



2023 Community Services Block Grant
Community Needs Assessment



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Executive Summary

The mission of Adams County’s Community Services Block Grant (CSBG) Program is to empower Adams County individuals, families, and communities to achieve stability and self-sufficiency by linking and leveraging local resources. The CSBG Program provides a range of services and activities having a measurable and potentially major impact on causes of poverty in the community, or in areas of the community where poverty is an acute issue.¹ CSBG is funded by the U.S. Department of Health and Human Services, and the program is overseen at the state level by Colorado’s Department of Local Affairs.

Methodology

Adams County contracted Crescendo Consulting Group to conduct its 2023 CSBG Community Needs Assessment (CNA). The CNA methodology includes a combination of quantitative and qualitative research methods designed to rigorously gather input from community members and agency partners to help develop a community-based approach to understanding the needs of the residents of low-income communities. Major sections of the methodology include the following:

Strategic Secondary Research and Literature Review. This type of research includes a thorough analysis of previously published local, state, and national materials that provides insight regarding the community profile and poverty-related measures.

Qualitative Interviews and Focus Groups. This primary research includes seven (7) in-person and virtual focus groups and 30 interviews with county leadership and staff, community service providers, and community members across the county.

Community Survey. In conjunction with Adams County Health Department, Crescendo conducted an online survey in English and Spanish with nearly 140 community responses across the county. Results were analyzed, and data tables and graphs have been used to illuminate results found in this report.

Needs Prioritization Process. A list of 24 community needs was developed following activities described above. Members of the Adams County CSBG Advisory Council participated in a two-phase quantitative and qualitative prioritization process. A final list of eight prioritized needs was identified across three topic areas:

Prioritized Needs



Housing

- More affordable housing, including different types of housing
- Emergency shelter resources in Adams County, including cooling and warming centers, to serve the growing unhoused population
- More resources and support for all people facing housing instability, particularly the “unseen homeless” (for example, people living out of cars or couch-surfing) and individuals with no minor children
- More rent and utility assistance programming

¹ Adams County. Community Services Block Grant. Available at: <https://adcogov.org/community-services-block-grant-csbg>.

Prioritized Needs (continued)



Transportation

- Better public transportation, including more availability in rural areas
- More transportation options for populations with specific needs, including seniors and individuals with cognitive challenges



Employment & Child Care

- Increased livable wage job opportunities
- Equitable access to affordable childcare, including more availability for high-needs children and children under age three

Literature Review

As a recipient of Community Services Block Grant (CSBG) funding, Adams County has a mission to alleviate the causes and conditions of poverty in the communities it serves. While this report recognizes that residents with low incomes are the foremost experts on their lives, the nation’s understanding of the causes and conditions of poverty has evolved rapidly through the COVID-19 pandemic and the drive to achieve racial equity. While there is no singular overarching theory of the causes of poverty in the United States, academics suggest that “most theories of poverty can be productively categorized into three broader groups of theories: behavioral, structural, and political.”² Findings from this review that the County may consider as possible strategies or areas of opportunity for further exploration include:

- **Addressing housing and housing instability challenges.** The 2020 Adams County Community Needs Assessment identified lack of affordable housing and homelessness as among the prevailing needs for low-income residents. The County and community partners should continue to focus on this issue and its effects on subpopulations such as seniors, particularly in light of seismic events that have affected the housing market and economy since 2020.
- **Increasing equity knowledge, awareness, and action.** As part of this assessment, the County has strived to include members of diverse populations who may not have participated in previous community needs assessments. Several papers provide guidance and best practices on how governments and organizations can understand equity and the root causes of racism and discrimination that can help improve future work with the community going forward.
- **Shifting to the “Whole Family Approach.”** In 2020, the national Community Action Partnership recommended the shift to the “Whole Family Approach,” which recommends involving families in the planning, design, and implementation of two-generation services.³ Inspired by the belief that families are the best experts on what they need to succeed, the model recommends providing holistic and high-functioning services to both parents and children. Taking a “whole person approach” with a focus on early intervention may benefit families in the long run.

² Theories of the Causes of Poverty, David Brady, Annual Review of Sociology, Vol. 45:155-175

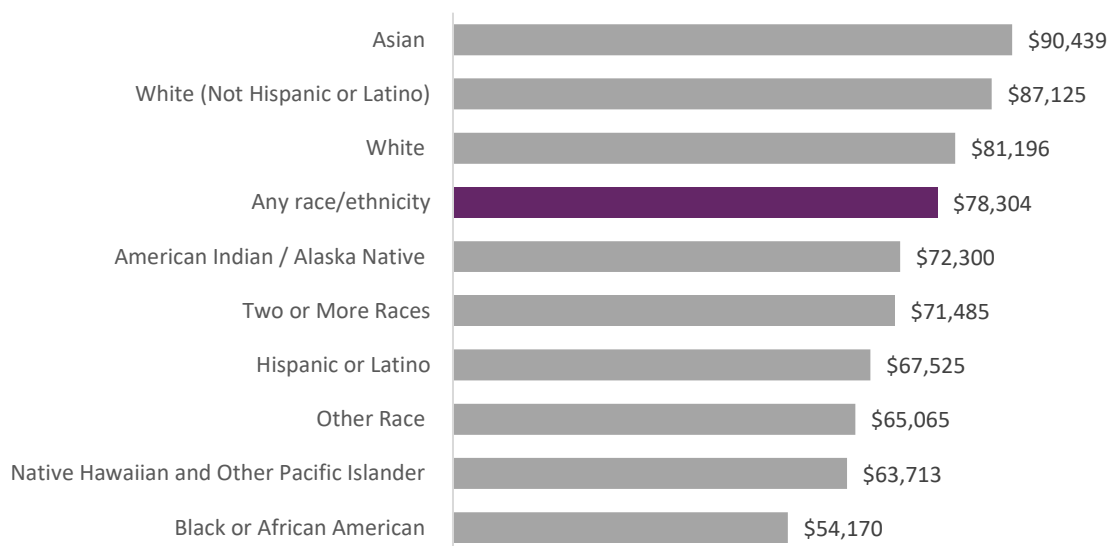
³ Community Action Partnership. Whole Family Approach Building Blocks. Resource Guide. Available at: https://communityactionpartnership.com/wp-content/uploads/2020/11/Full-Buidling-Blocks-in-Detail_6.18.20.pdf.

Secondary Data Research

The Social Vulnerability Index (SVI) model was developed by the CDC as a way to use data to identify vulnerable populations. The SVI may be used to rank overall population well-being and mobility relative to state, and national figures. Measures are grouped into four categories: Socioeconomic Status, Household Composition and Disability, Minority Status and Language, and Housing and Transportation. The following data highlight factors that impact needs of the most vulnerable in Adams County.⁴

- **Adams County has a smaller proportion of its population living below the poverty level (9.1%)** compared to either Colorado (9.6%) or the U.S. (12.4%).
- **Unemployment in Adams County and Colorado is lower** than for the U.S.
- **The median household income in Adams County (\$78,304) is slightly below that in Colorado (\$80,184)**; each is greater than the corresponding national figure by nearly \$10,000. Median household income is inequitable across race and ethnicity – see graphic below.

Median Household Income by Race and Ethnicity, Adams County

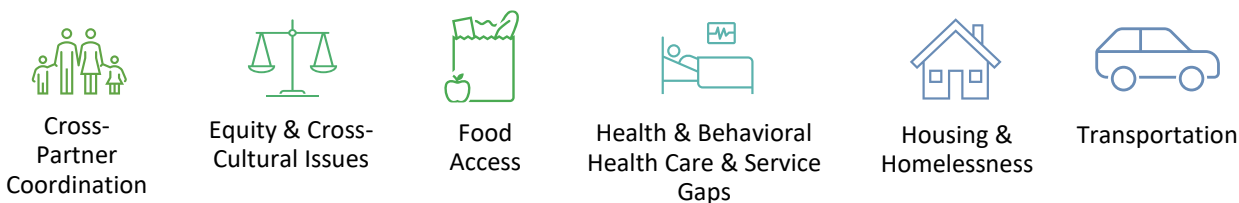


- **Adams County has nearly double the proportion of its residents with no high school diploma (15.1%)** compared to Colorado (7.6%).
- **Adams County's population has more residents under age 18, and fewer residents age 65 or older,** than either Colorado or the U.S.
- **There are fewer children living in single-parent households in Adams County** or Colorado as compared to the nation.
- **More than one in two residents of Adams County identify as members of an ethnic/racial minority,** compared to two in five of those nationally and one in three of those in Colorado.
- **More than one in 10 of those in Adams County have limited or no English proficiency,** more than double the corresponding figure for Colorado.
- **There are more foreign-born residents of Adams County** than either Colorado or the U.S.
- **Adams County has fewer multi-unit housing structures** than either Colorado or the nation.

⁴ U.S. Census Bureau. American Community Survey Five-Year Estimates, 2017-2021.

Qualitative Research

Qualitative data collection resulted in a consensus of several top areas of need that can be described as qualitative themes. Each of these themes impact the high-level action areas described below:



Cross-Partner Coordination Interviewees and focus group participants spoke to the wide array of organizations and municipalities working in Adams County and across the great Denver metropolitan area. While many spoke positively about collaborative relationships with agency partners, participants also identified a number of areas for improved coordination – particularly among partners who strive to serve the same people and/or offer services or programming that could be augmented through a coordinated approach. Several identified Adams County as a potential coordinator between agencies, while others spoke to challenges related to public trust in government.

Equity & Cross-Cultural Issues Many stakeholders spoke to the unique needs and challenges experienced by Adams County’s diverse population, including New Americans, people who speak languages other than English, older adults, people living with disabilities, and veterans, among others. Apart from identifying population-specific needs, interviewees and focus group participants also spoke to solutions on the organizational side to better enable the network of providers in Adams County to be better equipped to work appropriately and effectively with diverse communities.

Food Access Access to nutritious and affordable food was a consistent topic identified across interviews and focus groups, highlighting the key role of this factor as a social determinant of health, particularly for vulnerable populations such as children and older adults.

Health & Behavioral Health Care & Service Gaps The pervasiveness of unmet mental health and substance use needs, alone and in relation to people’s ability to live self-sufficiently, was a common theme among interviewees and focus group participants. Gaps in health care and behavioral health services across Adams County were among the most frequently noted service needs among participants.

Housing & Homelessness Participants across Adams County emphasized the lack of affordable and available housing as a widespread area of concern for low- and moderate-income residents alike. Commonly, interviewees and focus group participants drew a linkage between rising housing costs, a high cost of living, and the lack of jobs paying a livable wage. Closely linked to housing was the issue of homelessness, a growing concern across the region both in terms of the scale of the issue and the lack of adequate resources to support those experiencing housing instability.

Transportation Given the size of Adams County, many qualitative research participants understandably signaled that transportation is a key challenge across the region. The issue was prominent for residents in urban and rural environments, as well as for specific populations, such as older adults.

Community Survey

The Community Survey enabled a greater share of people living in Adams County to share their perspectives on the unique barriers, challenges, and potential solutions to community needs across a variety of topics, from housing to health care. The survey contained a mixture of questions on causes and conditions of poverty, along with community health-focused questions to inform Adams County Health Department’s Community Health Improvement Plan (CHIP). This summary focuses on questions directed at identifying causes and conditions of poverty in Adams County, as well as on community satisfaction with services and assistance provided by Adams County.

Among respondents to the community survey (n=138), nearly one in three reported residing in Thornton, with an additional 15.6% from Brighton and 12.6% from Commerce City. The median household income fell in the \$50,000-\$74,999 range, which is slightly lower than the median household income in Adams County (\$78,304).⁵ More than three in four respondents identified as women, nearly two in three identified as White, and one in three identified as Hispanic/Latine. Most reported speaking English at home. A majority of respondents were age 45 or older. Nearly one in five reported living with a disability, and one in ten reported experiencing mental or behavioral health challenges.

Top Causes of Poverty

In Adams County, what do you believe to be the top five factors that make it more difficult for people to meet their basic needs and/or to provide for themselves and their families?	PERCENT OF RESPONDENTS
People are so overwhelmed trying to take care of their basic needs, they are unable to take advantage of other opportunities or focus on health and wellness	70.3%
Lack of jobs paying a livable wage (in other words, not earning enough to live on even though you’re working)	59.4%
Lack of affordable and safe housing	52.2%
Generational poverty (i.e., families remain in poverty generation after generation)	41.3%
Untreated mental health conditions/substance use disorders	38.4%

Top Conditions of Poverty

In Adams County, what do you believe to be the top conditions that prevent communities from thriving? (Please choose your top 5)	PERCENT OF RESPONDENTS
High cost of housing	65.2%
Inflation. Costs are increasing faster than wages.	58.7%
Lack of jobs paying a livable wage (in other words, not earning enough to live on even though you’re working)	52.2%
Crime or safety concerns	48.6%
Difficulty accessing health care services (due to cost, ability to get an appointment quickly, transportation, etc.)	37.0%

Respondents most commonly rated housing, jobs paying a livable wage, and health/behavioral health care among the top causes and conditions of poverty in Adams County. Together with information from the other project research activities, these results informed the list of identified 24 community needs and service gaps scored by the County’s CSBG Advisory Council.

⁵ U.S. Census Bureau. American Community Survey Five-Year Estimates, 2017-2021.

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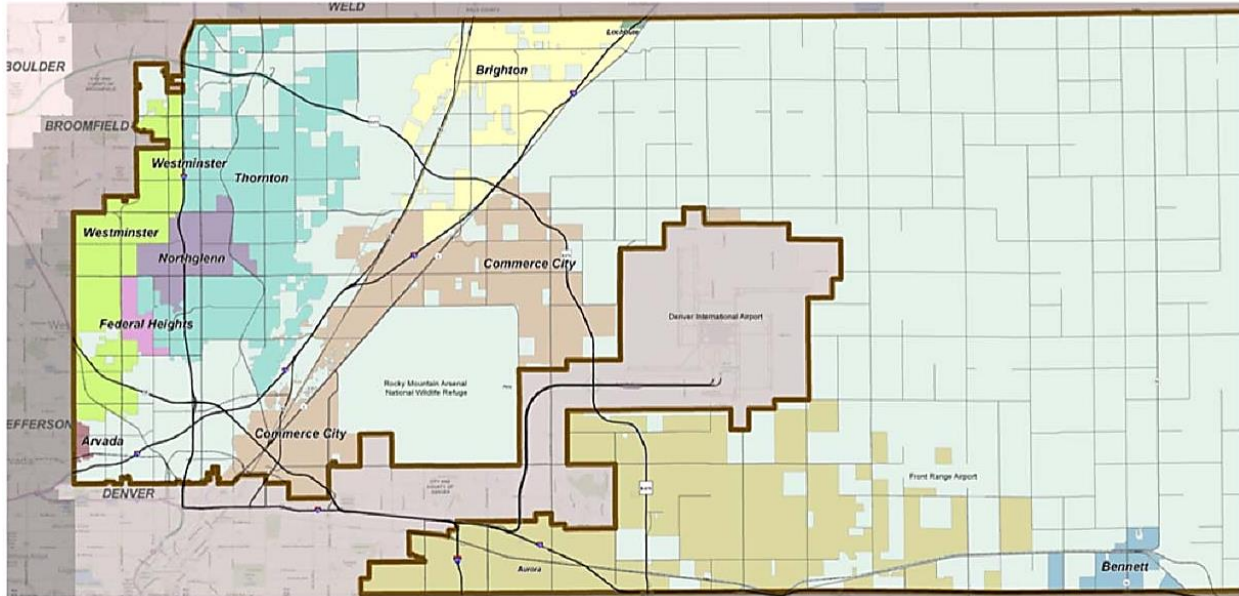
Organizational Background

Located in the Denver metro area, Adams County is Colorado's fifth largest county, serving a population of more than 522,000 residents across 759,000 acres. Adams County is home to the cities of Brighton, Commerce City, Federal Heights, Northglenn, and Thornton; portions of Arvada, Aurora, Lochbuie, and Westminster; and the Town of Bennett. Unincorporated communities include Henderson, Strasburg, and Watkins.⁶



ADAMS COUNTY
Rising Through Resiliency

Map of Adams County



SOURCE: Adams County. Imagine Adams County (Comprehensive Plan).

CSBG Program

The Community Services Block Grant (CSBG) Program provides a range of services and activities having a measurable and potentially major impact on the causes of poverty in the community, or those areas of the community where poverty is a particularly acute problem.⁷ CSBG is funded by the U.S. Department of Health and Human Services. The program is administered by the Colorado Department of Local Affairs (DOLA) and by counties for eligible entities for local use.

The mission of Adams County's CSBG Program is to empower Adams County individuals, families, and communities to achieve stability and self-sufficiency by linking and leveraging local resources. The Program includes a CSBG Advisory Council, the primary purpose of which is to advise the Adams County Board of County Commissioners concerning the administration of the Community Services Block Grant program, pursuant to the Community Services Block Grant Act, Pub. Law 105-285, § 676B, 42 U.S.C. 9910, as amended.

This community needs assessment is designed to inform planning of Adams County's CSBG Program.

⁶ Adams County. Demographics / County Profile. Available at: <https://adcogov.org/demographics-county-profile>.

⁷ Adams County. Community Services Block Grant (CSBG). Available at: <https://adcogov.org/community-services-block-grant-csbg>.

Methodology

Recipients of CSBG funding are required to complete a Community Needs Assessment (CNA) every three years as a requirement to receive CSBG funding. Section 676(b)(11) of the CSBG Act states “... *an assurance that the State will secure from each eligible entity in the State ... a community action plan ... that includes a community needs assessment for the community served, which may be coordinated with community needs assessment conducted for other programs ...*”

- A Community Needs Assessment establishes a profile of a community, noting both needs as well as community resources.
- CSBG recipients conduct assessments to determine the needs in a community that can be addressed and the population that is most impacted by the need.
- CSBG recipients should include both qualitative and quantitative data to assist in identifying needs in the community.
- From this identification of needs on the family, community, and agency levels, and through a strategic planning process, CSBG recipients determine the outcomes that they plan to achieve for the next three years.

Adams County contracted Crescendo Consulting Group to conduct its 2023 community needs assessment. The CNA methodology includes a combination of quantitative and qualitative research methods designed to rigorously gather input from community members and agency partners to help develop a community-based approach to understanding the needs of the residents of low-income communities.

The community engagement process gathered information and insights from traditionally underserved populations who may not have participated in similar projects in the past. Obtaining insights from diverse populations is critical to understanding the underlying causes of poverty while also informing core activities of the strategic plan that will be created out of the needs assessment.

A Project Leadership Team comprising the Adams County CSBG Advisory Council, which includes community members and agency representatives, guided the Community Needs Assessment process. Agency representatives from Growing Home also served as project Equity Champions, reviewing project materials, and promoting assessment activities among its clientele.

The major sections of the methodology include the following:

Strategic Secondary Research and Literature Review. This type of research includes a thorough analysis of previously published local, state, and national materials that provides insight regarding the community profile and poverty-related measures.

Qualitative Interviews and Focus Groups. This primary research includes seven (7) in-person and virtual focus groups and 30 interviews with county leadership and staff, community service providers, and community members across the county.

Community Survey. In conjunction with Adams County Health Department, Crescendo conducted an online survey in English and Spanish with nearly 140 community respondents across the county. Results were analyzed, and data tables and graphs were created to illuminate the results found in this report.

Needs Prioritization Process. A list of 24 community needs was developed following the secondary research, qualitative interviews, focus group discussions, and community surveys. Members of the Adams County CSBG Advisory Council participated in a two-phase quantitative and qualitative prioritization process. A final list of eight needs were identified across three topic areas.

Literature Review

Causes of Poverty and Key Themes

As a recipient of Community Services Block Grant (CSBG) funding, Adams County has a mission to alleviate the causes and conditions of poverty in the communities it serves. While this report recognizes that residents with low incomes are the foremost experts on their lives, the nation's understanding of the causes and conditions of poverty has evolved rapidly through the COVID-19 pandemic and the drive to achieve racial equity. While there is no singular overarching theory of the causes of poverty in the United States, academics suggest that "most theories of poverty can be productively categorized into three broader groups of theories: behavioral, structural, and political."⁸

The national research highlighted in this section suggests that rather than using any single measure, such as the rate of individuals or households living at or below poverty, to identify areas of disparity in individual and community well-being, alternatives to the federal poverty measure may include:

- **ALICE households.** ALICE, or Asset Limited, Income Constrained, Employed, represents the growing number of households with income above the Federal Poverty Level but below a basic cost of living threshold.
- **A Self-Sufficiency Standard.** This is an alternative to the federal poverty measure developed by the University of Washington Center for Women's Welfare. It is a budget-based measure of the income required in order to meet basic needs.
- A more robust approach using multidimensional demographic and geospatial measures to capture the complexity of the factors that underlie neighborhoods at risk.

The ongoing work is to tease apart the concepts of correlation and causation to identify areas of increasing inequalities and poor quality of life. Addressing these inequalities is essential for improving individual well-being and reducing long-standing neighborhood disparities.

Key Themes and Analysis Tools

Racial Equity

Racial discrimination is defined as the differential evaluation or treatment based solely on race. "Many white people deny the existence of racism against people of color because they assume that racism is defined by deliberate actions motivated by malice and hatred. However, racism can occur without conscious awareness."⁹

"In doing racial equity work, it is important to understand and align around core concepts, including structural racism, intersectionality, racial identity development, and anti-racism. It is also important to

⁸ Theories of the Causes of Poverty, David Brady, Annual Review of Sociology, Vol. 45:155-175

⁹ How to Promote Racial Equity in the Workplace. Livingston, Robert. Harvard Business Review September-October 2020

understand how race and racism are operationalized, how white privilege is embedded in our institutions, and how internalized racism is maintained.”¹⁰

To understand the causes of poverty it is essential to include viewing the root causes of disparities through a racial equity lens that encourages the development of solutions that bridge gaps in health, housing, employment, and other factors.

Key Themes

The literature review was set within the larger context of racial equity and noted previous studies used to identify the areas of greatest need for low-income residents of Adams County. In addition, attention has been given to current local knowledge and ongoing practices and projects within the County, and among its respective grantees and partners.

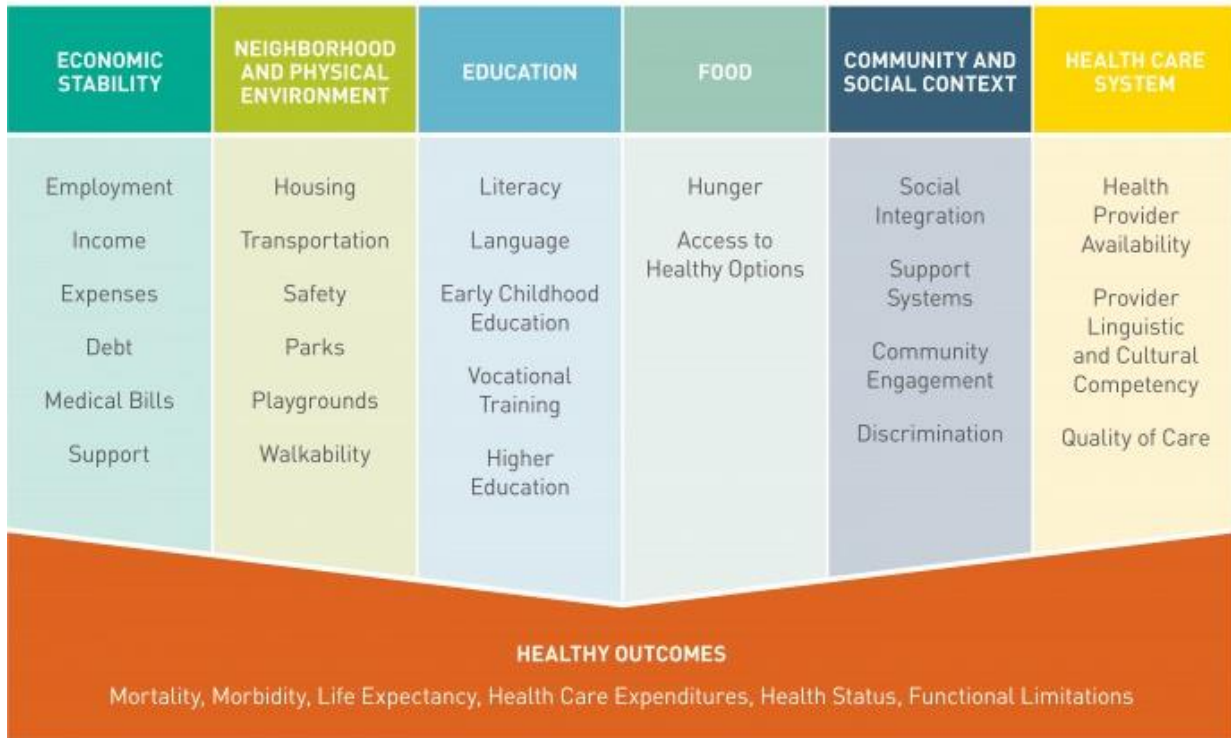
The review highlights the major themes consistent across the published reports. While comprehensive, the review included references that are not intended to be characterized as an exhaustive meta-analysis on subjects noted. Key themes – with detailed report in the table of literature review materials – include:

- Targeting neighborhoods of greatest need
- Increasing racial equity knowledge, awareness, and action
- Increase WIC participation
- Improve pre-school and early childhood enrollment patterns
- People living with disabilities
- Housing
- Housing equity and opportunity
- Child opportunity and equity
- Seniors
- Health and equity
- Increasing resources for low-income children
- Improving pre-school and early childhood enrollment patterns
- Food insecurity

¹⁰ The Racial Equity Toolkit; Accessed June 2023 at: <https://www.racialequitytools.org/resources/fundamentals/core-concepts>

Social Determinants of Health

Beyond the traditional poverty statistics, the measures known as the social determinants of health (SDoH) are some of the best-researched causes of health and economic disparities¹¹. The SDoH are the conditions in the environments where people are born, live, learn, work, play, worship, and grow older. These factors affect a wide range of health, functioning, and quality-of-life outcomes and risks. These conditions contribute to wide disparities, inequalities, and lower life expectancy relative to people who do not have access to advantages such as jobs, healthy foods, and early childhood education.



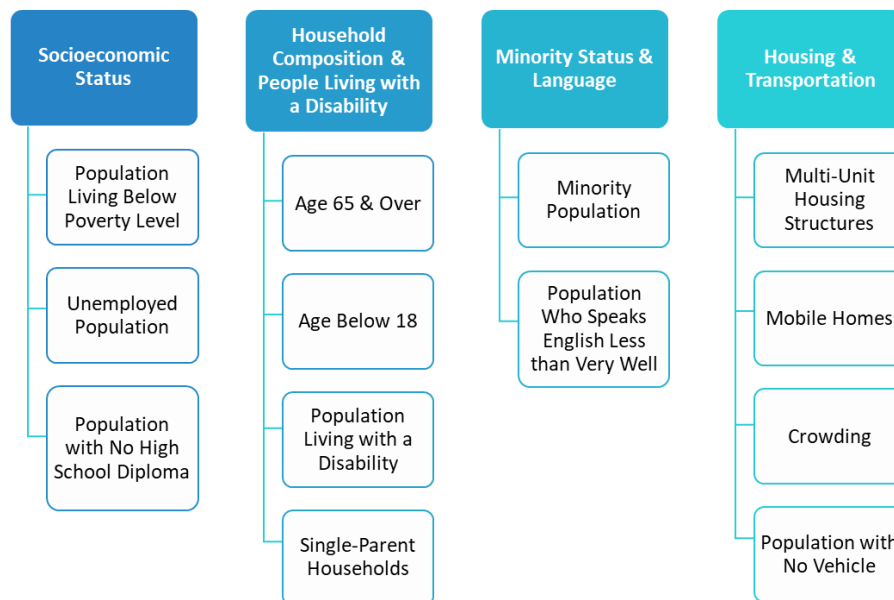
SOURCE: Kaiser Family Foundation

Many of these measures that identify causes of poverty will be used alone or in conjunction with Racial Equity and Social Vulnerability Index measures to identify areas of disparity in individual and community well-being throughout Adams County.

¹¹ U.S. Department of Health and Human Services. Healthy People 2030, Social Determinants of Health. Available at: health.gov/healthypeople/objectives-and-data/social-determinants-health

The Social Vulnerability Index

The Social Vulnerability Index (SVI) helps identify areas of community health need. Developed by the Centers for Disease Control and Prevention (CDC) as a metric for analyzing population data to identify vulnerable populations, the SVI's measures are described within four domains. The measures are listed below in the domains of Socioeconomic Status, Household Composition and Disability, Minority Status and Language, Housing, and Transportation. The Index may be used to rank overall population wellbeing and mobility relative to county and state averages. It can also be used to determine the most vulnerable populations during disaster preparedness and global pandemics.



Methods and Sources

The review of best practices was set within the larger context of racial equity and the more current multidimensional demographic and geospatial measures used to identify the areas of greatest need for low-income residents in Adams County. In addition, attention has been given to current local knowledge and ongoing practices and projects within the County, and among its respective grantees and partners.

In conjunction with Adams County partners, Crescendo implemented the literature review by:

- Drawing upon publicly available sources of data, as well as internal documents provided by Adams County subject matter experts;
- Focusing the search on recency and relevance;
- Searching previous Crescendo research and Community Action Agency databases in order to better understand trends and related unmet needs; and
- Including peer-reviewed studies a) with keywords and/or text words indicative of the issues noted above, e.g., racial equity, poverty, early childhood development, food security, etc.

The list of data sources, included, but not was not limited to the Adams County websites, SAMHSA, NIH, JAMA U.S. Census Bureau; U.S. Centers for Disease Control and Prevention (Community Health Status Indicators, CDC WONDER, and other CDC databases); Google Scholar; and websites of the leading policy and anti-poverty organizations.

Reference Links and Citations

While comprehensive, the included references are not intended to be an exhaustive meta-analysis on subjects noted. Findings suggest that Adams County is poised to positively impact its most vulnerable residents by employing the type of multi-dimensional, big-picture approach driving this assessment. Issues, current knowledge, and implications for action are formatted in the style shown below.

