

2015 Mendocino County  
Community Health Needs Assessment

---

APPENDIX B  
Key Informant Interviews/Survey

May 2016



# TABLE OF CONTENTS

## Key Informant Interviews/Survey

Introduction & Background	1
---------------------------	---

## Results

Health & Quality of Life	2
Most Important Characteristics of a Healthy Community	3
Most Positive Things Promoting Health & Well Being	4
Health & Quality of Life Over the Past 10 Years	5
Most Critical Health & Quality of Life Issues	6
What Needs to Be Done to Address These Issues?	7
Populations of Most Concern	8
Most Significant Barriers to Improving Health & Quality of Life	9
Specific Actions, Policy or Funding Priorities	10
Other Comments	11

## Figure

1. Overall Health and Quality of Life Rating for Mendocino County	2
---	---

## Tables

1. Most Important Characteristics of a Healthy Community	3
2. Most Positive Things Promoting Health & Well-being in Mendocino County	4
3. Health & Quality of Life in Mendocino County Over the Past 10 Years	5
4. Most Critical Health & Quality of Life Issues in Mendocino County	6
5. What Needs to be Done to Address These Issues?	7
6. Populations of Most Concern	8
7. Most Significant Barriers to Improving Health & Quality of Life	9
8. Specific Action, Policy or Funding Priorities	10

## Addendums

A. Interview / Survey Questions	12
B. Key Informants	13

# KEY INFORMANT 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 stakeholders in the community. This approach is one component of the Community Themes and Strengths Assessment as defined by the National Association of County and City Health Officials (NACCHO) in its community-wide strategic planning tool called MAPP (Mobilizing for Action through Planning and Partnerships). This project is sponsored by a coalition of local organizations and agencies: Alliance for Rural Community Health, Frank R. Howard Memorial Hospital, Healthy Mendocino, Mendocino Community Health Clinics, Inc., Mendocino County Health & Human Services Agency, North Coast Opportunities and Ukiah Valley Medical Center. Representatives from these organizations comprise the Community Health Needs Assessment (CHNA) Planning Group.

### Background

In preparing for the key informant interviews, the CHNA Planning Group reviewed a tool previously developed by the Mendocino County Department of Public Health MAPP Steering Committee in 2002. The survey tool was subsequently modified by the Planning Group during the summer of 2015. Several modifications were made, including adding a rating of overall health and quality of life in Mendocino County as well as a question about whether it had improved, stayed the same or declined during the past 10 years.

### Methodology

The key informant interviews were conducted in person or by phone by Planning Group members between August and October, 2015. Each key informant was asked the same set of 10 questions. 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. Other key informants were sent a written survey with the same 10 questions.

### Key Informant Interview/Survey Responses

The target group consisted of key community leaders and informants in Mendocino County: representatives of county and city government, private businesses, health and human services, nonprofits, law enforcement and justice, the local community college, children and youth service providers, county office of education, and racial/ethnic groups, among others.

A total of 18 informants were contacted for an interview, and approximately 50 for a written survey. Of these, 11 interviews and 5 written surveys were completed for a total sample size of 16.

## Data Analysis

Notes were taken during each interview and then combined with written survey responses to the same questions. A qualitative analysis was conducted on the responses to identify common themes.

## Limitations

The intent of the key informant interviews/surveys was to solicit qualitative responses from a variety of key leaders and community representatives. However, absent from the pool of informant responses is law enforcement, the local community college, the county office of education, transportation planning agencies, environmental health and air quality, Latinos, and local funders/foundations, among others. Consequently, these perspectives are underrepresented in the results. Additionally, the opinions represented are those of the participants and not necessarily representative of the entire county. Thus, these results are useful in conjunction with other supporting data such as community health surveys, focus groups, and community dashboard data to characterize health in Mendocino County, identify strategic issues, and select priorities for action.

