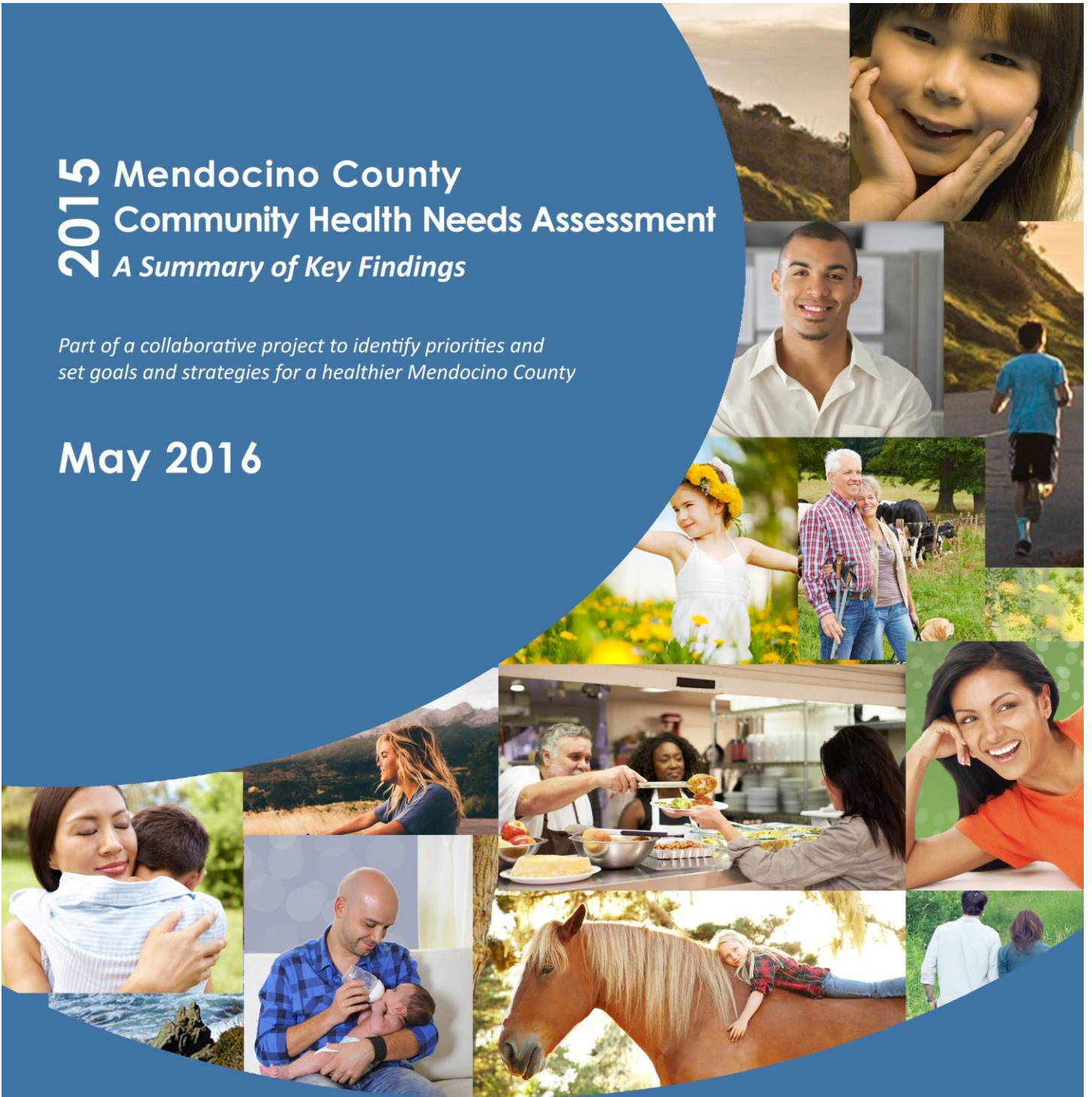


2015 Mendocino County 2015 Community Health Needs Assessment A Summary of Key Findings

Part of a collaborative project to identify priorities and set goals and strategies for a healthier Mendocino County

May 2016



Sponsored by

Alliance for Rural Community Health
Frank R. Howard Memorial Hospital
Healthy Mendocino

Mendocino County Health & Human Services Agency
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ACRONYMS

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

HOW HEALTHY ARE OUR RESIDENTS?

Introduction and Background

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

The assessment process began in 2014, when six Mendocino County agencies initiated a collaborative community health assessment process. The Alliance for Rural Community Health (ARCH), Frank R. Howard Memorial Hospital, Mendocino County Health and Human Services Agency, North Coast Opportunities, and Ukiah Valley Medical Center provided funding and representatives to the Planning Group, and asked Healthy Mendocino to coordinate the project.

The purpose of the community health needs assessment process was 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 was to achieve a greater combined impact on local health than the partners could achieve separately. Besides being more efficient, this collaboration makes it possible to involve a wide array of community members and local public health system partners in efforts that are designed to be sustainable. The goal is to build on collective wisdom and use resources from throughout the community to improve health and well-being in our County.