Issue	Title and Source	Implications for Action	Abstract summary
Targeting Neighborhoods of Greatest Need	Quantification of Neighborhood-Level Social Determinants of Health in the Continental United States Marynia Kolak, PhD, MFA, MS1; Jay Bhatt, DO2; Yoon Hong Park, MPP1; et al. Norma A. Padrón, PhD, MPH, MA2; Aylin Molefe, PhD2 JAMA Network Open.	Consider cross-referencing SVI and SDoH measures for a census-level analysis of the County.	In this cross-sectional study of 71 901 census tracts with approximately 312 million persons across the continental United States, multivariate social determinants of health measures were reduced to 4 indices reflecting advantage, isolation, opportunity, and mixed immigrant cohesion and accessibility and were clustered into 7 neighborhood typologies that included an extreme poverty group. Social determinants of health indices were associated with premature mortality rates in Chicago, Illinois. The study suggests that use of multidimensional geospatial approaches to quantify social

Findings and Recommendations

An important part of the Community Needs Assessment process is community engagement and listening to the voices and stories of people, especially of those in the community with lived experience or who identify as low-income or a vulnerable population. Additionally, a literature review of local, regional, and national data can help provide some insight on community needs, potential strategies and best practices that can be implemented, and other key findings. Findings from this review that the County may consider as possible strategies or areas of opportunity for further exploration stemming from this Community Needs Assessment include:

- Addressing housing and housing instability challenges.** The 2020 Adams County Community Needs Assessment identified lack of affordable housing and homelessness as among the prevailing needs for low-income residents. This report and its recommendations were created pre-pandemic before the housing costs continued to skyrocket as a result of the pandemic, demand, and low interest rates. The County and community partners should continue to focus on this issue and its effects on subpopulations such as seniors, particularly in light of seismic events that have affected the housing market and economy since 2020.
- Increasing equity knowledge, awareness, and action.** As part of this Community Needs Assessment, the County has strived to include members of diverse populations who may not have participated in previous community needs assessments. Several papers provide guidance and best practices on how governments and organizations can understand equity, racial discrimination, and the root causes of racism and discrimination that can help improve the community needs assessment engagement and future work with the community going forward.
- Shifting to the “Whole Family Approach.”** In 2020, the national Community Action Partnership recommended the shift to the “Whole Family Approach,” which recommends involving families in the planning, design, and implementation of two-generation services.¹² The model is inspired by the belief that families are the best experts on what they need to succeed. It recommends providing “holistic and high-functioning services” to both parents and children. Many agencies and governments provide services in silos today, which may cause more harm than good by creating more barriers for families. Taking a “whole person approach” with a focus on early intervention may benefit families in the long run.

¹² Community Action Partnership. Whole Family Approach Building Blocks. Resource Guide.

https://communityactionpartnership.com/wp-content/uploads/2020/11/Full-Buidling-Blocks-in-Detail_6.18.20.pdf

Secondary Data Research

Core Demographics

Social Vulnerability Index

The Social Vulnerability Index (SVI) model was developed by the U.S. Centers for Disease Control and Prevention (CDC) as a way to use data to identify vulnerable populations.

The SVI may be used to rank overall population well-being and mobility relative to county, state, and national figures. Measures are grouped into four major categories: Socioeconomic Status, Household Composition and Disability, Minority Status and Language, and Housing and Transportation. The SVI can also be used to determine the most vulnerable populations during disaster preparedness and public health emergencies, including pandemics.¹³

SVI Measure Categories	SVI Measures
Socioeconomic Status	Below Poverty Unemployed Income No High School Diploma
Household Composition & Disability	Age 65+ Age Below 18 Disabled Single-Parent Households
Minority Status & Language	Ethnic/Racial Minority Limited or no English Proficiency
Household Type & Transportation	Multi-Unit Structures Mobile Homes No Vehicle Group Quarters

¹³ Agency for Toxic Substances and Disease Registry, CDC/ATSDR Social Vulnerability Index.

The following SVI tables highlight factors that impact needs of the most vulnerable in Adams County.

Exhibit 1: SVI – Socioeconomic Status and Household Composition & Disability Measures

	United States	Colorado	Adams County
Total population	329,725,481	5,723,176	514,969
Households below poverty level	12.4%	9.6%	9.1%
Unemployment rate	5.5%	4.6%	4.6%
Median household income	\$69,021	\$80,184	\$78,304
No high school diploma	11.1%	7.6%	15.1%
Under 18	22.5%	22.1%	26.3%
Age 65 +	16.0%	14.3%	10.5%
Population living with a disability	12.6%	10.8%	10.9%
Children in single-parent households	25.1%	21.5%	23.0%

Source: U.S. Census Bureau. American Community Survey Five-Year Estimates, 2017-2021

- Adams County has a smaller proportion of its population living below the poverty level (9.1%) compared to either Colorado (9.6%) or the United States (12.4%).
- Unemployment in Adams County and Colorado is lower than for the United States.
- The median household income in Adams County is slightly below that in Colorado; each is greater than the corresponding national figure by nearly \$10,000.
- Adams County has nearly double the proportion of its residents with no high school diploma (15.1%) compared to Colorado (7.6%).
- Adams County’s population has more residents under age 18, and fewer residents age 65 or older, than either Colorado or the United States.
- There is a slightly smaller fraction of people in Adams County or Colorado living with a disability compared to the United States.
- There are fewer children living in single-parent households in Adams County or Colorado as compared to the nation.

Exhibit 2: SVI – Minority Status & Language and Household Type & Transportation Measures

	United States	Colorado	Adams County
Ethnic/racial minority	40.6%	33.2%	51.7%
Limited or no English proficiency	8.2%	5.5%	11.3%
Foreign-born	13.6%	9.5%	15.0%
Multi-unit housing structures	26.4%	26.4%	22.9%
Mobile homes	5.9%	3.8%	6.1%
No vehicle	8.3%	5.0%	4.3%
Group quarters	2.4%	2.0%	0.7%

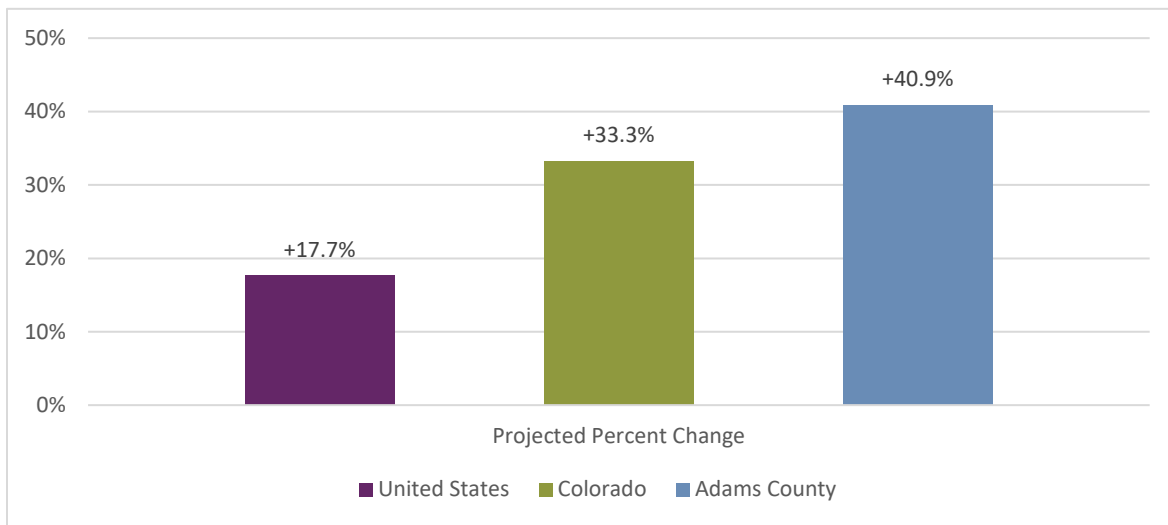
Source: U.S. Census Bureau. American Community Survey Five-Year Estimates, 2017-2021

- More than one in two residents of Adams County identify as members of an ethnic/racial minority population, compared to two in five of those nationally and one in three of those in Colorado.
- More than one in 10 of those in Adams County have limited or no English proficiency, more than double the corresponding figure for Colorado.
- There are more foreign-born residents of Adams County than either Colorado or the United States.
- Adams County has a smaller proportion of multi-unit housing structures than either Colorado or the nation.
- A lower proportion of Adams County residents than either Colorado or the United States has no vehicle.
- The fraction of Adams County residents living in group quarters is about one-third the figure for either Colorado or the United States.

Change Rates (2010-2021)

Adams County’s population has grown at a faster rate than Colorado, and each has growth at more than double the rate of the nation as a whole, since 2010. The population of Adams County is projected to increase by more than 40% from 2010 to 2031, a higher rate of growth than either Colorado or the United States.

Exhibit 3: Projected Percent Change in Population, 2010 to 2031



	United States	Colorado	Adams County
Total Population (2010) ¹⁴	308,745,538	5,029,196	441,558
Estimated Total Population (2017-2021)	329,725,481	5,723,176	514,969
Percent Change, 2010 to 2017-2021	+6.8%	+13.8%	+16.6%
Projected Total Population (2031)	363,255,837	6,703,540	622,081
Projected Percent Change, 2010 to 2031	+17.7%	+33.3%	+40.9%

Source: US Census Bureau. Decennial Census 1990. Decennial Census 2000. Decennial Census 2010. ACS 2007-2011 5-year estimates. MySidewalk Projections for future years.

¹⁴ Totals reported in this row are Census 2010 population counts. The remainder of this report features more recent estimates of population, as derived from the Census Bureau’s American Community Survey over the 2017-2021 period.

The median age of Adams County’s population (34.2 years) is about three years younger than that in Colorado, and four years younger than the United States. This figure has increased more in Adams County than it has for either the state or nation since 2010, although it remains substantially lower than either of these geographies.

Exhibit 4: Median Age Percent Change

	United States	Colorado	Adams County
Median Age (2017-2021)	38.4	37.1	34.2
Median Age (2006-2010)	36.9	35.8	32.2
Percent Change	+4.1%	+3.6%	+6.2%

Source: U.S. Census Bureau. American Community Survey Five-Year Estimates, 2017-2021

The percent of Adams County households living below the poverty level is lower than either Colorado or the United States, and this percentage has decreased at four times the rate of the national figure since 2010.

Exhibit 5: Percent Living in Poverty, Percent Change

	United States	Colorado	Adams County
Households Below Poverty Level (2017-2021)	12.4%	9.6%	9.1%
Households Below Poverty Level (2010)	13.1%	11.6%	11.9%
Percent Change	-5.3%	-17.2%	-23.5%

Source: U.S. Census Bureau. American Community Survey Five-Year Estimates, 2017-2021

While the percentage of Adams County residents with a Bachelor’s degree or higher has increased at a higher rate than either the state or nation since 2010, this figure remains far lower than either of those geographies, at slightly more than one in four Adams County residents (compared to one in three of those at the national level and two in five of those in the state).

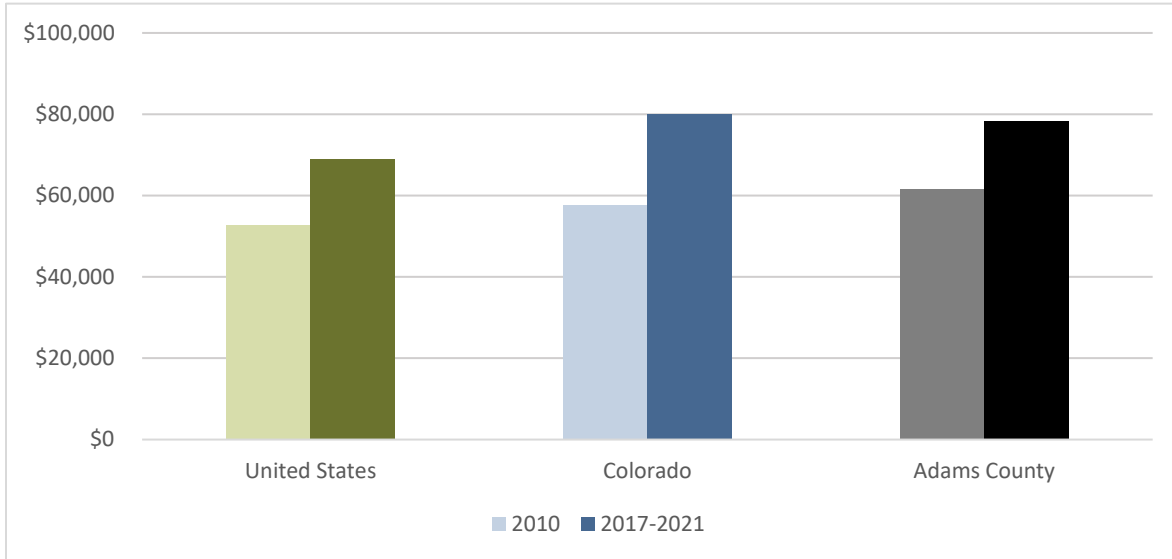
Exhibit 6: Percent of Population with a Bachelor’s Degree or Higher

	United States	Colorado	Adams County
Population with a Bachelor’s Degree or Higher (2017-2021)	33.7%	42.8%	26.5%
Population with a Bachelor’s Degree or Higher (2010)	28.2%	36.3%	20.7%
Percent Change	+19.5%	+17.9%	+28.0%

Source: U.S. Census Bureau. American Community Survey Five-Year Estimates, 2017-2021

Median household income has grown at a slower rate in Adams County than in Colorado or the United States since 2010.

Exhibit 7: Median Household Income Percent Change



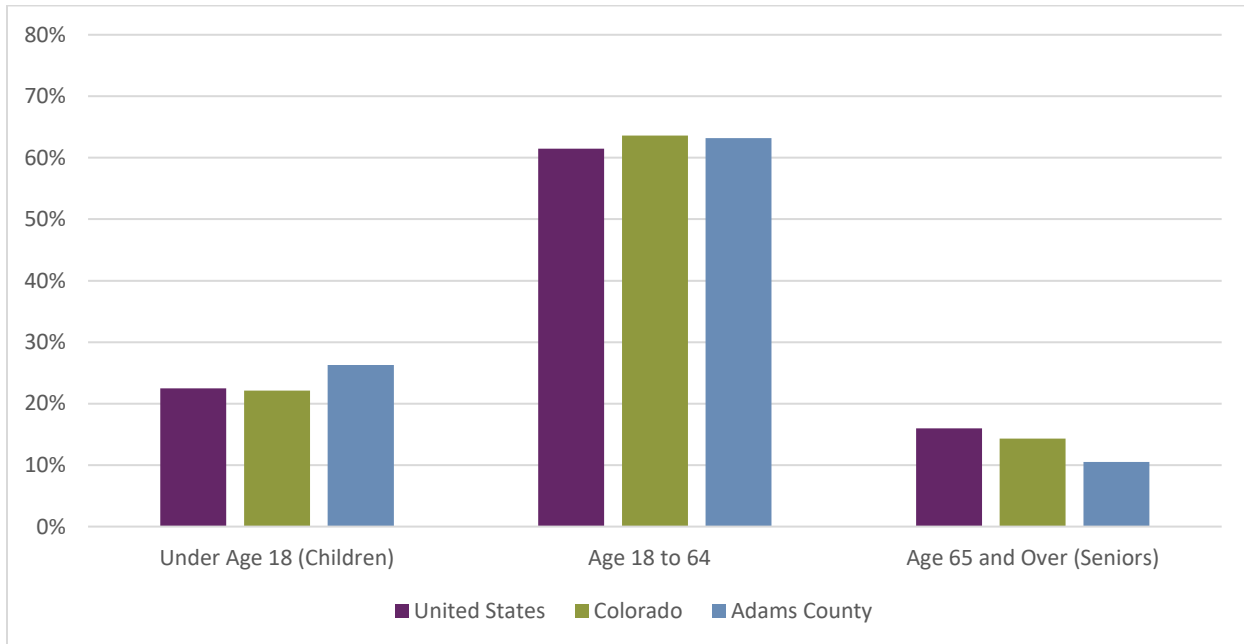
	United States	Colorado	Adams County
Median Household Income (2017-2021)	\$69,021	\$80,184	\$78,304
Median Household Income (2010)	\$52,762	\$57,685	\$61,556
Percent Change	+30.8%	+39.0%	+27.2%

Source: U.S. Census Bureau. American Community Survey Five-Year Estimates, 2017-2021

Age

Adams County's population is younger than that of Colorado or the United States, marked by larger proportions of residents under the age of 18 and smaller proportions age 55 and older.

Exhibit 8: Population by Age Group



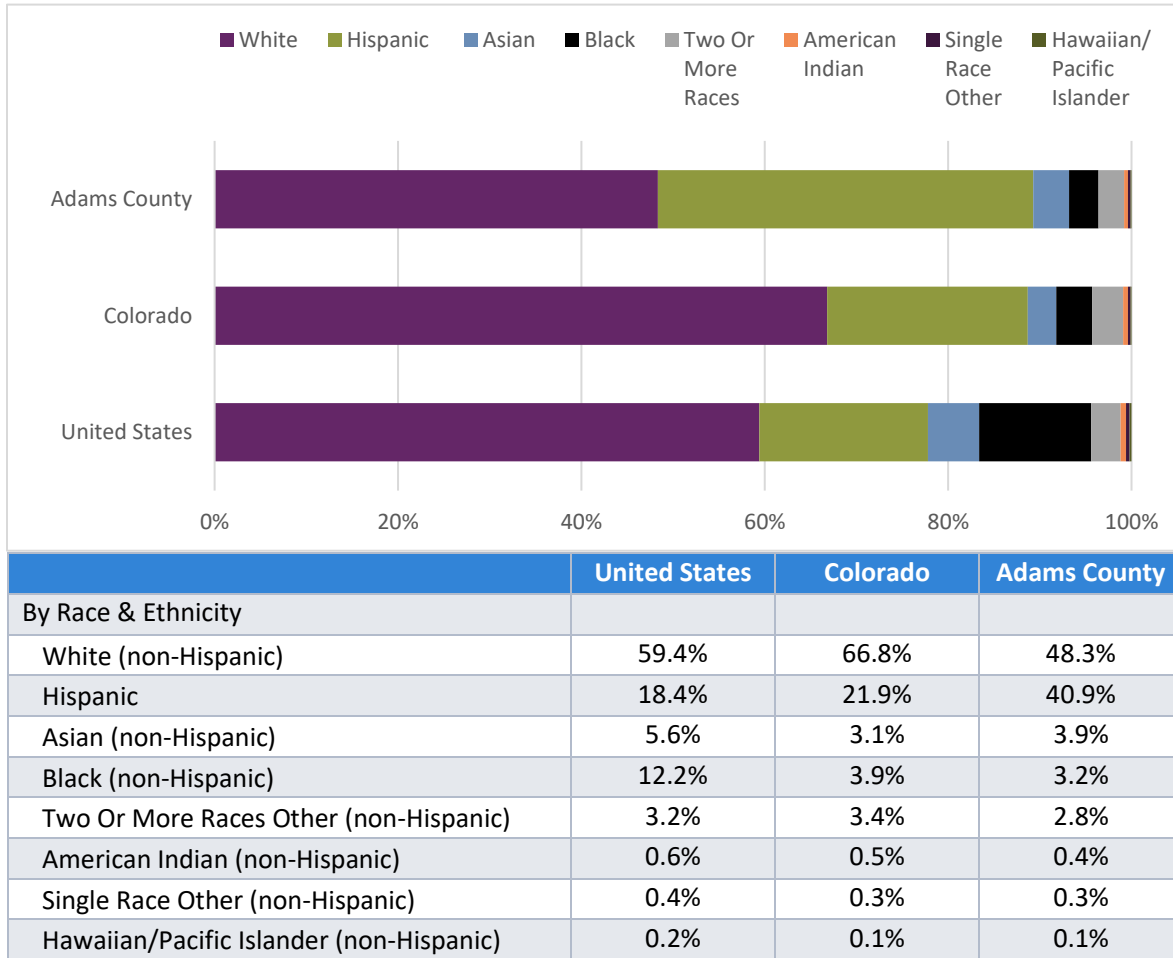
	United States	Colorado	Adams County
Under Age 18 (Children)	22.5%	22.1%	26.3%
Age 18 to 64	61.4%	63.6%	63.2%
Age 65 and Over (Seniors)	16.0%	14.3%	10.5%
Age Under 5	5.9%	5.7%	6.8%
Age 5 to 9	6.1%	6.1%	7.1%
Age 10 to 14	6.6%	6.5%	7.9%
Age 15 to 19	6.6%	6.5%	6.9%
Age 20 to 24	6.5%	6.5%	6.3%
Age 25 to 34	13.8%	15.5%	16.1%
Age 35 to 44	12.9%	14.1%	15.0%
Age 45 to 54	12.6%	12.4%	12.4%
Age 55 to 59	6.7%	6.4%	5.9%
Age 60 to 64	6.3%	6.0%	4.9%
Age 65 to 74	9.6%	9.1%	6.7%
Age 75 to 84	4.5%	3.7%	2.8%
Age Over 85	1.9%	1.5%	1.0%

Source: U.S. Census Bureau. American Community Survey Five-Year Estimates, 2017-2021

Race and Ethnicity

There are fewer White (non-Hispanic) residents of Adams County (48.3% of its population) compared to either Colorado or the United States. Correspondingly, the county has a Hispanic population (40.9%) that is proportionally much greater than either the state (21.9%) or nation (18.4%).

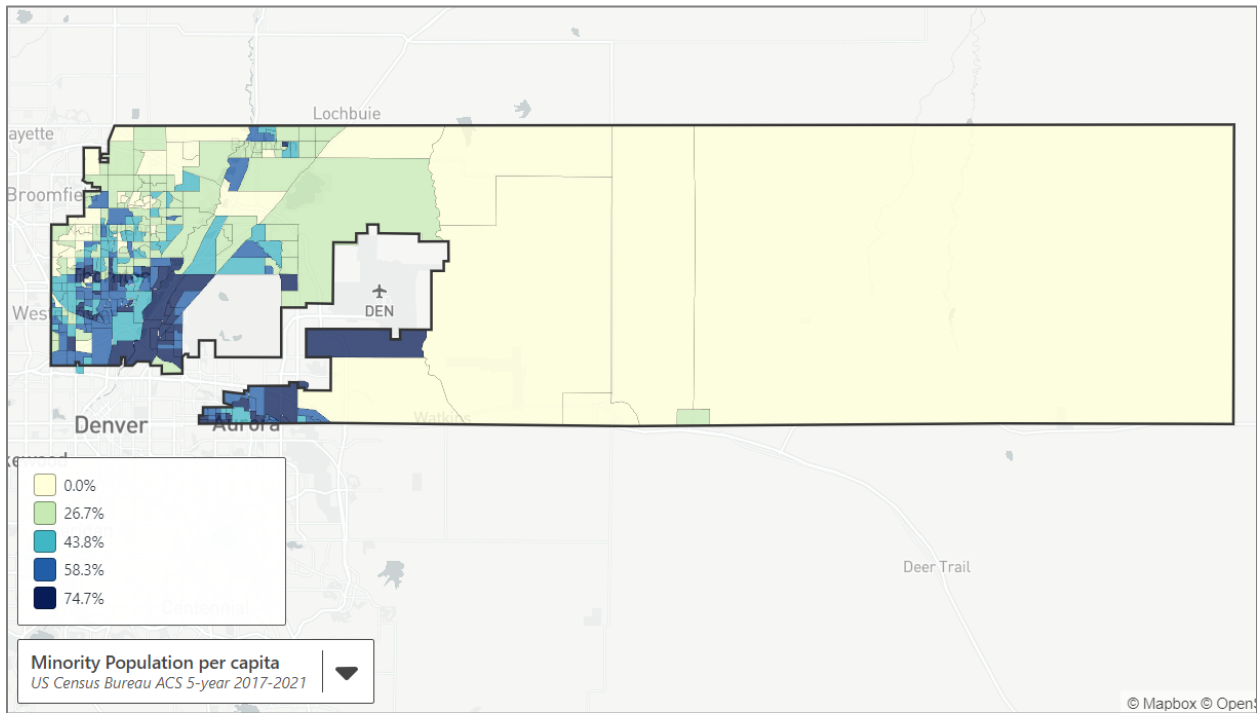
Exhibit 9: Population by Race & Ethnicity



Source: U.S. Census Bureau. American Community Survey Five-Year Estimates, 2017-2021

Minority populations in Adams County are clustered in parts of the county to the immediate North and East of Denver, as well as South of Denver International Airport.

Exhibit 10: Minority Population as a Percentage of Total Population by Census Block Group



Source: U.S. Census Bureau. American Community Survey Five-Year Estimates, 2017-2021

Gender

The gender balance in Adams County mirrors that of Colorado, with slightly more people who identify as male than female.

Exhibit 11: Population by Gender

	United States	Colorado	Adams County
Females	50.5%	49.4%	49.2%
Males	49.5%	50.6%	50.8%

Source: U.S. Census Bureau. American Community Survey Five-Year Estimates, 2017-2021

The number and proportion of Adams County children eligible for free or reduced lunch at school decreased from 2015 to 2021.

Exhibit 12: Percent of Adams County Children Receiving Free or Reduced Lunch

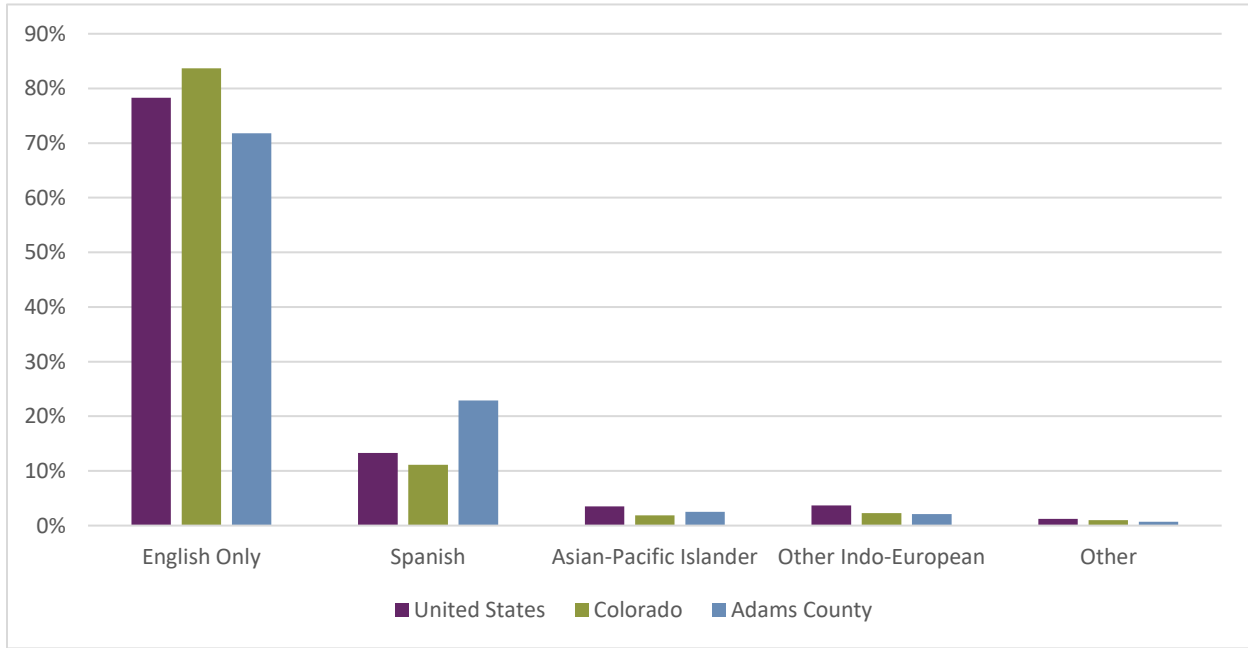
	Eligible For Free Or Reduced Lunch		Eligible For Free Lunch		Eligible For Reduced Price Lunch	
	Count	Percentage	Count	Percentage	Count	Percentage
2015	41,623	49%	34,449	41%	7,174	9%
2016	41,358	49%	33,952	41%	7,406	9%
2017	41,840	49%	33,783	40%	8,057	10%
2018	40,050	47%	31,772	37%	8,278	10%
2019	40,286	47%	31,428	37%	8,858	10%
2020	37,500	46%	29,966	37%	7,534	9%
2021	35,833	44%	28,946	35%	6,887	8%

Source: The Annie E. Casey Foundation, KIDS COUNT Data Center

Language Spoken

Adams County has a greater proportion of residents who speak Spanish at home (22.9%) than either Colorado (11.1%) or the United States (13.3%).

Exhibit 13: Language Spoken at Home

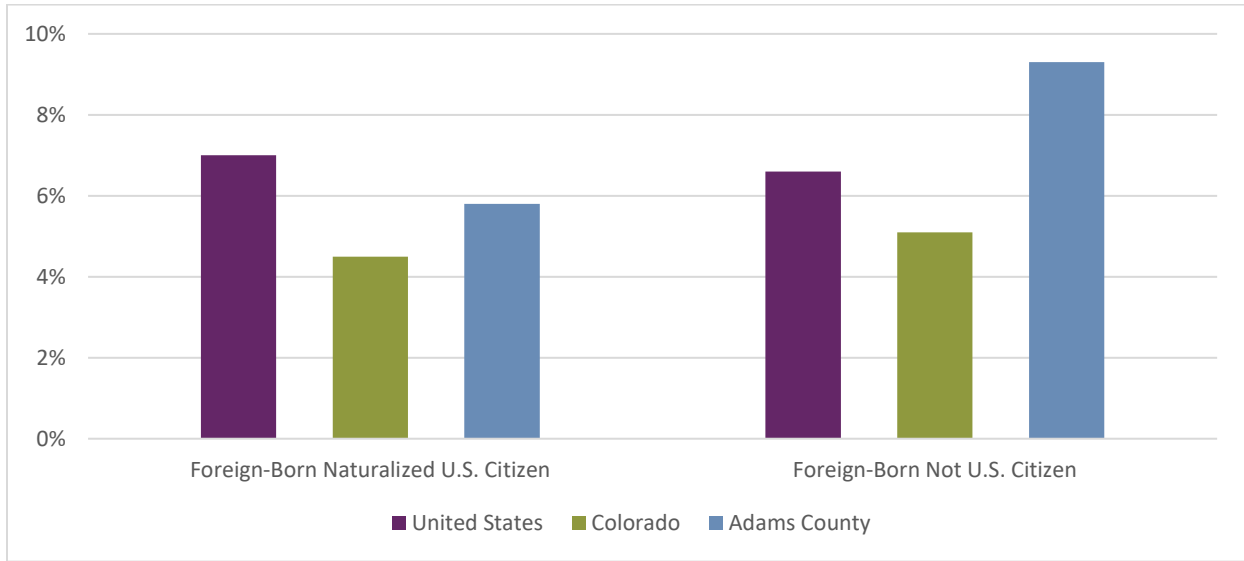


	United States	Colorado	Adams County
English Only	78.3%	83.7%	71.8%
Spanish	13.3%	11.1%	22.9%
Asian-Pacific Islander	3.5%	1.9%	2.5%
Other Indo-European	3.7%	2.3%	2.1%
Other	1.2%	1.0%	0.7%

Source: U.S. Census Bureau. American Community Survey Five-Year Estimates, 2017-2021

Nearly one in 10 Adams County residents (9.3%) are foreign-born and are not U.S. citizens, more than either Colorado or the United States.

