



Community Health Needs Assessment

2024

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Community Health Needs Assessment - At a Glance

Mendocino County Public Health

Data Analysis Overview



Secondary Data

Topic score of 1.50 or higher

Secondary data, or numerical health indicators, from HCI's 200+ community indicator database, were analyzed and scored based on their values.



Focus Groups

Topics most frequently discussed by participants

Focus Groups were conducted with community groups that represent the broad demographics or underserved populations in the community.



Community Survey

Selected by 20% or more of respondents as a priority health issue

An online community survey was made available to people residing in Mendocino County. The survey was offered in English and Spanish.

Prioritized Health Needs



Mental Health, Substance Misuse and Stigma



Community Safety



Healthcare Access



Chronic Conditions (Tobacco Use Prevention, Oral Health and Other Prevention Efforts)



Diabetes



Cancer

In addition to the 6 priorities identified by Public Health, Adventist Health identified Financial Stability as one of the prioritized health needs.

Introduction & Purpose

Mendocino County Public Health is pleased to present its 2024 Community Health Needs Assessment (CHNA). The objective of the CHNA report is to provide comprehensive insight into health needs, barriers to care access, and Social Determinants of Health (SDoH). The identified priorities in this report serve as a guide for a collaborative approach in planning efforts aimed at enhancing the health and quality of life for community residents.

The findings from this report will inform the identification, development, and targeting of initiatives to provide resources and support for addressing health challenges within the community. The overarching mission of the Mendocino County Public Health is to safeguard and enhance the health of all residents and visitors in Mendocino County.

This report includes a description of:

- The community demographics and population served;
- The process and methods used to obtain, analyze and synthesize primary and secondary data;
- The significant health needs in the community, taking into account the needs of uninsured, low-income, and marginalized groups;
- The process and criteria used in identifying certain health needs as significant and prioritizing those significant community needs.

Acknowledgements

Mendocino County Public Health Staff

Representatives from Mendocino County Public Health led the community health needs assessment process and met regularly over six months with Conduent Healthy Communities Institute (HCI) to review secondary data and community feedback, suggest new partners to contribute to the prioritization process, and approve the finalized health needs. The Public Health staff engaged with Mendocino County community members throughout the assessment process.

Local Partners

Mendocino County Public Health gratefully acknowledges the participation of a dedicated group of local partners and external stakeholders that generously gave their time and expertise to help guide this CHNA report: Healthy Mendocino, Mendonoma Health Alliance, Alliance for Rural Community Health, Adventist Health, Partnership Health Plan, Round Valley Indian Health Center, Consolidated Tribal Health Project, Blue Zones Project, Mendocino County Behavioral Health, First 5 Mendocino, Cahto Tribe of Laytonville Rancheria, Mendocino Office of Education, Mendocino College, Coyote Valley Band of Pomo Indians, Round Valley Indian

Tribes, Sherwood Valley Band of Pomo Indians, Pinoleville Pomo Nation, Redwood Valley Little River Band of Pomo Indians, Hopland Band of Pomo Indians, and Northern Circle Indian Housing Authority.

Resources available

The 2024 Mendocino County CHNA is available at:

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Written Comments

Comments can be submitted to Mendocino County Public Health. Please submit a comment to the contact information provided above.

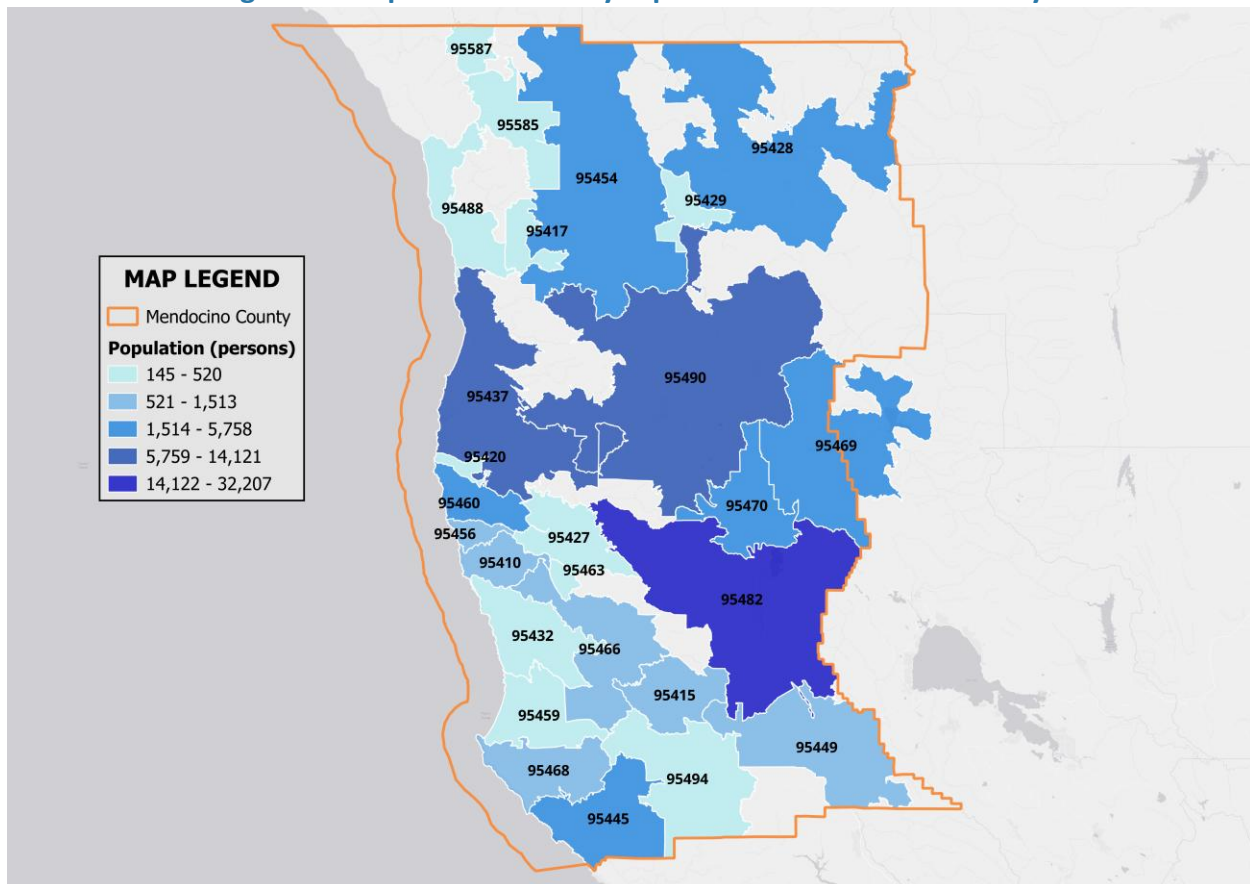
Demographic Profile

The following section explores the demographic profile of Mendocino County. Different racial/ethnic, age and socioeconomic groups may have unique needs and require varied approaches to health improvement efforts. Unless otherwise indicated, all demographic estimates at the zip code and county level are sourced from Claritas Pop-Facts® (2025 population estimates) and all demographic estimates for the overall U.S. are sourced from the American Community Survey five-year (2019-2023) estimates. Claritas demographic estimates are primarily based on U.S. Census and American Community Survey (ACS) data. Claritas uses proprietary formulas and methodologies to calculate estimates for the current calendar year.

Population

Mendocino County has an estimated population size of 88,036. This represents a decrease of 3.9% since 2020. Figure 1 shows population size by zip code within Mendocino County.

Figure 1: Population Size by Zip Code: Mendocino County

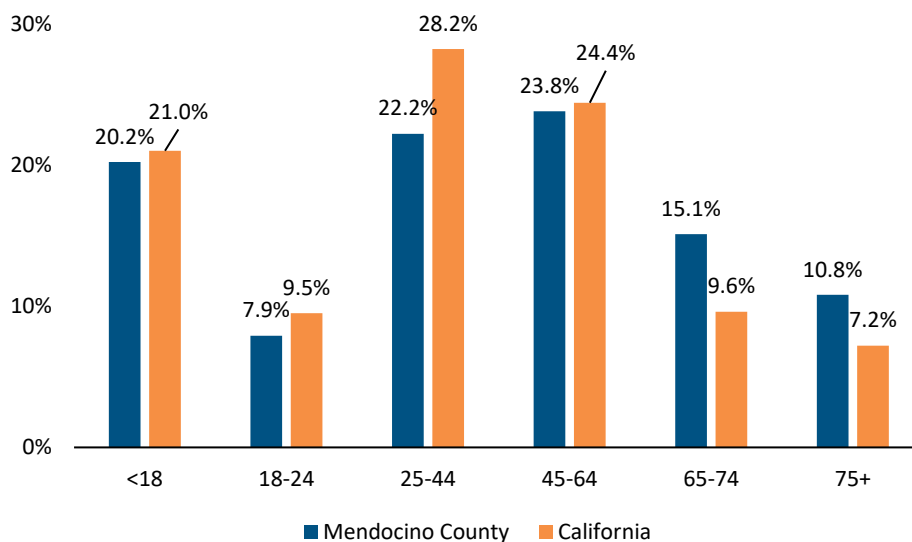


SOURCE: CLARITAS POP-FACTS (2025)

Age

The median age of Mendocino County is 44.7 years, which is higher than that of California (38.8 years). Figure 2 illustrates the population breakdown of Mendocino County and California by age group. The percentage of the population aged 65 and older is substantially higher in Mendocino County than across California (25.9% vs. 16.8%).

Figure 2: Percent Population by Age: County and State



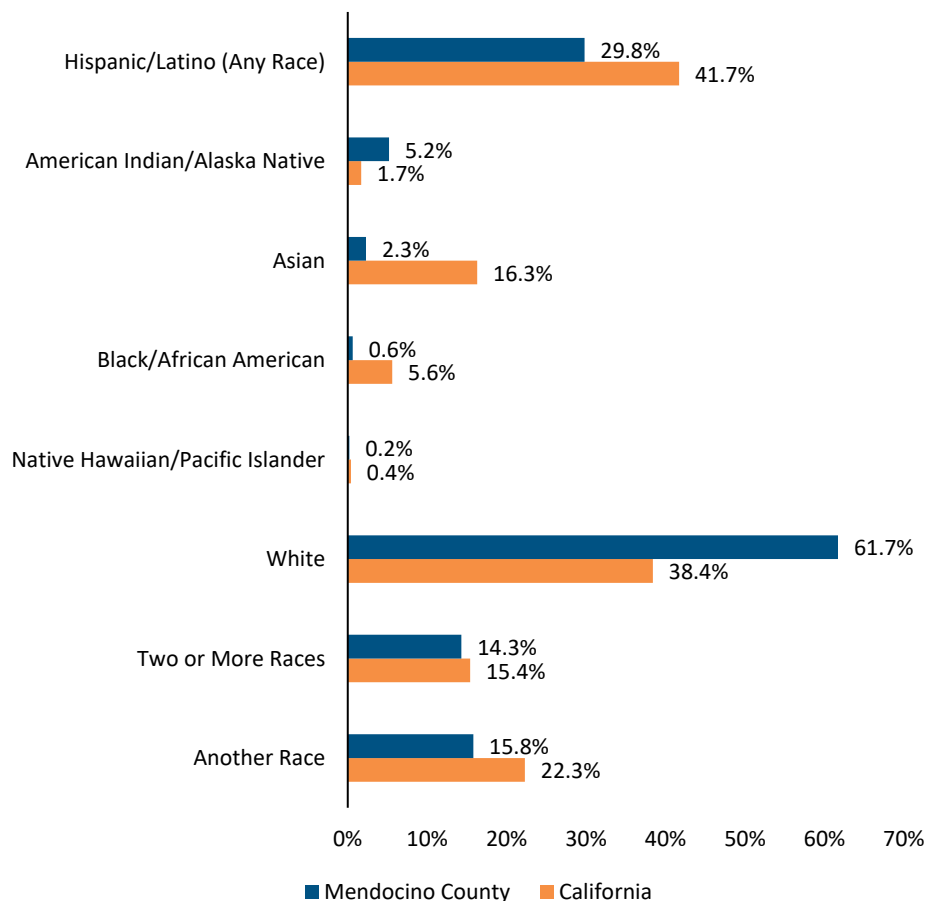
SOURCE: CLARITAS POP-FACTS (2025)

Race and Ethnicity

Considering the racial and ethnic composition of a population is important in planning for future community needs, particularly for schools, businesses, community centers, health care, and childcare. Analysis of health and social determinants of health data by race/ethnicity can also help identify disparities in housing, employment and income.

The racial and ethnic composition of Mendocino County and California is illustrated in Figure 3. The county has a substantially higher percentage of White residents than the overall state (61.7% vs. 38.4%) and also has a higher percentage of American Indian/Alaska Native residents (5.2% vs. 1.7%).

