

Adventist Health Ukiah Valley

2019 Community Health Needs Assessment



ACKNOWLEDGEMENTS

Thank you!

Adventist Health Ukiah Valley extends gratitude to the 2018-2019 Community Health Needs Assessment Planning Group. We also acknowledge the 1,324 Mendocino County residents who completed the community health survey and shared their views about health care, safety, public services, and more. 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.

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TABLE OF CONTENTS

Acronyms

How Healthy are our Residents?

Introduction and Background	1
Community Planning Framework	3
Mobilizing for Action Through Planning and Partnerships	3
Health Equity/Social Determinants of Health Framework	3

2019 Community Health Needs Assessment

Overview of the Community Health Needs Assessment Process	4
MAPP Community Themes and Strengths Assessment	6
Quality of Life	7
Health and Wellness	8
Basic Needs	11
Safety	12
Factors That Make Mendocino County a Good Place to Live	14
Most Important Health Problems	15
Most Significant Barriers to Addressing These Issues	15
A Special Focus on Mental Health	16
MAPP Community Health Status Assessment	18
Population Characteristics	19
Education, Income & Employment	21
Housing & Homelessness	22
Strategies Implemented Since the 2016 CHNA	24
Comparison of 2016 and 2019 on Select Health Status Indicators ...	25
Community Health Needs/Priorities – Recommendations	27
Making a Difference – Results from our 2016 CHNA	31
2016 CHNA Update	32
Mental Health and Well-Being Focus	32
Connecting Strategy and Community Health	35
Approval Page	36

References

Appendices: Data Reports

- A. Community Health Survey
- B. Key Informant Interviews/Survey
- C. Community Health Status Assessment

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 Purpose

This Community Health Needs Assessment is a follow-up to the assessment conducted in 2015. 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.

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.

The CHNA process was coordinated by Healthy Mendocino, a partner funded organization designed to collect and distribute health data through written materials, community meetings and a robust health data website. The goal of Healthy Mendocino is to improve quality of life throughout Mendocino County by encouraging informed dialogue about the actions local residents and organizations can take to improve community health.

Sue Haun of Strategies by Design was engaged by Healthy Mendocino to facilitate the Community Health Needs Assessment Process and write the final report. Strategies By Design (SBD) is a northern California-based organization that has been assisting leaders, non-profit organizations, private businesses, governmental agencies, and communities since 1992. SBD delivers a full range of consulting services including organization development and capacity building, strategic planning, qualitative and quantitative evaluation and research, and facilitation. Ms. Haun was the consultant for the previous Mendocino County Community Health Needs Assessment process and brings with her a foundation of understanding of our County.

Background and Purpose

Adventist Health Ukiah Valley is a 78-bed acute care hospital with 21 outpatient clinics that provide primary and specialty care. The hospital is situated in the city of Ukiah, the county seat and largest city of Mendocino County, with a population of approximately 16,000. The hospital’s primary service area, however, consists of nearly the entire rural county, which spans over 3,500 square miles. Small, geographically isolated communities make up a large part of the county’s nearly 88,000 residents.

The passage of the Patient Protection and Affordable Care Act and SB 697 require tax-exempt hospitals to conduct Community Health Needs Assessments (CHNA) every three years and adopt implementation strategies to meet the priority health needs identified through the assessment. A CHNA identifies unmet health needs in the service area, provides information to select priorities for action and target geographical areas, and serves as the basis for community benefit programs. This assessment incorporates components of primary data collection and secondary data analysis that focus on social determinants of health in the service area.

Service Area

Adventist Health Ukiah Valley is located at 275 Hospital Drive, Ukiah, CA 95482. The service area includes seven communities consisting of seven zip codes.

Adventist Health Ukiah Valley Service Area

Zip Code	Place
95415	Boonville
95449	Hopland
95453	Lakeport
95469	Potter Valley
95470	Redwood Valley
95482	Ukiah
95490	Willits

The Community Health Needs Assessment

The Community Health Needs Assessment (CHNA) for Mendocino County is a collaborative process, under the umbrella and leadership of Healthy Mendocino between the hospitals, community organizations, government entities and many others. It is 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 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.

Comparison of the 2016 and 2019 CHNA on Select Indicators

At the conclusion of the previous CHNA process, AHUV participated in a countywide forum with over 100 community members from across Mendocino County 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.

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

Community Planning Framework

Mobilizing for Action Through Planning and Partnerships (MAPP)

Mendocino County’s Community Health Needs Assessment Planning Group adopted the MAPP

Table 1. Key Determinants of Health and Well-Being

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.² 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?*

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.”³ 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.”⁴ 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.⁵

2019 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

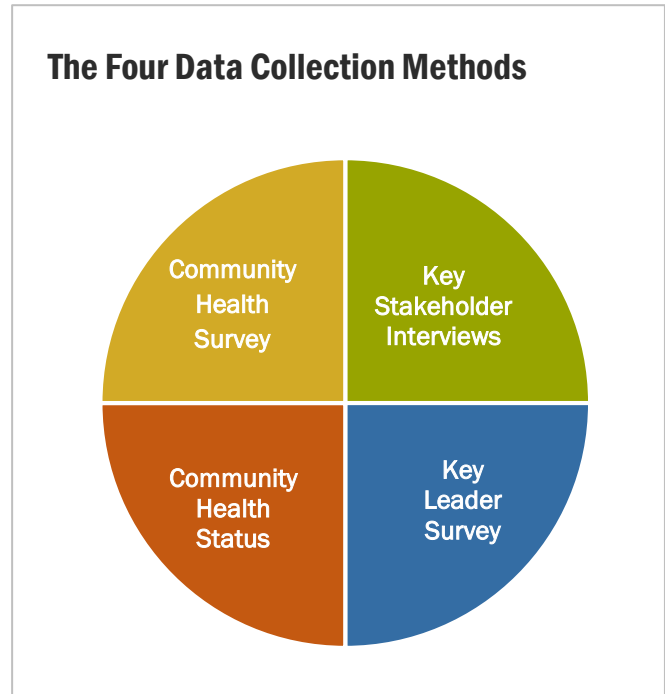
organizations' priorities and the communities and population groups they serve greatly enriched the CHNA process.

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).

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).

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:⁶

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 previous 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.

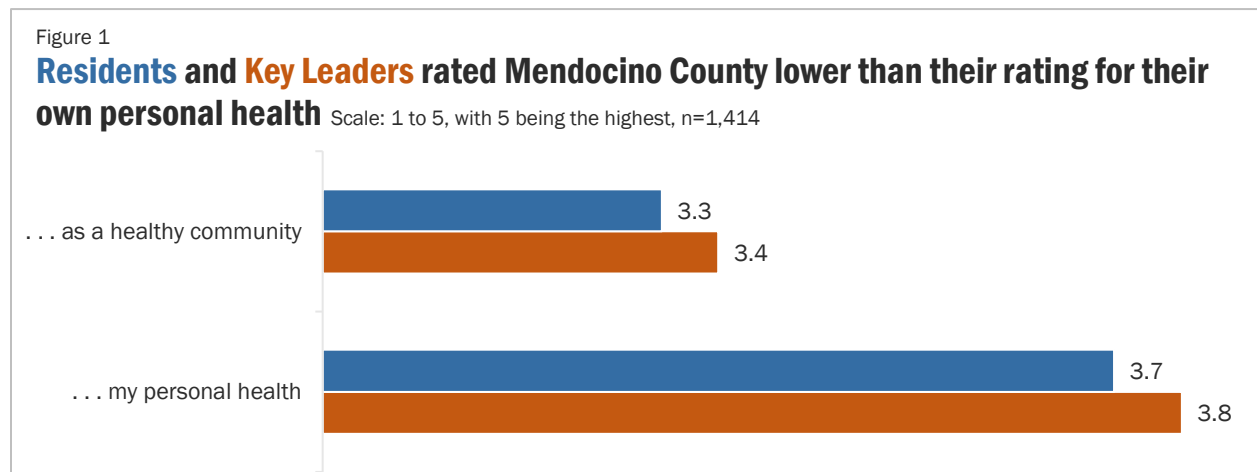
Assessment Findings: A Synthesis of Data from the Community Health Survey and Key Informant Interviews/Survey

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

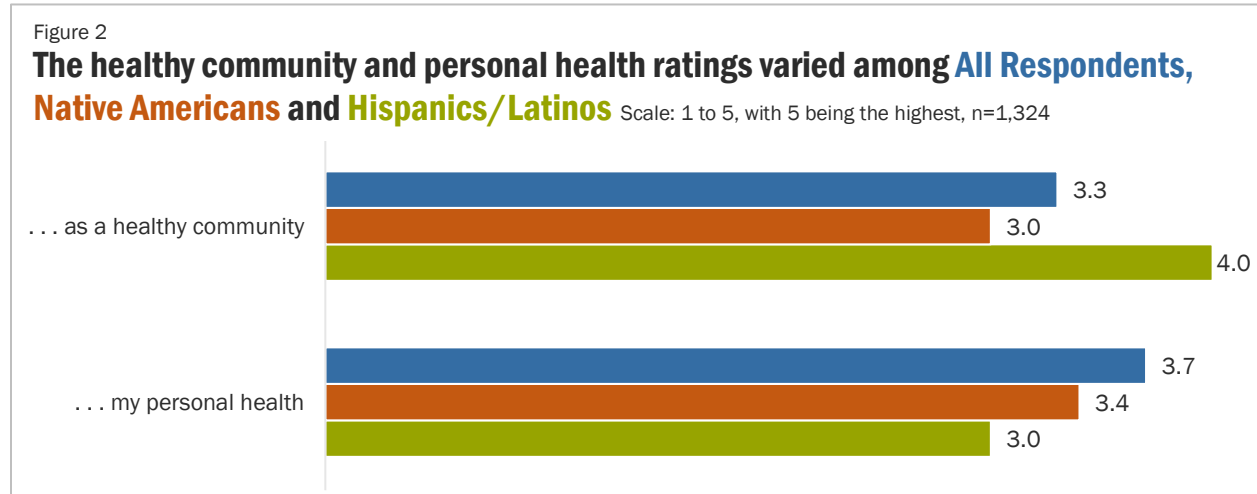
In the Community Health Survey, the majority of adult respondents rated Mendocino County as a “healthy” or “somewhat healthy” community in which to live, an average of 3.3 (on a scale of 1 to 5, with 5 being the highest) (Figure 1). The average score was higher for Hispanic/Latino respondents (4.0),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

“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.”

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

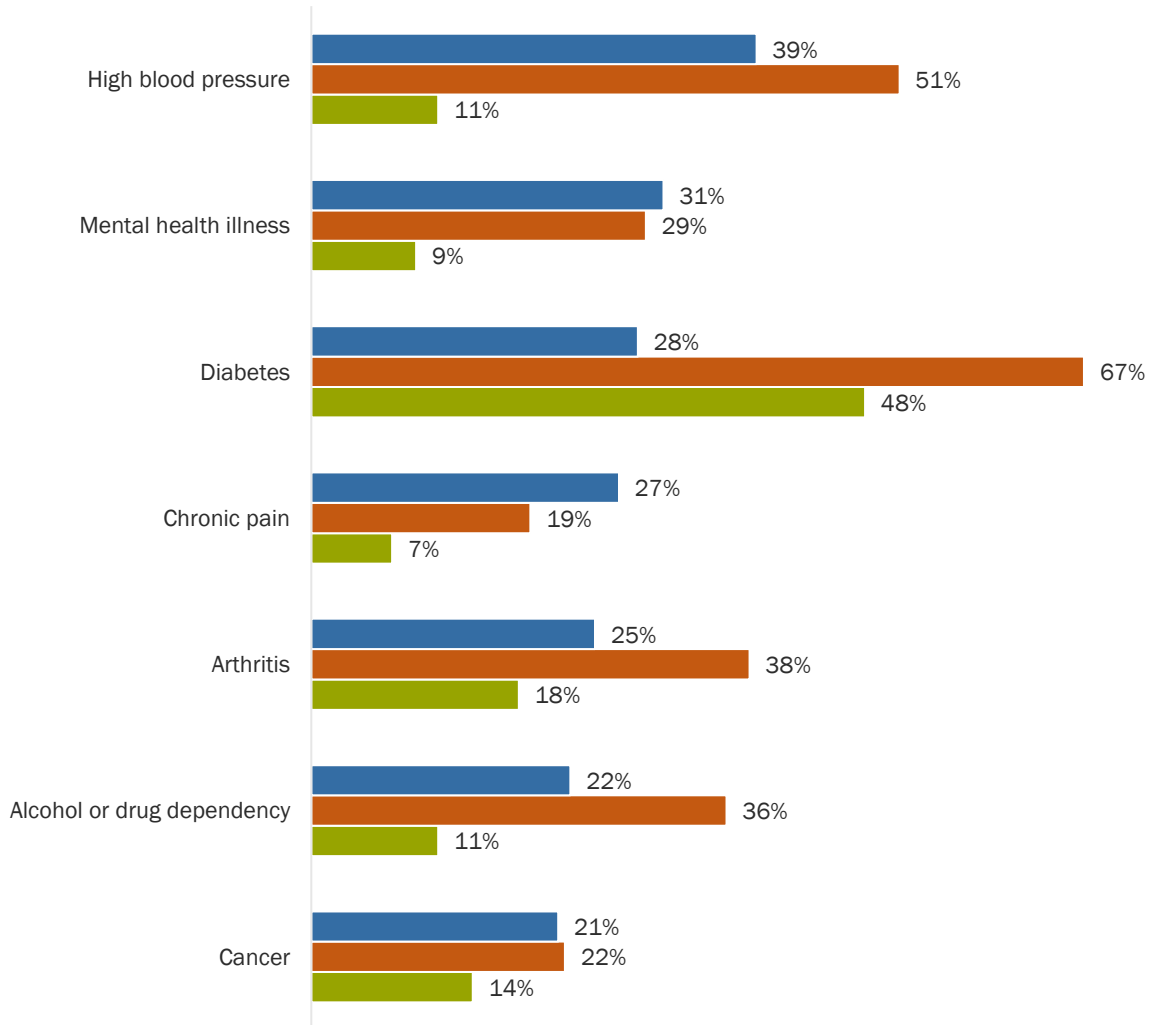
In the 2019 Community Health Survey, respondents were asked which chronic illnesses or conditions they or family members were living with. Of 1,215 respondents to this question, the top seven chronic conditions reported were high blood pressure (39%), mental health illness (depression, bi-polar, schizophrenia, 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

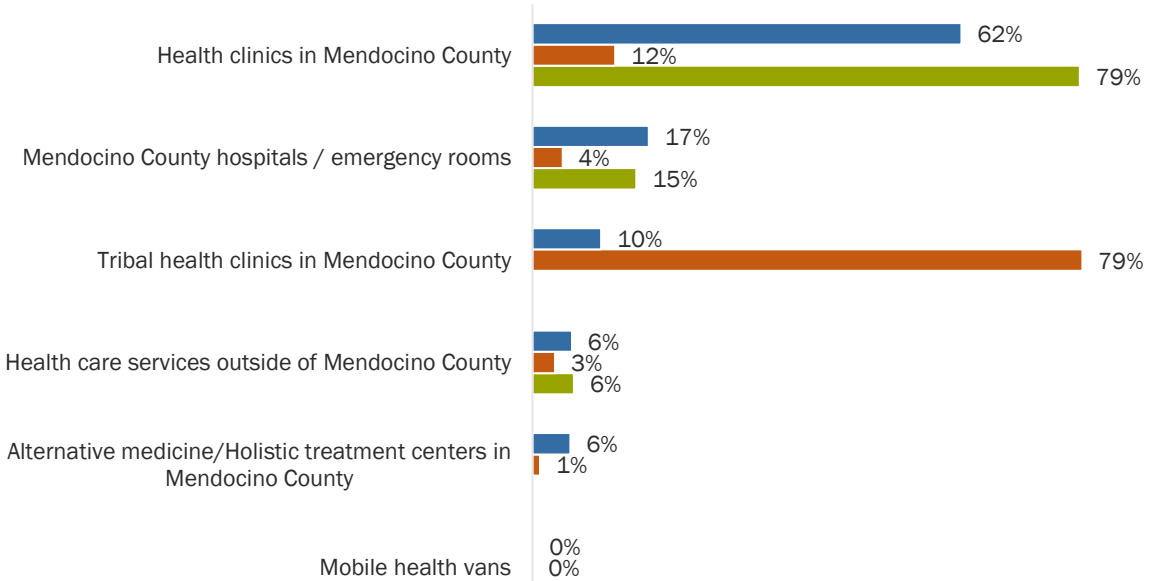
All Respondents, Native Americans and Hispanics/Latinos reported living with chronic illness or chronic conditions n=1,215



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

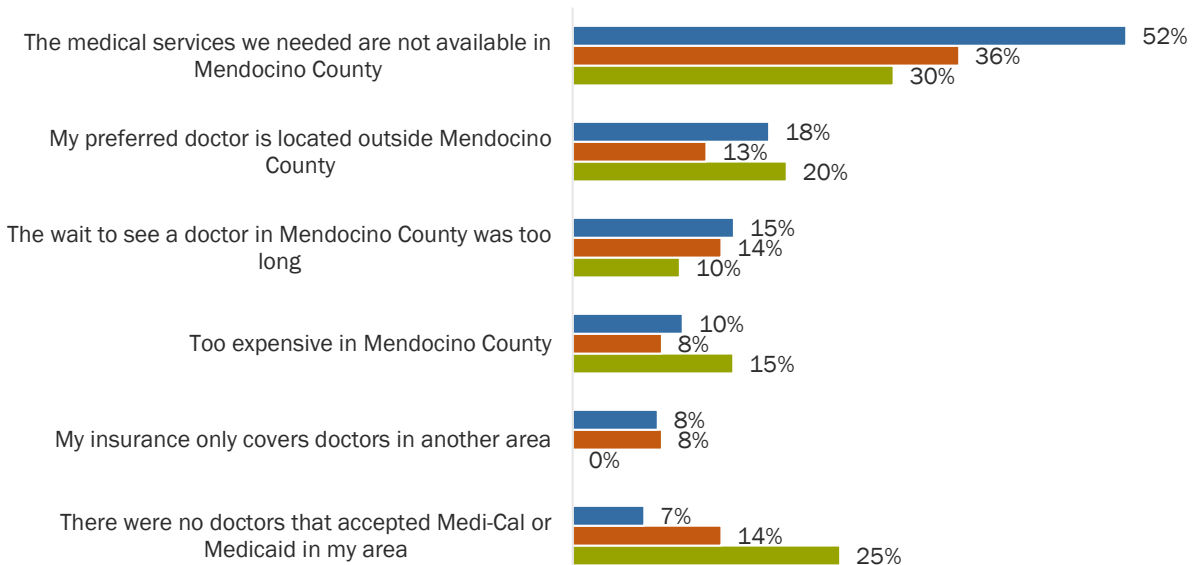
All Respondents, Native Americans and Hispanics/Latinos reported where they most often go to access health care services for themselves and their family n=1,155



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

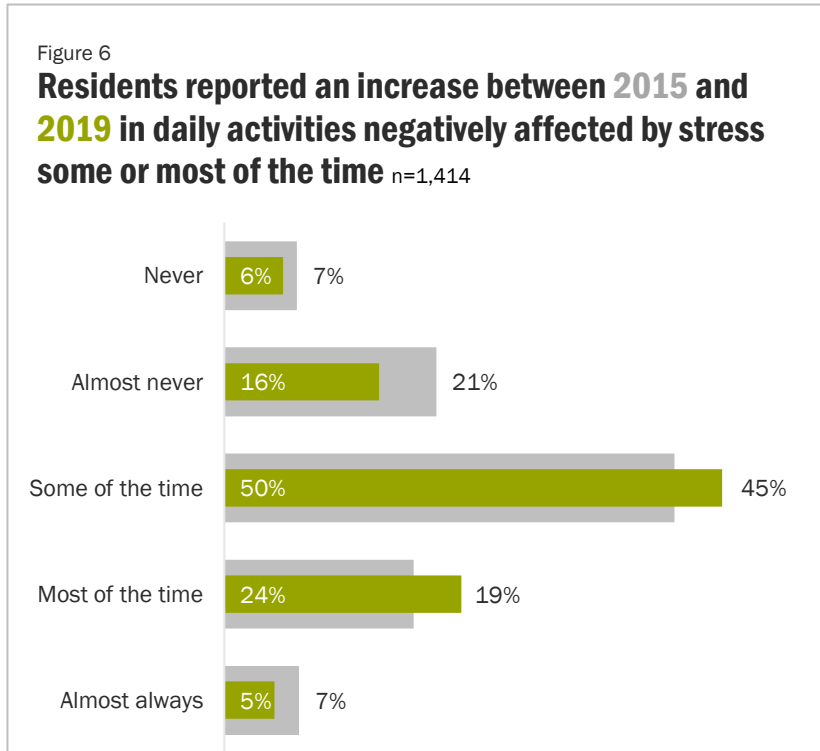
Barriers to access to care varied between All Respondents, Native Americans and Hispanics/Latinos n=963



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 previous 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%).



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).

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



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:

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

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).

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 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

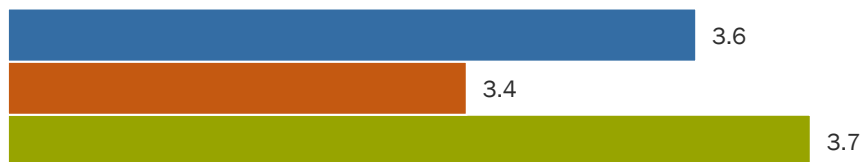
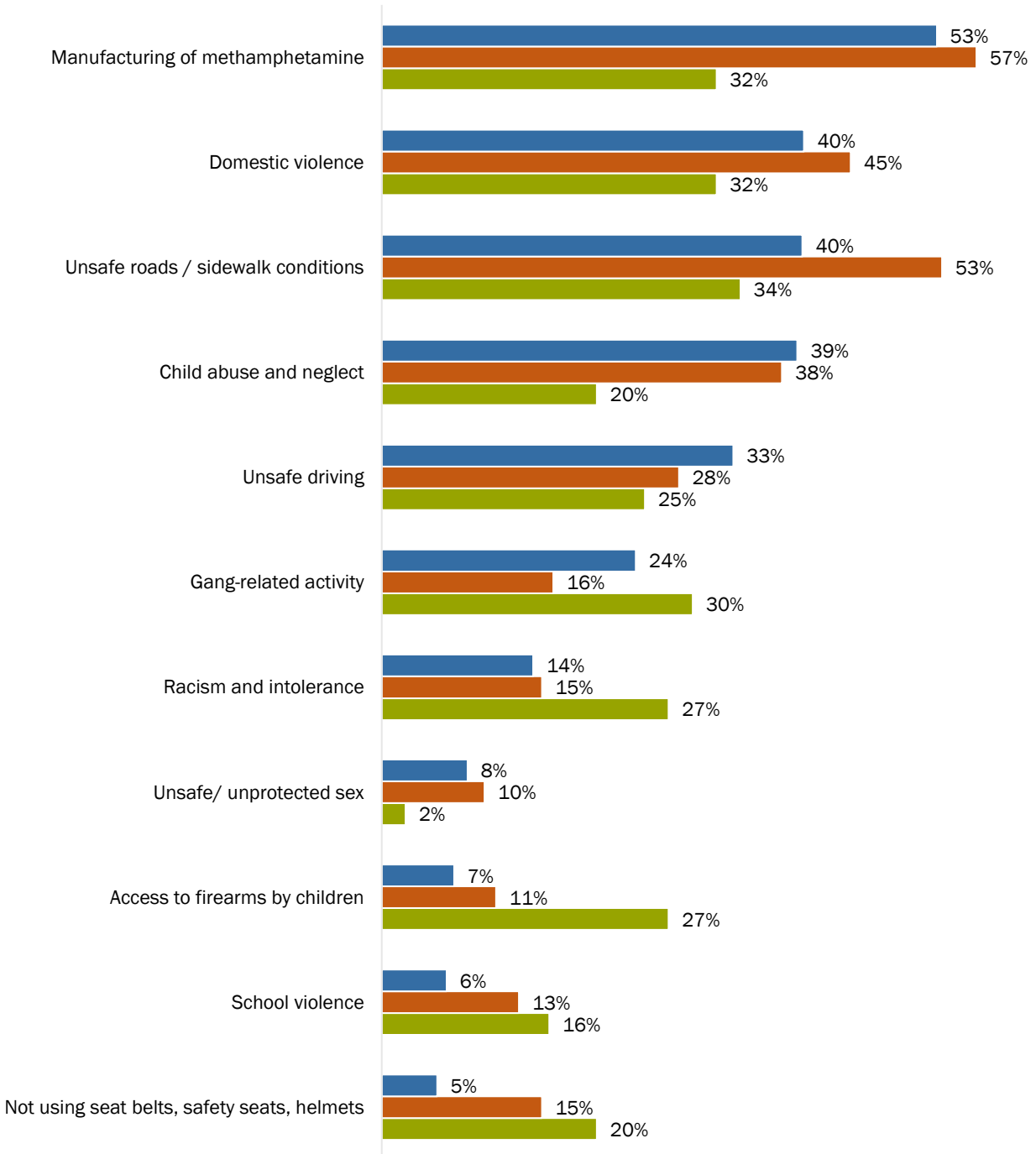


Figure 9

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

n=1,324



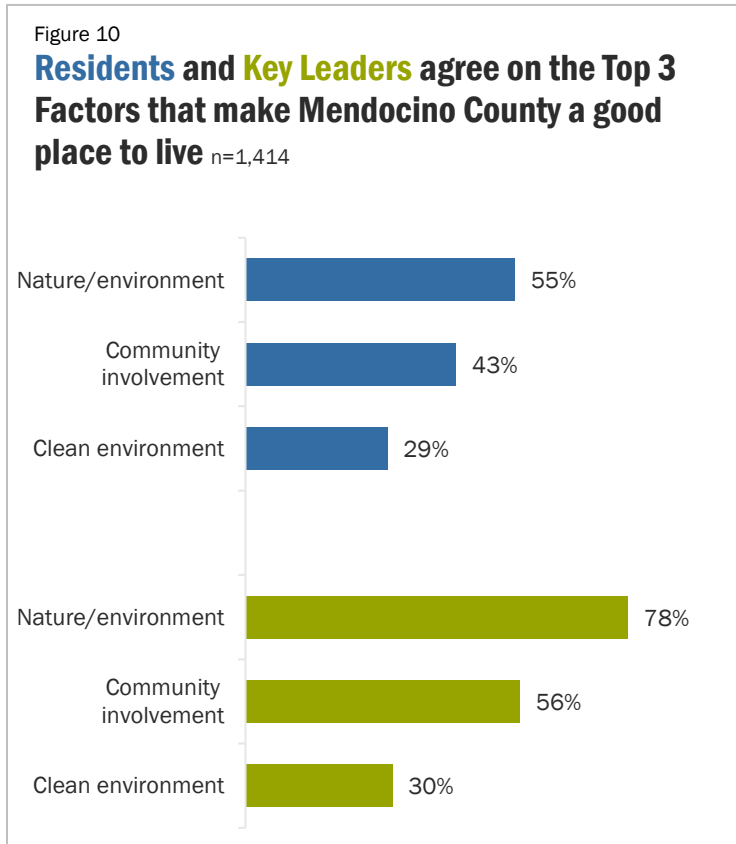
Question 2: What factors are most important for our community's health?

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

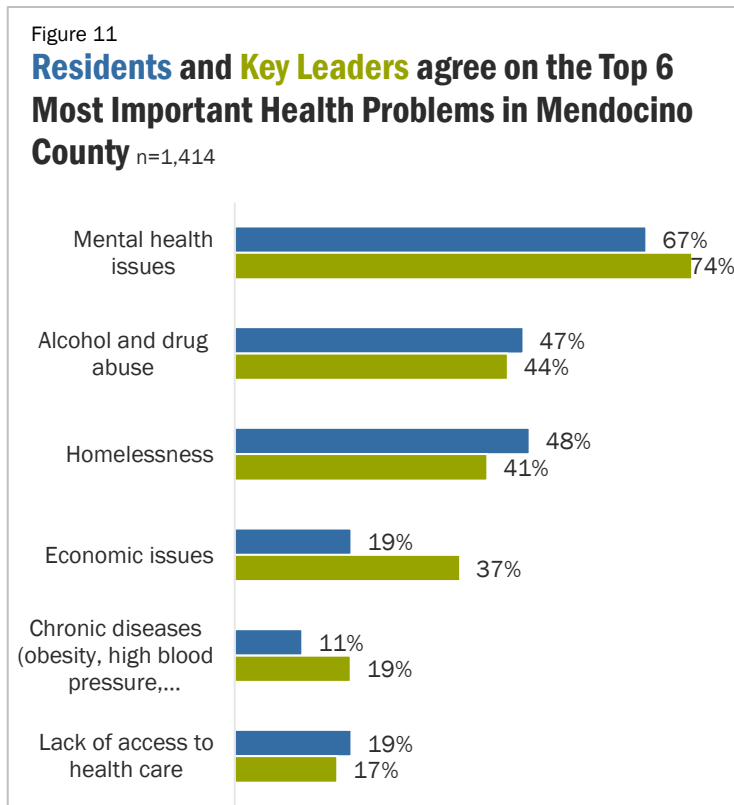
When asked what factors make Mendocino County a good place to live, survey respondents most often selected nature/environment (55%), community involvement (43%), clean environment (29%), low crime/safe neighborhoods (24%), and arts and cultural events (22%) (Figure 10).

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 previous Community Health Survey with one exception: marijuana use/industry as one of the most important health problems in the previous 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 2016.

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.⁷ 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

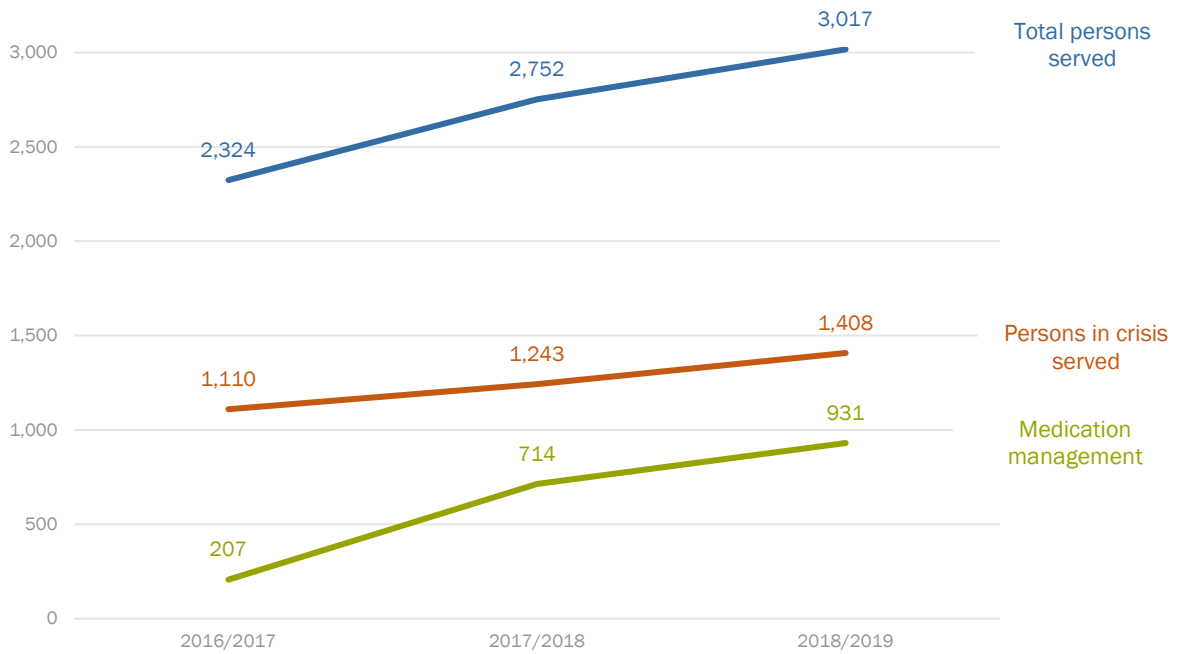
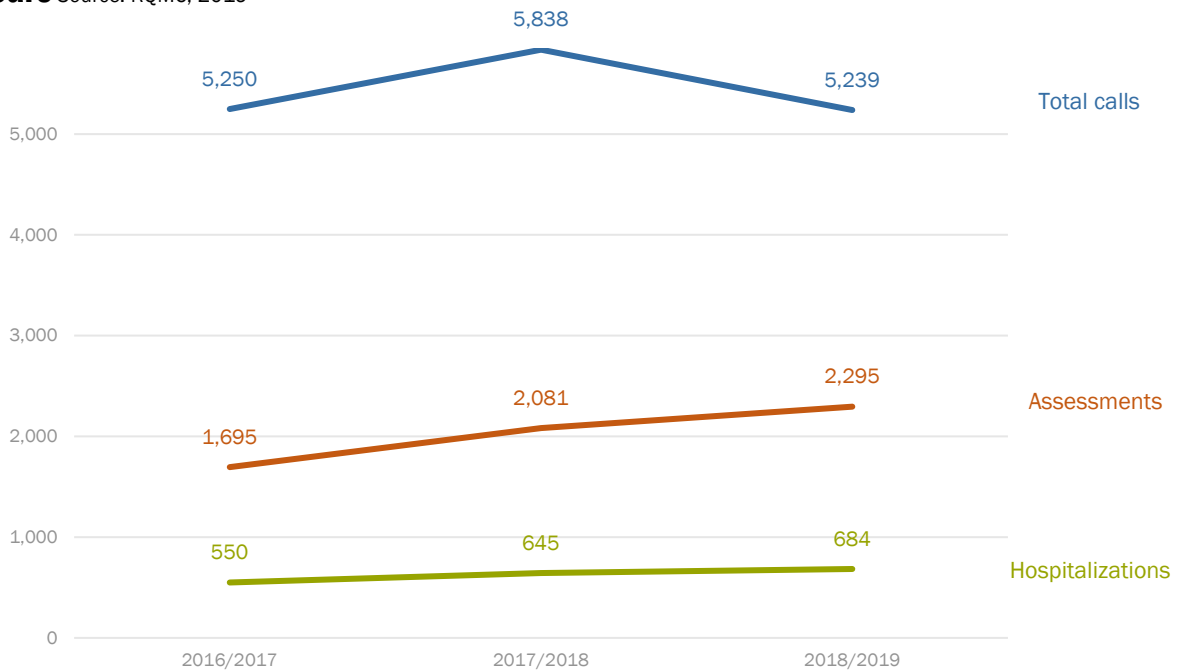


Figure 13

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:⁸

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%.⁹

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).¹⁰

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).¹¹

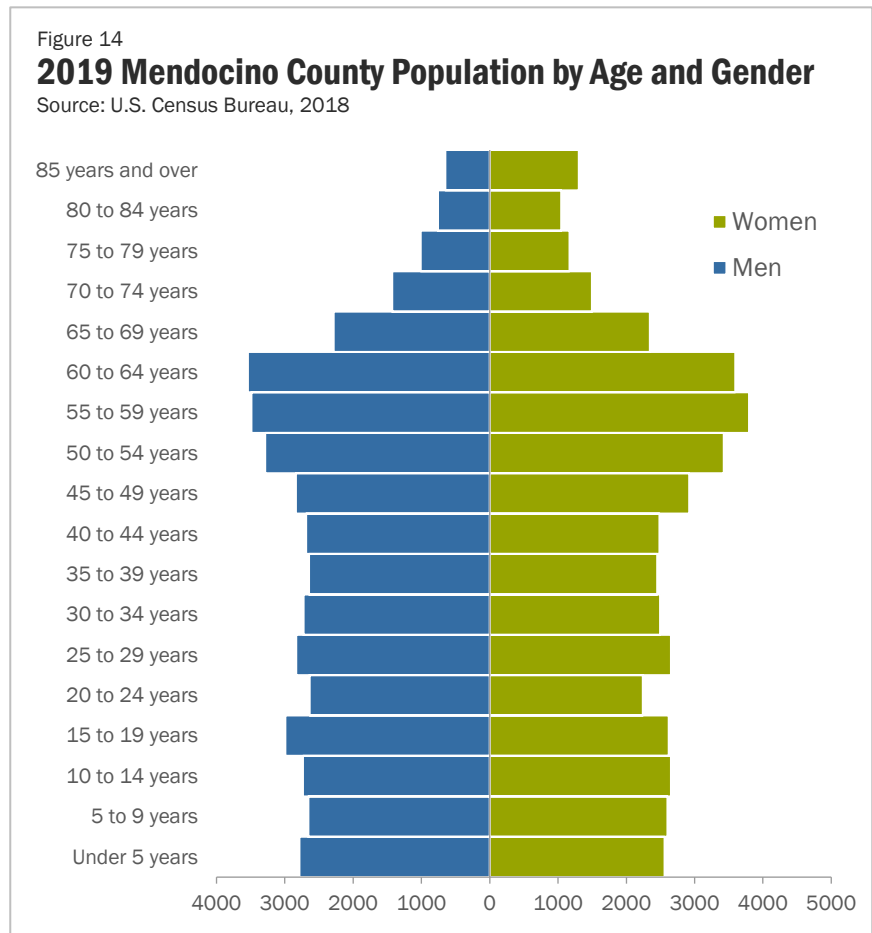
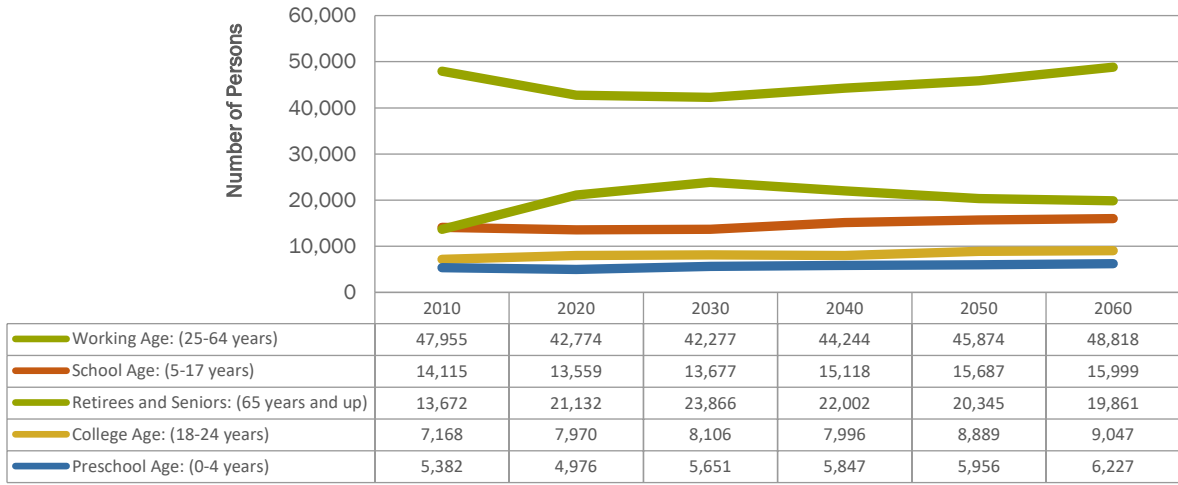


Figure 15

Mendocino County Population Projects by Age 2010-2060

Source: California Department of Finance, 2015

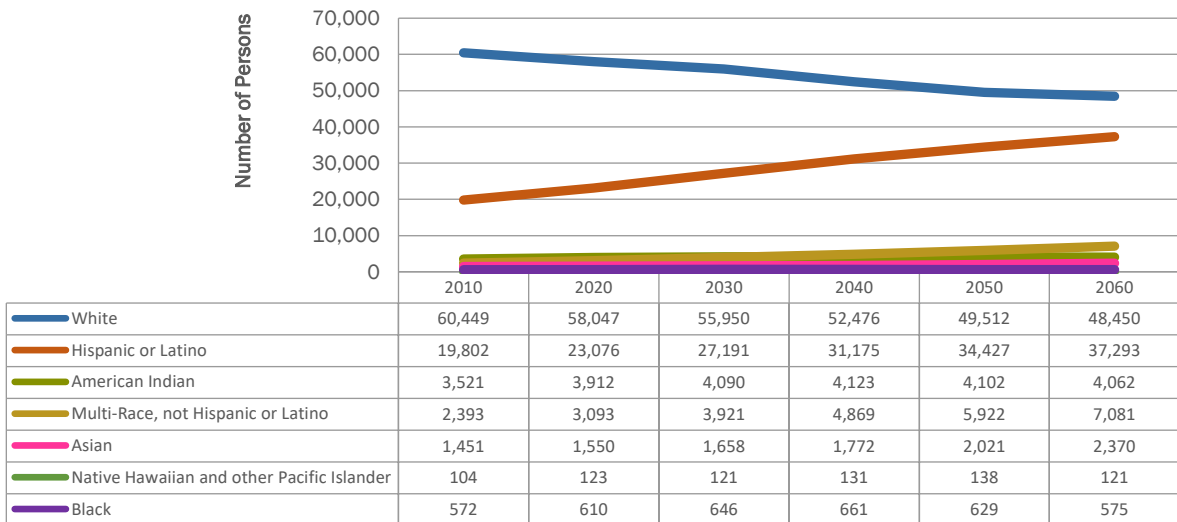


In 2018, the county’s population was 76% White, 22% Hispanic, 4% Native American, 1% Asian, .7% African American, .6% Pacific Islander, and 15.4% Two or More Races.¹² As shown in Figure 16, between 2010 and 2060, the Hispanic/Latino population is expected to increase from 19,802 to 37,293 or to 37% of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

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).¹⁴

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.¹⁵ 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).¹⁶ 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).¹⁷

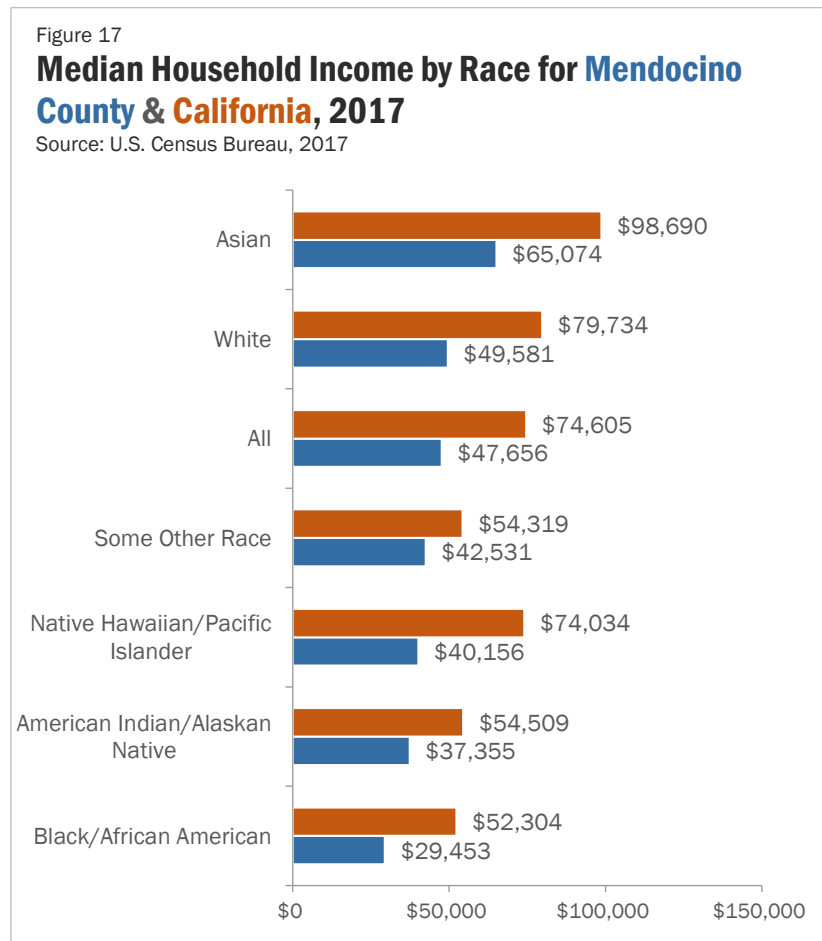
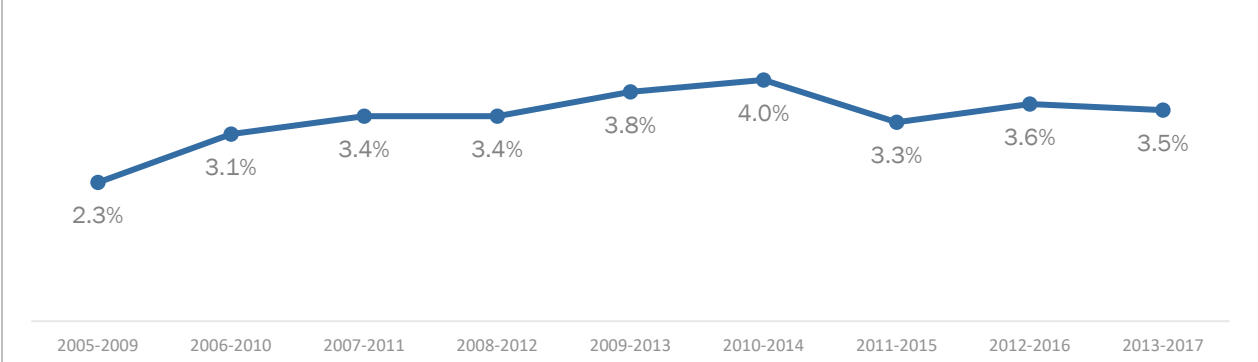


Figure 18

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

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



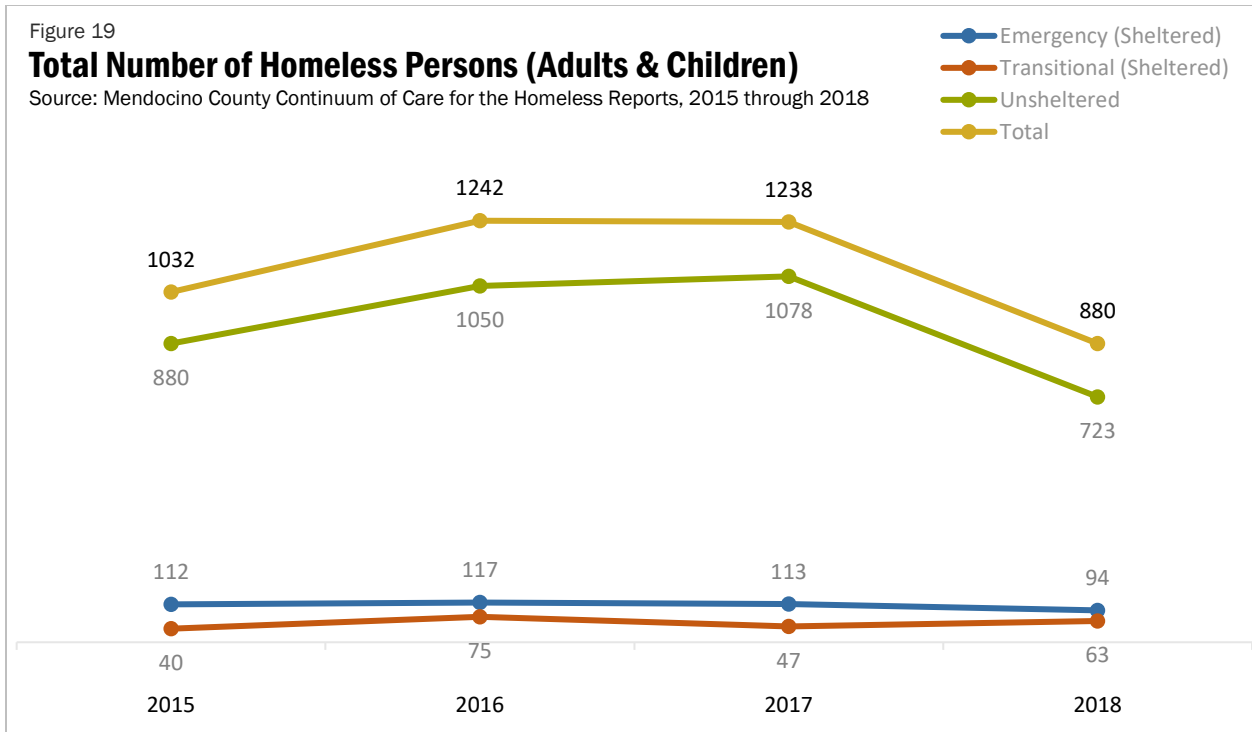
During 2017, 40% of households with children in Mendocino County were headed by a single parent, compared with 31% for the state.¹⁸ The percentage of households headed by a single parent reflected an increase from 37% in 2013.¹⁹ Grandparent-headed households responsible for grandchildren under 18 years of age rose from 6.5% in 2009-2013 to 7.2% in 2010-2014.²⁰

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.²¹ 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 1,238.²² 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 previous CHNA process, Healthy Mendocino organized a countywide forum with over 100 community members from across Mendocino County to choose a set of priorities. As a result of the forum, a CHIP was formed by Healthy Mendocino 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 are the strategies/actions implemented by the Childhood Obesity and Family Wellness Action Teams to date (Table 2). Three representatives from Adventist Health participated in this Action Team and were key influencers to the decision making of the strategies implemented. Immediately after the snapshot is 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 the Childhood Obesity and Family Wellness Action Team as well as the other Teams that were established across Mendocino County. 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 in which AHUV participated 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"> ... Developed the first annual Ukiah Kids Triathlon in 2016 ... Each Action Team member implemented 1 wellness activity in their organization, e.g., a 30-minute lunch time stress management workshop ... Currently implementing Let’s Go! 5210 Community-Based, Multisetting Childhood Obesity Prevention Campaign

Priority Area	Geographic Area	Strategies/Actions Implemented To Date
	Ukiah and countywide	... Developed <i>Healthy Food at a Community Event Guidelines</i> (available countywide on the healthymendocino.org website)
	Inland Mendocino County	<ul style="list-style-type: none"> ... Developed a strategic action plan that outlines the work of the team, and goals of partners for monthly prevention, community engagement and education ... Coordinated with partners on a range of trainings focused on mental health, professional development and resilience for community members (see Mental Health below) ... Created a countywide capacity/asset map for resources across the prevention/intervention spectrum for childhood trauma and resilience work

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 2015, 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.
↑	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.

Indicators Trending Positively

↑	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 by hanging 9%. Other causes made up the remaining 3%. Males comprised 68% and females 32%.

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

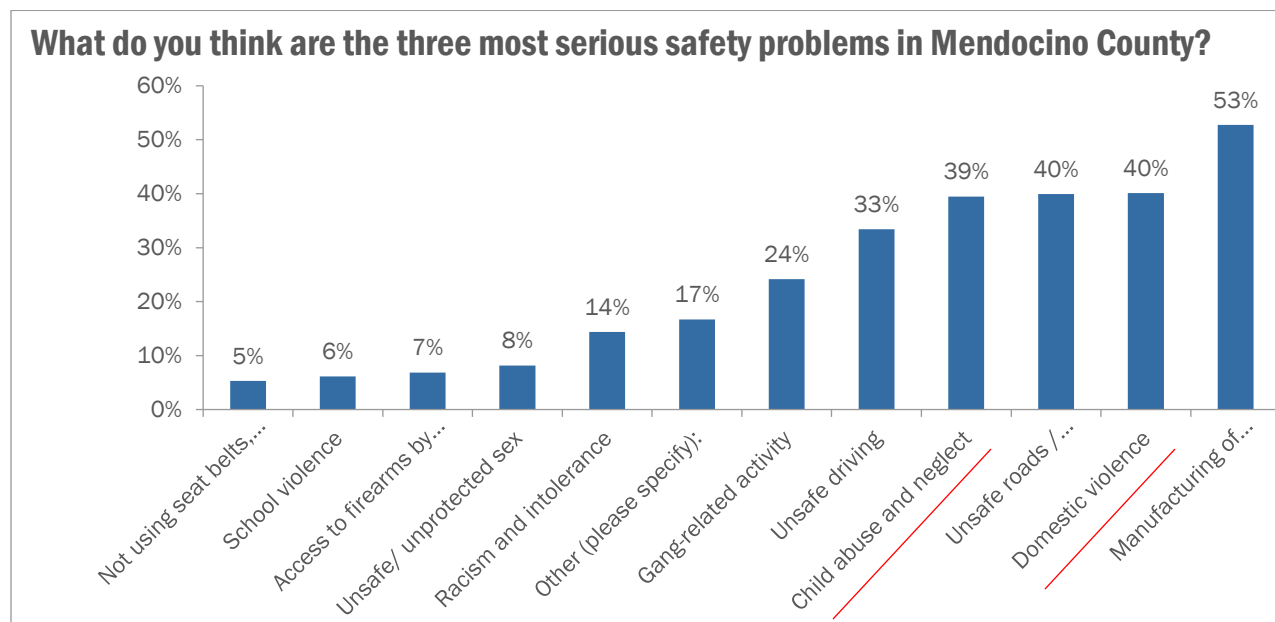
community (2019 Community Health Survey). Accessing mental health treatment in Mendocino County is improving (2019 RQMC Mental Health Medicaid Services), but can still be a challenge for individuals in need, partly as a result of the geographic isolation inherent in a large, rural county. The rate of 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.²³

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.²⁴



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.”²⁵ 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. For this reason, the CHNA Planning Group selected domestic abuse as a community health priority.

