



# 2019 Mendocino County Community Health Needs Assessment

## A Summary of Key Findings

*A collaborative project to identify priorities and establish initiatives with specific goals and strategies for a healthier Mendocino County*

**October 2019**



# ACKNOWLEDGEMENTS

## Thank you!

On behalf of the 2018-2019 Community Health Needs Assessment Planning Group, thanks to the 1,324 people who completed the community health survey and shared their views about health care, safety, public services, and more in Mendocino County. Thank you, as well, to the 90 representatives of community-based organizations, nonprofits, city government, county government, the tribal community, education, health care, law enforcement, private business, agriculture, and health and human services who completed a key informant interview/survey.

### **Community Health Needs Assessment (CHNA) Planning Group Members**

Julie Beardsley, MPH, Mendocino County Health & Human Services Agency, Public Health Branch

Julie Fetherston, Healthy Mendocino, North Coast Opportunities, Inc.

Tiffany Gibson, Adventist Health Ukiah Valley

Roseanne Ibarra, FIRST 5 Mendocino

Victoria Kelly, Redwood Community Services

Menaka Olson, North Coast Opportunities, Inc.

Miranda Ramos, Alliance for Rural Community Health

Lucresha Renteria, Mendocino Coast Clinics

Tim Schraeder, Redwood Quality Management Company

Donna Schuler, Mendocino County Health & Human Services Agency, Public Health Branch

Anna Shaw, Mendocino Community Health Clinics, Inc.

Cici Winiger, Adventist Health Howard Memorial

Angela Wortell, Mendocino County Health & Human Services Agency, Public Health Branch

### **CHNA Program Manager**

Patrice Mascolo, Healthy Mendocino

### **Consultant**

Sue Haun, MA, Strategies By Design

### **Community Health Survey Distribution – Round Valley Indian Tribes**

Julia Russ, Round Valley Indian Health Center

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# ACRONYMS

CHIP	Community Health Improvement Plan
CHNA	Community Health Needs Assessment
CHSA	Community Health Status Assessment
CHS	Community Health Survey
CTSA	Community Themes and Strengths Assessment
EPHS	Essential Public Health Services
ES	Essential Services
HHSA	Health & Human Services Agency
KIIS	Key Informant Interviews/Surveys
LPHS	Local Public Health System
MAPP	Mobilizing for Action through Planning and Partnerships
NACCHO	National Association of County and City Health Officials
PG	Planning Group
PH	Public Health
RQMC	Redwood Quality Management Company

# HOW HEALTHY ARE OUR RESIDENTS?

## Introduction and Background

This report presents the findings from a collaborative process carried out to assess the health and well-being of the people of Mendocino County. It begins with a summary of the needs assessment process and presents key findings from each of four data collection methods, which are provided as Appendices to this document.

This Community Health Needs Assessment is a follow-up to the assessment conducted in 2015-2016. This assessment process began in 2018, when 13 Mendocino County agencies initiated the second collaborative community health needs assessment process. Adventist Health Howard Memorial, Adventist Health Ukiah Valley, Alliance for Rural Community Health & Community Health Resource Network, Community Foundation of Mendocino County, FIRST 5 Mendocino, Healthy Mendocino, Mendocino Community Health Clinics, Mendocino County Health & Human Services Agency, Public Health Branch, North Coast Opportunities, Partnership HealthPlan of California, Redwood Community Services, Inc., Redwood Quality Management Company, and United Way of the Wine Country all provided funding and representatives to the Planning Group. Healthy Mendocino coordinated the project.

The purpose of the community health needs assessment process is to identify the most pressing health priorities facing Mendocino County residents and commit to a coordinated set of strategies to improve the health and well-being of our residents. While many agencies and organizations in Mendocino County collect and act on health information, this process was distinct because it was community-driven, with several local agencies collaborating on a single community health needs assessment. The purpose of collaborating is to achieve a greater combined impact on local health than the partners could achieve separately. In addition to being more efficient, this collaboration makes it possible to involve a wide array of community members and local public health system partners (e.g., hospitals and clinics) in efforts that are designed to be sustainable. The goal is to build on collective wisdom and use resources from throughout the community to improve health and well-being in our county.

## Community Health Needs Assessment

The Community Health Needs Assessment (CHNA) for Mendocino County is a compilation of quantitative and qualitative data from multiple sources, woven together to provide a comprehensive picture of the health of county residents. Many community members, key formal and informal leaders, and community partners shared their wisdom, knowledge, experiences, and perceptions about the health of residents and the capacity of the health care system to provide essential public health services. The health care system is defined broadly in this context to include all of the organizations and entities that contribute to the public's health in a community, including the county public health department as well as public, private and volunteer organizations; all contributed to this assessment.

The CHNA findings presented here will be used to inform the prioritization of health issues and the development of a Community Health Improvement Plan (CHIP). A CHIP is an action-oriented plan for addressing the most significant issues identified by community partners.

The goal of the CHNA and CHIP is to align and leverage resources, initiatives and programs to improve local health. The ultimate goal is to ensure coordinated, measurable health improvement throughout the county, with all agencies and organizations working together toward collective impact.

## **Meeting External Requirements**

In addition to the goal of aligning and leveraging resources, initiatives and programs to improve health, the CHNA and CHIP help to fulfill requirements of the participating organizations. First, they are required prerequisites for Public Health Accreditation, which the Mendocino County Health & Human Services Agency, Public Health Branch is now undertaking. National accreditation standards define expectations whereby public health departments across the United States can continuously improve the quality of their services and promote accountability and credibility to the public, funders, elected officials, and other community partners.

The CHNA and CHIP are also required prerequisites for our local hospitals. The Affordable Care Act (ACA), through the new Internal Revenue Code §501(r), creates additional conditions for charitable 501(c)(3) hospitals to qualify for federal income tax exemption and related benefits.<sup>1</sup> To maintain such status, hospitals must conduct community health needs assessments and adopt implementation strategies to meet those needs at least once every three years. Other tax-exempt conditions for nonprofit hospitals include providing benefits, such as charity care, to their communities.

Our local community health clinics are also required to assess and document the needs of their target populations as a condition of receiving Federal grant funding through Section 330 of the Public Health Service Act (42 U.S.C. ss 254b). This information is then used to inform and improve the delivery of services.

Finally, the CHNA is also required of our local community action agency (administered by North Coast Opportunities) in order to assess and document the needs of our county's low-income populations. This information is used to establish priorities and inform a bi-annual Community Action Plan, in compliance with the Community Services Block Grant Act (Public Law 105-285).

## **Comparison of the 2016 and 2019 CHNA on Select Indicators**

At the conclusion of the 2016 CHNA process, a countywide forum with over 100 community members from across Mendocino County was held in 2016 to choose a set of priorities. As a result of the forum, a CHIP was formed with five priority areas:

1. Childhood Obesity and Family Wellness
2. Childhood Trauma
3. Housing
4. Mental Health
5. Poverty

This CHNA includes a comparison between the 2016 and 2019 CHNA data on select Public Health Indicators. This comparison may help determine possible impacts and effectiveness of the strategies utilized by teams formed to work on the five priority areas.



## Community Planning Framework

### Mobilizing for Action Through Planning and Partnerships (MAPP)

Mendocino County’s Community Health Needs Assessment Planning Group adopted the MAPP Model as its planning framework to guide the CHNA process. The National Association of County and City Health Officials (NACCHO) developed the MAPP tool to capture an in depth picture of community health status through quantitative and qualitative data collection methods. The MAPP framework includes four assessments.<sup>2</sup> Of these, two assessments were selected for the 2019 CHNA:

- The **Community Themes and Strengths Assessment** provides a deep understanding of the issues that local residents and community leaders feel are important to the health of their communities. Both the Community Health Survey (Appendix A) and Key Informant Interviews/Survey (Appendix B) were used in this assessment.
- The **Community Health Status Assessment** (Appendix C) uses data to illuminate the health status of Mendocino County and its residents, helping to answer questions including: *How healthy are Mendocino County residents?*

Table 1. Key Determinants of Health and Well-Being

KEY DETERMINANTS	SUCH AS . . .
<b>Social and Economic Opportunities and Resources</b>	<ul style="list-style-type: none"> <li>• Economic development</li> <li>• Job opportunities</li> <li>• Educational attainment</li> <li>• Reducing poverty</li> <li>• Child and youth development</li> <li>• Civic and community engagement</li> </ul>
<b>Living and Working Conditions in Homes and Communities</b>	<ul style="list-style-type: none"> <li>• Build environment</li> <li>• Natural environment</li> <li>• Healthy schools</li> <li>• Healthy worksites</li> <li>• Healthy homes and neighborhoods</li> <li>• Healthy systems: food, transportation, housing</li> </ul>
<b>Medical and Social Services / Personal Behavior</b>	<ul style="list-style-type: none"> <li>• Access to prevention-focused medical and social services</li> <li>• Health literacy</li> <li>• Healthy lifestyles</li> </ul>

### Healthy Equity/Social Determinants of Health Framework

The CHNA project looks at the community’s health through a wide lens. When people think of health, they may think of it only in relation to disease or illness; but health is part of every aspect of our daily lives. The World Health Organization defines health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.”<sup>3</sup> This definition indicates that improving health necessitates moving beyond addressing just illness to consider a range of factors that influence health.

Social determinants of health are “the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies and political systems.”<sup>4</sup> These economic, social, cultural and environmental factors affect a wide range of health risk and outcomes and impact the health status of individuals and groups. In Mendocino County, as in most

communities, some of the most serious health concerns relate to the wide differences in health status among different population groups and geographic areas—health disparities. These disparities generally stem from root causes and inequities such as the toxic effects of poverty, lack of safety, and inadequate housing that can also lead to poor school performance and other concerns. Such root causes cannot be addressed by individuals or even by individual systems or organizations. Health inequities can only be addressed by moving “upstream” from a focus on individual responsibility to a focus on our collective responsibility to create the conditions that enable all residents to make healthy choices and have better health outcomes.<sup>5</sup>

## COMMUNITY HEALTH NEEDS ASSESSMENT

### Overview of the Community Health Needs Assessment Process

#### **MAPP Phases 1-2: Organize For Success and Partnerships**

The assessment process began in September 2018 with the formation of the CHNA Planning Group. The Planning Group included representatives from the sponsoring agencies who guided the assessment planning efforts and helped to conduct the assessments. The participation of CHNA Planning Group members resulted in broad representation of key community leaders, advocates and allies who collectively helped shape and inform the process. Planning Group members’ knowledge of their organizations’ priorities and the communities and population groups they serve greatly enriched the CHNA process.

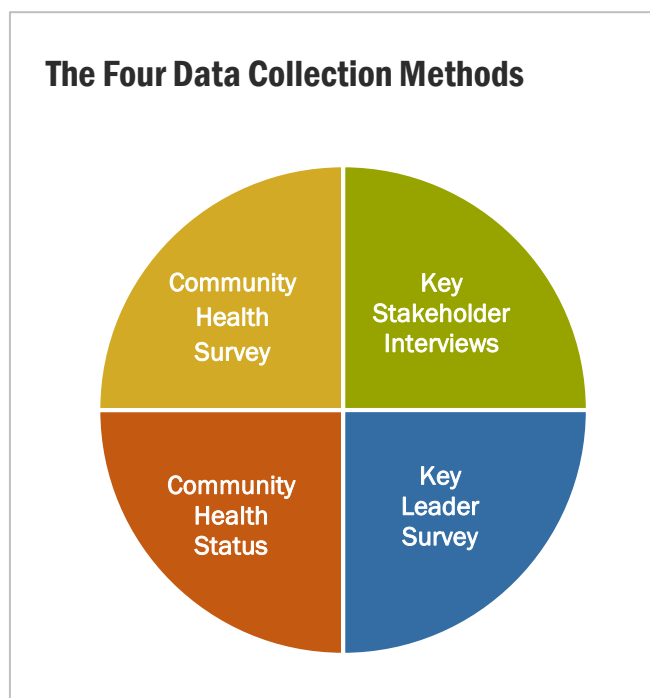
The CHNA was designed to identify the extent and types of existing and potential problems in the community, and the extent of unmet needs, underutilized resources, and shortcomings of the service delivery system. For the purposes of the CHNA, community was defined as Mendocino County, as a whole.

