# 2025-2027

## MESA COUNTY
# COMMUNITY HEALTH IMPROVEMENT PLAN

MARCH 2025

MESA COUNTY
PUBLIC HEALTH

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# INTRODUCTION

A Community Health Improvement Plan (CHIP) is part of the Community Health Assessment and Improvement cycle.

In Mesa County, **public health and non-profit hospitals collaborate** to complete a community health needs assessment (CHNA) every three years.

The assessment is a comprehensive look at the **current status of our community.** It includes both qualitative and quantitative data on the social determinants of health along with health behaviors, health outcomes, and causes of death.

Data and insights are brought together in **key findings that include areas of strength and areas of opportunity.** The CHIP follows the CHNA and identifies specific priorities for action and progress over the next few years.

Outlined in this document are **Mesa County's priority areas, goals, and objectives.**

## *A cycle of health improvement*

**The Community Health Improvement Plan is step two in a three-year cycle of improving our community's health.**

**Step 1**

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

**Step 2**

**Identify priority issues and plan projects to improve outcomes.**

**Step 3**

**Implement plans and track progress on goals.**

# METHODS

The priorities identified for the 2025-2027 Community Health Improvement Plan (CHIP) were selected from a list of priorities identified by the 2024-2026 Community Health Needs Assessment (CHNA).

The Community Health Needs Assessment collected primary and secondary data as well as stakeholder input to evaluate progress on previously established needs and to identify emerging trends for the 2024 edition.

Eight key priorities were identified as having measurable disparities within the community or in comparison to the state or country and aligned with social determinants of health metrics such as Healthy People 2030.

The final phase of prioritization incorporated primary data from key stakeholders, partner organizations, and community members to include a broad representation of perspectives and experiences.

The top eight priority findings, each representing an obstacle to health for Mesa County residents, were presented to key stakeholders in the Partner Planning Committee for review based on alignment, feasibility, and priority populations. Results were also presented to key partner organizations and the community for feedback through an online survey and interactive activities at the Market on Main farmer's market and the Mutual Aid Distribution Day.

Partner organization priorities aligned with resident feedback and included the same top three priorities.

Altogether, **328 responses from community members** were gathered to identify the top three priorities residents felt were most important to address in this health improvement cycle. Resident priorities included Housing Insecurity, Economic Stability, and Shortage of Behavioral Health Providers. View more detail in Appendix A.

# METHODS CONT

## *Priority list*

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

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

**Housing insecurity** significantly burdens Mesa County residents.

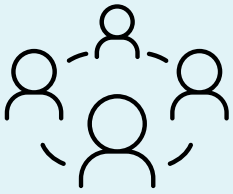
Mesa County has a **shortage of behavioral health providers.**

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

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

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

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



MCPH engaged **the community, partner organizations, and staff to vote for the priorities** they found most important and most actionable. View more detail in Appendix A.

# METHODS CONT

After engaging the community, partner organizations, and staff, MCPH's executive leadership designated Economic Stability and Behavioral Health as the 2024-2026 CHIP priorities.

MCPH held a three-hour work session with a diverse group of stakeholders for each priority. The Economic Stability session included 22 participants, and the Behavioral Health session included 19 participants. Across the meetings, the following sectors were represented:

- Local Government
- Non-Profit Organizations
- Education Institutions
- Health Care Providers
- Faith Communities

.

These work sessions included stakeholder analysis, fishbone diagrams to identify upstream causes, and brainstorming and prioritizing activities. The resulting list of activities was evaluated by an internal team and rated for feasibility, impact, and sustainability. With help from relevant partners, this internal team refined the objectives, activities, responsible parties, and timelines.

A full list of participating organizations is in Appendix C.

# CAPACITY ASSESSMENT

In 2022, to support and enhance our future health improvement cycles MCPH utilized components of Mobilizing for Action through Planning and Partnerships (MAPP), a strategic framework developed by the National Association of County and City Health Officials (NACCHO). NACCHO describes this approach as a facilitated process that,

*"...helps communities apply strategic thinking to prioritize public health issues and identify resources to address them. MAPP is not an agency-focused assessment process; rather, it is an interactive process that can improve the efficiency, effectiveness, and ultimately the performance of local public health systems."*

The team compiled a list of individuals and organizations, consisting of traditional partners as well as other population groups identified through MAPP as experiencing inequities produced by systems. They were invited to the Community Partner Assessment (CPA) process.

The CPA is a process developed for MAPP that allows all of the community partners involved to critically look at:

1. Their own individual systems, processes and capacities
2. Their collective capacity as a network across all community partners to address health inequities.

A total of 95 individuals representing 58 programs, departments, or organizations were invited via email to attend four in-person meetings and to complete the Community Partner Survey.

For a full list of participants and survey questions view Appendix B.

# CAPACITY ASSESSMENT CONT

Organizations were asked what resources they could contribute to support community health improvement planning moving forward. The most frequent response was staff time to participate in meetings, followed by physical space for meetings, and skills in policy and advocacy.

We heard from many participants a desire for a more systemic approach to health improvement, with fewer silos and more collective ownership of our community outcomes. However, approximately 24% of survey respondents stated their organization does not have sufficient capacity to do their work successfully and meet the needs of their clients.

# CAPACITY ASSESSMENT CONT

Identifying opportunities for capacity sharing could lead to increased progress on our shared goals by building on the specific strengths of different organizations and recognizing that both small and large organizations are needed to have the most impact. For example, grassroots organizations that have close relationships and frequent interactions with community members could inform the work of larger agencies with more resources. Similarly, large organizations can enhance the effectiveness of small ones by offering their grant management or data analysis capabilities.

The macro-view came from the CPA and the microscale emerged from work session discussions. The action steps are built on the current capacity at MCPH and our community partners. This includes impact on staffing and priorities due to changes in federal, state, and local policy and elected officials. Capacity in Mesa County shifts quickly, so activities beyond January 1, 2026 will be reassessed based on the current capacity at that time.

