mental health concerns decreased by 15%.
- Existing significant mental health care provider shortages would intensify if West Springs Hospital were to close.
- In a recent community survey, Mesa County residents were overwhelmingly in favor of county leadership supporting mental health programs and services.
- Without a regional psychiatric inpatient and Emergency Department facility, Western Slope residents would go without appropriate care, or be forced to incur the additional burden of traveling out of the region for care.

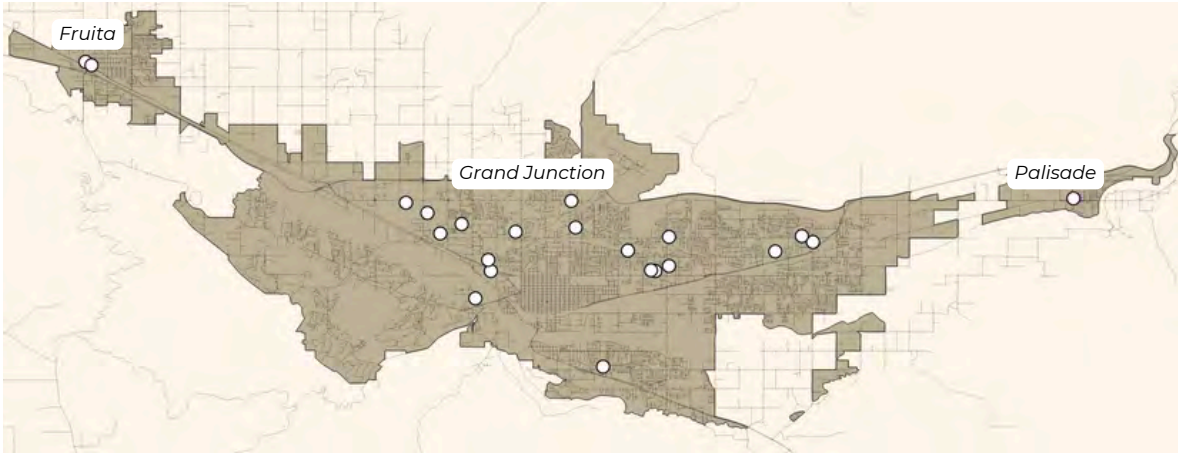
UTILIZATION OF CARE

Pharmacy care

Approximately half of Mesa County residents take a prescription drug. Nearly 90% reported it was easy or somewhat easy to pay for their prescriptions, but 8% reported not filling a prescription because of cost. Within that small group, 40% indicated that their condition got worse without the needed prescription.

Mesa County has good coverage of pharmacies during weekday business hours, but options are more limited in the evening and on weekends. Patients who select their pharmacy based on location or shopping convenience may find that they can't fill a prescription outside of business hours. Additionally, all pharmacies are located in the metropolitan center of Mesa County.

PHARMACY LOCATIONS IN MESA COUNTY (2024)



GOOGLE MAPS

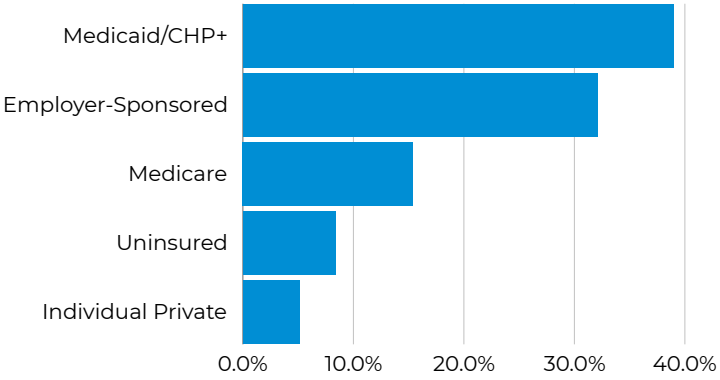
HEALTH INSURANCE COVERAGE

Insurance is a key component of health care affordability. In Mesa County, coverage comes from a variety of sources.

Monument Health, a Western Slope integrated healthcare system, has created an Insurance 101 video series intended to help patients better navigate their insurance plans.

While technical support for insurance questions is limited to patients with a Monument Health plan, the videos are available and relevant for any patient in Mesa County.

INSURANCE TYPE, MESA COUNTY (2023)



COLORADO HEALTH ACCESS SURVEY, 2023

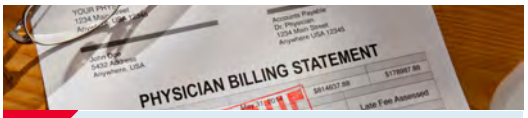
91.6% of Mesa County residents have health insurance.

HEALTH INSURANCE COVERAGE

In a 2023 survey, some Mesa County residents were told by a potential new provider that the provider was not taking their type of insurance:

- 4.7% of residents with private or employer insurance coverage.
- 7.0% of residents with Medicaid, CHP+, or Medicare coverage.

While cost is a major barrier to care for the uninsured in Mesa County, approximately one in four insured patients also reported skipping needed care because of cost.



DID NOT GET NEEDED CARE BECAUSE OF COST, MESA COUNTY

- 28.8% of residents with private and employer coverage
- 22.4% of residents with Medicaid, CHP+, or Medicare
- 52.7% of uninsured residents

COLORADO HEALTH ACCESS SURVEY, 2023

Medicaid enrollment

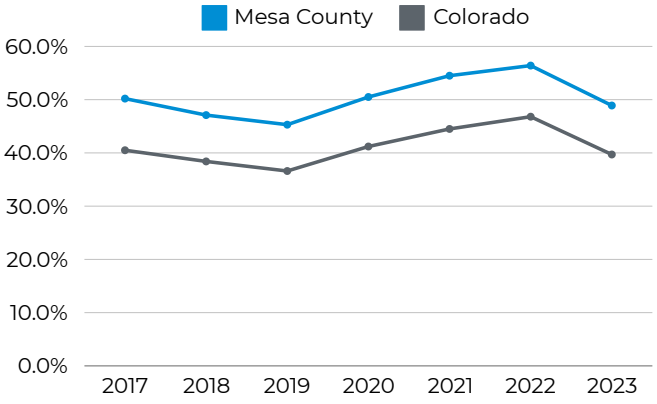
During the COVID-19 Public Health Emergency, Medicaid patients were able to continue their coverage without the typical review process. This resulted in a reversal of the previous years' steady decline in enrollment.

After the Health Emergency concluded, reviews resumed, resulting in a 15% decrease in enrollment in November 2023 compared to November 2022, both in Mesa County and across Colorado. This trend is anticipated to persist into 2024.

Some Medicaid patients are able to move to an employer sponsored plan or a subsidized marketplace plan at a cost, and others may become uninsured.

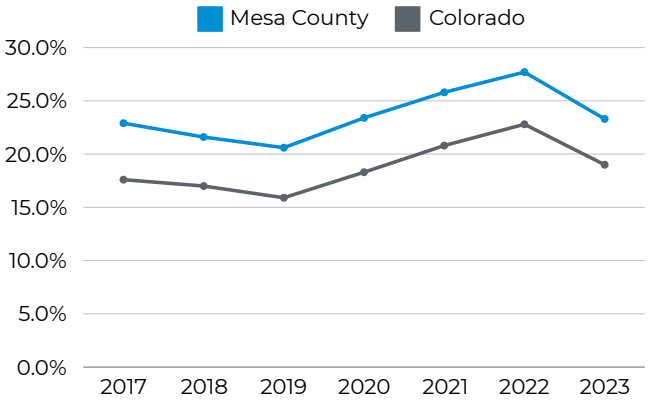
In Colorado, Medicaid is called Health First Colorado.

MEDICAID ENROLLMENT FOR CHILDREN UNDER AGE 20



COLORADO DEPARTMENT OF HEALTH CARE POLICY AND FINANCING

MEDICAID ENROLLMENT FOR ADULTS AGE 21 AND OVER



COLORADO DEPARTMENT OF HEALTH CARE POLICY AND FINANCING

ACCESSING CARE

Telehealth

Telehealth became a lifeline for health care delivery during the COVID-19 pandemic. Today, telehealth is still a popular choice for receiving care, though less popular than in 2020.

The Colorado Center for Improving Value in Health Care (CIVHC) collected data on many providers offering telehealth services between 2019 and 2021. In that time, 39% of telehealth visits were provided by a behavioral health provider and 23% by a primary care provider. Across all age groups, mental health was the most common service. Musculoskeletal conditions were the second most common. For older adults over age 65, visits for endocrine and nutritional conditions were also common.

Adults age 18 to 44 years continued to regularly access telehealth services through 2021, but other age groups steadily reduced use, especially adults over 65.

Women were 40% more likely to utilize telehealth services than men. No significant differences were identified in telehealth use by race and ethnicity, but the analysis is limited by inconsistent and incompatible data collection by some insurance providers.

From 2019 to 2021 half of telehealth visits in Colorado were for mental health conditions.

Individual barriers to care

Language and cultural barriers

Language and cultural differences are increasingly recognized as a barrier to effective physical and mental health care. These differences lead to a variety of challenges to delivering good care:

- difficulty navigating application and enrollment systems,
- difficulty establishing rapport with a provider,
- difficulty receiving accurate information when professional interpretation services are not available.

Family members, often young children, are routinely asked to step in and provide interpretation.

Many healthcare providers in Mesa County are making efforts to expand their Spanish-speaking staff. This effort will improve the experience of many Mesa County residents seeking health care.

However, these providers can be difficult to find in the local candidate pool. Additionally, some Mesa County residents have language and cultural barriers that are not solved by receiving care from a Spanish-speaking provider.

ACCESSING CARE

Individual barriers to care

Language and cultural barriers

During the COVID-19 public health emergency, Mesa County Public Health worked to ensure that Spanish-speaking residents of Mesa County had equitable access to accurate information, testing, health care, and vaccine resources. MCPH established the Spanish Advisory Group, made up of local Hispanic or Latino and Spanish-speaking community leaders and professionals. This group advised MCPH on effective communication and served as trusted messengers and points of contact for the Spanish-speaking community in Mesa County.

As the need for pandemic-specific advising declined, MCPH recognized the value of the Spanish Advisory Group for continuing to improve health equity. The MCPH facilitator of the group was shifted from a COVID-19 specific role into a new position as Hispanic Outreach Coordinator. In 2022, the Spanish Advisory Group worked with partners to illuminate the experience of seeking and providing care for Spanish-speaking residents.

One of the key findings was that residents did not feel a fluent Spanish-speaking provider was necessary to effectively deliver care. Professional interpretation could offer a similar level of accuracy and facilitate relationship building between providers and patients. As a result, MCPH and the Spanish Advisory Group sought funding from CDPHE and the Colorado Health Foundation to train local Spanish speakers in simultaneous and consecutive interpretation with the Community Language Cooperative.

Since 2023, the Spanish Advisory Group has supported training of 43 local interpreters, many of whom provide interpretation services in healthcare and other settings. The County's purchase of simultaneous translation technology facilitates interpretation in any language for which an interpreter is available.

100% of interpretation trainees had been asked to interpret in professional settings without training in the past.

CLC INTERPRETATION TRAINING SURVEY, 2023 AND 2024

ACCESSING CARE

Individual barriers to care

Medical debt and cost barriers

The cost of medical care can impact people's choices about how, when, and whether to seek care. Health insurance helps, but some patients still find themselves with higher costs than they expected. Recognizing this issue, the Colorado Legislature enacted several pieces of legislation meant to address cost and transparency in healthcare billing.

In a 2022 nationwide survey, the Kaiser Family Foundation found that 41% of respondents had medical debt, and 24% had a medical or dental bill that was past due or that they could not pay. Locally, in a 2022 study, the Urban Institute found that 10% of Mesa County Residents had medical debt in collections, with a median amount of $923.

The Colorado legislature passed three bills between 2021 and 2023 that changed how hospitals and providers must provide pricing and insurance information, and limits their ability to pursue collections on certain types of debt for low-income patients. Medical debt interest rates were capped at 3% per year and patients were given additional power to negotiate payment plans.

In addition, three national credit reporting bureaus agreed to limit the impact of medical debt on credit scores.

In 2023, more than 1 in 3 private insurance patients were surprised by a bill for medical services they thought were covered.

More than 1 in 4 Mesa County residents skipped needed medical care because of cost.

14.5% of Mesa County residents skipped needed dental care because of cost, down from 26.1% in 2019.

COLORADO HEALTH ACCESS SURVEY, 2023

ACCESSING CARE

Equity in healthcare

In the 2022 Tell Us Community Survey, both low income and Hispanic or Latino Mesa County residents had lower satisfaction with the health care system than the rest of the population. Some of the unsatisfied residents gave write-in feedback such as the need for more Spanish-speaking care providers, and the difficulty connecting with a behavioral health provider with openings.

In 2023, CIVHC released a health equity report which compared the health care access of people in different Colorado census tracts to the demographics of people in that tract. They considered the impact of income, education, employment, housing and transportation, and race, ethnicity, and language. They analyzed these factors against health care utilization:

- access to care for children and adults,
- follow up after a mental health emergency department visit,
- cost of care, and
- potentially preventable emergency department visits.

Access to care for children, cost of care, and emergency department follow ups were not strongly linked to any of the social factors CIVHC reviewed. Access to care for children may have been positively impacted by Colorado's policy of offering Medicaid or CHP+ coverage to children in households up to 247% of the federal poverty level, $78,000 for a family of four.

Access to care for adults and potentially preventable emergency department visits were moderately or strongly linked to every social factor. These linkages were stronger in urban areas than rural areas. Mesa County is made up of a combination of urban and rural areas, so there is likely a range of impacts from these factors.

In Colorado, areas with the highest rates of poverty have the lowest access to care for adults.

Review the 2023 Health Equity report on CIVHC's website.

ACCESSING CARE

Resource navigation

From 2018 to 2022, various efforts to understand the barriers to access to medical and mental health care identified two recurrent themes:

- Economic instability intensifies the challenges of accessing effective health care, and in return, unmet health needs can intensify economic instability.
- Medical and mental health care providers often identify the need for other services in their clients or patients, but don't have the network or expertise to consistently refer to the right program, service, or provider.

As a result, Mesa County Public Health launched Grand Valley Connects, a resource navigation program that assists clients with

- identifying needs,
- connecting to resources,
- help filling out application forms,
- making appointments, and
- submitting documentation.

In 2023, 757 Mesa County residents reached out to Grand Valley Connects for help with resource navigation. 270 clients had a mental health care need, and 186 clients had a medical care or access to medical care issue (e.g. enrolling in health insurance). These clients were also assessed for economic stability needs, and often received resource navigation in several categories.

In addition to Grand Valley Connects, programs like the Mesa County Behavioral Health team's Multi-Agency Collaboration (MAC) team are equipped to work with individuals who require a higher level of case navigation.

MAC clients are often justice-involved or completing a residential substance use treatment program, and full wrap-around support is key to their successful reintegration into the Mesa County community. Among many types of resources, the MAC team coordinates medical care, behavioral health care including substance use treatment when necessary, and health care coverage as a foundational part of the overall support clients receive.

GVC and MAC bring clients toward many types of stability at once because medical and mental health care needs are intertwined with economic stability needs. Through these programs, Mesa County has established a cutting edge system for interrupting cycles of poverty and establishing a steady foundation from which clients can make healthy choices.

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NEIGHBORHOOD AND BUILT ENVIRONMENT

NEIGHBORHOOD AND BUILT ENVIRONMENT

Neighborhood and built environment explores the connection between the environment where a person lives and their health, quality of life, and opportunities to make healthy choices. The context in which residents live profoundly impacts all aspects of their health.

Throughout Mesa County, there are a variety of institutions and services that support and improve residents' environmental context. These include grocery stores, libraries, parks and green spaces, fire and emergency services, and law enforcement.

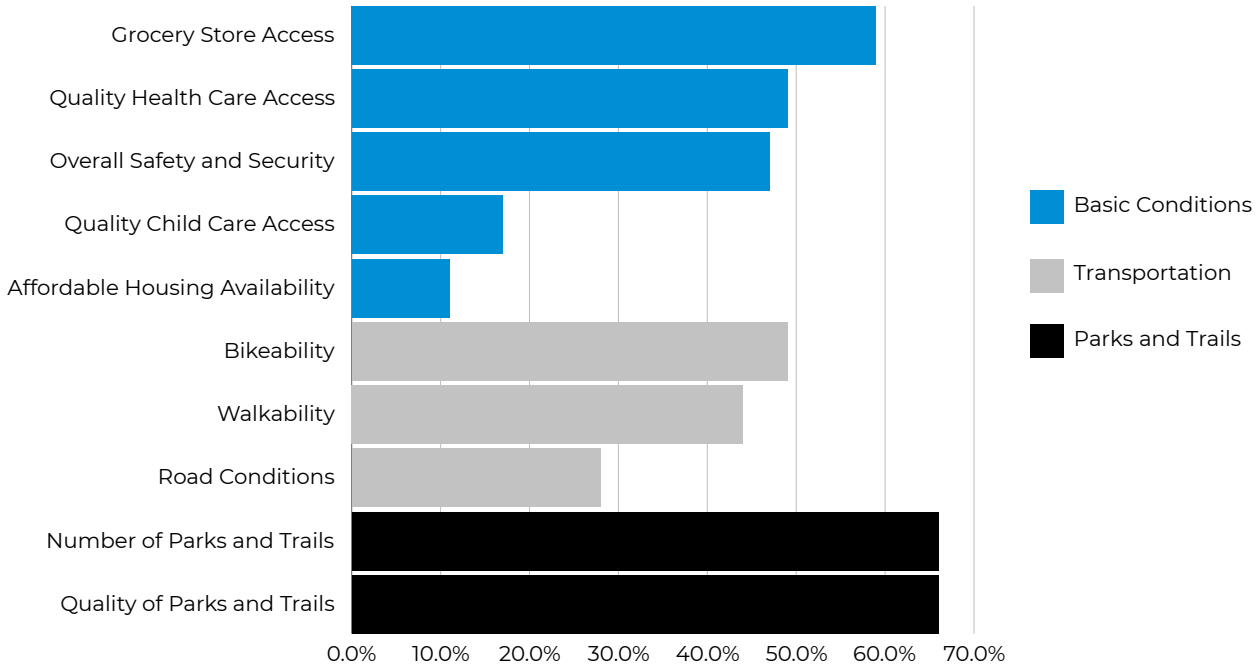
These resources improve resident opportunities for healthy choices, capability to meet their basic needs, and safety from potential hazards. The challenge is to provide equitable access to all county residents.

NEIGHBORHOOD SERVICES AND RESOURCES

In the 2022 Tell Us Community Survey, residents provided feedback on their satisfaction with access to services and resources in their neighborhoods. 62% of Mesa County residents indicated that Mesa County is a good place to live, but for many residents their satisfaction with their community is heavily impacted by their access to services and resources.

County-wide, respondent satisfaction with neighborhood services and resources widely varied from consistent satisfaction with the number and quality of parks and trails to deep dissatisfaction with the availability of affordable housing. Unsurprisingly, satisfaction with access to these services and resources correlated with how satisfied residents were with their neighborhoods overall, but that connection was far greater among lower-income residents.

SATISFIED WITH MESA COUNTY NEIGHBORHOOD SERVICES AND RESOURCES (2022)



2022 TELL US COMMUNITY SURVEY

NEIGHBORHOOD SERVICES AND RESOURCES

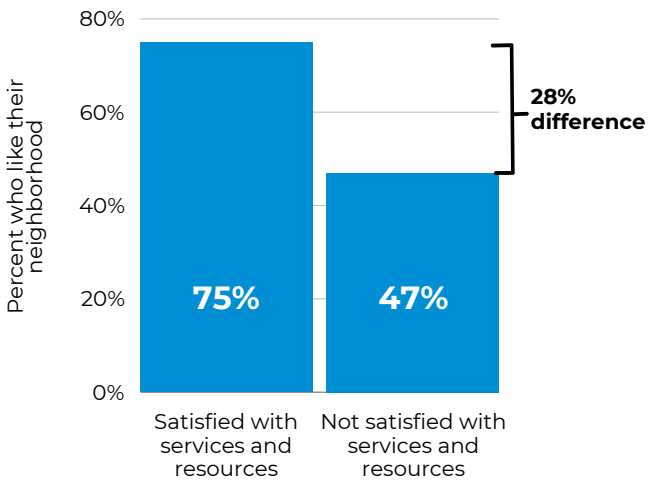
We considered the relationship between a respondent's satisfaction with nearby services and resources and their satisfaction with their neighborhood. Proximity to neighborhood services and resources has a stronger impact on respondents' rating of their neighborhood if they earn less than $50,000 in annual household income than if they earn more than $50,000.

Location is less of a barrier to accessing services and resources for residents with higher incomes. If their neighborhood lacks a service or resource, they can usually drive to access it in a nearby neighborhood. However, location can pose a significant barrier for low-income residents who lack the transportation or flexibility in work schedules to access services and resources that are located farther away.

Low-income residents need access to services and resources to feel satisfied with their neighborhood and quality of life.

RESIDENTS WHO LIKE THEIR NEIGHBORHOOD BASED ON SATISFACTION WITH SERVICES AND RESOURCES (2022)

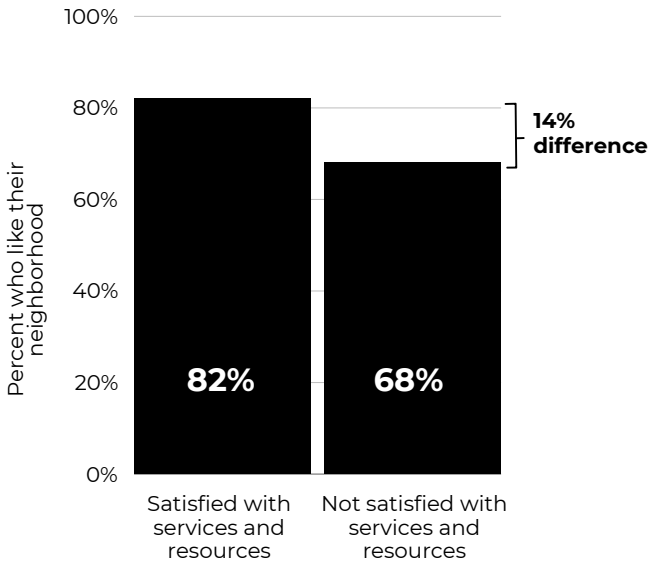
HOUSEHOLD INCOME **LESS THAN $50K**



2022 TELL US COMMUNITY SURVEY

RESIDENTS WHO LIKE THEIR NEIGHBORHOOD BASED ON SATISFACTION WITH SERVICES AND RESOURCES (2022)

HOUSEHOLD INCOME **MORE THAN $50K**



2022 TELL US COMMUNITY SURVEY

NEIGHBORHOOD SERVICES AND RESOURCES

Rural and urban areas of Mesa County

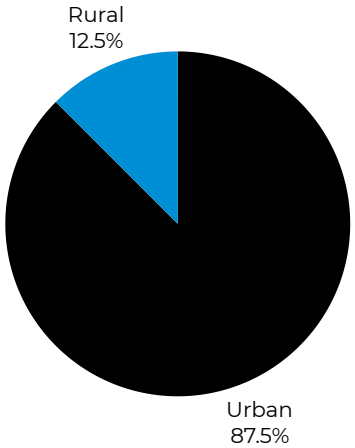
Seven in eight Mesa County residents live in an urban area, and one in eight live in a rural area. In general there are fewer services in rural areas. This includes less access to grocery stores, fewer medical services, and longer response time for emergency services. This necessitates higher transportation needs for daily living. Nevertheless, people who live in rural areas of the county have a higher level of satisfaction with their neighborhoods. 82% of rural residents were satisfied compared to 67% of urban residents.

For many residents, the rural character of a region may be more important than population density. Some people who live between Clifton and Palisade or some areas north of I-70 might be surprised to find themselves designated as urban by the Census.

Official definitions of urban and rural are important for some support programs and funding decisions. Recently, Clifton was re-designated from rural to urban by the USDA, impacting eligibility for funding such as USDA housing programs that target rural areas. Fruita's designation is also under review based on the rural character of the community, which would potentially open new funding opportunities.

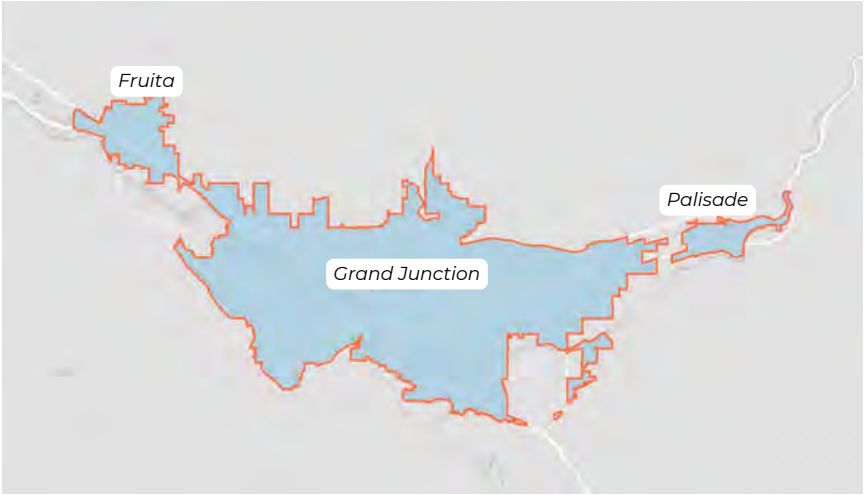
One in eight Mesa County residents live in a rural area.