Exhibit 14: Foreign-Born Population



	United States	Colorado	Adams County
Foreign Born – Naturalized U.S. Citizen ¹⁵	7.0%	4.5%	5.8%
Foreign Born – Not U.S. Citizen ¹⁶	6.6%	5.1%	9.3%

Source: U.S. Census Bureau. American Community Survey Five-Year Estimates, 2017-2021

¹⁵ Percentages shown have been calculated out of the total population of each geography.

¹⁶ There are many types of non-citizens, including (but not limited to) lawful permanent residents, temporary migrants, seasonal workers, students, refugees, asylum seekers, persons here illegally, and others.

Disability Status

More than 55,000 Adams County residents are estimated to be living with one or more disabilities, including more than half of those age 75 and over, and one in four of those ages 65 to 74.

Exhibit 15: Population Living with Disability

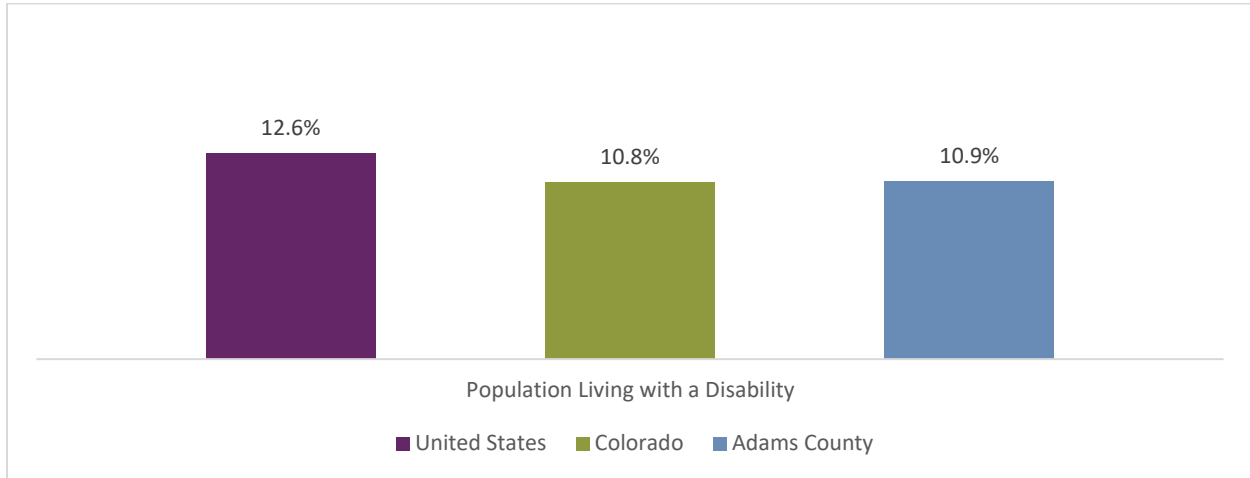


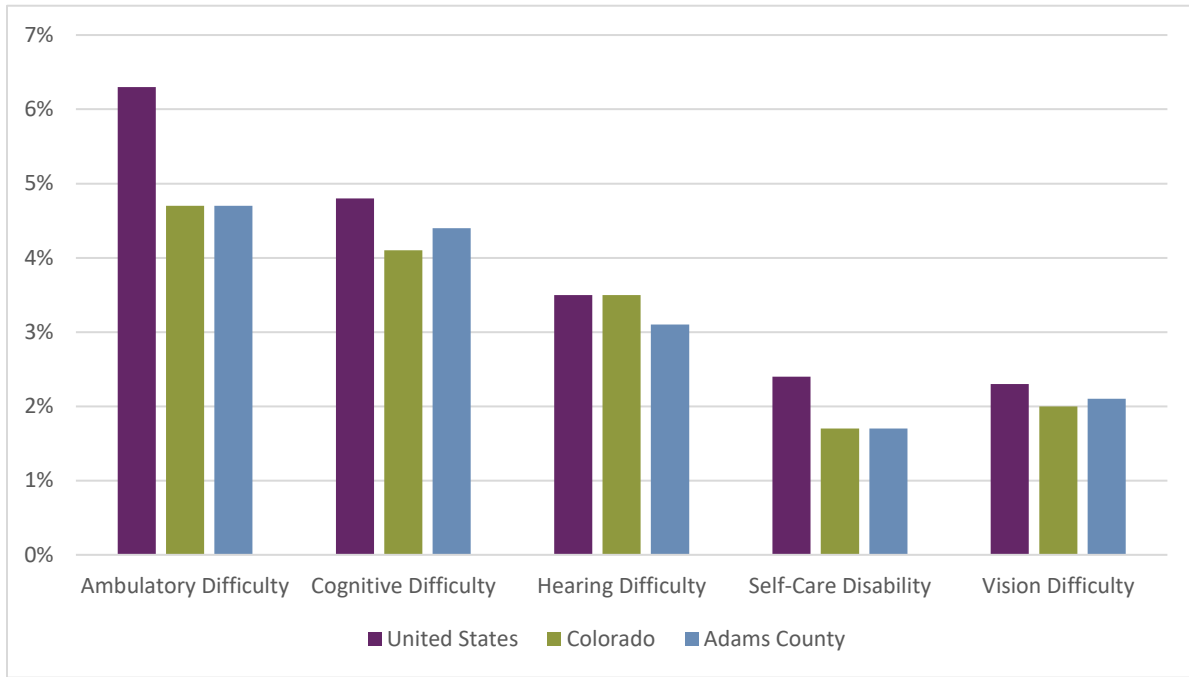
Exhibit 16: Population Living with Disability by Age

	United States	Colorado	Adams County
Total Population Living with Disability	41,055,492	610,615	55,788
Age Under 5	0.7%	0.7%	0.3%
Age 5 to 17	5.7%	4.9%	6.0%
Age 18 to 34	6.8%	6.5%	7.2%
Age 35 to 64	12.4%	10.4%	11.2%
Age 65 to 74	24.1%	21.7%	25.8%
Age 75 and Over	47.4%	46.2%	50.9%

Source: U.S. Census Bureau. American Community Survey Five-Year Estimates, 2017-2021

Across types of difficulty, Adams County has smaller proportions of residents compared to the United States. The most common type of difficulty among Adams County residents living with a disability is ambulatory disability, defined as “having serious difficulty walking or climbing stairs.”

Exhibit 17: Population Living with Disability by Difficulty



	United States	Colorado	Adams County
Ambulatory Difficulty	6.3%	4.7%	4.7%
Cognitive Difficulty	4.8%	4.1%	4.4%
Hearing Difficulty	3.5%	3.5%	3.1%
Self-Care Disability	2.4%	1.7%	1.7%
Vision Difficulty	2.3%	2.0%	2.1%

Source: U.S. Census Bureau. American Community Survey Five-Year Estimates, 2017-2021

In Adams County, those who identify as Native Hawaiian and Other Pacific Islander are most likely to be living with a disability (although this population is numerically small). Individuals who identify as White and those who identify as American Indian or Alaska Native are also more likely than other residents to be living with a disability.

Exhibit 18: Population Living with Disability by Race & Ethnicity

	United States	Colorado	Adams County
Native Hawaiian and Other Pacific Islander Alone People with a Disability	11.6%	13.8%	28.6%
White Alone, not Hispanic or Latino People with a Disability	13.9%	11.3%	12.5%
American Indian or Alaska Native Alone People with a Disability	16.3%	18.0%	11.7%
White Alone People with a Disability	13.3%	10.9%	11.4%
Some Other Race Alone People with a Disability	9.3%	11.2%	11.3%
Any Race/Ethnicity Living with Disability	12.6%	10.8%	10.9%
Black or African American Alone People with a Disability	14.0%	12.5%	10.3%
Hispanic or Latino People with a Disability	9.3%	9.6%	9.5%
Two or More Races People with a Disability	10.5%	9.7%	9.3%
Asian Alone People with a Disability	7.3%	6.9%	6.3%

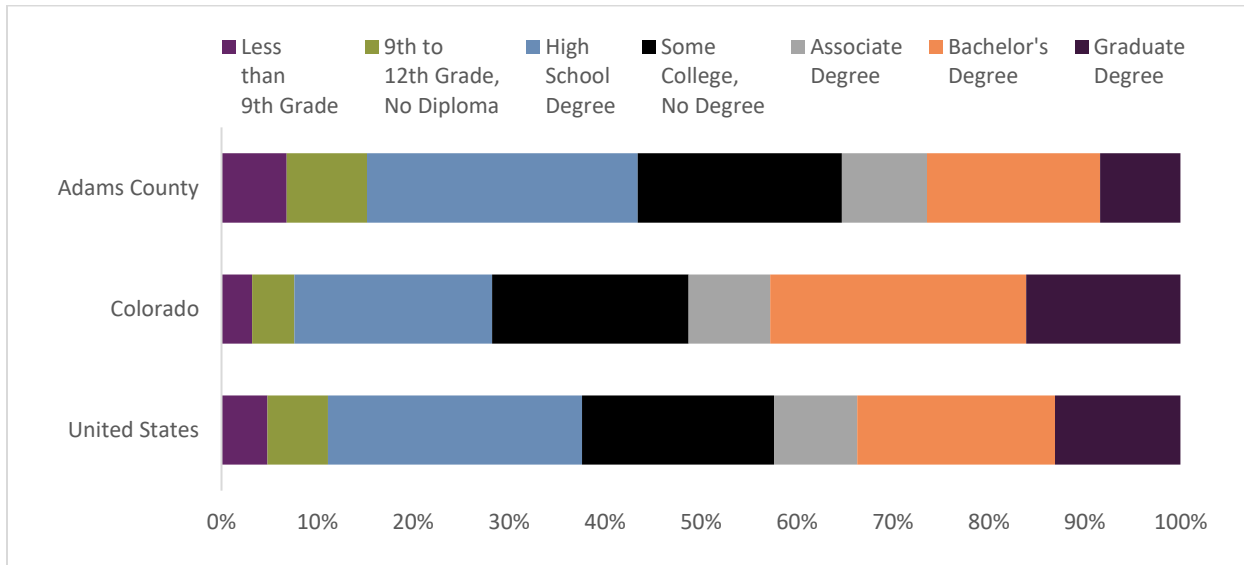
Source: U.S. Census Bureau. American Community Survey Five-Year Estimates, 2017-2021

Social and Economic Factors

Educational Attainment

Adams County has a larger proportion of its population than Colorado or the United States with no high school degree, and smaller proportions of residents with a Bachelor's degree or higher.

Exhibit 19: Highest Level of Educational Attainment



	United States	Colorado	Adams County
Less than 9th Grade	4.8%	3.2%	6.8%
9th to 12th Grade, No Diploma	6.3%	4.4%	8.4%
High School Degree	26.5%	20.6%	28.3%
Some College No Degree	20.0%	20.5%	21.3%
Associate degree	8.7%	8.5%	8.9%
Bachelor's Degree	20.6%	26.7%	18.1%
Graduate Degree	13.1%	16.1%	8.4%

Source: U.S. Census Bureau. American Community Survey Five-Year Estimates, 2017-2021

Across geographies, those who identify as Asian alone are more likely to have a Bachelor's degree or higher, although most groups have lower levels of educational attainment in Adams County compared to the state or nation, with the exception of those who identify as Black or African American alone.

Exhibit 20: Percent of Population with a Bachelor's Degree or Higher by Race & Ethnicity

	United States	Colorado	Adams County
Asian Alone	55.6%	52.8%	38.9%
White Alone	35.5%	45.6%	28.5%
Hispanic or Latino	18.4%	18.8%	12.2%
Black or African American Alone	23.3%	28.5%	24.7%

Source: U.S. Census Bureau. American Community Survey Five-Year Estimates, 2017-2021

High School Graduation Rates

In Colorado, students who identify as Asian had the highest graduation rates in the 2021-2022 graduation cohort. In school districts across Adams County, graduation rates vary across racial and ethnic groups, with those who identify as Asian and those who identify as White generally among the populations with higher rates and those who identify as Hispanic or Latino or Black or African American among the lower rates.

Exhibit 21: High School Graduation Rates in Adams County School Districts, by Race and Ethnicity, 2021-2022 Graduation Cohorts

	Colorado	Mapleton 1	Adams 12 Five Star Schools	Adams County 14	School District 27J	Bennett 29J	Strasburg 31J	Westminster Public Schools
Asian	93.0%	75.0%	95.3%	75.0%	100.0%	NA	NA	91.7%
White	87.3%	74.0%	90.1%	61.5%	92.8%	96.2%	85.2%	58.9%
Any race/ethnicity	82.3%	74.9%	82.8%	69.3%	90.9%	89.5%	79.5%	67.3%
Two or more races	81.3%	72.7%	88.6%	100.0%	90.9%	80.0%	0.0%	88.9%
Black or African American	77.4%	50.0%	78.0%	100.0%	87.0%	50.0%	NA	53.3%
Hispanic or Latino	75.1%	76.4%	74.0%	69.4%	89.0%	84.8%	68.2%	67.5%
American Indian or Alaska Native	65.4%	60.0%	100.0%	66.7%	100.0%	66.7%	100.0%	70.0%
Native Hawaiian or other Pacific Islander	61.1%	100.0%	100.0%	100.0%	75.4%	NA	NA	50.0%

Source: Colorado Department of Education. Graduation Statistics. Graduates and Completers by Districts, Gender and Race/Ethnicity.

Life Expectancy

Life expectancy in Adams County is comparable to the United States and slightly lower than Colorado.

Exhibit 22: Life Expectancy (Years)

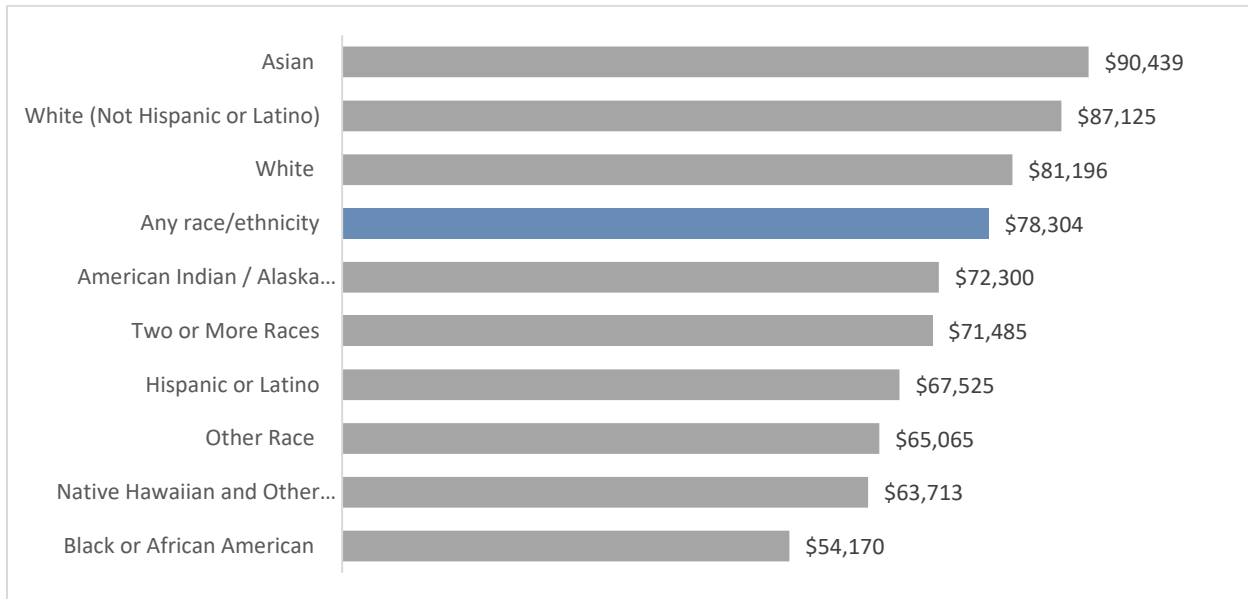
	United States	Colorado	Adams County
Life Expectancy	78.5	80.0	78.6

Source: National Center for Health Statistics - Mortality Files, 2018-2020

Income and Poverty

In Adams County, households in which the householder identifies as Black or African American have median household income that is less than two-thirds that of householders who identify as White. Those who identify as Hispanic or Latino have median household income that is slightly more than three-quarters that of those who identify as White (not Hispanic or Latino).

Exhibit 23: Median Household Income by Race and Ethnicity, Adams County



	United States	Colorado	Adams County
Householder Race & Ethnicity			
Asian	\$98,367	\$91,537	\$90,439
White (Not Hispanic or Latino)	\$75,208	\$86,765	\$87,125
White	\$73,533	\$83,303	\$81,196
Any race/ethnicity	\$69,021	\$80,184	\$78,304
American Indian / Alaska Native	\$50,183	\$55,122	\$72,300
Two or More Races	\$65,220	\$69,851	\$71,485
Hispanic or Latino	\$58,791	\$62,615	\$67,525
Other Race	\$55,769	\$60,126	\$65,065
Native Hawaiian and Other Pacific Islander	\$71,029	\$76,717	\$63,713
Black or African American	\$46,401	\$57,118	\$54,170

Source: U.S. Census Bureau. American Community Survey Five-Year Estimates, 2017-2021

In Adams County, and nationally, people of color are more likely to live below poverty level than those who identify as White. These rates range from more than double those who identify as White (among those who identify as Native Hawaiian and Other Pacific Islander and those who identify as Black or African American) to more than 1.5 times the White rate (among those who identify as Hispanic or Latino).

In Adams County, as well as nationally and at the state level, rates of poverty are greater among children than among those ages 18 and older.

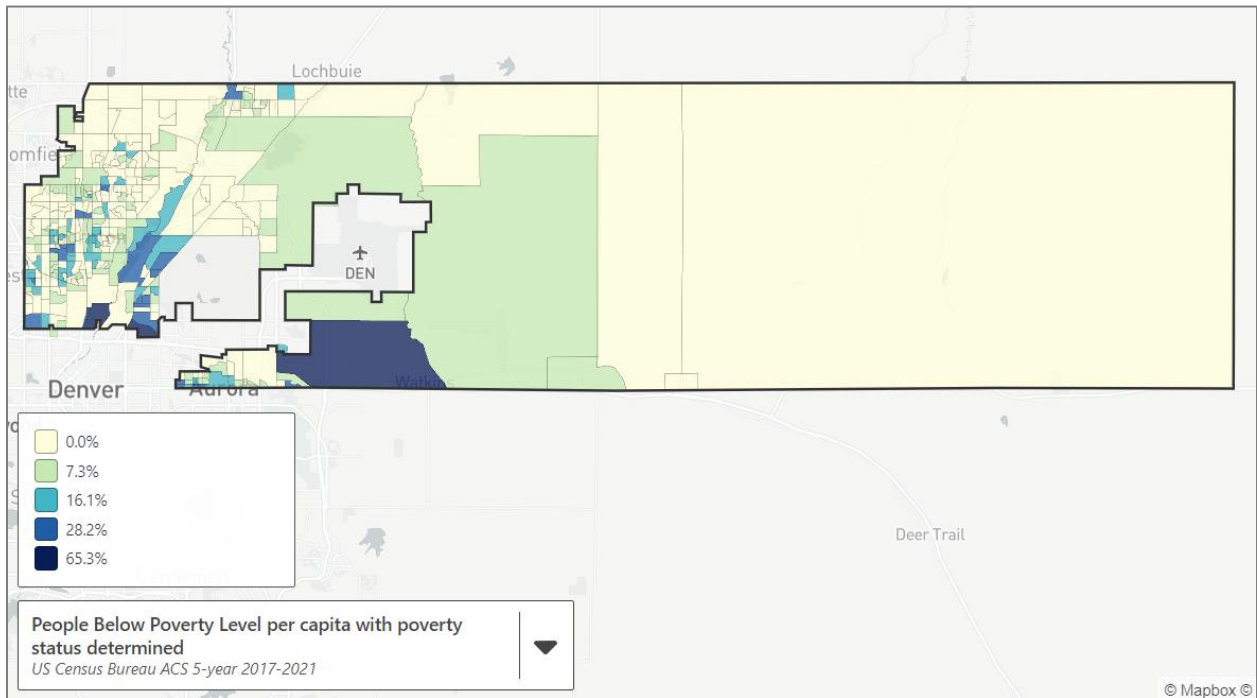
Exhibit 24: Percent of Population Living in Poverty

	United States	Colorado	Adams County
Percent of Population Below Poverty Level	12.6%	9.6%	9.6%
By Race / Ethnicity			
Native Hawaiian and Other Pacific Islander alone	16.7%	8.9%	20.1%
Black or African American alone	21.7%	16.8%	17.4%
American Indian and Alaska Native alone	23.4%	17.5%	12.6%
Hispanic or Latino origin (of any race)	17.7%	14.3%	11.8%
Any race/ethnicity	12.6%	9.6%	9.6%
Asian alone	10.3%	9.4%	9.3%
White alone	10.3%	8.5%	8.3%
White alone, not Hispanic or Latino	9.2%	7.5%	7.1%
By Age Group			
Under 5 years	18.5%	12.3%	14.0%
Under 18 years	17.0%	11.4%	13.2%
18 to 64 years	11.8%	9.4%	8.4%
65 years and over	9.6%	7.4%	7.9%

Source: U.S. Census Bureau. American Community Survey Five-Year Estimates, 2017-2021

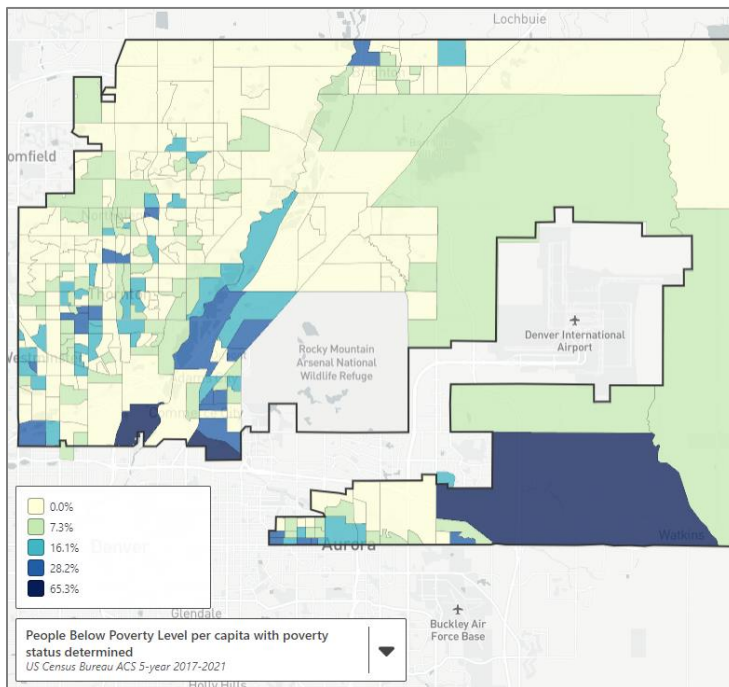
Populations living below poverty level in Adams County are clustered close to Denver as well as South of Denver International Airport – see maps below.

Exhibit 25: Percent of Population Below Poverty Level by Census Block Group



Source: U.S. Census Bureau. American Community Survey Five-Year Estimates, 2017-2021

Exhibit 26: Percent of Population Below Poverty Level by Census Block Group, Focus on Metro Denver



Source: U.S. Census Bureau. American Community Survey Five-Year Estimates, 2017-2021

Employment by Industry

The greatest proportion of Adams County workers are employed in the Office and Administrative Support sector, with nearly one in 10 workers employed in either Management or Sales, respectively. Adams County has more workers in Construction and Extraction (8.7%) than corresponding state and national figures (5.6% and 5.0%, respectively).

Exhibit 27: Employment by Industry

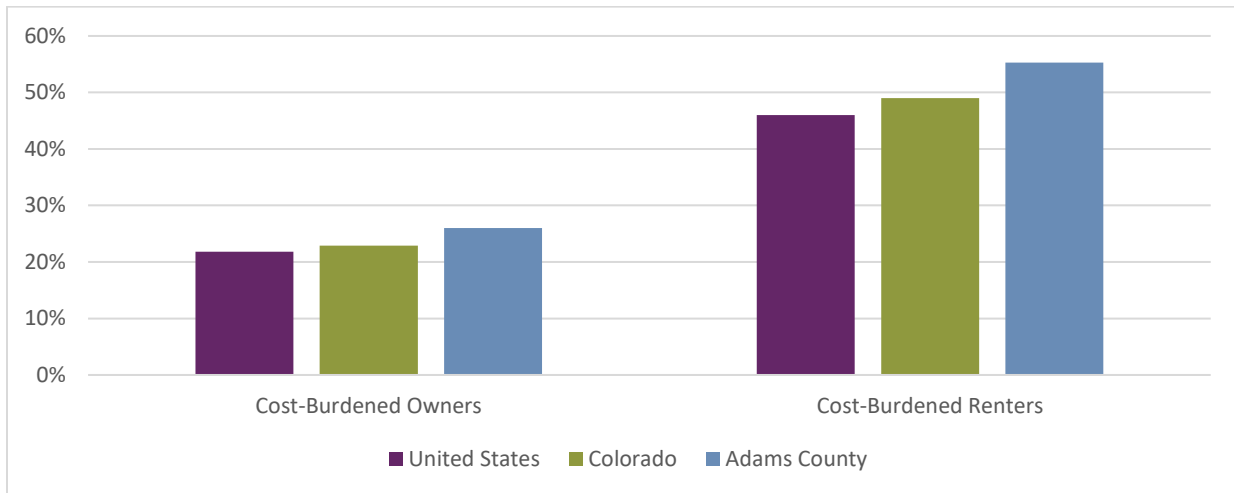
	United States	Colorado	Adams County
Office and Administrative Support	11.1%	10.5%	12.4%
Management	10.8%	12.8%	9.9%
Sales	9.8%	10.0%	9.3%
Construction and Extraction	5.0%	5.6%	8.7%
Food Preparation and Serving	5.4%	5.4%	5.5%
Production	5.5%	3.7%	5.4%
Business and Finance	5.7%	6.6%	5.4%
Transportation	3.8%	3.5%	5.2%
Material Moving	3.8%	2.9%	4.6%
Building, Grounds Cleaning, and Maintenance	3.6%	3.0%	4.4%
Education, Training and Library	6.2%	5.8%	4.3%
Installation, Maintenance, and Repair	3.1%	2.8%	4.0%
Computer and Mathematical	3.4%	4.6%	3.4%
Healthcare Support	3.3%	2.7%	2.7%
Health Diagnosis and Treating Practitioners	4.2%	4.1%	2.4%
Personal Care and Service	2.6%	2.7%	2.3%
Architecture and Engineering	2.1%	2.8%	1.8%
Arts, Design, Entertainment, Sports and Media	2.0%	2.4%	1.5%
Health Technologist and Technicians	2.0%	1.6%	1.4%
Fire Fighting and Prevention	1.2%	1.2%	1.3%
Community and Social Service	1.8%	1.7%	1.3%
Law Enforcement	1.0%	0.9%	0.9%
Life, Physical, and Social Science	1.0%	1.3%	0.9%
Legal	1.2%	1.2%	0.6%
Farming, Fishing and Forestry	0.6%	0.5%	0.4%

Source: U.S. Census Bureau. American Community Survey Five-Year Estimates, 2017-2021

Housing and Physical Environment

There are more cost-burdened homeowners and renters in Adams County compared to Colorado and the United States. More than one in two renter households in Adams County spends 30% or more of its income on gross rent.

Exhibit 28: Cost-Burdened Households



Source: U.S. Census Bureau. American Community Survey Five-Year Estimates, 2017-2021

Most indicators associated with housing costs are greater in Adams County compared to the state or nation, regardless of distinction between home ownership status.

Exhibit 29: Housing Costs & Home Value

	United States	Colorado	Adams County
Median Home Costs as a Percentage of Income – with a Mortgage	20.9%	21.6%	22.9%
Median Home Costs as a Percentage of Income – without a Mortgage	11.0%	ND	10.4%
Percent of Low-Income Households Severely Cost Burdened (2015-2019)	13.0%	12.7%	13.2%
Excessive Owner Housing Costs – 30 Percent or More of Income	21.8%	22.9%	26.0%
Excessive Renter Housing Costs – Gross Rent 30 Percent or More of Income	46.0%	49.0%	55.3%
Median Home Rent	\$1,163	\$1,437	\$1,470
Median Mortgage	\$1,697	\$1,927	\$1,927
Median Home Value	\$244,900	\$397,500	\$360,600
Median Home Value (2010)	\$188,400	\$236,600	\$196,100
Median Household Income	\$69,021	\$80,184	\$78,304
Percent 18+ Population Living Alone	14.0%	14.2%	10.6%

Source: U.S. Census Bureau. American Community Survey Five-Year Estimates, 2017-2021

The Massachusetts Institute of Technology (MIT) developed the Living Wage Calculator to estimate the cost of living in communities or regions based on typical expenses. This tool helps individuals, communities, and employers determine a local wage rate that allows residents to meet minimum standards of living.¹⁷

The living wage for households of various compositions exceeds the minimum wage in Adams County, ranging from a slight difference for a household of two working adults with no children, to a difference nearly four times the minimum wage for a household of one adult with two children.

