



**2018-2020  
Community Health Needs Assessment  
Executive Summary**

## COMMUNITY HEALTH NEEDS ASSESSMENT

A Community Health Needs Assessment (CHNA) 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:

- 1) To provide a current snapshot of the health status of Mesa County.
- 2) To bring attention to areas of concern.
- 3) To fulfill assessment needs for all partners of our local public health system.

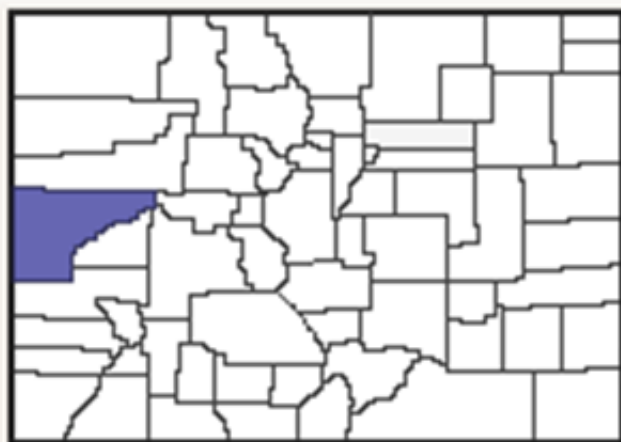
By focusing on various social and community factors, this CHNA pays special attention to emerging public health practice. We believe in order to solve our most difficult public health challenges, it is imperative to understand the population groups experiencing significant differences in health outcomes 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 CHNA 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.

## COMMUNITY SERVED

Mesa County was selected as the defined community for the CHNA target population as it accounts for over 70% of all patient care delivered by St. Mary’s Medical Center and is considered the Primary Service Area (PSA).

Mesa County is located on the Western border of Colorado, 250 miles west of Denver. The county spans 3,313 square miles. The Grand Valley, which is the most densely populated area on Colorado’s Western Slope, covers 38 square miles and has an elevation of 4,586 feet. Grand Junction is the largest city in Western Colorado and the county seat. Mesa County also includes the towns of Collbran, De Beque, Gateway, Palisade, the City of Fruita, and smaller unincorporated areas.



## PROCESS AND METHODS

This version of the CHNA 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 factors (**gender, race/ethnicity**), **institutional factors** (laws and regulations, government agencies, schools), and **living conditions** (physical environment, social environment, economic environment, service environment).



## Data Sources

Mesa County Public Health (MCPH) leads the CHNA 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 Mesa County Community Health Needs Assessment 2018-2020. A few of those sources include:

- ▶ Colorado Department of Education
- ▶ Colorado Department of Public Health and Environment (CDPHE)
- ▶ Grand Junction Housing Authority
- ▶ Mesa County Workforce Center
- ▶ U.S. Census Bureau
- ▶ U.S. Department of Health and Human Services

## Partners

Mesa County is unique in our collaborative approach to the CHNA. 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.

- ▶ Colorado Canyons Hospital and Medical Center
- ▶ Community Hospital
- ▶ Mesa County Public Health
- ▶ St. Mary's Medical Center
- ▶ West Springs Hospital, Inc.

## BROAD INTERESTS OF COMMUNITY

In early 2017, 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. This Community Transformation Group (CTG) determined in order to meaningfully impact outcomes in three key areas - **education, health** and the **economy** - the focus must first be on strengthening **social connectedness**.

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:

- 1) Personal relationships
- 2) Social network support
- 3) Civic engagement
- 4) 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.

**Focus Groups**, conducted in both English and Spanish, were held at Rocky Mountain Elementary School to solicit direct community input on identified needs in their community. Results were shared with the CTG Steering Committee to support targeted efforts.

Several **Community Forums** were held to solicit direct community input on our highest priority health need, Suicide. These forums fostered dialogue on the upstream needs of our community and potential solutions to lessen the severity of this need.

## VULNERABLE POPULATIONS

Representation from the underserved, low-income and minority populations was accounted for with the strategic makeup of the CTG Steering Committee members. Members include:

- ▶ **Ariel Clinical Services**: Individualized services tailored to a child's or adult's unique needs and specific challenges
- ▶ **Local Faith Leaders**
- ▶ **Hilltop Community Resources**: Compassionate and comprehensive human services.
- ▶ **Mesa County Valley School District 51**
- ▶ **Riverside Educational Center**: Afterschool tutoring and enrichment activities for K-12th students who qualify academically and financially to inspire improved academic achievement and foster positive social and emotional development in a safe and supportive environment.
- ▶ **Senior Programs**: Meals on Wheels, Program of All-Inclusive Care for the Elderly (PACE), Foster Grandparent Program, Senior Companion Program
- ▶ **Spanish-speaking Community Health Worker**
- ▶ **Local Youth**

## PRIORITIZATION OF SIGNIFICANT NEEDS

The **Areas of Concern** table in the Mesa County Community Health Needs Assessment 2018-2020 is a comprehensive list of indicators and critical aspects of overall health, which can be improved through community action. The table is divided by the six cross-cutting themes that make up our framework.