MESA COUNTY POPULATION IN URBAN AND RURAL AREAS (2022)



CENSUS ACS TABLE S0101

CENSUS URBAN DESIGNATION, MESA COUNTY (2022)



CENSUS ACS TABLE S0101

HOUSING

Housing impacts many aspects of life and health including safety, stability, and social connection. Nearly a third of all households pay 30% or more of their income for housing, a cost burden that can limit families' ability to direct resources to other essential expenses.

Historically, this problem has most affected lower income households, but now the problem impacts households with average and higher incomes, as well. In the 2022 Tell Us Community Survey, only 11% of residents indicated that they were satisfied with the availability of affordable housing.

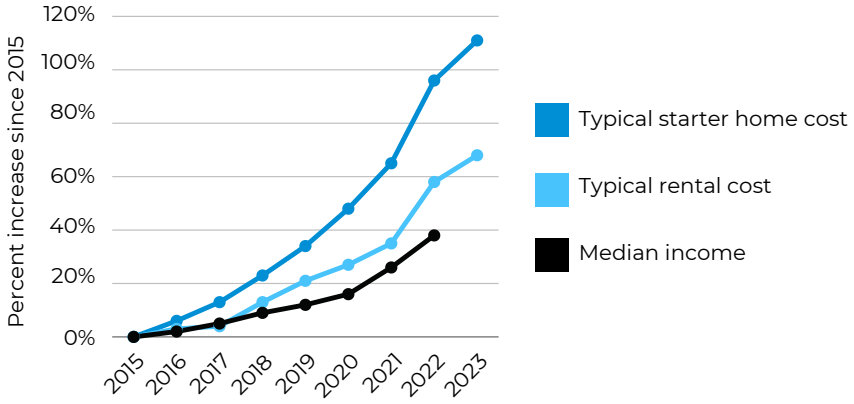
Housing cost trends

The cost of purchasing a home in Mesa County has increased significantly in recent years. Combined with recent high mortgage interest rates, this means purchasing a starter home is currently the most challenging it has been since the 1980s.

Monthly rental costs have also increased notably, although less than starter home costs. However, the median income for the Grand Junction urban area has not kept pace with the housing cost increases. This means the cost of housing has become a burden for an increasing share of Mesa County households.

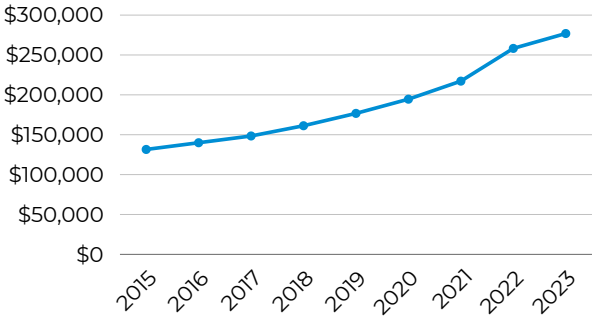
The biggest change in starter home prices took place in 2022. Annual increases in starter house price have outpaced increases in median income every year since 2016. Annual increases in rent cost have been higher than increases in median income in five out of seven years.

RELATIVE HOUSING COSTS AND MEDIAN INCOME, MESA COUNTY



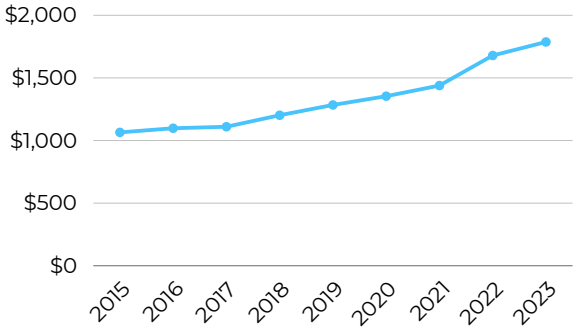
ZILLOW, COST OF HOUSING TRENDS AND CENSUS ACS TABLE DP03

TYPICAL STARTER HOME COST, MESA COUNTY



ZILLOW, COST OF HOUSING TRENDS

TYPICAL MONTHLY RENTAL COST, MESA COUNTY



ZILLOW, COST OF HOUSING TRENDS

HOUSING

New housing

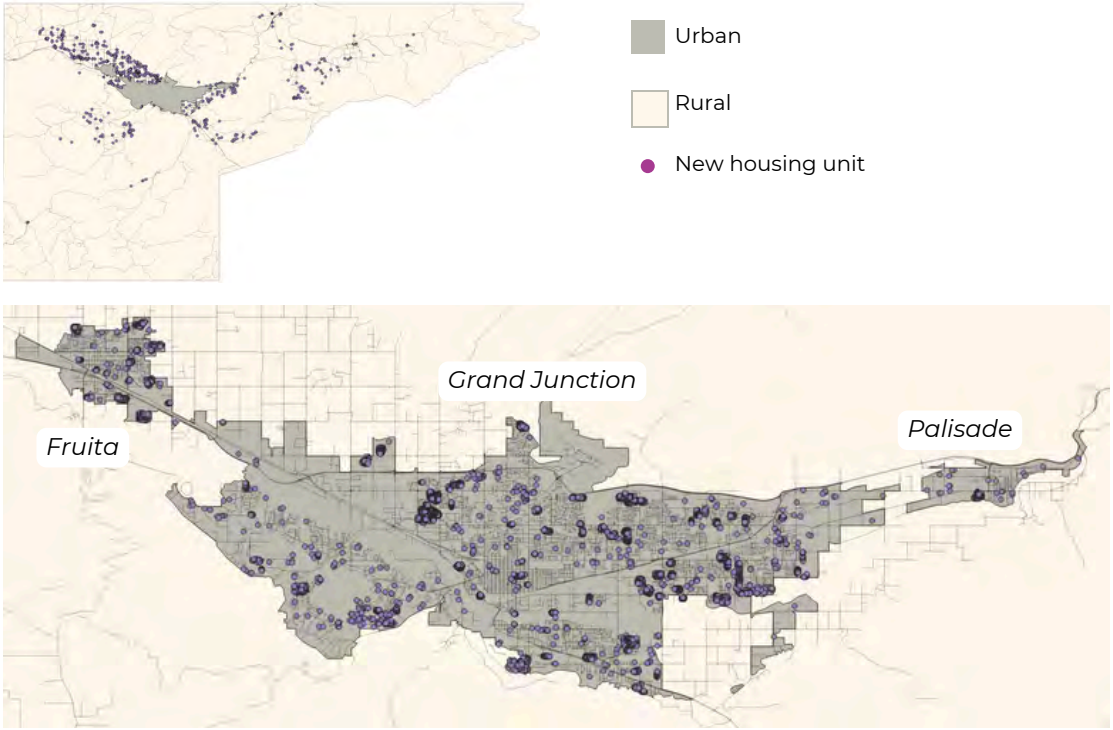
Between 2017 and 2022, Mesa County added a total of 5,578 new housing units. 85.4% of these units have been added in the urban areas of Mesa County.

NEW HOUSING UNITS BY TYPE, MESA COUNTY

Urban/Rural	Unit Type	2017	2018	2019	2020	2021	2022	Total
Rural	Single family residence	105	117	120	168	188	112	810
Urban	Single family residence	542	600	521	560	645	493	3,361
Urban	Townhouse unit	73	92	79	66	114	50	474
Urban	Duplex or triplex unit	14	6	0	9	10	8	47
Urban	Multi-family, 4-8 unit	0	6	8	0	17	62	93
Urban	Multi-family, 9+ unit	20	49	45	299	217	163	793
Total units	**All types**	**754**	**870**	**773**	**1,102**	**1,191**	**888**	**5,578**

MESA COUNTY ASSESSOR DATA REQUEST

NEW HOUSING UNITS, MESA COUNTY (2017-2022)



MESA COUNTY ASSESSOR DATA REQUEST

HOUSING

Homelessness

Homelessness is a common concern and a high priority for intervention among Mesa County community members. Residents are increasingly experiencing homelessness and other types of housing instability. Services for people experiencing homelessness are frequently beyond capacity, lacking adequate fiscal resources or staff to serve the increase in need.

Addressing homelessness in Mesa County will require:

- having the right stakeholders at the table,
- finding funding,
- providing data to show the scope and scale of the issue,
- advocating for policy change,
- and providing community education to enhance support for services and to reduce stigma.

The 2021 Grand Valley Housing Survey identified and quantified housing needs across the Grand Valley. The survey results informed strategy and recommendations for community leaders that can guide future policy decisions related to housing.

Here are some of the key findings from the survey:

- One in five households with income less than $35,000 would like to live on their own or with fewer people but cannot afford it.
- One in four households who had moved in the last five years did not wish to move but had to.
- Respondents expressed a strong desire for the housing stock to accommodate a wide range of residents including those living on a fixed income, low- and moderate-income families, and residents with mobility challenges.

In 2023, the City of Grand Junction and community partners conducted an Unhoused Needs Assessment that aimed to identify strategies and actions to address needs among residents experiencing housing insecurity. The assessment estimates that at the time of publication, there were 2,300 individuals experiencing homelessness in the Grand Junction area.

Additional resources

Grand Junction Area Unhoused Strategy

Grand Junction Housing Assessment

HOUSING

Resident priorities and concerns

Housing options and availability

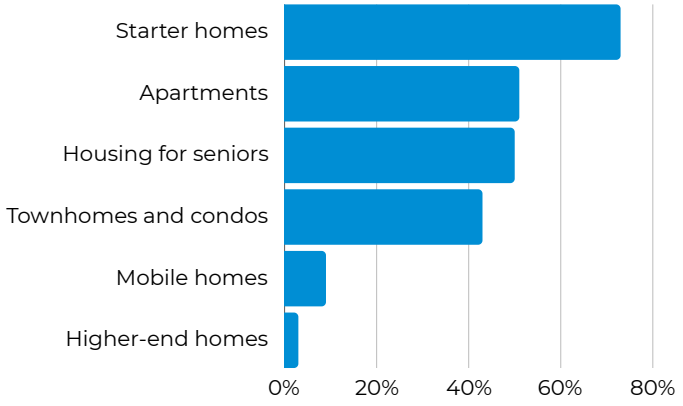
Affordable housing and a diversity of housing options are priorities for residents in Mesa County. In the 2022 Tell Us Community Survey, one in four residents identified the facilitation of diverse housing development as a priority for county leadership.

While the great majority of Mesa County residents feel there is not enough affordable housing, this is even more pronounced among younger adults who are often entering the market as first-time homebuyers. Only 7% of residents under 40 said they were satisfied with affordable housing availability.

This sentiment was reflected in the 2022 Mesa County Master Plan survey as well. A significant majority of residents, nearly three in four, said there were too few starter homes available, and about half said there are too few apartments and too little housing for seniors. By contrast, 97% of residents said there are enough or too many higher-end homes available.

DISSATISFACTION WITH HOUSING AVAILABILITY (2022)

MESA COUNTY HAS TOO FEW:



2022 MESA COUNTY MASTER PLAN SURVEY

Urban expansion

Though residents share broad consensus that housing availability in Mesa County is inadequate in various ways, on the whole they also prefer limiting housing expansion primarily to urban areas.

According to the 2022 Mesa County Master Plan survey, the quality of the natural environment and outdoor recreation are some of the most highly rated and valued characteristics of life in Mesa County, and the vast majority of residents want these to be protected for the future. The majority of residents agreed that rural areas should remain rural and that new development should minimize impacts to natural areas and agricultural land.

While there is wide support for limiting expansion into rural areas, this type of expansion could be useful in helping to resolve existing housing issues. Local governments will need to incorporate a balance of both of these resident priorities as they work to address housing access throughout the county.

FOOD ACCESS

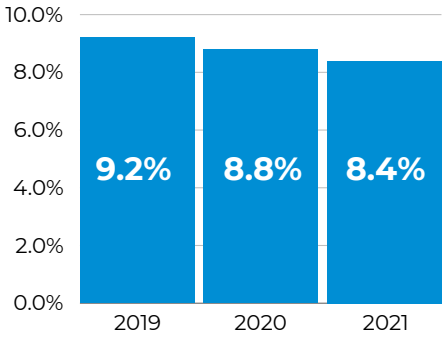
According to research by Feeding America, in 2021, 11.1% of Mesa County's population was likely experiencing food insecurity, based on economic and demographic factors. That equates to approximately 17,000 individuals. Within that group, one in four likely met criteria for food assistance such as SNAP and WIC, but three in four likely did not due to earning above the income limits for eligibility.

In the 2023-2024 school year, 53% of Mesa County students attending a local district qualified for free or reduced lunch. Since this is an opt-in, income-based qualification, it likely does not fully capture students whose families are struggling with economic self-sufficiency, and may experience food insecurity.

In District 51's 2023 Panorama student survey, 93% of 3rd to 5th grade students and 97% of 6th to 12th grade students indicated that they have enough food at home to eat breakfast, lunch, and dinner.

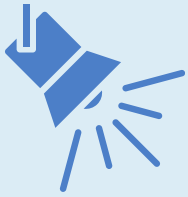
In the 2023 Colorado Health Access Survey, 8.4% of Mesa County residents indicated that in the past 12 months, they had eaten less than they felt they should because there wasn't enough money for food. Statistically, this rate is similar to the 2021 rate of 8.8% and the 2019 rate of 9.2%, though it is possible that it reflects the beginning of a downward trend that would be more clear with additional data.

RESIDENTS WITH FOOD INSECURITY, MESA COUNTY



COLORADO HEALTH ACCESS SURVEY

SPOTLIGHT



Healthy School Meals for All

Following a successful ballot initiative, Colorado launched the Healthy School Meals for All program in Fall of 2023, providing free school meals for all participating Colorado schools, including Mesa County schools.

Statewide, school breakfast consumption is up 35%, and school lunch consumption is up 31%, with Colorado schools serving 184,000 breakfasts and 435,000 lunches each day.

FOOD ACCESS

Food insecurity is highly impacted by access to nutritious food. In urban areas, marked gray in the map below, target benchmarks for distance from homes to a grocery store that provides staple foods and fresh fruits and vegetables range from one mile to two miles. Clearly, there are urban areas of Mesa County that fall outside both of these benchmarks.

Access to neighborhood amenities like grocery stores is more important for low-income residents than moderate- and high-income residents. Some communities outside the radius may feel the lack of a nearby grocery store more acutely based on their economic resources.

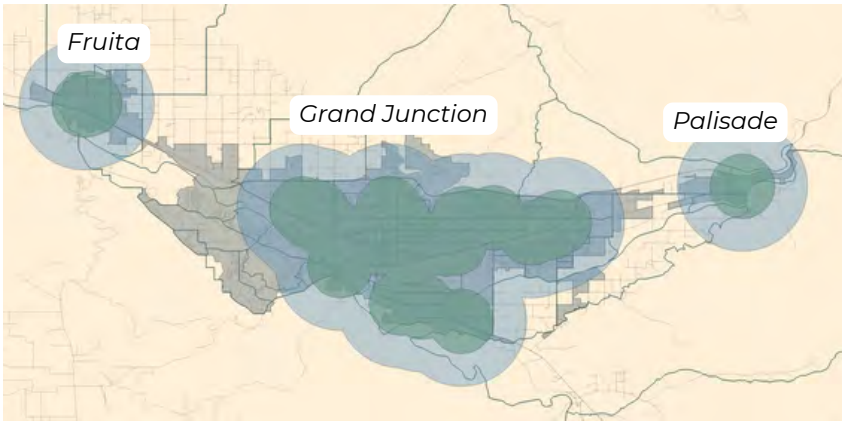
In rural areas, the generally agreed benchmark for distance to a grocery store is 10 miles. While much of Mesa County's population meets this criteria, some communities or rural residences are farther than 10 miles and may find this distance is a barrier to accessing healthy food.

59% of Mesa County residents were satisfied with their access to grocery stores in the area where they live. This was fairly consistent across age and income level.

Fruita residents were less satisfied with their access to grocery stores with only 42% of residents being satisfied.

2022 TELL US COMMUNITY SURVEY

MESA COUNTY URBAN ACCESS TO GROCERY STORES, 2023

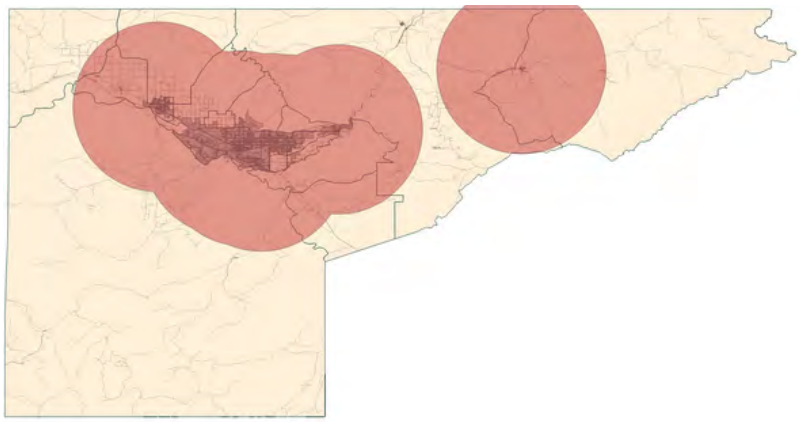


GOOGLE MAPS

DISTANCE TO GROCERY STORES

- 1 mile radius
- 2 mile radius
- 10 mile radius

MESA COUNTY RURAL ACCESS TO GROCERY STORES, 2023



GOOGLE MAPS

Additional resources

For more information on efforts to reduce food insecurity in Mesa County see the Mesa County Hunger Alliance's Blueprint to End Hunger.

INFORMATION ACCESS

Libraries

Mesa County Libraries provides a variety of physical and digital resources to Mesa County residents through their eight branches and website. In 2023, Mesa County Libraries circulated 1.3 million items. Computer use increased from 51,000 users in 2022 to 51,530 users in 2023 and wireless use increased from 375,000 to 379,000 sessions.

SPOTLIGHT

Mesa County Libraries Adult Learning Center

Mesa County Libraries provide services and programming to enrich and support the community.

One example is the Adult Learning Center at the new Clifton Branch, which offers 5 types of classes:

- English as a Second Language (ESL)
- GED Prep
- Career Online High School for adults 19+ without a diploma
- Citizenship
- Adult Literacy

High-speed internet access

Internet access influences a person's opportunities in education, employment, and healthcare access. The most common barriers to internet access are infrastructure and affordability, barriers that most impact rural and low-income households.

According to the Census American Community Survey, in 2022, 10% of Mesa County households did not have a subscription to broadband internet services, which was similar to the statewide rate. Among Mesa County households with less than $20,000 in household income, 27% did not have a subscription to broadband internet services, compared to 31% in that income group nationally. This disparity is commonly referred to as the "digital divide" and has the potential to worsen pre-existing inequities.

In the 2022 Tell Us Community Survey, about 70% of respondents indicated they had adequate home internet access. Nonetheless, over 80% of residents support Mesa County leadership investing in better internet services and bringing more internet providers to the area.

PUBLIC SAFETY

A wide range of local agencies provide public safety in the Mesa County community, including law enforcement, fire and emergency services (EMS), code compliance, and more. The capacity and effectiveness of Mesa County's public safety infrastructure is critical in mitigating the impacts of crime, unsafe or illegal land use, and other physical hazards and crises. Overall, the majority of Mesa County residents value this effort as highly important and put a great deal of trust in these institutions.

Public safety was the second highest priority residents asked county leaders to focus on in the 2022 Tell Us Community Survey.

Law enforcement and emergency response

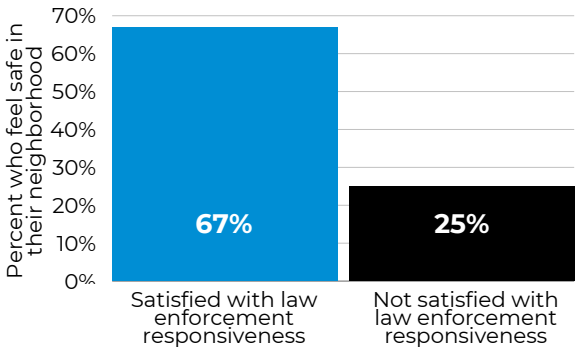
Public safety is a top priority for residents in Mesa County. In the 2022 Tell Us Community Survey, 38% of residents identified promoting public safety as an area they'd prefer for community leaders to prioritize. This was the second most commonly selected priority after improving the K-12 education system.

Across the county, half of residents indicated they are satisfied with the responsiveness of local law enforcement in the area in which they live, and a similar share said they personally trust law enforcement in Mesa County.

Residents' satisfaction with law enforcement is a notable factor in how safe residents feel. Overall, about 47% of residents said they feel safe in the area where they live. However, this was dramatically higher among residents who were satisfied with the responsiveness of law enforcement in their area. Among residents who said they were satisfied with law enforcement responsiveness, 67% said they felt safe and secure, compared to only 25% among those who were less than satisfied.

Since 2021, response times by law enforcement and Fire and EMS to emergency calls have decreased.

RESIDENTS WHO FEEL SAFE IN THEIR NEIGHBORHOOD BY SATISFACTION WITH LAW ENFORCEMENT RESPONSIVENESS, MESA COUNTY (2022)



2022 TELL US COMMUNITY SURVEY

AVERAGE PRIORITY 1 (EMERGENCY) RESPONSE TIMES, ALL MESA COUNTY JURISDICTIONS

	Law Enforcement	Fire or EMS
2021	14 min 38 sec	9 min 47 sec
2022	14 min 36 sec	9 min 0 sec
2023	13 min 43 sec	8 min 54 sec

MESA COUNTY SHERRIF'S OFFICE DATA REQUEST

Since Mesa County has large, sparsely populated rural areas, the average response time can be pushed disproportionately higher by a call from a distant point of the county.

PUBLIC SAFETY

Law enforcement and emergency response

Across Mesa County, there were 243 violent crimes in 2019 and 196 in 2023, a decrease of 19%. This is particularly notable because across the state, violent crimes increased by 21.4% over the same time period.

Mesa County also significantly surpassed the state's clearance rate. In 2023, 42.8% of violent crimes were cleared statewide, compared to 68.4% in Mesa County.

Property crime rates increased from 2019 to 2021, but dropped significantly in 2022 and remained low in 2023.

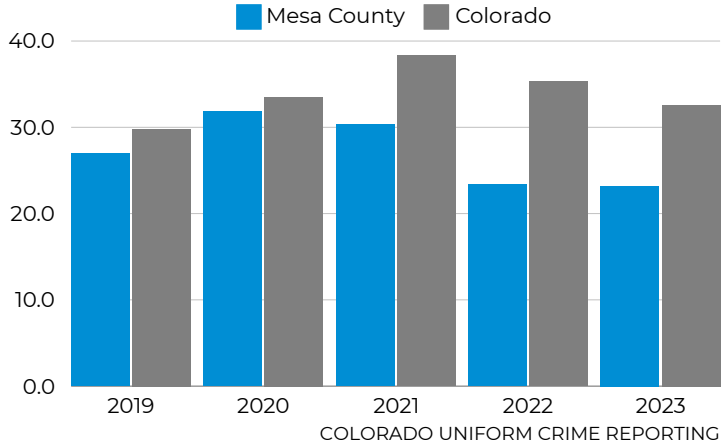
Mesa County property crime and violent crime dropped between 2019 and 2023.

COLORADO UNIFORM CRIME REPORTING

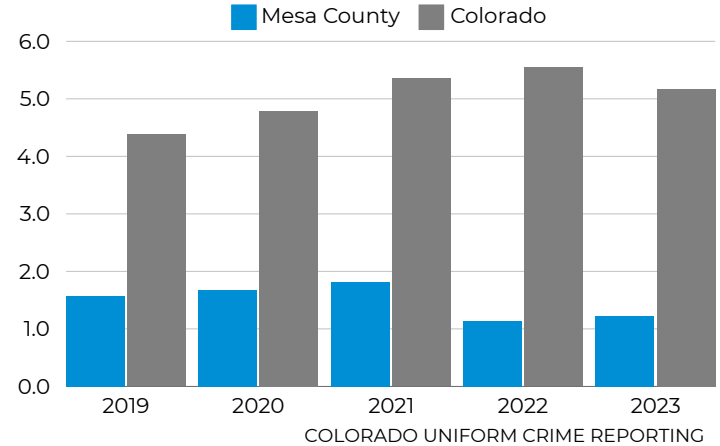
A case is considered cleared when three specific conditions have been met. At least one person has been:

- Arrested.
- Charged with the commission of the offense.
- Turned over to the court for prosecution.

PROPERTY CRIME RATE PER 1,000 PEOPLE



VIOLENT CRIME RATE PER 1,000 PEOPLE



PUBLIC SAFETY

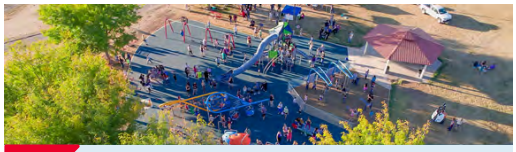
Code compliance

In Mesa County, code compliance is handled by city and county offices. The goal of code enforcement agencies is to maintain and improve the safety and aesthetic appearance of Mesa County neighborhoods. Code compliance teams accomplish this goal by supporting residents and holding them accountable for removing health and safety hazards from their properties. This intervention impacts a neighborhood beyond the immediate removal by reducing crime and improving connectedness between neighbors.

Mesa County Code Compliance works in all of unincorporated Mesa County. This means they serve a mix of urban communities like Clifton and Orchard Mesa and rural communities like Whitewater, Loma, and Mesa.

Some of the approaches Mesa County Code Compliance uses include community clean ups, landfill passes, and responding to complaints of code violations.

