

# Mesa County Community Health Needs Assessment 2018-2020

Created by Mesa County Public Health



Photo courtesy of Visit Grand Junction

# IN COLLABORATION WITH

COLORADO CANYONS

COMMUNITY HOSPITAL

ST. MARY'S MEDICAL CENTER

WEST SPRINGS HOSPITAL, INC.



**MESA COUNTY  
PUBLIC HEALTH**  
*Working Together for a Healthy Community*

*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 health in our community.*

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# EXECUTIVE SUMMARY

A Community Health Needs Assessment is a critical tool to understanding the health status of a population. It presents information and analysis on health indicators and identifies areas of concern. The three primary goals are to provide a current snapshot of the health status of Mesa County, to bring attention to areas of concern, 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 public health partners every three years. Data from national, state, and local sources are included to provide a comprehensive picture of health in the community. A complete list of data sources organized by page is located at the end of the document.

This version of the assessment follows a public health framework adapted from the Bay Area Regional Health Inequities Initiative. In addition to considering traditional public health data related to injury, disease, and causes of death, the framework pulls in data related to social inequities (gender, race/ethnicity), institutional inequities (laws and regulations, government agencies, schools), and living conditions (physical environment, social environment, economic environment, service environment).

By focusing on various social and community inequities, this assessment pays special attention to emerging public health practice. We believe that in order to solve our most difficult public health challenges, it is imperative to understand the population groups experiencing significant differences in health outcomes and the barriers impeding their access to resources and opportunities. This upstream approach to health will result in the development and implementation of targeted and sustainable strategies.

New to the assessment is an “Areas of Concern” table. This replaces what was previously referred to as “Winnable Battles”. The table lists indicators that have an opportunity to be improved through community action. We intend for this table to guide prioritization of efforts in our community.

**A PUBLIC HEALTH FRAMEWORK FOR REDUCING HEALTH INEQUITIES**  
**MESA COUNTY PUBLIC HEALTH INEQUITIES INITIATIVE**  
 HEALTH.MESACOUNTY.US



Adapted from Bay Area Regional Health Inequities Initiative Conceptual Framework

# Areas of Concern

The areas of concern table is a comprehensive list of indicators and critical aspects of overall health that can be improved through community action.

The table is divided by the six cross-cutting themes that make up our framework. As a whole, they recognize that optimal health is more than the absence of illness. Health is a state of complete well-being highly influenced by the social and physical conditions in which we live.

These areas are 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.

## SOCIAL INEQUITIES

These population groups are at greater disadvantage in Mesa County:

Children younger than 18 years of age (based on poverty)

Hispanics or Latinos (based on poverty, high school drop out, educational attainment)

Single females with children younger than 18 years of age (based on poverty)

Adults without a bachelor's degree (based on unemployment)

Clifton residents (based on poverty, SNAP & public assistance utilization, educational attainment and median household income)

## INSTITUTIONAL INEQUITIES

Mesa County agencies lack the capacity to serve these needs:

Licensed child care facilities have the capacity to serve 14% of children 0 to 5 years of age

15% of the eligible population is enrolled in the Colorado Child Care Assistance program (CCCAP)

18% of residents are unable to get an appointment with a doctor as soon as one is needed

Western Colorado has 6 psychiatric beds per 100,000 residents

On average, there are 8-12 people on the wait list for inpatient psychiatric care

Mesa County spends less per child on education than Colorado and the U.S.

The local sales tax rate for Grand Junction, Fruita, and Palisade is lower than the average local sales tax rate for Colorado

Mesa County has 5.8 patrol deputies per 10,000 population

Clifton has the lowest percentage of adults who've earned at least a high school degree

Families with children need more than two times the federal poverty level to make ends meet

## LIVING CONDITIONS

### PHYSICAL ENVIRONMENT

There are five times as many fast food outlets as healthy food outlets

44% of Mesa County's population lives within 1/4 mile of public transportation

Less than a quarter of roads in Grand Junction have striped bike lanes

### ECONOMIC & WORK ENVIRONMENT

18% of children are living in poverty

55% of households pay 30% or more of their income on rent

20% of homeless persons are younger than 18 years of age

10% of homeless persons are veterans

**Mesa County's median household income is \$12,000 lower than Colorado**

**69% of children living in poverty are in a household led by a single female**

**Approximately half of households with children younger than 18 years of age are receiving SNAP benefits**

Rental vacancies have been declining in Grand Junction since 2013

### SOCIAL ENVIRONMENT

17 per 1,000 children (younger than 18 years) experience abuse/neglect

**Arrests among juveniles (2,362 per 100,000) and adults (5,802 per 100,000) are significantly higher than Colorado.**

Younger age groups were underrepresented in the 2016 general election

### SERVICE ENVIRONMENT

11% of children and 18% of adults are eligible but not enrolled in health insurance

**Mental health diagnosed hospitalizations are significantly higher than in Colorado**

17% of adults (25+ years) have a bachelor's degree

Hispanic or Latino students are more likely to drop out of high school

**34% of children (3 to 4 years) are enrolled in preschool**

Use of mental health crisis services doubled in the past two years

## RISK BEHAVIORS

14% of high school students report having five or more alcoholic drinks within a couple hours within the past 30 days