The needs assessment is not an end in itself, but the initial step in the development of a comprehensive community health improvement plan.

#### **MAPP Phase 3: Assessments**

The Planning Group met at least monthly from September 2018 to September 2019 to provide guidance and feedback on the proposed methodologies for each of the two MAPP assessments utilized during this process and to evaluate the findings. The two MAPP assessments (using four forms of data collection) were completed in September 2019. The data collection methods are described below.

- The **Community Health Survey** (Appendix A) provides residents' opinions about health status, access to services, and any barriers to obtaining health care.
- The **Key Stakeholder Interviews/Key Leader Survey** (Appendix B) identifies views on health and well-being in Mendocino County among key stakeholders in the community, both formal and informal leaders. Two data collection methods were used in this assessment (i.e., an interview and a survey).
- The **Community Health Status Assessment** (Appendix C) uses secondary data from a variety of sources such as vital statistics data, accident and injury rates, infectious and chronic disease rates, and others, to illuminate the health status of Mendocino County and its residents, helping to answer questions including, *What is the health of Mendocino County residents?*



The key findings from the MAPP assessments are summarized in the next section and provided in greater detail in the three data reports in the Appendices (Appendix A. Community Health Survey, Appendix B. Key Stakeholder Interviews/Survey, and Appendix C. Community Health Status Assessment). As noted, these findings will be used to prioritize the most salient community health issues to be addressed in the Community Health Improvement Plan (CHIP) which will begin in November 2019. The CHIP will be reported in a separate document.

A review of the findings will occur among each of the partner organizations and the Healthy Mendocino Advisory Council beginning November 2019, with comments from the general public being accepted via the Healthy Mendocino website ([www.healthymendocino.org](http://www.healthymendocino.org)).

### Limitations of the Data

This needs assessment uses a combination of primary data – data collected through the perspective of key informants' and community members in Mendocino County – as well as secondary data – which requires collecting information from many sources. Data availability varies among different sources, can sometimes be in a format not conducive for inclusion in this report, and new data are continually being released. Finally, no one data set in this report tells the whole story about Mendocino County's unmet or under-met needs. All of the data collected by this process collectively paint the picture. For these reasons, it is suggested that readers consider the entirety of the findings when drawing conclusions or making policy changes and funding decisions.

## MAPP Community Themes and Strengths Assessment

The Community Themes and Strengths Assessment (CTSA) provides a snapshot of Mendocino County by gathering information on community members' thoughts, concerns and opinions on the following questions:<sup>6</sup>

1. How is quality of life perceived in our community?
2. What factors are most important for our community's health?
3. What assets do we have that can be used to improve community health?

The CTSA was conducted via three methods. The first method was through a **Community Health Survey** that was provided to Mendocino County residents online as well as in hardcopy format. A total of 1,324 residents completed the Community Health Survey; 1,276 were completed in English and 48 in Spanish; 94 were completed by Native Americans, mostly from the Round Valley area.

The second method was via **Key Informant Interviews** of 34 key stakeholders in the community, including representatives of county and city government, private businesses, health and human services, hospitals and clinics, community-based organizations and nonprofits, law enforcement, children and youth services, education, media, geography, and racial/ethnic groups, among others. Interviews were conducted in person or by phone. Some questions were also provided in hardcopy format for written response. While an effort was made to have diverse representation, the opinions provided by the key informants are not necessarily representative of the county as a whole. (A list of the key informants who participated is provided in Appendix B on p. 10).

The third method was via a **Key Leader Survey** of 56 formal and informal leaders in the community that was provided online. Together with the Key Informant Interviews, a total of 90 key informants/leaders in Mendocino County participated.

The three CTSA methods were modified by the CHNA Planning Group such that the **first five questions** of the Community Health Survey, the Key Informant Interviews and the Key Leader Survey were made the same for the 2019 CHNA. This was fine-tuning of the Community Themes and Strengths Assessment, building on the strengths and lessons learned during the 2015 CHNA. Ensuring that the first five questions were the same, closed-ended questions, allowed for a comparison between the three CTSA data collection methods, i.e., between the perception of the community at large and that of policy makers and other leaders in the county on select topics.

The following sections outline illustrative and interesting findings, drawing on responses to the **Community Health Survey** and **Key Informant Interviews/Survey**. These and other findings are discussed in greater detail in the reports in the Appendices. Note that the results reported for Hispanics/Latinos is drawn exclusively from the surveys that were completed in Spanish, rather than from all of the Hispanics/Latinos that completed a survey.

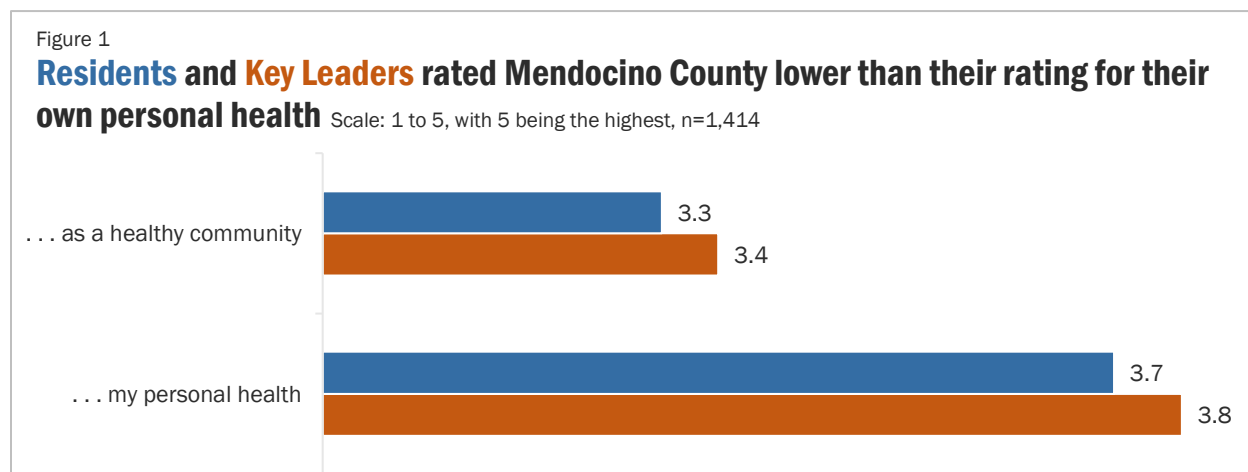
## Assessment Findings: A Synthesis of Data from the Community Health Survey and Key Informant Interviews/Survey

### Question 1: How is quality of life perceived in our community?

The data in this section depicts several facets of the quality of life in Mendocino County including perceptions of quality of life, health and wellness, basic needs, and safety.

#### Quality of Life

In the Community Health Survey, the majority of adult respondents rated Mendocino County as a “healthy” or “somewhat healthy” community in which to live, an average of 3.3 (on a scale of 1 to 5, with 5 being the highest) (Figure 1). The average score was higher for Hispanic/Latino respondents (4.0), but lower for Native American respondents (3.0).



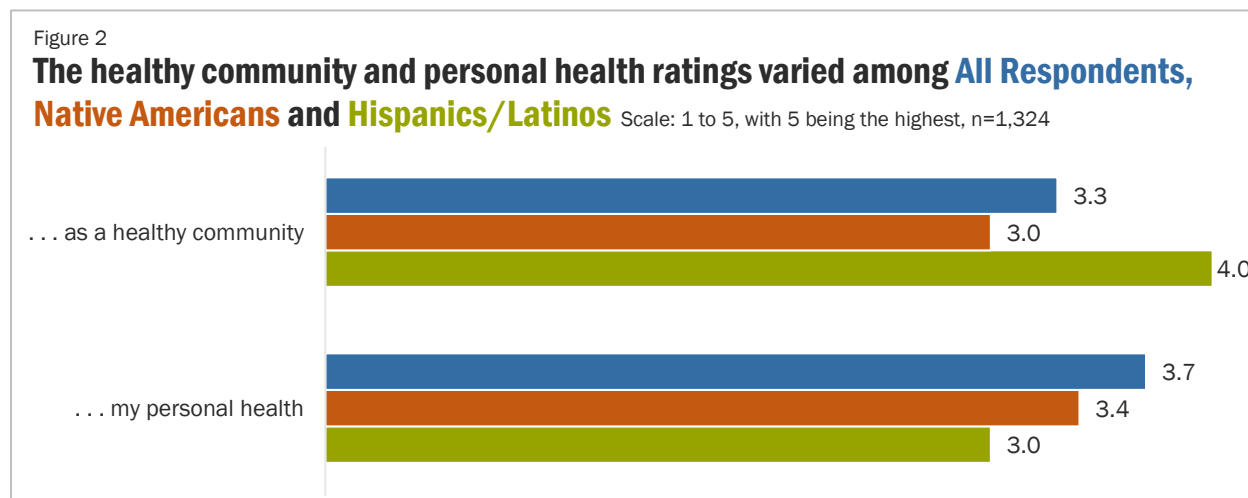
In the interviews/survey, key leaders rated Mendocino County similarly to residents, with an average of 3.4. The lowest ratings had to do with mental health issues, the normalization of the drug culture, the criminality associated with the drug culture, and the lack of equal access to services by the disadvantaged in the county. In contrast, personal health ratings averaged 3.7 for residents and 3.8 for key informants, with the majority selecting a “healthy” or “very healthy” rating. One informant noted:

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*“I get out in nature and use the local trails. I have access to healthy food. But, I have high stress at work from the mentally ill and substance abuse populations, and this affects my emotional health.”*

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In comparing the average ratings for all respondents to those of Native Americans and Hispanics/Latinos, specifically, there is a difference of opinion (Figure 2). Native Americans rate their personal health (3.4) higher than Mendocino County as a healthy community (3.0). Hispanic/Latino respondents rated their personal health (3.0) much lower than Mendocino County as a healthy community in which to live (4.0).