Exhibit 30: Living Wage Calculator & Annual Expenses for Adams County

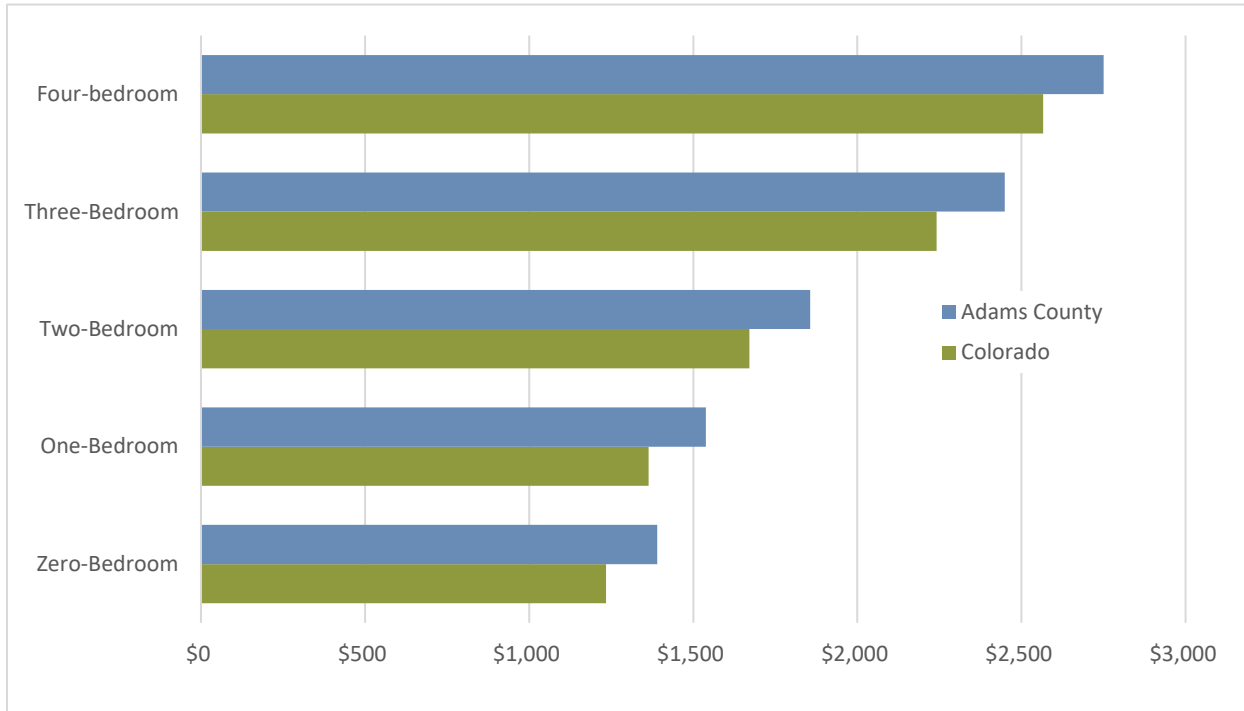
	1 Adult, 0 Children	1 Adult, 1 Child	1 Adult, 2 Children	2 Working Adults, No Children	2 Working Adults, 1 Child	2 Adults, 2 Children
Food	\$4,686	\$6,916	\$10,392	\$8,591	\$10,702	\$13,802
Child Care	\$0	\$11,982	\$23,965	\$0	\$11,982	\$23,965
Medical	\$2,964	\$9,385	\$9,395	\$6,754	\$9,395	\$9,321
Housing	\$15,226	\$20,437	\$20,437	\$16,803	\$20,437	\$20,437
Transportation	\$5,316	\$9,561	\$11,691	\$9,561	\$11,691	\$14,058
Civic	\$2,920	\$5,801	\$6,480	\$5,801	\$6,480	\$8,835
Other	\$4,596	\$8,020	\$9,463	\$8,020	\$9,463	\$10,386
Required annual income before taxes	\$42,116	\$86,142	\$112,275	\$64,324	\$94,903	\$120,514
Annual taxes	\$6,275	\$13,907	\$20,321	\$8,662	\$14,621	\$19,579
Required annual income after taxes	\$35,841	\$72,234	\$91,954	\$55,662	\$80,282	\$100,935
Living Wage	\$20.25	\$41.41	\$53.98	\$15.46	\$22.81	\$28.97
Poverty Wage	\$6.53	\$8.80	\$11.07	\$4.40	\$5.54	\$6.67
Minimum Wage	\$13.65	\$13.65	\$13.65	\$13.65	\$13.65	\$13.65

Source: Massachusetts Institute of Technology, Living Wage Calculator, 2022

¹⁷ Massachusetts Institute of Technology, Living Wage Calculator.

Fair market rent in Adams County exceeds that across the state for all housing types presented below.

Exhibit 31: Fair Market Rent (FMR)



	Colorado	Adams County
Zero-Bedroom	\$1,234	\$1,390
One-Bedroom	\$1,364	\$1,538
Two-Bedroom	\$1,671	\$1,856
Three-Bedroom	\$2,241	\$2,449
Four-bedroom	\$2,566	\$2,750

Source: National Low Income Housing Coalition, Out of Reach: | National Low Income Housing Coalition (nlihc.org)

Homelessness

More than 460 individuals were identified in Metro Denver Homeless Initiative’s 2022 Point in Time (PIT) Count, with the vast majority (82.5%) being adults in households with no children. Three in five of those counted were sheltered, with the majority sheltered in emergency shelter locations. Two in five individuals were unsheltered. A majority of those counted identified as male, and two in three identified as White.

Exhibit 32: Adams County Population Experiencing Homelessness, 2022 Point in Time Count

	Number	Percent
Total homeless individuals counted	462	
Individuals in adult only households	381	82.5%
Individuals in households with at least one adult and one child	71	15.4%
Individuals in youth households	10	2.2%
Sheltered individuals	274	59.3%
Emergency shelter	227	49.1%
Transitional housing	47	10.2%
Unsheltered individuals	188	40.7%
By age group		Percent
0-17		8.9%
18-24		2.2%
25-34		14.9%
35-44		24.5%
45-54		27.3%
55-64		19.5%
65+		2.8%
By gender identity		
Male		58.3%
Female		41.7%
By race		
White		67.5%
Black or African American		14.2%
Asian		ND
American Indian or Alaskan Native		7.0%
Native Hawaiian or Other Pacific Islander		1.1%
Two or More Races		12.0%

Source: Metro Denver Homeless Initiative, 2022. MDHI 2022 Point in Time Count Dashboard.

Transportation

The National Walkability Index (2021) is a nationwide geographic data resource that ranks block groups according to their relative walkability. Walkability refers to how easy it is to walk around a place. Walkable neighborhoods make it easier to walk to stores, jobs, and other places, which encourages people to be more active and can help them stay healthier.¹⁸ The index ranges from 1-20, with lower values being less walkable locations and higher values being more walkable.

Compared to the United States, Adams County is slightly more walkable, but fewer Adams County workers commute to work via public transit. Adams County residents spend a smaller percentage of their income on housing and transportation compared to the state and the nation.

Exhibit 33: Transportation

	United States	Colorado	Adams County
Mean Travel Time to Work (in minutes)	27	26	30
Workers Commuting by Public Transit	4.2%	2.5%	2.9%
Workers who Drive Alone to Work	73.2%	70.6%	74.8%
Percent of Income Spent on Housing and Transportation (among median income families)	54.3%	51.2%	49.2%
Walkability Index (2019)	10	11	12

Source: U.S. Census Bureau. American Community Survey Five-Year Estimates, 2017-2021, (Walkability) EPA, National Walkability Index User Guide and Methodology | US EPA

¹⁸ National Walkability Index: Methodology and User Guide, June 2021 (epa.gov)

Food Access

Food insecurity is the long-term or temporary disruption of food intake or eating patterns because of a lack of money and other resources. It may be influenced by income, employment, race/ethnicity, and disability status, among other factors. Risk for food insecurity increases when money to buy food is limited. People living in some areas, such as rural and/or low-income neighborhoods, may have limited access to full-service grocery stores.¹⁹

Exhibit 34: Food Access Research Atlas



Source: U.S. Department of Agriculture. Economic Research Service, Food Access Research Atlas

Food Insecure Communities

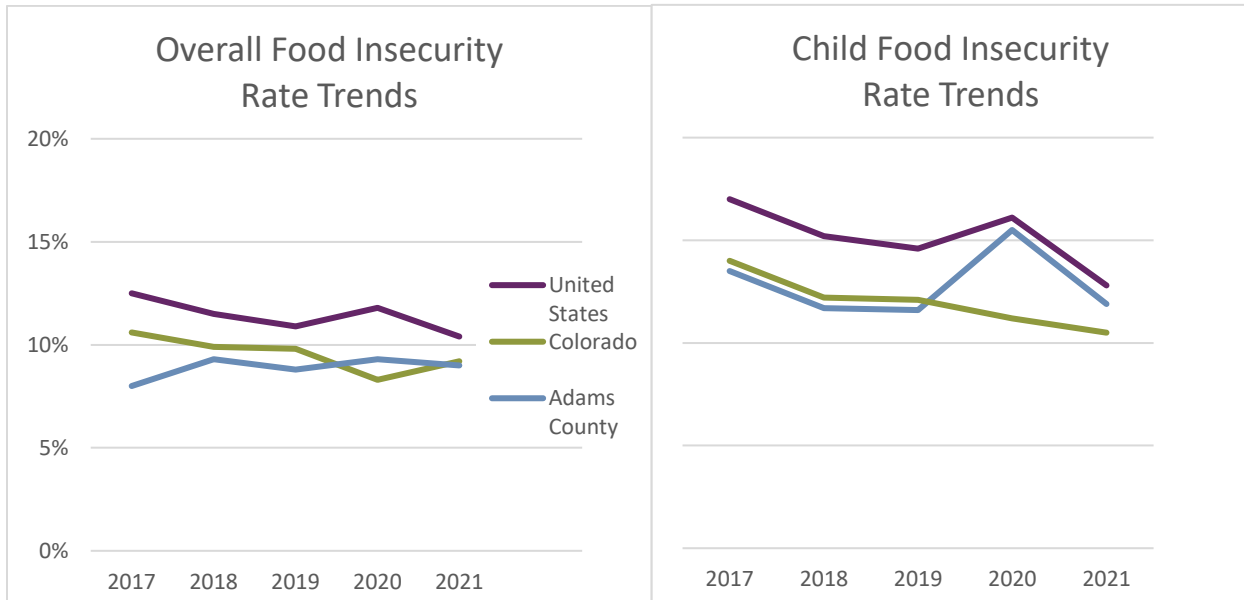
The Food Access Research Atlas indicates low-income census tracts where a substantial number or share of residents is more than one mile (urban) or 10 miles (rural) from the nearest supermarket.

The green shaded areas on the map indicate food deserts within and around Adams County.

¹⁹ U.S. Department of Health and Human Services, Healthy People 2030. Social Determinants of Health Literature Summaries, Food Insecurity.

Food insecurity rates in Colorado and Adams County have remained lower than those in the United States over the 2017-2021 period. Across geographies, these rates are higher among children, and rates have trended downwards since 2017 (after a one-year increase in Adams County and at the national level in 2020).

Exhibit 35: Food Insecurity Rates, Overall and among Children

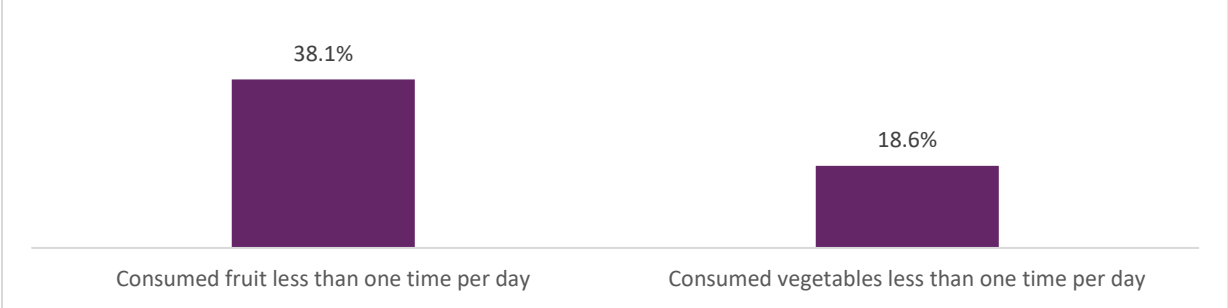


	United States		Colorado		Adams County	
	#	%	#	%	#	%
Food Insecurity Overall (all ages)						
2021	33,844,000	10.4%	533,650	9.2%	46,440	9.0%
2020	38,287,000	11.8%	474,420	8.3%	47,260	9.3%
2019	35,207,000	10.9%	566,440	9.8%	44,230	8.8%
2018	37,227,000	11.5%	566,490	9.9%	46,150	9.3%
2017	40,044,000	12.5%	596,150	10.6%	39,040	8.0%
Child Food Insecurity						
2021	9,262,000	12.8%	129,900	10.5%	16,140	11.9%
2020	11,722,000	16.1%	141,570	11.2%	20,940	15.5%
2019	10,732,000	14.6%	151,810	12.1%	15,780	11.6%
2018	11,174,000	15.2%	155,120	12.2%	15,850	11.7%
2017	12,540,000	17.0%	177,360	14.0%	18,120	13.5%

Source: Feeding America, Map the Meal Gap 2021: An Analysis of County & Congressional District Food Insecurity & County Food Cost in the United States, 2019

More than one in three Colorado adults reported consuming fruit less than one time per day, and nearly one in five reported consuming vegetables less than one time per day.

Exhibit 36: Colorado Adult Fruit & Vegetable Consumption



	Colorado
Consumed fruit less than one time per day	38.1%
Consumed fruit one or more times per day	61.9%
Consumed vegetables less than one time per day	18.6%
Consumed vegetables one or more times per day	81.4%

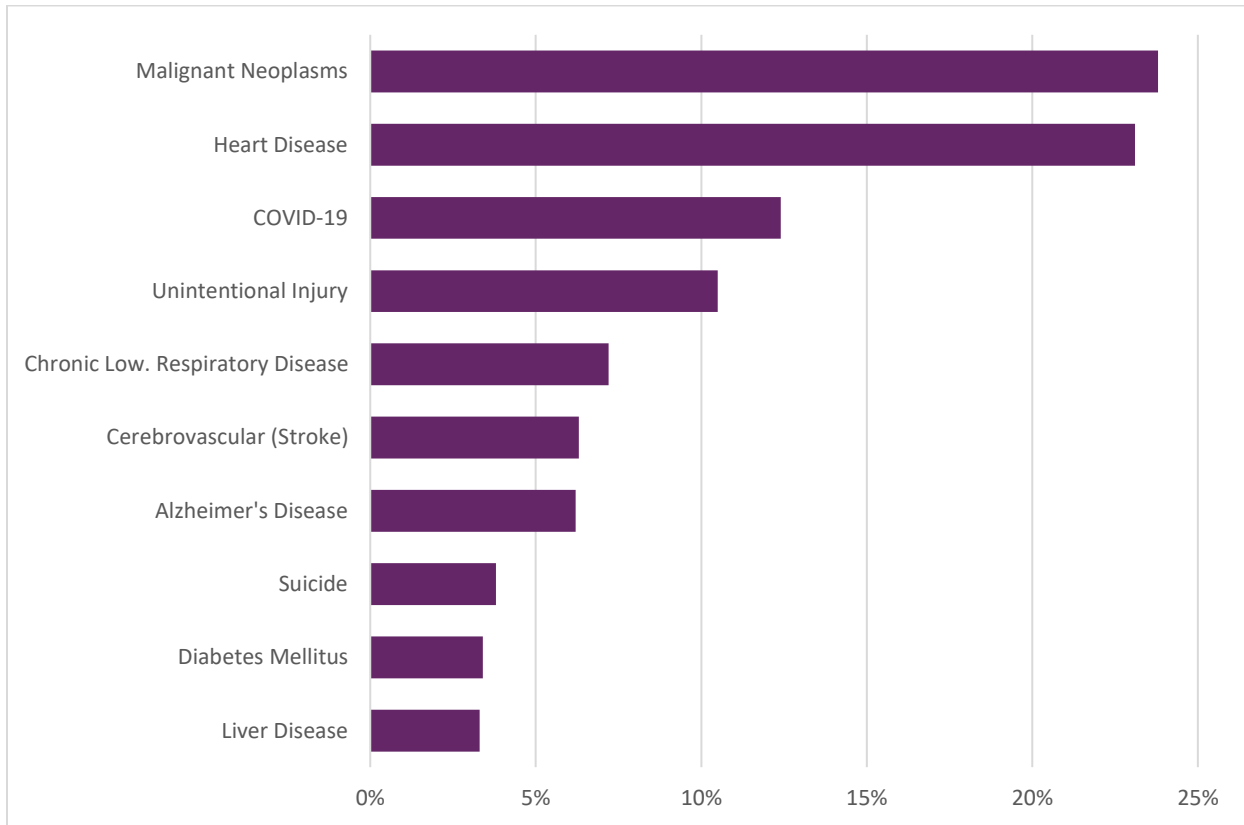
Source: CDC BRFSS Prevalence & Trends Data, 2021

Health Status Profile

Causes of Death

Malignant neoplasms (23.8%) and heart disease (23.1%) accounted for nearly one in two deaths in Colorado in 2020. Other leading causes included COVID-19 (12.4%) and unintentional injury (10.5%).

Exhibit 37: Colorado Leading Causes of Death, 2020



Cause of Death	Number of Deaths	Percentage of all Deaths
Malignant Neoplasms	8,252	23.8%
Heart Disease	8,023	23.1%
COVID-19	4,315	12.4%
Unintentional Injury	3,647	10.5%
Chronic Low. Respiratory Disease	2,490	7.2%
Cerebrovascular (Stroke)	2,191	6.3%
Alzheimer's Disease	2,164	6.2%
Suicide	1,302	3.8%
Diabetes Mellitus	1,168	3.4%
Liver Disease	1,141	3.3%

Source: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention | National Center for Health Statistics (NCHS), National Vital Statistics System Leading Causes of Deaths Reports, 2020

Chronic Disease Incidence Summary

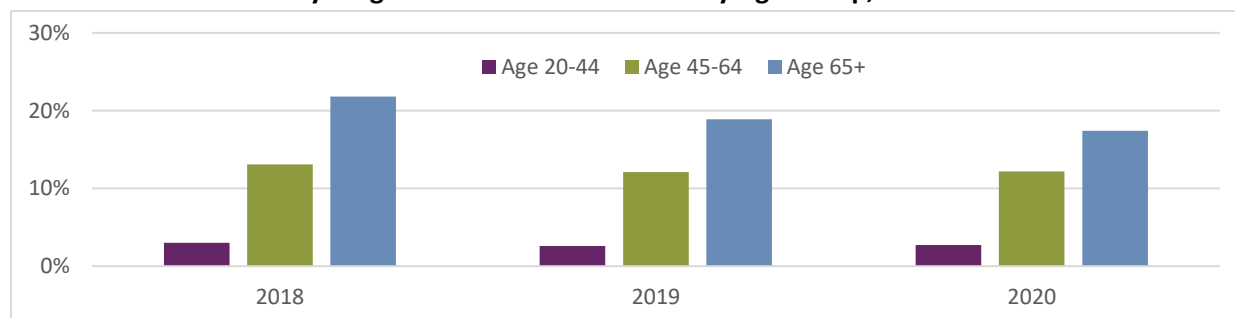
Diabetes diagnoses increased in Adams County from 2018 to 2020, driven by an increase among the population ages 65 and older. While males historically had higher rates than females, this balance shifted in 2020.

Exhibit 38: Adams County Diagnosed Diabetes Incidence Summary

Diagnosed Diabetes	2018	2019	2020
Adults Aged 18+	7.7%	8.2%	8.6%
By Age Group			
20-44	2.4%	2.6%	2.8%
45-64	11.3%	12.0%	12.6%
65+	17.5%	18.0%	19.3%
By Gender			
Female	7.0%	7.7%	8.7%
Male	8.0%	8.3%	8.2%

Source: Centers for Disease Control and Prevention United States Diabetes Surveillance System

Exhibit 39: Adams County Diagnosed Diabetes Incidence by Age Group, 2018-2020



Source: Centers for Disease Control and Prevention United States Diabetes Surveillance System

In Colorado, people of color have consistently had higher rates of diagnosed diabetes than non-Hispanic White people. Those with lower levels of education have higher rates than those with more.

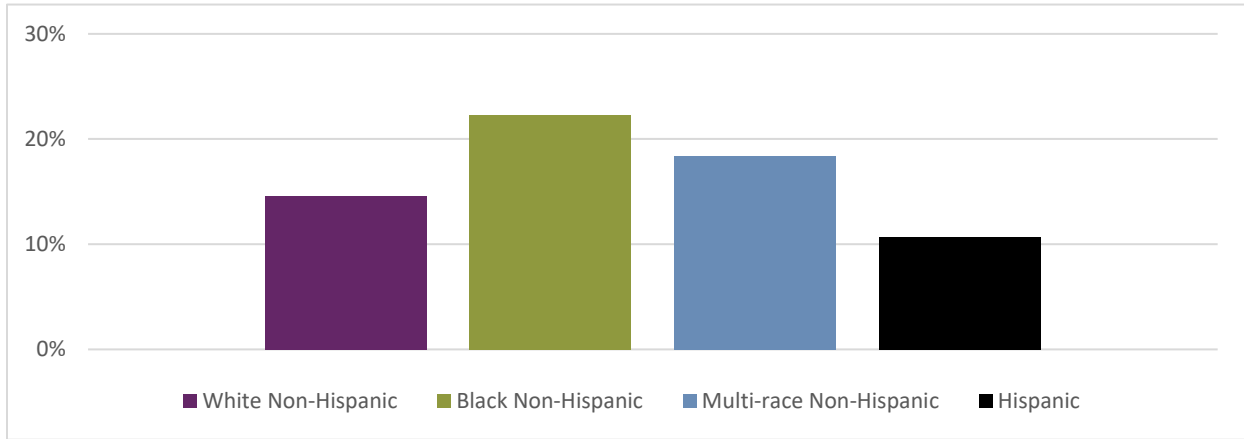
Exhibit 40: Colorado Diagnosed Diabetes Incidence Summary (Selected Demographics)

		2018	2019	2020
By Race & Ethnicity	Hispanic	11.2%	13.5%	14.0%
	Non-Hispanic White	5.5%	5.2%	5.4%
	Non-Hispanic Black	10.6%	9.5%	12.0%
By Educational Attainment	Less than High School	12.2%	11.6%	15.1%
	High School Graduate	7.5%	7.6%	8.5%
	Post-Secondary Education	5.7%	5.8%	5.9%

Source: Centers for Disease Control and Prevention United States Diabetes Surveillance System

Colorado’s Hispanic and White non-Hispanic populations have lower rates of lifetime asthma prevalence compared to those who identify as Black non-Hispanic or multi-race non-Hispanic.

Exhibit 41: Colorado Asthma Lifetime Prevalence²⁰ by Race & Ethnicity



Population	Sample Size	Prevalence (Percent)
Adult Population		
White Non-Hispanic	7,444	14.6%
Black Non-Hispanic	256	22.3%
Multi-race Non-Hispanic	169	18.4%
Hispanic	1,531	10.7%
Other Non-Hispanic	390	13.1%

Source: Centers for Disease Control and Prevention, 2020 Behavioral Risk Factor Surveillance System Asthma Prevalence Data, Table L5

More than one in four of those in Colorado reported being told they have high blood pressure.

Exhibit 42: Heart Disease Prevalence

	Crude Prevalence
Coronary Heart Disease	2.5%
High Blood Pressure	26.0%
Stroke	2.2%
Heart attack	2.6%

Source: Centers for Disease Control and Prevention, 2021 Behavioral Risk Factor Surveillance System Cardiovascular Disease Prevalence Data

²⁰ BRFSS - Population that has ever been told they have asthma

Overview

The proportions of the Adams County population reporting smoking and/or being diagnosed as obese, while lower than corresponding national proportions, is slightly higher in each case than figures for Colorado.

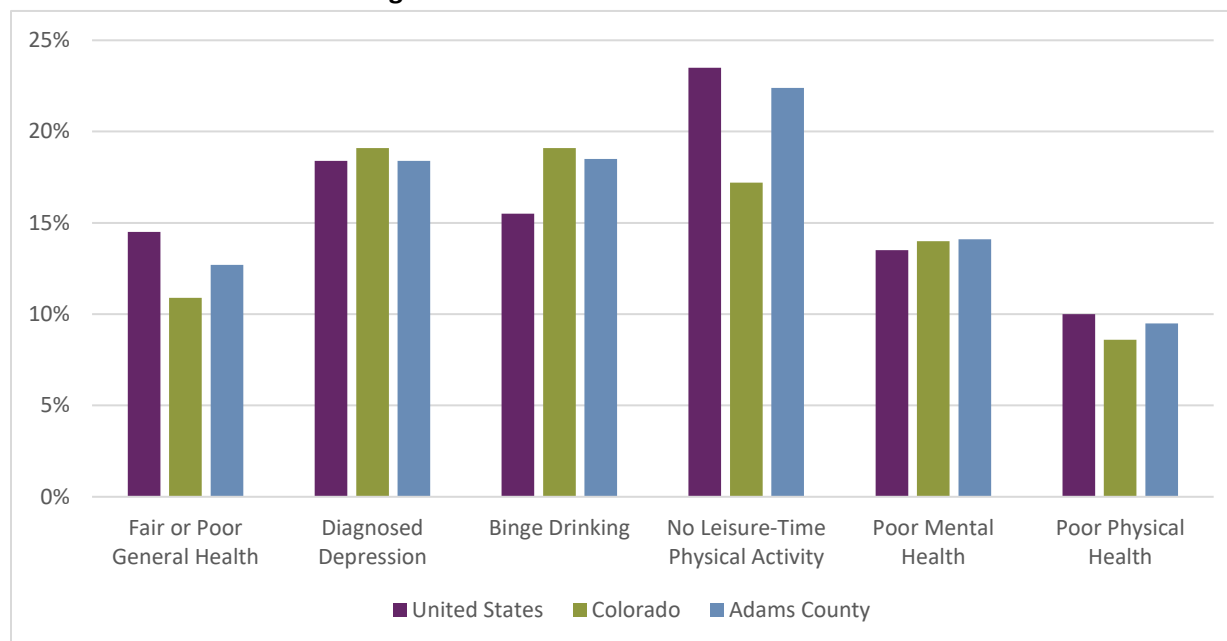
Exhibit 43: Healthy Behaviors Among Adults

	United States	Colorado	Adams County
Smoking	16%	13%	14%
Obesity	32%	24%	30%

Source: County Health Rankings & Roadmaps, 2023

More Adams County adults self-report fair or poor health, and/or no leisure-time physical activity, compared to levels across the state.

Exhibit 44: Health Status Among Adults

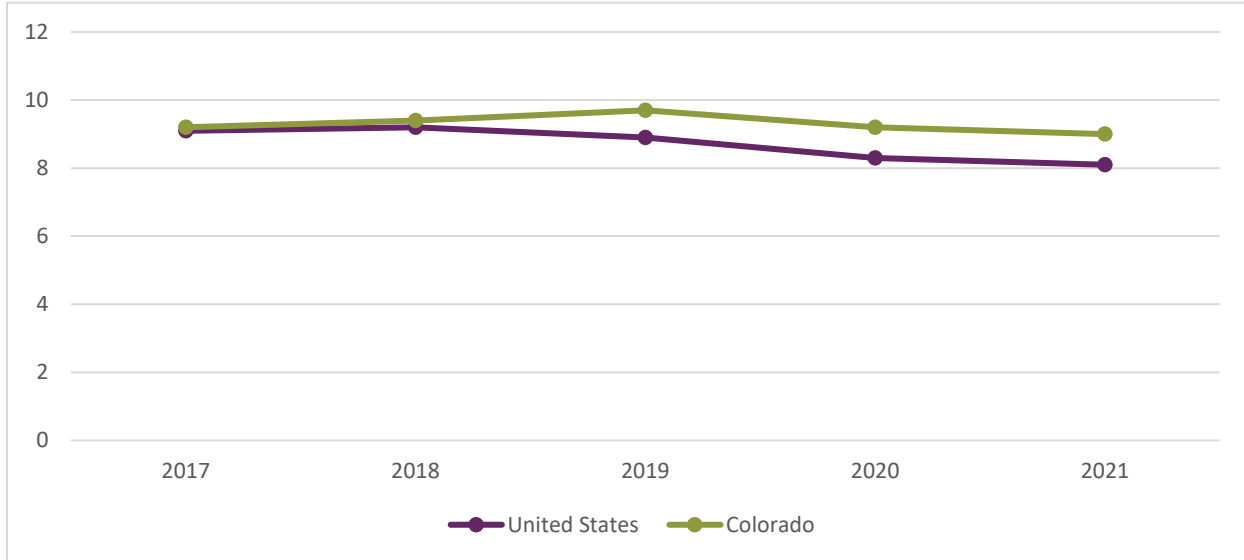


	United States	Colorado	Adams County
Fair or Poor General Health	14.5%	10.9%	12.7%
Diagnosed Depression	18.4%	19.1%	18.4%
Binge Drinking	15.5%	19.1%	18.5%
No Leisure-Time Physical Activity	23.5%	17.2%	22.4%
Poor Mental Health	13.5%	14.0%	14.1%
Poor Physical Health	10.0%	8.6%	9.5%

Source: CDC BRFSS PLACES 2019

While rates of child abuse and neglect victimization in Colorado were comparable to corresponding national figures in 2017-2018, Colorado’s rate has not decreased to the same degree as the national rate in subsequent years.