16% of high school students report having taken prescription drugs without a doctor's prescription one or more times in their lifetime

**13% of high school students report trying marijuana for the first time before age 13**

**21% of adults (18+ years) currently use cigarettes**

**Teen pregnancy in Mesa County is consistently higher than in Colorado (22.3 per 1,000 females ages 15 to 19)**

54% of children (5 to 14 years) do not get the recommended amount of physical activity per week

40% of adults (18+ years) report receiving a flu shot in the past 12 months

## DISEASE & INJURY

**Suicide hospitalization rate is significantly higher than Colorado (115.7 per 100,000)**

The highest rate of suicide attempts occurred in young people ages 10 to 19 years (533 per 100,000)

19% of motor vehicles accidents that resulted in injury or death had alcohol or other substances as a contributing factor

**Incidence of lung & bronchus cancer is significantly higher than Colorado (53 per 100,000)**

22% of children (5 to 14 years) are overweight or obese

60% of adults (18+ years) are overweight or obese

## MORTALITY

**Suicide rate (34.7 per 100,000) is more than double the rate of the nation (13.4 per 100,000)**

**Heart disease is the leading cause of death in Mesa County**

# HEALTHY MESA COUNTY STRATEGIES FOR IMPROVEMENT





"There is a broad agreement that the problems we face are so complex that no person, nonprofit, corporation, or government agency has the power to solve them alone. Unfortunately, and all too often, when we as a society come together to address these problems, our different perspectives, programs, systems, and approaches often leave us polarized and divided, adding up to less than the sum of our parts."

Civic Canopy



# Community Transformation

## BACKGROUND

In early 2017, Mesa County Public Health (MCPH) convened a group of more than 60 individuals from a broad cross-section of community sectors. Nonprofit, health care, law enforcement, education, business, government, and religious organizations were among those represented. The Community Transformation Group (CTG) determined that in order to meaningfully impact outcomes in three key areas - education, health and the economy - the focus must first be on strengthening social connectedness in our community.

## VISION

*Colorado's Grand Valley is a vibrant, caring and connected community where each of us has the relationships and opportunities we need to thrive.*

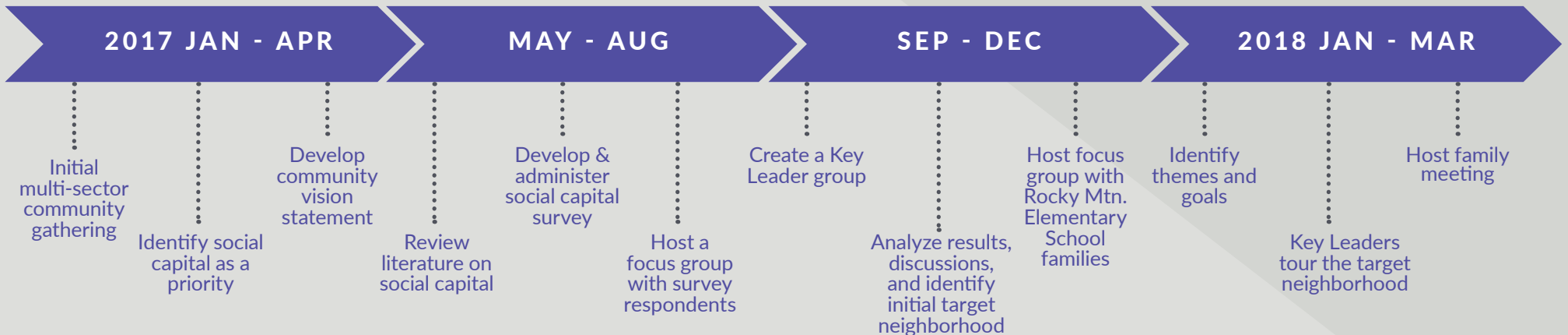
## METHODS

More than 1,500 Mesa County residents completed a social capital survey, administered by MCPH during the summer of 2017. This survey was based on research around assessing social capital and addressed four areas: personal relationships, social network support, civic engagement, and trust and cooperative norms. Surveys were completed online, and MCPH staff also used tablet computers to engage many participants in person at community locations including the Mesa County Community Services Building and local grocery stores.

**PRIORITY 1**  
**BUILD A SENSE OF COMMUNITY IN THE NEIGHBORHOOD**

**PRIORITY 2**  
**NEIGHBORS PARTNER WITH LOCAL ORGANIZATIONS TOWARD SOLUTIONS**

**PRIORITY 3**  
**INCREASE PARTICIPATION IN NEIGHBORHOOD ACTIVITIES**





## BACKGROUND

Mesa County has approximately 158 child care facilities that can serve around 4,200 children.

With roughly 9,400 children between 0 and 5 years and an additional 12,500 children ages 6 to 13, our current capacity to provide care is only about 21%.