# RESULTS

## Health & Quality of Life

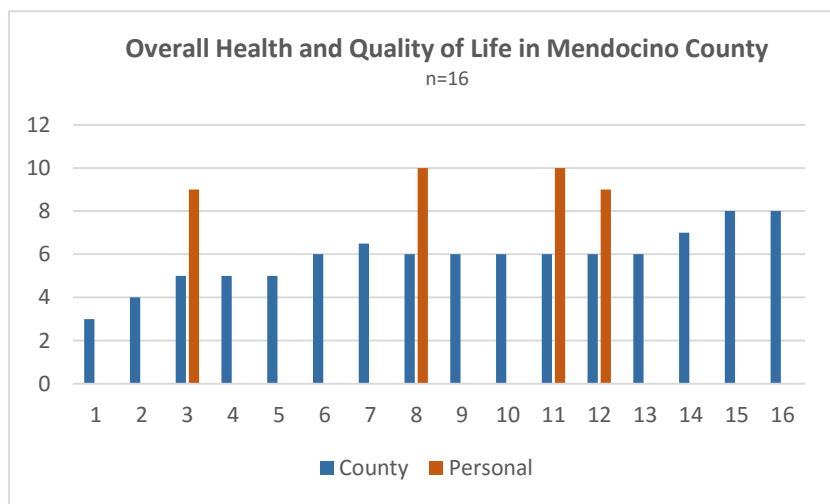
Key informants were asked to **rate the overall health and quality of life in Mendocino County on a scale of 1 to 10**, with 10 being the most positive (Q1). A summary follows (n=16).

- Ratings ranged from a low of 3 to a high of 8 for the county as a whole.
- Four informants also provided “personal” quality of life ratings, which ranged from 9 to 10 on the scale.

Comments regarding the rating for the county as a whole, which ranged from 3 to 8, included the following:

- Rating of 3. “. . . we are really challenged economically and in the supply of prepared professionals and support staff, especially when it comes to addressing basic needs of an abundance of low-income people in need of supportive services . . . food, shelter,

Figure 1. Overall Health and Quality of Life Rating for Mendocino County



*[and] behavioral health resources . . . Tourism is challenged via road conditions . . . and then there is the major crop (cannabis) not contributing to county revenues in a direct manner, i.e., taxes, and the alcoholic beverage industry that contributes to the tax base, yet adds to alcohol addiction and become a manner of coping with mental health issues. I must not forget to mention that meth is really toxic.”*

- *“I rate it a 6. We have a lot of poverty, and the needs of low income people are going unmet, so we lack the ability to reduce poverty in future generations. With poverty comes the difficulty of getting jobs. We have very few jobs here, and our county has done poorly developing jobs. And we’ve also done poorly at developing adequate transportation, which is a critical problem in this county. Being poor and without a car makes it impossible to get a job. There’s lots of physical beauty around, but the poverty and isolation create negative pockets in the county due to the lack of education, income, employment.”*
- *“I rate it at 8 because of the quality of life factors: there are so many natural resources, clean air, and other basics. I rate it lower than 10 because everyone in the county does not have access to care.”*

Comments regarding “personal” rating, which ranged from 9 to 10, included the following.

- *“Personally, [I] rate [it] a 9 because I can afford care.”*
- *“For me, quality of life is a 10, but in the county the harsh reality is that the quality of life of the majority of community members is much lower. If we had more job opportunities, training and education it will lift us up in the health aspect.”*

## Most Important Characteristics of a Healthy Community

In addition to being asked to rate the overall health and quality of life, key informants were asked to **identify two or three of the most important characteristics of a healthy community (Q2)**. The top 4 characteristics of a healthy community were as follows (n=16) (Table 1):

1. Access to health care and other services, including mental health services
2. Health education and access to health-related information, e.g., [healthymendocino.org](http://healthymendocino.org)
3. Community involvement and civic engagement
4. Good jobs and a healthy economy