- 1) Social Inequities
- 2) Institutional Inequities
- 3) Living Conditions
- 4) Risk Behavior
- 5) Disease & Injury
- 6) Mortality

As a whole, the themes recognize 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.



St. Mary's Medical Center's leadership prioritized community health needs by assessing:

- ▶ Burden
- ▶ Scope
- ▶ Severity/Urgency
- ▶ Feasibility and effectiveness of interventions
- ▶ Health disparities
- ▶ Importance the community places on addressing the need

Additionally, St. Mary's Medical Center considered how each identified issue could be addressed with a strategic, targeted approach over the next three years. The following community health needs were prioritized accordingly. A corresponding Implementation Strategy and Evaluation process will be developed in the spring of 2019 to address each priority area.

<b>2018-2020 SIGNIFICANT HEALTH NEEDS TO BE ADDRESSED</b>	
<i>Need</i>	<i>Potential Goals</i>
<b>Suicide Prevention</b>	<ul style="list-style-type: none"> <li>▶ Conduct an organizational self-study to determine strengths, areas of opportunity and gaps.</li> <li>▶ Promote &amp; support suicide prevention education and resiliency training.</li> <li>▶ Provide professional level training for suicide prevention and postvention.</li> <li>▶ Support existing community efforts.</li> </ul>
<b>Access to Health Care Services</b>	<ul style="list-style-type: none"> <li>▶ Conduct an internal program review of achievements, needs and gaps from prior CHNA. Identify gaps and programs based on review.</li> <li>▶ Support existing community efforts to expand access.</li> </ul>
<b>Nutrition (including Food Insecurity and Obesity)</b>	<ul style="list-style-type: none"> <li>▶ Raise Health Care Provider awareness on the prevalence of hunger, the health impacts of hunger and how to help food insecure patients.</li> <li>▶ Engage with community-based partners to develop local strategies for benefit enrollment and access to food resources.</li> </ul>



<b>POTENTIAL MEASURES FOR SIGNIFICANT HEALTH NEEDS</b>	
<i>Need</i>	<i>Potential Measures</i>
<b>Suicide Prevention</b>	<ul style="list-style-type: none"> <li>▶ Availability of trained staff to identify and treat at-risk patients.</li> <li>▶ Increased processes and procedures for at-risk patients.</li> <li>▶ Increased training of community at large to identify and support at-risk individuals.</li> <li>▶ Reduction in attempted and completed suicides rates.</li> </ul>
<b>Access to Health Care Services</b>	<ul style="list-style-type: none"> <li>▶ Reduced barriers to accessing health care services, including mental/behavioral health.</li> <li>▶ Reduction in delayed care.</li> <li>▶ Improved availability of services in underserved areas.</li> <li>▶ Increased number of individuals eligible but not enrolled in programs, e.g. Medicaid, CACP</li> </ul>
<b>Nutrition (including Food Insecurity and Obesity)</b>	<ul style="list-style-type: none"> <li>▶ Develop plan with community partners to address food insecurity.</li> <li>▶ Increased screening for food insecurity.</li> <li>▶ Increased number of individuals eligible but not enrolled in programs, e.g. SNAP and WIC</li> </ul>



## SUSTAINING SIGNIFICANT HEALTH NEEDS

All community health needs identified by the CHNA are indeed a priority.  
This chart outlines those needs ranked with lower priority.