Exhibit 45: Child Abuse and Neglect Victim Rates per 1,000 Children

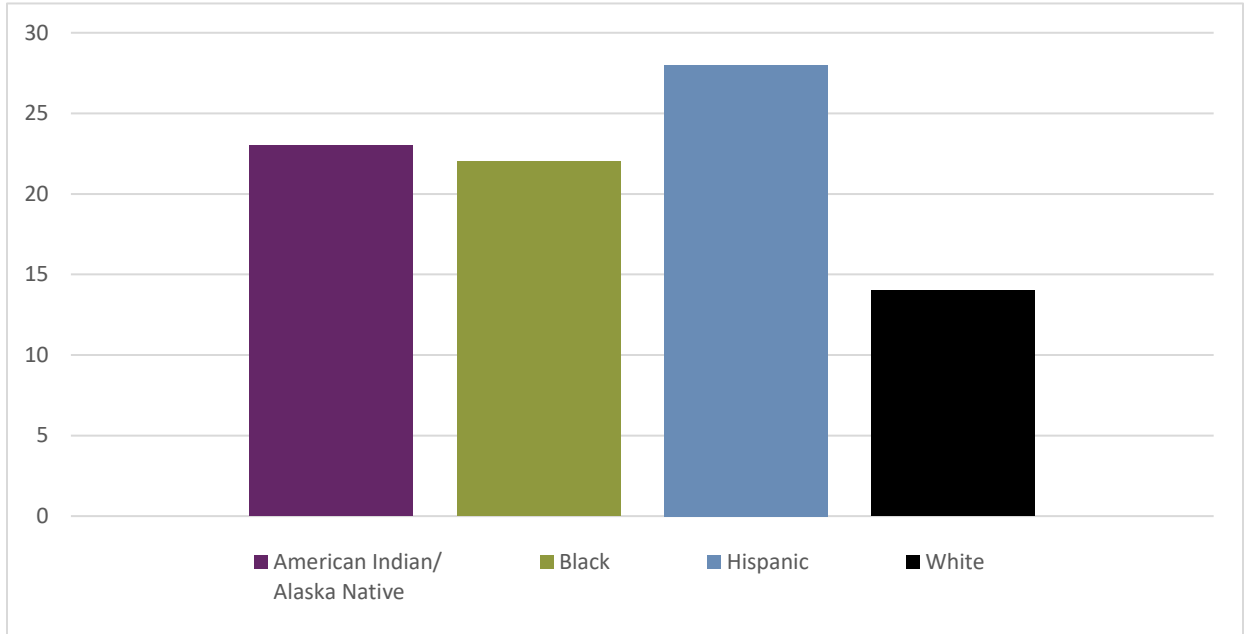


	2017	2018	2019	2020	2021
Colorado	9.2	9.4	9.7	9.2	9.0
United States	9.1	9.2	8.9	8.3	8.1

Source: U.S. Department of Health & Human Services Administration for Children & Families, Administration on Children, Youth and Families, Children’s Bureau | Child Maltreatment 2021

The overall teen birth rate in Adams County is greater than the rate at the state level. In both Adams County and Colorado, teens of color have higher birth rates than those who identify as White.

Exhibit 46: Adams County Teen Birth Rate per 1,000 Female Population

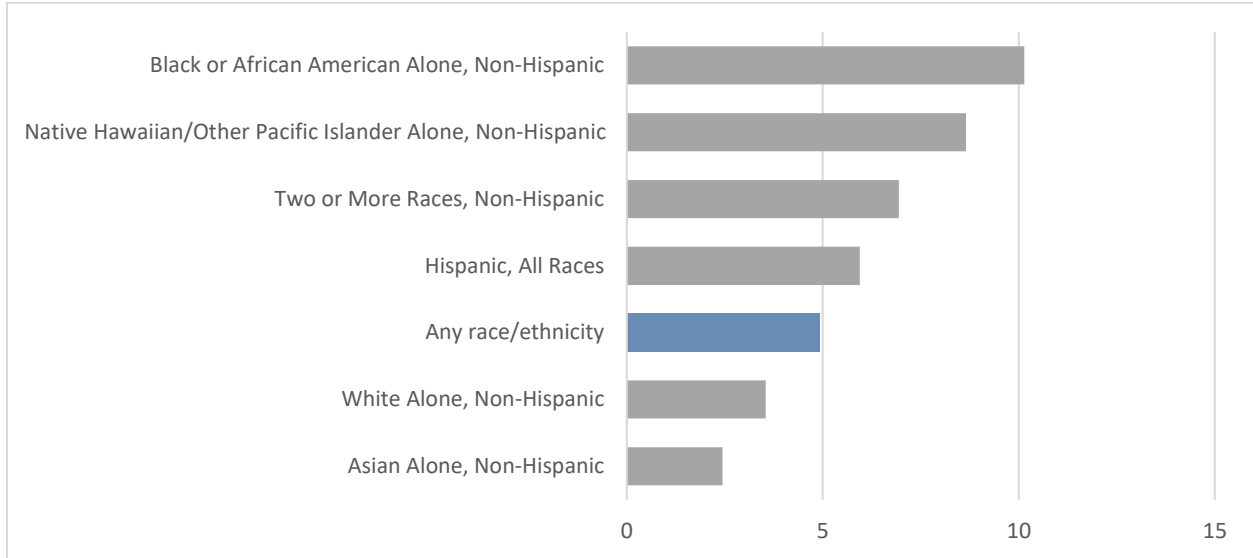


	Colorado	Adams County
Number of births per 1,000 female population ages 15-19	13	16
By Race & Ethnicity		
American Indian/Alaska Native	22	23
Black	20	22
Hispanic	30	28
White	9	14

Source: National Center for Health Statistics – Natality Files, 2014-2020.

In Colorado, infant mortality rates are higher among people of color as compared to those who identify as White alone, non-Hispanic. The rate for those who identify as Black or African American alone, non-Hispanic, was more than double the rate for those identifying as White alone in 2020-2021.

Exhibit 47: Colorado Rate of Infant Deaths per 1,000 Live Births, by Race and Ethnicity



	2020-2021	
	#	Rate
Black or African American Alone, Non-Hispanic	61	10.14
Native Hawaiian/Other Pacific Islander Alone, Non-Hispanic	3	8.65
Two or More Races, Non-Hispanic	23	6.94
Hispanic, All Races	218	5.94
Any race/ethnicity	611	4.91
White Alone, Non-Hispanic	250	3.54
Asian Alone, Non-Hispanic	12	2.44

Source: Colorado Department of Public Health & Environment. Infant deaths and mortality rates by race/ethnicity and leading cause: Colorado residents, 2020-2021.

Adams County mothers who identified as Black had higher rates of low and very low weight births compared to other mothers.

Exhibit 48: Adams County Low Weight and Very Low Weight Births by Race/Ethnicity of Mother, 2021

	Low Weight Births (<2,500 grams)		Very Low Weight Births (<1,500 grams)	
	#	%	#	%
White Non-Hispanic	249	9.3%	32	1.2%
White Hispanic	257	8.8%	37	1.3%
Black	54	15.9%	15	4.4%
Asian American/Pacific Islander	34	9.4%	6	1.7%
American Indian/Native Alaskan	4	5.3%	ND	ND

Source: Colorado Department of Public Health & Environment. Adams County Births and Deaths 2021.

Health Insurance and Access to Care

There are fewer primary care physicians and dentists per capita in Adams County compared to either Colorado or the United States. However, Adams County has more mental health providers per capita than the nation.

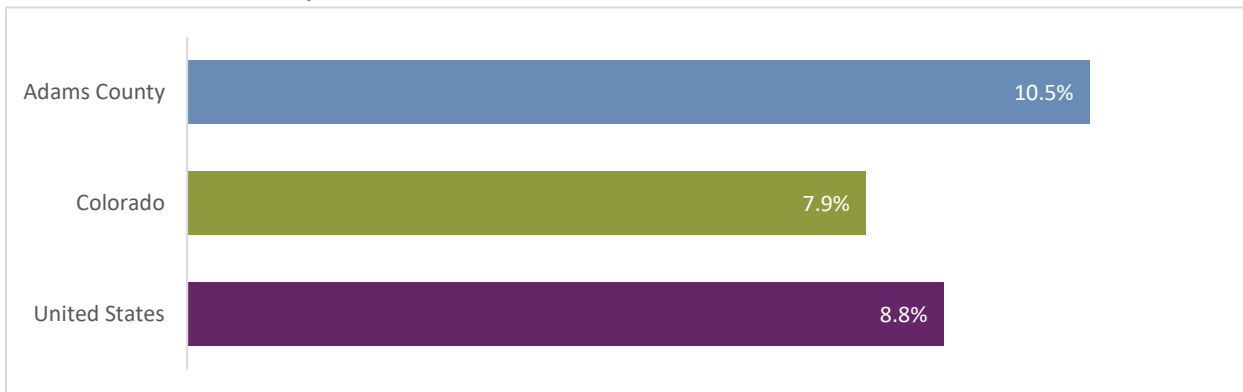
Exhibit 49: Primary Care Provider Ratio

	United States	Colorado	Adams County
Primary Care Physicians	1,310:1	1,200:1	2,150:1
Dentists	1,380:1	1,180:1	1,480:1
Mental Health Providers	340:1	230:1	260:1

Source: Small Area Health Insurance Estimates, 2020; CMS, National Provider Identification, 2022; Area Health Resource File/American Medical Association, 2020.

The proportion of Adams County residents who are uninsured is greater than the state or nation at 10.5%. This is driven by a higher rate among the population ages 19 to 64, as well as a rate among those over age 65 that is more than double the rates at either the state or national level.

Exhibit 50: Uninsured Population

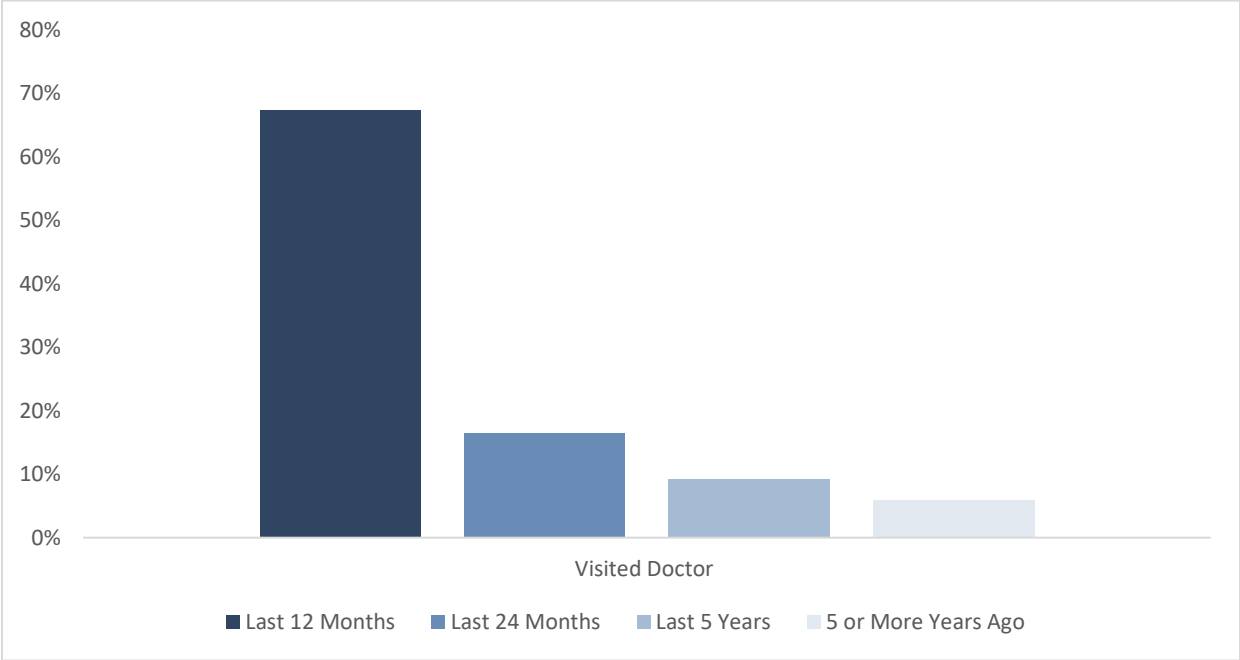


	United States	Colorado	Adams County
Insured Population	91.2%	92.1%	89.5%
Uninsured Population	8.8%	7.9%	10.5%
Under Age 6	4.4%	3.8%	3.9%
Age 6 to 18	5.7%	5.4%	6.2%
Age 19 to 64	12.3%	10.7%	14.2%
Over Age 65	0.8%	0.7%	1.7%

Source: U.S. Census Bureau. American Community Survey Five-Year Estimates, 2017-2021

Two in three Colorado adults report visiting the doctor within the past year. However, more than one in seven reported not having visited the doctor in the past two years.

Exhibit 51: Last Checkup Among Colorado Adults



	Last 12 Months	Last 24 months	Last 5 Years	5 or More Years Ago
Visited Doctor	67.4%	16.4%	9.2%	6.0%

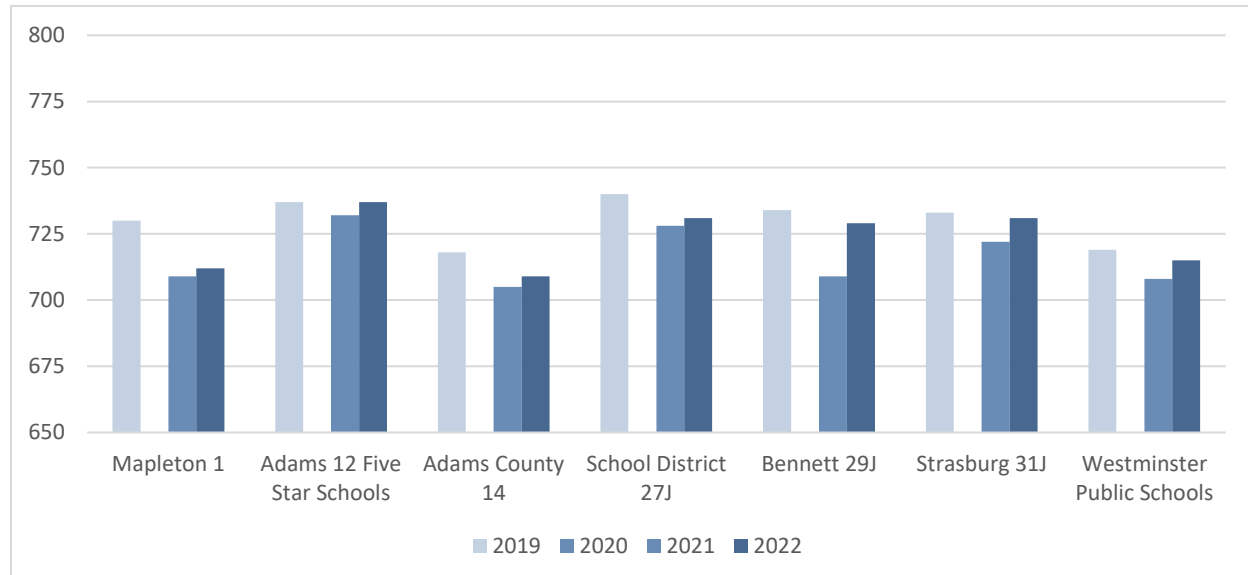
Source: BRFSS Prevalence & Trends Data: Explore by Location | DPH | CDC

Academic Achievement Measures

The Colorado Department of Education employs the Colorado Measures of Academic Success (CMAS) assessments in Science, Mathematics, and English Language Arts/Literacy to monitor trends in academic performance across schools and districts. On a scale from 650 to 850, scores of 700-724 are considered to have ‘partially met expectations,’ scores of 725-749 ‘approached expectations’, and scores of 750 or greater ‘met expectations.’ Mean scores for third graders on the CMAS English Language Arts assessment at Adams County school districts are presented below for the 2019 and 2021-2022 school years.

While mean English Language Arts scores vary among third graders in Adams County school districts, test performance consistently decreased from 2019 to 2021, then rebounded slightly in 2022, though not generally to 2019 levels.

Exhibit 52: CMAS – English Language Arts Mean Scale Scores among Third Graders by School District, 2019 & 2021-22



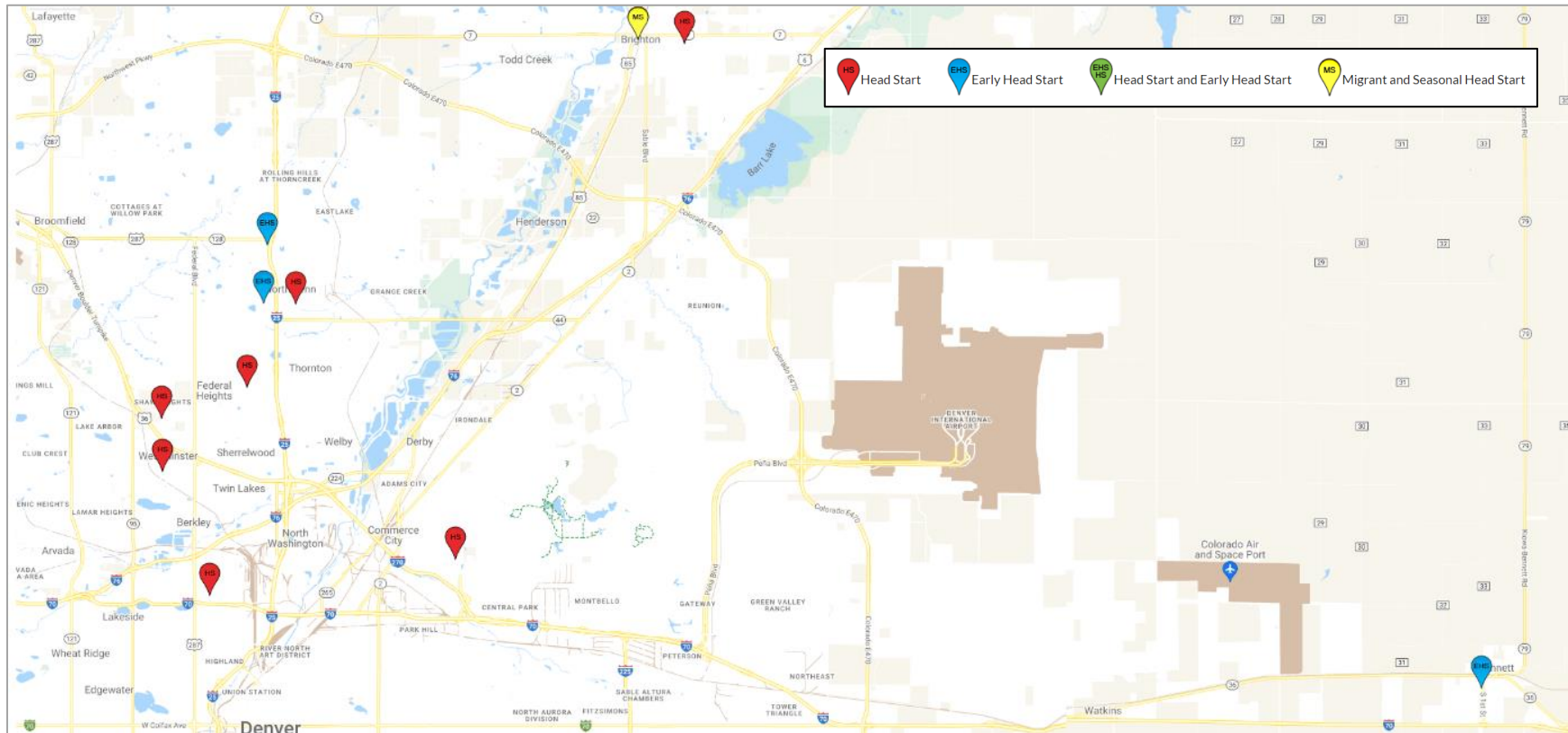
District	2019	2020	2021	2022
Mapleton 1	730	ND	709	712
Adams 12 Five Star Schools	737	ND	732	737
Adams County 14	718	ND	705	709
School District 27J	740	ND	728	731
Bennett 29J	734	ND	709	729
Strasburg 31J	733	ND	722	731
Westminster Public Schools	719	ND	708	715

Source: Colorado Department of Education. State Accountability Data Tools and Reports. District and School Dashboard.

Head Start

There are eleven (11) Head Start, Early Head Start, and/or Migrant and Seasonal Head Start locations in Adams County, many of which are clusters around the more densely populated communities on the West side of the county.

Exhibit 53: Map of Adams County Head Start and Early Head Start Locations



Source: U.S. Department of Health and Human Services. Head Start Early Childhood Learning & Knowledge Center. Head Start Center Locator.

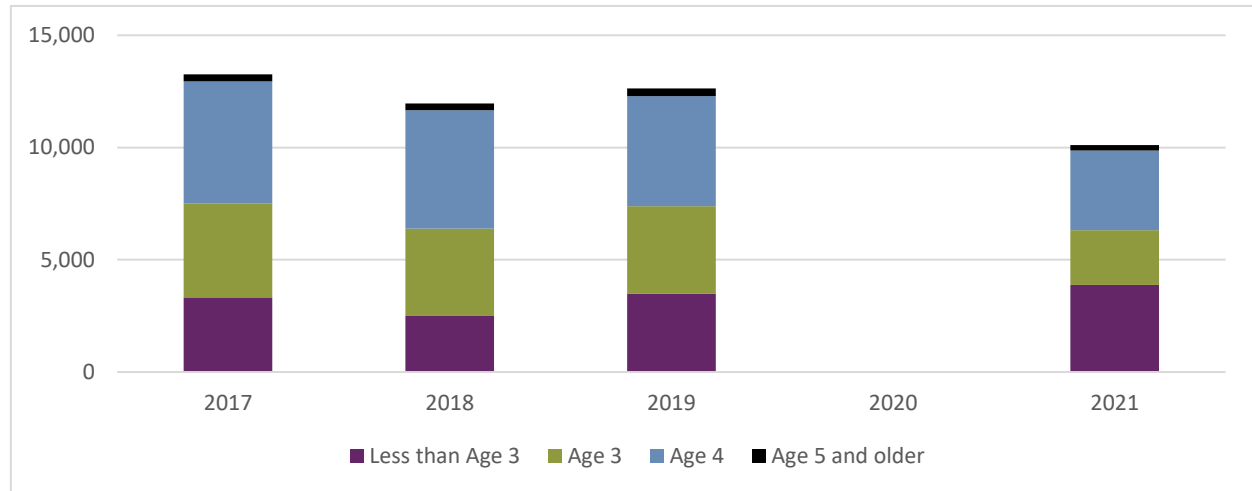
Exhibit 54: Adams County Head Start and Early Head Start Locations

Name	Location	Center Type
Brighton Center	Brighton	Migrant and Seasonal Head Start Center
Brighton Head Start	Brighton	Head Start Center
Creekside Head Start	Thornton	Head Start Center
Discovery Time Kids ELC	Bennett	Early Head Start Center
DPS – Beach Court Elementary	Denver	Head Start Center
Little Boots ELC	Northglenn	Early Head Start Center
Little Star Head Start	Westminster	Head Start Center
Northglenn Head Start	Northglenn	Head Start Center
Rainbow Head Start	Westminster	Head Start Center
Step by Step CDC	Northglenn	Early Head Start Center
Sunshine Head Start	Commerce City	Head Start Center

Source: U.S. Department of Health and Human Services. Head Start Early Childhood Learning & Knowledge Center. Head Start Center Locator.

Across Colorado, enrollment in Head Start decreased from 2019 to 2021, driven by decreases among the numbers of three and four-year olds enrolled.

Exhibit 55: Colorado Head Start Enrollment Overview



	2017	2018	2019	2020	2021
Less than Age 3	3,328	2,498	3,494	ND	3,882
Age 3	4,186	3,895	3,889	ND	2,438
Age 4	5,433	5,271	4,912	ND	3,546
Age 5 and older	311	303	336	ND	243
Total	13,258	11,967	12,631	ND	10,109

Source: Annie E. Casey Foundation Kids Count Data

Behavioral Health Status Profile

Mental Health

In 2020, mood disorders accounted for the greatest number of mental health diagnoses in Colorado, followed by trauma- and stressor-related disorders.

Exhibit 56: Colorado Population with Behavioral Health Diagnoses, 2020

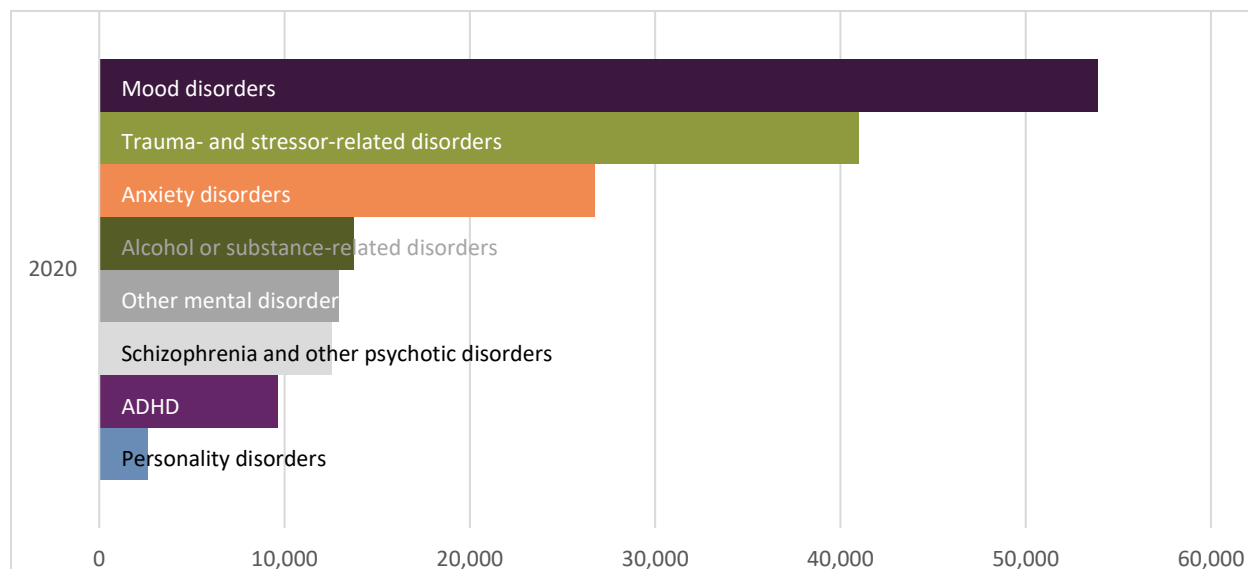


Exhibit 57: Colorado Population with Behavioral Health Diagnoses, 2020 (Table)

Diagnosis	Number of individuals
Trauma- and stressor-related disorders	40,976
Anxiety disorders	26,738
Attention deficit/hyperactivity disorder	9,644
Mood disorders	53,914
Bipolar disorders	14,828
Depressive disorders	39,422
Personality disorders	2,604
Schizophrenia and other psychotic disorders	12,549
Alcohol or substance-related disorders	13,709
Other mental disorders ²¹	12,944

Source: Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Mental Health Annual Report 2015-2020

²¹ Includes all other mental health diagnoses and diagnoses not included in another diagnostic category; excludes alcohol- and substance-related diagnoses.

Physical and Mental Health Status

Adams County adults reported slightly more poor mental health and physical health days per month than adults across the state.

Exhibit 58: Quality of Life

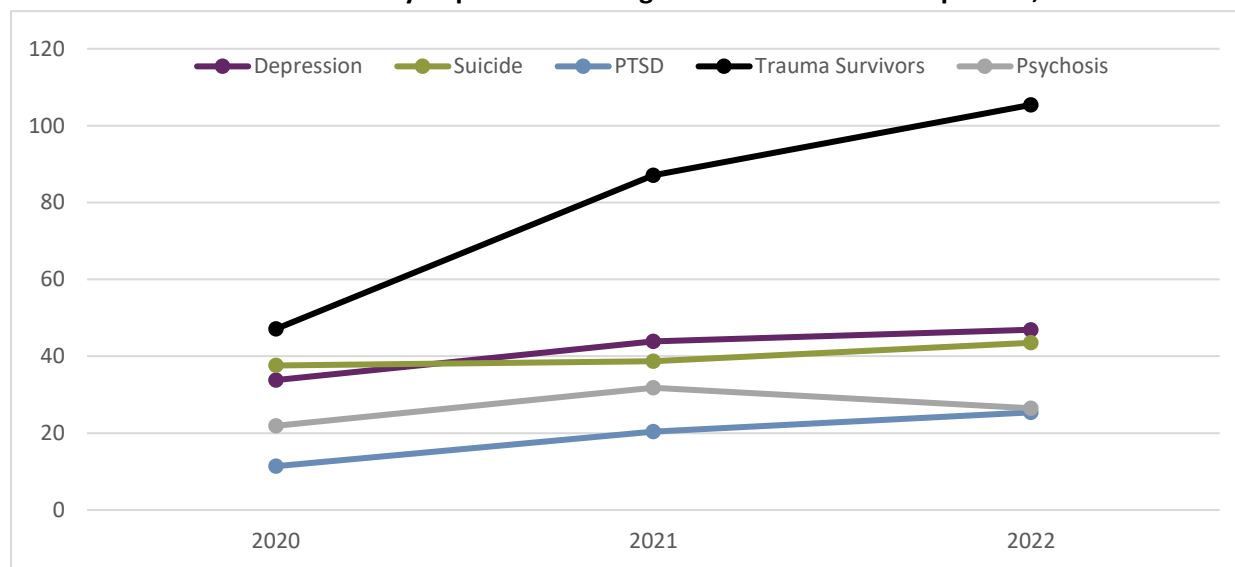
	United States	Colorado	Adams County
Frequent Mental Distress ²²	14%	13%	14%
Poor Mental Health Days	4.4	4.3	4.4
Poor Physical Health Days	3.0	2.7	3.1

Source: Behavioral Risk Factor Surveillance System, 2020

Suicide

Rates of Adams County population scoring for mental health risk increased across most conditions from 2020 to 2022, with the largest increase among trauma survivors.

Exhibit 59: Rate of Adams County Population Scoring for Mental Health Risk per 100,000



	Colorado			Adams County		
	2020	2021	2022	2020	2021	2022
Depression	39.5	51.4	59.5	33.8	43.9	46.9
Suicide	44.3	54.8	63.4	37.6	38.7	43.5
PTSD	15.3	28.1	32.0	11.4	20.4	25.4
Trauma Survivors	59.9	104.8	137.9	47.1	87.1	105.4
Psychosis	24.7	36.4	33.3	21.9	31.8	26.5

Source: County and State Data Map: Defining Mental Health Across Communities | Mental Health America.

²² Percentage of adults reporting 14 or more days of poor mental health per month (age-adjusted).

There were more than 1,300 deaths by suicide in Colorado in 2021. The state’s suicide rate was nearly four times as high among males as it was among females. Those identifying as White had higher suicide rates than others.