**Table 1. Most Important Characteristics of a Healthy Community (n=16).**

No. of Respondents	Most Important Characteristics of a Healthy Community
●●●●●●●● (9)	Access to health care and other services, including mental health services
●●●●●●● (7)	Health education and access to health-related information, e.g., <a href="http://healthymendocino.org">healthymendocino.org</a>
●●●●●● (6)	Community involvement and civic engagement
●●●●●● (6)	Good jobs and a healthy economy
●●●● (4)	Access to health foods, nutrition and education
●●●● (4)	Generous/appreciative spirit and gratitude
●●● (3)	Good schools
●●● (3)	Clean environment
●● (2)	Drug and alcohol prevention and education
●● (2)	Low crime / safe neighborhoods (including resolution to meth problem)
●● (2)	Access to transportation
●● (2)	Parks and recreation
● (1)	Affordable housing
● (1)	Low death and disease rates

Comments regarding the most important characteristics of a health community included the following:

- *“Access to health care, preventive and primary, is important . . . the ability to have access to healthy foods, lifestyle factors such as walkability . . . [and] health education [are] important.”*
- *“Healthy environment (clean air and water), a community that cares about all community members, an engaged community, good schools, good healthcare, enough jobs, and a positive, generous spirit.”*

## Most Positive Things Promoting Health and Well-Being

As the next step, key informants were asked to **identify the two or three most positive things promoting health and well-being in our County** (Q3). The top 3 identified by the informants were as follows (n=15) (Table 2):

1. Health Clinics, VA Clinic, Hospitals & Family Resource Centers
2. Fresh Food & Food Education (e.g., Farmer’s Markets & NCO Garden’s Project)
3. Parks, Walkable Communities & Recreation

**Table 2. Most Positive Things Promoting Health & Well-Being in Mendocino County (n=15).**

No. of Respondents	Most Positive Things Promoting Health & Well-Being in Mendocino County
●●●●● (6)	Health Clinics, VA Clinic, Hospitals & Family Resource Centers
●●●● (5)	Fresh Food & Food Education (e.g., Farmer’s Markets & NCO Garden’s Project)
●●● (4)	Parks, Walkable Communities & Recreation
●● (3)	Health Education (via county employees, public health programs and healthymendocino.org)
●● (2)	Promotion of Physical Activity (via programs and example)
●● (2)	Collaboration Among Agencies to Address Local Needs
●● (2)	Tolerance for Diversity
●● (2)	Clean Environment – air, water, outdoors.
● (1)	Access to Diverse Forms of Health Care
● (1)	Alcohol & Other Drug-related Programs (Drug Court)
● (1)	Latino Leadership Development

Comments regarding the most positive things promoting health and well-being in Mendocino County included the following:

- *“The number of FQHC’s and RHC’s across the spectrum and across the county, including the more remote areas. Also, the strength of our Family Resource Centers and their geographic locations (embedded in communities).”*
- *“First, the food movement, absolutely. In the last 10 years, the people who grow food, all kinds of food, in the county are promoting good quality food, and the effort by ranchers and farmers to make it available to people—they’re trying really hard. That’s great.”*
- *The collaborative efforts of different entities that develop our local resources, and bring grants, tourists and other businesses to our county. For example, on the Coast many have worked hard to develop Glass Beach Coastal Trail (GP Property) ... results far exceeded expectations. People from all walks of life and all parts of the universe are to be found there.”*

## Health & Quality of Life Over Past 10 Years

Key informants were asked for their opinions about **whether or not the health and quality of life in Mendocino County has improved, stayed the same, or declined over the past ten years (Q4)**. A summary of the responses is provided below in Table 3:

**Table 3. Health & Quality of Life in Mendocino County Over the Past 10 Years (n=15).**

No. of Respondents	Health & Quality of Life in Mendocino County Over the Past 10 Years
●●●●●●●● (9)	Improved
●●●●●●●● (10)	Stayed the Same
●●●●●●●● (10)	Declined

Sample quotes from each of the three ratings in Table 3 above follows:

### ... Improved ...

- *“The county has made some improvement in the public spaces [i.e., outdoor recreation] and [there is] more awareness of unhealthy food as well as increase in access to healthy local food with farmer’s markets.”*
- *“As a county, we have improved slightly in health rankings and have seen positive improvement in prevention. The ACA and Partnership Health Plan have helped increase health awareness and access. There is also much more activity in the community (UVMC, MCHC, etc.) around population health.”*