Over the past five years, Mesa County has sought a balance of efficient use of funds and effective intervention. Maintaining this balance depends on community engagement, funding opportunities, and staffing levels.



MESA COUNTY COMMUNITY CLEANUPS

2023
- 1,800 residents served
- 264 tons removed in a county and city partnership

2021:
- 4,500 residents served
- 343 tons removed

2020
- 209 tons removed

2019
- 2,000 residents served
- 140 tons removed

MESA COUNTY CODE COMPLIANCE DATA REQUEST

ENVIRONMENTAL HEALTH AND SAFETY

Environmental health and safety describes the air we breathe, the water we drink, the food we eat, and the potentially harmful things our bodies are exposed to.

Radon

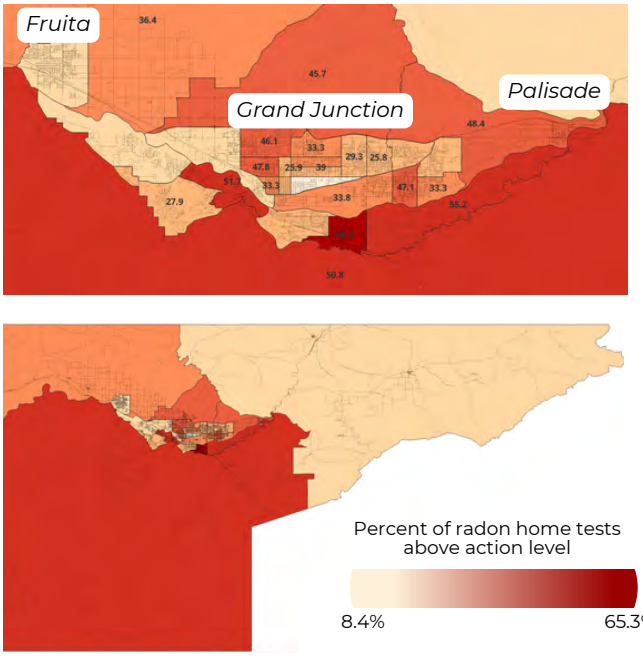
Radon is a naturally occurring colorless and odorless radioactive gas that is generated in the soil from the decay of trace amounts of uranium-238 and thorium-232. Radon was first identified as a hazard in the mid 1980s. Radon has been found in every U.S. state, and 30 states have average test levels higher than the level deemed safe by the Environmental Protection Agency.

Radon is found in all buildings but tends to concentrate at the lowest levels of a building such as basements and crawl spaces. It is more concentrated in houses that have higher levels of air sealing. Testing for radon should be done in the lowest occupiable level of a building.

The action level for radon in Colorado is 4 pCI/L. In Colorado in 2022, 48.3% of pre-mitigation home radon tests were above the limit. In Mesa County, 34.0% of the tests were above the limit. Location within Mesa County greatly affects the radon levels in homes. The percent of pre-mitigation radon tests above the action level ranges from 9% to 65% in Mesa County based on census tract.

Radon testing is voluntary and usually performed by the homeowner or a home inspector. Radon mitigation requires drilling through a building's foundation and venting off-gassed radon with a series of powered fans. The cost of the mitigation can vary based on the building's construction, but mitigation for a single-family home can cost $1,300 or more.

PERCENT OF RADON HOME TESTS ABOVE COLORADO'S ACTION LEVEL, MESA COUNTY (2005-2022)



CDPHE RADON DATA DASHBOARD

"Radon is the number one cause of lung cancer among non-smokers. Radon is responsible for about 21,000 lung cancer deaths every year."

ENVIRONMENTAL PROTECTION AGENCY

More information on radon in Colorado is available from CDPHE. CDPHE also offers a free radon test kit by mail.

ENVIRONMENTAL HEALTH AND SAFETY

Drinking water quality

Mesa County Public Health's water quality lab provides testing services for the Western Slope. Between 2021 and 2023, the MCPH Water Quality lab processed 10,863 samples from 17 counties in Colorado. The MCPH lab tests for coliform bacteria, which must be completed several times per year. Without the local lab, samples from the Western Slope would be sent to labs several hours away for analysis, adding time and expense.

In 2022, CDPHE tested various Mesa County drinking water sources that in total serve over 60,000 residents. All sites were below acceptable thresholds for the eleven contaminants, indicating that they were safe to drink.

Types of drinking water contaminants:

- Arsenic
- Atrazine
- Di-(2-Ethylhexyl) phthalate (DEHP)
- Nitrate
- Perchloroethylene (PCE)
- Radium
- Haloacetic acids (HAA5)
- Trihalomethanes (TTHM)
- Trichloroethylene (TCE)
- Uranium
- Polyfluoroalkyl substances (PFAS)

More information on drinking water quality can be found at the CDPHE Drinking Water website.

A map of test results by county can be viewed on the CDPHE Drinking water data page.

Air quality

Air quality is an increasingly important issue to local residents. This is especially true when the air is conspicuously smoky during the intensifying wildfire seasons across the western United States and agricultural burn seasons within the Grand Valley.

Mesa County has two main pollutants that cause unhealthy air quality, ozone and particulate matter.

Ozone is formed from two non-visible pollutants:

- nitrogen oxides (NOx) commonly emitted from vehicles and power plants, and
- volatile organic compounds (VOCs) emitted from vehicles, factories, gas stations, and paints.

When these components combine with sunlight, the product becomes visible as smog.

ENVIRONMENTAL HEALTH AND SAFETY

Air quality

In addition to ozone, the other common pollutant is particulate matter. Particulate matter can be made up of particles emitted from construction sites, unpaved roads, fires, and dust from wind. Particulate matter can also be made of chemical pollutants emitted from power plants, industries, and automobiles.

The size of particles is directly linked to their potential for causing health problems. Small particles less than 10 micrometers in diameter pose the greatest problems. They can get deep into the lungs, and some may even get into the bloodstream. Exposure to such particles can affect both the lungs and the heart.

People with heart or lung diseases, children, and older adults are the most likely to be affected by particle pollution exposure.

As overall air quality degrades, those with lung-related health issues like asthma or chronic obstructive pulmonary disease (COPD) will be affected sooner than others.

Mesa County has had very few days in recent years where air quality was unhealthy for the general population. Even for sensitive individuals only 1.1% of the days in the last three years would have been of concern. However, for those who are sensitive those days can be very stressful.

AIR QUALITY DAYS

	Good	Moderate	Unhealthy for sensitive groups	Unhealthy
2013	206	153	5	1
2014	141	211	12	1
2015	135	211	18	1
2016	162	194	9	1
2017	137	226	2	0
2018	125	232	7	1
2019	264	100	1	0
2020	196	157	12	1
2021	168	193	2	2
2022	183	177	5	0
2023	171	191	3	0

EPA AIR QUALITY SYSTEM

AIR QUALITY DAYS, 2021-2023

- **Good** 48.1%
- **Moderate** 50.8%
- **Worse than Moderate** 1.1%

In 2020 there were more air quality days rated worse than moderate resulting from increased wildfires in the Western U.S. and the local area.

Since 2017 there has been a slight increasing trend in the number of good air quality days. However, local wildfires can produce clusters of days when the air quality becomes unhealthy for sensitive groups or worse.

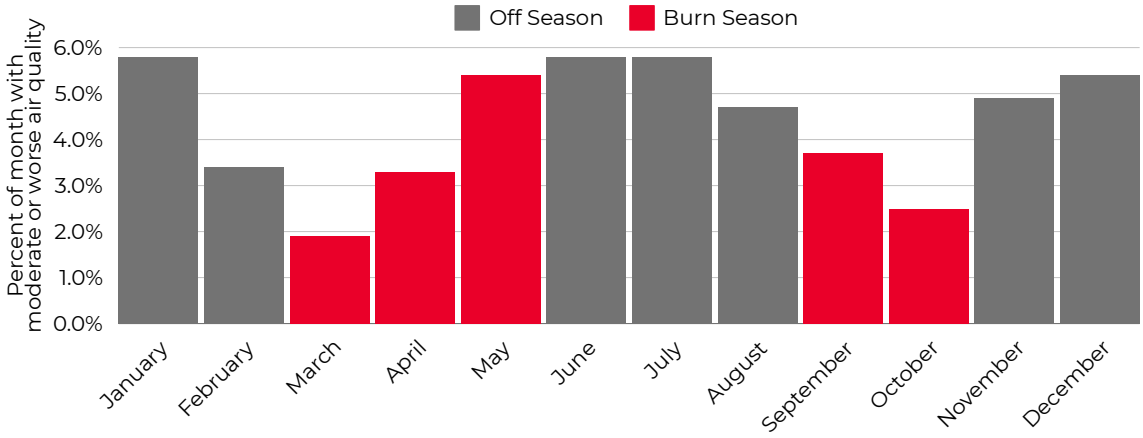
More information on the health effects of particulate matter pollution, visit EPA.gov.

ENVIRONMENTAL HEALTH AND SAFETY

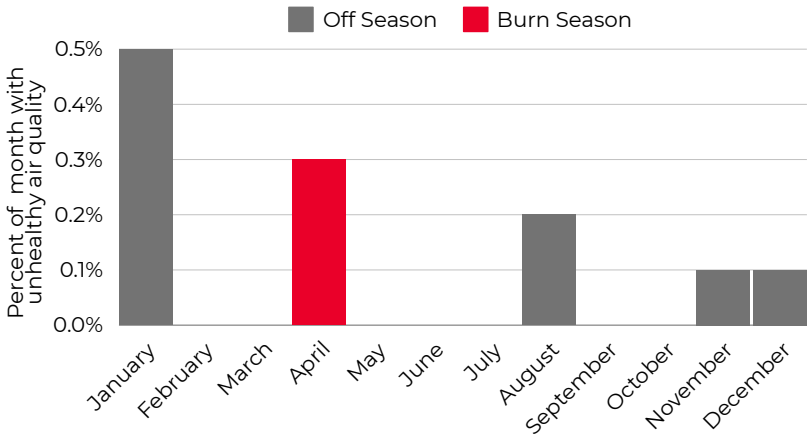
Air quality

Only 16.7% days of moderate or worse air quality occurred during the county's official burn season, March 1 to May 31 and Sept 1 to October 31. Agricultural burning may occur at any time of the year.

MODERATE OR WORSE AIR QUALITY BY MONTH OF THE YEAR, MESA COUNTY (2021-2023)



UNHEALTHY AIR QUALITY BY MONTH OF THE YEAR, MESA COUNTY (2021-2023)



To explore real time air quality monitoring see Purple Air's real time dashboard map

PurpleAir offers a realtime dashboard map that shows many sensors across Mesa County in urban and rural areas. While their testing methods are different from the standard sensors used to record air quality, they paint an important picture of the variation in air quality across Mesa County.

ENVIRONMENTAL HEALTH AND SAFETY

Retail food inspections

Mesa County has approximately 750 retail food establishments. Between 2021 and 2023, MCPH completed 1,594 retail food inspections, 1,008 of which were routine inspections.

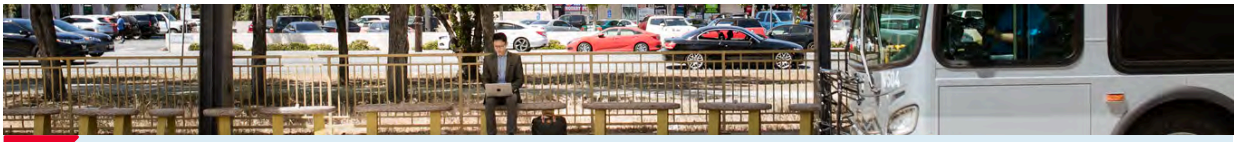
Routine inspections resulted in 898 passing outcomes, 107 re-inspections, and three closures. MCPH conducted 115 inspections in response to a complaint.

Inspections are conducted on a risk-based schedule. Most full-service restaurants are inspected one time per year as long as they successfully pass the routine inspection. If they require reinspection, they are subsequently inspected more frequently.

In addition, MCPH provides licenses for approximately 100 food vendors at over 50 special events throughout the year.

89% of Mesa County restaurants passed their routine inspection on the first try.

TRANSPORTATION



FINDINGS FROM THE 2022 TELL US COMMUNITY SURVEY

Residents who were satisfied with:

- **bikeability** 49%
- **walkability** 44%
- **road conditions** 28%

FINDINGS FROM THE 2022 MESA COUNTY MASTER PLAN SURVEY

Residents who think the following actions should be a priority in improving transportation in Mesa County:

- **Improved maintenance of streets** 69%
- **Better management of traffic flow on major roads** 60%
- **Increasing the availability of walking paths and biking trails** 53%
- **Increasing the availability and quality of sidewalks** 54%

In the 2022 Tell Us Community Survey, 31% of residents identified improving transportation infrastructure as a top priority for county leadership. Residents living in urban areas were more likely to select transportation infrastructure as a priority in future planning, 33% of urban residents compared to 24% of rural.

Fruita residents were notably more satisfied with transportation options in their area. 71% of Fruita residents were satisfied with bikeability, compared to 47% living elsewhere. 66% of Fruita residents were satisfied with walkability compared to 42% of residents living elsewhere in the county.

19% of Clifton residents were satisfied with road conditions, compared to 29% of residents living elsewhere. Since the survey was completed, several major roadwork projects have been undertaken in the Clifton area.

TRANSPORTATION

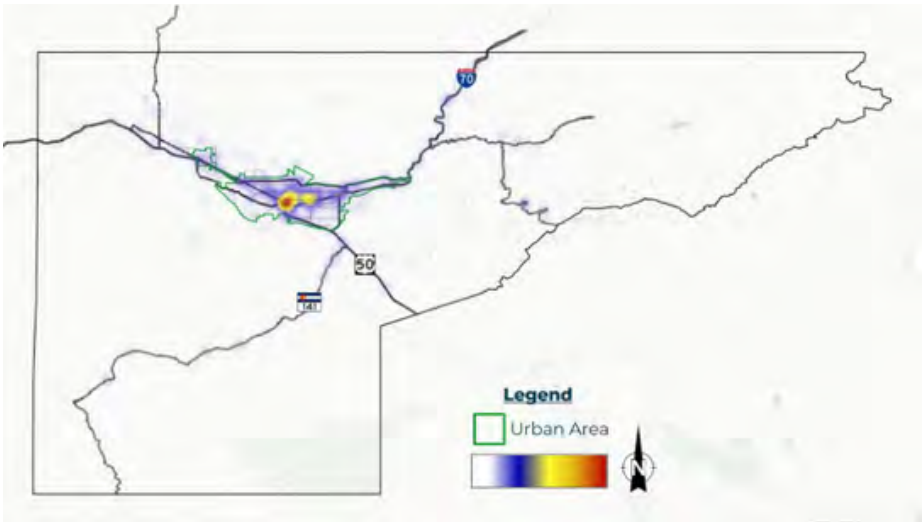
594 people lost their lives or were seriously injured on Mesa County roads between 2016 and 2022. Thousands more were impacted by crashes.

Over this time period, a serious injury crash occurred approximately every five days, and a fatal crash happened approximately every 21 days.

Speeding was a factor in 44% of rural fatal and serious injury crashes and 22% of urban fatal and serious injury crashes.

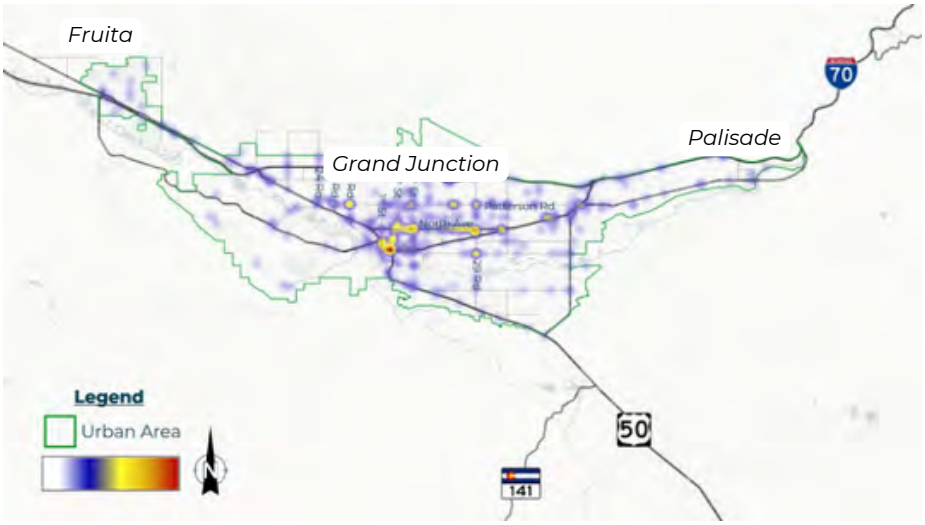
Impairment was a factor in 22% of rural fatal and serious injury crashes and 23% of urban fatal and serious injury crashes.

CRASHES WITH A FATALITY OR SERIOUS INJURY, MESA COUNTY (2016-2022)



REGIONAL TRANSPORTATION PLANNING OFFICE

URBAN CRASHES WITH A FATALITY OR SERIOUS INJURY, MESA COUNTY (2016-2022)



REGIONAL TRANSPORTATION PLANNING OFFICE

The Mesa County Safety Action Plan aims to identify solutions to reduce the number of deaths and serious injuries on our roads. The plan will be adopted in Fall 2024 and will cover the entirety of Mesa County, including the cities of Grand Junction and Fruita and the towns of Palisade, Collbran, and De Beque.

For more information, visit the Mesa County Safety Plan website.

PARKS AND GREEN SPACE

Mesa County is unique in the abundance of outdoor recreation opportunities available to residents, both in urban areas and throughout a wealth of rural public lands. Parks and green space hold tremendous power for improving physical, mental, and environmental health. Particularly among urban residents, parks offer natural spaces for increased physical activity and social connections, as well as protecting against urban environmental health threats such as air and noise pollution.

Outdoor recreation is an integral part of Mesa County culture, and 87% of residents use Mesa County parks and trails. The quality and number of parks and trails are among the highest rated community amenities.

By area, Mesa County is over 70% public land managed by the Bureau of Land Management and the U.S. Forest Service. Public lands include the Colorado National Monument and Grand Mesa National Forest. Mesa County public lands contain over 270 miles of non-motorized trails available for hiking, mountain biking, nordic and backcountry skiing, and horseback riding. Some of the more popular trail systems include Lunch Loops, North Fruita Desert 18 Road, Kokopelli, Palisade Rim, and Gunnison Bluffs.

Park and trail use is nearly ubiquitous among all ages of Mesa County residents but does decrease slightly with age. About 80% of adults over 60 report using parks and trails, compared to nearly all adults under 40. From the 2022 Tell Us Community Survey, outdoor recreation among older adults was notably correlated with higher satisfaction with quality of life and greater social connectedness. Older adults who use parks and trails are more likely to:

- agree that Mesa County is a good place to live,
- have more friends they stay in regular contact with, and
- say they feel close to their neighbors.

In 2023, the Mesa County Trail Crew built three miles of new trails and maintained 50 miles of existing trails.

The City of Grand Junction has 43 parks including 35 developed parks, three undeveloped parks, and five school parks that are available to the public. Most parks offer a variety of amenities including open space, playgrounds, dog parks, and skate parks.

The City of Fruita maintains 11 neighborhood and community parks, over 270 acres of open space, and approximately 10 miles of hard- and soft-surface trails.

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REFERENCES

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SOCIAL AND COMMUNITY CONTEXT

SOCIAL AND COMMUNITY CONTEXT

Social and community context explores the connection between health and people's personal relationships, sense of belonging, and trust in institutions. Social and community support help protect against many negative health behaviors and outcomes, as well as empower community resilience and success.

In this section, we'll explore social cohesion and civic participation in Mesa County. Social cohesion measures the strength of relationships and the sense of solidarity in the community. Civic participation explores a wide range of formal and informal activities such as voting, volunteering, and participating in group activities.

Social cohesion and civic participation are mutually reinforcing. Increasing one often increases the other, and an increase in either supports positive health behaviors and better health outcomes.

SOCIAL COHESION

Social cohesion encompasses personal relationships with family, friends, and coworkers and the sense of community solidarity and belonging. Social cohesion is a uniquely valuable source of mental and emotional support, growing resilience, and protection against social isolation and loneliness.

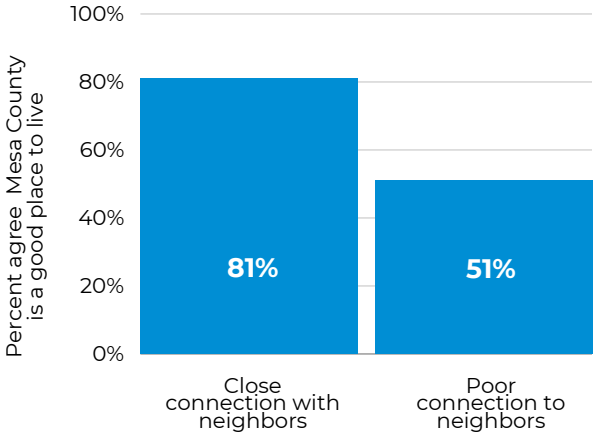
Most residents in Mesa County feel there is a positive sense of community. In the 2022 Master Plan survey, 55% of respondents rated the local sense of community as good or excellent. Friendliness of people and sense of community were in the top five attributes that respondents liked about living in Mesa County.

In the 2022 Tell Us Community Survey, residents provided novel insights into the prevalence and nature of personal relationships in the community. County-wide, 65% of residents reported meeting with their family at least several times per month, and 77% of residents had three or more regularly contacted friends.

While residents are commonly well connected to friends and family, they are less likely to agree to feeling connected to their neighbors. Only 39% of residents agreed they feel close to people in the area where they live.

A close connection with neighbors had a significant, positive effect on whether residents felt Mesa County is a good place to live. Among those who felt close to people in their neighborhood, 81% agreed that Mesa County is a good place to live, compared to 51% among those who didn't have as close of a connection with their neighbors.

AGREE MESA COUNTY IS A GOOD PLACE TO LIVE BY CONNECTION WITH NEIGHBORS (2022)



2022 TELL US COMMUNITY SURVEY

Feeling close to neighbors improves residents' rating of Mesa County as a place to live.

2022 TELL US COMMUNITY SURVEY

92% of Mesa County residents have close connections with friends or family.

2022 TELL US COMMUNITY SURVEY

SOCIAL COHESION

Having close relationships with family and friends and a sense of community belonging help to protect against social isolation and loneliness, risk factors for both mental and physical health.

Among adults in Mesa County, only 8% reported little connection with family, friends, or neighbors. This small, but notable, share of the community is likely at a higher risk for the negative health outcomes of social isolation.

Residents with a household income less than $50,000 were more likely to fall into this group at 12%, compared to only 5% among residents with higher incomes. The struggle for social cohesion among low-income households poses an opportunity for social support programs to help fill the gap.

Veterans and older adults are two groups who are broadly known to be at a higher risk for social isolation nationwide. Mesa County veterans and older adults did not show less connection to family and friends in local data.

"Socially isolated individuals have increased risk for poor health outcomes."

COUNTY HEALTH RANKINGS & ROADMAPS

SPOTLIGHT

Clifton Community Campus

The Clifton Community Campus seeks to address a number of resource and service needs in the Clifton community.

Clifton currently lacks gathering spaces for families and community members to engage and build resilient connections. The full campus opened in summer of 2024. Between the community hall and library facilities, Clifton will have additional infrastructure for social activities, civic engagement, and family-friendly training.

In the future, Mesa County is exploring opportunities to connect the campus to the rest of the Clifton community with additional transportation infrastructure.

SOCIAL COHESION

Social cohesion among youth

Social cohesion among youth is a strong protective factor against many negative and risky health behaviors. High school students have fewer mental health challenges and engage less in high-risk substance use when they have stronger social connections. For more information about youth risk and protective factors, see page 153.

In 2021, Mesa County high school students participated in the Healthy Kids Colorado Survey. They answered questions related to their relationships with their parents, friends, and peers. The great majority of students reported regular chances for family fun and a high level of confidence they can turn to their parents for help.

77% of high school students have lots of chances for fun with their parents.

82% of high school students feel they can ask their parents for help with a personal problem.

HEALTHY KIDS COLORADO SURVEY, 2021

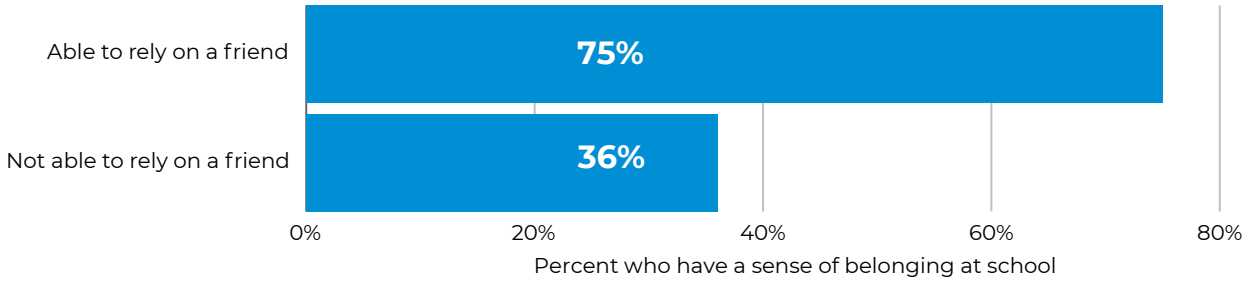
A little over half of students indicated having positive friend relationships. 58% of students felt a sense of belonging at their school, and 53% were able to talk to a friend about their feelings always or most of the time.