Exhibit 60: Colorado Suicide Rates by Demographics, 2021

	Colorado
Number of Deaths	1,384
Age-Adjusted Rate – Overall	22.7
Age-Adjusted Rates – By Demographics	
Gender	
Female	10.2
Male	35.4
Race	
White	23.8
Black	20.3
American Indian/Alaska Native	11.1 ²³
Asian/Pacific Islander	12.2
Age Group	
10-14	5.2 ¹¹
15-19	20.1
20-24	29.1
25-29	30.0
30-34	31.6
35-39	30.3
40-44	25.9
45-49	27.3
50-54	29.3
55-59	31.0
60-64	30.0
65-69	24.9
70-74	21.6
75-79	30.7
80-84	34.6
85+	49.2

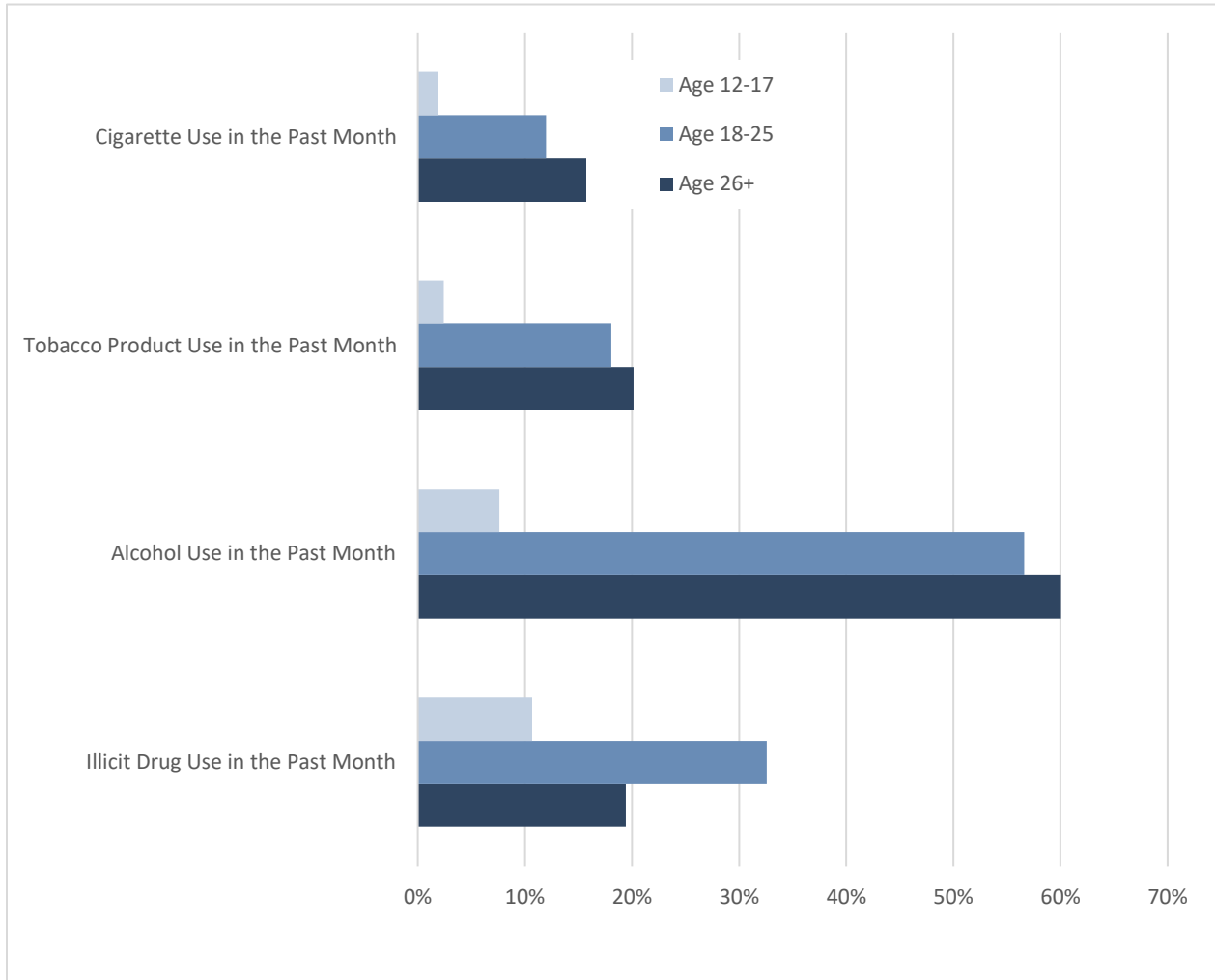
Source: Centers for Disease Control and Prevention WISQARS | Explore Fatal Injury Data Visualization Tool

²³ Indicates unstable value (<20 deaths); -- indicates suppressed value; (between one to nine deaths or nonfatal injury counts based on <20 unweighted count, <1,200 weighted count, or coefficient of variation of the estimate >30%).

Substance Use

One in 10 Colorado youth ages 12 to 17 reported illicit drug use in the past month in 2021, and nearly two in five of those age 18 and older reported tobacco product use in the past month. A majority of Coloradans age 18 and older reported alcohol use in the past month.

Exhibit 61: Substance Use in Colorado, by Age Group



Source: Substance Abuse and Mental Health Services Administration | National Survey on Drug Use & Health State-Specific Tables, 2021

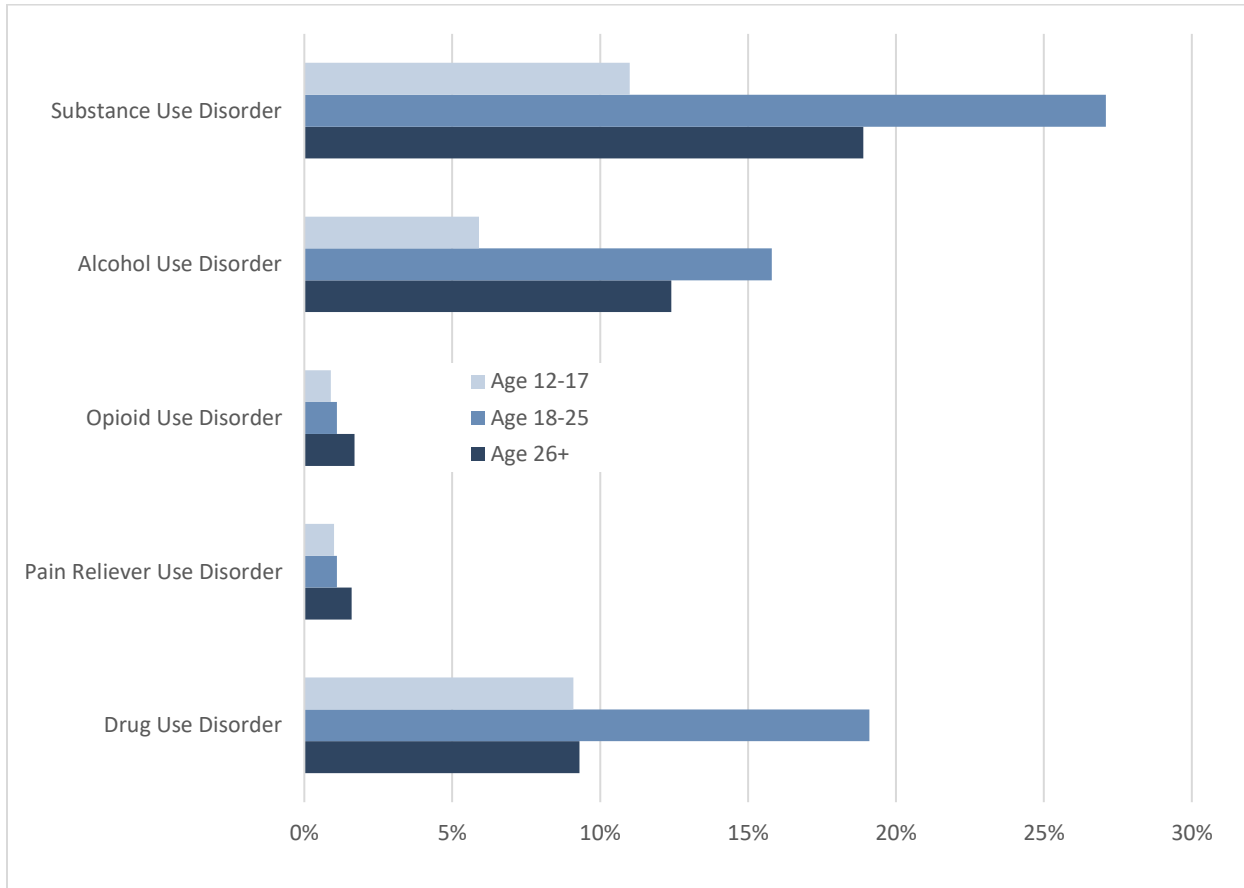
Exhibit 62: Substance Use and Mental Health in Colorado, by Age Group (Table)

Measure	12+	12-17	18-25	26+	18+
Illicit Drugs					
Illicit Drug Use in the Past Month	20.2%	10.7%	32.6%	19.4%	21.2%
Marijuana Use in the Past Year	24.7%	17.5%	41.5%	23.0%	25.4%
Marijuana Use in the Past Month	18.6%	6.8%	30.6%	18.1%	19.8%
Perceptions of Great Risk from Smoking Marijuana Once a Month	18.1%	16.2%	11.6%	19.4%	18.3%
First Use of Marijuana in the Past Year among Those at Risk for Initiation of Marijuana Use	3.1%	6.7%	10.4%	1.1%	2.5%
Illicit Drug Use Other Than Marijuana in the Past Month	3.9%	2.2%	5.8%	3.8%	4.1%
Cocaine Use in the Past Year	1.8%	0.4%	4.9%	1.5%	2.0%
Perceptions of Great Risk from Using Cocaine Once a Month	60.0%	46.9%	49.9%	63.0%	61.2%
Heroin Use in the Past Year	--	--	0.2%	0.3%	0.3%
Perceptions of Great Risk from Trying Heroin Once or Twice	81.2%	56.5%	76.8%	84.7%	83.6%
Methamphetamine Use in the Past Year	0.9%	0.2%	0.7%	1.0%	0.9%
Prescription Pain Reliever Misuse in the Past Year	2.9%	2.2%	2.8%	3.0%	3.0%
Opioid Misuse in the Past Year	2.9%	2.2%	3.1%	3.0%	3.0%
Alcohol					
Alcohol Use in the Past Month	54.9%	7.6%	56.6%	60.1%	59.6%
Binge Alcohol Use in the Past Month	23.6%	4.5%	33.4%	24.3%	25.5%
Perceptions of Great Risk from Having Five or More Drinks of an Alcoholic Beverage Once or Twice a Week	45.3%	39.3%	37.1%	47.3%	45.9%
Tobacco Products					
Tobacco Product Use in the Past Month	18.3%	2.4%	18.1%	20.1%	19.9%
Cigarette Use in the Past Month	14.0%	1.9%	12.0%	15.7%	15.2%
Perceptions of Great Risk from Smoking One or More Packs of Cigarettes per Day	72.2%	64.7%	63.4%	74.4%	73.0%
Mental Health Measures in the Past Year					
Any Mental Illness	--	--	33.4%	23.7%	25.0%
Serious Mental Illness	--	--	10.9%	5.3%	6.0%
Received Mental Health Services	--	--	22.5%	20.2%	20.5%
Major Depressive Episode	--	23.4%	20.6%	8.1%	9.8%
Had Serious Thoughts of Suicide	--	--	13.3%	4.6%	5.7%
Made Any Suicide Plans	--	--	3.9%	1.2%	1.5%
Attempted Suicide	--	--	2.5%	0.4%	0.7%

Source: Substance Abuse and Mental Health Services Administration | National Survey on Drug Use & Health State-Specific Tables, 2021

One in 10 of those ages 12 to 17, and more than one in four of those ages 18 to 25, experienced a substance use disorder in 2021.

Exhibit 63: Substance Use Disorder Trends in Colorado, by Age Group



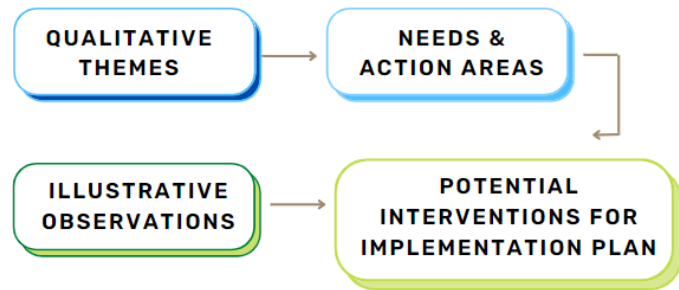
Measure	12+	12-17	18-25	26+	18+
Substance Use Disorder Diagnoses and Treatment Measures					
Drug Use Disorder	10.4%	9.1%	19.1%	9.3%	10.6%
Pain Reliever Use Disorder	1.5%	1.0%	1.1%	1.6%	1.5%
Opioid Use Disorder	1.5%	0.9%	1.1%	1.7%	1.6%
Alcohol Use Disorder	12.2%	5.9%	15.8%	12.4%	12.8%
Substance Use Disorder	19.2%	11.0%	27.1%	18.9%	20.0%
Needing But Not Receiving Treatment at a Specialty Facility for Illicit Drug Use	8.8%	7.5%	18.8%	7.4%	8.9%
Needing But Not Receiving Treatment at a Specialty Facility for Alcohol Use	11.9%	4.8%	15.9%	12.1%	12.6%
Needing But Not Receiving Treatment at a Specialty Facility for Substance Use	17.7%	10.4%	26.4%	17.2%	18.4%

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2021.

Qualitative Research

Approach

The qualitative primary research methodology consisted of community partner interviews and focus group discussions with key community organization leaders and service providers, health care providers, policymakers, and community residents. An interview guide and focus group moderator’s guide were implemented to help guide conversations, found in Appendix C and D.



Qualitative data collection resulted in a consensus of several top areas of need that can be described as qualitative themes. Each of these qualitative themes impact the subsequent high-level action areas. The action areas include an overview of the subject and utilize de-identified illustrative observations in italics which are representative of respondents’ consensus perspectives.

One-on-One Interviews

A total of 30 stakeholders across Adams County were interviewed via one-on-one virtual interviews, each lasting approximately 30 minutes, although some community members chose to share a great deal of information and exceeded 30 minutes. These conversations provided the opportunity for in-depth conversations about community strengths and challenges faced by low-income community members in accessing housing, health care, child care, and community services, as well as ideas for solutions to improve their communities.

Focus Group Discussions

Seven focus groups started with brief introductions, followed by hearing participants’ broad thoughts about topic areas. Discussions were then narrowed down to focus on topics participants observed as the greatest concerns facing their community and what possible solutions they envisioned. Participants were encouraged to speak about their particular areas of concern, interest, or experience, as many opinions and observations were grounded in both personal and professional experiences.

Qualitative Data Collection Participants

A variety of community organizations throughout Adams County were contacted to participate in the community needs assessment process. The following group of community organizations participated in the community partner interview and/or focus group discussions and provided valuable insights and helped to bring together groups of community members who spoke to challenges and barriers they experience living in Adams County.

Exhibit 64: Qualitative Research Participants

ACCESS Housing of Adams County	Early Childhood Partnership of Adams County
Adams County Community Safety & Well-Being	Foster Source
Adams County CSBG Advisory Council	Growing Home
Adelante Community Development	Joyful Journeys
A-LIFT Council	Maiker Housing Partners
Almost Home	Maple Star Colorado
Center for People with Disabilities	Project Angel Heart
City of Northglenn	Rocky Mountain Partnership
City of Thornton	Servicios de la Raza
Commerce City	The Senior Hub
Commerce City Active Adult Advisory Committee	Town of Bennett

High-Level Action Areas

The following High-Level Action Areas are most representative of respondents' consensus in both qualitative interviews and focus group discussions. These key action areas and some associated observations that are representative of respondents' consensus perspectives from the interviews, are included on the following pages.

Please note that the Action Areas are not in any prioritized order.



Action Area – Cross-Partner Coordination

Interviewees and focus group participants spoke to the wide array of organizations and municipalities working in Adams County and across the great Denver metropolitan area. While many spoke positively about collaborative relationships with agency partners, participants also identified a number of areas for improved coordination – particularly among partners who strive to serve the same people and/or offer services or programming that could be augmented through a coordinated approach. Several identified Adams County as a potential coordinator between agencies, while others spoke to challenges related to public trust in government.

Selected Community Voices:

"[It would help to hear about] ways to highlight partner organizations who [Adams County] funds. There might be organizations we're not aware of – so highlighting organizations to each other so we can make the best referrals to our clients."

"CSBG and CDBG (and other funding sources) need to work together – they can't be siloed. Colorado has a lot of nonprofits – government should bring them together. Nonprofits often have distinct service areas – these can span counties or may be limited to [smaller] specific service area."

"We have deficits on the programming side – how to provide services to those who are in need of child care, summer camp, etc. [In these areas], we have to look for partnership opportunities."

"There could be more connections directly to other local organizations to enable partnerships. It would be great to have case management related to housing for Adams County families engaged with CPS. The same goes for guiding entry into mental health programs. These types of direct collaborative partnerships [currently happen] on a case-by-case basis – they are really great."

"It would help if the County made decisions and put things into place. It can be easy to kick the can around – we don't always have the tools or resources to act."

"I would like to see more balanced funding for smaller organizations. From an agency perspective – we need multi-year contracts from CSBG to help with continuation of programming, along with better allocation of grant funding. A majority of funding goes towards the bigger organizations over the smaller ones."

"There is good collaboration, but we need more longer-term impact solutions. A lot of folks need more than just a clothing voucher."

"For veterans, they have access to the VA in Aurora (or Cheyenne, Wyoming). There are an estimated 18,000 veterans in Adams County alone. They compartmentalize themselves, can be hard to access, and have differing needs depending on their era of service. Many do not trust government or the VA."

Action Area – Equity & Cross-Cultural Issues

Many stakeholders spoke to the unique needs and challenges experienced by Adams County’s diverse population, including New Americans, people who speak languages other than English, older adults, people living with disabilities, and veterans, among others. Apart from identifying population-specific needs, interviewees and focus group participants also spoke to solutions on the organizational side to better enable the network of providers in Adams County to be better equipped to work appropriately and effectively with diverse communities.

Selected Community Voices:

“Resources are not as accessible as they could be. Veterans experience unique barriers to care and services, including trust. Spanish language resources should be more available.”

“Adams County is diverse in the sense that we have quite a significant Latino population, but it is also pretty White. There are a lot of clients that are undocumented, and we do the best we can to respect their culture and privacy and to connect them with services that we’re aware of. Sometimes they’re willing to accept those services and sometimes not. They see we’re a government entity, as intrusive and a potential threat – but our position is that we don’t care if they’re undocumented. We’re here to serve them and give them the support they need and make sure people are safely taken care of.”

“Migrant and immigrant populations have a lot of fear around accessing services because they are often afraid there will be some other kind of problem like deportation. We’ve observed the same thing with health care access. They may know where to go but there is a lot of fear around going.”

“Families with substance issues, those with low incomes, and non-English speaking clients [all face challenges]. Immigrants are not accommodated when documentation is needed. Most organizations do have a Spanish speaking staff member, but Arabic, Farsi, and Pashto are all needed.”

“There is a BIPOC remote work initiative – those who didn’t want to return or couldn’t go back to [previous work] settings post-COVID. They do want to work but want more supplemental work or more flexible or accessible work because they may be caregivers for a loved one. So there’s a market of folks looking for that.”

“We need more support with DEI – staff are not always prepared to interact with diverse clients. More inclusion training would be helpful – could Adams County provide funding? Organizations like ours could use trauma-informed training that dives into race. We need to examine the whole array of programming and policies.”

“There is a need for more competency among those working with people with disabilities – topics like accessibility and communication training. We offer disability etiquette trainings, and we’ve been able to provide or access a couple of different trainings on subjects like brain injuries and mental illness.”

“Children with developmental disabilities we have to refer outside of Adams County to seek better services or extra care. For those children who are school age, school is the best way to get extra help. When they are younger and not school age, I don’t know what they would do.”

“There are a variety of services in the community for people who are in the shadows and are not asking for help. There is a trust threshold – people start asking and coming more and more because we have a trust system that is culturally respectful and relevant.”

Action Area – Food Access

Access to nutritious and affordable food was a consistent topic identified across interviews and focus groups, highlighting the key role of this factor as a social determinant of health, particularly for vulnerable populations such as children and older adults.

Selected Community Voices:

“People have a hard time getting nutritious food. Pantries give out things like pancakes and bread, but a lot of people would like fresh fruit.”

“A lot of food banks have starchy foods – not as much fresh produce.”

“Fresh fruits and vegetables are limited – food pantries do a good job. As a food pantry we've seen reduction in meat, dairy, and produce based on cost – once a providing entity starts to pull back, it causes scarcity throughout the food pantry system.”

“We used to run a healthy living group – teaching people how to eat or cook healthy. That’s great, but if they don’t have access to the right ingredients or don’t have a working fridge or money to afford things, it doesn’t help if we’re teaching them how to do it. Buying in bulk helps. There is also an issue of access – some areas don’t have affordable grocery stores, so people go to where they’re most affordable.”

“[For those] on a fixed income, if they purchase food on their own, they'll drop key items that are important to their health, such as proteins and produce. Those are pricy, so they rely on canned or prepacked items which don't help, especially if there is chronic disease at play or morbidity of any kind.”

“A lot of schools have done a good job providing resources for kids to access during summer when they can't get free lunch.”

“It's the cost piece – it's not just access to a big box store. Inflation and rising costs are the biggest impacts. The historic Westminster area is lacking access to a grocery store. More so it's about the other connectors – SNAP benefits and transportation.”

“There is one grocery store in Commerce City, plus a few restaurants and most are fast food. The North [side of town] is a food desert, and all the land available is being developed into housing – nothing in retail or services. The grocery store looks like ‘the day before Thanksgiving or Christmas’ – little is on the shelves.”

Action Area – Health & Behavioral Health Care & Service Gaps

The pervasiveness of unmet mental health and substance use needs was a common theme among interviewees and focus group participants, alone and in relation to people’s ability to live self-sufficiently. Additionally, gaps in health care and behavioral health services across Adams County were among the most frequently noted service needs among participants.

Selected Community Voices:

“Mental health is one of the top needs. There are just not enough providers in the community. Substance use is common as well and there are limited providers. Common substances are meth, heroin, and fentanyl. I have four homeless clients with serious mental illness and no providers for them to go to. They are all willing to go and get medications, but there are no places to go.”

“If there was more funding to address mental health needs, I think that would be vitally important. I think they’re trying to put a band-aid on a gaping wound – trying to do best they can given the overwhelming number of mental health issues throughout the county.”

“Relationships with the police department and fire department are necessary – it’s important that they understand the situation [when it comes to mental health crisis response]. But usually after three calls then they send a social worker. First responders need to be trained on the difference between memory/cognitive issues versus mental health. Maybe some kind of registry would be helpful to understand who is in the neighborhood with issues.”

“During COVID it was difficult to get appointments – a lot of our clients appreciate the shift to virtual appointments because many our clients are homebound, so that’s been positive. I think if anything we see that providers are overwhelmed with seeing patients. It can be difficult to get a response from providers, but I don’t know what the cause of that is.”

“There aren’t enough behavioral health providers that are bilingual and bicultural. Also, there is a lack of trust to access care – including not having health insurance and undocumented status. We know more people are uninsured than what is recorded.”

“One of the biggest barriers we see is lack of capacity – not enough facilities and workforce. If you access services, most are located near the I-25 corridor. Services don’t exist in other areas in the county. There are not enough workers, so if someone were to stand a new facility up, then they can’t staff it. We don’t have the local workforce, and the fields don’t represent the population they serve.”

“There is a lack of skilled and unskilled home care providers [for people living with disabilities].”

“With Medicaid something we’re always fighting for is providing more services to people more quickly.”

“For some community members prevention is among the last of the health care options they’re going to utilize and will only utilize if they are in crisis, which is unbearable pain. Prevention takes time & money.”

Action Area – Housing & Homelessness

Participants across Adams County emphasized the lack of affordable and available housing as a widespread area of concern for low- and moderate-income residents alike. Commonly, interviewees and focus group participants drew a linkage between rising housing costs, a high cost of living, and the lack of jobs paying a livable wage. Closely linked to housing was the issue of homelessness, a growing concern across the region both in terms of the scale of the issue and the lack of adequate resources to support those experiencing housing instability.

Selected Community Voices:

"Many people are not able to find housing close to their place of work (not having to drive a long time). We also have multiple families within a home – being forced into a small place. Gentrification is rippling out across Colorado, as landlords raise rents over a \$1000 a month. There is a lack of supply. There have also been increases in cost of living but not in wages – especially in jobs for frontline workers (retail, service-based). They are not paid livable wages."

"Many of the folks we serve make less than \$35,000 a year. There is a lack of municipalities that want to invest and build density. It's the financial aspect (affordability) and physical stock."

"There are zero transitional housing programs in Adams County. In Denver, there are a handful of transitional housing opportunities for women. The other ones are two to three hours away. For Section 8 housing, there are three housing authorities, and each will open up their waitlist for two days out of the year. If you don't get in during those two days, then you missed your window. If your name does not come up in the [voucher] lottery, then you have to reapply the following year and they don't announce when the waitlist will open, so you have to watch the website."

"One of the biggest barriers in terms of connecting people to available assistance is that agencies don't have enough staff to talk to all of the people who call in to start a new process to apply for rental and utility assistance. So many people apply that they can't help all the people who apply."

"[Adams County] needs the right amount of sheltering beds for emergencies – we need the continuum to be filled in. There needs to be another congregate shelter option aside from SWAP, as well as transitional housing to help people towards sustainability. Then, affordable housing, like Section 8."

"There are no shelters. We have several non-profits that focus on housing – not an awful lot they can do. Adams County is huge – and we don't have anything for DV which is another issue that is rampant."

"Homelessness is prevalent on several different layers: 1) Individuals experiencing chronic homelessness, many trickling out of Denver due to homeless sweeps. There are more encampments in Westminster and Thornton. There are safety issues like substance use, sanitary issues, protection of self and possessions. Some have undiagnosed and/or unresolved mental health issues. 2) Families – more services are available for them than for individuals – TANF, family shelter, transitional housing, case management, housing navigation. They are more likely to double up (with other families) – they are less visible. 3) Single women – some can access the DV shelter, but others are living in cars, often with child(ren)."

“People are becoming homeless but not by the HUD definition – many are couch-surfing, living with family, or sleeping in a car. There is multi-generational living – young families moving in with grandparents.”

“People getting out of prison have nowhere to go. More resources in that area, like shelter for people going out of prison [would be helpful].”

Action Area – Transportation

Given the size of Adams County, many qualitative research participants understandably signaled that transportation is a key challenge across the region. The issue was prominent for residents in urban and rural environments, as well as for specific populations, such as older adults.

Selected Community Voices:

“We are so far from having a usable public transit system. To bus somewhere is difficult and expensive, and so much cost goes into purchasing and maintaining a vehicle.”

“People need bus passes – they ask for bus passes all the time. They have access to the bus, but they don’t have the money for it.”

“Transportation is a huge issue, especially public transportation in the North part of Commerce City. How do I get around if I can't get around?”

“Not all areas – like Thornton – don’t have adequate service, or any public transportation at all. Much of the area has grown substantially so it’s my belief that bus service has not caught up with that growth, so I see potential for them to expand the services.”

“In our rural community, public transportation for the elderly [is a challenge]. The currently available options don’t run enough. We also want to be proactive about electric vehicle charging stations.”

“Transportation is certainly a challenge for seniors. Some resources are available to seniors for specific purposes – to meet basic needs, like scheduled medical rides. There is not the best access to mass transit – the bus system isn't the easiest to get to. A 30-minute drive is a two-hour bus ride. Transfers make it unreasonable.”

“Transportation is one of the biggest needs in the community. The program is always short staffed and their system is difficult to navigate. There are only a few transportation options that are actually trained to work with cognitively impaired people – they need an accessible bus. Taking people places increases their anxiety. It can be nerve-wracking for the guest and likely the family members.”

“RTD and others leaned in to provide supplemental free ride days but part of scarcity in the pipeline is bus drivers, folks who want to work at RTD. People aren’t getting in this part of the local workforce fast enough, so that’s a barrier.”

Community Survey

The Community Survey enabled a greater share of people living in Adams County to share their perspectives on the unique barriers, challenges, and potential solutions to community needs across a variety of topics, from housing to health care. The survey contained a mixture of questions on causes and conditions of poverty, along with community health-focused questions to inform Adams County Health Department's Community Health Improvement Plan (CHIP). This summary focuses on questions directed at identifying causes and conditions of poverty in Adams County, as well as on community satisfaction with services and assistance provided by Adams County.

Approach

The community survey was made available online in English and Spanish on July 31, 2023. The questionnaire included closed-ended, need-specific evaluation questions; open-ended questions; and demographic questions. On August 20, 2023, an assessment of response quality and comprehensiveness resulted in a set of 138 valid survey responses.

Special care was exercised to minimize the amount of non-sampling error by careful assessment of design effects (e.g., question order, question wording, response alternatives). The survey was conducted to maximize accessibility and comprehensively evaluate community members' insights. Invitations to participate were provided to the community through e-mails from the CNA project partners, including project Equity Champions, among others across the county. Community partners disseminated the survey through a wide variety of channels, including websites, social media, and email.

For this assessment, the community survey served as a practical tool for capturing the insights of individuals across Adams County. It is important to note that this was not a random sample, and the findings should not be interpreted as representative of the county population. Additionally, the sample sizes of several demographic population subgroups are not large enough to consider the samples to be representative of the broader populations from which responses were received. Differences in responses across groups have not been tested for statistical significance as part of this assessment.