Figure 3. Percent Population by Race and Ethnicity: County & State



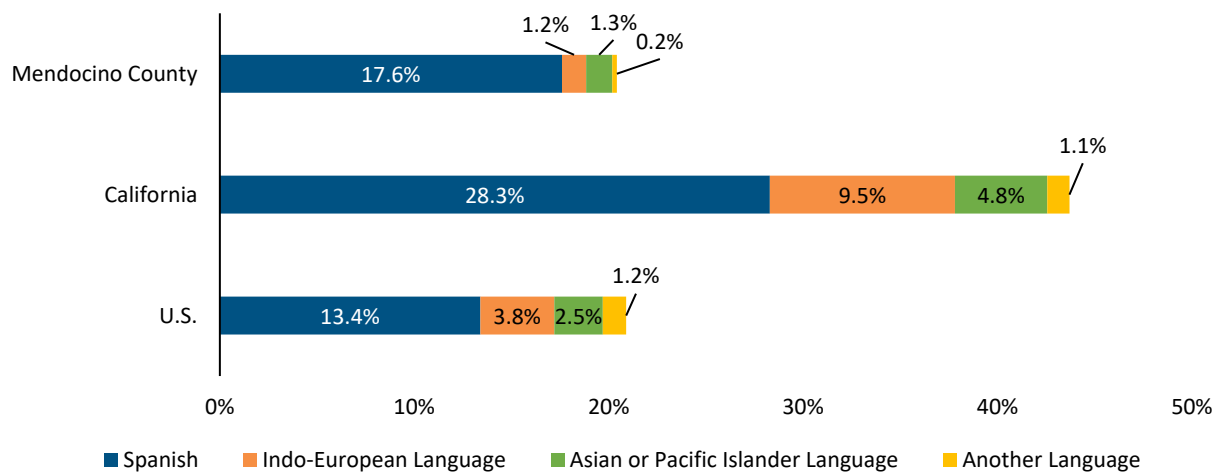
SOURCE: CLARITAS POP-FACTS (2025)

Language and Immigration

Understanding countries of origin and languages spoken at home can help inform the cultural and linguistic context for the health and public health system. About one in ten Mendocino County residents (11.6%) were born outside of the U.S.¹ About one-fifth (20.3%) of the population age 5 and older speak a language other than English at home, including 17.6% of the population who speak Spanish at home (see Figure 4).

¹ American Community Survey (2019-2023)

Figure 4. Languages Other than English Spoken at Home: County, State, U.S.
(Percent of Population Age 5+)



COUNTY & STATE VALUES: CLARITAS POP-FACTS (2025)
U.S. VALUE: AMERICAN COMMUNITY SURVEY (2019-2023)

Social & Economic Determinants of Health

This section explores the economic, environmental, and social determinants of health of Mendocino County. Social determinants 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.

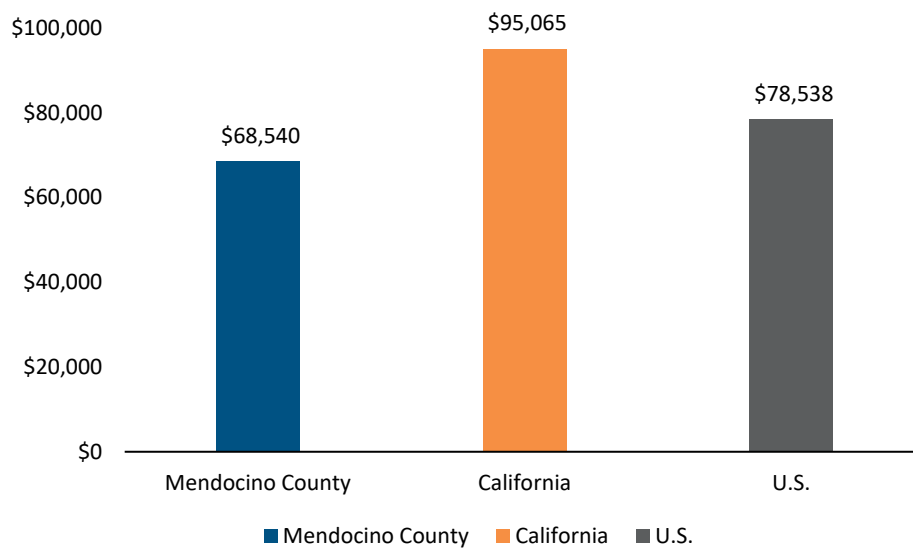
Income

Income has been shown to be strongly associated with morbidity and mortality, influencing health through various clinical, behavioral, social, and environmental factors. Individuals with greater wealth tend to have higher life expectancy and a lower risk of conditions such as heart disease, diabetes, obesity, and stroke. Conversely, poor health can reduce income by limiting an individual’s ability to work.²

Figure 5 provides the median annual household income in Mendocino County. The county-wide median income (\$68,540) is lower than both the state-wide and U.S. median incomes (\$95,065 and \$78,538, respectively).

² Robert Wood Johnson Foundation. Health, Income, and Poverty. <https://www.rwjf.org/en/library/research/2018/10/health--income-and-poverty-where-we-are-and-what-could-help.html>

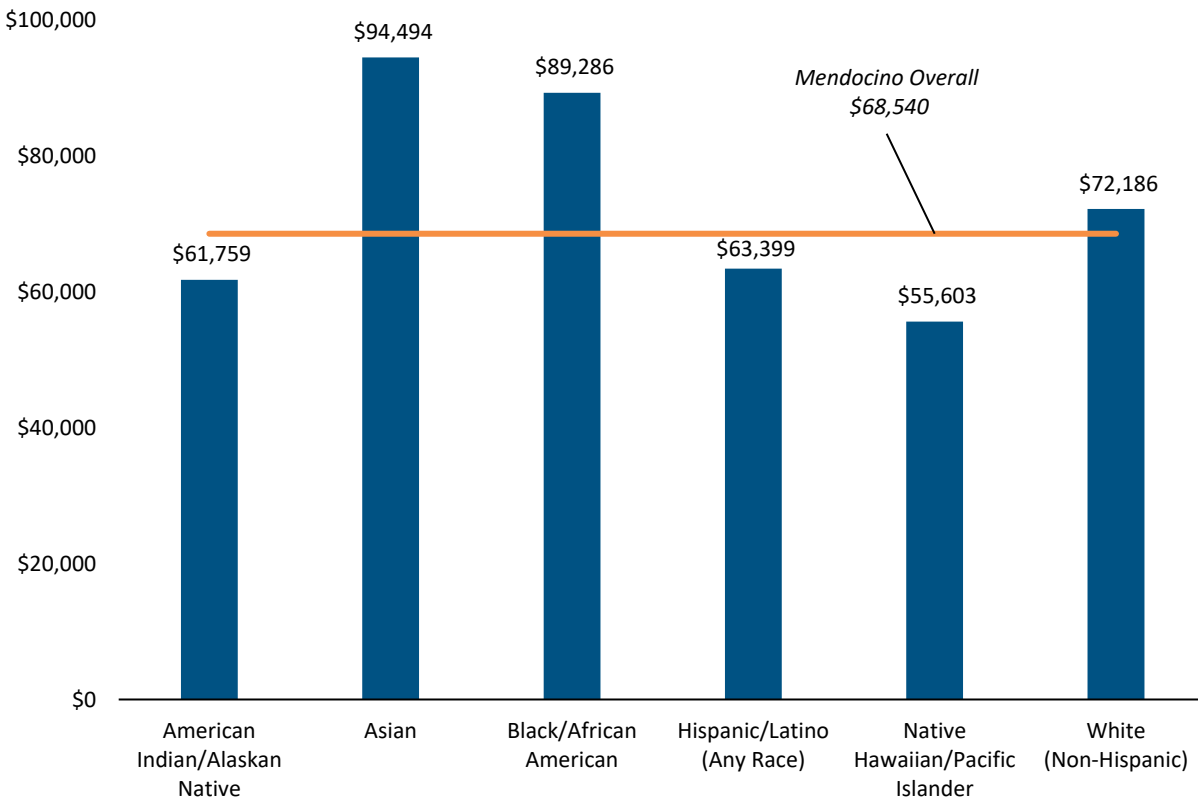
Figure 5. Median Household Income: County, State, U.S.



COUNTY & STATE VALUES: CLARITAS POP-FACTS (2025)
 U.S. VALUE: AMERICAN COMMUNITY SURVEY (2019-2023)

Disparities in median household income exist between racial and ethnic groups within the county. The median household income among Mendocino County’s American Indian/Alaska Native (\$61,759), Hispanic/Latino (\$63,399), and Native Hawaiian/Pacific Islander (\$55,603) populations fall below the county-wide median income (\$68,540), as shown in Figure 6.

Figure 6. Median Household Income by Race and Ethnicity: Mendocino County



SOURCE: CLARITAS POP-FACTS (2025)

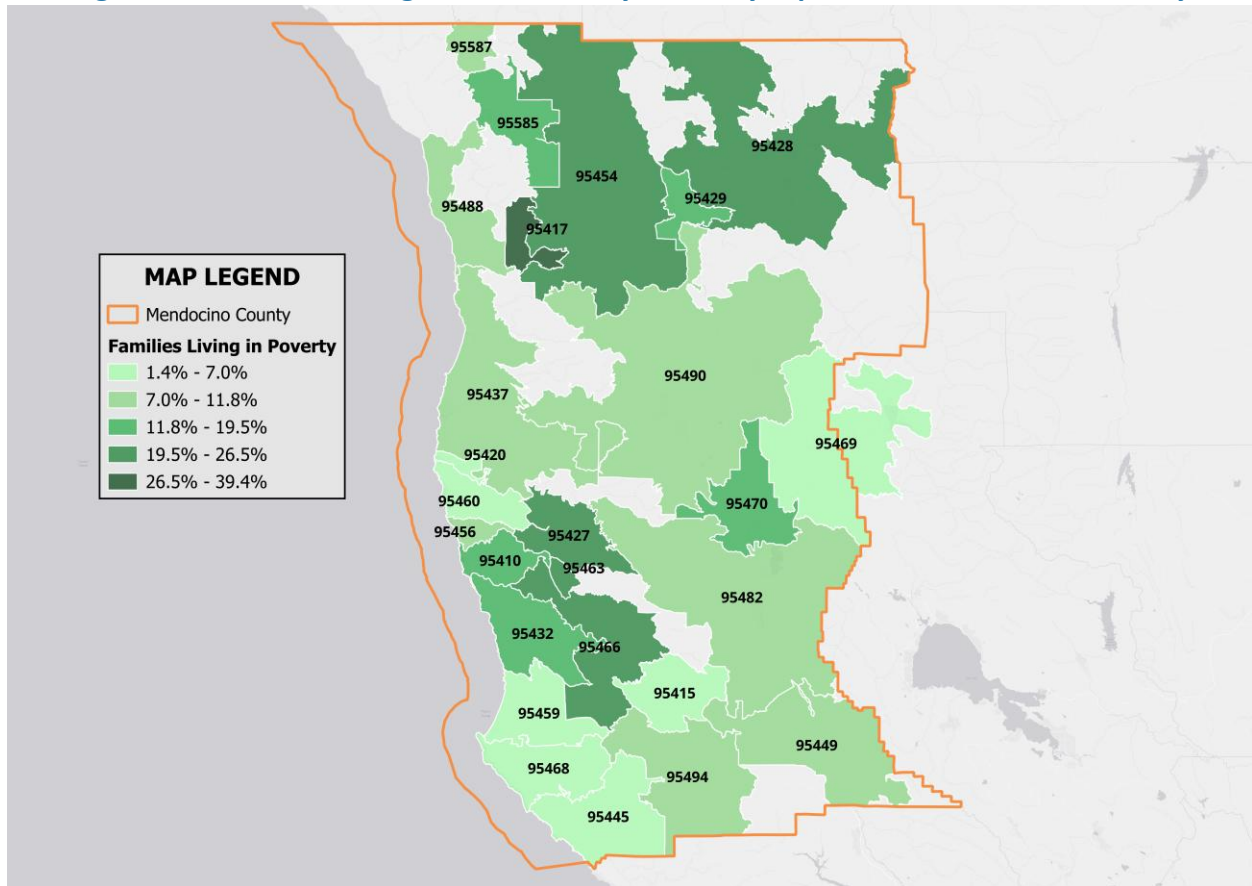
Poverty

Federal poverty thresholds are set every year by the Census Bureau and vary by size of family and ages of family members. People living in poverty are less likely to have access to health care, healthy food, stable housing, and opportunities for physical activity. These disparities mean people living in poverty are more likely to experience poorer health outcomes and premature death from preventable diseases.³

Overall, 11.4% of families in Mendocino County live below the poverty level, which is higher than the state-wide and nation-wide rates (8.9% and 8.7%, respectively). The map in Figure 7 illustrates the percentage of families living below poverty for each zip code in Mendocino County, with the darker greens indicating a higher percentage of families living below poverty (see Table 1 for a complete list of values).

³ U.S. Department of Health and Human Services, Healthy People 2030. <https://health.gov/healthypeople/objectives-and-data/browse-objectives/economic-stability/reduce-proportion-people-living-poverty-sdoh-01>

Figure 7. Families Living Below Poverty Level by Zip Code: Mendocino County



SOURCE: CLARITAS POP-FACTS (2025)

Table 1. Families Living Below Poverty Level by Zip Code: Mendocino County

Zip Code	City	Families in Poverty	Zip Code	City	Families in Poverty	Zip Code	City	Families in Poverty
95410	Albion	16.7%	95445	Gualala	1.4%	95469	Potter Valley	7.0%
95415	Boonville	4.8%	95449	Hopland	8.7%	95470	Redwood Valley	19.5%
95417	Branscomb	39.4%	95454	Laytonville	26.5%	95482	Ukiah	11.5%
95420	Caspar	6.7%	95456	Little River	11.0%	95488	Westport	11.6%
95427	Comptche	23.9%	95459	Manchester	1.5%	95490	Willits	8.5%
95428	Covelo	20.9%	95460	Mendocino	3.6%	95494	Yorkville	11.8%
95429	Dos Rios	16.1%	95463	Navarro	23.2%	95585	Leggett	16.5%
95432	Elk	18.6%	95466	Philo	20.2%	95587	Piercy	11.5%
95437	Fort Bragg	9.7%	95468	Point Arena	4.9%			

SOURCE: CLARITAS POP-FACTS (2025)

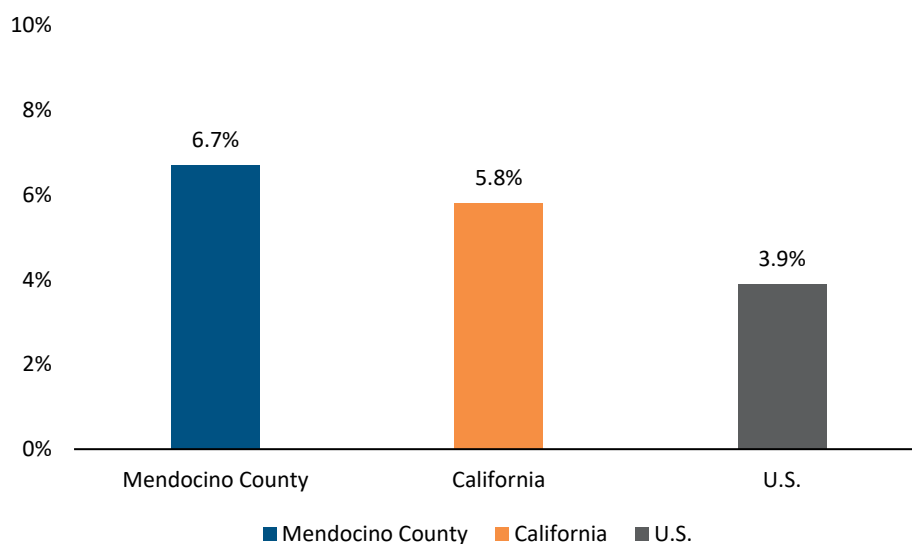
Employment

A community’s employment rate serves as a key indicator of its economic health and social well-being. Employment status directly influences an individual’s access to health care, quality of work environment, and overall health behaviors and outcomes. Type of employment and working conditions can also have significant impacts on health. Work-related stress, injury, and exposure to harmful chemicals are examples of ways employment can lead to poorer health.