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.

MAKING A DIFFERENCE – RESULTS FROM OUR 2016 CHNA

Adventist Health Ukiah Valley wants to ensure that our efforts are making the necessary changes in the communities we serve. In 2016 we participated in a community led CHNA process. The results of that CHNA aided us in how we could best provide for our community and the most vulnerable among us. As a result, Adventist Health Ukiah Valley adopted the following priority areas for our community health investments for 2017-2019:

- Mental Health
- Childhood Obesity & Family Wellness
- Childhood Trauma

Adventist Health Ukiah Valley also provided support, as appropriate, to the following community-identified priority areas: 1) Housing, 2) Poverty.

Additionally, we engage in a process of continuous quality improvement, whereby we ask the following questions for each priority area:

- Are our interventions making a difference in improving health outcomes?
- Are we providing the appropriate resources in the appropriate locations?
- What changes or collaborations within our system need to be made?
- How are we using technology to track our health improvements and provide relevant feedback at the local level?
- Do we have the resources as a region to elevate the population's health status?

Building a healthy community requires multiple stakeholders working together with a common purpose. We invite you to explore how we intend to address health challenges in our community and partner to achieve change. More importantly though, we hope you imagine a healthier region and work with us to find solutions across a broad range of sectors to create communities we all want for ourselves and our families.

2016 CHNA Update

In 2016, Adventist Health Ukiah Valley (AHUV) was a part of a community-based group that conducted a Community Health Needs Assessment and was followed by a 2017 Community Health Improvement Plan (Implementation Strategy) that identified community health priorities. The prioritized needs were chosen based on community health data and the voices of our community.

AHUV has been working in these health improvement areas to create a community that provides each member the opportunity to have safe and healthy place to live, learn, work, play, and pray.

Mental Health and Wellbeing Focus

Homeless/Street Medicine Outreach: Addresses the complex care of patients with high impact social determinants of health. A team of staff and volunteers bring healthcare to homeless individuals and families in the Ukiah area. Scheduled clinic referrals from Mendocino County Health Clinic and Rural Health Clinics are made to homeless shelters, medical respite units, social services, Project Sanctuary, Manzanita and Mendocino County Aids and Viral Hepatitis Network (MCAVHN).

In addition, an RN case manager was placed in the Emergency Department (ED) and the EDie/PreManage software has been implemented in the ED to provide exchange of critical information, facilitate coordination of care and alignment with the plan of care across the continuum.

Number of Community Members Served by the Outreach Team: 650 (125 clinics)

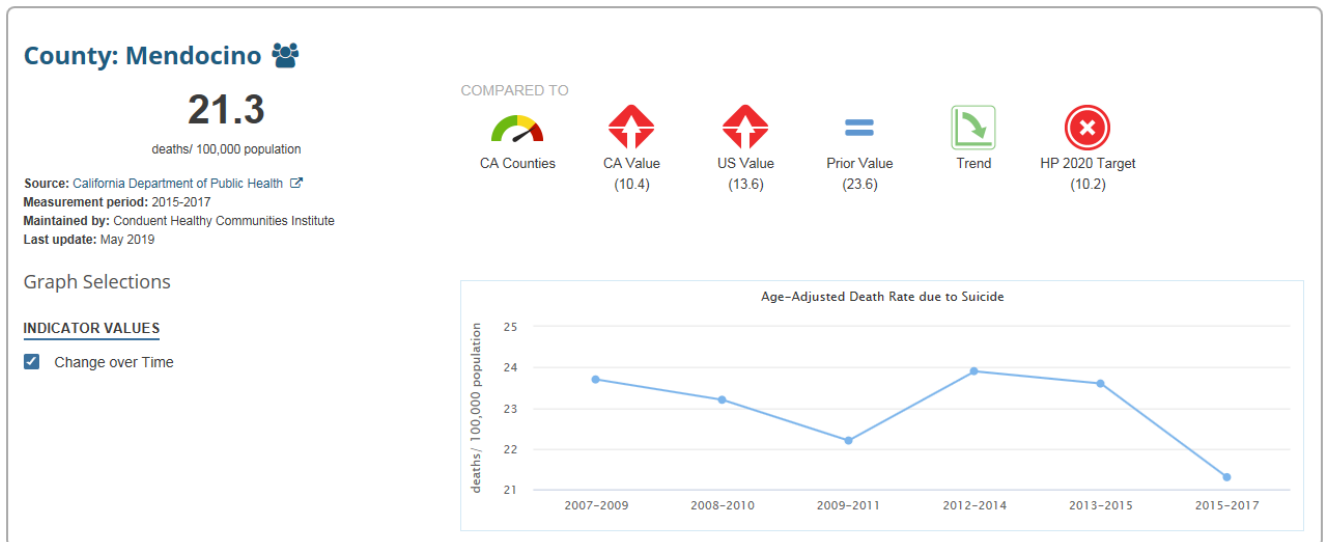
Pharmacy for Street Medicine: Working with the AHUV Pharmacy staff, the Street Medicine Team was able to create a program where basic medicines were included in the team backpacks for use at community pop-up clinics. Medicines such as stool softener and antibiotics are now available to patients at the clinics reducing their need to access emergency departments.

Social Worker for COMPASS Program: With the addition of a Social Worker position, the COMPASS program is able to provide a more comprehensive menu of services. The Licensed Clinical Social Worker (LCSW) assists with forms, facilitates community connections and focuses on the social needs of patients.

Coordinated Entry Site: As a newly designated Coordinated Entry Site, the COMPASS Program can now assist clients needing assistance in applying for housing programs.

Question Persuade Refer – Suicide Prevention Training for Associates and the Community: In December 2018, Adventist Health Ukiah Valley partnered with community organizations and entered into an agreement with Marvel Harrison, PhD to bring suicide prevention trainings to the community to reduce the rate due to suicide in Mendocino County. Thru a series of workshops, community, hospital and clinic staff were trained on the QPR Suicide Prevention method. QPR, which stands for Question, Persuade, Refer, is a nationally- recognized program to train people on how to recognize warning signs, offer hope and take action when they are concerned that someone may be at risk for suicide.

With a suicide rate of double that of California, Mendocino County has a great need for educating all citizens on basic intervention skills. Adventist Health Ukiah Valley is proud to have led the way by sponsoring over twenty community QPR Workshops.



Family Wellness/Childhood Obesity Focus

LiveWell Programing: As part of our efforts to address chronic disease and promote overall wellness, we launched the LiveWell program in 2017. The Live Well Clinic is a lifestyle program coordinates with pain management and behavioral health clinics to assist those who struggle with drug addiction, opioid dependence and poor health management. The multi-disciplinary team works with patients to determine specific health goals and implement a variety of services that include fitness training, nutritional counseling, psychiatric counseling, diabetes education, pain management or addiction services. Open to all through self-referral or provider referral, the Live Well Program create a setting where patients can focus on their whole-person health for improved clinical outcomes.

Diabetes Education: Our Outpatient Diabetes Self-Management program is an American Diabetes Association recognized program. The English program consists of 4, 2.25-hour classes, team taught by a Certified Diabetes Educator Dietitian, a and a Registered Nurse. The Spanish program consist of 2, 2.25-hour classes. These classes are offered free of charge as a community benefit. All supplies and food samples are provided at no cost to the clients. The food sampling includes grocery store purchased food sampling as well as delicious foods from our hospital chefs. Clients are encouraged to bring support people with them. The classes are offered in English on an ongoing basis and in the Spring and Fall for Spanish speakers.

Subjects covered include but are not limited to, what diabetes is, blood glucose goals, hypoglycemia (low blood sugar), hyperglycemia (high blood sugar) how to prevent and how to treat, carbohydrate counting, shopping lists and goal setting for success, stress and sleeps role in diabetes management, understanding food labels, portion size, exercise as free medication, alcohol and blood sugar control, sick day

management, reducing the risk of complications, routine care, dietary fats, protein, medications, weight management, fiber and diet, eating out, diabetes and pregnancy and disaster preparedness.

Partners in services to address Mental Health and Community Wellbeing

- **Redwood Quality Management Company (RQMC)**
- **MCAVHN (Mendocino County Aids/Viral Hepatitis Network)**
- **Redwood Community Services, Inc. (RCS)**
- **Project Sanctuary**
- **Department of Health and Human Services**
- **Food Bank**
- **Ford Street Project**
- **Mendocino County Health Clinic (MCHC)**
- **Manzanita Services**
- **Employment Development Department (EDD)**

Connecting Strategy and Community Health

As hospitals move toward population health management, community health interventions are a key element in achieving the overall goals of reducing the overall cost of health care, improving the health of the population, and improving access to affordable health services for the community both in outpatient and community settings. The key factor in improving quality and efficiency of the care hospitals provide is to include the larger community they serve as a part of their overall strategy.

Health systems must now step outside of the traditional roles of hospitals to begin to address the social, economic, and environmental conditions that contribute to poor health in the communities we serve. Bold leadership is required from our administrators, healthcare providers, and governing boards to meet the pressing health challenges we face as a nation. These challenges include a paradigm shift in how hospitals and health systems are positioning themselves and their strategies for success in a new payment environment. This will impact everyone in a community and will require shared responsibility among all stakeholders.

Population health is not just the overall health of a population but also includes the distribution of health. Overall health could be quite high if the majority of the population is relatively healthy—even though a minority of the population is much less healthy. Ideally such differences would be eliminated or at least substantially reduced.

Community health can serve as a strategic platform to improve the health outcomes of a defined group of people, concentrating on three correlated stages:

- 1) The distribution of specific health statuses and outcomes within a population;
- 2) Factors that cause the present outcomes distribution; and
- 3) Interventions that may modify the factors to improve health outcomes.

Improving population health requires effective initiatives to:

- 1) Increase the prevalence of evidence-based preventive health services and preventive health behaviors,
- 2) Improve care quality and patient safety and
- 3) Advance care coordination across the health care continuum.

Our mission as a health system is **Living God's love by inspiring health, wholeness and hope**. We believe the best way to re-imagine our future business model with a major emphasis of community health is by working together with our community.

While we use this data to help us create programs and processes for improving community health we also want others to benefit from this work. To allow for independent review by all community members we post our Community Health Needs Assessment to our Adventist Health website at <https://www.adventisthealth.org/ukiah-valley/about-us/community-benefit/>

On this site the public can review our Community Benefit work, connect with our Community Benefit Department and read documents detailing our Community Health Needs Assessment back to 2013.



2019 CHNA approval

This community health needs assessment was adopted on 10/17/19 by the Adventist Health System/West Board of Directors. The final report was made widely available on December 31, 2019.

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To request a copy, provide comments or view electronic copies of current and previous community health needs assessments or community benefit implementation strategies, please visit the Community Benefits section on our website at <https://www.adventisthealth.org/about-us/community-benefit/>

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2019 Mendocino County Community Health Needs Assessment

APPENDIX A
Community Health Survey
October 2019

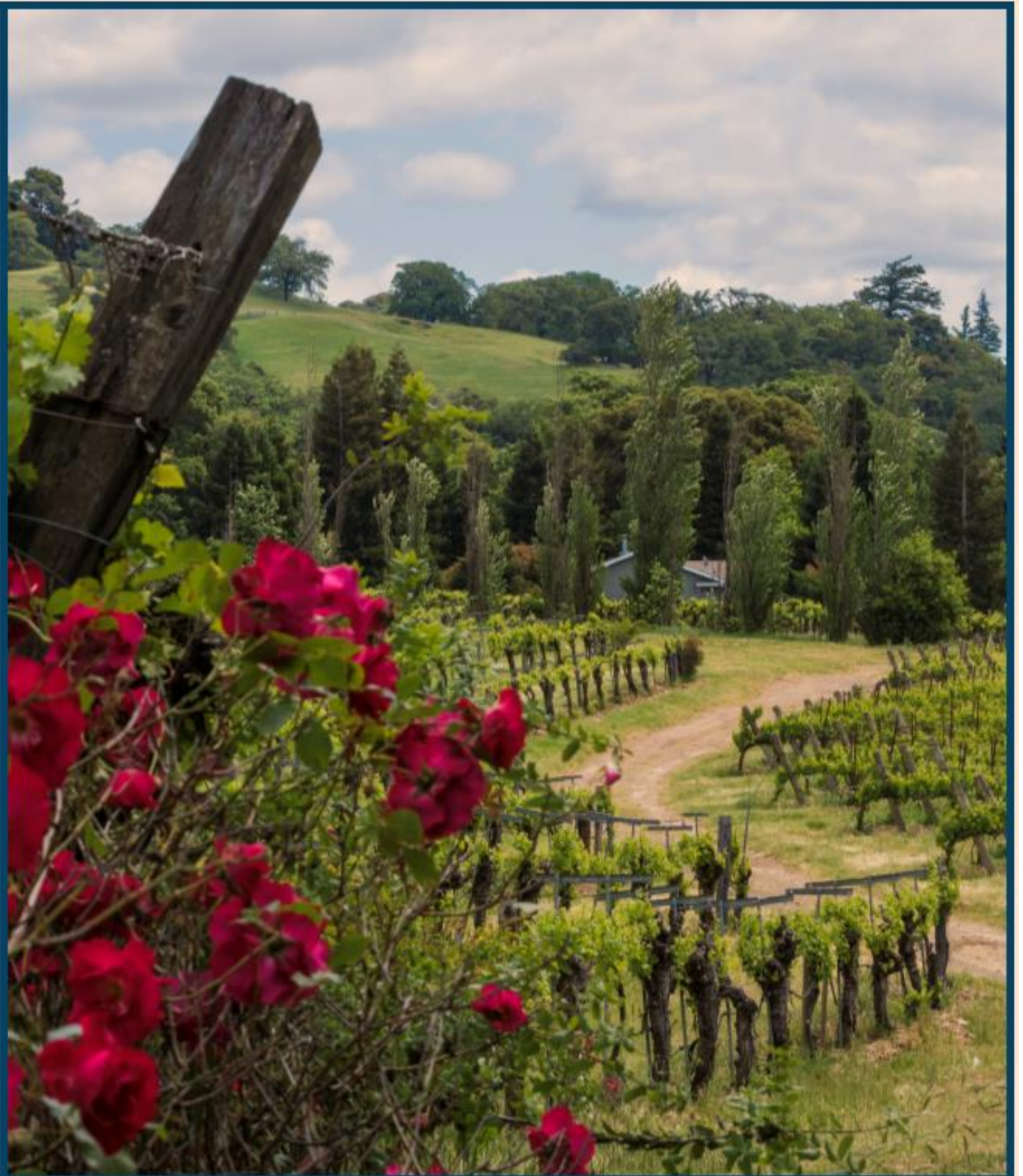


TABLE OF CONTENTS

Community Health Survey

Introduction and Background	1
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Results

Demographic Characteristics	2
Perspective of Health in Mendocino County	7
Access to Health Care Services	11
Mental Health Stability	15
Access to Social Services Benefits	16
Employment Status	17
Satisfaction with Housing Situation	18
Favorite Places for Recreation/Social Activities in Mendocino County	20

Addendums

A. Community Health Survey Distribution.....	21
B. Community Health Survey Questions - English	22
C. Community Health Survey Questions – Spanish	30

COMMUNITY HEALTH SURVEY

Introduction & Background

Purpose of Survey

Mendocino County conducted a Community Health Survey to learn the opinions of individuals about community health characteristics, problems, and assets in the county. This survey is part of the 2019 Mendocino County Community Health Needs Assessment (CHNA).

The 2019 CHNA is sponsored by a coalition of local organizations and agencies: 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, Mendocino County Office of Education, North Coast Opportunities, Partnership HealthPlan of California, Redwood Community Services, Inc., Redwood Quality Management Company, and United Way of the Wine Country. The CHNA is a project of Healthy Mendocino, which facilitated the Planning Group.

Background

In preparing for the community health survey, the CHNA Planning Group reviewed instruments previously used during the 2002 and

2015 CHNA processes. Revisions were kept to a minimum so that a direct comparison could be made to the most recent CHNA conducted in 2015. However, at 41 questions, the Planning Group felt the survey was too long, so the number of questions was reduced by ten to 31 questions.

A total of 1,324 individual Mendocino County residents completed the survey, with 48 surveys completed in Spanish, and 94 surveys completed by those identifying themselves as Native American. The survey was promoted throughout the county, on the HealthyMendocino.org website, at local libraries, senior centers, regional clinics, businesses, schools and churches. (For a complete list of distribution sites, please see Addendum C.)

Paper copies of the survey were manually entered into Survey Monkey, and the data analyzed to tabulate frequencies and percentages and trends in SPSS statistical software.

Limitations

The Community Health Survey was conducted with a convenience sampling methodology, causing limitations to the data when interpreting the results. Although efforts were made to reach all geographic areas of the community and ensure demographic diversity among respondents, the survey is not assumed to capture a statistical representation of the community's population.

Social Determinants of Health

The Center for Disease Control defines the Social Determinants of Health (SDOH), as the conditions in the places where people live, learn, work, and play that affect a wide range of health risks and outcomes. There are five key areas of SDOH:

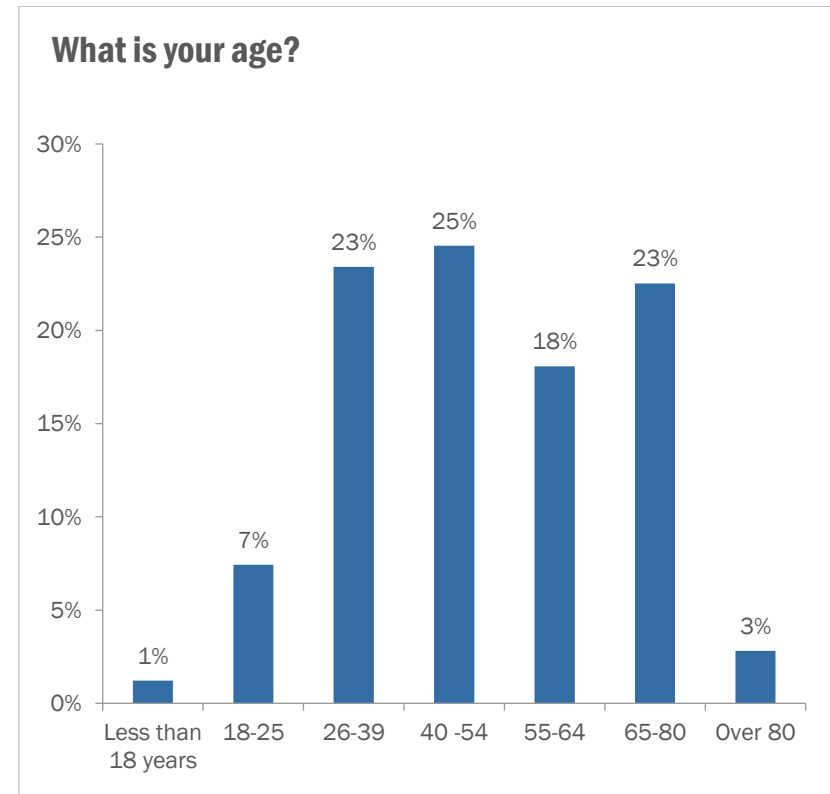
- Economic Stability
- Education
- Social and Community Context
- Health and Health Care
- Neighborhood and the Built Environment

Resources that enhance quality of life can have a significant influence on population health outcomes. Examples of these resources include safe and affordable housing, access to education, public safety, availability of healthy foods, local emergency/health services, access to natural environments for recreation, and environments free of life-threatening toxins.

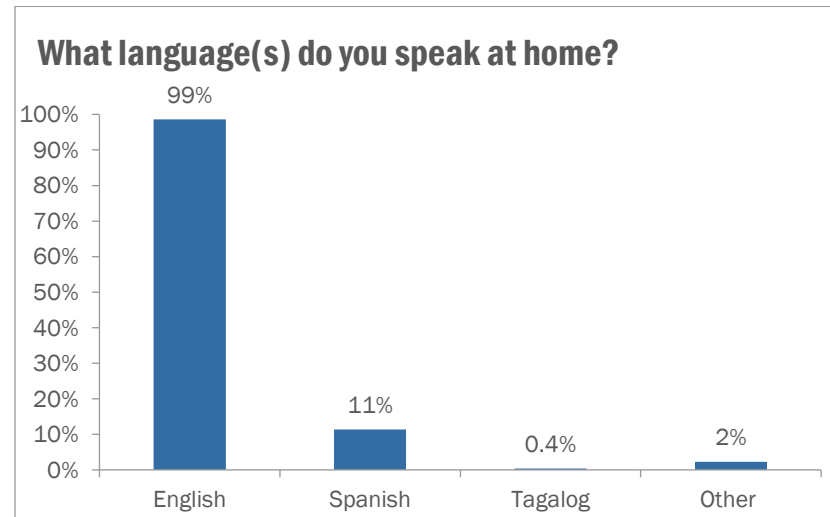
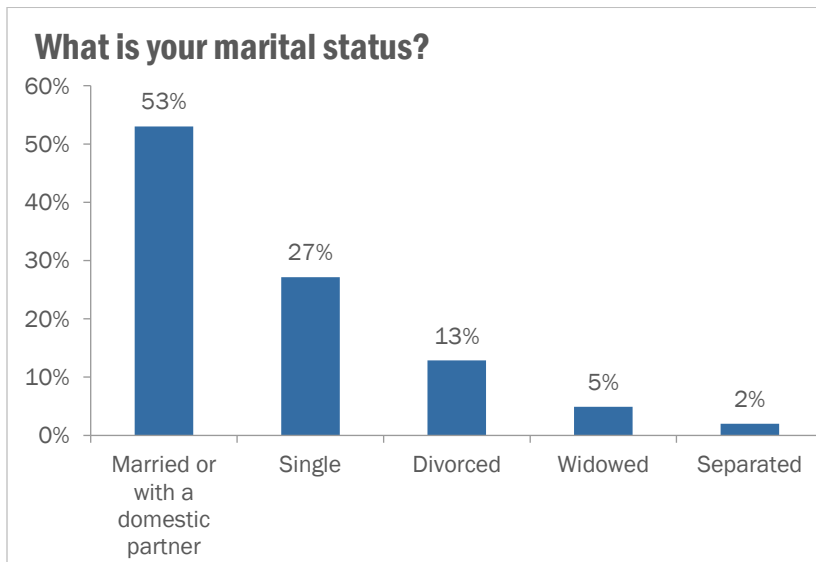
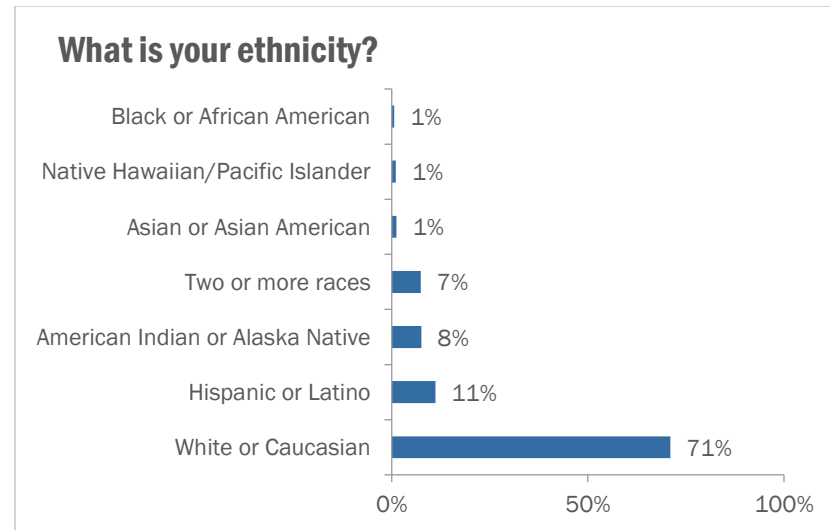
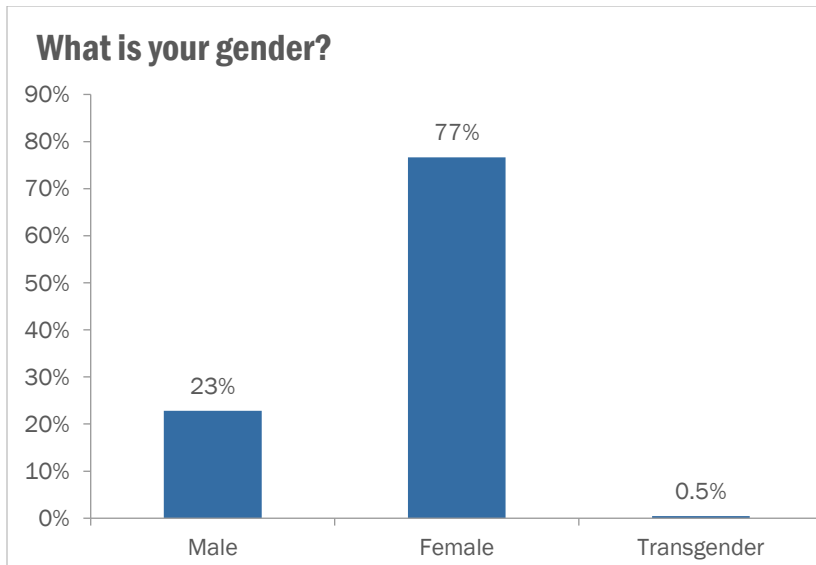
Mendocino County is fortunate in having many of these resources. However, the vast geography of the county creates challenges in access to health care, communications and public safety. In addition, natural disasters such as the recent wildfires that destroyed entire neighborhoods in 2017, further stressed an already tight housing market. Changes in the local economy continue to negatively impact families, who are often struggling to make ends meet. There are some areas in Mendocino County that continue to have higher rates of poverty when compared to others, and any adverse event can severely impact those living in these communities. On a positive note, respondents cited strong community ties as one of the top factors that made Mendocino County a good place to live.

RESULTS

Demographic Characteristics

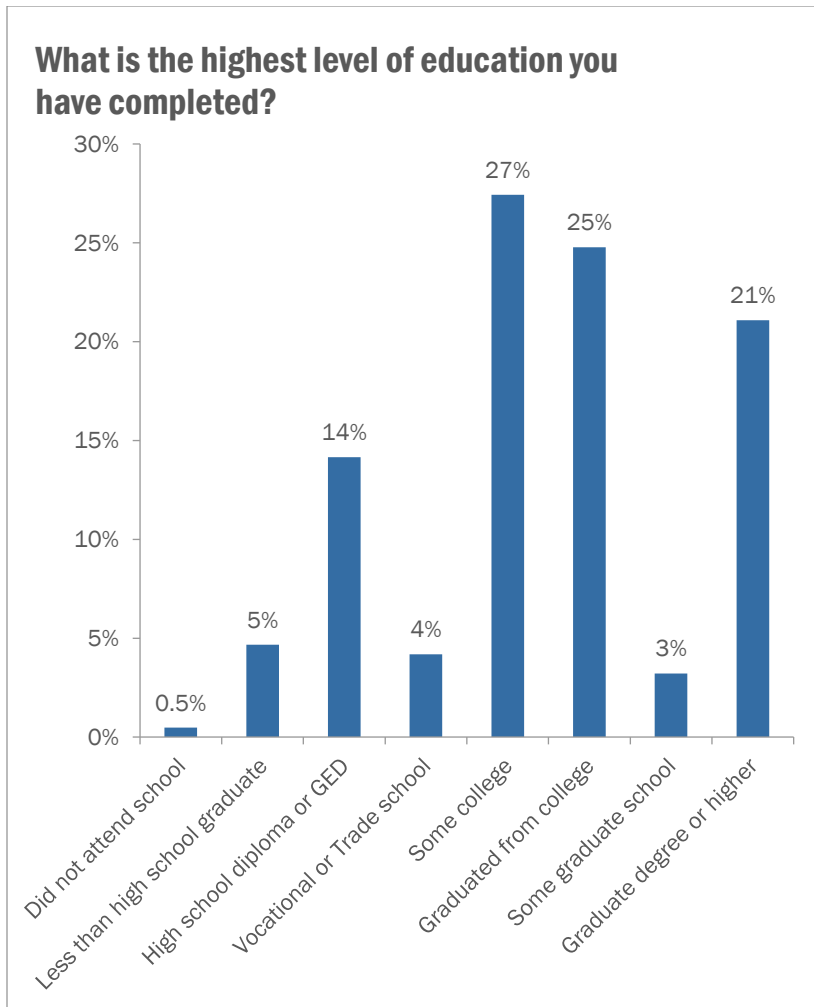


Most respondents (69%) were over age 40. Mendocino County has a population that skews older than surrounding counties or the state overall. The median age in 2017 was 42.2 years, compared with the State of California at 36.5 years. Individuals who completed the questionnaire in Spanish were younger, with 68% being under age 40.



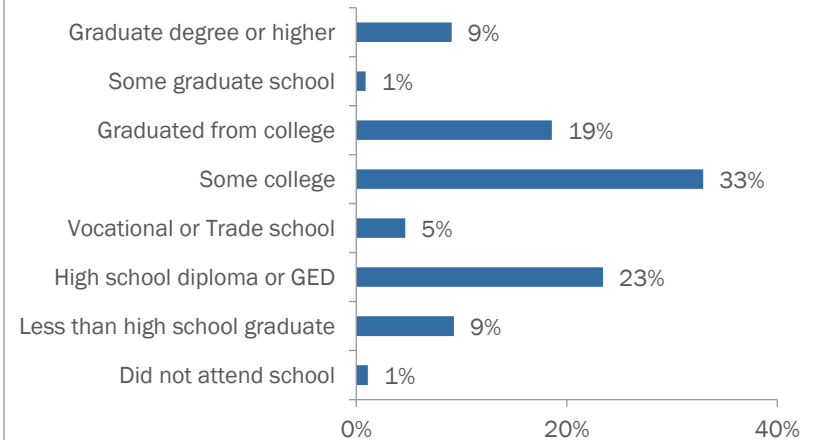
Most respondents were married or with a partner, while about 47% were not.

In the “Other” category, respondents included: German, French, Wailaki Northern Pomo, Navajo, Japanese, Mandarin Chinese, Portuguese, Russian, Hebrew and American Sign Language.

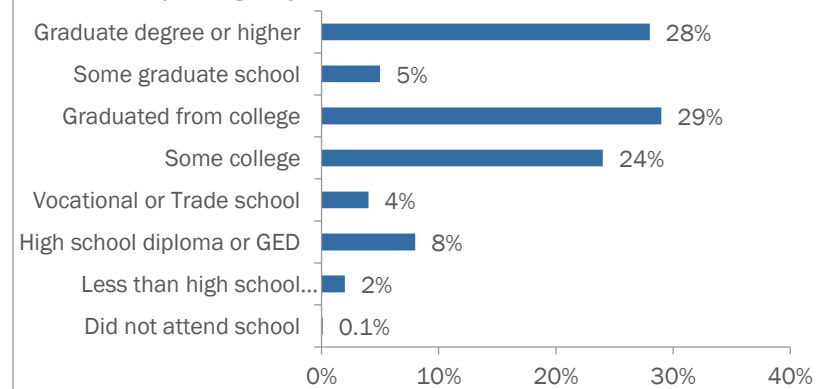


Two-thirds of Mendocino County's survey respondents have at least some college.

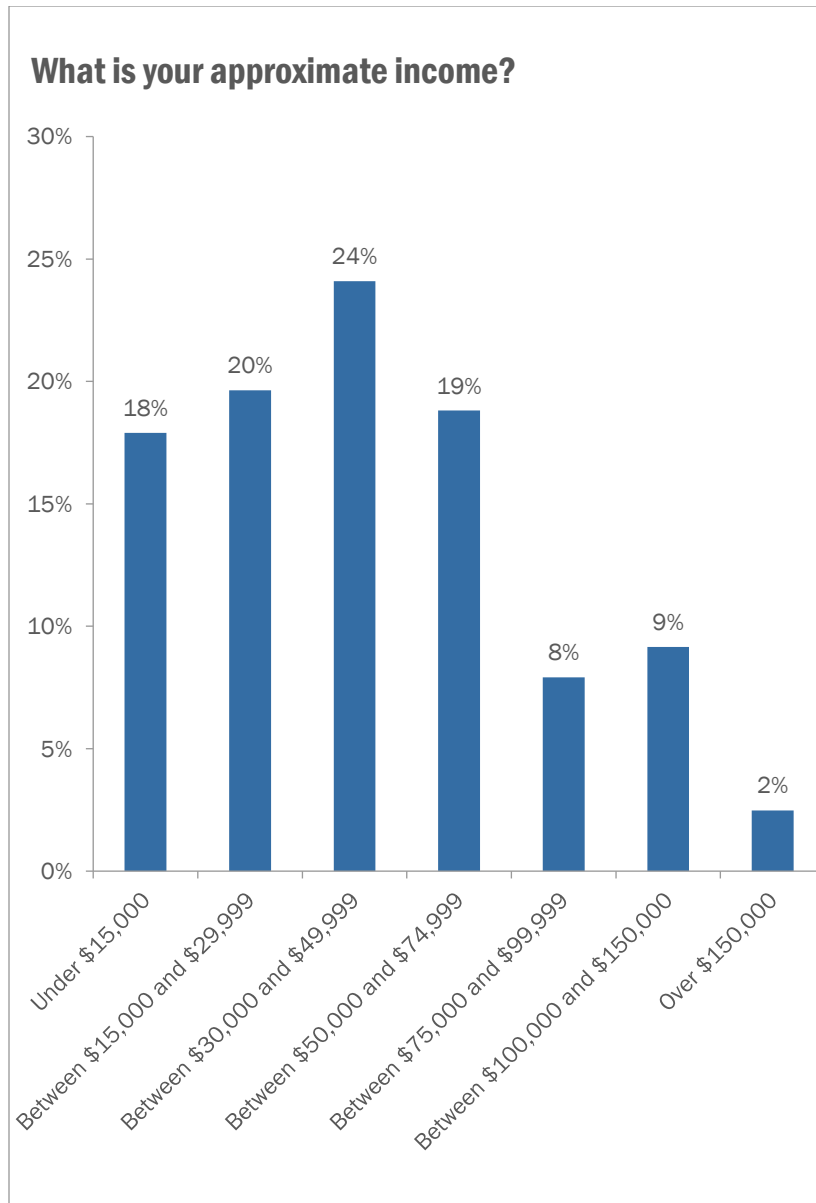
Educational attainment of individuals earning less than \$30,000 per year



Educational attainment of individuals earning more than \$30,000 per year

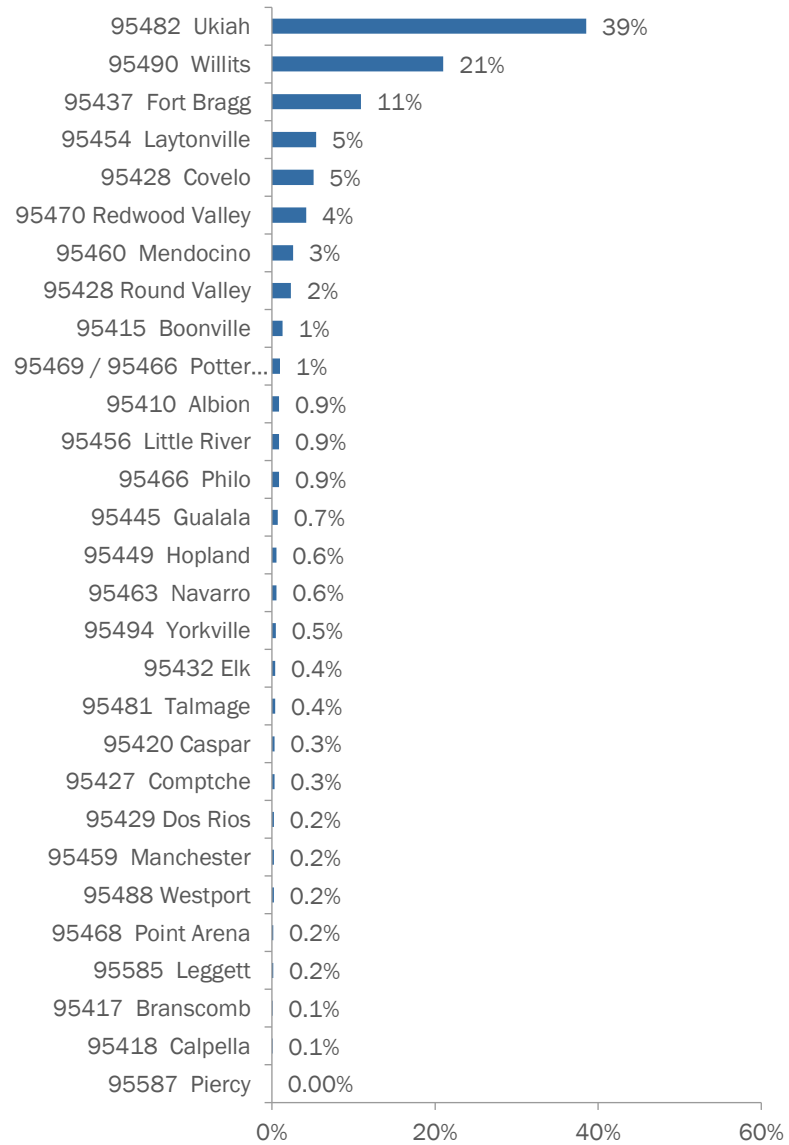


Educational attainment is positively correlated with increased income. Individuals with college degrees earned significantly more per year than those with less education. Over a third of individuals with a college degree or greater earned over \$75,000 per year.

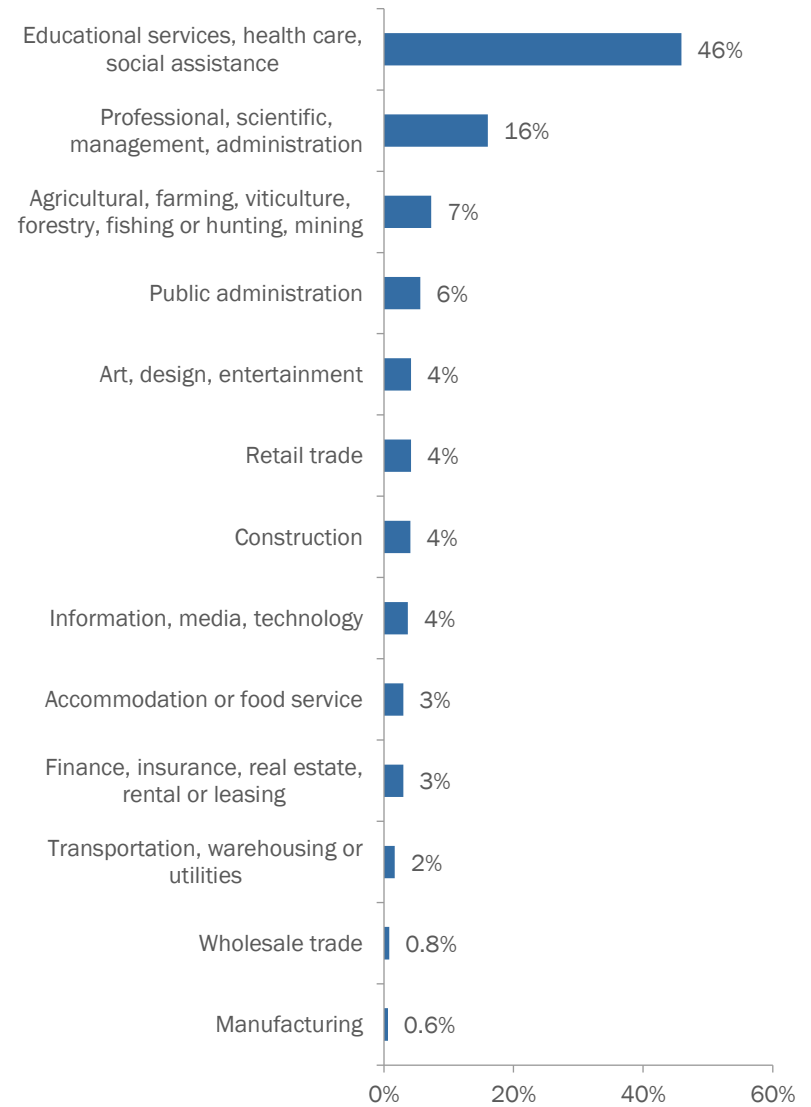


Household income level has been significantly linked to health. The higher one's income, the less likely you are to die of premature death and the likelihood of disease is reduced. Wealthier areas tend to have healthier people. For minorities, this is especially true, and wealthier minorities also have better health. Low income families are defined by the Federal Poverty Level (FPL) guidelines. In 2018, a family of four with household incomes at or above 100% of the FPL had an annual income of about \$25,100. When asked about income, 62% reported making less than \$50,000 a year. The median household income in 2018 for Mendocino County is \$46,528, compared to the California median household income of \$67,169.

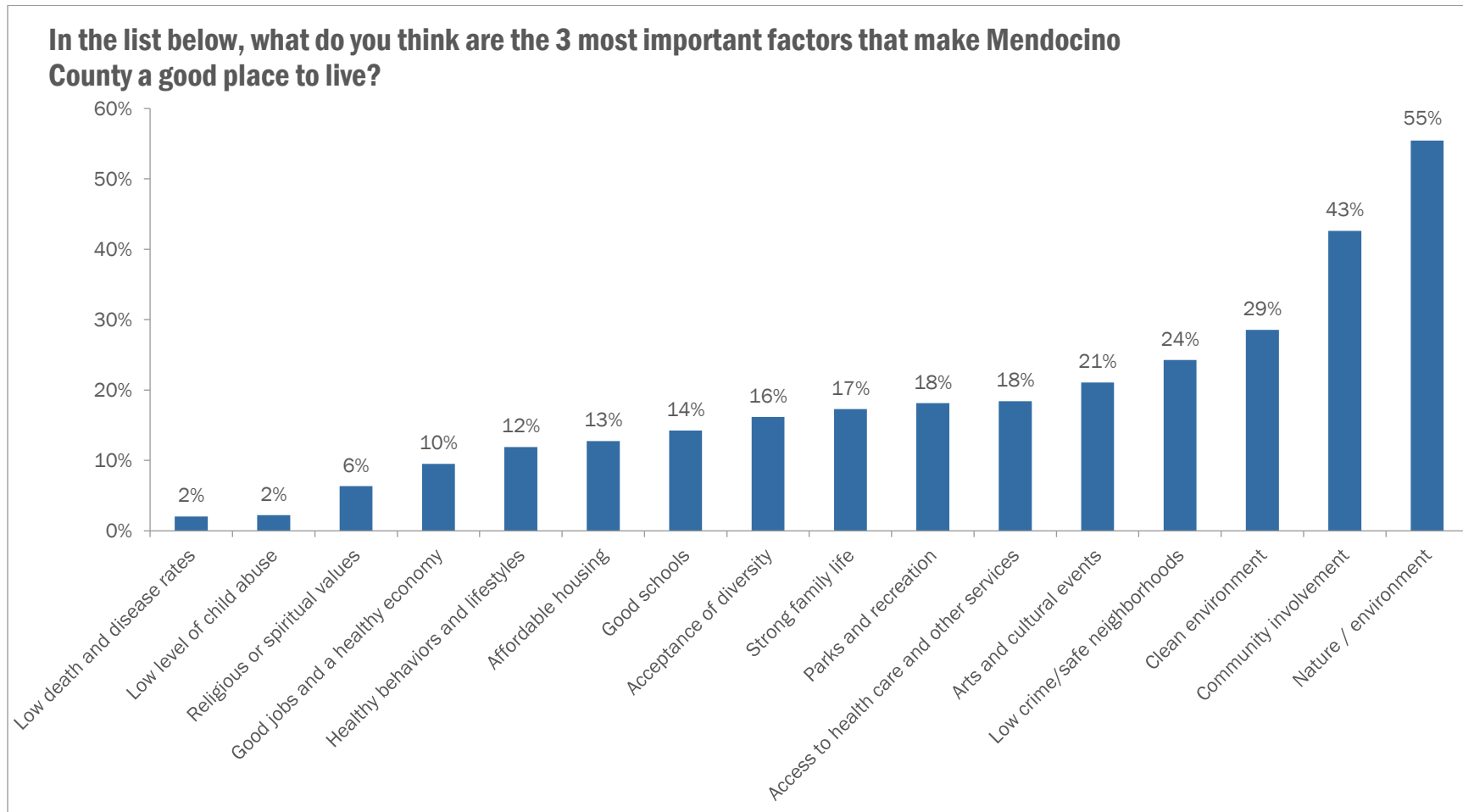
What is your home zip code?



Which of the following best describes your current occupation?

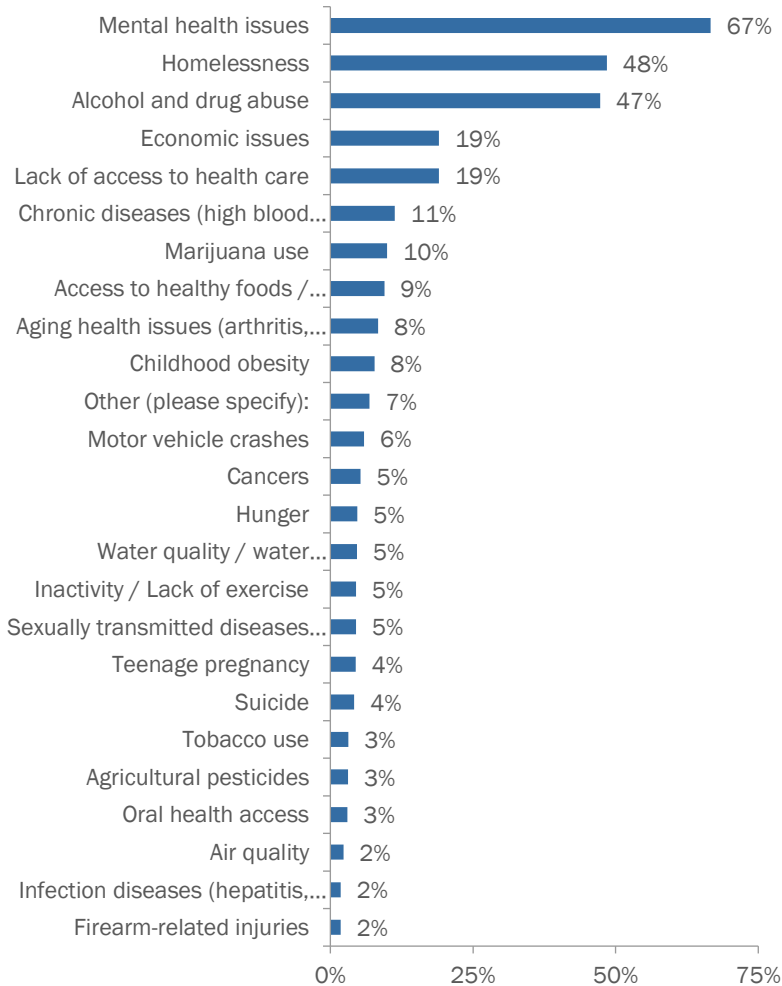


Perspective of Health in Mendocino County



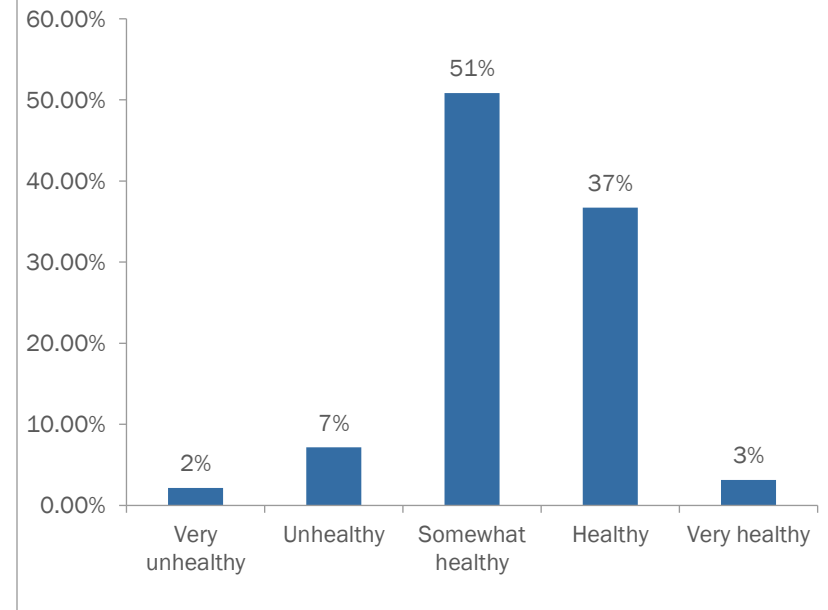
Residents said that the top three most important factors that make Mendocino County a good place to live are nature/environment (or overall location/being rural), community involvement and clean environment. Other responses included low/crime or safe neighborhoods, arts and cultural events and access to healthcare and other services. Community involvement was at the top of the list and could be attributed to the small town culture and the presence and active community involvement of many non-profit organizations in the county.

What do you think are the three most important health problems in Mendocino County? The most important health problems are those that have the greatest impact on overall community health in Mendocino County.

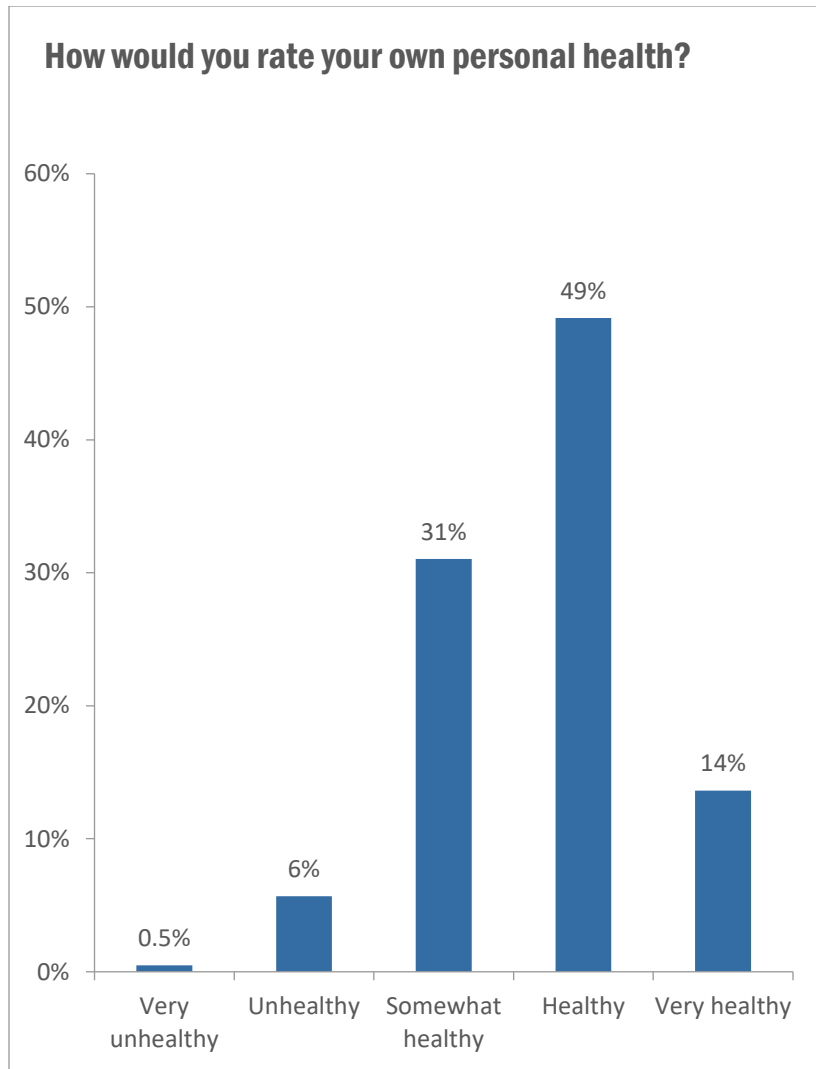


Mental health was listed by 67% of the respondents as the most important health problem in Mendocino County. This was followed by homelessness at 48% and alcohol and drug abuse at 47%. “Other” responses with over 10% saying so, included economic issues, lack of access to health care and chronic disease. Marijuana use, access to healthy food/poor diet, aging health issues and childhood obesity were in the top ten health problems.