## Health and Wellness

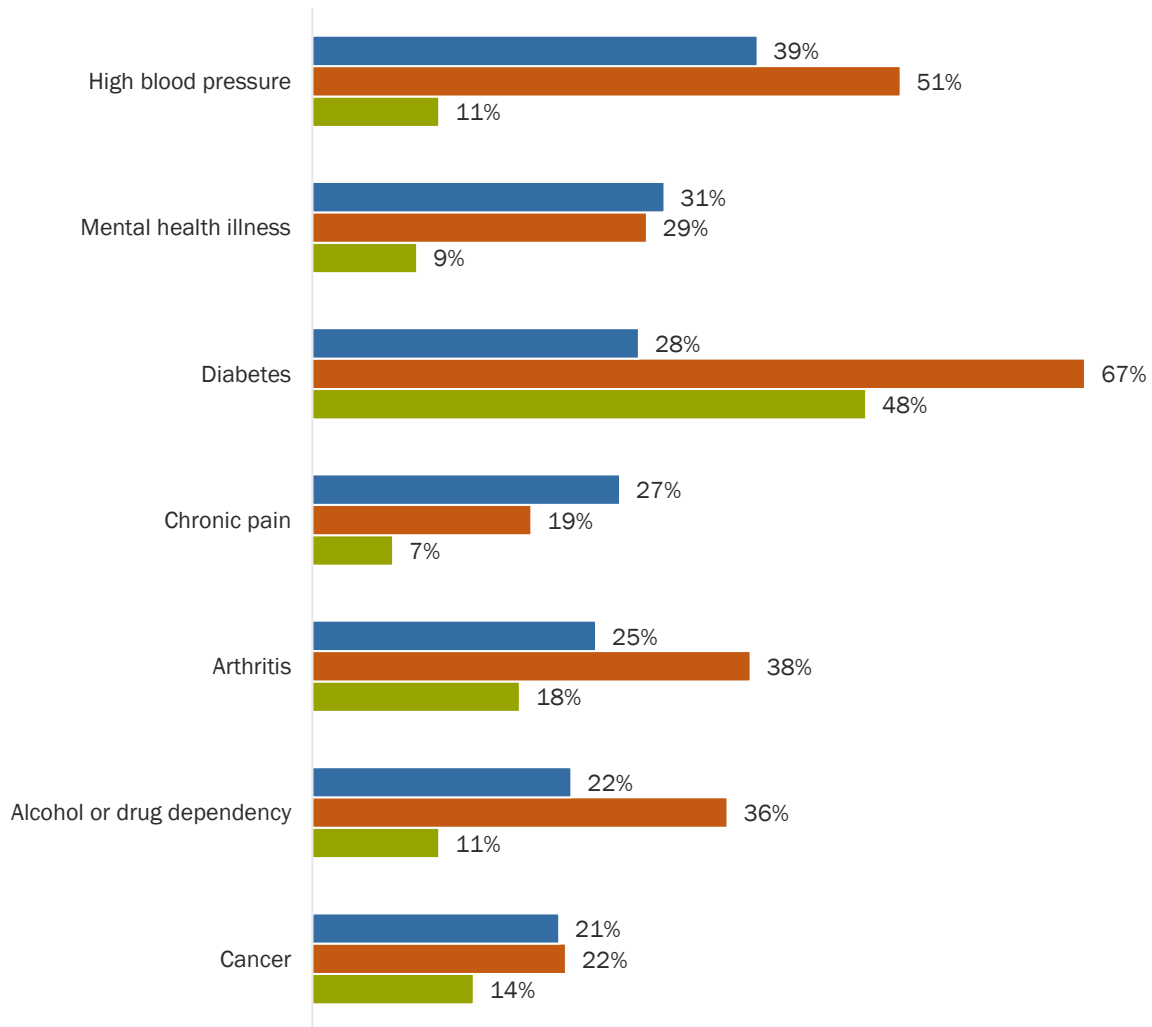
In the 2019 Community Health Survey, respondents were asked which chronic illnesses or conditions they or family members were living with. Of 1,215 respondents to this question, the top seven chronic conditions reported were high blood pressure (39%), mental health illness (depression, bi-polar, schizophrenia, etc., 31%), diabetes (28%), chronic pain (27%), arthritis (25%), alcohol or drug dependency (22%), and cancer (21%) (Figure 3).

For Native Americans, the top seven chronic conditions were almost identical but varied in frequency with the top condition reported as diabetes (67%), followed by high blood pressure (51%), arthritis (38%), alcohol or drug dependency (36%), mental health illness (29%), and cancer (22%).

Hispanics/Latinos reported the least chronic conditions; the top seven were: diabetes (48%), arthritis (18%), cancer (13%), high blood pressure (11%), alcohol or drug dependency (11%), and chronic pain (7%). Important to note is that almost all of the Hispanic/Latino respondents were under 54 years of age. Nonetheless, almost half of the Hispanic/Latino respondents reported living with diabetes.

Figure 3

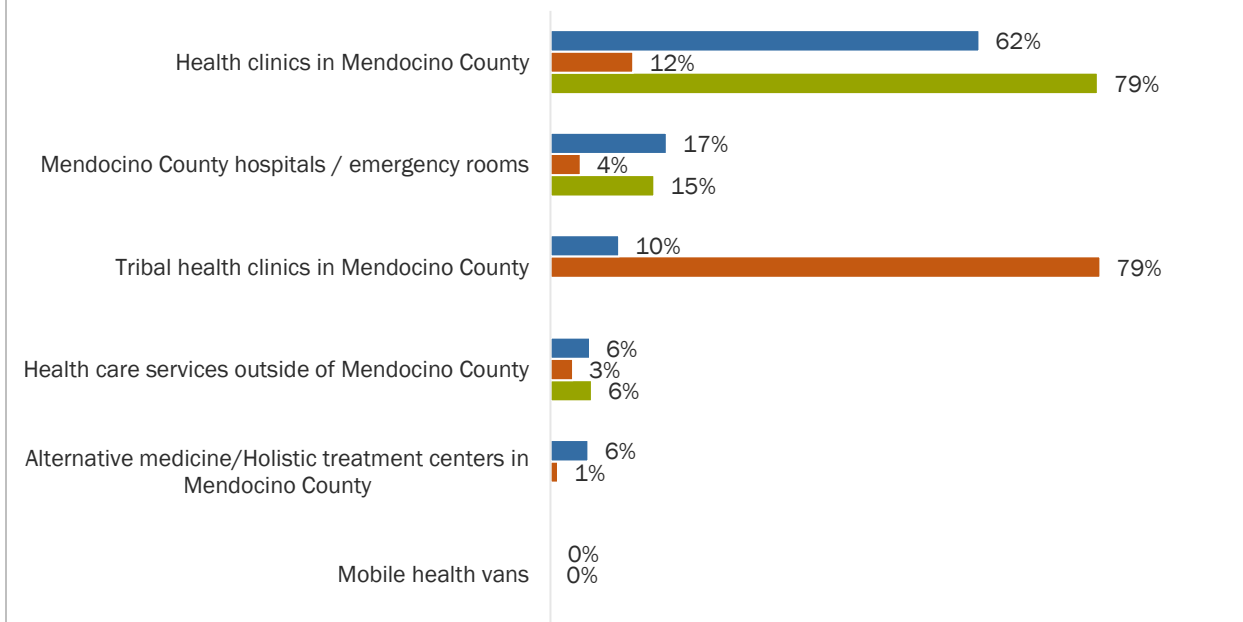
**All Respondents, Native Americans and Hispanics/Latinos reported living with chronic illness or chronic conditions** n=1,215



When it comes to getting needed health care services, residents were asked, “Where do you most often go to access health care services for yourself and your family?” Of 1,155 respondents to this question, 94% reported that they access health care within Mendocino County, with 6% most often going outside of the county for care. Of those that get care within the county, most (62%) utilize the health clinics; secondarily the county hospitals and emergency rooms (17%). For Native American respondents, the tribal health clinics are most often utilized (79%). For Hispanics/Latinos, the health clinics (non-tribal) in the county are also most often used (79%) (Figure 4).

Figure 4

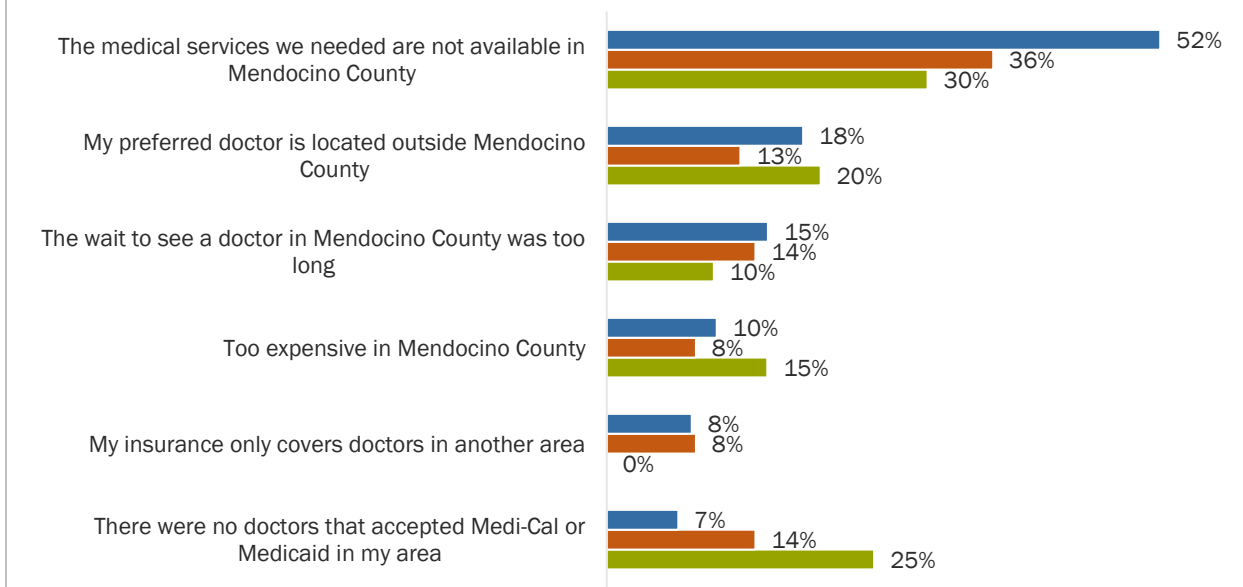
**All Respondents, Native Americans and Hispanics/Latinos reported where they most often go to access health care services for themselves and their family** n=1,155



In general, the biggest barriers associated with accessing health care services in Mendocino County were that needed medical services were not available locally (52%). This was true for Native American (36%) and Hispanic/Latino (30%) respondents, as well (Figure 5).

Figure 5

**Barriers to access to care varied between All Respondents, Native Americans and Hispanics/Latinos** n=963





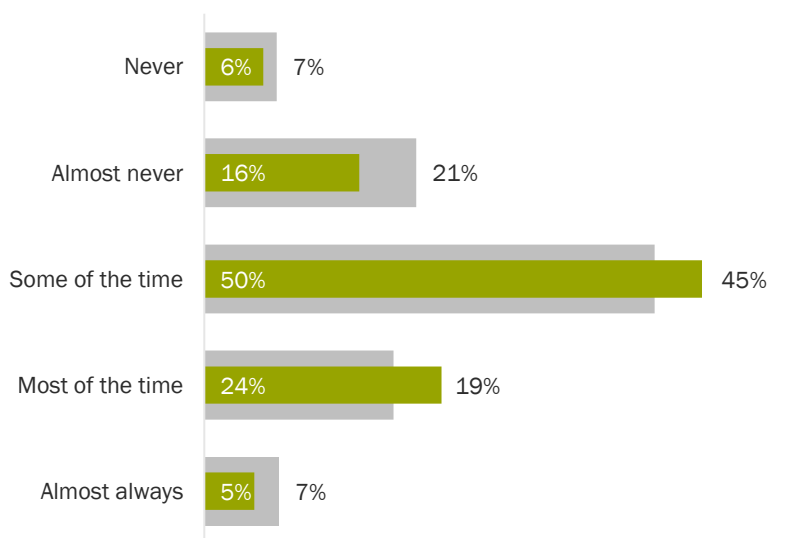
When asked about stress, 50% of respondents indicated that their daily activities are affected by stress some of the time and 24% most of the time, both of which indicate an increase in stress since the 2015 Community Health Survey (Figure 6).