Stable employment can help provide benefits and conditions for maintaining good health. In contrast, poor or unstable work and working conditions are linked to poor physical and mental health outcomes. Unemployment and underemployment can limit access to health insurance coverage and preventive care services.

As seen in Figure 8, the unemployment rate for Mendocino County is 6.7%, which is higher than both the California unemployment rate (5.8%) and the U.S. rate (3.9%).

Figure 8. Population 16+ Unemployed: County, State, U.S.



COUNTY & STATE VALUES: CLARITAS POP-FACTS (2025)
 U.S. VALUE: AMERICAN COMMUNITY SURVEY (2019-2023)

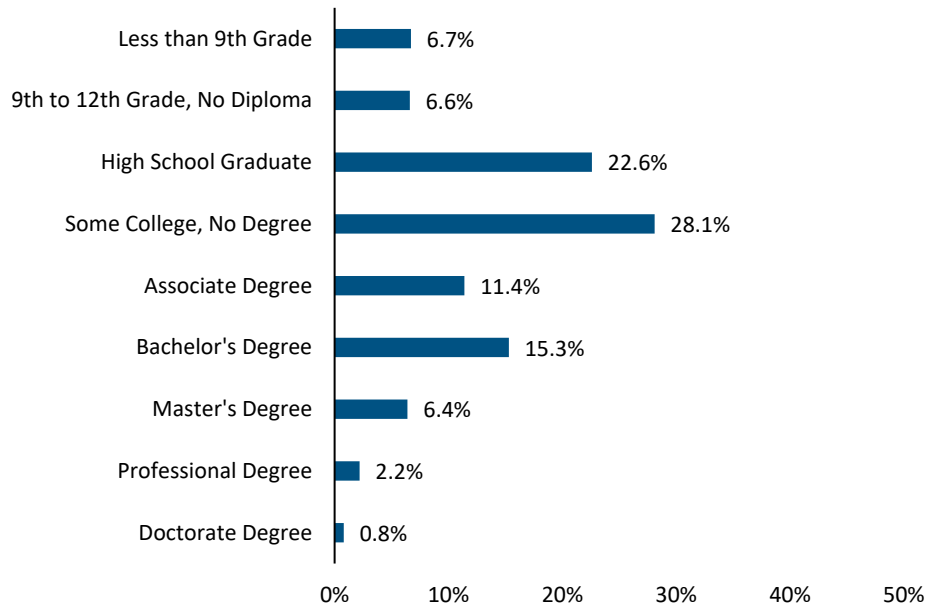
Education

Education is an important indicator for health and well-being. Education can lead to improved health by increasing health knowledge, providing better job opportunities and higher income, and improving social and psychological factors linked to health. People with higher levels of education are likely to live longer, experience better health outcomes, and practice health-promoting behaviors.

Figure 9 offers a detailed breakdown of educational attainment for the population of Mendocino County age 25 years and above. Figure 10 shows ~~the high~~ the high school graduation

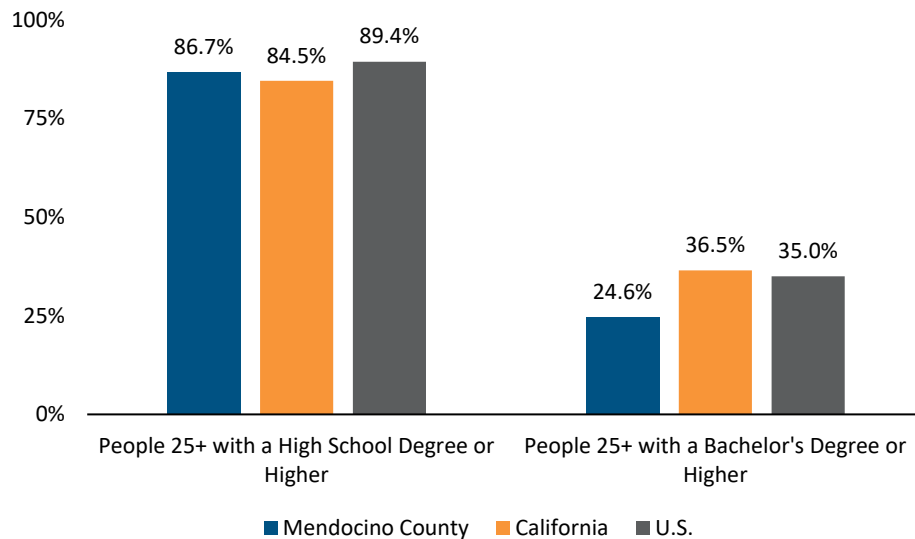
rate in Mendocino County (86.7%) is similar to that of California and the U.S. (84.5% and 89.4%, respectively). About one in four Mendocino County residents has a Bachelor’s degree or higher (24.6%), which is lower than the California and U.S. rates (36.5% and 35.0%, respectively).

Figure 9. Mendocino County Population Age 25+ by Educational Attainment



SOURCE: CLARITAS POP-FACTS (2025)

Figure 10. Population Age 25+ by Educational Attainment: County, State, U.S.



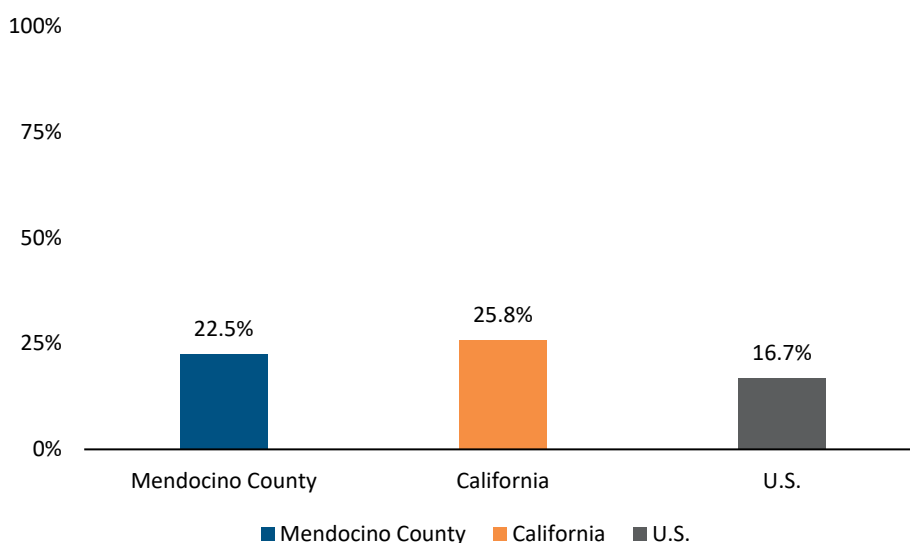
COUNTY & STATE VALUES: CLARITAS POP-FACTS (2025)
 U.S. VALUE: AMERICAN COMMUNITY SURVEY (2019-2023)

Housing

Safe, stable, and affordable housing provides a critical foundation for health and wellbeing. Exposure to health hazards and toxins in the home can cause significant damage to an individual or family’s health.⁴

Figure 11 illustrates the percentage of houses with severe housing problems. This indicator measures the percentage of households with at least one of the following problems: overcrowding, high housing costs, lack of kitchen, or lack of plumbing facilities. In Mendocino County, 22.5% of households had at least one of these problems, and across California about a quarter of all households (25.8%) have one of these problems. Both Mendocino County and California have a higher rate of these housing problems than the overall U.S. rate (16.7%).

Figure 11. Percentage of Houses with Severe Housing Problems: County, State, U.S.



SOURCE: COUNTY HEALTH RANKINGS (2017-2021)

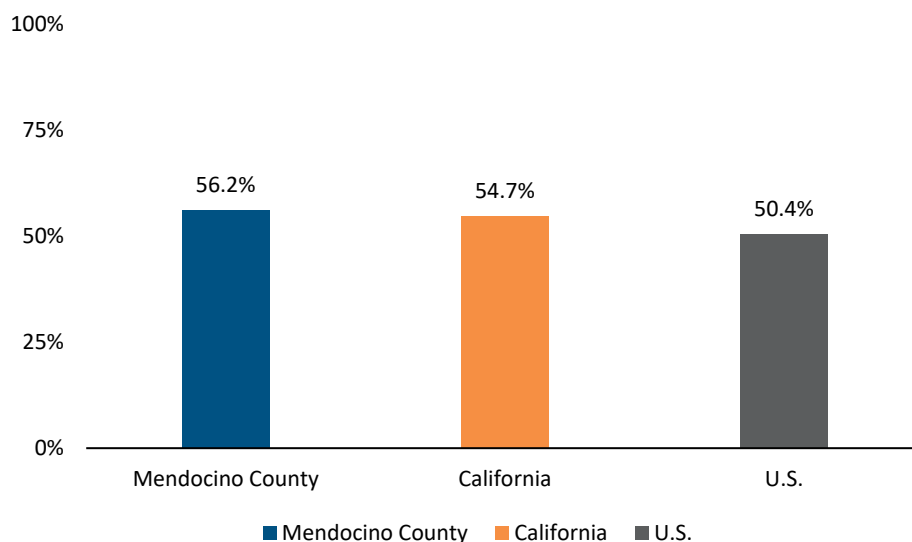
When families must spend a large portion of their income on housing, they may not have enough money to pay for things like healthy foods or health care. This is linked to increased stress, mental health problems, and an increased risk of disease.⁵

Figure 12 shows the percentage of renters who are spending 30% or more of their household income on rent. More than half of renters in Mendocino County (56.2%) experience these high rent costs. This rate is higher than both the California rate (54.7%) and the U.S. rate (50.4%).

⁴ County Health Rankings, Housing and Transit. <https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model/health-factors/physical-environment/housing-and-transit>

⁵ U.S. Department of Health and Human Services, Healthy People 2030. <https://health.gov/healthypeople/objectives-and-data/browse-objectives/housing-and-homes/reduce-proportion-families-spend-more-30-percent-income-housing-sdoh-04>

Figure 12. Renters Spending 30% or More of Household Income on Rent: County, State, U.S.



SOURCE: AMERICAN COMMUNITY SURVEY (2019-2023)

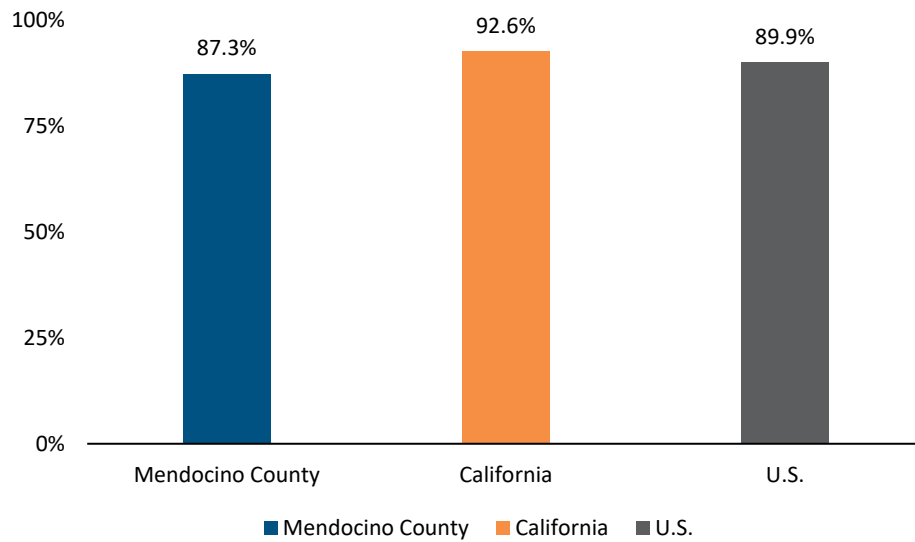
Neighborhood and Built Environment

Internet access is essential for basic health care access, including making appointments with providers, getting test results, and accessing medical records and telehealth services.⁶ Internet access may also help individuals seek employment opportunities, conduct remote work, and participate in online educational activities.⁶

As seen in Figure 13, the majority of households across Mendocino County (87.3%) have an internet subscription, however this rate is lower than the overall California rate (92.6%).

⁶ U.S. Department of Health and Human Services, Healthy People 2030. <https://health.gov/healthypeople/objectives-and-data/browse-objectives/neighborhood-and-built-environment/increase-proportion-adults-broadband-internet-hchit-05>

Figure 13. Households with an Internet Subscription: County, State, U.S.



SOURCE: AMERICAN COMMUNITY SURVEY (2019-2023)

SocioNeeds Index® Suite

Health equity focuses on the fair distribution of health determinants, outcomes, and resources across communities.⁷ Much of the data presented throughout this report are presented at the county level, however identifying geographic differences at smaller geographies can help to inform and focus priorities and strategies. Understanding disparities also helps us better understand root causes that impact community health and inform action towards health equity.