Community Health Needs Assessment (CHNA)

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

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

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

Meeting External Requirements

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

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

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

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

Community Planning Framework

Mobilizing for Action through Planning and Partnerships (MAPP)²

Mendocino County's CHNA Planning Group adopted the Mobilizing for Action through Planning and Partnership (MAPP) process as its planning framework to guide the CHNA process. The MAPP tool, which was developed by the National Association of County and City Health Officials (NACCHO), was chosen to capture an in-depth picture of community health status through quantitative and qualitative data collection methods. The MAPP framework includes four assessments. Of these, three assessments were selected for the 2015 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 (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?*

- The **Local Public Health System Assessment** (Appendix D) measures the capacity and capability of the local public health system.

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 poverty 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

Table 1. Key Determinants of Health and Well-Being

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 HEALTH NEEDS ASSESSMENT

Overview of the Community Health Needs Assessment Process

The six agencies conducting the Mendocino County CHNA formed the CHNA Planning Group in October 2014, and it has guided the assessment planning efforts and helped to conduct the assessments. Their participation has resulted in broad representation of key community leaders, advocates and allies who

have collectively helped shape and inform the process. Planning Group members' knowledge of their organizations' priorities and the communities and population groups they serve have greatly enriched the process.

MAPP Phases 1-2: Organize For Success and Partnerships

At the launch of Phases 1-2 of the CHNA, Planning Group members reviewed foundational documents: the MAPP Handbook, the Public Health Accreditation Board (PHAB) requirements regarding community health improvement plans, Affordable Care Act requirements for hospitals regarding community needs assessment, and data requirements for the clinics and the community action agency. The work in Phases 1-2 also included establishing a working structure and staffing and identifying key stakeholders in the community.

From the start, the Planning Group voiced a desire for a process that was:

- Based on a participatory model, focused on collaborative data collection efforts;
- Built on existing assessment efforts, which would incorporate and use existing data sources from community partners; and
- A collective approach to setting health priorities and strategies, leveraging results for an action-oriented health improvement plan.

The Planning Group also took on the task of designing an approach that can be used and fine-tuned for collaborative assessment and planning in the future.

MAPP Phase 3: Assessments

Phase 3 of the CHNA consisted of the preparation and implementation of the MAPP assessments. The Planning Group met approximately monthly from October 2014 to May 2016 to provide guidance and feedback on the proposed methodologies for each of the three MAPP assessments utilized during this process and to process the findings. The three MAPP assessments (using four forms of data collection) were completed in February 2016. Public review occurred in April 2016 with a joint meeting of the Health and Human Services Agency (HHSA) Advisory Board and the Healthy Mendocino Steering Committee, with comments from the general public being accepted via the HHSA website.

The key findings from the MAPP assessments are summarized below and provided in greater detail in the four data reports in the Appendices. As noted, these findings will be used to guide the prioritization of the most salient health issues to be addressed in the Community Health Improvement Plan (CHIP).

Community Themes and Strengths Assessment: Community Health Survey and Key Informant Interviews

What it is. 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?

Methods. The CTSA was conducted via two 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 1,486 residents completed the Community Health Survey; 1,402 were completed in English, and 84 in Spanish.

The second method was via **Key Informant Interviews** of sixteen key stakeholders in the community, including representatives of county and city government, healthcare, the courts, nonprofits, media, health and human services, and private business. Interviews were conducted in person or by phone. The 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 on p. 17).

The following sections outline illustrative and interesting findings, drawing on responses to the **Community Health Survey** and **Key Informant Interviews**. These and other findings are discussed in greater detail in the reports in the Appendices.

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

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 "very healthy" (10%) or "healthy" (43%) community in which to live. Thirty-six percent (36%) rated Mendocino County as "somewhat healthy," 7% rated it "unhealthy," and 1% rated Mendocino County "very unhealthy." The most satisfied people included women (66%); those with some college education, a degree or a graduate degree (65%); and those with incomes \$50,000 or higher (38%). When asked to rate their personal health, most adults selected "very healthy" (16%) or "healthy" (52%).

- ◆ In the interviews, key informants rated the overall health and quality of life in Mendocino County 5.8 on a scale of 1 to 10, with 10 being the most positive. The lowest ratings were due to being unable to address the supportive service needs of the low income population, as well as basic needs for food, shelter, and behavioral health services. In contrast, personal quality of life ratings averaged 9.5. One informant noted, “Personally, I rate it a 9 because I can afford care.”