Students who said they were able to rely on a friend for emotional support were far more likely to also feel a sense of belonging at their school.

While strong, supportive relationships at school provide a protective factor, peer interactions are not always positive. Bullying, teasing, and name calling can have a deep and lasting impact on student mental health.

In 2021, 1 in 10 students reported having been bullied, both in-person at school and electronically through texting or social media. Nearly a third had been teased or called names.

STUDENTS WHO HAVE A SENSE OF BELONGING AT SCHOOL (2021)



HEALTHY KIDS COLORADO SURVEY, 2021

SOCIAL COHESION

LGBTQ+ community

One Colorado's 2018 Survey, "Closing the Gap: The Turning Point for LGBTQ+ Health," asked questions about social isolation among LGBTQ+ adults in Colorado.

25% of respondents indicated they often experienced a lack of companionship, and 23% often felt isolated from others. This social isolation put them at risk of worse physical and mental health outcomes.

In fact, the non-heterosexual respondents were three times as likely to report suicidal ideation as the overall U.S. population, and the transgender respondents were seven times more likely.

In recent years, data on the LBGTQ+ community has been growing, though there are still notable gaps in timely and local or regional survey data. As a result, we report the results of the 2018 Closing the Gap survey even though we typically rely on more timely sources.

Nearly two-thirds of Colorado LGBTQ+ respondents had experienced verbal harassment motivated by homophobia or transphobia.

One in four Colorado LGBTQ+ respondents often lacked companionship or felt isolated.

CLOSING THE GAP, 2018

Source: lovingbeyondunderstanding.org

SPOTLIGHT
The Center

The Center, run by Loving Beyond Understanding, is a collaborative, drop-in community resource hub and meeting space for all queer, trans, and non-binary people. The Center's goal is to promote a sense of belonging and connectivity in the Mesa County LGBTQ+ community.

The Center opened in 2023 and currently hosts eight community groups such as teen groups, older adult groups, art and book clubs, and parenting groups.

The Center also features a library, a meeting room, and several informal gathering spaces. Security is provided to maintain the safety of staff and visitors.

SOCIAL COHESION

LGBTQ community

LGBTQ+ youth

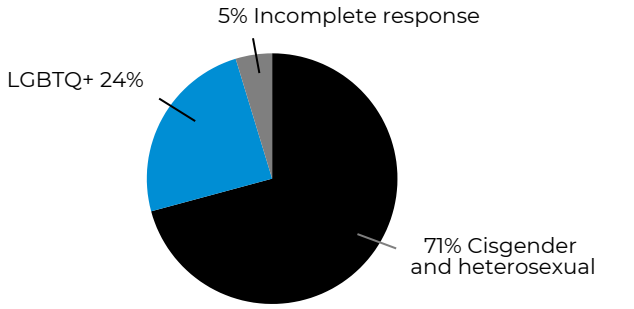
In the 2021 Healthy Kids Colorado survey, 254 Mesa County students identified as LGBTQ+, 24.5% of respondents. 739 identified as cisgender and heterosexual, 70.8% of respondents. For more information about student demographics, see page 66.

LGBTQ+ youth were less than half as likely to report that they could ask their parents for help with a personal problem. 35% of LGBTQ+ youth indicated that family rules are clear compared to 64% of their peers.

27% of LGBTQ+ youth reported chances for family fun, compared to 42% of their peers. LGBTQ+ youth were equally likely to participate in extracurricular activities as their peers.

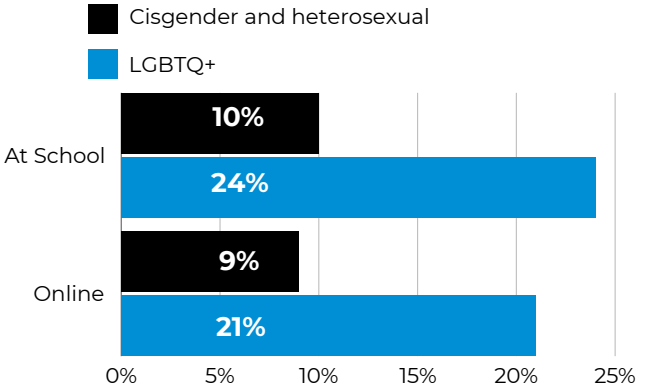
LGBTQ+ youth were more than twice as likely to report being bullied at school and online.

STUDENT SEXUAL ORIENTATION AND GENDER IDENTITY (2021)



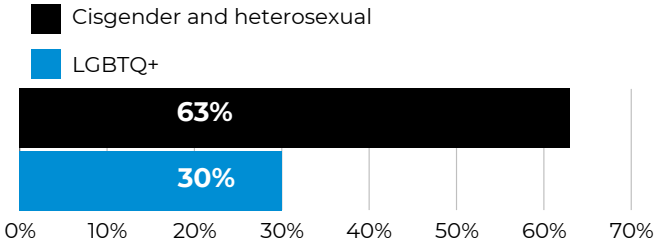
HEALTHY KIDS COLORADO SURVEY, 2021

STUDENTS BEING BULLIED AT SCHOOL OR ONLINE (2021)



HEALTHY KIDS COLORADO SURVEY, 2021

STUDENTS WHO COULD ASK THEIR PARENTS FOR HELP WITH PERSONAL PROBLEM (2021)



HEALTHY KIDS COLORADO SURVEY, 2021

SOCIAL COHESION

LGBTQ community

LGBTQ+ youth

43% of LGBTQ+ youth reported they could talk to a friend about their feelings compared to 57% of their peers. This is an important proxy for the concept of "found family" for LGBTQ+ youth who don't feel safe or accepted in their families of origin.

43% of LGBTQ+ youth reported feeling a sense of belonging at school compared to 64% of their peers. With more data in the future, we'll be able to assess the impact of family support, friends or found family, and belonging at school on LGBTQ+ youth mental health and other outcomes.

All four of the main high schools in Mesa County Valley School District 51 allow students to operate a GSA club, which can mean Gender and Sexuality Alliance Club or Gay-Straight Alliance.

According to participating students, the groups receive different levels of institutional and staff support. The most successful groups have an invested staff advisor who champions the group's activities and understands school logistics. At schools where the groups are primarily student organized, the groups often cease when a motivated student graduates and have to be restarted.

GSAs contribute to the sense of belonging at school for LGBTQ+ students and result in stronger social networks among students. The 2024 U.S. National Survey on the Mental Health of LGBTQ+ Young People found that students who attended schools with affirming policies were less likely to have attempted suicide in the past year.

CIVIC PARTICIPATION

According to Healthy People 2030, civic participation encompasses a wide range of formal and informal activities such as

- voting,
- volunteering,
- participating in group activities, and
- community gardening.

While these activities are often intended primarily as a benefit for the community as a whole, civic participation has also been shown to produce health benefits for participants, like growing social capital and decreasing social isolation.

Resident trust in local institutions

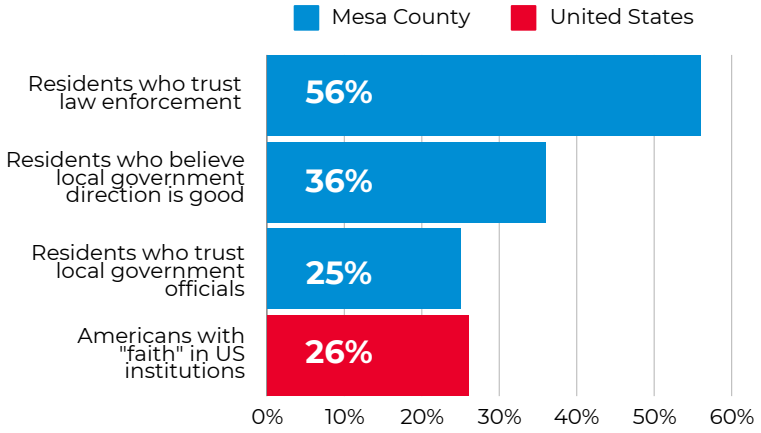
Growing civic participation in a community often depends on first building trust in local institutions. Nationally, there has been a decades-long decrease in Americans' faith in a wide variety of U.S. institutions, with the overall average reaching a historic low in 2023. According to recent Gallup data, an average of only 26% of U.S. adults reported having a great deal or quite a lot of confidence in various major institutions.

While a general institutional distrust has become common, local institutions have the advantage of proximity to their community in facilitating efforts to build trust. From the 2022 Tell Us Community Survey, the majority of Mesa County residents reported personally trusting local law enforcement. Fewer residents indicated personally trusting local government officials.

In the 2022 Master Plan survey, 36% of residents felt that the overall direction that Mesa County government is taking was good or excellent.

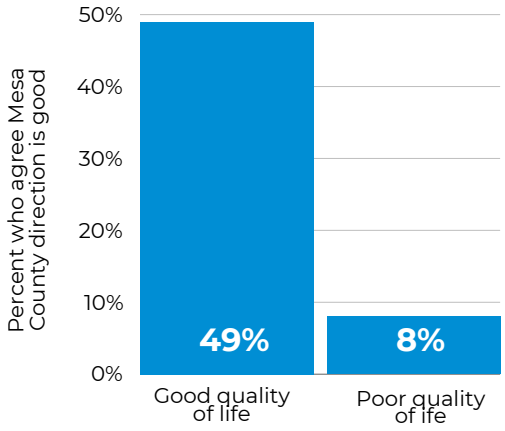
Resident satisfaction with the progress of local government was highly correlated with resident satisfaction with quality of life in Mesa County. Among those who rated quality of life more highly, 49% felt the overall direction of Mesa County government was good or excellent. Among those who rated quality of life poorly, only 8% felt the overall direction was good or excellent.

TRUST OR FAITH IN GOVERNMENT (2022 AND 2023)



2022 TELL US COMMUNITY SURVEY AND GALLUP POLLS, 2023

RESIDENTS WHO AGREE OVERALL DIRECTION OF MESA COUNTY GOVERNMENT IS GOOD BY QUALITY OF LIFE (2022)



2022 TELL US COMMUNITY SURVEY

CIVIC PARTICIPATION

Resident trust in local institutions

Community engagement

To build community trust, institutions can offer opportunities for resident feedback and prioritize transparency in showing how that feedback is implemented. In the 2022 Tell Us Community Survey, only 19% of residents agreed they have a voice in identifying areas for improvement in the community. 29% agreed there are opportunities for meaningful community engagement.

"If your community is your mission and their progress is your vision, then you need to listen to what they're asking for."

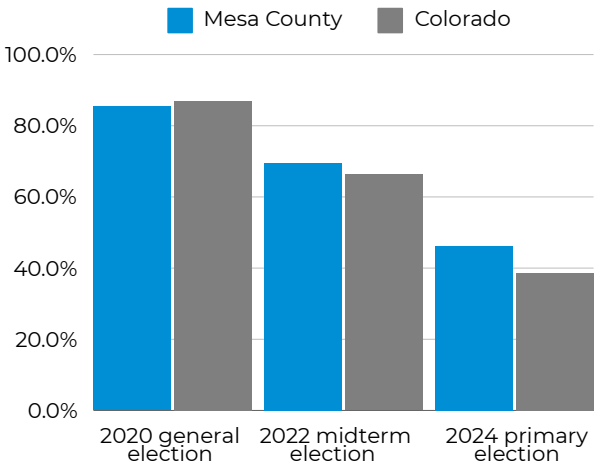
COUNTY HEALTH RANKINGS & ROADMAPS

Election participation

Since Colorado has voter registration available at the time a resident applies for a driver's license, voter registration rates are high across the state, including Mesa County. As of May 1, 2024, Mesa County has 109,664 active registered voters. This represents 88.9% of the voting age population as measured by the 2022 Census American Community Survey.

Voter turnout in Mesa County varies, as expected, based on the perceived importance of the election. Generally, Mesa County turnout is similar or higher than Colorado turnout.

VOTER TURNOUT, MESA COUNTY AND COLORADO



COLORADO SECRETARY OF STATE, ELECTION RESULTS

Source: westerncoloradoalliance.org

SPOTLIGHT

West Slope Youth Voice

West Slope Youth Voice is a non-partisan, student-led program of the Western Colorado Alliance for Community Action. They encourage civic engagement in students through peer to peer organizing and voter registration, since Colorado encourages pre-registration starting at age 16.

The 2022 West Slope Youth Issues Report shares the results of a student-developed survey given to Western Slope students. The survey identified the following top priorities for legislative advocacy:

- feeling safe in school,
- mental health and support, and
- feeling safe in the community.

CIVIC PARTICIPATION

Volunteering

Volunteering offers benefits both to the recipient and the volunteer. Studies have shown that volunteering promotes more positive emotional health, and might be especially beneficial for older adults. A study of adults age 60 and older found that volunteers had a lower risk of cognitive impairment.

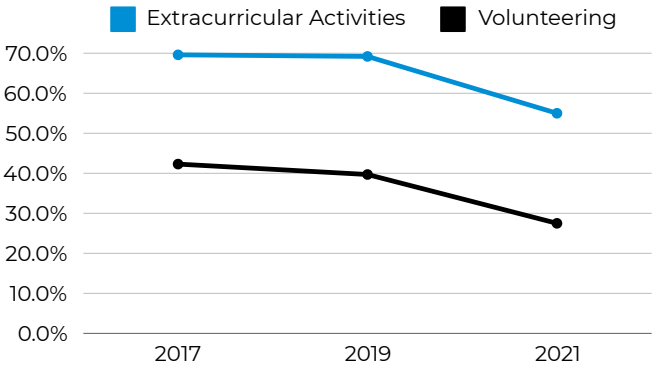
Participating in volunteer activities is fairly common among Mesa County residents. Rates of volunteering in the past month by age group are as follows:

- 28% of high school students
- 45% of adults age 18 to 59
- 42% of adults over 60

High school students were more likely to have participated in volunteer activities if they also participated in extracurricular activities. Among those who participated in activities such as sports, band, drama, clubs, or student government, 40% had also volunteered at least once in the past month. In contrast, 12% of those who didn't participate in extracurricular activities had volunteered.

Participation both in volunteering activities and in extracurricular activities dropped significantly among high school students from 2019 to 2021. This may be a consequence of the disruption of student life by COVID-19. Given the positive impact these activities have on student health and wellness, promoting an increase in participation should be a priority going forward.

HIGH SCHOOL STUDENT PARTICIPATION IN EXTRACURRICULAR ACTIVITIES AND VOLUNTEERING, MESA COUNTY



HEALTHY KIDS COLORADO SURVEY, 2021

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HEALTH BEHAVIORS

HEALTH BEHAVIORS

Health outcomes for Mesa County residents are directly related to their health behaviors, which are shaped by the local resources available and their opportunities to be healthy. Effective promotion of healthy choices must address the context in which the choice is made.

Increasing Mesa County residents' access to opportunities to make healthy choices can positively affect health behaviors and subsequent health outcomes.

The health behaviors in this section cover a wide range of both protective and adverse health behaviors. Protective health behaviors like healthy eating, physical activity, and immunizations protect against and mitigate the impact of negative health outcomes. In contrast, adverse health behaviors like high-risk substance use can increase the risk of negative health outcomes. **Addressing both protective and adverse health behaviors can directly impact the prevalence of negative health outcomes in Mesa County.**

HEALTHY ACTIVITY

Healthy eating, physical activity, and optimal sleep have all been shown to positively impact health factors and outcomes such as weight status and chronic disease.

Healthy eating

Good nutrition can start early and is vital for healthy development. Breastfeeding not only provides protection against childhood illness and infection but also contributes to improved health outcomes for parents. In Mesa County, three in four women breastfeed their babies for at least nine weeks, similar to the statewide rate.

Nutrition is a priority for youth who are at an age of rapid growth and development. However, fruit and vegetable consumption is persistently minimal among high school students, both locally and statewide. By comparison, the majority of adults eat fruit and vegetables at least once per day. For more information about how food access can affect healthy eating behaviors, see page 109.

About a third of Mesa County and Colorado students eat fruit at least once per day. Just over a third of Mesa County and Colorado students eat vegetables at least once per day.

AMONG WOMEN WHO HAD RECENTLY GIVEN BIRTH (2018-2021)

EVER BREASTFED

Mesa County	95.5%
Colorado	94.3%

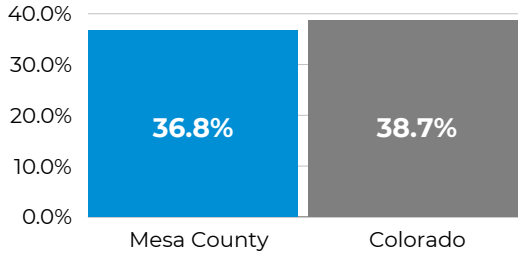
BREASTFED 9 OR MORE WEEKS

Mesa County	76.5%
Colorado	78.0%

PREGNANCY RISK ASSESSMENT MONITORING SYSTEM

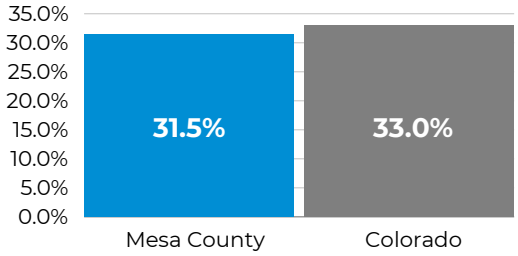
Here "vegetables" includes foods such as a green salad, potatoes, carrots, and other vegetables, excluding fries and potato chips

STUDENTS WHO EAT VEGETABLES AT LEAST ONCE PER DAY (2021)



HEALTHY KIDS COLORADO SURVEY, 2021

STUDENTS WHO EAT FRUIT AT LEAST ONCE PER DAY (2021)



HEALTHY KIDS COLORADO SURVEY, 2021

ADULTS WHO EAT FRUIT AT LEAST ONCE PER DAY (2019-2021)

Mesa County	64.0%
Colorado	62.5%

ADULTS WHO EAT VEGETABLES AT LEAST ONCE PER DAY (2019-2021)

Mesa County	83.2%
Colorado	80.9%

ADULTS WHO DRINK SUGARY BEVERAGES AT LEAST ONCE PER DAY (2019-2021)

Mesa County	30.9%
Colorado	27.2%

BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM

HEALTHY ACTIVITY

Physical activity

Physical activity, along with a healthy diet, reduces weight gain and lowers the risk of developing many chronic diseases. Less than half of Mesa County high school students report regular physical activity.

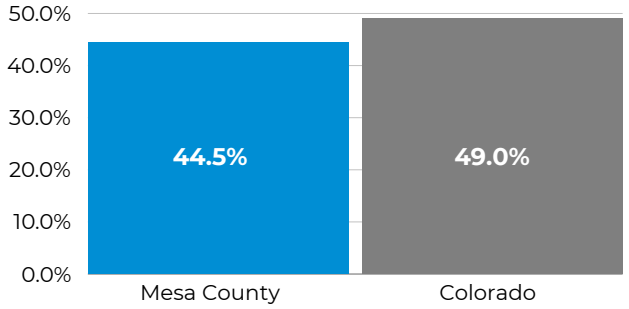
The majority of adults report exercising or doing physical activity outside of work, and the rates vary by income level. 73.1% of adults with a household income less than $50,000 reported physical activity outside of work, compared to 90.6% among those with higher incomes.

ADULTS WHO GET PHYSICAL ACTIVITY OUTSIDE OF WORK (2020-2022)

Mesa County	82.0%
Colorado	83.3%

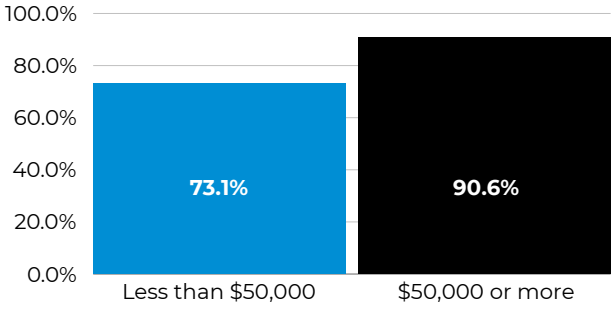
BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM

STUDENTS WHO ENGAGED IN REGULAR PHYSICAL ACTIVITY (2021)



HEALTHY KIDS COLORADO SURVEY, 2021

ADULTS WITH PHYSICAL ACTIVITY OUTSIDE OF WORK BY HOUSEHOLD INCOME, MESA COUNTY (2020-2022)



BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM

"Regular physical activity" means a student was active for at least 60 minutes on 5 or more days in the previous week

HEALTHY ACTIVITY

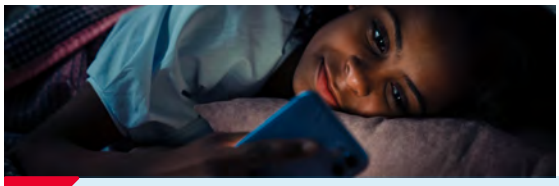
Sleep hygiene

Insufficient sleep has been linked to the development of various chronic conditions, including type 2 diabetes, cardiovascular disease, obesity, and depression.

Optimal sleep is particularly important for youth. The American Academy of Sleep Medicine has recommended that teenagers age 13 to 18 should sleep 8 to 10 hours per night on average. Only a quarter of high school students report getting at least eight hours of sleep on school nights.

27.5% of Mesa County students and 26.2% of Colorado students get eight or more hours of sleep on school nights on average.

74.0% of Mesa County adults and 71.4% of Colorado adults get seven or more hours of sleep per night on average.



Lack of sleep puts the majority of Mesa County youth at higher risk for obesity, poor mental health, and problems with attention and behavior.

HEALTHY KIDS COLORADO SURVEY, 2021 AND AMERICAN ACADEMY OF SLEEP MEDICINE

Weight status

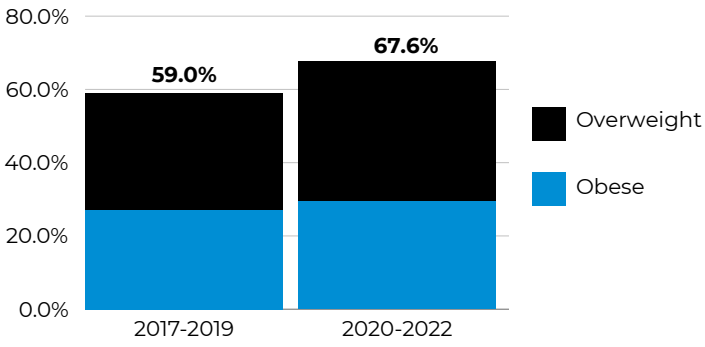
Reducing the prevalence of obesity, which is linked to an increased risk for many chronic diseases, will lead to healthier lives for residents in Mesa County.

Weight that is higher than what is considered healthy for a given height is described as overweight or obesity. Obesity rates in Mesa County have remained relatively stable over time. There appear to be changing trends in the prevalence of overweight, decreasing for children and increasing for adults.

The prevalence of well child visits that included a conversation about the child's overweight or obese BMI has decreased in recent years. The prevalence of adults who are overweight or obese has increased, up to 68% in 2022.

Rates of adult overweight and obesity increased between 2017 and 2022.

ADULTS ABOVE A HEALTHY WEIGHT, MESA COUNTY



BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM

HEALTHY ACTIVITY

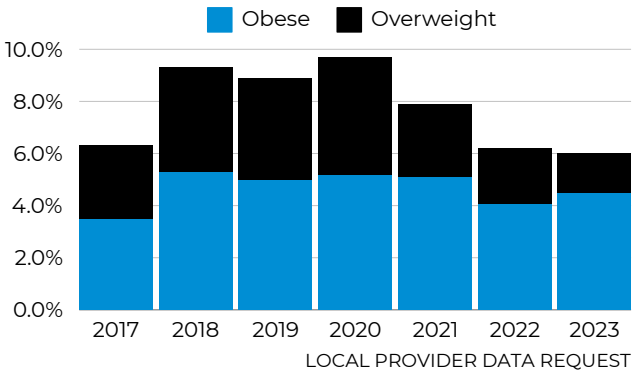
Weight status

The Healthy Kids Colorado Survey used to include questions about students' heights and weights that could be used to determine a student's weight status based on their BMI. As of 2021, these questions are no longer included, which leaves few robust measures of weight status in Mesa County youth.

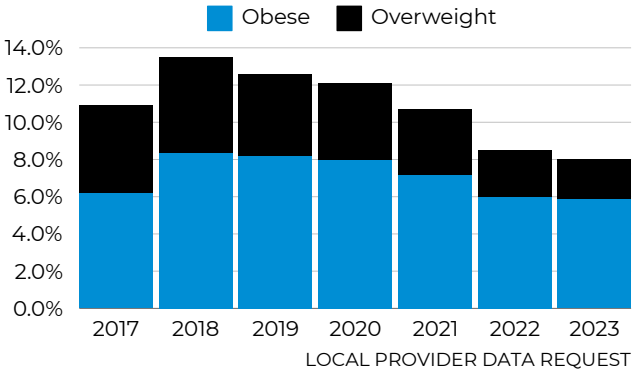
The following charts include the prevalence of well child visits at which the pediatrician included codes for overweight and obesity.

These trends are useful in determining the prevalence in the community of weight concerns among children that have been identified according to medical discretion in addition to standard BMI calculations.

WELL CHILD VISITS MENTIONING OBESITY AND OVERWEIGHT STATUS FROM ONE LOCAL PRACTICE, 5 TO 13 YEARS OLD, MESA COUNTY



WELL CHILD VISITS MENTIONING OBESITY AND OVERWEIGHT STATUS FROM ONE LOCAL PRACTICE, 14 TO 17 YEARS OLD, MESA COUNTY



Often, providers will take a wait-and-see approach with children ages 5 to 13 whose weight isn't causing additional health concerns, because their weight status can change during and after puberty.