### ... Stayed the Same ...

- *“I don’t think there has been a change. Regarding health, we still struggle to get specialty care, though our hospital has developed and is trying to recruit and retain specialists. But access to care is still poor; and our stats on poverty among children, seniors, and others are not good.”*
- *“A big bugaboo throughout the county is marijuana, which both brings down health and brings in money. What will legalization do?”*
- *“Healthy Mendocino is moving us in the right direction but we have a ways to go in priority setting. We need to use data in policymaking - data should drive policy and decisions, not hysteria or [desire] for organizational gain.”*

### ... Declined ...

- *“Mental health care and care for the elderly and disabled through IHSS have declined.”*
- *The decline in the number of primary care doctors is a big concern, and the limited number of specialists. We need to use telemedicine, which will be what we can afford. We need to fund this because it’s the best way for local people to have access to specialists.*
- *“Declined significantly because of the drug culture; either hard to find a drug-free employee or hard to hire because people can make more money in the drug trade. Negative impacts of attitudes and disrespect for the law that comes with our county’s drug culture.”*
- *“I think it has declined for those in the lower strata of income and education. We have seen an erosion of the safety net, budget cuts, inadequate social action staff, and underfunded [programs]. If we could spend more money, we could save money – it costs more overall to not do anything.”*

## Most Critical Health & Quality of Life Issues

Key informants were asked to **identify, overall, what are the most critical health and quality of life issues in Mendocino County (Q5)**. The top five issues identified by informants are (Table 4):

1. Poverty
2. Alcohol and Other Drug Abuse
3. Chronic Disease
4. Other Health Issues
5. Poor Diet / Inactivity

**Table 4. Most Critical Health & Quality of Life Issues in Mendocino County (n=16).**

No. of Respondents	Most Critical Health & Quality of Life Issues in Mendocino County
●●●●●● (7)	Poverty
●●●●●● (7)	Alcohol and Other Drug Abuse
●●●● (4)	Chronic Disease
●●● (3)	Other Health Issues
●●● (3)	Poor Diet / Inactivity
●●● (3)	Homelessness
●●● (3)	Jobs
●●● (3)	Education & Good Schools for All Ages
●● (2)	Mental Health
●● (2)	Clean Environment
●● (2)	Access to Health Care
● (1)	Transportation
● (1)	Food
● (1)	Service Providers & Collaborations
● (1)	Seniors Living in Poverty
● (1)	Crime and Safety

Sample comments from the top five issues follows:

- *"Poverty is our #1 problem. With health, it is access to care, but that can be traced to our small population and the low economy. Everything can be traced back to poverty: jobs, drug and alcohol abuse, etc. Sometimes people have to sacrifice prevention and primary care if they have limited incomes."*
- *"Not dealing with the social issues. We are not investing enough in opportunities for kids, particularly low income kids. We are lucky to have the Alex Rorabaugh Recreation Center (ARRC) but otherwise have very short supply. We are not investing in improving the family quality of life, and not making it easy for families to be effective. This is especially true for low income families."*
- *"Drug culture. Need to have more people contributing to the system. Don't know how much longer we can sustain the high number of people receiving social service benefits with the limited number of people we have paying into it."*
- *"We have a largely illegal economy; what is the message sent to kids?"*



→ "For health I would say, diabetes, being overweight, and the lack of exercise."

→ "In this community, we are noticing cancer trends among the population."

## What Needs To Be Done To Address These Issues?

When asked **what needs to be done to address these issues**, informants identified 15 approaches or strategies (Q6). These are listed in Table 5 below.