Health and Wellness

- ◆ Most of the survey respondents rated their personal health as “healthy” (52%) or “somewhat healthy” (26%).
- ◆ More than 7 of 10 people (74%) reported a chronic illness or condition, such as high blood pressure (33%), diabetes (26%), arthritis (24%) or chronic pain (23%).
- ◆ The majority (56%) of adult residents indicated that they were able to get needed health care services in Mendocino County in the past year. However, 4 out of 10 indicated they were able to get some services in the county, but not all the services they needed (32%); or they were not able to get services locally (5%). Those mostly likely to report being unable to receive health care include:
 - Women, over 26 years of age and college educated (50%)
 - Those who are married (42%) and single (22%)
 - Unemployed residents (30%)
 - Residents with professional jobs (32%)
- ◆ In general, the barriers associated with accessing health care services in Mendocino County included:
 - Too expensive (47%)
 - Lack of providers in the county for the services needed (41%)
 - Lack of providers accepting Medi-Cal (34%)
 - Lack of transportation (32%)
- ◆ Nearly three out of 10 (26%) respondents reported being stressed most or all of the time by something in their life. Those most likely to suffer from chronic stress were women (70%), 26 to 54 years of age, college educated, and earning \$25-50K per year (50%).

Basic Needs

- ◆ The majority of survey respondents (67%) stated they were satisfied with their housing situation.
- ◆ Causes for not being satisfied with their housing situation included it being too expensive (44%), too small (36%), too run down (25%), and having too many people living in the same house (16%).
- ◆ Almost half (50%) reported not earning enough to meet the financial needs of their family with the top three barriers being cost of housing (70%), cost of food (56%), and cost of utilities (37%). Those who had the most difficulty were women (77%).

Safety

- ◆ Over half (58%) of the survey takers considered Mendocino County a “very safe” or “safe” place to grow up or raise children.

- ◆ Those that were most likely to report Mendocino County as a “very unsafe,” “unsafe” or “somewhat unsafe” place to grow up and raise children were women (60%).

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

- ◆ When asked what factors make Mendocino County a good place to live, survey respondents most often selected nature/environment (55%), community involvement (42%), clean environment (30%), low crime/safe neighborhoods (25%), arts and cultural events (22%), and parks and recreation (21%).
- ◆ The top four most important characteristics of a healthy community identified by key informants were access to health care and other services, including mental health services; health education and access to health-related information; community involvement and civic engagement; good jobs; and a healthy economy.
- ◆ When asked the most important health issues in Mendocino County, survey respondents most often named mental health issues (46%), alcohol and drug abuse (46%), homelessness (34%), economic issues (21%), marijuana use/industry (20%) and lack of access to health care (17%).
- ◆ The top five most critical and quality of life issues identified by key informants were poverty, alcohol and other drug abuse, chronic disease, other health issues, and poor diet/inactivity. The populations of greatest concern included children and youth with low incomes and/or involved in the drug culture; elders living in poverty and disabled; and those who are mentally ill and homeless.

Question 3: What assets do we have that can be used to improve community health?

- ◆ In the interviews, key informants identified the following as the top three assets that promote health and well-being in Mendocino County:
 1. Health Clinics, VA Clinic, Hospitals and Family Resource Centers
 2. Fresh Food and Food Education
 3. Parks, Walkable Communities and Recreation

For more information about the 2015 Community Health Survey and the 2015 Key Informant Interviews, see Appendices A and B, respectively.

Community Health Status Assessment

What it is. 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:⁷

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?

Methods. The Mendocino County Health and Human Services Agency reviewed the Healthy Mendocino website, which contains 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 | ◆ Healthcare and Preventive Services |
| ◆ Social Determinants of Health | ◆ Hospitalization and Emergency Room Utilization |
| ◆ Behavioral Risk Factors | ◆ Illness and Injury |
| ◆ Maternal Child and Adolescent Health | |

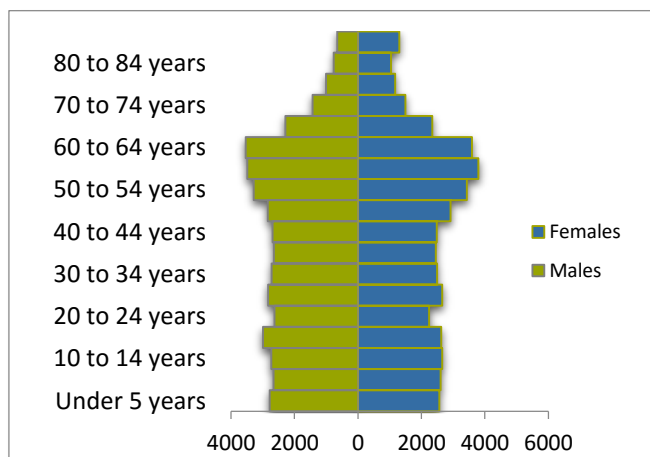
Summary of Findings. Below is a summary overview of the demographic characteristics of the county, including population characteristics; education, income and employment; and housing and homelessness. The demographic data highlighted in this section will be important considerations in the planning for health improvements. For more information about the 2015 Community Health Status Assessment, please see Appendix C.