Geographic disparities in health risks were identified using the Conduent HCI SocioNeeds Index® Suite, including the Health Equity Index, Mental Health Index, and Food Insecurity Index. These indices have been developed by Conduent HCI to help reach under-resourced communities by identifying the geographic areas of greatest need. Each index value is calculated using demographic and economic indicators that are strongly correlated with poor health-related outcomes. All zip codes, census tracts, and counties in the U.S. are given an index value from 0 (lower need) to 100 (higher need). In the maps below, zip codes have also been ranked from 1 to 5 based on how their index value compares to others in Mendocino County. These rankings may help to justify and validate specific areas for action within the service area.

Health Equity Index

Conduent's Health Equity Index (HEI) considers validated indicators related to income, employment, education, and household environment to identify areas at highest risk for experiencing concerning health outcomes, such as preventable hospitalization and premature death. Each zip code received an index value based on these indicators. These index values are illustrated in the map in Figure 14, where darker blue zip codes indicate a higher index value and greater need. Table 2 provides the HEI value for each zip code across the county. Due to data limitations, some zip codes may not have an index value.

⁷ Klein R, Huang D. Defining and measuring disparities, inequities, and inequalities in the Healthy People initiative. National Center for Health Statistics. Center for Disease Control and Prevention. https://www.cdc.gov/nchs/ppt/nchs2010/41_klein.pdf

Figure 14. Health Equity Index (2025) by Zip Code: Mendocino County

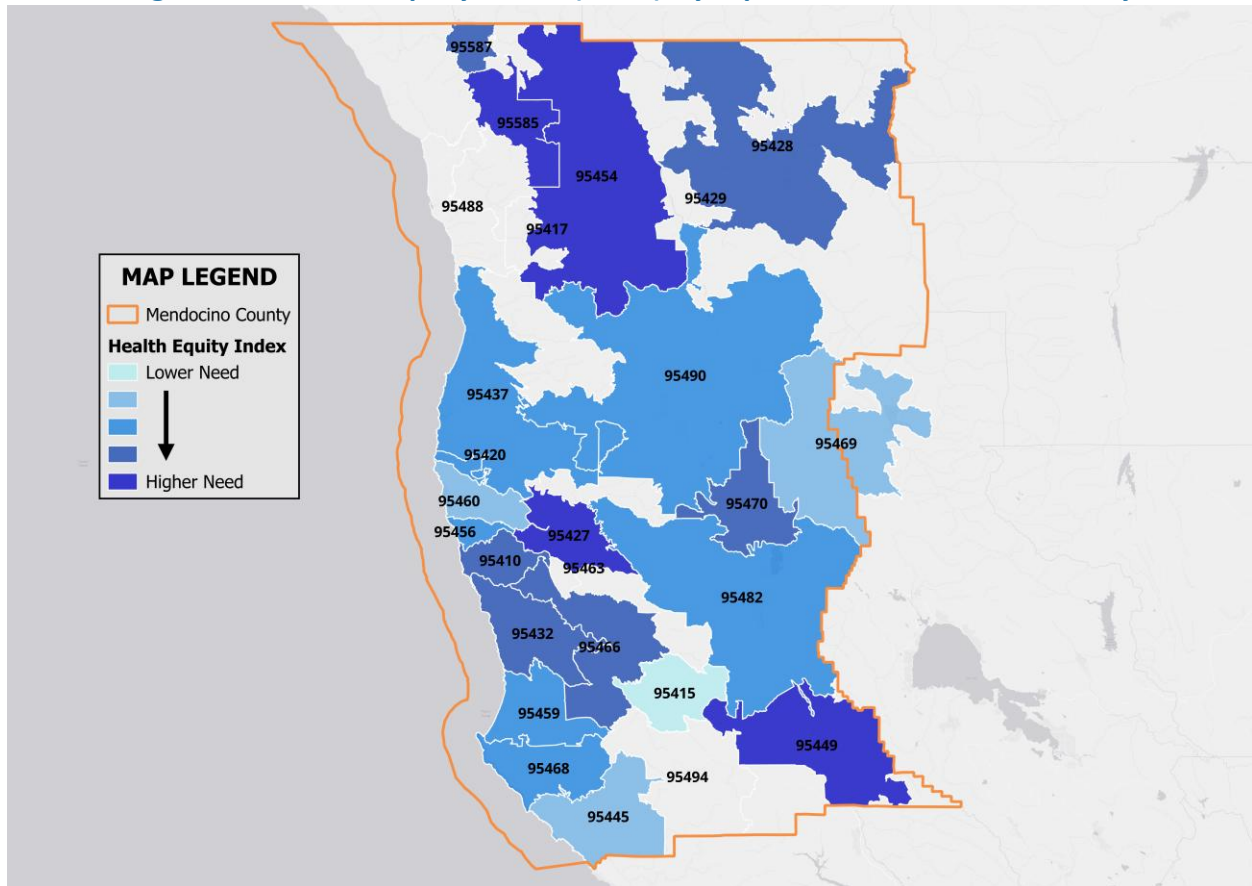


Table 2. Health Equity Index (2025) Values by Zip Code: Mendocino County

Zip Code	City	HEI Value	Zip Code	City	HEI Value	Zip Code	City	HEI Value
95410	Albion	87.9	95445	Gualala	46.3	95469	Potter Valley	39.2
95415	Boonville	3.6	95449	Hopland	98.2	95470	Redwood Valley	84.3
95417	Branscomb	-	95454	Laytonville	99.2	95482	Ukiah	73.3
95420	Caspar	75.8	95456	Little River	76.9	95488	Westport	-
95427	Comptche	94.8	95459	Manchester	70.8	95490	Willits	67.9
95428	Covelo	91.0	95460	Mendocino	44.0	95494	Yorkville	-
95429	Dos Rios	-	95463	Navarro	-	95585	Leggett	93.2
95432	Elk	89.6	95466	Philo	82.7	95587	Piercy	88.5
95437	Fort Bragg	78.6	95468	Point Arena	71.3			

Food Insecurity Index

Conduent’s Food Insecurity Index (FII) considers validated indicators related to income, household environment, and well-being to identify areas at highest risk for experiencing concerning food insecurity. Each zip code received an index value based on these indicators. These index values are illustrated in the map in Figure 15, where darker green zip codes indicate a higher index value and greater need. Table 3 provides the FII value for each zip code across the county. Due to data limitations, some zip codes may not have an index value.

Figure 15. Food Insecurity Index (2024) by Zip Code: Mendocino County

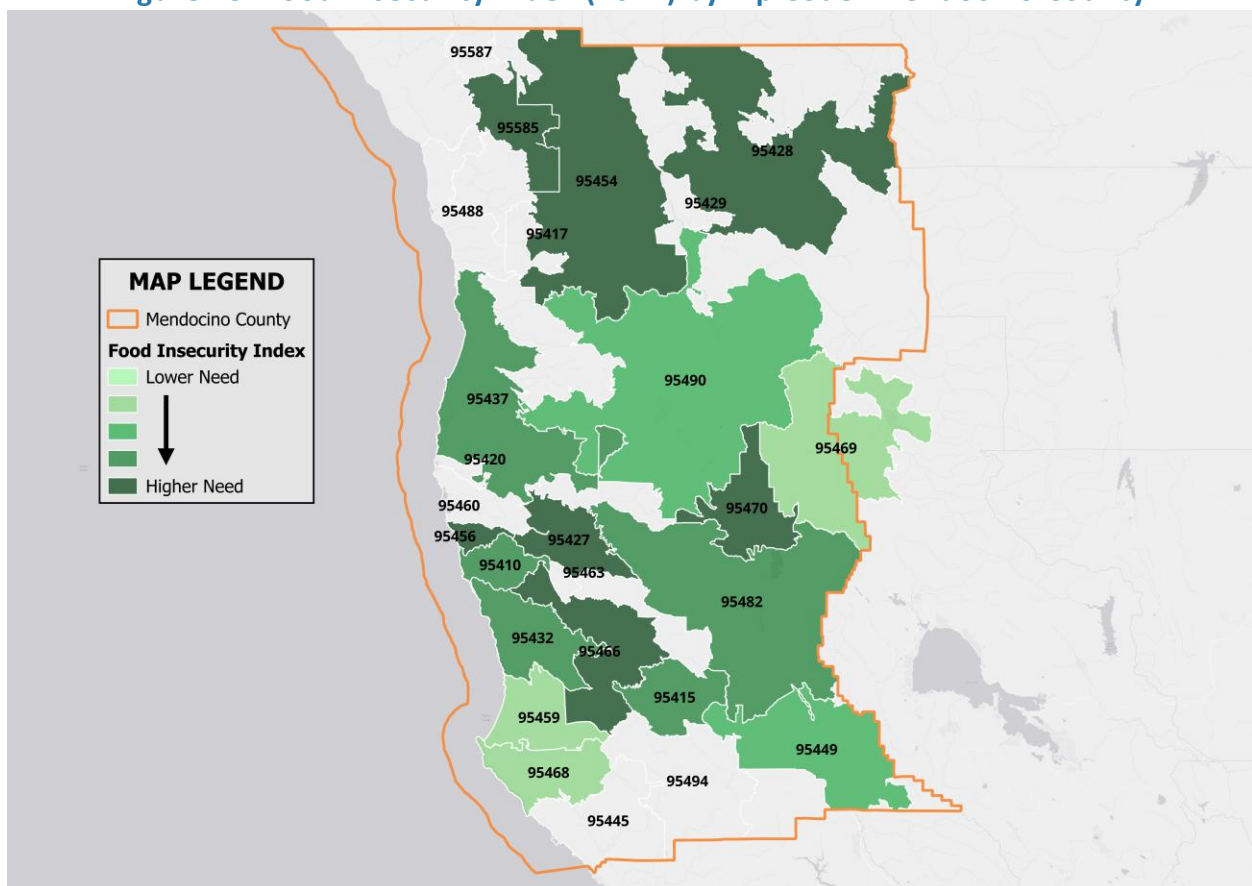


Table 3. Food Insecurity Index (2024) Values by Zip Code: Mendocino County

Zip Code	City	FII Value	Zip Code	City	FII Value	Zip Code	City	FII Value
95410	Albion	68.0	95445	Gualala	-	95469	Potter Valley	34.1
95415	Boonville	77.1	95449	Hopland	52.7	95470	Redwood Valley	84.5
95417	Branscomb	-	95454	Laytonville	88.3	95482	Ukiah	77.2
95420	Caspar	-	95456	Little River	92.6	95488	Westport	-
95427	Comptche	90.6	95459	Manchester	33.7	95490	Willits	62.4
95428	Covelo	87.0	95460	Mendocino	-	95494	Yorkville	-
95429	Dos Rios	-	95463	Navarro	-	95585	Leggett	91.3
95432	Elk	74.8	95466	Philo	90.8	95587	Piercy	-
95437	Fort Bragg	69.0	95468	Point Arena	29.1			

Mental Health Index

Conduent’s Mental Health Index (MHI) considers validated indicators related to access to care, physical health status, transportation, employment, and household environment to identify areas at highest risk of poor self-reported mental health. Each zip code received an index value based on these indicators. These index values are illustrated in the map in Figure 16, where darker purple zip codes indicate a higher index value and greater need. Table 4 provides the MHI value for each zip code across the county. Due to data limitations, some zip codes may not have an index value.

Figure 16. Mental Health Index (2025) by Zip Code: Mendocino County

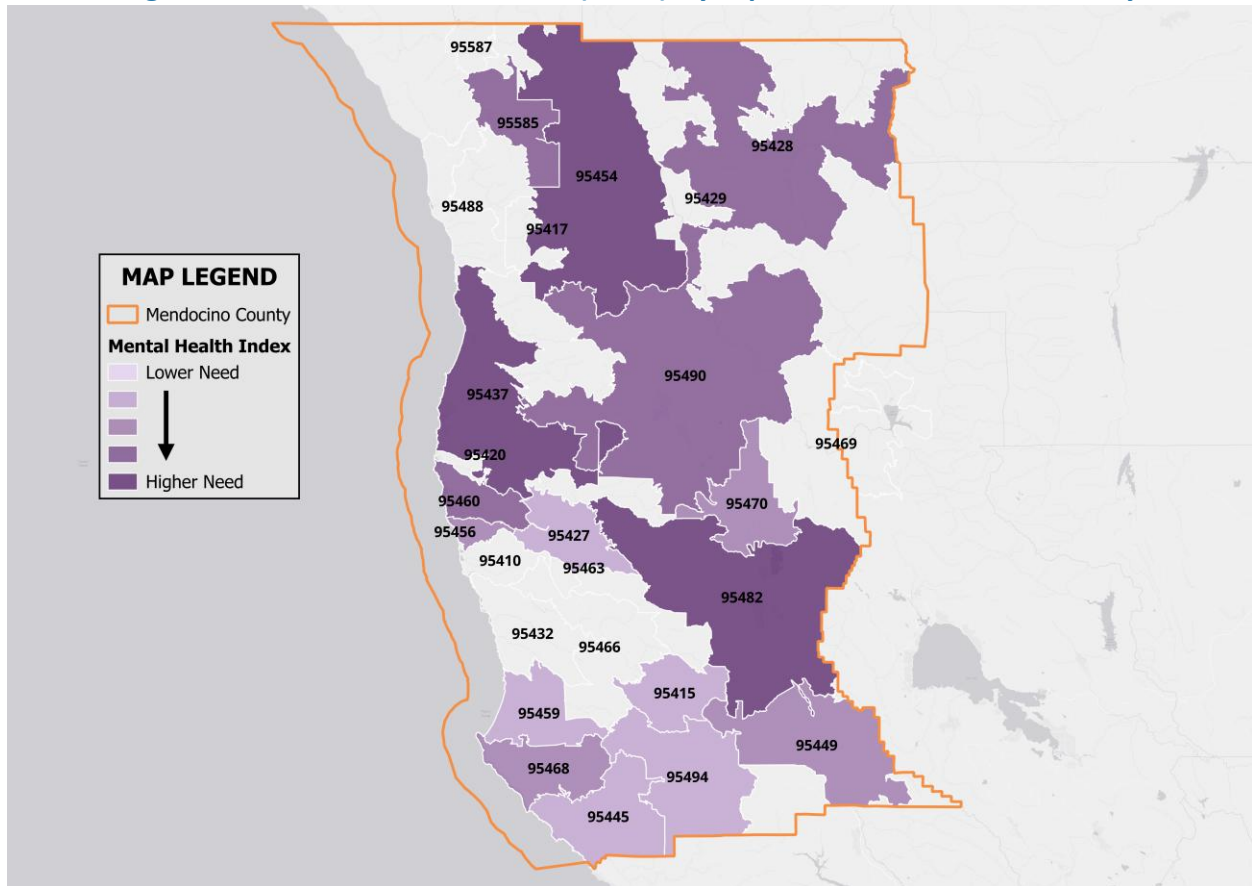


Table 4. Mental Health Index (2025) Values by Zip Code: Mendocino County

Zip Code	City	MHI Value	Zip Code	City	MHI Value	Zip Code	City	MHI Value
95410	Albion	-	95445	Gualala	27.3	95469	Potter Valley	-
95415	Boonville	21.8	95449	Hopland	39.2	95470	Redwood Valley	49.5
95417	Branscomb	-	95454	Laytonville	90.3	95482	Ukiah	78.8
95420	Caspar	-	95456	Little River	45.6	95488	Westport	-
95427	Comptche	16.8	95459	Manchester	31.9	95490	Willits	72.8
95428	Covelo	65.4	95460	Mendocino	57.8	95494	Yorkville	13.7
95429	Dos Rios	-	95463	Navarro	-	95585	Leggett	63.2
95432	Elk	-	95466	Philo	-	95587	Piercy	-
95437	Fort Bragg	90.6	95468	Point Arena	51.0			