IMMUNIZATIONS

School immunizations

Schools require students to report their immunization status on several communicable childhood diseases:

- DTaP (diphtheria, tetanus, and pertussis)
- Hepatitis B
- MMR (measles, mumps, and rubella)
- Polio
- Varicella (chicken pox)

Having information on immunization status helps schools assess the risk to their student and community population during an outbreak.

De Beque School District 49JT increased the percent of students who provided information about their vaccination status from 63% in the 2019-2020 school year to 91% in the 2022-2023 school year. Plateau Valley School District 50 and Mesa County Valley School District 51 have maintained reporting rates above 90% since 2017.

The Healthy People 2030 target for school immunization rates is 95%.

DE BEQUE SCHOOL DISTRICT 49JT (2022-2023)

Fully immunized students	90%
Requested exemptions	6%

CDPHE SCHOOL IMMUNIZATIONS

PLATEAU VALLEY SCHOOL DISTRICT 50 (2022-2023)

Fully immunized students	88%
Requested exemptions	10%

CDPHE SCHOOL IMMUNIZATIONS

MESA COUNTY VALLEY SCHOOL DISTRICT 51 (2022-2023)

Fully immunized students	94%
Requested exemptions	2%

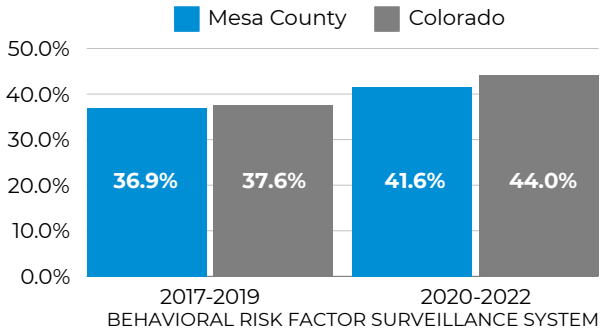
CDPHE SCHOOL IMMUNIZATIONS

Adult immunizations

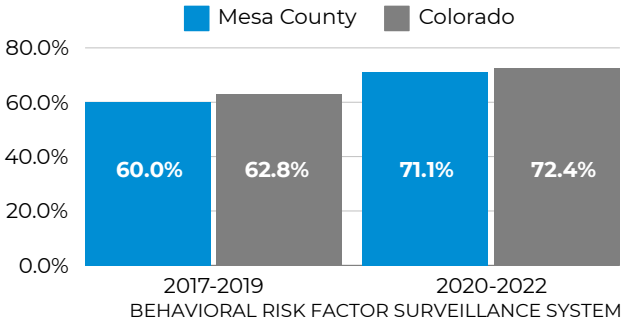
From 2020 to 2022, 42% of adults age 18 to 64 years old reported receiving a seasonal flu vaccine. Among adults age 65 and over, that share is higher at 71%.

Both of these rates increased from previous years. Across all adults age 18 and over, flu vaccine participation increased from about 42% in 2019 to about 50% in 2022.

ADULTS AGE 18 TO 64 WHO RECEIVED A FLU VACCINE



ADULTS AGE 65 AND OVER WHO RECEIVED A FLU VACCINE



SUBSTANCE USE

Marijuana

Marijuana use among Mesa County high school students has remained steady around 20% over the last ten years. The local rate had been comparable with the statewide rate, until 2021 when the statewide rate dropped to 13%.

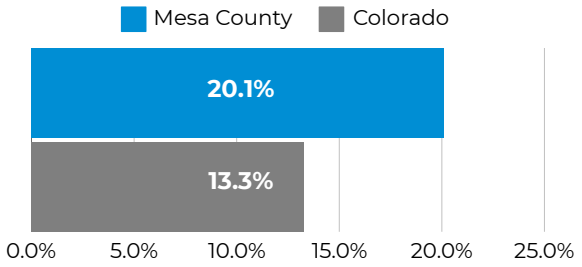
The highest rate of marijuana use is among adults age 18 to 34. However, use among adults age 35 and over is increasing. Among adults age 65 and over, the rate of marijuana use more than doubled in recent years, from 6% to 14%.

CURRENT MARIJUANA USE, ADULTS (2020-2022)

Mesa County	18.6%
Colorado	19.1%

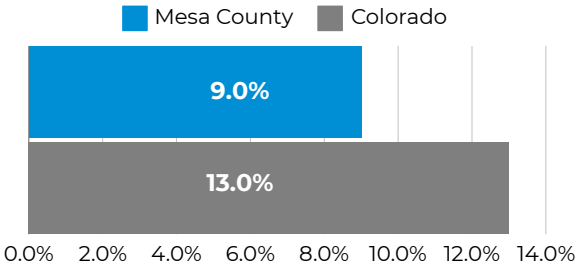
BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM

STUDENTS WHO USED MARIJUANA ONCE OR MORE IN THE PAST 30 DAYS (2021)



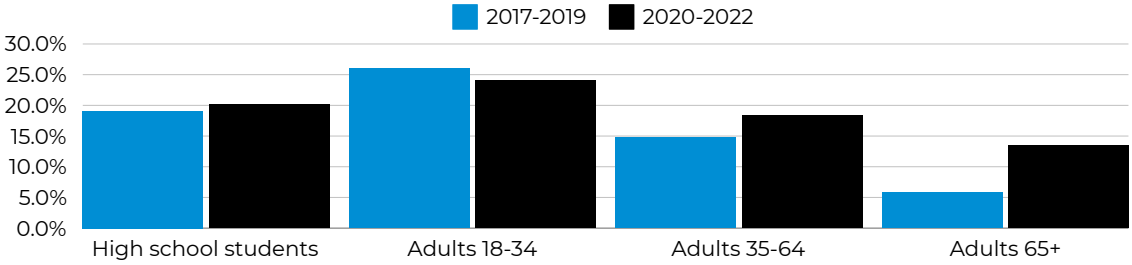
HEALTHY KIDS COLORADO SURVEY, 2021

STUDENTS WHO TRIED MARIJUANA FOR THE FIRST TIME BEFORE AGE 13 (2021)



HEALTHY KIDS COLORADO SURVEY, 2021

MARIJUANA USE BY AGE, MESA COUNTY



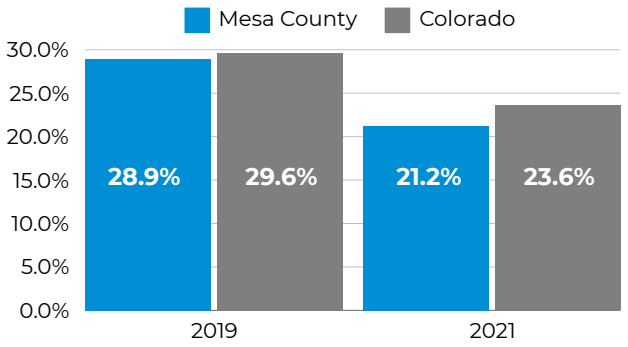
BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM
AND HEALTHY KIDS COLORADO SURVEY 2019 AND 2021

SUBSTANCE USE

Alcohol

Alcohol consumption among high school students has decreased notably in recent years, both locally and statewide. The prevalence of students who had an alcoholic drink in the past month decreased between 2019 and 2021. However, the rate of binge drinking among high school students remains around 13%.

STUDENTS WHO HAD ONE OR MORE DRINKS IN THE LAST 30 DAYS



HEALTHY KIDS COLORADO SURVEY

Binge drinking refers to consuming 5 or more alcoholic drinks in a couple of hours.

A **heavy drinker** is a man who consumes 15 or more alcoholic drinks in a week, or a woman who consumes eight or more.

STUDENTS WHO BINGE DRANK IN THE PAST 30 DAYS (2021)

Mesa County	12.8%
Colorado	12.5%

HEALTHY KIDS COLORADO SURVEY, 2021

ADULT ALCOHOL USE (2020-2022)

HEAVY DRINKER

Mesa County	9.5%
Colorado	7.7%

BINGE DRINKER

Mesa County	16.9%
Colorado	18.6%

BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM

STUDENTS WHO HAD THEIR FIRST DRINK, MORE THAN A FEW SIPS, BEFORE THE AGE OF 13 (2021)

Mesa County	19.2%
Colorado	15.0%

HEALTHY KIDS COLORADO SURVEY, 2021

SUBSTANCE USE

Tobacco

Mesa County youth use tobacco at a higher rate than their statewide counterparts.

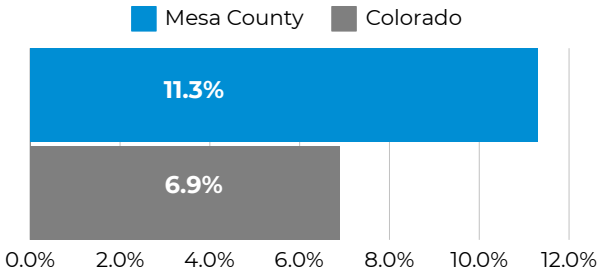
In Mesa County and Colorado, cigarette smoking among high school students has been slowly and steadily decreasing over recent years. The share of students who regularly use electronic vapor products was slowly increasing through 2019. In 2021 use dropped notably. This trend occurred both locally and statewide.

The decline in vape use measured in the 2021 survey was likely driven by an increase in the legal age to purchase tobacco products from 18 to 21.

Using electronic vapor products is far more prevalent among high school students than cigarette smoking. Currently, Mesa County students are three times more likely to vape than to smoke cigarettes.

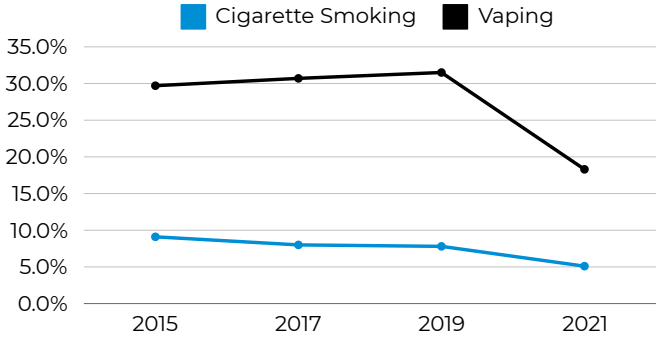
In Mesa County, students are more likely to try tobacco products before age 13 compared to the statewide average. Locally, about 15% of students try either cigarette smoking, vaping, or both before age 13.

STUDENTS WHO TRIED SMOKING CIGARETTES BEFORE AGE 13 (2021)



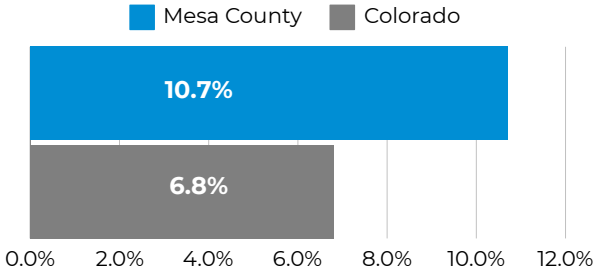
HEALTHY KIDS COLORADO SURVEY, 2021

YOUTH TOBACCO USE, MESA COUNTY (2021)



HEALTHY KIDS COLORADO SURVEY, 2021

STUDENTS WHO TRIED USING AN ELECTRONIC VAPOR PRODUCT BEFORE AGE 13 (2021)



HEALTHY KIDS COLORADO SURVEY, 2021

SUBSTANCE USE

Tobacco

Tobacco use rates among adults in Mesa County are similar to the statewide rates both for cigarette smoking and for vaping. Among adults, cigarette smoking has declined both locally and statewide. Cigarette smoking is more prevalent than vaping among adults, but this may change in coming years. Vaping is far more common among youth and young adults, and prevalence of use may increase as high school students reach adulthood.

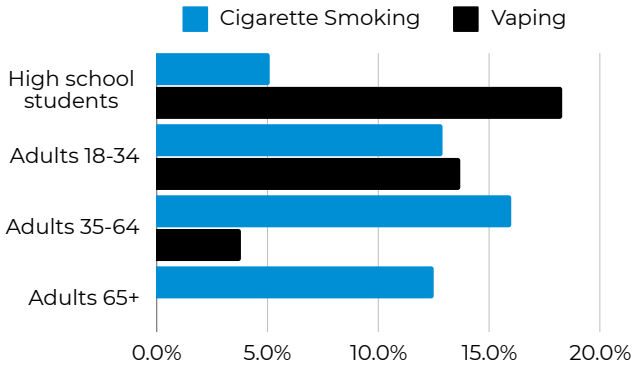
The rate of cigarette smoking also varies by income level. 20% of adults with a household income less than $50,000 reported current cigarette smoking, compared to 11% among those with higher incomes.

STUDENTS WHO WERE INSIDE A CAR WITH A PARENT WHO WAS SMOKING OR VAPING ONE OR MORE TIMES IN THE PAST WEEK (2021)

Mesa County	19.2%
Colorado	15.0%

HEALTHY KIDS COLORADO SURVEY, 2021

TOBACCO PRODUCT USE BY AGE, MESA COUNTY (2021 AND 2022)



HEALTHY KIDS COLORADO SURVEY, 2021
BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM

Drug use

Mesa County high school students engage in high-risk substance use at similar rates to the statewide average. In 2021, 15% of Mesa County high school students reported having misused prescription pain medication, and 6% reported having used illicit drugs. More than one in five high school students indicated it would be easy to access prescription drugs without a prescription.

Among students who reported significantly struggling with their mental health, 20% had misused prescription drugs and 9% had tried illicit drugs. This was more than twice the rate for students who were not struggling with their mental health.

STUDENTS WHO HAVE USED A DRUG ONE OR MORE TIMES DURING THEIR LIFE (2021)

METHAMPHETAMINE		COCAINE		PRESCRIPTION DRUGS WITHOUT PRESCRIPTION	
Mesa County	1.8%	**Mesa County**	3.4%	**Mesa County**	14.6%
Colorado	0.8%	**Colorado**	2.1%	**Colorado**	14.5%

HEALTHY KIDS COLORADO SURVEY, 2021

SEXUAL HEALTH BEHAVIORS

In recent years, the prevalence of high school students who reported having ever engaged in sexual intercourse has decreased statewide, dropping from 35% in 2019 to 25% in 2021. By comparison, the rate in Mesa County has remained around a third of students.

The great majority of students report using some form of birth control, a practice which is likely reflected in the dramatically decreasing teen birth rate.

The annual birth count has been dropping in Mesa County since about 2008, the same year the state began expanding access to long-acting reversible contraception (LARC). Both locally and across the state, this has had a profound impact on decreasing the number of unintended pregnancies, particularly among teenagers and young adults.

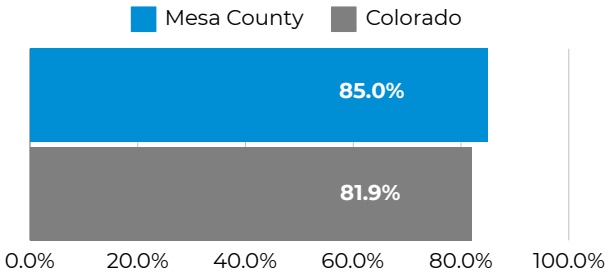
From 2008 to 2022, the birth rate in Mesa County among teens aged 15 to 19 dropped by about 70%.

COLORADO HEALTH INFORMATION DATASET

When LARC access began to increase in 2008, there was an average of about 240 births to teens in Mesa County each year. In recent years, the rate has dropped to around 80.

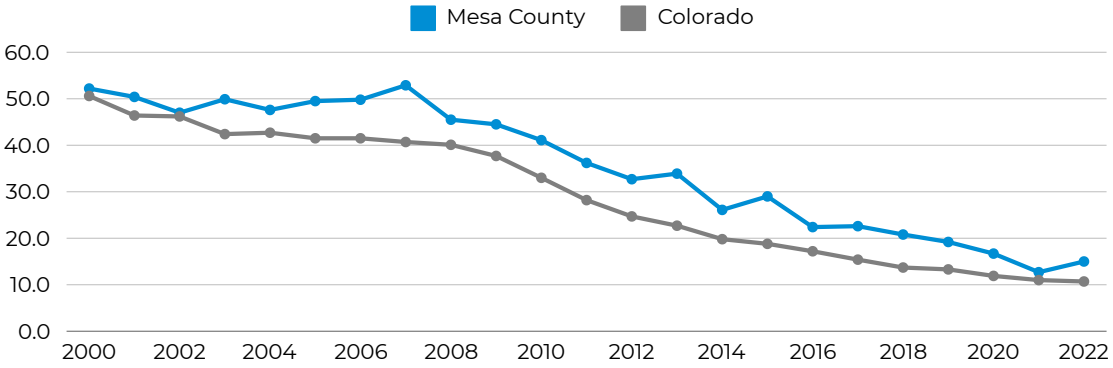
COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT

STUDENTS AT RISK OF PREGNANCY WHO USED ANY FORM OF BIRTH CONTROL (2021)



HEALTHY KIDS COLORADO SURVEY, 2021

RATE OF BIRTHS TO TEEN MOTHERS PER 1,000 WOMEN AGE 15 TO 19



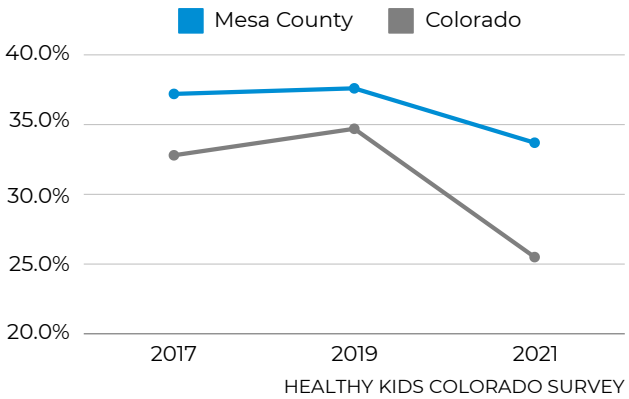
COLORADO HEALTH INFORMATION DATASET

SEXUAL HEALTH BEHAVIORS

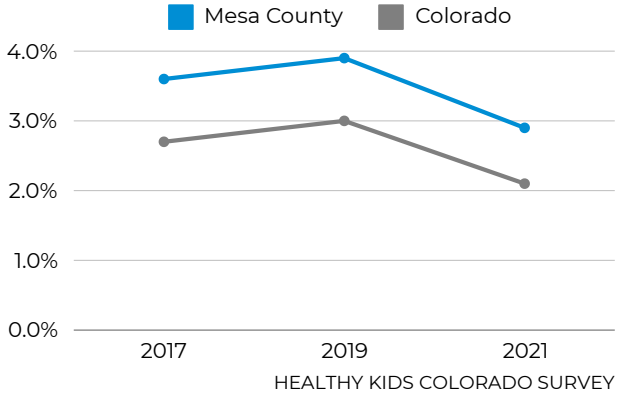
In 2021, Colorado youth engaged in less sexual intercourse and waited slightly longer to begin having sex than students in 2017 and 2019. Mesa County students reported similar changes. We will need more years of data to see if this is a measurable downward trend because of the smaller local sample size.

Approximately one in five students who had sexual intercourse in the past three months used drugs or alcohol before doing so. In previous years, male students were more likely to engage in substance use prior to sex, but in 2021, students were doing so at comparable rates regardless of gender.

STUDENTS WHO ENGAGED IN SEXUAL INTERCOURSE



STUDENTS WHO ENGAGED IN SEXUAL INTERCOURSE BEFORE AGE 13



AMONG STUDENTS WHO ENGAGED IN SEXUAL INTERCOURSE, PERCENT WHO USED DRUGS OR ALCOHOL BEFORE SEX (2021)

Mesa County	21.1%
Colorado	17.6%

HEALTHY KIDS COLORADO SURVEY, 2021

FIREARM USE AND ATTITUDES

As of 2022, half of all adults in Mesa County report having a firearm in their home, compared to 37% statewide. Access to firearms increases the risk of harm due to proximity and lethality, but prevention strategies and safety education can help mitigate that risk.

In 2023, the Colorado Firearm Injury Prevention Survey (COFIPS) was launched to gain a better understanding of the impact and prevention of firearm-involved harm in Colorado. In the survey, Coloradan firearm owners indicated that the top three reasons for ownership include protection of self, family, and property.

75% of firearm-involved deaths in Colorado are suicides. The majority of adults in Colorado believe that homicide is the leading cause of deaths involving firearms. In the survey, only 25% of respondents correctly identified suicide as the leading cause of firearm deaths. This indicates a major misunderstanding of the issue of firearm deaths.

For more information about suicide death in Mesa County, see page 176.

Access and storage

Secure storage of firearms can prevent unauthorized access and save lives. The majority of firearm owners in Colorado, 65%, keep all firearms in the home locked and unloaded. However, 25% of Mesa County high school students said that it would be sort of easy or very easy to access a handgun.

While working-age adults are more likely to use a firearm in a suicide death than youth and young adults, it is not an uncommon method for young people. This is an area for impact that can make a difference in the lives of Mesa County youth.

Promoting and increasing access to firearm safety education can help mitigate the risk of firearm harm in the community.

Participation in safety training not only promotes proper usage and storage, but also helps in educating on the importance of firearm safety in preventing injury and death.

75% of Coloradans who personally own a firearm have taken a class on firearm safety.

SPOTLIGHT

VA Western Colorado Health System

Gun locks are one way to create space between intrusive thoughts and suicide, giving more time for intervention for someone in crisis.

In 2022, the VA Western Colorado Health System in Mesa County distributed 962 gun locks to the Mesa County community through gun distributors as part of their efforts towards suicide prevention.

YOUTH RISK AND PROTECTIVE FACTORS

Risk and protective factors play vital roles in impacting health behaviors and outcomes for children and youth. While protective factors decrease the likelihood of negative outcomes, risk factors increase the likelihood of negative outcomes.

Protective factors like family support and opportunities for social connection empower youth for greater success and resilience. These protective factors also have a strong impact on substance use and mental health.

DEFINITIONS

Risk Factors A characteristic that is associated with a higher likelihood of negative outcomes. These characteristics can be biological, psychological, family, community, or cultural.

Examples include:
- Low-self esteem
- Family conflict
- Poverty

Protective Factors A characteristic that is associated with a lower likelihood of negative outcomes. These characteristics can be biological, psychological, family, community, or cultural.

Examples include:
- Emotional self-regulation
- Supportive relationships with family members
- Engagement and connections in school, athletics, employment, religion, or culture.

YOUTH.GOV

Child welfare

The Department of Human Services (DHS) Child Welfare team in Mesa County is committed to a focus on preventive services that reach families in their homes.

In 2023, their team performed 4,780 family screenings. Just over a quarter of those resulted in an assessment for further work with a DHS case worker. Family screenings occurred at a higher rate in Mesa County than state averages, with about 14.9 per 100 children in the community, compared to 9.5 per 100 children statewide.

71% of allegations of maltreatment were for neglect, and 16% were for physical abuse. These were the most common allegations of maltreatment in Mesa County, a very similar breakdown to statewide allegations of maltreatment.

Regardless of whether a case is opened, the Child Welfare team offers families referrals for providers and services including:
- Hilltop,
- Mind Springs Health,
- Amos Counseling,
- Griffith Center,
- substance use treatment,
- mental health care,
- parenting skills training,
- domestic violence treatment, and
- youth mentoring.

In 2023, the number of Mesa County children in an out-of-home placement varied from 181 to 203. Approximately 84% of those children were in a family-like setting.

YOUTH RISK AND PROTECTIVE FACTORS

High school students

In 2021, Mesa County high school students participated in the Healthy Kids Colorado Survey. They answered questions related to their mental health and substance use behaviors, as well as various risk and protective factors.

Their answers indicated that protective factors such as strong family support and social connection with friends and with peers at school can have a positive impact on student substance use and mental wellness.

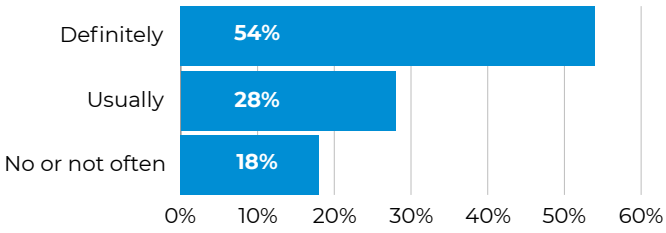
Family support

Three aspects of family support had a clear positive influence on reducing substance use and mental health challenges:

- students who were confident they could rely on their parents for help,
- students who had lots of chances for family fun, and
- students who said their family rules were clear.

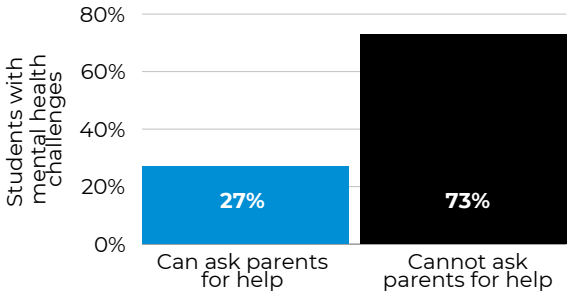
A student's confidence that they can turn to their parents for help is profoundly correlated with their mental health and the likelihood they'll engage in high-risk substance use. 18% of students indicated that they aren't confident they can trust their parents to help them. This is an area where interventions to encourage and facilitate stronger relationships between students and parents can have dramatic effects.