Mendocino County Demographic Profile

Population Characteristics

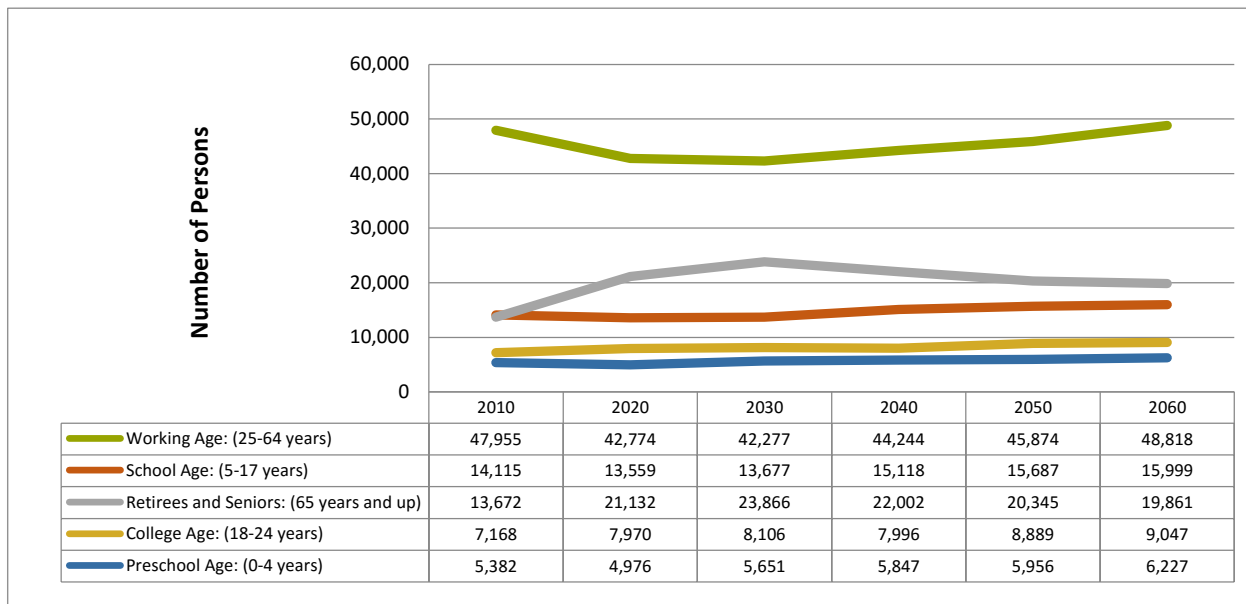
According to 2014 data from the U.S. Census bureau, Mendocino County has a population of 87,869 people, a .03% (28 people) increase over the 2010 census.⁸ The proportion of residents who are ages 65 years and over make up 19% of the county population (Figure 2), 36% higher than the proportion in the state (with 14%).

Figure 1. Age breakdown of Mendocino County residents
U.S. Census, 2014.



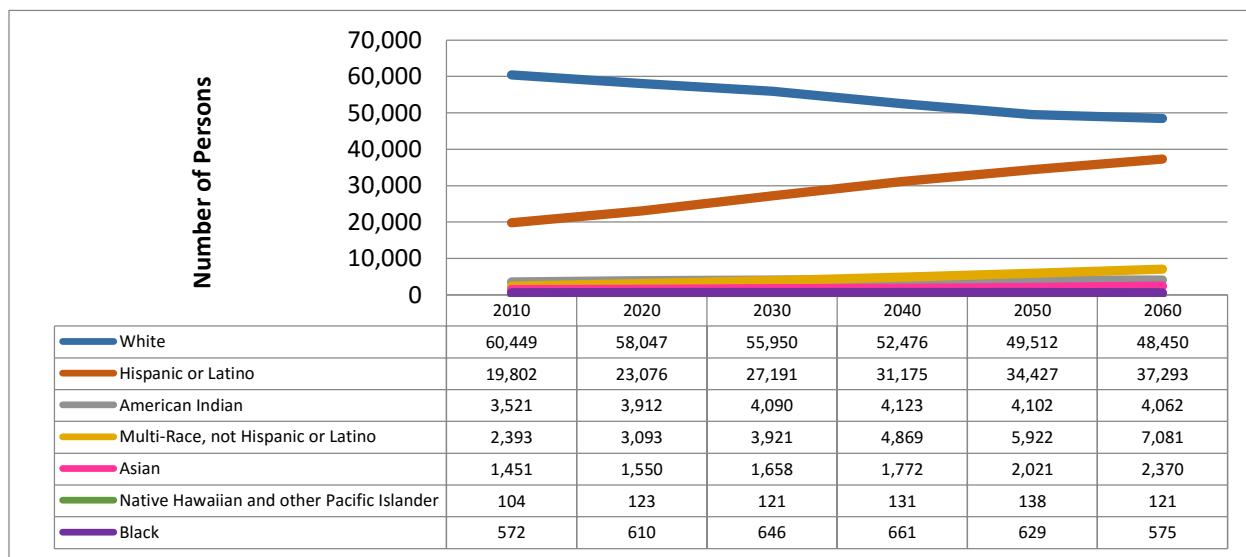
Between 2010 and 2060, the working age population (25-64) is expected to increase from 47,955 to 48,818, or to 49% of the county population, while retirees and seniors (65 years and up) will grow from 13,672 to 19,861 (to 20% of the county population).

