

Community Health Needs Assessment | 2021



Our mission is you.



A Letter from our President:

It was because of a call to respond to critical health needs that two courageous Sisters of Charity of Leavenworth women, Sister Mary Balbina Ferrell and Sister Mary Louisa Madden, traveled to the small, rough, western Colorado town of Grand Junction to open a hospital in May of 1896. Their pioneering spirit lives on in the extraordinary people who continue to serve at St. Mary's Medical Center today. Though the challenges we face today are different, the mission of responding to identified community health needs remains the same.

As part of our ongoing commitment to community health improvement, the Community Health Needs Assessment (CHNA) is conducted every three years in collaboration with the Mesa County Department of Public Health and other community stakeholders. This continued pledge calls us to work in partnership with a wide range of organizations who are equally focused on addressing the physical, emotional, and spiritual needs of those within our geographic boundaries.

As healthcare delivery continues to transform, we remain guided by our Mission to “reveal and foster God’s healing love by improving the health of the people and communities we serve, especially those that are poor or vulnerable.” As we carry on the tradition of the Sisters who came to Western Colorado over 125 years ago, we continue to look forward to the good that is yet to be.

With gratitude,

A handwritten signature in blue ink, appearing to read "B. Johnson", written over a horizontal line.

Bryan Johnson President St. Mary's Medical Center

Executive Summary

A Community Health Needs Assessment is a critical tool used to understand the health status of a population or community. It presents information and analysis on important data measures and identifies areas where action and intervention can make a difference. The three primary goals of the assessment are to provide a current snapshot of the health status of Mesa County, to bring attention to areas of concern needing community action, and to fulfill assessment needs for all collaborating partners.

Working with its health partners and community health stakeholders around Mesa County, St. Mary's Medical Center (SMMC) has completed its 2021 Community Health Needs Assessment and identified three priority areas for health improvement programming from 2022 through 2024:

- Education
- Health Implications (Health Behaviors and Health Outcomes)
- Healthcare & Access

This executive summary reflects the assessment steps taken by SMMC to consider the results of the collaborative report along with the hospital's current programs and capacity to impact overall community health improvements.

SMMC has collaborated with Mesa County Public Health and other local healthcare organizations for the past three cycles of conducting the community health needs assessment (CHNA). This approach emphasizes a "*one community*" philosophy and a mission to understand shared interests to improve the health of our communities. To that end, local non-profit hospitals and public health agencies release one comprehensive document every three years. In 2020, St. Mary's Medical Center partnered with Mesa County Public Health, Colorado Canyons Hospital & Medical Center, Community Hospital, West Springs Hospital and the VA Western Colorado Health Care System Center to conduct the collaborative assessment. In 2021, the hospital completed its assessment by identifying priority health needs utilizing the results of the collaborative assessment.

Since the Last CHNA (2018):

In 2018, the last time SMMC conducted a CHNA, participants identified Suicide Prevention; Nutrition, including Food Insecurity and Obesity; and Access to Health Care Service as the top three priorities for Community Health Improvement Planning. These priorities from 2018 remain important to participants in the 2021 CHNA, and are reflected in the three updated priorities. SMMC's prior community health improvement implementation period, from 2018 to 2021, included multi-level interventions aimed at impacting the following priority areas. Highlights include:

Suicide Prevention

In partnership with the Colorado Office of Suicide Prevention and Mesa County Public Health, SMMC has implemented a number of programs to help hospital associates, providers and community members address suicide in Mesa County. Perhaps the most important of these interventions is that the hospital and county partnered to create a Suicide Prevention Coordinator position, which supports the county-wide suicide prevention plan and provides mental health

trainings for community members. The trainings teach participants skills around recognizing signs and symptoms of mental illness, increasing mental health literacy, and how best to support an individual who is experiencing suicidal thoughts. More than 9,000 individuals, including hospital providers and associates, have been trained since the program started. In 2021, Mesa County Valley School District 51 agreed to sponsor the position, and SMMC continues to engage with the program through grant management and other funding support.

Nutrition, including Food Insecurity and Obesity

One of SMMC's largest community programs, Meals on Wheels Mesa County, provides home delivery and congregate meals to older, homebound adults. The program's goals are to reduce food insecurity among older adults and help older adults age in place within the county. The program's participants, all of whom are over age 60, face challenges even in the best of times. About 70% of participants are homebound, and a striking 44% live below 100% of federal poverty. As a result of these factors, about 80% are scored as "high risk" on the Nutrition Score Indicator scale the program uses to assess participant needs. In a 2019 survey, 93% of meal program participants said the Meals on Wheels program helped them stay independent in their own home. Without Meals on Wheels Mesa County, these older adults would likely not have healthy food to eat or would be unable to remain living independently and would require expensive assistance or personal care.

The COVID-19 pandemic of 2020 and 2021 underscored how vital the program is to the health of older adults who are homebound. In the first six months of 2020, requests for service from the program grew by more than 20%, and by the end of 2020 alone, Meals on Wheels Mesa County had delivered or served more than 165,000 meals, up from about 120,000 in 2019.

Meals on Wheels Mesa County stepped up to meet the demand, by ordering additional food items to create shelf-stable food boxes or frozen meal boxes to ensure that snowstorms or other incidents didn't keep older adults from having healthy food in the house; by increasing their home meal delivery program and adding six additional daily delivery routes and three new weekly routes; and by increasing meal pick-up options for older adults around the county.

SMMC also partnered with Homeward Bound, Grand Junction's homelessness and human services organization, in 2019 to address food insecurity among families who are experiencing homelessness. The hospital created a food recovery program within its own Nutrition Services department, redirecting food that had been ordered or prepared for hospital guests and visitors but that was not consumed each day. In its first year of programming, the hospital provided 7,100 pounds of food, or the equivalent of about 4,260 meals. Donated food typically includes pre-packaged soups, salads, and sandwiches made fresh daily at St. Mary's. In 2020, the hospital increased its support of the program and provided food for 22,000 meals.

Improve Access to Health Care Services

Since 2018, SMMC has implemented new clinics and programs that help more individuals access health and behavioral health services.

In September of 2021, SMMC and SCL Health Medical Group partnered to open a new 22,000-square foot primary care clinic at 2570 Patterson Road in Grand Junction. After the 2018 CHNA showed a deficit of about 26 primary care physicians to meet the needs of the community around Grand Junction, SMMC began planning to develop a new primary care clinic. The new clinic houses nine primary care providers, including doctors and nurse practitioners, to increase access to preventive and primary care services. The clinic is open to the community and accepts all forms of payment, including Colorado Medicaid.

Also in 2021, SMMC donated \$3 million to Colorado Mesa University (CMU) to support the new Health Sciences Center, which will provide academic and practical instruction for students in health professions programs. Students who graduate from CMU are more likely to stay in Western Colorado than graduates of other programs in other parts of the state, so high-quality health professions education can increase the size and preparedness of the local healthcare workforce and thus increase healthcare access in Western Colorado.

Starting in 2019, SMMC's Integrated Addiction Medicine clinic, which is housed under the hospital's Graduate Medical Education program's residency clinics, worked with the St. Mary's Hospital Foundation to secure \$1.2 million in funding over four years to address prevention, treatment and recovery services for people with opioid and substance use disorders. The program includes mental health, healthcare, substance use disorder, and community partner organizations from Mesa, Delta, Garfield, Eagle, and Pitkin counties and aims to increase access to a full and evidence-based continuum of care for substance use disorders. The program has helped train providers to offer medication-assisted treatment in a primary care setting, thus increasing the treatment options available in Western Colorado.

Finally, SMMC launched the Move That Bus! Initiative in 2018. The "bus," a mobile health clinic repurposed to serve as a community resource hub, is a mobile clinic that connects individuals to health where they live, learn, work and play. The Mobile Health van made its debut at a Community Transformation Group event in 2018 in Clifton, helping attendees get information about available health services and giving away fresh fruits and vegetables in partnership with the Community Alliance for Education and Hunger Relief. Pre-pandemic, the bus hosted Mesa County Public Health's WIC (Women, Infants and Children) and Mesa County Human Services SNAP (Supplemental Nutrition Assistance Program) representatives at public events, such as Grand Junction's downtown farmer's market, and hosted mobile flu vaccine clinics to increase access to the vaccine in Clifton.

Methodology

SMMC leveraged the approach of the collaborative CHNA process which examined the current status of residents across five key areas – economic stability, education, health care and access, neighborhood and built environment and social and community context. This approach provided comparison data for like communities (e.g. Bozeman, MT, St. George, Utah, and Bend, Oregon) which highlighted areas of strength and areas of action.

SMMC Community Benefit leaders utilized the five areas as the basis for key stakeholder conversations to gather additional insights on how St. Mary's Medical Center might best position its efforts and resources toward impacting the areas of action. Stakeholders representing nonprofit, education, mental health, social services, healthcare, and public health organizations were asked to provide feedback on the following questions: *When thinking about this area of action, what is the hospital's role to impact? Do you know of other organizations that are actively working on this area/issue? Who? How? Are there populations for this area of action that are important for hospitals to target outreach? How would you prioritize these areas of action specifically thinking about the hospitals' role, as well as resources, existing community efforts and the overall ability to impact?*

Identification of Significant Health Needs

The following represents a summary of stakeholder recommendations:

- Continue strong work with colleges and the nursing program as well as other applied sciences. Look for engagement possibilities for students prior to college to help explore healthcare career paths, including non-traditional careers. Trade school opportunities, career track development not only in healthcare, but the business side of hospital as well. Workforce development. Consider lack of childcare options. Need for early (preschool age) screening for cognitive disabilities.
- Support transportation needs and lack of speciality care/providers with regard to health care access. Expand mental health options for care, including stigma reduction. Training for all health workers to integrate mental health with general health to make it a normal part of one's overall health.
- Vaccination trust building, as well as a need to improve vaccination documentation. Healthy behaviors that are accessible, such as taking medications appropriately, but are not being utilized due to lack of resources and barriers.

A summary of the stakeholder feedback and results from the collaborative CHNA process was presented to SMMC executive leaders at a meeting held on November 9th, 2021, for additional analysis, input and prioritization. SMMC has selected *Education; Health Implications; and Healthcare & Access* as priority areas of action for the 2022-2024 improvement period.

Next steps include continuing work with community stakeholders to develop the Community Health Implementation Plan (CHIP) to address identified needs. The plan will present a deep dive review of prioritized health areas looking at specific populations, disparities, and barriers to improve outcomes. It will also highlight organizations currently addressing similar issues and available evidence based

interventions. Strategies developed in partnership with community stakeholders will be summarized in the CHIP.

Priority Health Needs

Working with its health partners and community health stakeholders around Mesa County, St. Mary's Medical Center (SMMC) has identified three priority areas for health improvement programming from 2022 through 2024:

- Education
- Health Implications (Health Behaviors and Health Outcomes)
- Healthcare & Access

The assessment results and proposed action steps are organized under the five key areas of the social determinants of health – Economic Stability, Education, Health Care and Access, Neighborhood and Built Environment and Social and Community Context. Social Determinants of Health are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality of life outcomes and risks. Each of the five social determinant areas includes a list of identified action steps as a guide for prioritizing efforts in the community.

- Economic Stability
 - Household Stability
 - Industry and Occupation
- Education
 - P-12 Education
 - Higher Education
- Health Care and Access
 - Access and Utilization
 - Mental Health
- Neighborhood & Built Environment
 - Assess rates of infractions that impact public safety
 - Explore opportunities to increase food access
 - Determine gaps in housing assistance
- Social and Community Context
 - Conduct survey and focus groups to assess personal relationships and social networks
 - Identify strategies to boost social resources in unincorporated areas
 - Work to address higher levels of bullying among specific sub-groups
 - Improve voter participation in low-turnout precincts

Next Steps

With its top-three community health priorities identified in the CHNA (Education; Health Implications; and Healthcare & Access), SMMC will begin developing a Community Health Improvement Plan (CHIP). The CHIP will be complete in 2022 and represents the next steps in the community assessment process. This includes continuing work with community stakeholders to develop implementation strategies to address the identified need areas. The plan will present a deep dive of prioritized health areas looking at specific populations, disparities and barriers to improved outcomes. It will also highlight other organizations that are currently addressing similar issues within the community.

About St. Mary's Medical Center

St. Mary's Medical Center (SMMC) is a non-profit, fully-accredited facility with more than 350 beds. SMMC 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. SMMC 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. SMMC is the second-largest employer and the highest payroll contributor in the community.

About Mesa County Public Health

Mesa County Public Health, formed in 1948, provides a wide range of public and environmental health services to Mesa County residents. Its mission, to maintain and improve health through assessment of community health status, policy development to support effective programs, and assurance of high quality, effective education and service, is the driving force behind its programming and community collaborations. Mesa County Public Health values Wellness, Excellence, Empowerment, and Community.

*Access the full CHNA collaborative report here: [May 2021 V2_Condensed_Smaller\(2\).pdf](#)

For More Information

To learn more or to obtain a printed copy please contact

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Appendices



Appendix 1. Prioritization Meeting Participants

Community Health Needs Assessment Prioritization, September 28, 29 and 30, 2021

Attendee	Title	Organization
Mike Stahl	Chief Executive Officer	Hilltop
Will Hays	Chief Operating Officer	Hilltop
Hali Nurnberg	Executive Director	Counseling Education Center (CEC)
Kristy Schmidt	Chief Development Officer	MarillacHealth
Patty Simpson	Dental Case Manager	MarillacHealth
Dr. Amy Bronson	Program Director Physician Assistant Program	Colorado Mesa University (CMU)
Derek Wagner	Vice President External Relations	Colorado Mesa University (CMU)
Sarah Johnson	Senior Community Health Planner	Mesa County Public Health Department (MCPHD)
Heidi Dragoo	Epidemiology Program Manager	Mesa County Public Health Department (MCPHD)
Shae Lynn Zastrow Watt	Data Analyst	Mesa County Public Health Department (MCPHD)
Dr. Ona Ridgeway	Clinical Lead, Pathways Family Wellness Center	Homeward Bound

Community Health Needs Assessment

PREPARED BY MESA COUNTY PUBLIC HEALTH



ONE COMMUNITY

Our Community Health Needs Assessment is conducted in partnership with our community non-profit hospitals.

COMMUNITY PROFILES

A look at our community at a deeper level to give greater understanding and find solutions.

AREAS OF ACTION

Our data can drive action by focusing efforts where we can improve overall quality of life.



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Final Thoughts

EXECUTIVE SUMMARY

By: Jeff Kuhr, PhD

A Community Health Needs Assessment is a critical tool used to understand the health status of a population or community. It presents information and analysis on important data measures and identifies areas where action and intervention can make a difference. The three primary goals of this assessment are to provide a current snapshot of the health status of Mesa County, to bring attention to areas of concern needing community action, and to fulfill assessment needs for all partners of our local public health system.

Mesa County Public Health leads the assessment process on behalf of our public health partners every three years. Data from national, state, and local sources are included to provide a comprehensive picture of health and quality of life in the community.

The assessment is rooted in the Social Determinants of Health. We understand that Social Determinants of Health are the foundation of a vibrant and thriving community. Therefore, our focus is on assessing the current status and identifying critical questions and action items in five key areas - Economic Stability, Education, Health Care and Access, Neighborhood and Built Environment, and Social and Community Context. Our team utilized a combination of quantitative and qualitative data to support this innovative approach. Strengthening our community across these five areas can create an environment where everyone has the opportunity to thrive.

The “Areas of Action” lists key findings that are strong candidates for community focus. We also feature “Areas of Strength”, which shows key findings that highlight collective capacity. Based on the data and comparisons we made, these sections are intended to guide the prioritization of efforts in our community.

Throughout the assessment, you’ll find references to Bozeman, St. George, and Bend. These three communities were strategically selected with input from our economic development partners because we can make strong comparisons in certain aspects such as community size, the presence of a University or College, or the combination of urban and rural populations. At times you’ll see our community compared to one, two, or possibly all three depending on the area of interest being examined. These comparisons are intended to give us a look at how we’re doing and a point of reference.

This edition of the Community Health Needs Assessment is also available on the Mesa County Public Health website at health.mesacounty.us.



MESA COUNTY IS UNIQUE.

OUR COMMUNITY HEALTH NEEDS ASSESSMENT IS TOO.

OUR APPROACH

Mesa County is unique in our collaborative approach to the community health needs assessment. Local non-profit hospitals and the public health agency release one comprehensive document every three years to meet the requirements of all agencies. This facilitates a more unified approach to improving health and quality of life in our community.

ABOUT MESA COUNTY PUBLIC HEALTH

Mesa County Public Health, formed in 1948, provides a wide range of public and environmental health services to Mesa County residents. Our mission, to maintain and improve health through assessment of community health status, policy development to support effective programs, and assurance of high quality, effective education and service, is the driving force behind our programming and community collaborations.

We value Wellness, Excellence, Empowerment, Community.





ONE COMMUNITY



CONNECTING THE DOTS

Throughout this document, you'll see **Areas of Action** noted with three dots. These are areas where our community can focus efforts and use data to drive meaningful action and improve the overall quality of life for residents of Mesa County. Each area of action is identified in context throughout the document, and a summary of the areas of action is available in the Areas of Action section.

COMPARISON COMMUNITIES

To better understand the progress Mesa County is making toward improving health in our community, we selected three communities similar to Mesa County with excellent health outcomes for comparison. Bend, Oregon; Bozeman, Montana; and St. George, Utah have populations of similar size to Mesa County, operate as “island” economies that aren't physically connected to a metropolitan area, support medium or large universities, and spread their population across one or two larger cities with the balance in smaller towns or rural communities. Politically, all three communities are either fairly even in their party affiliation split, or lean conservative like Mesa County. Not only do these cities have health outcomes worth striving for, they also show strong economic growth projections and high rates of high school graduation and four-year degree achievement.

We hope that looking at these communities for inspiration, best practices, and lessons learned will allow us to step confidently into a future with better health outcomes supported by a community that is economically and socially resilient.

Visi

Mesa County is a
connected community
has the opport

ECONOMIC STABILITY

Employment
Food Security
Housing Stability
Poverty

EDUCATION

Early Childhood Development
High School Graduation
Language and Literacy

HEALTH HEALTH

Access to H
Environment
Behavioral D
Health L

SOCIAL FACTORS

Age, Gender, Ethnicity, Race, Geography



DATA &
INFORMATION



CROSS-SECTOR
PARTNERSHIPS

ion

a vibrant, caring,
nity where everyone
nity to thrive.

ONE COMMUNITY



COMMUNITY CAPACITY

Assets and gaps related to programs, services, and resources.



PROMOTION &
MOBILIZATION



OPERATING
RESOURCES

OUR PARTNERS

Our Community Health Needs Assessment is conducted in partnership with our community non-profit hospitals.

Colorado Canyons Hospital and Medical Center is a full-service Critical Access Hospital designed to meet the growing health care needs of the community. A 25-bed hospital includes the only swing bed facility in the Grand Valley. This allows patients to receive intensive, hospital-based rehabilitation after acute hospital care is no longer needed. The growing hospital also includes emergency, imaging, laboratory, and surgical services.



A non-profit, fully accredited facility 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. Services are offered by expert staff and with world-class technology in a healing, family-centered environment.



A non-profit, fully-accredited facility with more than 350 beds. This medical center 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. St. Mary's is a certified stroke and chest pain center, as well as an accredited comprehensive community cancer program. They are also the largest economic contributor to the community at \$750M annually, the largest healthcare infrastructure at \$1.1B, and the largest healthcare community services investor. St. Mary's is the second-largest employer and the highest payroll contributor in the community.

A non-profit facility in Grand Junction and the only psychiatric hospital on the Western Slope. The hospital has 64 beds, providing inpatient treatment for psychiatric disorders. West Springs and its affiliate organization, Mind Springs Health, provide a full continuum of safety net behavioral health services to citizens in Mesa County, including multiple levels of substance abuse treatment, suicide interventions, specialized services to teens and women, and tobacco cessation referrals.



The VA Western Colorado Health Care System center is a federal health facility with 53 acute and long-term beds. They provide inpatient and ambulatory medicine, surgery, and psychiatric services to all veterans.

SOCIAL DETERMINANTS OF HEALTH

Social Determinants of Health are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality of life outcomes and risks.

Social Determinants of Health are grouped into 5 key areas:



Economic Stability



Education



Health Care and Access



Neighborhood and Built Environment



Social and Community Context



SOCIAL DETERMINANTS OF HEALTH HAVE A MAJOR IMPACT ON PEOPLE'S HEALTH, WELL-BEING, AND QUALITY OF LIFE.

Health outcomes can be affected directly by the Social Determinants of Health (such as through access to health care, or exposure to environmental hazards), or through health behaviors. Health behaviors are shaped by the Social Determinants of Health, and promoting healthy choices without addressing the context in which the choice is made is a less effective strategy.

For example, many health outcomes such as heart disease and diabetes are impacted by nutrition. Eating healthy food is a health behavior, but it can be largely shaped by food access and economic stability. Encouraging people to eat healthy food must go hand in hand with addressing issues of access and economic stability.

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. In Mesa County, we understand that by addressing these five key areas, we can take meaningful action that will result in improvements to our community's overall quality of life.



AREAS OF ACTION



Below are top priority next steps for community action over the next three years, organized by Social Determinant of Health. By focusing on these actions, we intend to build collective community strength and resilience, leading to a positive impact on our community's health behaviors, outcomes, and overall quality of life.

Areas of action are included throughout the report and within each section as a guide for prioritizing efforts in our community. We recommend looking at them not in isolation but rather in relationship to each other to inform practice and funding.

The full list of areas of action can be found by turning to the corresponding Social Determinant of Health section in this document.

In addition to the items listed here, Mesa County Public Health aims to prioritize effective data collection and analysis to better inform our understanding of the Social Determinants of Health and their impact on health outcomes.

- Identify gaps in available data for Mesa County and collect data to fill the gaps.
- Examine key areas across different locations, demographics, and socioeconomic factors.

● ● ● ECONOMIC STABILITY

Household Stability

- Identify Mesa County areas impacted by stacked disadvantage - e.g. those experiencing high rates of unemployment, single parent families, and poverty.

Industry and Occupation

- Identify economical training and education opportunities for workers looking to transition away from waning industries.
- Incentivize desired economic growth in Mesa County.

●●● EDUCATION

P-12 Education

- Consider opportunities to expand quality, licensed child care in communities with few care options. Support existing child care facilities in achieving high quality ratings.
- Identify best practices to measure the impact of teacher training and curriculum changes on elementary proficiency.
- Encourage four-year high school completion and support students who do not finish in four years so they eventually achieve graduation.

Higher Education

- Support students who will be the first in their families to pursue higher education.
- Expand high school student engagement in concurrent enrollment opportunities.
- Support expansion of WCCC and CMU programs to meet current employer and student demand.
- Work with employers to provide internships and practical experiences for students.

●●● HEALTH CARE AND ACCESS

Health Care Access and Utilization

- Investigate root causes for health care use barriers such as access to providers and appointments, cost barriers, and personal challenges.
- Research the medical debt burden on Mesa County residents and the circumstances that lead to severe medical debt. Explore opportunities to increase public insurance plan and subsidy enrollment for eligible individuals.
- Investigate availability of specialty care in Mesa County to understand current gaps.

Mental Health

- Improve mental health experiences for first-time patients.
- Reduce barriers associated with seeking mental health services.
- Consider community resources to best keep people in non-emergency substance use intoxication or mental health crises safe while reducing community and health care system disruption.

●●● NEIGHBORHOOD AND BUILT ENVIRONMENT

- Assess the rates of infractions that impact public safety but are not included in violent crime and property crime databases.
- Develop a clear enforcement process for health and safety violations for Code Compliance and opportunities for residents to engage in community clean up efforts.
- Explore opportunities to increase food access in areas with limited or no options.
- Determine current gaps in housing assistance and explore opportunities to increase availability of housing assistance.

●●● SOCIAL AND COMMUNITY CONTEXT

- Conduct a survey and focus groups of Mesa County residents to better understand their personal relationships and social networks.
- Identify strategies to boost social resources in unincorporated areas.
- Work to address higher levels of bullying among specific sub-groups.
- Improve voter participation in low-turnout precincts.

**"IF YOU WANT THE
OUTCOME TO CHANGE,
YOU HAVE TO CHANGE THE
SYSTEM."**

-DAN HEATH, AUTHOR

SOCIAL AND COMMUNITY CONTEXT (CONT.)

- Engage with existing service organizations to understand their priority and funding areas and how they align with community health improvement efforts.

●●● HEALTH IMPLICATIONS

Health Behaviors

- Consider how to direct tobacco, substance use, and obesity interventions to communities most affected. Track the impact of these efforts to evaluate effectiveness.
- Increase school immunization rates and support schools in collecting immunization records.
- Investigate the role of geography in teen birth rate, and identify services or educational resources that may be lacking in areas with high rates.

Health Outcomes

- Investigate the higher rates of chronic disease seen in Mesa County.
- Identify interventions for accidental and intentional (non-disease) causes of death to reduce local rates.
- Support Veteran's groups in suicide-reduction efforts, especially among the 65 and older population.





AREAS OF STRENGTH

Below we highlight measures where Mesa County is outperforming Colorado, the US, or comparison communities, or measures where Mesa County has shown marked improvement.

Some areas of strength point to resources Mesa County can leverage in tackling larger issues. Some indicate areas where intervention has been successful, and continued support has the opportunity to continue improving outcomes. Some areas of strength, indicated with an asterisk (*), highlight recent changes or interventions that seek to address existing needs - ongoing monitoring will reveal their effectiveness.

More information about each area of strength can be found by turning to the corresponding Social Determinant of Health section in this document.

ECONOMIC STABILITY

Household Stability

- Many household types earn a median wage well above that required for basic self-sufficiency.
- Single female households with children can close the gap to self-sufficiency by enrolling in benefits programs.

Industry and Jobs

- Compared to St. George, UT and Bend, OR, Mesa County has more workers earning an *essential* and *desirable* income.
- Health Care, Construction, and Professional, Scientific, and Technical Services are industries that pay an *essential* or *desirable* income and are projected to grow in Mesa County.

helped District 51 purchase new elementary curriculum and teacher training.*

- Students who do not finish high school in four years are now twice as likely to go on to graduate as in 2012.

UPDATE

SINCE OUR LAST ASSESSMENT

The **Child Care 8,000 Initiative (CC8K)** has established a successful approach through partnerships and effective support systems in the early childhood industry. CC8K is working holistically to build a strong early childhood education sector by improving business practices and revenue, expanding capacity, and increasing workforce, workforce development opportunities, and quality of workforce. These strategies have led to a regional expansion of child care services.

EDUCATION

P-12 Education

- Revenue from the 2017 mill levy override

Higher Education

- Between 2015 and 2019, the number of young adults with a bachelor's degree nearly doubled in Mesa County.
- Mesa County higher education institutions prioritize meeting the needs of all students drawn from the Western Slope and creating programs that allow students to climb a ladder of certification and degree programs with ease.
- District 51 high school students have opportunities to take a variety of college-level courses at no cost, giving them a head start on their higher education goals.*
- CMU has increased completion rates dramatically since 2005.
- CMU students score higher on many professional exams than their peers in Colorado and the US.

HEALTH CARE AND ACCESS

Health Care Access and Utilization

- More Mesa County residents than Colorado residents report having a usual source of health care, reducing usage of the emergency room for care that could be treated by a regular doctor.
- The Healthy Families and Workplaces Act of 2020 will increase the number of workers able to accrue paid sick leave, which may impact their ability to attend needed health care visits.*
- Nearly 3 in 4 Mesa County residents indicated that they agree or strongly agree with the statement, "The health care system meets the needs of my family."

Mental Health

- Mesa County primary care providers have prioritized patient conversations about mental health. As a result, Mesa County residents were significantly more likely to have spoken to a doctor about their mental health than Colorado residents in general.
- District 51 provides licensed clinicians to provide mental health services to students. More health care services, including mental health, are now available through the Warrior Wellness Center at Central High School.*

NEIGHBORHOOD AND BUILT ENVIRONMENT

- Mesa County has a lower student-teacher ratio and higher per-pupil spending than two of the three comparison communities.
- A 2017 bond measure allowed District 51 to address more than \$50 million in top-priority maintenance projects.
- Mesa County law enforcement has higher crime clearance rates than the US.
- Mesa County Code Compliance recently instituted a neighborhood/environmental clean up day project in Clifton to facilitate improved neighborhood aesthetic and build community connections.*
- Ballot initiatives to increase sales tax in support of public safety in Mesa County passed in 2017 and 2019, resulting in new facilities and increased personnel.
- Mesa County has 277 miles of non-motorized trails open to hikers, horseback riders, and bikers.
- Despite 18 weeks of closures, the Mesa County Library System provided over one million checkouts in 2020, and saw increases in digital materials checkouts and adult student hours.

NEIGHBORHOOD AND BUILT ENVIRONMENT (CONT.)

- The Mesa County Library Wellness Desk is a partnership with Mind Springs Health and began providing patrons access to a qualified mental health clinician in spring of 2021.
- CDPHE offers all residents of Colorado free radon test kits by mail.
- Mesa County has a regional water quality lab facility that provides testing services for the Western Slope, reducing the time and cost associated with analysis.

UPDATE

SINCE OUR LAST ASSESSMENT

Trails and open space remain a valuable Mesa County resource for the community, and **usage of trails increased nearly 50%** between 2019 and 2020 as residents sought outdoor recreation opportunities during the COVID-19 pandemic. To support this resource, **Mesa County Public Health funded a 4-person trails maintenance crew** contracted through the Western Colorado Conservation Corps, focused on revegetation, social trail closure, erosion control, rock work, and other maintenance projects, primarily on Bureau of Land Management and Forest Service lands over the next two years, and possibly beyond.*

SOCIAL AND COMMUNITY CONTEXT

- In 2019, high school students reported less bullying on school grounds than in 2017.
- Mesa County has less than half as much white/non-white segregation than Colorado, and 40% less Hispanic/Non-Hispanic segregation than Colorado.

SINCE OUR LAST ASSESSMENT

The **Community Transformation Group (CTG)** is a collaborative project of public health, education, health and human services, civic organizations, law enforcement, faith communities, and individual residents working together to improve health, education and the economy by building social capital in neighborhoods. In the Clifton community, where CTG work is currently centered, residents identified safe community spaces and improvements to the physical environment as the highest priorities for community change. The CTG coalition's efforts have resulted in an annual neighborhood cleanup and ongoing advocacy for park amenities, pedestrian safety improvements, and connectivity between outdoor spaces in the area.

UPDATE

HEALTH IMPLICATIONS

Health Behaviors

- The Division of Child Welfare for Mesa County has put additional focus on preventative interventions, resulting in a significant reduction of children needing to be placed in County custody.
- Mesa County drug overdose hospitalizations are decreasing significantly while overdose emergency department visits are going up, meaning that more overdose emergencies can be treated without admission.

Health Behaviors (cont.)

- Targeted education programs promoting overdose intervention practices like Naloxone/Narcan may be effectively reducing the number of serious overdoses and deaths. Small sample sizes make it difficult to confirm this trend, but initial findings are promising.
- Mesa County's teen birth rate decreased by one-third between 2015 and 2019.

UPDATE

SINCE OUR LAST ASSESSMENT

The **Mesa County Opioid Response Group**, formed in 2018, brings together multidisciplinary community partners to address substance use in Mesa County. The goals of the group are to prevent substance misuse, improve treatment access and retention, and reduce harm. These efforts are led through its workgroups focused on prevention and education, treatment, and recovery.

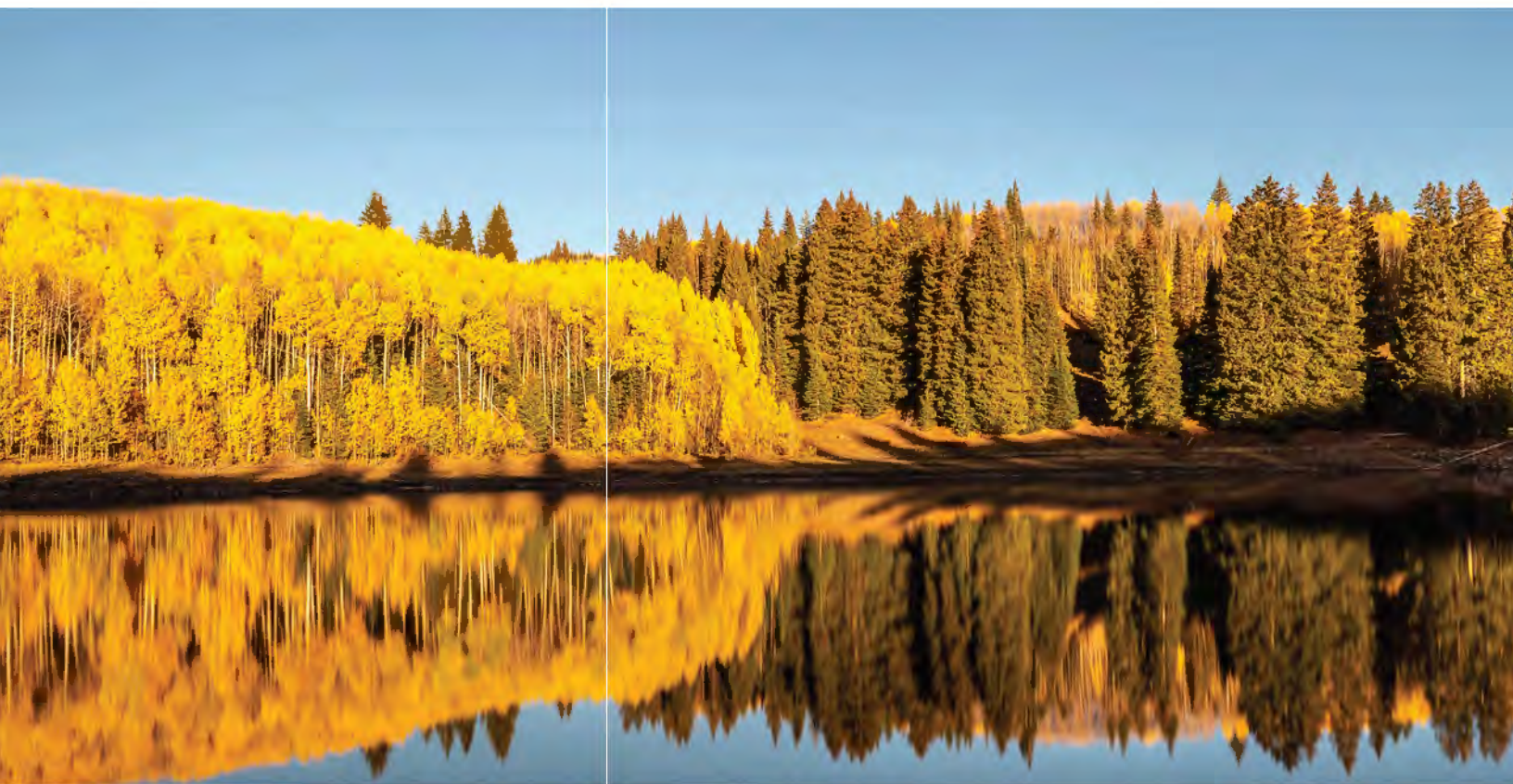
Health Outcomes

- While rates are increasing over time, Mesa County has a lower rate of sexually transmitted infections than Colorado.

SINCE OUR LAST ASSESSMENT

The **Mesa County Suicide Prevention Coalition** consists of a multidisciplinary group of stakeholders that works together to implement a community suicide prevention plan in partnership with the Colorado National Collaborative.

UPDATE



COMMUNITY PROFILES



Mesa County is located on the western border of Colorado, 250 miles west of Denver. The county, one of 64 in Colorado, spans 3,313 square miles. The Grand Valley, which is the most densely populated area on Colorado's Western Slope, covers more than 38 square miles and has an elevation of 4,586 feet. Mesa County includes the cities of Grand Junction and Fruita, the towns of Collbran, De Beque, and Palisade, and smaller unincorporated areas.

Grand Junction is a regional medical and health care hub, serving a population of approximately 500,000 people in western Colorado and eastern Utah and is the largest between Denver and Salt Lake City.

Densely populated areas combined with areas having a more rural way of life make for unique differences in many key factors that influence our community's health. In the Community Profiles section, demographic and socio-economic information is featured along with highlights and disparities to better understand how to serve specific areas and our community as a whole.

MESA COUNTY

HISPANIC/LATINO 14.5%

Total
Population
(2019): **151,218**

Median Age
39.7 years

Educational Attainment

High School Diploma	Bachelor's Degree
91.2%	29.8%

Median Household Income

\$55,379

Employment Status

Percentage of those 16+ in labor force	Unemployment Rate
62.1%	6.7%

SNAP Usage

 **10.8%**

POPULATION DEMOGRAPHICS

Mesa County's population has slowly but steadily increased over the past five years. Over the same time, the median age of Mesa County residents has also increased.

Median Age 2019:

- Mesa County: 39.7 years*
- Colorado: 36.7 years
- US: 38.1 years

Life Expectancy:

- Mesa County: 78.8 years
- Colorado: 80.5 years

SEX DISTRIBUTION

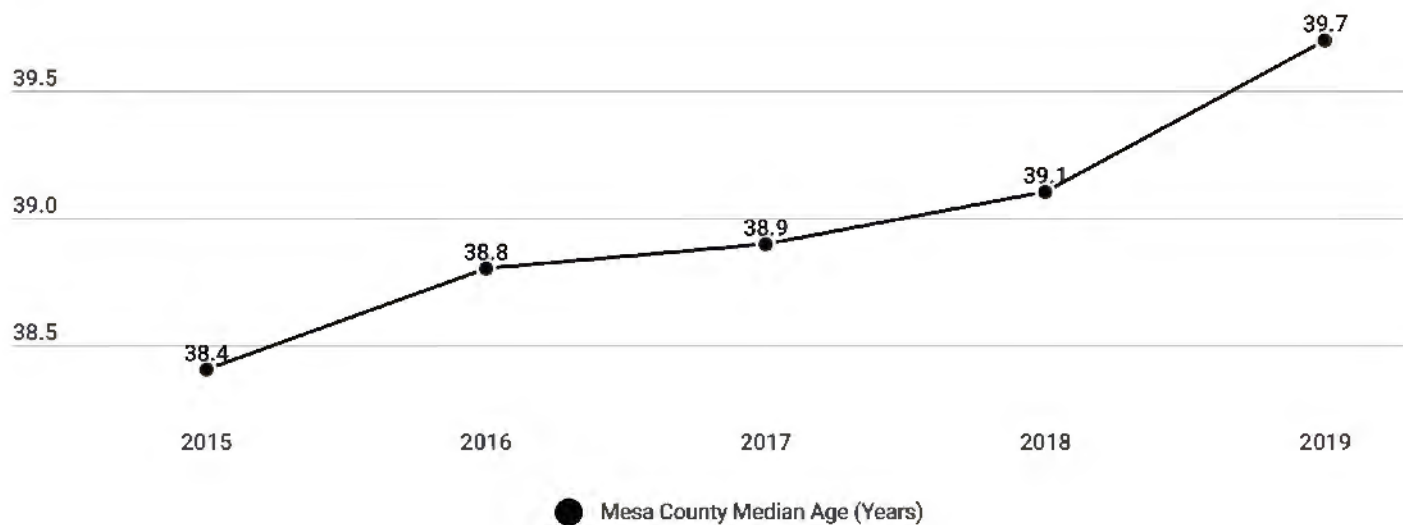
Overall, Mesa County's male to female population is fairly evenly split. However, in rural areas, there is a higher concentration of men, and in urban areas, a slightly higher concentration of women. Approximately three out of every five people ages 80 years and older are female, reflecting the trend that women tend to live longer than men in Mesa County.