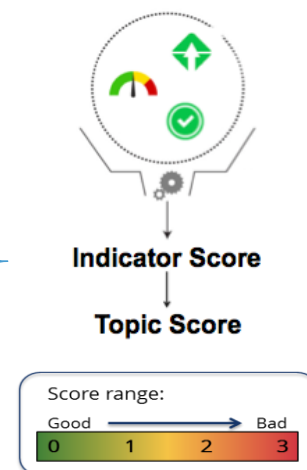
Primary and Secondary Methodology and Key Findings

Secondary Data Sources & Analysis

Figure 17: Secondary Data Scoring

Secondary data used for this assessment was collected and analyzed from a community indicator database developed by Conduent Healthy Communities Institute (HCI). The database, maintained by researchers and analysts at HCI, includes hundreds of community indicators, spanning at least 24 topics in the areas of health, determinants of health, and quality of life. The data is primarily derived from state and national public secondary data sources. The value for each of these indicators is compared to other communities, national targets, and to previous time periods.

California Counties
U.S. Counties
California State Value
U.S. Value
HP2030
Trend



HCI’s Data Scoring Tool systematically summarizes multiple comparisons and ranks indicators based on highest need. For each indicator, the Mendocino County value was compared to a distribution of California and U.S. counties, state and national values, Healthy People 2030 targets, and significant trends, as shown in Figure 17. Each indicator was then given a score based on the available comparisons. These scores range from 0 to 3, where 0 indicates the best outcome and 3 indicates the poorest outcome. Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected from other communities, and changes in methodology over time. These indicators were grouped into topic areas for a higher-level ranking of community health needs. Due to the limited availability of zip code, census tract, or other sub-county health data, the data scoring technique is only available at the county level. The data scoring results are therefore presented in the context of Mendocino County.

Table 5: Secondary Data Topic Scoring

Health and Quality of Life Topics	Score
Prevention & Safety	2.15
Education	1.94
Economy	1.87
Alcohol & Drug Use	1.83
Women's Health	1.79
Wellness & Lifestyle	1.74
Cancer	1.70
Community	1.67
Adolescent Health	1.66
Children's Health	1.61
Tobacco Use	1.59
Immunizations & Infectious Diseases	1.56
Physical Activity	1.56
Medications & Prescriptions	1.56
Oral Health	1.54
Health Care Access & Quality	1.51

Table 5 presents the health and quality of life topic scoring results for Mendocino County. *Prevention and Safety* emerged as the lowest-performing topic area with a score of 2.15, followed by *Education* with a score of 1.94. Topics areas receiving a score of 1.50 or higher

were identified as significant health needs, with sixteen topics meeting or exceeding this threshold. Areas with fewer than three indicators were considered to have data gaps. For a comprehensive list of health and quality of life topics - along with the national and state indicators included in the secondary data analysis - please refer to Appendix A. Appendix A also provides further details on the quantitative data scoring methodology.

Community Feedback: Primary Data Collection & Analysis

To ensure that community perspectives were represented, input was gathered from Mendocino County residents through an online survey and paper surveys and community focus groups. These primary data sources complemented the secondary data analysis and together informed the Mendocino County CHNA.

Community Survey

Mendocino County Public Health (MCPH) collected community input through an online survey to inform its Community Health Needs Assessment (CHNA). The survey was promoted throughout Mendocino County, with responses collected from July 22, 2024, to August 26, 2024. Both English and Spanish versions were made available in electronic and paper formats and were distributed during community events. The survey included 23 questions addressing priority health needs, individuals' perceptions of their overall health, access to health care services, and social and economic determinants of health. A full list of survey questions is provided in Appendix B.

Survey marketing and outreach efforts included distribution of flyers throughout the county and to community partners and social media. MCPH partnered with Adventist Health and links to the MCPH survey were included with Adventist Health CHNA advertising. Round Valley Indian Health Center, ~~and~~ Consolidated Tribal Health Project, and the Hopland Band of Pomo Indians distributed paper copies to their clients, which resulted in a high percentage of Native American responses. A total of 787 responses were collected, which meets the threshold to be statistically significant for Mendocino County.

Demographic Profile of Survey Respondents

Most survey respondents were between 25-44 years old (34%) or 45-64 years old (36%). About half of respondents were White (52%) and just over a third were American Indian or Alaskan Native (36%). More than two-thirds (71%) were women. Compared to county population estimates, women and Native American/Alaskan Native populations are both overrepresented in the survey sample. Respondents primarily lived in the zip codes 95482 (35%), 95449 (11%), 95428 (11%), and 95490 (11%).

Community Survey Analysis Results

In the survey, participants were asked to identify key health issues and the most important quality of life issues to address in Mendocino County. Figure 18 illustrates the health issues that at least 20% of respondents identified as a top problem in their community. The most common health issue identified by respondents was *Alcohol and/or Drug Use* (70%), followed by *Mental Health* (46%). Because of the large population of Hispanic/Latino and American Indian/Alaskan Native residents in Mendocino County, we also examined the top health issues identified by these respondents. Notably, as shown in Figure 19, American Indian/Alaskan Native respondents were substantially more likely than the general survey sample to identify both diabetes and obesity as top health concerns.

Figure 18: Top Community Health Concerns Identified by Survey Respondents
(n = 716)

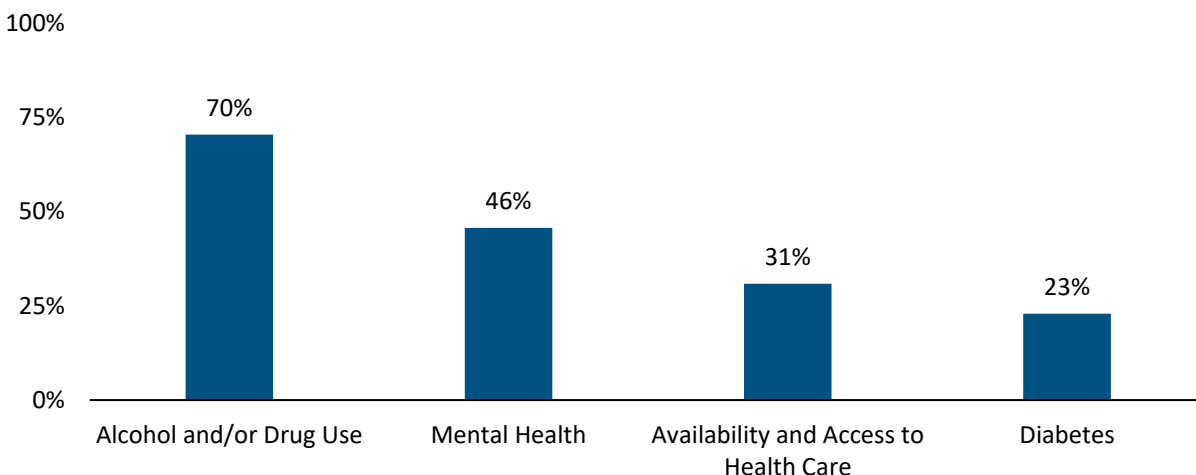
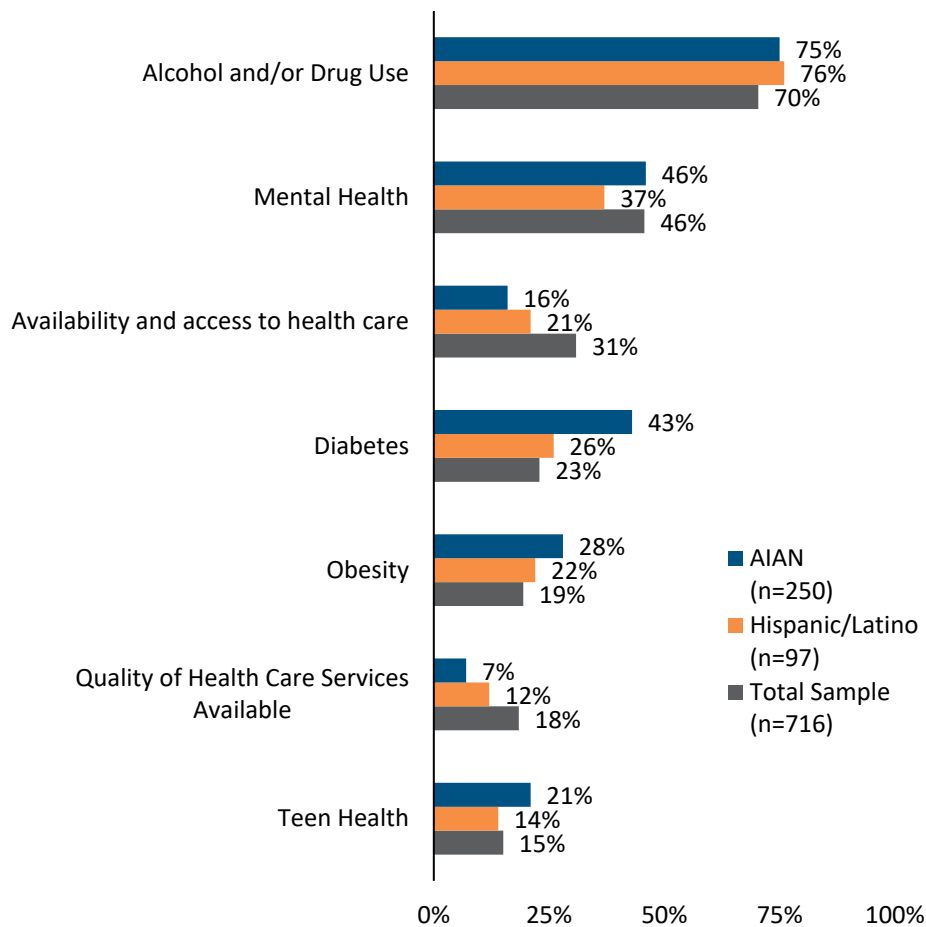


Figure 19: Top Community Health Concerns Identified by Survey Respondents, by Race/Ethnicity



The top quality of life issues identified by survey respondents are illustrated in Figure 20, including all those that were selected by at least 20% of respondents. The top concern identified by respondents was *Affordable Housing* (71%), followed by *More Jobs* (35%). As seen in Figure 21, American Indian/Alaskan Native and Hispanic/Latino survey respondents selected many of the same top quality of life issues as the general survey sample. Notably, American Indian/Alaskan Native respondents were more likely than the general sample to identify food access, [child care](#), and shelter for unhoused individuals as top community concerns. Hispanic/Latino respondents were more likely to identify job availability, safe parks, and crime as their top concerns.