Figure 2. Mendocino County Population Projections by Age 2010-2060, California Dept. of Finance, 2015.⁹



In 2014, the county’s population was 66% White, 24% Hispanic/Latino, 6% Native American, 2% Asian, and 1% African American.¹⁰ As shown in Figure 3, 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).

Figure 3. Mendocino County Population Projections by Race 2010-2060, California Dept. of Finance, 2015.¹¹

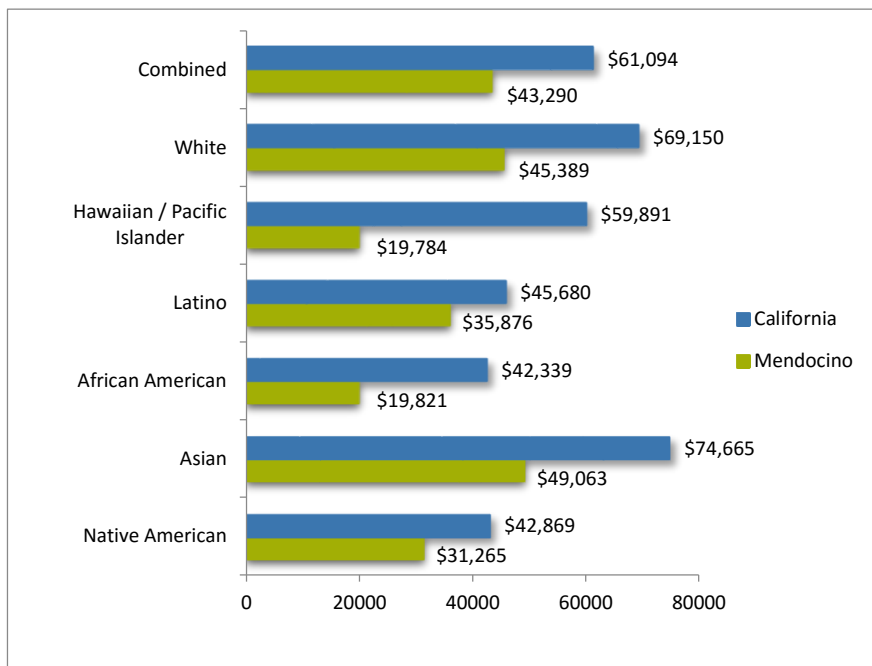


Education, Income and Employment

In 2014, nearly one-quarter of adults in Mendocino County ages 25 and older (22%) had a bachelor’s degree or higher and 15% had less than a high school diploma.¹²

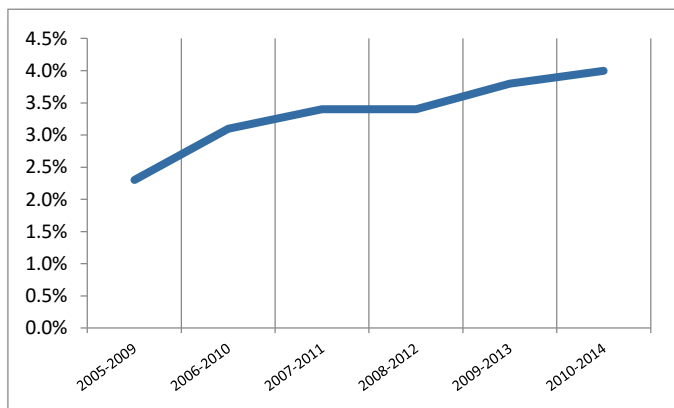
Also in 2014, as seen in Figure 4, the median household income in Mendocino County, at \$43,290, was 29% lower than that of the state (\$61,094).¹³ The median income in Asian (\$49,063) and White (\$45,389) households was higher than in Hispanic (\$35,876), Native American (\$31,265), African American (\$19,821) and Hawaiian/Pacific Islander (\$19,784) households. In 2014, 20% of the county’s population overall and

Figure 4. Median Household Income by Race, U.S. Census, 2014.



approximately one-third each of the Hispanic, Native American and African American populations were living below the Federal Poverty Level (29%, 31% and 36%, respectively). The percentage of households receiving cash public assistance income has been increasing since 2005 (Figure 5).¹⁴

Figure 5. Households Receiving Cash Public Assistance Income, U.S. Census, 2013.