# STRATEGIC PRIORITY
## *ECONOMIC STABILITY*

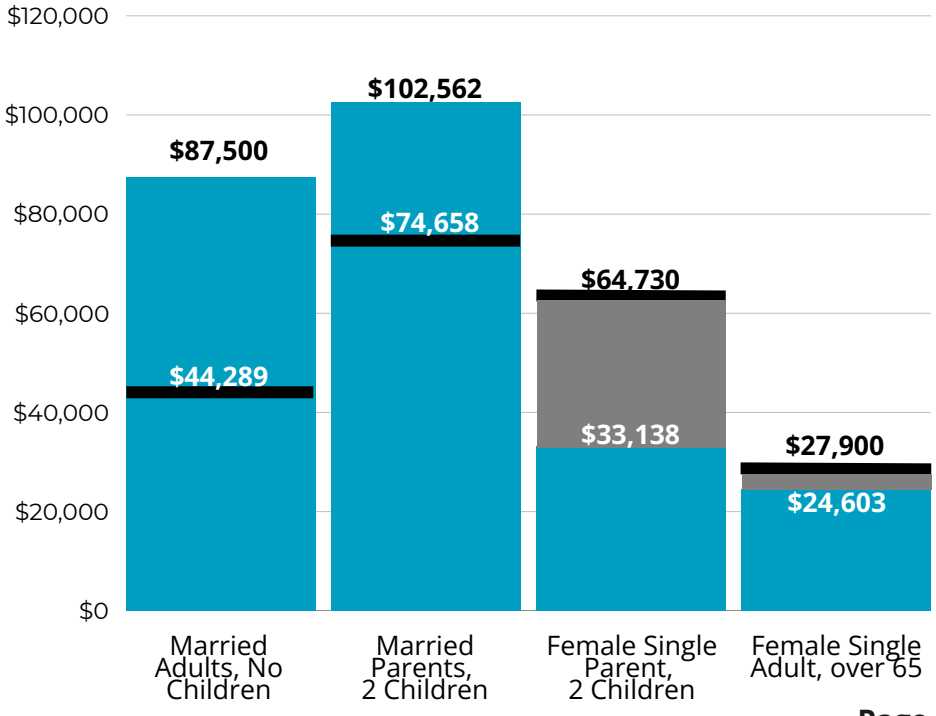
In Mesa County, economic stability is a key priority for dozens of local agencies and nonprofits who support employment, housing, food security, and more in an effort to create a stable financial base from which households can make healthy choices and thrive. While many people enjoy financial stability in Mesa County, others struggle to reach economic self-sufficiency. Thousands of families and individuals live in poverty, and in addition, some find themselves fully employed and still without the economic means to meet their basic needs. Some groups are more likely to experience poverty, including people of color, female single parents, and children.

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

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

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

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



# STRATEGIC PRIORITY
# *ECONOMIC STABILITY*

## *Work Session*

In advance of the CHIP work session to plan Economic Stability activities, Mesa County Public Health sought input from the community in order to identify two big picture goals to focus on within the priority topic of Economic Stability. MCPH conducted several focus groups with community members emphasizing different economic stability topics. Participants were compensated for their time, and enrollees in programs such as Nurse-Family Partnership, WIC, and clients of our Grand Valley Connects resource navigator program were encouraged to attend.

In the Economic Stability Work Session, MCPH staff and representatives from community partner organizations completed a stakeholder analysis, issue statements, and a fishbone diagram relating to the two identified Economic Stability Goals. These techniques were drawn from the National Association of County and City Health Officials' *Mobilizing for Action through Planning and Partnerships* methodology.

## *Participants expressed several key themes:*

**Limited access to essential services and support.**

- Participants noted wait lists and long or unclear wait times for enrollment or participation in economic stability programs. They also repeated some misinformation about program enrollment, such as a local belief that a client of WIC cannot also enroll in SNAP.
- Housing was also mentioned frequently, with many participants indicating that they did not put their name on the waitlist for local housing resources, because for many people the wait can be two or more years.

### ISSUE STATEMENT FROM WORK SESSION PARTICIPANT

***"Families with an income below $50k are unable to make ends meet in Mesa County."***

# STRATEGIC PRIORITY
# *ECONOMIC STABILITY*

**Challenges in finding and accessing appropriate services.**

- In this case, participants were usually describing services that the facilitators knew existed, so the problem was not that Mesa County lacks the service. Often, the problem was that the application process and eligibility criteria were overly complicated and difficult to navigate, and that a participant would seem to be eligible until several steps into the process when they turned out not to be.
- In other cases, the problem was logistical (e.g. a food distribution that is only available on Tuesday mornings is difficult to attend for a person with standard working hours) or that the participant simply had not heard of a program that is available locally.

**A lack of bilingual and culturally-relevant services.**

- This was especially true early in the process of accessing a service. Participants were sometimes eventually connected to an appropriate service provider, but only after interacting with several who did not understand their cultural context or speak their language.
- Many participants discussed a need for Spanish language support, but others indicated a lack of services that accounted for the specific needs of unhoused residents and parents of children with special needs.

## GOAL 1

***Increase benefit program enrollment among the eligible population.***

### OBJECTIVE 1

Engage single adult householders in Mesa County in focus groups to understand their unique enrollment barriers in order to craft a tailored communication campaign.

### OBJECTIVE 2

Conduct a feasibility study for a universal application and tracking system for local benefit programs.

## GOAL 2

***Increase engagement in job training and career ladder opportunities to improve household economic stability.***

### OBJECTIVE 1

Strengthen bilingual employees' employment skills and service delivery capabilities through interpreter training, positioning it as a pathway for career advancement.

### OBJECTIVE 2

In partnership with the Mesa County Workforce Center, convene key stakeholders to map the workforce development ecosystem in Mesa County to understand resources and career pathways available

# STRATEGIC PRIORITY
## *BEHAVIORAL HEALTH*

Behavioral health impacts physical health in a cyclical way. Behavioral health is impacted by health behaviors, but it can also impact a person's ability to pursue healthy choices. In addition, behavioral health challenges can lead to direct health outcomes such as substance use disorder and suicide crisis.

According to the 2022 Tell Us Community Survey, Mesa County residents, regardless of age or income, were overwhelmingly in favor of increasing support for mental health and substance abuse services. Only 13% of residents agreed that Mesa County provides adequate support for these services and 50% completely disagreed.
Grand Valley Connects, a resource navigation hub based at Mesa County Public Health, offers mental health care referrals as one of its diverse services. Among all needs expressed by incoming clients, 25% were for some type of mental health service.

In the 2023 Colorado Health Access Survey, 19.1% of Mesa County residents had spoken to a mental health or substance use disorder professional in the past year. 12.9% indicated they needed a visit but did not get it. The survey did not ask why they did not get the visit, but there are likely two main reasons: they may have decided not to seek care due to stigma, confusion, or cost, or shortages in care providers across Mesa County may have made it difficult to get connected with an appropriate provider.

According to the Health Access Branch of CDPHE, Mesa County has some of the most intense shortages of mental health care providers in the state. Every Mesa County census tract ranks in the top 30% of shortage across the state. This means that the number of professional providers is deeply insufficient to meet the needs of the number of patients suffering from mental health challenges or substance use disorder. A similar federal database indicates that Mesa County would need to add eight additional full time psychiatrists to meet demand, along with other types of providers.

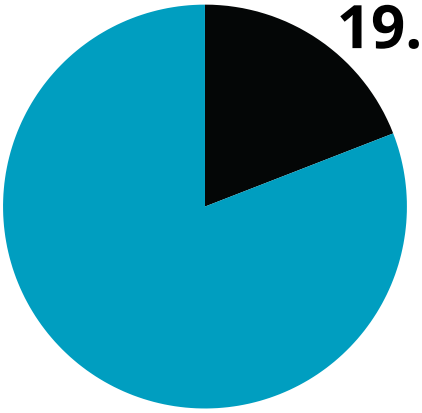
# STRATEGIC PRIORITY
## *BEHAVIORAL HEALTH*

During the COVID-19 pandemic, young people in Mesa County reported more intense mental health challenges than adults (Healthy Kids Colorado Survey 2021 & BRFSS 2019-2021). At the time, teens expressed high levels of stress, and more than 4 in 10 reported intense mental health distress. Less than half as many adults reported the same.