Native American respondents indicated having daily activities affected by stress some of the time (42%) and most of the time (18%).

Hispanics/Latinos indicated that stress affects their daily lives never (30%) or almost never (41%).

Figure 6

**Residents reported an increase between 2015 and 2019 in daily activities negatively affected by stress some or most of the time** n=1,414



## Basic Needs

### Housing.

- ... The majority of respondents live in a single family home (72%) or apartment/condo/duplex (16%).
- ... Most rent their home 39%, with 51% of Native Americans and 68% of Hispanics/Latinos indicating they also rent. One-third (32%) of respondents own their home with a mortgage; 8% of Native Americans and 20% of Hispanics/Latinos.
- ... The majority of respondents stated that they were happy with their housing situation (64%); this was also true for Native American (60%) and Hispanic/Latino (61%) respondents.
- ... Causes for not being satisfied with their housing situation included it being too expensive, too small, and too run down or old.

### Employment.

- ... Most (45%) of respondents are employed more than 30 hours a week; 48% of Native Americans and 53% of Hispanics/Latinos.

## Safety

In the Community Health Survey, the majority of adult respondents rated Mendocino County as a “somewhat safe” or “safe” community in which to grow up or raise children, an average of 3.6 (on a scale

of 1 to 5, with 5 being the highest). Key leaders rated Mendocino County similarly with an average score of 3.7 (Figure 7).

The lowest ratings had to do with drug and alcohol use and the most rural, isolated areas in the county “where anything can happen without it necessarily being noticed” (key informant). Another informant said:

Figure 7

**The majority of Residents and Key Leaders rated Mendocino County a safe place to grow up or raise children** Scale: 1 to 5 with 5 being the highest, n=1,414




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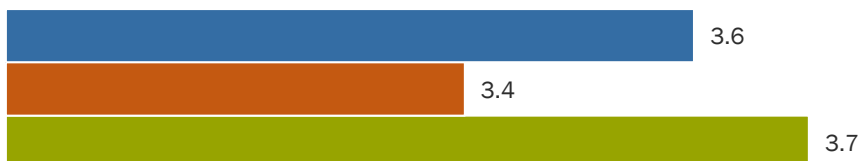
*“Drugs have made things risky for kids . . . the community is safe for preteens, but more dangerous for teens.”*

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In comparing the average ratings for all respondents to those of Native Americans and Hispanics/Latinos, specifically, Native Americans rated Mendocino County as a safe community in which to live lower (3.4) than the average among all respondents (3.6). Hispanic / Latino respondents rated Mendocino County the highest, with a rating of 3.7 (on a scale of 1 to 5, with 5 being the highest) (Figure 8).

Figure 8

**The ratings regarding Mendocino County as a safe community varied among All Respondents, Native Americans and Hispanics/Latinos** Scale: 1 to 5 with 5 being the highest, n=1,324

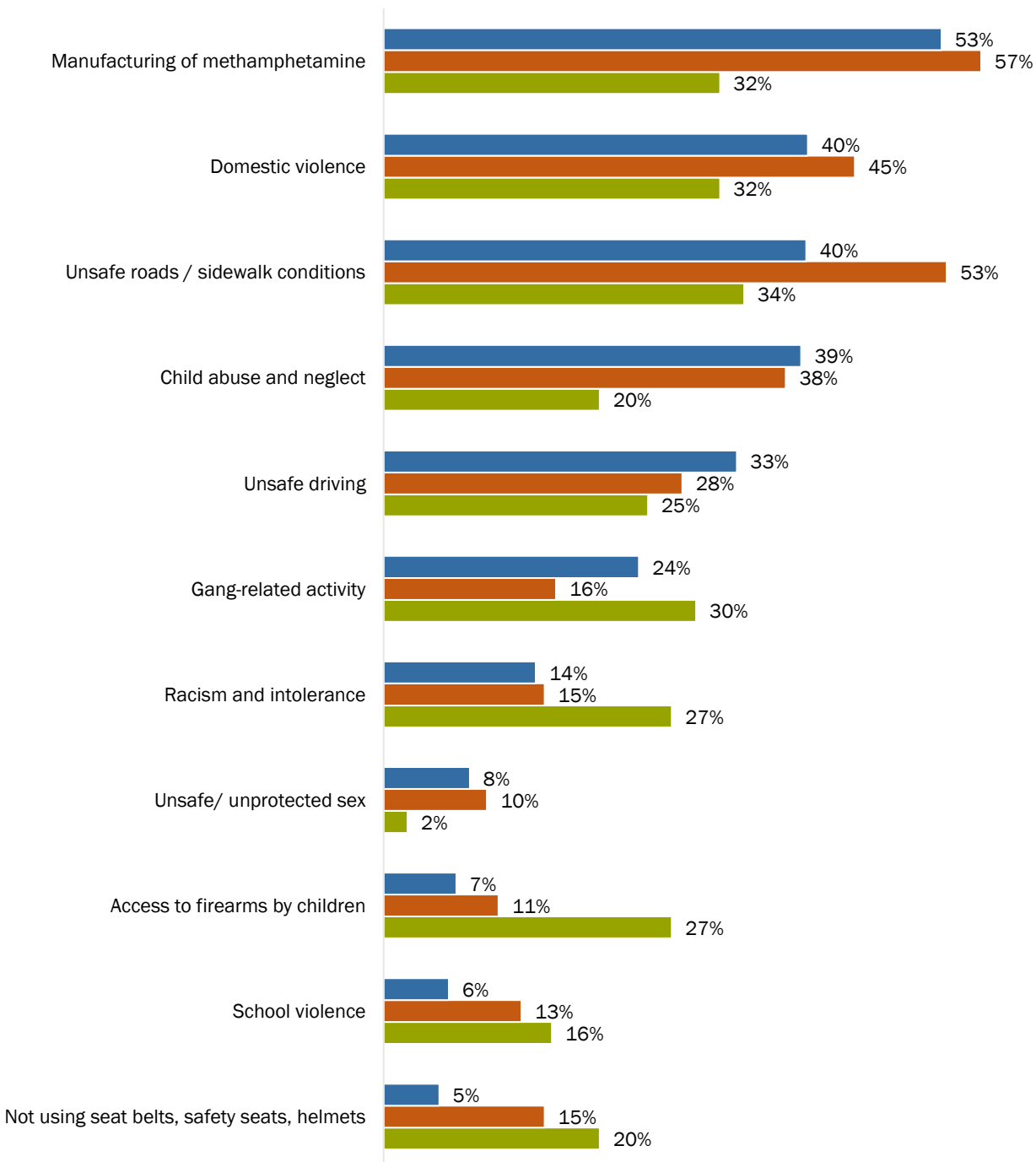


The top three safety problems identified by respondents were: 1) manufacturing of methamphetamine, 2) domestic violence, and 3) unsafe roads/sidewalk conditions (Figure 9).

Figure 9

**All Respondents, Native Americans and Hispanics/Latinos say the biggest safety problems are manufacturing meth, domestic violence and unsafe roads / sidewalks**

n=1,324



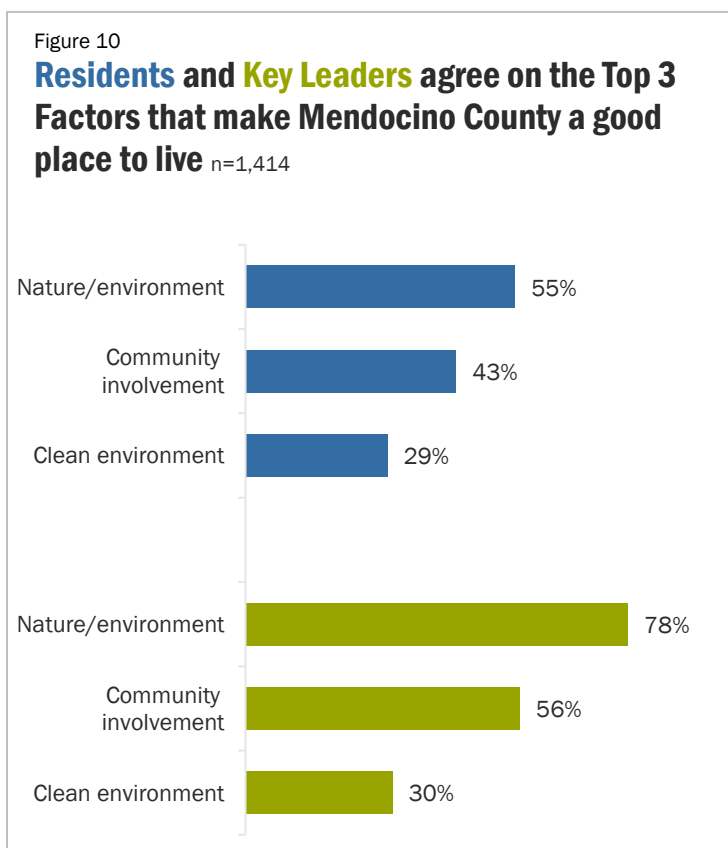
## Question 2: What factors are most important for our community's health?

The data in this section depicts several facets of the quality of life in Mendocino County including perceptions of what makes Mendocino County a good place to live and the most important health problems.

### Factors That Make Mendocino County a Good Place to Live

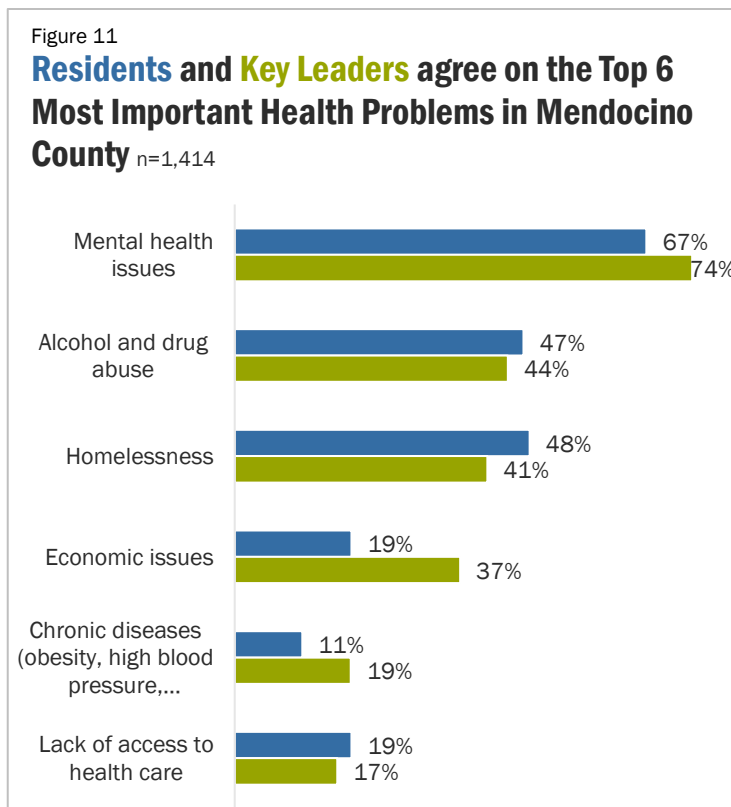
When asked what factors make Mendocino County a good place to live, survey respondents most often selected nature/environment (55%), community involvement (43%), clean environment (29%), low crime/safe neighborhoods (24%), and arts and cultural events (22%) (Figure 10).