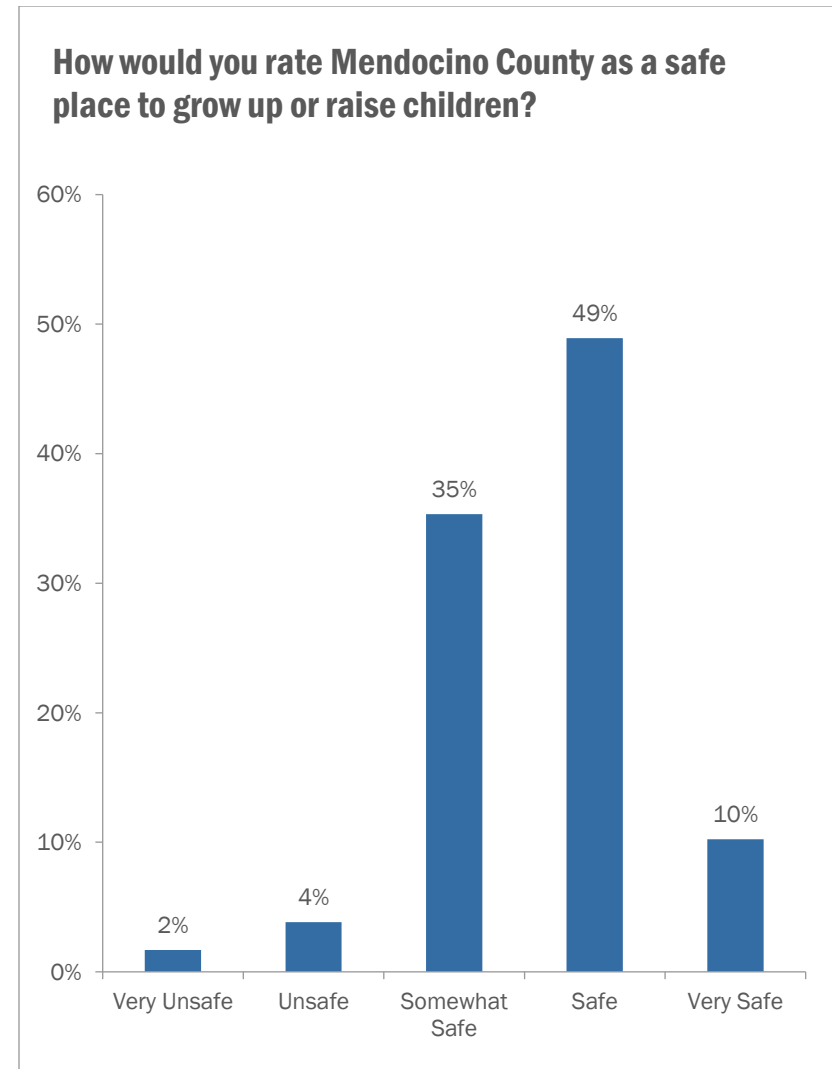
How would you rate Mendocino County as a healthy community to line in?



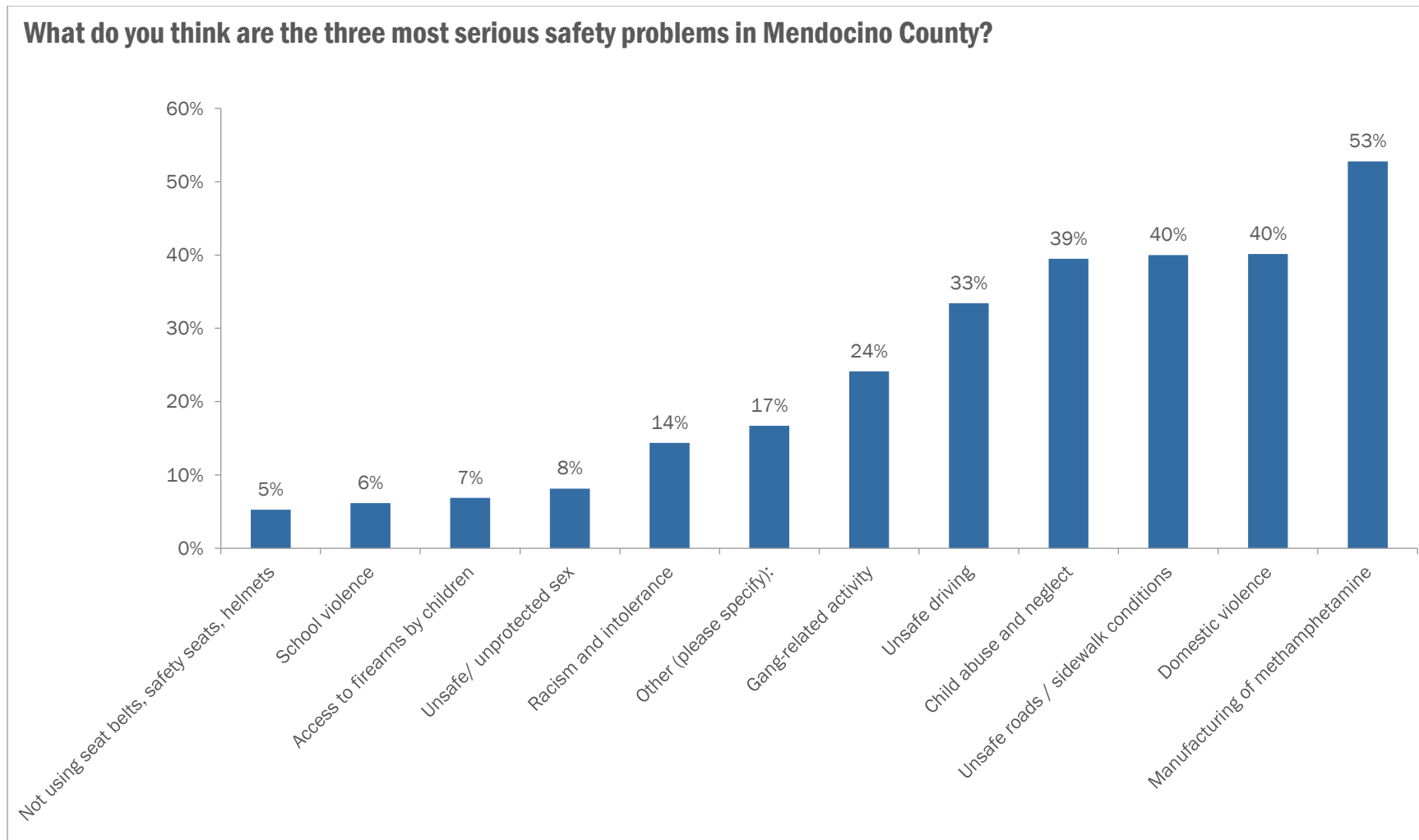
Half of the respondents said Mendocino County was a “somewhat healthy” community to live, while 37% said it is “healthy”. A small percentage said Mendocino County was “very unhealthy”.



Most respondents (63%) consider themselves “healthy” or “very healthy” when asked to rate their personal health.

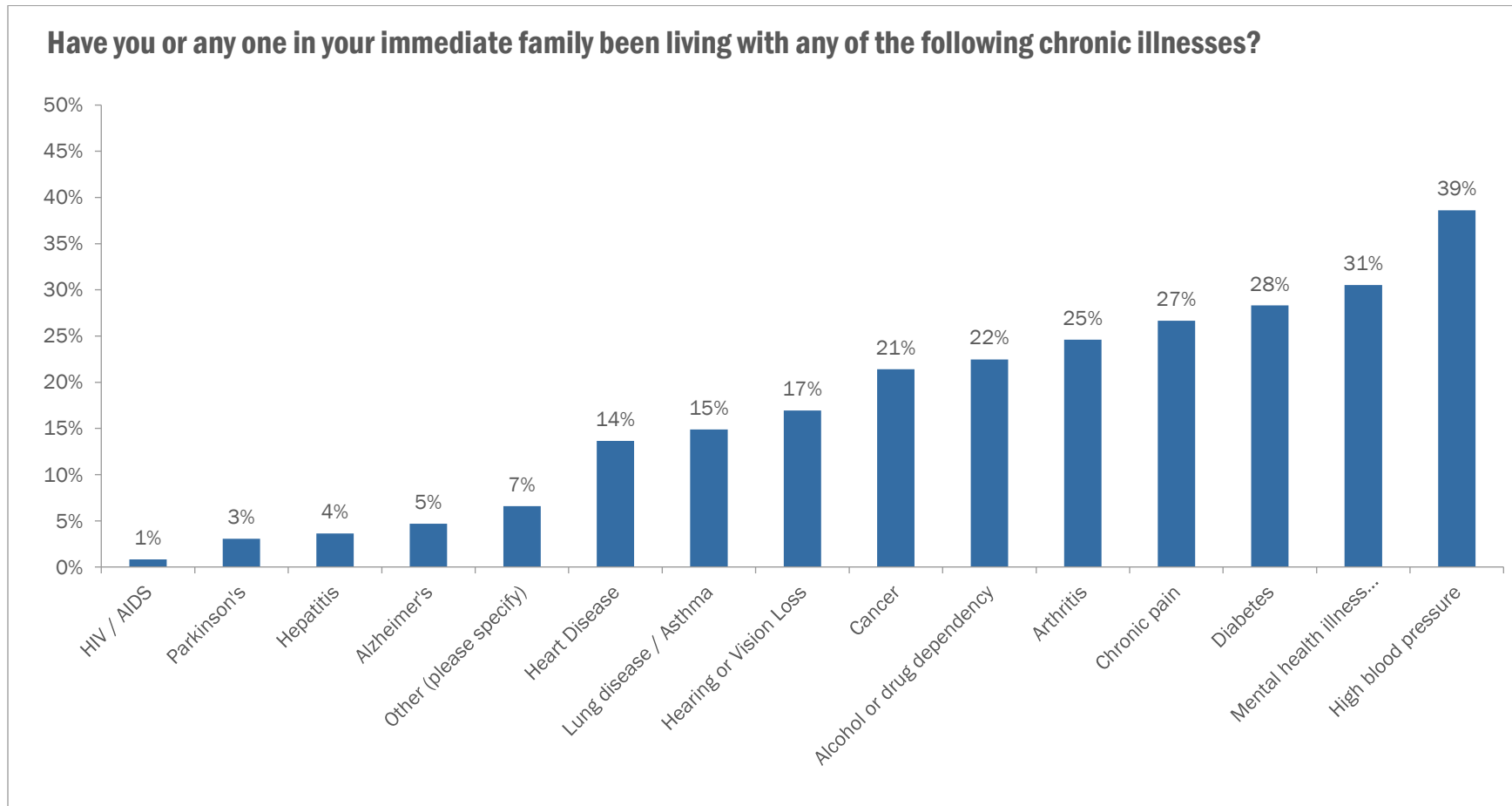


Almost half of respondents believe that Mendocino County is a safe place to grow up or raise children with 49%, followed closely by those who said it was “somewhat safe” with 35%.

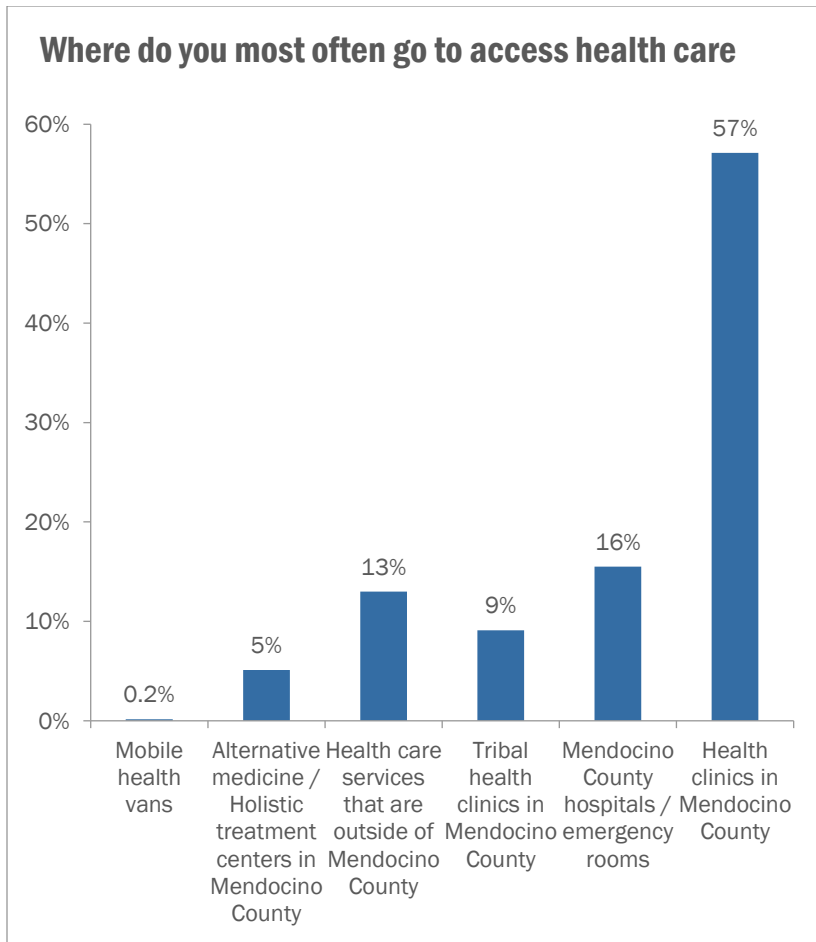


Over half of respondents mentioned manufacturing of methamphetamine as one of most serious safety problems in the county. Domestic violence and child abuse were also top concerns, and this is borne out by the data presented in this report. Unsafe roads, sidewalk conditions and unsafe driving were chosen predominately by respondents in more rural areas of the county. A majority of “other” issues mentioned that were not on the list are alcohol and drug use, including access to drugs (cannabis and other drugs), the culture of acceptance of using drugs and the violence or criminal activity it brings to the area due to the business of selling/growing it

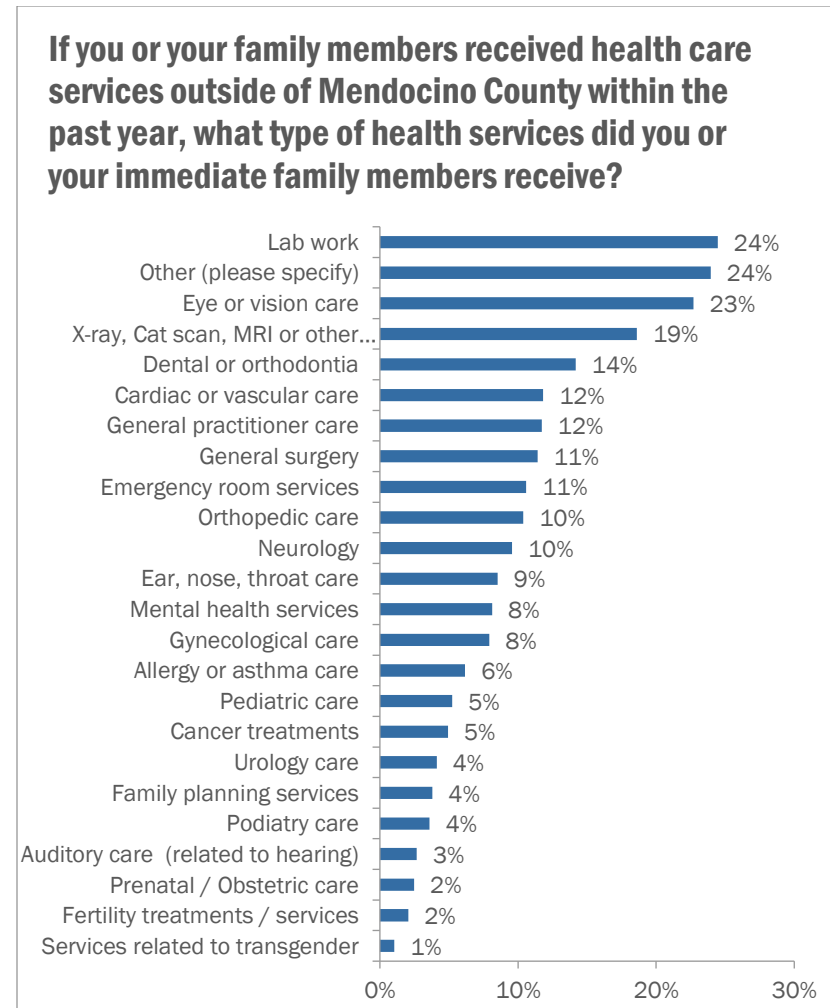
Access to Health Care Services



Over one-third of respondents stated that a mental health illness affected themselves or their families. In addition, over 20% of respondents stated alcohol or drug dependency was a problem for themselves or for family members. The Healthy Communities Institute surveys found that 13% of adults in Mendocino County reported feeling frequent mental distress. Other chronic illnesses included diabetes, high blood pressure and conditions normally found in older populations. "Other" chronic health conditions respondents mentioned include: allergies, autoimmune disease (lupus, multiple sclerosis, rheumatoid arthritis) and Lyme Disease.

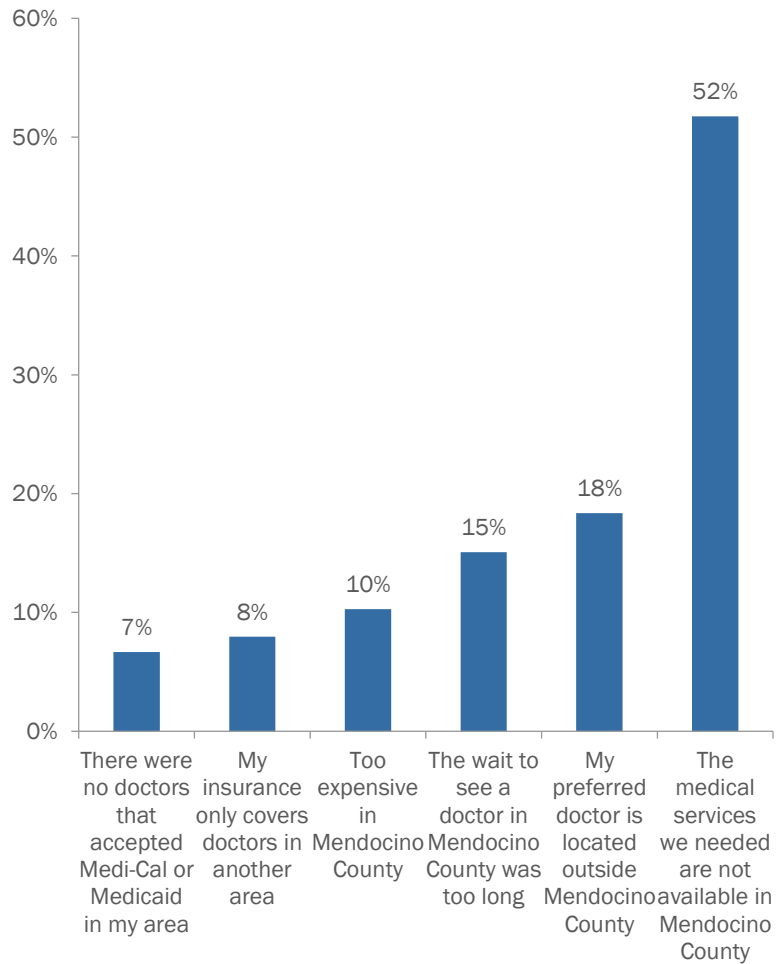


Most respondents accessed health care services in Mendocino County (87%), however 16% stated they went to Emergency Departments when they needed to see a physician. Seven percent of respondents stated they had no health insurance. Those who sought health care outside of the county most often said they went to health care providers in Santa Rosa, or to clinics or hospitals in the Bay Area.

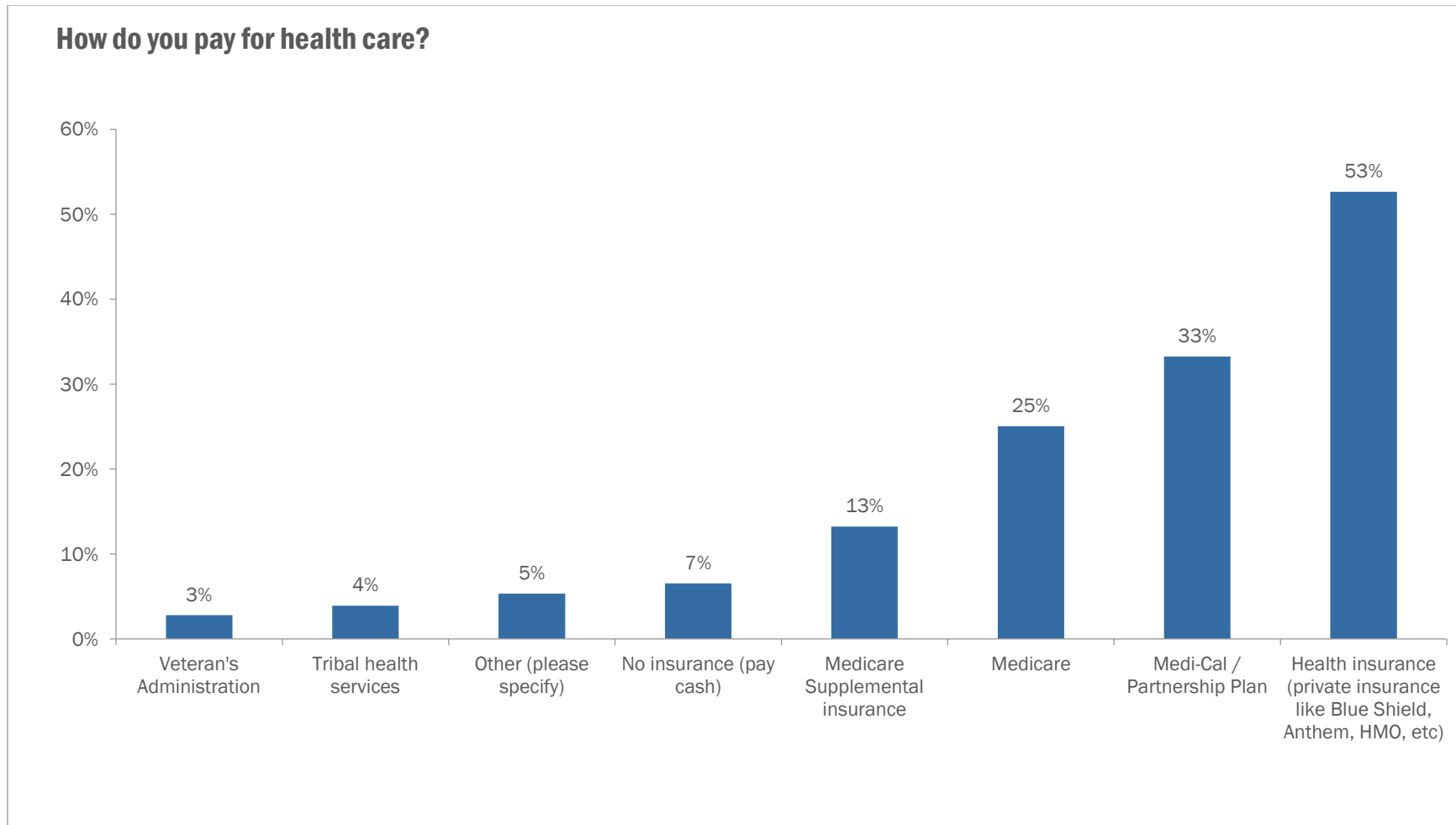


Lab work, eye and vision care, X-rays and MRI, dental services, and cardiac or vascular care were among the main reasons people sought health care services outside Mendocino County. “Other” answers included: dermatology, GI, endocrinology, rheumatology, pediatric specialties and treatment for sleep apnea.

If you or a family member received health care outside of Mendocino County, please choose the following choices that best explains why you went to a provider outside of the county.

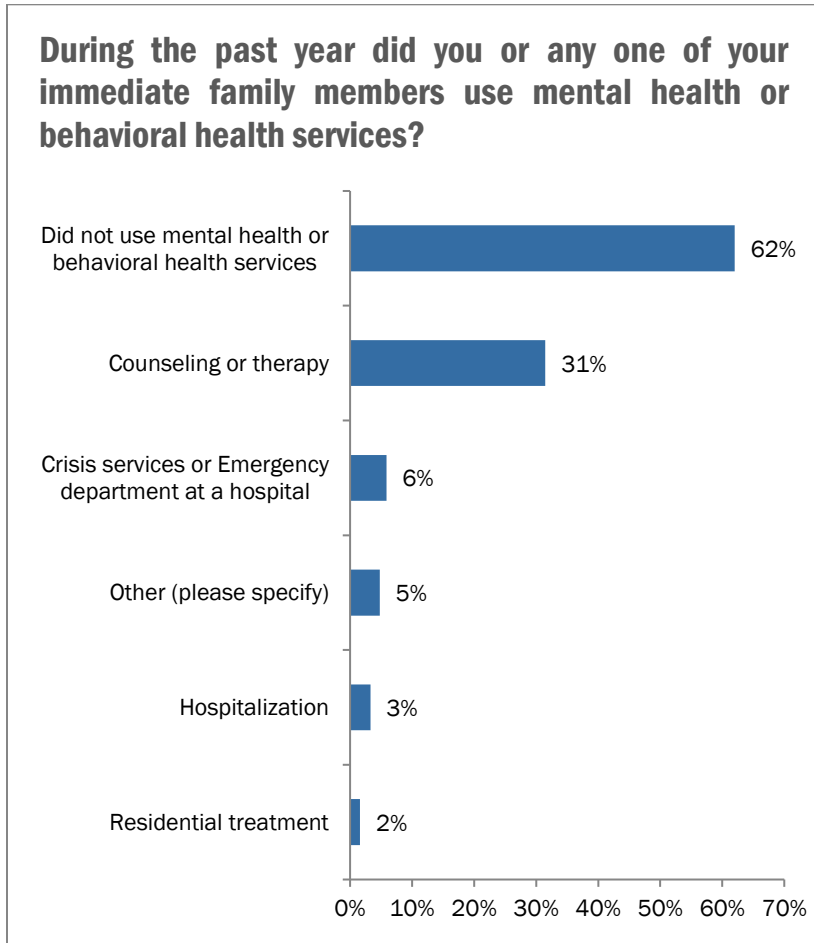


The majority of those who stated they received health care services outside of Mendocino County cited a lack of providers for specific services (52%), and long waits to see a health care provider (15%). “Other” reasons provided by respondents included: the perception that local health care providers offer a lower standard of care and a lack of confidence in local providers; the inability to be seen in a timely manner; issues resolving billing problems; high costs; confidentiality issues and a lack of providers who accept Medi-Cal insurance.

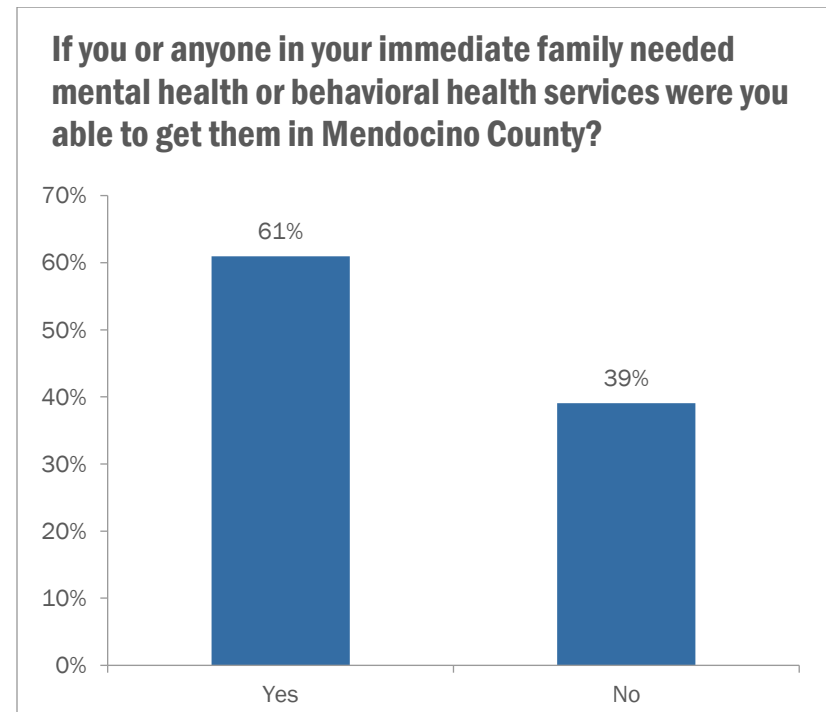


Seven percent of respondents stated they have no health insurance. Lack of health insurance can result in individuals delaying care and can contribute to higher rates of mortality. A 2002 study by the Institute of Medicine¹ found that the uninsured have worse survival rates and lack of health coverage which is associated with the lower use of preventative services. Delaying care worsens disease outcomes and leaves people exposed to high health care costs. These expenses can quickly turn into medical debt. Individuals with no insurance are also more likely to present at Emergency Departments for their care. ¹Institute of Medicine; Committee on the Consequences of Uninsurance, Care Without Coverage: Too Little, Too Late. Washington, DC., National Academies Pr 2002

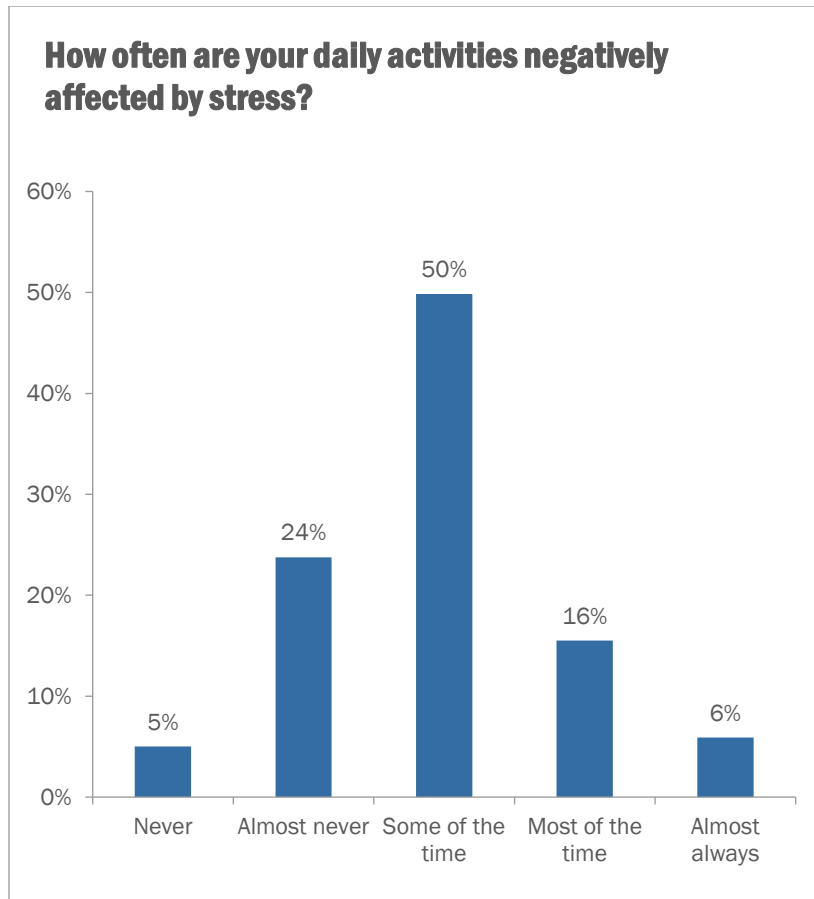
Mental Health Stability



Forty-eight percent of respondents stated they or a family member had used some form of mental health services during the past year. “Other” answers provided include: seeking care from a psychiatrist, and for mental health/behavioral health services for children.

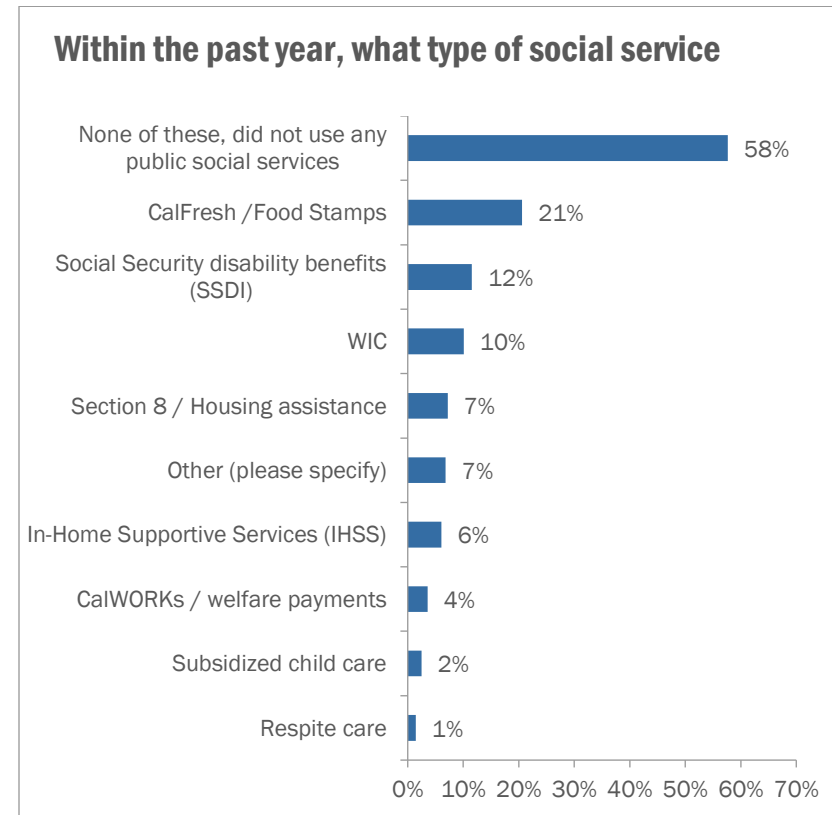


Approximately 40% of individuals or their immediate family members were unable to access mental health services when they needed them. Respondents had the opportunity to write in comments for this question and many stated they had concerns about confidentiality, that mental health treatment for youth was unavailable, and that they felt there was a lack of qualified mental health professionals. The California Department of Public Health estimates that Mendocino County has an age-adjusted rate of suicide at 21.3 per 100,000, compared to California’s rate of 10.4 per 100,000.

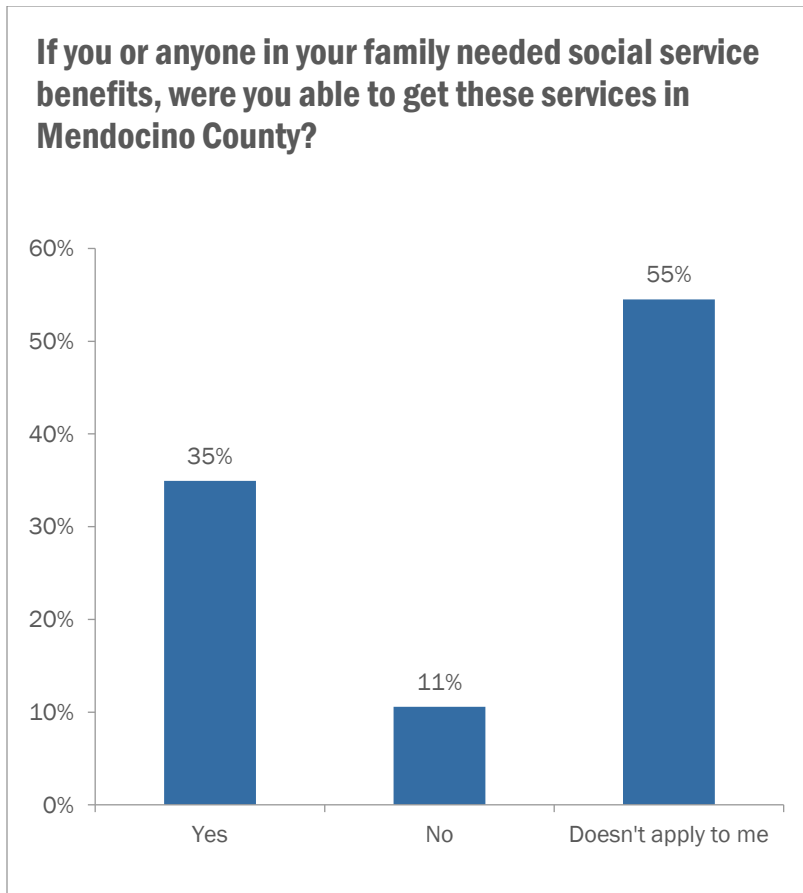


Almost half of respondents said their daily activities were negatively affected by stress “some of the time”, another 15% said most of the time and almost 6% said “almost always”. That makes 72% of the respondents reporting that they felt stressed in their everyday life. Chronic ongoing stress can cause serious health problems including cardiovascular disease, high blood pressure, heart attacks and stroke, and may make existing conditions worsen.

Access to Social Services Benefits

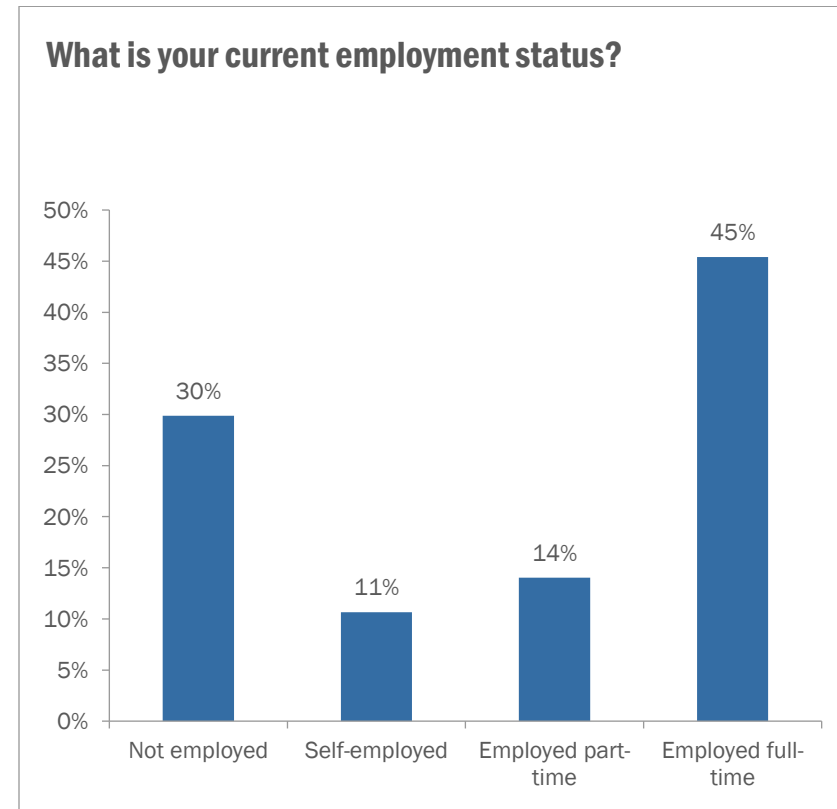


While most respondents did not use any type of social services (58%), help with providing food was the most utilized service. Many people stated that they were the “working poor”, and that they could use some help, but made just over the income threshold to qualify. Several people said that they were victims of the 2017 fires and had used relief funds. Others stated they used Home Energy Assistance, tribal commodities, Meals-on-Wheels, Medicare, and free school lunches.



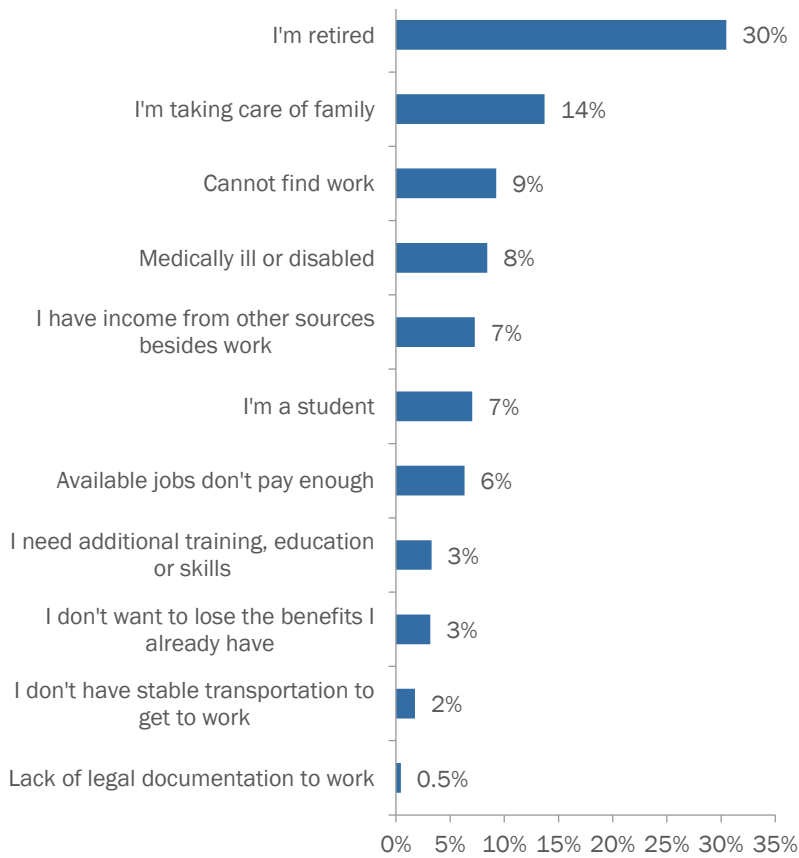
Individuals who stated they were not able to access social services provided a variety of answers. Many stated they needed services but earned just over the limit on income to be able to qualify; some stated they had felony convictions and so were not eligible for services; some stated they'd applied, but had not heard back from social services.

Employment Status



Almost one-half of the respondents were employed full-time. Part-time employment was no more than 30 hours a week. The unemployment rate in Mendocino County has been declining since the recession of 2010, and as of May, 2019 was 3.2%. Many individuals said they were working multiple jobs.

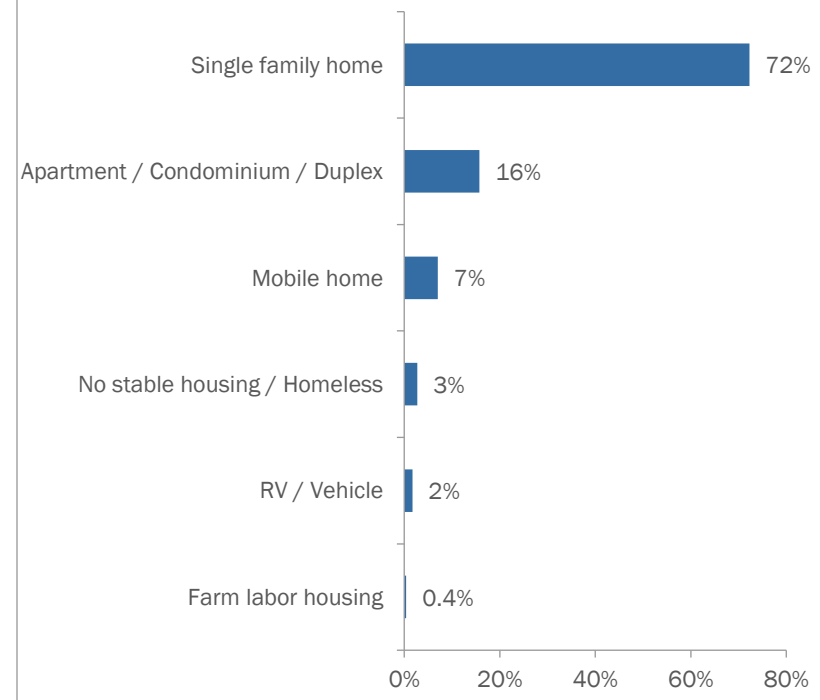
If you are not working or are only working part-time what are the main reasons?



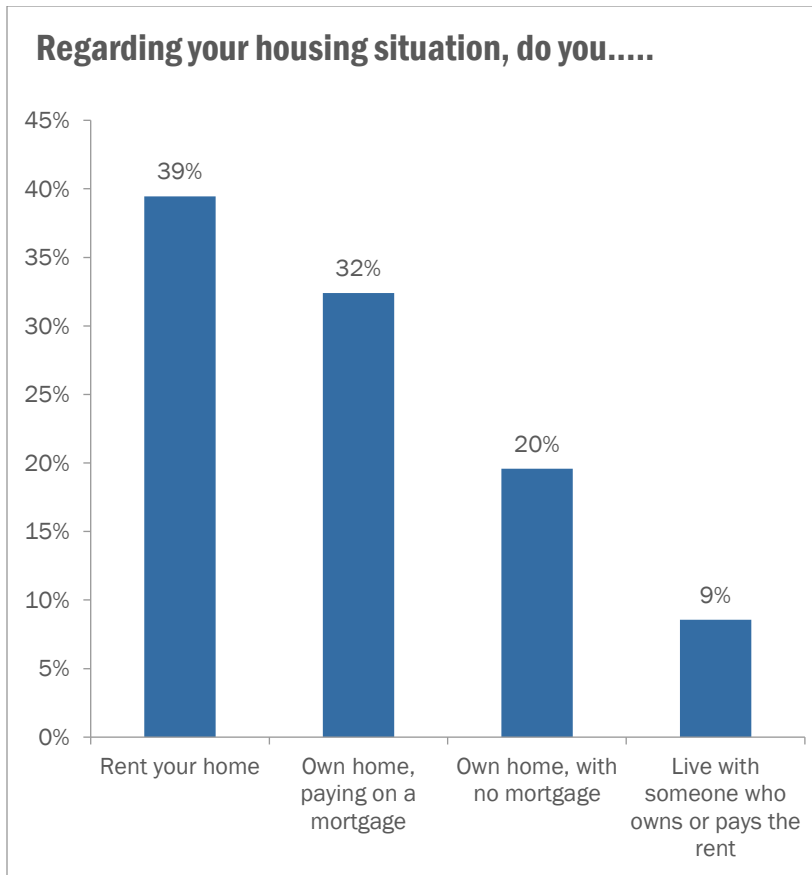
For those who were not working, about one-third identified as being retired. "Other" answers included being in a treatment program, not being able to find trusted childcare, not finding jobs, working at lumber mills, and being under too much stress to work.

Satisfaction with Housing Situation

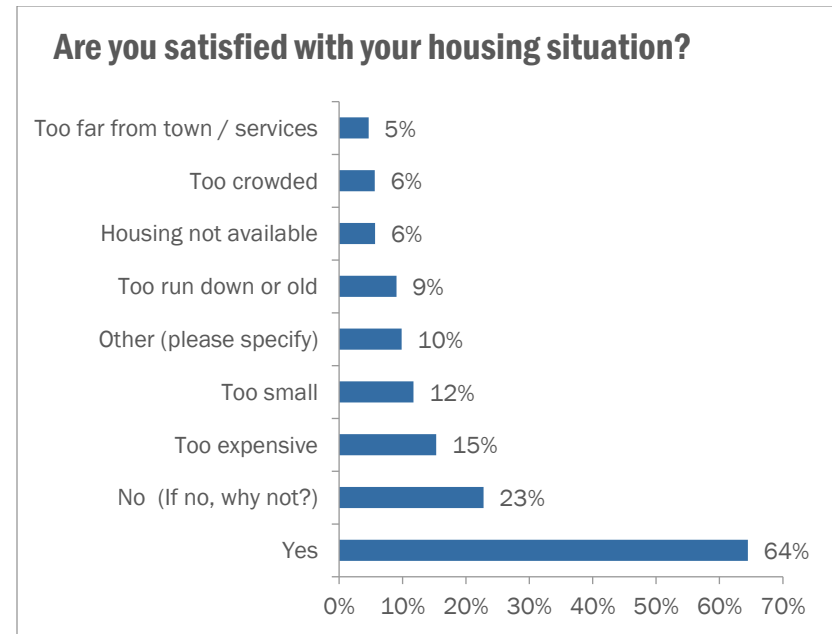
In what type of housing do you currently live?



While single family homes are the most common form of housing in Mendocino County, apartments and mobile homes made up about 24%, and 5% of respondents indicated they were homeless or lived in other types of housing. When people said they lived in "Other" kinds of housing the answers included: a barn, community housing, camping, rebuilding after fire, a motel or hotel, a wooden yurt, renting a room, senior housing, sober living environment, safe haven sanctuary, and transitional housing.



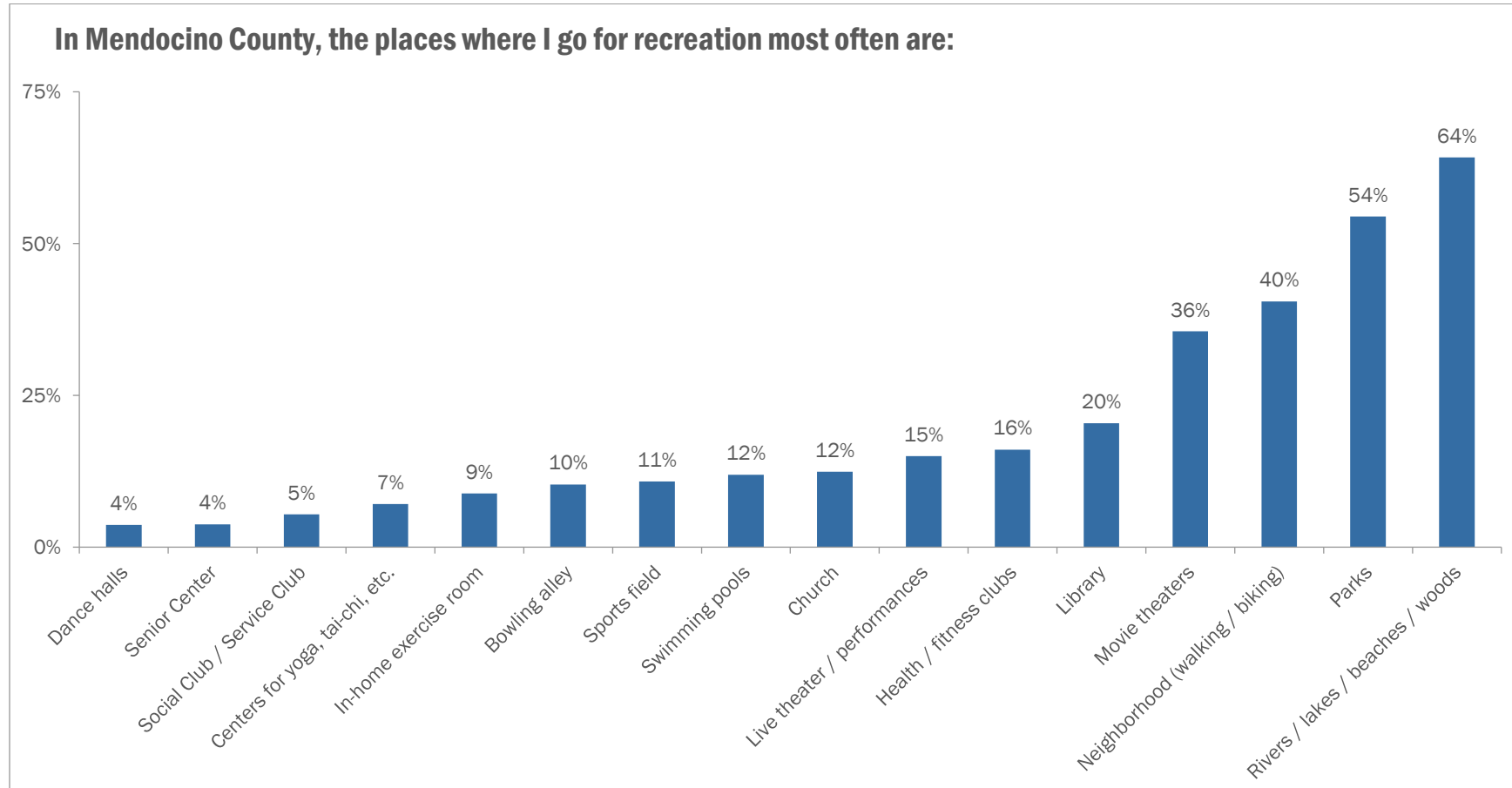
Whether it is better to rent or to own your home depends upon factors unique to each individual or family. Owning a home provides stability, appreciation of the home, tax and other advantages. Renting is often cheaper and allows for greater flexibility making life or job changes. The majority (52%) of respondents owned their own home, 40% rented a home and 9% lived with someone who owned or paid the rent.