Mesa County Overall:	80 years and older:
• Female: 50.7%	• Female: 60.4%
• Male: 49.3%	• Male: 39.6%

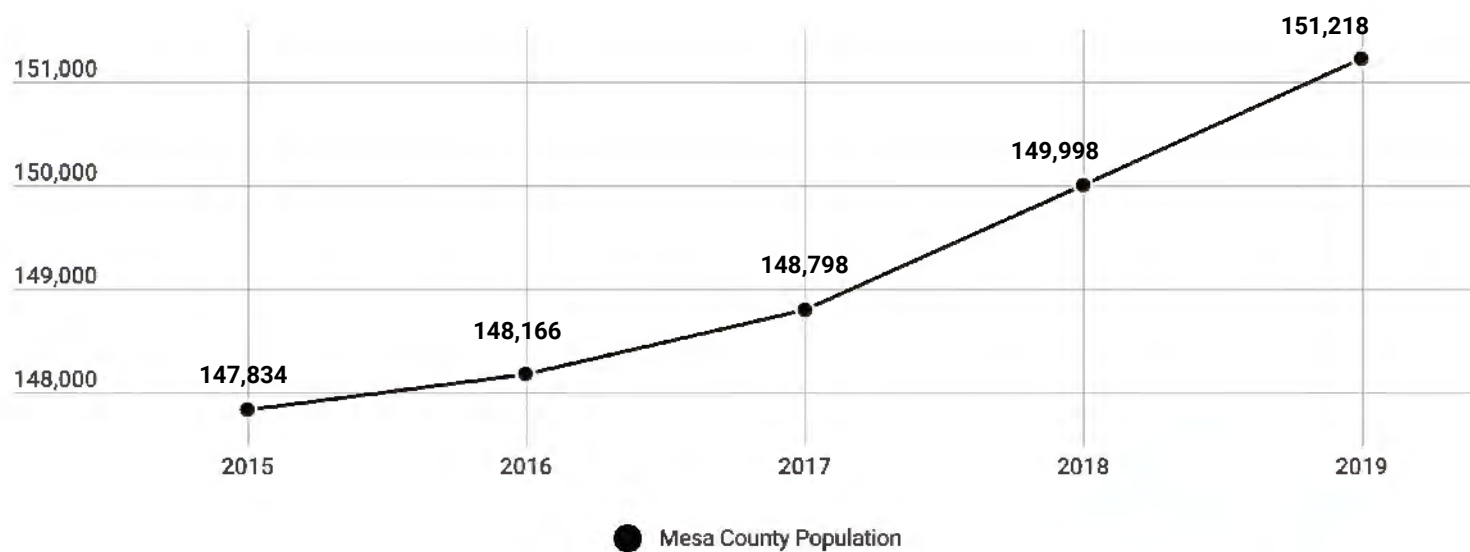
Rural Mesa County:	Urban Mesa County:
• Female: 45.8%	• Female: 51.2%
• Male: 54.2%	• Male: 48.7%

*Mesa County is statistically higher than Colorado and the US

MEDIAN AGE IN MESA COUNTY (2015-2019)

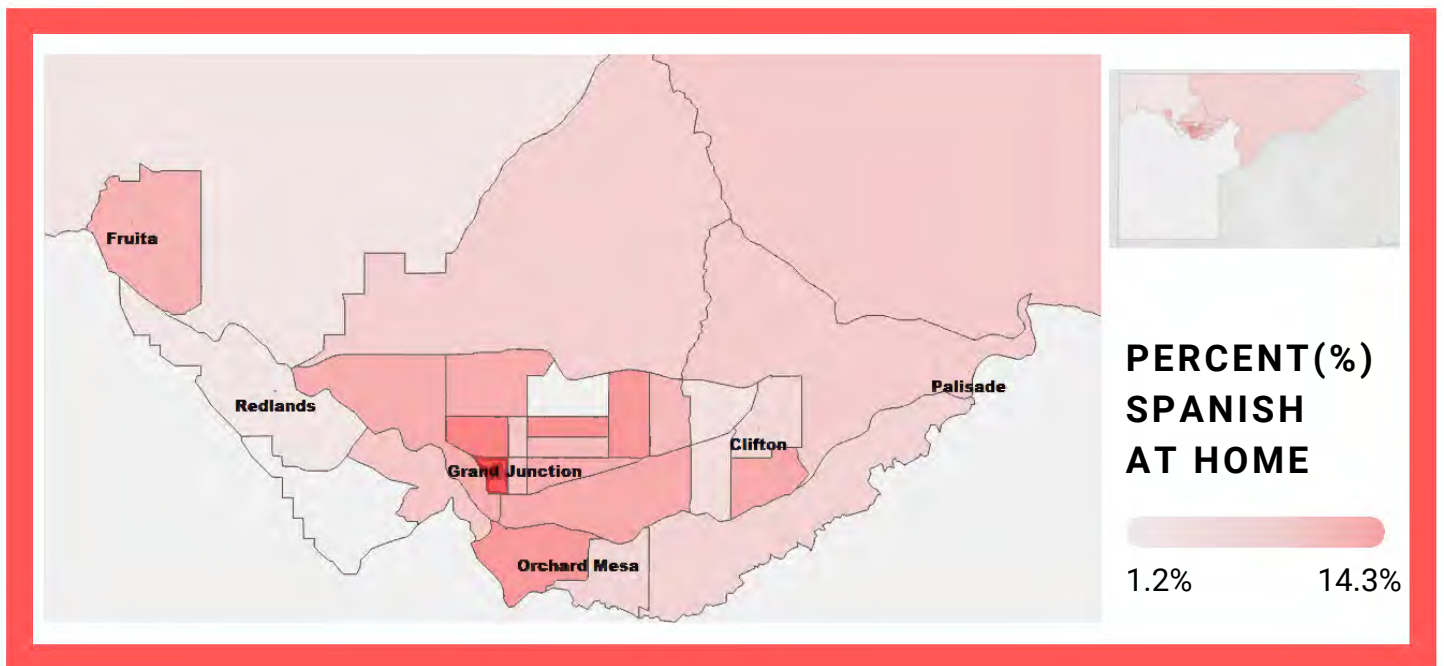


POPULATION COUNTS IN MESA COUNTY (2015-2019)



**THE MEDIAN AGE
IN MESA COUNTY
IS OLDER THAN
BOTH COLORADO
AND THE US.**

SPANISH SPEAKING HOUSEHOLDS



RACE

In 2019, more people in Mesa County identified as “White” than in 2014. Most of this difference comes from a decrease of people identifying as “Some other race” which is not made up in other non-white categories. Rates of other races in Mesa County have remained stable over time.

Any race other than white:

- Mesa County:
 - 2015-2019: 6.0%
 - 2009-2014: 7.8%
- Colorado: 16.0%
- US: 27.5%

Mesa County, 2019

- White: 94.0%
- Black or African American: 0.7%
- American Indian and Alaska Native: 0.9%
- Asian: 0.9%
- Native Hawaiian and Other Pacific Islanders: 0.1%
- Some other race: 1.1%
- Two or more races: 2.3%

HISPANIC/LATINO RESIDENTS

Mesa County has a lower percentage of Hispanic/Latino residents than Colorado and the US.

- Mesa County: 14.5%
- Colorado: 21.5%
- US: 18.0%



**APPROXIMATELY
30% OF
ADULTS IN MESA
COUNTY HAVE
EARNED A
BACHELOR'S
DEGREE OR HIGHER.**

EDUCATIONAL ATTAINMENT

Mesa County slightly trails the state of Colorado in the percentage of the population who has completed high school, though the difference is not significant. Both Mesa County and Colorado have statistically higher rates of high school completion than the US. For Bachelor's degrees, Mesa County significantly trails both the state of Colorado and the US. However, over the past 5 years, Mesa County has nearly doubled the percent of young adults 18-24 years with a Bachelor's degree. During the same period, there have been relatively small increases at the state and national levels.

Percent of young adults (18-24 years) with a Bachelor's degree

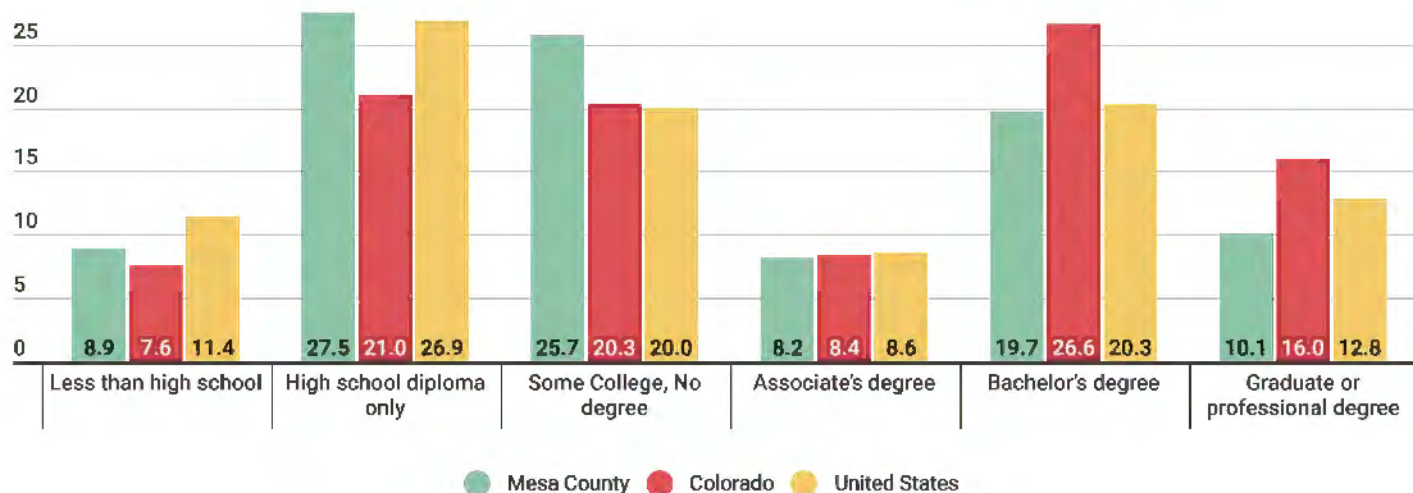
2014

- Mesa County: 3.8%
- Colorado: 11.0%
- US: 9.6%

2019

- Mesa County: 7.3%
- Colorado: 12.6%
- US: 11.2%

EDUCATIONAL ATTAINMENT AMONG ADULTS IN MESA COUNTY, COLORADO, AND THE US (2015-2019)





ECONOMIC CHARACTERISTICS

Median household income in Mesa County is lower than both Colorado and the US. Incomes across communities range from **\$34,779** in Palisade to **\$90,500** in Glade Park - Gateway.

Percentage of adults 16+ in civilian labor force:

- Mesa County: 62.1%
- Colorado: 67.6%
- US: 63.0%

Percentage of adults 16+ who are employed:

- Mesa County: 58.0%
- Colorado: 64.7%
- US: 59.6%

HOUSEHOLD COMPOSITION

Total households: 61,742

- Households with children: 25.8% (15,938 households).
- Includes 60+: 42.5% (26,240 households).
- Single female households with children: 5.9% (3,625 households).

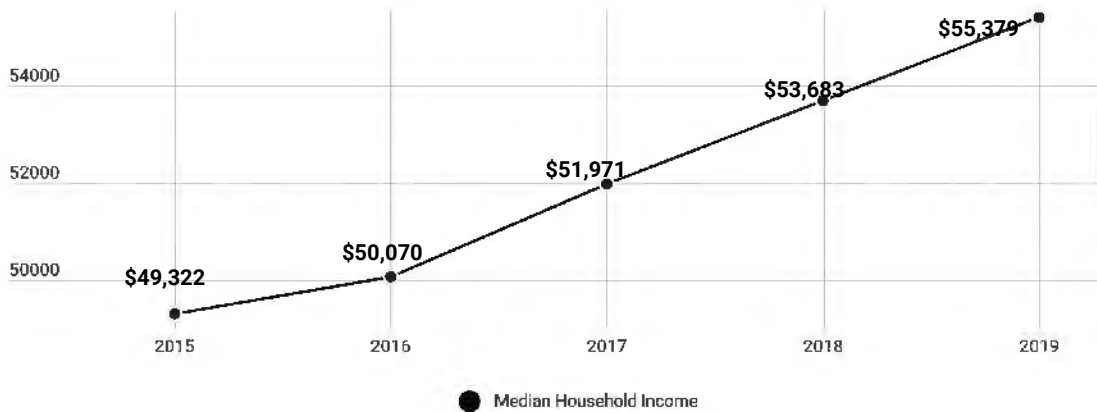


More than **2 in 5** households in Mesa County have a resident 60 years or over.

Approximately **1 in 4** households in Mesa County have children less than 18 years.



MEDIAN HOUSEHOLD INCOME IN MESA COUNTY (2015-2019)



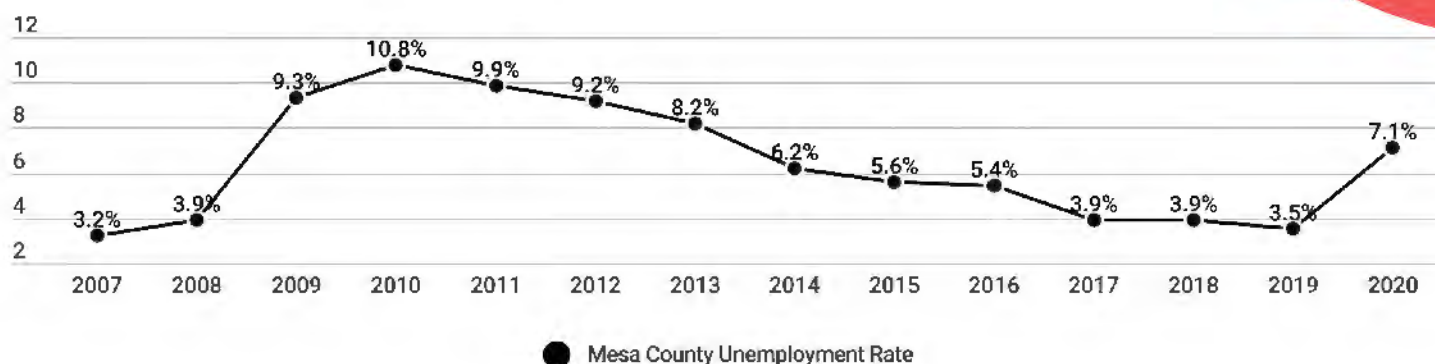
**MESA
COUNTY'S
MEDIAN
HOUSEHOLD
INCOME
INCREASED
12% BETWEEN
2015 AND
2019.**

MEDIAN HOUSEHOLD INCOME IN MESA COUNTY COMMUNITIES, COLORADO, AND THE US (2011-2019)

	2011-2015	2015-2019
Mesa County	\$48,610	\$55,379
Colorado	\$59,448*	\$72,331*
US	\$53,482	\$62,843
Rural West 15.02	\$63,134	\$68,864
Rural East 18	\$52,050*	\$66,484*
Rural South 19	\$54,838	\$77,261
Clifton	\$39,418	\$43,452
Collbran	\$48,594	\$35,625
De Beque	\$43,438*	\$65,750*
Fruita	\$54,875	\$58,531
Fruitvale	\$52,635*	\$63,509*
Glade Park - Gateway	\$54,425*	\$90,500*
Grand Junction	\$44,887	\$52,504
Orchard Mesa	\$51,623	\$50,227
Palisade	\$43,354	\$34,779
Redlands	\$65,888*	\$78,077*
Whitewater - Kannah Creek	\$56,000*	\$66,477*

*indicates growth rate at or above the US rate of growth

RATE OF UNEMPLOYMENT IN MESA COUNTY (2007-2020)



Mesa County's unemployment rate peaked in 2010 at 10.8%. In 2019, 10 years after Mesa County's unemployment rate spiked in reaction to the 2008 financial crisis, the unemployment rate was the closest it had ever been to pre-2008 levels. The impact of the COVID-19 pandemic raised the rate back to 2013-2014 levels.

HOUSEHOLD SNAP USAGE



Mesa County: 10.8%
Colorado: 7.5%
US: 11.7%

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.

UNEMPLOYMENT RATE FEBRUARY, 2021

MESA COUNTY: 7.8%
COLORADO: 6.6%
US: 6.2%



POVERTY BY FAMILY TYPE IN MESA COUNTY, COLORADO, AND THE US (2015-2019)

	Mesa County	Colorado	US
Married adults with children	7.6%	4.8%	6.6%
Single female households with children	46.7%	29.4%	36.1%
Individuals 65+	7.1%	7.4%	9.3%
Total individuals	14.2%	10.3%	13.4%

HOUSING CHARACTERISTICS AND COSTS IN MESA COUNTY, COLORADO, AND THE US (2015-2019)



% who pay greater than 30% of income for housing costs

	Households who rent	Renters	Owners without mortgage	Owners with mortgage
Mesa County	30.7%	52.1%	9.0%	29.4%
Colorado	33.6%	51.0%	11.2%	27.3%
US	33.4%	49.6%	13.5%	27.8%
Rural West 15.02	11.2%	27.4%	3.6%	31.3%
Rural East 18	14.6%	36.7%	11.8%	32.0%
Rural South 19	4.0%	11.9%	7.4%	25.4%
Clifton	33.5%	54.3%	19.4%	32.1%
Collbran	19.0%	48.5%	14.6%	47.2%
De Beque	25.7%	38.8%	18.5%	27.3%
Fruita	28.1%	52.2%	7.7%	29.1%
Fruitvale	12.4%	28.2%	3.4%	29.6%
Glade Park - Gateway	1.4%	-	2.6%	20.4%
Grand Junction	40.9%	53.5%	8.2%	26.5%
Loma	15.8%	-	-	10.4%
Orchard Mesa	22.5%	64.0%	7.2%	31.1%
Palisade	40.5%	44.4%	22.3%	38.7%
Redlands	12.4%	23.6%	9.3%	25.7%
Whitewater - Kannah Creek	6.6%	14.5%	18.4%	29.1%

Renters pay a higher percentage of their income for housing expenses than owners with or without a mortgage in every community in Mesa County.

In six Mesa County communities, more than half of renters are paying 30% of their income for rent, the threshold for a "housing cost burden."

CITY OF GRAND JUNCTION

POPULATION DEMOGRAPHICS

Grand Junction is the most populous city in Mesa County with a population of more than 62,000 residents. The median age increased from 34.7 in 2015 to 37.1 years in 2019, indicating a somewhat aging population.

Median household incomes increased in a statistically significant way from 2015 to 2019 to \$52,504. The City's median household income is \$2,875 less than the Mesa County median household income.

ECONOMIC CHARACTERISTICS

The 2019 unemployment rate in the City of Grand Junction is 6.9%, down from 9.4% in 2015.

Family Composition:

- Total households: 26,282
- Households with children: 22.9% (6,013 households)
- Includes 60+: 40.4% (10,618 households)
- Single female households with children: 4.9% (1,288)

Percent of households that rent: 41.9%

Housing 30% or more of income:

Total: 34.1% • Renter: 53.5% • Owner: 20.4%

**GRAND JUNCTION RESIDENTS ACCOUNT FOR
OF MESA COUNTY'S POPULATION** **41.0%**

HISPANIC/LATINO 17.0%

Total
Population
(2019): **62,062**

Median Age
37.1 years

Educational Attainment

High School Diploma **90.3%** Bachelor's Degree **30.6%**

Median Household Income

\$52,504



\$2,875 lower than Mesa County as a whole

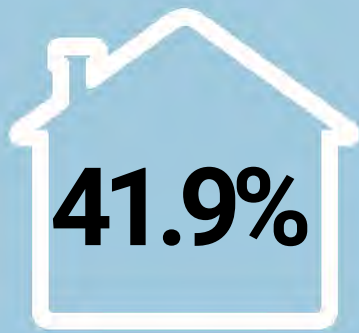
Employment Status

Percentage of those 16+
in labor force **62.2%** Unemployment
Rate **6.9%**

SNAP Usage



10.2%



Grand Junction has the highest proportion of households who rent their home (41.9%) in Mesa County.

Over half of those renters pay more than 30% of their income for housing.

POVERTY BY FAMILY TYPE

- Married adults with children: 9.5% (395 households)
- Single female households with children: 37.5% (566 households)
- Individuals 65+: 9.4% (1,030 individuals)



30.6%

Grand Junction has the highest rate of bachelor's degree holders (30.6%) of the six profiled communities.



22.9%

Among the six profiled communities, Grand Junction has the smallest proportion (22.9%) of households with children.



CITY OF FRUITA

POPULATION DEMOGRAPHICS

In 2019, 42.9% of Fruita households have one or more people over the age of 60, up from 31.1% in 2015.

ECONOMIC CHARACTERISTICS

Aside from the rural regions of Mesa County, Fruita has the highest median household income of the profiled communities at \$58,531.

Household composition:

- Total households: 5,275
- Households with children: 33.5% (1,755 households)
- Includes 60+: 42.9% (2,263 households)
- Single female households with children: 7.5% (394 households)

Percent of households that rent: 29.1%

Housing 30% or more of income:

Total: 31.5% • Renter: 52.2% • Owner: 23.1%

**FRUITA RESIDENTS
ACCOUNT FOR 8.7%
OF MESA COUNTY'S
POPULATION**

HISPANIC/LATINO 12.9%

Total
Population
(2019): **13,236**

Median Age
38.4 years

Educational Attainment

High School Diploma	Bachelor's Degree
88.9%	22.7%

Median Household Income

\$58,531



\$3,152 higher than Mesa County as a whole

Employment Status

Percentage of those 16+ in labor force	Unemployment Rate
65.0%	9.0%

SNAP Usage



10.9%

TOWN OF PALISADE



HISPANIC/LATINO 11.9%

Total Population (2019): **2,696**

Median Age
38.8 years

Educational Attainment

High School Diploma	Bachelor's Degree
85.4%	26.4%

Median Household Income

\$34,779



\$20,600 lower than Mesa County as a whole

Employment Status

Percentage of those 16+ in labor force	Unemployment Rate
56.8%	4.0%

SNAP Usage



21.3%

POPULATION DEMOGRAPHICS

The town of Palisade, known for peaches and wine, has an increasing proportion of households with seniors. In looking at figures from 2019, 44.5% of households have one or more people 60 years or older, up from 30.7% in 2015.

ECONOMIC CHARACTERISTICS

In 2015, the median household income in Palisade was \$43,167. In 2019, the median household was \$34,779. This decrease is not statistically significant because of the small sample size, but over that time, Mesa County median income grew \$6,057.

Household composition:

- Total households: 1,113
- Households with children: 33.2% (369 households)
- Includes 60+: 44.5% (495 households)
- Single female households with children: 8.0% (89 households)

Percent of households that rent: 40.5%

Housing 30% or more of income:

Total: 22.5% • Renter: 44.4% • Owner: 29.1%

PALISADE RESIDENTS ACCOUNT FOR **1.8%** OF MESA COUNTY'S POPULATION

CLIFTON



\$12,054

Average household income for single female households with children in Clifton.

Single female households across Mesa County have a lower median income. In Clifton, it's significantly lower than the average.

HISPANIC/LATINO 19.2%

Total Population (2019): **20,748**

Median Age
32.8 years

Educational Attainment

High School Diploma **88.1%** Bachelor's Degree **8.6%**

Median Household Income
\$43,452



\$11,927 lower than Mesa County as a whole

Employment Status

Percentage of those 16+ in labor force **66.0%** Unemployment Rate **8.8%**

SNAP Usage



22.5%

POPULATION DEMOGRAPHICS

Clifton has the highest percentage of Hispanic or Latino households of the six profiled communities at 19.2%.

ECONOMIC CHARACTERISTICS

While the median income for single female households with children in Mesa County is about \$20,000 lower than the general population, in Clifton these households average just \$12,054 per year, which puts them well below the poverty line and approximately \$43,000 below the county's median household income.

Household composition:

- Total households: 8,012
- Households with children: 32.1% (2,575 households)
- Includes 60+: 30.2% (2,419 households)
- Single female households with children: 10.1% (812 households)

Percent of households that rent: 33.9%

Housing 30% or more of income:

Total: 37.5% • Renter: 54.3% • Owner: 29.0%

CLIFTON RESIDENTS ACCOUNT FOR **13.7%** OF MESA COUNTY'S POPULATION

ORCHARD MESA

POPULATION DEMOGRAPHICS

Orchard Mesa has a very high rate of high school graduates, but a low rate of Bachelor's degree holders.

ECONOMIC CHARACTERISTICS

Other than rural regions, Orchard Mesa has the lowest percentage of households who rent their homes among the six profiled communities. However, 64% of those households pay more than 30% of their income for housing.

Household composition:

- Total households: 2,738
- Households with children: 29.3% (801 households)
- Includes 60+: 47.7% (1,306 households)
- Single female households with children: 11.2% (307 households)

Percent of households that rent: 23.5%

Housing 30% or more of income:

Total: 34.6% • Renter: 64.0% • Owner: 25.9%

**ORCHARD MESA RESIDENTS
ACCOUNT FOR 4.4% OF
MESA COUNTY'S POPULATION**

HISPANIC/LATINO 14.2%

Total
Population
(2019): **6,719**

Median Age
41.9 years

Educational Attainment

High School Diploma	Bachelor's Degree
92.8%	12.1%

Median Household Income

\$50,227



\$5,152 lower than Mesa County as a whole

Employment Status

Percentage of those 16+ in labor force	Unemployment Rate
58.0%	4.1%

SNAP Usage



10.2%

RURAL COMMUNITIES

RURAL AREAS ARE AN IMPORTANT PART OF OUR COMMUNITY.

Here we review key characteristics of three rural regions combined, encompassing these communities as well as outlying households:

- **WEST: LOMA, MACK**
- **EAST: DE BEQUE, COLLBRAN, MESA**
- **SOUTH: WHITEWATER, GATEWAY**

GROWTH IN THE WEST



Between 2011 and 2019, the population of the west rural region grew by 6.2%, while the population decreased in the east by 2.7% and the south by 0.4%.



of residents in rural areas are female, compared to **50.6%** in Mesa County.



Rural regions have the lowest rates of single female households with children at 3.2%.

HISPANIC/LATINO 6.3%

Total Population (2019): **15,668**

Median Age
West 45.1 years
East 43.8 years
South 55.6 years

Educational Attainment
High School Diploma 90.8%
Bachelor's Degree 26.7%

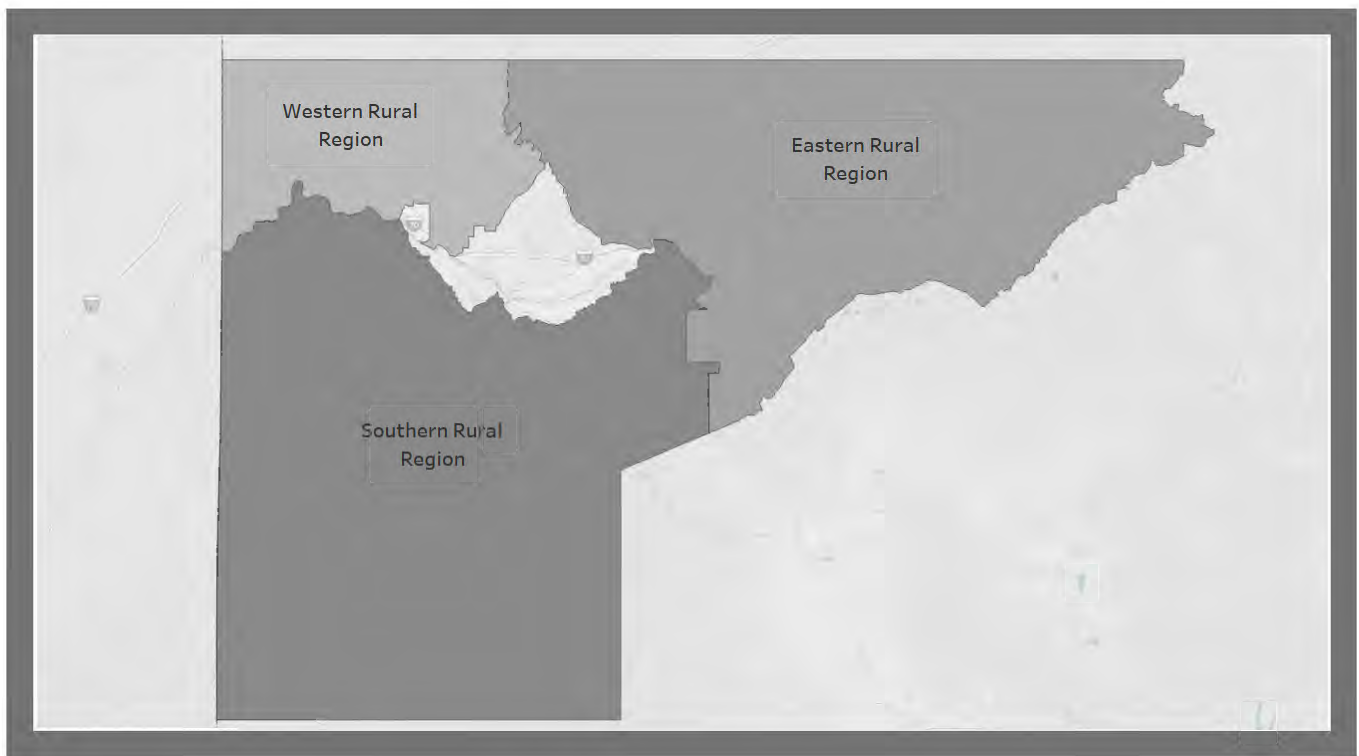
Median Household Income
West \$68,864
East \$66,484
South \$77,261

↑ Rural regions have median household incomes that are \$11,105-21,882 higher than the County as a whole.

Employment Status
Percentage of those 16+ in labor force 59.4%
Unemployment Rate 3.1%

SNAP Usage
 **2.8%**

RURAL RESIDENTS ACCOUNT FOR **10.4%** OF MESA COUNTY'S POPULATION



49.2%

Overall, 49.2% of rural households have one or more people 60 years or older.

The south rural region has the highest concentration of older adults in the county at 58.6%, compared to 43.1% in the west rural region, and 47.7% in the east rural region.

POPULATION DEMOGRAPHICS

Residents in rural areas tend to be older than the County as a whole.

Household composition:

- Total households: 6,226
- Households with children: 26.0% (1,618 households)
- Includes 60+: 49.2% (3,064 households)
- Single female households with children: 3.2% (202 households)

Percent of households that rent: 9.4%

Housing 30% or more of income:

Total: 19.1% • Renter: 26.2% • Owner: 18.3%

ECONOMIC CHARACTERISTICS

Fewer people in rural communities are in the labor force (59.4%) than the average across Mesa County, but within the working population, unemployment is much lower.

Rural areas have fewer renters, and housing costs represent a smaller financial burden than the County as a whole.



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COMMUNITY PROFILE SECTION

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Mesa County Workforce Center. *Workforce Center Dashboard Statistics* [data file]. Obtained through personal communication.

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- American Community Survey 5-Year Estimates - *Selected Economic Characteristics*, Table DP03
- American Community Survey 1-Year Estimates - *Selected Economic Characteristics*, Table DP03
- American Community Survey 5-Year Estimates - *Selected Housing Characteristics*, Table DP04
- American Community Survey 5-Year Estimates - *Demographic and Housing Estimates*, Table DP05
- American Community Survey 5-Year Estimates - *Age and Sex*, Table S0101
- American Community Survey 5-Year Estimates - *Households and Families*, Table S1101
- American Community Survey 5-Year Estimates - *Educational Attainment*, Table S1501
- American Community Survey 5-Year Estimates - *Poverty Status in the Past 12 Months*, Table S1701
- American Community Survey 5-Year Estimates - *Median Income in the Past 12 Months*, Table S1903

ECONOMIC STABILITY



“SOCIAL AND ECONOMIC FACTORS, SUCH AS INCOME, EDUCATION, EMPLOYMENT, COMMUNITY SAFETY, AND SOCIAL SUPPORTS CAN SIGNIFICANTLY AFFECT HOW WELL AND HOW LONG WE LIVE. THESE FACTORS AFFECT OUR ABILITY TO MAKE HEALTHY CHOICES, AFFORD MEDICAL CARE AND HOUSING, MANAGE STRESS, AND MORE.”

-COUNTY HEALTH RANKINGS

WHY IT MATTERS IN THIS ASSESSMENT

Economic stability provides a context in which Mesa County residents can have good health outcomes. In this section, we consider what economic self-sufficiency looks like in Mesa County, and whether current industries are providing the types of jobs needed to earn at a self-sufficiency level.

Looking forward, we consider the future of four industries in Mesa County often cited as ideal sectors for growth toward an economy that provides economic stability for as many Mesa County residents as possible.

SELF-SUFFICIENCY STANDARD

This 2018 measure from the Colorado Center on Law and Policy estimates local household expenses based on household makeup – number of adults, as well as the number and age of children. The estimated expenses include housing, child care, food, transportation, health care, taxes, and miscellaneous costs, and accounts for the earned income, child, and child care tax credits.



The following profiles represent common household types in Mesa County, or highlight households that are at additional risk or disadvantage within the community. These profiles were intentionally developed based on the household composition of Mesa County—together, the profiles account for 85% of households in the county.

HOUSEHOLD STABILITY



SINGLE FEMALE HOUSEHOLDS WITH CHILDREN




Approximately 6% of households in Mesa County are single female households with children, a group identified as experiencing greater disadvantage in the 2018 Community Health Needs Assessment. 82% of single female households only have children between 6 and 17 years old. However, younger children households are also profiled because of the significant costs associated with their care.


	Single female with one preschooler	Single female with one school-ager and one teenager
Self-Sufficiency Income	\$40,468	\$35,619
Median Income	\$19,805	\$19,805
	 Median income is below self-sufficiency income.	 Median income is below self-sufficiency income.

THE MEDIAN HOUSEHOLD INCOME FOR A SINGLE FEMALE HOUSEHOLD WITH CHILDREN IS APPROXIMATELY HALF THEIR SELF-SUFFICIENCY INCOME.

MARRIED COUPLE HOUSEHOLDS

20% of households in Mesa County are married couples with children. 59% of married couples with children only have children between the ages of 6 and 17 years. However, younger children households are also profiled here because of the significant costs associated with their care. An additional 33% of households in Mesa County are married couples without children.



	Married couple without children	Married couple with one preschooler	Married couple with one school-ager and one teenager
Self-Sufficiency Income	\$32,508	\$48,268	\$43,038
Median Income Range	\$60-75,000	\$81,290	\$81,290
	 Median income is above self-sufficiency income.	 Median income is above self-sufficiency income.	 Median income is above self-sufficiency income.



THE MEDIAN HOUSEHOLD INCOME FOR MARRIED COUPLE HOUSEHOLDS IS APPROXIMATELY DOUBLE THEIR SELF-SUFFICIENCY INCOME.

ADULTS LIVING ALONE

26% of Mesa County households are adults living alone. The census reports median income for single adults broken down by age and gender. Men and women over 65 years earn at similar rates to women age 18-65 years (\$25,618 - 27,428), but men age 18-65 years earn considerably more (\$37,250).

	Female living alone	Male living alone
Self-Sufficiency Income	\$20,470	\$20,470
Median Income Range	\$25,618-26,987	\$27,428-37,250
	 Median income is above self-sufficiency income.	 Median income is above self-sufficiency income.

THE MEDIAN HOUSEHOLD INCOME FOR SENIORS LIVING ALONE IS HIGHER THAN THEIR SELF-SUFFICIENCY INCOME.



There is a significant gap between the Self-Sufficiency Standard and the income levels that determine eligibility for benefit programs. This results in a segment of the population across all household types that fall \$10,000-\$20,000 short of self-sufficiency each year, but are not eligible for benefit programs.

For example, although most married-couple households with children earn above the Self-Sufficiency Standard, families with one preschooler earning \$38,000 per year might not qualify for SNAP benefits, but would fall \$10,000 short of self-sufficiency.

●●● AREA OF ACTION

- Assess the range of experience within each household type to identify potential disparities or systematic differences in self-sufficiency such as across different neighborhoods, races and ethnicities, and educational backgrounds.

RESOURCES FOR PEOPLE IN NEED

As described in the table below, if a single female householder earning the median household income for her group enrolls in all the benefits programs she qualifies for, she can significantly close the gap to self-sufficiency for her household, or even modestly surpass it. It is difficult to track the proportion of qualifying households who apply for these services, but this table demonstrates the significant stability that can be provided by benefits programs when they are fully utilized.





WITHOUT BENEFITS, THESE HOUSEHOLDS ARE 15-20K UNDER THE SELF-SUFFICIENCY STANDARD.

WITH BENEFITS, THESE HOUSEHOLDS ARE WITHIN 2K OF SELF-SUFFICIENCY, WITH SOME ACHIEVING IT.

INCOME AND BENEFITS FOR HOUSEHOLDS BELOW THE SELF-SUFFICIENCY STANDARD IN MESA COUNTY (2015-2019)

	Single female householder, preschooler	Single female householder, school-ager, teenager
Household Income (median)	\$19,805	\$19,805
Difference from Self-Sufficiency (no benefits)	-\$20,663	-\$15,814
BENEFITS		
WIC	\$660	\$0 (ineligible)
SNAP	\$5,160	\$7,392
LEAP	\$375	\$375
CCAP	\$7,716	\$5,441
TANF/Colorado Works	\$0 (ineligible)	\$0 (ineligible)
Medicaid/CHP+	\$3,816	\$4,404
TOTAL INCOME (wages and benefits)	\$37,532	\$37,417
Self Sufficiency Standard	\$40,468	\$35,619
Difference from Self-Sufficiency Standard with benefits	-\$2,936	+\$1,798

There are additional resources available to families in need through community organizations like Catholic Outreach and Hilltop. Often these programs center around housing stability (see page **126-127** for more information), providing food, and education or job training resources.



● ● ● AREA OF ACTION

- Create an effective measure of how many households are eligible for benefits but are not currently enrolled. Assess the barriers to enrollment and best practices for maximizing benefit enrollments for households without economic stability.

QUANTIFYING NEED IN OUR COMMUNITY

In order to effectively plan for and allocate resources, it is critical to understand how many people are in need in the community. Many of the easily quantifiable measures significantly overlook the variation in expenses across different types of households.

The Self-Sufficiency Standard gives rich information on the experiences of different households, but it is difficult to quantify how many people in each group fall above or below the standard. One estimate, however, is the percentage of households in Mesa County that fall below 185% of the poverty level: 28.8%, or approximately 17,782 households.

This measure closely predicts the Self-Sufficiency Standard for married couple households without children, and all families with older children. It underestimates need in households with young children, but overestimates need for adults living alone or with other non-family adults. It also doesn't capture the fact that many families in this income bracket may lead economically stable lives with the boost in income provided by benefit enrollments.

This measure isn't a perfect correlate to the Self-Sufficiency Standard, but we believe it is a worthwhile statistic to start a conversation about people in need in Mesa County.

● ● ● AREA OF ACTION

- Identify Mesa County areas impacted by stacked disadvantage—e.g. those experiencing high rates of unemployment, single parent families, and poverty.

**AS MANY AS
30% OF
HOUSEHOLDS
IN MESA
COUNTY MAY
FALL BELOW
THEIR SELF-
SUFFICIENCY
STANDARD.**

INDUSTRY AND OCCUPATION



MESA COUNTY RESIDENTS EARNING *ESSENTIAL AND DESIRABLE INCOMES*

The Self-Sufficiency Standard demonstrates the effect of low-wage work on family stability—workers on the low end of the wage scale struggle to meet basic needs. Reducing financial stress leads to improved health outcomes, and community resilience relies on individuals moving beyond self-sufficiency.



According to community economic development experts, \$50,000 per year is a desirable wage for Mesa County. Based on current eligibility for public assistance programs, \$36,400 is an approximation of what a person can earn if they make minimum wage and take full advantage of all public assistance programs available to them (assuming a household of 4 people with one working adult).

For the remainder of the report, we will refer to \$50,000 per year as the *desirable income* and \$36,400 per year as the *essential income*. We recognize that there is no one-size-fits-all minimum or ideal income for Mesa County residents, but we believe these are meaningful benchmarks for starting the conversation.



The Self-Sufficiency Standard for different Mesa County households tends to fall above the *essential income* and below the *desirable income*, but households with three or more people earning the essential income would likely be eligible for some benefits such as SNAP and CCAP, moving them toward self-sufficiency.

The majority of Mesa County workers are in jobs where the median income falls below both the *essential* and *desirable income*. Nearly four in five Mesa County workers are in jobs where the median income falls below the *desirable income*.



WHAT'S THE DIFFERENCE BETWEEN AN OCCUPATION AND AN INDUSTRY?

Industries capture every job necessary to make a business or company function, from management to sales to facilities.

Occupations look across industries at people doing similar jobs—managers are grouped together, salespeople are grouped together, and facilities workers are grouped together, whether they work in a hospital, a grocery store, or a construction company.

TOP TEN OCCUPATIONS IN MESA COUNTY

In 2019, Mesa County had 76,614 adults 16 years and older in the labor force. 2,628 of these adults were unemployed, for an unemployment rate of 3.4%. As of publication, the most recent unemployment rate is 7.8% for February 2021.

Among the top ten most common occupations in Mesa County, five had a median pay less than the *essential income* and only two had a median pay above the *desirable income*.

Eight of the ten occupations had entry-level incomes that qualify a family of four for SNAP benefits (food stamps) if this worker is the only earner. Two of the ten occupations have an entry-level wage that would qualify a family of four with young children for WIC and CCAP (child care assistance), even if both parents are working at that wage level.