<i>Need</i>	<i>Ongoing Activities</i>
<b>Cancer</b>	<ul style="list-style-type: none"> <li>▶ Resource constraints within our Regional Cancer Center.</li> <li>▶ Refer to 2018 Cancer Needs Assessment for barriers, gaps and potential solutions.</li> <li>▶ Long-term interventions are needed, e.g. access to health care services and nutrition.</li> <li>▶ Support existing community efforts.</li> </ul>
<b>Education</b>	<ul style="list-style-type: none"> <li>▶ Support existing community efforts to provide quality educational opportunities.</li> <li>▶ Provide support to community programs to develop the health care workforce of the future.</li> </ul>
<b>Economy</b>	<ul style="list-style-type: none"> <li>▶ Continue to invest in new facilities and equipment, as well as recruit new specialists to provide new healthcare services so fewer patients need to leave family and work to seek care elsewhere.</li> <li>▶ Continue to create local jobs and keeping healthcare dollars in the county where they can recirculate.</li> <li>▶ Continue to partner with rural facilities to maintain care in small communities. This keeps care close to home and prevents the erosion of small rural economies into bedroom communities with only minimal healthcare services.</li> </ul>
<b>Heart Disease</b>	<ul style="list-style-type: none"> <li>▶ Long-term interventions are needed, e.g. access to health care services and nutrition.</li> </ul>
<b>Teen Pregnancy</b>	<ul style="list-style-type: none"> <li>▶ As a faith based organization, St. Mary's Medical Center cannot provide means to prevent or reduce the rate of unintended pregnancies.</li> <li>▶ Other community organization have expertise to effectively address this need.</li> <li>▶ Support existing community efforts.</li> </ul>
<b>Tobacco Use</b>	<ul style="list-style-type: none"> <li>▶ Addressed in previous CHNAs and part of a long-term community-wide partnership providing prevention and cessation programs and resources.</li> <li>▶ Long-term interventions are needed.</li> </ul>

Our hope is by addressing higher priority health needs with long-term, sustainable programs will foster changes in lifestyles thus decreasing the incidence rates of chronic diseases and co-morbidities, e.g. Cancer and Heart Disease.



## POTENTIAL RESOURCES FOR SIGNIFICANT HEALTH NEEDS

<i>Need</i>	<i>Potential Resources</i>	
<b>Suicide Prevention</b>	<ul style="list-style-type: none"> <li>› Al-Anon</li> <li>› Alcoholics Anonymous</li> <li>› American Red Cross</li> <li>› CEC ( Counseling &amp; Education Center)</li> <li>› City of Grand Junction</li> <li>› Colorado Canyons Hospital &amp; Medical Center</li> <li>› Colorado Crisis Services</li> <li>› Colorado Mesa University</li> <li>› Community Hospital</li> <li>› Grand Junction Police Department</li> <li>› Grand Junction VA Medical Center</li> <li>› HopeWest Grief Support</li> <li>› MarillacHealth</li> <li>› Mesa County Valley School District 51</li> <li>› Mesa County Department of Human Services</li> </ul>	<ul style="list-style-type: none"> <li>› Mesa County 211</li> <li>› Grand Valley Catholic Outreach</li> <li>› Heartbeat</li> <li>› Mesa County Public Health</li> <li>› Mesa County Sheriff</li> <li>› Mind Springs Health Crisis Line</li> <li>› Mind Springs Health Disaster</li> <li>› Monument Health</li> <li>› Primary Care Providers</li> <li>› Rocky Mountain Health Plans (RMHP)</li> <li>› St. Mary's Family Medicine</li> <li>› St. Mary's Medical Center</li> <li>› Strive</li> <li>› Suicide Prevention Lifeline</li> <li>› Veterans Crisis Line</li> <li>› The House</li> <li>› West Springs Hospital</li> </ul>
<b>Access to Health Care Services</b>	<ul style="list-style-type: none"> <li>› CEC ( Counseling &amp; Education Center)</li> <li>› Colorado Canyons Hospital &amp; Medical Center</li> <li>› Colorado Mesa University</li> <li>› Community Hospital</li> <li>› Community Transformation Group</li> <li>› Grand Junction Housing Authority</li> <li>› Grand Junction VA Medical Center</li> <li>› GVT (Grand Valley Transit)</li> <li>› HopeWest</li> <li>› MarillacHealth</li> <li>› Mesa County Valley School District 51</li> </ul>	<ul style="list-style-type: none"> <li>› Mesa County Department of Human Services</li> <li>› Mesa County 211</li> <li>› Grand Valley Catholic Outreach</li> <li>› Mesa County Public Health</li> <li>› Mind Springs Health</li> <li>› Monument Health</li> <li>› Primary Care Providers</li> <li>› Rocky Mountain Health Plans (RMHP)</li> <li>› St. Mary's Family Medicine</li> <li>› St. Mary's Medical Center</li> <li>› West Springs Hospital</li> </ul>