The high costs of housing in Mendocino County are demonstrated by the 15% of respondents who said their housing costs were too high. This is borne out by data from the U.S. Census Bureau’s American Community Survey (ACS), which found that 54% of renters in Mendocino County spend a third or more of their total household income on rent. This is high, but still slightly lower than California overall, where 57% of renters spend a third or more on rent.

“Other” responses describing dissatisfaction with housing included: “my house has black mold”, “I have bad neighbors”, “I am concerned about fire danger”, “no garden space”, “hard to get around in electric wheelchair”, “inadequate infrastructure”, “living in a FEMA trailer since the fires”, “no internet access”, “no cell phone reception”, “property taxes too high”, “too hot in summer” and “too cold in winter”.

Favorite Places for Recreation/Social Activities in Mendocino County



With an abundance of natural beauty and places for outdoor recreation, it's clear that a majority of respondents said they enjoyed spending time out of doors.

“Other” answers included: AA meetings, sports practice, arts center, bars, the stable for my horse, coffee shops, golf courses, religious gatherings, enrichment centers at the Community College, museums, tribal gatherings, race track, working on the ranch, symphonies, shooting ranges, thrift stores, foot massage parlors, yard sales and “who has the time for recreation?”

ADDENDUM A

Community Health Survey Distribution

- | | | |
|--|--|--|
| <ul style="list-style-type: none"> • Adventist Health Ukiah Valley • Adventist Health Howard Memorial • Mendocino Community Health Clinic • Consolidated Tribal Health • Anderson Valley Health Center • Long Valley Health Clinic - Laytonville • Round Valley Indian Health Center • Mendocino Coast Clinics • Redwood Coast Medical Services • Dr. DeGroot, Dermatologist - Ukiah • Family Resource Centers – Ukiah, Willits, Round Valley, Laytonville, Fort Bragg, Gualala • Senior Centers – Ukiah, Anderson Valley, Willits, Fort Bragg, Mendocino, Caspar, Point Arena | <ul style="list-style-type: none"> • Mendocino County Health & Human Services: Social Services Offices – Ukiah, Willits, Fort Bragg • Mendocino County Health & Human Services: WIC – Ukiah • Mendocino County Health & Human Services: Behavioral Health – Ukiah • Mendocino County Health & Human Services: Public Health - Ukiah • Rural Community Child Care - NCO • Head Start & Early Head Start - NCO • School Districts – Ukiah, Willits, Fort Bragg, Mendocino, Albion, Comptche, Point Arena, Gualala • Mendocino County Libraries – Ukiah, Willits, Laytonville, Point Fort Bragg, Mendocino, Point Arena, Bookmobile • Plowshares & Meals on Wheels • Nor-Cal Ministry – Ukiah | <ul style="list-style-type: none"> • Ukiah Food Bank • Tapestry – Ukiah • Manzanita – Ukiah MCHVAN – Ukiah • Project Sanctuary – Ukiah, Fort Bragg • Mendocino Coast Hospitality Center – Fort Bragg • Boys and Girls Club – Ukiah • Volunteer Income Tax Program - NCO – Ukiah • North Coast Opportunities - employees and clients • Mendocino County - employees • Ukiah Vecinos En Accion (UVA) • Round Valley Indian Tribes • Ukiah Natural Foods Co-op • Mariposa Market - Willits |
|--|--|--|



ADDENDUM B

2019 COMMUNITY HEALTH SURVEY

2019 Community Health Needs Assessment

We Need Your Help!

Please take a few minutes to complete the survey below. The purpose of the survey is to get your input about community health issues in Mendocino County. This information will be used by the Healthy Mendocino and Community Health Needs Assessment Planning Group to identify the most important problems that can be addressed through community action. The survey should only take about 10 minutes to complete. Be assured that all answers you provide will be kept in the strictest confidence. To complete the survey online use this link: <https://www.surveymonkey.com/r/BVQ5KCZ> or scan the QR code:



Thank you!

For the following questions, please **circle** the letter to the left of your answer.

1. In the list below, what do you think are the **three** most important **factors** that make this county a **good place to live**? (Please choose just 3 answers.)

- | | | |
|---|----------------------------------|-------------------------------------|
| a. Community involvement | g. Strong family life | m. Healthy behaviors and lifestyles |
| b. Low crime / safe neighborhoods | h. Clean environment | n. Low death and disease rates |
| c. Low level of child abuse | i. Affordable housing | o. Religious or spiritual values |
| d. Good schools | j. Acceptance of diversity | p. Arts and cultural events |
| e. Access to health care & other services | k. Nature / environment | |
| f. Parks and recreation | l. Good jobs and healthy economy | |

2. In the list below, what do you think are the **three** most important **health problems** in Mendocino County? The most important health problems are those that have the greatest impact on overall community health in Mendocino County. (Please choose just 3 answers.)

- | | | |
|-----------------------------|---------------------------------------|---|
| a. Motor vehicle crashes | j. Hunger | s. Air quality |
| b. Firearm-related injuries | k. Access to healthy food / Poor diet | t. Chronic diseases (high blood pressure, diabetes, etc.) |
| c. Mental health issues | l. Inactivity / Lack of exercise | |

- | | | |
|---|----------------------------|---|
| d. Sexually transmitted diseases (HIV, HPV, etc.) | m. Homelessness | u. Infectious Diseases (hepatitis, TB, influenza, etc.) |
| e. Teenage pregnancy | n. Economic issues | v. Aging health issues (arthritis, hearing loss, isolation, etc.) |
| f. Childhood obesity | o. Tobacco use | w. Oral health access |
| g. Lack of access to health care | p. Marijuana use | x. Cancers |
| h. Suicide | q. Alcohol and drug abuse | y. Other: _____ |
| i. Water quality / water conservation | r. Agricultural pesticides | |

3. How would you rate Mendocino County as **a healthy community** to live in? (Please select just 1 answer.)

1	2	3	4	5
Very Unhealthy	Unhealthy	Somewhat Healthy	Healthy	Very Healthy

4. How would you rate your **own personal health**? (Please select just 1 answer.)

1	2	3	4	5
Very Unhealthy	Unhealthy	Somewhat Healthy	Healthy	Very Healthy

5. How would you rate Mendocino County as **a safe place** to grow up or raise children? (Please select just 1 answer.)

1	2	3	4	5
Very Unsafe	Unsafe	Somewhat Safe	Safe	Very Safe

6. In the list below, what do you think are the **three** most serious **safety problems** in Mendocino County? (Please choose just 3 answers.)

- | | | |
|--|---------------------------------------|----------------------------|
| a. Unsafe driving | e. Unsafe roads / sidewalk conditions | h. School violence |
| b. Racism and intolerance | f. Access to firearms by children | i. Child abuse and neglect |
| c. Not using seat belts, safety seats, helmets | g. Manufacturing of methamphetamines | j. Domestic violence |
| d. Unsafe / unprotected sex | | k. Gang-related activity |
| | | l. Other: _____ |

7. Have you or any one in your immediate family been living with any of the following **chronic illnesses**? (Select all that apply.)

- | | | |
|-------------|----------------|------------------------|
| a. Diabetes | g. Parkinson's | k. High blood pressure |
| b. Cancer | h. Hepatitis | l. Arthritis |

- | | | |
|--------------------------|---|---------------------------|
| c. Heart Disease | i. Mental Health (depression, bipolar, schizophrenia, etc.) | m. Hearing or Vision Loss |
| d. Lung Disease / Asthma | j. Alcohol or drug dependency | n. Chronic Pain |
| e. HIV / AIDS | | o. None of these |
| f. Alzheimer's | | p. Other: _____ |

8. Where do you **most often** go to access health care services for yourself and your family? (Please select the one answer that best applies.)

- | | |
|---|--|
| a. Mendocino County hospitals / emergency rooms | e. Alternative Medicine / Holistic treatment centers in Mendocino County |
| b. Health clinics in Mendocino County | f. Health care services outside of Mendocino County, in / near: _____ |
| c. Tribal health clinics in Mendocino County | |
| d. Mobile health vans | g. Other: _____ |

9. If you or your family members received health care services **outside of Mendocino County** within the past year, what type of **health services** did you or your immediate family members receive? (Please select all that apply.)

- | | | |
|--|----------------------------------|-------------------------------|
| a. Lab work | h. Family planning services | o. Eye or vision care |
| b. General surgery | i. Transgender related services | p. Orthopedic care |
| c. Urology care | j. Emergency room services | q. Neurology |
| d. Ear, nose, throat care | k. Cancer treatments | r. Cardiac or vascular care |
| e. Podiatry care | l. Fertility treatments/services | s. Dental or orthodontia care |
| f. X-Ray, CAT scan, MRI, other imaging service | m. Allergy / asthma care | t. Prenatal / Obstetrics |
| g. Auditory care (related to hearing) | n. General practitioner care | u. Pediatric care |
| | | v. Gynecological care |
| | | v. Other: _____ |

10. If you or a family member received health care **outside of Mendocino County**, please choose the following choices that best explains why you went to a provider outside of the county. (Please select all that apply.)

- | | |
|---|--|
| a. Medical services I / we needed are not available in Mendocino County | d. There were no doctors that accepted Medi-Cal or Medicaid in my area |
| b. The wait to see a doctor in Mendocino County was too long | e. Too expensive in Mendocino County |
| c. My insurance only covers doctors in another area | f. My preferred doctor is located outside Mendocino county |
| | g. Other: _____ |

11. How do you **pay** for health care? (Please select all that apply.)
- | | | |
|---|------------------------------------|-----------------------------|
| a. No insurance (pay cash) | c. Medi-Cal / Partnership Plan | f. Veteran's Administration |
| b. Health insurance (i.e., private insurance like Blue Shield, Anthem, HMO, etc.) | d. Medicare | g. Indian Health Services |
| | e. Medicare Supplemental Insurance | h. Other: _____ |

12. During the past year did you or any one of your immediate family members use **mental / behavioral health services**? (Please select all that apply.)

1	2	3	4	5
None	Crisis / ER	Hospitalization	Counseling / Therapy	Residential treatment
Other: _____				

13. If you or anyone in your immediate family needed mental health or behavioral health services, were you able to get these services **in Mendocino County**? Check 1. ____ YES ____ NO

If no, please describe/explain: _____

14. How often are your daily activities negatively affected by **stress**? (Please select just 1 answer.)

1	2	3	4	5
Never	Almost never	Some of the time	Most of the time	Almost always

15. Within the past year, what type of **social service benefits**, if any, did you or anyone in your family need? (Please select all that apply.)

a. Food stamps / Cal Fresh	e. In-Home Supportive Services (IHSS)	g. Respite care
b. WIC	f. Social Security disability benefits (SSDI)	h. Subsidized childcare
c. Welfare payments / Calworks		i. None of these
d. Housing assistance (Section 8)		j. Other: _____

16. If you or anyone in your family needed **social services benefits**, were you able to get these services **in Mendocino County**? Check 1. ____ YES ____ NO

If no, please describe/explain: _____

17. What is your current **employment** status? (Please select just 1 answer.)

- | | | | |
|--------------|---------------|---|---|
| 1 | 2 | 3 | 4 |
| Not employed | Self-employed | Employed part-time
(8-30 hours a week) | Employed full-time
(more than 30 hours a week) |

If you are employed **part-time**, and have more than one job, please list the number of jobs you work: _____

18. If you are **not working or are only working part-time**, what are the main reasons? (Please select all that apply.)

- | | |
|---|--|
| <ul style="list-style-type: none"> a. Medically ill or disabled b. Cannot find work c. Cannot find full-time work d. Retired e. Student f. Taking care of family g. Available jobs do not pay enough | <ul style="list-style-type: none"> h. I don't want to lose the benefits I already have i. Lack of legal documentation to work j. Lack of stable transportation to job site k. I have income from other sources beside work l. I need additional training, education or skills (e.g., English language, reading and writing, math, computers, etc.) Please list what you need: _____ |
|---|--|

19. What type of **housing** do you currently live in? (Please choose just 1 answer.)

- | | | |
|---|---|--|
| <ul style="list-style-type: none"> a. Apartment / Condominium/Duplex b. Mobile home | <ul style="list-style-type: none"> c. Single family house d. Farm labor housing | <ul style="list-style-type: none"> e. RV / Vehicle f. No stable housing g. Other: _____ |
|---|---|--|

20. Regarding your **housing situation**, do you: (Please choose just 1 answer.)

- | | |
|--|---|
| <ul style="list-style-type: none"> a. Rent b. Own home with a mortgage or loan c. Own home without a mortgage or loan | <ul style="list-style-type: none"> d. Live with other who owns or pays rent e. Other: _____ |
|--|---|

21. Are you **satisfied** with your housing situation? Check 1. _____ YES _____ NO

If no, **why not?** (Please select all that apply.)

- | | |
|--|--|
| <ul style="list-style-type: none"> a. Too small b. Too crowded c. Housing not available | <ul style="list-style-type: none"> d. Too run down or old e. Too expensive f. Too far from town / services g. Other: _____ |
|--|--|

22. In Mendocino County, the places where I go **for recreation most often** are: (Please choose just 3 answers.)

- | | | |
|-------------------------------------|------------------------------------|------------------------------------|
| a. Parks | g. Bowling alley | l. Church |
| b. Movie theaters | h. Swimming pools | m. Senior Center |
| c. Live theater / performances | i. Health / fitness clubs | n. Library |
| d. Social club / Service club | j. Dance halls | o. Neighborhood (walking / biking) |
| e. Rivers / lakes / beaches / woods | k. Centers for yoga, tai-chi, etc. | p. In-home exercise room |
| f. Sports fields | | q. Other: _____ |

The following questions are for **demographic purposes** only to ensure we are getting responses from a wide range of people in the county. Your responses will remain **completely anonymous**.

23. What is your **gender**?

- | | |
|-----------|--|
| a. Male | c. Transgender |
| b. Female | d. If your identity is not listed above, please self-identify: |
-

24. What is your **marital status**?

- | | | |
|---------------------|-------------|--------------|
| a. Married | c. Divorced | e. Widowed |
| b. Domestic Partner | d. Single | f. Separated |

25. What is your **age**?

- | | | |
|-------------------|-------------------|-------------------|
| a. Under 18 years | d. 40 to 54 years | f. 65 to 80 years |
| b. 18 to 25 years | e. 55 to 64 years | g. Over 80 years |
| c. 26 to 39 years | | |

26. Which **ethnicity** you most identify with? (Select all that apply.)

- | | | |
|-----------------------------|---|--------------------------------------|
| a. White or Caucasian | d. Asian or Asian American | f. American Indian and Alaska Native |
| b. Black / African American | e. Native Hawaiian and other Pacific Islander | g. Two or more races |
| c. Hispanic or Latino | | |

27. What **language(s)** do you speak in your home? (Select all that apply.)

- | | |
|------------|-----------------|
| a. English | c. Tagalog |
| b. Spanish | d. Other: _____ |

28. What is your highest **education** level? (Please select just 1 answer.)

- | | | |
|-----------------------------------|------------------------------|--|
| a. Did not attend school | e. Some college | h. Graduate or professional degree or higher |
| b. Less than High School Graduate | f. Vocational / trade school | |
| c. High School Diploma | g. College degree | |
| d. GED | | |

29. What is your home **zip code**? (Please select just 1 answer.)

- | | | |
|--------------------|-----------------------|--------------------------------|
| a. 95410 Albion | j. 95437 Fort Bragg | t. 95587 Piercy |
| b. 95415 Boonville | k. 95445 Gualala | u. 95468 Point Arena |
| c. 95417 Branscomb | l. 95449 Hopland | v. 95469/95466 Potter Valley |
| d. 95418 Calpella | m. 95454 Laytonville | w. 95470 Redwood Valley |
| e. 95420 Caspar | n. 95585 Leggett | x. 95481 Talmage |
| f. 95427 Comptche | o. 95456 Little River | y. 95482 Ukiah |
| g. 95428 Covelo | p. 95459 Manchester | z. 95488 Westport |
| h. 95429 Dos Rios | q. 95460 Mendocino | aa. 95494 Willits |
| i. 95432 Elk | r. 95463 Navarro | bb. 95494 Yorkville |
| | s. 95466 Philo | cc. Round Valley Indian Tribes |

30. Which of the following best describes your **current occupation**? (Please select just 1 answer.)

- | | | |
|--|---|---|
| a. Agriculture, farming, viticulture, forestry, fishing, hunting, mining | g. Information, media, technology | j. Educational services, health care, social assistance |
| b. Construction | h. Finance, insurance, real estate, rental, leasing | k. Art, design, entertainment |
| c. Manufacturing | i. Professional, scientific, management, administrative | l. Accommodation, food service |
| d. Wholesale trade | | m. Public administration |
| e. Retail trade | | n. Other: _____ |
| f. Transportation, warehousing, utilities | | |

31. Your annual household **income**? (Please select just 1 answer.)

- | | | |
|----------------------------------|----------------------------------|------------------------------------|
| a. Under \$15,000 | d. Between \$50,000 and \$74,999 | f. Between \$100,000 and \$149,999 |
| b. Between \$15,000 and 29,999 | e. Between \$75,000 and \$99,999 | g. Over \$150,000 |
| c. Between \$30,000 and \$49,999 | | |

Thank you very much for your response!

If you would like more information about this project, please contact us at the telephone / email below.

Phone: 707-467-3228

Email: healthymendocino@ncoinc.org

Mail to:

Attn: Healthy Mendocino

413 North State Street

Ukiah, CA 95482

ADDENDUM C

ENCUESTA DE SALUD COMUNITARIA 2019 - Evaluación de las necesidades de salud de la comunidad

2019 ENCUESTA DE SALUD COMUNITARIA - Evaluación de las necesidades de salud de la comun

Tómese unos minutos para completar la encuesta a continuación. El propósito de la encuesta es obtener su opinión sobre los problemas de salud de la comunidad en el Condado de Mendocino. Esta información será utilizada por Healthy Mendocino y el Grupo de Planificación de la Evaluación de las Necesidades de Salud de la Comunidad para identificar los problemas más importantes que pueden abordarse a través de la acción comunitaria. La encuesta sólo debe tomar unos 10 minutos para completar. Tenga la seguridad de que todas las respuestas que proporcione se mantendrán en la más estricta confidencialidad. ¡Gracias!

1. ¿Cuáles cree que son los tres factores más importantes que hacen que este condado sea un buen lugar para vivir? Por favor, elija 3.

- | | | |
|---|---|--|
| <input type="checkbox"/> Participación de la comunidad | <input type="checkbox"/> Vida familiar fuerte | <input type="checkbox"/> Conductas y estilos de vida saludables. |
| <input type="checkbox"/> Baja delincuencia / barrios seguros | <input type="checkbox"/> Ambiente limpio | <input type="checkbox"/> Bajos índices de mortalidad y enfermedades. |
| <input type="checkbox"/> Bajo nivel de maltrato infantil. | <input type="checkbox"/> Vivienda asequible | <input type="checkbox"/> Valores religiosos o espirituales. |
| <input type="checkbox"/> Buenas escuelas | <input type="checkbox"/> Naturaleza / medio ambiente | <input type="checkbox"/> Eventos artísticos y culturales. |
| <input type="checkbox"/> Acceso a servicios de salud y otros servicios. | <input type="checkbox"/> Aceptación de la diversidad. | |
| <input type="checkbox"/> Parques y Recreación | <input type="checkbox"/> Buenos empleos y economía saludable. | |
| <input type="checkbox"/> Otro: | | |

2. En la lista a continuación, ¿cuáles cree que son los tres problemas de salud más importantes en el condado de Mendocino? Los problemas de salud más importantes son aquellos que tienen el mayor impacto en la salud general de la comunidad en el Condado de Mendocino. Por favor, elija 3.

- | | | |
|--|---|---|
| <input type="checkbox"/> Accidentes automovilísticos | <input type="checkbox"/> Calidad del agua / conservación del agua. | <input type="checkbox"/> Abuso de alcohol y drogas |
| <input type="checkbox"/> Lesiones relacionadas con armas de fuego | <input type="checkbox"/> Hambre | <input type="checkbox"/> Calidad del aire |
| <input type="checkbox"/> Problemas de salud mental | <input type="checkbox"/> Acceso a alimentos saludables / mala alimentación. | <input type="checkbox"/> Pesticidas agrícolas |
| <input type="checkbox"/> Enfermedades de transmisión sexual (VIH, VPH , etc.) | <input type="checkbox"/> Inactividad / Falta de ejercicio | <input type="checkbox"/> Enfermedades crónicas (obesidad, hipertensión arterial , diabetes, etc.) |
| <input type="checkbox"/> Embarazo en la adolescencia | <input type="checkbox"/> La falta de vivienda | <input type="checkbox"/> Enfermedades infecciosas (hepatitis, tuberculosis, etc.) |
| <input type="checkbox"/> Obesidad infantil | <input type="checkbox"/> Problemas económicos | <input type="checkbox"/> Problemas de salud por el envejecimiento (artritis, pérdida auditiva, aislamiento, etc.) |
| <input type="checkbox"/> Falta de acceso a servicios de salud. | <input type="checkbox"/> El consumo de tabaco | <input type="checkbox"/> Acceso a la salud oral. |
| <input type="checkbox"/> Suicidio | <input type="checkbox"/> Consumo de marihuana | <input type="checkbox"/> Cánceres |
- Otro:

3. ¿Cómo calificaría al Condado de Mendocino como una comunidad saludable para vivir? Seleccione 1.

Muy poco saludable	Insalubre	Algo saludable	Sano	Muy saludable
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. ¿Cómo calificaría su propia salud personal ? Seleccione 1.

Muy poco saludable	Insalubre	Algo saludable	Sano	Muy saludable
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. ¿Cómo calificaría al Condado de Mendocino como un lugar seguro para crecer o criar hijos? Seleccione 1.

Muy inseguro	Inseguro	Algo seguro	Seguro	Muy seguro
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. En la siguiente lista, ¿cuáles cree que son los tres problemas más graves de seguridad en el condado de Mendocino? Seleccione 3.

- | | | |
|--|--|--|
| <input type="checkbox"/> Conducción insegura | <input type="checkbox"/> Condiciones inseguras de caminos / aceras | <input type="checkbox"/> Abuso y abandono infantil |
| <input type="checkbox"/> Racismo e intolerancia | <input type="checkbox"/> Acceso a armas de fuego por parte de niños. | <input type="checkbox"/> Violencia doméstica |
| <input type="checkbox"/> No usar cinturones de seguridad, asientos de seguridad, cascos. | <input type="checkbox"/> Fabricación de metanfetaminas. | <input type="checkbox"/> Actividad relacionada con pandillas |
| <input type="checkbox"/> Sexo inseguro / desprotegido | <input type="checkbox"/> La violencia escolar | |
| <input type="checkbox"/> Otro: | | |

7. ¿Usted o alguno de su familia inmediata viviendo con alguna de las siguientes enfermedades crónicas? Seleccione todo lo que corresponda.

- | | | |
|---|---|--|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Alzheimer | <input type="checkbox"/> Alta presión sanguínea |
| <input type="checkbox"/> Cáncer | <input type="checkbox"/> Parkinson | <input type="checkbox"/> Artritis |
| <input type="checkbox"/> Enfermedad del corazón | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Audición / pérdida de la visión |
| <input type="checkbox"/> Enfermedad pulmonar / asma | <input type="checkbox"/> Salud mental (depresión, bipolar, esquizofrenia, etc.) | <input type="checkbox"/> Dolor crónico |
| <input type="checkbox"/> VIH / SIDA | <input type="checkbox"/> Alcohol o dependencia de drogas | <input type="checkbox"/> Ninguno de esos |
| <input type="checkbox"/> Otro: | | |

8. ¿A dónde va más a menudo para recibir atención médica para usted y su familia? Seleccione 1 que mejor se aplica.

- | | |
|---|---|
| <input type="radio"/> Hospitales / Salas de Emergencia del condado de Mendocino | <input type="radio"/> Furgonetas móviles de salud |
| <input type="radio"/> Clínicas / centros de salud en el condado de Mendocino | <input type="radio"/> Centros de medicina alternativa |
| <input type="radio"/> Centros tribales de salud | <input type="radio"/> Fuera del condado de Mendocino |

Si se encuentra fuera del Condado de Mendocino, indique la ubicación de su (s) proveedor (es):

9. Durante el año pasado, ¿qué tipo de servicios de salud recibieron usted o sus familiares directos fuera del Condado de Mendocino (si corresponde) ? Seleccione todo lo que corresponda .

- | | | |
|---|--|---|
| <input type="checkbox"/> Trabajo de laboratorio | <input type="checkbox"/> Servicios relacionados con personas transgénero | <input type="checkbox"/> Orthopedic care |
| <input type="checkbox"/> Cirugía General | <input type="checkbox"/> Servicios de urgencias | <input type="checkbox"/> Neurología |
| <input type="checkbox"/> Atención de urología | <input type="checkbox"/> Tratamientos de cancer | <input type="checkbox"/> Cuidado cardíaco / cardíaco |
| <input type="checkbox"/> Cuidado de oído, nariz, garganta | <input type="checkbox"/> Servicios de fertilidad | <input type="checkbox"/> Cuidado dental / Ortodoncia |
| <input type="checkbox"/> Cuidado de podiatría | <input type="checkbox"/> Cuidado de la alergia / asma | <input type="checkbox"/> Obstetricia / Cuidado prenatal |
| <input type="checkbox"/> Rayos X / MRI | <input type="checkbox"/> Atención médica general | <input type="checkbox"/> Cuidado pediátrica |
| <input type="checkbox"/> Servicios de audición | <input type="checkbox"/> Servicios de salud mental | <input type="checkbox"/> Cuidado ginecología |
| <input type="checkbox"/> Planificación familiar | <input type="checkbox"/> Cuidado de ojos | <input type="checkbox"/> Ninguno de esos |
| <input type="checkbox"/> Otro: | | |

10. Si usted o un miembro de su familia recibió atención médica fuera del Condado de Mendocino, seleccione 1 de la lista a continuación que corresponda.

- | | |
|---|---|
| <input type="radio"/> Servicios que necesito no estamos disponibles en el condado de Mendocino | <input type="radio"/> Ningún médico apropiado acepta Medi-Cal / Medicaid |
| <input type="radio"/> La espera para ver a un médico en el condado de Mendocino fue demasiado larga | <input type="radio"/> Los médicos son demasiado caros en el condado de Mendocino |
| <input type="radio"/> Mi seguro solo cubre médicos en otra área. | <input type="radio"/> Mi médico preferido está ubicado fuera del condado de Mendocino |

Otro:

11. ¿Cómo paga por la atención médica que recibe? Seleccione todo lo que corresponda .

- | | | |
|---|---|--|
| <input type="checkbox"/> Sin seguro (pago en efectivo) | <input type="checkbox"/> Seguro médico del estado | <input type="checkbox"/> Servicio de Salud Indio |
| <input type="checkbox"/> Seguro de salud (es decir , seguro privado, Blue Shield, HMO, etc.) | <input type="checkbox"/> Seguro suplementario de Medicare | |
| <input type="checkbox"/> Medi-Cal / Plan de asociación | <input type="checkbox"/> Administración de Veteranos | |
| <input type="checkbox"/> Otro: | | |

12. ¿En el último año, qué tipo de servicios de salud mental, si las hay, necesitó usted o alguien de su familia? Seleccione todas las que correspondan.

- No utilizó servicios de salud mental o de salud mental.
- Servicios de crisis o servicio de urgencias en un hospital.
- Hospitalización
- Otro:
- Consejería / Terapia
- Tratamiento residencial

13. Si usted o alguien de su familia necesitaba servicios de salud mental, ¿pudo obtener estos servicios en el Condado de Mendocino ?

- Sí No

Si no, por favor describa / explique:

14. ¿Con qué frecuencia se ven afectadas negativamente sus actividades diarias por el estrés? Seleccione 1.

Nunca	Casi nunca	Algo de tiempo	La mayor parte del tiempo	Casi siempre
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

15. En el último año, ¿qué tipo de beneficios de servicio social, si los hay, necesitó usted o alguien de su familia? Seleccione todas las que correspondan.

- Cupones de alimentos / Cal Fresh
- WIC
- Pagos de bienestar / Calworks
- Asistencia de vivienda (Sección 8)
- Medi-Cal / Plan de asociación
- Otro:
- Servicios de apoyo en el hogar (IHSS)
- Ingreso por discapacidad del Seguro Social (SSDI)
- Cuidado de relevo
- Cuidado de niños subsidiado
- Ninguno de estos, no utilizó ningún servicio social público.

16. Si usted o alguien de su familia necesitaba beneficios de servicios sociales, ¿pudo obtener estos servicios en el Condado de Mendocino ?

Sí No

Si no, por favor describa / explique:

17. ¿Cuál es su situación laboral actual? Seleccione 1.

- Desempleado Empleado a tiempo parcial (8-30 horas a la semana)
- Trabajadores por cuenta propia Empleado de tiempo completo (más de 30 horas a la semana)

Si está empleado a tiempo parcial: _____ # de trabajos a tiempo parcial (si tiene más de uno)

18. Si no está trabajando o está trabajando a tiempo parcial, ¿cuál es la razón principal? Por favor seleccione todas las respuestas válidas.

- Médicamente enfermo o discapacitado Estoy cuidando de la familia Necesito entrenamiento adicional
- No puedo encontrar trabajo Los trabajos disponibles no pagan lo suficiente Obtengo ingresos de otras fuentes.
- No se puede encontrar trabajo a tiempo completo No quiero perder los beneficios que ya tengo. Obtengo ingresos de otras fuentes además del trabajo.
- Soy un retirado Falta de documentación legal para trabajar.
- Soy un estudiante Falta de transporte estable al sitio de trabajo
- Si necesita capacitación, educación o habilidades adicionales, indique lo que cree que necesita: (por ejemplo, idioma inglés, lectura y escritura, matemáticas, computadoras, etc.)

19. ¿En qué tipo de vivienda vive actualmente? Por favor elija 1.

- Apartamento / Condominio / Dúplex Vivienda para trabajadores agrícolas
- Casa para una sola familia RV / Vehículo
- Casa móvil No hay vivienda estable / sin hogar

Otro:

20. Con respecto a su situación de vivienda, usted: Por favor elija 1.

- Alquila

 Poseer sin hipoteca o préstamo.
- Poseer con una hipoteca o préstamo

 Vivo con otro que paga el alquiler o la hipoteca

Otro:

21. ¿Está satisfecho con su situación de vivienda? (Si no está satisfecho con su vivienda, seleccione por qué no)

- Sí

 Vivienda no disponible
- No

 Demasiado agotado
- Demasiado pequeña

 Muy caro
- Demasiadas personas en la misma casa

 Muy lejos de la ciudad y de los servicios.
- Otro:

22. En el condado de Mendocino, los lugares a los que voy a menudo para recreación son: Por favor seleccione todas las respuestas válidas.

- Parques

 Bolera

 Centro para personas mayores
- Salas de cine

 Piscinas

 Biblioteca
- Teatro en vivo / actuaciones

 Salud / gimnasios

 Barrio (caminar / andar en bicicleta)
- Club social / club de servicio

 Salones de baile

 Sala de ejercicios en casa
- Ríos / lagos / playas / bosques

 Centros de yoga, tai-chí, etc.
- Campos deportivos

 Iglesia
- Otro:

23. Las siguientes preguntas son solo para fines demográficos, por lo que podemos asegurarnos de escuchar a muchas personas diferentes en el condado. Sus respuestas serán totalmente anónimas.

¿Cuál es su género?

- Masculino

 Hembra

 Transgénero

24. ¿Cuál es su estado civil?

- Casado o con una pareja doméstica Viudo
 Soltero Apartado
 Divorciado

25. ¿Cuál es su edad?

- Menor de 18 años 55 a 64 años
 18 a 25 años 65 a 80 años
 26 a 39 años Mas de 80 años
 40 a 54 años

26. ¿Con qué etnicidad se identificas más? Seleccione todo lo que corresponda .

- Blanco Indio americano y Nativo de Alaska
 Negro / Afroamericano Nativo Hawaiano y Isleño del Pacífico
 Hispano o Latino Dos o mas carreras
 Asiático / Asiático Americano

27. ¿Qué idioma (s) habla en su casa? Seleccione todas las que correspondan

- Inglés Tagalo
 Español
 Otro:

28. ¿Cuál es el nivel más alto de escuela que ha completado?

- Menos que el título de secundaria Alguna escuela de posgrado
 Diploma de escuela secundaria o GED Graduado o título profesional o mas alto
 Alguna educación superior Escuela vocacional / comercio
 Título universitario

29. ¿En qué código postal esta la ubicación de su hogar? Por favor elija 1.

- | | | |
|---------------------------------------|--|---|
| <input type="radio"/> 95410 Albion | <input type="radio"/> 95437 Fort Bragg | <input type="radio"/> 95466 Philo |
| <input type="radio"/> 95415 Boonville | <input type="radio"/> 95445 Gualala | <input type="radio"/> 95587 Piercy |
| <input type="radio"/> 95417 Branscomb | <input type="radio"/> 95449 Hopland | <input type="radio"/> 95468 Point Arena |
| <input type="radio"/> 95418 Calpella | <input type="radio"/> 95585 Leggett | <input type="radio"/> 95469 / 95466 Potter Valley |
| <input type="radio"/> 95420 Caspar | <input type="radio"/> 95454 Laytonville | <input type="radio"/> 95481 Talmage |
| <input type="radio"/> 95427 Comptche | <input type="radio"/> 95456 Little River | <input type="radio"/> 95482 Ukiah |
| <input type="radio"/> 95428 Covelo | <input type="radio"/> 95459 Manchester | <input type="radio"/> 95488 Westport |
| <input type="radio"/> 95429 Dos Rios | <input type="radio"/> 95460 Mendocino | <input type="radio"/> 95490 Willits |
| <input type="radio"/> 95432 Elk | <input type="radio"/> 95463 Navarro | <input type="radio"/> 95494 Yorkville |

30. ¿Cuál de las siguientes opciones describe mejor su ocupación actual? Por favor elija 1.

- | | |
|---|--|
| <input type="radio"/> Agricultura, silvicultura, pesca y caza, y minería. | <input type="radio"/> Finanzas y seguros, bienes inmuebles, y alquiler y leasing |
| <input type="radio"/> Construcción | <input type="radio"/> Profesional, científico, administrativo y administrativo. |
| <input type="radio"/> Fabricación | <input type="radio"/> Servicios educativos, asistencia sanitaria y asistencia social |
| <input type="radio"/> Comercio al por mayor | <input type="radio"/> Servicios de arte, diseño, entretenimiento |
| <input type="radio"/> Comercio al por menor | <input type="radio"/> Alojamiento y alimentación. |
| <input type="radio"/> Transporte y almacenaje, y servicios públicos. | <input type="radio"/> Administración Pública |
| <input type="radio"/> Tecnología, información y medios de comunicación | |

Otro:

31. ¿Su ingreso familiar anual? Por favor elija 1.

- | | |
|---|---|
| <input type="radio"/> Menos que \$15,000 | <input type="radio"/> En medio de \$75,000 and \$99,999 |
| <input type="radio"/> En medio de \$15,000 and \$29,999 | <input type="radio"/> En medio de \$100,000 and \$150,000 |
| <input type="radio"/> En medio de \$30,000 and \$49,999 | <input type="radio"/> Mas que \$150,000 |
| <input type="radio"/> En medio de \$50,000 and \$74,999 | |

ENCUESTA DE SALUD COMUNITARIA 2019 - Evaluación de las necesidades de salud de la comunidad

¡Muchas gracias por su respuestas!

Si desea más información sobre este proyecto, contáctenos por teléfono / correo electrónico. A continuación se encuentran nuestros datos de contacto.

Teléfono: 707-467-3200 ext. 228

Correo electrónico: healthymendocino@ncoinc.org

Correo a

Atención: Mendocino Saludable

413 North State Street

Ukiah, CA 95482

Mail to:

Attn: Healthy Mendocino

413 North State Street

Ukiah, CA 95482

2019 Mendocino County Community Health Needs Assessment

APPENDIX B Key Informant Interviews/Survey

October 2019

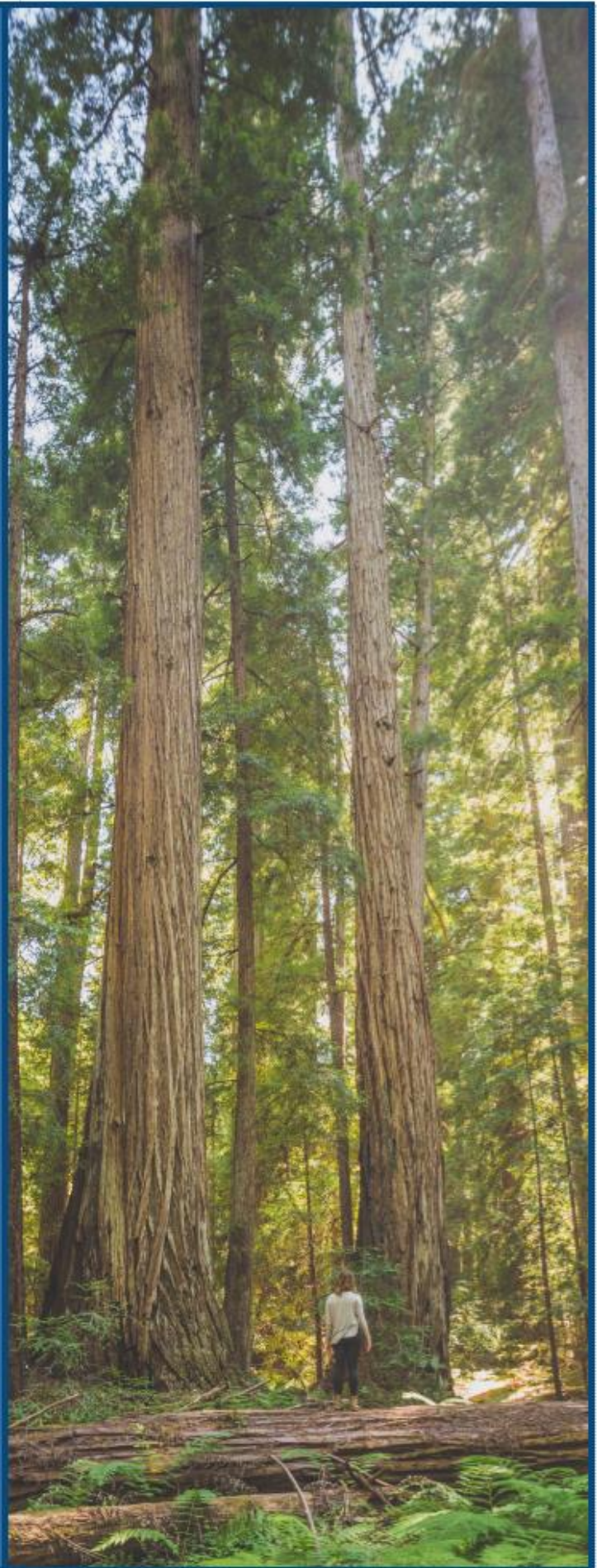


TABLE OF CONTENTS

Key Leader Interviews/Surveys

Introduction and Background	1
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Results

Health & Quality of Life	2
Factors That Make Mendocino County a Good Place to Live	3
Most Important Health Problems.....	5
Most Significant Barriers to Addressing These Issues	5

Figures & Tables

Figure 1. Key Leaders Rate Mendocino County as a Healthy Community	2
Figure 2. What Makes Mendocino County a Good Place to Live?	4
Figure 3. What are the Most Important Health Problems in Mendocino County?	4
Table 1. Health Problems, Barriers, Assets & Opportunities.....	6

Addendums

A. 2019 Key Leader Interview Questions.....	8
B. 2019 Key Informants	10
C. 2019 Key Leader Survey Questions	12
D. 2019 Key Leader Survey Results.....	13

KEY LEADER INTERVIEWS / SURVEY

Introduction & Background

Purpose

The purpose of the key informant interviews/survey was to identify views on health and well-being in Mendocino County among key leaders – both formal and informal leaders – in the community. This approach is one data-gathering component of the 2019 Mendocino County Community Health Needs Assessment (CHNA).

The 2019 CHNA is sponsored by a coalition of local organizations and agencies: 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, Mendocino County Office of Education, North Coast Opportunities, Partnership HealthPlan of California, Redwood Community Services, Inc., Redwood Quality Management Company, and United Way of the Wine Country. The CHNA is a project of Healthy Mendocino, which facilitated the Planning Group.

Background

In preparing for the key informant interviews/survey, the CHNA Planning Group members reviewed instruments previously used during the 2002 and 2015 CHNA processes. Revisions were kept to a minimum so that a

direct comparison could be made to the most recent CHNA conducted in 2015.

Methodology

The target group consisted of a diverse group of key community leaders and informants in Mendocino County: 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.

The key informant interviews were conducted in-person or by-phone by Planning Group members between January and March 2019. The online survey was conducted via SurveyMonkey in February 2019.

Each of the key informants interviewed were asked the same 10 questions. The online survey contained a total of five questions, identical to the first five questions of the interviews. The questions were designed to identify health and quality of life issues in Mendocino County, possible solutions to addressing critical areas, as well as barriers to change. A copy of the interview questions and the online survey questions are included in Addendums A and C of this document.

A total of 54 key leader informants were contacted for an interview. In addition, approximately 170 formal and informal leaders were contacted to participate in an online survey. Of these, 34 interviews and 56 written surveys were completed for a total sample size

of 90 key informants/leaders in Mendocino County.

A content analysis was conducted on summary notes taken of the interviews to identify common themes represented by the informants. These results were combined with a quantitative analysis, e.g., descriptive statistics, of the online survey.

Acknowledgements

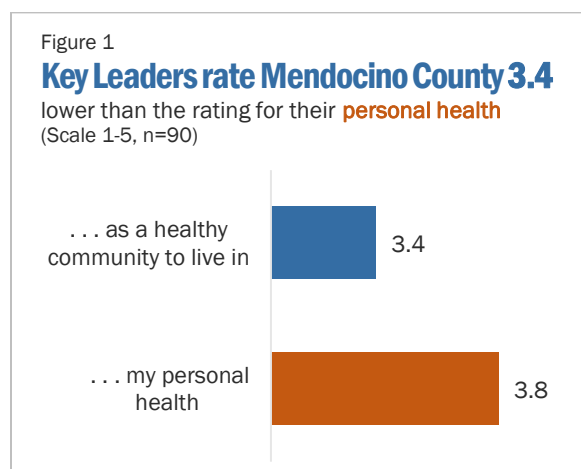
Healthy Mendocino and the 2019 CHNA Planning Group would like to thank all the leaders in our community that participated and contributed their time, energy and expertise to this endeavor.

* * * * *

RESULTS

Health & Quality of Life

Key informants/respondents were asked to rate Mendocino County as a **healthy community** in which to live (Q1) and their own **personal health** (for comparison purpose only) (Q2). As Figure 1 illustrates, key leaders rated Mendocino County 3.4 as a healthy community to live in, lower than their own personal health.



Ratings regarding community health ranged from a low of 1 to a high of 5 (*Very Unhealthy* to *Very Healthy*) for the county as a whole. Comments from informants included the following:

- *“There are so many outdoor activities. It’s not like a big city. The beaches here are for exploring . . . and there are gardens and orchards throughout the county that encourage people to do things outside.”* (Rating: 5, *Very Healthy*.)
- *“There are a lot of activities and ways to be active in a healthy lifestyle [in Mendocino County], but it is obvious that there are many of us that live very unhealthy lifestyles. Some examples: alcohol/drugs, diabetes/obesity, the health and wellness of our children, marijuana use. Healthy lifestyles don’t seem to be culturally embedded in this community.”* (Rating: 3, *Somewhat Healthy*.)
- *“I would say that the physical environment – the air quality, water quality, that sort of thing is good. But because of poverty, because of the geographical distances, the drug and alcohol issues, some of the violence issues, you get to the social determinants of health and these issues bring the score down.”* (Rating: 3, *Somewhat Healthy*.)

The rating of 3.4 is consistent with the 2015 CHNA process during which key leaders were also interviewed and surveyed, as well as with

the results of the community health surveys in 2015 and 2019.

Safety

When it comes to Mendocino County as a **safe place** to grow up and raise children, key informants gave the county an overall score of 3.7, on a scale of 1 to 5.

3.7
On a scale of 1 to 5

Ratings from respondents regarding safety ranged from a low of 1 to a high of 5 (*Very Unsafe to Very Safe*) for the county as a whole. Comments from informants included the following:

- *“Compared to other places, we are very safe. We have real crime issues, but not like in other areas. We have a drug problem like everywhere, but safety for kids is good. It is worse out in other areas.”* (Rating: 5, *Very Safe*.)
- *“... raised two children here [and have] intimate connections between families. . . . small town feel.”* (Rating of 5, *Very Safe*.)
- *“Have heard that there is a high rate of drug and alcohol use. There are many rural, isolated areas where anything can happen without it necessarily being noticed. Kids are probably pretty safe walking on the street, but there are other dangers.”* (Rating: 3, *Somewhat Safe*.)
- *“Homeless people are living under the creek in my neighborhood and I am not sure if they have mental health issues or not. There is a lack of infrastructure and I think there isn’t enough lighting or sidewalks on the street in south Ukiah where I live.”* (Rating: 3, *Somewhat Safe*.)

Key leaders were not asked to rate safety during the 2015 CHNA process so a comparison cannot be made here. However, the rating of 3.7 is consistent with the results of the 2015 and 2019 community health survey.

Factors That Make Mendocino County A Good Place to Live

In addition to being asked to rate Mendocino County as a healthy community, key leaders were asked to identify the three most important factors that make Mendocino County a **good place to live** (Q4). The top four characteristics identified were as follows (Figure 2):

1. **Nature/environment**
2. **Community involvement**
3. **Clean environment**
4. **Parks and recreation**

Comments from informants regarding these areas included the following:

- *“We have a rural area that is very conducive to our well-being. We have open spaces and parks and murals.”*
- *“In terms of community involvement, it seemed to me that when there are problems, the community comes together and helps each other.”*
- *“There is engagement and people involved and interested in the community. I see a lot of fundraisers and financial support for non-profits and organizations. I am impressed with how much folks are involved and supportive.”*
- *“As a Hispanic person I believe there is more inclusion here because it is a small community. People get to know each other; their kids play sports together. They get to know who you really are, know you as a person and appreciate you.”*

The first three characteristics identified by key leaders were the same as the top three characteristics identified in the 2019 community health survey.

Figure 2

What makes Mendocino County a good place to live?

Responses from key leaders in Mendocino County, n=90.

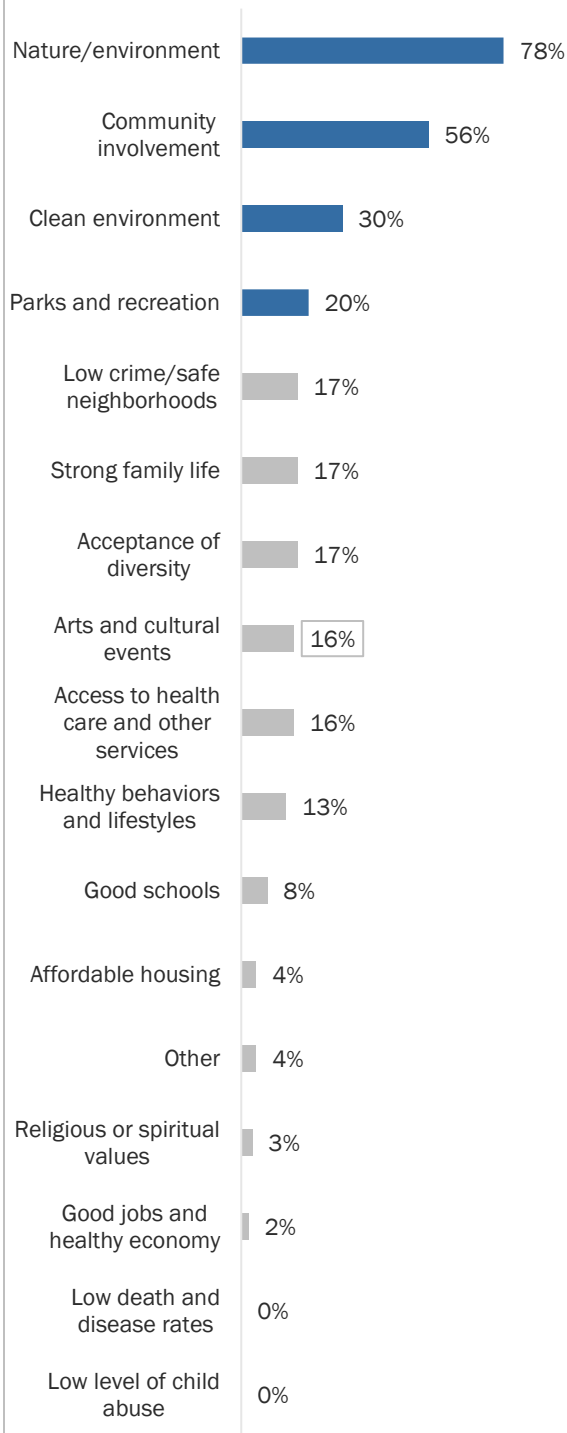
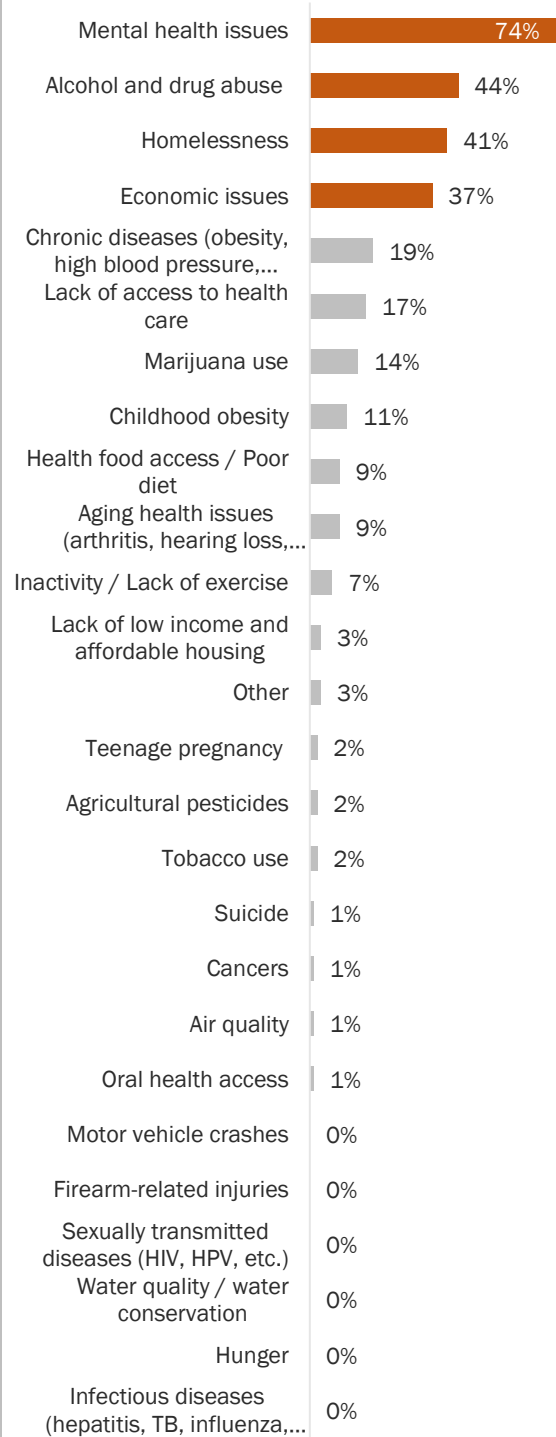


Figure 3

What are the most important health problems in Mendocino County?