During 2013, 37% of households with children in Mendocino County were headed by a single parent, compared with 32% for the state.¹⁵ In 2014, the percentage of households headed by a single parent increased slightly to 39% for Mendocino County, while it decreased slightly to 31% for the state.¹⁶

Housing and Homelessness

Mendocino County experiences significant housing issues, including a lack of affordable housing, overcrowding, and homelessness. The County Health Rankings estimate that about 28% 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.¹⁸

A total of 1,032 homeless individuals were counted during the 2015 Mendocino County Point in Time census and survey.¹⁷ Of these, most (880 or 68%) were unsheltered (living on the street, in abandoned buildings, cars/vans/RVs or encampment areas). Additional survey findings include the following:

- ◆ Of homeless individuals, 63 (6%) were children under the age of 18.
- ◆ About 2 of 10 were young adults age 18-24 (187 or 18%). Of these, 3 were parents to at least one child under the age of 18.
- ◆ Almost half (44%) reported one or more chronic and/or disabling conditions (including substance abuse, HIV/AIDS, and severe mental health conditions).
- ◆ Others (16%) were victims of domestic violence.

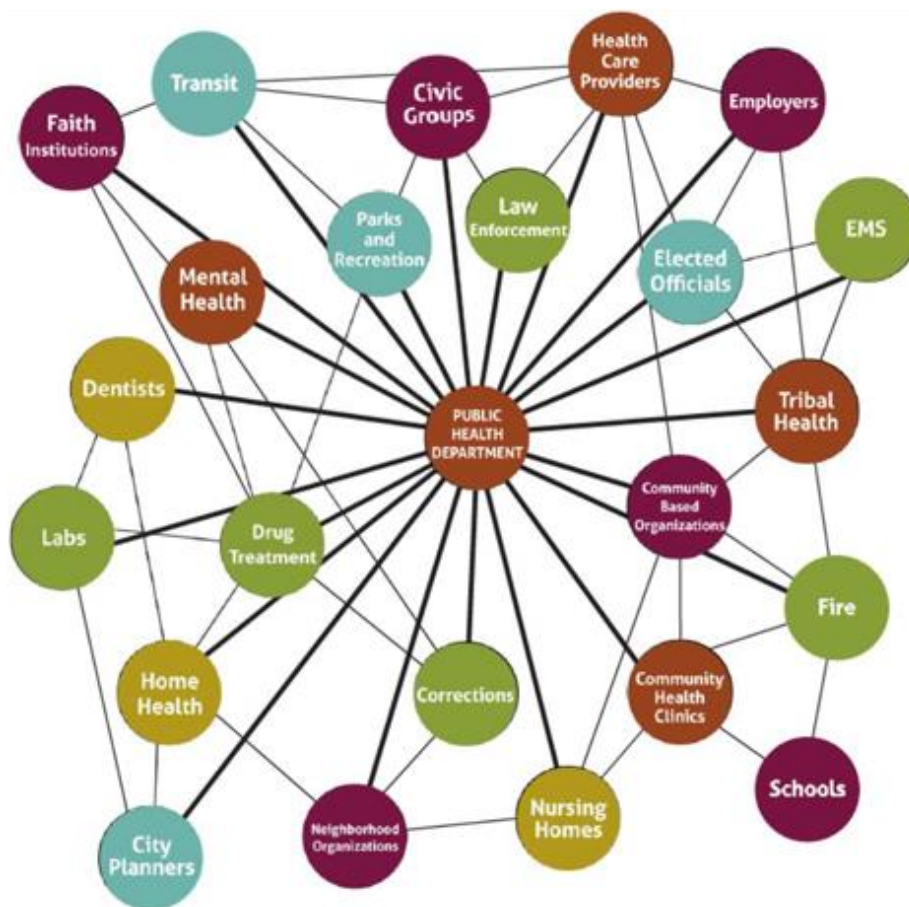
For more information about the 2015 Community Health Status Assessment, please see Appendix C.

Local Public Health System Assessment

What it is. The Local Public Health System Assessment (LPHSA) measures the capacity of the public health system and its ability to provide the ten Essential Public Health Services (EPHS). These services are outlined in a framework that identifies the local public health system activities that contribute to the health and well-being of communities (see Table 2 below on page 14). The LPHS illustrated in Figure 6 on the next page includes all of the organizations and entities that contribute to public health in a community, including the local public health department and a host of public, private and voluntary organizations. The identification of the system's strengths and challenges can help communities strengthen, improve, and better coordinate LPHS activities.¹⁹

Local public health systems are commonly defined as “all public, private and voluntary entities that contribute to the delivery of essential **public health services within a jurisdiction.**” These systems are a network of entities with differing roles, relationships, and interactions that all contribute to the health and well-being of the community. Examples of organizations and sectors involved in the public health system include public health agencies, healthcare providers, public safety agencies, human service and charity organizations, education and youth services.

Figure 6. Local Public Health System.



Source: The National Association of County and City Health Officials (NACCHO); Local Public Health System Assessment (LPHSA).

Methods. The Health and Human Services Agency invited a diverse group of more than 40 community partners from public and private sectors representing the Mendocino County Public Health System to participate in one of five breakout groups to assess the ten Essential Public Health Services. Each breakout group rated a subset of the Essential Public Health Services on the basis of the level of activity with respect to the stated standard. Scores could range from a minimum value of 0% (no activity is performed pursuant to the standards) to a maximum value of 100% (all activities associated with the standards are performed at optimal levels).