MANY OF THE MOST COMMON OCCUPATIONS IN MESA COUNTY PAY WAGES THAT MAKE SELF-SUFFICIENCY OUT OF REACH FOR A SINGLE-EARNER HOUSEHOLD.

**TOP TEN OCCUPATIONS BY NUMBER OF JOBS IN MESA COUNTY
(2019)**

Occupation	Jobs	Entry-Level Wage	Median Wage
Office and Administrative Support	7,690	\$25,742	\$35,403
Sales and Related	5,610	\$23,448	\$29,352
Education, Training, and Library	5,500	\$31,655	\$42,984
Health Care Practitioners and Technical Occupations	4,490	\$43,534	\$70,381
Construction and Extraction (e.g. laborers, skilled craftsmen, mining, and oil and gas)	4,210	\$32,061	\$45,305
Transportation and Material Moving	4,040	\$25,329	\$34,649
Installation, Maintenance, and Repair	3,430	\$29,562	\$47,724
Health Care Support (e.g. assistants, aides)	2,950	\$23,347	\$27,310
Production (e.g. food and beverage, manufacturing, and their supervisors and inspectors)	2,770	\$25,712	\$34,872
Business and Financial Operations	2,230	\$37,882	\$60,470

average wage below essential income

average wage above essential income and below desirable income

average wage above desirable income

These top occupations are similar across comparison communities, though Bend, OR and St. George, UT have enough management occupations for the category to rank 7th and 6th respectively, while Mesa County management occupations rank 13th. This indicates a concentration of a high-earning occupation type in their local markets that isn't reflected in Mesa County. This may be because business owners are not counted as employees in these statistics, and Mesa County may have more owner-managed enterprises than the comparison communities.

PERCENTAGE OF WORKERS WITH *ESSENTIAL* OR *DESIRABLE* INCOMES

Economic data lets us examine aggregate income levels for most, but not all, of the workforce in Mesa County and comparison communities. We have excellent data on unemployed workers and workers in jobs with traditional employers outside of the agriculture industry. In Mesa County, approximately 88% of the workforce is countable in this way, but we know very little about the remaining 12%, largely comprised of the self-employed and agricultural workers.

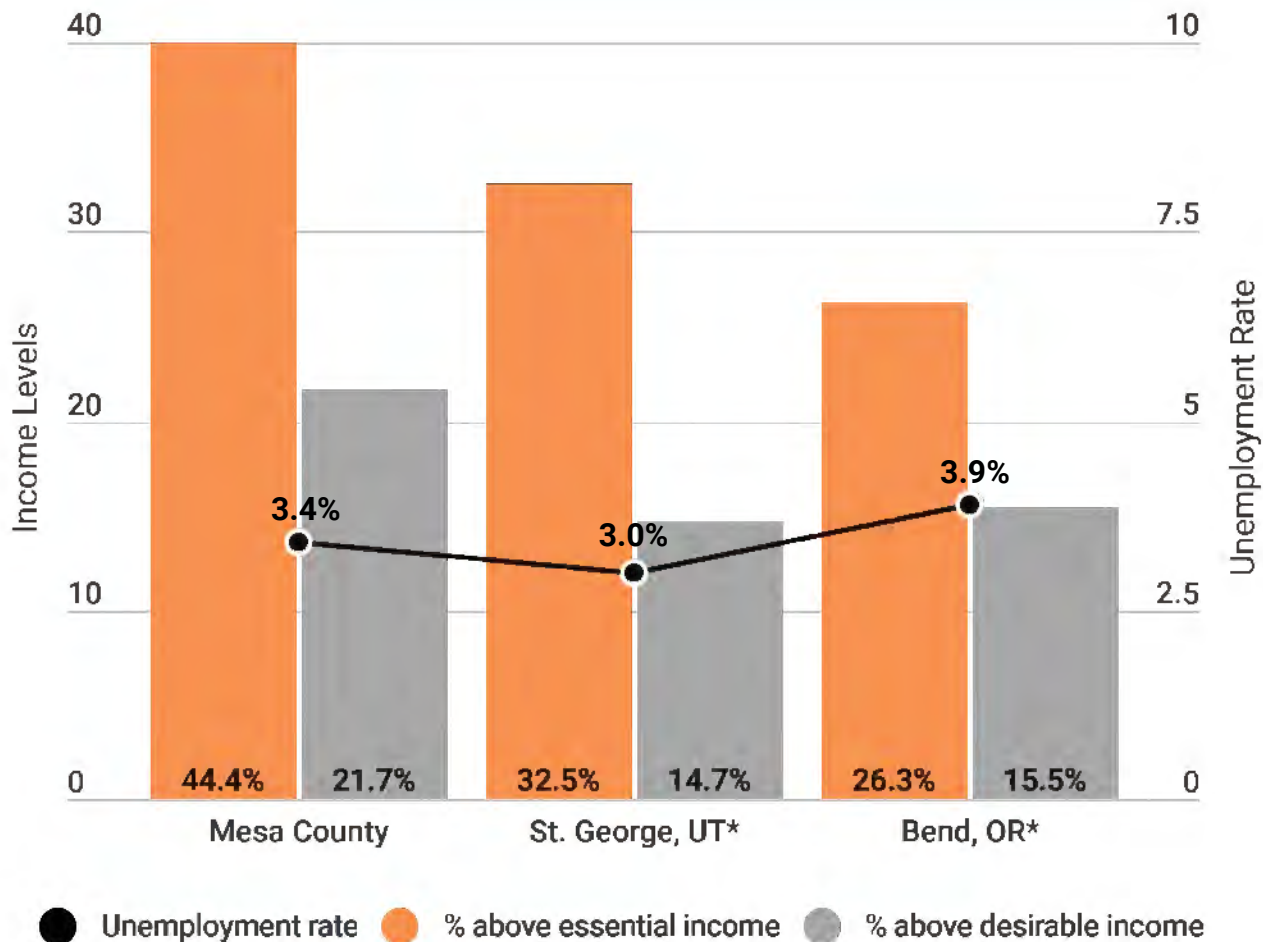
36,020 workers, approximately 56% of countable workers, are in jobs with a median annual income below the *essential income*. Approximately 78% of that countable workforce, 50,700 workers, are in jobs with a median annual income below the *desirable income*.

While these numbers may be worrying, in a relative sense this is an area of strength for Mesa County. Compared to St. George, UT and Bend, OR, Mesa County has more workers earning *essential* or *desirable incomes* (scaled for relative cost of living in comparison communities).



**APPROXIMATELY 56% OF
WORKERS ARE IN JOBS
WITH A MEDIAN ANNUAL
INCOME BELOW THE
ESSENTIAL INCOME.**

RATE OF UNEMPLOYMENT AND INCOME LEVELS IN MESA COUNTY AND COMPARISON COMMUNITIES (2019)



*Essential and desirable incomes are scaled for local cost of living in comparison communities—8% higher for St. George, and 29% higher for Bend.

It is important to note that reports on income by occupation only measure wages, and not the value of bonuses, tips, or cash incentives. Some Mesa County residents who fall below the *essential* or *desirable income* thresholds may be pushed over the thresholds by these types of additional income. Since many of these are not guaranteed, but instead depend on customer traffic, meeting sales quotas, or remaining at a job for a certain amount of time, we feel it is reasonable to use base wages when considering self-sufficiency.

AREA OF ACTION

- Investigate the economic stability of the 12% of workers not included in the “countable workforce”—approximately 9,000 people.



CURRENT AND FUTURE EMPLOYMENT OPPORTUNITIES BY INDUSTRY

Industries with strong growth projections, high average wages, and local training opportunities will contribute to the long-term strength of the Mesa County economy. Mesa County currently has several strong industries with average wages above *essential* or *desirable incomes* that are projected to grow.

However, large proportions of the workforce are in retail trade or food service and accommodation, both industries with wages below the *essential income*. Retail trade and mining (including oil and gas) are projected to decline over the next ten years, and there are no jobs in growth sectors with the same skill requirements that earn at the same level. If these workers desire to remain in Mesa County and earn self-sufficient wages, they will need opportunities to re-skill that don't require investment in a four-year degree.

The growth of the professional, scientific, and technical services industry (including legal services, design, computer programming, advertising, and many types of consulting services) may provide jobs that incentivize investment in higher education by the workforce, and its expansion will likely increase the number of economically-stable households in Mesa County. However, growth in this industry will also likely require an influx of workers with 4-year degrees.

Construction jobs, which provide at least the *essential income*, and sometimes the *desirable income*, are projected to grow, and if Mesa County can generate jobs in the manufacturing industry, targeted growth could provide opportunities for re-skilled workers.

CURRENT INDUSTRIES IN MESA COUNTY

Five of the ten industries with the highest employment numbers provide an average wage above the *desirable income*. Two of these industries provide an average wage less than the *essential income*. Since averages are easily pulled up by a small number of high wage earners, the average wage isn't a good indicator of the typical wage of employees in this industry, but higher average wages generally point to higher individual wages.




Among the top three industries with the highest employment numbers, wages vary dramatically. Health Care and Social Assistance is the industry with the highest employment numbers in Mesa County, and workers earn an average wage above the *desirable income*. However, the average worker in the next two top industries—Retail Trade and Accommodation and Food Services—makes less than the *essential income*.

5 OF 10

INDUSTRIES WITH THE HIGHEST EMPLOYMENT NUMBERS PROVIDE AN AVERAGE WAGE ABOVE THE DESIRABLE INCOME.

TOP 10 INDUSTRIES BY NUMBER OF WORKERS IN MESA COUNTY (2020)

	Industry	Employment	Average Annual Wage
	Health Care and Social Assistance	12,471	\$54,340
	Retail Trade	8,282	\$36,296
	Accommodation and Food Services	6,328	\$22,724
	Construction	4,832	\$55,224
	Educational Services	4,659	\$42,952
	Public Administration	3,525	\$63,128
	Manufacturing	3,009	\$44,408
	Administrative and Waste Services	2,703	\$41,912
	Transportation and Warehousing	2,438	\$53,040
	Professional and Technical Services	2,241	\$60,216

 average wage below essential income
  average wage above essential income and below desirable income
  average wage higher than desirable income

PROJECTED GROWTH AMONG INDUSTRIES OF INTEREST IN MESA COUNTY

While nearly every industry was affected by COVID-19 and shows projected losses in the short term (2020-2022), overall modest growth is expected in Mesa County by 2029. However, Mesa County is not predicted to see as much growth as Colorado as a whole, and within the ten-year projection, some industries such as retail and mining (including oil and gas) are expected to maintain their losses. Losses in retail, in particular, are concerning, because retail jobs are primarily low-skilled work, and there is no compensating growth expected in other low-skilled industries to absorb this loss. Losses in mining, likewise, present a problem, because the average wages in industries with similar skill sets are \$20,000-30,000 lower.

GROWTH PROJECTIONS FOR INDUSTRIES OF INTEREST* IN MESA COUNTY AND COLORADO (2019-2029) [JOBS GAINED/LOST (% CHANGE)]

	Mesa County (short term)	Mesa County (long term)	Colorado (short term)	Colorado (long term)
	2020-2022	2019-2029	2020-2022	2019-2029
Total Employment Change	-1,346 (-2.0%)	2,237 (3.2%)	-27,199 (-0.9%)	282,617 (9.5%)
Health Care and Social Assistance**	177 (1.6%)	1,898 (17.1%)	6,448 (1.8%)	60,608 (17.8%)
Construction**	-2 (<0.1%)	493 (10.2%)	3,477 (2.0%)	22,611 (12.7%)
Professional, Scientific, and Technical Services**	92 (3.9%)	492 (21.6%)	11,593 (4.8%)	54,453 (23.1%)
Transportation and Warehousing	-55 (-2.3%)	116 (4.8%)	1,014 (1.1%)	12,168 (14.0%)
Accommodation and Food Services	-1,163 (-17.9%)	82 (1.2%)	-49,982 (-17.8%)	19,286 (6.7%)
Manufacturing**	-52 (-1.7%)	35 (1.1%)	288 (0.1%)	1,305 (0.9%)
Mining (includes oil and gas)	-180 (-12.4%)	-325 (-15.5%)	-2,581 (-9.8%)	-254 (-0.9%)
Retail Trade	-20 (-0.2%)	-631 (-7.7%)	144 (<0.1%)	-2,879 (-1.1%)

*Industries of interest are either current high employers, historically important industries, or industries that community economic experts would like to grow.

**More information can be found in the industry profiles on the next page.

●●● AREA OF ACTION

Support workers in waning industries as they transition to work requiring a different skill set.




INDUSTRY PROFILES

Below we profile four industries that are either current high employers that pay *essential* or *desirable incomes*, or industries that community economic partners have expressed interest in. We consider the employment and wages from the third quarter of 2020, training opportunities, and projected growth in these industries and two of their interesting subsectors.

Strengthening Mesa County's economy by investing in the industries profiled below is expected to build a diverse and viable workforce pool within the community that is trained and well-prepared to take on needed jobs. This will provide an opportunity for local workers to develop necessary skills and support their families and our community by earning *essential* or *desirable incomes* that empowers them to become self-sufficient.

SCHOOLS HEALTH CARE



Health care is predicted to grow in Mesa County at a rate similar to Colorado and has a strong training pipeline in Mesa County for all but the top-earning positions. The key to maintaining the industry's contribution to Mesa County's economic stability is in expanding and strengthening offerings through CMU that prepare workers for jobs at many income levels, and offering competitive wages for low-wage workers in health care settings.



KEY TAKEAWAY

THE FUTURE OF THE HEALTH CARE INDUSTRY IN MESA COUNTY SUGGESTS AN INCREASE IN JOBS THAT PAY THE ESSENTIAL INCOME AS WELL AS JOBS THAT PAY THE DESIRABLE INCOME, WITH GOOD OPPORTUNITIES FOR LOCAL TRAINING.

CURRENT

This industry
accounts for

20.5% of countable jobs
in Mesa County



Above
essential
and *desirable*
incomes

Employment

12,471

Mean Wage

\$59,666

Subsector

Hospitals

Mean Wage

\$69,108



Above essential
and *desirable*
incomes

Nursing and Residential Care Facilities

Mean Wage

\$38,272



Above essential
but below *desirable*
income

Training



CMU and WCCC offer education ladders for health care careers that allow multiple entry points for those with a high school diploma to those seeking a graduate degree. Many of the highest-earning positions require training not available in Mesa County.

PROJECTED GROWTH

17.1%

projected growth in total
sector over 2019-2029

1,898

more jobs

Hospitals

24.8%

projected growth

+1,019

more jobs

Nursing and Residential Care Facilities

3.2%

projected growth

+64

more jobs

SCHOOLS MANUFACTURING



Manufacturing is a varied industry with many active subsectors in Mesa County. While small growth is projected, it appears that this estimate reflects roughly equal losses in high-annual-wage subsectors and gains in low-annual-wage subsectors.

Since many manufacturing jobs do not require a bachelor's degree, the industry has potential to provide jobs for workers currently in industries that are projected to decline in the next ten years, but this depends on the industry growing in a direction that provides high-wage employment. Subsectors like Transportation Equipment Manufacturing, which includes aviation and aerospace manufacturing, have good potential to meet this need, but lack data to inform decision making because of their current small size.



KEY TAKEAWAY

GROWTH OF THE MANUFACTURING INDUSTRY IN MESA COUNTY MIGHT PROVIDE ESSENTIAL AND DESIRABLE INCOME JOBS, OR PROVIDE LOW-INCOME JOBS. TARGETED GROWTH COULD IMPROVE OPPORTUNITIES, WITH MANY LOCAL TRAINING OPTIONS.

This industry
accounts for

5.0%

of countable jobs
in Mesa County



Above
essential
but below
desirable
income

Employment

3,009

Mean Wage

\$44,408

Subsector

Machinery Manufacturing

Mean Wage

\$50,596



Above essential
and desirable incomes

Textile Product Mills

Mean Wage

\$33,124



Below essential
and desirable incomes

Training



CMU and WCCC offer many manufacturing technical certificates and related 4-year degrees. Some high-level training, especially for specialized engineering positions, is unavailable locally.

PROJECTED GROWTH

1.1%

projected growth in total
sector over 2019-2029

35

more jobs

Machinery Manufacturing

-5.7%

projected growth

-19

fewer jobs

Textile Product Mills

6.4%

projected growth

+21

more jobs

SCHOOLS CONSTRUCTION



Construction is a top employer in Mesa County with a majority of jobs that earn at least the *essential income*. The projected growth in construction and the local training should provide opportunities for local workers looking to reskill from waning industries without investing in a Bachelor's degree.

While construction offers good opportunities for reskilling some workers, for many workers leaving the oil and gas industry even *desirable income* construction jobs represent a significant pay cut. Nearly one thousand Mesa County workers earn a median income above \$75,000 per year in these jobs, while construction workers who have not completed an apprenticeship or four-year degree typically earn between \$40,000 and \$55,000 per year.

KEY TAKEAWAY



THE PROJECTED FUTURE OF THE CONSTRUCTION INDUSTRY SUGGESTS AN INCREASE IN ESSENTIAL INCOME JOBS AND SOME DESIRABLE INCOME JOBS THAT MESA COUNTY RESIDENTS CAN TRAIN FOR LOCALLY.



CURRENT

This industry
accounts for

8.0%

of countable jobs
in Mesa County



Above
essential
and desirable
incomes

Employment

4,832

Mean Wage

\$55,224

Subsector

Specialty Trade Contractors

Mean Wage

\$49,764

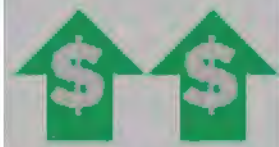


Above essential but
below desirable income

Heavy and Civil Engineering Construction

Mean Wage

\$68,224



Above essential
and desirable incomes

Training



Most construction jobs require on the job training.
Higher paying jobs require apprenticeships, technical
certificates, and Bachelor's degrees, all available in
Mesa County.



PROJECTED GROWTH

10.2%

projected growth in total
sector over 2019-2029

493

more jobs

Specialty Trade Contractors

11.4%

projected growth

+350

more jobs

Heavy and Civil Engineering Construction

7.6%

projected growth

+71

more jobs

PROFESSIONAL, SCIENTIFIC, AND TECHNICAL SERVICES INDUSTRY

When we talk about increasing “tech jobs” in Mesa County, these fall under the Professional, Scientific, and Technical Services (PSTS) Industry, along with lawyers, accountants, architects, and many types of engineers.

The projected growth in the PSTS Industry will undoubtedly bring *desirable income* jobs to Mesa County, but since most jobs require a 4-year or professional degree, they will not be available to the 70% of the Mesa County population that does not have a Bachelor’s degree. Attracting well-educated employees from other regions will effectively fill this gap and improve the economic stability of Mesa County, but this growth will have little impact on the job prospects of the average Mesa County resident.



KEY TAKEAWAY

THE PROJECTED FUTURE OF THE PROFESSIONAL, SCIENTIFIC, AND TECHNICAL SERVICES INDUSTRY IN MESA COUNTY SUGGESTS SIGNIFICANT GROWTH IN DESIRABLE INCOME JOBS.

BECAUSE OF THE EDUCATION REQUIREMENTS, MANY WILL NOT BE FILLED BY CURRENT MESA COUNTY RESIDENTS.



CURRENT

This industry
accounts for

3.7%

of countable jobs
in Mesa County



Above
essential
and desirable
incomes

Employment

2,241

Mean Wage

\$60,216

Training



Most Professional Scientific and Technical Service occupations require a 4-year or graduate/professional degree. CMU offers some, but not all of the necessary degrees.



PROJECTED GROWTH

21.6%

projected growth in total
sector over 2019-2029

+ 477

more jobs

**“COLORADO MESA
UNIVERSITY’S OUTDOOR
RECREATION INDUSTRY
STUDIES PROGRAM IS A
PURSUIT TO BECOME A WELL-
ROUNDED EXPERT IN THE
OUTDOOR RECREATION
INDUSTRY, WHICH INCLUDES
BUSINESSES, PRODUCT
DEVELOPERS, INNOVATORS,
ENTREPRENEURS AND
SERVICE PROVIDERS.”**



OUTDOOR RECREATION

Outdoor recreation is a growing industry without a clear classification in labor and economic statistics. Mesa County recognizes the potential for strengthening the local economy through natural resources management and outdoor recreation tourism and the ensuing increase in retail and accommodation and food services necessary to support tourists. As this industry grows it will be important to consider to what extent it provides *essential* or *desirable income* jobs versus seasonal or low-wage work.

In response to the growing attention on this industry, Colorado Mesa University recently added an Outdoor Recreation Industry Studies Bachelor's degree within the kinesiology department.

“COLORADO MESA UNIVERSITY’S OUTDOOR RECREATION INDUSTRY STUDIES PROGRAM IS A PURSUIT TO BECOME A WELL-ROUNDED EXPERT IN THE OUTDOOR RECREATION INDUSTRY, WHICH INCLUDES BUSINESSES, PRODUCT DEVELOPERS, INNOVATORS, ENTREPRENEURS AND SERVICE PROVIDERS.”

**-SARAH SHRADER,
PROGRAM DIRECTOR**

SCHOOLS FUTURE PLANNING



In planning for the future, in addition to trying to attract highly educated workers for industries like technology, Mesa County must consider how to address the projected changes in the economy that will impact low-skilled workers and skilled workers without Bachelor's degrees. Supporting opportunities for the 70% of Mesa County residents who don't have a Bachelor's degree will grow and maintain the middle class, and reduce the impact of the growing wage gap seen in similar communities dealing with the same types of economic changes.

Economic partners will have to weigh in on the tools available to incentivize different types of growth in the Mesa County economy. From the perspective of economic stability as a Social Determinant of Health, it's clear that Mesa County has both strengths and weaknesses in its current ability to provide *essential* and *desirable incomes*, and the possibility of future growth to meet the needs of the existing workforce.

Social assistance and benefits programs can contribute to this stability by closing the gap between low wages and self-sufficiency, but building an economy with more *essential* and *desirable income* jobs reduces the chances of households in need slipping through the cracks and living in economic instability.

●●● AREA OF ACTION

- Determine best methods for assessing industries of interest that are too small to be tracked through traditional economic indicators such as Transportation and Equipment Manufacturing and Architectural, Engineering, and Related Services.
- Identify economical training and education opportunities for workers looking to transition away from waning industries, including technical certificates, union training, and programs such as Mesa County Workforce Center's Career Development Program.
- Determine the most effective and best practice methods for incentivizing desired economic growth in Mesa County.

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J. Marler, Mesa County Department of Human Services. Personal Communication, Jan. 20, 2021



EDUCATION



**"PEOPLE WITH HIGHER
LEVELS OF EDUCATION
ARE MORE LIKELY TO
BE HEALTHIER AND
LIVE LONGER."**

-HEALTHY PEOPLE 2030

WHY IT MATTERS IN THIS ASSESSMENT

A solid educational foundation lays the groundwork for resources and resilience to strengthen health outcomes for Mesa County residents. Good educational outcomes—those that provide health literacy as well as economic stability—depend on successful navigation of elementary and secondary education. These years of education are in turn dependent on kindergarten readiness and high quality early childhood education opportunities.

Mesa County has unique strengths and struggles in the educational arena. While several communities experience a lack of needed early childhood care, many kindergarteners enter school with high levels of readiness. Yet, by fourth grade, the majority of students have not reached proficiency targets for English Language Arts or Math. While Mesa County's high school graduation rate is significantly lower than the state of Colorado, in recent years, District 51 in particular has made notable progress toward high school graduation for students who don't fit the typical four-year model.

When students exit high school, higher education opportunities are plentiful in Mesa County. Colorado Mesa University offers programs to nearly every level of learner, and almost half of their undergraduate population comes from Colorado's Western Slope. In addition, opportunities for training through union apprenticeship programs offer pathways to secure employment that don't rely on a four-year college experience. Nonetheless, many recent high school graduates in Mesa County choose not to pursue any higher education, despite evidence that suggests members of the workforce with only a high school diploma earn less, have a higher risk of poverty, and are less likely to own a home than their peers who pursue some type of higher education.

P-12 EDUCATION



The pre-kindergarten through 12th grade education pipeline in Mesa County provides important resources to families and prepares students for successful adult lives. Along this pipeline, there are strengths and challenges.

In general, children in Mesa County enter kindergarten with similar or better readiness scores than children statewide, despite variable access to early childhood education. The overall scores mask the wide variation in readiness, with differences of nearly 80 percent between the most ready schools and the least ready schools.

Despite the overall high kindergarten readiness scores, by fourth grade, students are struggling. Mesa County fourth graders lag the state both in overall student proficiency and the number of schools with 50% proficiency. In light of the fact that Mesa County spends more per pupil than the state and two comparison communities, it begs the question of how we can better support our schools in their mission of student success.

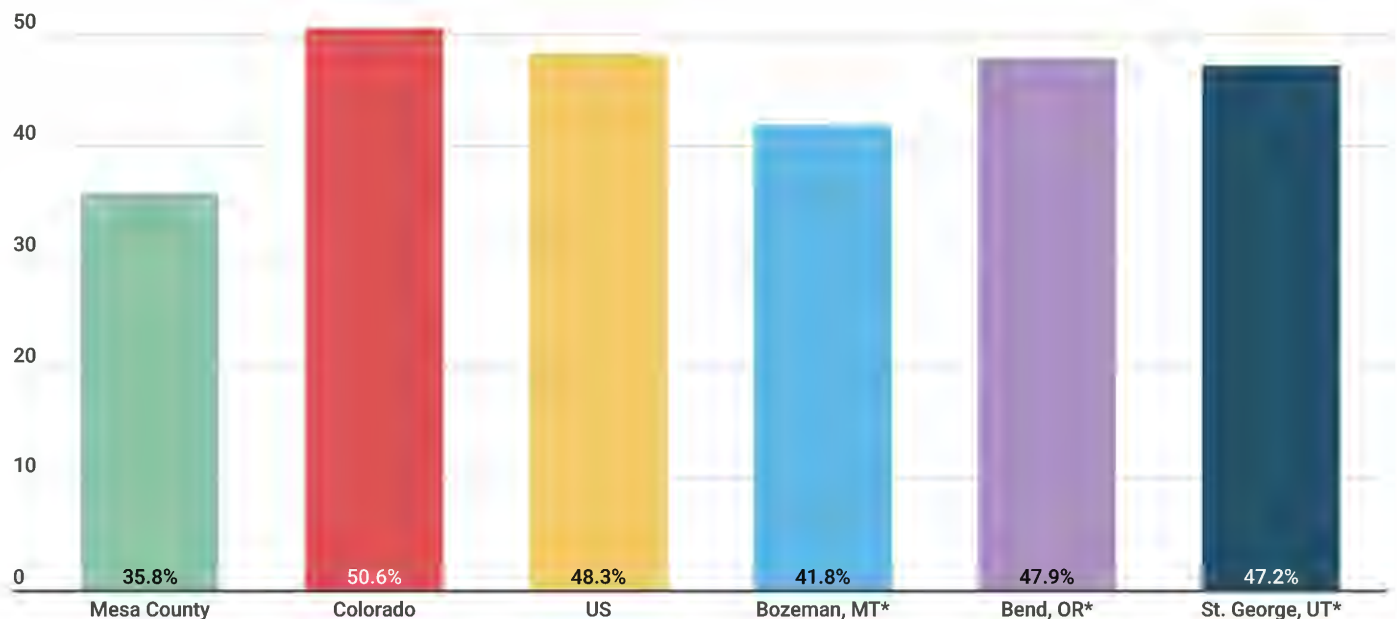
Beyond elementary achievement, District 51's commitment to performance-based learning has yielded results in the area of high school graduation and pursuit of higher education. Prioritizing meeting the varied needs of all students prepares our local population for success in job endeavors and provides the resilience that promote positive health outcomes.

Quality early childhood education gets kids ready for school, leading to successful careers later in life. Affordable, quality child care alleviates stress on families, allowing our community to grow.

PRESCHOOL PARTICIPATION

In 2019, there were 3,600 children aged 3-4 years in Mesa County. Fewer children in this age group in Mesa County were enrolled in preschool programs than in Colorado or the US.

PERCENT OF CHILDREN (3-4 YEARS) ENROLLED IN PRESCHOOL IN MESA COUNTY, COLORADO, THE US, AND COMPARISON COMMUNITIES (2019)



*Comparison communities were measured at the county level.

AREA OF ACTION

- Investigate why preschool participation is lower than the state and comparison communities, especially in light of the fact that our overall kindergarten readiness is comparable.
- Investigate preschool enrollment by key demographic and socioeconomic factors to understand where disparities exist.
- Consider opportunities to expand quality, licensed home-based care in communities with no licensed infant/toddler care options such as Loma, De Beque, and Collbran.
- Support existing child care facilities in achieving high-quality ratings.

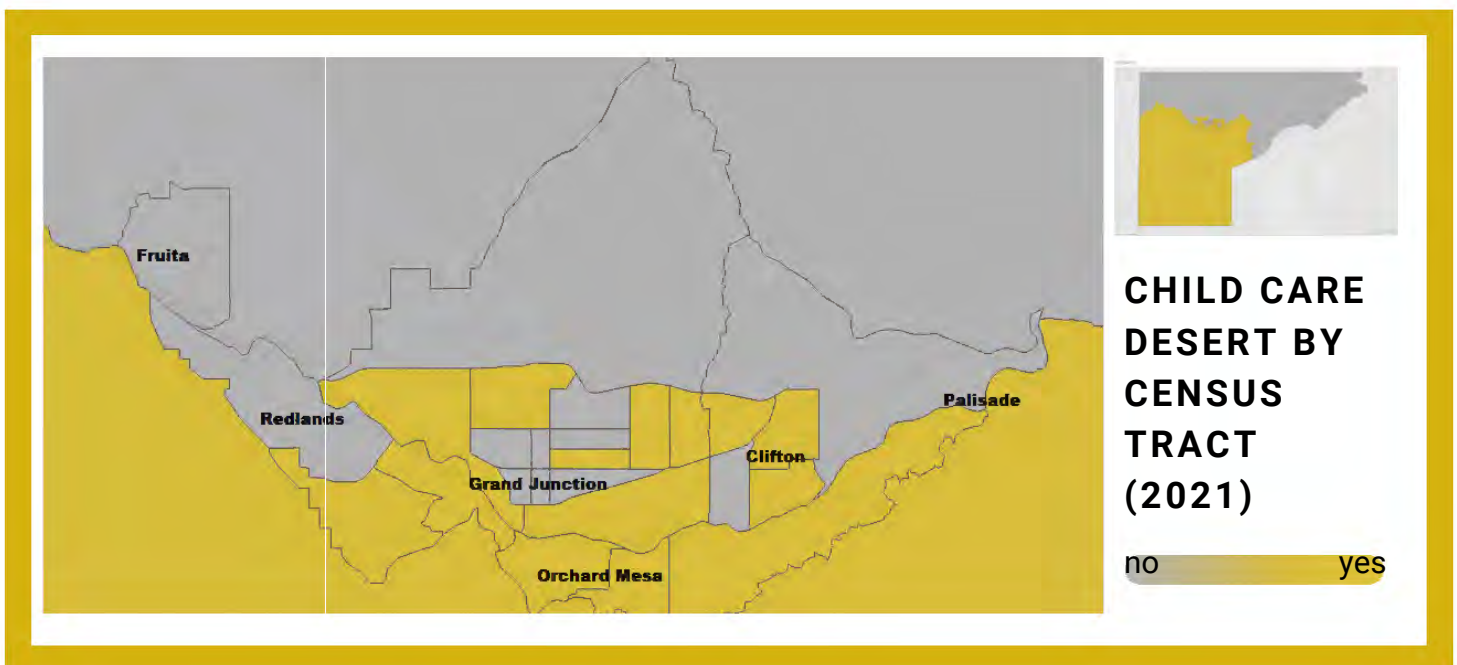
PRESCHOOL CAPACITY

An area with more than three children per available licensed child care spot is considered a child care desert. In April 2019, there were 2.6 children aged 0-4 years for every licensed child care spot in Mesa County. In October 2020, with 15.7% fewer spots available, that ratio rose to 3 children per space.

Child care resources are not distributed evenly across the county. Some areas, such as Fruita and much of central Grand Junction, have enough child care capacity to not be categorized as child care deserts. Other areas, such as most of the outlying areas of Grand Junction, Orchard Mesa, Clifton, and Palisade are child care deserts. Some rural areas appear to have adequate child care because of preschool capacity provided by the local elementary school, but these facilities cannot accommodate infants or toddlers, leaving these areas with no licensed child care options for very young children.

Because reports available about child care capacity only include licensed facilities, it is worth noting that the current Head Start program in Grand Junction has elected not to pursue licensure since they are a federally-exempt program. They contribute some additional capacity.

Licensed child care facilities are inspected for basic health and safety by Mesa County Public Health. Some facilities elect to participate in additional staff training and preparation, earning the designation “Quality” child care. Approximately 35% of child care capacity in Mesa County is “Quality” child care, and one-third of the census tracts shown on the map have no “Quality” capacity.



KINDERGARTEN READINESS

For the 2019-2020 school year, 67.0% of incoming students were ready for kindergarten (64.2% statewide).

- Individual elementary schools had readiness rates that ranged from 15.2% to 92.7%.

“Colorado’s education accountability system is based on the belief that every student should receive an excellent education and graduate ready to succeed in careers or in college.”
-Colorado Department of Education

On the 2019 Performance Framework Results, Mesa County Valley District 51 scored “Approaching Expectations” (52.7/100), De Beque District 49JT scored “Meets Expectations” (63.2/100), and Plateau Valley scored “Approaching Expectations” (47.1/100).

4TH GRADE READING/MATH PROFICIENCY

Fewer than half of Mesa County fourth graders are proficient in English Language Arts, and fewer than a quarter are proficient in Math. The scores in Mesa County consistently lag behind state-wide scores.

In Mesa County we do not track students in a way that allows us to correlate their elementary proficiency scores with their future outcomes. However, nationwide, 16% of children who cannot read proficiently by the end of third grade do not graduate on time compared to only 4% of their literate peers.

Note: It is difficult to directly compare the outcomes of assessments conducted in different states. Although the states all have the same high-level goals for assessment, each state creates its own assessment and scoring system. “Met or exceeded expectations” in Mesa County and Colorado may not be measuring exactly the same level of student achievement as “proficient” in Bend and Bozeman.





●●● AREA OF ACTION

- Focus efforts to improve early childhood outcomes on children who live in the boundaries of schools with low kindergarten readiness.
- Evaluate potential needs of elementary school children based on census information for the neighborhoods that feed each school to assist schools in addressing challenges.
- Work with De Beque and Plateau Valley school districts to understand kindergarten readiness for incoming students.

ELEMENTARY SCHOOL PROFICIENCY IN MESA COUNTY, COLORADO, AND COMPARISON COMMUNITIES (2019)

	English Language Arts	Math
Mesa County % met or exceeded expectations	41.9%	22.9%
Colorado % met or exceeded expectations	48.0%	33.6%
Number of Mesa County Elementary Schools where less than 25% met or exceeded expectations	4/27	12/27
Number of Mesa County Elementary Schools where more than 50% met or exceeded expectations	9/27	2/27
Bend, OR % proficient*	60.0%	56.8%
Number of Bend, OR Elementary schools where more than 50% proficient*	21/27	18/27
Bozeman, MT % proficient (all grades)*	64%	56%
Number of Bozeman, MT Elementary schools where more than 50% proficient (all grades)	16/19	16/19

*Comparison communities were measured at the county level.

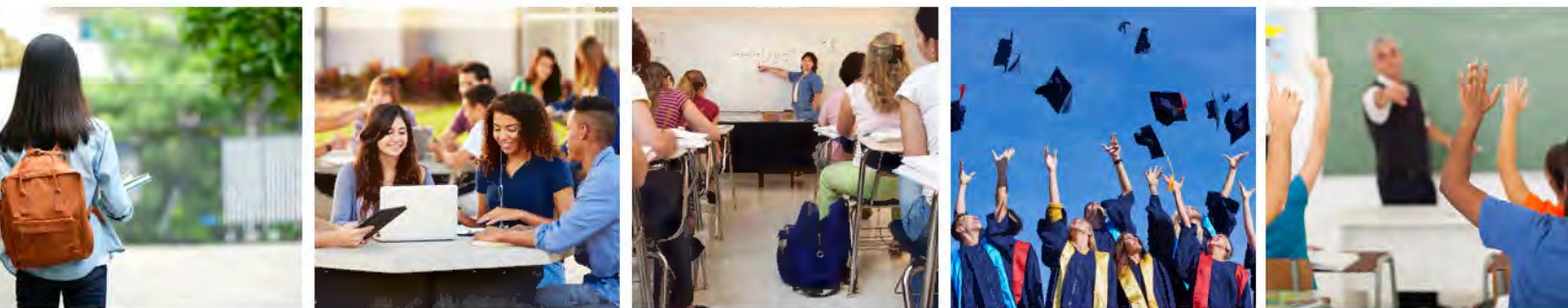
Fourth grade proficiency at the school level does not seem to be predicted by that school's kindergarten readiness. Although we might expect schools whose students have higher levels of kindergarten readiness to have higher elementary school proficiency, we don't see that relationship. Some schools with very low kindergarten readiness outperform schools with high readiness. Some schools with high readiness have a majority of proficient students by fourth grade, and others with high readiness have very few proficient students.



District 51 officials acknowledge the elementary proficiency issues discussed here. Funds from the 2017 mill levy override were directed toward teacher literacy training and purchasing new curriculum materials. After implementation, the district awaited the 2020 CMAS test scores to assess improvements, but CMAS testing was cancelled due to COVID-19. 2021 test scores may reflect the impact of these changes, but the effects of distance learning and classroom disruptions due to COVID-19 may also impact these scores.

●●● AREA OF ACTION

- Consider best practices to measure the impact of teacher training and curriculum changes.
- Investigate the disconnect between kindergarten readiness and elementary school proficiency. Determine where disparities exist. Explore best practice solutions for how to better support children and families to improve overall readiness and proficiency.



HIGH SCHOOL

ALTERNATIVE SCHOOLS

In Mesa County, approximately 4.7% of high school students are enrolled in alternative school programs (including R-5 and local students attending Grand Mesa High School). In Bend, OR (measured by enrollment in Deschutes County, OR schools), less than 2.4% of students are enrolled in alternative schools.

Alternative schools in Mesa County provide flexibility in structure for students who don't fit effectively in the traditional high school model. Some students are able to take one course at a time, completing it in three weeks and moving on to the next, instead of managing several courses at once across a semester. At Grand Mesa High School, a mix of high risk local students and those from outside of the county attend a boarding school operated by Job Corps, allowing them to achieve a high school diploma and a vocational certificate at the same time.



Due to the individual struggles of students attending alternative schools, dropout rates are much higher than traditional high schools. However, some students find great success at alternative high schools. Anecdotally, administrators point to attention disorders as the greatest challenge of alternative high school students.

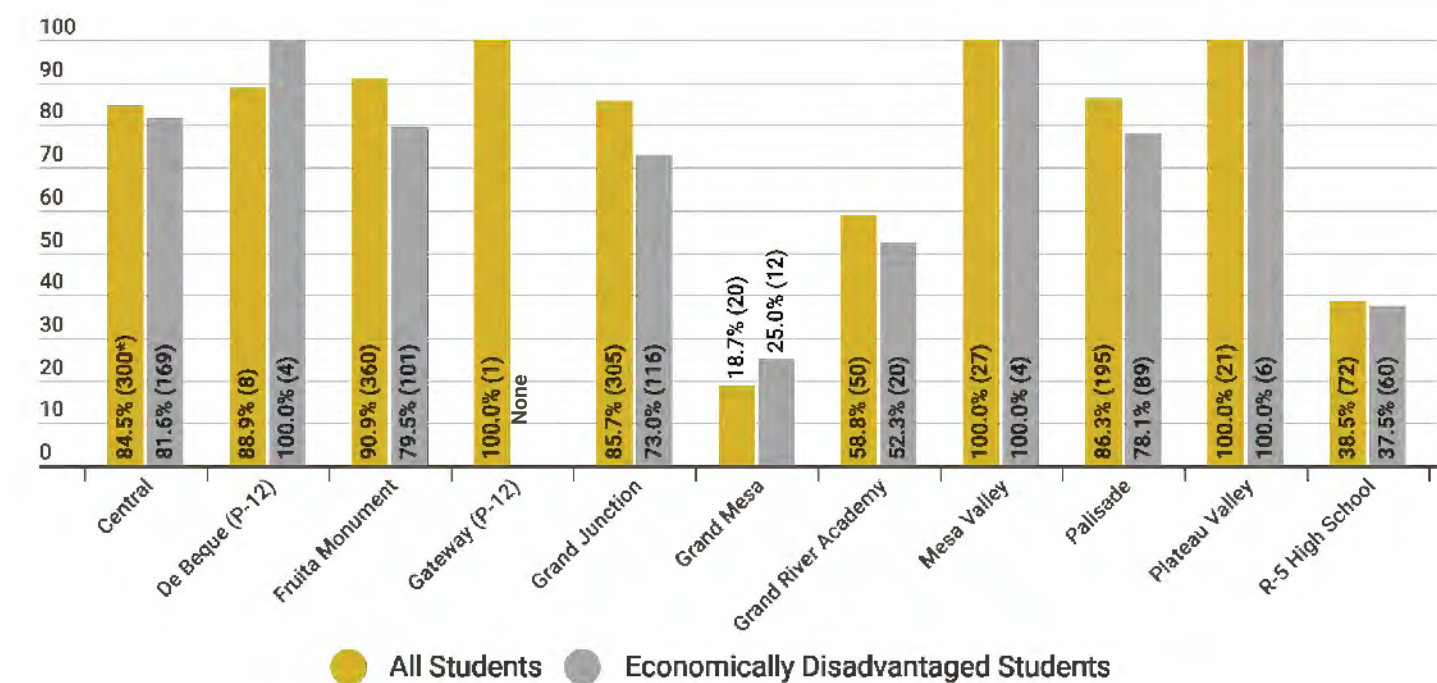


AREA OF ACTION

- Identify and intervene with high-risk students before academic failure pushes them into alternative schools. Strengthen the role of alternative schools as offering flexible options to meet varied needs of students and reduce the role as a catch-all for students with behavioral and academic issues.