Responses from key leaders in Mendocino County, n=90.



Most Important Health Problems

As shown in Figure 3 on the previous page, key leaders were asked to identify the **most important health problems** in Mendocino County (Q5). The top four issues identified were:

1. **Mental health issues**
2. **Alcohol and drug abuse**
3. **Homelessness**
4. **Economic issues**

Comments from informants regarding these areas included the following:

- *“I had an employee who had a schizophrenic episode and had to wait 2 months to get help – there weren’t services for the employee or for me as an employer to support my employee.”*
- *My rankings are formulated due to my view through the lens of a non-profit director. When people begin to recover [from alcohol, tobacco and other drug abuse], there are too few appropriate jobs . . . and a lack of affordable housing.*
- *“I think addressing our economic issues, by bringing in more jobs, addressing poverty and providing more opportunities for people is probably the most important, and the key to [addressing mental health issues and homelessness]. I think poverty contributes to homelessness and mental health issues, as well. So addressing that can lead to addressing these two as well [as some of the other issues in the county] . . .”*

Note that the top four health problems identified by key leaders are the same four health problems identified by community members in the 2019 community health survey.

Most Significant Barriers to Addressing These Problems

Key informants were asked to identify, overall, what are the **most significant challenges or barriers** (Q6) to addressing the most important health problems identified in the previous section. 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 at left, are defined in more detail in the next section. Also included are approaches suggested by informants, challenges and barriers to overcoming these health problems, assets in the community that can be leveraged, and sample quotes from the interviews.

Table 1. The Top Four Most Important Health Problems in Mendocino County Identified by Key Leaders/Informants, n=34.

Suggested Approaches, Challenges/Barriers, Assets and Sample Quotes.

SUGGESTED APPROACHES	CHALLENGES/BARRIERS	ASSETS/ FACILITATORS	SAMPLE QUOTES
1. Mental Health			
<p>Coordinate and combine services</p> <p>Increase information given to the community</p> <p>Mental health and substance abuse safety net for low income people</p> <p>Coordinate priorities with Healthy Mendocino and healthcare providers</p> <p>Embed mental health supports into non-profits</p>	<p>The Mental Health System of Care is difficult to navigate</p> <p>Mental illness is often combined with alcohol/drugs/homelessness</p> <p>Lack of coordination of care</p> <p>Stigma – beliefs about who deserves care</p> <p>Capacity of system – too many vacancies in behavioral health. Issues in attracting and keeping trained providers due to housing costs and low wages.</p>	<p>Measure B – needs persistent public scrutiny and participation to make sure it goes towards a robust continuum of care</p> <p>Redwood Community Services– lots of engagement with Mental Health and homelessness</p> <p>Innovations Project at IHC – build a layer of trust</p>	<p><i>“Combining services to prevent duplication of services and waste of resources.”</i></p> <p><i>“Get them to buy into a collaborative framework with outside forces, in a positive, forward thinking way.”</i></p> <p><i>“It is hard to know who is responsible for what. The public goes to law enforcement first to fix problems instead of to the agencies that are responsible.”</i></p>
2. Alcohol & Drug Abuse			
<p>Preventative education needs to start at an earlier age</p> <p>Treatment needs to address entire family</p> <p>Provide alternate activities</p> <p>Need a good case management system</p>	<p>Widespread acceptability</p> <p>Overlap of existing services limiting effectiveness of current funding</p> <p>Shortage of funding and staff causes more reactive approach and less prevention</p>	<p>Prop 64 – funding for communities impacted by drug war</p> <p>HUD/Ford Street – expand treatment and recovery services</p>	<p><i>“Develop core teams, systems thinking, to better get and retain funding in a collaborative manner.”</i></p> <p><i>“Drug use is subject to generational patterns and there are few treatment programs.”</i></p>
3. Homelessness			
<p>Create more affordable housing inventory</p> <p>Address underlying causes on an individual basis</p> <p>Progressive co-housing projects as in surrounding areas</p> <p>Regulations needed for low income housing</p>	<p>Lack of funding</p> <p>Need more coordination with mental health, and alcohol and drug abuse programs</p> <p>Homelessness is showing up as trespass, theft and an adverse environmental impact – empathy is turning into frustration</p> <p>Overregulation at the county limiting home construction</p>	<p>Government – County to lead</p> <p>Large businesses and non-profits to invest in building community</p> <p>Redwood Community Services – doing a great job running the shelter with more organized leadership</p>	<p><i>“A vacancy tax for those with extra homes could fund homeless programs”</i></p> <p><i>“We need to prioritize dual diagnosis treatment through collaborative funding, will, and service provision.”</i></p> <p><i>“Make the winter shelter year-round and leverage county property to build tiny home communities.”</i></p>

SUGGESTED APPROACHES	CHALLENGES/BARRIERS	ASSETS/ FACILITATORS	SAMPLE QUOTES
4. Economic Issues			
<p>Job creation needed</p> <p>Opportunities needed for those addressing other issues (drugs, homelessness)</p>	<p>Lack of housing for new workers</p> <p>Defining a strategic plan with milestones</p> <p>Very complex, systemic issue</p> <p>Gap in financial literacy</p>	<p>City/County partnerships are essential</p> <p>Non-profits – room for better coordination</p>	<p><i>“If people are able to make a living wage, they would be able to take better care of their family’s health.”</i></p> <p><i>“Need innovation to come up with new ways to do things. Be creative and look for resources to bring into the county.”</i></p>

ADDENDUM A

2019 Key Leader Interview Questions

1. How would you rate Mendocino County as **a healthy community** to live in? Select 1. [Please explain.]

1	2	3	4	5
Very Unhealthy	Unhealthy	Somewhat Healthy	Healthy	Very Healthy

2. How would you rate your **own personal health**? Select 1. [Please explain.]

1	2	3	4	5
Very Unhealthy	Unhealthy	Somewhat Healthy	Healthy	Very Healthy

3. How would you rate Mendocino County as **a safe place** to grow up or raise children? Select 1. [Please explain.]

1	2	3	4	5
Very Unsafe	Unsafe	Somewhat Safe	Safe	Very Safe

4. In the list below, what do you think are the **three** most important **factors** that make this county a **good place to live**? Please choose 3. [Please explain.]

- | | | |
|---|----------------------------------|-------------------------------------|
| a. Community involvement | g. Strong family life | m. Healthy behaviors and lifestyles |
| b. Low crime/safe neighborhoods | h. Clean environment | n. Low death and disease rates |
| c. Low level of child abuse | i. Affordable housing | o. Religious or spiritual values |
| d. Good schools | j. Acceptance of diversity | p. Arts and cultural events |
| e. Access to health care and other services | k. Nature/environment | q. Other: _____ |
| f. Parks and recreation | l. Good jobs and healthy economy | |

5. In the list below, what do you think are the **three** most important **health problems** in Mendocino County? The most important health problems are those that have the greatest impact on overall community health in Mendocino County. Please choose 3. [Please explain.]

- | | | |
|---|-----------------------------------|--|
| a. Motor vehicle crashes | j. Hunger | t. Chronic diseases (obesity, high blood pressure, diabetes, etc.) |
| b. Firearm-related injuries | k. Health food access / Poor diet | u. Infectious diseases (hepatitis, TB, influenza, etc.) |
| c. Mental health issues | l. Inactivity / Lack of exercise | v. Aging health issues (arthritis, hearing loss, isolation, etc.) |
| d. Sexually transmitted diseases (HIV, HPV, etc.) | m. Homelessness | w. Oral health access |
| e. Teenage pregnancy | n. Economic issues | x. Cancers |
| f. Childhood obesity | o. Tobacco use | y. Other: _____ |
| g. Lack of access to health care | p. Marijuana use | |
| h. Suicide | q. Alcohol and drug abuse | |
| i. Water quality / water conservation | r. Agricultural pesticides | |
| | s. Air quality | |

6. What are the most significant challenges or barriers to addressing these issues in Mendocino County? [Probe: If so, how do you think they could be overcome?]
7. What are the opportunities or assets or facilitators in the community that could be used to address these issues? [Probe: Are there any we are not currently taking advantage of? Please be specific – people, organizations, funding sources, etc. that could be leveraged to improve community health.]
8. Are there any individuals, organizations or groups that would be influential on addressing these community health issues? [Probe: In what way? This is to ID who we could engage in helping address certain issues.]
9. Final question, if you had a magic wand, what one thing would you do to improve the health in Mendocino County?
10. Is there anything else that you would like to add?

ADDENDUM B

2019 Key Informants (n=34).

January – March 2019

Representatives of county and city government, private businesses, agriculture, cannabis, health and human services, nonprofits, social services, law enforcement, the media, community-based organizations and community leaders, race/ethnic groups, the geography of Mendocino County, among others - were targeted to participate in an interview or to complete a brief, online survey. A total of 223 key informants and key formal and informal leaders in the county were invited to participate in an in-person or by-phone interview or to complete a written survey. Of these, 34 participated in an interview and 56 completed a written survey, resulting in a total of 90 key informant/key leader participants. A list of those interviewed follows.

County & City Government

City of Ukiah – Sage Sangiacomo
 City of Willits – Stephanie Garrabrani-Sierra
 Mendocino County Board of Supervisors – Carre Brown
 Mendocino County Board of Supervisors – Ted Williams
 Community Development Commission Housing – Heather Blough
 Mendocino County Farm Bureau – Devon Jones

Education

Dharma Realm Buddhist University/City of Ten Thousand Buddhas – Ron Epstein
 Mendocino County Office of Education – Michelle Hutchins
 Tribal Health Start – Jolene Whipple

Health Care

Adventist Health Ukiah Valley & Howard Memorial – Jason Wells
 Long Valley Health Center – Rod Grainger
 Mendocino Coast Clinics – Lucresha Renteria
 Mendocino Community Health Clinic – Stephanie Ouellette
 Round Valley Indian Health Center – Julia Russ

Health & Human Services

Cancer Resource Centers of Mendocino County – Karen Oslund
 Ford Street Project, Continuum of Care, Homeless – Jacque Williams
 Manzanita Services – Wynd Novotny
 Mendocino County Health & Human Services (Agency) – Dr. Gary Pace, County Health Officer
 Mendocino County Health & Human Services (Agency) – Tammy Moss Chandler

Law Enforcement

Ukiah Police Department – Justin Wyatt

Nonprofits & Community-Based-Organizations

Action Network – Javier Chavez

Community Foundation of Mendocino County – Michelle Rich

Economic Development Finance Corp. – Heather Guerwitz

Fort Bragg Latino Coalition – Bob Rodriguez

Laytonville Healthy Start Family Resource Center – Jayma Spence

Leadership Mendocino – Heidi Dickerson

Plowshares Peace & Justice Center – Traci Boyl

Round Valley Family Resource Center – Joel Merrifield

Redwood Quality Management – Tim Schrader

Spanish Language HEP Mendo – Jackeline Gonzalez de Orozco

Private Business & Agriculture

Flow Kana – Amanda Reiman

Live Power Farm – Gloria Decater

Magruder Ranch – Grace Macgruder

Nelson Family Vineyards – Tyler Nelson

ADDENDUM C

2019 Key Leader Survey Questions

1. How would you rate Mendocino County as **a healthy community** to live in? Select 1.

1	2	3	4	5
Very Unhealthy	Unhealthy	Somewhat Healthy	Healthy	Very Healthy

2. How would you rate your **own personal health**? Select 1.

1	2	3	4	5
Very Unhealthy	Unhealthy	Somewhat Healthy	Healthy	Very Healthy

3. How would you rate Mendocino County as **a safe place** to grow up or raise children? Select 1.

1	2	3	4	5
Very Unsafe	Unsafe	Somewhat Safe	Safe	Very Safe

4. In the list below, what do you think are the **three** most important **factors** that make this county a **good place to live**? Please choose 3.

- | | | |
|---|----------------------------------|-------------------------------------|
| a. Community involvement | g. Strong family life | m. Healthy behaviors and lifestyles |
| b. Low crime/safe neighborhoods | h. Clean environment | n. Low death and disease rates |
| c. Low level of child abuse | i. Affordable housing | o. Religious or spiritual values |
| d. Good schools | j. Acceptance of diversity | p. Arts and cultural events |
| e. Access to health care and other services | k. Nature/environment | q. Other: _____ |
| f. Parks and recreation | l. Good jobs and healthy economy | |

5. In the list below, what do you think are the **three** most important **health problems** in Mendocino County? The most important health problems are those that have the greatest impact on overall community health in Mendocino County. Please choose 3.

- | | | |
|---|-----------------------------------|--|
| a. Motor vehicle crashes | j. Hunger | t. Chronic diseases (obesity, high blood pressure, diabetes, etc.) |
| b. Firearm-related injuries | k. Health food access / Poor diet | u. Infectious diseases (hepatitis, TB, influenza, etc.) |
| c. Mental health issues | l. Inactivity / Lack of exercise | v. Aging health issues (arthritis, hearing loss, isolation, etc.) |
| d. Sexually transmitted diseases (HIV, HPV, etc.) | m. Homelessness | w. Oral health access |
| e. Teenage pregnancy | n. Economic issues | x. Cancers |
| f. Childhood obesity | o. Tobacco use | y. Other: _____ |
| g. Lack of access to health care | p. Marijuana use | |
| h. Suicide | q. Alcohol and drug abuse | |
| i. Water quality / water conservation | r. Agricultural pesticides | |
| | s. Air quality | |

ADDENDUM D

2019 Key Leader Survey Results (n=90).

February 2019

	Very Unhealthy		Unhealthy		Somewhat Healthy		Healthy		Very Healthy		FREQ	%	Avg.
1. How would you rate Mendocino County as a healthy community to live in?	1	1.1%	3	3.3%	50	55.6%	33	36.7%	3	3.3%	90	100.0%	3.4
2. How would you rate your own personal health?	0	0.0%	6	6.7%	25	27.8%	41	45.6%	18	20.0%	90	100.0%	3.8
	Very Unsafe		Unsafe		Somewhat Safe		Safe		Very Safe				
3. How would you rate Mendocino County as a safe place to grow up or raise children?	1	1.1%	2	2.2%	32	35.6%	42	46.7%	13	14.4%	90	100.0%	3.7
4. In the list below, what do you think are the three most important factors that make this county a good place to live? Please choose 3.													
a. Community involvement											50	55.6%	
b. Low crime/safe neighborhoods											15	16.7%	
c. Low level of child abuse											0	0.0%	
d. Good schools											7	7.8%	
e. Access to health care and other services											14	15.6%	
f. Parks and recreation											18	20.0%	
g. Strong family life											15	16.7%	
h. Clean environment											27	30.0%	
i. Affordable housing											4	4.4%	
j. Acceptance of diversity											15	16.7%	
k. Nature/environment											70	77.8%	
l. Good jobs and healthy economy											2	2.2%	
m. Healthy behaviors and lifestyles											12	13.3%	
n. Low death and disease rates											0	0.0%	
o. Religious or spiritual values											3	3.3%	
p. Arts and cultural events											14	15.6%	
q. Other											4	4.4%	
Total (n=90)											270		
5. In the list below, what do you think are the three most important health problems in Mendocino County? The most important health problems are those that have the greatest impact on overall community health in Mendocino County. Please choose 3.													
a. Motor vehicle crashes											0	0.0%	
b. Firearm-related injuries											0	0.0%	
c. Mental health issues											67	74.4%	
d. Sexually transmitted diseases (HIV, HPV, etc.)											0	0.0%	
e. Teenage pregnancy											2	2.2%	

	FREQ	%
f. Childhood obesity	10	11.1%
g. Lack of access to health care	15	16.7%
h. Suicide	1	1.1%
i. Water quality / water conservation	0	0.0%
j. Hunger	0	0.0%
k. Health food access / Poor diet	8	8.9%
l. Inactivity / Lack of exercise	6	6.7%
m. Homelessness	37	41.1%
n. Economic issues	33	36.7%
o. Tobacco use	2	2.2%
p. Marijuana use	13	14.4%
q. Alcohol and drug abuse	40	44.4%
r. Agricultural pesticides	2	2.2%
s. Air quality	1	1.1%
t. Chronic diseases (obesity, high blood pressure, diabetes, etc.)	17	18.9%
u. Infectious diseases (hepatitis, TB, influenza, etc.)	0	0.0%
v. Aging health issues (arthritis, hearing loss, isolation, etc.)	8	8.9%
w. Oral health access	1	1.1%
x. Cancers	1	1.1%
y. Lack of low income and affordable housing	3	3.3%
z. Other	3	3.3%
Total (n=90)	270	



2019 Mendocino County Community Health Needs Assessment

APPENDIX C Community Health Status Assessment

October 2019

TABLE OF CONTENTS

Community Health Status Assessment

Introduction	1
Methodology and Limitations.....	1

Results

Demographic Information	3
Socioeconomic Characteristics	4
Social Determinants of Health.....	12
Behavioral Risk Factors	21
Maternal Child and Adolescent Health.....	29
Healthcare and Preventive Services	36
Dental Health.....	38
Death, Disease and Chronic Conditions.....	39

Sources	43
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Addendum

Data Dictionary	44
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COMMUNITY HEALTH STATUS ASSESSMENT

Introduction

The Community Health Status Assessment (CHSA) is a method of reviewing key data indicators that answer the questions, “How healthy are our residents?” and “What does the health status of our community look like?” The CHSA is one data-gathering component of the 2019 Mendocino County Community Health Needs Assessment (CHNA).

The 2019 CHNA is sponsored by a coalition of local organizations and agencies: 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, Mendocino County Office of Education, North Coast Opportunities, Partnership HealthPlan of California, Redwood Community Services, Inc., Redwood Quality Management Company, and United Way of the Wine Country. The CHNA is a project of Healthy Mendocino, which facilitated the Planning Group.

The CHSA report highlights key data indicators organized into broad-based categories related to health and well-being.

The data categories included in this CHSA are as follows:

- 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

The remaining indicators are displayed in a data book as an addendum to this report.

Methodology and Limitations

The findings presented in this report highlight issues that impact the health status of the people of Mendocino County. The information comes from a variety of sources and is organized on the Healthy Mendocino website <http://www.healthymendocino.org/>.

The Healthy Mendocino website is produced in partnership between Mendocino County and the Conduent Healthy Communities Institute (HCI). Conduent HCI is a network of researchers, public health technology specialists, epidemiologists and public administrators, working to provide communities with easy to understand data, best practices, and funding source information to drive community health improvement. The Healthy Mendocino website provides statistical indicators for 203 key subjects that

describe aspects of the population used to measure health, environmental quality and quality of life. Indicators may include measurements of illness and disease, environmental and economic indicators, as well as behaviors and actions related to health.

Data found on the site comes from a variety of sources, including the National Cancer Institute, the Centers for Disease Control, the American Community Survey, the Census Bureau, Department of Justice, and other state-specific sources listed on the Healthy Mendocino website. (<http://www.healthymendocino.org>) Data is presented with comparisons to other California counties, along with averages for local or national values, changes over time and target goals for health outcomes from Healthy People 2020. (<http://www.healthypeople.gov>)

Reviewing key indicators on the Healthy Mendocino website that are highlighted in red, allows us to see at a glance areas of possible improvement to the health of the community. This report focuses on key subjects with values less than the state averages, or ones that fail

to meet the Healthy People 2020 objectives. These are areas where there are disparities in obtaining health care, increased incidence of illness, behavioral practices that negatively affect one's health, and/or societal determinants such as low employment or lack of transportation that adversely affect the health of a community.

The aim of statistical testing is to uncover significant differences. When using statistical measures, the larger the sample size the more certain researchers can be that the sample reliably reflects the population mean. However, smaller sample sizes can still detect differences across populations. In cases where the data reflects smaller sample sizes, we have added the notation that values may be statistically unstable and should be interpreted with caution. At the end of this report is a table of indicators that contains the statistics for Mendocino County and the corresponding values for the State and the U.S.

RESULTS

Demographic Information

Mendocino County Demographic Profile	Mendocino	California
Population, 2018	87,580	39,964,848
Population, 2010 (April 1 estimates)	87,841	37,254,503
Population, percent change - 2010 to 2019	>1%	7%
Persons under 5 years, percent	5.9%	6.2%
Persons under 17 years, percent	15.6%	16.6%
Persons 65 years and over, percent	21.7%	14.5%
Female persons, percent	50.3%	50.3%
Ethnicity, percent, 2019		
White alone, percent (a)	73.2%	54.7%
Black or African American alone (a)	0.8%	5.8%
American Indian and Alaska Native alone (a)	5.1%	0.97%
Asian alone (a)	2.0%	14.8%
Native Hawaiian and Other Pacific Islander alone (a)	0.2%	0.4%
Persons reporting two or more Races	22.9%	23.18%
Hispanic or Latino, percent (b)	26.1%	39.5%
Foreign born persons, percent, 2017	13.0%	27.00%
Language other than English spoken at home, percent of persons age 5+, 2010-2017	21.20%	44.00%
High school graduate or higher, percent of persons age 25+, 2010-2017	85.50%	86.90%
Bachelor's degree or higher, percent of persons age 25+, 2010-2017	32.60%	24.80%
Veterans, 2010-2017	6,357	1,661,433
Mean travel time to work (minutes), workers age 16+, 2010-2017	18.6	27.2

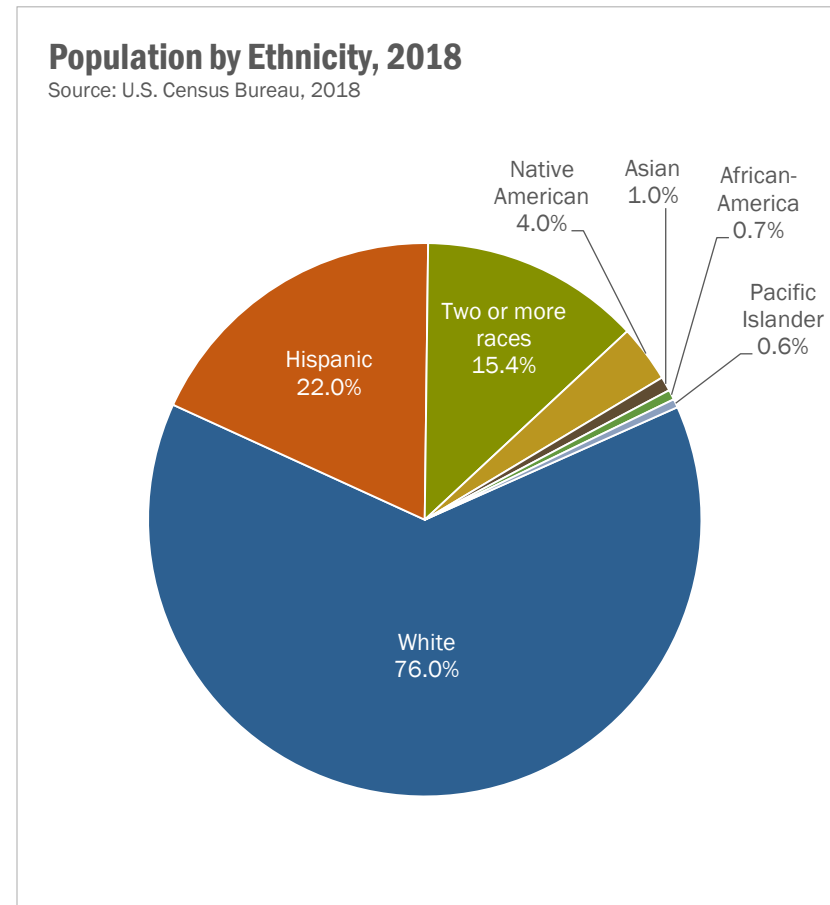
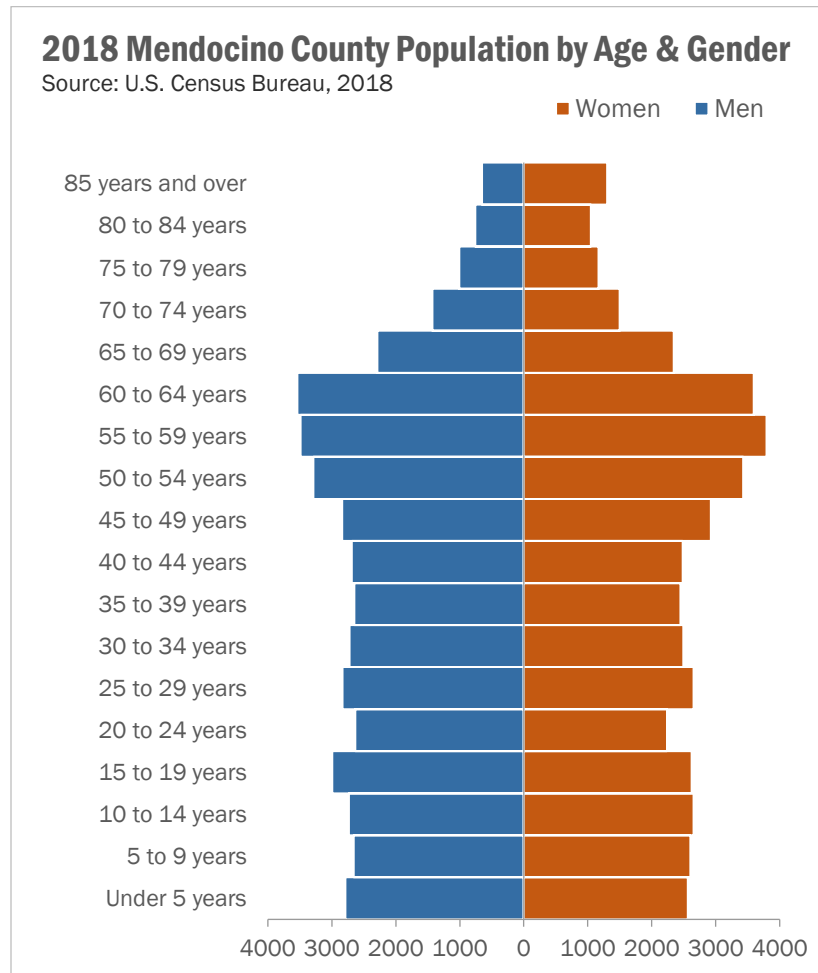
Mendocino County Demographic Profile	Mendocino	California
Housing units, 2017	41,107	14,176,670
Homeownership rate, 2009-2013	54.50%	59.20%
Housing units in multi-unit structures, percent, 2009-2013	12.50%	31.00%
Median value of owner-occupied housing units, 2013-2017	\$338,000	\$443,400
Households, 2013-2017	34,182	12,888,128
Persons per household, 2013-2017	2.50	2.96
Per capita money income in past 12 months (2017 dollars), 2013-2017	\$27,093	\$33,128
Median household income, 2009-2013	\$46,528	\$67,169
Persons below poverty level, percent, 2013-2017	16.3%	13.3%
Land area in square miles, 2010	3,506.34	155,779.22
Persons per square mile, 2010	25.1	239.1

Data Source: Source U.S. Census Bureau: State and County QuickFacts. Data derived from Population Estimates, American Community Survey, Census of Population and Housing, State and County Housing Unit Estimates, County Business Patterns, Non-employer Statistics, Economic Census, Survey of Business Owners, Building Permits(a) Includes persons reporting only one race. (b) Hispanics may be of any race, so also are included in applicable race categories.

Socioeconomic Characteristics

Mendocino County is a rural county in Northern California with a land area of 3,509 square miles. The estimated population in 2018 was 87,580. Slightly over one-half (55%) of the population live in urban areas, while 45% live in rural communities, farms or ranches.

The population pyramid clearly 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.



Population of Mendocino County below Federal Poverty Level, 2018*

*(In 2018, the Federal Poverty Level for individuals was calculated as a single person living on less than \$12,140 per year, and a family of four with income less than \$25,100.)

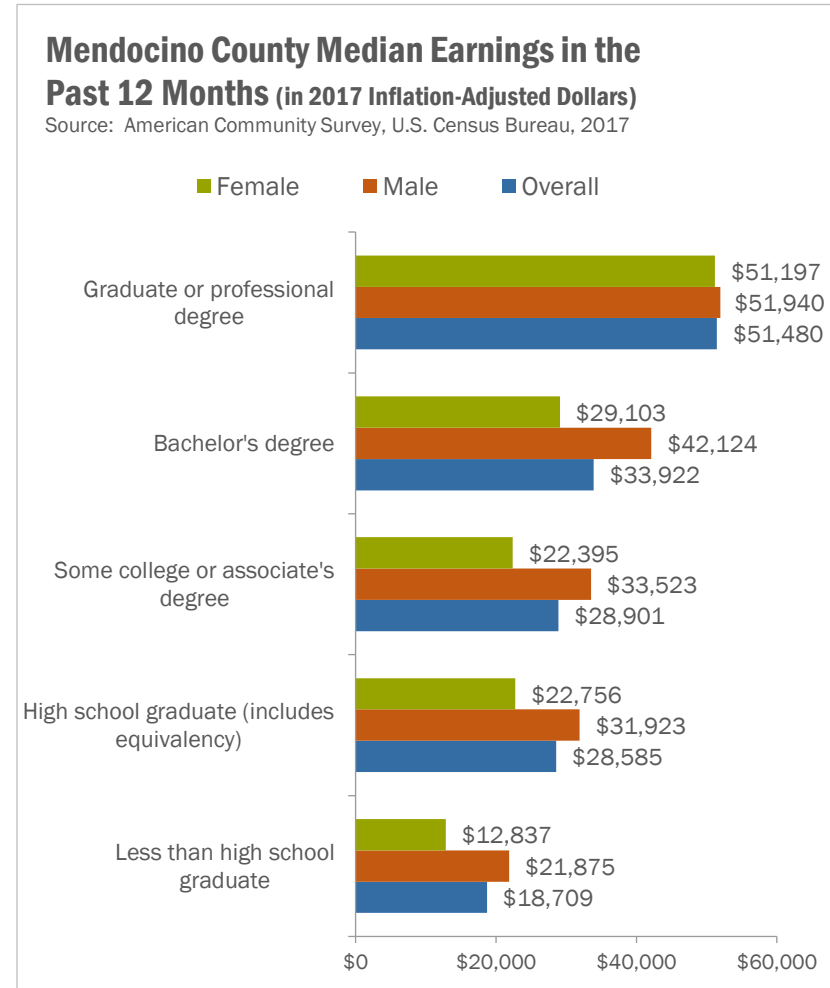
Data Source: U.S. Census Bureau, 2013-2018 American Community Survey 5-Year Estimates

Federal poverty thresholds are set every year by the Census Bureau and vary by size of family and ages of family members. The percentage of the population with incomes below 200% of the Federal Poverty Level (FPL) in 2018 was about 17% for men, and 21% for women. When categorized by race/ethnicity, 42% of African Americans living in Mendocino County in 2018 had incomes below 200% of the FPL, followed by Hispanic or Latinx 27%, Native Americans 25%, Caucasians 15%, Asians 14%, and Pacific Islanders 14%. For the years 2012 to 2016, 9% of people over 65 years were living below the FPL; 15% of families, and 24% of children.

People living in poverty have poorer health outcomes. A high poverty rate indicates that local employment opportunities are not sufficient to provide for the local community. Through decreased buying power and decreased taxes, poverty is associated with lower quality schools and decreased business survival. Nineteen percent of those whose income fell below the FPL worked either full or part-time during the 12 months of 2017. Educational achievement is closely associated with higher earning power. Twenty-five percent of those whose incomes fell below the FPL had less than a high school education in 2017.

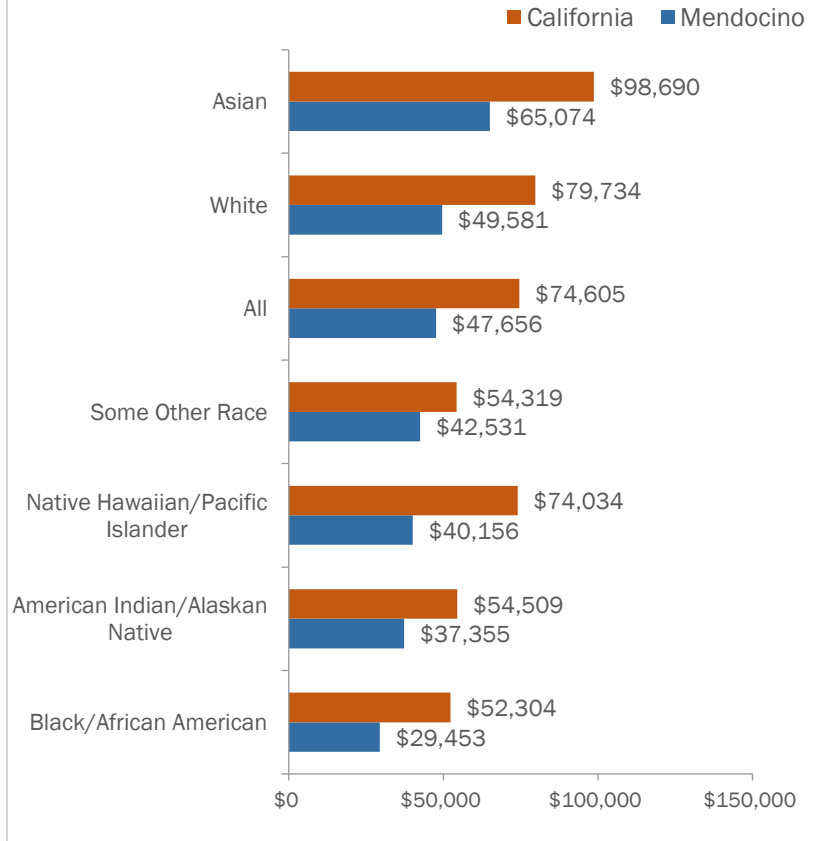
The previous CHNA identified the issue of poverty as an area for improvement in Mendocino County. A CHIP group was formed to

understand the underlying issues. The Poverty Action Team is working to create strategies to help people gain access to capital and markets, promote micro-enterprise within communities, offer classes to improve financial literacy including tax help and business planning, and promote education to learn new vocational skills.



Median Household Income by Race, 2017

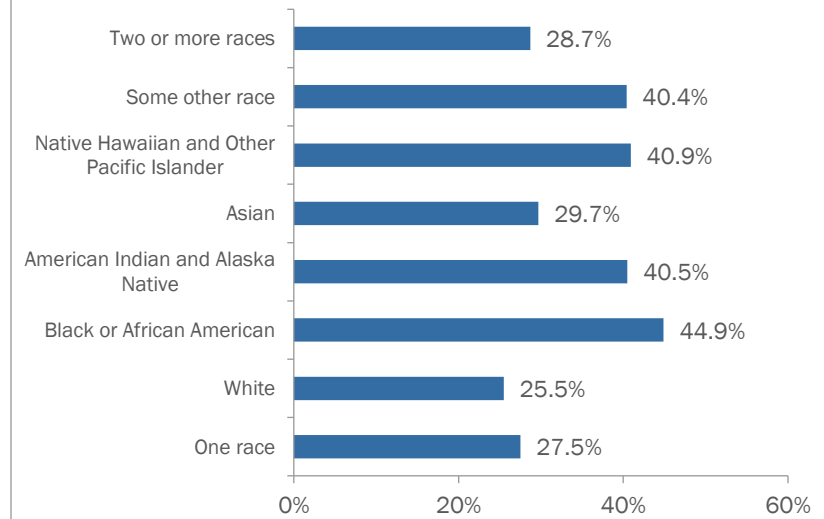
Source: U.S. Census Bureau, 2017



Family income has been shown to affect a child's well-being in numerous studies. Compared to their peers, children in poverty are more likely to have physical health problems such as low birth weight or lead poisoning and are also more likely to have behavioral and emotional problems. Children in poverty also tend to exhibit cognitive difficulties, as shown in achievement test scores, and are less likely to complete basic education.

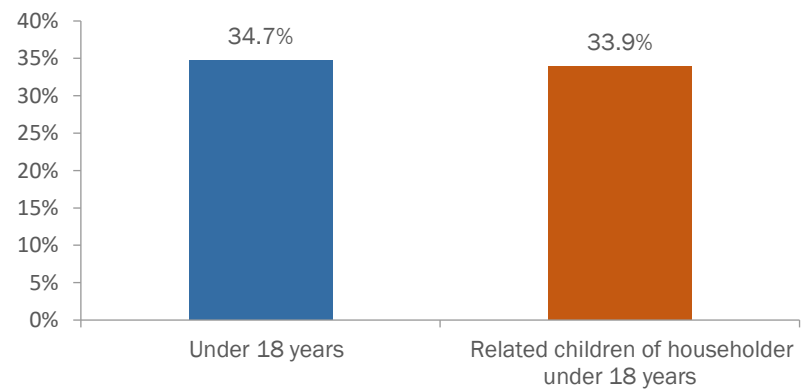
Persons Living Less than 125% of the Federal Poverty Level by Ethnicity

Source: US Bureau of the Census, 2017

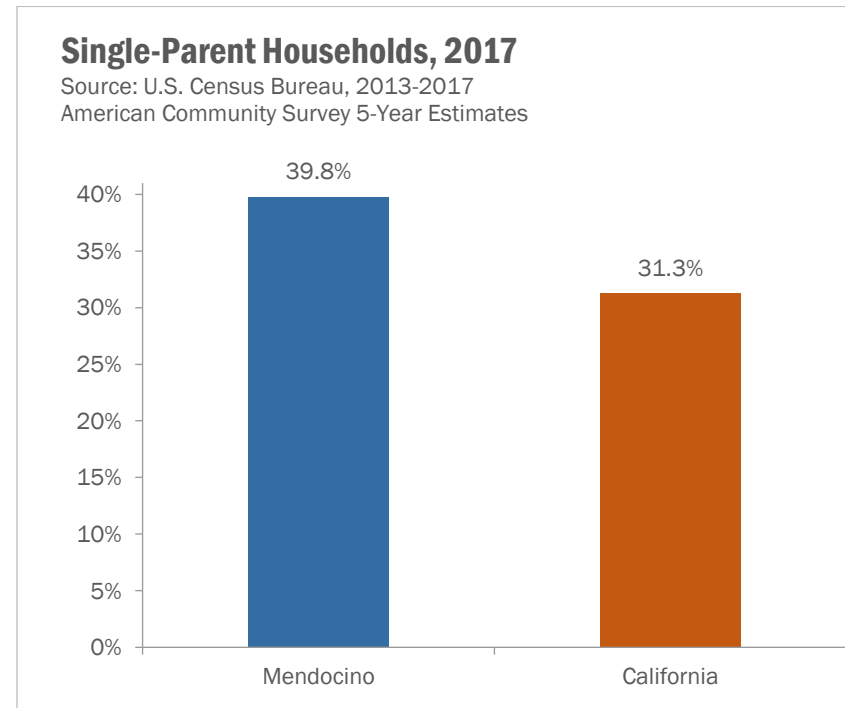
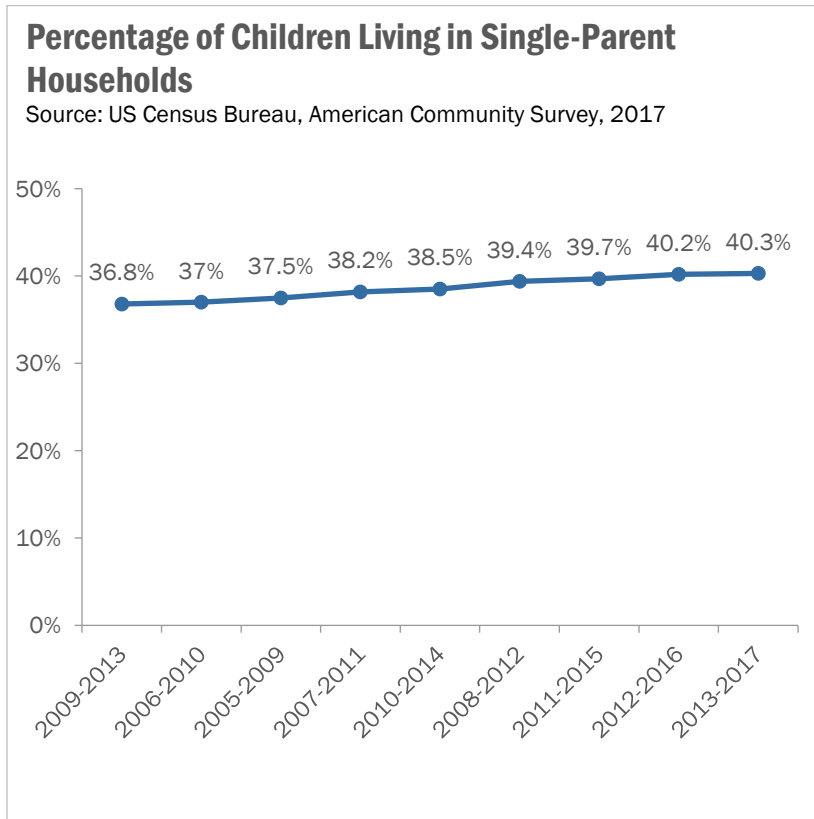


Children (<18 years) Living Below the Poverty Level, 2017

Source: U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimates

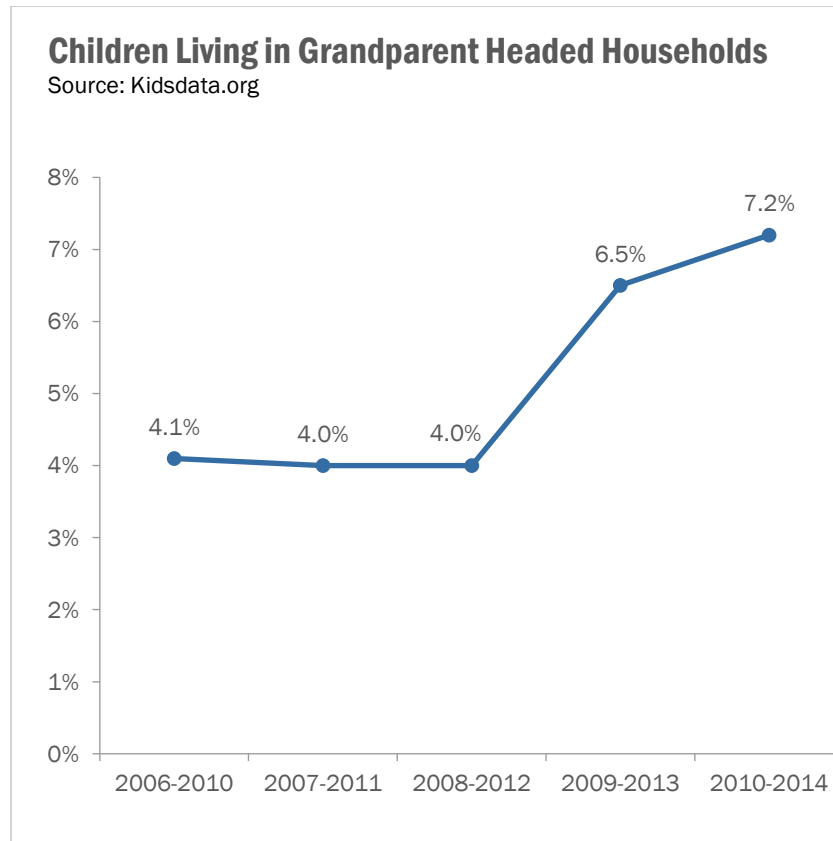


Single Parent Households, 2017



During 2017, 40% of Mendocino County households with children were headed by a single parent, compared to 31% for the State of California. Of these, 51% of single parent households in the county earned less than 125% of the FPL. Adults and children in single-parent households are at a higher risk for adverse health effects, such as emotional or behavioral problems, compared to their peers. Children in such households are more likely to develop depression, smoke, and abuse alcohol and other substances. Consequently, these children experience increased risk of morbidity and mortality of all causes. Similarly, single parents suffer from lower perceived health and higher risk of mortality.

Grandparent-Headed Households Responsible for Grandchildren under 18 Years

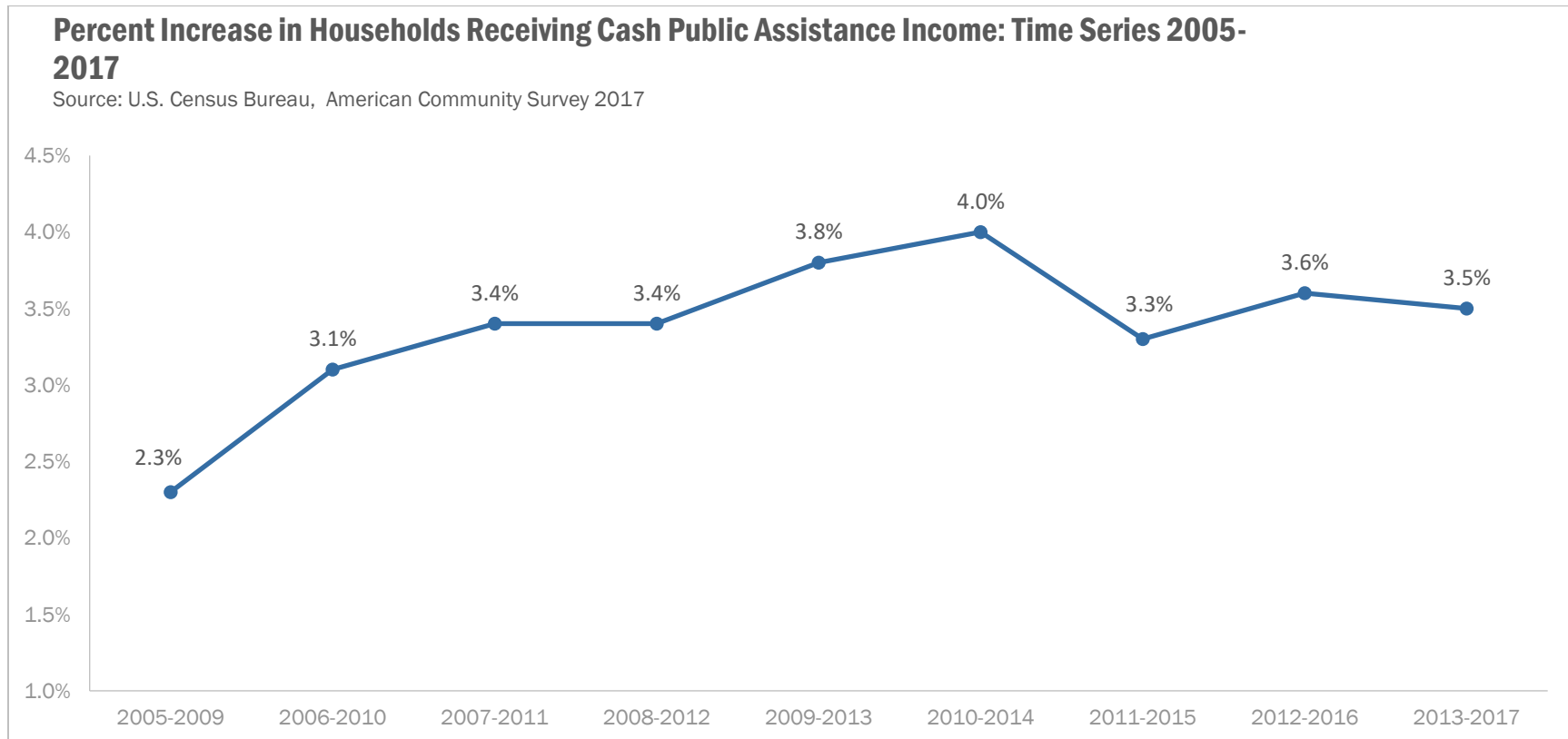


Grandparent-headed households have disproportionately high rates of poverty. Single, older women of racial and ethnic minority groups with low educational attainment disproportionately head grandparent-headed households. Children in grandparent-headed households are especially likely to display behavioral and emotional problems because

of the events leading up to the move into the grandparent's home, including economic crises, family conflict, neglect or abuse, and separation from one or both parents. High rates of attention deficit/hyperactivity disorder, depression, and anxiety have been observed in this population along with developmental, emotional, and behavioral problems often due to high rates of prenatal exposure to alcohol and other drugs in utero. Due to age and their own health status, grandparents may be less able than parents to adjust to the changing financial needs of co-resident children. Income meant to support one or two older adults suddenly must fulfill the needs of co-resident grandchildren and, in some cases, adult children. This is particularly true for those grandparents who previously exited the labor force through retirement and who rely on fixed incomes. Further, grandparents may be less able than parents to either return to work or to make adjustments in current work hours because of a greater likelihood of health limitations and disability than for parents. Such factors may inhibit the ability of caregivers in grandparent-headed households to adapt financially to the needs of co-resident children.

In Mendocino County, the number of grandparent-headed households has increased by more than 1,000 households in the five-year period between 2010 and 2014 (a 57% increase of 1,000 to 1,750).

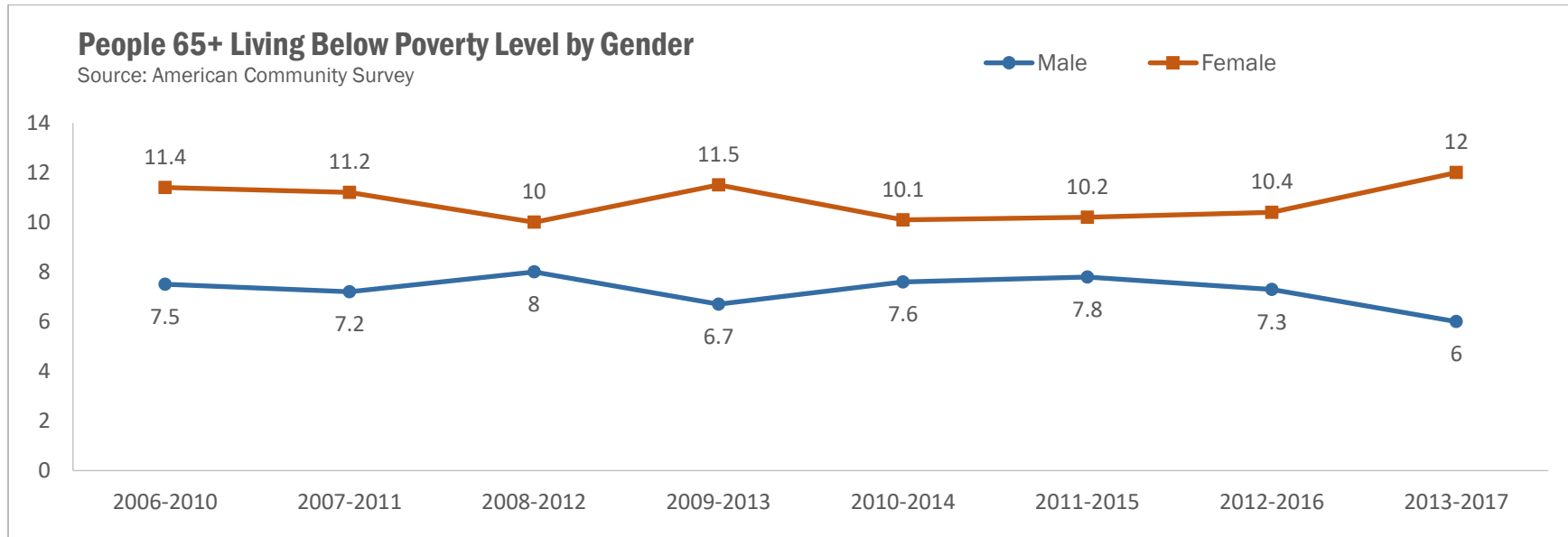
Households Receiving Cash Public Assistance



Public assistance income includes general assistance and Temporary Assistance to Needy Families (TANF). It does not include Supplemental Security Income (SSI) or noncash benefits such as Food Stamps. Areas with more households on public assistance programs have higher poverty rates.