**Table 5. What Needs to be Done to Address These Issues? (n=16).**

No. of Respondents	What Needs to be Done to Address These Issues?
●●●●● (6)	Collaboration
●●●● (5)	Focus on Substance Abuse Prevention and Intervention - Especially for Children & Youth
●●●● (4)	Economic Development & Job Development
●●● (3)	Wrap Around Services & Full Service Models
●●● (3)	On Homelessness: Reassess Outsourcing of Mental Health Services, Provide a Mental Health Facility and a Shelter
●● (2)	Data-Based Decision-Making & ID Best Practices
●● (2)	More Resources Allocated & Programs for Seniors
● (1)	Recruit Researchers & Grad Students to Increase Access to Care
● (1)	Reduce Dependence on Subsistence Programs
● (1)	More Transportation Options
● (1)	Excellent News Reporting
● (1)	Encourage More Wellness Programs
● (1)	Build Additional Bike and Pedestrian Spaces
● (1)	Reduce Carbon Emissions
● (1)	Legalize Marijuana

Sample comments from the top three issues follows:

→ "I believe in a regional approach. We organized a 6-county group to do a statement on marijuana, to give our counties greater visibility and strength. If we can work as a region, we have more strength and power to ask for what we need."

→ "Community wide, representative coalitions need to take the lead and stop waiting on government solutions."

→ "Create a health committee with all the heavy hitters to look at issues at a higher level, with everyone required to lay down their self-serving ideas and act."

→ "On kids on drugs: We should start by opening the dialog. We need a full court press to get kids back in school, and we need to retrain a whole generation that has dropped out. Those jobs trimming buds are not going to pay very well in the future. A related issue is the kids who are not in school; we need a community-wide effort on that, too. As the economy changes, things will change for these kids."

→ "Our county political leaders have to get off their rear ends and promote the county as a place for clean jobs. Recruit employers for 10-60 people; we're being outdone by other communities in promoting business [of that size] to come here."

- *“Our greatest deficit from an employer perspective is our unskilled, uneducated population. I’m a believer in expanding our community college’s offerings, and making people more aware of what they offer and how accessible the opportunities are there. In summary, recruit employers, and promote education and skill training.”*

## Populations of Most Concern

Key informants were asked to identify **what populations they were most concerned about** and what solutions they envision for improving their health and well-being (Q7). A summary follows in Table 6.

**Table 6. Populations of Most Concern (n=16).**

No. of Respondents	Populations of Most Concern
●●●●●●●● (9)	Children & Youth – Poverty & Drug Culture
●●●●●●● (7)	Elders Living in Poverty & Disabled
●●●●●● (6)	Mentally Ill and Homeless – Lack of Services and Housing
●●●● (4)	Tribal Population
●●● (3)	Latinos
●● (2)	Marijuana Growers/Trimmers – Drug Culture
● (1)	Women & Children

Sample comments from the top three issues follows:

- *“Young adults . . . There’s a population throughout the county that gets through high school and then in their late teens lacks ambition, ideas and inspiration. These young people are under-educated and under-inspired, and we need to put a lot of effort into inspiring them to develop skills—not necessarily by going to college. The marijuana culture undermines the development of ambition and creativity in developing one’s future. Nothing is held up here as an alternative to marijuana. We need to be much better in our marketing and promotion of things to do for kids graduating from high school who don’t have aspirations to go to a 4-year school. They don’t have a way to support themselves. We’re a county that has almost no ambition. Marijuana is not the only reason for this. If there were something else, that could make a difference. The culinary institute at the college is such an alternative, but people don’t know about the opportunities that do exist. Lots of good things exist but people don’t know about them.”*
- *“Elderly and disabled- Flawed IHSS system is not properly protecting vulnerable community members. Overhaul of IHSS: require some type of screening and training and check in to protect participants, and enable the IHSS agency to fire workers, don’t make that the responsibility of the vulnerable elderly and disabled client (although include them in the decision making).”*
- *“The vulnerable groups which are most concerning are the mental health and homeless community. I think if we create public places people will just go to them. In the City of Fort Bragg the community needs a transitional housing unit built by a third party to help facilitate to this population. Community members with severe mental health issues - decline in mental health services since services were contracted out by the county . . . somehow bring services back up to where they were about 5 to 7 years ago. Include true case management, to assist with all aspects of life, and to support housing stability.”*

## Most Significant Barriers to Improving Health & Quality Of Life

Key informants were asked to identify **the most significant barriers to improving the health and quality of life in Mendocino County (Q8)**. A summary follows in Table 7.