Demographics

Among respondents to the community survey (n=138), nearly one in three (31.1%) reside in Thornton, with an additional 15.6% from Brighton and 12.6% from Commerce City. The median household income reported by respondents falls in the \$50,000-\$74,999 range, which is slightly lower than the median household income estimated for the population in Adams County (\$78,304).²⁴

Exhibit 65: Community Survey Respondent Demographics

DEMOGRAPHIC VARIABLE	PERCENT OF RESPONDENTS
COUNTY	
Adams	92.6%
Jefferson	2.2%
Arapahoe	1.5%
Denver	0.7%
Other	3.0%
MUNICIPALITY	
Thornton	31.1%
Brighton	15.6%
Commerce City	12.6%
Unincorporated Adams County	9.6%
Westminster	8.9%
Aurora	5.9%
Northglenn	5.9%
Arvada	3.7%
Federal Heights	0.7%
Other	4.4%
ZIP CODE (Top Five)	
80601	13.6%
80233	11.2%
80022	10.4%
80229	8.8%
80241	8.0%
ANNUAL HOUSEHOLD INCOME	
Under \$15,000	6.7%
Between \$15,000 and \$29,999	6.7%
Between \$30,000 and \$49,999	10.9%
Between \$50,000 and \$74,999	26.9%
Between \$75,000 and \$99,999	17.6%
Between \$100,000 and \$150,000	20.2%
Over \$150,000	10.9%

²⁴ U.S. Census Bureau. American Community Survey Five-Year Estimates, 2017-2021.

More than three in four respondents (77.1%) identify as women. Nearly two in three respondents (64.7%) identify as White, and one in three (32.4%) identify as Hispanic/Latine. Most (97.1%) report speaking English at home. A majority of respondents (60.7%) are age 45 or older. Nearly one in five (18.1%) report living with a disability, and more than one in ten (11.6%) report experiencing mental or behavioral health challenges.

Exhibit 66: Community Survey Respondent Demographics (continued)

DEMOGRAPHIC VARIABLE	PERCENT OF RESPONDENTS
GENDER IDENTITY	
Woman	77.1%
Man	16.2%
Non-conforming/non-binary person	1.9%
Other	4.8%
RACE/ETHNICITY[^]	
White	64.7%
Hispanic/Latine	32.4%
Black/African American	2.0%
Native American or Alaskan Native	2.0%
Asian	1.0%
Other	1.0%
AGE GROUP	
18-24	1.5%
25-34	13.3%
35-44	24.4%
45-54	24.4%
55-64	18.5%
65 or older	17.8%
LANGUAGES SPOKEN AT HOME[^]	
English	97.1%
Spanish	9.5%
Other (ASL)	1.0%
DO YOU IDENTIFY WITH ANY OF THE FOLLOWING POPULATIONS?	
A person with a disability	18.1%
A person experiencing mental or behavioral health challenges	11.6%
LGBTQIA+	8.7%
A person from a geographically isolated community	2.9%
A refugee or an immigrant	2.9%
A person without citizenship documents	2.2%
A person experiencing homelessness	1.4%

[^] Total is greater than 100%, as respondents were encouraged to select all options that apply to them.

Findings

Conditions of Poverty

Among respondents, two in three (65.2%) reported the **high cost of housing** to be among the top conditions that prevent communities from thriving. More than half identified **inflation (costs increasing faster than wages)** (58.7%) and/or **lack of jobs paying a livable wage** (52.2%). Slightly fewer than half (48.6%) selected **crime or safety concerns**, and more than one in three (37.0%) identified **difficulty accessing health care services** (due to cost, ability to get an appointment quickly, transportation, etc.).

Exhibit 67: Conditions of Poverty, by Percentage Selected

In Adams County, what do you believe to be the top conditions that prevent communities from thriving? (Please choose your top 5)		PERCENT OF RESPONDENTS
1	High cost of housing	65.2%
2	Inflation. Costs are increasing faster than wages.	58.7%
3	Lack of jobs paying a livable wage (in other words, not earning enough to live on even though you're working)	52.2%
4	Crime or safety concerns	48.6%
5	Difficulty accessing health care services (due to cost, ability to get an appointment quickly, transportation, etc.)	37.0%
6	Housing insecurity or homelessness	36.2%
7	People are disconnected from each other. Socially isolated.	35.5%
8	Difficulty accessing mental health care or substance use treatment services (due to cost, ability to get an appointment quickly, transportation, etc.)	34.8%
9	Access to affordable, healthy food	34.1%
9	Lack of affordable, accessible, high-quality childcare	25.4%
11	Under-resourced schools	23.9%
12	Limited availability of housing	22.5%
13	Lack of financial or budgeting education or knowledge	16.7%
14	Transportation barriers	15.9%
15	Language barriers keep people apart.	10.9%

Causes of Poverty

With regards to causes of poverty, or factors that make it more difficult for people to meet their basic needs and/or provide for themselves and their families, two in three respondents (70.3%) identified **people being overwhelmed trying to take care of basic needs**, with three in five (59.4%) selecting the **lack of jobs paying a livable wage**. Half of respondents (52.2%) chose **lack of affordable and safe housing**, while two in five identified **generational poverty** (41.3%) and/or **untreated mental health conditions/substance use disorders** (38.4%).

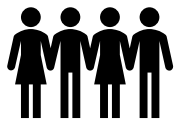
Exhibit 68: Causes of Poverty, by Percentage Selected

In Adams County, what do you believe to be the top five factors that make it more difficult for people to meet their basic needs and/or to provide for themselves and their families?		PERCENT OF RESPONDENTS
1	People are so overwhelmed trying to take care of their basic needs, they are unable to take advantage of other opportunities or focus on health and wellness	70.3%
2	Lack of jobs paying a livable wage (in other words, not earning enough to live on even though you're working)	59.4%
3	Lack of affordable and safe housing	52.2%
4	Generational poverty (i.e., families remain in poverty generation after generation)	41.3%
5	Untreated mental health conditions/substance use disorders	38.4%
6	Program eligibility standards exclude certain groups or create the cliff effect, which means that small increases in income can make individuals or families no longer qualify for some assistance programs	34.8%
7	Lack of affordable, accessible food	29.0%
8	Lack of affordable, accessible, high-quality childcare	26.8%
9	Systemic racism or prejudice (i.e., systems do not work the same for everyone but rather benefit or harm certain groups)	21.7%
10	Government policies and regulations need to modernize and improve over time	18.1%
11	Lack of opportunity to pursue trade school, technical, or higher education (due to cost, family expectations, limited options for programs, etc.)	15.9%
11	Disability (e.g., physical, intellectual, developmental, emotional)	15.9%
13	Transportation barriers	15.2%
14	Difficulty accessing affordable health care services	15.2%
15	Lack of resources for families	14.5%
16	Difficulty or inability to communicate with health care staff because of language barriers	3.6%

About two in five respondents (40.2%) reported being ‘satisfied’ (or ‘extremely satisfied’) with the services and assistance provided by Adams County.

Exhibit 69: Respondent Satisfaction with Services and Assistance Provided by Adams County

	PERCENT OF RESPONDENTS
1 - Extremely dissatisfied	7.4%
2 - Dissatisfied	10.7%
3 - Neither satisfied nor dissatisfied	33.6%
4 - Satisfied	32.8%
5 - Extremely satisfied	7.4%



Are there missing or inadequate services in your community? Please describe.

“Affordable housing”

“Affordable senior housing.”

“Cap rent based on income”

“Housing, housing, housing :-)”

“Need to figure out housing across the board in the Denver Metro Area. Also, schools are just not able to meet the mental health needs of the students”

“Sanctuary takes care of illegal, while citizens stand on the corner with a cardboard sign, seeking help”

“Unhoused services and housing solutions for PEH”

“We should have regulations for housing to make more affordable housing. Apartments are not affordable when you're looking at \$1000 or more for rent a month.”

“Access to mental/behavioral healthcare”

“Better mental health support”

“Lack of mental health providers, especially for young people.”

“Lack of mental health providers.”

“Long term effective substance use treatment.”

“Mental Health for the homeless.”

“More Mental health resources”

“Timely and easily accessible mental health services”

“Too much turnover in mental health counselors makes it difficult for the client trying to receive consistent care with continuity”

“Clinics for low-income/uninsured residents.”

“Community based health care office”

“Fast access to healthcare. Places are booking months out”

“Lack of access to health services, lack of awareness of services”

“Primary care, environmental health, healthy food”

“Access to light rail, buses, services for those who are unhoused, services for those with mental illness and who abuse substances, a sense of connectedness with the permitting of business that the community believes in-vs. big box and corporate stores.”

“Poor public transit, buses only come once every hour in most cases.”

“Senior transportation for elderly and handicapped persons is limited or expensive.”

“Transportation infrastructure”

“Transportation, housing, childcare”

“Road repairs & traffic”

“All income levels need a level of financial management education to strengthen our community's wealth”

“Being able to access all resources as a one stop shop. Clients generally need to either make several calls/have several appointments with the differing departments which can be frustrating as a worker as well as clients.”

“Financial Support and life skills support and adult education”

“Services are unknown and need to be advertised better on social media with advanced notice of events are scheduled.”

“They need to adjust the services and cost of living”

“Language accessibility both written and oral; there should be community focused focus group discussions asking impacted communities addressing needs/barriers/futures; not just Spanish”

“Undocumented migrants do not receive the care/services they need due to fear of being deported.”

“Caring for the elderly in their own homes.”

“Helping the elderly population.”

“Quality affordable daycare.”

“I would love to see our city provide compost pick-up. They have a drop-off site, but it isn't convenient and the drop-off hours are during normal work hours.”

“Police who care about our problems and why we need their services.”

“Regulations on the drinking water”

“Walkable access to shops and restaurants”

Needs Prioritization Process

Prioritizing the community health needs helps build leadership consensus and facilitates consensus on program implementation. Crescendo worked with community service leaders, underserved populations, and others, and used the following research to inform the list of needs:

- Secondary Research
- Qualitative Interviews and Focus Group Discussions
- Quantitative Online Community Survey

The results identified 24 community needs or service gaps. A significant, common challenge faced by communities at this point is that the final prioritization is often based on positional authority, non-representative quantitative ranking, or some other process that does not fully incorporate disparate insights and build consensus among the stakeholders.

To address this potential challenge, Crescendo worked with Adams County to identify a Leadership Group comprising its CSBG Advisory Council. This group participated in a two-stage needs scoring process facilitated by Crescendo. The first stage consisted of a survey in which Leadership Group members scored each need (answering the question "How great is the need for additional focus on the following need or challenge..."). The second stage was a facilitated session in which the Leadership Group considered results of the first stage and subsequently discussed each need based on Adams County degree of control and timeline of foreseen impact. The results:

- Clearly identify the core impact areas
- Create a prioritized list of needs to be addressed
- Develop a sense of ownership of the ongoing initiatives developed to address the needs.

Prioritized Needs

The Leadership Group scored the following 24 needs based on importance. The seven-point scale ranged from 'no more focus and attention needed' (score of 1) to 'much more focus and attention needed' (score of 7). Average scores are presented below.

Exhibit 70: Needs as Scored by the Leadership Group

Rank	Need	Average Score (Scale of 1 to 7)
1	More affordable housing, including different types of housing	7.0
1	Emergency shelter resources in Adams County, including cooling and warming centers, to serve the growing unhoused population	7.0
1	Better public transportation, including more availability in rural areas	7.0
1	More transportation options for populations with specific needs, including seniors and individuals with cognitive challenges	7.0
5	More resources and support for all people facing housing instability, particularly the "unseen homeless" (for example, people living out of cars or couch-surfing) and individuals with no minor children	6.7
5	Equitable access to affordable childcare, including more availability for high-needs children and children under age three	6.7

Rank	Need	Average Score (Scale of 1 to 7)
7	More rent and utility assistance programming	6.0
7	Improved medical care, including more preventative care and specialty care options within the county	6.0
7	More behavioral health care resources for adults and children to reduce long wait times to see a provider, including residential behavioral health care and providers who accept Medicaid	6.0
7	Increased livable wage job opportunities	6.0
11	Resources and support for older adults aging in place in Adams County, including affordable senior living facilities	5.7
11	Efforts to build trust and enhance services for undocumented people living in Adams County	5.7
13	Increased availability of affordable, nutritious food	5.5
14	More flexible funding to enable public-serving agencies to meet staffing challenges and to respond to dynamic needs, such as by providing wraparound services	5.3
15	More affordable single-story housing, particularly for older adults	5.0
15	Efforts to improve understanding of which resources are available to people living in different communities across the county – for example, through clarification of jurisdiction boundaries	5.0
15	Availability of centralized services that are not government-run	5.0
15	More Spanish-speaking staff, such as case workers and mental health care providers, and resources, such as program/service enrollment and housing application assistance	5.0
15	More resources and support for victims of domestic violence	5.0
15	Increased resources for kinship caregivers	5.0
21	More affordable dental care	4.7
22	Improved cultural competency of medical and behavioral health care providers and services	4.3
23	Caregiver support groups and respite care for memory care	4.0
23	Road and pedestrian safety improvements, such as traffic cameras and speed bumps	4.0

Based on the scoring of needs, and following further discussion of Adams County and agency partner degree/locus of control and timeline within which impact could be foreseen, the following needs, and overarching categories of need were prioritized for action:

Housing

- More affordable housing, including different types of housing
- Emergency shelter resources in Adams County, including cooling and warming centers, to serve the growing unhoused population
- More resources and support for all people facing housing instability, particularly the “unseen homeless” (for example, people living out of cars or couch-surfing) and individuals with no minor children
- More rent and utility assistance programming

Transportation

- Better public transportation, including more availability in rural areas
- More transportation options for populations with specific needs, including seniors and individuals with cognitive challenges

Employment & Child Care

- Increased livable wage job opportunities
- Equitable access to affordable childcare, including more availability for high-needs children and children under age three

The high-priority needs identified by the CSBG Advisory Council center on developing and enhancing programs and services to enable individuals and families in Adams County to live healthy and self-sufficient lives. Prioritized needs include housing, namely the need for different types of housing that is more affordable, as well as emergency shelter resources in Adams County (cooling and warming shelters) to serve the growing unhoused population in the region, particularly the “unseen homeless” and individuals with no minor children. Other prioritized needs include improved transportation options, both across the county’s diverse geographic areas and for the county’s residents with unique needs, such as seniors and individuals with cognitive challenges, livable wage job opportunities, and equitable access to affordable child care, including more availability for high-needs children and children under age three. Other important needs, including those related to accessibility of medical and behavioral health care, can best be addressed as part of cross-sectoral community improvement efforts, including those led by Adams County Health Department. By acknowledging and focusing on these interrelationships between issues from housing to health care, Adams County is poised to continue to utilize CSBG funding to impact the lives of those most in need across its communities in the future.

Appendices

Appendix A: Table of Literature Review Materials

Issue	Title and Source	Implications for Action	Abstract summary
<p>Targeting Neighborhoods of Greatest Need</p>	<p>Quantification of Neighborhood-Level Social Determinants of Health in the Continental United States Marynia Kolak, PhD, MFA, MS1; Jay Bhatt, DO2; Yoon Hong Park, MPP1; et al. Norma A. Padrón, PhD, MPH, MA2; Ayrin Molefe, PhD2 JAMA Network Open. 2020;3(1):e1919928. doi:10.1001/jamanetworkopen.2019.19928. Accessed June 2023 at: https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2759757?utm_campaign=articlePDF&utm_medium=articlePDFlink&utm_source=articlePDF&utm_content=jamanetworkopen.2019.19928</p>	<p>Consider cross-referencing SVI and SDOH measures for a census-level analysis of the County.</p>	<p>In this cross-sectional study of 71 901 census tracts with approximately 312 million persons across the continental United States, multivariate social determinants of health measures were reduced to 4 indices reflecting advantage, isolation, opportunity, and mixed immigrant cohesion and accessibility and were clustered into 7 neighborhood typologies that included an extreme poverty group. Social determinants of health indices were associated with premature mortality rates in Chicago, Illinois. The study suggests that use of multidimensional geospatial approaches to quantify social determinants of health rather than the use of a singular deprivation index may better capture the complexity and spatial heterogeneity underlying these determinants.</p> <p>Fifteen variables, measured as a 5-year mean, were selected to characterize SDOH as small-area variations for demographic characteristics of vulnerable groups, economic status, social and neighborhood characteristics, and housing and transportation availability at the census-tract level. This SDOH data matrix was reduced to four indices reflecting advantage, isolation, opportunity, and mixed immigrant cohesion and accessibility, which were then clustered into 7 distinct multidimensional neighborhood typologies. Together, they accounted for 71% of the variance in the 15 SDOH variables across all census tracts in the continental United States. The first principal component, the socioeconomic advantage index, accounted for 40.0% of the total variance and was dominated by socioeconomic status factors, including poverty, low high school graduation rates, minority</p>

Issue	Title and Source	Implications for Action	Abstract summary
			status, proportion of uninsured persons, and number of single parent households.
Increasing Racial Equity Knowledge, Awareness, and Action	How to Promote Racial Equity in the Workplace. Livingston, Robert. Harvard Business Review September-October 2020 Accessed June 2023 at: https://socialjustice.nsbe.org/wp-content/uploads/2020/09/Harvard-Business-Review.pdf	Link to current equity-focused initiatives	This practical, five-step plan is also replete with good sources and definitions for understanding how racial discrimination “is defined as the differential evaluation or treatment based solely on race and...Many white people deny the existence of racism against people of color because they assume that racism is defined by deliberate actions motivated by malice and hatred. However, racism can occur without conscious awareness.”
Increasing Racial Equity Knowledge, Awareness, and Action	Critical Race Theory, Race Equity, and Public Health: Toward Antiracism Praxis. Chandra L. Ford, PhD, and Collins O. Airhihenbuwa, PhD. APHA Journal	Emphasize DEI in local Public Health departments and other health groups.	This seminal article introduces Critical Race Theory to Public Health and other audiences beyond the legal community. In it the authors note the Gilmore defines racism as “the state-sanctioned and/or extralegal production and exploitation of group-differentiated vulnerability to premature death.” “Critical Race Theory offers the field of public health a new paradigm for investigating the root causes of health disparities. Based on race equity and social justice principles, Critical Race Theory encourages the development of solutions that bridge gaps in health, housing, employment, and other factors that condition living.”

Issue	Title and Source	Implications for Action	Abstract summary
Increase WIC Participation	<p>Using Data Matching and Targeted Outreach to Enroll Families with Young Children in WIC Lessons Learned From State Pilots</p> <p>Jess Maneely and Zoë Neuberger</p> <p>https://www.cbpp.org/sites/default/files/atoms/files/1-5-21fa.pdf</p> <p>Matching Data Across Benefit Programs Can Increase WIC Enrollment</p> <p>https://bdtrust.org/cbpp-bdt-case-study-matching-data.pdf</p>	<p>Use Data Matching and Targeted Outreach to Enroll Families with Young Children in WIC</p>	<p>Participation in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) is associated with a range of improved outcomes, both by improving access to nutrition and through services available at WIC clinics. About half of pregnant eligible women participate in WIC, and participation increases after childbirth: most infants who are eligible for WIC benefits get them. Rates of WIC participation drop off sharply as children get older even though children remain eligible to age 5. Given high rates of food insecurity among low-income families with young children and the demonstrated importance of adequate nutrition, increasing WIC participation rates is vital for children’s healthy development. (Brookings Institute; (US Department of Agriculture [USDA] 2019).</p> <p>Pilot projects in Colorado, Massachusetts, Montana, and Virginia demonstrated that by matching data across programs to identify families enrolled in Medicaid or SNAP but not WIC, and conducting outreach to them, states can increase WIC enrollment for Medicaid participants — which may improve health and developmental outcomes — and provide additional food assistance to SNAP recipients.</p>
Improve pre-school and early childhood enrollment patterns	<p>Cascio, Elizabeth, and Diane Whitmore Schanzenbach. 2013. “The Impacts of Expanding Access to High-Quality Preschool Education.” <i>Brookings Papers on Economic Activity</i> 47 (2): 127–92. Accessed June 2023 at https://www.brookings.edu/wp-content/uploads/2016/07/201</p>	<p>Review Pre-school program design to balance the changes of avoiding crowd-out and increasing exposure.</p>	<p>The authors find stark differences in preschool enrollment patterns by family background, with children whose mothers have no more than a high school diploma being much more likely to enroll in preschool at age 4 – experiencing an 18-20 percentage-point enrollment gain, versus a 12-15 percentage-point gain in preschool enrollment rates for children whose mothers have more education. The authors also find that about half of the enrollees (4 or 5 out of every 10 participants) with more-educated mothers would have otherwise enrolled in private preschool, with this crowd-out causing costs of the program to taxpayers to increase overall as much as 19 percent.</p>

Issue	Title and Source	Implications for Action	Abstract summary
	3b_cascio_preschool_educatio n.pdf		<p>The authors suggest it may be more cost-effective to design a preschool program to target those most in need to reduce the extent of crowd-out. They acknowledge, though, that targeting the program may undermine its effectiveness for lower-income children if exposure to higher-income peers in universal preschool classrooms plays an important role.</p>
Housing	<p>The State of The Nation’s Housing 2022; Joint Center For Housing Studies Of Harvard University</p>	<p>Utilize this current data to augment the housing section.</p>	<p>This year’s Report notes that “after a record-shattering year in 2021, the housing market is at an inflection point. Higher interest rates have already taken some heat out of the homebuying market, and the large number of apartments under construction should bring some relief on the rental side. For lower-income households and households of color, though, the pressure of high housing costs is unlikely to relent. The surge in the prices of gas, food, and other necessities has made matters worse, especially now that most emergency government supports have ended. The housing stock itself is in dire need of investment to meet the demands of a rapidly aging population and the threats posed by climate change.”</p>
Housing	<p>Omni Institute. 2020 Adams County Community Needs Assessment: Colorado CSBG PY2020. Available at: https://www.adcogov.org/sites/default/files/AC_NeedsAssessment_2020_Report_FINAL.pdf</p>	<p>Renew focus on affordable housing and homelessness, previous regional priorities that have been exacerbated locally and nationally since 2020.</p>	<p>Lack of affordable housing was detailed among the top needs facing low income residents of Adams County in 2020:</p> <ul style="list-style-type: none"> • With an average rental price of \$1,270 a month, Adams County residents would need to earn a wage of \$29 per hour to afford a two-bedroom home. Someone working for minimum wage would have to work the equivalent of 2.6 jobs or 104 hours/week to afford housing. • The number of homeless individuals was much higher in 2018 than in 2017 and remained relatively stable in 2019. With COVID-19, an increase was anticipated for 2020.

Issue	Title and Source	Implications for Action	Abstract summary
Seniors	Omni Institute. 2020 Adams County Community Needs Assessment: Colorado CSBG PY2020. See previous entry.	Bolster efforts to address previously identified needs among seniors, including housing, transportation, and access to various services	Senior needs identified in the 2020 assessment included: <ul style="list-style-type: none"> • The need for more income-based rental housing for seniors, including housing equipped with ADA-compliant amenities such as room for walkers and walk-in showers; • Mental health service needs; • Crime and safety concerns, such as high-speed traffic close to home; and • Issues qualifying for assistance programs, including falling just beyond income qualification thresholds.
Seniors	Harvard Joint Center for Housing Studies & the Hastings Center, 2022. Advancing Housing and Health Equity for Older Adults: Pandemic Innovations and Policy Ideas. Available at: https://www.jchs.harvard.edu/sites/default/files/reports/files/Harvard_JCHS_Hastings_Advancing_Housing_Health_Equity_for_Older_Adults_2022.pdf	Learn from and consider adopting innovative solutions employed since 2020 to effectively address diverse needs impacting quality of life among seniors.	The COVID-19 pandemic upended daily life around the globe, with older adults, who were at highest risk for severe illness and death, facing disruptions in social routines and access to food, medications, and services. Organizations that support low- and moderate-income older people dwelling in the community—including housing and service providers, voluntary organizations, and government agencies—improvised solutions to address these challenges, while also emphasizing the importance of stable housing itself. Observations and recommendations include (but are not limited to): <ul style="list-style-type: none"> • Building/strengthening interorganizational networks; • Engaging older adults in planning; • Implementing flexible regulations and adequate funding; and • Augmenting in-home service delivery.
Seniors	Salkin, Patricia E., 2009. A Quiet Crisis in America: Meeting the Affordable Housing Needs of the Invisible Low-Income Healthy Seniors. The Georgetown Journal of Law & Policy. Available at:	Investigate diverse housing solutions for senior sub-populations with diverse needs.	Historically, many housing solutions for seniors have focused on those with an ability to pay. Anticipating future growth in the nation’s senior population, driven by the aging generation of Baby Boomers, new and affordable approaches to housing challenges are needed. Federal and State programs have not been adequate to meet housing needs of low-income seniors. Zoning reform is

Issue	Title and Source	Implications for Action	Abstract summary
	https://digitalcommons.tourola.edu/cgi/viewcontent.cgi?article=1512&context=scholarlyworks		<p>one dimension of possible action that offers new opportunities for innovative and varied housing solutions.</p>
People Living with Disabilities	<p>Seervai, Shanoor, Shah, Arnav, and Shah, Tanya, 2019. The Challenges of Living with a Disability in America, and How Serious Illness Can Add to Them. Commonwealth Fund. Available at: https://www.commonwealthfund.org/publications/fund-reports/2019/apr/challenges-living-disability-america-and-how-serious-illness-can</p>	<p>Recognize the interrelationship between health, access to health care, disability, poverty, and other factors, and design solutions that are directed towards these multiple underlying factors.</p>	<p>The U.S. health care system fails to meet the needs of the 85 million Americans living with disabilities, such as physical limitations, cognitive difficulties, or serious mental illness. Four million veterans, for instance, are living with a disability that is the result of a disease or injury that occurred during active military service. A large body of evidence shows that people living with disabilities receive lower-quality care and less preventive care, and have a higher incidence of chronic conditions, than people without disabilities. People with disabilities also face higher out-of-pocket health care costs and are more likely to live below the federal poverty level than those without disabilities.</p>
People Living with Disabilities	<p>Mitra, Sophie, and Yap, Jaclyn, 2021. The Disability Data Report 2021. Disability Data Initiative and Fordham Research Consortium on Disability. Available at: https://disabilitydata.ace.fordham.edu/reports/disability-data-initiative-2021-report/</p>	<p>Data on the extent and diversity of disability are frequently inadequate – improvement of data collection can inform effective allocation of resources towards specific areas of need</p>	<p>Assuring the rights of people with disabilities requires disability data and statistics, specifically those based on concepts that are in line with a human rights approach to disability, disaggregated by disability status, and reflect various aspects of the lives of people with disabilities and their diversity. There are significant inequalities associated with functional difficulties in terms of education, health, work and standard of living (e.g. electricity). A disadvantage for people with functional difficulties compared to persons with no functional difficulty is consistently found across countries and disaggregation method in terms of educational attainment, literacy, food insecurity, exposure to shocks, asset ownership, health expenditures and multidimensional poverty.</p>

Issue	Title and Source	Implications for Action	Abstract summary
			<p>The stark inequalities in this report highlight the urgent need for policies benefitting people with disabilities.</p>
<p>People Living with Disabilities</p>	<p>Pinilla-Roncancio, Monica, and Alkire, Sabina, 2020. How Poor Are People with Disabilities? Evidence based on the Global Multidimensional Poverty Index. Available at: https://ox.ac.uk</p>	<p>Acknowledge the complex interrelationship between income, poverty, and disability in identifying interventions, including among those affected by developmental disabilities</p>	<p>While the number of studies analyzing levels of poverty among people living with disabilities has increased, there is still a lack of empirical evidence that establishes whether and how people with disabilities are significantly poorer than families with no disabled members. This study analyses the levels of multidimensional poverty of people living in households with members with disabilities in 11 low- and middle-income countries in different regions of the world, using the global Multidimensional Poverty Index (MPI). The results reveal that in five of the 11 countries people living in households with disabled members face higher levels of multidimensional poverty compared with people without disabilities. In addition, investigators found that differences between the levels of poverty were larger in middle-income countries than in low-income countries, revealing the existence of a development disability gap.</p>
<p>Equity and Opportunity</p>	<p>Raj Chetty & John N. Friedman & Nathaniel Hendren & Maggie R. Jones & Sonya R. Porter, 2018. "The Opportunity Atlas: Mapping the Childhood Roots of Social Mobility," Working Papers 18-42, Center for Economic Studies, U.S. Census Bureau. Retrieved from</p>	<p>Utilize the Opportunity Atlas to illuminate key hot spots of need.</p>	<p>Neighborhoods matter at a very granular level: conditional on characteristics such as poverty rates in a child's own Census tract, characteristics of tracts that are one mile away have little predictive power for a child's outcomes. Our historical estimates are informative predictors of outcomes even for children growing up today because neighborhood conditions are relatively stable over time. Second, we show that the observational estimates are highly predictive of neighborhoods' causal effects, based on a comparison to data from the Moving to Opportunity experiment</p>

Issue	Title and Source	Implications for Action	Abstract summary
	<p>website: https://ideas.repec.org/p/cen/wpaper/18-42.html. Updated information 2020 at: https://scholar.harvard.edu/hendren/publications/opportunity-atlas-mapping-childhood-roots-social-mobility</p>		<p>and a quasi- experimental research design analyzing movers’ outcomes. We then identify high-opportunity neighborhoods that are affordable to low-income families, providing an input into the design of affordable housing policies.</p>
Equity and Opportunity	<p>Child Opportunity Index https://www.diversitydatakids.org/sites/default/files/file/ddk_the-geography-of-child-opportunity_2020v2_0.pdf</p> <p>Child Opportunity Index (COI) diversitydatakids.org</p> <p>https://www.diversitydatakids.org/research-library/webinar/webinar-learn-about-child-opportunity-index-20</p>	<p>Consider using this tool to augment the secondary data</p>	<p>Neighborhoods matter for children’s health and development. All children in the United States should live in neighborhoods with access to good schools, healthy foods, safe parks and playgrounds, clean air, safe housing and living-wage jobs for the adults in their lives. However, far too many children in the U.S. live in neighborhoods that lack these conditions.</p> <p>Child opportunity is also strongly associated with socioeconomic mobility outcomes. Like life expectancy, socioeconomic mobility (defined as the place in the household income distribution that individuals attain as adults compared to the place in the income distribution their parents had) varies considerably across neighborhoods (Chetty et al.,2018) and is strongly associated with child opportunity.</p>
Equity	<p>Solly, Meilan. 2019. “C.D.C. Says More Than Half of the U.S.’ Pregnancy-Related Deaths Are Preventable.” Smart News, Smithsonian Magazine, May 9, 2019.</p>	<p>Potentially highlight this as callout in the report.</p>	<p>African American, Native American and Alaska Native women are approximately three times more likely to die from pregnancy-related issues than white women</p>
Health and Equity	<p>Equity of Care: A Toolkit for Eliminating Health Care Disparities</p>	<p>1) Increase the collection and use of race, ethnicity and language</p>	<p>This seminal 2015 initiative contains a comprehensive look at how to improve the disparities of care in the U.S. While focused on hospitals it provides a detailed approach relevant to any organization providing social services. The Equity of Care is a</p>