## POTENTIAL RESOURCES FOR SIGNIFICANT HEALTH NEEDS

<p><b>Nutrition</b> <b>(including Food Insecurity and Obesity)</b></p>	<ul style="list-style-type: none"> <li>▶ Colorado Canyons Hospital &amp; Medical Center</li> <li>▶ Colorado Mesa University</li> <li>▶ Community Alliance for Education and Hunger Relief</li> <li>▶ Churches</li> <li>▶ Community Hospital</li> <li>▶ Community Transformation Group</li> <li>▶ Farmers/Co-ops</li> <li>▶ Food Banks</li> <li>▶ Grand Junction Housing Authority</li> <li>▶ Grand Junction VA Medical Center</li> <li>▶ Kids Aid Program</li> <li>▶ Lunch Lizard</li> </ul>	<ul style="list-style-type: none"> <li>▶ MarillacHealth</li> <li>▶ Mesa County Valley School District 51</li> <li>▶ Mesa County Department of Human Services</li> <li>▶ Mesa County 211</li> <li>▶ Grand Valley Catholic Outreach</li> <li>▶ Mesa County Public Health</li> <li>▶ Primary Care Providers</li> <li>▶ SNAP</li> <li>▶ St. Mary's Family Medicine</li> <li>▶ St. Mary's Medical Center</li> <li>▶ West Springs Hospital</li> <li>▶ Western Colorado Community Foundation</li> <li>▶ WIC</li> </ul>
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## 2016-2018 PROGRESS

In the 2016-2018 CHNA St. Mary's Medical Center identified Suicide, Obesity and Unintended Pregnancy as priority health needs. However, as community needs, priorities and resources changed so did the prioritized health needs during this three year period.

Please refer to the St. Mary's Medical Center website for detailed information on the priority health needs and Implementation Strategy.

### HEALTH NEED 1: SUICIDE

- ✓ Offered BSAT (Brief Suicide Awareness Training) and BSIT (Brief Suicide Intervention Training) providing 214 individuals with resources to support at-risk individuals in crisis.
- ✓ Co-hosted "Caring for Those Who Care: Addressing & Preventing Compassion Fatigue", providing 115 individuals with tools and resources.
- ✓ Developed and distributed communitywide a "We All Have Mental Health" rack cards, which includes the *Five Signs* courtesy of the *Campaign to Change Direction* and local mental health resources.
- ✓ Participated in the Mesa County's Suicide Prevention Project, which gathered real time data for suicide attempts resulting in ED visits.
- ✓ Co-created and member of Mesa County's Suicide Prevention Advisory Board.
- ✓ Developed a unified Suicide Prevention Plan.
- ✓ Partnered with Mind Springs Health and Mesa County Valley School District 51 to offer Mental Health First Aid (MHFA) and Youth MHFA to the community at large, including the addition of two trainers.
- ✓ Trained one St. Mary's Medical Center associate to become an "Ending the Silence" instructor contributing to the training of students at all district middle and high schools.
- ✓ Employed a Suicide Prevention Coordinator.

### HEALTH NEED 2: OBESITY

- ✓ Joined the Colorado Health Hospital Compact (CHHC) as a partner hospital.
- ✓ Achieved Gold Level recognition - 60% of all a la carte Entrées, side dishes, snacks and beverages met nutritious criteria.
- ✓ Certified Baby-Friendly Hospital™.
- ✓ Sponsored the local "Walk from Obesity", which aimed to raise awareness of obesity as a growing epidemic and the need for increased access to treatment.
- ✓ In-kind sponsors of "Bike to Work" Day and member of the Planning Committee.
- ✓ Introduced free infused waters in the cafeteria as a healthy beverage alternative.
- ✓ Offered a 6-week educational and cooking class, *Food for Life*.
- ✓ Member of Community Advisory Board for the GJ Community Center Campaign and sponsored a 5K Fun Run.
- ✓ Partnered with Community Alliance for Education & Hunger Relief to distribute fresh, local, organic fruits and vegetables to under resourced communities.
- ✓ Member of Food Assistance Group to increase number of enrolled WIC and/or SNAP individuals and families.



### HEALTH NEED 3: TOBACCO (2016)

- ✓ Established a Tobacco Free Team with community partners.
- ✓ Offered clinical tobacco cessation visits at the St. Mary's Regional Cancer Center with a Board Certified Preventive Medicine Physician.
- ✓ Developed and implemented the "Tobacco Free Workplace" Program where any business has access to tools and resources to help their employees quit tobacco.
- ✓ Developed and distributed >5,000 "Tobacco Free" rack cards, which were distributed to 38 medical practices and local middle and high schools listing available community resources to quit tobacco use. Resource available in English and Spanish.

### HEALTH NEED 3: ACCESS TO CARE - MOBILE HEALTH (2018)

- ✓ Deployed the St. Mary's Mobile Health Van (MHV) in collaboration with the Community Transformation Group (CTG) as a "resource hub" of community partners.
- ✓ In partnership with MCPH, MHV hosted two mobile flu clinics at local, high needs elementary schools where 420 individuals received free flu vaccines. Additionally, each individual vaccinated received a \$5 gift card to a local grocer supporting access to nutritious food in food desert communities.
- ✓ Provided local access to WIC program. Families were able to successfully apply for benefits, as well as reload benefits, at local community events without need for appointment.