By 2023, the prevalence of intense mental distress among youth had dropped dramatically, down to 25%. While this is encouraging, this is still a significant number of students experiencing mental health challenges (Health Kids Colorado Survey 2023).

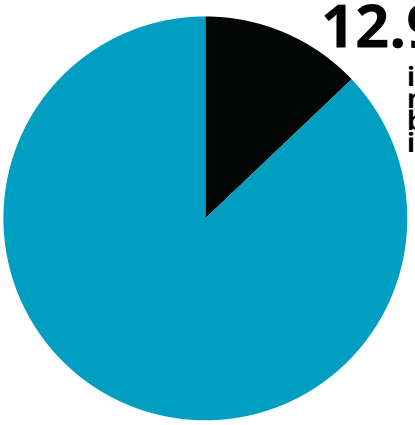
Around a quarter of the adult population in Mesa County has been diagnosed with a depressive disorder ever in their life. Nearly one in five adults indicated recent mental health distress. Prior to 2021, Mesa County and Colorado adults reported similar levels of persistent poor mental health. Starting in 2021, Mesa County's rate increased more quickly than Colorado's. (BRFSS 2019-2021)

**Access to behavioral health care**



**19.1%**

**of Mesa County residents had spoken to a mental health or substance use provider in the past year.**



**12.9%**

**indicated they needed a visit but could not get it.**

*SOURCE: 2023 Colorado Health Access Survey*

# STRATEGIC PRIORITY
# *BEHAVIORAL HEALTH*

**Diverse types of support networks can make accessing care more successful.**

- Participants noted a variety of types of support that had made a difference in their experience seeking care. These included care navigators, friends and family, school counselors, supervisors who recommended EAP, and faith leaders.
- In many cases, participants spoke about a specific person who helped them, and did not think of that person's role as the important element of their help. For example, they believed that the specific school counselor made a difference, not that school counselors in general would be a helpful resource.

**Navigating systems of care, coverage, and treatment while experiencing mental health challenges is incredibly difficult.**

- Participants who had sought care for themselves during a mental health challenge indicated that the system was particularly difficult to navigate because of the mental health challenge itself. Participants who had the opportunity to work with a care navigator felt they were immensely helpful.

## GOAL 1

***Mobilize community members and partners to address mental health care needs in children and youth in Mesa County.***

### OBJECTIVE 1

Collaborate with youth and youth-serving partners to create and share a communication campaign to reduce stigma and educate the community about mental health issues in youth.

### OBJECTIVE 2

Partner Grand Valley Connects with Riverside Education Center (REC) and Mesa County Valley School District 51 in a pilot program to provide navigation services and track outcomes in a specifically identified group of families currently enrolled in REC.

## GOAL 2

***Shift workplace culture in Mesa County to actively support employees accessing mental health care.***

### OBJECTIVE 1

Tailor the Family-Friendly Workplace Toolkit to fit current Mesa County workplace landscape. Identify opportunities to create work environments that are effective and efficient while being less stressful for families and encouraging work-life balance.

### OBJECTIVE 2

Establish mental health crisis response policy at Mesa County Public Health.

# STRATEGIC PRIORITY
# *BEHAVIORAL HEALTH*

## *Work Session*

In advance of the CHIP work session to plan Behavioral Health activities, Mesa County Public Health sought input from the community in order to identify two big picture goals to focus on within the priority topic of Behavioral Health. MCPH sent representatives out into the community to collect their experiences of the strengths, barriers, and opportunities to improve behavioral healthcare in Mesa County. The settings for these short interviews included locations around Mesa County where a diverse population of residents would visit, including the Mesa County Workforce Center, the main branch of the library, and the local nonprofit Hilltop's Family Resource Center.

In the Behavioral Health Work Session, MCPH staff and representatives from community partner organizations completed a stakeholder analysis, issue statements, and a fishbone diagram relating to the two identified Behavioral Health Goals. These techniques were drawn from the National Association of County and City Health Officials' *Mobilizing for Action through Planning and Partnerships* methodology.

## *Participants expressed several key themes:*

**EAP is a valuable workplace program when it is available.**

- The key value of the EAP program, according to participants was two-fold. First, the service was free, which made it feel more accessible and lower risk to participants. Second, the service was tacitly approved by their employer, since the employer had opted into the program.
- One respondent said, "I was able to stay employed in a hard time because I could get help through EAP, which meant my problems didn't affect my work as much. Without EAP, I don't think I would have kept that job."
- Notably, however, several participants had never heard of EAP, or did not have it on offer at their workplace.

### ISSUE STATEMENT FROM WORK SESSION PARTICIPANT

***"High risk (of suicide) industries have the least cultural and structural support for mental health care. i.e construction, healthcare, ag, oil and gas, forestry"***

# EVALUATION AND ACCOUNTABILITY

MCPH will monitor population-level health and document all activities in pursuit of CHIP goals and objectives. Standardized activity planning templates and process evaluations will ensure the efficient use of resources.

CHIP evaluation activities are organized in two categories:

- Activity measures of success for MCPH-led and collaborative projects.
- Population-level metrics in Mesa County

Annual updates on CHIP progress will be provided for the Board of Public Health and for the public. Annual updates will include any changes from the baseline population-level metrics and progress on activities. It will also include any substantive externalities impacting the work like policy or funding changes.

Our three main tools on the follow pages:

- Activity Planning Tool
- Process Evaluation Tool
- Logic model

**Mesa County Community Health Improvement Plan**
***Process evaluation template***

| | |
|---|---|
| Strategic priority, Goal, Objective | |
| Activity | |
| Partner name | |

**Instructions:** Thank you for supporting the Mesa County Community Health Improvement Plan. Your responses will be used to inform how the county works with partners to achieve common goals in the future.

Please review each statement and determine your level of agreement. If the statement does not apply to your activity, please mark n/a.

| | Strongly disagree | disagree | neutral | agree | Strongly agree | n/a |
|---|---|---|---|---|---|---|
| The activity was implemented as planned. | | | | | | |
| Any modifications made to the original plan improved the quality of the activity. | | | | | | |
| The activity reached the target population. | | | | | | |
| Barriers to participation by the target population were addressed. | | | | | | |
| Staff had adequate resources to conduct the activity. | | | | | | |
| The activity was well coordinated with partners. | | | | | | |
| Mesa County Public Health helps bring like-minded organizations together to solve health problems. | | | | | | |
| **Open response** | | | | | | |
| Describe factors that helped with successful implementation of the CHIP activity. | | | | | | |
| Describe any factors that hindered implementation of the CHIP activity. | | | | | | |
| Describe your experience working with Mesa County Public Health. | | | | | | |