Key leaders had the same responses for the top three factors that make Mendocino County a good place to live, nature/environment (78%), community involvement (56%), and clean environment (30%). The factors that ranked four and five were parks and recreation (20%) and low crime/safe neighborhoods (17%).



## Most Important Health Problems

Residents and key leaders also agree on the top 6 most important health problems in Mendocino County: 1) mental health issues, 2) alcohol and drug abuse, 3) homelessness, 4) economic issues, 5) chronic diseases (e.g., obesity, high blood pressure, diabetes, etc.), and 6) lack of access to health care (Figure 11). These results were identical to the 2015 Community Health Survey with one exception: marijuana use/industry as one of the most important health problems in the 2015 survey was replaced by chronic diseases in the 2019 survey.



## Most Significant Barriers to Addressing These Issues

Key informants were asked to identify, overall, what are the **most significant challenges or barriers** to addressing the most important health problems identified in the previous section (above and in Figure 11). The top six issues identified by informants are:

1. **Lack of funding** to support infrastructure and programs
2. **Lack of affordable housing**, particularly for the mentally ill and homeless
3. The **need for mental health services exceeds the capacity** of the current system
4. **Duplication of effort** among local agencies and nonprofits
5. The **pervasiveness of the drug culture** and widespread acceptability of marijuana
6. The **current state of the economy**, overall

These barriers, and their relationship to the most important health problems described above, are defined in more detail in the 2019 Key Leader Interviews/Survey report (Appendix B). Also included are approaches suggested by informants, challenges and barriers to overcoming these health problems, and sample quotes from the interviews. Assets in the community that can be leveraged to address the most important health problems identified by informants are provided in the next section.

### Question 3: What assets can be used to improve the community's health?

In the interviews, key informants identified the following as some of the assets in Mendocino County that can be leveraged to address many of the most important health problems identified above.

- 1. Mental Health**
  - a. Measure B Funding
  - b. Redwood Quality Management Company
  - c. Redwood Community Services
  - d. Innovations Project
- 2. Alcohol & Drug Abuse**
  - a. Prop 64 Funding
  - b. HUD/Ford Street Residential Treatment Pilot Project
- 3. Homelessness**
  - a. Government
  - b. Large businesses and nonprofits
  - c. Redwood Quality Management Company
  - d. Redwood Community Services
- 4. Economic Issues**
  - a. City/county partnerships
  - b. Nonprofits

For more information about the 2019 Community Health Survey and the 2019 Key Informant Interviews/Survey, please see Appendices A and B, respectively.

### A Special Focus on Mental Health

Mental health issues were identified as one of the most important health problems in Mendocino County by community members and key leaders during the 2019 Community Health Survey and 2019 Key Leader Interviews/Survey, respectively. These results were consistent with the most recent CHNA in 2015.

In the 2019 Community Health Survey, approximately 40% of respondents indicated that they or their immediate family members were unable to access mental health services when they needed them. Of those that explained their response, the most frequently stated comments were concerns about confidentiality, that mental health treatment for youth was unavailable, and that they felt there was a lack of qualified mental health professionals in the county.

For Medicaid eligible persons, services have been increasing in the county for youth and adults with the most urgent and severe mental health needs.<sup>7</sup> As shown in Figure 12, unduplicated persons receiving specialty mental health services in Mendocino County has risen from 2,324 in fiscal year 2016/2017 to 3,017 in fiscal year 2018/2019. While total number of calls has varied from year to year, the total number of assessments and hospitalizations has risen from 2016/2017 to 2018/2019 (Figure 13).

Figure 12

**Mental Health crisis services in Mendocino County have grown over the past 3 years**

Source: Redwood Quality Management Company (RQMC), 2019

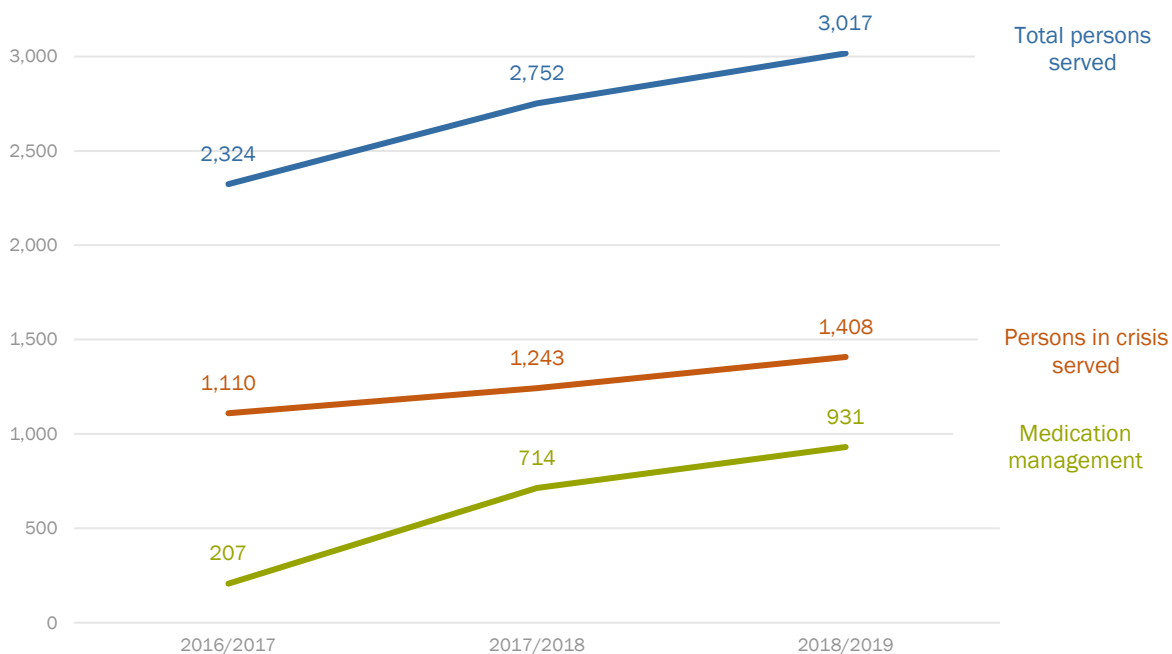
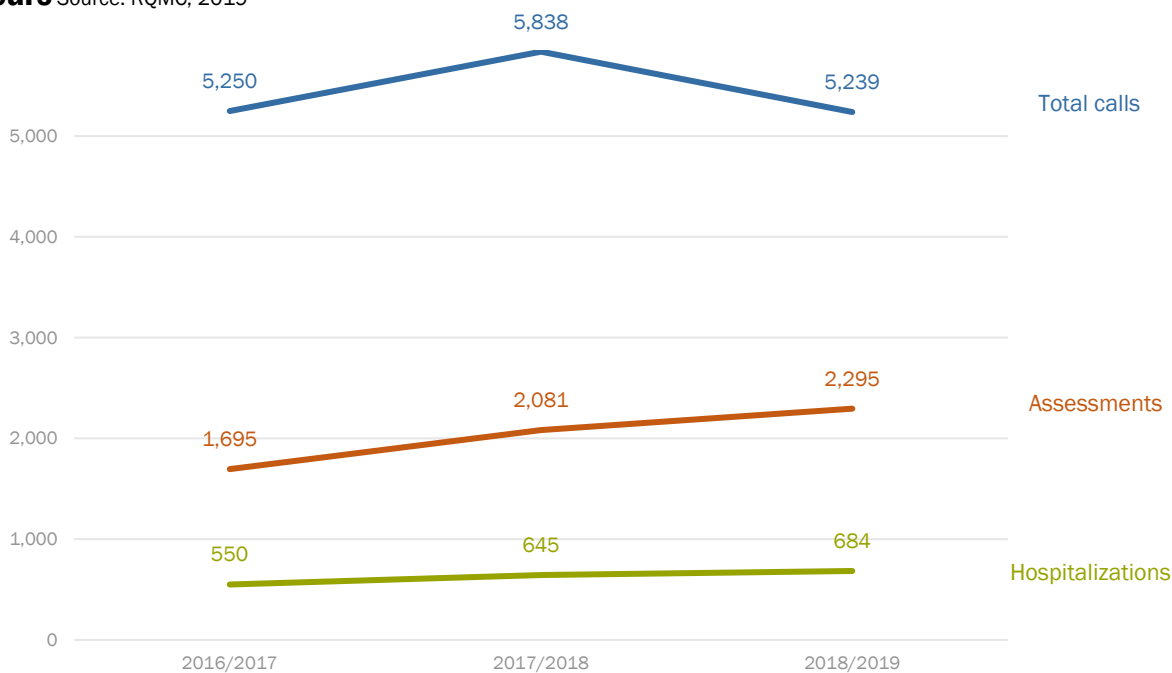


Figure 13

**Types of Mental Health crisis services provided in Mendocino County over the past 3 years**

Source: RQMC, 2019



## MAPP Community Health Status Assessment

The Community Health Status Assessment (CHSA) is a compilation of local and comparative data from multiple sources that was collected and analyzed to gauge the health of the county's population and identify health disparities among age, gender, racial and ethnic groups. The CHSA seeks to address three questions:<sup>8</sup>

1. How healthy are our residents?
2. What does the health status of our community look like?
3. What are the disparities in our community?

The Mendocino County Health & Human Services Agency, Public Health Branch reviewed approximately 165 indicators describing aspects of community health that are derived from dozens of state, federal, and other data sources. These indicators include measurements for illness and disease, disparities in access to care, environmental and economic indicators, and more. The community indicators with graphic dials in the red zone point to major opportunities for improvement. The indicators for the CHSA report are organized into the following categories:

- ◆ Socioeconomic Characteristics
- ◆ Social Determinants of Health
- ◆ Behavioral Risk Factors
- ◆ Maternal Child and Adolescent Health
- ◆ Healthcare and Preventive Services
- ◆ Hospitalization and Emergency Room Utilization
- ◆ Dental Health
- ◆ Illness, Injury and Deaths

Below is a summary overview of the demographic characteristics of the county, including population characteristics; education, income and employment; and housing and homelessness. The demographic data highlighted in this section will be important considerations in the planning for health improvements. For more information about the 2019 Community Health Status Assessment, please see Appendix C.