Figure 20: Top Quality of Life Issues Identified by Survey Respondents
(n = 718)

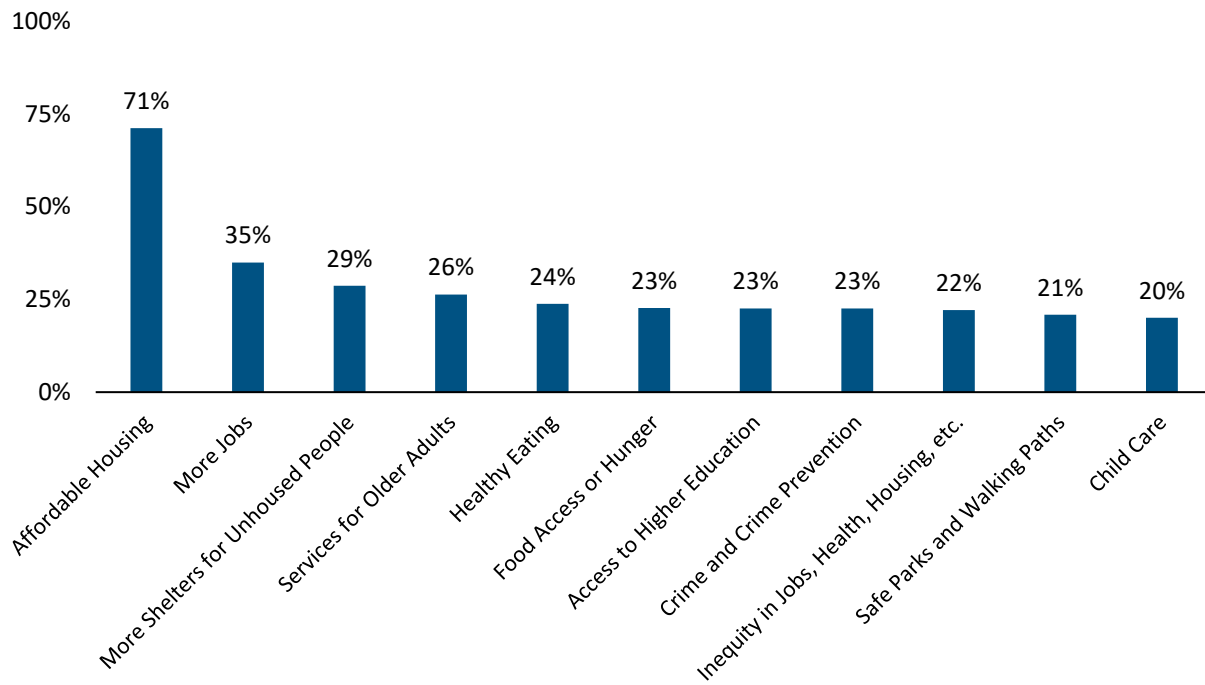
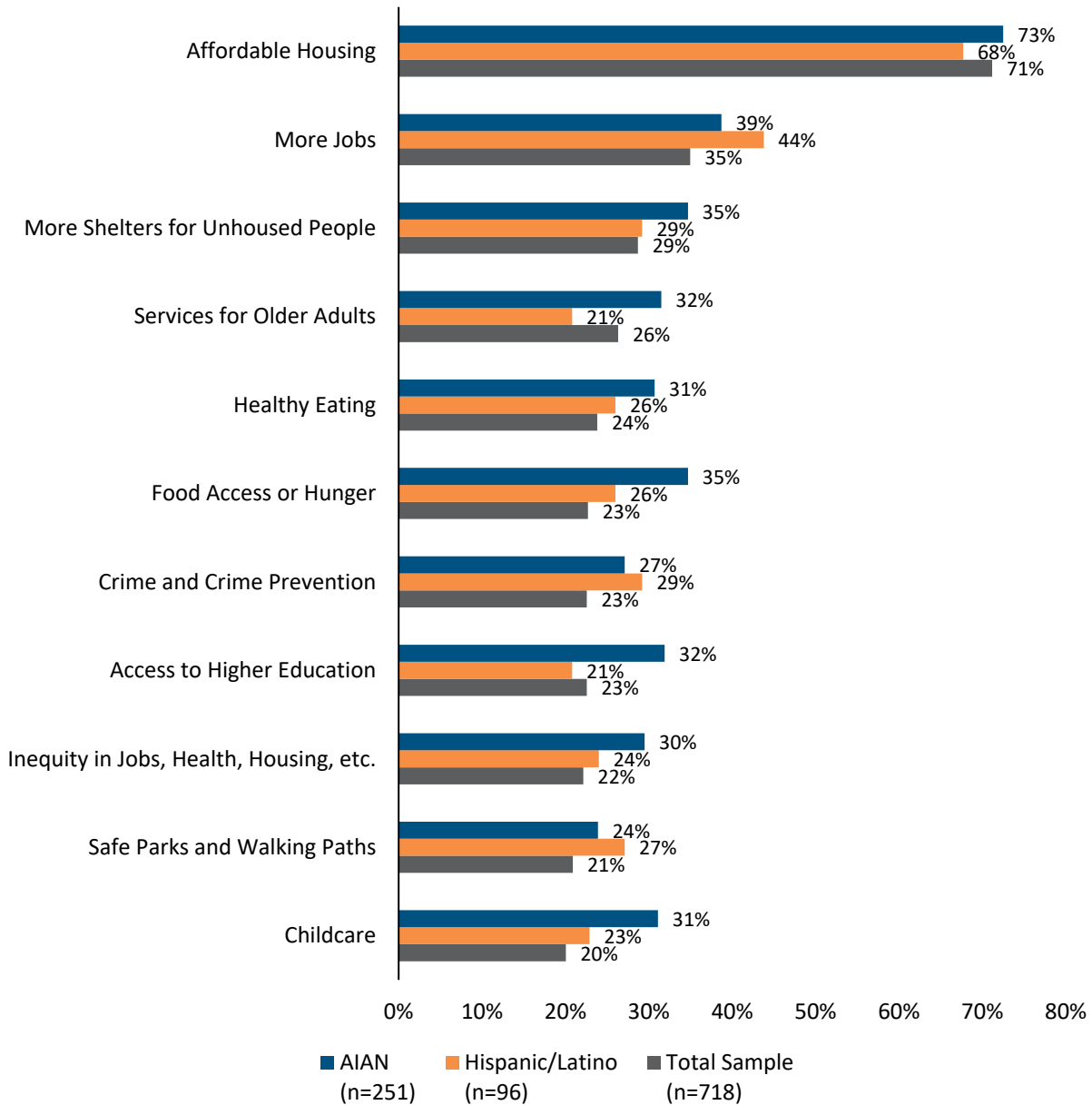


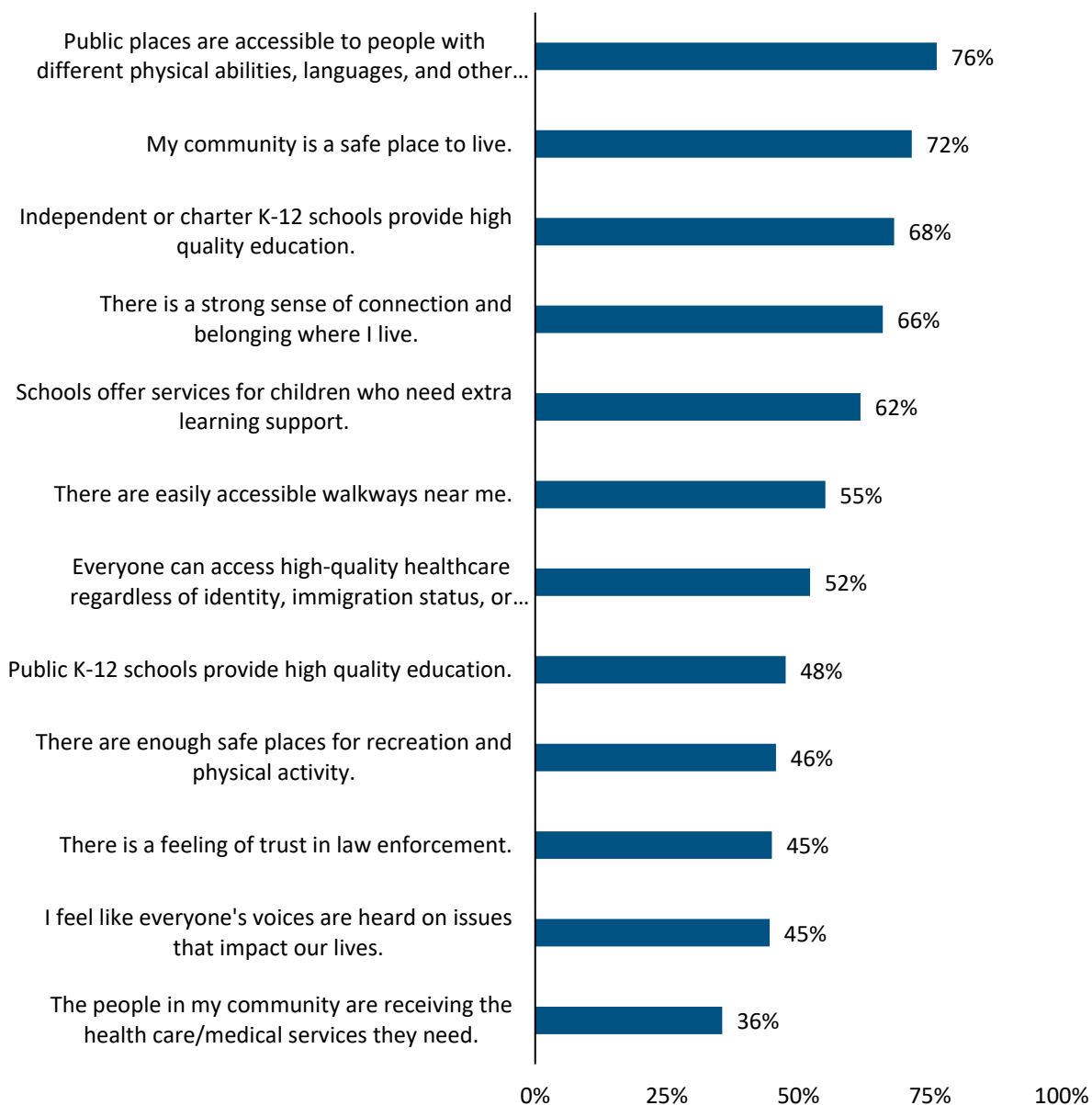
Figure 21: Top Quality of Life Issues Identified by Survey Respondents, by Race/Ethnicity



Participants were also asked to share their sentiments regarding their community assets, including the quality of community-based services and programs. Respondents who were unfamiliar with a service or program could select “I don’t know” and were excluded from the analysis. Figure 22 presents the percentage of survey respondents who agreed or strongly agreed with each statement. Participants were most likely to agree that public places are accessible for all (76%) and that their community is a safe place to live (72%). About half of

respondents (52%) agreed that healthcare was accessible to all, regardless of their identity, and about a third (36%) felt that people in their community are receiving the healthcare they need.

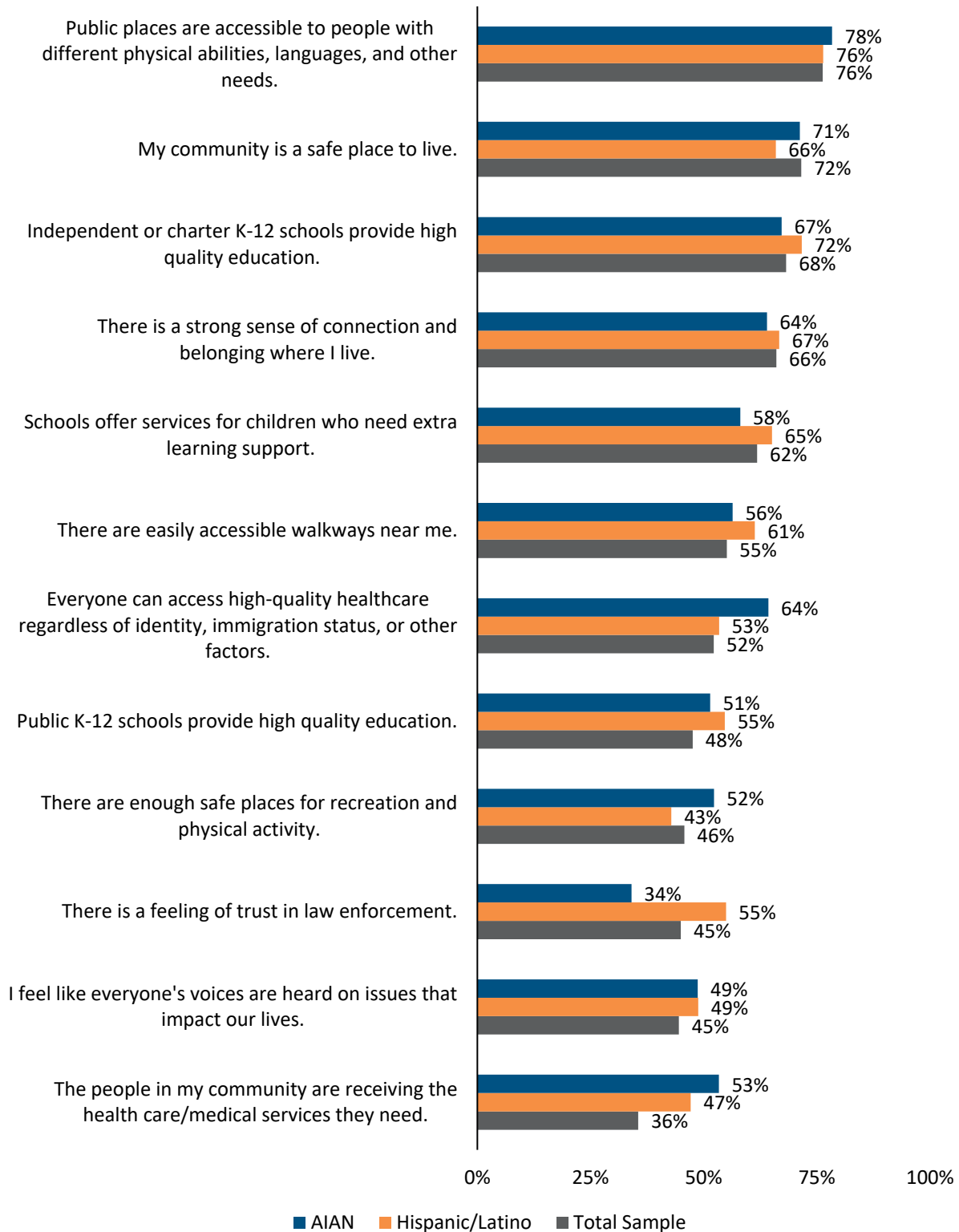
Figure 22: Survey Respondents' Perceptions of Community Assets
(percent of respondents who agree or strongly agree with each statement)



We observed a few notable differences regarding how American Indian/Alaskan Native and Hispanic/Latino survey respondents perceived their community, as shown in Figure 23. Both American Indian/Alaskan Native and Hispanic/Latino respondents were more likely to feel that community members were receiving the healthcare they need, and American Indian/Alaskan Native respondents were more likely to feel that quality healthcare was accessible to all,

regardless of identity. Hispanic/Latino respondents were also more likely to indicate a trust in law enforcement, however American Indian/Alaskan Native respondents were less likely to feel a sense of trust in law enforcement.