STUDENTS WHO CAN ASK THEIR PARENTS FOR HELP WITH A PERSONAL PROBLEM (2021)



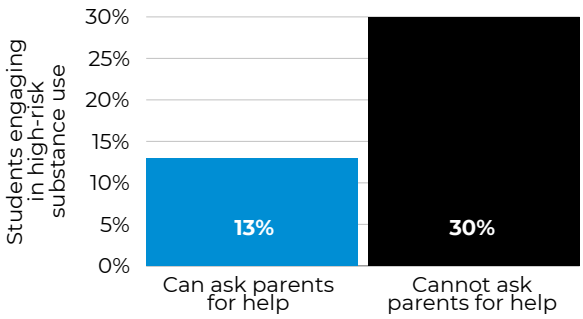
HEALTHY KIDS COLORADO SURVEY, 2021

STUDENTS WITH SERIOUS MENTAL HEALTH CHALLENGES BY WHETHER THEY CAN ASK FOR PARENT HELP, MESA COUNTY (2021)



HEALTHY KIDS COLORADO SURVEY, 2021

STUDENTS WITH HIGH-RISK SUBSTANCE USE BY WHETHER THEY CAN ASK FOR PARENT HELP, MESA COUNTY (2021)



HEALTHY KIDS COLORADO SURVEY, 2021

YOUTH RISK AND PROTECTIVE FACTORS

High school students

Social connection

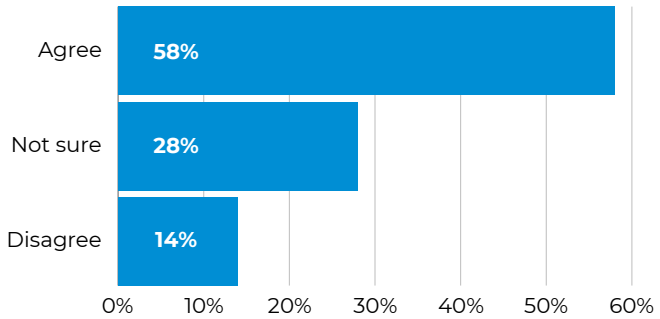
A student's sense of belonging among their peers is highly correlated with their health behaviors. Students who felt like they did not belong at school were more than twice as likely to struggle with their mental health. They were also more likely to engage in high-risk substance use.

Students were more likely to feel like they belong if they had trusted friends for emotional support or participated in extracurricular activities such as sports, band, drama, clubs, or student government.

Participation in extracurricular activities dropped significantly among high school students from 2019 to 2021, down to only about half of all students. This may be a consequence of the disruption of the COVID-19 pandemic on student life.

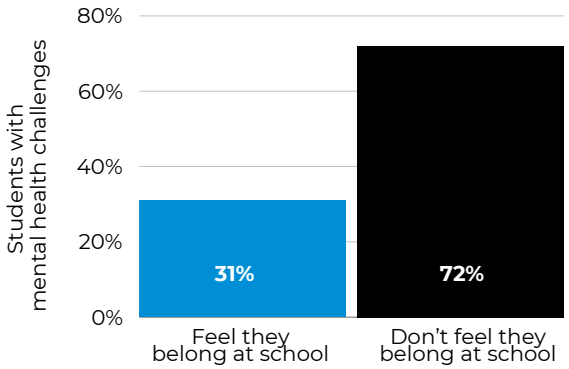
For more information on social connectedness trends for youth, see page 130.

STUDENTS WHO FEEL LIKE THEY BELONG AT SCHOOL (2021)



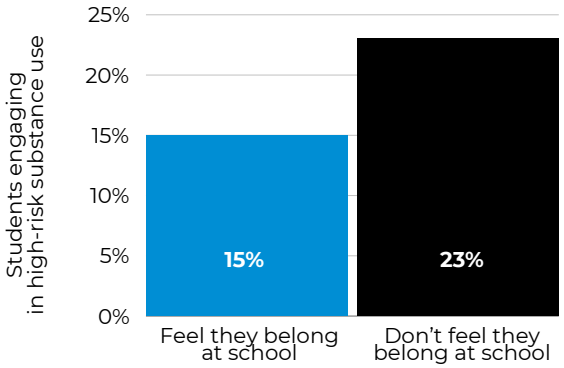
HEALTHY KIDS COLORADO SURVEY, 2021

STUDENTS WITH SERIOUS MENTAL HEALTH CHALLENGES BY WHETHER THEY FEEL THEY BELONG AT SCHOOL (2021)



HEALTHY KIDS COLORADO SURVEY, 2021

STUDENTS WITH HIGH-RISK SUBSTANCE USE BY WHETHER THEY FEEL THEY BELONG AT SCHOOL (2021)



HEALTHY KIDS COLORADO SURVEY, 2021

YOUTH RISK AND PROTECTIVE FACTORS

High school students

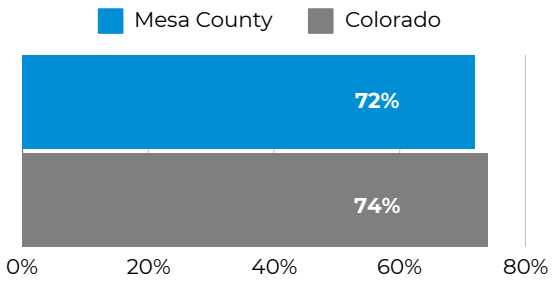
Screen use

Excessive screen time is common among high school students. 72% of students reported they spent at least three hours each day in front of a TV, computer, smart phone, or other electronic device for something other than schoolwork.

Since this question groups together so many different types of screen use, it isn't possible to isolate types of screen use that may have different impact on social connection and mental health. For example, some studies show a difference between social media use and online gaming with real-life friends. While these two activities both represent screen time, they represent very different types of social interaction.

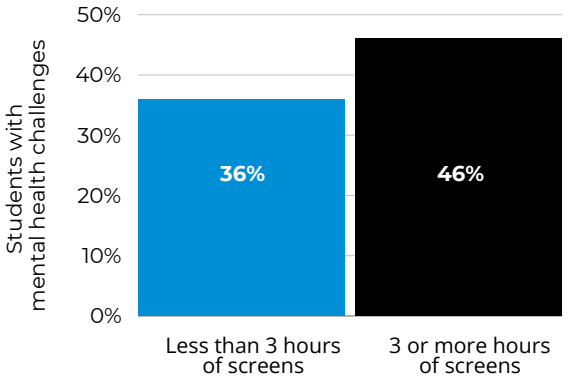
Based on the aggregated data available, however, struggling with mental health was somewhat more common among students with excessive screen time at 46%, compared to 36% among students who spent less of their time engaged in electronic activities.

STUDENTS WHO SPEND AT LEAST 3 HOURS PER DAY IN FRONT OF A SCREEN (2021)



HEALTHY KIDS COLORADO SURVEY, 2021

STUDENTS WITH SERIOUS MENTAL HEALTH CHALLENGES BY SCREEN USAGE (2021)



HEALTHY KIDS COLORADO SURVEY, 2021

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REFERENCES

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HEALTH OUTCOMES

HEALTH OUTCOMES

Mesa County Public Health and our partners address health outcomes by understanding how outcomes and behaviors are shaped by underlying economic, educational, healthcare, environmental, and social conditions.

This section explores the end results of these conditions and behaviors by examining behavioral health status, disease, and mortality.

Many Mesa County youth and young adults experience intense mental health challenges, and these challenges are increasingly common among all Mesa County adults. These are manifested in **increasing utilization of the emergency department for suicidal ideation and attempt and a high suicide death rate**.

Mesa County has higher rates of some cancers than Colorado, and similar rates of most chronic and infectious diseases. A recent state-wide increase in syphilis is reflected in Mesa County's rates.

Mesa County has higher mortality rates than the state. **Many leading causes of death are preventable and influenced strongly by health behaviors.**

BEHAVIORAL HEALTH

Behavioral health impacts physical health in a cyclical way. Behavioral health is impacted by health behaviors, but it can also impact a person's ability to pursue healthy choices. In addition, behavioral health challenges can lead to direct health outcomes such as substance use disorder and suicide crisis.

Young people in Mesa County reported more intense mental health challenges than adults. Teens expressed high levels of stress, and more than 4 in 10 reported intense mental health distress. Less than half as many adults reported the same.

Children and teens

While most youth reported good mental health when asked about the most recent week, a notable number of high schoolers indicated periods of intense mental distress over the past year.

3rd-5th graders

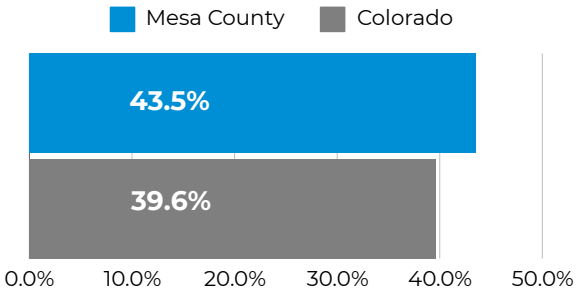
- 51% indicated they felt sad some, most, or all days in the past week.
- 25% reported they felt afraid some, most, or all days in the past week.
- 33% reported feeling happy zero or only one day in the past week.

6th-12th graders

- 48% indicated they felt sad sometimes, frequently, or almost always in the past week.
- 71% indicated they felt stressed out sometimes, frequently, or almost always in the past week.
- 32% reported feeling happy almost never or only once in a while in the past week.

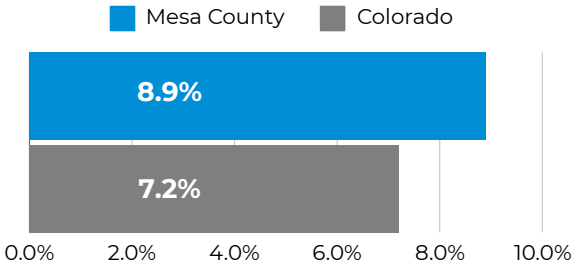
DISTRICT 51 PANORAMA SURVEY, FALL 2023

STUDENTS WHO FELT SO SAD OR HOPELESS THEY STOPPED DOING USUAL ACTIVITIES ALMOST EVERY DAY FOR TWO WEEKS (2021)



HEALTHY KIDS COLORADO SURVEY, 2021

STUDENTS WHO ATTEMPTED SUICIDE IN THE PAST YEAR (2021)



HEALTHY KIDS COLORADO SURVEY, 2021

BEHAVIORAL HEALTH

Adults

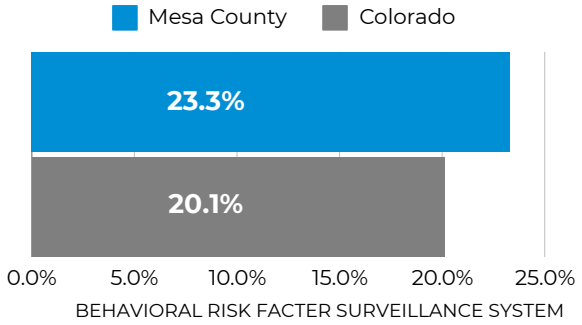
Around a quarter of the adult population in Mesa County has been diagnosed with a depressive disorder ever in their life. Nearly one in five adults indicated recent mental health distress.

Prior to 2021, Mesa County and Colorado adults reported similar levels of persistent poor mental health. Starting in 2021, Mesa County's rate increased more quickly than Colorado's.

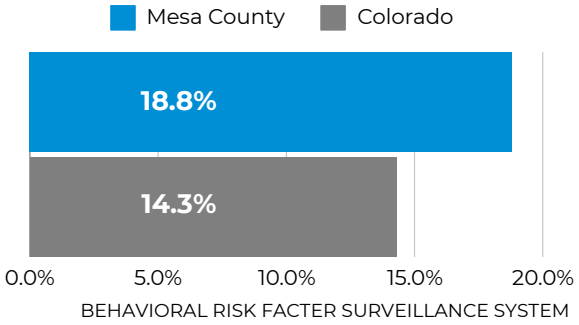
In 2022, 1.5 times more adults in Mesa County reported mental health distress than in 2020.

BEHAVIORAL RISK FACTER SURVEILLANCE SYSTEM

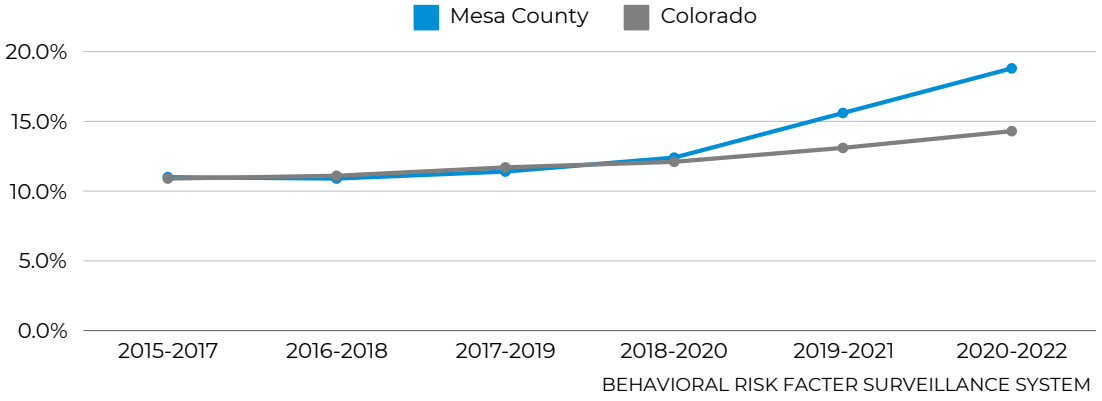
ADULTS EVER DIAGNOSED WITH A DEPRESSIVE DISORDER (2020-2022)



ADULTS WHOSE MENTAL HEALTH WAS NOT GOOD 14+ DAYS IN THE LAST 30 DAYS (2020-2022)



ADULTS WHOSE MENTAL HEALTH WAS NOT GOOD 14+ DAYS IN THE LAST 30 DAYS



BEHAVIORAL HEALTH

Suicide ideation and attempt

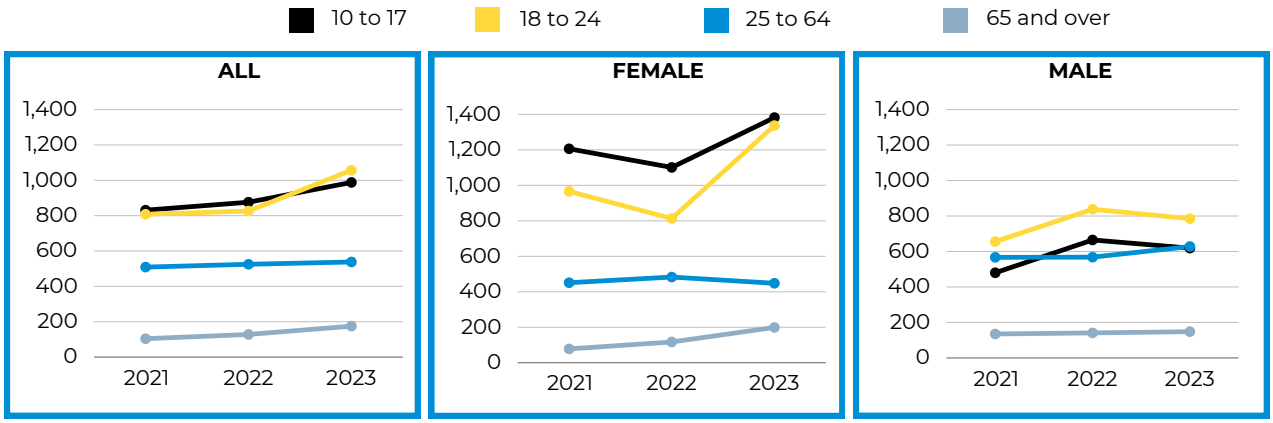
There are multiple interventions for people experiencing suicide ideation and attempt. Many, though not all, are treated in the emergency department. The trends shown here reflect not only patterns of suicidality, but also patterns of care-seeking behavior.

Rates of suicide death are much higher for men than women. However, in the youth and young adult age group, girls and young women had 1.5 times as many suicide-related emergency department visits than boys and young men. This difference evens out in working-age and older adults.

Between 2021 and 2023, more than 30% of suicide-related emergency department visits had indications that the patient had recently used drugs or alcohol.

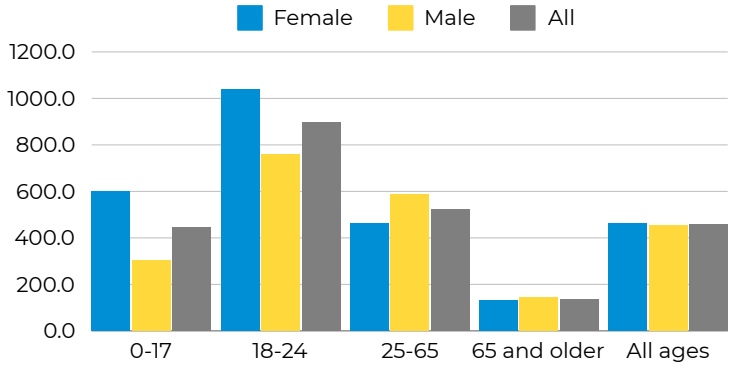
While young adults had the highest rate of suicide-related visits, over half of the visits came from working-age adults age 25 to 64. In this age group alone, men were slightly more likely to visit the emergency department than women. Adults age 65 and over had the lowest rates of visits. In older adults and young adults, the rate for women is climbing faster than the rates for men.

SUICIDE-RELATED EMERGENCY DEPARTMENT VISITS BY AGE AND GENDER, RATE PER 100,000 PEOPLE, MESA COUNTY



NATIONAL SYNDROMIC SURVEILLANCE PROGRAM

SUICIDE-RELATED EMERGENCY DEPARTMENT VISITS BY AGE GROUP, RATE PER 100,000 PEOPLE, MESA COUNTY (2021-2023)



NATIONAL SYNDROMIC SURVEILLANCE PROGRAM

In the past, Mesa County has only counted suicide-related emergency department visits based on diagnosis codes.

Now, this count includes patients who did not have a suicide-related diagnosis code, but their provider indicated suicide attempt or ideation as a reason for their visit. Many more visits are included now, so data from previous suicide reports should be disregarded in favor of the data included here.

BEHAVIORAL HEALTH

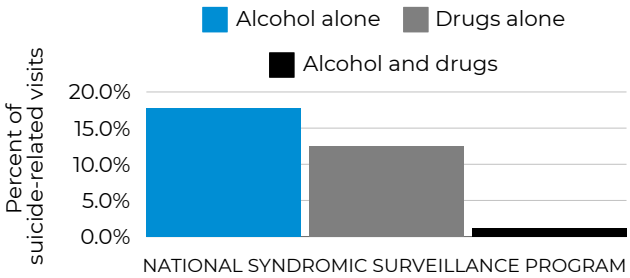
Suicide ideation and attempt

31% of emergency department visits for suicide ideation or attempt involved substance use.

Women were more likely to have used drugs before a suicide emergency, and men were more likely to have used alcohol.

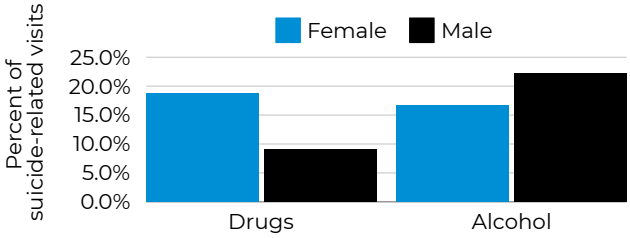
Information about suicide death can be found on page 176.

SUICIDE-RELATED EMERGENCY DEPARTMENT VISITS FOR WITH ALCOHOL OR DRUG USE INDICATED (2021-2023)



NATIONAL SYNDROMIC SURVEILLANCE PROGRAM

SUICIDE-RELATED EMERGENCY DEPARTMENT VISITS WITH ALCOHOL OR DRUGS BY GENDER (2021-2023)



NATIONAL SYNDROMIC SURVEILLANCE PROGRAM

18.8% of women and 9.1% of men had drug involvement in their suicide-related emergency department visit.

22.3% of men and 16.6% of women had alcohol involvement in their suicide-related emergency department visit.

NATIONAL SYNDROMIC SURVEILLANCE PROGRAM

More information on suicide in Mesa County can be found in the 2022 Annual Suicide report.

BEHAVIORAL HEALTH

Overdose

Between 2020 and 2022, Mesa County had a higher rate of overdose emergency department visits and hospital admissions than Colorado for most substances. One exception was opioid overdose, which had similar rates.

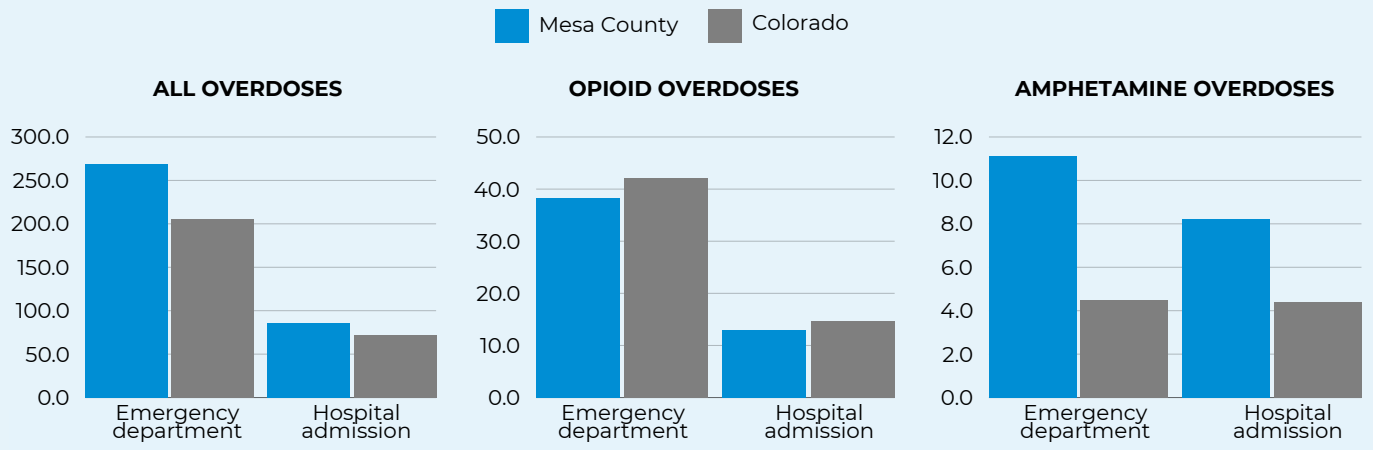
From 2019 to 2022, both emergency department visits and hospital admissions for overdose decreased. This could indicate fewer overdoses, or an increased use of naloxone without an emergency department visit. These trends look different than Colorado, which stayed consistent over these years.

For information about overdose deaths, see page 177.

Naloxone is an effective treatment for overdose. Individuals given naloxone should be taken to the emergency department as part of their treatment.

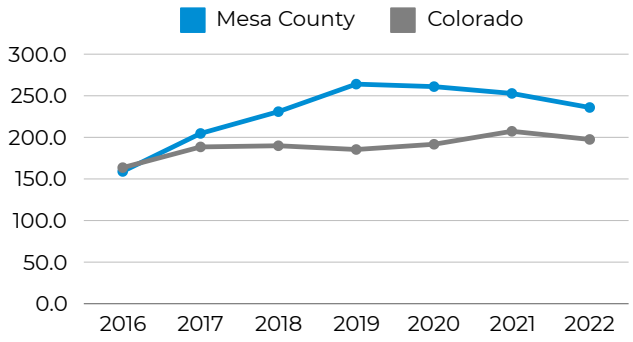
Hospital admissions and emergency department visits are mutually exclusive in the charts below.

AGE-ADJUSTED RATE OF OVERDOSE VISITS PER 100,000 PEOPLE (2020-2022)



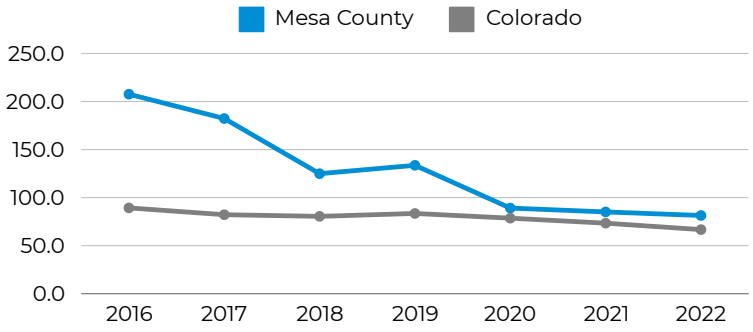
CDPHE OVERDOSE DASHBOARD

EMERGENCY DEPARTMENT VISITS FOR OVERDOSE, RATE PER 100,000 PEOPLE



CDPHE OVERDOSE DASHBOARD

HOSPITAL ADMISSIONS FOR OVERDOSE, RATE PER 100,000 PEOPLE



CDPHE OVERDOSE DASHBOARD

DISEASE

Cancer incidence

The most recent data available on rates of cancer in Colorado residents is from 2021. The overall rate of cancer in Mesa County did not notably change from 2018 to 2021. In 2018, the rate was 411.6 per 100,000 people compared with 431.0 in 2021.