## Mendocino County Demographic Profile

### Population Characteristics

Mendocino County is a rural county in Northern California with a land area of 3,509 square miles. According to 2018 data from the U.S. Census Bureau, Mendocino County has an estimated population of 87,580, slightly lower than the 87,869 reported in the 2014 U.S. Census data. More than one-half (55%) of the population live in urban areas, while 45% live in rural communities, on farms or ranches. The proportion of residents who are ages 65 years and over make up 21.7% of the county population, higher than the proportion in the state with 14.5%.<sup>9</sup>

The population pyramid shows the “Baby Boomer” demographic aging into their 50’s to 60’s. Mendocino County has a slightly older median age of 42.3 years, compared with California’s median age of 36.4 years (Figure 14).<sup>10</sup>

Between 2010 and 2060, the working age population (25-64) is expected to increase from 47,955 to 48,818, or to 49% of the county population, while retirees and seniors (65 years and up) will grow from 13,672 to 19,861 (to 20% of the county population) (Figure 15).<sup>11</sup>

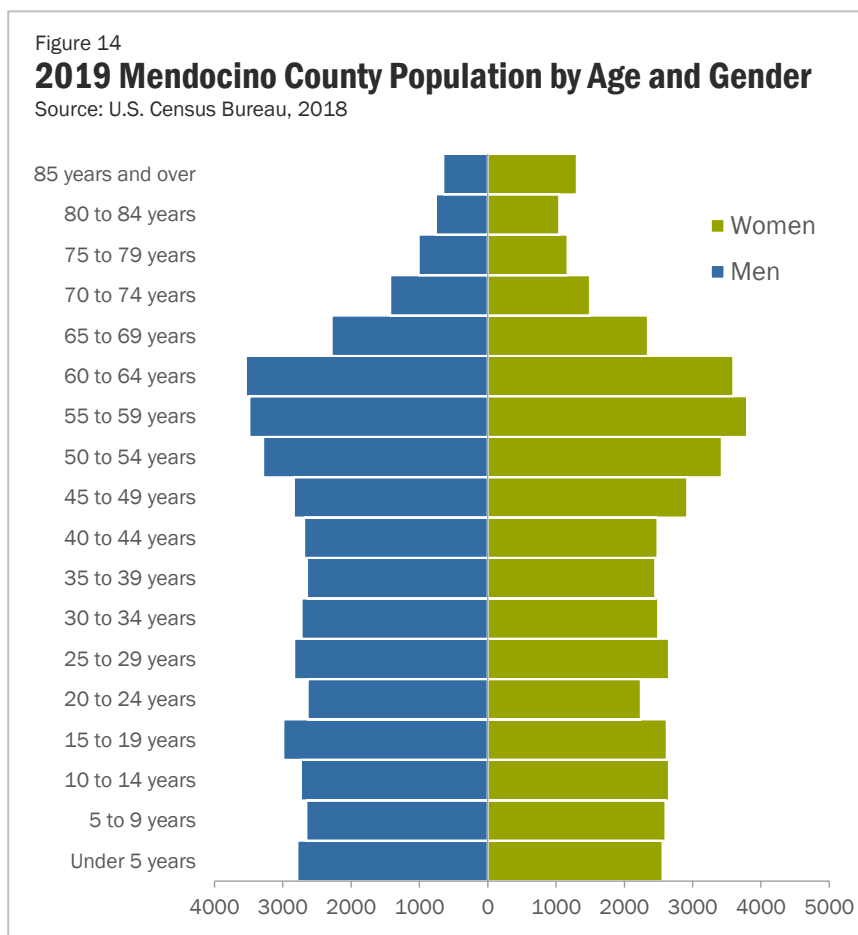
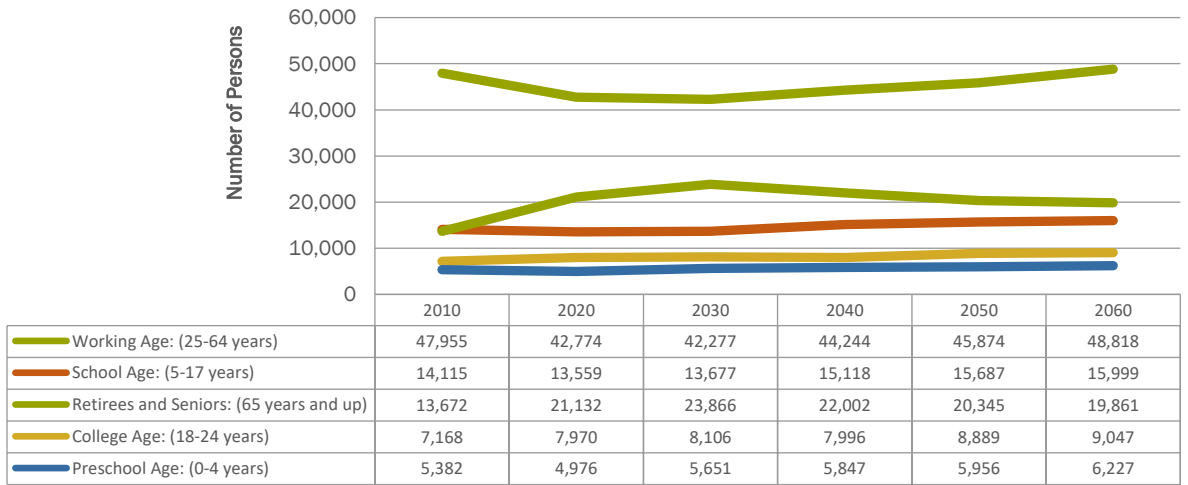


Figure 15

### Mendocino County Population Projects by Age 2010-2060

Source: California Department of Finance, 2015

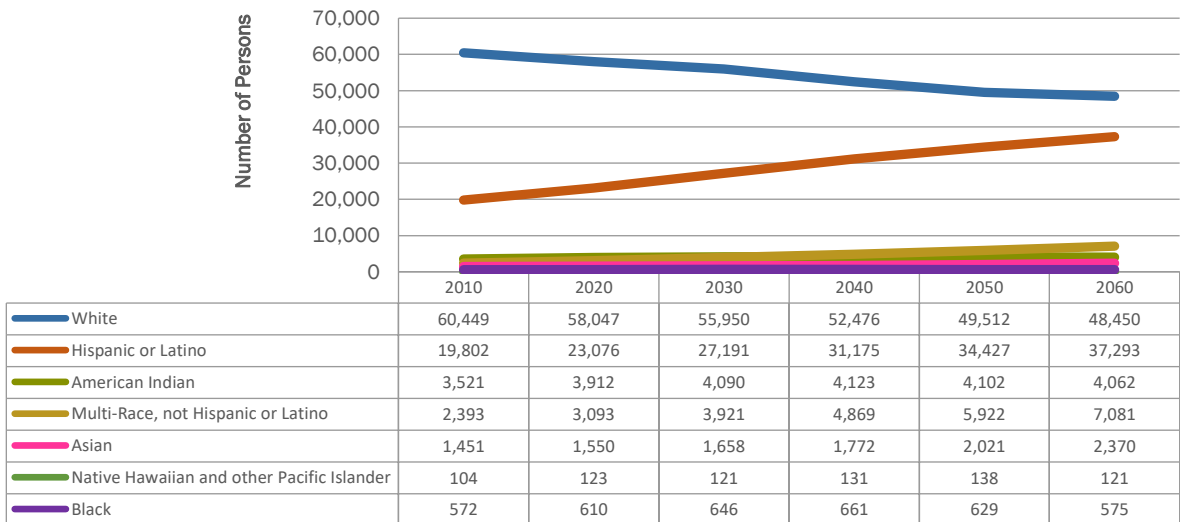


In 2018, the county’s population was 76% White, 22% Hispanic, 4% Native American, 1% Asian, .7% African American, .6% Pacific Islander, and 15.4% Two or More Races.<sup>12</sup> As shown in Figure 16, between 2010 and 2060, the Hispanic/Latino population is expected to increase from 19,802 to 37,293 or to 37% of the county population, while Whites will decrease from 60,449 to 48,450 (to 48% of the county population).<sup>13</sup>

Figure 16

### Mendocino County Population Projects by Race 2010-2060

Source: California Department of Finance, 2015



## Education, Income & Employment

In 2017, nearly one-quarter of adults in Mendocino County ages 25 and older (22%) had a bachelor's degree or higher, and 7% had less than a high school diploma (compared to 31% and 10%, respectively, for California as a whole).<sup>14</sup>

Also in 2017, as seen in Figure 17, the median household income in Mendocino County, at \$47,656, was 36% lower than that of the state (\$74,605), compared to 2014 when the median household income in Mendocino County was 29% lower than the state.<sup>15</sup> The median income in Asian (\$65,074) and White (\$49,581) households was higher than in Some Other Race (\$47,656), Hawaiian/Pacific Islander (\$40,156), Native American (\$37,355), and African American (\$29,453) households.

In 2018, 16.3% of the county's population overall and approximately more than one-third each of Some Other Race, Native Hawaiian/Pacific Islander, American Indian and African American populations were living below the Federal Poverty Level (40.4%, 40.9%, 40.5% and 44.9%, respectively).<sup>16</sup> The percentage of households receiving cash public assistance income for the 2013-2017 time frame was 3.5%, a decrease from 4.0% in 2010-2014 (Figure 18).<sup>17</sup>

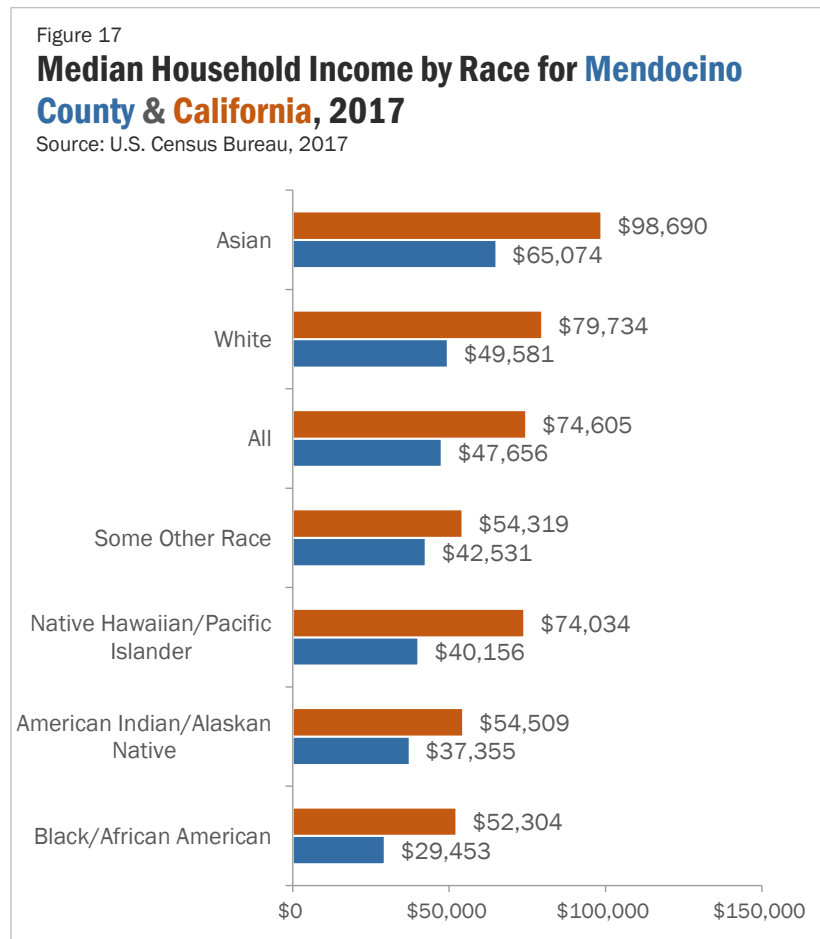
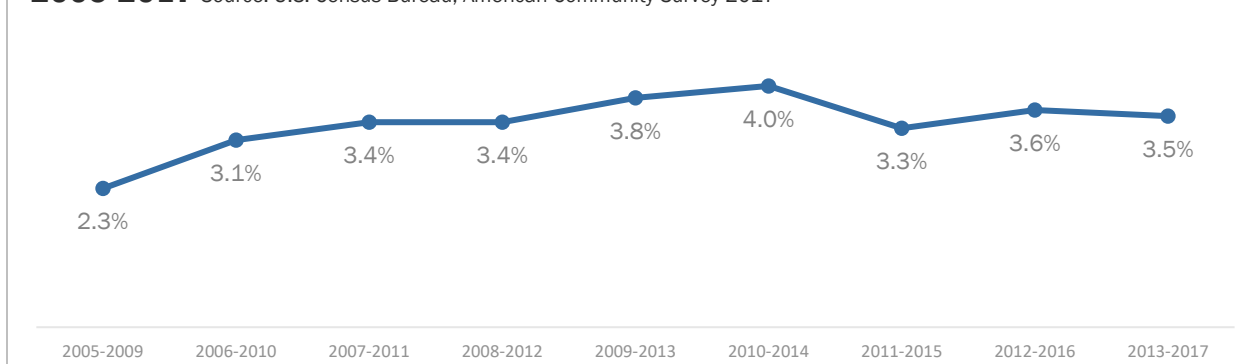