Estimates for 2013-2017 are that 3.5% of households in Mendocino County are receiving cash public assistance income, compared to the state rate of 3.6%.

Seniors

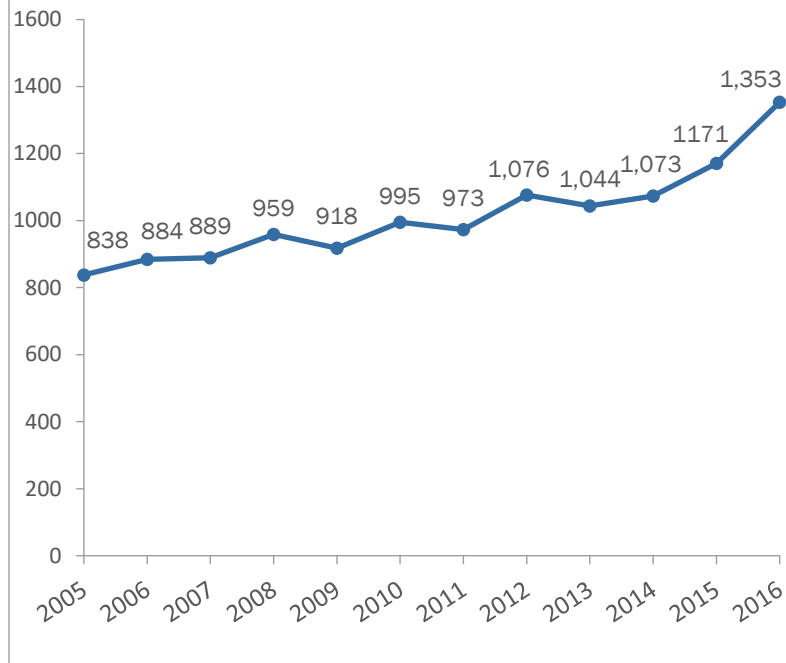


The population of people over 80 years old will increase by 206% between 2010 and 2060 making it the fastest growing demographic in Mendocino County. The American Community Survey estimates for the years 2012 to 2016, 9% of people over 65 years old in our county were living at or below the FPL for a single person. Older adults on fixed incomes struggle with rising housing costs, health care bills, inadequate nutrition, lack of transportation and isolation, diminished savings and job loss. For many older adults who are above the Federal Poverty Level, just one major adverse event can be catastrophic. Women are impacted at greater numbers because on average, they live longer than men, and women of color disproportionately feel the effects of poverty. Seniors need

increasing assistance with every-day tasks, and care for the elderly falls either on family members, or on supportive care aides, responsible for an estimated 70-80% of the paid hands-on care for older adults. These are some of the lowest paid of all U.S. workers. The role of caregiver is most often held by women, and frequently creates a pathway to financial hardship later in life. The majority of caregiving is provided informally by family or friends who take extended periods of time away from work to raise children or to care for an ailing loved one. The breaks in service and limited supports available to informal caregivers produces financial strain and reduces the individual's lifetime social security earnings as well as their ability to save.

Emergency Department Visits - Falls Among Senior Adults 65+

Source: California Department of Aging



Statistics show that:

- More than 40% of people hospitalized from hip fractures do not return home and are not capable of living independently again;
- 25% of those who have fallen pass away each year;
- On average, two older adults die from fall-related injuries every day in California.

Falls can result in hip fractures, head injuries or even death. In many cases, those who have experienced a fall have a hard time recovering and their overall health deteriorates.

In California alone, 1.3 million older adults experience an injury due to falling. A person is more likely to fall if s/he is age 80 or older or if s/he has previously fallen. Over time people may feel unsteady when walking due to changes in physical abilities such as vision, hearing, sensation, and balance. People who become fearful of falling may reduce their involvement in activities. Also, the environment may be designed or arranged in a way that makes a person feel unsafe.

Studies show that balance, flexibility, and strength training not only improve mobility, but also reduce the risk of falling. Statistics show that many older adults do not exercise regularly, and 35% of people over the age of 65 do not participate in any leisure physical activity. This lack of exercise only makes it harder for individuals to recover after a fall. Many people are afraid of falling again and reduce their physical activity even more. There are many creative and low-impact forms of physical activity for fall prevention, such as tai chi.

The environment can present many hazards. At home older adults are commonly concerned about falling in the bathtub or on steps. In the community there can be trip hazards such as uneven or cracked sidewalks. By making changes to the home and community environment a person can feel safer and less at risk of falling. For example, the bathroom can be modified by installing grab bars as in the shower or tub, having a place to sit, and having non-slip surfaces. Steps can have handrails, adequate lighting, and contrast between steps. Community sidewalks in disrepair can be reported to city officials for repair.ⁱ

Elder Abuse and Abuse of a Dependent Adult

Abuse of an elder or a dependent adult is abuse of:

- Someone 65 years old or older; or
- A dependent adult, who is someone between 18 and 64 that has certain mental or physical disabilities that keep him or her from being able to do normal activities or protect himself or herself.

Abuse is the physical, sexual, psychological, or financial harm or neglect of older people or dependent adults who may be unable to defend or fend for themselves. The incidence of elder abuse is expected to increase as the size of the older population grows, further straining the social service and criminal justice systems charged with protecting that population. As the majority of the older adult population, women are also the most frequent targets of elder abuse and exploitation. Women are more likely to spend their last years at home as widows, if they ever married, and later will make up the majority of residents in skilled nursing or residential care. The loss of independence and autonomy that can come with diminished health or mental capacity heighten an elder's vulnerability to abuse.

In California, as well as nationally, the estimate is that one out of ten older adults living at home suffers some form of abuse, neglect or exploitation. In Mendocino County, there are approximately 17,200 residents who were 65 years or older in 2018. During FY 2014-2015 there were 637 cases of elder abuse opened by Adult Protective Services. During FY 2017-2018 there were 1,029 cases of elder abuse opened, with 129 confirmed cases of abuse of an elder, and 42

confirmed cases of abuse of a dependent adult. In 2016, the District Attorney's Office prosecuted 27 elder or dependent adult abuse cases. ⁱⁱ

Social Determinants of Health

Understanding what affects our health

Social Determinants of Health (SDOH) are social, economic, and physical conditions in the environments in which people are born, live, learn, work, play, worship and age, that affect a wide range of health, functioning, quality-of-life outcomes and risks. Resources that enhance the quality of life can have a significant influence on population health outcomes, such as safe and affordable housing, access to education, public safety, availability of healthy foods, local emergency/health services, and environments free of life-threatening toxins. In addition to the material attributes of the environment, patterns of social engagement and a sense of security and well-being are affected by where people live.

Examples of social determinants include:

- Availability of resources to meet daily needs (e.g., safe housing and local food markets)
- Access to educational, economic, and job opportunities
- Access to health care services
- Quality of education and job training
- Availability of community-based resources in support of community living and opportunities for recreational and leisure-time activities
- Transportation options
- Public safety

- Social support
- Social norms and attitudes (e.g., discrimination, racism, and distrust of government)
- Exposure to crime, violence, and social disorder (e.g., presence of trash and lack of cooperation in a community)
- Socioeconomic conditions (e.g., concentrated poverty and the stressful conditions that accompany it)
- Residential segregation
- Language/Literacy
- Access to mass media and emerging technologies (e.g., cell phones, the Internet, and social media)
- Culture

Examples of physical determinants include:

- Natural environment, such as green space (e.g., trees and grass) or weather (e.g., climate change)
- Built environment, such as buildings, sidewalks, bike lanes, and roads
- Worksites, schools, and recreational settings
- Housing and community design
- Exposure to toxic substances and other physical hazards
- Physical barriers, especially for people with disabilities
- Aesthetic elements (e.g., good lighting, trees, and benches)

Differences in the health of a population are striking in communities with poor SDOH, such as unstable housing, low income, unsafe neighborhoods, or substandard education. By applying what we know about SDOH, we can not only improve individual and population health but also advance health equity. The website Healthy People 2030 (<https://www.healthypeople.gov/2020/About-Healthy-People/Development-Healthy-People-2030>) highlights the importance of addressing SDOH by including “create social and

physical environments that promote good health for all” as one of the four overarching goals for the decade.

Healthy People 2030

Healthy People 2030 is a collaborative project developed under the leadership of the Federal Interagency Workgroup by the U. S. Department of Health and Human Services and other federal agencies, public stakeholders and an advisory committee. Its goals are to identify national health priorities, increase awareness of the determinants of health, provide measurable objectives and goals that are applicable to local levels in order to achieve health equity, eliminate disparities, promote healthy behaviors and improve the health of all groups.

Every decade, the Healthy People initiative develops a new set of science-based, 10-year national objectives with the goal of improving the health of all Americans. The development of Healthy People 2030 includes establishing a framework for the initiative—the vision, mission, foundational principles, plan of action, and overarching goals—and identifying new objectives.

Educational Achievement

High Quality Childcare and Early Childhood Education in Mendocino County

Research indicates that high quality childcare and early education have lasting positive effects including increased IQ scores, higher levels of behavioral and emotional functioning, school readiness, academic achievement, educational achievement including high

school graduation and higher earnings later in life. The gains are particularly pronounced for children from low-income families and those at risk for academic failure. In Mendocino County, there is an unmet demand for quality childcare. The California Child Care Resource & Referral Network estimates that in 2017, approximately 76% of the county's children ages 3-5 years old did not attend a preschool, a nursery school or Head Start program for at least 10 hours a week. In California, 77% of children did not have high quality childcare available.

The annual costs for childcare by age group and facility type, 2016

California	Amount	
	Infant	Preschooler
Child Care Center	\$16,452	\$11,202
Family Child Care Home	\$10,609	\$9,984

Mendocino County	Amount	
	Infant	Preschooler
Child Care Center	\$12,508	\$8,483
Family Child Care Home	\$8,540	\$8,043

Kindergartners with All Required Immunizations, 2016

Locations	Percent
California	92.8%
Mendocino County	87.4%

Educational Attainment Mendocino County, 2017

Individuals who do not finish high school are more likely than people who finish high school to lack the basic skills required to function in an increasingly complicated job market and society. Adults with limited education levels are more likely to be unemployed, on government assistance, or involved in crime.

Mendocino County, 2017	
Percent with an associate degree	9.20%
College Graduation Rate	22.00%
Percent with a graduate or professional degree	8.40%
High School Graduation Rate	85.20%
Percent who did not finish the 9th grade	6.90%
California, 2017	
Percent with an associate degree	7.80%
College Graduation Rate	30.70%
Percent with a graduate or professional degree	11.20%
High School Graduation Rate	81.20%
Percent who did not finish the 9th grade	10.20%

Housing and Homelessness

Housing

Mendocino County has been experiencing a housing crisis for many years, and it is being exacerbated by several factors. The Bay Area counties now have the highest housing costs in the United States, surpassing even Manhattan, NY. As rents are raised, families are being forced out and are moving to neighboring counties such as Mendocino. In 2016-2017, a series of wildfires destroyed thousands of homes across the State and in Mendocino County. Much of Mendocino is agricultural land, and either not suitable for or zoned for development. The U.S. Census Bureau estimates that over one-half of residents (52%) who rent in Mendocino County pay over a third (35%) of their total income for rent. Spending such a high percentage of household income on rent can create financial hardship and may not leave enough money for food, transportation or medical expenses. High rent also makes it difficult or impossible for families to save any of their income for future needs.

Safe and affordable housing is an essential component of healthy communities, and the effects of housing problems are widespread. Residents who do not have a kitchen in their home are more likely to depend on unhealthy convenience foods, and a lack of plumbing facilities increases the risk of infectious disease. Research has found that young children who live in crowded housing conditions are at increased risk of food insecurity, which may impede their academic performance. In areas where housing costs are high, low-income residents may be forced into substandard living conditions with an increased exposure to mold and mildew growth, pest infestation, and lead or other environmental hazards.

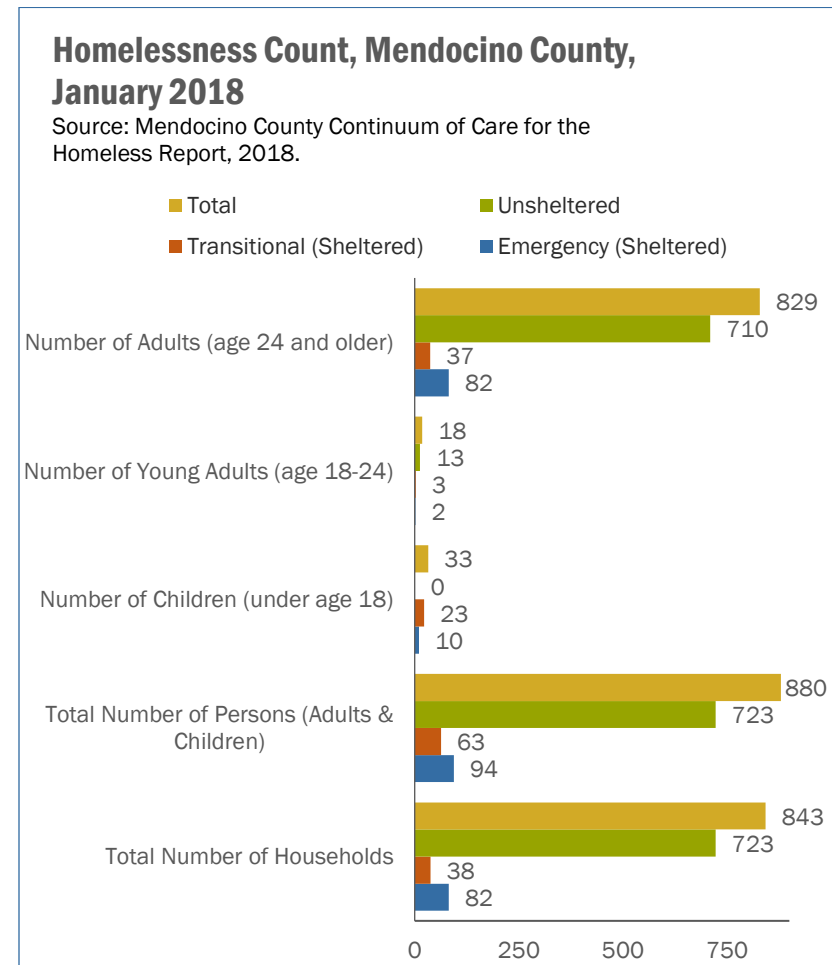
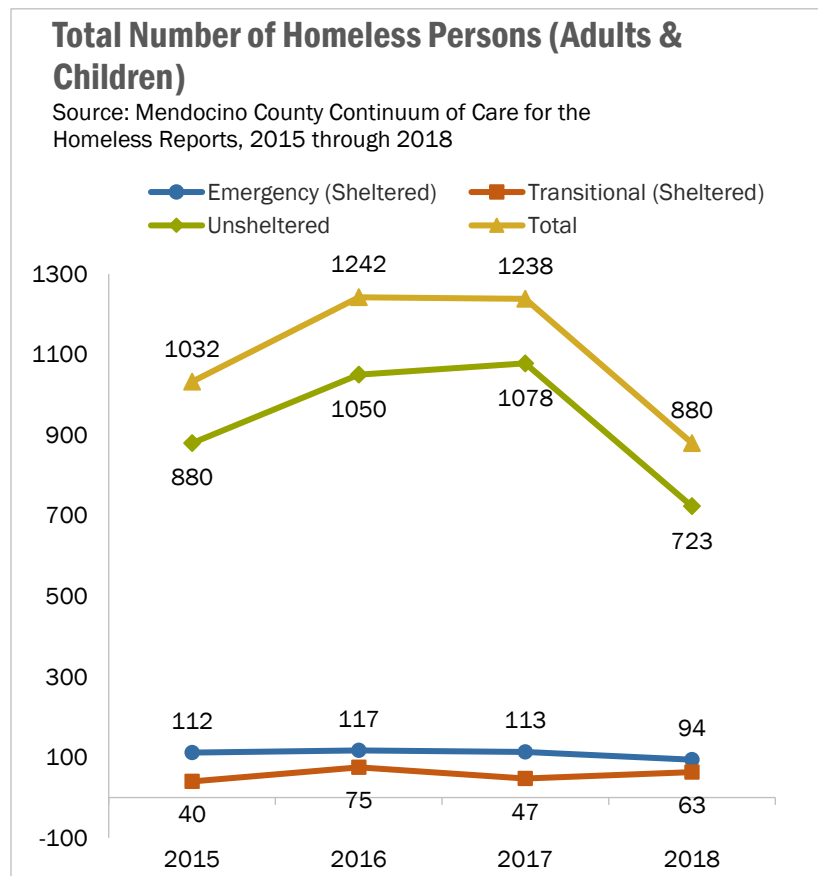
The CHIP Housing Action Team, which was formed as a response to the lack of housing, has been working with developers, city and county officials, and members of the community to identify solutions to this crisis. As a result of these efforts, new housing developments for both low- and middle-income families and farm labor families are being constructed across the county. Some of the cities have adopted ordinances to allow for additional units to be built in existing homes. In addition, a new housing development for people with mental or physical disabilities has opened in Ukiah.

Homelessness

Lack of affordable housing is not the only component of homelessness. Many people experiencing homelessness face serious challenges such as mental illness, substance abuse, disabilities, and/or lack of education. Combining housing assistance with other social services such as employment training, substance abuse treatment, childcare and coordinated case management have been shown to be effective in helping people live more stable and productive lives.

Addressing the issues around people experiencing homelessness takes a coordinated, community effort. The Mendocino County Homeless Services Continuum of Care (MCHSCoC) is a collaborative of multiple agencies throughout the county. Their activities include the “Point in Time Census and Survey” of individuals and families experiencing homelessness; “Coordinated Entry” which assesses the needs of those who are homeless and matches appropriate services to those individuals; ongoing cooperation focused on securing and maintaining funding resources to address homelessness and provide permanent housing.

The U.S. Department of Housing & Development (HUD) requires cities across the country to conduct “Point in Time” (PIT) counts. The unsheltered count of the homeless in Mendocino County occurs annually within the last 10 days of January. The count takes place at the same time across the county, so that a homeless person cannot be counted twice if they move their location during the day. The PIT count in 2017 estimated there were approximately 1,200 persons either in emergency or transitional housing, or “unsheltered”.



To better understand the dynamics of the homeless population Mendocino County Health and Human Services Agency contracted with Marbut Consulting in 2017 to conduct a Homeless Services Needs Assessment and to develop Strategic Action Recommendations to help the county improve its methods for decreasing homelessness. Dr. Robert Marbut, a well-known expert

on homelessness across the country, determined that the Mendocino County PIT data from the past few years seemed to overestimate the numbers of people experiencing homelessness. He stated that this was due to four different sub-groups of “street people” being categorized as one broad homeless population, including many individuals who are not actually experiencing homelessness as defined by HUD. These sub-groups are different in their homelessness origins and characteristics, needing customized actions specific to each group in order to address their needs. Three of the four groups met the definition of homelessness as per federal guidelines.

Marbut defined the four distinct groups as follows:

- Very-home grown (39%): year-round homeless who have deep family connections in the community and most attended local high schools;
- Somewhat home grown (23%): year-round homeless who followed their family to the county, but most attended high school elsewhere;
- Not from Mendocino County (38%): mostly year-round, homeless before arriving in the county,
- No family connections to the community. This 4th group is defined as “North-South Travelers” people NOT experiencing federally defined homelessness, but rather passing through, often on a seasonal basis.

Some interesting takeaways from Dr. Marbut’s data analyses of the street-level community indicate that the homeless situation in Mendocino County is similar to peer communities in some respects, but also revealed some significant differences.

- Males represented 61% and females represented 39%, which is 8-12% higher for females than expected.
- The average age was 44.4 years and the median was 46.0. Both are slightly younger than would be expected by 3-4 years. The average age an individual was first homeless, either in the county or before they moved here, was 39.6 years and the median age 41.0, both of which are younger than expected.
- Individuals experiencing street-level homelessness have lived in Mendocino County for 18.6 years on average, with a median of 14.5, which is once again uncommon. 60.5% of all individuals were already living in Mendocino County when they started to experience homelessness. Local family connectivity, compared to similar communities, was higher than expected with 51.4% of homeless individuals having family members living in Mendocino County. If deceased family members from the county were included the percentage increased to 61.9%.
- Chronic homelessness is defined by HUD as living on the streets for more than one year. 78% of the individuals surveyed by Dr. Marbut have been experiencing chronic homelessness. Of the 78%, 51.4% have been on the street for 1-4.99 years, and 26.7% for five or more years. 9.5% revealed that they have been living on the street for 10 or more years. This level of chronic homelessness, especially within the 1-5-year range, is uncharacteristic compared to peer communities.
- The street-level population of the county exhibits low mobility between cities and engages in only a limited amount of activities. 69.5% reported going to or utilizing 5 or fewer activities from a list of 20 places, programs, and activities. Individuals spend the majority of time at their “home-base”

and also venture away to get a meal. The only two activities that exceeded 50% utilization was partaking in at least one medical service during the last month (57.1%) and going to the library (51.4%). Of the 20 most chronic individuals (inbound or homegrown) only 5 were active in structured programming.

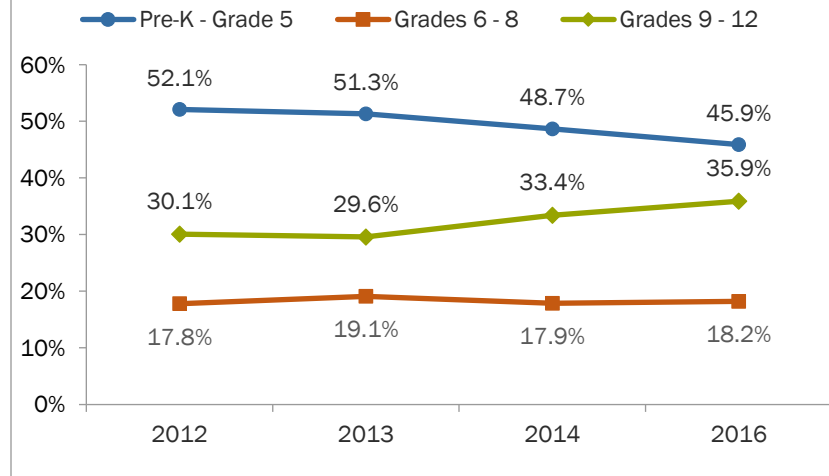
- 53.3% of all the individuals surveyed did not have a job in Mendocino County before experiencing homelessness, and 81.9% did not have a job when surveyed.
- The number of people living in vehicles was relatively low but indicated trends that could be useful for policy making. In general car-campers had family in the county (50%), would eat at community meals, and do not want to sleep in group settings. Van-Campers were mostly from outside Mendocino County and lived in groups of two or more.

Dr. Marbut’s report did note that many positives were already occurring in the county to address the homeless situation. As part of the scope of work, however, he provided multiple action items and suggestions for the county to consider and implement to improve the county’s ongoing homeless situation. He determined that many county agencies and service providers have been counting the different sub-groups as one large homeless population and have been treating them as such. Commingling of very different groups, under one designation blurs the real problems and thus the solutions. Many individuals included are not actually experiencing homelessness as defined by HUD. The homelessness situation in the county will not improve unless the policy makers, service providers, and community in general have a clear understanding of who is actually experiencing homelessness and who is not. Only then can different strategies be used to address the needs of the different

groups. There has also been wide-ranging duplication of services and efforts by multiple agencies within the county, without a more strategic overall system-wide plan to address homelessness issues. For the complete data analyses and recommendations provided by “Marbut Consulting” to the Board of Supervisors please refer to the final written report titled “Homelessness Needs Assessment and Action Steps for Mendocino County, March 19, 2018”.

Percentage of Public School Students Recorded as Homeless

Source: California Department of Education, 2017



(Data for 2015 not available) Definition: Percentage of public school students recorded as being homeless at any point during a school year, by grade level (e.g., among California students recorded as being homeless at some point during the 2016 school year, 52.3% were in grades Pre-K through 5). Footnote: Years presented are the final year of a school year (e.g., 2015-2016 is shown as 2016). Students are recorded as homeless if their nighttime residence is (i) shared housing with others due to loss of housing, economic hardship, or similar reason, (ii) a hotel or motel, (iii) a temporary shelter, or

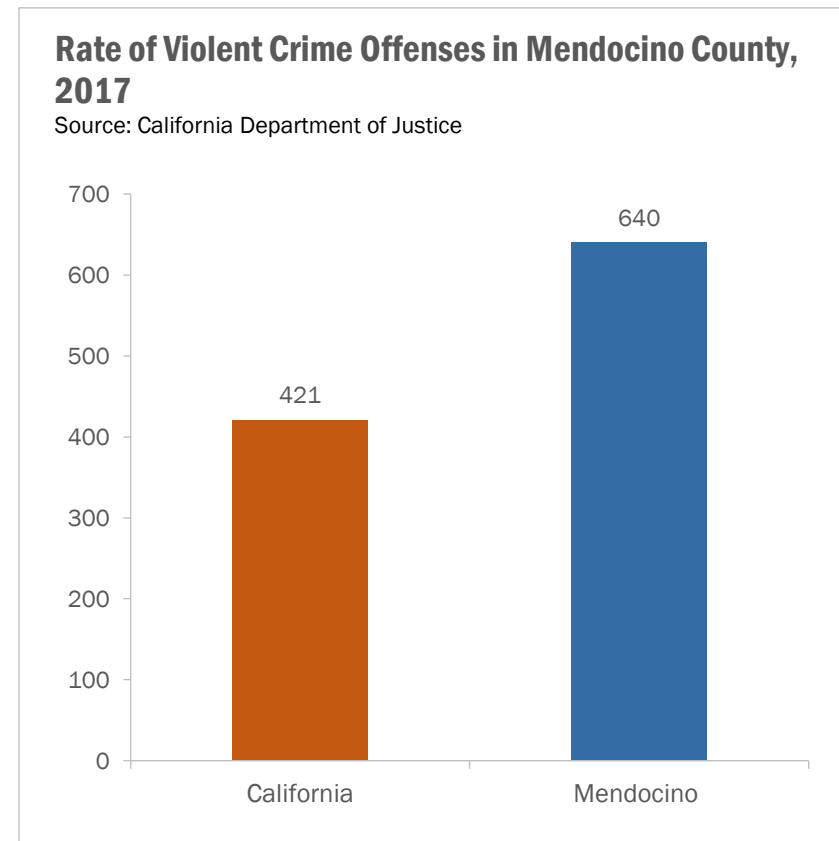
(iv) unsheltered. These data may include duplicate counts of homeless students; as homeless students move frequently; it is possible that the same student will be recorded by multiple school districts. Data for 2015 are not available due to changes in reporting. Note that percentages for county offices of education are less reliable than percentages for other school districts due to fluctuations in official enrollment.

Homelessness can mean sleeping on a relative's couch, a vehicle or trailer or in a shelter. Homelessness is associated with a myriad of poor health outcomes, especially for children. Homeless pregnant women are less likely to receive adequate prenatal care, are at greater risk for substance abuse, and their infants at greater risk of being prenatally exposed to alcohol and/or drugs. Homelessness causes severe trauma to children and youth, disrupting their relationships, putting their health and safety at risk, and hampering their development. Homeless children are more likely than other children to have physical and mental health problems, and experience hunger and malnutrition. Emotional distress, developmental delays, and decreased academic achievement are also more common in this population. Many of these children and youth experience deep poverty, instability and exposure to domestic violence before becoming homeless, and homelessness increases their vulnerability to additional trauma. In addition to the risks faced by homeless children, including increased vulnerability to sexual exploitation, youth without homes are far more likely than their peers to be infected with HIV and have other serious health problems.

Adult Arrests

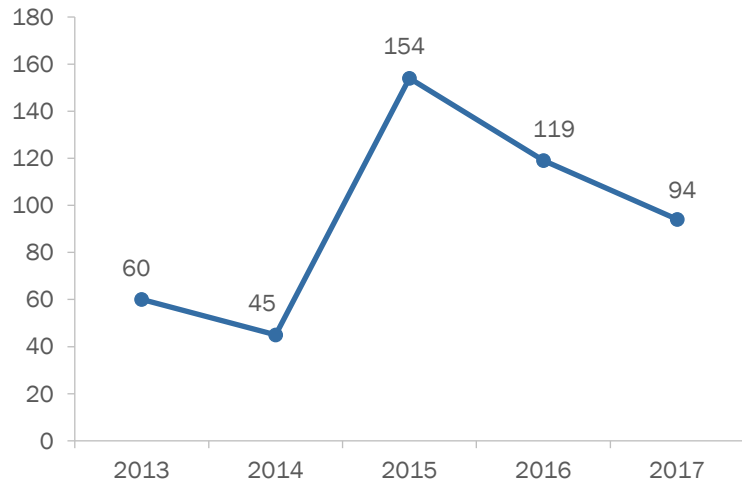
Crimes affect almost everyone in a community, including victims, offenders, their friends and families, and neighbors. Crimes diminish

community productivity and undermine social functioning. Residents of areas with high criminal activity feel less safe in their neighborhoods and may encounter obstacles to completing routine tasks. High crime rates can further lead to social factions and impede economic growth. Local governments may need to spend significant public funds for expanded police departments, prisons/jails, courts, and treatment programs.



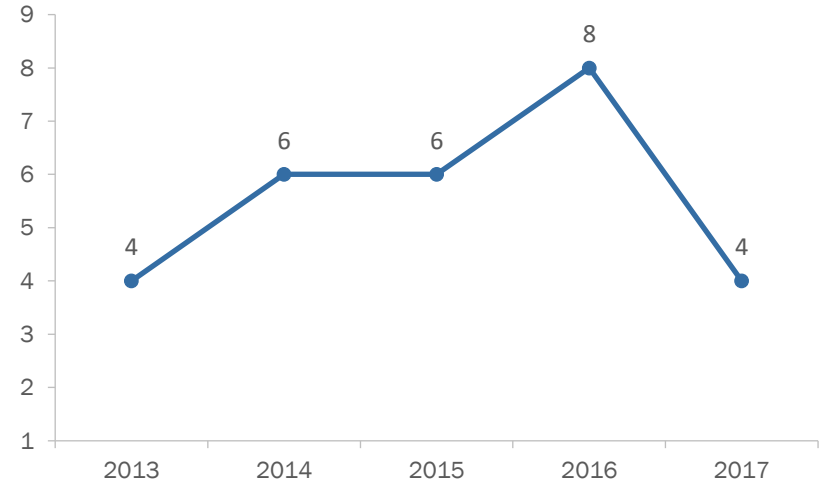
Number of Arrests for Rape by Year

Source: California Department of Justice



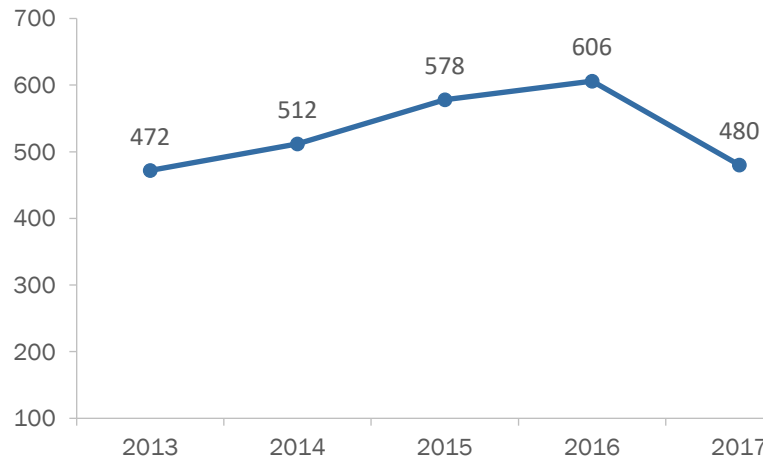
Number of Arrests for Homicide by Year

Source: California Department of Justice



Number of Arrests for Violent Crimes by Year

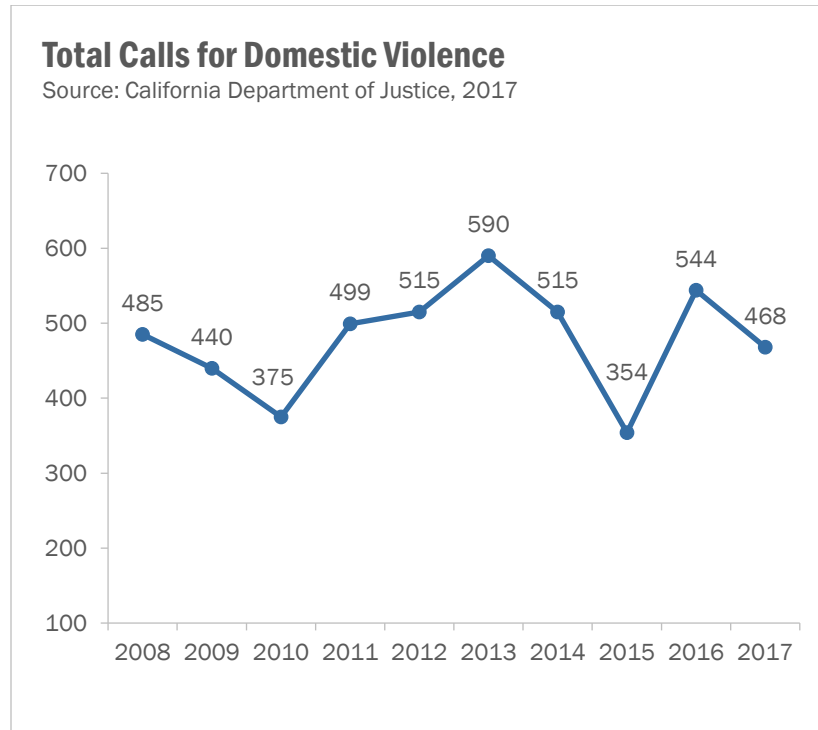
Source: California Department of Justice



Domestic Violence

Domestic violence may include physical, emotional, verbal, sexual, spiritual, and/or financial abuse. The impact of domestic violence affects everyone around it including family members, neighbors and the larger community. 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. Studies have found a correlation between Adverse Childhood Experiences (ACEs) (including all types of domestic violence described above) and the increased incidence of chronic diseases including heart disease, lung

cancer, and diabetes, as well as depression and suicide amongst those individuals. In addition to their severe and lasting impact on the victims of domestic violence, these problems can affect both the health and wellness of our community, as well as the local economy.



Behavioral Risk Factors

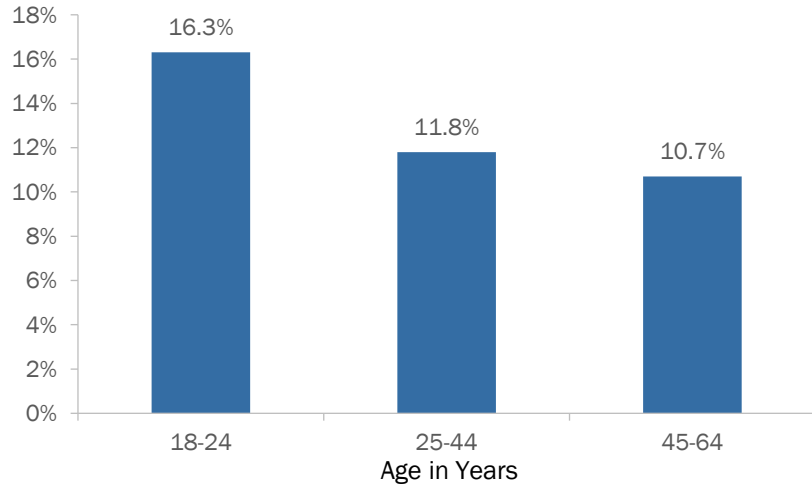
The 2015 Community Health Needs Assessment identified unmet mental health needs as a serious public health problem in Mendocino County. The Mental Health Services Act (MHSA) of 2005, provides

funding for the delivery of mental health services, and the county has a Community Program Planning (CPP) process for the development of mental health services. Stakeholders in the CPP include: individuals with mental illness, including children, youth, adults, and seniors; family members of consumers with mental illness; service providers; educators; law enforcement officials; veterans; substance use treatment providers; health care providers; community based organizations; and other concerned community members. The stakeholder list is updated regularly and based on community members, providers, and consumers’ interest in participating. The CPP holds regularly scheduled meetings to allow for input and planning in the on-going management and development of programs and services to meet the mental health needs of the community. Service delivery is coordinated through an Integrated Care Coordination Model of mental health services.

As services are increasingly integrated, more programs move from serving targeted populations, such as an age specific program, to a program that has the ability to serve consumers of all ages and needs, with a “no wrong door” approach. Outpatient care for individuals with emotional distress, substance abuse treatment needs or a severe mental illness is generally available in Mendocino County. There is currently no inpatient facility in the county, the previous inpatient psychiatric facility was closed in 1999. Individuals experiencing a mental health crisis are held either in the local jail or at a hospital emergency department until they can be transferred to a psychiatric inpatient facility out-of-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.

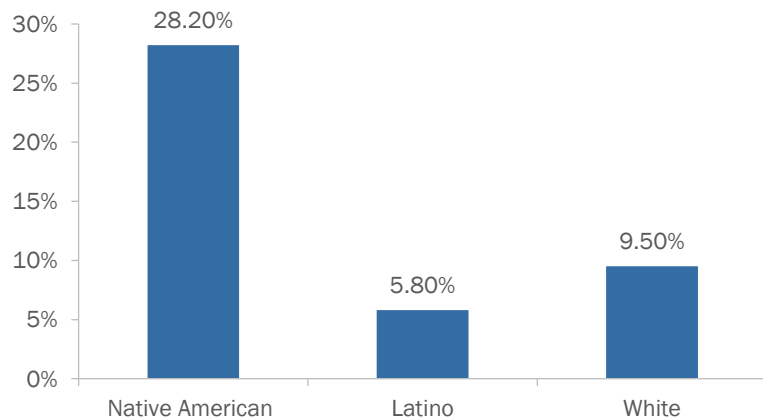
Adults with Likely Serious Psychological Distress (2013-2015)

Source: California Health Interview Survey



Adults Reporting Psychological Distress by Ethnicity, (2013-2015)

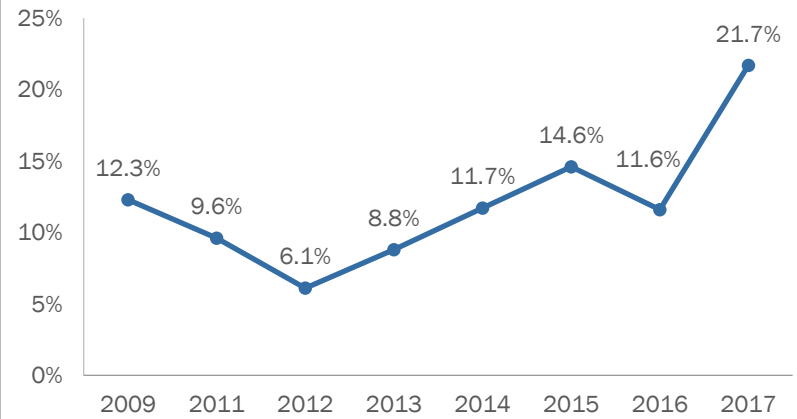
Source: California Health Interview Survey



The California Health Interview Survey for 2017 found that 22% of all Mendocino County residents who responded to the survey said they had thought about suicide at some point.

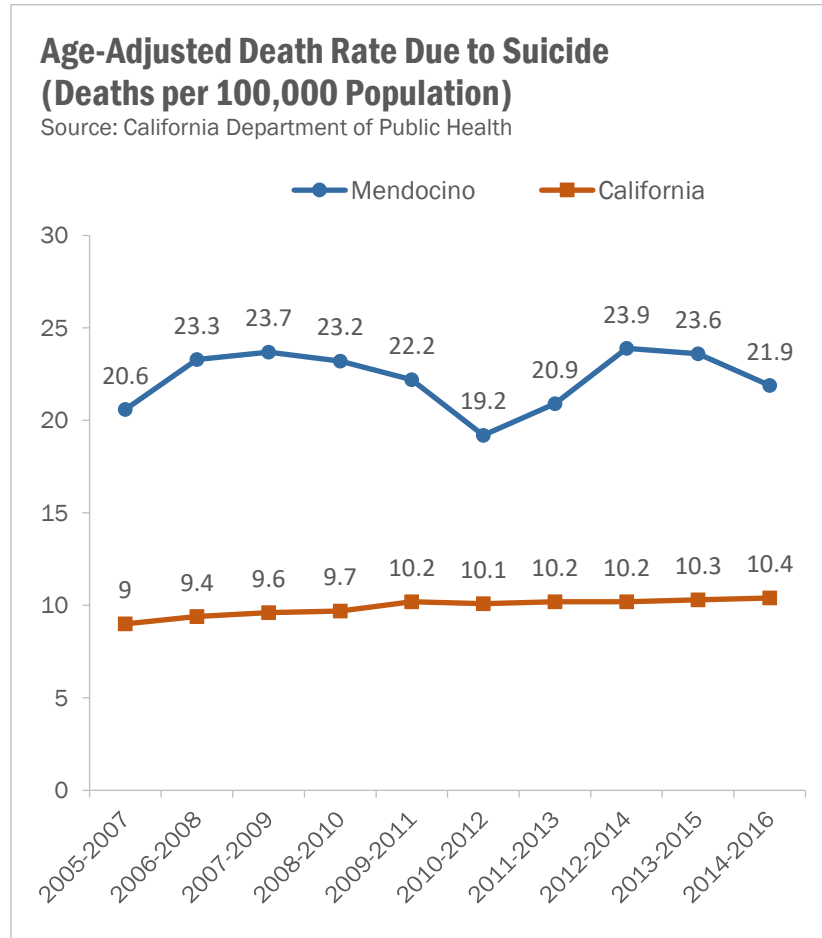
Ever Seriously Thought About Committing Suicide

Source: California Health Interview Survey



The age-adjusted death rate due to suicide in Mendocino County is twice that of the state.ⁱⁱⁱ Comparing all other counties in California, Mendocino County ranks 6th overall in the rate of suicides.^{iv} In response to this problem, Mendocino County in partnership with Adventist Health Ukiah Valley (AHUV), and lead by Marvel Harrison, PhD, has brought extensive County-wide education sessions of the suicide prevention program QPR: Question, Persuade, Refer. QPR is a national, evidence-based suicide prevention program. The program is designed to teach community members to recognize the warning signs of suicide, have the capacity to offer hope and understand the interventions available to a person considering suicide. Similar to CPR, QPR trains people to identify crisis and direct to proper care.

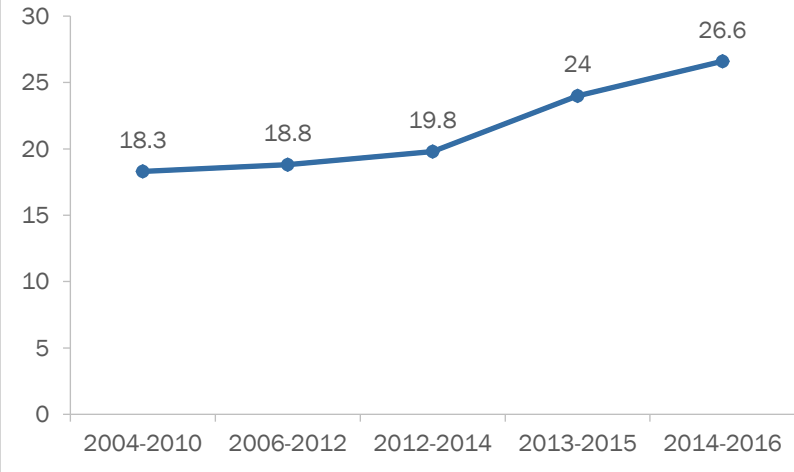
Like medical “herd immunity” the program aims for behavioral “community immunity”. Said Ms. Harrison, “There truly is safety in numbers. The more people we get trained in QPR, the more deaths by suicide we can prevent. By training as many community members as possible, we will be able to put far more people on the front line of suicide prevention. It takes what Mendocino County has for each other, courage, compassion and commitment.”



Drug Abuse

Death Rate due to Drug Poisoning Mendocino County (2004-2016)

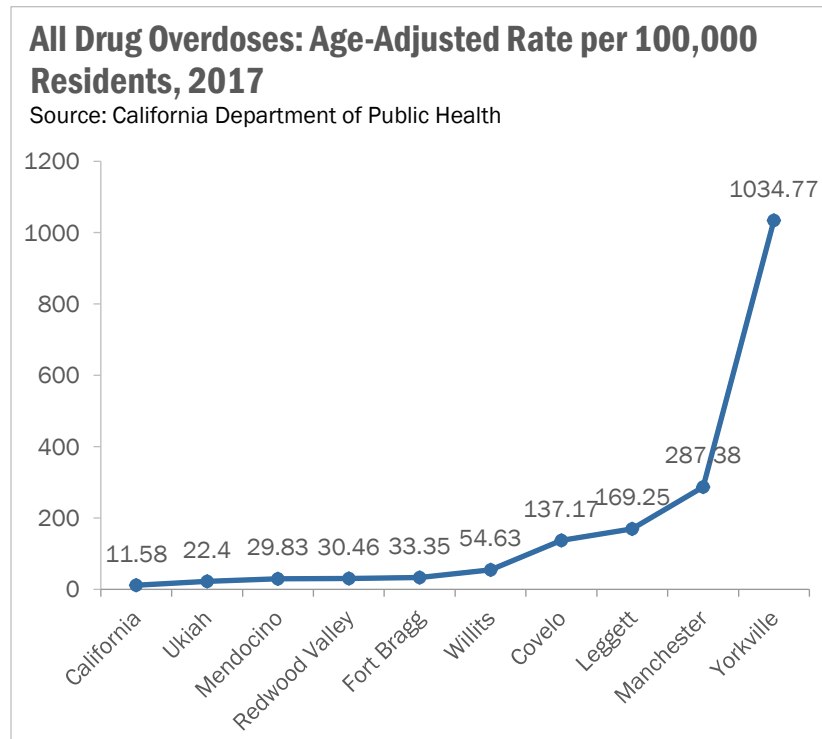
Source: California Department of Public Health



The death rate due to drug poisoning is rising. Mendocino County averages two deaths a month from unintentional prescription opioid overdose, per capita, twice the state average.^v

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. In addition, the coalition is promoting the distribution of Narcan, (generic name Naloxone), a nasal spray that can help reverse opioid overdose. The Safe Rx Mendocino Coalition is composed of partners from local hospitals, clinics, first responders, tribes, family service agencies, addiction treatment facilities, and others, to educate the community about safe prescribing guidelines, alternative pain

management, encouraging chronic opioid users to participate in Medically Assisted Treatment (MAT) for addiction, proper disposal of medication and/or syringes and more. The Safe Rx Coalition has identified specific areas for needle disposal boxes, holds regular events where medications can be turned in for disposal, and offers drug lock-bags so family members can safely keep medications out of the hands of children or other family members.



This graph shows acute poisoning deaths involving opioids such as prescription opioid pain relievers (i.e. hydrocodone, oxycodone, and morphine) and heroin and opium.

Binge Drinking

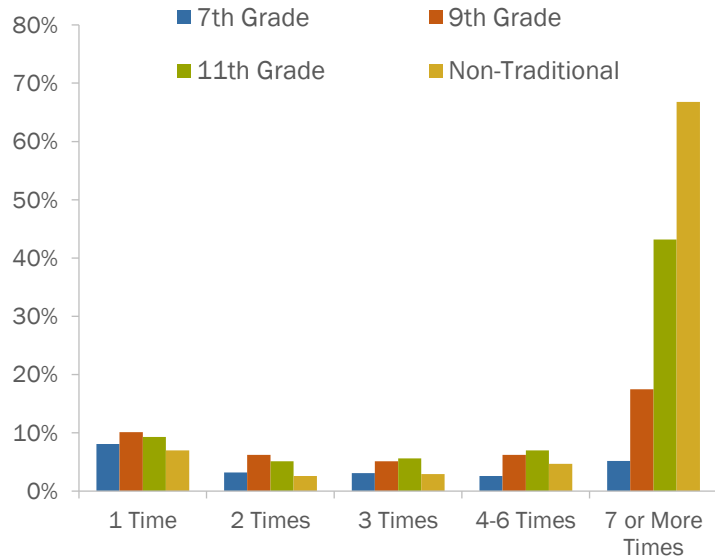
Binge drinking is a common form of excessive alcohol use in the United States. Binge drinking can be dangerous and may result in vomiting, loss of sensory perception, and blackouts. The prevalence of binge drinking among men is twice that of women. In addition, it was found that binge drinkers are 14 times more likely to report alcohol-impaired driving than non-binge drinkers. Alcohol abuse is associated with a variety of negative health and safety outcomes including alcohol-related traffic accidents and other injuries, other types of drug use, sexual assault, employment problems, legal difficulties, financial loss, family disputes and other interpersonal problems.

The percentage of adults in Mendocino County who admit to binge drinking over the past year has remained about the same between 30% to 45% from 2010 to 2017.

Alcohol is the most widely used substance among the nation's young people and binge drinking, in particular, has been linked to risky health behaviors (e.g., unprotected sex, smoking), injuries, motor vehicle accidents, impaired cognitive functioning, poor academic performance, physical violence, and suicide attempts. Drinking during adolescence increases the likelihood of alcohol dependence in adulthood, and excessive alcohol consumption can have long-term health consequences, including liver disease, cancer, and cardiovascular disease.

Alcohol Use in Lifetime by Grade Level, Mendocino County (2013-2016)

Source: California Department of Education



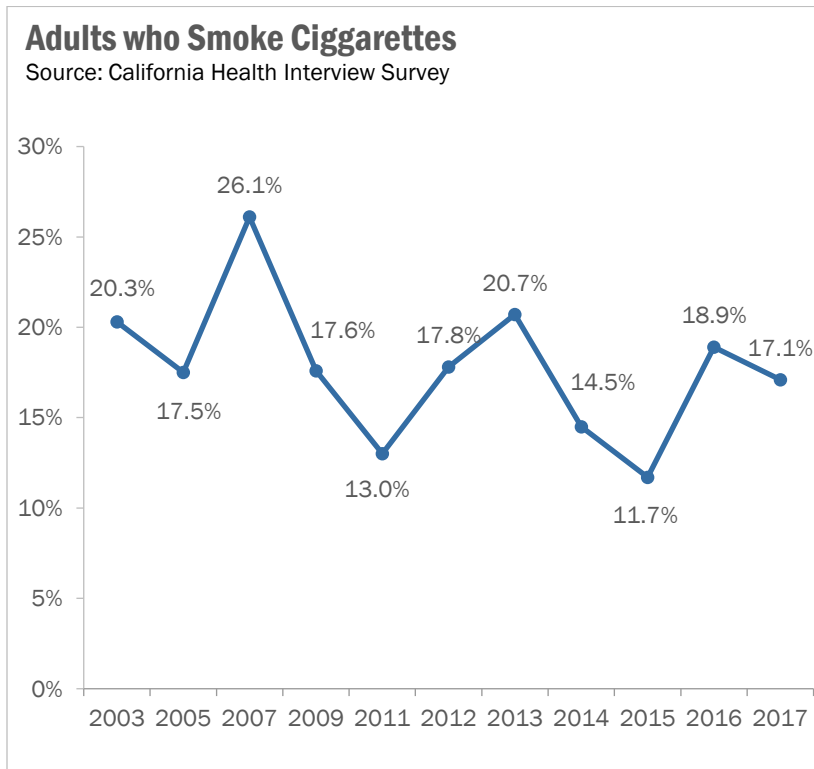
Smoking and Vaping

Tobacco is the agent most responsible for avoidable illness and death in America today. Tobacco use brings premature death to almost half a million Americans each year, and it contributes to profound disability and pain in many others. Approximately one-third of all tobacco users in this country will die prematurely because of their dependence on tobacco. Areas with a high smoking prevalence will also have greater exposure to secondhand smoke for non-smokers,

which can cause or exacerbate a wide range of adverse health effects including cancer, respiratory infections, and asthma. Health behavior patterns formed in adolescence play a crucial role in health throughout life. Those who start smoking young are more likely to have a long-term addiction to nicotine than people who start smoking later in life, putting them at greater risk for smoking-related illness and death. Tobacco use is responsible for more than 430,000 deaths per year among adults in the United States. If smoking prevalence among adolescents persists, it is estimated that in the U.S., 5 million persons who are currently under the age of 18 will die prematurely from smoking-related diseases.