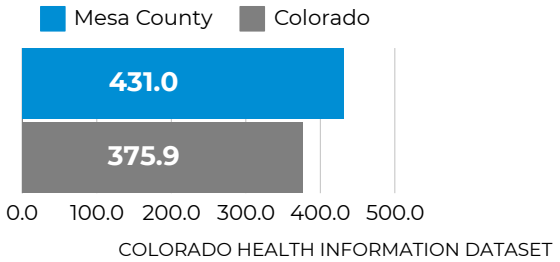
This difference is within the normal expected variation for Mesa County. The top four sites where cancer was diagnosed remain the same, and together these four sites account for more than half of Mesa County's total cancer incidence.

Mesa County's overall cancer rate is higher than Colorado's, largely driven by higher rates of prostate cancer in males and melanoma of the skin.

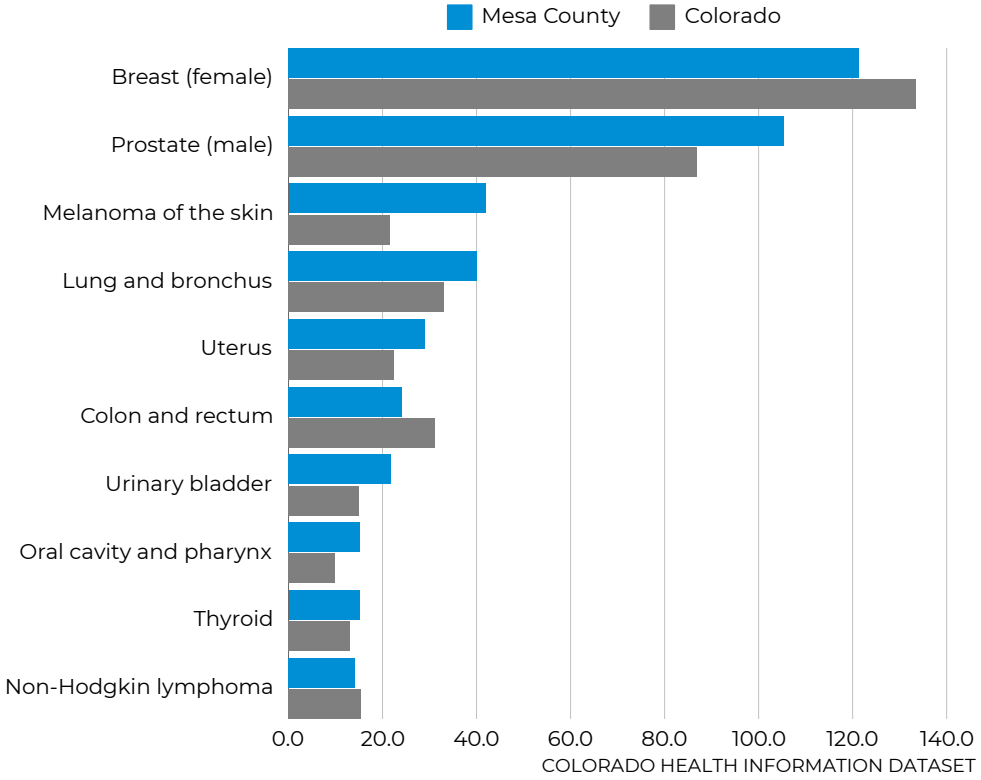
Cancer rates for breast cancer are calculated within the female population.

Cancer rates for prostate cancer are calculated within the male population.

CANCER INCIDENCE RATE PER 100,000 PEOPLE, ALL TYPES (2021)



CANCER INCIDENCE RATE PER 100,000 PEOPLE (2021)

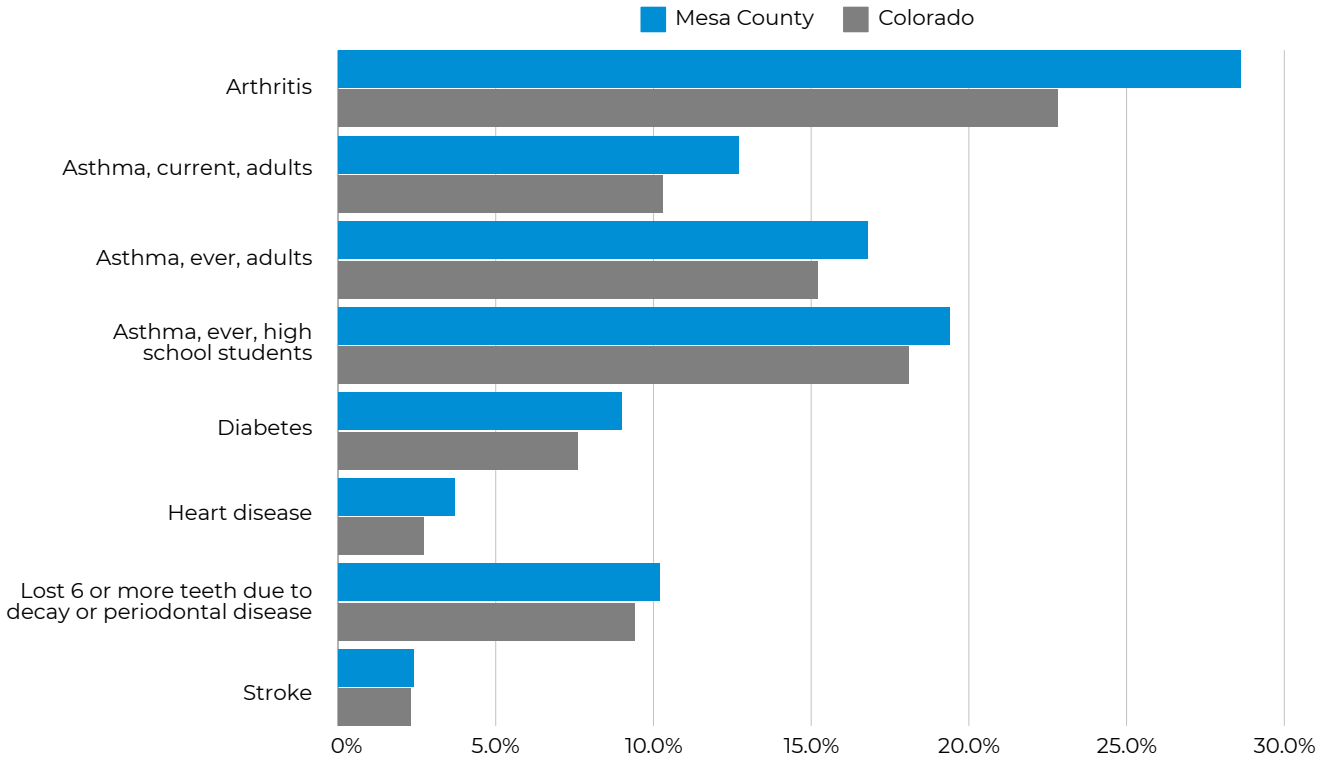


DISEASE

Chronic disease

Chronic diseases can affect an individual's quality of life and often contribute to a person's eventual cause of death. Mesa County residents report chronic disease rates similar to those across the state of Colorado. The exception is arthritis, which is reported at 28.6% in Mesa County compared to 22.8% in Colorado.

RESIDENTS WITH A CHRONIC DISEASE DIAGNOSIS (2020-2022)



BEHAVIORAL RISK FACTOR SURVEILLANCE SURVEY AND HEALTHY KIDS COLORADO SURVEY 2021

DISEASE

Infectious disease

The Mesa County rates for many reportable infectious diseases are similar to Colorado rates.

The differing rates of campylobacteriosis are likely attributable to different practices in testing. The difference in rates of animal bites are likely attributable to differences in seeking care and reporting.

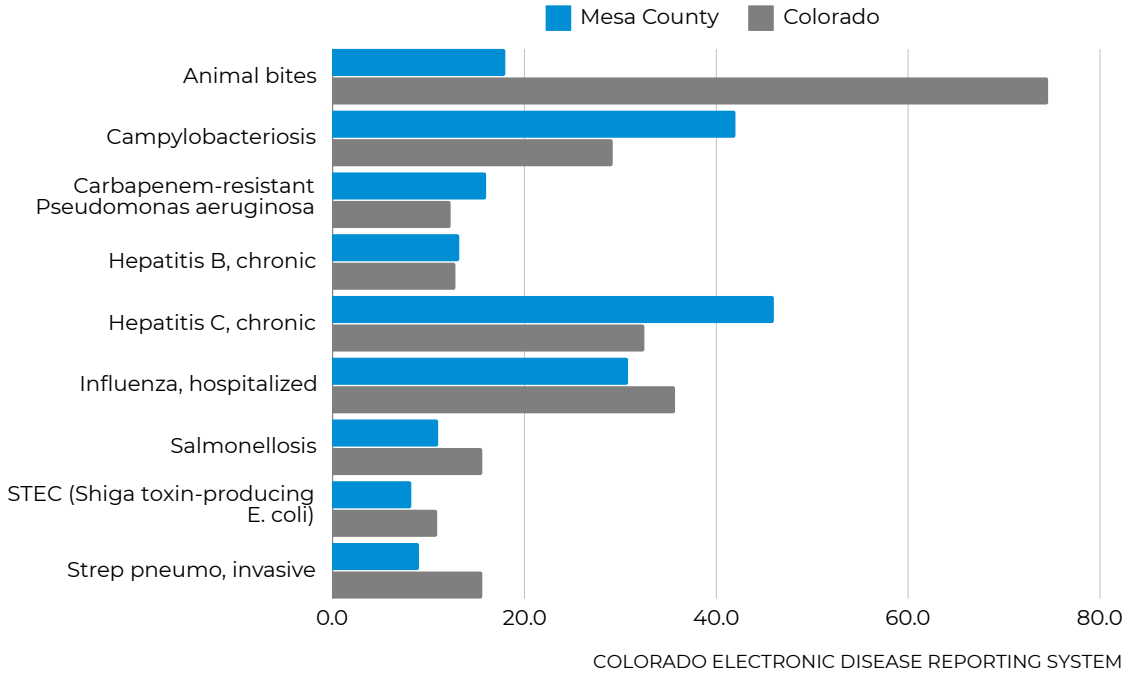
For these diseases with very low rates, the differences are likely a result of normal variation:

- salmonellosis,
- Shiga toxin-producing E. coli (STEC), and
- Strep pneumo invasive.

Variation from year to year is common because one additional or one fewer case can notably change the rate.

Other differences, such as the higher rate of chronic hepatitis C, likely do reflect a higher incidence in Mesa County.

TOP 10 REPORTABLE DISEASES, RATE PER 100,000 PEOPLE (2023)



DISEASE

Sexually transmitted infections (STIs)

Overall, Mesa County has lower rates of STIs compared to the rest of the state. However, this may be a result of less frequent testing.

The most frequently diagnosed STI in Mesa County is chlamydia. Cases of chlamydia have been steadily increasing in Mesa County since 2021.

The rate of syphilis cases in Mesa County is also increasing. The 2023 rate of syphilis cases was four times higher than the 2021 rate. The rate went from 10.2 per 100,000 people in 2021 to 42.5 in 2023.

Cases of syphilis are also increasing across the country. In response to elevated syphilis rates, the Colorado Department of Public Health and Environment has recommended increased testing.

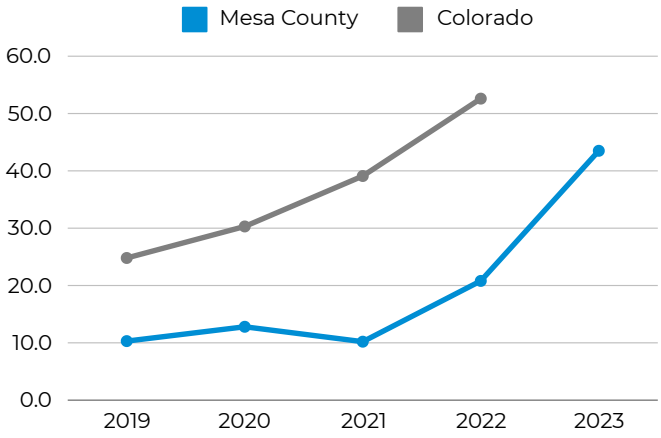
For more information about testing and treating STIs, contact your provider or the MCPH Public Health Clinic.

COUNT OF SEXUALLY TRANSMITTED INFECTIONS, MESA COUNTY (2022)

Infection	Count
Chlamydia	569
Gonorrhea	198
Syphilis	33
HIV	6

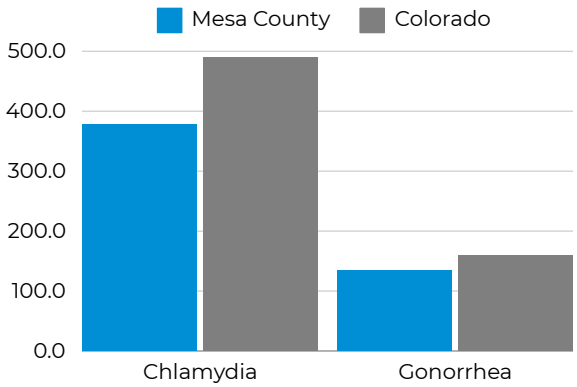
COLORADO ELECTRONIC DISEASE REPORTING SYSTEM

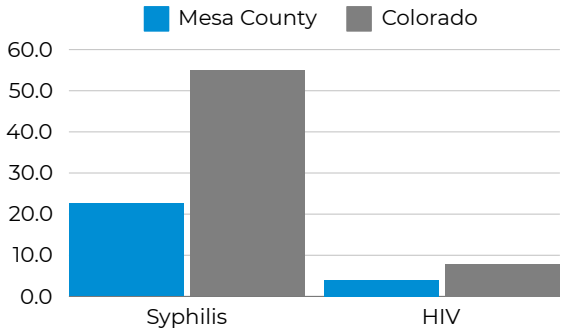
SYPHILIS RATE PER 100,000 PEOPLE



COLORADO ELECTRONIC DISEASE REPORTING SYSTEM

AGE-ADJUSTED RATE OF SEXUALLY TRANSMITTED INFECTIONS PER 100,000 PEOPLE (2022)





COLORADO ELECTRONIC DISEASE REPORTING SYSTEM

MORTALITY

Cause of death and years of potential life lost are two tools that give us different views of mortality in Mesa County. Cause of death reports the most frequent causes of death across the whole community, regardless of the age at which a person died. Years of potential life lost highlights causes of death that occur most often among young people.

Mesa County has higher mortality rates than the state, and many leading causes of death are preventable and influenced strongly by health behaviors.

Rates of suicide death, death by firearm, and accidental death are higher in Mesa County than the state and nation, while rates of overdose death are lower.

Years of potential life lost

Years of potential life lost (YPLL) focuses on causes of death for the population under age 65. YPLL weights each cause of death by the age of the person at their death. A death of a very young person increases the rate more than the death of an older person, since the younger person had more years of potential life left.

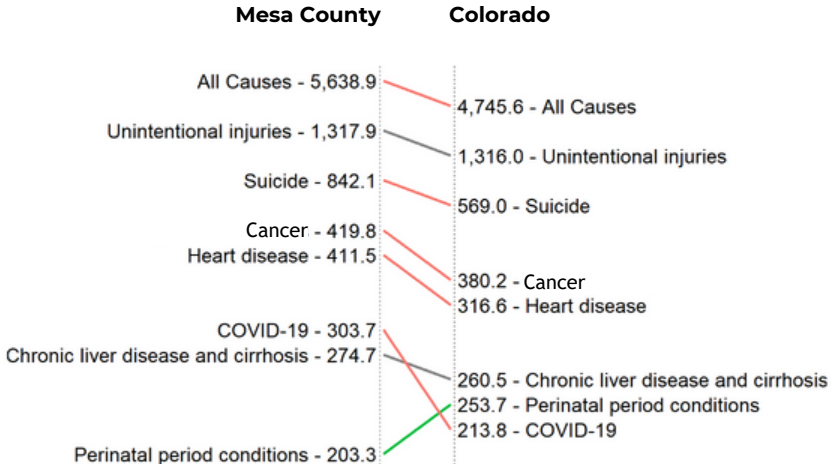
YPLL helps illuminate the causes of death of youth and working age adults.

Between 2020 and 2022, Mesa County had higher rates of YPLL than Colorado for suicide, cancer, heart disease, and COVID-19. Mesa County had lower YPLL for perinatal period conditions, which are conditions that are present before birth.

All of the causes of death where Mesa County had higher rates of YPLL than Colorado are strongly and directly influenced by health behaviors:

- suicide is influenced by mental health care access and firearm culture,
- chronic liver disease and cirrhosis are influenced by alcohol consumption, and
- type 2 diabetes and heart disease have a strong correlation with diet and exercise.

YEARS OF POTENTIAL LIFE LOST, AGE-ADJUSTED RATE PER 100,000 PEOPLE (2020-2022)



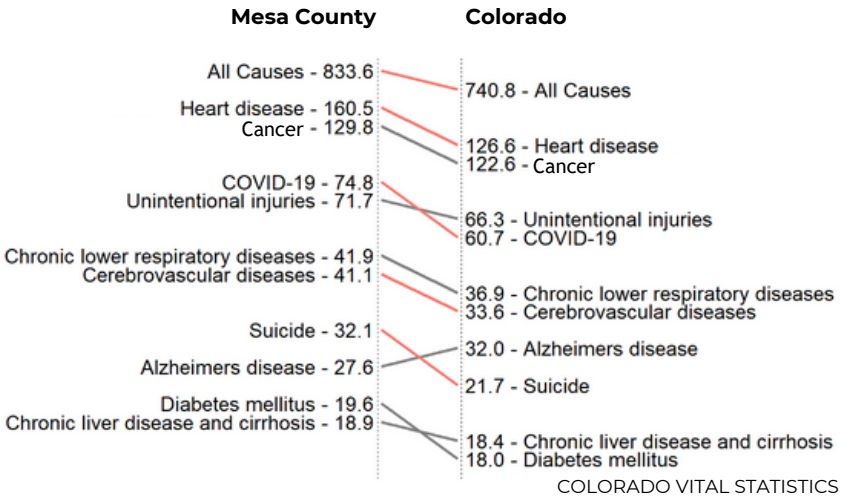
COLORADO VITAL STATISTICS

MORTALITY

Leading causes of death

Mesa County has a higher age-adjusted death rate than Colorado. Because these rates are already age-adjusted, this difference is a result of factors other than the higher median age in Mesa County.

CAUSES OF DEATH, AGE-ADJUSTED RATE PER 100,000 PEOPLE (2020-2022)



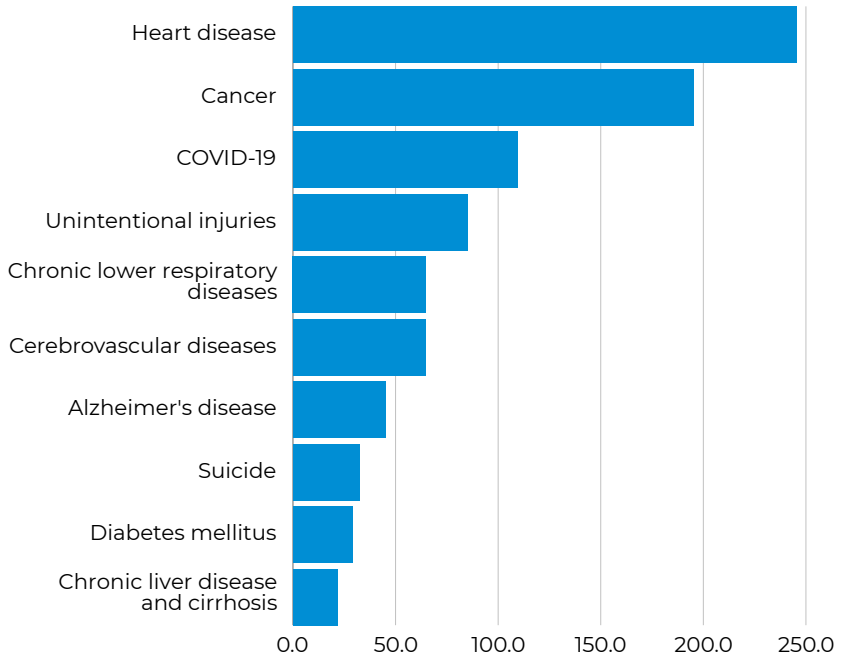
COLORADO VITAL STATISTICS

Heart disease, cancer, and COVID-19 were the top three leading causes of death in Mesa County as well as in Colorado.

Four of Mesa County's top 10 leading causes of death had higher age-adjusted rates than Colorado:

- heart disease,
- COVID-19,
- cerebrovascular diseases, and
- suicide.

TOP 10 LEADING CAUSES OF DEATH, RATE PER 100,000 PEOPLE, MESA COUNTY (2020-2022)



COLORADO VITAL STATISTICS

Crude rates, shown as "rates" in this document, should not be compared with **age-adjusted rates**.

Crude rates compare the number of deaths within the actual population. These rates reflect the local scope of a cause of death.

Age-adjusted rates look at how many deaths would be expected in a standardized population. They are used to compare communities with different age distributions.

MORTALITY

Leading causes of death

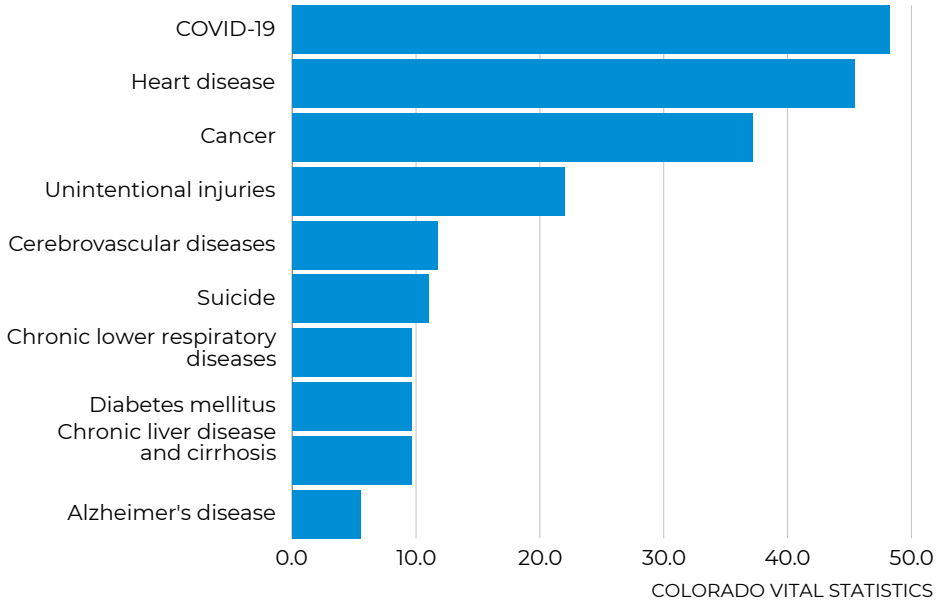
The leading causes of death in Mesa County are consistent across both the general population and the Hispanic or Latino community, although their rankings vary.

Notably, the Hispanic or Latino population experiences lower overall mortality rates, which is largely attributed to their younger age distribution. With a lower proportion of older adults, there are fewer deaths within the Hispanic or Latino community.

This demographic difference underscores the importance of considering age distribution when assessing health outcomes and planning interventions to address community health needs.

COVID-19 was the number one cause of death for Hispanic or Latino residents between 2020 and 2022. Health access for the Hispanic or Latino community emerged as an increasing priority throughout the pandemic response. More information is available on page 94.

TOP 10 LEADING CAUSES OF DEATH AMONG HISPANIC OR LATINO RESIDENTS, RATE PER 100,000 HISPANIC OR LATINO PEOPLE, MESA COUNTY (2020-2022)



MORTALITY

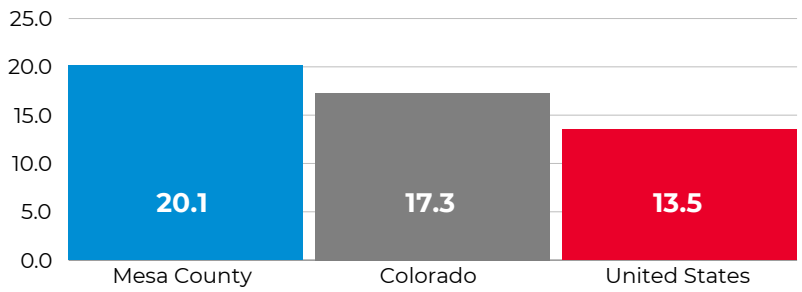
Death by firearms

Mesa County has a higher rate of firearm death than Colorado or the United States. 87% of the firearm deaths in Mesa County between 2020 and 2022 were suicide deaths.

For more information about firearms in Mesa County, see page 152.

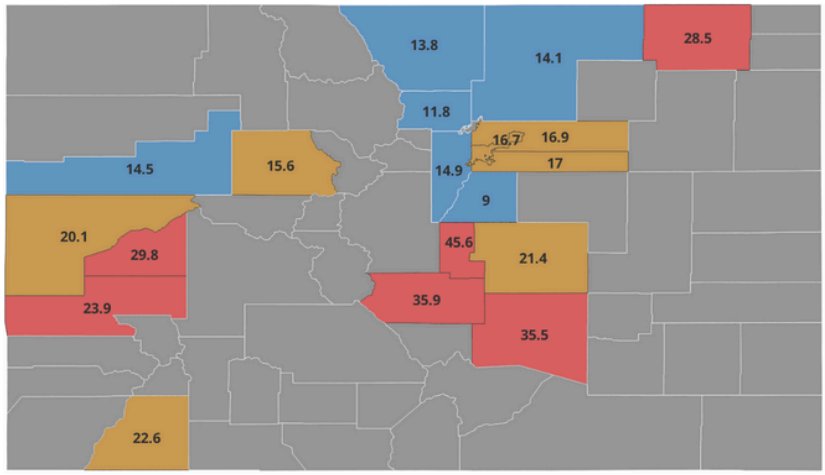
There were 95 deaths by firearms in Mesa County from 2020 to 2022. Nearly 9 out of 10 were suicide deaths.