Maintaining current facilities at capacity is a challenge due to the lack of qualified staff; it is difficult to recruit employees into the child care profession due to low-paying wages, costly educational requirements, and the lack of local opportunities for training.

From the parent's perspective, specific barriers to utilizing high-quality child care include cost of care, proximity to home or work, lack of flexible hours, and trust.

## VISION

*Create a culture in which high-quality child care is a foundation to education and employment pathways. Increasing Mesa County's capacity to provide high-quality child care will have a positive impact on school readiness while building a child care industry that will attract and retain a skilled labor force.*

## GOAL

Increase the number of sustainable licensed child care slots from 4,200 to 8,000 by 2022 (91% increase). In order to do this, we must create a thriving local child care industry by preparing a skilled workforce, improving efficiencies, increasing profit, and engaging the local community.

### STRATEGY 1

**STRENGTHEN THE CHILD CARE WORKFORCE THROUGH THE DEVELOPMENT OF A CAREER PIPELINE**

### STRATEGY 2

**OPTIMIZE BUSINESS EFFICIENCIES THROUGH CENTRALIZED ADMINISTRATIVE SERVICES**

### STRATEGY 3

**GARNER SUPPORT FROM THE LOCAL BUSINESS COMMUNITY TO ACHIEVE SUSTAINABILITY**

*“Making quality child care available to all Mesa County families, regardless of their income or work situation, will improve overall school readiness, alleviate the stress that leads to child abuse, domestic violence, and suicide and make our communities more attractive to businesses looking to relocate to Mesa County.”*

*Bernie Buescher - Board Chair, Colorado Children's Campaign*



# Suicide Prevention

## BACKGROUND

Mesa County has a suicide death rate of 34.7 per 100,000. This is more than double the rate of the United States (13.4 per 100,000) and significantly higher than the rate of Colorado (20.3 per 100,000). Mesa County's suicide death rate saw an increase between 2013 and 2016.

The Suicide Prevention Advisory Group adopted a community-wide plan in the Spring of 2017 to ensure resources and strategies are coordinated for the benefit of all community members and to ensure long-term sustainability of these efforts.

Partner agencies include: Mind Springs Health, Colorado Mesa University, St. Mary's Medical Center, Community Hospital, School District 51, Western Slope National Alliance on Mental Illness, and Mesa County Public Health.

## VISION

*Create an environment in which community members can openly discuss and obtain resources to reduce risk factors of, attempts of, and deaths by suicide.*

## GOAL

Utilize a data-driven and community-informed approach to decrease attempts and deaths by suicide, increase access to resources, reduce stigma associated with suicide and mental health, and increase community capacity for suicide prevention education.

### STRATEGY 1

**COLLECT & ANALYZE DATA TO TRACK TRENDS AND MAKE DATA-INFORMED DECISIONS**

### STRATEGY 2

**ENHANCE AWARENESS TO DESTIGMITIZE BEHAVIORAL HEALTH & SUICIDE PREVENTION**

### STRATEGY 3

**PROMOTE AND SUPPORT SUICIDE PREVENTION EDUCATION & RESILIENCY TRAINING**

### STRATEGY 4

**PROVIDE PROFESSIONAL LEVEL TRAINING FOR SUICIDE PREVENTION AND POST VENTION**

### STRATEGY 5

**ENHANCE AWARENESS OF SAFE MESSAGING WITH LOCAL MEDIA WHEN REPORTING ON SUICIDE ATTEMPTS AND DEATHS**

### STRATEGY 6

**INCREASE PRESENCE OF BEHAVIORAL HEALTH IN PRIMARY CARE AND INCREASE THE NUMBER OF PSYCHIATRIC BEDS**



# Fruita Youth Initiative

## BACKGROUND

In January of 2017, Mesa County Public Health (MCPH), in partnership with the City of Fruita, began implementing the Communities That Care (CTC) process in Fruita.

The CTC system is a way for community members to work together to prevent youth problem behaviors and adverse health outcomes. These outcomes include substance use, delinquency, teen pregnancy, school drop out, violence, and poor mental health.

## VISION

*A caring community that recognizes the value and potential of youth by creating positive opportunities that promote healthy lifestyles.*

## GOAL

Identify which risk factors, protective factors, and problem behaviors are of most concern in a community, and then implement evidence-based programs and strategies that address the community's unique needs.

### PRIORITY 1

**AVAILABILITY OF SUBSTANCES & LAWS AND NORMS FAVORABLE TOWARD SUBSTANCE USE**

### PRIORITY 2

**LOW COMMITMENT TO SCHOOL**

### PRIORITY 3

**COMMUNITY OPPORTUNITIES FOR PROSOCIAL INVOLVEMENT**

2017 JANUARY

MCPH began partnership with City of Fruita

Recruitment of key community leaders

APRIL

Key leader orientation

Recruitment of community board members from across sectors and backgrounds

JUNE - NOVEMBER

2-day community board orientation and development of vision statement

Priorities selected, Community Assessment Report completed

2018 JAN - MARCH

Engagement of youth in conversations

Resource assessment

Gain student perspective