Summary of Findings. Table 2 on the next page shows the scores for all Essential Services. In summary, the findings from the performance assessment for the Mendocino County Public Health System yield an overall rating of “significant” level of performance across all ten essential services, as determined by an average calculated for each of the ten essential services (53.4).

Mendocino County scored highest for capacity and performance in the following Essential Public Health Services:

- ✦ EPHS 1: Monitor Health Status to Identify Community Health Problems (79.2%, optimal activity)
- ✦ EPHS 2: Diagnose and investigate Health Problems and Health Hazards (69.4%, significant activity)
- ✦ EPHS 7: Link People to Needed Personal Health Services and Assure the Provision of Health Care When Otherwise Unavailable (71.9%, significant activity)

The following Essential Public Health Services had the lowest scores:

- ✦ EPHS 4: Mobilize Community Partnerships to Identify and Solve Health Problems (28.1%, moderate activity)
- ✦ EPHS 8: Assure a Competent Public and Personal Health Care Workforce (45.8%, moderate activity)
- ✦ EPHS 10: Research for New Insights and Innovative Solutions to Health Problems (16.7%, minimal activity)

Table 2. Average Performance Scores by Essential Public Health Service.

The Ten Essential Public Health Services	Performance Scores	Level of Activity
1. Monitor health status to identify community health problems.	79.2	Significant
2. Diagnose and investigate health problems and health hazards in the community.	69.4	Significant
3. Inform, educate and empower people about health issues.	47.2	Moderate
4. Mobilize community partnerships to identify and solve health problems.	28.1	Minimal
5. Develop policies and plans that support individual and community health efforts.	62.5	Significant
6. Enforce laws and regulations that protect health and ensure safety.	62.2	Significant
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.	71.9	Significant
8. Assure a competent public health and personal health care workforce.	45.8	Moderate
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.	50.8	Moderate
10. Research for new insights and innovative solutions to health problems.	16.7	Minimal
Average Overall Score	53.4	Significant

Source: The National Association of County and City Health Officials (NACCHO); Local Public Health System Assessment (LPHSA); 2015 Mendocino County Local Public Health System Assessment.

In addition to ranking the system, the LPHSA participants identified strengths and challenges of the system. As strengths in Mendocino County, they highlighted the readily accessible data through healthymendocino.org and other sources; strong family resource centers; individual programs that collect

data for evaluation efforts; and an emergency medical system that has formal communications and strong emergency/disaster readiness plans.

As weaknesses and challenges, the participants pointed to the lack of uniformity in data collection throughout the local public health system; consistent difficulty with internet and cell phone connections; the lack of a formal communication plan for the local public health system; limited services in outlying areas; and the fact that the local public health system has too often been driven by grant opportunities rather than making evidence-based population health decisions or focusing on issues where collective impact is possible.

The rating and dialogue among public health system partners that took place during this assessment exercise will aid the community in establishing priorities for long-term planning to improve the local public health system.

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 (Appendix B), Community Health Status Assessment (Appendix C), and Local Public Health System Assessment (Appendix D).

Community Health Needs / Priorities – A Starting Point

To define a starting place for discussion and planning for collective action to improve community health, the CHNA Planning Group examined and ranked the CHNA data according to the following criteria:

Impact: Which issues have the greatest impact on health, quality of life and health disparities?

Severity: Which issues have the most severe negative health repercussions in our rural county?

Collective Action: 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?

Outcome: Which issues would yield the most visible improvement in our mortality and morbidity rates and, thereby, the health and well-being of the people of our county?

Using these criteria, the CHNA Planning Group identified the following issues as leading **Community Health Needs / Priorities** in Mendocino County:

- Economic Improvement
- Childhood Obesity
- Mental Health

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

Economic Improvement

In 2014, 20% of the county's population overall and approximately one-third each of the Hispanic, Native American and African American populations were living below the Federal Poverty Level (29%, 31% and 36%, respectively) (U.S. Census 2014). Twenty-eight percent (28%) of children in the county live in poverty, and the percentage of households receiving cash public assistance income is increasing (U.S. Census 2013). Research has shown that poverty is a key driver of health status. In Mendocino County, there is a particular need to address local economic issues in order to improve the health outcomes of our residents. This requires a dual strategy of creating more jobs and other economic opportunities and developing the local workforce.

Childhood Obesity

Taken together, childhood overweight, obesity and inadequate physical activity are a significant health concern in Mendocino County, where 41% of children are overweight (Community Health Status Assessment 2015). Childhood obesity can lead to diabetes and other serious chronic diseases, with consequences for both the quality and length of life and the cost of health care. Obese and overweight children and youth are more likely to become obese and overweight adults. This health need, with its emphasis on improving access to healthy, affordable foods and physical activity resources, represents a significant opportunity to invest in better health outcomes for Mendocino County's children.