Figure 23: Survey Respondents’ Perceptions of Community Assets, by Race/Ethnicity
(percent of respondents who agree or strongly agree with each statement)



Qualitative Data: Community Focus Groups

Focus Group Methodology

Adventist Health (AH) and Mendocino County Public Health (MCPH) conducted a series of community focus group discussions to gain deeper insights into residents' perceptions, attitudes, experiences, and beliefs regarding their health and the health of their community. These facilitated conversations were designed to complement quantitative data collection as part of a mixed-methods research approach. While the qualitative data gathered through focus groups provides valuable context and depth—particularly for topics that are difficult to capture through surveys or other quantitative methods—it is important to recognize that the findings from any single focus group may not be representative of the broader population.

The project team developed a focus group guide consisting of questions and prompts centered on health and well-being of Mendocino County residents (see Appendix B). Community members were asked to discuss both barriers and assets related to their health and access to healthcare services. Eleven in-person focus groups were hosted across Mendocino County between July 2024 and October 2024. Trained facilitators implemented techniques to ensure that everyone was able to participate in the discussion.

Key community groups represented in the focus groups included members of the Hispanic/Latinx community, veteran support centers, older adult centers, youth, tribal communities, women, educators, parents, and other populations reflective of the local community. A detailed description of focus group participants is provided in Table 6.

Table 6: Mendocino County Focus Group Discussions

Focus Group Name	Geographic Location	Populations	Participants
General Community Members and Local Community Based Organizations	Willits, Laytonville, Leggett	LatinX, Seniors, Agriculture, Business, Community	Age Range: 30-65 Participants: 5
General Community Members	Covelo	Women pPopulation	Age Range: 30 – 70 Participants: 6
First Responders	Fort Bragg, Westport, etc.	Llocal Ccommunity Mmembers-	Age Range: 27 – 64 Participants: 5
Community Educators	Mendocino, Point Arena, etc.	Community, Eeducators, Pparents, Ccommunity Aaction Agency	Age Range: 35 – 65 Participants: 5
General Community Members	Anderson Valley	Older Aadults, Eeducators.	Age Range: 25-44, 65+ Participants: 7
Mental Health Providers	Serving all Districts	Wwomen Ppopulation, Mmental hHealth Pprovider Organizations, pPeople Eexperiencing Aaddiction and Mmental Hhealth Ddisorders	Age Range: 25 – 65 Participants: 15

AH Tribal Communities	--	--	--
AH Youth	Serving all Districts	Youth	Participants: 10
Older Adults	Ukiah	Seniors <u>A</u> ged 65 and <u>O</u> ver	Age Range: 65 and over Participants: 8
Veterans	Fort Bragg	Veterans	Age Range: 38 to over 70 Participants:13
Hispanic/Latino	Gualala	Gualala Hispanic/Latinx <u>C</u> ommunity <u>M</u> embers	Age Range; 35-70 Participants: 7

* 11 Focus Groups were held

Qualitative Analysis Results

The project team recorded and transcribed focus group sessions, except for the Seniors' group, which was manually summarized. Transcripts were summarized into themes and verified for accuracy. Comments were coded with themes and sub-themes using the Conduent HCI Base Qualitative Analysis Code Book and sorted into spreadsheets by theme and population. Each theme was further broken down into sub-themes, with responses counted by population and focus group. Summaries were reviewed by Adventist Health and Public Health personnel, graphed for trends, and presented to the steering committee for prioritization and inclusion in the Strategic Plan. Data was segmented by geographic and population groups for detailed analysis. A detailed synopsis of the CHNA focus group data analysis methodology including the description of focus groups, host organization, and populations represented can be found in Appendix B.

Themes Across All Focus Groups

Table 7 below summarizes the main themes and topics that trended across all or almost all focus group conversations.

Table 7: Mendocino County Focus Group Theme Summary

Top Health Issues	Barriers to Care	Populations Most Impacted
<ul style="list-style-type: none"> •Healthcare Access and Quality •Alcohol & Drug Use •Mental Health & Mental Disorders •Chronic Conditions •Diabetes •Adolescent Health •Children’s Health •Older Adults •Substance Misuse •Safety •Health Behavior 	<ul style="list-style-type: none"> •Housing •Transportation •Social Environment •Fear or Stigma •Lack or/limited health insurance •Language •Built Environment/Infrastructure •Community Resources •Discrimination/Bias •Economic Factors •Public Safety Crimes 	<ul style="list-style-type: none"> •Latino/Hispanic •Native American •Children aged 12-18 •Older Adults •Veteran/retired military •Immigrant/migrant/refugee

Appendix B provides a more detailed report of the main themes that trended across the individual focus group conversations for the Community Themes and Strengths Assessment.

Data Considerations

A key part of any data collection and analysis process is recognizing potential limitations within the data considered. All forms of data have their own strengths and limitations. Each data source for this CHNA process was evaluated based on these strengths and limitations during data synthesis.

While data collection efforts aimed to include a wide a range of secondary data indicators and community member voices, some limitations of the data should be considered when reviewing

the findings presented in this report. Although the topics by which data are organized cover a wide range of health and health-related areas, within each topic there is a varying scope and depth of secondary data indicators and primary data findings.

Some topics contain a robust set of secondary data indicators, while others may have a limited number of indicators or limited subpopulations covered by those specific indicators. Data scores represent the relative community health need according to the secondary data for each topic and should not be considered comprehensive results on their own. In addition, these scores reflect the secondary data results for the population as a whole and do not necessarily reflect differences in health or socioeconomic need for different subpopulations. Moreover, many of the secondary data indicators included in the findings are collected by survey, and though specific methods are used to best represent the population at large, these measures are subject to instability, especially for smaller populations.

For the primary data, the breadth of findings is dependent upon who was selected to participate in the community focus groups. Additionally, the community survey reflects only the views and experiences of those who participated, which may not represent the broader community. Native American individuals, who make up approximately 5% of Mendocino County's population, were overrepresented in the survey, accounting for 36% of respondents. Furthermore, 71% of participants identified as women, which may also influence the overall findings.

Data Synthesis & Prioritization

Data Synthesis

To gain a comprehensive understanding of the significant health needs for Mendocino County, the findings from all three data sets were compared and studied simultaneously. The secondary data scores, focus group themes, and survey responses were considered equally important in understanding the health issues of the community. As part of this synthesis, we examined any overlapping topics that arose as areas of concern in multiple data sources. In total, ten health issues were identified as significant health topics based on all three data sources (see Table 8). These topics were considered for prioritization.

Table 8: Mendocino County Significant Health Topics Summary

Health Topics	Data Sources
Availability and Access to Health Care (includes adolescent health, children’s health, older adult’s health and women’s health)	Community Survey, Secondary Data, Focus Group
Substance Misuse (including alcohol & drug use)	Community Survey, Secondary Data, Focus Group
Mental Health & Mental Disorders	Community Survey, Focus Group
Diabetes	Community Survey, Focus Group
Community Safety and Prevention	Community Survey, Focus Group
Chronic Conditions	Focus Group
Stigma/Discrimination (was health behaviors)	Focus Group
Tobacco Use	Focus Group
Oral Health	Secondary Data
Cancer	Secondary Data

Prioritization

To more effectively target activities addressing the most pressing health needs in the community, Mendocino County Public Health presented data on significant health topics to the Community Health Needs Assessment (CHNA) Steering Committee, which included hospital and community leaders. Following the data presentation and a facilitated group discussion, committee members were provided with an online link to complete a scoring exercise. This exercise allowed participants to assign scores to each significant health topic based on a predefined set of criteria.

The most pressing health needs in the community, Mendocino County Public Health presented data on significant health topics to the Community Health Needs Assessment (CHNA) Steering

Committee, which included hospital and community leaders. Following the data presentation and a facilitated group discussion, committee members were provided with an online link to complete a scoring exercise. This exercise allowed participants to assign scores to each significant health topic based on a predefined set of criteria.

The CHNA Steering Committee reconvened to review and discuss the results. Through this collaborative process, five priority health areas were identified for consideration in subsequent implementation planning efforts.

Process

On December 17, 2024, Mendocino County presented a data synthesis presentation and virtual prioritization activity, a total of 21 individuals representing local hospital systems, the health department, community-based organizations, and nonprofits agencies.

During the December 17th meeting, the group reviewed and discussed the results of HCI's primary and secondary data analyses, which led to the identification of significant health topics as shown in Figure 22. Following the discussion, participants were given time to access an online link where they could assign scores to each of the significant health topics, based on how well they met the criteria established by the public health department and hospital. The group reached a consensus that root causes, disparities, and social determinants of health would be considered in the prioritization of health topics identified through the online exercise.

The criteria for prioritization included:

1. Evidence that an intervention can change the problem
2. Severity of the Problem
3. Ability to have a measurable impact on the issue
4. Opportunity to intervene upstream, at the prevention level
5. The priority the community places on the problem

Participants assigned a score ranging from 1-3 to each health topic and criterion, with a higher score indicating a greater need for prioritization. Specifically, a score of 1 represented low priority, 2 indicated medium priority, and 3 signified high priority. The scoring was based on several factors: whether evidence suggested an intervention could address the issue, the severity of the problem, the potential for measurable impact, the opportunity to intervene upstream, and the priority the community places on the issue. In addition to considering the data presentation, participants were encouraged to use their own judgment and knowledge of the community in considering how well a health topic met the criteria.

Completion of the online exercise resulted in a numerical score for each health topic and criterion. Numerical scores for the two criteria were equally weighted and averaged to produce an aggregate score and overall ranking for each health topic. The aggregate ranking by category can be seen in Figure 24 and the overall aggregate ranking can be seen in Figure 25 below.

Figure 24: Aggregate Results of Prioritization Activity Ranking by Category (n=16)

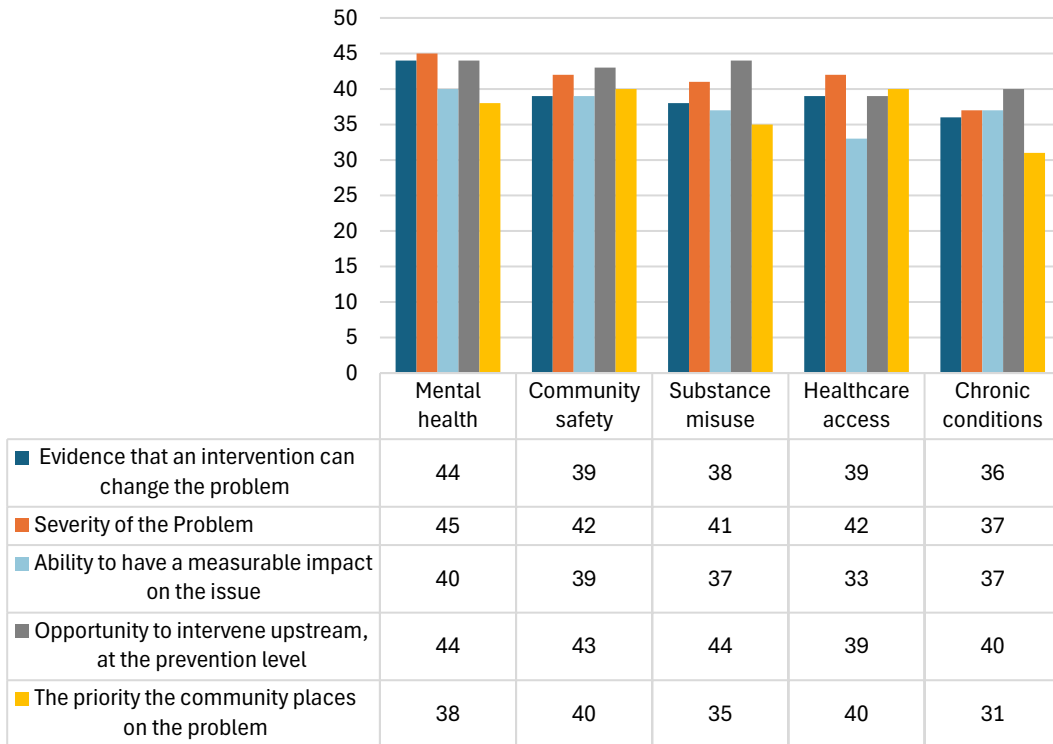
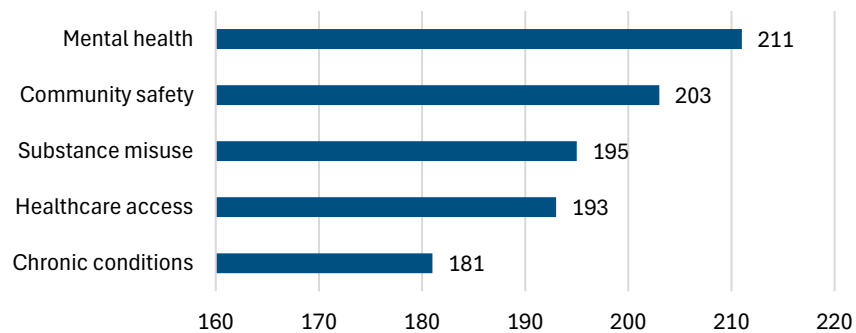


Figure 25: Overall Aggregate Results of Prioritization Activity (n=16)



Prioritized Significant Health Needs

Following the prioritization session, members from the public health CHNA steering committee reviewed and discussed the scoring results of the prioritized significant community needs and identified six overall priority areas to be considered for integration into the Community Health Improvement Planning process. These included Mental Health, Substance Misuse, and Stigma; Community Safety; Healthcare Access; Diabetes; Chronic Conditions (Tobacco Prevention, Oral Health, and Other Prevention Efforts); and Cancer. (Figure 26). The steering committee chose to include Diabetes as its own priority due to its being singled out among other chronic health conditions by both the community survey and the focus groups.

A deeper dive into the primary and secondary data for each of these priority health topics is provided in the next section of the report. This information highlights how each topic became a high priority health area for Mendocino County.