Tobacco use is considered a risk factor for numerous chronic diseases, including but not limited to cancer, cardiovascular disease, emphysema, chronic obstructive pulmonary disease, pneumonia, diabetes, and rheumatoid arthritis.^{vi} Exposure to tobacco smoke is a risk factor for chronic diseases and is considered a human carcinogen.^{vii} Acute effects of secondhand smoke are serious and include increased frequency and severity of asthma attacks, respiratory symptoms such as coughing and shortness of breath, and respiratory infections such as bronchitis and pneumonia. In addition, using tobacco or being exposed to tobacco smoke during pregnancy is detrimental in fetal development and increases the risk of sudden infant death syndrome.^{viii}

The State of California has led the way in legislating prohibitions for smoking. Smoking is no longer permitted in public buildings, farmer’s markets, foster and group homes, multi-unit housing, personal vehicles when a minor (<18 years of age) is present, public transportation, workplaces, correctional facilities, playgrounds, and schools.



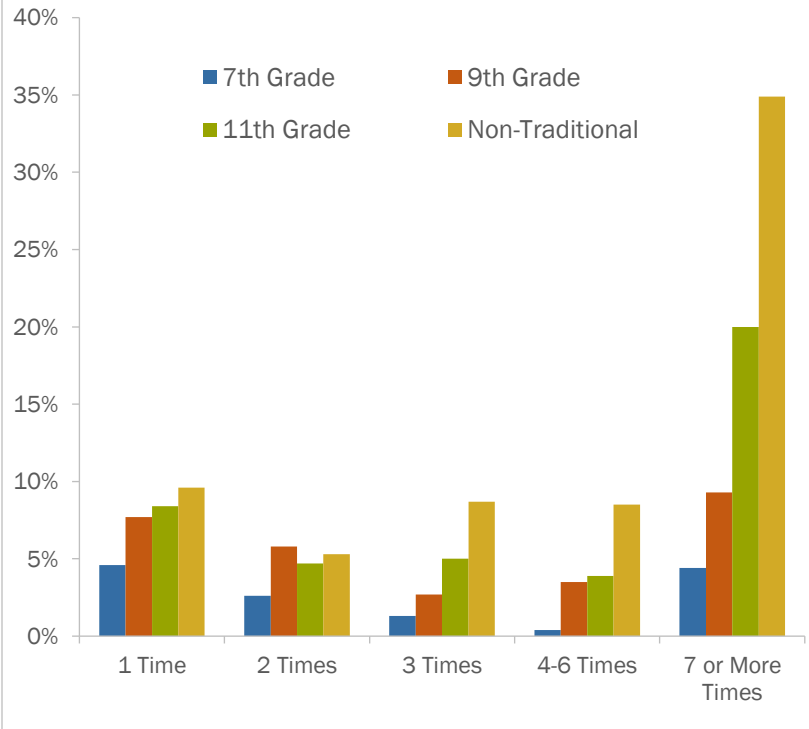
When it comes to tobacco use, cigarettes are considered a combusted or burned product. The cigarette has to be lit, the tobacco burned, and the smoke inhaled. Vaping, and E-Cigarettes on the other hand, involves no combustion or burning. Instead, these products release an aerosol that is inhaled.

Use of e-cigarettes increased dramatically over the past decade, making them the most common tobacco product used among youth. While many people make the mistake of assuming this aerosol is as harmless as water vapor, it actually consists of fine particles containing toxic chemicals, many of which have been linked to

cancer, as well as respiratory and heart diseases. Components of e-cigarette solutions generally include nicotine, flavoring chemicals, and other additives (including those unknown and/or unadvertised to the user). Currently, there are no federal quality standards to ensure the accuracy of e-cigarette constituents as advertised or labeled. Refillable cartridges allow the user to deliver other psychoactive substances, including marijuana. Numerous toxicants and carcinogens have been found in e-cigarette solutions, including aldehydes, tobacco-specific nitrosamines, metals, tobacco alkaloids, and polycyclic aromatic hydrocarbons. E-cigarette solution has also been shown to be cytotoxic to human embryonic stem cells. Nicotine is the major psychoactive component of e-cigarette solution. There are often wide discrepancies between the labeled amount and actual nicotine content within the solution. Reported nicotine concentration in e-cigarette solution ranges widely and, depending on how the product is used, can be comparable to or exceed the amount of nicotine in a single conventional cigarette. Nicotine is a highly addictive drug that can have lasting damaging effects on adolescent brain development and has been linked to a variety of adverse health outcomes, especially for the developing fetus. Nicotine has neurotoxic effects on the developing brain. In early adolescence, executive function and neurocognitive processes in the brain have not fully developed or matured. Adolescents are more likely to engage in experimentation with substances such as cigarettes, and they are also physiologically more vulnerable to addiction. The earlier in childhood an individual uses nicotine-containing products, the stronger the addiction and the more difficult it is to quit. The vast majority of adult smokers initiated tobacco use by 18 years of age.

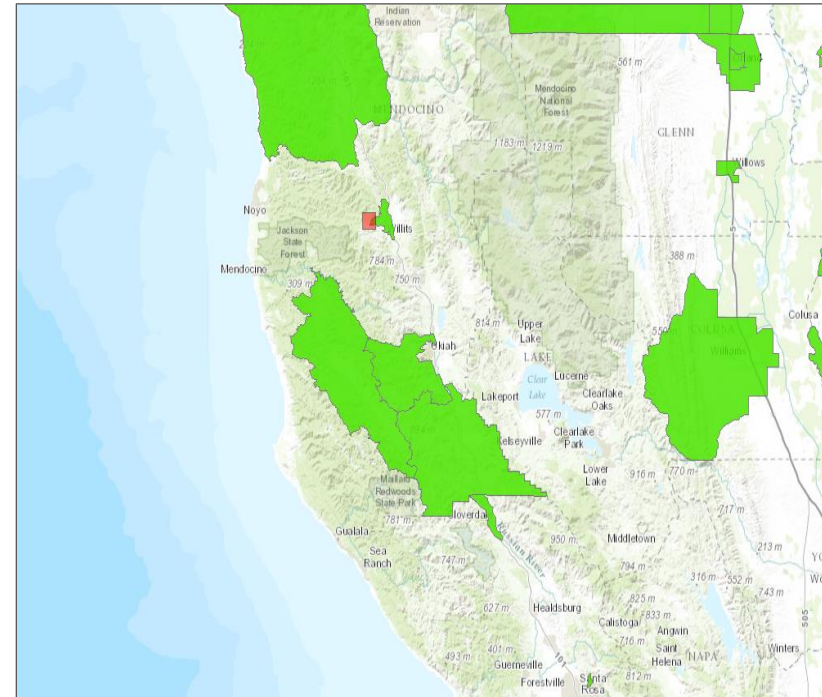
E-Cigg Use in Lifetime by Grade Level, Mendocino County

Source: California Department of Education



This chart (2012-2015) shows the estimated percentage of public school students in grades 7, 9, 11, and non-traditional programs who have ever used electronic cigarettes or other vaping devices, by grade level and number of occasions.

Healthy Weight

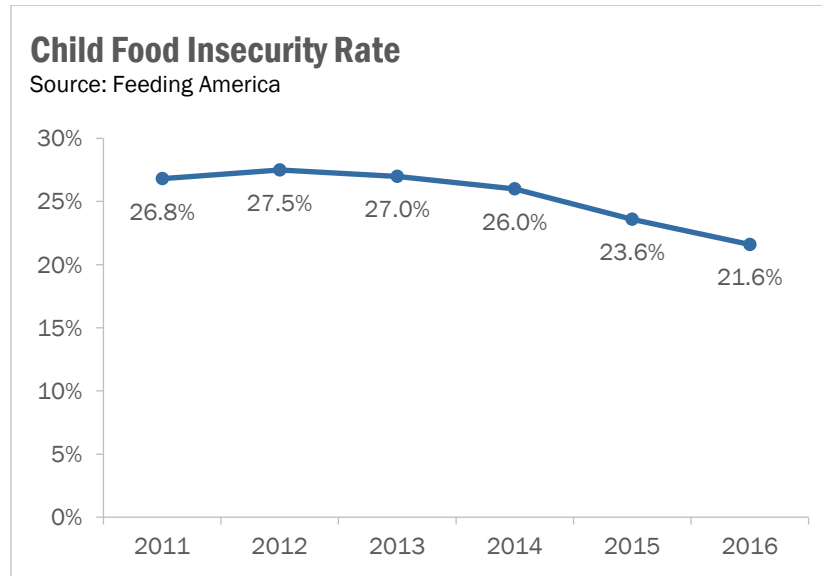


Data Source: U.S. Department of Agriculture

Mendocino County has large geographic areas that the U.S. Department of Agriculture (USDA) considers “food deserts.” These are census tracts with a high proportion of low-income residents who are 10 or more miles away from a supermarket. Limited access to supermarkets or grocery stores may make it harder for low income residents to eat a healthy diet. There is strong evidence that food deserts are correlated with high prevalence of overweight, obesity, and premature death as supermarkets traditionally provide healthier options than convenience stores or smaller grocery stores.

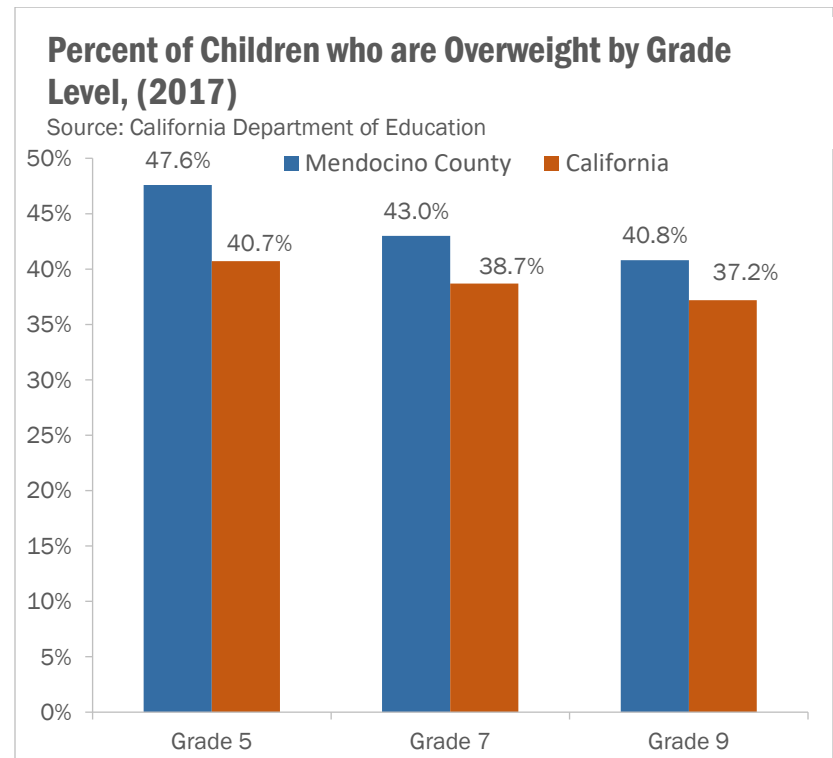
Additionally, those with low incomes may face barriers to accessing a consistent source of healthy food. Lacking constant access to food is related to negative health outcomes such as weight gain and premature mortality.

The USDA defines food insecurity as limited or uncertain availability of nutritionally adequate foods or uncertain ability to acquire these foods in socially acceptable ways. Children exposed to food insecurity are of particular concern given the potential impacts of scarce food resources on their health and development. Children who are food insecure are more likely to be hospitalized and may be at higher risk for developing obesity and asthma. Children who experience food insecurity also may be at higher risk for behavioral and social issues including fighting, hyperactivity, anxiety, and bullying. In Mendocino County, the rate of food insecurity for children has been steadily declining.



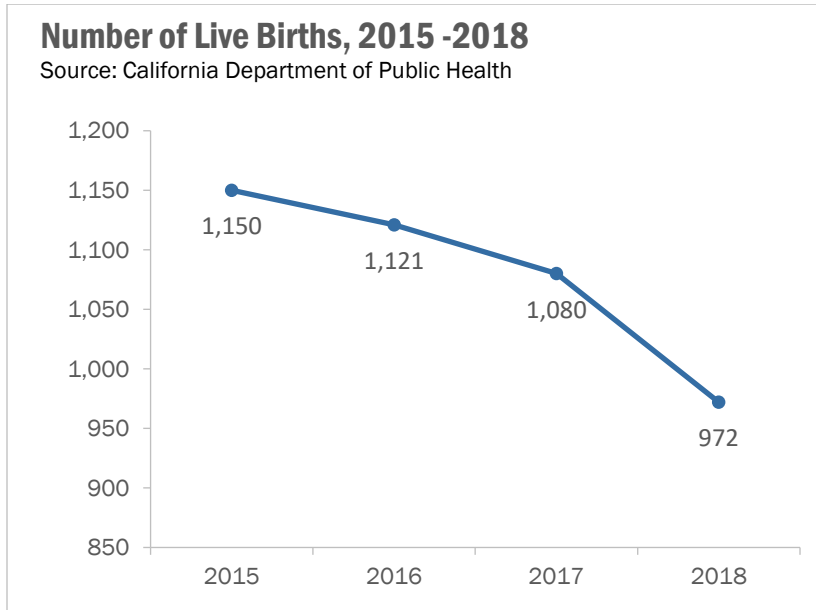
Obesity

Children who are overweight or obese are at higher risk for a range of health problems, including asthma, heart disease, stroke, and some types of cancer; they also are more likely to stay overweight or obese as adults.^{ix} Some obese children are diagnosed with illnesses previously considered “adult” conditions, such as high blood pressure and type-2 diabetes.^x In addition, children with obesity are at increased risk for joint and bone problems, sleep apnea, and social and emotional difficulties, such as stigmatization and low self-esteem.



Maternal Child Adolescent Health

The number of live births in Mendocino County shows a steady decline.



The Infant Mortality Rate for Mendocino County

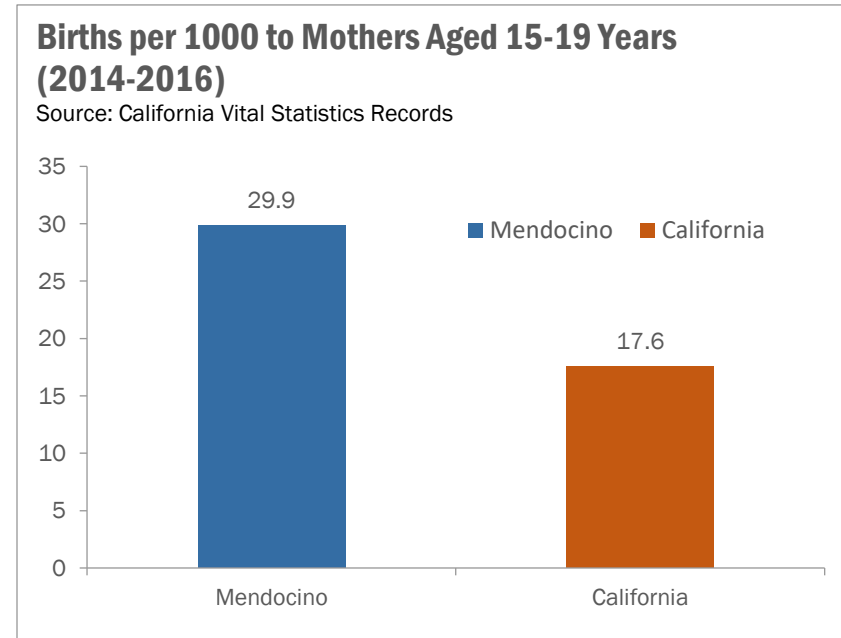
In 2018 the infant mortality rate was 7.4 per 1,000 infants. The California rate was 4.6 per 1,000 infants.

Age-Adjusted Child Death Rate

Between the years 2013-2015, the age-adjusted child death rate was 51.3 per 100,000 children under age 24 years, compared with California’s rate of 30.0 per 100,000. But by 2018, the age-adjusted child death rate in Mendocino County had fallen to 32.4 per 100,000.

Low-Birth Weight Infants (2014-2016)

Percent of low-birth rate infants in Mendocino County, 6.4%. California percentage 6.8%



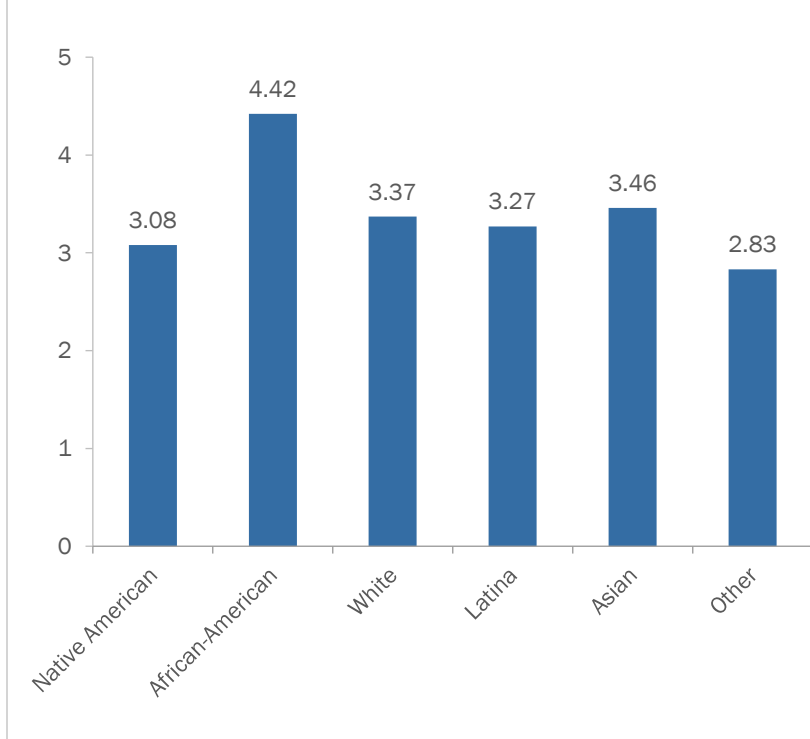
The age-specific rate of teen pregnancy was 29.9 per 1,000. Compared with the California rate of 17.6 per 1,000

Breast-feeding Initiation (2014-2016)

Mendocino County percent of mothers initiating breastfeeding was 96.3%, up from the previous percentage of 95.2%. The California percentage was 93.8%

Average Month Prenatal Care was Begun by Ethnicity (2015-2018)

Source: California Department of Public Health



Pregnant women, substance use, and its effects

Since 2010 the number of pregnant females, aged 15 to 44 years, with any diagnosis of substance abuse has been increasing at an

alarming rate in Mendocino County. Data show that drug and alcohol use among pregnant women in Mendocino County was more than twice the state level by 2015. Alcohol, tobacco, cannabis, and other drug exposures during pregnancy pose serious health risks for pregnant women and their unborn children.

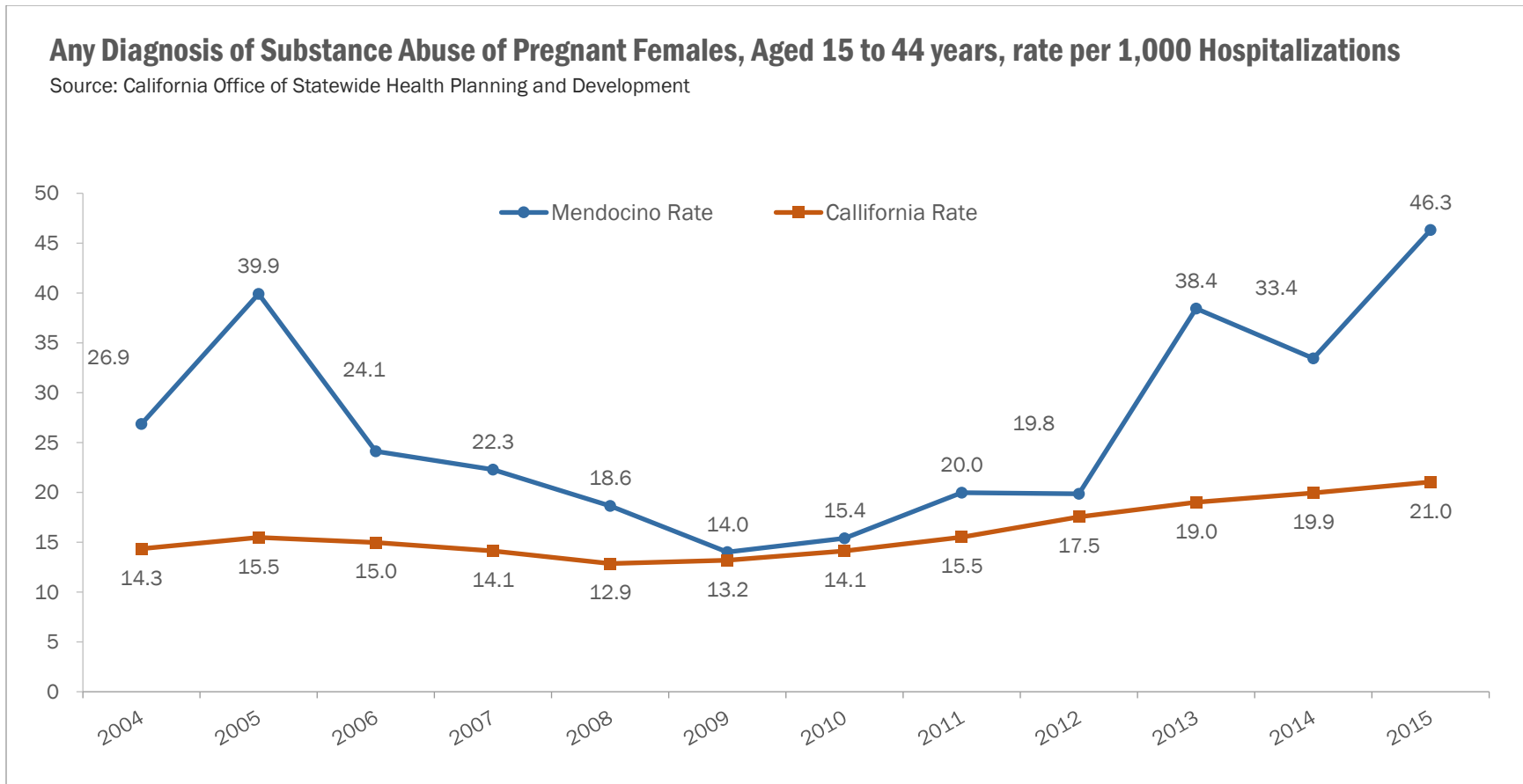
The adverse effects to the developing fetus and long-term effects on the child include: increased risk of miscarriage or fetal death, premature birth, low birth weight, birth defects, physical deformities, respiratory problems, heart defects, developmental disabilities, learning disabilities, and infant mortality. Repetitive use of certain drugs can cause neonatal abstinence syndrome (NAS) in which the baby goes through withdrawal symptoms after birth.

The most frequently used substance during pregnancy is tobacco, followed by alcohol, cannabis, and illegal substances. Misuse of prescription medications is also a problem. Many substance abusers use more than one drug or use a combination of substances, which increases the dangerous effects to both mother and fetus.

In the United States women comprise 40% of those with a lifetime drug use disorder and 26% of those who meet criteria for both an alcohol and drug use disorder during the prior 12-month period. Furthermore, women are at highest risk for developing a substance use disorder during their reproductive years, especially ages 18-29. This means that women who are pregnant or soon to become pregnant are at increased risk for substance abuse. Many women with substance use disorders are also diagnosed with mental disorders. Patients who exhibit both are often more resistant to treatment and may have more severe or persistent symptoms.

Any Diagnosis of Substance Abuse of Pregnant Females, Aged 15 to 44 years, rate per 1,000 Hospitalizations

Source: California Office of Statewide Health Planning and Development

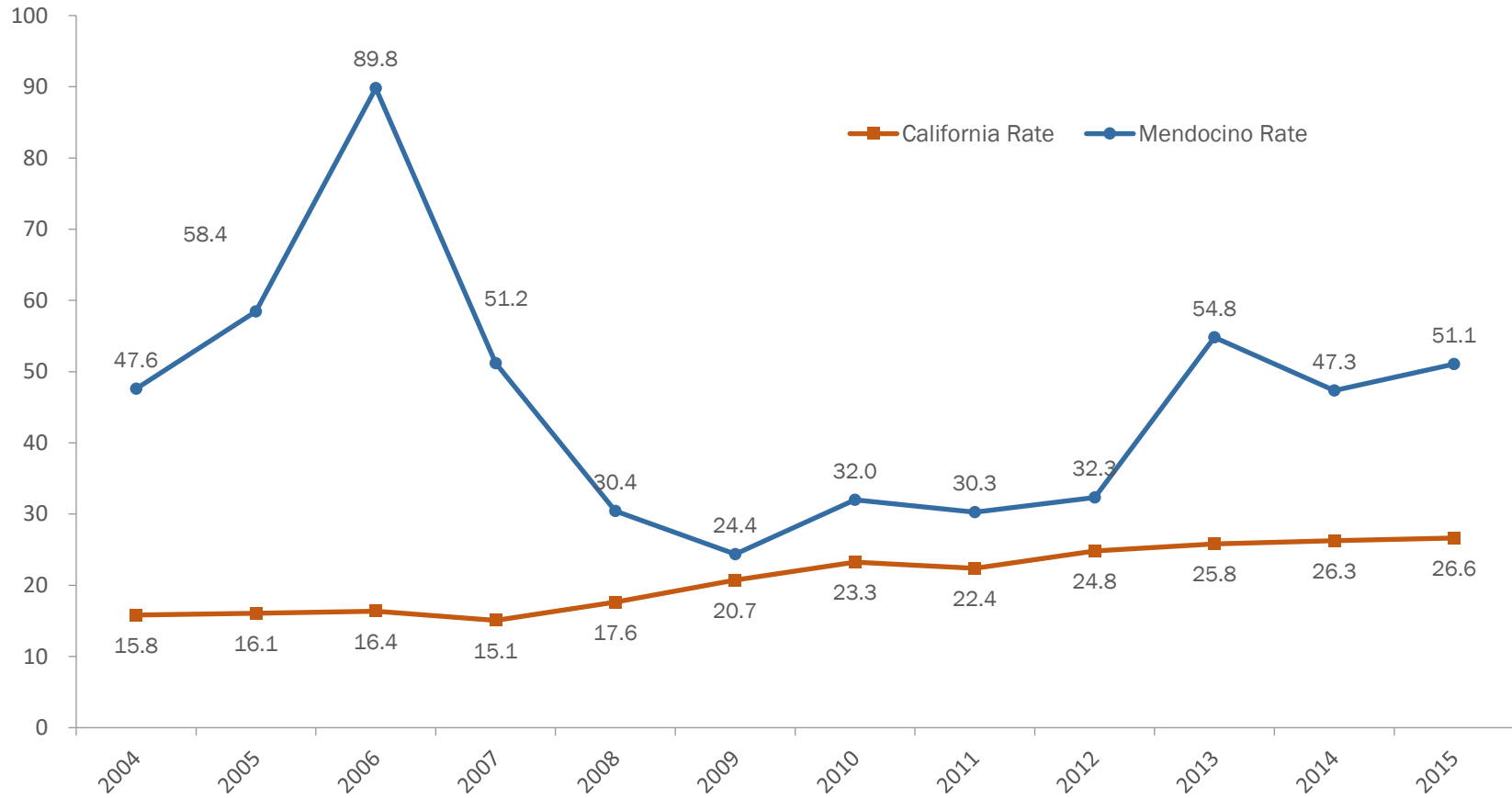


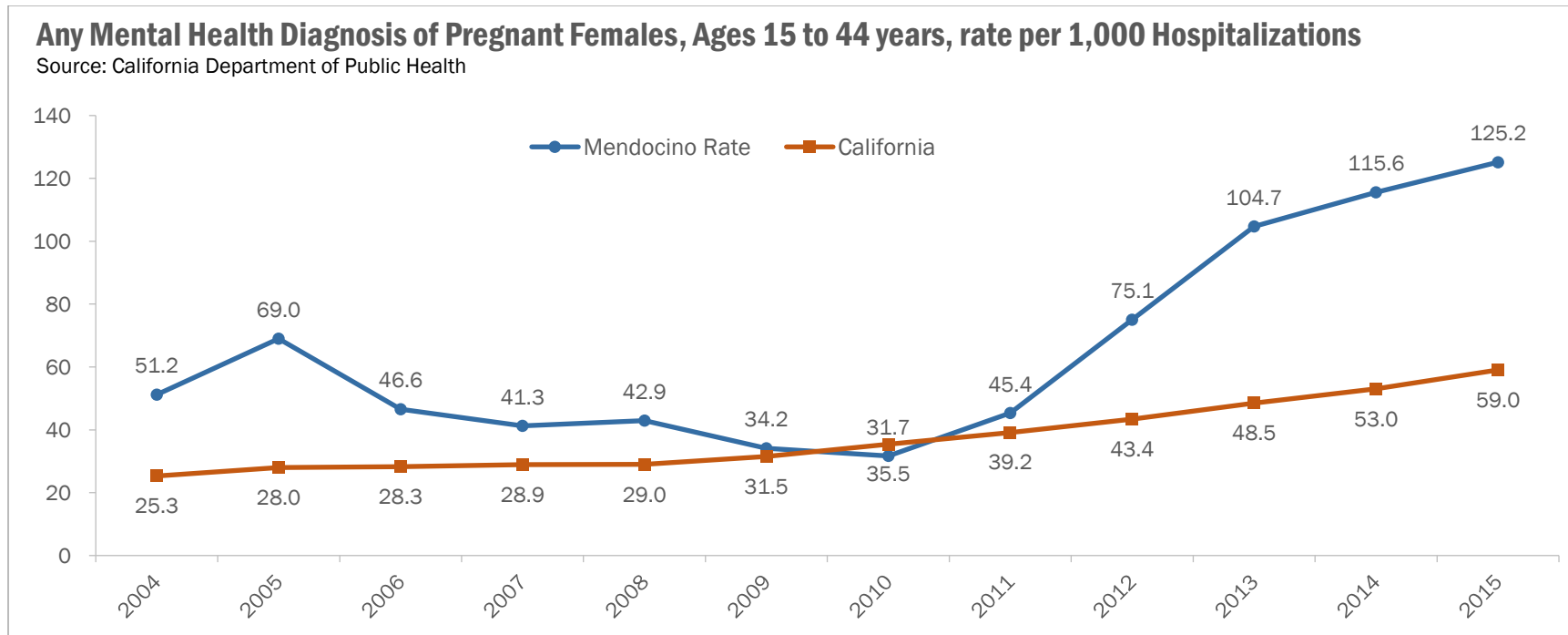
While most women attempt to discontinue substance use after learning that they are pregnant, approximately half of all pregnancies are unplanned, and women often do not realize that they are pregnant until 4 to 6 weeks after conception. This period of continued consumption of alcohol and other harmful substances puts the developing embryo or fetus at risk. Once the fact of pregnancy was known, however, most women reduced or stopped drug and alcohol use.

There are few existing treatments for pregnant women diagnosed with substance abuse. These mainly focus on behavioral counseling and psychosocial interventions. Education on the dangers and effects of drug use while pregnant needs to be implemented in the pre-teen years and needs to continue through public health outreach to all women of childbearing age, and to those in the most susceptible communities.

Infants (0 to 89 days old) with a Diagnosis of Substance Abuse, rate per 1,000 Hospitalizations

Source: California Department of Public Health





Many pregnant women experience psychiatric disorders in their childbearing years. Mental illness not only affects the mother's well-being but may also have significant effects on fetal outcomes. In California, 1 out of every 5 pregnant women or new mothers suffers from a pregnancy-related mental health issue such as depression, anxiety, or even psychosis. A mother's suffering can be so severe they may not be able to function properly or care for their infant, and in some cases if untreated, can lead to a mother's suicide or harming the newborn. Fortunately, these conditions are treatable and early detection by healthcare providers, family or friends can make a positive impact. Programs such as Care for Her offered by the Mendocino Community Health Center, The Blue Dot Project Maternal Mental Health Awareness campaign, and the Family Birth Center at

Adventist Health all offer support and education about maternal mental health issues. In addition, Healthy Families Mendocino is a free of charge, nationally recognized home visiting program for women who are pregnant or up to two-weeks postpartum, low-income and/or Medi-Cal eligible, and whose babies are at risk of *adverse childhood experiences* resulting from maltreatment, domestic violence, homelessness, or parental substance abuse, untreated mental illness, or trauma history. Enrolled families may continue receiving home visiting services until the child reaches three years of age. Community clinics, hospitals, family resource centers can refer clients to the program, but women may also self-refer by contacting the program directly.

Immunizations

(Source: EdSource: Highlighting Strategies for Student Success

<https://edsources.org/2019/vaccination-rates-by-school-in-california-2017-18/610790>)

School	2017-2018 Students	2017-2018 Up to date	2016-2017 Up to date	2017-2018 Medical	2016-2017 Medical	2017-2018 Belief	2016-2017 Belief	2017-2018 Other	2017-2018 Overdue
The Waldorf School of Mendocino County	27	44.44%	*	37.04%	*	0%	*	0%	0%
Laytonville Elementary	36	86.11%	89.66%	11.11%	0%	0%	3.45%	0%	0%
Mendocino K-8	27	70.37%	70.37%	11.11%	0%	0%	0%	0%	0%
Mendocino Unified									
Anderson Valley Elementary	39	> 95%	90%	< 5%	0%	< 5%	0%	< 5%	< 5%
St. Mary of the Angels	27	> 95%	> 95%	< 5%	< 5%	< 5%	< 5%	< 5%	< 5%
Arena Elementary	25	> 95%	> 95%	< 5%	< 5%	< 5%	< 5%	< 5%	< 5%
Point Arena Unified									
Potter Valley Elementary	22	> 95%	> 95%	< 5%	< 5%	< 5%	< 5%	< 5%	< 5%
River Oak Charter	42	76.19%	59.52%	9.52%	2.38%	0%	11.90%	0%	0%
Ukiah Unified									
Willits Elementary Charter	23	82.61%	68.18%	8.70%	0%	0%	0%	0%	0%
Tree of Life Charter	23	82.61%	> 95%	4.35%	< 5%	0%	< 5%	0%	0%
Ukiah Unified									
Frank Zeek Elementary	> 99	> 98%	94.74%	< 2%	0%	< 2%	0%	< 2%	< 2%
Ukiah Unified									
Nokomis Elementary	82	> 98%	97.22%	< 2%	0%	< 2%	0%	< 2%	< 2%
Ukiah Unified									
Redwood Elementary	134	74.63%	69.92%	0%	0%	0%	1.63%	0%	25.37%
Fort Bragg Unified									
Round Valley Elementary	42	83.33%	94.29%	0%	2.86%	0%	2.86%	0%	14.29%
Calpella Elementary	126	97.62%	94.44%	0%	0%	0%	0%	0%	0%
Ukiah Unified									

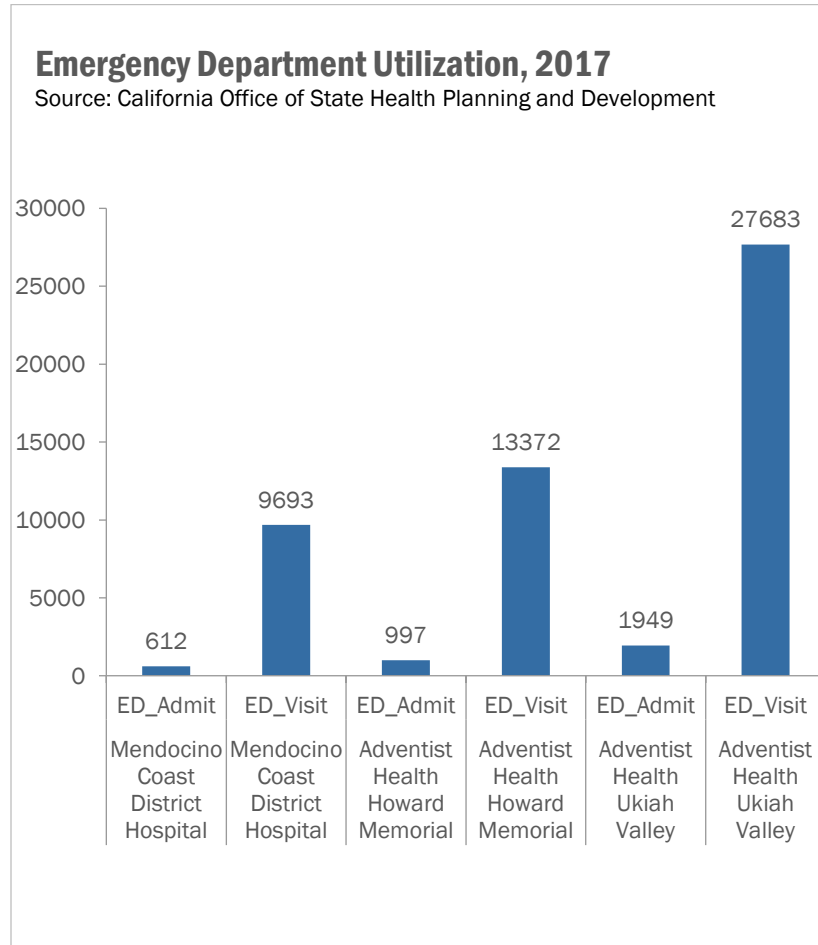
Grace Hudson Elementary	> 98	88.78%	94.74%	0%	0%	0%	0%	0%	0%
Ukiah Unified									
Oak Manor Elementary	96	91.67%	95.92%	0%	0%	0%	0%	0%	8.33%
Ukiah Unified									
Yokayo Elementary	83	95.18%	> 98%	0%	< 2%	0%	< 2%	2.41%	0%
Ukiah Unified									
Brookside Elementary	155	82.58%	90.73%	0%	0.66%	0%	1.32%	0%	17.42%
Willits Unified									

Definitions of column headers:

- School: School name, district (if available), and county.
- 2017-18 Students: Number of incoming kindergarten students in the 2017-18 school year.
- 2017-18 Up to date: Percentage of incoming kindergartners up to date on their vaccinations in the 2017-18 school year.
- 2016-17 Up to date: Percentage of incoming kindergartners up to date on their vaccinations in the 2016-17 school year.
- 2017-18 Medical: Percentage of incoming kindergartners claiming a Permanent Medical Exemption in the 2017-18 school year.
- 2016-17 Medical: Percentage of incoming kindergartners claiming a Permanent Medical Exemption in the 2016-17 school year.
- 2017-18 Belief: Percentage of incoming kindergartners claiming a Personal Belief Exemption in the 2017-18 school year.
- 2016-17 Belief: Percentage of incoming kindergartners claiming a Personal Belief Exemption in the 2016-17 school year.
- 2017-18 Overdue: Percentage of children who are overdue for one or more required immunizations in the 2017-18 school year.
- 2017-18 Other: Percentage of children who are not required to have immunizations because they attend a home school or an independent study program or receive special education services in the 2017-18 school year.
- An asterisk indicates that no data is available because the school did not submit its statistics.
- Percentages may not add up to 100 percent because one category, conditional exemptions, is not shown.
- A conditional exemption refers to students who have received some vaccines, but under immunization schedules must wait before their next vaccinations. They are admitted on the condition that they become up to date.

Healthcare and Preventative Services

Hospitalization and Emergency Room Utilization

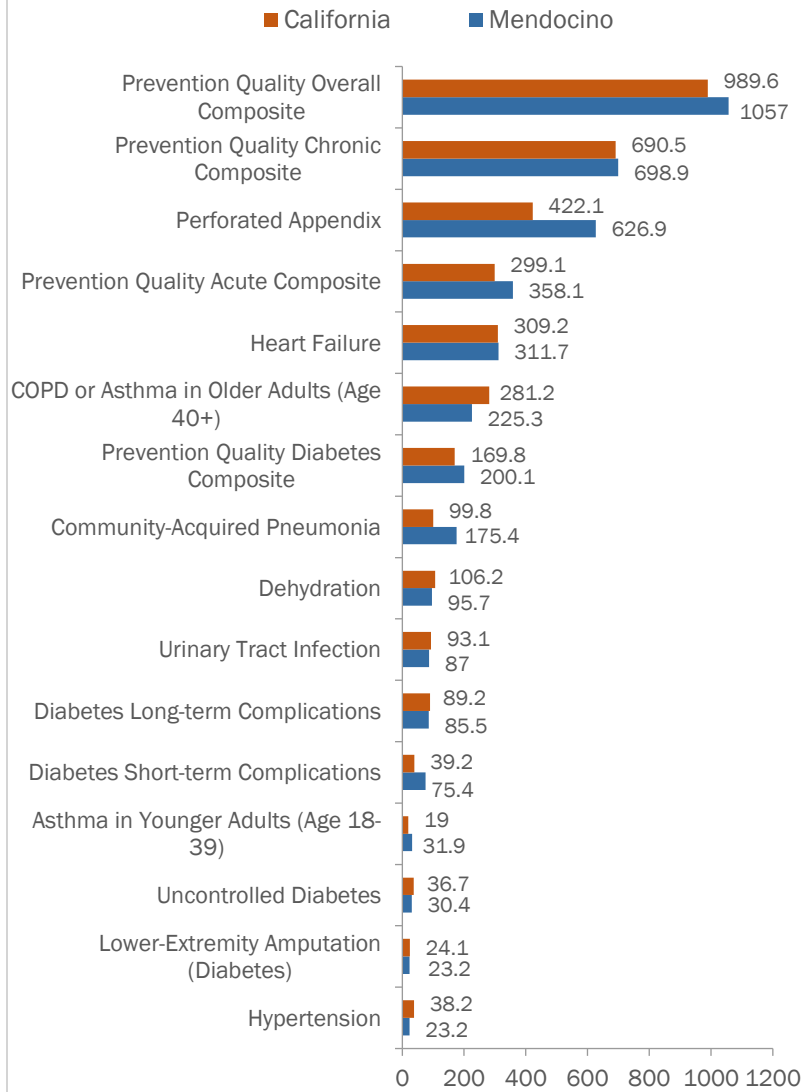


Safe Haven Wellness Center (SHWC)

Individuals admitted into Emergency Departments or Inpatient care for treatment and then released, may find themselves with limited options for post-hospital care. Patients are likely to suffer adverse health consequences upon discharge if there is no adequate discharge planning, so California Senate Bill 1152 requires each hospital to include a written patient discharge planning policy and process for homeless patients, and/or those with substance abuse issues. Prior to discharge the hospital shall determine that the patient has been fed, has adequate clothing, medications, disease screening and vaccinations, identified any mental health or behavioral health care services needed, and provides a “warm hand-off” from the hospital to the Safe Haven Wellness Center. SHWC is intended to address the intersection of homelessness and opioid addiction for individuals residing in Mendocino County.

Preventable* Hospitalizations by Condition, 2017 (Rate per 100,000 population)

Source: California Office of Statewide Planning and Development (OSHPD)



The Agency for Healthcare Research and Quality uses *Prevention Quality Indicators (PQIs) to measure adult hospital admissions for “ambulatory care-sensitive conditions”, hospitalizations that evidence suggest may have been avoided through access to high-quality outpatient care. The Prevention Quality *Composite* Indicators are those that include multiple conditions, such as a patient presenting with COPD, diabetes and hypertension.

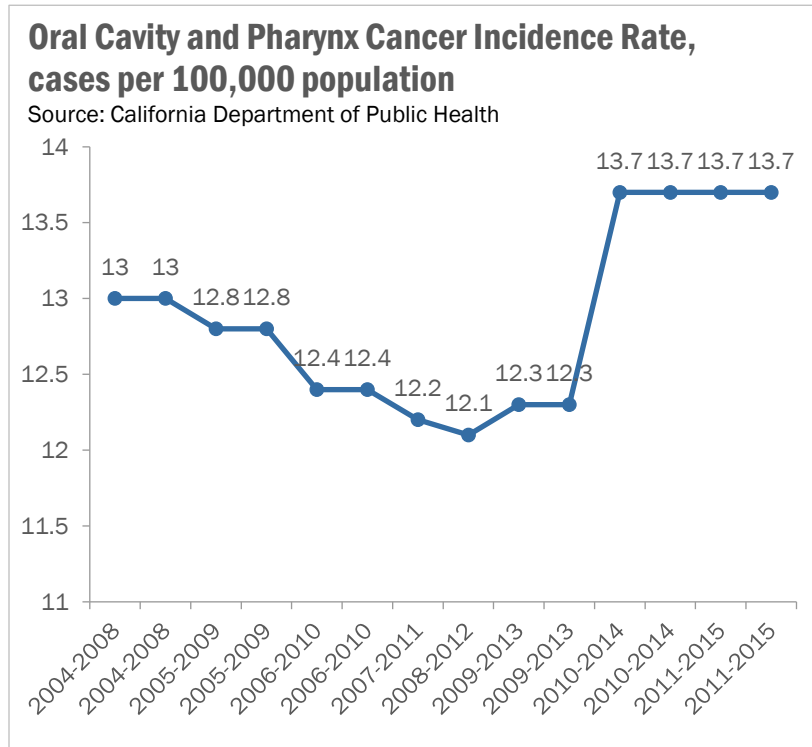
Medical Insurance and Uninsured Rates

The measurement of the uninsured is the percentage of the population under age 65 without health insurance coverage. Lack of health insurance coverage is a significant barrier to accessing needed health care and to maintaining financial security. It can contribute to delays in seeking medical care when a condition is treatable or controllable, for example in an out-patient setting, leading to higher levels of care and greater expense to treat more serious conditions at the Emergency Department or as an inpatient. Being uninsured can lead to dire financial consequences when patients are uninsured and are unable to pay their medical bills.

In Mendocino County estimates are that 10% of the population is uninsured, compared with California at 8%.

Dental Health

Oral health impacts overall health and well-being. Tooth-decay is one of the most prevalent chronic infectious diseases in the United States.



Individuals with poor oral health have higher rates of cardiovascular problems such as heart attack and stroke than people with good oral health. There are a number of theories about why this seems to be true^{xi} but it appears that the bacteria involved in periodontal disease may contribute to inflammation that worsens hypertension and atherosclerosis. In addition to cardiovascular

problems, periodic check-ups help detect oral cancers. The known risk factors for developing oral cancers are tobacco use and heavy alcohol consumption. The overall rate for oral cancers in California is 10.3 cases per 100,000, compared to Mendocino County at 13.7 cases per 100,000.

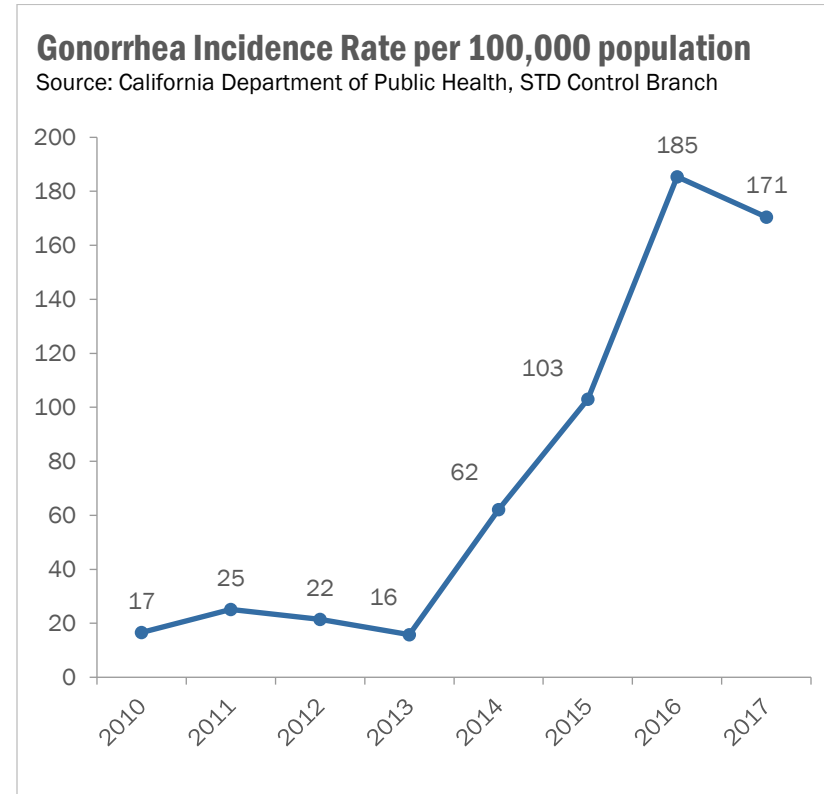
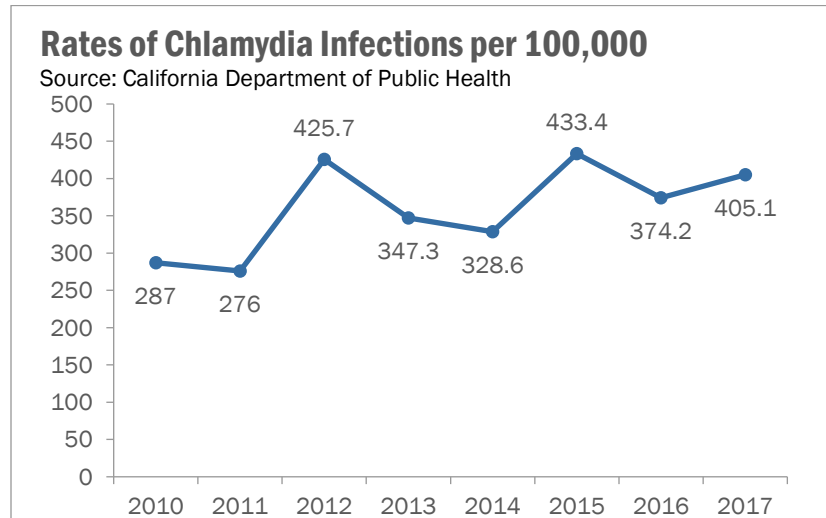
The ratio of dentists to the population of Mendocino County is 1,280:1, compared with the rate in California overall of 1,200:1. The rate in Mendocino County has declined from 2015, when it was 1,301:1. The populations most underserved are those individuals with no dental insurance or those with Medi-Cal dental insurance (Denti-Cal). Individuals with no dental insurance coverage are more likely to put off regular check-ups and seek care when dental caries become significantly infected and painful. Individuals with Denti-Cal insurance often have difficulty finding dentists who accept this coverage due to low reimbursement rates, and this insurance offers only limited treatment options. Of the estimated 19,000 children in Mendocino County, in 2016, only 39% of low-income children, ages 0 to 5, had visited a dentist in the past year.

In an effort to increase the availability of dental care and educate the public about the importance of starting oral health care for children early in life, Mendocino County launched an Oral Health Advisory Committee in March 2018. The overarching goal is to partner with school districts around the county to provide school-based services; classroom education, oral screenings, fluoride varnish and dental sealants. School-based services will provide the need for our young populations to have early dental care which in turn will reduce the number of missed school days due to oral problems and increase their overall health. Early oral health care can prevent future problems.