Figure 18

### Percent Change in Households Receiving Cash Public Assistance Income: Time Series 2005-2017

Source: U.S. Census Bureau, American Community Survey 2017



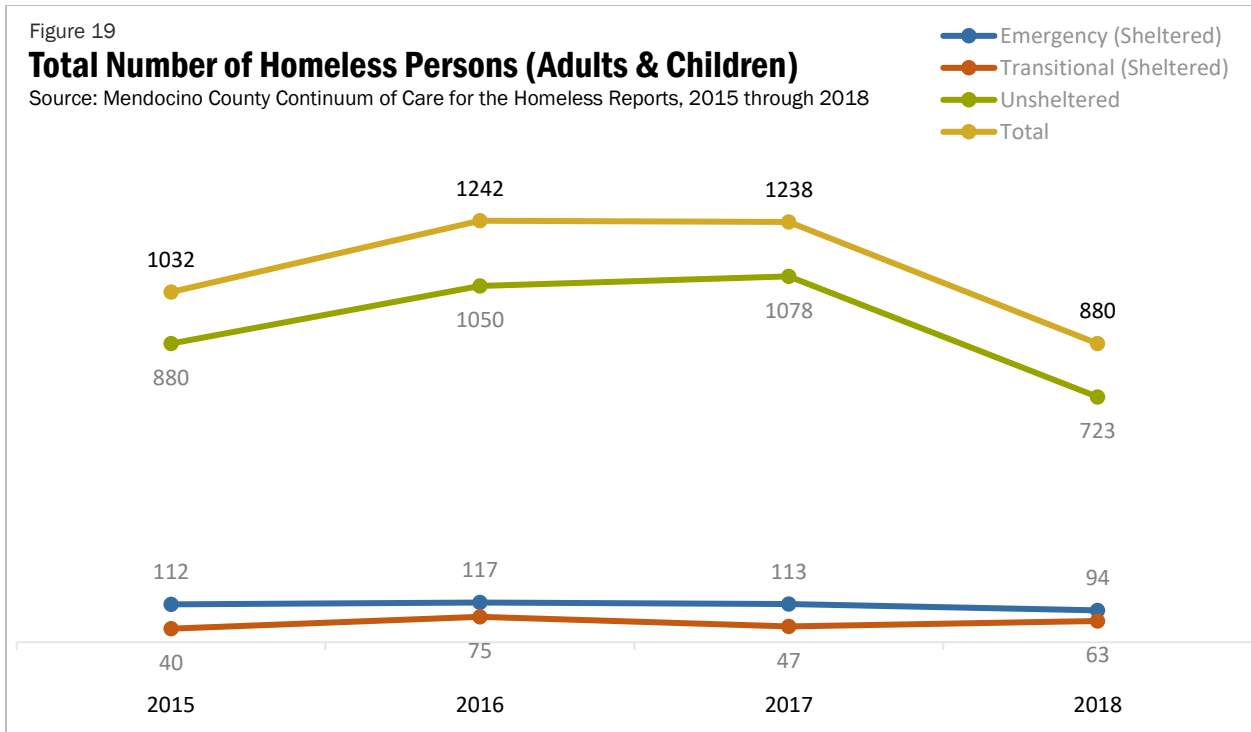
During 2017, 40% of households with children in Mendocino County were headed by a single parent, compared with 31% for the state.<sup>18</sup> The percentage of households headed by a single parent reflected an increase from 37% in 2013.<sup>19</sup> Grandparent-headed households responsible for grandchildren under 18 years of age rose from 6.5% in 2009-2013 to 7.2% in 2010-2014.<sup>20</sup>

## Housing and Homelessness

Mendocino County experiences significant housing issues, including a lack of affordable housing, overcrowding, and homelessness. The 2019 County Health Rankings estimate that about 27% of the county population lives in substandard housing, i.e., without a kitchen or adequate plumbing, or lives in crowded conditions. In addition to substandard or crowded housing, over one-half of Mendocino County residents who rent (52%) pay more than a third (35%) of their total income for rent.<sup>21</sup> The lack of housing negatively affects businesses, schools, and the health-care system because would-be employees are unable to find adequate housing.

A total of 880 homeless individuals were counted during the 2018 Mendocino County Point in Time Census and Survey, a significant decrease over the 2017 Point in Time census of 1,238.<sup>22</sup> Of these, most (723 or 82%) were unsheltered (living on the street, in abandoned buildings, cars/vans/RVs or encampment areas) (Figure 19). Additional survey findings include the following:

- ◆ Of homeless individuals, 33 (4%) were children under the age of 18.
- ◆ Eighteen (2%) were young adults age 18-24.



For more information about the 2019 Community Health Status Assessment, please see Appendix C.

### County Health Ranking

According to the University of Wisconsin’s Population Health Institute in its yearly County Health Ranking Report, Mendocino County’s overall health status ranked 41 out of 57 California counties for 2019. This was a decline in ranking compared to the 2016 & 2015 County Health Ranking reports in which Mendocino County ranked 40 out of 57, and 35 out of 57, respectively.

### For More Information

As noted, further information on each of the assessments described above can be found in the Appendices: Community Health Survey (Appendix A), Key Informant Interviews/Survey (Appendix B), and Community Health Status Assessment (Appendix C).

## Strategies Implemented Since the 2016 CHNA

At the conclusion of the 2016 CHNA process, a countywide forum with over 100 community members from across Mendocino County was held in 2016 to choose a set of priorities. As a result of the forum, a CHIP was formed with five priority areas:

1. Childhood Obesity and Family Wellness
2. Childhood Trauma
3. Housing
4. Mental Health
5. Poverty

Due to the geographic distances in Mendocino County, the intent is to establish Action Teams in each of five county regions: Ukiah/Calpella/Anderson Valley/Hopland; Willits; Laytonville/Leggett; North Coast; and South Coast/Redwood Coast. To date, Action Teams have been established in Inland Ukiah/Anderson Valley, North Coast and South Coast. Each Action Team was formed with a variety of key stakeholders including health and human service agency employees, educators, farmers, healthcare workers, recreation department employees, lawmakers, residents, government employees, and other groups interested in working towards the health and well-being of Mendocino County. The Action Teams were facilitated by Healthy Mendocino. Each of the Action Teams subsequently developed goals, objectives/measures, key strategies, and an action plan.

Below is a snapshot of the strategies/actions implemented by the Action Teams to date (Table 2). Immediately after the snapshot is a comparison between the 2015 and 2019 CHNA data on select Public Health indicators. This comparison may help determine possible impacts and effectiveness of the strategies utilized by these Action Teams. However, note that the Action Teams developed multi-year work plans which are still in the process of being implemented. The data collection for the 2019 CHNA began in 2018 before the Action Teams had completed implementation. For these reasons, direct impacts may be difficult to determine and require additional data collection once implementation is complete.

**Table 2. Strategies/Actions Implemented by Action Teams Since the 2016 CHNA**

Priority Area	Geographic Area	Strategies/Actions Implemented To Date
1. Childhood Obesity and Family Wellness	Ukiah area	<ul style="list-style-type: none"> <li>... Developed the first annual Ukiah Kids Triathlon in 2016</li> <li>... Each Action Team member implemented 1 wellness activity in their organization, e.g., a 30-minute lunch time stress management workshop</li> <li>... Currently implementing Let's Go! 5210 Community-Based, Multisetting Childhood Obesity Prevention Campaign</li> </ul>
	Fort Bragg	<ul style="list-style-type: none"> <li>... Developed the first annual Fort Bragg Kids Triathlon in 2017</li> </ul>
	Ukiah and countywide	<ul style="list-style-type: none"> <li>... Developed <i>Healthy Food at a Community Event Guidelines</i> (available countywide on the <a href="http://healthymendocino.org">healthymendocino.org</a> website)</li> </ul>

Priority Area	Geographic Area	Strategies/Actions Implemented To Date
2. Childhood Trauma	Inland Mendocino County	<ul style="list-style-type: none"> <li>... Developed a strategic action plan that outlines the work of the team, and goals of partners for monthly prevention, community engagement and education</li> <li>... Coordinated with partners on a range of trainings focused on mental health, professional development and resilience for community members (see Mental Health below)</li> <li>... Created a countywide capacity/asset map for resources across the prevention/intervention spectrum for childhood trauma and resilience work</li> </ul>
3. Housing	Fort Bragg	<ul style="list-style-type: none"> <li>... Hosted 2 Accessory Dwelling Unit workshops for more than 180 residents addressing logistics, code and zoning, tax implications, financing, and structure options</li> <li>... Participated in the Fort Bragg 2019 Housing Element Plan Update process and made recommendations for changes, e.g., for a variety of housing types (more senior housing, etc.), simplified processes, and flexible development standards</li> <li>... Currently exploring a Community Land Trust option</li> </ul>
	Ukiah area	<ul style="list-style-type: none"> <li>... Hosted an Accessory Dwelling Unit workshop</li> <li>... Participated in the Ukiah 2019-2027 Housing Element Update process and made recommendations, e.g., help land owners manage and update current housing stock; change zoning on non-conforming properties to align with historical uses, develop an amnesty/legalization program for residents that are illegal or non-conforming</li> </ul>
	Countywide	<ul style="list-style-type: none"> <li>... Participated in 2019-2027 Mendocino County Housing Element Plan Update process and made recommendations regarding, e.g., encouraging mixed-use development and facilitating construction of secondary dwelling units on residential properties</li> <li>... Hosted a Community Land Trust forum for policy makers, planners, and community members to begin to assess feasibility</li> <li>... Created recommendations for the Healthy Mendocino Advisory Council for the 2019-2020 workplan</li> </ul>
4. Mental Health	Mendocino Coast	<ul style="list-style-type: none"> <li>... Trained 200+ residents, mental health professionals, crisis workers and first responders in a series of trauma-informed and resiliency trainings on the Mendocino Coast</li> <li>... Hosted monthly cross-sector practice groups to provide a place to practice skills learned in the trainings (mentioned immediately above)</li> </ul>

Priority Area	Geographic Area	Strategies/Actions Implemented To Date
		<ul style="list-style-type: none"> <li>... Conducted a survey of Mendocino Coast school districts to gather information about current policies on suicide prevention, intervention, and postvention (per AB 2246 requirements)</li> <li>... Submitted an article to coastal media for Suicide Prevention Awareness Month (September)</li> <li>... Developed recommendations for the Healthy Mendocino Advisory Council for the 2019-2020 work plan</li> </ul>
5. Poverty	Ukiah area	<ul style="list-style-type: none"> <li>... The Poverty Action Team partners created an entrepreneurial incubator course and community marketplace to assist in the development of small businesses for people of low-income</li> </ul>
	Countywide	<ul style="list-style-type: none"> <li>... Developed a community asset map for alleviating poverty in the county</li> <li>... Developed recommendations for the Healthy Mendocino Advisory Council for the 2019-2020 work plan</li> </ul>

## Comparison of 2016 and 2019 on Select Health Status Indicators

The “Community Health Indicators” are a list of approximately 150 data statistics that provide a snapshot-in-time view of the health of our community. The list was first compiled in 2016, and with the addition of updates in 2019, the list now shows the direction each indicator is trending. Some indicators show improvement, while a few are trending in a negative direction. This narrative focuses on the indicators that showed significant change from 2015 to 2018. An upward arrow (↑) indicates a positive trend. A downward arrow (↓) indicates a negative trend.