GRADUATION RATES

RATES OF FOUR-YEAR GRADUATION AT HIGH SCHOOLS IN MESA COUNTY (2020)



*number of graduates

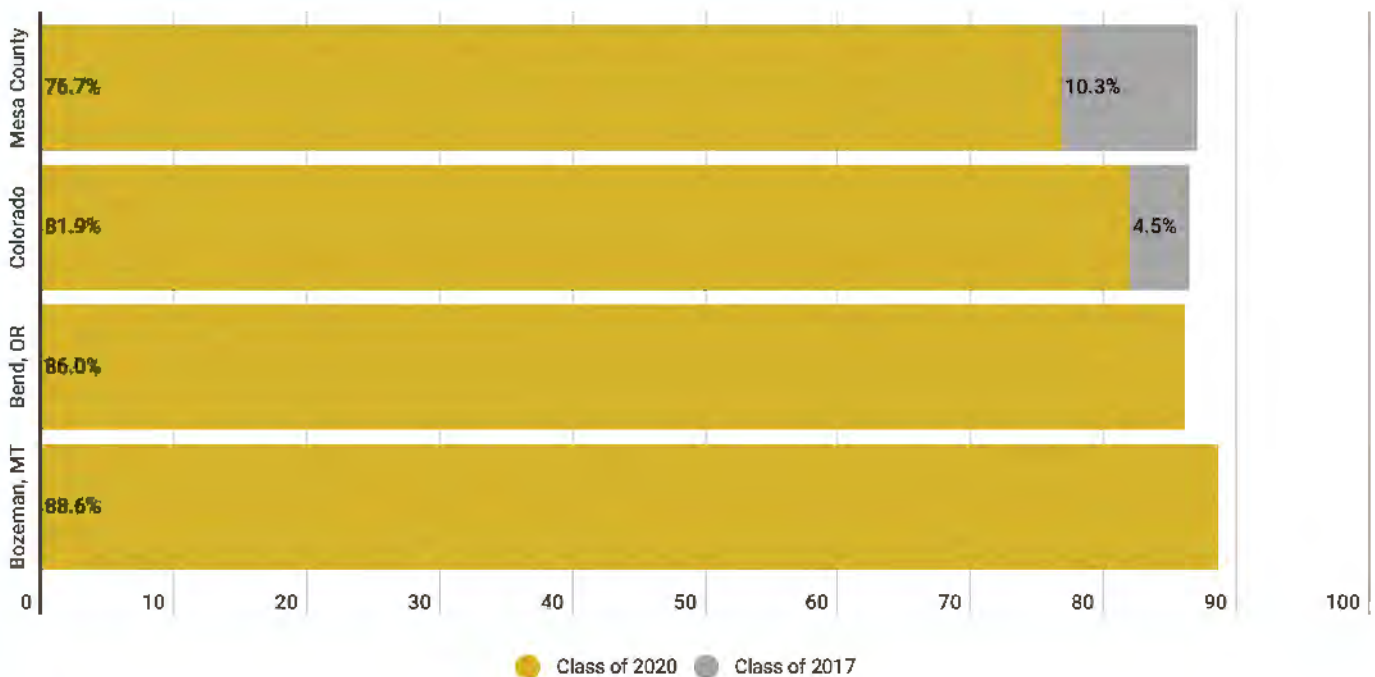
By June 2020, across all three school districts in Mesa County, 76.7% of the class of 2020 had graduated, compared to 81.9% in Colorado. 87.0% of the class of 2017 had graduated (indicating graduation in 7 years), compared to 86.4% in Colorado.

While more than one in five Mesa County students do not graduate in four years, about one-third of those students do go on to graduate in six years. In 2012, only one-sixth of students who hadn't graduated in four years had done so by year six. Students who previously fell through the cracks after failing to finish in four years are now twice as likely to go on to graduate.

1 IN 5 STUDENTS DO NOT GRADUATE IN FOUR YEARS

ABOUT ONE-THIRD OF THOSE GO ON TO GRADUATE IN SIX YEARS.

RATE OF HIGH SCHOOL GRADUATION IN MESA COUNTY, AND COMPARISON COMMUNITIES (2020)



●●● AREA OF ACTION

- Consider how to encourage four-year completion and continue to support students who do not finish in four years so they eventually achieve graduation.
- Focus retention efforts on populations with higher dropout rates. Consider risk factors that make these populations more vulnerable to dropout and address risk factors through best practice interventions.

In 2019, **2.0%** of all Mesa County students dropped out of school programs, compared to **1.8%** of Colorado students. Some groups, such as males, Hispanic/Latino students, and Title 1 (a federal aid program) students, were more likely to drop out than the general population.

SAT SCORES

Across Colorado, all Juniors in high school are administered the SAT free of charge. This not only reduces potential barriers to higher education among low-income students who might have difficulty paying for the test or demonstrating need for a fee waiver, it also provides a unified benchmark to compare student performance across the state.

In Spring 2021, many universities are choosing to make SAT scores an optional piece of the application package.

Mean SAT scores (2019), scale of 400-1600:

- Mesa County: 970
- Colorado: 1001

Across Mesa County, alternative high schools have average scores of 792-831, compared to 934-1016 among traditional schools.

HIGHER EDUCATION ENROLLMENT

High School Seniors graduating from School District 51 in 2019 reported on a survey that 61.1% intended to pursue a four-year degree, and 74.0% intended to pursue some type of higher education through apprenticeship, two-year degree or technical certificate, or four-year degree. 86.8% said they had been encouraged to explore various career options that helped them arrive at that plan.

60.0% of students preparing to graduate at the four main high schools in 2019 communicated to their Career and College Advisor that they intended to enroll in some type of higher education.

The National Student Clearinghouse report indicates that 53.3% of 2019 graduates from the main four high schools and 45.4% of all 2019 graduates from District 51 were “found in college” the fall semester after graduation. This number underestimates enrollment because it does not count private universities or occupational schools such as Salon Professional Academy in Grand Junction. It does count public colleges and universities like Colorado Mesa University and Western Colorado Community College and technical schools like Technical College of the Rockies.



AREA OF ACTION

- Consider measures of college readiness in addition to SAT scores to best track whether Mesa County students who desire a four-year degree are adequately prepared to succeed.
- Consider methods to investigate the paths of students who indicated interest in higher education but did not pursue it, that still protects students’ rights under the Family Educational Rights and Privacy Act (FERPA)
- Evaluate the role community partners can have in supporting students to be successful in pursuing their higher education plans after graduation.



HIGHER EDUCATION AND TRAINING

Higher education completion, including two-year college, technical or professional certificate programs, four-year college, and graduate or professional degree programs are an area where Mesa County consistently lags behind the state of Colorado.

According to Healthy People 2020, “Graduation from college has a positive impact on employment options. Higher education helps people secure better-paying jobs with fewer safety hazards, [and] income from these employment opportunities may improve health by increasing people’s ability to accrue material resources, such as higher-quality housing, as well as psychosocial resources,” such as strong community ties.

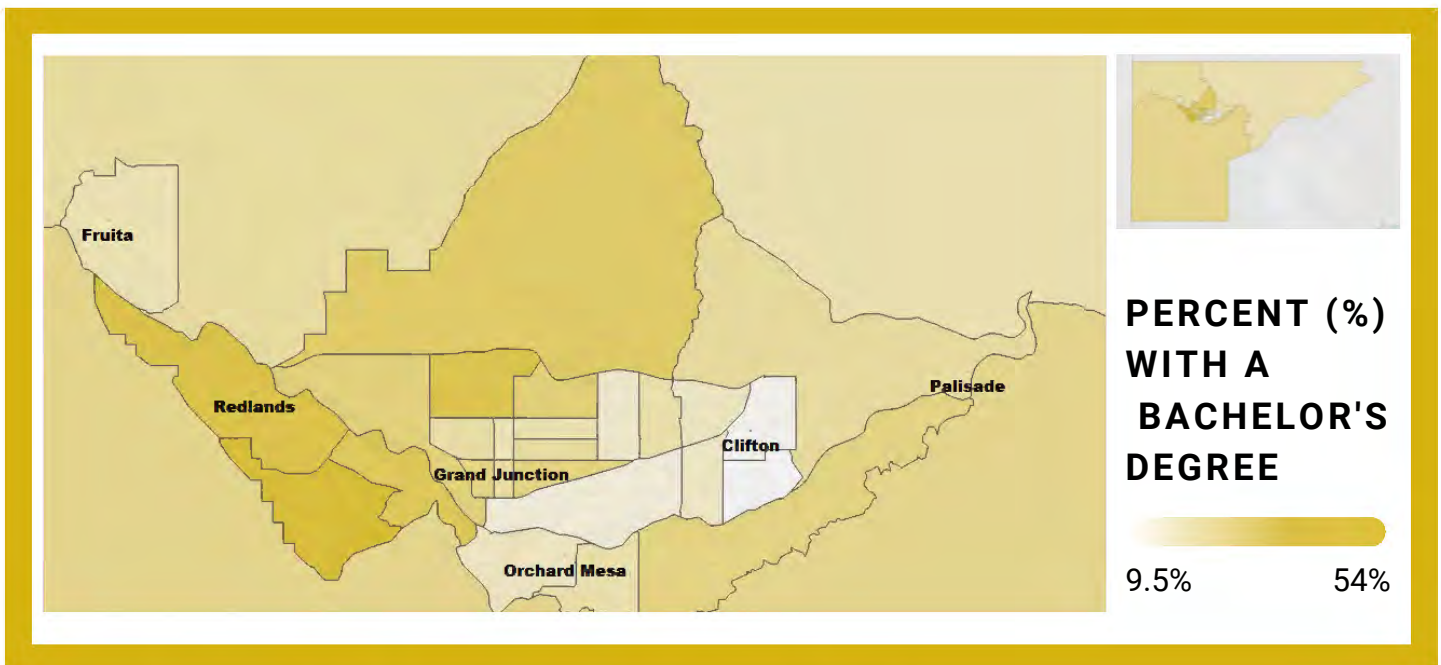
We recognize that access to higher education and the decision to enroll depend on a number of factors and there is no single best path for everyone. Happily, Mesa County has a strong foundation of higher education resources aimed at meeting the needs of a diverse population with varying goals.

EDUCATIONAL ATTAINMENT

Mesa County has significantly lower rates of residents 25 years and older who have completed any higher education when compared to Colorado and comparison communities. Within Mesa County, as the level of education increases, rates of homeownership and median household earnings increase and rates of poverty, unemployment, and uninsurance decrease.

Within Mesa County, rates of bachelor's degree or higher vary widely in different census tracts—from 9.5% in Clifton, to 53.9% in the Redlands. While there are many educational paths that lead to economic stability and resilience besides bachelor's degrees, it's important to examine potential barriers for students who do desire to pursue this level of education and ensure that our education system is effectively equipping students to meet this goal.

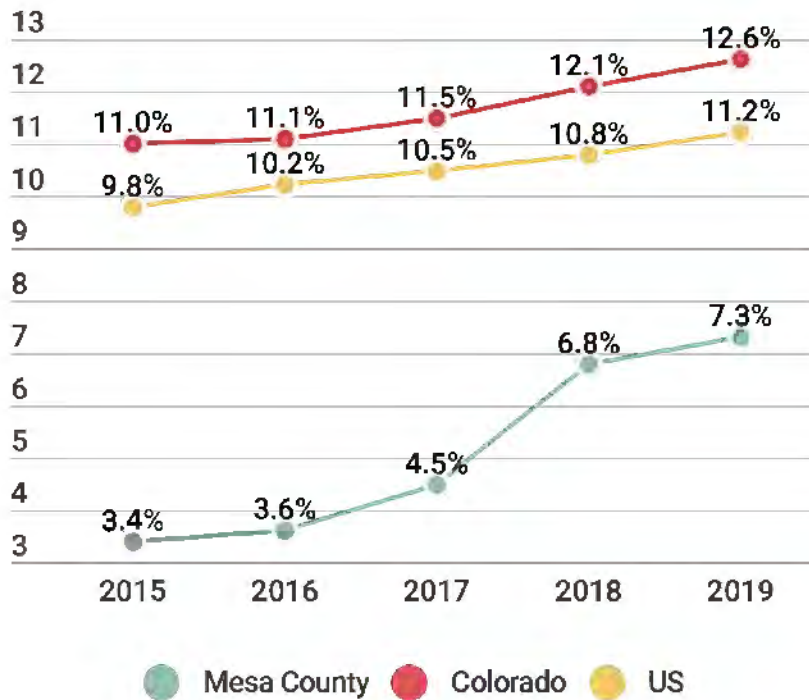
PERCENT OF ADULTS (25+ YEARS) WITH A BACHELOR'S DEGREE OR HIGHER BY CENSUS TRACT IN MESA COUNTY (2015-2019)



Between 2015 and 2019, the number of people under 25 with a bachelor's degree more than doubled in Mesa County, from 3.4% to 7.3%.

This suggests that recent interventions, such as the placement of CMU guidance counselors at District 51 high schools, are successfully impacting the educational trajectories of recent graduates.

**PERCENT OF YOUNG ADULTS (18-24 YEARS)
WITH A BACHELOR'S DEGREE IN MESA
COUNTY, COLORADO, AND THE US (2015-2019)**



**BETWEEN 2015-2019,
THE PERCENTAGE OF
YOUNG ADULTS
EARNING A
BACHELOR'S DEGREE
MORE THAN DOUBLED.**

**EDUCATIONAL ATTAINMENT AMONG ADULTS (25+ YEARS)
IN MESA COUNTY, COLORADO, AND COMPARISON
COMMUNITIES (2019)**

	Mesa County	Colorado	Bozeman, MT*	Bend, OR*	St. George, UT*
Less Than High School Graduate	8.9%	7.6%	2.2%	6.8%	6.3%
High School Graduate	27.5%	21.0%	18.0%	18.9%	21.9%
Associate's Degree	8.2%	8.4%	6.8%	11.1%	13.5%
Some College, No Degree	25.7%	20.3%	20.3%	24.4%	31.0%
Bachelor's Degree	19.7%	26.6%	35.2%	23.6%	16.8%
Graduate or Professional Degree	10.1%	16.0%	17.5%	15.1%	10.5%

*Comparison communities were measured at the county level.

EDUCATIONAL ATTAINMENT'S EFFECT ON OUTCOMES

Generally, higher levels of education increase rates of homeownership and household earnings, and reduce the risk of poverty. People with higher levels of education are more resilient to unemployment, and more likely to be insured. One limitation of this data is that it groups together people who set an educational goal other than a bachelor's degree and attained it (e.g. an associate's degree or a technical certificate) with people who pursued an educational goal and did not attain it, thereby shouldering the cost of education without the benefits.



●●● AREA OF ACTION

- Investigate earning potential for associate's degree and technical certificate holders separately from those who began, but did not complete, any higher education goal. If earnings are similar to high school graduate earnings, consider ways to increase earning potential to incentivize enrollment and completion.
- Support students who will be the first in their families to pursue higher education through effective career planning and transitioning into higher education opportunities.

In addition to outcomes for the individual who pursues higher education, there are effects on the educational outcomes for the next generation. A 2018 study found that 33% of students whose parents had no higher education had left their higher education institution without a degree compared to only 14% of students whose parents had a bachelor's degree.

We do not have clear data on the educational attainment of the parents of Mesa County students, but the educational attainment of the population in general suggests that many current students who choose to pursue higher education will be the first in their families to do so.

34.2%
**OF MESA COUNTY
RESIDENTS
WITHOUT A HIGH
SCHOOL DIPLOMA
ARE UNINSURED.**

ECONOMIC STABILITY MEASURES BY EDUCATIONAL ATTAINMENT IN MESA COUNTY (2019)

	Home Owners	Median household earnings*	Poverty rate in population 25 years and older	Unemployment rate, 2015-2019	Uninsured (18-64)
Less Than High School Graduate	55.2%	\$26,838	17.7%	9.7%	34.2%
High School Graduate	70.0%	\$31,877	11.2%	7.3%	17.3%
Some College/Associate's Degree	63.4%	\$32,138	7.1%	5.4%	13.3%
Bachelor's Degree (or higher)	77.1%	\$43,457	4.2%	3.6%	5.5%

*Median household earnings is lower than median income because it only includes wage-type income, not social security or retirement pensions.



MESA COUNTY HIGHER EDUCATION INSTITUTIONS PRIORITIZE MEETING THE NEEDS OF ALL STUDENTS DRAWN FROM THE WESTERN SLOPE AND CREATING PROGRAMS THAT ALLOW STUDENTS TO CLIMB A LADDER OF CERTIFICATION AND DEGREE PROGRAMS WITH EASE.

HIGHER EDUCATION OPPORTUNITIES

The educational institutions in Mesa County recognize that higher education should not be a one-size-fits-all system, while also recognizing that research indicates that higher education leads to better health outcomes and employment options.

Despite a variety of local options, Mesa County's rate of enrollment in higher education lags behind Colorado and the US.

Percent of young adults (18-19 years) enrolled in school:

- Mesa County: 67.8%
- Colorado: 72.8%
- US: 75.4%

Note: "Enrolled in school" counts students completing any type of coursework (including community college vocational classes), but does not include students participating in industry apprenticeship programs that don't have a formal classroom component.

TECHNICAL AND PROFESSIONAL CERTIFICATES AND ASSOCIATE'S DEGREES

Examinations of the impact of higher education often focus on bachelor's degrees as a benchmark goal. In Mesa County, however, the population is best supported by an education system that allows many entry points and varying goals.

Technical and Professional Certificates as well as Associate's Degrees offer a faster and less expensive educational training than four-year degrees, and often directly prepare students for success in the workforce. As shown earlier, adding some college or a non-degree certificate to a high school diploma increases median earnings and builds resiliency.

COLORADO MESA UNIVERSITY BEGAN AS A COMMUNITY COLLEGE AND GREW INTO AN INSTITUTION THAT OFFERS FOUR-YEAR DEGREES PROVIDING A STRONG FOUNDATION FOR SUPPORTING STUDENTS AT ALL LEVELS.

D51 HIGH SCHOOL STUDENTS HAVE OPPORTUNITIES TO TAKE A VARIETY OF COLLEGE-LEVEL COURSES AT NO COST THROUGH P-TECH, WESTERN COLORADO COMMUNITY COLLEGE (WCCC), AND COLORADO MESA UNIVERSITY (CMU).

HIGH SCHOOL TRAINING PROGRAMS

In 2019, Western Colorado Community College (WCCC), District 51 (D51), and five community business partners established the Pathways in Technology Early College High School (P-TECH) program at Central High School. Students are bussed to a WCCC workshop to take Manufacturing Technology Cluster courses at no cost. In the spring of 2021, there were 63 students enrolled in this program. In the fall of 2021, Grand Junction High School students will be able to join new P-TECH programs with medical and internet technology courses. All D51 high school students will also be able to take P-TECH courses in construction through the Career Center campus.

Most students enter the P-TECH manufacturing program because they know they want to enter the field and recognize that education credentials such as technical certificates or an associate's degree will earn them better pay and more opportunities for advancement. The classes and training these students complete during high school give them a no-cost head start toward achieving their goals within the field they've selected.



In addition to P-TECH programs, approximately 450 D51 high school students are bussed to WCCC to take courses at the main campus at no cost to the student. Many of these students have entered a career pathway through the Career Center and are ready for more advanced coursework in fields like health care and manufacturing. Some students enroll to begin fulfilling requirements for an associate's or bachelor's degree at no cost with the intention of immediately continuing toward the degree after graduation.

D51 students also have the option to take college courses through CMU at no cost, and some high schools have college-level offerings taught by qualified high school instructors. These courses will transfer to any university in Colorado, and many universities across the country.

All of these programs allow students to explore higher education options at no cost to their families. Some students using these programs may have intense pressure to enter the workforce right after high school because their financial contributions will have a big impact on their family's financial stability. Attending classes through P-TECH, WCCC, or CMU for free while still in high school gives these students the opportunity to weigh options for their future at low risk—they have demonstrated to themselves and their parents that they can be successful in this environment, or have already narrowed possible career pathways to opportunities that are actually a good fit for them.

District administrators indicate that there are three main barriers to enrolling students in these programs. First, some students and families simply may not understand that these opportunities exist for any student who is prepared to enroll. Second, some families have concerns about their high school student spending time on a college campus without an adult chaperone. Third, while the courses are free, the district asks parents to commit to paying a portion of the cost if their student fails to attend class regularly as an incentive for families to actively motivate their student. This potential financial burden is sometimes more risk than families are willing or able to bear, and they choose not to participate.



●●● AREA OF ACTION

- Support District 51, WCCC, and CMU in expanding student engagement in concurrent enrollment opportunities by increasing awareness, addressing parent concerns, and identifying strategies to motivate parent engagement without presenting a potential financial burden.

TECHNICAL COLLEGE OF THE ROCKIES (TCR) OFFERS COMPLEMENTARY COURSES TO WCCC AND AIMS TO INTEGRATE TCR TECHNICAL CERTIFICATES AS STEPPING STONES TO WCCC ASSOCIATE'S DEGREES IN THE FUTURE.



TECHNICAL COLLEGE OF THE ROCKIES

Technical College of the Rockies (TCR) in Delta, Colorado, serves Western Slope students who are seeking a technical certificate. Because of the convenient access to technical certificates at Western Colorado Community College (WCCC), Mesa County students primarily enroll in TCR programs that are impacted or only offered by private institutions in Mesa County. In the spring of 2021, there were 16 Mesa County students enrolled in the TCR cosmetology program, seven in health care programs, and five in law enforcement.



In the future, TCR plans to offer a Respiratory Therapy training program to the Delta campus (not currently available in Mesa County). In addition, TCR and WCCC are working on an agreement to allow students to apply TCR certificate credits toward a WCCC associate's degree, further supporting a model of higher education with multiple entry and completion points that best suits Colorado's Western Slope.

WESTERN COLORADO COMMUNITY COLLEGE

Western Colorado Community College (WCCC) offers technical certificates and associate's degrees. Students attend with various educational goals in mind: Earn a technical certificate, earn a vocational associate's degree, or earn a liberal arts associate's degree with the intention to transfer to a 4-year institution.



In the past five years, WCCC has continued to add to program offerings with certificates like Gerontology and degrees like Digital Filmmaking.

86.3% OF THE 1,317 FALL 2020 WCCC STUDENTS CAME FROM MESA, MONTROSE, DELTA, OR GARFIELD COUNTIES.

WCCC STUDENTS CAN OFTEN STACK THE REQUIREMENTS OF A LOWER-LEVEL TECHNICAL CERTIFICATE TOWARD COMPLETION OF A HIGHER-LEVEL CERTIFICATE OR AAS DEGREE.

15.9%

Technical
Certificates

37.4%

Associate's degree with
intention to transfer to
4-year institution



46.6%

Vocational Associate's
Degree Programs (AAS)

For instance, every course required for the Entry-Level Machining, Manufacturing Technology Technical Certificate can be applied to a Machining Technology, Manufacturing Technology AAS. Completing the entry-level certificate opens new immediate career opportunities as well as progressing a student toward an even higher education target.



BACHELOR'S DEGREES AND HIGHER

Nearly every benefit conferred by engaging in some college or a non-degree certificate program is amplified at the bachelor's degree level. Bachelor's degree programs are expensive and require a large time commitment, which often impacts access and success for students of different racial and ethnic backgrounds or socio-economic levels.

However, as the main four-year degree institution in Mesa County, Colorado Mesa University strives to "successfully prepare students from diverse backgrounds for lives of career and service anywhere in the world."

●●● AREA OF ACTION

- Investigate higher education enrollment statistics by additional demographic factors such as race and age.



COLORADO MESA UNIVERSITY, WESTERN COLORADO'S PREMIER HIGHER EDUCATION INSTITUTION, IS COMMITTED TO OFFERING "AN ADAPTABLE, FLEXIBLE APPROACH TO LEARNING THAT ALLOWS STUDENTS TO CHOOSE FROM MULTIPLE AND POTENTIALLY INTEGRATED PATHWAYS TO ACHIEVE CERTIFICATION, ASSOCIATES, BACHELORS, AND GRADUATE DEGREES."

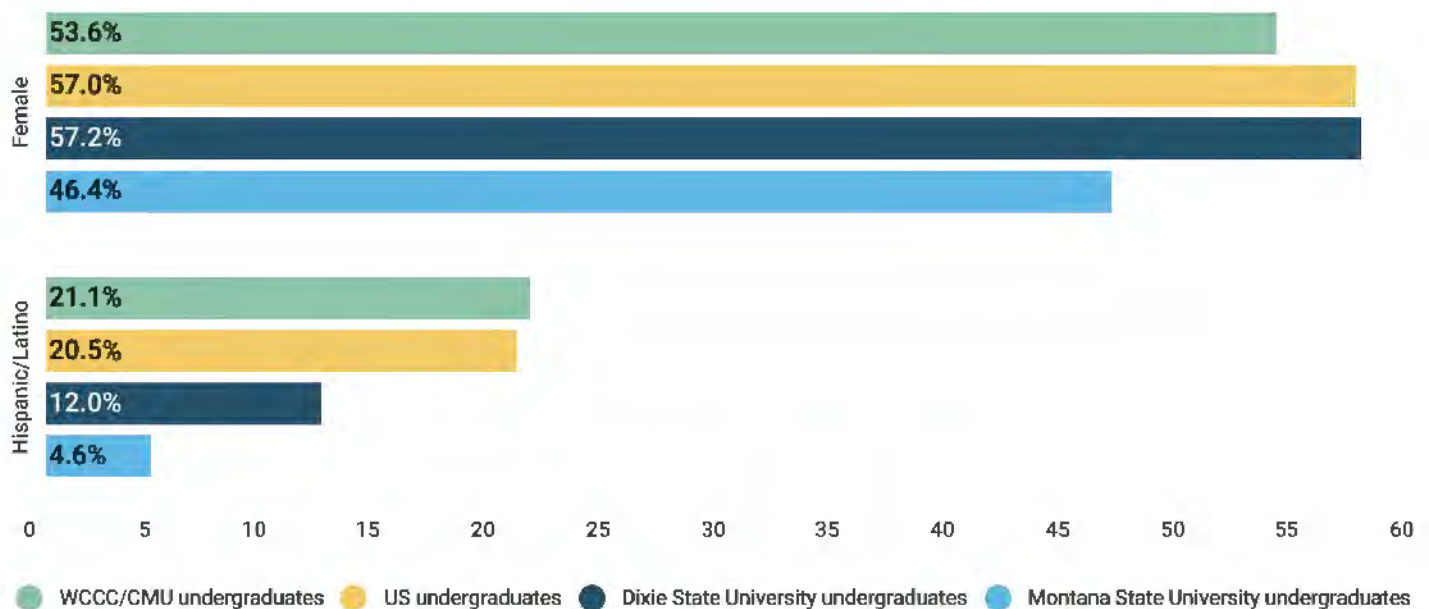
-CMU VISION AND VALUES

COLORADO MESA UNIVERSITY

Colorado Mesa University (CMU) is a public university with 114 academic programs in Grand Junction with a regional campus in Montrose. The growing campus has the third lowest tuition in the state of Colorado.

In 2020, approximately 1 in 3 CMU students pursuing a bachelor's degree came from Mesa County, and nearly half came from Western Colorado.

ENROLLMENT STATISTICS BY DEMOGRAPHIC FOR MESA COUNTY, THE US, AND COMPARISON COMMUNITIES* (2020)



*Dixie State University is located in St. George, UT, and Montana State University is located in Bozeman, MT

CMU offers bachelor's degrees and professional certificates to undergraduates. In the fall of 2020, undergraduate enrollment was 6,436. The Addictions Counseling Certificate was the most popular professional certificate, and Business Administration and Exercise Science were the most popular bachelor's degrees. CMU continues to add undergraduate offerings such as a Bachelor of Science in Outdoor Recreation Industry Studies with 21 students enrolled in the fall of 2020.

At the graduate level, 163 students are enrolled in 15 programs, more than half of which have been initiated in the last five years. Popular programs include Master of Physician Assistant Studies and Master of Business Administration. When considering the addition of graduate degrees, CMU prioritizes programs that allow current bachelor's degree students to continue their education. In keeping with this practice, CMU will offer a Master of Occupational Therapy degree starting in the fall of 2022, and they hope to offer a Master of Physical Therapy degree starting in the fall of 2023.

The CMU experience is rated well by students. In a 2019 survey, 87% of first year CMU students and 84% of CMU seniors indicated that if they could start over, they would probably or definitely choose to come to CMU again. 87% of first year students and 88% of seniors rated their entire educational experience at CMU as "good" or "excellent".

Community partners are interested in seeing CMU students graduate with practical experience to prepare them for the workforce. 52% of first year students and 38% of seniors indicated that they had never done a community-based project for a class.



AREA OF ACTION

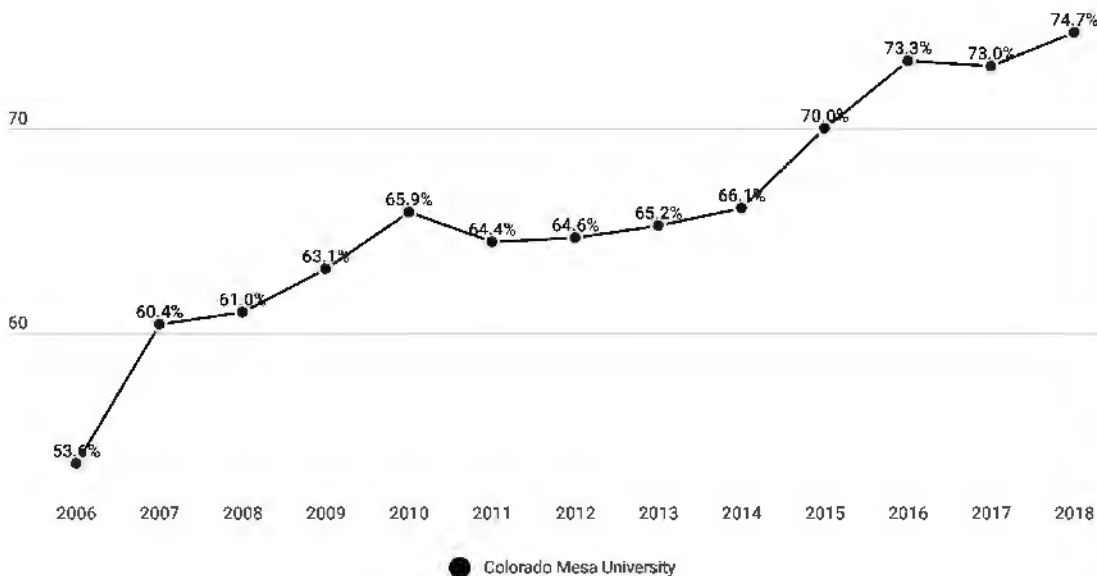
Investigate whether Mesa County students enrolled at CMU in four-year degree programs are successful. Identify strategies to support local students and ensure they are well prepared.

Across the country, completion rates for bachelor's degree programs vary largely based on the selectivity of the institution. At programs with an open admissions policy (anyone who qualifies can attend), 34% of students who began in 2012 had earned a degree by 2018. At programs with the most selective admissions policies, where fewer than 25% of students who apply are accepted, 90% of students who began in 2012 had earned a degree by 2018.

Because of the structure of CMU and WCCC as an integrated undergraduate institution, some students enter under conditions similar to open admission, and others enter under policies more similar to selective admission. This makes it difficult to directly compare completion rates with other seemingly-comparable programs.

What's clear is that CMU has successfully increased completion rates dramatically since 2005, going from 24.9% to 43.1% between 2005 and 2019. Some of this successful effort was driven by reducing first year to second year attrition rates—in 2005 just 53.6% of first year students returned for a second year. In 2019, 74.6% of first year students returned.

FIRST-YEAR RETENTION RATE FOR BACHELOR'S-SEEKING STUDENTS ENTERING FALL 2005 THROUGH FALL 2017 AT COLORADO MESA UNIVERSITY

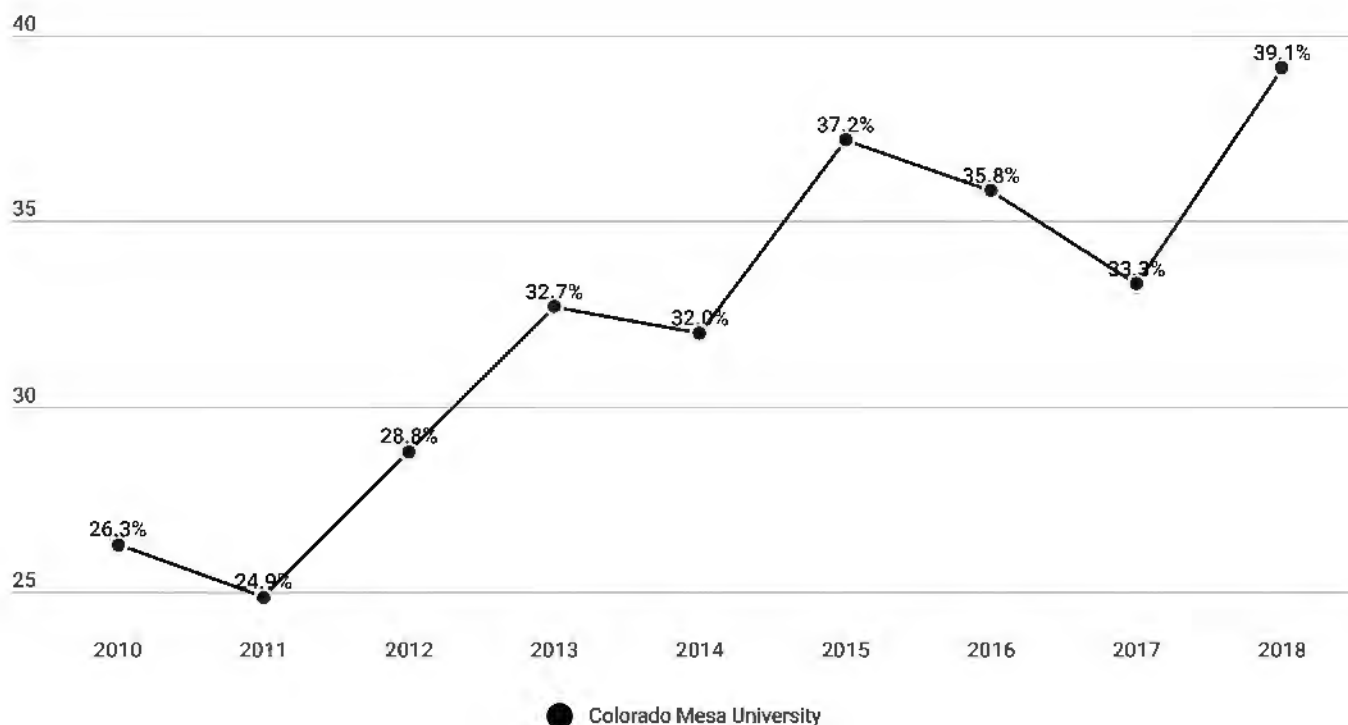


STUDENTS WHO QUALIFY FOR NEED-BASED FINANCIAL AID ARE LESS LIKELY TO COMPLETE THEIR DEGREE THAN STUDENTS WHO DO NOT.

AREA OF ACTION

- Expand programs with current demand while identifying strategies to overcome cost barriers to desired programs.
- Identify opportunities for community partners to inform the offerings at our higher education institutions and engage employers in the process to help drive demand toward programs that align with their workforce needs.
- Work with employers to provide internships and practical experiences for students. Consider having employers offer “special projects” to departments so that professors and students have access to “real world” problems and can ensure that learning and training match the job skills needed.

SIX-YEAR GRADUATION RATE FOR BACHELOR'S-SEEKING STUDENTS ENTERING FALL 2004 THROUGH FALL 2012 AT COLORADO MESA UNIVERSITY



One opportunity for improvement, however, is the completion rate for students with demonstrated financial need. Approximately 30% of CMU and WCCC students are eligible for a Federal Pell Grant. Only 34.9% of students who started in 2013 and qualify for need-based aid like a Pell grant or subsidized Stafford loan had graduated by 2019. Among students who did not qualify, 50.6% had graduated by 2019.

● ● ● AREA OF ACTION

Investigate the main barrier to completion for low-income students—is the financial burden too large or are they less prepared for CMU's programs? Determine what proportion of Mesa County students qualify for need-based financial aid and identify strategies to support higher education completion.

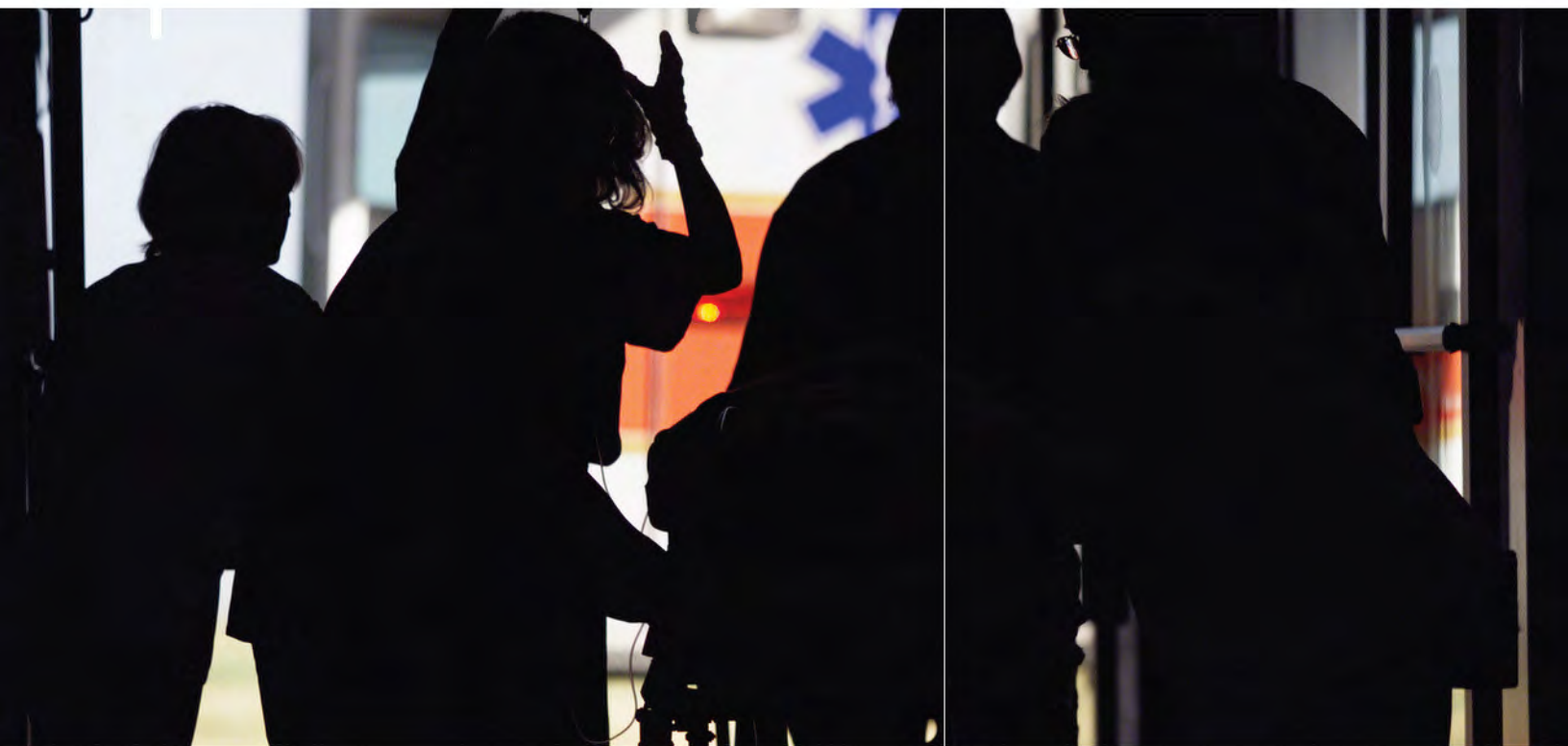
Additionally, CMU administrators have identified former bachelor's degree seeking students who did not complete their degree as a demographic that could be better served by the institution. Often these potential students are parents with full-time jobs who are interested in completing their degree. Many cannot attend day time classes and may rely on online or hybrid courses to balance their class load with their other responsibilities. Currently, these students tend to turn to private for-profit online universities which have high costs and low completion rates. CMU is exploring opportunities to best support this group by expanding online and hybrid offerings at a similar cost to in-person classes.