**Table 7. Most Significant Barriers to Improving Health and the Quality of Life (n=15).**

No. of Respondents	Most Significant Barriers to Improving Health and Quality of Life
●●●●●●● (7)	Lack of Resources and Funding / Illegal Economy
●●●●●● (6)	Lack of Coordination and Cooperation Among Local Entities / Ineffective Policy Makers
●●● (3)	Ignorance
●●● (3)	Attitudes / Complacency / NIMBY
●● (2)	Costs of Changing Communities / Maintaining Infrastructure
●● (2)	Lack of Jobs / Thriving Economy
● (1)	Lack of Access to Health Care
● (1)	Cultural Barriers
● (1)	Allocate Too Little to Children & Youth

Sample comments from the top four issues follows:

- *“One is money: we’re poor, with a poor tax base.”*
- *“Lack of money; and the illegal economy. There are lots of unknowns..... there’s money in the illegal economy, but that money doesn’t go to services, roads, etc. What will happen when it’s legalized? The county is now sustained by the cash economy.”*
- *“At the county level at least, county government is stuck. We are stuck. We are dishonest; we lack an honest self-assessment of the functioning of our county government, and there’s a lot of attitude of ‘we’re doing the best we can.’ I think the points made in the First Five white paper apply to other sectors too — they make excuses for not serving people, and define the criteria in such a way that they limit who gets services. They are looking at things too narrowly. Some of this goes back to education; those in mid and upper levels of agency management are not qualified. There’s always a reason not to do something. This is the culture in the bureaucracy. It’s negative and limiting and unqualified. This applies to everything from building permits to mental health services—for example, ‘We don’t have to serve you if you don’t have an Axis I diagnosis.’ We can’t do better unless we’re honest in our self-assessment. There can be no improvement without honest self-assessment.”*
- *“A board of supervisors that has lost the ability to do anything but cut costs and a network of non-profits that will not work together and can’t see the forest for the individual money trees they cling to.”*
- *“The ignorance of certain individuals or communities or groups is a big one.”*
- *“There are some ignorant attitudes toward people of color, including Latinos. It’s ignorance, not meanness.”*
- *“Significant barrier, there is a perception that the hospitals, health center and even the county are responsible for the over health of the person. Many people need to know that they are responsible for their own health, not an agency or hospital.”*
- *“The biggest barrier is actually a nationwide issue, the cost of restoration of streets and sidewalks. Many of communities were designed with the intention of cars as primary source of transportation not active transportation through walking and biking.”*

→ “Another barrier relating to the same issue, is linking public areas of the community to environmental recreational area. Having trails connecting parks, schools and government buildings will benefit the community.”

## Specific Actions, Policy or Funding Priorities

Informants were asked what **specific actions, policy or funding priorities** they would support to contribute to a healthier community (Q9) (n=16).

**Table 8. Actions, Policy or Funding Priorities (n=15).**

No. of Respondents	Actions, Policy or Funding Priorities
●●●●●● (7)	Work Together to Make an Impact
●●●● (4)	Prioritize Mental Health & Transitional Housing
●●● (3)	Establish Funding Priorities Based on Data & Greatest Needs
●●● (3)	Generate Revenue Via Additional Tax, Marijuana Legalization & Grants
●●● (3)	Focus on Children & Youth
●●● (3)	Technical & Vocational Training
●● (2)	Educate the Community Re: Health Care, Access & Socioeconomic Issues
●● (2)	Homeless Shelter & Services
●● (2)	Support for Local Industries & Existing Business
● (1)	Affordable Housing
● (1)	Better IHSS Oversight
● (1)	Planned Parenthood
● (1)	Internet Access Countywide
● (1)	Carbon Emission Reduction Plan
● (1)	Continue to Direct Funding to Support Community Public spaces, School Safety and Nutritional Food

Sample comments from the top six issues follows:

- “Government should work together, which doesn’t happen now; that’s a big one. I’m talking about districts, cities, counties, and state government. And locally, the different parts of government should work together. That would make a difference. Regional efforts are important, too.”
- “There are policies that would help with quality of life issues, such as the living wage initiatives. Policies like the living wage, housing for all, etc. are good ideas, but we can’t have policies like that here because of our limited resources. We can’t obligate an organization [to that level of spending]. So government working together and with the community has to provide the solutions. And I think faith-based organizations could do more.”
- “Hire more Family Services workers. Kick [outsourced mental health service provider] out of the county or hold them to much higher standards. Develop more group and transitional housing for people with mental illness and drug and alcohol addiction.”
- “[We need to collectively] establish funding priorities based on data and greatest need.”
- “Marijuana legalization may create a potential funding stream. This is very doable.”
- “Good child health care: Grassroots community/county support for Statewide Single Payer (Medicare for all).”