Indicators Trending Positively	
↑	The population of Mendocino County increased from 87,318 in 2015 to 88,018 in 2018.
↑	The percentage of individuals living below the Federal Poverty Level declined from 21% to 20% (2011-2013 and 2013-2017 estimates, respectively).
↑	In 2015 the percentage of children under age 18 living in poverty was 29%. By 2018, the percentage had dropped to 27%. However, the percentage for Hispanic children living in poverty was 35%; the percentage for white children was 19%.
↑	The unemployment rate dropped from 6.6% in 2014 to 4.5% in 2018.
↑	The median household income (one-half of households are above this figure and one-half have incomes below this figure) was \$42,111 in 2013 and rose to \$43,510 in 2016. This jump of about \$1,000 is still well below the California median, which increased by \$4,000 from \$59,645 in 2013 to \$63,738 in 2018. The living-wage annual income required to support a household with two adults and two children in Mendocino County was \$50,438 in 2018.



### Indicators Trending Positively

↑	Overall, the indicators for poverty, such as the percentage of families spending 30% or more for rent, persons on public assistance, or experiencing food insecurity were all down, showing improvement in the economy.
↑	The high school graduate rate improved a percentage point, from 84% to 85%.
↑	The number of births to teens aged 15-19 years declined from 39 per 1,000, to 32 per 1,000.
↑	The number of adults who smoked declined from 18% in 2015 to 14% in 2018.
↑	Percentage of adults drinking to excess or binge drinking at least once in the prior month fell from 24% in 2015 to 19% in 2018.
↑	The ratio of population to mental health providers in 2018 was 180:1, an improvement from 241:1 in 2015.

### Indicators Trending Negatively

↓	The percentage of seniors 65+ living alone increased from 11.6% to 14.1% (2008-2012 and 2013 to 2017 estimates, respectively).
↓	The number of grandparent-headed households has increased by more than 1,000 households, a 57% increase, in the five-year period between 2010 and 2014 (from 1,000 to 1,750 grandparent-headed households).
↓	The number of reported violent crime offenses per 100,000 increased from 501 in 2015 to 510 in 2018.
↓	The rate of children aged 0-17 with entries to foster care rose from 8.4 per 1,000 children in 2013 to 12.3 per 1,000 children in 2015.
↓	The percentage of people who reported being divorced rose from 15% in 2013 to 17% in 2017.
↓	The rate of non-fatal emergency department visits for self-inflicted injuries among youth aged 5-19 rose from 180 to 267 per 100,000 youths between 2014 and 2015.
↓	The number of domestic violence calls for assistance increased from 7% in 2013 to 9% in 2014 (latest figures available from the California Department of Justice).
↓	Female mortality ages 15-44 years rose from 583.2 per 100,000 to 648.7 per 100,000 population.
↓	The number of newly diagnosed chlamydia cases rose from 403 per 100,000 in 2015 to 434.7 per 100,000 in 2018.
↓	In 2015, the years of potential life lost (YPLL) before age 75 per 100,000 was 7,323. However, by 2018 the YPLL had increased to 8,000 per 100,000 compared with the YPLL in California for the same year of 5,200 per 100,000.
↓	Examining deaths of individuals under age 55 between the years 2013 and 2018, who died of causes other than illnesses (52%), when adjusted for age, deaths from vehicular accidents made up 14% of premature deaths, drug overdoses 13%, death from gunshot 9%, and death

### Indicators Trending Negatively

	by hanging 9%. Other causes made up the remaining 3%. Males comprised 68% and females 32%.
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For more information regarding Community Health Indicators, please see the 2019 Community Health Status Assessment (Appendix C).

## Community Health Needs/Priorities - Recommendations

To define a starting place for discussion and planning for collective action to improve community health, the CHNA Planning Group examined and prioritized the CHNA data according to the themes and issues that emerged from the Community Themes and Strengths Assessment and the Community Health Status Assessment. The Community Health Survey (Appendix A), the Key Leader Interviews/Survey (Appendix B), and the Community Health Status Assessment (Appendix C) were examined separately, then collectively.

With Planning Group members' knowledge of their organizations' priorities and the communities and population groups they serve, members were asked a series of questions using the ORID method, a structured discussion and decision-making process. A description of the acronym ORID, including the overarching questions utilized during the data evaluation process, are provided next.

**O-Objective:** Which issues stand out? Which issues emerge that have the greatest impact on health, quality of life and health disparities?

**R-Reflective:** What are our gut feelings about these issues? What else do we know? What are the underlying causes?

**I-Interpretive:** Which issues have the most severe negative health repercussions in our rural county? What does this mean for Mendocino County organizations?

**D-Decisional:** On which issues would concerted action by community-based organizations, hospitals, clinics, public health and other partners be most likely to bring about meaningful improvement/impact?

Using this method, the CHNA Planning Group identified the following issues based on the analysis of the primary and secondary data sources as leading **Community Health Needs / Priorities** in Mendocino County:

1. Mental Health
2. Domestic Abuse (including sexual and child abuse)
3. Substance Abuse (including drugs, opioids, and alcohol)

The Planning Group proposes these three issue areas as the focus of the Community Health Improvement Plan and collective action as outlined in the Next Steps section below. First, a brief description of these three priority areas.

## Mental Health

Mental health needs and services are a significant concern in Mendocino County. Two-thirds (67%) of adults surveyed indicate that mental health issues are among the most important health issues facing our community (2019 Community Health Survey). Accessing mental health treatment in Mendocino County is improving (2019 RQMC Mental Health Medicaid Services) but can still be a challenge for individuals in need, partly as a result of the geographic isolation inherent in a large, rural county. The rate of suicides in Mendocino County is 29.5 per 100,000; three times the California rate of 10.5 per 100,000.

There are complex interactions among mental health, mental illness, the high poverty rate, unemployment and homelessness. Poor mental health can both result from and contribute to other poor health and social conditions. The barriers to accessing timely and appropriate mental health services contribute to crises that local emergency departments or law enforcement must address. Community members and providers indicated that mental health services are most likely to be used when they are in the local community, financially accessible and culturally relevant.<sup>23</sup>

Despite an improvement in the ratio of population to mental health providers, the demand for practitioners has not matched the need for mental health services. There is currently no in-patient psychiatric facility in the county. In 2017, the voters approved Measure B, an initiative calling for a half-cent sales tax increase to fund inpatient mental health facilities. These facilities are in the planning stage.

## Domestic Abuse (including sexual and child abuse)

Two of the most serious safety issues for adults surveyed in the 2019 Community Health Survey were domestic violence (40%) and child abuse (39%). The total number of calls for domestic violence reported in the 2019 Community Health Status Assessment indicated a decrease from 544 calls in 2016 to 468 in 2017. However, the rate of violent crime offenses in Mendocino County – which includes domestic violence, sexual assault and abuse, assault and battery – indicate 640 violent crime incidences in 2017, compared to 421 for the state.<sup>24</sup>

The rate of substantiated allegations of child maltreatment per 1,000 children ages 0-17 years rose from 17 per 1,000 in 2013 to 19 per 1,000 in 2017 (compared to 7.5 per 1,000 for California). In addition, the rate of children aged 0-17 with entries to foster care per 1,000 rose from 8.4 per 1,000 in 2013, to 12.3 per 1,000 in 2015, compared to 5.8 per 1,000 children for the state.

Domestic violence may include physical, emotional, verbal, sexual, spiritual, and/or financial abuse. Numerous studies show that domestic violence and child abuse affect the mental health and cognitive development of children. As discussed in the 2019 Community Health Status Assessment, “Children exposed to domestic violence can experience physical, emotional and behavioral responses which include feeling afraid, guilty and sad, having sleep disturbances, stomach aches and headaches, bedwetting, and inability to concentrate, among other problems.”<sup>25</sup> These negative consequences last through their adult lives. Studies show that there is a correlation between adverse childhood experiences (ACEs) (including

all types of domestic violence) and the increased incidence of heart disease, lung cancer, and diabetes, as well as depression and suicide amongst individuals who were exposed to domestic violence and abuse as children.

Domestic violence also impacts the sexual and reproductive health of women; sixteen percent (16%) of women who are abused are likely to have a low-birth weight baby, are 1.5 times more likely to acquire HIV, and 1.5 times more likely to acquire syphilis infection, chlamydia and gonorrhea.

The impact of domestic violence goes beyond the family and includes friends, neighbors and the community at large.

## **Substance Abuse (including drugs, opioids, and alcohol)**

Alcohol and drug abuse was chosen as one of the top 3 most important health issues in Mendocino County by 47% of adults surveyed. The percentage of adults who admit to drinking to excess or binge drinking at least once in the prior month fell from 24% in 2015 to 19% in 2018 (2019 Community Health Status Assessment). Nonetheless, this percentage continues to be high. For young people, alcohol is the most widely abused substance and binge drinking, in particular, has been linked to risky health behaviors.

The drug induced mortality rate per 100,000 has increased from 14.4 (2010-2012) to 26.2 (2018). Further, the age-adjusted rate of deaths from opioids in 2018 was 14.6 per 100,000 residents, compared to 5.4 per 100,000 for California. Mendocino County averages two deaths a month from unintentional prescription opioid overdose, per capita, twice the state average. In response to this crisis, Mendocino County has formed the Safe Rx Mendocino Coalition promoting all efforts to build a healthy community that is free of opioid abuse and related stigma. However, there is more work that needs to be done in Mendocino County to reduce substance abuse.

Over half of the respondents mentioned manufacturing of methamphetamine as one of the most serious safety problems in Mendocino County (2019 Community Health Survey). However, in recent years, the State of California passed laws severely limiting the availability of medications containing ephedrine. Now, most of the manufacturing of methamphetamine is done outside of the U.S. and smuggled into California. This choice as a top safety concern may be more indicative of an awareness of people using the drug, rather than actual laboratories in a neighborhood.

## **Community Assets and Resources**

As the county's residents and organizations move toward addressing the concerns highlighted above and/or others identified through community meetings, they can draw on many existing assets, resources, and programs. Some were named in the Community Health Survey and Key Informant Interviews, including our healthy natural environment, our active community organizations, and our health care and cultural resources. The CHIP process outlined below will offer opportunities to examine these strengths

and assets vis-à-vis each of the Community Health Needs /Priorities, to determine how they can be deployed in the action plans for each priority area.

## Next Steps

The findings of the 2019 Community Health Needs Assessment contained in this report and its appendices provide a great deal of information to support the selection of strategic issues for collective impact efforts. The CHNA Planning Group recommends the three aforementioned Community Health Needs / Priorities as a starting point in the discussion and prioritization of health issues and the development of a Community Health Improvement Plan. The final priorities and action plans will be determined by the Healthy Mendocino Advisory Council, which will be convened in November 2019. Further planning and prioritization will occur at that time.

While the CHIP will focus on specific arenas for collective action, there are many ways to improve community health. All community members are encouraged to use the information provided in this document to help enhance wellness and quality of life in Mendocino County.

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