Mesa County Community Health Improvement Plan
*Activity planning tool*

| | |
|---|---|
| Activity name | |
| Associated CHIP Strategic priority, Goal, Objective | |
| Budget | |
| Mesa County Public Health staff | |
| Partners | |
| Meeting schedule | |

| | |
|---|---|
| Define the activity outcome What would make this a measurable success? | |

| Task | Who is responsible | Due date | Status |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

## *CHIP Logic Model*

### INPUTS
**Resources needed to conduct CHIP activities.**

- Funding
- Staffing and expertise
- Leadership support
- Existing coalitions
- Equipment and physical space to conduct the activity

**what we invest.**

### ACTIVITIES
**What staff and partners do with the resources.**

- Outlined activities in the CHIP
- Community engagement
- Partner collaborations
- Communication Campaigns
- Generate reports and recommendations

**what we do.**

### OUTPUTS
**Direct, tangible results of activities.**

- Total personnel hours
- Total financial resources
- Number of community participants in planned activities.
- Number of partners participating
- Process evaluations completed
- Increased awareness and knowledge of the strategic priority area

**what we get.**

### OUTCOMES
**Changes that occur in in our community because of the activities and outputs.**

- Changes in health, behavior, knowledge, attitudes, policy, or the environment.
- Measurable.
- Can create short-, mid-, and long-term outcomes.

**what we achieve.**

**Our planned work.**

**Our intended results.**

### Contextual Factors
**Cultural norms, political climate, competing programming, changes in funding**

# APPENDIX

**A** — Community, partner organizations, and staff that voted for the priorities they found most important and most actionable and CHIP Partner and community virtual feedback Lime survey

**B** — Community Partner Assessment participants and Community Partner Survey

**C** — Work session participant organizations and MCPH roles

**D** — Economic Stability work session with direct quotes from participants as issue statements and root cause themes.

**E** — Behavioral Health work session with direct quotes from participants as issue statements and root cause themes.

**F** — Metrics for consideration with baselines

# APPENDIX A.1

**Community, partner organizations, and staff that voted for the priorities they found most important and most actionable.**

| COMMUNITY | PARTNERS | STAFF |
|---|---|---|
| **328 Total Responses**<br>• Online survey in English and Spanish - 223 responses<br>• Dot-sticker activity<br>  ◦ Farmer Market - 77 responses<br>  ◦ Food Distribution day at the Unhoused Resource Center - 28 responses | **2 Total Responses**<br>• Asked to consider both community need and organizational willingness to participate.<br><br>**Sectors**: local government, healthcare providers, non-profit organizations<br><br>**Priority Populations Served by these organizations:** children, youth and young adults, older adults, people who are pregnant or recently gave birth, Veterans, English language learners, low income households, unhoused residents, justice-involved individuals, people with mental health challenges, people with disabilities, people who use drugs or are in recovery | **50 Total Responses**<br>• 5 leadership<br>• 45 staff |
| **Top Priorities**<br>• Housing<br>• Economic Stability<br>• Behavioral Health Provider Shortage | **Top Priorities**<br>• Economic Stability, identified as need and willing to participate.<br>• Behavioral Health Provider Shortage, identified as need and willing to participate.<br>• Housing, identified as need.<br>• Youth relationships, identified as willing to participate. | **Top Priorities**<br>• Economic Stability<br>• Housing<br>• Behavioral Health Provider Shortage<br>• Childcare, top priority for leadership, not for staff. |

# APPENDIX A.2

**CHIP Partner and community virtual feedback Lime survey**

LimeSurvey is an open-source online survey tool used for creating, distributing, and analyzing surveys and questionnaires.

We want to hear from you! Heath-focused organizations across Mesa County are designing Community Health Improvement Plans. These organizations will select priority intervention areas based on the findings of the 2024-2026 Community Health Needs Assessment. The resulting plans and activities typically involve broad cross-sector participation to get maximum impact from the invested funding and staff and client/patient time. Today we're interested in which areas your organization would like to see collaborative, cross-sector focus on in the next two years. You'll find the eight identified priorities on the next page. Review them, and click "next" to rank the priorities to show your organization's support. For this survey, please respond on behalf of your organization. If you would also like to participate in our community member survey, that link will be available at the end of this survey. We'd love to know your priorities as a Mesa County resident as well.

## Questions:

**Section A: 2024 Mesa County Priority Topic Details**

**Economic stability:** Many households in Mesa County struggle to reach economic stability, some households, especially those with a single earner, earn an average wage below what's needed to meet basic needs in Mesa County. Mesa County continues to be a childcare desert, but access is increasing, there are 3.5 children under age five for every licensed childcare slot in Mesa County. While new centers and payment options have increased access, families who need care still struggle to find it. Housing insecurity significantly burdens Mesa County residents. Between 2015 and 2022 in Mesa County, starter home prices increased by 96%, rental costs increased by 58%, and the median household income increased by just 38%. Mesa County has a shortage of behavioral health providers.

**Behavioral health:** Both federal and state measures of behavioral health provider need show Mesa County does not have enough providers to meet the demand from the community. Mesa County residents frequently use the emergency department for visits that could be completed with primary care doctors at lower cost and more effective whole health care. In an analysis of emergency department visits by Mesa County patients, approximately 40% of visits were for non-emergency diagnoses such as headache and abdominal pain. Rates of suicide ideation, attempt, and death in Mesa County are worrisome. From 2020 to 2022, Mesa County's suicide death rate was 32.1 per 100,000 people, 50% higher than Colorado, and nearly three times as high as the national rate. Youth relationships with their families and peers are primary risk or protective factors in substance use and mental health. Youth who reported they could ask a parent for help are one-third as likely to report intense mental health challenges and high risk substance use as those who said they could not. Youth who did not feel a sense of belonging at school were more than twice as likely to report serious mental health challenges and 1.5 times as likely to report high risk substance use than those who said they did feel a sense of belonging. Alcohol consumption is common among youth and adults, and plays a role in serious health outcomes. One in ten Mesa County adults is a heavy drinker, and one in six is a current binge drinker. Between 2019 and 2022, binge drinking rates remained steady, and heavy drinking increased. Since 2021, between one-third and one-half of suicide deaths and one-third of suicide-related hospital visits have involved alcohol intoxication.

**Section B: The following eight priorities were identified as obstacles to health for Mesa County residents in 2024-2026 CHNA. Select up to four that your organization believes are most impacting the health, wellness, and quality of life of Mesa County residents.**

- Many households in Mesa County struggle to reach economic stability.
- Mesa County continues to be a childcare desert, but access is increasing.
- Housing insecurity significantly burdens Mesa County residents.
- Mesa County has a shortage of behavioral health providers.
- Mesa County residents frequently use the emergency department for visits that could be completed with primary care doctors at lower cost and more effective whole health care.
- Rates of suicide ideation, attempt, and death in Mesa County are worrisome.
- Youth relationships with their families and peers are primary risk or protective factors in substance use and mental health.
- Alcohol consumption is common among youth and adults, and plays a role in serious health outcomes.