Mental Health

Mental health needs and services are a significant concern in Mendocino County. Almost half (46%) of adults surveyed indicate that mental health issues are among the most important health issues facing our community (Community Health Survey 2015). 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 indicate that mental health services are most likely to be used when they are in the local community, financially accessible and culturally relevant.

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 many engaged residents and active community organizations, and our health care and cultural resources. The CHIP process outlined below will offer opportunities to examine these strengths and assets vis-à-vis each of the Community Health Needs /Priorities, to determine how they can be deployed in the action plans for each priority area.

Next Steps

The findings of the Community Health Needs Assessment (CHNA) contained in this report and its appendices provide a great deal of information to support the selection of strategic issues for collective impact efforts. The CHNA Planning Group recommends the three aforementioned Community Health Needs / Priorities as a starting point in the discussion and prioritization of health issues and the development of a Community Health Improvement Plan (CHIP). The final priorities and action plans will be determined by participants at the Mendocino County CHIP community workshop on June 8, 2016 in Ukiah and in subsequent meetings.

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

PARTICIPANTS

Key Informant Interviews/Survey Participants

County and City Government

Community Development Commission Housing	Heather Blough
County of Mendocino Administrative Office	Carmel Angelo
Mendocino County Board of Supervisors	Dan Gjerde
Mendocino County Board of Supervisors	Tom Woodhouse
Mendocino County Farm Bureau	Devon Jones
Ukiah City Council (ret.)	Benj Thomas

Health Care

Round Valley Indian Health Center	James Russ
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Health and Human Services

Ford Street Project, Continuum of Care, Homeless	Jacque Williams
Mendocino Co. Health and Human Services Agency	Stacy Cryer

Law Enforcement and Courts

Superior Court of Mendocino County	Judge Ann Moorman
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Nonprofits

Fort Bragg Food Bank	Nancy Severy
Leadership Mendocino	Heidi Dickerson
Love in Action	Susan Holli

Media

Ukiah Daily Journal	KC Meadows
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Private Business

Anderson Logging	Mike Anderson
Factory Pipe	Ross Liberty

Local Public Health System Assessment Participants

Anderson Valley Health Center	Mitzi Wagner, O & E
Anderson Valley Unified School District	Donna Pierson-Pugh, AV Elementary Sch. Principal
CAL Fire	Tim Pearson, Battalion Chief
CALSTAR	Debbie Pardee, North Bay Regional Director
Cancer Resource Centers of Mendocino County	Sara O'Donnell, Executive Director*
Chronic Disease Self-Management	Darca Nicholson, Program Leader
Coastal Valleys Emergency Medical Services Agency	Jen Banks, EMS Coordinator
Community Foundation of Mendocino County	Susanne Norgard, CEO
FIRST5 Mendocino	Anne Molgaard, Executive Director*

Ford Street Project	Jacqueline Williams, Executive Director*
Fort Bragg Police Department	Fabian Lizarraga, Chief of Police
Healthy Mendocino	Patrice Mascolo, Coordinator
Healthy Mendocino and HHS Advisory Bd.	Susan Baird Kanaan, Healthy Mendocino Chair*
IHSS Advisory Committee/ Advocate / Holy Child	Elizabeth Santos, Administrator
Love in Action	Susan Holli, PhD, RN, Homeless Advocate
Mendocino Co. Health and Human Services Agency	Connie Caldwell, MD, Public Health Officer
Mendocino Co. Health and Human Services Agency	Peter Schlichting, RD, WIC Program
Mendocino Co. Health and Human Services Agency	Sharon Convery, PHN, CA Children's Services
Mendocino Co. Health and Human Services Agency	Ruth Lincoln, PHN, Interim Nursing Deputy Dir.
Mendocino Coast Clinics	Paula Cohen, Executive Director*
Mendocino Community Health Clinic	Catherine Rada, Grants Administrator
Mendocino Community Health Clinic	Jessica Toste, LVN, Infection Control/Disaster Prep.
Mendocino County AIDS/Viral Hepatitis Network	Libby Guthrie, PhD, Executive Director*
Mendocino County Sheriff's Office	Jason Caudillo, MCSO Lieutenant
Mordhorst Services Inc.	Carol Mordhorst, Executive Director/Consultant
Potter Valley Youth and Community Center	Sarah Small, FRC Coordinator
REACH Air Medical Services	Jeff Cress, Program Manager
Redwood Children Services	Camille Schraeder, Executive Director*
Round Valley Family Resource / Wellness Center	Gayle Zepeda, Manager
Strategies By Design	Sue Haun, MA, Consultant
Ukiah Valley Medical Center	Sandy O'Ferrall, Executive Assistant*
Ukiah Valley Trails Group	Neil Davis, RN, PHN, Director

*Mendocino County Health and Human Services Agency Advisory Board Member

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2015 Mendocino County
Community Health Needs Assessment
A Summary of Key Findings

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