- *“We also need more technical and vocational training in the county. The Juvenile Justice Commission is asking for apprenticeships. The college is doing a good job of meeting some training needs, but we need more.”*

## Other Comments

Lastly, key informants were asked if they have anything to add (Q10) (11 of 16 respondents provided additional comments). Sample quotes follow:

- *“We are losing our productive population base (income earning, tax paying) to other geographic areas, while attracting the ‘illegal income earning, and zero tax paying’ group.”*
- *“Workers Comp issues & claims. Poorly designed system with even poorer access to care, and an extremely difficult system to navigate. The local providers we do have, such as Job Care, are bureaucratic and don’t appear to help improve access to care.”*
- *“It is pretty clear that a home is one major step in wellness and becoming healthy.”*
- *“Local government and community leaders need to support innovation, even when others complain.”*
- *“This county is in a rut. We keep doing the same things over and over with no measureable results.”*
- *“We need alternative education opportunities for the at-risk, and skill- developing ROP programs such as welding, building, plumbing.”*
- *“Cannot succeed in other areas without permanent housing.”*
- *“I am optimistic about our future, and I think we all know more than we realize and have common beliefs in what we want for our community. We just need to listen to each other more, pick a project and just do it.”*

## **ADDENDUM A**

### **Interview / Survey Questions**

**August – October 2015**

1. In general, how would you rate overall health and quality of life in Mendocino County on a scale of 1 to 10, with 10 being the most positive? Please explain why.
2. What do you believe are the two or three most important characteristics of a healthy community?
3. What in your view are the two or three most positive things promoting health and well-being in our County?
4. In your opinion, have health and quality of life in Mendocino County improved, stayed the same, or declined over the past ten years? Why do you think so?
5. Over all, what do you consider the most critical health and quality of life issues in Mendocino County?
6. What needs to be done to address these issues?
7. Which specific populations (groups) in Mendocino County are you most concerned about, and why? What solutions do you envision for improving their health and well-being?
8. What are the most significant barriers to improving health and quality of life in Mendocino County?
9. What specific actions, policy, or funding priorities would you support to contribute to a healthier Mendocino County?
10. Is there anything you would like to add?

## **ADDENDUM B**

### **Key Informants (N=16)**

**August – October 2015**

A total of 18 informants – representatives of county and city government, private businesses, health and human services, nonprofits and community leaders - were targeted for an interview. A broader group of approximately 50 informants were targeted to complete a written survey with the same questions as the interviews. This broader group included law enforcement, children and youth service providers, community health clinics, county office of education, the local community college, among others. Of those targeted, 12 participated in an in-person or phone interview and 4 submitted a written survey, resulting in 16 key informants. A list follows.

#### **County & City Government**

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

#### **Health Care**

Round Valley Indian Health Center – James Russ (interviewed)

#### **Health & Human Services**

Ford Street Project, Continuum of Care, Homeless – Jacque Williams (written survey)  
 Mendocino County Health & Human Services Agency – Stacy Cryer (interviewed)

#### **Law Enforcement & Courts**

Superior Court of Mendocino County – Judge Ann Moorman (interviewed)

#### **Nonprofits**

Fort Bragg Food Bank – Nancy Severy (written survey)  
 Leadership Mendocino – Heidi Dickerson (interviewed)  
 Love in Action – Susan Holli (written survey)

#### **Media**

Ukiah Daily Journal – KC Meadows (written survey)

#### **Private Business**

Anderson Logging - Mike Anderson (interviewed)  
 Factory Pipe – Ross Liberty (written survey)