**Section C: Organization Details We want to make sure we are reaching a variety of Mesa County organizations, businesses, and agencies with this survey. These questions will help us verify we have broad input for this important planning.**

- What organization do you represent?
- What sector best describes your organization: Local government, Healthcare provider, Education, Private sector/business, Non-profit organization, Faith organization, Other (describe below).
- Does your organization serve any of the following populations? This could be as a "target" group, or simply that they are notably represented among your clients, customers, or patients. Select all that apply: Unhoused residents, Families with children, Justice-involved individuals, People with disabilities, People with mental health challenges, People who use drugs or are in recovery, People who are pregnant or recently gave birth, Children under 18, Youth and young adults, 10-24, Older adults over age 65, Veterans, English language learners, Low income households, Other (describe below).
- What is the best email to include in future communications about CHIP priorities and projects? Feel free to include more than one, separated by commas.

Thank you for completing the survey on behalf of your organization. Please feel free to take our CHIP Community Survey as a resident of Mesa County as well.

# APPENDIX B.1

**Community Partner Assessment participants**

## PARTICIPATING AGENCIES

ADRC of Hilltop
Area Agency on Aging of Northwest Colorado
Ariel Clinical Services
City of Fruita
Clifton Community Outreach
Colorado Health Network
Community Food Bank of Grand Junction
Community Hospital
Congregation Ohr Shalom
De Beque School District 49JT
Freedom Institute Inc
Grand Junction Area Chamber of Commerce
Grand Junction Housing Authority
Grand Junction Police Department
Grand Valley Catholic Outreach
Hilltop Community Resource, Inc.
Homeward Bound of the Grand Valley
Juvenile Diversion / Lighthouse Program - 21st JD District Attorney's Office
Karis Inc. / The House
Marillac Health
Meals on Wheels Mesa County
Mesa County Criminal Justice Services Department
Mesa County Department of Human Services
Mesa County Libraries
Mesa County Partnership for Children and Families
Mesa County Public Health WIC Program
Mesa County Valley School District 51
Mutual Aid Partners
Personal Growth Counseling, LLC
Project 1.27
Regional Transportation Planning Office
Riverside Educational Center
Rocky Mountain Health Plans, A UnitedHealthcare Company
St. Mary's Regional Medical Center
Strive
The Joseph Center
Western Colorado 2-1-1, Hilltop Community Resources
Western Colorado Alliance

# APPENDIX B.2

## Community Partner Lime survey

LimeSurvey is an open-source online survey tool used for creating, distributing, and analyzing surveys and questionnaires.

The Community Partner Survey is a tool within the Community Health Improvement process to assess the status of partnerships and collaboration in Mesa County, and the strengths and capacities of each participating organization. Please consult with other members of your agency or group as needed to complete this survey, but please submit just one survey per organization. Thank you for your participation

**Section A: About You and Your Organization (A).**
The following section asks general questions about you and your organization, including the type of organization, your organization's interest in participating in the community health improvement process, populations served, topic or focus areas, commitment to equity, and accountability. Please answer questions 2-6 from your perspective, and questions 7-34 from the perspective of your organization.

- A1. What is the full name of your organization?
- A2. Which best describes your position or role in your organization? Administrative staff, Front line staff, Supervisor (not senior management), Senior management level/unit or program lead, Leadership team, Community leader, Other.
- A3. Approximately how long have you been working at your organization? Please enter the number of years, for example 1.5=1 year 6 months.
- A4. Have you ever participated in a community health improvement process? Yes, No, Not sure.

**Section B: About You and Your Organization (B).**

- B1. Have you ever participated in community-led decision-making around policies, actions or programs? Yes, No, Not sure.
- B2. Have you ever participated in a multi-sector coalition or partnership? Yes, No.
- B3. Please briefly describe the multi-partner coalition:
- B4. How would you describe your organization? County Health Department, State Health Department, Other City Government Agency, Other County Government Agency, Other State Government Agency, Private hospital, Nonprofit hospital, Private clinic, Public clinic, Non-profit organization, Grassroots community organizing group/organization, Tenants association, Neighborhood association, Foundation/Philanthropy, For-profit organization / private business, Faith-based organization, Academic partner, Advocacy organization, Developer, Other.
- B5. Which of the following describe your interest in joining a community health improvement partnership: To bring about more effective and efficient delivery of programs and eliminate any unnecessary duplication of effort, To pool resources, To increase communication among groups, To break down stereotypes, To build networks and friendships, To plan and launch community-wide initiatives on a variety of issues, To develop and use the strength of partnerships to enhance services or other benefits for the community, To create long-term, permanent social change, To obtain or provide services, Other.

**Section C: About You and Your Organization (C).**

- C1. What does your organization hope to gain by participating in this community health improvement process? How will participation help support your work? Access to data, Connections to Communities with Lived Experience, Connections to Other Organizations, Connections to Decision-Makers, Connections to Potential Funders, Positive publicity (e.g. our organization supports community health), Helps achieve requirements for public health accreditation, Helps achieve requirements for IRS non-profit tax status, Helps achieve requirements for FQHC status, Helps achieve other requirements, Improving conditions for members/constituents, Other.
- C2. Please add any comments or notes about your organization's interest in participating in the community health improvement process.
- C3. What are your organization's most valuable resources and strongest assets?
- C4. What resources can your organization contribute to support community health improvement activities? Funding to support assessment activities (e.g. data collection, analysis), Funding to support community engagement (e.g. stipends, gift cards), Food for community meetings, Childcare for community meetings, Policy/advocacy skills, Media connections, Social media capacities, Physical space to hold meetings, Technology to support virtual meetings, Staff time to support interpretation and translation, Lending interpretation equipment for use during meetings, Staff time to support focus group facilitation or interviews, Staff time to help analyze quantitative data, Staff time to help analyze qualitative data, Staff time to participate in community health improvement meetings and activities, Staff time to help plan community health improvement meetings and activities, Staff time to help facilitate community health improvement meetings and activities, Staff time to help implement identified priorities, Note-taking support during qualitative data collection, Staff time to transcribe meeting notes/recordings, Other.

**Section D: About You and Your Organization (D).**

- D1. Please share any comments about the items above and/or other ways your organization can support community health improvement work.
- D2. Who are the racial and ethnic populations your organization works with? Latinx/Hispanic, Asian, Asian American, Black/African American, Pacific Islander/Native Hawaiian, African, Native American/Indigenous/Alaska Native, Middle Eastern/North African, White/European, Other.
- D3. What are the gender and sex identities of the populations your organization works with? Women, Men, Nonbinary, Transgender, Other.

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**Section E: About You and Your Organization (E).**

- E1. What additional population groups does your organization work with? Consider groups by sexual orientation, socioeconomic status, education, disability, immigration status, religion, insurance status, housing status, occupation, age, neighborhood, and involvement in the criminal legal system.
- E2. Who are your priority populations?
- E3. What do you do to authentically engage with your clientele or community? We hire staff/interpreters who speak the languages/s of our target populations, We support leadership development in our target populations, We have leadership who speak the language/s of our target populations, Our organization is physically located in neighborhood(s) of our target populations, We work with many clients from our target populations, We receive many referrals from our target populations, We work closely with community organizations from our target populations, We have done extensive outreach to our target populations, We hire staff from specific racial/ethnic groups that mirror our target populations, Other.
- E4. Does the leadership of your organization reflect the demographics of the community you serve? Yes, No, Not sure.