Issue	Title and Source	Implications for Action	Abstract summary
	<p>Hasnain-Wynia, R., Pierce, D., Haque, A., Hedges Greising, C., Prince, V., Reiter, J. (2007) Health Research and Educational Trust Disparities Toolkit.</p> <p>www.aha.org/system/files/2018-01/equity-care-toolkit-eliminating-health-care-disparities-2015.</p> <p>Accessed June 2023 at: http://www.hretdisparities.org.</p>	<p>preference (REAL) data</p> <p>2) Increase cultural competency training</p> <p>3) Increase diversity at the leadership and governance levels</p>	<p>national collaborative effort of the American Hospital Association, American College of Healthcare Executives, America’s Essential Hospitals, Association of American Medical Colleges and Catholic Health Association of the United States. Through this platform, the Equity of Care partners issued a call to action to eliminate health care disparities. Our goals are to:</p> <ul style="list-style-type: none"> • Increase the collection and use of race, ethnicity and language preference data; • Increase cultural competency training; and • Increase diversity in governance and leadership.
<p>Increase Resources for low-income children</p>	<p>Rebalancing: Children First A Report of the AEI-Brookings Working Group on Childhood in the United States, February 2022</p> <p>https://www.brookings.edu/research/rebalancing-children-first/</p>	<p>Consider increasing resources available to low-income families with children through changes to the Child Tax Credit and the Supplemental Nutrition Assistance Program (SNAP). Making the tax credit for children available to households with no earnings and increasing SNAP benefits by 20 percent for families with children ages</p>	<p>This bi-partisan report from scholars at the American Enterprise Institute and the Brookings Institution agrees that “The future of America rests in part on how the country prepares the next generation to live and to lead. Childhood is a consequential and cost-effective time to make investments that last a lifetime. Yet, many children in the United States do not have the resources or relationships they need to build a strong foundation for their future. Recommendations include:</p> <ul style="list-style-type: none"> • Parenting is a key ingredient of children’s healthy development; parenting’s importance is one reason parental mental health is so critical. • The working group believes that a healthy relationship between a child’s parents is critical to well-being. • The working group supports substantially increasing public investment in children in the context of budget neutrality—in other words, rebalancing existing resources toward children. • The working group supports increasing resources available to low-income families with families with children through changes to the Child Tax Credit and the Supplemental

Issue	Title and Source	Implications for Action	Abstract summary
		<p>5 and younger would reduce child poverty and help children to succeed later in life.</p>	<p>Nutrition Assistance Program (SNAP). Making the tax credit for children available to households with no earnings and increasing SNAP benefits by 20 percent for families with children ages 5 and younger would reduce child poverty and help children to succeed later in life.</p> <ul style="list-style-type: none"> • It is critical to ensure that parents have rewarding employment. The working group supports policies that help parents in the acquisition of new skills that lead to better jobs, policies such as those that expand access to apprenticeships, career and technical education, and programs that support parents who are students in the successful completion of their degrees. • The working group supports increasing the generosity of the Earned Income Tax Credit as it is a proven pro-work and antipoverty program.
<p>Improve pre-school and early childhood enrollment patterns</p>	<p>Improving Teaching Effectiveness: The intensive partnerships for effective teaching Through 2015–2016 Rand corporation Accessed June 2023: https://www.rand.org/pubs/research_reports/RR2242.html</p>	<p>Integrate systems for developing skills and improving instruction so that more children have access to excellent teachers.</p>	<p>Rand and AIR 500+ page Report on the Gates Foundation initiative on Improving Teacher Effectiveness. A success area was that “Most School Leaders (SLs) said that they had taken steps to ensure that students with the greatest needs were taught by the most effective teachers and that their school did a good job matching students with teachers. In nearly every site, most SLs indicated that they had taken steps to ensure that students with the greatest needs were taught by the most effective teachers. Most SLs also said that their school did “a good job of matching students with teachers in ways that benefit the most students.”</p>

Issue	Title and Source	Implications for Action	Abstract summary
Food Insecurity	<p>Economic Research Service (ERS), U.S. Department of Agriculture (USDA). Food Environment Atlas. https://www.ers.usda.gov/data-products/food-environment-atlas/</p> <p>https://www.ers.usda.gov/data-products/food-environment-atlas/go-to-the-atlas/</p>	<p>Develop solutions that are responsive to multi-dimensional factors underlying food security challenges</p>	<p>Food environment factors—such as store/restaurant proximity, food prices, food and nutrition assistance programs, and community characteristics—interact to influence food choices and diet quality. Research has been documenting the complexity of these interactions, but more research is needed to identify causal relationships and effective policy interventions.</p>
Food Insecurity	<p>Feeding America 2023 Report Brief and Technical Details.</p> <p>Accessed June 2023 at: https://www.feedingamerica.org/research/map-the-meal-gap/overall-executive-summary?_ga=2.138463216.272981753.1662850140-1579089010.1662850140</p>	<p>Strengthen and Streamline Federal Commodities Programs</p> <p>Strengthen and Modernize the Supplemental Nutrition Assistance Program (SNAP)</p>	<p>The Map the Meal Gap has an extensive analysis of food insecurity by racial communities in the US. The data maps suggest Adams County populations experience similar challenges.</p> <p>The 32-page technical brief and methodological overview provides a description of the methods and data used to establish the county- and congressional district-level food insecurity estimates, the food budget shortfall, the cost-of-food index and the average cost of a meal. Following each section, they provide information on the central results for our methods.</p>

Appendix B: Supplementary Secondary Data Research

Exhibit 71. Income Breakdown by Race and Ethnicity: Hispanic or Latino

	United States	Colorado	Adams County
Under \$25,000	19.3%	16.7%	13.0%
\$25,000 to \$49,999	23.3%	22.3%	21.8%
\$50,000 to \$74,999	18.8%	20.6%	21.1%
\$75,000 to \$99,999	13.1%	14.1%	16.0%
\$100,000 to 124,999	8.8%	9.2%	9.8%
\$125,000 to 149,999	5.6%	6.4%	8.7%
\$150,000 to 199,999	5.8%	5.8%	5.7%
\$200,000 or More	5.2%	4.8%	3.8%

Source: U.S. Census Bureau American Community Survey 2017-2021 Five-year Estimates

Exhibit 72. Income Breakdown by Race and Ethnicity: Black or African American

	United States	Colorado	Adams County
Under \$25,000	28.4%	22.0%	20.5%
\$25,000 to \$49,999	24.4%	21.4%	25.7%
\$50,000 to \$74,999	17.0%	19.3%	19.2%
\$75,000 to \$99,999	10.8%	12.2%	13.7%
\$100,000 to 124,999	6.9%	9.3%	6.1%
\$125,000 to 149,999	4.3%	5.5%	6.0%
\$150,000 to 199,999	4.4%	6.0%	4.5%
\$200,000 or More	3.7%	4.4%	4.3%

Source: U.S. Census Bureau American Community Survey 2017-2021 Five-year Estimates

Exhibit 73. Income Breakdown by Race and Ethnicity: Asian

	United States	Colorado	Adams County
Under \$25,000	13.3%	13.0%	13.4%
\$25,000 to \$49,999	13.0%	13.3%	16.0%
\$50,000 to \$74,999	12.8%	14.8%	14.3%
\$75,000 to \$99,999	11.5%	13.2%	11.8%
\$100,000 to 124,999	10.2%	10.4%	11.6%
\$125,000 to 149,999	8.1%	8.0%	8.3%
\$150,000 to 199,999	11.6%	11.9%	12.1%
\$200,000 or More	19.4%	15.5%	12.5%

Source: U.S. Census Bureau American Community Survey 2017-2021 Five-year Estimates

Exhibit 74. Income Breakdown by Race and Ethnicity: American Indian/Alaska Native

	United States	Colorado	Adams County
Under \$25,000	26.8%	24.0%	16.4%
\$25,000 to \$49,999	23.0%	21.3%	12.7%
\$50,000 to \$74,999	17.7%	17.9%	21.0%
\$75,000 to \$99,999	11.9%	13.1%	15.2%
\$100,000 to 124,999	7.6%	9.7%	8.7%
\$125,000 to 149,999	4.6%	5.2%	8.8%
\$150,000 to 199,999	4.6%	4.4%	8.3%
\$200,000 or More	3.7%	4.4%	8.9%

Source: U.S. Census Bureau American Community Survey 2017-2021 Five-year Estimates

Exhibit 75. Income Breakdown by Race and Ethnicity: Native Hawaiian and Other Pacific Islander

	United States	Colorado	Adams County
Under \$25,000	16.0%	15.0%	31.4%
\$25,000 to \$49,999	19.9%	17.7%	0.0%
\$50,000 to \$74,999	16.4%	15.0%	39.5%
\$75,000 to \$99,999	13.6%	9.7%	3.8%
\$100,000 to 124,999	10.6%	15.0%	23.0%
\$125,000 to 149,999	7.0%	9.9%	2.3%
\$150,000 to 199,999	9.5%	8.1%	0.0%
\$200,000 or More	7.0%	9.6%	0.0%

Source: U.S. Census Bureau American Community Survey 2017-2021 Five-year Estimates

Exhibit 76. Income Breakdown by Race and Ethnicity: Two or More Races

	United States	Colorado	Adams County
Under \$25,000	18.5%	14.9%	12.1%
\$25,000 to \$49,999	20.4%	19.4%	17.0%
\$50,000 to \$74,999	17.5%	19.4%	23.6%
\$75,000 to \$99,999	12.8%	12.4%	13.1%
\$100,000 to 124,999	9.3%	10.4%	10.5%
\$125,000 to 149,999	6.4%	7.2%	10.3%
\$150,000 to 199,999	7.3%	7.9%	6.6%
\$200,000 or More	7.9%	8.3%	6.8%

Source: U.S. Census Bureau American Community Survey 2017-2021 Five-year Estimates

Exhibit 77. Income Breakdown by Race and Ethnicity: Other Race

	United States	Colorado	Adams County
Under \$25,000	20.1%	17.8%	15.9%
\$25,000 to \$49,999	24.7%	23.1%	22.3%
\$50,000 to \$74,999	19.6%	19.8%	19.3%
\$75,000 to \$99,999	13.1%	15.3%	17.7%
\$100,000 to 124,999	8.4%	8.9%	10.0%
\$125,000 to 149,999	5.1%	6.0%	7.7%
\$150,000 to 199,999	5.1%	5.4%	5.4%
\$200,000 or More	4.0%	3.6%	1.8%

Source: U.S. Census Bureau American Community Survey 2017-2021 Five-year Estimates

Exhibit 78: Access to Healthy Food, by Race and Ethnicity

	Distance from Access to Healthy Food	United States	Colorado	Adams County
American Indian and Alaska Native	1/2 Mile	73.5%	70.4%	64.6%
	1 Mile	49.3%	33.2%	17.1%
	10 Miles	10.2%	4.7%	0.1%
	20 Miles	4.2%	0.6%	0.0%
Asian	1/2 Mile	53.3%	68.0%	67.2%
	1 Mile	20.7%	24.8%	19.7%
	10 Miles	0.1%	0.4%	0.1%
	20 Miles	0.0%	0.0%	0.0%
Black or African American	1/2 Mile	63.0%	66.0%	67.6%
	1 Mile	29.5%	26.1%	25.3%
	10 Miles	0.9%	0.3%	0.1%
	20 Miles	0.0%	0.0%	0.0%
Native Hawaiian and Other Pacific Islander	1/2 Mile	60.2	70.1	67.3%
	1 Mile	28.1%	30.7%	22.8%
	10 Miles	0.8%	1.3%	1.9%
	20 Miles	0.1%	0.3%	0.0%
Other / Multiple Race	1/2 Mile	54.5%	65.9%	63.0%
	1 Mile	23.6%	26.2%	18.1%
	10 Miles	0.8%	1.2%	0.1%
	20 Miles	0.1%	0.4%	0.0%
White	1/2 Mile	73.8%	73.3%	69.7%
	1 Mile	44.8%	36.3%	24.3%
	10 Miles	1.9%	2.5%	0.3%
	20 Miles	0.2%	0.5%	0.0%

Source: USDA ERS Food Access Research Atlas, 2019.

Appendix C: Stakeholder Interview Guide



CSBG Community Needs Assessment Stakeholder Interview Guide

Introduction and Objective

The 2023 Community Services Block Grant (CSBG) Community Needs Assessment for Adams County is being conducted in partnership with the Crescendo Consulting Group. We are inviting a wide range of community partners to share their ideas and recommendations about the community's strengths, challenges, and needs. We appreciate your insights and opinions on the subject. Some of the goals of the process are to:

- Identify and understand area needs in the context of the multiple populations Adams County serves with CSBG funding
- Determine the services and service levels required to meet those needs
- Identify barriers and gaps that prevent area residents from accessing services
- Identify root causes and systemic barriers that prevent equitable access to services
- Find ways to build upon community engagement to maximize the effectiveness of federal, state, and local resources

The discussion will include questions from a few broad categories and will take less than 30 minutes. Please consider our conversation to be confidential. Do you have any questions before we begin?

Interview Questions

1. To start with, please tell me a little about ways that you (and/or your organization) interact with the community and what some of the strengths you see in your local community or area.

Moderator note: Note their local community for geographic comparisons and service gap identification

2. In your opinion, what are the three greatest challenges your community will face in the next three years?

Note to the moderator: Check and Record; PROBE IF NECESSARY:

- Help getting/keeping benefits
- Housing and Utilities
- Child-related issues, Early Childhood, Head start Preschool, Childcare
- Legal
- Dental or medical care
- Disability-related issues
- Transportation
- Employment-related
- Help with basic finance
- Food assistance
- Domestic violence
- Mental Health
- Substance Use Disorders
- Generational or community trauma
- Healing from trauma
- Community safety
- Other (specify):

The next set of questions are going to explore the most pressing issues in our area. As we talk about these issues, please think about the following:

- What are the root causes of these issues in your community? Are they systemic?
- Are some of these challenges impacting more people of color, LGBTQIA+, undocumented immigrants, and other more vulnerable populations?
- What activities could best address the big issues in this category?
- Who are the community partners or agencies in the best position to help address this need?

Safe, Affordable Housing and Utilities

3. What are the main difficulties with accessing and maintaining affordable, adequate, and safe housing in your community? *(Probe as needed: root causes of housing challenges, systemic issues and barriers, people at risk of becoming homeless or those currently experiencing homelessness)*
4. For people experiencing homelessness or housing instability, what are available shelter and services in your community? What services are needed in your community to better meet people's needs?
5. To what degree do community members struggle with utility bills and/or home maintenance needs like weatherization? What programs are available to help people? How can programs be designed to be equitable?

Head Start, Early Childhood Education, and Childcare

6. What are some of the challenges or barriers to finding affordable childcare in the area? Why do you think these [identified barriers] are barriers or challenges for families?
7. What is your general perception of the ability of the area to meet Early Childhood services and education for those prenatal to age 5 in the area? *Probe: multilingual and/or low-income families, children with developmental or physical disabilities*
8. What is your general perception of the ability of the area to meet school-age childcare needs – including before and after school care, and others? Are services and resources available to families of color, low-income and/or multilingual families? Are there any families treated differently? *Probe: low-income and/or multilingual families, children with developmental or physical disabilities*

Jobs and Job Training

9. How easy is it to find and maintain a livable wage job in the area? Have wages been keeping up with the rise in cost of living? What are some of the barriers someone might have when obtaining and retaining a job? *Probe: immigration status, multilingual families, adults with developmental or physical disabilities, People of color, indigenous communities, LGBTQIA+*
10. Are there job training opportunities in the community? Are they affordable? Do they lead to livable wage jobs? *Probe: People of color, indigenous communities, LGBTQIA+, undocumented*

Transportation

11. To what degree do you (or people you know) have access to reliable transportation to work, the grocery store, doctors, school, etc.?
12. What are the challenges? What is working well? What are opportunities for improvement? How can barriers be removed to provide better access? *Probe: Local public transit options*

Dental and Health Care Services

13. Please tell me about dental and health care treatment services in your area? What are the challenges? What are the barriers and root causes of access challenges in your community? Are there populations in your community that do not have access or have limited access to services? Why? What is working well? What are opportunities for improvement?

Mental Health and Substance Use Disorders Treatment

14. Please tell me about mental health services in your area? What are the challenges and barriers to care? What is working well? What are opportunities for improvement? Are there culturally competent providers in the community? What are some root causes of stigma in your community?
15. Please tell me about substance use disorder treatment services in your area. What are the challenges and barriers to treatment? What is working well? What are opportunities for improvement? Are there culturally competent providers in the community? What are some root causes of stigma in your community?

Food and Basic Needs

16. To what degree are community members / families struggling with access to nutritious food, prescription medication, health care, sexual health and hygiene products, or other services? *PROBE: What are some resources or services that work really well and not so well? What are opportunities for improvement? How do we make services and resources accessible for a variety of cultures?*

Access, Awareness, and Communication

17. What would improve the availability and access to services in the County? *PROBE: Activities and Organizations, awareness, cultural sensitivity and competency, language access*
18. What are other community-level activities that can be done to make an impact on poverty, emergency services, food, employment, and housing needs in the area?
 - Are there needs that could be addressed quickly (“low hanging fruit”)?

Service Providers/Organization Leaders (only for community service providers)

19. As an organization what has been some of your challenges offering services since the beginning of the pandemic? (*Probe: funding, staffing, resources, capacity, policy or regulatory limitations, etc.*)
20. What have been some of the “wins” your organization has had since the beginning of the pandemic?
21. Is there anything Adams County could do to help ease some of your organizational challenges?
22. What services or resources do the clients you serve need that you cannot provide at your organization? Do you not provide it because of lack of resources, capacity, or funding? Are there other barriers that prevent you from helping your clients?

Magic Wand Question:

23. If you had a magic wand and could personally solve one issue in your community, what would it be?
24. Is there anything else we have not talked about today that you think is important for us to know?

Thank you very much again for your time and thoughtful responses to our questions.

Appendix D: Focus Group Discussion Moderator's Guide



Adams County 2023 CSBG Community Needs Assessment Focus Group Moderator's Guide

Introduction

Thank you for taking the time to join us for this important discussion. My name is { NAME }. Before we dive in, let's get introductions out of the way. Please tell us your name and role in the community.

As mentioned in your invitation, we are working with Adams County to understand the needs of people living in Adams County.

The purpose of this meeting is to learn more about your insights regarding community and ways Adams County and its partners can better meet community needs.

We will be taking notes throughout the discussion in order to document major themes and needs. I will be describing our discussion in a written report; however, your name will not be used. Please consider what you hear here to be confidential.

Your honest opinions are the key to this process. There are no right or wrong answers to questions I'm going to ask. I'd like to hear from each of you and learn more about your opinions, both positive and negative.

I will be asking questions throughout our discussion however please feel free to speak up at any time. In fact, I'd encourage you to respond directly to the comments other people make. If you don't understand a question, please let me know and I will give clarification. We are here to ask questions, listen, and make sure everyone has a chance to share and feels comfortable. Please be respectful of everyone's opinion.

Do you have any questions for me before we start?

1. When you think of the good things about living in this community, what are some of the first things that come to mind? *[PROBE: outdoor activities, lifestyle, other]*

Access, Availability, and Delivery of Services

2. Generally, what are some of the challenges to living here?
3. What are the three greatest challenges the community will face in the next three years?
4. To what degree do people struggle in the following areas (make sure each is discussed):

Employment

Food security

Getting education or job training

Healthcare

Other issues that impact poverty, emergency services & food?

Housing, Unemployment, and Transportation

5. Is it difficult to find affordable housing in your community? Do more people buy or rent in Adams County?
6. To what degree do you or other community members struggle with:
 - Utility bills
 - Home maintenance needs *[PROBE: To what degree are most people willing and able to make needed some repairs or weatherization? Does home maintenance affect any populations (e.g. seniors) more than others?]*
7. Are there adequate resources for individuals and families experiencing housing instability / homelessness? *[PROBE: differences in resources available to individuals, families with/without minor children, veterans, etc.]*
8. How is the job market in the area? Is it easy to find a full-time job with good pay, benefits, and retirement?
9. Can families live on the wage? Are wages adequate to keep the young people in the area? Why or why not?
10. Do you (or your constituents) have reliable transportation to work, the grocery store, doctors, school, etc.? *[PROBE: Do you (or your constituents) commute outside your hometown/county for work? How long is your commute? Do you know people who struggle to get places (e.g., seniors)?]*

Head Start and Early Childhood Education

11. What is your general perception of the ability of the area to meet Early Childhood services and education needs in the area? That is, services for those prenatal to age 5.
12. Are there parts of the county where needs are greater? [*PROBE: This could mean geographic area / towns, lower income neighborhoods, ethnic or racially defined communities, or others*]
13. With regards to early childhood services and education, what are the most challenging issues around meeting the needs of "higher-need" groups?

Health, Health Care, and Behavioral Health

14. How is access to health care in the area (e.g., availability of doctors, access to care, primary care, specialized medical care, access to high quality care)? What are some resources or services that work really well?
15. What are mental health and substance use disorder care services like for children and families in the area? What are the main challenges?
16. To what degree are community members / families struggling with access to nutritious food?

Enhancing Communications and Information

17. How do consumers generally learn about access to and availability of services in the county (e.g., online directory; social media; word of mouth; commercials/news outlets)?
18. To what degree do you think that the community at large is aware of the breadth of available services in the area? What are the challenges to greater awareness and understanding of the availability of services and ways to access them? What might help overcome the challenges?
19. To what degree do you think that the community at large is aware of the programs and services offered by Adams County?
20. What are the challenges to greater awareness and understanding of the services Adams County offers and ways to access them? How can Adams County be more effective in letting people know about these services?

Magic Wand Question (time-permitting)

21. If there was one issue that you could personally change with the wave of a magic wand, what would it be?

Appendix E: Community Survey



Hello! Thank you for your interest in our survey. This survey is a joint effort by Adams County Department of Human Services and Adams County Health Department. The purpose is to learn more about the needs of communities in Adams County along with the strengths, resources, and - most importantly – ways to address identified needs. Information you provide in this survey will be grouped with other responses only: your information and responses will be kept confidential. This survey is optional and will take about 15 minutes to finish. We value your honest opinions.

If you would like to be entered to win one of six (6) \$50 gift cards, please enter your contact information at the end of the survey. Please complete the survey before Thursday, August 31st, by 5:00 p.m.

Survey results will inform the work of Adams County Human Services' Community-Services Block Grants and Adams County Health Department's Community Health Improvement Plan. If you have any questions, please contact CommunityPlan@adcogov.org.

Thank you!

.....

*starred questions are required

1. To which age group do you belong?*
1. <18, 18-24, 25-34, 35-44, 45-54, 55-64, 65 or older
Skip logic here: if <18, direct to page that says: "Thank you for your interest in taking this survey! Unfortunately, we need parental consent from you before you can continue. Please email CommunityPlan@adcogov.org to go through the parental consent process."
2. In which county do you reside?*
- a. Adams
- b. Arapahoe
- c. Denver
- d. Jefferson
- e. Other: _____

3. In which municipality do you reside?*
- a. Arvada
 - b. Aurora
 - c. Bennett
 - d. Brighton
 - e. Commerce City
 - f. Federal Heights
 - g. Lochbuie
 - h. Northglenn
 - i. Thornton
 - j. Westminster
 - k. Unincorporated Adams County
 - l. I am unsure
 - m. Other: _____

4. In which zip code do you reside?

5. What is your annual household income?*
- a. Under \$15,000
 - b. Between \$15,000 and \$29,999
 - c. Between \$30,000 and \$49,999
 - d. Between \$50,000 and \$74,999
 - e. Between \$75,000 and \$99,999
 - f. Between \$100,000 and \$150,000
 - g. Over \$150,000
 - h. I prefer not to say

6. Thinking about yourself, what do you need to be your most happy, healthy, thriving self? By “thriving,” we mean doing well in all of the ways one could do well (or example: financially, emotionally, on your life path, etc.)*

- 1.
- 2.
- 3.

7. Now, think about your community: your friends and neighbors – people who live in your neighborhood, your city. What are the most important characteristics of a happy, healthy, thriving community?*

- 1.
- 2.
- 3.

8. In Adams County, what do you believe to be the top conditions that prevent communities from thriving? (Please choose your top 5)*
- a. Lack of affordable, accessible, high-quality childcare
 - b. Lack of jobs paying a livable wage (in other words, not earning enough to live on even though you're working)
 - c. High cost of housing
 - d. Limited availability of housing
 - e. Transportation barriers
 - f. Difficulty accessing mental health care or substance use treatment services (due to cost, ability to get an appointment quickly, transportation, etc.)
 - g. Difficulty accessing health care services (due to cost, ability to get an appointment quickly, transportation, etc.)
 - h. Housing insecurity or homelessness
 - i. Under-resourced schools
 - j. Access to affordable, healthy food
 - k. Lack of financial or budgeting education or knowledge
 - l. Crime or safety concerns
 - m. Inflation. Costs are increasing faster than wages.
 - n. People are disconnected from each other. Socially isolated.
 - o. Language barriers keep people apart.
 - p. Other (please describe): _____

9. In Adams County, what do you believe to be the top five factors that make it more difficult for people to meet their basic needs and/or to provide for themselves and their families? (Please choose your top 5)*
- a. Lack of jobs paying a livable wage (in other words, not earning enough to live on even though you're working)
 - b. Lack of affordable and safe housing
 - c. Lack of affordable, accessible food
 - d. Lack of resources for families
 - e. Untreated mental health conditions/substance use disorders
 - f. Generational poverty (i.e., families remain in poverty generation after generation)
 - g. Systemic racism or prejudice (i.e., systems do not work the same for everyone but rather benefit or harm certain groups)
 - h. Government policies and regulations need to modernize and improve over time
 - i. Program eligibility standards exclude certain groups or create the cliff effect, which means that small increases in income can make individuals or families no longer qualify for some assistance programs
 - j. Transportation barriers
 - k. Difficulty accessing affordable health care services
 - l. Difficulty or inability to communicate with health care staff because of language barriers
 - m. Lack of affordable, accessible, high-quality childcare
 - n. Lack of opportunity to pursue trade school, technical, or higher education (due to cost, family expectations, limited options for programs, etc.)
 - o. Disability (e.g., physical, intellectual, developmental, emotional)
 - p. People are so overwhelmed trying to take care of their basic needs, they are unable to take advantage of other opportunities or focus on health and wellness
 - q. Other (please specify): _____

10. What makes your community great? What are you proud of in your community?
11. What are the three most important health problems in your community?*
- 1.
 - 2.
 - 3.
12. How satisfied are you with the services and assistance provided by Adams County?
(Circle one)*
- 5-point Scale: Extremely Satisfied (5), Satisfied (4) Neither Satisfied nor
Dissatisfied (3), Dissatisfied (2), (Extremely Dissatisfied (1)
I don't know
13. Are there missing or inadequate services in your community? Please describe.
14. Please rank these topics by urgency to improve community health and wellbeing.
- a. Access to medical and mental health care services
 - b. Economic or financial stability
 - c. Education (e.g., access to education and educational resources from infancy through adulthood)
 - d. Environment (e.g., clean air and water, climate change)
 - e. Food security (e.g., ability to buy affordable, accessible food)
 - f. Affordable, safe housing
 - g. Mental health
 - h. Safety
 - i. Sexual and reproductive health
 - j. Social connection (e.g., having a support network, communities supporting each other)
 - k. Substance use and behavioral health
15. Is there anything missing from the list? If so, how would you rank this topic on a scale of 1 (most urgent to improve community health and wellbeing) to 12 (least urgent)?

16. Around which topics is there community will or are there community efforts to improve things for people? (Please select all that apply)
- a. Access to medical and mental health care services
 - b. Economic or financial stability
 - c. Education (e.g., access to education and educational resources from infancy through adulthood)
 - d. Environment (e.g., clean air and water, climate change)
 - e. Food security (e.g., ability to buy affordable, accessible food)
 - f. Affordable, safe housing
 - g. Mental health
 - h. Safety
 - i. Sexual and reproductive health
 - j. Social connection (e.g., having a support network, communities supporting each other)
 - k. Substance use and behavioral health
17. How can Adams County better support community health and wellbeing?
18. We work with healthcare to support community health. How can Intermountain Health (Good Samaritan Medical Center of Platte Valley Medical Center) better support community health and wellbeing?
19. How often do you get the social and emotional support that you need?
- a. 1 Always
 - b. 2 Usually
 - c. 3 Sometimes
 - d. 4 Rarely
 - e. 5 Never
 - f. 7 Don't know/not sure

Please tell us a little more about you!

20. With which gender do you most identify?
- a. Woman
 - b. Man
 - c. Transgender Woman
 - d. Transgender Man
 - e. Non-conforming/non-binary person
 - f. Other: _____
21. With which racial/ethnic groups do you identify? (Please select all that apply)
- a. Asian
 - b. Black/African American
 - c. Hispanic/Latine
 - d. Native American or Alaskan Native
 - e. White
 - f. Other: _____
22. Which languages do you speak at home?
- a. English
 - b. Spanish
 - c. Other: _____
23. Do you identify with any of the following populations?
- a. A person from a geographically isolated community
 - b. LGBTQIA+
 - c. A person experiencing homelessness
 - d. A person experiencing mental or behavioral health challenges
 - e. A person without citizenship documents
 - f. A person with a disability
 - g. A refugee or an immigrant
24. If you would like to be entered into the drawing for one of the \$50 gift cards, please click [here](#). You will be directed to a new website. Thank you!

Thank you for your time and honesty! We really value your feedback. For more information about the Adams County Community Health Improvement Planning process, please visit: <https://adamscountyhealthdepartment.org/our-communitys-health-status-and-priorities>. For more information on the Community Services Block Grant, please visit: <https://adcogov.org/community-services-block-grant-csbq>.