Death, Disease and Chronic Conditions

Sexually Transmitted Infections

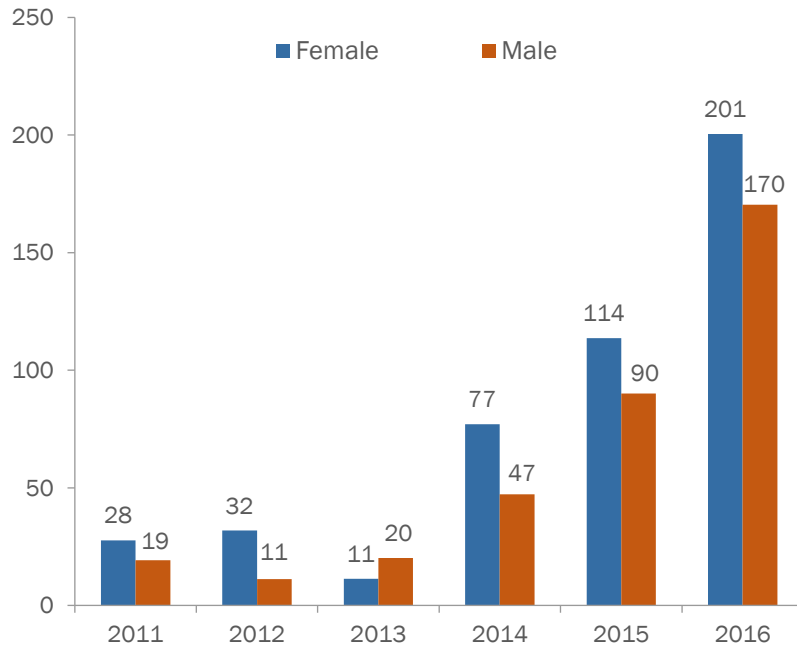
Chlamydia, the most frequently reported bacterial sexually transmitted infection (STI) in the United States, is caused by the bacterium, *Chlamydia trachomatis*. Although symptoms of chlamydia are usually mild or absent, serious complications that cause irreversible damage, including infertility, can occur "silently" before a woman ever recognizes a problem. Chlamydia can also cause discharge from the penis of an infected man. Under-reporting of chlamydia is substantial because most people with chlamydia are not aware of their infections and do not seek testing. Chlamydia infections, while also an indicator of non-safe sexual practices, make the individual more susceptible to infection by the HIV virus. In 2017, the overall rate for the State of California was 552.2 per 100,000 population.



Gonorrhea is an STI caused by *Neisseria gonorrhoeae*. It is typically asymptomatic, but easy to treat. However, gonorrhea has developed resistance to antibiotics over the years, complicating treatment. Many people with gonorrhea don't have any symptoms, but they can still spread the infection to others. Gonorrhea has progressively developed resistance to the antibiotic drugs prescribed to treat it. Following the spread of gonococcal fluoroquinolone resistance, the cephalosporin antibiotics have been the foundation of recommended treatment for gonorrhea.

Gonorrhea Incidence Rate per 100,000 population by Gender

Source: California Department of Public Health, STD Control Branch



Gonorrhea that is not treated can cause serious health problem in men and women. Pelvic inflammatory disease occurs in women when the gonorrhea infection affects their uterus or fallopian tubes. The most serious complication associated with pelvic inflammatory disease is infertility. Complications in men with gonorrhea include epididymitis (an inflammation of the tube that carries sperm) and infertility. Mendocino County has higher rates of infections than California at 190 cases per 100,000 population.

Illness, Injury and Deaths

Cause of Death per 100,000 population Source: CDPH	Mendocino County	California
All causes	727.1	610.3
All cancers	157.2	137.4
Colorectal cancer	13.9	12.5
Lung cancer	34	27.5
Female breast cancer	19.9	18.9
Prostate cancer	27.9	19.4
Diabetes	18.8	21.2
Coronary heart disease	11.8	35.7
Alzheimer's disease	85	87.4
Stroke	37.2	36.3
Influenza / Pneumonia	14.8	14.2
Chronic lower respiratory disease	40.1	32
Liver disease and cirrhosis	9.3	12.2
Accidents (Unintentional injury)	67.1	32.2
Motor vehicle traffic crashes	15.5	9.5
Suicide	21.3	10.4
Homicide	6	5.2
Firearm related deaths	14.3	7.9
Drug induced deaths	26.2	12.7

Life Expectancy

Most people are nowadays expected to live to about 75 years, (this is the accepted figure for the United States), so anyone who dies before this is considered to have died prematurely.

We measure premature mortality by estimating the average years a person would have lived, if he or she had not died prematurely. A person who dies at 65 has lost 10 years of potential life while a person who dies at age 1 has lost 74 years of potential life.

This measure is different from overall mortality, because premature mortality focuses on deaths that could have been prevented. This measure is called Years of Potential Life Lost (YPLL). YPLL emphasizes deaths of younger persons, whereas statistics that include all deaths are going to have more deaths of elderly people, and therefore not tell us about the rates of premature deaths. In order to be able to compare with other populations we use a rate per 100,000 people. By examining deaths in a community and using the YPLL, we can determine and rank the causes of premature death.

Most premature deaths may be preventable through lifestyle modifications such as smoking cessation or healthy eating and exercise.

Years of Potential Life Lost (YPLL)

Source: California Vital Statistics

2018	Rate per 100,000
California	5,734
Mendocino	7,606
2017	Rate per 100,000
California	5,674
Mendocino	7,922
2016	Rate per 100,000
California	5,528
Mendocino	7,619
2015	Rate per 100,000
California	5,609
Mendocino	7,323
2014	Rate per 100,000
California	5,590
Mendocino	8,390

Causes of Death by Year and Gender

Source: California Vital Statistics

2013	Number 1 Cause of Premature Death	Number 2 Cause of Premature Death
Females	Lung Cancer	Breast Cancer
Males	Lung Cancer	Atherosclerotic heart disease of native coronary artery
2014	Number 1 Cause of Premature Death	Number 2 Cause of Premature Death
Females	Lung Cancer	Chronic obstructive pulmonary disease
Males	Lung Cancer	Atherosclerotic heart disease of native coronary artery
2015	Number 1 Cause of Premature Death	Number 2 Cause of Premature Death
Females	Breast Cancer	Lung Cancer
Males	Lung Cancer	Atherosclerotic heart disease of native coronary artery
2016	Number 1 Cause of Premature Death	Number 2 Cause of Premature Death
Females	Lung Cancer	Chronic obstructive pulmonary disease
Males	Lung Cancer	Acute myocardial infarction

2017	Number 1 Cause of Premature Death	Number 2 Cause of Premature Death
Females	Lung Cancer	Breast Cancer
Males	Atherosclerotic heart disease of native coronary artery	Lung Cancer

Mendocino County Ranking

The Robert Wood Johnson Foundation evaluates California counties based on a series of indicators. The County Health Rankings are based on a model of community health that emphasizes the many factors that influence how long and how well we live. The Rankings use more than 30 measures that help communities understand how healthy their residents are today (health outcomes) and what will impact their health in the future (health factors).

Mendocino ranks 41 out of 55 in overall health ranking. Marin County is number 1.

SOURCES

- Annie E. Casey Foundation <https://www.aecf.org/>
- Behavioral Risk Factor Surveillance System (BRFSS) (CDC) <https://www.cdc.gov/brfss/index.html>
- California Center for Rural Policy <http://www2.humboldt.edu/ccrp/>
- California Child Welfare Indicators Project http://cssr.berkeley.edu/ucb_childwelfare/
- California Department of Education (CDE) <http://www.cde.ca.gov/>
- California Department of Public Health (CDPH) <https://www.cdph.ca.gov/>
- California Department of Public Health, STD Control Branch <http://www.cdph.ca.gov/programs/std/Pages/default.aspx>
- California Department of Social Services, Adult Protective Services <http://www.cdss.ca.gov/agedblinddisabled/PG1298.htm>
- California Department of Social Services, Children and Family Services Reports <http://www.cdss.ca.gov/inforesources/Information-Resources/Program-and-Legislative-Reports/Children-and-Family-Services-Reports>
- California Health Interview Survey (CHIS) <http://healthpolicy.ucla.edu/chis/Pages/default.aspx>
- California Healthy Kids Survey <http://chks.wested.org/>
- California Office of Statewide Planning & Development (OSPD) <http://www.oshpd.ca.gov/>
- California Secretary of State <https://www.sos.ca.gov/>
- CDC National Environmental Public Health Tracking (CDC NEPHT) <https://www.cdc.gov/nceh/tracking/default.htm>
- CDC NVSS (National Vital Statistics System) <https://www.cdc.gov/nchs/nvss/index.htm>
- CDC's WISQARS (Web-based Injury Statistics Query and Reporting System) <https://www.cdc.gov/injury/wisqars/index.html>
- Center for Disease Control (CDC) <http://www.cdc.gov/>
- Child Care Aware of America (2014). Parents and the high cost of childcare: 2014 report <https://usa.childcareaware.org/wp-content/uploads/2016/12/costofcare20141.pdf>
- Child Welfare System / Child Case Management System (CWS / CMS) <https://www.cdss.ca.gov/inforesources/Child-Welfare-Services-Case-Management-System>
- County Health Rankings <http://www.countyhealthrankings.org/>
- County of Mendocino Coroner's Reports, 2014-2017.
- Family Health Outcomes Project (FHOP) <https://fhop.ucsf.edu/>
- FBI Uniform Crime Reports <https://www.fbi.gov/services/cjis/ucr>
- Feeding America <https://www.feedingamerica.org/>
- Healthy Mendocino <http://www.healthymendocino.org/>
- Parents and the High Cost of Child Care: A Report <http://usa.childcareaware.org/advocacy-public-policy/resources/reports-and-research/parents-and-the-high-cost-of-child-care>
- Child Welfare Services/Case Management System <https://www.hwcws.cahwnet.gov/>
- Institute for Health Metrics and Evaluation <http://www.healthdata.org/Kidsdata.org>
- Massachusetts Institute of Technology (MIT) <http://www.mit.edu/>
- Mendocino County Continuum of Care for the Homeless Report <http://www.co.mendocino.ca.us/hhsa/adult/coc.htm>
- National Cancer Institute (NCI) <https://www.cancer.gov/>
- National Center for Education Statistics <https://nces.ed.gov/>
- National Center for Health Outcomes Development https://www.cdc.gov/nchs/about/factsheets/factsheet_overview.htm
- The Dartmouth Institute for Health Policy and Clinical Practice (TDI) <https://tdi.dartmouth.edu/>
- U.S. Census Bureau <http://www.census.gov/>
- U.S. Census Bureau, American Community Survey (ACS) <https://www.census.gov/programs-surveys/acs/data.html>
- U.S. Department of Agriculture (USDA) <http://www.usda.gov/wps/portal/usda/usdahome>
- U.S. Department of Health and Human Services (DHHS) <https://www.hhs.gov/>
- US Department of Justice <https://www.justice.gov/>
- US Department of Labor <https://www.dol.gov/>

ADDENDUM

Data Dictionary

The following indicators are from the previous Community Health Needs Assessment of 2015-2016 and the most updated values as of 2019. The previous values are in black, and the most recent values are in **red for comparison**.

Overall, 48% of the indicators show a positive trend, 7% are the same, and 45% show a negative trend.

Indicator #	Socioeconomics	Mendocino County	CA	US	HP 2020	Sources
1	People Living Below Federal Poverty Level	21.00%	16.80%	15.90%	NA	ACS
		(2011-2013)	(2011-2013)	(2011-2013)		
		20.20%	15.80%	15.10%		
		(2012-2017)	(2012-2017)	(2012-2017)		
2	Families Living Below Federal Poverty Level	14.50%	12.70%	11.70%	NA	ACS
		(2011-2013)	(2011-2013)	(2011-2013)		
		14.70%	11.80%	11.00%		
		(2012-2016)	(2012-2016)	(2012-2016)		
3	People 65+ Living Below the Federal Poverty Level	9.60%	10.30%	9.50%	NA	ACS
		(2011-2013)	(2011-2013)	(2011-2013)		
		9.20%	10.30%	9.30%		
		(2012-2016)	(2012-2016)	(2012-2016)		
4	Children Living Below Federal Poverty Level	30.08%	23.30%	22.40%	NA	ACS
		(2011-2013)	(2011-2013)	(2011-2013)		
		24.40%	21.90%	21.20%		
		2017	(2012-2016)	(2012-2016)		
5	Unemployment Rate	6.60%	7.20%	6.00%	NA	US Dep Labor
		-2014	-2014	-2014		
		4.50%	4.20%	3.90%		
		2018	2018	2018		

6	Median Household Income	\$42,111	\$59,645	\$63,784	NA	ACS
		(2011-2013)	(2011-2013)	(2011-2013)		
		\$43,510	\$63,783	\$55,322		
		(2012-2016)	(2012-2016)	(2012-2016)		
7	Per Capita Income	\$23,880	\$29,103	\$27,884	NA	ACS
		(2011-2013)	(2011-2013)	(2011-2013)		
		\$25,278	\$31,485	\$29,829		
		(2012-2016)	(2012-2016)	(2012-2016)		
8	Living Wage- Annual income required to support household with one adult	\$19,132	\$23,295	NA	NA	MIT
		-2014	-2014			
		\$22,425	\$26,899			
		2018	2018			
9	Living Wage- Annual income required to support household with one adult and one child	\$42,052	\$47,212	NA	NA	MIT
		-2014	-2014			
		\$49,670	\$56,985			
		2018	2018			
10	Living Wage-Annual income required to support household with two adults and two children	\$40,885	\$46,063	NA	NA	MIT
		-2014	-2014			
		\$50,438	\$57,676			
		2018	2018			
11	Homeownership (percentage of housing units that are occupied by homeowners)	48.40%	49.90%	56.00%	NA	ACS
		(2011-2013)	(2011-2013)	(2011-2013)		
		48.60%	49.80%	55.90%		
		(2012-2016)	(2012-2016)	(2012-2016)		
12	Proportion of housing tenure who are renters	43.30%	45.80%	36.00%	NA	ACS
		(2011-2013)	(2011-2013)	(2011-2013)		
		42.90%	45.90%	36.40%		
		(2012-2016)	(2012-2016)	(2012-2016)		
13	Proportion of renters spending 30% or more of household income on rent	59.60%	57.40%	52.30%	NA	ACS
		(2011-2013)	(2011-2013)	(2011-2013)		
		54.40%	56.50%	47.30%		
		(2012-2016)	(2012-2016)	(2012-2016)		

14	Households with Cash Public Assistance Income	36.00%	4.10%	2.90%	NA	ACS
		(2011-2013)	(2011-2013)	(2011-2013)		
		3.60%	3.80%	2.70%		
		(2012-2016)	(2012-2016)	(2012-2016)		
15	Low-Income Persons who are Food Stamp/SNAP Participants	11.40%	9.00%	13.40%	NA	ACS
		(2011-2013)	(2011-2013)	(2011-2013)		
		12.20%	8.90%	11.70%		
		(2012-2016)	(2012-2016)	(2012-2016)		
16	Percentage of the population that experienced food insecurity at some point during the year	16.2%	16.20%	15.90%	NA	CHIS/ BRFS
		-2012	-2012	-2012		
		14.50%	12.90%	15.20%		
		2016	2016	2016		
17	Percentage of children (<18 years of age) living in households that experienced food insecurity at some point during the year	27.50%	26.30%	21.60%	NA	Feeding America
		-2012	-2012	-2012		
		21.60%	19.00%	17.90%		
		2016	2016	2016		
18	Percent of the population that speak English less than "very well" (Language Spoken at home-Spanish)	8.80%	19.10%	8.60%	NA	ACS
		(2011-2013)	(2011-2013)	(2011-2013)		
		10.10%	10.80%	5.70%		
		(2012-2016)	(2012-2016)	(2012-2016)		
19	Children receiving free or reduced-price meals at schools per 100 students	63.6	57.5	51.9	NA	USDA
		-2012	-2012	-2012		
		73.20%	58.60%	73.60%		
		2015	2015	2017		
20	Percent of adults age 25+ without high school diploma	13.80%	18.50%	13.70%	NA	ACS
		(2011-2013)	(2011-2013)	(2011-2013)		
		12.48%	17.90%	12.00%		
		2017	2017	2017		
21	High School Graduation Rate	84.10%	83.80%	82.20%	NA	EDFacts
		(2011-2012)	(2011-2012)	(2011-2012)		
		85.20%	83.20%	84.00%		
		2017	2017	2017		

22	People 25+ with a bachelor's degree	14.30%	19.50%	18.20%	NA	ACS
		(2011-2013)	(2011-2013)	(2011-2013)		
		17.66%	17.90%	18.80%		
		2018	2018	2018		
Indicator #	Social Determinants of Health	Mendocino County	CA	US	HP 2020	Sources
23	Voter Turnout (percentage of registered voters who voted in the last presidential election)	72.50%	72.40%	54.90%	NA	CA Secretary of State
		-2012	-2012	-2012		
		75.90%	75.30%	57.50%		
		2016	2016	2016		
24	Proportion of renter occupied households living in overcrowded environments (>1.5 persons/room)	1.50%	2.80%	1.00%	NA	ACS
		(2011-2013)	(2011-2013)	(2011-2013)		
		1.80%	8.3%	1.10%		
		2017	2017	2017		
25	Householder living alone 65 years and over	12.80%	8.50%	9.80%	NA	ACS
		(2009-2013)	(2009-2013)	(2009-2013)		
		30.20%	23.10%	26.40%		
		(2012-2016)	(2012-2016)	(2012-2016)		
26	Student-to-Teacher Ratio	18.9: 1	23.4:1	16.0:1	NA	National Center for Education Statistics
		(2011-2012)	(2011-2012)	(2011-2012)		
		19:01	23.7:1	17.7:1		
		(2015-2016)	(2015-2016)	(2015-2016)		
27	Percent of fourth grade students who are proficient and above in English Language Arts (ELA) and Math	51% (ELA)	65% (ELA)	67% (ELA)	NA	CDE
		56% (Math)	72% (Math)	82% (Math)		
		-2013	-2013	-2013		
		33% (ELA)	45.06% (ELA)	48.56% (ELA)		
		26% (Math)	40.45% (Math)	37.56% (Math)		
		2017	2017	2017		
29	Percent of English language learners (K-12) who met California English Language Development Test (CELDT) criteria for proficiency	35%	39%	NA	NA	CDE
		-2014	-2014			
		34%	39%			
		(2016-2017)	(2016-2017)			

32	Percentage of 11th grade students reporting current gang involvement	5.50%	7.50%	7.90%	NA	Kidsdata
		(2011-2013)	(2011-2013)	(2011-2013)		
		6.10%	5.40%	9%		
		(2013-2015)	(2013-2015)	(2013-2015)		
33	Juvenile Arrest Rate (the number of felony and misdemeanor arrests per 1,000 adults ages 17 and under)	16.3	9.3	3.3	NA	CA DOJ
		-2013	-2013	-2013		
		5.3	9.6	NA		
		2015	2015	2015		
34	Number of domestic violence calls for assistance and rate per 1,000 population	6.8	3.9	5.6	NA	CA DOJ
		-2013	-2013	-2013		
		8.6	6	NA		
		2014	2014			
36	Arrest Rate (the number of felony and misdemeanor arrests per 1,000 youth ages 18+)	66.2	38.3	38.8	NA	FBI Uniform Crime Reports
		-2013	-2013	-2013		
		57.4	35.1	NA		
		2016	2016			
37	Fast Food Restaurant Density: Number of fast food restaurants per 100,000 population	59.2	74.92	72.74	NA	USDA
		-2013	-2013	-2013		
		59.2	72	73		
		2014	2014	2014		
38	WIC Authorized Grocery Stores per 100,000 population	22.84	15.8	15.6	NA	USDA
		-2011	-2011	-2011		
		14.7	15.5	15.8		
		2017	2017	2017		
39	Food Environment Index Score	15.88%	3.29%	5.02%	NA	County Health Rankings
		-2011	-2011	-2011		
		7.40%	8.80%	7.70%		
		2018	2018	2018		
40	Grocery Stores and Supermarkets, Rate (Per 100,000 Pop.)	54.65	21.7	21.2	NA	Census
		-2013	-2013	-2013		
		53	24	19		
		2015	2015	2015		

41	Liquor Stores per 100,000 population (see comment)	13.66	10.25	10.44	NA	Census
		-2013	-2013	-2013		
		11.4	10.1	10.5		
		2015	2015	2015		
42	Recreation and Fitness Facilities, Rate (Per 100,000 Pop.)	0.17 facilities/per 100,000	3 to 29 facilities /per 100,000	NA	NA	Census
		-2013	-2013	-2013		
		0.16 facilities / per 100,000	0.06 facilities per / 100,000	NA		
		2014	2014			
43	Percent of population living within 1/2 mile of a park	20.00%	27.60%	14%	NA	Census, ESRI
		-2010	-2010	-2010		
		NA	NA	NA		
		NA	NA	NA		
44	Workers Commuting by Public Transportation	0.70%	5.20%	5.10%	NA	ACS
		(2011-2013)	(2011-2013)	(2011-2013)		
		0.50%	5.10%	5.10%		
		2016	2016	2016		
45	Workers who Drive Alone to Work	72.20%	73.30%	76.40%	NA	ACS
		(2011-2013)	(2011-2013)	(2011-2013)		
		74.30%	73.60%	76.40%		
		2016	2016	2016		
46	Mean Travel Time to Work	18.3 minutes	27.5 minutes	25.7 minutes	NA	ACS
		(2011-2013)	(2011-2013)	(2011-2013)		
		17.6 minutes	26.9 minutes	25 minutes		
		2016	2016	2016		
47	Percentage of days exceeding emissions standards (particulate matter 2.5 level)	7.80%	4.20%	1.20%	NA	CDC NEPHN
		-2008	-2008	-2008		
		9.40%	NA	NA		
		2017	NA	NA		

Indicator #	Social and Mental Health	Mendocino County	CA	US	HP 2020	Sources
48	Ratio of population to mental health providers	468 to 1	623 to 1	753 to 1	NA	County Health Rankings
		-2013	-2013	-2013		
		180 to 1	320 to 1	330 to 1		
		2018	2017	2017		
49	Percent of adults with a physical, mental or emotional disability	31.10%	29.90%	22.40%	NA	CHIS/CDC
		(2011-2012)	(2011-2012)	(2011-2012)		
		28.90%	29.70%	20.60%		
		2016	2016	2015		
50	Percent of adults age 65+ with a physical, mental or emotional disability	50.30%	51.30%	36%	NA	CHIS/CDC
		(2011-2012)	(2011-2012)	(2011-2012)		
		38.90%	36.00%	35.80%		
		(2012-2016)	(2012-2016)	(2012-2016)		
51	Child Abuse Rate (the number of children under 18 years of age that experienced abuse or neglect in cases per 1,000 children)	19.4	9.3	9.2	NA	Child Welfare Dynamic Report System
		-2012	-2012	-2012		
		19.3	7.7	9		
		2017	2017	2017		
52	Substantiated allegations of child maltreatment per 1,000 children ages 0-17	17.1	9.2	9.2	≤8.5	CDSS-UCB
		-2013	-2013	-2013		
		19.2	7.5	9.1		
		2017	2017	2016		
53	Children with Entries to Foster Care per 1,000 children ages 0-17	8.4	3.4	5.1	NA	CDSS-UCB/DHHS
		-2013	-2013	-2013		
		12.3	5.8	NA		
		2015	2015	NA		
54	Percent of people who report being divorced	14.70%	8.20%	9.70%	NA	ACS
		(2011-2013)	(2011-2013)	(2011-2013)		
		17%	10%	11%		
		2017	2017	22017		

55	Non-fatal emergency department visits for self-inflicted injuries among youth age 5-19 per 100,000 population	180.4	103.8	153.2	NA	OSHPD/ CDC WISQARS/Kidsdata.org
		-2014	-2014	-2013		
		267	147.4	210.01		
		2015	2015	2015		
Indicator #	Maternal, Child and Adolescent Health	Mendocino County	CA	US	HP 2020	Sources
56	Percent of mothers exclusively breastfeeding in the hospital	75.60%	64.80%	77%	≥81.9%	CDPH/ NVSS/CDC
		-2013	-2013	-2013		
		73.50%	68.80%	81%		
		2015	2015	2015		
57	Percent of WIC mothers exclusively breastfeeding at 6 months	31.50%	17.40%	45%	≥25.5%	Mendocino WIC/CDC
		-2013	-2013	-2013		
		48.80%	26.30%	24.90%		
		2017-18	2015	2015		
58	The number of live births per 1,000 females	76.7	63.6	62	NA	FHOP
		-2012	-2012	-2010		
		71	62	62.5		
		2015	2015	2015		
59	Percent of newborns with Low Birth Weight (less than 2,500 grams)	5.70%	6.70%	8.00%	≤7.8%	FHOP
		-2012	-2012	-2012		
		6.10%	6.80%	8.00%		
		2015	2015	2015		
60	Percent of newborns with very low birth rates (less than 1,500 grams)	0.70%	1.10%	1.40%	≤1.4%	FHOP
		-2012	-2012	-2012		
		1%	1%	1.50%		
		2015	2015	2015		
61	Percent of newborns with very heavy birth weights (more than 4,000 grams)	9.80%	8.30%	8.10%	NA	FHOP
		-2012	-2012	-2102		
		11.30%	8.00%	8%		
		2017	2017	2017		

62	Percent of female who received prenatal care in first trimester	68.20%	83.6	73.70%	≥77.9%	FHOP
		-2011	-2011	-2011		
		67.10%	83.20%	75%		
		2015	2015	2015		
63	Percent of women no prenatal care or prenatal care not starting until 3rd trimester	5.80%	3.20%	6.00%	NA	FHOP
		-2011	-2011	-2011		
		7.50%	3.9	6.20%		
		2015	2015	2015		
64	Prenatal care covered by Medi-Cal insurance per 100 live births	66.6	45.9	NA	≤23.9%	CDPH IPODR/ NVSS
		-2012	-2012			
		NA	NA			
65	Percent of unmarried women who had birth in the past 12 months (15 to 50 years old)	39.20%	33.90%	35.90%	NA	ACS
		(2011-2013)	(2011-2013)	(2011-2013)		
		48%	39.00%	40.30%		
		2015	2015	2015		
66	Teen Birth Rate (birth rate in live births per 1,000 females aged 15-19 years)	27.50%	21.00%	24.30%	≤36.2	FHOP
		2013 - 2015	2013 - 2015	2013 - 2015		
		24.90%	17.60%	22%		
		2014-2016	2014-2016	2014-2016		
67	Teen Birth Rate (birth rate in live births per 1,000 females aged 18-19 years)	60.8	46.7	47.1	≤105.9	FHOP
		-2011	-2011	-2011		
		46.1	33.3	40.70%		
		2015	2015	2015		
68	Percent of pre-term births (< 37 weeks gestation)	8.4	9.5	3.4	≤11.4%	CDPH
		-2013	-2013	-2013		
		7.8	8.5	9.6		
		2015	2015	2015		
69	Percent of births by C-section to low risk women giving birth for the first time	21.40%	26.30%	32.70%	≤23.9%	CDPH IPODR/ NVSS
		(2009-2011)	(2009-2011)	(2009-2011)		
		21.15%	26%	26%		
		2016	2016	2016		

70	Delivery with MediCal insurance as anticipated payer per 100 live births	67.4	46.4	44.9	NA	CDPH IPODR/ NVSS
		-2012	-2012	-2010		
		NA	59%	NA		
		2013				
71	Infant deaths per 1,000 live births (within 1 year)	4.3	4.7	5.96	≤6.0	CDPH
		-2012	-2012	-2012		
		8.1	4.5	5.7		
		2015	2015	2015		
72	Young adult mortality, 20-24 years per 100,000	134.2	68.2	84.6	≤88.3	CDPH/CDC
		(2011-2012)	(2011-2012)	-2012		
		Suppressed	66.5	NA		
		2013-2015	2013-2015	NA		
73	Female mortality, 15-44 years per 100,000	583.2	119.1	776.1	NA	CDPH/CDC
		(2011-2012)	(2011-2012)	-2012		
		648.7	667.8	777		
		2014	2014	2014		
Indicator #	Healthcare and Preventative Services	Mendocino County	CA	US	HP 2020	Sources
74	Percent of people with Health Insurance	81.80%	82.30%	85.20%	NA	ACS
		(2011-2013)	(2011-2013)	(2011-2013)		
		90.10%	93.20%	91.20%		
		2017	2017	2017		
75	Percent of with Private Health Insurance	48.10%	60.10%	65.20%	NA	ACS
		(2011-2013)	(2011-2013)	(2011-2013)		
		33.30%	54.40%	65.40%		
		2017	2017	2017		
76	Children with Health Insurance	91.50%	92.20%	92.70%	NA	ACS
		(2011-2013)	(2011-2013)	(2011-2013)		
		98.10%	97.50%	95.20%		
		2017	2017	2017		
77	Percent of population without health insurance	18.20%	17.70%	14.80%	0.00%	ACS
		(2011-2013)	(2011-2013)	(2011-2013)		
		10.30%	7.20%	8.70%		
		2017	2017	2017		

78	Access to Primary Care Physicians Rate per 100,000	96.1	85.1	86.6	NA	Dept HHS
		-2012	-2012	-2012		
		90	78	75		
		2017	2017	2017		
79	Ratio of population to primary care physicians	1,042:1	1,057:1	1,355:1	NA	County Health Rankings
		-2011	-2011	-2011		
		1,070:1	1,280:1	1,040:1		
		2017	2017	2017		
80	Ambulatory Care Sensitive Conditions, Rate (Per 1,000 Medicare Enrollees)	35.97	45.3	59.2	NA	Dartmouth Atlas of Health Care
		-2012	-2012	-2012		
		NA	36.2	49.4		
		2015	2015	2015		
81	Annual Pneumonia Vaccination, Percent of Adults Age 65 +	58.70%	63.40%	67.50%	NA	BRFSS
		(2006-2012)	(2006-2012)	(2006-2012)		
		NA	76.80%	74.70%		
		2017	2017	2017		
82	Percent of kindergarteners with all required immunizations	75.40%	90.20%	>90%	NA	CDPH/CDC
		-2013	-2013	-2013		
		86.80%	95.10%	>90%		
		2017	2017	2017		
83	Percent of adults age 50+ who have ever had a sigmoidoscopy /colonoscopy	46.40%	57.90%	61.30%	≥70.5%	CHIS/NHIS
		(2006-2012)	(2006-2012)	(2006-2012)		
		68.40%	67%	69.80%		
		2016	2016	2016		
84	Cervical Cancer Screening (Past 3 Years), Percent of Women Age 18+	75.70%	78.30%	78.50%	≥93.0%	BRFSS
		(2006-2012)	(2006-2012)	(2006-2012)		
		72.10%	81.50%	79.90%		
		2015	2015	2015		
85	Mammogram (Past 2 Years), Percent of Female Medicare Enrollees, Age 67-69	58.40%	59.30%	63.00%	NA	Dartmouth Atlas of Health Care
		-2012	-2012	-2012		
		56.20%	59.50%	63.20%		
		2015	2015	2015		

86	Access to Dentists, Rate per 100,000	76.84	77.45	63.18	NA	Dept HHS
		-2013	-2013	-2013		
		78	82	67		
		2016	2016	2016		
87	Percent of Denti-Cal Recipients Without Dental Exam in Past 12 Months	27.70%	30.50%	30.20%	NA	Anne E Casey Foundation
		(2006-2012)	(2006-2012)	(2006-2012)		
		49.20%	49%	34%		
		2015	2015	2015		
Indicator #	Behavioral Risk Factors	Mendocino County	CA	US	HP 2020	Sources
88	Children Consuming 2+ Servings of Fruits/Vegetables per Day	72%	50.50%	NA	NA	CHIS
		(2011-2012)	(2011-2012)			
		66.00%	64.30%			
		2017	2017			
89	Children and Adolescents who Watch 3+ Hours of Television (percentage of children 3-18 who watch television or play videogames for three or more hours on weekends) (2018 - figures only available for 2 to <3 hours)	48.70%	52.70%	NA	NA	CHIS
		-2009	-2009			
		NA	NA			
		NA	NA			
90	Percent of 5th, 7th and 9th graders who are physically fit	56.5% **	61.70%	NA	NA	CDE
		-2014	-2014			
		65.10%	72.40%			
		2016-17	2016-17			
91	Percentage of Adults consuming fast food at least once in the past week	52.80%	64.80%	44%	NA	CHIS/CDC
		-2014	-2014	-2014		
		54.00%	65.60%	37.50%		
		2016	2016	2016		
92	Percentage of Children under 18 consuming fast food at least once in the past week	16.90%	56.30%	34%	NA	CHIS/CDC
		-2014	-2014	-2014		
		12.60%	37%	34%		
		2017	2016	2015		

93	Percent of adults binge drinking at least once in month prior.	22.90%	17.20%	16.90%	≤24.4%	BRFSS
		(2006-2012)	(2006-2012)	(2006-2012)		
		38.70%	24.70%	17%		
		2015	2015	2015		
94	Percent of 11th grade students drinking at least once in month prior	49.40%	31.30%	35.10%	NA	CA Healthy Kids Survey
		(2011-2013)	(2011-2013)	(2011-2013)		
		37%	29.10%	38%		
		(2014-2015)	(2014-2015)	(2014-2015)		
95	Percent of adults smoking cigarettes some days or every day	18.60%	12.80%	18.10%	≤12.0%	BRFSS
		(2006-2012)	(2006-2012)	(2006-2012)		
		15%	11%	17%		
		(2015-2016)	(2015-2016)	(2015-2016)		
Indicator #	Illness and Injury	Mendocino County	CA	US	HP 2020	Sources
96	Life Expectancy for Females in years	80.9	83.1	81.2	NA	CDC
		-2013	-2013	-2013		
		81.2	78.6	76.7		
		2014	2014	2014		
97	Life Expectancy for Males in years	75.6	78.3	76.4	NA	CDC
		-2013	-2013	-2013		
		76	78.6	76.7		
		2014	2014	2014		
98	Percent of adults (20+ years) who are overweight (BMI >25 and < 30)	58.70%	59.70%	69.00%	NA	CHIS
		-2014	-2014	-2014		
		46.70%	34.50%	71.60%		
		2017	2017	2017		
99	Percent of adults (20+ years) who are obese (BMI > 30)	22.20%	27.30%	27.10%	NA	CHIS
		-2014	-2012	-2012		
		21.00%	26.90%	39.80%		
		2017	2017	2017		
100	Percent of 5th, 7th and 9th graders who are overweight or obese	43.50%	38.30%	17.70%	NA	CDE
		-2014	-2014	-2014		
		43.80%	38.80%	20%		
		2017	2017	2017		

101	Percentage of Adults with Asthma (Lifetime Asthma Prevalence Percent)	13.22%	14.21%	13.36%	NA	CDC
		(2011-2012)	(2011-2012)	(2011-2012)		
		18.00%	14.90%	14.00%		
		2015-2016	2015-2016	2015-2016		
102	Percent of children with Asthma (Lifetime Asthma Prevalence Percent)	7.00%	15.40%	12.70%	NA	CHIS
		(2011-2012)	(2011-2012)	-2013		
		21.10%	13.70%	10%		
		2016	2016	2016		
103	Percentage of Adults with Diabetes (20+ years of age)	7.20%	8.10%	9.10%	NA	CHIS/CDC
		-2012	-2012	-2012		
		6.70%	8.70%	9.70%		
		2014	2014	2014		
104	Percent of adults who have coronary heart disease	3.81%	3.45%	4.40%	NA	CHIS/ NHANES
		(2011-2012)	(2011-2012)	(2011-2012)		
		7.80%	5.90%	NA		
		2014	2014	NA		
105	Prevalence of chronic obstructive pulmonary disease among adults	4.10%	4.60%	5.70%	NA	American Lung Association/CDC
		-2012	-2012	-2012		
		4.10%	3.40%	6.30%		
		2017	2017	2017		
106	Percent of adults who have ever been diagnosed with high blood pressure	23.50%	26.20%	28.20%	≤26.9%	CHIS
		(2006-2012)	(2006-2012)	(2006-2012)		
		31.50%	28.40%	30.90%		
		2016	2016	2016		
107	Breast Cancer Incidence Rate (per 100,000 females)	125	122.4	122.7	≤40.9	NCI
		(2007-2011)	(2007-2011)	(2007-2011)		
		105.8	121.5	124.7		
		(2011-2015)	(2011-2015)	(2011-2015)		
108	Cervical Cancer Incidence Rate (per 100,000 females)	12.1	7.8	7.8	≤ 7.1	NCI
		(2007-2011)	(2007-2011)	(2007-2011)		
		10.9	7.2	7.5		
		(2011-2015)	(2011-2015)	(2011-2015)		
109	Colorectal Cancer Incidence Rate per 100,000	41.6	41.5	43.3	≤38.7	NCI
		(2007-2011)	(2007-2011)	(2007-2011)		
		31.7	36.2	39.2		
		(2011-2015)	(2011-2015)	(2011-2015)		

110	Lung and Bronchus Cancer Incidence Rate per 100,000	59.1	49.5	64.9	NA	NCI
		(2007-2011)	(2007-2011)	(2007-2011)		
		49.2	43.3	60.2		
		(2011-2015)	(2011-2015)	(2011-2015)		
111	Prostate Cancer Incidence Rate (per 100,000 males)	131.5	136.4	142.3	NA	NCI
		(2007-2011)	(2007-2011)	(2007-2011)		
		87	101.2	109		
		(2011-2015)	(2011-2015)	(2011-2015)		
112	Gonorrhea Incidence Rate (per 100,000 population)	150.8	100.4	106.1	NA	CDPH/CDC
		-2013	-2013	-2013		
		170.5	190.3	126.6		
		2017	2017	2017		
113	Syphilis Incidence Rate (Primary & Secondary)	3.4	9.3	5.5	NA	CDPH/CDC
		-2013	-2013	-2013		
		4.5	16.8	8.7		
		2017	2017	2017		
114	Chlamydia Incidence Rate	347.3	439.9	446.6	NA	CDPH/CDC
		-2013	-2013	-2013		
		405.1	552.2	476.1		
		2017	2017	(2014-2016)		
115	Chronic Hepatitis C Prevalence Rate per 100,000 population	140.8	81.9	0.6	NA	CDPH/CDC
		-2013	-2013	-2013		
		119.9	86.4	1.1		
		2015	2015	2015		
116	HIV Prevalence Rate	27.1	13.3	15.3	NA	CDPH/CDC
		-2012	-2012	-2012		
		28.4	119.7	13.5		
		2013	2013	2013		
117	HIV Incidence (newly diagnosed cases) rates per 100,000 population	2.3	12.3	19.6/100,000	≤ 13	Mendocino PH/CDPH/ CDC
		-2013	-2013	-2013		
		3.4	12.9	12.3		
		2016	2016	2016		

118	Non-fatal emergency department visits for fall related injuries among adults 65 to 106 years (Age-Adjusted Rate per 1,000)	5.7	4.1	4.3	≤ 4.7	CDPH EpiCenter/ CDC NCHS
		-2012	-2012	-2012		
		3.2	1.9	NA		
		2014	2014	NA		
119	Non-fatal emergency department visits for motor vehicle crash injuries (occupants) per 100,000	628	483	806	NA	CDPH EpiCenter/ CDC WISQARS
		-2012	-2012	-2012		
		511.1	506.6	905		
		2014	2014	2014		
120	Non-fatal emergency department visits for unintentional MVT collision with bicyclist per 100,000	11.3	25	147.9	NA	140
		-2013	-2013	-2013		
		17	32.7	140		
		2015	2015	2015		
Indicator #	Healthcare Cost/ Medicare Beneficiaries	Mendocino County	CA	US	HP 2020	Sources
121	Standardized Cost Breakdown of Medicare beneficiaries who were treated for inpatient care	\$1,796	\$2,459	\$2,595	NA	CMS
		-2012	-2012	-2012		
		\$2,134	\$2,610	\$2,689		
		2016	2016	2016		
122	Standardized Cost Breakdown of Medicare beneficiaries who were treated for post-acute care	\$758	\$1,477	\$1,648	NA	CMS
		-2012	-2012	-2012		
		\$866	\$1,553	\$1,664		
		2016	2016	2016		
123	Standardized Cost Breakdown of Medicare beneficiaries who were treated for hospice care	\$75	\$231	\$317	NA	CMS
		-2012	-2012	-2012		
		\$110	\$293	\$329		
		2016	2016	2016		
124	Standardized Cost Breakdown of Medicare beneficiaries who were treated for physician /OPD /Tests /Imaging	\$2,423	\$3,219	\$3,329	NA	CMS
		-2012	-2012	-2012		
		\$3,042	\$3,580	\$3,711		
		2016	2016	2016		

125	Standardized Cost Breakdown of Medicare beneficiaries who were treated for durable medical equipment	\$165	\$205	\$236	NA	CMS
		-2012	-2012	-2012		
		\$124	\$160	\$181		
		2016	2016	2016		
126	Standardized Cost Breakdown of Medicare beneficiaries who were treated for Part B Drug	\$220	\$353	\$318	NA	CMS
		-2012	-2012	-2012		
		\$200	\$443	\$429		
		2016	2016	2016		
127	Standardized Cost Breakdown of Medicare beneficiaries who were treated for outpatient dialysis facility	\$160	\$301	\$245	NA	CMS
		-2012	-2012	-2012		
		NA	NA	\$260		
				2016		
128	Actual per capita Medicare costs	\$5,957	\$8,889	\$9,221	NA	CMS
		-2012	-2012	-2012		
		\$6,853	\$9,164	\$9,533		
		2016	2016	2016		
129	Percentage of Medicare beneficiaries who were treated for Alzheimer's disease or dementia	6.10%	9.40%	9.80%	NA	CMS
		-2012	-2012	-2012		
		6.40%	9.30%	9.90%		
		2015	2015	2015		
130	Percentage of Medicare beneficiaries who were treated for asthma	4.10%	5.20%	4.90%	NA	CMS
		-2012	-2012	-2012		
		6.50%	7.50%	8.20%		
		2015	2015	2015		
131	Percentage of Medicare beneficiaries who were treated for atrial fibrillation	6.90%	7.20%	7.60%	NA	CMS
		-2012	-2012	-2012		
		7.00%	7.30%	6.90%		
		2015	2015	2015		
132	Percentage of Medicare beneficiaries who were treated for kidney disease	10.90%	15.60%	15.50%	NA	CMS
		-2012	-2012	-2012		
		11.90%	17.90%	18.10%		
		2015	2015	2015		
133	Percentage of Medicare beneficiaries who were treated for high cholesterol	33.50%	42.10%	44.80%	NA	CMS
		-2012	-2012	-2012		
		31.80%	41.50%	44.60%		
		2015	2015	2015		

134	Percentage of Medicare beneficiaries who were treated for chronic kidney disease	10.90%	15.60%	15.50%	NA	CMS
		-2012	-2012	-2012		
		11.90%	17.90%	18.10%		
		2015	2015	2015		
135	Percentage of Medicare beneficiaries who were treated for chronic obstructive pulmonary disease (COPD)	8.70%	9.40%	11.30%	NA	CMS
		-2012	-2012	-2012		
		8.70%	8.90%	11.20%		
		2015	2015	2015		
136	Percentage of Medicare beneficiaries who were treated for depression	15.20%	13.40%	15.50%	NA	CMS
		-2012	-2012	-2012		
		15.60%	14.30%	16.70%		
		2015	2015	2015		
137	Percentage of Medicare beneficiaries who were treated for diabetes	19%	26.60%	27.00%	NA	CMS
		-2012	-2012	-2012		
		18.60%	25.30%	16.50%		
		2015	2015	2015		
138	Percentage of Medicare beneficiaries who were treated for heart failure	9.70%	14.30%	14.60%	NA	CMS
		-2012	-2012	-2012		
		9.30%	12.90%	13.50%		
		2015	2015	2015		
139	Percentage of Medicare beneficiaries who were treated for hypertension	43.80%	51.20%	55.50%	NA	CMS
		-2012	-2012	-2012		
		42.90%	49.60%	55.00%		
		2015	2015	2015		
140	Percentage of Medicare beneficiaries who were treated for ischemic heart disease	17.80%	26.10%	28.60%	NA	CMS
		-2012	-2012	-2012		
		15.90%	23.60%	26.50%		
		2015	2015	2015		
141	Percentage of Medicare beneficiaries who were treated for osteoporosis	4.70%	7.40%	6.40%	NA	CMS
		-2012	-2012	-2012		
		3.70%	6.70%	6.00%		
		2015	2015	2015		
142	Percentage of Medicare beneficiaries who were treated for rheumatoid arthritis	20.50%	27.40%	29.00%	NA	CMS
		-2012	-2012	-2012		
		22.90%	27.60%	30.00%		
		2015	2015	2015		

143	Percentage of Medicare beneficiaries who were treated for stroke	2.50%	3.60%	3.80%	NA	CMS
		-2012	-2012	-2012		
		3.10%	3.70%	4.00%		
		2015	2015	2015		
Indicator #	Causes of Death	Mendocino County	CA	US	HP 2020	Sources
144	Age adjusted death rate; all causes per 100,000	724.4	641.5	732.8	NA	CDPH
		2010-2012	2010-2012	-2012		
		734.8	608.5	728.8		
		2018	2018	2016		
145	Alzheimer's disease age adjusted mortality rate per 100,000	17.4	30	23.8	NA	CDPH
		2010-2012	2010-2012	-2012		
		12.6	34.3	34.4		
		2018	2018	2015		
146	All cancers age adjusted mortality rate per 100,000	164.4	153.3	166.5	≤ 161.4	CDPH/NCI
		2010-2012	2010-2012	-2012		
		159.9	140.2	163.5		
		2015	2015	2015		
147	Breast cancer age adjusted mortality rate per 100,000	20.6	20.9	21.5	≤ 20.7	CDPH/NCI
		2010-2012	2010-2012	-2011		
		18.9	19.1	20.9		
		2015	2015	2015		
148	Colorectal cancer age adjusted mortality rate per 100,000	15.6	14.2	15.1	≤ 14.5	CDPH/NCI
		2010-2012	2010-2012	-2011		
		17.3	12.8	14.5		
		2015	2015	2015		
149	Lung cancer age adjusted mortality rate per 100,000	42.2	34.8	46	≤ 45.5	CDPH/NCI
		(2010-2012)	(2010-2012)	-2011		
		35.8	28.9	43.4		
		2015	2015	2015		
150	Prostate cancer age adjusted mortality rate per 100,000	15.2	19.8	20.8	≤ 21.8	CDPH/NCI
		2010-2012	2010-2012	-2011		
		29.2	19.6	19.5		
		2015	2015	2015		

151	Stroke age adjusted mortality rate per 100,000	33.5	36.6	36.9	≤ 34.8	CDPH/CDC
		(2010-2012)	(2010-2012)	-2012		
		36.7	35.3	37.2		
		2015	2015	2015		
152	Heart disease age adjusted mortality rate per 100,000	105.5	106.2	170.5	≤ 103.4	CDPH/CDC
		(2010-2012)	(2010-2012)	-2012		
		90.5	89.1	96.8		
		2015	2015	2015		
153	Diabetes age adjusted mortality rate per 100,000	17.0	19.9	21.2	≤ 66.6	CDPH/CDC
		2010-2012	2010-2012	-2012		
		17.3	25.3	26.5		
		2015	2015	2015		
154	Influenza mortality rate per 100,000	12.2	16.1	14.4	NA	CDPH/CDC
		(2010-2012)	(2010-2012)	-2012		
		13.7	14.3	14.6		
		2018	2018	2018		
155	Chronic Liver Disease and Cirrhosis per 100,000	13.9	11.5	9.9	≤ 8.2	CDPH/CDC
		2010-2012	2010-2012	-2012		
		12.9	12.2	12.8		
		2018	2018	2018		
156	Chronic Lower Respiratory Disease per 100,000	50	36.2	41.5	NA	CDPH/CDC
		2010-2012	2010-2012	-2012		
		40.2	32.1	40.9		
		2018	2015	2018		
157	Drug-Induced mortality rate per 100,000	14.4	10.8	10.2	≤ 11.3	CDPH/CDC
		(2010-2012)	(2010-2012)	-2012		
		26.2	12.2	20.90%		
		2018	2018	2016		
158	Homicide mortality rate per 100,000	5.8	5.2	5.4	≤ 5.5	CDPH/NVSS
		(2010-2012)	(2010-2012)	-2012		
		5.9	5	5		
		2018	2018	2016		

159	Firearm-Related mortality rate per 100,000	14.8	7.6	10.4	≤ 9.2	CDPH/NVSS
		2016	2016	-2013		
		12.2	7.6	11.9		
		2018	2018	2016		
160	Suicide death rate per 100,000	19.2	10.1	12.6	≤ 10.2	CDPH
		(2010-2012)	(2010-2012)	-2012		
		23.6	10.3	12.9		
		(2013-2015)	(2013-2015)	(2013-2015)		
161	Motor vehicle crash death rate per 100,000	16.5	7.3	7.55	≤ 12.4	CDPH/NVSS
		(2010-2012)	(2010-2012)	(2008-2010)		
		15.3	8.8	11		
		(2014-2016)	(2014-2016)	(2014-2016)		
162	Pedestrian motor vehicle death rate per 100,000	1.9	1.8	1.38	≤ 1.4	CDPH/NVSS
		(2010-2012)	(2011-2013)	(2008-2010)		
		NA	NA	NA		
163	Alcohol Impaired Driving Deaths: Percentage of motor vehicle crash deaths with alcohol involvement	33.30%	31.30%	32.00%	NA	County Health Rankings
		(2008-2012)	(2008-2012)	(2008-2012)		
		32%	29%	13%		
		2018	2018	2018		
164	Unintentional injury mortality rate (age adjusted) per 100,000	51.2	27.3	39.1	≤ 36.0	CDPH/CDC
		(2010-2012)	(2010-2012)	-2012		
		61.6	30.3	40		
		2018	2018	2018		
165	Years of Potential Life Lost Before Age 75, All Causes	7,947	5,594	6,851	NA	CDPH/CDC
		(2008-2010)	(2008-2010)	(2008-2010)		
		8,000	5,200	5,300		
		(2014-2016)	(2014-2016)	(2014-2016)		

Footnotes

ⁱ USC Leonard Davis School of Gerontology, Fall Prevention StopFalls.org

ⁱⁱ U.S. Government Accountability Office
http://www.gao.gov/key_issues/elder_abuse/issue_summary

U.S. Department of Justice <https://www.justice.gov/>

California Department of Social Services, Adult Protective Services
<http://www.cdss.ca.gov/agedblinddisabled/PG1298.htm>

ⁱⁱⁱ California Department of Public Health, Epicenter
<http://epicenter.cdph.ca.gov/>

^{iv} California Department Public Health (2019). Preventing Violence in California: Data Brief 1: Overview of Homicide and Suicide Deaths in California. Sacramento, CA: California Department of Public Health

^v California Department of Public Health, Epicenter
<http://epicenter.cdph.ca.gov/>

^{vi} U.S. Department of Health and Human Services. The Health Consequences of Smoking: 50 Years of Progress: A Report of the Surgeon General. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health; 2014. <https://www.ncbi.nlm.nih.gov/pubmed/24455788>

^{vii} U.S. Department of Health and Human Services. The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General. Rockville, MD: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Coordinating Center

for Health Promotion, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health; 2006
<https://www.healthypeople.gov/2020/tools-resources/evidence-based-resource/the-health-consequences-of-involuntary-exposure-to>

^{viii} U.S. Department of Health and Human Services. The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General. Rockville, MD: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Coordinating Center for Health Promotion, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health; 2006
<https://www.ncbi.nlm.nih.gov/books/NBK44324/>

^{ix} Centers for Disease Control and Prevention. (2018). Childhood obesity facts. Retrieved from:
<http://www.cdc.gov/healthyschools/obesity/facts.htm>

^x Centers for Disease Control and Prevention. (2016). Childhood obesity causes & consequences. Retrieved from:
<http://www.cdc.gov/obesity/childhood/causes.html>

^{xi} De Oliveira C, Watt R, Hamer M. Toothbrushing, inflammation, and risk of cardiovascular disease. Results from Scottish Health Survey. *BMJ*. 2010;340:c2451. <https://www.bmj.com/content/340/bmj.c2451.full>

^{ix} American Heart Association. Oral hygiene and Cardiovascular Disease. <https://newsroom.heart.org/news/poor-oral-health-linked-to-higher-blood-pressure-worse-blood-pressure-control>