**Section F: About You and Your Organization (F).**

- F1. Does the middle management of your organization reflect the demographics of the community you serve? Yes, No, Not sure.
- F2. Does the rest of the staff in your organization reflect the demographics of the community you serve? Yes, No, Not sure.
- F3. What languages do staff at your organization speak?
- F4. How do you accommodate communication needs in your public meetings? (for example: ASL interpreter, closed captioning, using languages other than English)

**Section G: About You and Your Organization (G).**

- G1. Please share any other comments about your organization and the demographics of the community you serve.
- G2. Please rank how much your organization focuses on each topic (A lot, A little, Not at all, Not sure): Education Access & Services: The connection between education and health and wellbeing. This includes key issues such as graduating from high school, educational attainment in general, language and literacy, and early childhood education and development. Health Care Access & Quality: The connection between people's access to and understanding of health services and their own health. This includes key issues such as access to healthcare, access to primary care, health insurance coverage, and health literacy. Neighborhood & Built Environment: The connection between where a person lives (housing, neighborhood, environment) and their health and wellbeing. This includes topics like quality of housing, access to transportation, availability of healthy foods, air and water quality, and public safety. Social and Community Context: The connection between characteristics of the contexts within which people live, learn, work, and play, and their health and wellbeing. This includes topics like community cohesion, civic participation, discrimination, conditions in the workplace, and incarceration. Economic Stability: The connection between the financial resources people have (income, cost of living, socioeconomic status) and their health. This includes key issues such as poverty, employment, food security, and housing stability.
- G3. Which of the following categories does your organization address? Arts and culture, Criminal legal system, Disability justice, Early childhood development/childcare, Education, Community economic development, Economic security, Environmental justice, climate change, Faith-based topics, Family wellbeing, Financial management, Food access and affordability (e.g., food bank), Gender discrimination/equity, Government accountability, Health Care access, utilization, Housing Human services, Immigration Jobs, labor conditions, wages & income, Land use planning/development, LGBTQIA+ discrimination/equity, Parks, recreation and open space, Public safety, violence prevention, Racial justice, Seniors/elder care, Transportation, Utilities, Veterans issues, Youth development and leadership, Other.
- G4. Which of the following health topics does your organization address? Asthma, Cancer, Cardiovascular diseases, Diabetes, obesity, Immunizations and screenings, Infectious diseases, Injury and Violence Prevention, HIV/STD prevention, Health care access/utilization, Health insurance/ Medicare/Medicaid, Mental or behavioral health (including PTSD, anxiety, trauma), Physical activity, Tobacco and substance use prevention, WIC, TANF (Food Stamps), None of the above/Not applicable, Other.

**Section H: About You and Your Organization (H).**

- H1. If your organization has a shared written definition of equity or health equity, please share it below.
- H2. Please select whether you agree, disagree, or are unsure for each of the following statements. We have a team dedicated to advancing equity/addressing inequities in our organization. We have at least one individual dedicated to addressing diversity, equity and inclusion in our organization. Advancing equity/addressing inequities is included in all or most staff job requirements. Advancing equity/addressing inequities is included in almost none or no staff job requirements. We have at least one individual dedicated to addressing inequities in our organization.
- H3. Please list some of the staff positions working to address equity and describe what type of equity-focused work they do.
- H4. Please share any comments or questions about your organization's commitment to and practice of equity.

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**Section I: About You and Your Organization (I).**

- I1. Does your organization have an advisory board of community members, stakeholders, youth or others who are impacted by your organization? Yes, No.
- I2. What is that advisory board and what powers do they have?
- I3. Who is your organization accountable to? (By accountable we mean who your organization must report to because they determine or oversee your funding as an organization, determine your priorities, etc. For example, city government agencies may be accountable to the Mayor or City Council.) Community members, Members of the organization or association, Customers/Clients, Board of Trustees, Shareholders Mayor, Governor or other elected executive official, Foundation City Council, Board of Supervisors, or other elected legislative officials, State government, Federal government, Other government agency, Voters, Voting members, Other.
- I4. How do you report back to those you are accountable to? Town hall meetings for organizational affiliates - e.g. shareholders, members of the organization, Public town hall meetings - for all who may be interested, Private (not publicly available) written reports, Publicly available written reports, Private presentations to decision-making body, Public presentations to decision-making body, Other.

**Section J. Organizational Capacities (J).**

One of the goals of this assessment is to help describe how each of participating organization contributes to our local public health system. You and your organization are an integral part of our community's local public health system, even if you do not work in public health or health care (to recap, public health is more than health care, and health outcomes are shaped by behaviors, access to care, living and working conditions, institutions, policies, systems, cultural norms, social inequities, and the environment). Organizations working to improve the wellbeing of individuals, families, and communities by improving housing, education, childcare, workforce development, or other conditions have an impact on the our community's health.

- J1. Please select whether your organization regularly engages in activities that support the five social determinants of health (SDOH) within Mesa County Public Health's One Community framework. ECONOMIC STABILITY (employment, food security, housing stability, poverty) EDUCATION (early childhood development, high school graduation, language and literacy) HEALTH AND HEALTH CARE (access to health care, behavioral determinants, health literacy) NEIGHBORHOOD AND BUILD ENVIRONMENT (access to food, prevalence of crime and violence, environmental conditions, quality of housing) SOCIAL AND COMMUNITY CONTEXT (civic participation, rates of incarceration, social cohesion.
- J2. Please share any other core competencies or strengths of your organization not included on the list above that you would like to mention.
- J3. Of all of the activities and capacities listed above (including any you added), which do you identify as your organization's core competencies or strengths? Please list up to three.

**Section K: Organizational Capacities (K).**

- K1. Does your organization have sufficient capacity to do your work successfully and meet the needs of your clients? Yes, No.
- K2. Which of the following strategies does your organization use to do your work? Research and policy analysis: Gathering and analyzing data to create credibility and inform policies, projects, programs, or coalitions. Social services: Providing services that reach clients and meet their needs. Communications: Messaging that resonates with communities, connects them to an issue, and/or inspires them to take action. Leadership development: Equipping leaders with the skills, knowledge, and experiences to play a greater role within their organization or movement. Advocacy and grassroots lobbying: Targeting public officials either by directly speaking to them or mobilizing constituents to influence legislative or executive policy decisions. Alliance and coalition building: Building collaboration among groups with shared values and interest. Arts and culture: Nurturing the multiple skills of an individual through the arts and encouraging connection through shared experiences. Campaigns: Employing a series of organized actions that address a specific purpose, policy, or change. Healing: Addressing personal and community trauma and how they connect to larger social and economic inequalities. Integrated voter engagement: Connecting organizing and voter engagement strategies to build a strong base over multiple election cycles. Organizing: Involving people in efforts to change their circumstances by altering the underlying structures, decision-making processes, policies, and priorities that produce inequities. Narrative change: Harnessing arts and expression to replace dominant assumptions about a community or issue with dignified narratives and values. Movement building: Scaling up from single organizations and issues to long-term initiatives, perspectives, and narratives that seek systems change. Other.
- K3. One of the goals of community health improvement work is to help build the collective capacity of our network and connect partners to build their capacities. Are there any capacities that you would like to grow as an organization (including anything that was referenced above in this section)?