RATE OF SUCCESS ON PROFESSIONAL EXAMS

CMU prepares graduating students for success—graduates score higher on professional exams than the average student in Colorado or the US.

RATE OF SUCCESS ON PROFESSIONAL EXAMS AMONG COLLEGE STUDENTS IN MESA COUNTY, COLORADO, AND THE US (2019)

	Mesa County	Colorado	US
Accounting: Financial Accounting	52.4%	51.1%	45.6%
Accounting: Auditing and Attestation	47.6%	52.1%	45.9%
Accounting: Regulation	65.0%	55.5%	48.4%
Accounting: Business Environment & Concepts	77.8%	64.5%	55.4%
Nursing (BSN) - NCLEX	95.6%	90.4%	84.6%
American Registry of Radiologic Technologists Exam (first attempt)	100%	71.4%	87.2%
Teacher Education (initial licensure) - PRAXIS II	99%	N/A	N/A



EMT and Paramedic students also have exceptional exam pass rates—program administrators report that among students who choose to sit for the exam, 93-100% of students in recent cohorts have passed on their first try. Some students enroll in EMS courses because the training is beneficial for another field, but choose not to sit for the exam because they are not pursuing a career as an EMT or paramedic.

THE MAJORITY OF HIGH-PAYING OCCUPATIONS IN INDUSTRIES OF INTEREST REQUIRE CANDIDATES TO SEEK TRAINING OUTSIDE OF MESA COUNTY.

TRAINING PATHWAYS FOR DESIRABLE INCOME JOBS

While higher education has many goals and offers many enrichments to students, many students engage with the intention of improving job opportunities. To that end, local educational opportunities must align with current industries and the economic forecast in Mesa County. Below we profile the educational pipelines for four industries targeted for growth in Mesa County to assess the potential for local workers to train for jobs with *desirable incomes*, which we define as \$50,000 or more per year (see page 42 for more information on *desirable income* jobs).

Three of the four industries lack local pathways for the majority of *desirable income* occupations, although Mesa County offers educational opportunities for some *desirable income* occupations in all four industries. This means that as these industries expand, qualified workers will need to be brought in from out of the area, or local workers would need to leave for training and return.

●●● AREA OF ACTION

Strengthen community partnerships with educational institutions to align priorities and direct resources toward closing the gap in educational outcomes with particular focus on early childhood education, elementary proficiency, and the pursuit of higher education and training.





EDUCATION PIPELINE

TRAINING PATHWAYS FOR DESIRABLE INCOME JOBS IN FOUR INDUSTRIES OF INTEREST



HEALTH CARE



CONSTRUCTION

How many occupations earn the *desirable income*?

27 occupations earn a *desirable income*.

5 occupations earn a *desirable income*.

How many people are employed in *desirable income* occupations?

3,650

1,200

Are there pathways that don't require formal education?

NO.

YES, and WCCC offers related technical certificates.

Is the required training available in Mesa County?

YES, for 6 of the occupations.

YES, for all of the jobs that rely on education.

Are there current training gaps in Mesa County?

Cannot provide training for **21** of the **27** occupations.

NO. All occupations have training pathways.

Takeaways

Some pathways can be completed in Mesa County, but students must often leave the area if they desire advanced training. Among available programs, the Bachelor's of Science in Nursing is the most popular.

All training for desirable income occupations is available in Mesa County, including necessary union apprenticeships, although some opportunities may have more demand than supply.



PROFESSIONAL, SCIENTIFIC, AND TECHNICAL SERVICES

31 occupations
earn a *desirable*
income.

1,370

YES, and WCCC
offers related
technical
certificates.

YES, for 7 of the
occupations.

Cannot provide training
for **22** of the **31**
occupations.

Some pathways can be
completed in Mesa County,
but students must often
leave the area for advanced
training, especially for
graduate professional
degrees.



MANUFACTURING

19 occupations
earn a *desirable*
income.

610

YES, and WCCC
offers related
technical
certificates.

YES, for 3 of the
occupations.

Cannot provide training
for **10** of the **19**
occupations.

Some pathways can be
completed in Mesa County, but
students must often leave the
area if they desire advanced
training, especially in specialty
engineering fields.

EDUCATION PIPELINE

CONCLUSION

Strong educational outcomes lead to better opportunities and experiences with the Social Determinants of Health, directly impacting health behaviors and outcomes for Mesa County residents.

Some elements of the current education system in Mesa County serve our community well—educational institutions and community partners have worked to offer tremendous opportunities that meet every person where they are in their educational journey. Nonetheless, other measures of success are troubling—low fourth grade proficiency, a high school graduation rate lower than the state and comparison communities, and low engagement with higher education resources require our attention and intervention to support the educational institutions who are striving their best to set our students up for success.

Mesa County's education systems have a history of embracing changes to better meet the needs of the community. With the adoption of performance-based learning by D51 and CMU's expansion of community college offerings into four-year degrees, education leaders recognized the importance of partnering with community stakeholders to shape and support the innovations being made.



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HEALTH CARE AND ACCESS

A female doctor with dark hair, wearing a white lab coat, is sitting at a white desk. She is smiling and gesturing with her hands while talking to a patient. The patient, a woman with blonde hair, is sitting in a chair, facing the doctor. On the desk, there is a stethoscope and a keyboard. The background is a bright, clinical setting.

“ACCESS TO COMPREHENSIVE, QUALITY HEALTH CARE SERVICES IS IMPORTANT FOR PROMOTING AND MAINTAINING HEALTH, PREVENTING AND MANAGING DISEASE, REDUCING UNNECESSARY DISABILITY AND PREMATURE DEATH, AND ACHIEVING HEALTH EQUITY FOR ALL AMERICANS.”

-HEALTHY PEOPLE 2020

WHY IT MATTERS IN THIS ASSESSMENT

Mesa County is a regional health care hub with a variety of providers and specialists. However, it's important to look beyond the presence of services to see whether residents are actually able to access the care they require. In Mesa County, nine out of ten people are insured and have a regular source of care. Nonetheless, rates of utilization are lower than the state, largely because of cost barriers and lack of access to timely services.

UTILIZATION OF CARE

Nearly one out of every five Mesa County residents had not visited any health care professional in the past twelve months when surveyed in 2019. While low usage could indicate general good health, rates of chronic disease and the barriers to care discussed below suggest that low usage is more likely a function of poor access. Nonetheless, most Mesa County residents had a usual source of care, and for most people that source was a doctor's office, private clinic, or community health center.

Of the nearly one in five Mesa County residents who visited an emergency room, the majority of visits were for what they deemed true emergencies, and the rate of emergency room usage for non-emergencies was lower in Mesa County than in Colorado as a whole.

One reason for this low rate is that many people at highest risk for using the emergency room for non-emergencies are specifically identified and served by a dedicated care coordination team by MarillacHealth. One intervention that makes a difference in non-emergency emergency room usage is Marillac's medical schedules, which allow for same day appointments.

However, this survey was conducted by phone calls and online surveys, not by interviewing emergency room patients. Mesa County hospitals have identified patients with substance abuse intoxication or mental health crises but no medical emergencies as a significant burden to their emergency department capacity, which indicates a population that may not have had access to this survey.

PERCENT OF RESIDENTS REPORTING HOW THEY UTILIZED CARE IN MESA COUNTY AND COLORADO (2019)*

"In the past 12 months I..."	Mesa County	Colorado
visited any health care professional.	81.3%	87.3%
visited a general doctor one or more times.	75.6%	81.1%
had a visit for a check up, physical exam, or other preventive care.	69.4%	74.0%
did not visit a general doctor.	24.4%	18.9%
visited a specialist.	39.3%	44.5%

* Adults reporting for themselves and children

92.6%
MESA COUNTY

**"I HAVE A
USUAL
SOURCE OF
CARE."**

87.6%
COLORADO

**PERCENT OF RESIDENTS REPORTING WHERE THEY SEEK USUAL CARE BY TYPE
IN MESA COUNTY AND COLORADO (2019)***

"My regular source of care is..."	Mesa County	Colorado
a doctor's office or private clinic.	82.7%	79.5%
a community health center.	3.5%	6.6%
a hospital emergency room.	N/A	1.9%
some other place/I use more than one.	13.3%	12.0%

*Adults reporting for themselves and children



AREA OF ACTION

- Investigate the rate of emergency room usage by people experiencing mental health crises or substance use intoxication who are not having a medical emergency.
- Consider community resources to best keep people in non-emergency substance use intoxication or mental health crises safe while reducing public disruption so as to reduce emergency room utilization and improve recovery outcomes.



PERCENT OF RESIDENTS REPORTING EMERGENCY ROOM UTILIZATION IN MESA COUNTY AND COLORADO (2019)*

	Mesa County	Colorado
I received care in a hospital emergency room at least one time in the past 12 months.	18.6%	20.7%
If visited, my last visit was for an emergency.	73.0%	62.0%
If visited, my last visit was for a condition I thought could be treated by a regular doctor.	27.0%	38.0%

*adults reporting for themselves and children



INTERSECTING ISSUES

While these survey responses indicate that Mesa County ER utilization is more likely to be for true emergencies than for respondents statewide, the survey may have systematically excluded people who repeatedly access the ER for mental health crises or substance use intoxication that are not medical emergencies.

For further discussion of this topic, see the Mental Health section on page 105.

The Affordable Care Act dramatically decreased the percentage of the population that is uninsured in Mesa County, from 18.5% in 2013 to 9.2% in 2019. Nearly half of Mesa County residents receive their insurance benefits through a public insurance program such as Health First Colorado (Medicaid), CHP+, or Medicare.

PERCENT OF RESIDENTS REPORTING INSURANCE COVERAGE BY TYPE IN MESA COUNTY AND COLORADO (2019)

Insurance Type	Mesa County	Colorado
Uninsured	9.2% (15,295)	6.5%
Public Insurance	43.8% (72,556)	33.7%
Private Insurance	47.0% (77,892)	59.8%



AREA OF ACTION

- Investigate insurance type by key demographic and socioeconomic factors to understand where disparities exist.

BARRIERS TO CARE

Barriers to health care in Mesa County can be broken into three categories—cost, availability of timely services, and personal obstacles.

The following table lists all the barriers to care tracked by the Colorado Health Access Survey in 2019. The top barriers are cost of care and access to timely services, with personal obstacles a smaller, but not insignificant, barrier as well.

PERCENT OF RESIDENTS REPORTING BARRIERS TO CARE IN MESA COUNTY AND COLORADO (2019)

Barrier, in order of prevalence in Mesa County	Mesa County	Colorado
Cost of dental care	26.1%	20.6%
Not as soon as needed	25.3%	22.0%
Cost of care with a doctor	14.8%	12.8%
Not accepting new patients	13.0%	10.6%
Not accepting your health insurance	10.4%	10.8%
Time off work	10.0%	14.9%
Cost of specialist care	9.2%	12.9%
Cost of prescription drugs	5.3%	10.8%
Transportation (2017-2019)	3.7%	3.2%
Concern for unfair treatment/consequences	3.6%	5.3%



Red highlight indicates a higher percentage than the state



Green highlight indicates a lower percentage than the state



31.8% OF MESA COUNTY RESIDENTS
REPORTED GOING WITHOUT MEDICAL OR
DENTAL CARE OR NOT FILLING A PRESCRIPTION
BECAUSE OF THE COST.

●●● AREA OF ACTION

- Develop strategies to make dental care more affordable, since one in four Mesa County residents has gone without needed dental care because of cost.
- Communicate with community members about the connection between dental care and overall health and the importance of routine preventive visits.
- Investigate provider barriers to timely care, since one in four Mesa County residents was unable to get an appointment as soon as they thought one was needed.



Private Insurance

Examples:
Employer-sponsored or
marketplace plans

Number of Residents **77,892**
Percent of Population **(47.0%)**

88.2%
have a usual source of care.

16.2%
had problems paying medical
bills in the past 12 months.

12.8%
were told a provider wasn't
accepting new patients.

9.2%
were told their insurance type
wasn't accepted by a provider.

Public Insurance

Examples:
Health First Colorado (Medicaid),
CHP+, or Medicare

Number of Residents **72,556**
Percent of Population **(43.8%)**

94.4%
have a usual source of care.

17.4%
had problems paying medical
bills in the past 12 months.

14.7%
were told a provider wasn't
accepting new patients.

11.5%
were told their insurance type
wasn't accepted by a provider.

No Insurance



Number of Residents **15,295**
Percent of Population **(9.2%)**

74.2%
have a usual source of care.

22.6%
had problems paying medical
bills in the past 12 months.

17.4%
were told a provider wasn't
accepting new patients.

The number of individuals who had difficulty paying medical bills is an area of concern. 18.9% of Mesa County residents and 18.1% of Coloradans reported problems paying or being unable to pay a medical bill. Ideally, the purpose of public and private insurance plans is to disperse the cost of medical care into manageable premiums and copays and avoid expenses accumulating into bills large enough to burden a family's finances. Nonetheless, more than one in six insured Mesa County residents reported having problems paying a medical bill in the last 12 months. This could be related to the fact that 25.7% of insured respondents were surprised by a medical bill that they thought would be covered by insurance.

AMONG INDIVIDUALS WHO ARE UNINSURED, NEARLY ONE IN FOUR REPORTED DIFFICULTY PAYING A MEDICAL BILL.

● ● ● AREA OF ACTION

- Research the medical debt burden on Mesa County residents and the circumstances that lead to severe medical debt. Identify best practice interventions to reduce the frequency of medical debt among the populations most likely to encounter medical bills they cannot afford to pay.
- Investigate availability of specialty care in Mesa County to understand current gaps.
- Track rates of uninsurance to see the effects of removing the tax penalty.
- Explore opportunities to increase public insurance plan and subsidy enrollment for eligible individuals.

Providers who work with many of Mesa County's uninsured patients report that finding specialty care for them can be especially challenging. While there have been some payment reforms for uninsured people receiving primary care, these changes haven't moved into specialty care, leaving specialists and patients to navigate the extremely high costs of specialty care.

People cite many reasons for being uninsured, but cost of coverage is a frequent reason. In Mesa County, approximately one-third of the uninsured population earns less than 139% of the federal poverty level (\$36,156 per year for a family of four), one-third earns above 400% of the poverty level (\$104,800 per year for a family of four), and one-third falls between those benchmarks.

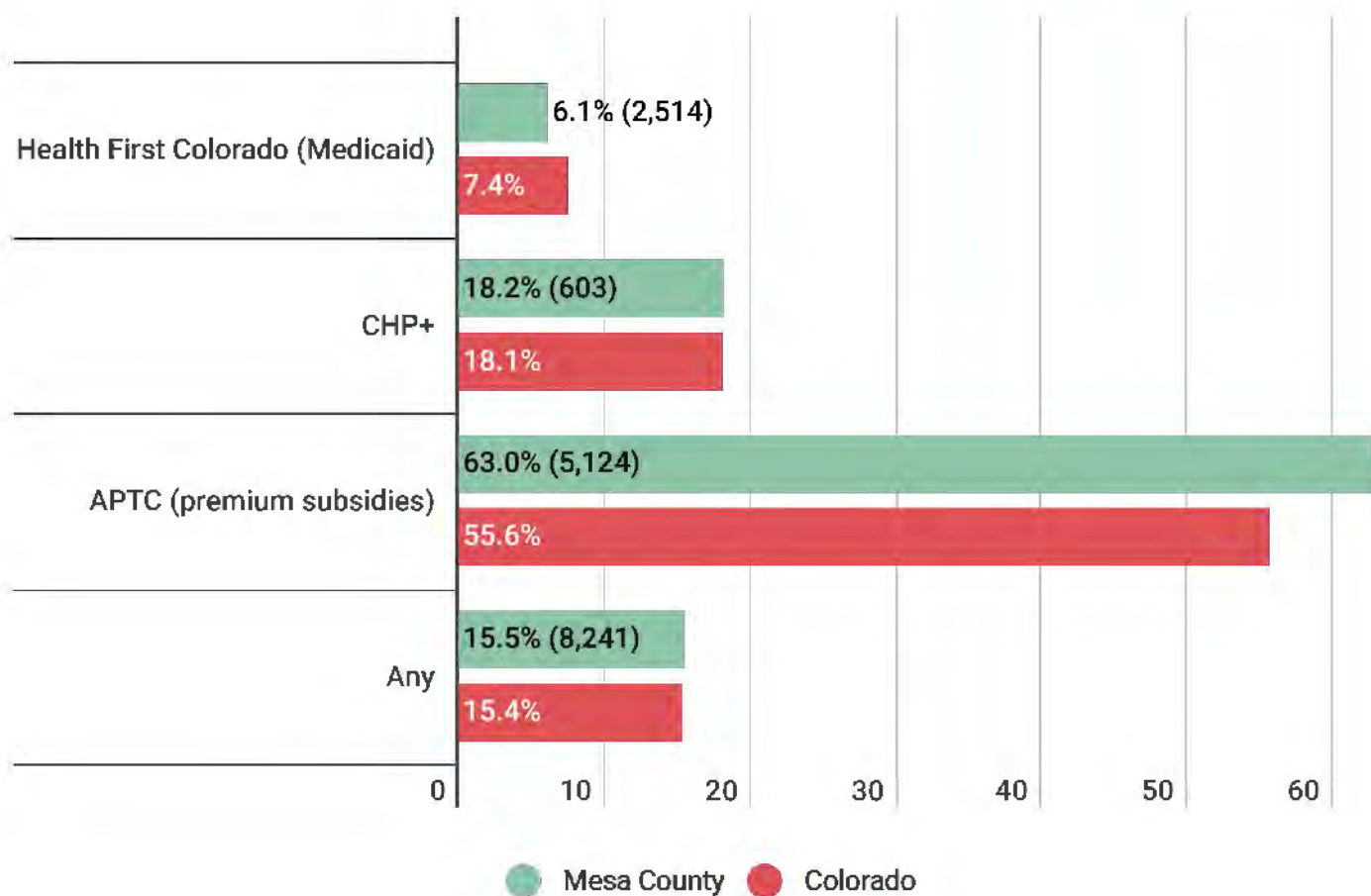
Since many households choose not to enroll in an insurance plan because premiums are too high, ensuring full enrollment in free or low-cost insurance plans and application of appropriate federal premium subsidies for all eligible residents should reduce the overall financial burden of health care and increase access.

In Mesa County, approximately half of the uninsured population is eligible for Health First Colorado (Medicaid), CHP+, or premium subsidies through the health care marketplace but is not enrolled in the programs. Enrollment could increase access to care by lowering costs and increasing the likelihood of having a regular care provider.

In particular, it appears that few Mesa County residents are taking advantage of available premium subsidies. This may be because people in the eligible income category (typically 139%-400% of the federal poverty level) are not aware the subsidies are available, or because the subsidies do not defray enough of the cost to make plans and care affordable. Prior to 2019, people in this category paid a tax penalty for lack of enrollment, but that was discontinued in 2019.

IN MESA COUNTY, APPROXIMATELY HALF OF THE UNINSURED POPULATION IS ELIGIBLE FOR PUBLIC HEALTH INSURANCE OR PREMIUM ASSISTANCE BUT IS NOT ENROLLED IN THE PROGRAMS.

PERCENT OF ELIGIBLE PEOPLE (LESS THAN 65 YEARS) NOT ENROLLED IN PUBLIC INSURANCE PLANS OR SUBSIDIES IN MESA COUNTY AND COLORADO (2018)



Based on the eligibility criteria, it is important to note that many families who may earn too much to enroll in other types of benefits programs such as SNAP (food stamps) or the Child Care Assistance Program, do, in fact, qualify for public insurance plans or subsidized premiums. In many cases, for a family earning near, but not at, self-sufficiency thresholds and ineligible for other types of assistance that could push them into self-sufficiency. This would increase health care access by reducing costs and encouraging consistent provider usage.

SCHOOLS

Barriers to access rooted in the capacity of providers are more prevalent in Mesa County than in Colorado. In the 12 months preceding the 2019 Colorado Health Access Survey, 10.4% of Mesa County residents were told a provider doesn't take their insurance, compared to 10.8% of Coloradans. 14.0% of Mesa County residents were told a provider wasn't accepting new patients, compared with 10.8% of Coloradans.

However, this doesn't break down evenly between residents who had public insurance, private insurance, or were uninsured:

PERCENT OF RESIDENTS REPORTING BARRIERS TO ACCESSING CARE BY INSURANCE TYPE IN MESA COUNTY (2017-2019)

	Was told by a doctor's office or clinic that they weren't accepting new patients	Was told by a doctor's office or clinic that they weren't accepting patients with this type of health insurance
Private Insurance	12.8%	9.2%
Public Insurance	14.7%	11.5%
Uninsured	17.4%	

●●● AREA OF ACTION

- Look at reasons why individuals on public insurance or with no insurance are told by providers that they aren't accepting new patients.

While this could indicate that people on private insurance were seeking new care providers less frequently, it could also suggest that doctor's offices and clinics are more likely to accept people with private insurance.

In addition, some personal obstacles prevented people from accessing care in the 12 months before the 2019 survey.

10.0% of employed adults ages 16 years and older went without needed care because they couldn't get time off work. This may be alleviated somewhat by the Healthy Families and Workplaces Act of 2020, which stipulates that businesses with 16 or more employees must provide one hour of sick leave for every 30 hours worked—leave that could be applied to visiting a health care provider.

Another personal obstacle that prevents people from accessing care is lack of transportation. 3.7% of Mesa County residents went without needed care because they lacked transportation to their appointment. This seems like a small percentage, but it represents roughly 6,000 Mesa County residents who went without care.

Finally, 3.6% of Mesa County residents went without needed care because of concern for unfair treatment or consequences.



●●● AREA OF ACTION

- Investigate the barrier of lack of transportation to determine what disparities exist, for whom, and where. For example, determine if the barrier is the lack of a public transportation stop nearby or not having a car.
- Improve access to transportation for health care appointments by aligning public transportation resources with health care needs and increasing social connections that might improve the likelihood of a car or a ride being in a person's network.
- Work with health care providers to ensure they are providing equitable care. Investigate which communities and sub-groups are being impacted to assure access to a regular provider with whom they can build a trusting relationship.

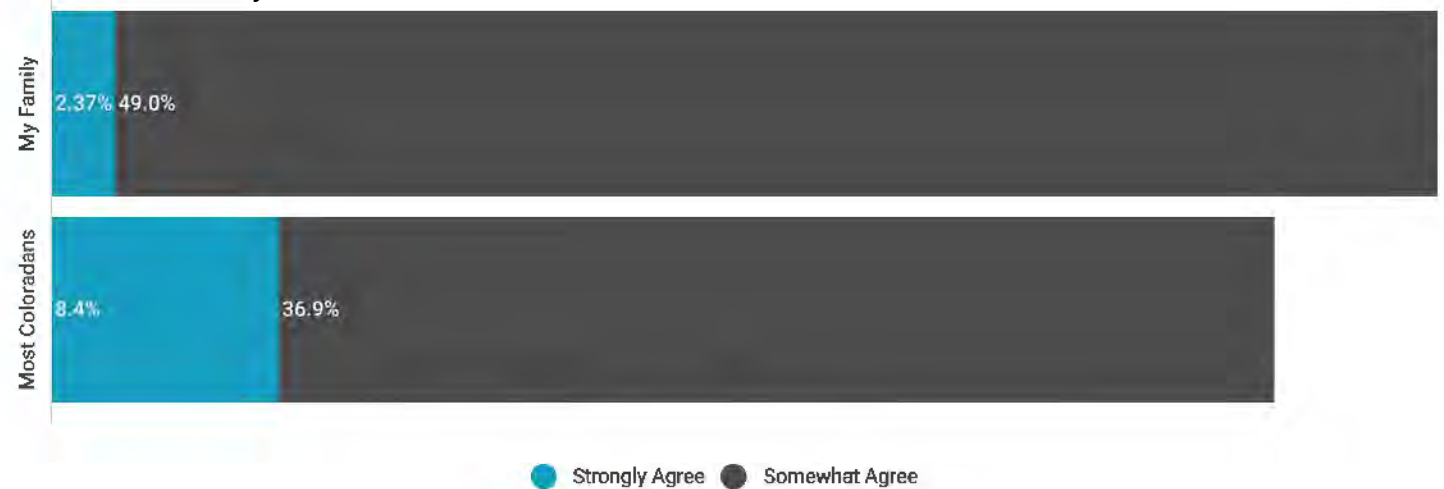
HEALTH CARE SYSTEM SATISFACTION

The Colorado Health Access Survey asked respondents to rate their satisfaction with the health care system. While most respondents indicated that the health care system meets the needs of their own family, fewer than half indicated that it meets the needs of most Coloradans. These opinions remained relatively stable over 2015-2019, but a misperception exists: “The health care system is working for me, but it’s not working overall,” whereas in reality, it’s working for most people.

72.7%
**AGREE WITH THE
STATEMENT,
"THE HEALTH CARE
SYSTEM MEETS THE
NEEDS OF MY FAMILY."**

PERCEPTION OF HOW WELL THE HEALTH CARE SYSTEM MEETS THE NEEDS OF FAMILIES IN MESA COUNTY (2019)

The health care system meets the needs of:




CONCLUSION

The majority of residents in Mesa County have health insurance and a usual source of care, but many people are still forced to delay or go without care because of cost, access, and personal obstacles.

Notably, as we look toward the future of health care access in Mesa County, nearly 50% of residents are enrolled in a public insurance plan. As the impacts of the COVID-19 pandemic on the state budget become more clear, the state may be required to tighten eligibility requirements for Health First Colorado (Medicaid), potentially removing people from the rolls in order to cut costs. With such a high dependence on these programs, it’s important for Mesa County health care providers and the community to be aware of these possible changes and the impacts they could have on health care access and health outcomes in vulnerable, low-income populations.

MENTAL HEALTH

A person is shown from the back, standing in a field of tall grass. Their arms are raised high in the air, and they are looking towards a bright sunset or sunrise over a range of hills. The sky is a mix of orange, yellow, and blue.

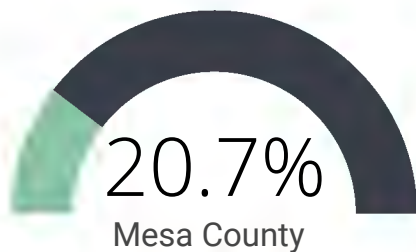
“MENTAL HEALTH IS ESSENTIAL TO PERSONAL WELL-BEING, FAMILY AND INTERPERSONAL RELATIONSHIPS, AND THE ABILITY TO CONTRIBUTE TO COMMUNITY OR SOCIETY... MENTAL HEALTH AND PHYSICAL HEALTH ARE CLOSELY CONNECTED. MENTAL HEALTH PLAYS A MAJOR ROLE IN PEOPLE’S ABILITY TO MAINTAIN GOOD PHYSICAL HEALTH.”

-HEALTHY PEOPLE 2020

Data on mental health can appear conflicting, or vary widely across population sub-groups. While four out of five Mesa County residents report good mental health, 37% of high school students report extreme, long-lasting feelings of sadness or hopelessness.

In recent years, Mesa County primary care providers have prioritized conversations about mental health with patients and have worked to integrate mental health services with primary care, allowing a team-based care model. As a result, Mesa County residents were significantly more likely to have spoken to a doctor about their mental health than Colorado residents in general. However, the percent of residents who reported needing mental health care services and being unable to get them appears to be climbing, and is above 10% in a recent survey.

MENTAL HEALTH RISK FACTORS



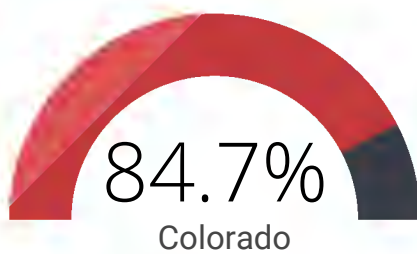
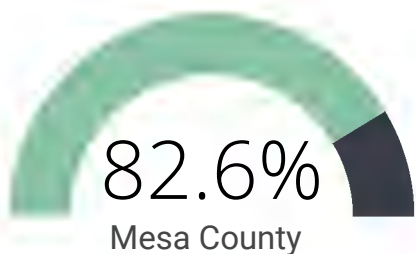
of adults have ever been diagnosed with a depressive disorder.

(2016-2018)



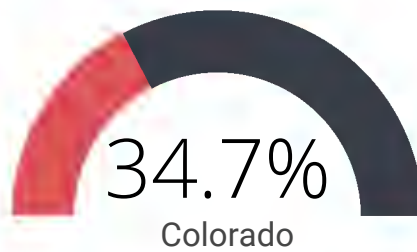
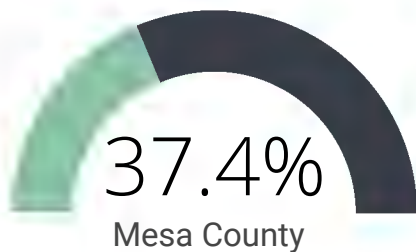
of adults received treatment for a mental health condition or emotional problem.

(2016-2018)



residents reported good mental health (less than 8 days of poor mental health during the past 30 days).

(2019)



of students felt so sad or hopeless that they stopped doing usual activities almost every day for 2+ consecutive weeks during the past 12 months.

(2019)

8.6% **OF MESA COUNTY HIGH SCHOOL STUDENTS REPORT HAVING ATTEMPTED SUICIDE.**

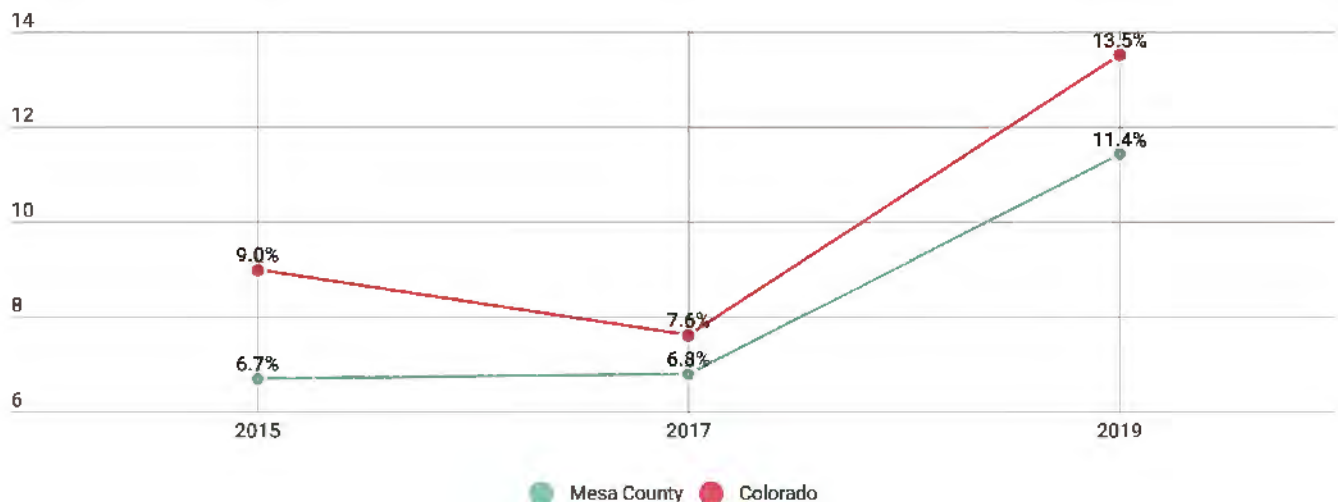
COMPARED TO 7.6% OF COLORADO STUDENTS

BASELINE CARE

PERCENT OF RESIDENTS (5+ YEARS) WHO SPOKE TO A PROVIDER ABOUT THEIR OWN MENTAL HEALTH IN THE PAST 12 MONTHS IN MESA COUNTY AND COLORADO (2019)

	Mesa County	Colorado
General Doctor or Primary Care Provider	25.7%	18.5%
Mental Health Provider	13.9%	16.0%

PERCENT OF RESIDENTS (5+ YEARS) WHO NEEDED MENTAL HEALTH CARE/COUNSELING SERVICES BUT DID NOT GET IT IN THE PAST 12 MONTHS IN MESA COUNTY AND COLORADO (2015-2019)



MENTAL HEALTH SURVEY

In February and March of 2021, several community partners worked with Commissioner Janet Rowland to survey Mesa County residents about their mental health. The survey reached over 850 people, largely well-educated women.

MORE THAN HALF OF RESPONDENTS SAID THEY WOULD SEEK HELP FROM A FRIEND OR RELATIVE IF THEY OR A LOVED ONE WERE EXPERIENCING EMOTIONAL OR MENTAL HEALTH ISSUES.

57.7% of respondents indicated they would seek help from a friend or relative if they or a loved one was experiencing emotional or mental health issues. Other responses included a mental health provider or therapist (50.0%), doctor/chiropractor/health care provider (45.6%), counselor (38.2%), online resources (19.0%), and clergy or church (17.4%). 9.8% indicated they didn't know where they would go.

Among those who had accessed mental health care services for themselves, 27.7% rated their first visit as "fair" or "poor." Nonetheless, 56.3% indicated that their coping skills had increased as a result of the services they received.

●●●

AREA OF ACTION

- Ensure the community is aware of their rights under the Healthy Families and Workplaces Act, effective 2021. The leave accrued under this act can be used for health care appointments.
- Improve mental health experiences for first-time patients.
- Reduce barriers associated with seeking mental health services.
- Identify bottlenecks that make it difficult to schedule a timely appointment.


Of respondents who had accessed mental health care services for themselves or a loved one, 68.7% reported encountering barriers. These included wait times (62.3%), issues scheduling an appointment (43.2%), lack of access to a desired provider (25.1%), and being unable to take time off work (9.1%). Many people indicated that they had more than one barrier.

Additionally, 24.3% of respondents had used alcohol or drugs not prescribed by a doctor to treat mental health issues.

The survey also included a provider component, and 55 responses were collected, largely from medical providers.

PROVIDERS ENCOUNTERING BARRIERS WHILE SEEKING MENTAL HEALTH SERVICES FOR PATIENTS (AMONG PROVIDERS WHO ENCOUNTERED A BARRIER), 2021

	Inpatient Services	Outpatient Services
Wait times	91.9%	94.4%
Eligibility	67.6%	22.2%
Payment Problems	29.7%	61.1%
Patient Time off Work	-	52.8%



69% of respondents encountered barriers while trying to access mental health care services for themselves or a loved one.

90% of providers encountered barriers while trying to get their patients inpatient mental health services, and **81%** encountered barriers while trying to get their patients outpatient mental health services.

MENTAL HEALTH PROVIDER SPOTLIGHT

Mesa County Valley School District 51 provides licensed clinicians to provide mental health services to students based on referrals. These services are completed on the school site, reducing scheduling and transportation barriers, and are at no cost to the student or their family. The program is funded through the Medicaid School Health Services Program, and currently employs eight clinicians.



PROVIDER SPOTLIGHT

DISTRICT 51 SCHOOLS

In the fall of 2020, the Warrior Wellness Center opened at Central High School. The center is staffed and managed by MarillacHealth, and students can receive mental health services as well as other types of health care services.

CHALLENGES TO CARE

When asked to describe challenges in delivering services to the Mesa County community, multiple partners indicated that the current system is inadequate for addressing community and individual needs around people experiencing multiple types of crisis.

In addition, many clients are experiencing homelessness, which can make access to care and services difficult.

Some clients are experiencing only two of these factors, but many are experiencing three, or even all four. When these factors overlap, current Mesa County systems often do not have the capacity or capability to meet a client's needs.

While these issues are typically thought of as “mental health” issues, clients touch systems well beyond the boundaries of mental health care providers. Clients may not have permanent housing and need resources from organizations that provide resources for individuals experiencing homelessness. Clients may interact with residents, who often call law enforcement out of concern for a client's safety, or to report a community disruption or crime. If no crime is being committed, the client may or may not be a good fit for the services available at facilities such as Mind Springs Health. When they are not a good fit, clients often end up admitted to the Emergency Department of local hospitals despite not experiencing a medical emergency. These visits accrue large medical bills that uninsured clients have no means of paying, thereby raising the cost of health care for everyone in the community.

At each step of this process, stakeholders act in good faith to operate at the full extent of their capability and capacity, but often find that the existing options are inadequate. Below, we examine the stakeholders, their options, and the barriers that complicate their interventions with clients.

RESOURCES FOR PEOPLE EXPERIENCING HOMELESSNESS

Not all clients are experiencing homelessness, but those that are face extra barriers to care. Mesa County shelters only provide beds for people who are sober and participation is voluntary, meaning that shelters cannot meet the needs of most clients.

LAW ENFORCEMENT

The Mesa County Sheriff's Office (MCSO) receives calls from residents concerned about clients, and from clients themselves. When a caller reports a person experiencing a mental health crisis, MCSO's first choice of response is to send an officer and one of two Mind Springs mobile clinicians who operate from the Clifton MCSO branch. The Grand Junction Police Department has a similar program called the co-responder unit.

CLIENT DEFINITION

For the purposes of this section, we define a “client” as having two or more of the following criteria:

1. Experiencing a mental health crisis.
2. Experiencing substance use disorder.
3. Currently intoxicated.
4. Combative or unwilling to voluntarily participate in care.

In some cases, clinicians are able to resolve situations with people in mental health crisis on site. When this is the case, the Mind Springs clinician attempts to follow up with the person at a later date to see if they have additional needs and can be matched with an appropriate program or care provider. MCSO considers these cases to be an indicator of success at shifting first contact with people in mental health crisis from law enforcement officers to appropriately-trained clinicians.

However, between 2017 and 2020, MCSO incidents with a “mentally unstable subject” increased by 164%, from 331 in 2017 to 873 in 2020. These records only count incidents where the primary event is a “mentally unstable subject” and not a crime. They do not count crime incidents where the subject was also experiencing a mental health crisis or issue.

Some of the calls MCSO receives are about crimes. Due to COVID restrictions and recent decriminalization of drug charges, few of these crimes result in the client being taken to jail.



DESPITE DEPLOYING A SUCCESSFUL NEW MENTAL HEALTH INTERVENTION TEAM TO MANY CASES, MCSO HAS SEEN ALMOST A THREE-FOLD INCREASE IN MENTAL HEALTH RELATED CALLS.

MIND SPRINGS HEALTH

One possibility for transfer when a law enforcement officer has identified a client with needs that cannot be met by a clinician on site is the various programs at Mind Springs Health and West Springs Hospital.

Mind Springs Health provides detox facilities for people who are willing to voluntarily participate in a 1-5 day program for people experiencing withdrawal symptoms. The primary treatment goal is to safely detox patients who are intoxicated or experiencing withdrawal, then engage and refer them to an appropriate level of care. The program is not designed or licensed to work with clients who are suffering from substance use disorder and are also combative or unwilling to participate.

Another Mind Springs program that meets some of these needs are the 64 beds at West Springs Hospital for people experiencing a mental health crisis who are a threat to themselves or others. Individuals can be required to participate if legal requirements and due process are met, making this an important recourse, but one requiring a threshold of evidence and time investment.

Because Colorado does not define a substance use disorder as a mental health crisis, many clients whose primary issue is substance use do not qualify for these beds. Similarly, many clients who are having a mental health episode that results in community disruption but are not an immediate threat to themselves or others do not qualify for the standards of placement in West Springs Hospital.