FIREARM DEATH RATE PER 100,000 PEOPLE (2020-2022)



COLORADO HEALTH INFORMATION DATASET

FIREARM DEATH RATE PER 100,000 PEOPLE, COLORADO COUNTIES (2020-2022)



- Blue: Lowest third of rates
- Gold: Middle third of rate
- Red: Highest third of rates
- Gray: Rate is unreliable

COLORADO HEALTH INFORMATION DATASET

MORTALITY

Suicide death

Rates of suicide in Mesa County are consistently higher than both Colorado and the U.S, making this a critical public health issue. From 2020 to 2022, Mesa County's suicide rate was more than double the national rate.

SUICIDE DEATH AMONG YOUTH AND YOUNG ADULTS AGE 10-24 (2018 TO 2022)

Mesa County	19.2
Colorado	17.3
United States	11.0

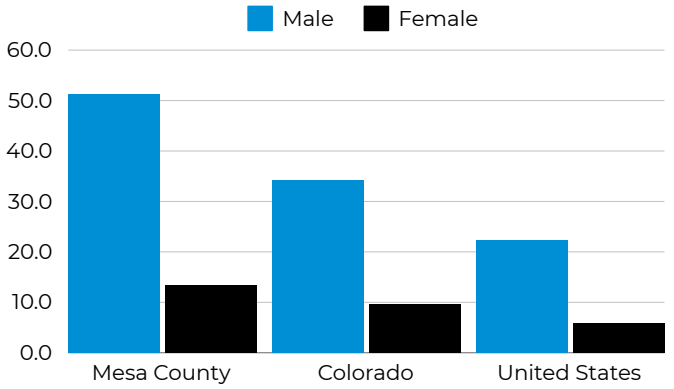
COLORADO HEALTH INFORMATION DATASET AND CDC

SUICIDE DEATHS (2020-2022)

	Mesa County	Colorado	United States
Count	154	3,951	141,673
Rate per 100k	32.1	21.7	13.9

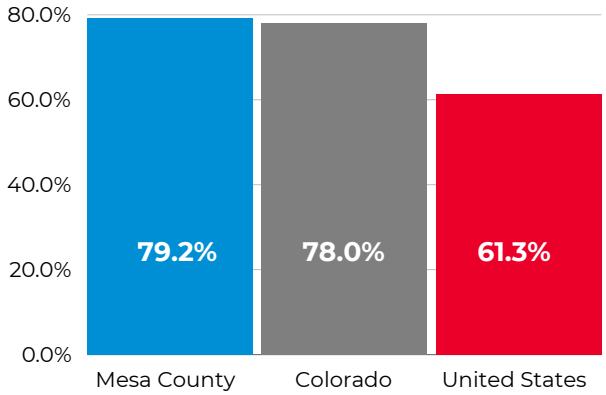
COLORADO HEALTH INFORMATION DATASET

AGE-ADJUSTED RATES OF SUICIDE DEATHS PER 100,000 PEOPLE BY GENDER (2020-2022)



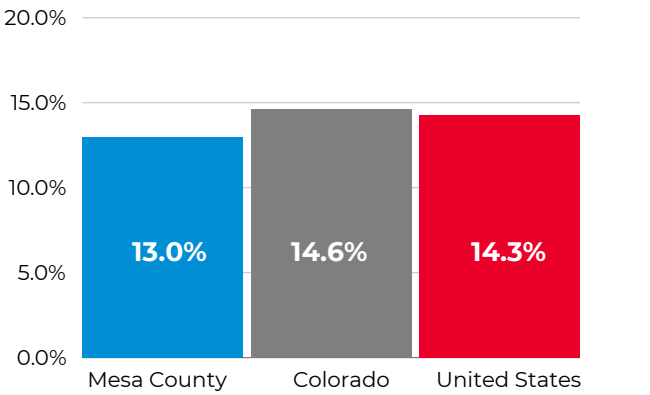
COLORADO HEALTH INFORMATION DATASET

PERCENT OF SUICIDE DEATHS BY WHITE MALES (2020-2022)



COLORADO HEALTH INFORMATION DATASET

PERCENT OF SUICIDE DEATHS BY YOUTH AND YOUNG ADULTS AGE 10 TO 24 (2020-2022)



COLORADO HEALTH INFORMATION DATASET

MORTALITY

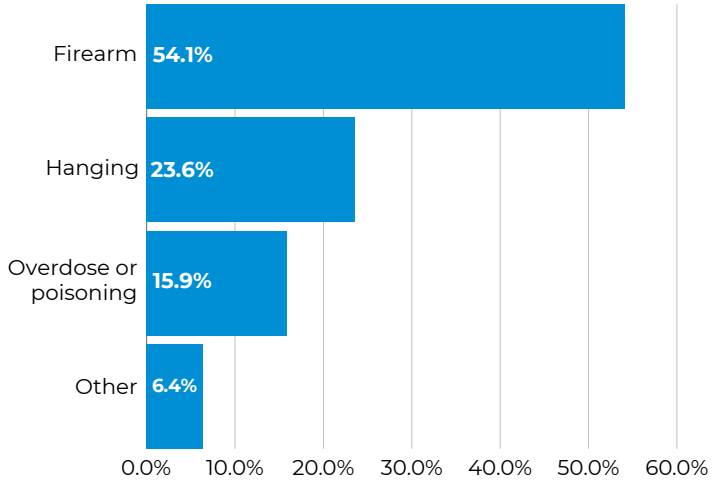
Suicide death

More than half of Mesa County residents who died by suicide from 2020 to 2022 used a firearm. Nearly a quarter died by hanging, and a sixth by overdose or poisoning.

Differences in suicide rates between states are better explained by levels of household gun ownership than by mental health problems, suicide ideation, or suicide attempt. Half of Mesa County adults report having a firearm in their home, which increases the risk of suicide death by more than three times due to increased access to lethal means.

Veterans are a population at risk for suicide death. Although the 65 and over age group has the lowest rate of suicide ideations, attempts, and death, they account for nearly half of veteran suicides.

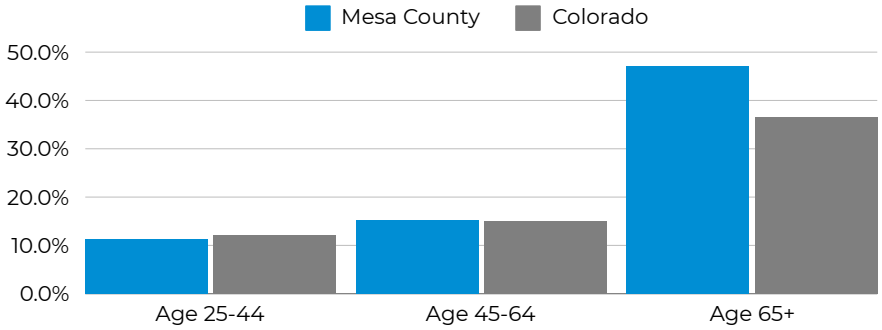
MESA COUNTY SUICIDE DEATHS BY METHOD (2020-2022)



MESA COUNTY CORONER

From 2018 to 2022, more than half of all suicide deaths in Mesa County were a result of firearm injury.

AMONG PEOPLE WHO DIED BY SUICIDE, PERCENT WITH VETERAN STATUS BY AGE GROUP (2020-2022)



COLORADO HEALTH INFORMATION DATASET

The over 65 age group has the highest veteran representation. It is not surprising that most veteran suicide deaths fall into this age category.

MORTALITY

Suicide death

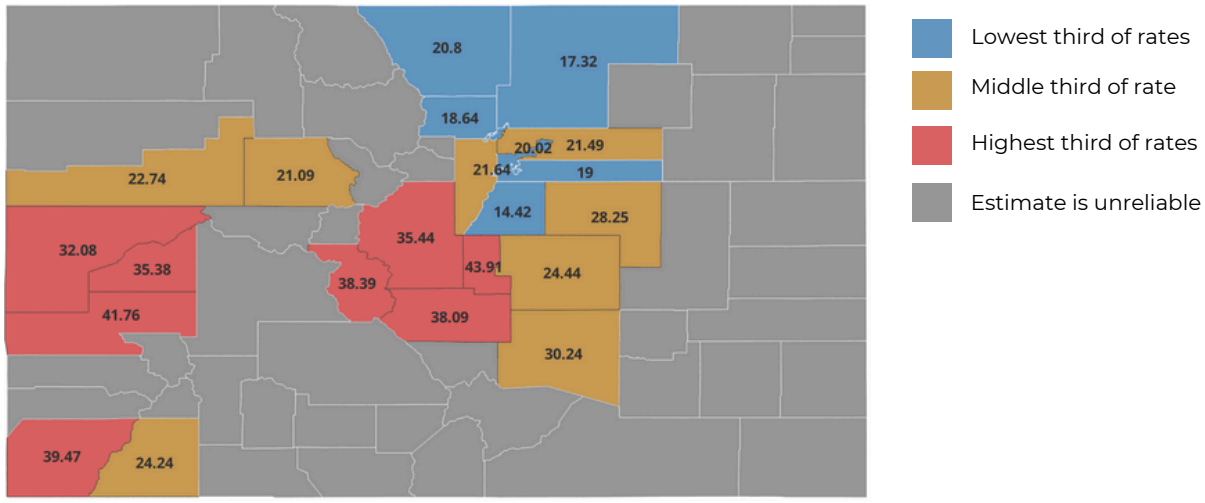
The average rate of suicide death in Colorado is higher than the U.S. rate, and counties have a range of rates. Mesa County has one of the highest rates of all Colorado counties.

Suicide rates in Mesa County and Colorado have been increasing since before 2004.

From 2004 to 2022 there was an increasing trend in the Mesa County suicide rate.

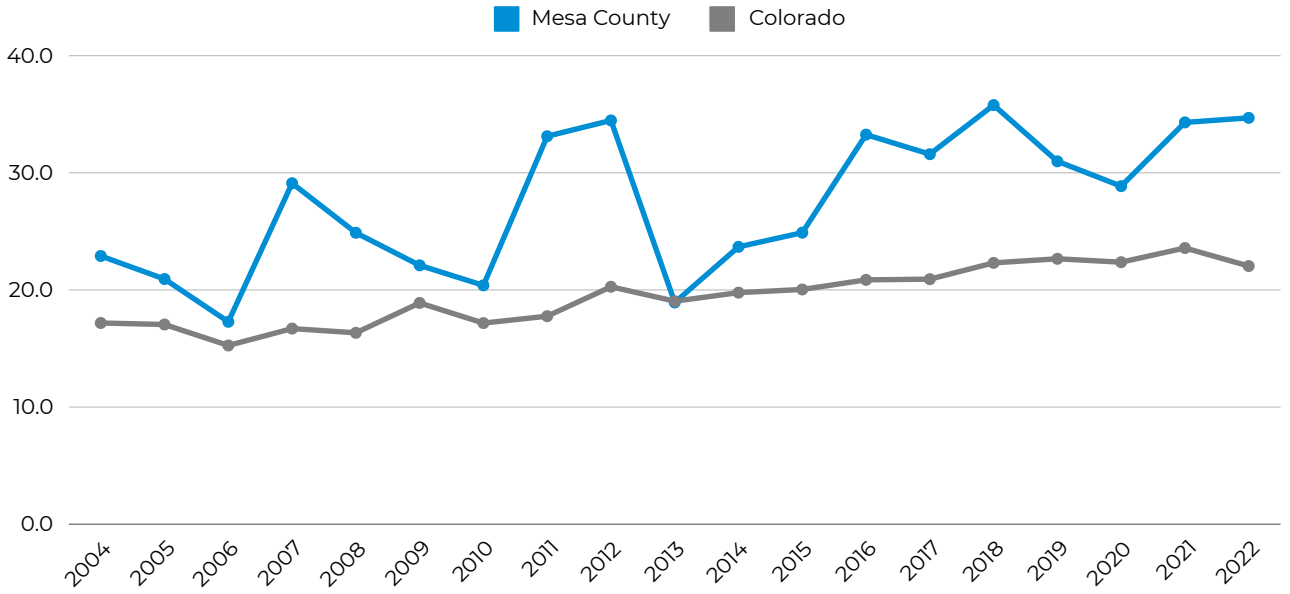
The Mesa County Annual Suicide Report includes data released every year on this evolving trend.

AGE-ADJUSTED SUICIDE DEATH RATE PER 100,000 PEOPLE, COLORADO COUNTIES (2020-2022)



COLORADO HEALTH INFORMATION DATASET

SUICIDE DEATH, RATE PER 100,000 PEOPLE



COLORADO HEALTH INFORMATION DATASET

MORTALITY

Overdose

Overdose deaths

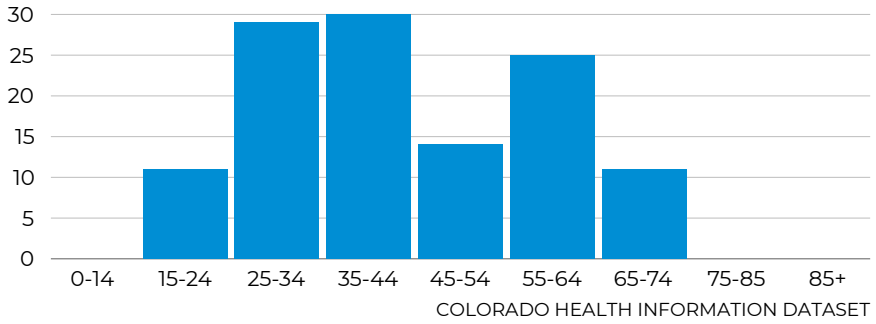
From 2020 to 2022, Mesa County's rate of overdose deaths was 26.1 per 100,000 people. Colorado's rate was 29.6, and the U.S. rate was 32.1.

In Mesa County, men died of overdose at nearly twice the rate of women, with a rate of 34.6 compared to 17.7. The age groups with the highest rates from 2020 to 2022 were adults ages 25 to 34, 35 to 44, and 55 to 64.

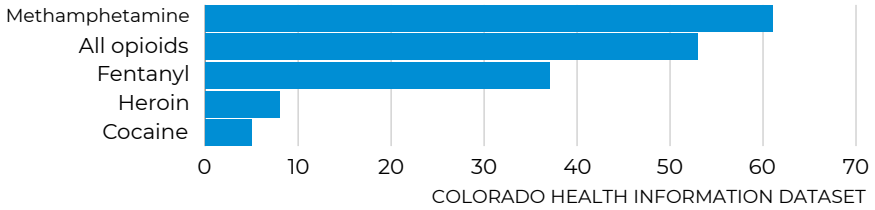
Between 2020 and 2022, 82% of overdose deaths in Mesa County were unintentional.

Age groups with three or fewer deaths are not shown.

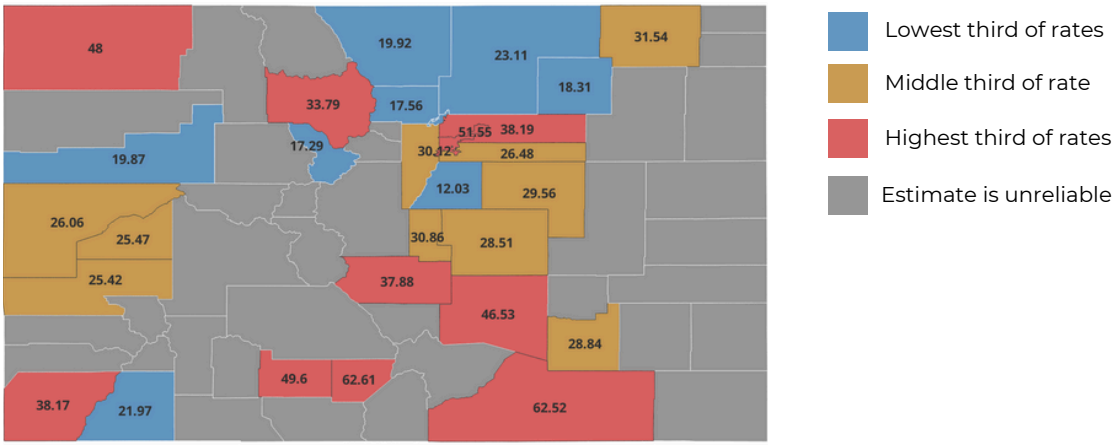
COUNT OF OVERDOSE DEATHS BY AGE GROUP, MESA COUNTY (2020-2022)



OVERDOSE DEATHS BY DRUG TYPE, COUNTS, MESA COUNTY (2020-2022)



OVERDOSE DEATHS, RATE PER 100,000 PEOPLE, COLORADO COUNTIES (2020-2022)



COLORADO HEALTH INFORMATION DATASET

MORTALITY

Accidental deaths

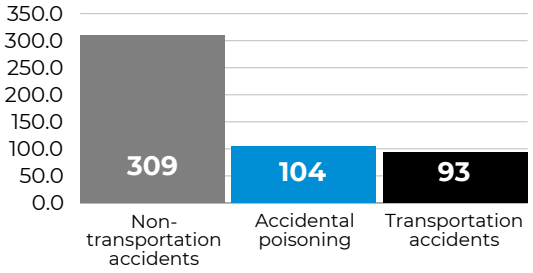
Accidental deaths are preventable. Mesa County has a higher rate than Colorado or the U.S.

Between 2020 and 2022 in Mesa County, the rate for women was 65.6 per 100,000 women, and the rate for men was 105.3 per 100,000 men.

25% of accidental deaths were due to accidental poisoning and exposure to harmful substances. Another 23% were due to transportation accidents. Other causes in this category include falls, drowning, and accidental firearm discharge.

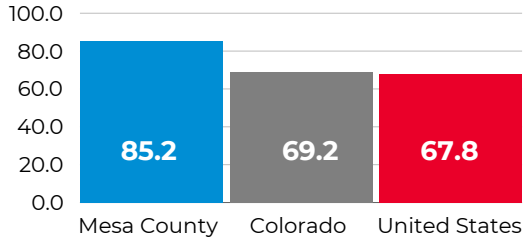
People age 85 and over accounted for over 25% of all accidental deaths, largely due to accidental falls.

COUNT OF ACCIDENTAL DEATHS, MESA COUNTY (2020-2022)



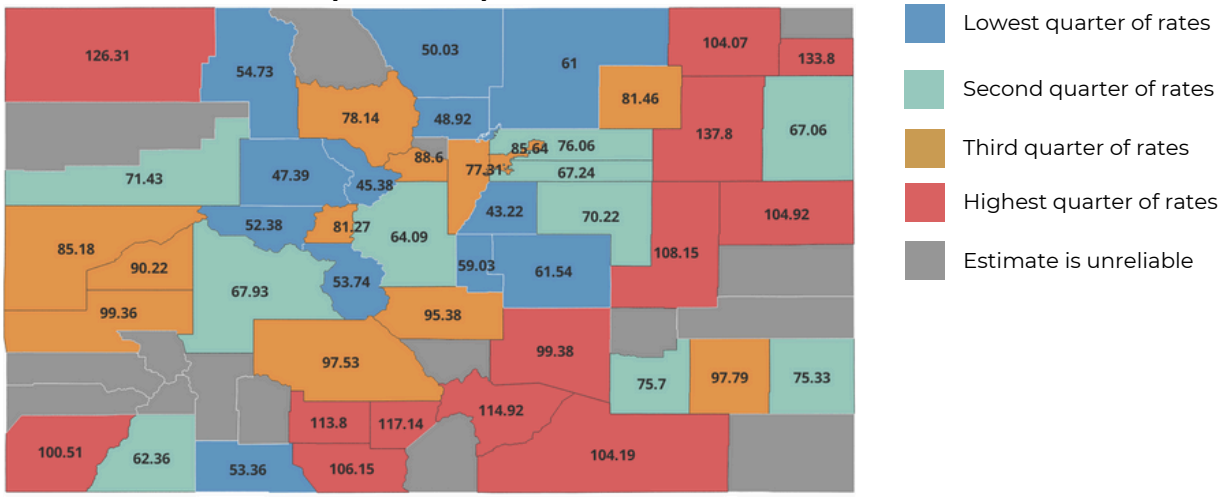
COLORADO HEALTH INFORMATION DATASET

ACCIDENTAL DEATHS, RATE PER 100,000 PEOPLE (2020-2022)



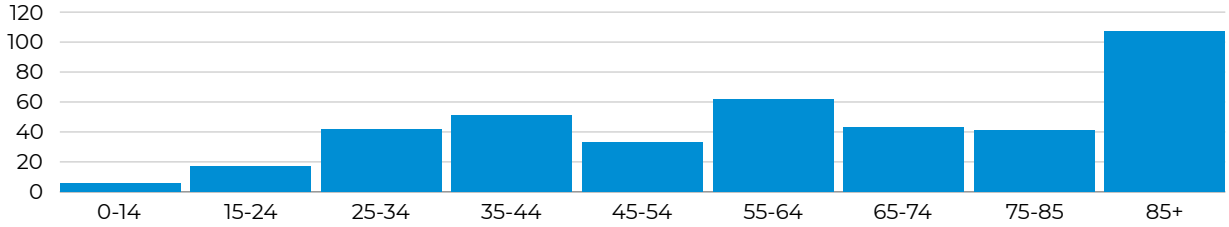
COLORADO HEALTH INFORMATION DATASET

ACCIDENTAL DEATHS, RATE PER 100,000 PEOPLE, COLORADO COUNTIES (2020-2022)



COLORADO HEALTH INFORMATION DATASET

COUNT OF ACCIDENTAL DEATHS BY AGE GROUP, MESA COUNTY (2020-2022)



COLORADO HEALTH INFORMATION DATASET

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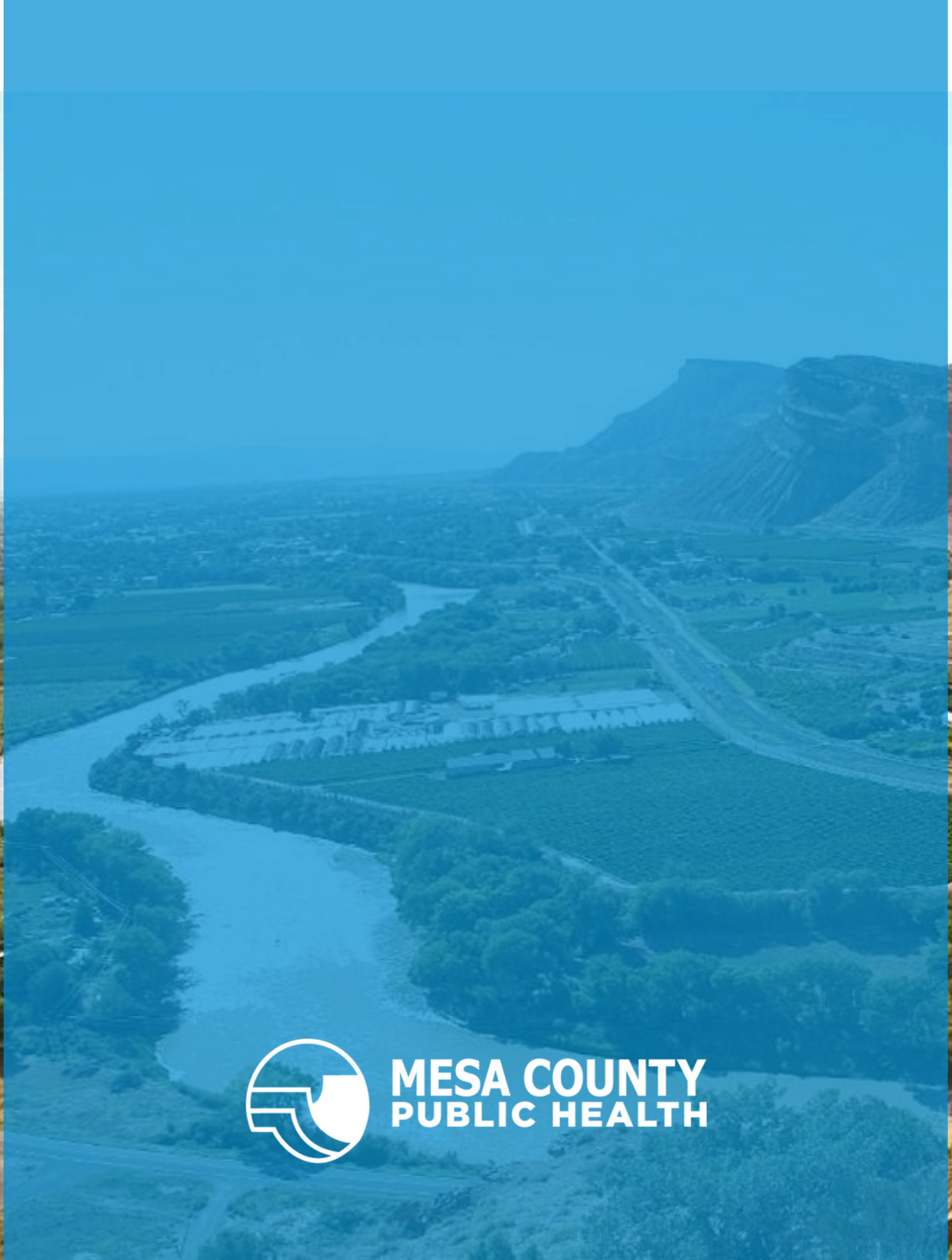

MESA COUNTY
PUBLIC HEALTH