# APPENDIX B.2 CONT

**Community Partner Lime survey**

LimeSurvey

**Section L: Specific Capacities to Support Community Health Improvement: Data Access and Systems (L).**
The following questions ask about your organization's experience collecting data, engaging community members, advocating for policy change, and communicating with the public. Please tell us if your organization regularly does each of the following tasks and whether your organization might be able to support community health improvement work by assisting with that task. Following the set of questions is space for any comments or questions you may have.

- L1. If your organization conducts assessments (basic needs, community health, neighborhood, etc), please describe what they assess. If your organization does not conduct assessments, please skip the next question.
- L2. Can you share the assessments you described above with the health improvement collaborative? Yes, No, Not sure.
- L3. What data does your organization collect? Data about systems of power, privilege, and oppression, We don't collect data, Demographic info about clients or members, Evaluation or quality improvement info about services offered, Data about health status, Access and utilization data about services provided and to whom, Data about health behaviors, Data about conditions and/or social determinants of health, Other.
- L4. Can you share any of that data with the community health improvement workgroup? Yes, No, Not Sure.

**Section M: Specific Capacities to Support Community Health Improvement: Data Access and Systems (M).**
- M1. How does your organization collect data? Surveys, Focus groups, Interviews, Feedback forms, Photovoice or other participatory research, Notes from community meetings, Videos, Secondary data sources, Other.
- M2. What data skills does your organization have? Mapping/visualization skills, Interviewing, Detailed note-taking or transcription, Survey design and analysis, Secondary data analysis, Participatory research, Needs assessment, Facilitators of community or town hall meetings, Asset mapping, Focus group facilitation, Other quantitative or qualitative methods.
- M3. Does your organization analyze data with a health equity lens or health equity in mind? Yes, No, Not Sure.
- M4. If yes or not sure to the previous question, please describe your analysis.
- M5. Please share any comments about how your organization could support data collection and analysis in the community health improvement process.

**Section N: Specific Capacities to Support Community Health Improvement: Community Engagement Practices (N).**
- N1. What level of community engagement does your organization use most often? Note: we will explore this more deeply in the CPA partner discussion. Inform: Provide the community with relevant information, Consult: Gather input from the community, Involve: Ensure community needs and assets are integrated into the process and inform planning, Collaborate: Ensure community capacity to play a leadership role in implementation of decisions, Defer to: Foster democratic participation and equity through community-driven decision-making. Bridge divide between community and governance. Not Sure.
- N2. Which of the following methods of community engagement does your organization use most often? Customer satisfaction surveys Fact sheets Open houses Presentations Billboards Videos Public comment Focus groups Community forums/events Surveys Community organizing Advocacy House meetings Interactive workshops Polling Memorandums of Understanding with community-based organizations Citizen Advisory Committees Open planning forums with citizen polling Community-driven planning Consensus building Participatory action research Participatory budgeting Cooperatives Other.
- N3. When you host community meetings, which of the following do you regularly offer? Stipends or gift cards for participation Interpretation/translation to other languages including sign language Food/snacks Transportation vouchers if needed Childcare if needed Visual materials for low literacy populations Virtual ways to participate Not applicable Other.
- N4. Please share any additional comments about how your organization could support community engagement in the community health improvement process.

**Section O: Specific Capacities to Support Community Health Improvement: Community Engagement Practices (O).**
- O1. What policy/advocacy work does your organization engage in? Develop close relationships with elected officials Educate decision makers Respond to requests from decision makers Leverage relationships to access decision makers Write or develop policy Advocate for policy change Build capacity of impacted individuals/communities to advocate for policy change Lobby for policy change Mobilize public opinion on policies via media/communications Contribute to political campaigns/PACs Voter outreach and education Legal advocacy Not applicable Not sure Other.
- O2. Please share whether you agree, disagree, or are unsure about the following statements regarding communication (Agree Disagree Unsure). Our organization has a strong communications infrastructure and capacity. Our organization has a clear communications strategy. Our organization has good relationships with other organizations who can help disseminate information. Our organization has a clear equity lens that we use for our external communications and engagement work. Our organization has a strong presence in local earned media (print/radio/TV).
- O3. What communications work does your organization engage in most often? Internal newsletters to staff External newsletters to members/the public Ongoing and active relationships with local journalists and earned media organizations Social media outreach (e.g. on Facebook, Twitter, Instagram) Ethnicity-specific outreach in non-English language Media contact list for press advisories/releases Press releases/press conferences Meet regularly to discuss the narrative and messaging we are putting out publicly Other.

**Section P: Specific Capacities to Support Community Health Improvement: Community Engagement Practices (P).**
- P1. If your organization has publicly available materials, are they translated into other languages? All of our publicly available materials are translated into other languages. Most of our publicly available materials are translated into other languages. Few of our publicly available materials are translated into other languages. None of our publicly available materials are translated into other languages. N/A (we do not have any publicly available materials)
- P2. Please share any comments about how your organization could support policy, advocacy, or communications in the health improvement process.
- P3. What questions or comments do you have about the community health improvement process and our next steps together to improve community health?

# APPENDIX C

**Work session participant organizations and MCPH roles**

| ECONOMIC STABILITY | BEHAVIORAL HEALTH |
|---|---|
| Facilitator, MCPH Data Team Supervisor<br><br>• MCPH Deputy Director<br>• MCPH Nurse Family Partnership Manager<br>• MCPH Grand Valley Connects Supervisor<br>• MCPH Health Promotion Division Director<br>• MCPH WIC Manager<br>• MCPH Data Analyst<br>• Project 1.27<br>• Family Health West<br>• Monument Health<br>• Grand Junction Housing Authority<br>• MCPH Senior Researcher<br>• Mesa County Workforce Center Director<br>• City of Grand Junction Housing Division<br>• Board of Public Health<br>• Food Bank of the Rockies Director<br>• St. Mary's Hospital<br>• Unitarian Universalist Church Minister<br>• School District 51<br>• VA Western Colorado Health System | Facilitator, Mesa County Public Health Data Team Supervisor<br><br>• Colorado Mesa University Student Services Director<br>• CMU Student Services Intern<br>• Board of Public Health<br>• Executive Director, Counseling and Education Center<br>• Mesa County Behavioral Health<br>• MCPH Grand Valley Connects Navigator<br>• Family Health West<br>• St. Mary's Hospital Behavioral Health<br>• MCPH Data Analyst<br>• Mesa County Juvenile Diversion Coordinator<br>• Mesa County Behavioral Health Director<br>• Mesa County Public Health Director<br>• Foster Alumni Mentors<br>• Mesa County Behavioral Health Deputy Director<br>• Second Wind Fund<br>• School District 51<br>• Riverside Education Center<br>• Altitude Pediatrics, Primary Care Partners Behavioral Health and Wellness<br>• Mind Springs Health Child Youth Family Wellness Program Manager |