ST. MARY'S HOSPITAL

When a client does not meet the criteria for the programs available at Mind Springs Health and West Springs Hospital but is creating a community disruption, law enforcement officers with clients in need often turn to St. Mary's Hospital Emergency Department. Emergency Departments typically have policies of accepting nearly every patient they are presented with, and so clients are assessed even if they are not actually having a medical emergency.

While a client cannot typically be compelled to stay in the Emergency Department, often their behavior is unpredictable, and hospital administrators specifically referenced situations where this leads to clinical staff being injured.

One of the main issues with clients being served by St. Mary's Emergency Department is that St. Mary's is not well-equipped to provide the resources and interventions that clients typically need. While St. Mary's does have a suicide prevention team and individual care providers may do their best to leverage their own expertise, the Emergency Department system is not set up to engage clients in the next appropriate level of care. When they come out of crisis and leave the hospital, they often do so without additional resources or coping strategies.

**ST. MARY'S
HOSPITAL
EMERGENCY
DEPARTMENT
OFTEN SEES
CLIENTS WHO
ARE IN CRISIS
BUT NOT
EXPERIENCING
A MEDICAL
EMERGENCY.**

**DUE TO LICENSING
AND REGULATORY
RESTRICTIONS,
MIND SPRINGS
HEALTH AND WEST
SPRINGS HOSPITAL
OFFER TREATMENT
OPTIONS
APPROPRIATE FOR
SOME CLIENTS, BUT
NOT ALL.**

● ● ● AREA OF ACTION

- Research the resources and challenges around this issue for other stakeholder institutions such as Catholic Outreach, Grand Junction Housing Authority, Grand Junction Police Department, District 51 mental health and substance use disorder providers, Community Hospital, Colorado Canyons Hospital, among others.
- Identify resources available in other communities that fill gaps in the Mesa County system and research best practices.
- Solicit potential solutions from community members and stakeholder institutions. Work together to implement changes.



CONCLUSION

Mesa County health care providers and community partners recognize the importance of effective and efficient mental health care, and yet residents report significant challenges to getting the care they need, and stakeholders identify large gaps in the care landscape.

When every stakeholder is already operating in good faith under the responsibility and restrictions of their area of work, solutions have to come from creating new resources within and around the existing institutions. No single provider will be able to solve the issues surrounding mental health in Mesa County, but every provider we spoke to for this report indicated a willingness to be part of the team that makes changes.

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NEIGHBORHOOD AND BUILT ENVIRONMENT



**“THE NEIGHBORHOODS PEOPLE LIVE IN
HAVE A MAJOR IMPACT ON THEIR HEALTH
AND WELL-BEING.”**

-HEALTHY PEOPLE 2030

WHY IT MATTERS IN THIS ASSESSMENT

Here we examine the built environment and environmental health factors in Mesa County by looking at the capacity of institutions within the county to effectively and efficiently execute their role. We find that in recent years, Mesa County residents have voted to prioritize funding for schools and public safety agencies, which have allowed them to update, expand, and create new facilities.

Other institutions that contribute to the neighborhood and built environment for Mesa County residents include grocery stores, parks and green space, and libraries. Grocery stores are plentiful in Mesa County, but centralization leads many households, especially in rural areas, to travel long distances to reach a store. Parks and green space are increasingly valued by residents, and this is reflected in city and county agencies defining broad goals and intentions for these spaces across the county. Libraries fill critical roles in offering internet and computer access to community members, alongside operating one of the largest and most economically efficient materials lending programs in the state.

People’s homes can have a major impact on their health and economic stability. We find that the proportion of households lacking complete plumbing, kitchen, and telephone facilities is low, but higher than state and national averages. Housing costs are a burden for nearly one-third of Mesa County households, and over half of renting households. Nearly half of Mesa County residents live outside of an incorporated municipality.

Lastly, we examine environmental hazards, specifically radon, water quality, air quality, as well as efforts to ensure our food establishments are safe and healthy through retail food inspection.

SCHOOLS SCHOOLS



Many measures of capacity and expenditures are available for schools, but they rarely come with targets to indicate ideal levels. Here we compare pupil-teacher ratios and per-pupil spending in Mesa County, Colorado, and our comparison communities, and find that Mesa County has comparatively low pupil-teacher ratios and comparatively high per pupil spending.

Capacity, safety, and functionality contribute to the effectiveness of schools on delivering quality education and improving student quality of life. At District 51, aging and ineffective school structures require updating. Routine safety inspections are performed by Mesa County Public Health.

PUPIL-TEACHER RATIOS

Mesa County and Colorado share the same average of 16.9 pupils per teacher.

Comparison Communities

- Bozeman, MT: 16.1 pupils per teacher.
- St. George, UT: 22.4 pupils per teacher.
- Bend, OR: 22.6 pupils per teacher.

- Mesa County Elementary schools average 16.4 and range 10.6-19.9.
- Mesa County Middle Schools average 15.4 and range 11.3 to 16.7.
- Mesa County High Schools average 18.7 and range 11.3 to 21.6.

PER-PUPIL SPENDING

Mesa County spends approximately \$600 more per pupil than Colorado in general, and the majority of school funding comes from state and local resources rather than federal sources. All Mesa County districts spend more than Bozeman, MT or St. George, UT. Since assessments are not directly comparable across different states, it's difficult to accurately judge whether this increased spending is improving student outcomes or teacher retention.

●●● AREA OF ACTION

- Examine relationship of school funding to student outcomes and staff retention.

TOTAL PER PUPIL EXPENDITURE IN MESA COUNTY, COLORADO, THE US, AND COMPARISON COMMUNITIES (2018-2019)

	Total Per Pupil Expenditure (PPE)	State/Local PPE	Federal PPE
Mesa County	\$11,903	\$11,341	\$570
Colorado	\$11,288		
US	\$12,612		
De Beque	\$13,437	\$12,933	\$504
Plateau Valley*	\$10,261	\$9,732	\$529
District 51	\$12,024	\$11,449	\$575
Bozeman, MT	\$9,497	\$9,024	\$474
St. George, UT	\$8,379	\$7,617	\$720

*Plateau Valley funding averages are brought down by Grand Mesa High School (GMHS) receiving considerably less funding from these sources. When GMHS is removed from the analysis, Plateau Valley averages \$11,240 total per pupil.

BUDGET IMPACTS OF COVID-19

Initial reports of decreasing state and local tax bases because of the impacts of COVID-19 raised grave concerns about budget cuts for schools and other publicly funded organizations, and significant cuts were made in order to balance the budget for the 2020-2021 fiscal year. However, the state legislature's chief budget writer has suggested that the impact on the economy on a large scale has been less than predicted due in part to availability of various funding sources, and additional cuts likely won't be necessary.

FACILITIES

At the March 16, 2021, School District 51 Board Business Meeting, the board revealed the 2021-2030 Long Range Facility Master Plan.

"While the district has chipped away at more than \$50 million in top-priority maintenance projects at many of District 51's 47 schools thanks to the 2017 Bond Measure, millions in facilities needs remain across the district." -Email Communication to Parents

Across four levels of priority, the board identified one new school to be built, five to be completely replaced, and 14 that require renovations or partial replacements.

The board proposed requesting \$506,225,000 over three or four bonds. A \$150 million bond would cost the owner of a \$300,000 home an estimated \$6.25 per month.



INSPECTIONS

K-12 SCHOOLS

Schools are inspected for sanitation and safety by Mesa County Public Health using a risk-based approach. High-risk schools (e.g. those with chemistry labs and art studios) are inspected at least once per year, while lower-risk schools are inspected every 2-3 years.

Cafeterias are inspected separately by the retail food inspection team (see page **133**).

There are 55 schools in Mesa County. In 2020, 5 routine inspections were conducted, and in 2019, 23 routine inspections were conducted. 17 routine inspections are planned for 2021.



LICENSED CHILD CARE FACILITIES

Mesa County Public Health (MCPH) regulates and educates licensed child care facilities to keep kids healthy and safe. The child care team also works with facilities to prevent illness, support immunizations, and conduct health screenings.

In 2019, MCPH child care inspectors completed 152 regular licensing inspections and 130 additional inspections (including new licenses, complaints, injuries, probation, and others) of the 147 licensed child care facilities in Mesa County.

In 2020, inspectors completed 140 regular licensing inspections and 115 additional inspections of the 142 licensed child care facilities in Mesa County.

With two inspectors completing routine health inspections for these facilities as well, this amounted to 150 inspections per person in 2020. While there are no defined guidelines on the number of inspections an inspector should manage in a year, this workload appears manageable at current staffing levels.

In 2021, MCPH expects to complete 131 regular licensing inspections and 43 health inspections, in addition to the other necessary inspections which typically make up 45% of the total inspections conducted.



PUBLIC SAFETY

Public safety encompasses law enforcement, fire and emergency services, code enforcement, and more. Here we highlight the capacity and effectiveness of Mesa County's public safety officers with regards to crime, code enforcement, and fire services in Grand Junction, and consider the impacts of voter-approved tax revenue on these agencies.

CRIME

Mesa County has six policing jurisdictions: Mesa County Sheriff's Office, Grand Junction Police Department, Fruita Police Department, Palisade Police Department, Collbran Marshal's Office, and De Beque Marshal's Office. Police departments and marshal's offices have jurisdiction within incorporated towns and cities in Mesa County, and the sheriff's office is responsible for unincorporated regions of the county.

Many of these agencies have mutual aid agreements that allow them to easily support each other, which is especially important in eastern and southern Grand Junction where the municipal boundaries can leave people in adjacent neighborhoods under different law enforcement jurisdictions.

The incidence of violent crimes, property crimes, and vehicle theft decreased between 2017 and 2019. Mesa County law enforcement agencies have a higher crime clearance rate than the US rate for all three types of crime. Clearing a crime is achieved when an individual is arrested, charged, and prosecuted for the crime, or when an individual is identified as the perpetrator, located, and evidence gathered to prosecute but the crime is unable to be prosecuted for reasons outside of the control of law enforcement, such as when the suspect has died.

2017



738

Violent Crimes



4,383

Property Crimes



318

Vehicle Thefts

2018



531

Violent Crimes



4,021

Property Crimes



263

Vehicle Thefts

2019



499

Violent Crimes



3,764

Property Crimes



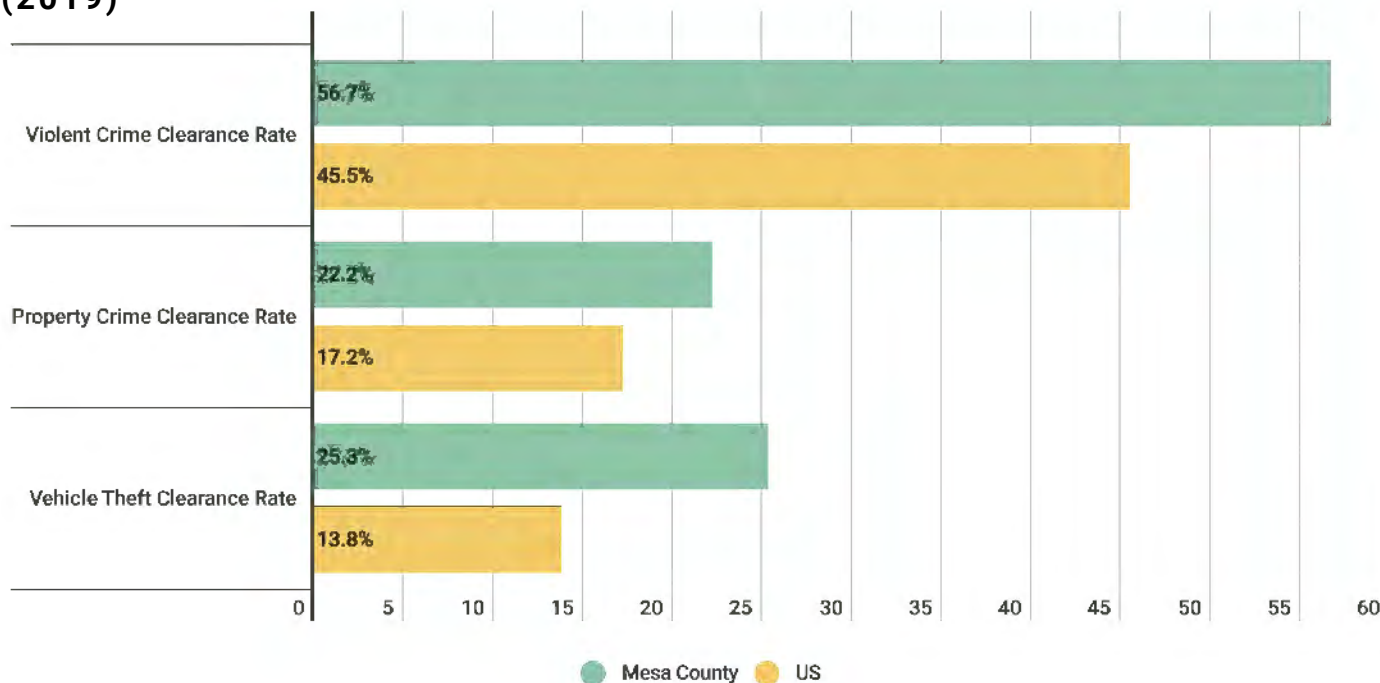
277

Vehicle Thefts



**VIOLENT CRIMES IN MESA COUNTY DECREASED BY 32%
BETWEEN 2017 AND 2019.**

CRIME CLEARANCE RATE BY TYPE OF CRIME IN MESA COUNTY AND THE US (2019)



Collbran and De Beque did not submit incident-based reports to the FBI between 2017-2019.

INTERSECTING ISSUES

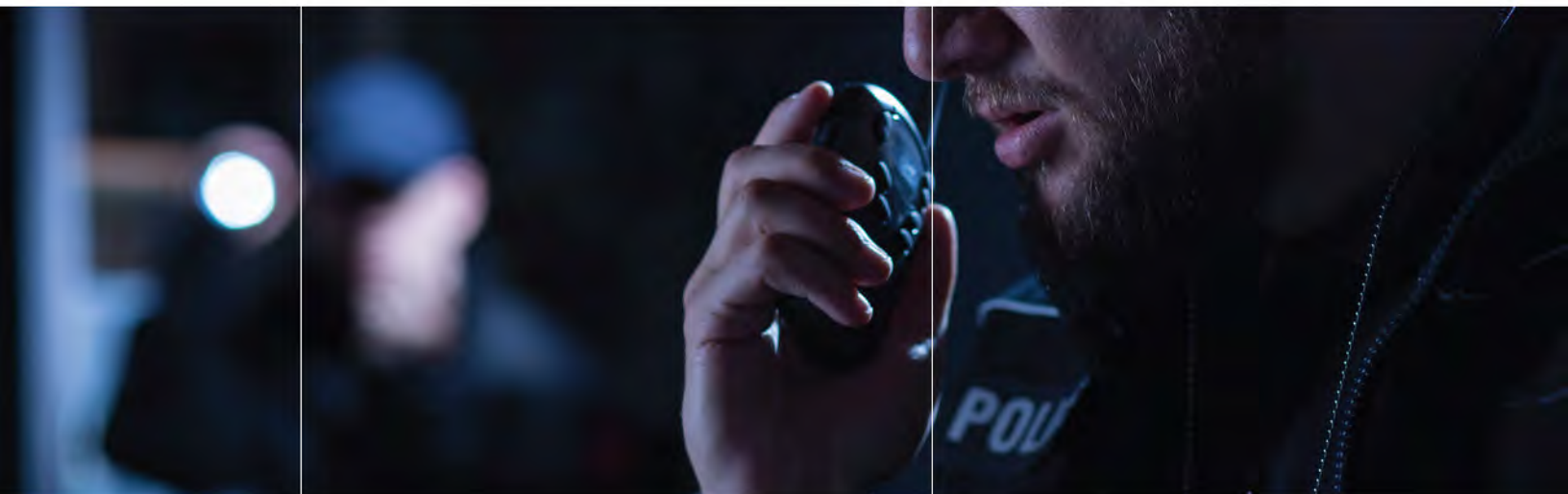


For information about law enforcement's role in intervening with people experiencing mental health and substance use crises, see page 109.



AREA OF ACTION

- Assess the rates of infractions not included in violent crime and property crime databases that impact public safety, including traffic violations such as speeding, failure to stop, and texting while driving. Compare local rates and burden on law enforcement with comparison communities.



CODE ENFORCEMENT

In Mesa County, code enforcement 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.

The City of Grand Junction Code Enforcement Office most often receives complaints regarding accumulation of junk and rubbish, outdoor storage, RV and trailer storage, and junk vehicles. They open a case for every complaint received, and the addition of a second officer in 2019 allows them to address all complaints and take on a small number of proactive cases as well. Typically, education and voluntary compliance requests are successful, but when they are not, enforcement officers can add administrative citations which carry fines starting at \$150, and approximately one percent of cases result in a summons to municipal court.

The Mesa County Code Compliance Office serves all unincorporated regions of the County, ranging from the rural west, east, and south areas to developed areas such as Clifton, Fruitvale, and the Redlands. When property owners are cooperative and need assistance in coming into compliance, Mesa County can often offer help through free landfill passes or temporary dumpsters. Currently, the largest burden on the office is in dealing with non-cooperative property owners or those with repeated violations. The Code Compliance Office lacks the necessary enforcement options for egregious noncompliant properties and is currently developing a citation for health and safety violations in partnership with other county agencies to open more enforcement opportunities.

Mesa County Public Health provides funding for one full-time Mesa County code compliance officer in an effort to build capacity for addressing health-related code compliance issues such as junk, trash, air quality, and other public health nuisances. The office reports having enough staff to address its caseload with the tools available, but expresses concern that these tools are inadequate to mitigate the health and safety impact of habitual and egregious violations.

The most successful intervention the Mesa County Code Compliance Office has implemented recently is the Mesa County neighborhood/environmental clean-up project that provides residents of Clifton a similar opportunity to Grand Junction's Spring Clean-Up days.

The project has grown since its start in 2019, and approximately 4,000 parcels will be included in 2021. The goal of the project is to improve health and safety, lower crime rates, and lower code compliance caseloads in Clifton, the most populated area of unincorporated Mesa County.



AREA OF ACTION

- Develop a clear enforcement process for health and safety violations for Code Compliance.
- Look for opportunities to continue and expand neighborhood clean-up days as a proactive way to engage residents and neighborhoods.



SPOTLIGHT ON FUNDING

PUBLIC SAFETY SALES TAX

In 2017, Mesa County voters approved a 0.37% sales tax to benefit public safety agencies in Mesa County. The measure was supported by nearly two-thirds of voters, and provided \$7,840,927 of revenue in 2020, an increase of 4% over 2019. The primary beneficiary is the Mesa County Sheriff's Office, followed by the District Attorney, with local fire and police departments also receiving a small portion.

According to MCSO deputies, this measure has significantly impacted the MCSO operating budget—nearly 40,000 people live in the unincorporated but developed communities of Clifton, Fruitvale, and the Redlands, and in many ways MCSO does “urban policing on a rural budget.”

FIRE DEPARTMENTS

Mesa County has 10 fire protection districts. 53.8% of the population of Mesa County is served by the Grand Junction Fire Department.

Grand Junction made 31,841 responses to 16,774 calls in 2019, with an average of 45.9 calls per day. The majority of calls 13,574 (80.1%) were for emergency medical services, with 285 (1.7%) calls for fires.

In 2019, “amid rising call volume and increasingly busy shifts,” Grand Junction voters approved a ballot initiative to increase Grand Junction sales tax by 0.5% to “bolster stretched police and fire agencies.” - Grand Junction Fire Department 2019 Annual Report

Funded by the sales tax increase, Fire Station 6 opened November 9, 2020, with 22 additional people hired to staff the station. Two additional stations are scheduled for completion by 2024, along with 57 additional firefighters, EMTs, and paramedics.

●●● AREA OF ACTION

- Mesa County is a mix of incorporated towns and cities and unincorporated communities and rural regions. Assess best practices for law enforcement agencies working under these conditions.

2



Two additional fire stations are scheduled for completion by 2024.

57



57 additional firefighters, EMTs, and paramedics are expected to be added by 2024.



GROCERY STORE ACCESS

“RESIDENTS ARE AT RISK FOR FOOD INSECURITY IN NEIGHBORHOODS WHERE TRANSPORTATION OPTIONS ARE LIMITED, THE TRAVEL DISTANCE TO STORES IS GREATER, AND THERE ARE FEWER SUPERMARKETS... ADULTS WHO ARE FOOD INSECURE MAY BE AT AN INCREASED RISK FOR A VARIETY OF NEGATIVE HEALTH OUTCOMES AND HEALTH DISPARITIES.”

-HEALTHY PEOPLE 2020

FOOD ACCESS

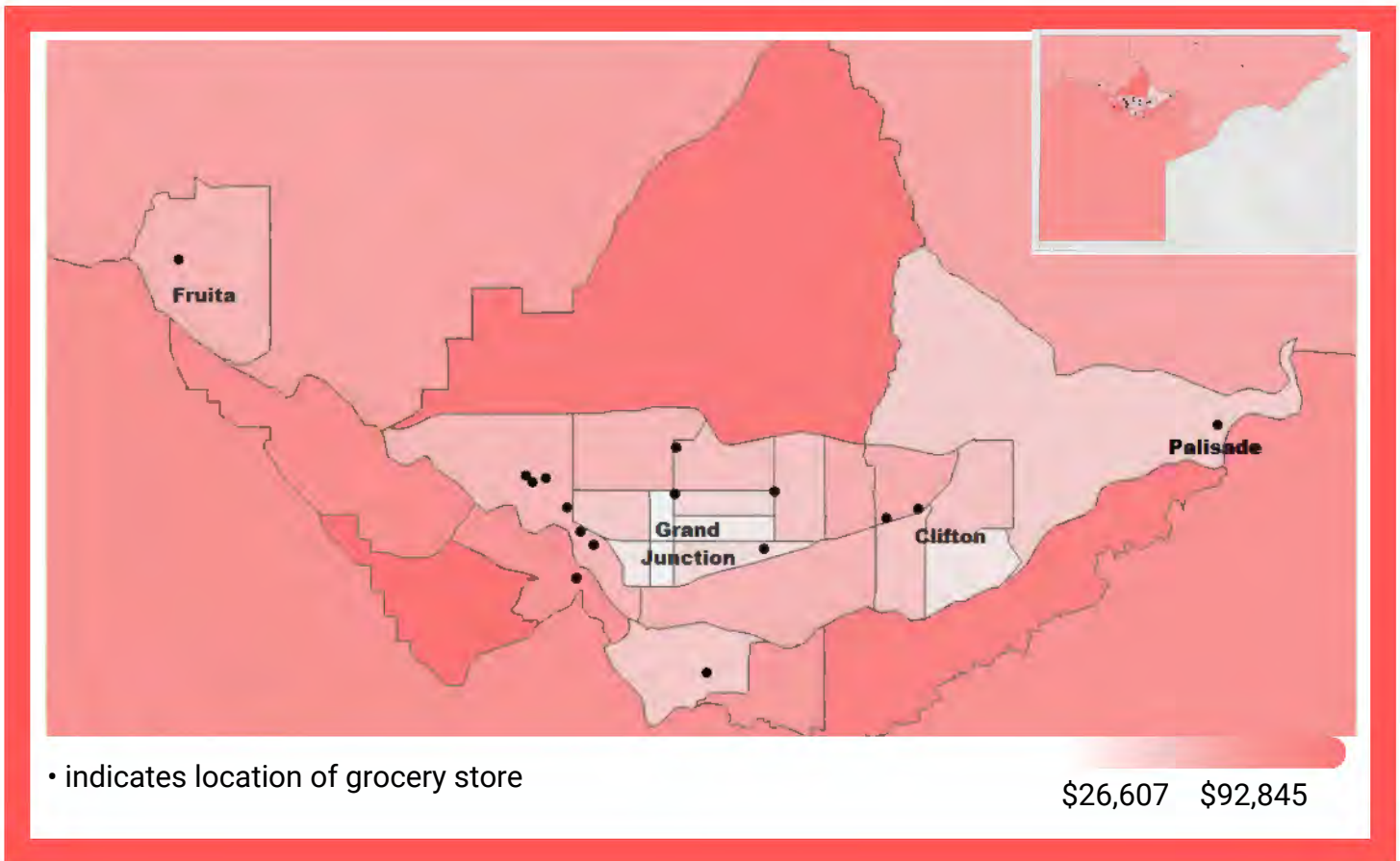
There are 18 grocery stores distributed throughout Mesa County, including stores like Walmart and Target that offer a significant grocery section and Fisher’s Market, which has fewer options but a wide variety of types of food available.

Seven of the 18 stores are located close to the I-70 Business/Hwy 6 & 50 stretch on the west side of Grand Junction. Communities outside of Grand Junction often have no full grocery stores, and Fruita, Collbran, and De Beque each have one store. The map below shows that significant food access gaps remain for some neighborhoods, including rural areas.

●●● AREA OF ACTION

- Explore opportunities to increase food access in areas with limited or no options.

LOCATION OF GROCERY STORES AND MEDIAN HOUSEHOLD INCOME BY CENSUS TRACT IN MESA COUNTY (2019 & 2021)



PARKS AND GREEN SPACE

Grand Junction Parks and Recreation Department operates 35 city parks (350 acres), and a total of 1,842 acres of parks, school properties, and open space.

Within city limits, Fruita Parks and Recreation operates 11 Parks (45 acres of developed parkland), 5 open space/natural areas (217 acres), and 26 miles of trail (15 miles of hard surface primary trail, 4 miles of secondary trail, and 7 miles of soft surface trail). There are an additional 684 acres of park land and outdoor recreation facilities managed by HOA's, other governmental agencies, the school district and private businesses accessible to the public.

Mesa County has approximately 277 miles of non-motorized trails open to hikers, horseback riders, and bikers.



PARKS AND GREEN SPACE (CONT.)

By area, Mesa County is 72% public land managed by the Bureau of Land Management and the US Forest Service. These lands provide significant opportunities for outdoor recreation both for local residents and as a means of attracting tourism to the area.

In November 2020, the Mesa County Board of Commissioners adopted the Mesa County Resource Management Plan (RMP) which outlines desires for the use and management of federal lands within the County. The RMP prioritizes local input in federal decision making around resource management to promote multiple uses and purposes such as safety, health, welfare, commercial, and recreational opportunities.

LIBRARIES



LIBRARIES

The Mesa County Library (MCL) system provides a variety of services to Mesa County residents beyond its more than one million checkouts per year. MCL provides internet and computer access to patrons and guests that is used for critical communication with jobs, health care providers, and government institutions as well as entertainment. MCL patrons can also access educational courses for GED and High School completion, English Language Learning, Citizenship Exam preparation, and more.

In 2019, MCL had 1,326,006 checkouts and renewals, and 166,121 electronic materials checkouts. Patrons made 738,977 visits, and adult students completed 14,273 hours of study. In 2020, due to closures, checkouts and renewals declined to 1,062,056, while electronic materials checkouts increased to 230,824. Visits dropped to 322,232, but adult student hours increased to 16,037.

In 2019, the library received \$7,195,536 in revenue, with approximately 80% coming from property taxes, and the remainder from ownership taxes, fees, and donations. Total spending was \$6,356,940. In 2020, revenue was \$7,892,001, and total spending was \$6,529,509.



In 2020, patrons used eResources including online learning tools, language learning programs, and homework help tools, 150,289 times. This represented a decrease of only 5% from 2019 usage.

2019

- 101,390 COMPUTER USE SESSIONS
- 455,830 WIFI SESSIONS

2020*

- 38,458 COMPUTER USE SESSIONS
- 256,486 WIFI SESSIONS

***DESPITE THE LIBRARY BEING CLOSED FOR 18 WEEKS.**

8

BRANCHES

There are 13 library districts in Colorado that serve at least 25,000 people. Mesa County Libraries is one of eight of these districts with a budget excess.

Among these 13 districts, Mesa County Libraries has the 6th largest circulation rate but the 11th largest spending per capita, suggesting an efficient system.

COMPUTER AND INTERNET USE

The library provides computer access and wifi at all eight locations, with wifi connections available from 6 am to 10 pm seven days a week, even if the library is closed (including during the 2020 COVID-19 closures). When libraries are open, computer use sessions are available to library members as well as guests, making computers and internet access available to people who may not have proof of a current Mesa County address. In some communities such as Fruita, the library provides the only public printer.

Patrons routinely use library computers to access medical information, government information, and unemployment and other benefit websites. Some patrons use library computers to connect with a medical provider, and others write resumes and conduct job searches, in addition to those who are using the computers for recreation.



LIBRARIES ARE OFTEN A HAVEN FOR PEOPLE EXPERIENCING HOMELESSNESS.

LOCATING A WELLNESS DESK AT THE LIBRARY WILL PROVIDE AN ADDITIONAL ENTRY POINT TO COMMUNITY SERVICES AND ACCESS TO A PARTICULARLY VULNERABLE POPULATION WHO MAY HAVE UNMET MENTAL HEALTH NEEDS.

WELLNESS DESK

The new Wellness Desk service at Mesa County Libraries is a partnership between MCL and Mind Springs Health. Mind Springs Health provides the staff and expertise while the library offers space and access to the community. Community members can easily address mental health questions and concerns with qualified staff in a variety of ways, such as completing applications for services, making appointments and phone calls, as well as referrals and job support. The goal is to also offer this service to Spanish speaking residents when possible. These services are available at the Central library as well as some limited time at the Clifton branch.

HOUSING



LACK OF COMPLETE FACILITIES

The US Census tracks kitchen, plumbing, and telephone facilities in homes. “Local, state, tribal, and federal agencies use these data to plan and fund programs for housing assistance, rehabilitation loans, and other programs that help people access and afford decent, safe, and sanitary housing.” - US Census.



2.2%

1,358 Mesa County households have no telephone service available.



1.4%*

864 Mesa County households lack complete kitchen facilities.



0.3%*

185 Mesa County households lack complete plumbing facilities.

*higher than both state and national rates

HOUSING COST BURDEN

Households paying greater than 30% of their income for housing are considered cost-burdened by the Department of Housing and Urban Development. “Keeping housing costs below 30 percent of income is intended to ensure that households have enough money to pay for other non-discretionary costs” such as food, clothing, transportation, and medical care.

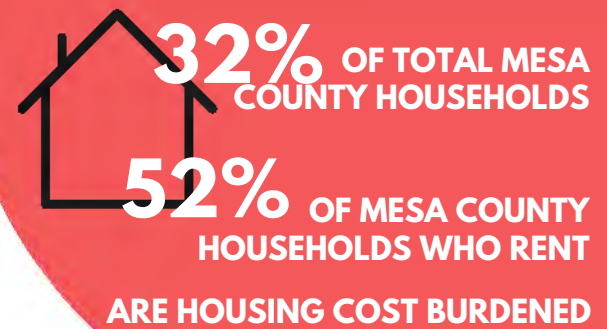
Mesa County has similar levels of cost-burdened households as Colorado and the US, and fewer cost-burdened households than all three comparison communities. The burden is not distributed equally across the county—Clifton, Collbran, and Palisade have the highest rates of cost-burdened households, and Loma, the Redlands, and the Rural South have the lowest.

NUMBER AND PERCENT OF COST-BURDENED HOUSEHOLDS IN MESA COUNTY, COLORADO, THE US, AND COMPARISON COMMUNITIES (2015-2019)

	Cost-Burdened Households	Percentage of Total Households that are Cost-Burdened
Mesa County	19,248	31.8%
Colorado	678,812	32.3%
US	37,249,895	31.8%
Bozeman, MT	7,850	41.0%
Bend, OR	13,645	36.9%
St. George, UT	9,440	32.6%

Cost burden and housing costs varied across renters and homeowners between 2015 and 2019. 52.0% of renters were cost-burdened, with average housing costs of \$963 per month. 29.3% of homeowners with a mortgage were cost-burdened, with average housing costs of \$1,313 per month. 9.0% of homeowners without a mortgage were cost-burdened, with average housing costs of \$474 per month.

There are housing assistance programs in Mesa County, but they vary in wait times to participate. Some qualifying households find themselves on wait lists that are many months or even years long. Others with additional qualifying characteristics such as a person with a documented disability may find their wait relatively short, or resources available immediately.



32% OF TOTAL MESA COUNTY HOUSEHOLDS
52% OF MESA COUNTY HOUSEHOLDS WHO RENT
ARE HOUSING COST BURDENED

AREA OF ACTION

- Identify resources for households that lack complete facilities.
- Determine current gaps in housing assistance and explore opportunities to increase availability of housing assistance for households in need.

INCORPORATION

79,117 Mesa County residents live in incorporated municipalities (52.3%). The remaining 47.7% live in unincorporated areas including the large western, eastern, and southern rural regions and more densely populated areas like the Redlands, Clifton, Fruitvale, and parts of Orchard Mesa. Residents of incorporated communities are under the jurisdiction of their city or town as well as Mesa County. They receive specialized services and amenities paid for by local taxes that are approved by voters within the municipality. Outside of incorporated areas, residents pay slightly lower taxes and receive fewer services and amenities as a result.

48%

**OF MESA COUNTY
RESIDENTS LIVE IN
UNINCORPORATED
AREAS.**

Many people choose to live in unincorporated areas because of the lower taxes. In rural areas, residents are generally aware of the trade off between the low population density they are seeking and the lack of amenities that come with it. In high-density unincorporated areas, however, this trade off is often less clear, and wide variation in household incomes can point to significantly different experiences for residents of these unincorporated areas. Generally, location is less of a barrier to services and amenities for residents with average or above household incomes—if their neighborhood lacks a recreation center, they can drive to one in a nearby community. However, location can pose a significant barrier for low-income residents who lack transportation or flexibility in work schedules to access resources in a different community.



ENVIRONMENTAL HAZARDS



Here we examine four types of environmental hazards: radon, drinking water quality, air quality, and retail food service. Radon poses a health and safety threat in Mesa County, but a smaller threat than in many areas of Colorado. Community water sources had only one contaminant with above-threshold levels in 2018, the most recent year data is available. Air quality data for Mesa County may not be accurately capturing the experience of local residents because few testing sites mean that localized air pollution issues aren't recorded. Mesa County inspects the approximately 750 retail food establishments with largely positive results, but the number of inspectors is significantly below federal standards.

RADON

"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

23 out of 29 census tracts had 25% or more of their radon tests come back above the actionable level (4.0 pCi/L) in 2018.

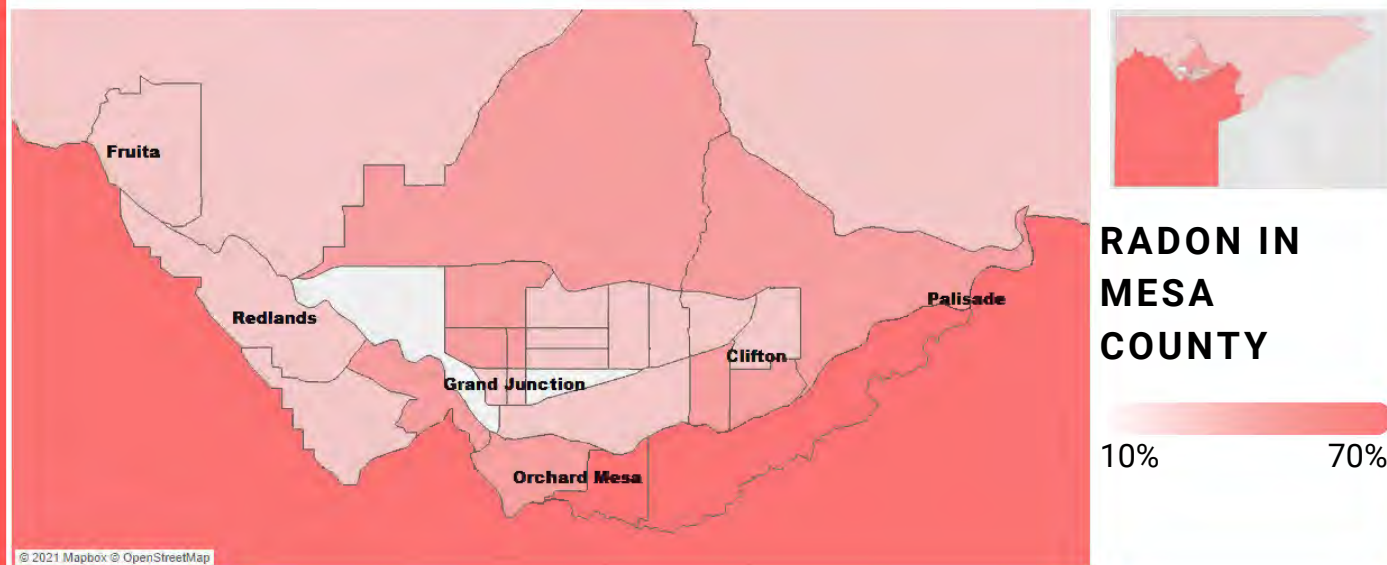
Per 100,000 people, Mesa County has approximately 20% more lung cancer cases than the state of Colorado. However, the role of radon in these cases is unclear, since Mesa County ranks 51st among Colorado counties for the percentage of radon tests with results over the action limit of 4 pCi/L.

Radon testing is voluntary and usually performed by the homeowner or a home inspector. The Colorado Department of Public Health and Environment offers a free radon test kit by mail. 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 a single-family home can cost \$1,300 or more.

●●● AREA OF ACTION

- Explore resources available to residents to assist with radon mitigation.
- Encourage and promote water testing for private water sources.
- Regularly review and monitor data from public water supply testing for neighborhoods across Mesa County to identify potential trends.

PERCENT OF HOME RADON TESTS WITH RESULTS OVER THE ACTION LIMIT (4 PCI/L) BY CENSUS TRACT IN MESA COUNTY (2005-2018)



DRINKING WATER QUALITY

Mesa County Public Health's water quality lab provides testing services for the Western Slope. Between 2019 and 2020, the MCPH Water Quality lab processed 7,601 samples from 17 counties in Colorado. Without the local lab, samples from the Western Slope would be sent to labs several hours away for analysis, adding time and expense.

Testing for private water sources such as wells that serve fewer than 50 people is voluntary. As a result, information about private wells in Mesa County is limited to land owners who have chosen to have their wells tested.

In 2018, Mesa County sources were tested for nine contaminants, and all sites were below Maximum Contaminant Level Thresholds for eight contaminants. Four of eleven sites tested above the threshold for Total Trihalomethanes (TTHM), a group of chemicals used for disinfecting drinking water that can result in liver, kidney, and central nervous system problems. Since these contaminants are typically a result of the disinfection protocol, the water treatment plants were able to address this issue through a reduction of chemical usage or further filtering techniques.

AIR QUALITY

Air quality is an increasingly important issue to local residents, especially as intensifying wildfires across the western United States create conspicuously-smokey air during the wildfire season. The 2020 wildfire season led to an unprecedented need for District 51 to cancel outdoor recess for all students due to air quality concerns.

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 what we commonly think of as “smog”.

The other common pollutant is particulate matter, which can be made up of particles emitted from construction sites, unpaved roads, and fires, or chemical pollutants emitted from power plants, industries, and automobiles.

BETWEEN 2017 AND 2020, MODERATE AIR QUALITY IN MESA COUNTY OCCURRED:

337
DAYS DUE TO
OZONE

78
DAYS DUE TO
PARTICULATE MATTER

AIR QUALITY WAS

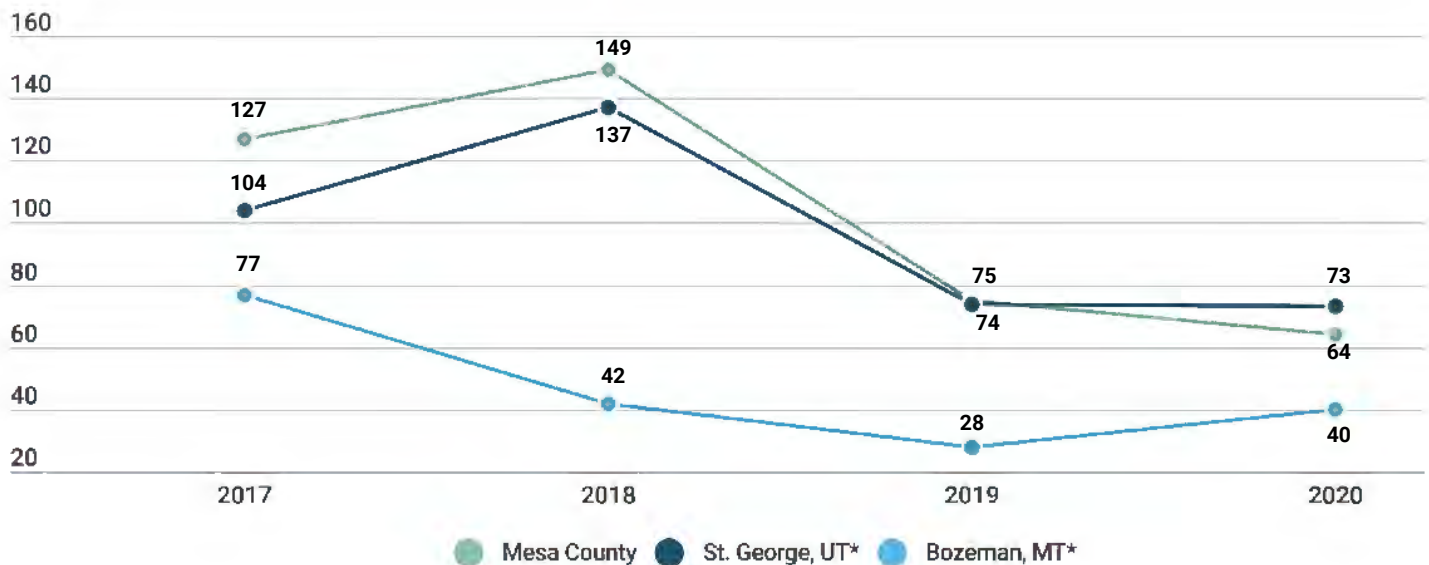
UNHEALTHY

9
DAYS

CAUSED BY OZONE



NUMBER OF MODERATE AIR QUALITY DAYS IN MESA COUNTY AND COMPARISON COMMUNITIES (2017-2020)



*Comparison communities were measured at the county level.