# APPENDIX D

**Economic Stability work session with direct quotes from participants as issue statements and root cause themes.**

| GOAL 1: Increase benefit program enrollment among the eligible population. | GOAL 2: Increase engagement in job training and career ladder opportunities to improve household economic stability. |
|---|---|
| **Issue Statements:**<br>• "Single mom community members are not utilizing programs that they are eligible for."<br>• "We don't know who in the community is not 'eligible but not enrolled' (eligible and interested)." | **Issue Statements:**<br>• "Employers in Mesa County see a lack of skilled workforce that can be easily retained."<br>• "Families with an income below $50k are unable to make ends meet in Mesa County."<br>• "Need to examine and utilize data from providers, outreach, organizations, around non-job seekers." |
| **Root Cause Themes:**<br>• Lack of awareness of program availability among providers, navigators, and community members.<br>• Determining eligibility can be difficult due to complex criteria and the burden of proof on enrollees to provide evidence. The complexity of the criteria also makes it difficult to effectively articulate to potential enrollees.<br>• Application processes are complicated and daunting and applying to more than one program can lead to "application fatigue"<br>• Logistical needs can prevent a potential enrollee from applying even if they are eligible (e.g. transportation, technology, no stable address) | **Root Cause Themes:**<br>• Housing is not affordable for Mesa County residents of many income levels.<br>• Organizations that provide job training and those that support job seekers do not understand the full landscape of opportunities available to students or job seekers.<br>• Many people lacking economic stability are unable to engage job training opportunities because they are focused on meeting basic needs right now.<br>• Logistical needs can prevent a potential enrollee from pursuing job training (e.g. transportation, technology, no stable address)<br>• Job seekers and employers may be discouraged by the cost of job training, and are unaware of potential programs to help. |

# APPENDIX E

**Behavioral Health work session with direct quotes from participants as issue statements and root cause themes.**

| Address ACEs to reduce mental health care need in children and youth in Mesa County. | Shift workplace culture in Mesa County to actively support employees accessing mental health care. |
|---|---|
| **Issue Statements:**<br>• "Kids who are screened are overwhelming available resources."<br>• "All organizations in Mesa County (do not yet) use a standard element screening process for identifying ACEs in children and youth." | **Issue Statements:**<br>• "High risk (of suicide) industries have the least cultural and structural support for mental health care. i.e construction, healthcare, ag, oil and gas, forestry"<br>• "Lack of working moms accessing mental health care and a lack of support from employers."<br>• [Need to] "Improve transition to/within workforce and decrease unnecessary turnover" [by improving employer culture for employees who are new to the workforce.] |
| **Common Root Cause Themes:**<br>• Children and youth often rely on school systems to meet their basic needs.<br>• Children and youth who have unstable homes often show behavioral disruptions during school breaks and right before and after breaks.<br>• Parents are often doing the best they can to help their children and lack knowledge of resources and strategies.<br>• Parents and children are inheriting intergenerational trauma.<br>• The volume of needs from Mesa County children and youth has historically overwhelmed any navigation program the school has tried to work with. After the navigators are overwhelmed, the providers and children and youth serving programs are also overwhelmed.<br>• Programs across the county use independent and incompatible systems to measure ACEs and needs.<br>• Data sharing is limited by individual organizations' privacy restrictions as well as HIPAA and FERPA. Some of this could be solved with a standardized ROI.<br>• Organizations who serve children and youth experiencing ACEs and mental health challenges do not have the time or bandwidth to redesign a more effective and efficient system. | **Common Root Cause Themes:**<br>• Leadership isn't trained to create a mental health-friendly work culture.<br>• Employees and employers lack knowledge of available resources and benefits.<br>• Decision-makers and funders do not see workplaces as a priority opportunity to improve a community's behavioral health.<br>• The behavioral health workforce is primarily composed of white women who are not always able to provide culturally-responsive care for men or people of color.<br>• Social expectations of people in a variety of work situations prevent them from seeking care (e.g. men in high risk industries are supposed to "tough it out" and working moms are supposed to be able to manage anything)<br>• Workplaces lack flexibility and structure to support employees maintaining a good work life balance or seeking care.<br>• Employees often lack necessary resilience or communication skills to advocate for themselves in a stressful work environment.<br>• Resources like PTO, family leave, EAP, and workplaces policies promoting flexibility are available and effective at some Mesa County employers. |

# APPENDIX F

**Metrics for consideration with baselines**

| Strategic Priority | Source | Metric | Baseline Value | Baseline Year |
|---|---|---|---|---|
| **Economic Stability** | **American Community Survey** | Gap between self sufficiency standard and median household income for female single parent households | **$31,152** | **2022** |
| | | Self sufficiency standard income for female single parent households | **$64,730** | |
| | | Median household income for female single parent households | **$33,138** | |
| | | Gap between self sufficiency standard and median household income for female single adult over 65 households | **$6,382** | |
| | | Self sufficiency standard income for female single adult over 65 households | **$30,985** | |
| | | Median household income for female single adult over 65 households | **$24,603** | |
| | | Household SNAP Enrollment | **10.1%** | |
| | | Medicaid Enrollment (Children) | **48.9%** | **2023** |
| | | Medicaid Enrollment (Adult) | **23.3%** | |
| | | County wide housing cost burden (Renter Households) | **47.2%** | **2022** |
| | | County wide housing cost burden (All Households) | **31.3%** | |
| **Behavioral Health Care** | **Health Kids Colorado Survey** | Percentage of students who seriously considered suicide, made a plan about how they could attempt suicide, or attempted suicide one or more times during the past 12 months | **Must be calculated by Data Anyalyst based on line-level data** | **2023** |
| | | Percentage of students who felt so sad or hopeless almost every day for two weeks or more in a row during the past 12 months that they stopped doing some usual activities ("Serious mental health challenges") | **23.9%** | |
| | | Percentage of students who would not tell anyone or submit a report if they were concerned about thor own or someone else's well-being or mental health: | **12.6%** | |
| | | Percentage of students who usually or definitely could ask their parents or guardians for help with a personal problem. | **85.6%** | |
| | | Percentage of students who agree or strongly agree that they belong at their school. | **66.1%** | |
| | **BRFFS** | Adults whose mental health was not good 14+ days in the last 30 days | **18.8%** | **2020-2022** |
| | **CHAS** | Percent who had spoken to a mental health or substance use disorder professional in the past year. | **19.1%** | **2023** |
| | | Percent who needed a mental health care or substance use disorder visit but did not get it | **12.9%** | |
| | **Grand Valley Connects** | Percent of incoming client needs relating to mental health | **25%** | **2022-2023** |

MESA COUNTY
PUBLIC HEALTH