Between 2017 and 2020, Mesa County sensors detected a decreasing number of moderate air quality days, and very few unhealthy air quality days. This data may be limited by the use of very few sensors for official data collection. For example, not all of the days that required schools to cancel outside activities were recorded as “unhealthy” by the available sensors.



A new resource, PurpleAir, offers a dashboard map of dozens of sensors across Mesa County—some purchased by county and local governments, and some purchased by community members. 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.

In Mesa County (outside of the City of Grand Junction, which maintains its own schedule), burn season runs approximately 40% of the year, from March-May and September-October. These months account for 36.6% of the days designated moderate or unhealthy air quality by standard sensors, but as discussed above, standard sensors are unable to report the local air quality, where burning may have an effect.



AREA OF ACTION

- Access county-wide PurpleAir data to assess local trends in air quality and variation from standard sensor reports.
- Compile asthma attack data by month from multiple sources to assess possible effects of burn season on Mesa County adults and children with asthma.



IN 2019:



750
RETAIL FOOD
ESTABLISHMENTS

461
INSPECTIONS



17 REQUIRED
RE-INSPECTION

100% BROUGHT
INTO
COMPLIANCE

RETAIL FOOD INSPECTIONS

Mesa County has approximately 750 retail food establishments. In 2019, MCPH completed 461 retail food inspections. Of these, 17 were re-inspection, and 8 were in response to a complaint. Eventually, all of these establishments were brought into compliance.

According to the FDA Voluntary National Retail Food Program Standards, a benchmark for Mesa County inspections is 1,125 inspections per year, with each retail food inspector typically completing 280-320 inspections (among other duties) per year. Therefore, Mesa County requires at least 3.75 retail food inspectors.



AREA OF ACTION

- Support a fully-staffed retail food inspection team to assure access to safe retail food establishments across Mesa County.





CONCLUSION

Mesa County residents are impacted by the health and safety of their neighborhoods and built environment at many levels. In recent years, the voting record has shown that Mesa County is willing to pay more in taxes to see increases in efficiency and effectiveness in schools and public safety agencies, and these institutions have applied the extra funds to new and improved facilities, increased staff, and new tools and programs.

Mesa County has many additional resources to promote health through neighborhoods and built environments, including a variety of grocery stores, libraries, and parks and green spaces. The challenge for these institutions is to provide access and opportunities for healthy behaviors to all Mesa County residents. Mesa County Libraries, in particular, makes this goal a clear part of its institutional mission and has initiated and expanded programs to offer a variety of services beyond book lending.

Environmental hazards are present in Mesa County, but systems are in place to protect residents. However, these systems are sometimes overstretched or understaffed. Residents are left to pursue their own, often expensive mitigations in the case of the presence of radon or poor water quality in private wells. Using standard measures, air quality appears to be improving, but this contradicts the experience of many Mesa County residents. Identifying better sampling methods that capture local experience, and clarifying any relationship between local air quality and asthma are important next steps to bring clarity to this issue.

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SOCIAL AND COMMUNITY CONTEXT



**PEOPLE'S
RELATIONSHIPS AND
INTERACTIONS WITH
FAMILY, FRIENDS,
CO-WORKERS, AND
COMMUNITY
MEMBERS CAN HAVE
A MAJOR IMPACT ON
THEIR HEALTH AND
WELL-BEING.”**

-HEALTHY PEOPLE 2030

WHY IT MATTERS IN THIS ASSESSMENT

This section seeks to measure the relationships in our community (between residents and their friends, family, and co-workers, and with their community through civic engagement). Many of these measures are dependent on survey questions. We've included existing data measures to characterize social context and the questions we intend to answer as next steps.



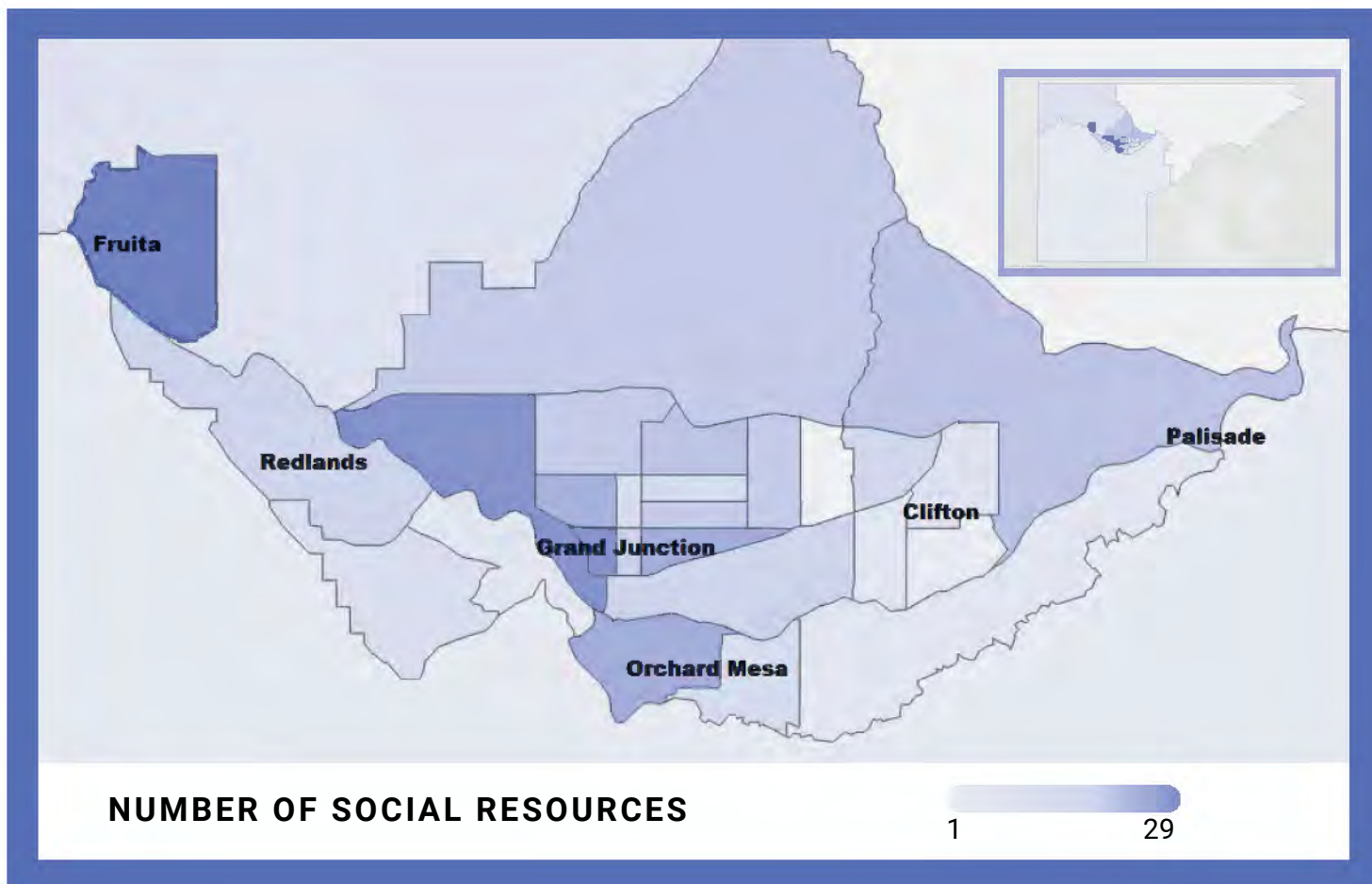
SOCIAL RESOURCES

For our purposes, social resources are places people can gather to strengthen their personal, community, or civic ties. We know these resources are not distributed evenly across Mesa County communities, nor do they necessarily need to be. However, people in low-income communities may face barriers accessing social resources that require leaving their neighborhoods because of transportation limitations or a lack of flexibility in work schedules.

Here we highlight the number of churches, schools, gyms, parks, sports fields, libraries, senior centers, recreation centers, and farmer's markets. Some of these resources are free to use, like libraries and parks, and others require fees to enter or participate, such as gyms and some functions of recreation centers. Nonetheless, this measure can be used as a baseline of resources that facilitate social connection.

“ADOPTING AND IMPLEMENTING POLICIES AND PROGRAMS THAT SUPPORT RELATIONSHIPS BETWEEN INDIVIDUALS AND ACROSS ENTIRE COMMUNITIES CAN BENEFIT HEALTH.”

-COUNTY HEALTH RANKINGS



Mesa County has 14 census tracts with lower median household income than the county average of \$55,379, of those, five have fewer than 10 social resources. The three tracts centered on Clifton have fewer than five each.

Rural areas in Mesa County tend to have above-average household incomes, but isolation and lack of social resources may still be an issue based solely on the time commitment to travel to a social resource located more centrally. Notably, the three largest rural census tracts each have five or fewer social resources.

A better predictor of the availability of social resources in each census tract is whether that neighborhood is part of an incorporated city or town. Sixteen census tracts in Mesa County have fewer than 10 social resources, and 11 of the 16 are unincorporated. Some of these census tracts represent large rural regions, but many are densely populated areas of Clifton, Fruitvale, Orchard Mesa, and the Redlands.

**THE THREE LARGEST
RURAL CENSUS
TRACTS EACH HAVE**

5

**FIVE OR FEWER
SOCIAL
RESOURCES**



**INCORPORATION IS THE BEST
PREDICTOR OF SOCIAL RESOURCES
IN MESA COUNTY.**

**ALL 11 UNINCORPORATED CENSUS
TRACTS HAVE FEWER THAN TEN
SOCIAL RESOURCES.**

●●● AREA OF ACTION

- Identify strategies to boost social resources in unincorporated areas that lack them. Strengthen and diversify the ways in which these communities can use their existing resources, often schools and churches, to best facilitate the formation and reinforcement of social networks, especially targeting areas that are both unincorporated and low-income.
- Examine the most effective social resources for communities based on population and economic factors.

We identify three types of social and community context—personal relationships, community engagement, and civic participation. Each type provides different benefits and supports to individuals and the community, often stacking or facilitating each other. For example, the Senior Center profiled in the Community section is a resource open to the community that provides a place for personal relationships to be formed and strengthened and may encourage local seniors to get involved in volunteer projects or other civic activities.



PERSONAL RELATIONSHIPS

"Individuals have access to social capital through their social networks, which are webs of social relationships. Social networks are sources of multiple forms of social support, such as emotional support (e.g., encouragement after a setback) and instrumental support (e.g., a ride to a doctor's appointment)."

- Healthy People 2030

This section looks at existing data measures that quantify personal relationships and shows questions that we would like to ask to better understand the nature of personal relationships for residents of Mesa County. While high school students answer questions about their relationships to their parents in the Healthy Kids Colorado Survey, in general there is little up-to-date information about personal relationships among adults in Mesa County.

AS A COMMUNITY WE CAN WORK TO FIND ANSWERS TO THE QUESTIONS:

- ? How often do Mesa County residents communicate/spend time with their friends and family?
- ? How many Mesa County residents have a friend or family member they could ask for support (such as money, last-minute child care, or a ride somewhere) in a time of need?
- ? How many Mesa County residents have offered a friend or family member support (such as money, last-minute child care, or a ride somewhere) in a time of need?



MESA COUNTY HIGH SCHOOL STUDENTS FEEL AS SUPPORTED BY THEIR PARENTS AS STUDENTS STATEWIDE.

MOST STUDENTS FEEL THEY COULD GO TO THEIR PARENTS FOR HELP WITH A PROBLEM AND BELIEVE THEIR PARENTS THINK IT'S IMPORTANT TO KNOW WHERE THEY ARE AND WHAT THEY ARE DOING.

HIGH SCHOOL STUDENTS REPORTING ON RELATIONSHIPS WITH THEIR PARENTS IN MESA COUNTY AND COLORADO (2019)

	Mesa County	Colorado
Could ask a parent for help with a personal problem.	84.6%	82.3%
Have chances to do fun things with their parents.*	80.2%	76.3%
Have parents who know where they are and whom they are with if they are not at home.	93.2%	92.2%
Have a trusted adult to go to for help with a serious problem.	72.1%	72.7%
Have parents who ask if their homework is done.	77.8%	75.9%
Have parents who ask what they think before most family decisions.	67.9%	66.4%

*indicates statistical difference from the state

●●● AREA OF ACTION

- Conduct a survey and focus groups of Mesa County residents to better understand their personal relationships and the benefits and missing pieces in their social networks.





COMMUNITY ENGAGEMENT

"Belonging to groups can improve physical and mental health by increasing social capital and decreasing social isolation."

-Healthy People 2030

Mesa County high schoolers report an overall decline in bullying, fostering a better community environment at school, but after high school, several membership organizations reported difficulty attracting young members. Seniors have many opportunities for community engagement in Mesa County through senior centers, which made efforts to continue building connections with their members during the COVID-19 pandemic.

Neighborhood segregation can also be an indication of a lack of community cohesion. Mesa County has lower rates of racial and ethnic segregation than the state of Colorado overall.

For every 10,000 people, Mesa County has 9.0 membership associations (such as civic, religious, and hobby organizations) as reported by those associations, ranking 27th across Colorado counties.

- Bend*: 10.3
- Bozeman*: 12.2

*comparison communities were compared at the county level

BULLYING/TEASING

In 2019, 19.5% of Mesa County students reported bullying on school grounds, compared to 16.6% of Colorado students.*

In Mesa County, this number is down from 23.5% in 2017.*

- LGBT students (39.4-47.8%) reported more bullying than heterosexual students (16.2%).*
- Multiple race students (29.8%) reported more bullying than White students (19.3%), or Hispanic/Latino students (15.6%).*
- Female students (23.6%) reported more bullying than male students (15.4%).*

15.7% of Mesa county students reported electronic bullying, compared to 13.3% of Colorado students.*

In Mesa County, this number is down from 18.5% in 2017.

- Female students (21.8%) reported more electronic bullying than male students (9.3%).*
- LGBT students (24.9-30.6%) reported more electronic bullying than heterosexual students (12.8%).*

*indicates statistical difference



●●● AREA OF ACTION

- Explore the relationship between high school mental health and bullying, since a decrease in bullying did not result in a corresponding decrease in mental health concerns.
- Work to address higher levels of bullying among specific sub-groups such as LGBT students, multiple race students, and female students.

**ALTHOUGH OVERALL
LEVELS OF BULLYING
HAVE DECREASED,
BULLYING REMAINS A
SIGNIFICANT ISSUE FOR
SEVERAL SUB-GROUPS**



SPOTLIGHT

FRUITA SENIOR CENTER

In 2019:

- Attendance at educational presentations was 483.
- Attendance at hikes and walks was 86.
- Attendance at Senior Socials was 2,187.
- Attendance at potluck lunch was 3,000.

In 2020, the Fruita senior center pivoted to emphasize check-ins on isolated seniors and help with odd-jobs, as well as socially-distanced activities like “quarantine bingo” and limited-capacity hikes.

The dissimilarity index measures segregation by census tract in Mesa County. Total integration isn’t the goal, but residential segregation is often associated with health disparities in underrepresented groups. More diverse residential neighborhoods help ensure that groups are aware of and have access to community resources.

- Mesa County has less than half as much white/non-white segregation than Colorado.
- Mesa County has 40% less Hispanic/Non-Hispanic segregation than Colorado.

●●● AREA OF ACTION

- Assess trends in Senior Center usage over time to determine if the existing facilities have the capacity to meet the needs of Mesa County Seniors.
- Investigate how Mesa County rates of segregation compare to benchmark communities. Survey Mesa County residents to better understand any impact or concerns about segregation.



AS A COMMUNITY WE CAN WORK TO FIND ANSWERS TO THE QUESTIONS:

- ? How many Mesa County residents feel safe walking their neighborhood streets at night?
- ? How many Mesa County residents feel like their neighbors are generally trustworthy people?
- ? How many Mesa County residents are members of a formal or informal community group (e.g. school group, volunteer organization, book club, hiking club)?
- ? How many Mesa County residents have participated in a community activity in the past year?



CIVIC PARTICIPATION

“CIVIC PARTICIPATION ENCOMPASSES A WIDE RANGE OF FORMAL AND INFORMAL ACTIVITIES.... IN ADDITION TO THE DIRECT BENEFIT THAT CIVIC PARTICIPATION PROVIDES TO THE COMMUNITY, IT ALSO PRODUCES SECONDARY HEALTH BENEFITS FOR PARTICIPANTS.”

-HEALTHY PEOPLE 2030

Mesa County had very high voter turnout in the 2020 general election, mirroring a state-wide trend that gave Colorado the second highest voter turnout of any state. Mesa County residents have many opportunities to volunteer. Nearly half of female and one-third of male high school students had volunteered in the past 30 days when surveyed in 2019, and Mesa County has the largest Retired and Senior Volunteer Program in Colorado.

EXAMPLES OF CIVIC PARTICIPATION

- VOTING
- VOLUNTEERING
- PARTICIPATING IN GROUP ACTIVITIES
- COMMUNITY GARDENING

2020 GENERAL ELECTION

- 79.9% of registered voters cast a vote, an increase of 11.4% over the 2016 General Election.
- The median age of voters was 55 years.
- 80.9% of registered female voters participated, and 77.4% of registered male voters participated.
- Gateway (68.8%) and Clifton (69.7%) had the lowest voter turnout while Glade Park (86.9%) and Loma (85.9%) had the highest.

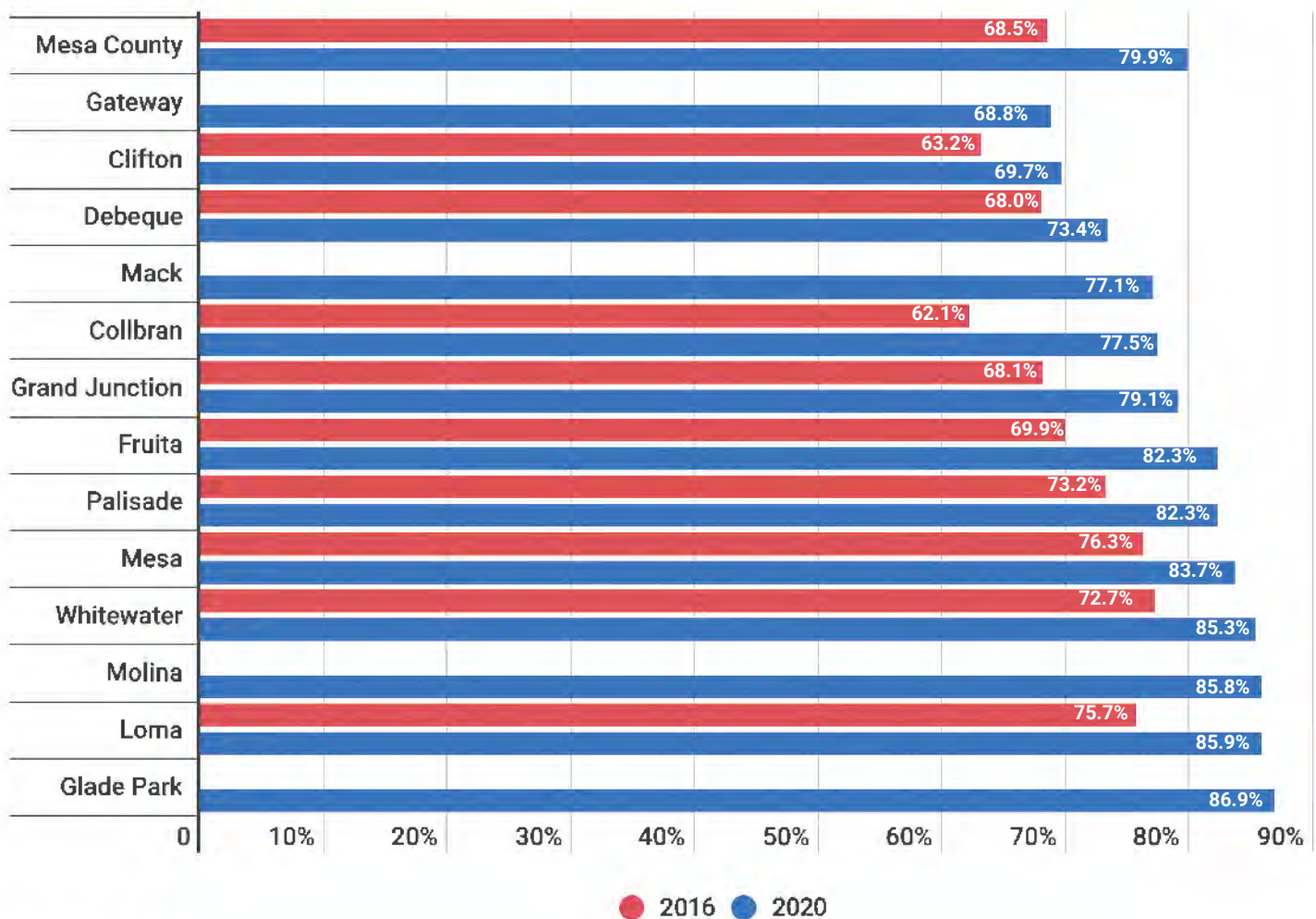
114,779

REGISTERED VOTERS
IN MESA COUNTY

COLORADO'S AUTOMATIC
VOTER REGISTRATION
SYSTEM HAS RESULTED IN
NEARLY ALL ELIGIBLE
VOTERS IN MESA COUNTY
BEING REGISTERED.



VOTER TURNOUT BY COMMUNITY IN MESA COUNTY (2016 AND 2020)



AREA OF ACTION

Examine voter turnout at the precinct level to better understand local trends. Consider opportunities to engage voters in low-turnout precincts.

THE MESA COUNTY RETIRED AND SENIOR VOLUNTEER PROGRAM (RSVP) IS THE LARGEST RSVP PROGRAM IN COLORADO.



678

In 2019, 678 volunteers age 55+ volunteered through the Mesa County Retired and Senior Volunteer Program (RSVP), which is the largest RSVP program in Colorado.

39.7%

Mesa County students report volunteering in the past 30 days.

44.8%

Colorado students report volunteering in the past 30 days.



Females

46.3%

Males

32.6%



FEMALE STUDENTS REPORTED MORE VOLUNTEERING THAN MALE STUDENTS.



INCORPORATION

- 79,117 Mesa County residents (52.3%) live in incorporated municipalities (towns and cities). Incorporated towns and cities have elected government officials and can levy taxes to provide services. In unincorporated areas, the most local level of government available is the county government and agencies.
- Examining the Social Resources Map on page **123**, all 11 unincorporated tracts have fewer than 10 social resources. Incorporation is a better predictor of whether a tract will have more or less than 10 social resources than population size or median income.

HEALTH CARE FOUNDATIONS AND CAPITAL CAMPAIGNS

Area hospitals play a key role in supporting our community. The contributions they make and the areas in which they invest support the work to build a community where everyone has the opportunity to thrive. Below is a profile for each non-profit hospital.

The **Community Hospital Foundation** raises, invests, and disperses funds to support the programs and services of Community Hospital. In 2020, the Community Hospital Foundation raised over \$700,000 to help support the hospital's mission and advance the commitment to care for people in a patient-centered environment. The majority of funds raised in 2020 went toward the capital campaign for the new James Pulsipher Regional Cancer Center, a state-of-the-art regional cancer center slated to open on the main Community Hospital campus in 2023. In addition, funds raised through the Community Hospital Foundation help support programs such as diabetes education, scholarships and staff tuition assistance, patient support including gas cards and lodging assistance for cancer patients traveling from outside the area, medical equipment purchases, and funding to help support the Nurse Residency Program at Community Hospital. Approximately 75% of fundraising dollars come from support from local and regional businesses and 25% come from individuals in our community. The average fundraising contribution to the Community Hospital Foundation in 2020 was \$1,000.

In 2020, the top three areas of investment from Community Hospital to support local community programs and organizations were Lunch Loop bike trail signage for COPMOBA, Grand Junction Economic Partnership, and a new gym floor at Redlands Middle School.

HEALTH CARE FOUNDATIONS AND CAPITAL CAMPAIGNS (CONT.)

St. Mary's Hospital Foundation is designed to support St. Mary's Medical Center programs and services. The foundation funds St. Mary's outreach programs including Suicide Prevention and Awareness, the HIV Clinic, Trauma Prevention Education, Heart Wellness Education, and education regarding non-accidental pediatric trauma. The Foundation also heavily supports furthering medical education which is key to developing a strong medical community in Mesa County. In addition, St. Mary's Hospital Foundation is the fiscal agent to three senior programs: Senior Companions, Foster Grandparents, and Meals on Wheels.

In 2020, the Foundation received contributions from 2,619 donors. Of those, 489 contributions came from donors living outside of Mesa County.



Of the \$3.55 million dollars the Foundation received in 2020:

- Grants - \$2.38 million
- Major Gift Contributions - \$329,000
- Estate Gifts- \$83,000
- Gifts from St. Mary's Associates- \$142,000

Although **Mind Springs Health** doesn't have a hospital foundation, they did raise money for their hospital capital campaign to support their new hospital building. To date that campaign has raised over \$5.5 million from 293 donors across Mesa County. Mind Springs Health supported the community through the following initiatives -

- Increased psychiatric inpatient and residential substance use disorder treatment capacity, providing more ready access to care for individuals on the Western Slope.
- Addressed the high suicide rate with a multi-path approach, by actively promoting and offering both crisis prevention and around-the-clock crisis services; collaborating with numerous partner agencies to increase awareness of suicide and possible symptoms, and maintaining an internal suicide task force to evaluate and evolve services intended to reduce the rate.
- Offered outpatient and residential substance use disorder treatment, including specialized services to women and teens that reduce the risk of teen pregnancy and substance abuse.
- Conducted tobacco screening and offered cessation counseling to patients at West Springs Hospital, decreasing the likelihood of continued tobacco use after discharge.

The **Family Health West Foundation** supports Family Health West and Colorado Canyons Hospital by providing non-medical support to reduce hardships for patients. In addition, they fund projects to expand resources and technologies available through their various treatment programs, especially the pediatric therapy and rehabilitation practice—the largest practice between Salt Lake City and Denver. Recent projects have included education resources for parents of children with autism, a new jungle gym and lift for the pediatric programs, and fencing and entertainment improvements at the Oaks Assisted Living facility.

SERVICE ORGANIZATIONS

Mesa County has many active service organizations supported by the community. In addition to volunteer service, these organizations provide significant financial contribution to schools and area non-profit organizations as well as scholarships for students pursuing higher education. These organizations include Rotary, Lions, Kiwanis, Junior Service League, among many others.

● ● ● AREA OF ACTION

- Engage with existing service organizations to understand their priority and funding areas and how they align with community health improvement efforts.
- Identify the extent to which young people are choosing not to participate in traditional community and civic organizations, and if so, explore whether they are joining new types of organizations or foregoing this type of social participation entirely.



SPOTLIGHT

GRAND JUNCTION ROTARY

Grand Junction Rotary is the oldest and largest Rotary Club in Mesa County with 111 members. Recent service projects include providing infant car seat covers, delivering meals to local seniors, and providing school supplies and books to D51 students. Grand Junction Rotary responds to the needs of the community through input from dues-paying members that often represent area businesses.

Several community and civic partners from churches to service clubs expressed concerns about an aging membership and a difficulty attracting young members. Grand Junction Horizons Rotary was identified as a group that is successful at bringing in young members, and they hypothesized that this was because of a fun atmosphere and members who issue personal invitations to young people in the community, rather than waiting for new members to find them.

AS A COMMUNITY WE CAN WORK TO FIND ANSWERS TO THE QUESTIONS:

- ? How many Mesa County adults have volunteered in the past year?
- ? How many Mesa County adults feel like the local/federal government can be trusted?
- ? How many Mesa County residents have contacted a government representative in the past year?



● ● ● AREA OF ACTION

Little is known about social and community connection among adults in Mesa County. Mesa County Public Health will prioritize collecting more information in 2021.

CONCLUSION

Existing data gives us a partial understanding of social and community context in Mesa County. Some data looks promising—teens report high levels of connection to their parents and overall decreases in bullying, many social resources are available to seniors, and 2020 showed record-setting levels of voter participation.

Other measures are less clear or concerning—social resources are not effectively distributed in areas where the need is greatest, especially in unincorporated areas of the county, and Mesa County ranks behind dozens of other Colorado counties in terms of the number of membership organizations available. Membership in community organizations by young and middle-aged adults appears to be low, leaving organizations with dwindling membership and a potential for unmet social needs and resources among parents of young children and adults between 18-54 years.

However, it's clear that existing data is insufficient to truly understand the benefits and gaps inherent in the social networks of Mesa County residents. A survey and focus groups that examine personal relationships, community engagement, and civic participation will enhance our ability to direct resources toward the social and community contexts that would best improve the lives of Mesa County residents.



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HEALTH IMPLICATIONS



"HOW HEALTHY WE ARE AND HOW LONG WE LIVE IS NOT JUST THE RESULT OF OUR GENES AND OUR BIOLOGY, BUT ALSO A DIRECT RESULT OF THE HEALTH CHOICES WE MAKE, THE PLACE WHERE WE LIVE, THE HEALTH CARE WE RECEIVE, AND POLICIES AND LAWS THAT AFFECT OUR OPPORTUNITIES AND CHOICES."

-HEALTH DATA MATTERS

WHY IT MATTERS IN THIS ASSESSMENT

Health implications include health behaviors and health outcomes. In this section, we explore the rates and key causes of illness, injury, and death in Mesa County. We find that when compared to Colorado as a whole, Mesa County has similar or worse rates of the majority of health behaviors and outcomes. Some bright spots are found in infectious disease rates, child welfare, adult asthma rates, and youth tobacco use and exposure.



HEALTH BEHAVIORS

"Health behaviors are actions individuals take that affect their health. They include actions that lead to improved health, such as eating well and being physically active, and actions that increase one's risk of disease, such as smoking, excessive alcohol intake, and risky sexual behavior."

-County Health Rankings

BEHAVIORS IMPACT OUTCOMES

In the United States, many of the leading causes of death and disease are attributed to unhealthy behaviors. For example, poor nutrition and low levels of physical activity are associated with higher risk of cardiovascular disease, type 2 diabetes, and obesity.

Because of differences in the Social Determinants of Health explored earlier, not everyone has the same context in which to develop good health behaviors. By addressing the Social Determinants of Health to improve quality of life in our community, we believe we will positively affect these health behaviors and outcomes.

CHILD WELFARE

The Division of Child Welfare for Mesa County has committed to a fundamental shift in philosophy to serving families in a more "upstream," and preventive manner, in an effort to better serve families in their homes. This has resulted in a significant reduction of children needing to be placed in County custody. The "out of home" child population is at its lowest point in over six years.



**TRENDING
DOWN**

**ONLY 3.8% OF CHILDREN ASSESSED BY THE
DIVISION OF CHILD WELFARE IN 2020 WERE
REMOVED FROM PARENTAL CUSTODY.**

**THIS PROPORTION IS NEARLY HALF OF THE AVERAGE REMOVAL
RATE SEEN IN PREVIOUS YEARS.**

The primary removal reason for children in Mesa County continues to be meth use, accounting for 32.4% of all 2020 removals.

In 2020, of the 4,099 referrals received by Mesa County's Division of Child Welfare, 1,168 resulted in an assessment, and 531 cases were opened based on high risk assessments. Regardless of whether a case was opened, families were given referrals to relevant services at Hilltop, Mind Springs Health, Amos Counseling, and Griffith Center, as well as providers who address substance use, mental health, parenting skills, domestic violence treatment for offenders and victims, and youth mentoring.

Mesa County's Division of Child Welfare has also created a new Family Empowerment Team, which is tasked with working with families to provide needed resources and support on a voluntary basis. Family Coaches on the Family Empowerment Team have served 26 different cases since the creation of the team in February 2020. Mesa County also provided support and services to 198 clients and their families, in-home, in 2020.

SUBSTANCE USE

Overall substance and drug use among high school students in Mesa County is similar to Colorado as a whole. Mesa County sees more high school students using tobacco and e-cigarette products than Colorado. Mesa County also has high tobacco use among adults (18 years and older) with the lowest levels reported among adults in the highest income brackets. Rates of prescription pain medicine, cocaine, and meth use are similar to the state. Mesa County has a higher rate of hospitalizations and deaths due to drug overdoses than the state.



MARIJUANA USE

High School

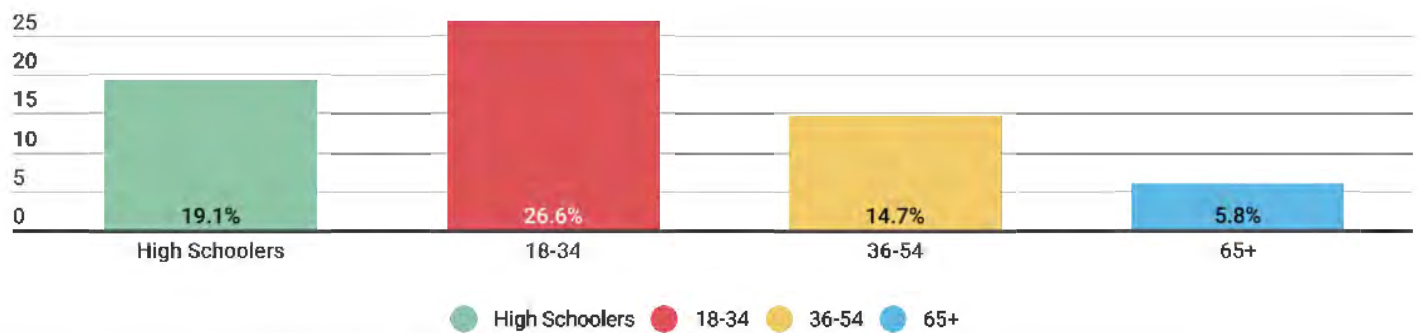
- Percent of students who used marijuana one or more times during the past 30 days:
 - Mesa County: 19.1%
 - Colorado: 20.6%
- Percent of students who tried marijuana for the first time before age 13:
 - Mesa County 2019: 6.8%
 - Mesa County 2017: 9.0%
 - Colorado 2019: 6.7%
 - Colorado 2017: 6.5%

Adult (2017-2019)

Current users:

- Mesa County: 15.4%
- Current use by age:
- 18-34: 26.6%
 - 35-64: 14.7%
 - 65+: 5.8%
- Colorado: 17.8%

MARIJUANA USE BY AGE IN MESA COUNTY (2017-2019)



The highest rate of marijuana use is among adults between the ages of **18-34** years.





ALCOHOL USE

Alcohol consumption among high schoolers in Mesa County closely mirrors consumption statewide. Since 2015, alcohol consumption has varied somewhat on the Healthy Kids Colorado Survey, with a small spike observed in 2017. However, no trend over time is clear, and the differences are not statistically significant.

High School

- Percent of students who had one or more drinks in the past 30 days:
 - Mesa County: 28.9%
 - Colorado: 29.6%
- Percent of students who binge drank in the past 30 days:
 - Mesa County: 12.7%
 - Colorado: 14.2%
- Percent of students who had their first drink (more than a few sips) before the age of 13:
 - Mesa County: 19.8%
 - Colorado: 17.6%

Adult

- Heavy Drinker (15+ drinks/week for adult men, 8+ drinks/week for adult women):
 - Mesa County: 5.5%
 - Colorado: 6.5%
- Current Binge Drinker (5+ drinks on an occasion for men, 4+ for women):
 - Mesa County: 18.8%
 - Colorado: 18.2%

TOBACCO USE

Mesa County high school students use both cigarettes and electronic vapor products at a higher rate than students statewide. Cigarette smoking has declined across the state, and there may be a downward trend in Mesa County, but changes are not statistically significant. Use of electronic vapor products seems to be increasing, but again, the trends are not statistically significant at this point.



CURRENT TOBACCO USERS

MESA COUNTY ADULTS

2016-2018: 18.2%*

2015-2017: 19.5%

2014-2016: 19.6%

COLORADO ADULTS

2016-2018: 14.5%

High School

- Percent of students who smoked cigarettes on one or more of the past 30 days:
 - Mesa County:
 - 2019: 7.8%*
 - 2017: 8.0%
 - 2015: 9.1%
 - Colorado:
 - 2019: 5.7%
 - 2017: 7.2%
 - 2015: 8.6%
- Percent of students who used an electronic vapor product in the past 30 days:
 - Mesa County:
 - 2019: 31.5%*
 - 2017: 30.7%
 - 2015: 29.7%
 - Colorado:
 - 2019: 25.9%
 - 2017: 27.0%
 - 2015: 26.1%
- Percent of students who smoked a cigarette, even one or two puffs, for the first time before age 13:
 - Mesa County: 9.6%*
 - Colorado: 7.6%
- Percent of students who were inside a car with a parent who was smoking a cigarette, cigar, pipe, or vaping product one or more times in the past week:
 - Mesa County 2019: 15.5%
 - Mesa County 2015: 22.0%**
 - Colorado 2019: 11.8%
 - Colorado 2015: 14.1%

**Income greater than
250% of poverty:**

11.6%

**current
smokers**

**Income below
250% of poverty:**

25.9%

**current
smokers**

2017-2019

*indicates statistical difference from the state

**indicates statistical difference over time

●●● AREA OF ACTION

- Consider how to direct tobacco prevention and cessation information to communities that need it most. Investigate at what age low-income smokers begin smoking so prevention efforts can reach them most effectively.
- Review vaping education programs to assess effectiveness. Continue tracking vaping data to determine trends. Determine if there are any disparities within youth tobacco and e-cigarette use. Ensure that tobacco education programs start at the middle school level.



DRUG USE

High School (2019)

Mesa County high school students use prescription pain medications, cocaine, and methamphetamines at similar rates to the state.

Percent of students who have used a drug one or more times during their life:

- Prescription pain medicine without a doctor's prescription
 - Mesa County: 14.5%
 - Colorado: 15.2%
- Cocaine
 - Mesa County: 5.8%
 - Colorado: 5.2%
- Methamphetamines
 - Mesa County: 2.2%
 - Colorado: 2.3%

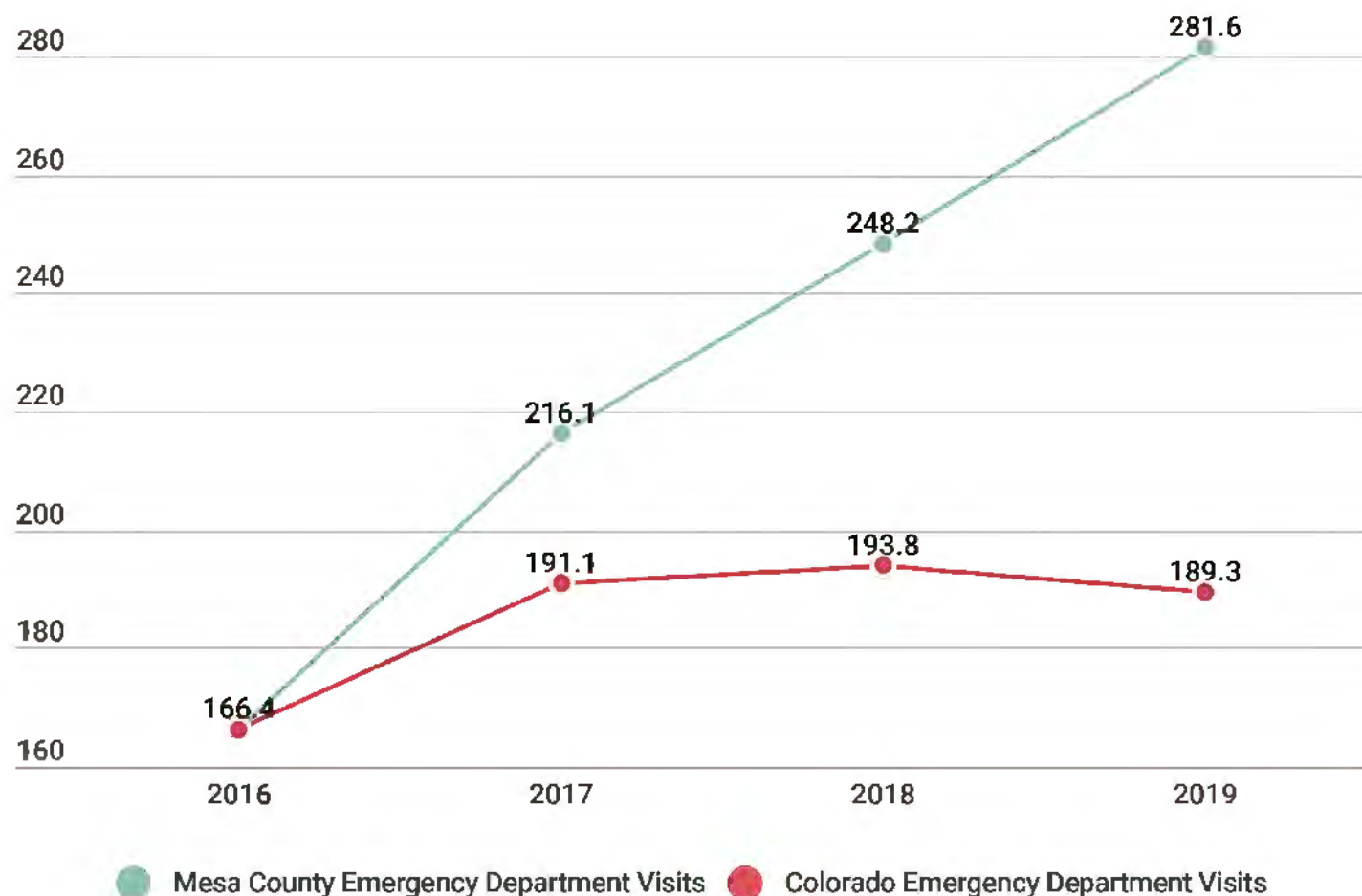
AGE-ADJUSTED RATE OF OVERDOSE PER 100,000 RESIDENTS IN MESA COUNTY AND COLORADO (2016-2019)

	Any Drug	Any Opioid	Amphetamines
Mesa County - Overdose ED visits and hospitalizations	394.6*	63.0	19.9*
Colorado - Overdose ED visits and hospitalizations	269.0	54.0	12.0
Mesa County - Overdose Deaths	20.1*	13.5*	6.1
Colorado - Overdose Deaths	17.0	9.5	5.0

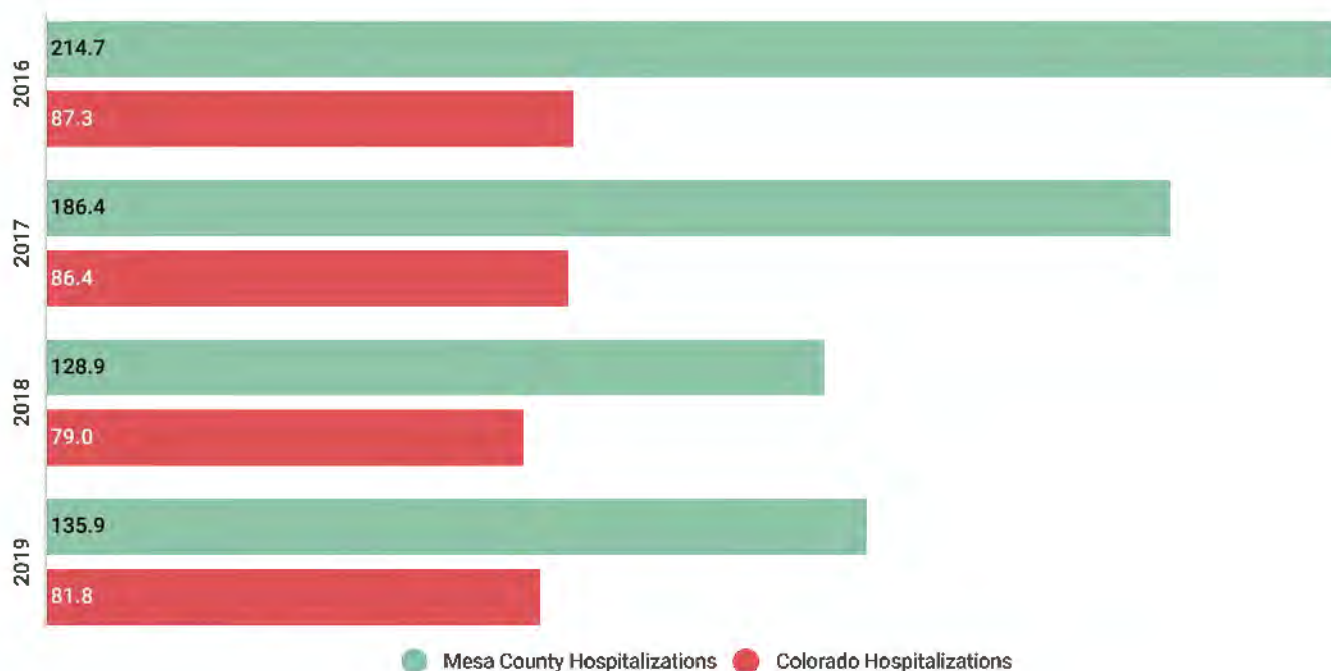
*indicates statistical difference from the state



RATE OF EMERGENCY DEPARTMENT VISITS PER 100,000 RESIDENTS DUE TO OVERDOSE IN MESA COUNTY AND COLORADO (2016-2019)



RATE OF HOSPITALIZATIONS PER 100,000 RESIDENTS DUE TO OVERDOSE IN MESA COUNTY AND COLORADO (2016-2019)



Targeted education programs promoting overdose intervention practices like Naloxone/Narcan may be effectively reducing the number of serious overdoses and deaths. Small sample sizes make it difficult to confirm this trend, but initial findings are promising.

●●● AREA OF ACTION

Investigate what other factors may be contributing to the trend of decreased need for hospitalization for overdose. Consider the effectiveness of overdose intervention in the emergency department and support successful practices there.

INTERSECTING ISSUES



Substance use plays a large role in suicide in Mesa County. Between 2014 and 2018, 47.2% of suicide toxicology screens indicated the presence of alcohol, 20.9% indicated benzodiazepines, 18.4% indicated marijuana, and 17.8% indicated opiates.

For more information about the intersection between substance use and mental health, see page **104**.



MORE MESA COUNTY OVERDOSE EMERGENCIES CAN BE TREATED WITHOUT ADMISSION.



OVERDOSE HOSPITAL ADMISSIONS ARE GOING DOWN.



EMERGENCY DEPARTMENT TREATMENT OF OVERDOSE IS GOING UP.



HEALTHY EATING, PHYSICAL ACTIVITY, AND OBESITY

HEALTHY EATING

Fruit and vegetable consumption among high school students is minimal. Among adults, vegetable consumption is better. Mesa County adults have a higher rate of sugary beverage consumption than the state.

High School (2019)

- **31.3%** of Mesa County students and **33.6%** of Colorado students eat fruit at least once a day.
- **22.3%** of Mesa County students ate vegetables other than carrots, potatoes or green salad at least once a day, and **13.0%** ate green salad at least once a day.

Adult (2015-2019)

Vegetable Consumption at least once per day:

- Mesa County: 84.4%
- Colorado: 81.7%

Consumption of one or more sugary beverage per day:

- Mesa County: 52.2%*
- Colorado: 43.2%

*indicates statistical difference from the state

OBESITY RATES

Obesity rates among Mesa County residents have remained relatively stable over time, both for teens and adults. Approximately one in four adults and one in ten high school students in Mesa County are obese.

26.5% of adults (2016-2018) and 11.7% of high schoolers (2019) are obese. Over time there appears to be an upward trend in the adult obesity rate, but it's not significant.

In addition, 32.5% of adults (2016-2018) and 12.5% of high schoolers (2019) are overweight. Combined, this means 59.0% of adults and 24.2% of high schoolers are above a healthy weight.



● ● ● AREA OF ACTION

- Review community-level obesity intervention efforts for efficacy.
- Improve strategies to increase access to and appeal of fruits and vegetables to increase consumption among youth and teens.

PHYSICAL ACTIVITY

Only half of Mesa County high school students report regular physical activity. When looking at adults, three out of every five meet physical activity thresholds.

High School (2019)

- Percentage of students active for at least 60 minutes on five or more of the previous 7 days:
 - Mesa County: 49.2%
 - Colorado: 48.0%

Adult (2017-2019)

- Met aerobic recommendations of physical activity index:
 - Mesa County: 61.6%
 - Colorado: 59.6%
- Leisure-time physical activity:
 - College-educated:
 - Mesa County: 85.7%*
 - Colorado: 86.8%
 - Non-college educated:
 - Mesa County: 75.1%*
 - Colorado: 71.5%

*indicates statistical difference from the state



AREA OF ACTION

- Identify opportunities to increase access and appeal of leisure-time physical activity, particularly in neighborhoods and areas with less educational attainment.

IMMUNIZATIONS

SCHOOL IMMUNIZATIONS

Elementary school records of immunization (DTaP, Hep B, MMR, Polio, Varicella) in Mesa County vary by district. District 51 has elementary immunization rates between 94.1% and 95.5% depending on type. Plateau Valley School District has elementary immunization rates between 91.3% and 92.1%. De Beque School District varies from 82.8% for Varicella to 94.5% for DTaP, with the others falling in between. Overall, Colorado has elementary immunization rates between 94.6% and 95.8%.

Adolescent immunization rates for the Tdap vaccine drop by approximately 2% in Plateau Valley, District 51, and Colorado overall, and by approximately 30% in De Beque.

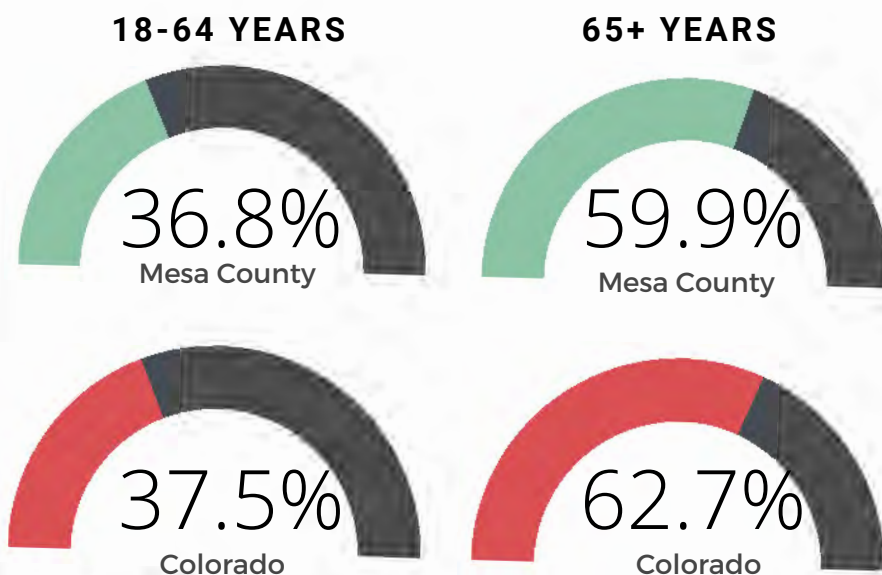
In Plateau Valley and District 51, most non-immunized students in all age groups have requested an exemption. 3.5-5.1% of total students receive a personal exemption, 0.25-0.4% of students receive a religious exemption, and 0.06-0.08% of students receive a medical exemption.

In De Beque, where rates of non-immunization range from 5.5% to 17.2% for elementary school vaccines and 34.7% for adolescent vaccines, a significant majority of non-immunized students are simply out of compliance for not providing complete records.

ADULT IMMUNIZATIONS

Only one-third of adults 18-64 years report receiving a seasonal flu vaccine. Among adults 65 years and older, that number increases to nearly 60%.

PERCENT OF ADULTS WHO RECEIVED A FLU VACCINE IN MESA COUNTY AND COLORADO (2017-2019)



**DISTRICT 51
ELEMENTARY
IMMUNIZATION
RATES ARE BETWEEN
94.1% AND 95.5%**



AREA OF ACTION

- Increase immunization rates for Varicella (chickenpox), the elementary vaccine with the lowest rate.
- Increase Tdap immunization rates for adolescents.
- Support De Beque School District in collecting immunization records, especially from adolescents.

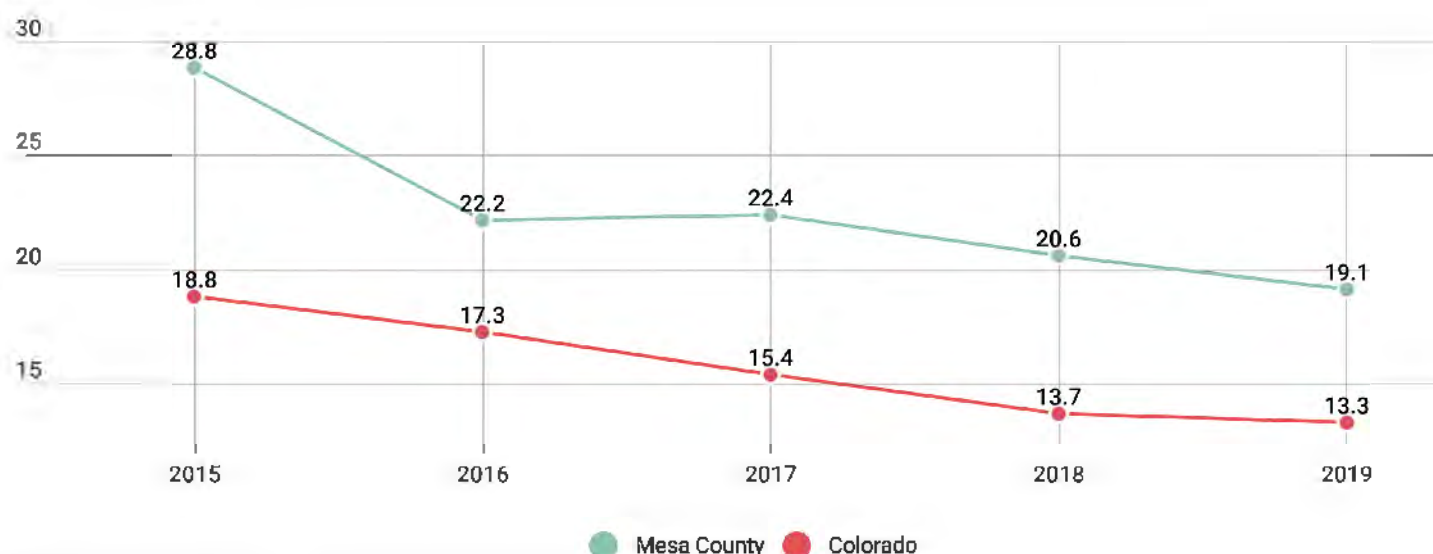


SEXUAL HEALTH BEHAVIORS

Mesa County high school students engage in sexual intercourse at rates comparable to their peers statewide. A small number of these students first had sexual intercourse before the age of 13, which appears to be more common in Mesa County than in Colorado in general. These behaviors don't seem to have changed significantly over the period of 2017-2019, but longer trends are often difficult to measure because of small sample sizes and changes in the way questions are asked.

Male students were approximately 50% more likely than female students to have used drugs or alcohol before the last time they had sex. The majority of students used some form of birth control, a practice which may be reflected in the falling teen birth rate in Mesa County.

RATE OF BIRTHS TO MOTHERS (15-19 YEARS) PER 1,000 FEMALES IN THAT AGE GROUP IN MESA COUNTY AND COLORADO (2015-2019)



THE TEEN BIRTH RATE IN MESA COUNTY DECREASED SIGNIFICANTLY FROM 2015-2019

Although the rate remains higher than Colorado, it has been on a downward trend since 2008.

HIGH SCHOOL

Percent of students who have ever had sexual intercourse:

- Mesa County:
 - 2019: 37.5%
 - 2017: 37.1%
- Colorado:
 - 2019: 34.6%
 - 2017: 32.7%

Percent of students who had sexual intercourse for the first time before age 13:

- Mesa County:
 - 2019: 3.9%
 - 2017: 3.6%*
- Colorado:
 - 2019: 3.0%
 - 2017: 2.7%

*indicates statistical difference from the state

**males significantly higher than females

Among students who had sexual intercourse during the past three months, the percentage who drank alcohol or used drugs before last sexual intercourse:

- Mesa County:
 - 2019: 18.7%**
 - 2017: 20.1%**
 - 2015: 20.7%
- Colorado:
 - 2019: 21.5%
 - 2017: 19.3%
 - 2015: 20.6%

Among students who had sexual intercourse during the past three months, the percentage who used any method of birth control to prevent pregnancy before last sexual intercourse:

- Mesa County:
 - 2019: 82.4%
- Colorado:
 - 2019: 79.2%

● ● ● AREA OF ACTION

- Investigate the role of geography in teen birth rate, and identify services or educational resources that may be lacking in areas with high rates.





HEALTH OUTCOMES

The impact of health behaviors and the Social Determinants of Health can be seen in health outcomes such as rates of disease and causes of death.

In general, Mesa County has higher rates when compared to Colorado.

CHRONIC DISEASE

Mesa County has higher rates of chronic disease than Colorado, including eight types of cancer, heart disease, and arthritis. Mesa County has lower rates of prostate cancer and current asthma in adults.

AGE-ADJUSTED RATE OF CANCER PER 100,000 RESIDENTS IN MESA COUNTY AND COLORADO (2016-2018)

	Mesa County	Colorado
Cancer Incidence All Sites	411.6	392.1
• Breast	64.3	67.9
• Male Prostate	34.9	43.6*
• Lung and Bronchus	49.7*	39.1
• Colon and Rectum	32.4	31.7
• Urinary Bladder	16	17.7
• Melanoma of the Skin	22.2	21.8
• Oral Cavity and Pharynx	13.4	10.6
• Cervix Uteri	5.5	3.1

*indicates statistical difference from the state

AREA OF ACTION

- Investigate the higher rates of chronic disease seen in Mesa County, particularly lung and bronchus cancer, arthritis, and periodontal disease.

PERCENT OF RESIDENTS WITH A CHRONIC DISEASE DIAGNOSIS IN MESA COUNTY AND COLORADO (2016-2018)

	Mesa County	Colorado
Heart Disease	3.5%	2.9%
Diabetes	9.1%	6.8%
Arthritis	27.3%*	22.8%
Stroke	2.3%	2.2%
Lost 6 or more teeth due to decay or periodontal disease (2016, 2018)	18.6%*	10.0%
Asthma, current, adults	8.3%	17.8%*
Asthma, ever, adults	13.4%	14.0%
Asthma, ever, high school students (2019)	20.7%	20.2%

*indicates statistical difference from the state

INFECTIOUS DISEASE

Mesa County has lower total rates of infectious disease than Colorado, but a higher rate of hospitalization due to flu.

INCIDENCE RATE OF DIAGNOSED REPORTABLE DISEASES PER 100,000 RESIDENTS IN MESA COUNTY AND COLORADO (2017-2019)

	Mesa County	Colorado
Total	337.4	375.2*
Influenza - Hospitalized	114.2*	72.7
Hepatitis C, Chronic	86.7	95.0
Campylobacteriosis	23.8	22.0
Carbapenem-Resistant Pseudomonas Aeruginosa (CRPA)	17.0	17.0
Animal Bites	14.6	51.3*
Pertussis	14.4	10.3
Salmonellosis	13.3	13.8
Strep Pneumo Invasive	9.2	10.7
STEC (Shiga Toxin Producing E.coli)	7.4	7.0
Hepatitis B, Chronic	6.1	9.3

*indicates statistical difference from the state

● ● ● AREA OF ACTION

- Examine whether the high rates of influenza hospitalization are an artifact of a vulnerable, aging population or an indication that approaches to flu prevention and treatment need to be adapted in Mesa County.

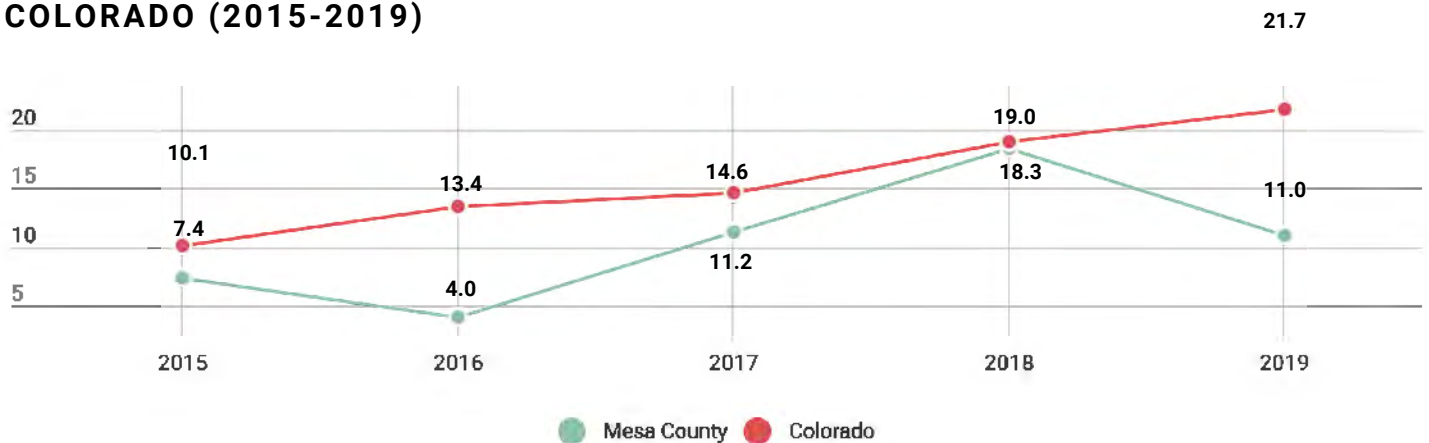
SEXUALLY TRANSMITTED INFECTIONS (STI)

Between 2015 and 2019, STI rates increased steadily at the state level, with the largest rate of increase in gonorrhea and syphilis, both of which doubled. Gonorrhea and syphilis both increased in Mesa County, but yearly variation makes it difficult to clearly state the magnitude of the change.

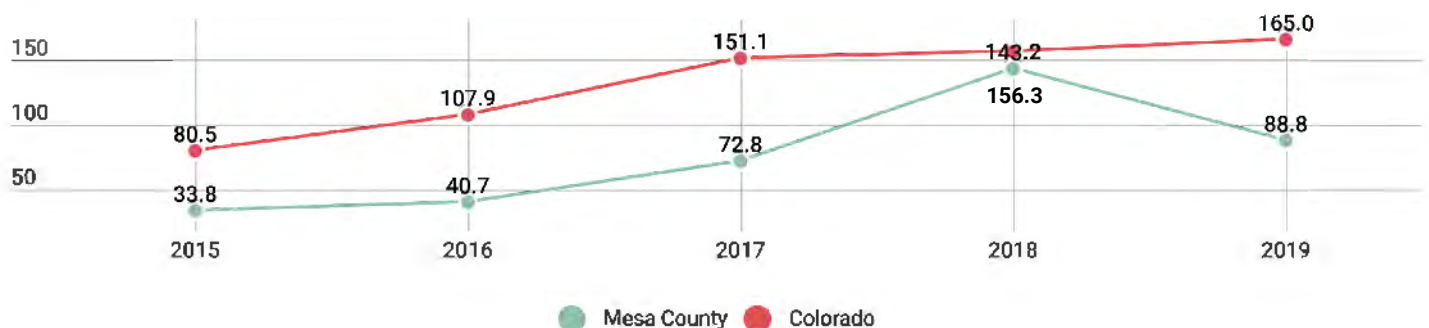
COUNT AND RATE OF SEXUALLY TRANSMITTED INFECTIONS PER 100,000 RESIDENTS IN MESA COUNTY AND COLORADO (2019)

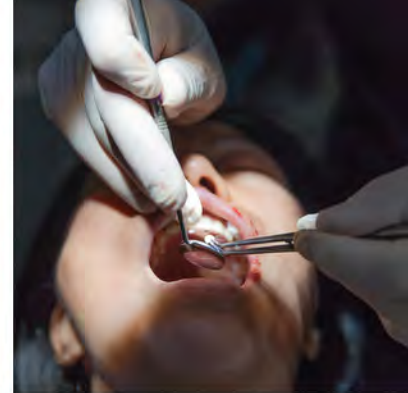
	Mesa County	Colorado
	Count (Rate)	Count (Rate)
Chlamydia	736 (477.3)	29,121 (505.7)
Gonorrhea	137 (88.8)	9,503 (165.0)
Syphilis	17 (11.0)	1,249 (21.7)
HIV	6 (3.9)	446 (7.7)

INCIDENCE RATE OF SYPHILIS PER 100,000 RESIDENTS IN MESA COUNTY AND COLORADO (2015-2019)



INCIDENCE RATE OF GONORRHEA PER 100,000 RESIDENTS IN MESA COUNTY AND COLORADO (2015-2019)





MORTALITY

Overall causes of death and years of potential life lost are two tools that give us different windows into mortality in Mesa County. The cause of death table 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 looks at deaths in the population under age 65, and measures the gap between the deceased person's age and 65, which highlights causes of death that occur most often among young people.

While several of these causes of death appear to be primarily unforeseen medical issues, others appear more preventable. Mesa County Public Health and our partners aim to address the Social Determinants of Health associated with these causes of death, by examining the underlying economic, educational, social, environmental, and health care conditions.

YEARS OF POTENTIAL LIFE LOST (YPLL)

Mesa County has higher rates of years of potential life lost (YPLL) than Colorado in 6 of the top 10 causes of YPLL for Mesa County. Three are causes of death specific to younger people: drug overdose, homicide and legal intervention, and perinatal period conditions (conditions present at birth).

Notably, the top three causes of YPLL are not caused by disease, but instead by intentional self-harm or accident.

**THE TOP 3
CAUSES OF
YEARS OF
POTENTIAL LIFE
LOST (YPLL) ARE
NOT DISEASE
RELATED.**

● ● ● AREA OF ACTION

- Identify interventions for accidental and intentional causes of death to reduce local rates to state and comparison community rates. Consider safety practices, resilience, and coping skills.
- Establish and strengthen multi-disciplinary teams within Mesa County to address the causes of years of potential life lost (YPLL).

**RATE OF TOP 10 LEADING CAUSES OF YEARS OF
POTENTIAL LIFE LOST BEFORE AGE 65 PER 100,000
RESIDENTS IN MESA COUNTY AND COLORADO (2019)**

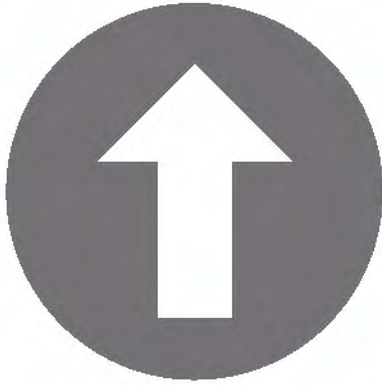
	Mesa County YPLL before age 65	Colorado YPLL before age 65
All Causes	4263.7	3764.9
Suicide	758.5*	566.8
Other Accidents (e.g. Falls, accidental poisonings)	710.8*	621.2
Drug Overdose (All Manners)	465.9	462.6
Heart Disease	421.4*	295
Malignant Neoplasms (Cancer)	418.7	432.6
Transportation Accidents	369.6*	299.7
Homicide and Legal Intervention	210.5*	167.8
Chronic Liver Disease and Cirrhosis	196.6	178.3
Perinatal Period Conditions (conditions present at birth)	174.3	198.4
Chronic Lower Respiratory Diseases	87.7*	55.6

*indicates statistical difference from the state

Blue highlight indicates top ten causes of years of potential life lost not present in top ten causes of death

Drug overdose, homicide and legal intervention, and perinatal period conditions are all top ten causes of years of life lost that are not top ten overall causes of death. These deaths disproportionately impact younger populations in Mesa County.

LEADING CAUSES OF DEATH



Mesa County's overall age-adjusted death rate is 16-27% higher than the state and comparison communities.

Mesa County has higher age-adjusted death rates for 8 of the top 10 leading causes of death. When compared to the community with the lowest rates, Mesa County has nearly double (or more) the rate of death by chronic lower respiratory disease, non-transport accidents, Alzheimer's, and chronic liver disease and cirrhosis.

Data on current incidences of disease in Mesa County and Colorado (see page **169**) suggest that Mesa County has higher rates of many of these diseases, including cancer, heart disease, and diabetes. This seems to account for the higher rates of death from cancer and diabetes—if we could lower the incidence in the community, the rate of death would align with or drop below the state's rate of death for those diseases.

However, the higher mortality rates for heart disease cannot be fully explained by the higher incidence rates, since Mesa County has 20% more cases of heart disease, but 30% more deaths caused by heart disease. This suggests that people suffering from heart disease in Mesa County are somewhat more likely to die of the disease than people in Colorado.

● ● ● AREA OF ACTION

- Investigate why heart disease appears to be more fatal in Mesa County than in Colorado.



AGE-ADJUSTED RATE OF THE TOP 10 LEADING CAUSES OF DEATH IN MESA COUNTY, COLORADO, AND COMPARISON COMMUNITIES (2017-2019)

Cause of Death	Mesa County	Colorado	Bend, OR*	Bozeman, MT*	St. George, UT*
All Causes	744.1	643.8	617.8	578.7	585.3
Heart Diseases	167.2	125	123.8	140.1	111.2
Malignant Neoplasms (Cancer)	136.2	126.3	130.5	115.3	105.7
Chronic Lower Respiratory Diseases	52.8	42.6	29.9	28.1	27.1
Cerebrovascular Diseases	37.6	34.8	33.3	30	31.9
Non-transport Accidents (e.g. falls, accidental poisoning)	44.2	39.5	36.2	22.6	33.6
Alzheimer's	33.9	31.5	39.0	15.2	35.5
Intentional Self Harm (Suicide)	31.9	21.2	21.7	22	24.1
Diabetes Mellitus	18.4	16.4	16.4	10.9	20.5
Chronic Liver Disease and Cirrhosis	17.1	14.0	12.8	NA	6.2
Transportation Accidents	15.4	12.0	14.1	12.4	10.9

*County-wide estimates were used for comparison communities.



Red highlight indicates highest rate



Green highlight indicates lowest rate



ALZHEIMER'S AND DIABETES MELLITUS ARE TOP 10 CAUSES OF DEATH FOR THE OVERALL POPULATION THAT ARE NOT TOP 10 YEARS OF POTENTIAL LIFE LOST, SUGGESTING THEY MORE HEAVILY IMPACT OLDER AGE GROUPS.

Another cause of death of interest is injury by firearms. Since these deaths are included in intentional self harm and non-transportation accidents, they aren't listed in the table to avoid double-counting those deaths. However, it is worth noting that Mesa County has more deaths by firearms than deaths from diabetes, and the rate of deaths by firearms is 50% higher in Mesa County than in Colorado, Bend, OR, and St. George, UT.

RATE OF DEATH BY FIREARMS PER 100,000 RESIDENTS IN MESA COUNTY, COLORADO, AND COMPARISON COMMUNITIES (2017-2019)



*County-wide estimates were used for comparison communities.

SUICIDE

Suicide is a critical public health issue in Mesa County as we consistently see rates higher than both Colorado and the United States. The suicide rate for all ages as well as the rate for teens (15-19) is more than double the national rate.

Mesa County, 2019:

- Age-adjusted rate: 31.4/100,000
 - 15-19 years: 28.0/100,000
- White males accounted for 89.4% of the suicide deaths (46.3% of the population)

Colorado, 2019:

- Age-adjusted rate: 22.3/100,000
 - 15-19 years: 21.0/100,000
- White males accounted for 69.9% of suicide deaths (42.2% of population)

US, 2019:

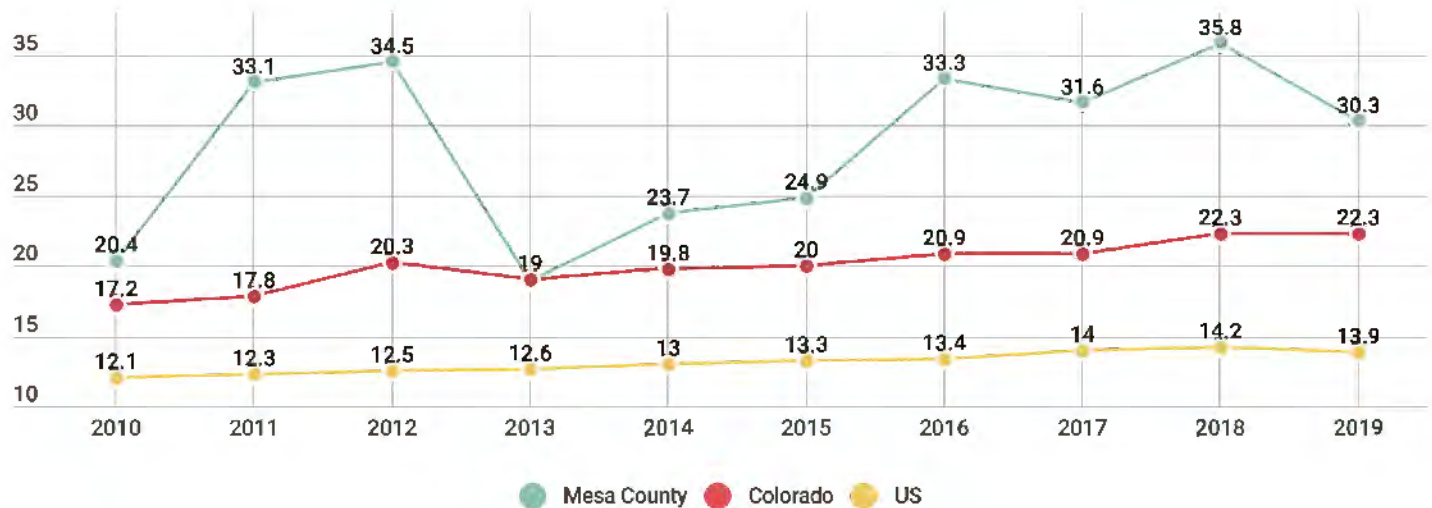
- Age adjusted rate: 13.9/100,000
 - 15-19 years: 10.5/100,000
- 1,380,000 estimated suicide attempts
- White males accounted for 69.4% of suicide deaths (35.6% of the population)

**YOUTH SUICIDE RATES
IN MESA COUNTY ARE
HIGHER THAN THE
STATE AND NATIONAL
AVERAGE.**

**THE PROBLEM IS NOT
ISOLATED IN MESA
COUNTY.**

**FROM 2015-2019 MESA
COUNTY RANKED 8TH
OUT OF 64 COLORADO
COUNTIES.**

INCIDENCE RATE OF SUICIDE PER 100,000 RESIDENTS IN MESA COUNTY, COLORADO, AND THE US (2010-2019)



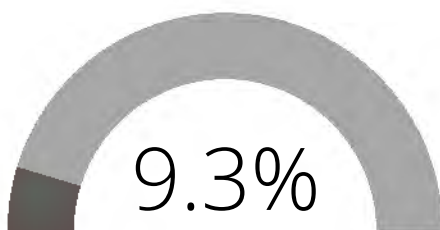
3 IN 5

SUICIDE DEATHS AMONG THOSE OVER 65 YEARS OF AGE WERE VETERANS.

Between July 1, 2020 and December 31, 2020, there were 471 hospitalizations or emergency department visits for suicide attempts and ideation at St. Mary's Hospital. More than 100 (112) of these attempts involved drugs or alcohol. More than half (56.3%) were female, and 99 were under the age of 18.

Among Mesa County deaths due to suicide, as the age of the person increases, the likelihood of them being a veteran increases as well.

35-44 YEARS



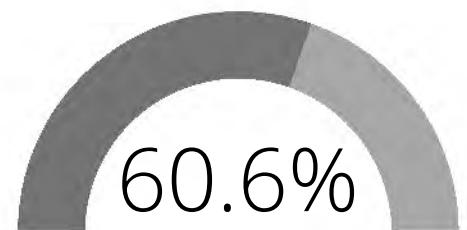
Percent with Veteran Status

45-64 YEARS



Percent with Veteran Status

65+ YEARS



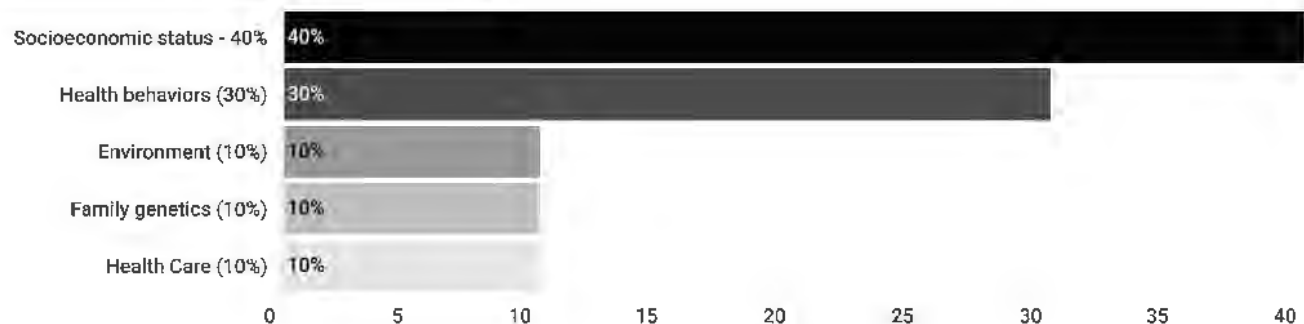
Percent with Veteran Status



●●● AREA OF ACTION

- Support Veteran's groups in suicide-reduction efforts, especially among the 65 and older population.

WHAT IS IMPORTANT FOR A HEALTHY LIFE?



CONCLUSION

Our community approach is rooted in the idea that by addressing the Social Determinants of Health, we can positively impact and influence health behaviors and outcomes. This section highlights an important area (child welfare) that has seen improvement through addressing the Social Determinants of Health, but also shows multiple areas that are in need of similar solutions.

Mesa County's high rates of chronic disease and flu hospitalizations, low seasonal flu vaccine coverage, and leading causes of death point to interventions addressing substance use, lack of healthy eating and physical activity, lack of health care access, and poor mental health. In addition, community members are losing healthy years of their lives to preventable causes such as suicide and overdose.

Mesa County can significantly improve the health of our community by addressing upstream factors such as increasing access to preventive health care and mental health services, improving the environment and context for community members to choose a healthy lifestyle, strengthening economic resilience through an economy that supports the local workforce, and building social connectedness across neighborhoods.

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Mesa County Department of Human Services. *Child Welfare Data*. Personal Communication.

A scenic landscape of Mesa County, featuring a vibrant rainbow arching over a vast, hilly valley. The foreground shows a rocky cliff edge on the left and some sparse vegetation on the right. The sky is filled with soft, white clouds, and the overall atmosphere is bright and hopeful.

MESA COUNTY IS UNIQUE.

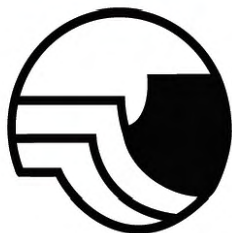
OUR SOLUTIONS ARE TOO.

FINAL THOUGHTS

The purpose of a community health needs assessment is to understand the current health status of a community. For this edition, we assessed Mesa County's health status through the lens of the Social Determinants of Health: Economic Stability, Education, Health Care and Access, Neighborhood and Built Environment, and Social and Community Context.

The next step of the Community Health Needs Assessment is to inform the Community Health Improvement Plan, a collective community effort to address issues and needs identified through the assessment. The three-year plan will be developed by a multi-sector key stakeholder group including community partners and community members. By focusing on the areas of strength and action identified in each section of the assessment, the Community Health Improvement Plan can form a data-driven foundation to align community partners' strategic plans with community-level needs and strengths.

Working together as One Community we can work to improve the overall quality of life for all Mesa County residents.



**MESA COUNTY
PUBLIC HEALTH**
Working Together for a Healthy Community