Figure 26: Mendocino County Prioritized Health Topics



Prioritized Health Needs

The following section provides a detailed description of each prioritized health need. An overview is provided for each health topic, followed by a table highlighting the poorest performing indicators and a description of key themes that emerged from community feedback. The six prioritized health needs are listed within this section.

Each prioritized health topic includes findings from the community survey, key themes from community focus groups, and health indicators of concern from secondary data. All indicators that scored at or above 1.50 were categorized as indicators of concern for Mendocino County. See the legend in Table 9 for more information about how to interpret the distribution gauges and trend icons used within the secondary data scoring results tables below.

Table 9: Secondary Data Icon Legend

County Distributions	
	If the needle is <u>in the green</u> , the county value is among the least concerning 50% of counties in the state or nation.
	If the needle is <u>in the yellow</u> , the county value is in the second most concerning 25% (or second worst quartile) of counties in the state or nation.
	If the needle is <u>in the red</u> , the county value is in the most concerning 25% (or worst quartile) of counties in the state or nation.
Compared to HP2030 Target	
	Does not meet target.
	Meets target
Compared to State or National Value	
	The county value is more concerning than the state or national value.
	The county value is less concerning than the state or national value.
	The county value is not statistically different from the state or national value.
Data Trends Over Time	
	The county value is significantly trending in a concerning direction.
	The county value is trending in a concerning direction, but not significantly.
	The county value is significantly trending in the ideal direction.
	The county value is trending in the ideal direction, but not significantly.



Prioritized Health Topic #1: Mental Health, Substance Misuse & Stigma

Secondary Data Score – Alcohol & Drug Use: 1.83

Secondary Data Score – Mental Health: 1.19



Key Themes from Community Input

- 70% of survey respondents rank Alcohol and/or Drug Use as a top health need
- Stigma, fear, and limited access to support services are barriers to care
- Youth and Native American Communities are the most impacted populations



Warning Indicators

- Age-Adjusted Death Rate due to Synthetic Opioid Overdose (excluding Methadone) (Deaths per 100,000 residents)
- Age-Adjusted Drug and Opioid-involved Overdose Death Rate (Deaths per 100,000 residents)
- Age-Adjusted Death Rate due to Prescription Opioid Overdose (Deaths per 100,000 residents)

Secondary Data

Secondary data indicators for this prioritized topic were scored and categorized under two areas: Alcohol & Drug Use (with a score of 1.83) and Mental Health and Mental Disorders (with a score of 1.19). Further analysis was done to identify specific indicators of concern. Those indicators with a score at or above 1.50 were categorized as indicators of concern and are listed in Table 10 below. See Appendix A for the full list of indicators categorized within this topic.

Table 10: Mental Health, Substance Misuse & Stigma

SCORE	Mental Health, Substance Misuse, and Stigma	Mendocino County	HP2030	CA	U.S.	CA Counties	U.S. Counties	Trend	Period of Measure
2.50	Age-Adjusted Death Rate due to Synthetic Opioid Overdose (excluding Methadone) (Deaths per 100,000 residents)	49.9	8.9	16.7	--		--		2022
2.50	Age-Adjusted Drug and Opioid-Involved Overdose Death Rate (Deaths per 100,000 population)	41.3	--	16.5	23.5			--	2018-2020
2.42	Age-Adjusted Death Rate due to All Opioid Overdose (Deaths per 100,000 residents)	54.9	--	18.7	--		--		2022
2.42	Age-Adjusted Death Rate due to Prescription Opioid Overdose (Deaths per 100,000 residents)	54.9	--	18.1	--		--		2022
2.31	Alcohol-Impaired Driving Deaths (percent of driving deaths with alcohol involvement)	31.6	--	26.7	26.3				2017-2021
2.22	Age-Adjusted Death Rate due to Suicide (deaths/ 100,000 population)	24.2	12.8	10.3	13.5 (in 2020)		--		2019-2021

In Mendocino County, the most concerning health indicators regarding Mental Health, Substance Misuse, and Stigma are all related to mortality. Multiple indicators demonstrate that opioid overdose death rates in the county have risen significantly over time and are currently among the highest of all California counties. For example, the *Age-Adjusted Death Rate due to Synthetic Opioid Overdose (excluding Methadone)* is 49.9 deaths per 100,000 people in Mendocino County. This rate is about three times the California state-wide rate (16.7) and more than five times the Healthy People 2030 target (8.9). Similarly, the *Age-Adjusted Death Rate due to Prescription Opioid Overdose* is also three times higher than the California rate (54.9 vs. 18.1 deaths per 100,000). Both of these mortality measures have also been significantly increasing over time.

Opioid overdose affects certain communities more than others in Mendocino County. The *Age-Adjusted Death Rate due to All Opioid Overdose* was 54.9 deaths per 100,000 for the overall county population, however this death rate is more than 75% higher for the county’s Black/African American population (97.8 deaths per 100,000).

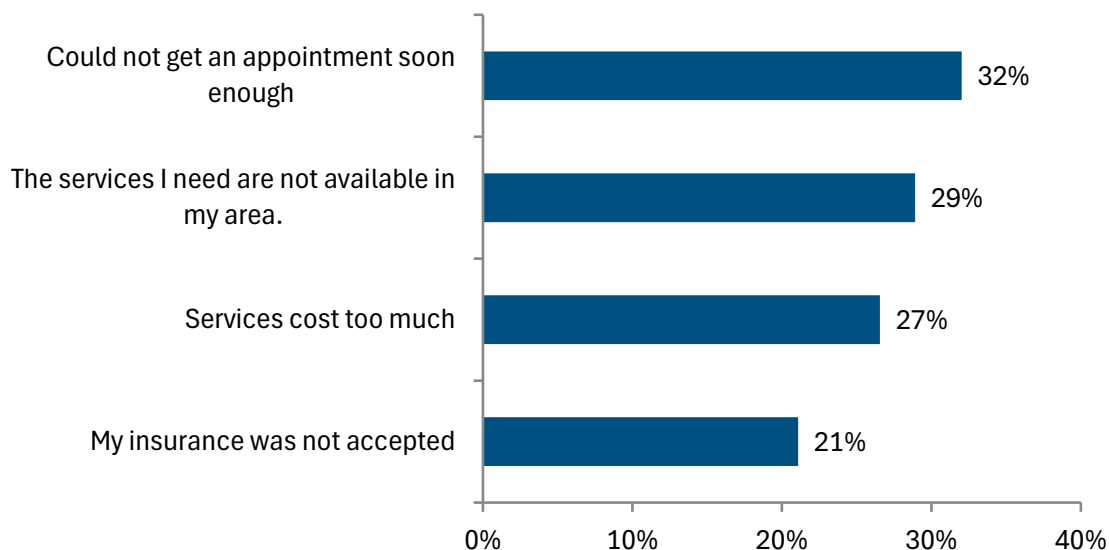
Alcohol-related traffic fatalities are particularly common in Mendocino County. Nearly a third of all driving deaths (31.6%) involve alcohol. This rate is higher than both the California rate (26.7%) and national rate (26.3%). The percentage of driving deaths involving alcohol has also been rising over time in Mendocino County, although not significantly.

Mental health is another health issue of concern among the Mendocino County population. Across California, broadly, the *Age-Adjusted Death Rate due to Suicide* (10.3 deaths per 100,000 people) is in fact lower than the Healthy People 2030 target (12.8). However, the death rate due to suicide in Mendocino County, specifically (24.2), is about twice as high as the Healthy People 2030 target. This county rate has experienced an overall decrease over time, but the change has not been significant.

Community Survey

Mental Health was listed by 46% of survey respondents as the 2nd most important health problem in the community to address. Of survey respondents (n=128), (26%) did not receive mental health services they needed within the last 12 months. The top reasons listed by survey respondents as not being able to receive services were due to not being able to get an appointment soon enough, services needed were not available within their area, services cost too much, and insurance was not accepted. See Figure 27 below.

Figure 27: Top Reasons Respondents Did Not Receive Needed Mental Health Services in Past 12 Months (n = 128)



Focus Groups

Within focus group discussions, participants highlighted that mental health issues are prevalent in the community, with significant challenges in accessing comprehensive mental health support. Barriers to care include a lack of culturally competent mental health professionals, economic struggles, high living costs, and adverse childhood experiences. These factors contribute to mental health problems such as depression, anxiety, and trauma. The populations most impacted are children, families facing economic hardship, and individuals with a history of trauma. During the focus groups, participants identified a range of actionable recommendations to address barriers to mental health services. These recommendations include expanding education programs, implementing confidential outreach, increasing funding, providing cultural competence training, offering economic support, hiring bilingual staff, building trust through community engagement, simplifying insurance processes, creating support groups, and launching public awareness campaigns to reduce stigma. Addressing these barriers requires a multifaceted approach involving policy changes, community engagement, and increased funding for mental health services.

Substance Misuse

Substance Misuse (Alcohol & Drug Use) was listed by 70% of survey respondents as the top most important health problem in the community to address. Of survey respondents (n=32), 4% did not receive alcohol/substance addiction treatment services they needed within the last 12 months. The top reasons listed by survey respondents as not being able to receive services were due to services not being available in their area (31%) and not knowing where to go to get services (25%).

Focus Groups

Substance misuse, particularly involving meth and fentanyl, is a critical concern in the community. Barriers to care include stigma around addiction, limited access to recovery options, and insufficient education on Narcan and substance misuse prevention. Substance misuse significantly impacts families, schools, and local services, creating a cycle of neglect and dysfunction. The populations most impacted are youth and families with a history of substance misuse. Based on insights gathered during the focus groups, several key recommendations were made to address barriers to mental health services. These include expanding education programs, implementing confidential outreach, increasing funding, providing cultural competence training, offering economic support, hiring bilingual staff, building trust through community engagement, simplifying insurance processes, creating support groups, and launching public awareness campaigns to reduce stigma. Addressing these barriers requires a multifaceted approach involving policy changes, community engagement, and increased funding for mental health services.

The quotes from focus group participants for mental health and substance misuse further highlight the key themes discussed in the secondary and primary data.



We see many people on fentanyl, race and age doesn't matter, we are distributing Narcan across the board to many in need.



A lot of people tend to look at drug addicted children or adults as disgusting or low level, reducing efforts to get them help.



Kids have gone through so much and are unable to cope. There are not adequate mental health services for the need. The schools only have two days a week of mental health support for 390 kids.



It's generational and so many times parents are engaging with their child in substance misuse. You must change some of those cultural norms.





Prioritized Health Topic #2: Community Safety

Secondary Data Score – Prevention and Safety: 2.15

Secondary Data Score – Community Safety: 1.67



Key Themes from Community Input

- Survey respondents indicate that these areas need to be improved or in the community: Crime and Crime Prevention (23%), Safe parks and usable walking paths (21%), and Safe public spaces (10%)
- Poor infrastructure, including inadequate bike lanes and sidewalks, and limited animal control resources are considered barriers



Warning Indicators

- People 65+ Living Alone
- Age-Adjusted Death Rate due to Unintentional Injuries
- Age-Adjusted Death Rate due to Homicide

Secondary Data

Secondary data indicators for this prioritized topic were scored and categorized under two areas: Prevention and Safety (with a score of 2.15) and Community Safety (with a score of 1.67). Prevention and Safety was the highest scoring, and thus most concerning, topic for Mendocino County. Further analysis was done to identify specific indicators of concern. Those indicators with a score at or above 1.50 were categorized as indicators of concern and are listed in Table 11 below. See Appendix A for the full list of indicators categorized within this topic.

Table 11: Community Safety

SCORE	Community Safety	Mendocino County	HP2030	CA	U.S.	CA Counties	U.S. Counties	Trend	Period of Measure
2.64	People 65+ Living Alone (percent)	30.8	--	22.0	26.4				2018-2022
2.50	Age-Adjusted Death Rate due to Unintentional Injuries (deaths/ 100,000 population)	106.5	43.2	43.4	57.6 (in 2020)		--		2019-2021
2.33	Age-Adjusted Death Rate due to Homicide (deaths/ 100,000 population)	8.7	5.5	5.1	6.6			--	2018-2020
2.22	Age-Adjusted Death Rate due to Motor Vehicle Traffic Collisions (deaths/ 100,000 population)	28.6	10.1	10.7	12.0 (in 2020)		--	--	2019-2021
1.94	Substantiated Child Abuse Rate (cases/ 1,000 children)	17.5	8.7	6.1	7.7	--	--		2022
1.94	Age-Adjusted Death Rate due to Firearms (deaths/ 100,000 population)	12.3	10.7	7.4	12.0				2018-2020
1.86	Juvenile Arrest Rate (arrests/ 1,000 population aged 0-17)	5.3	--	2.8	--		--		2022
1.58	Severe Housing Problems (percent)	23.7	--	25.7	16.7				2016-2020

Some of the most concerning secondary data indicators within this topic area are related to unintentional injuries and hazardous or unsafe living conditions. Broadly, Mendocino County’s *Age-Adjusted Death Rate due to Unintentional Injuries* is 106.5 deaths per 100,000, which is more than twice the California rate (43.4) and rising. One of the major categories of unintentional injury is motor vehicle collisions, and Mendocino County’s *Age-Adjusted Death Rate due to Motor Vehicle Traffic Collisions* is similarly more than twice the California rate (28.6 vs. 10.7 deaths per 100,000). We also found that unsafe living conditions are relatively widespread in Mendocino County. Mendocino County is in the top quartile of all U.S. counties with regard to both *People 65+ Living Alone* as well as *Severe Housing Problems*, both of which are factors that can increase one’s risk of unintentional home injury.

Violence is a significant concern in Mendocino County. The *Age-Adjusted Death Rate due to Homicide* as well as the *Age-Adjusted Death Rate due to Firearms* are both in the highest quartile of all California counties. For young people specifically, the county's *Substantiated Child Abuse Rate* is nearly three times the California rate (17.5 vs. 6.1 cases per 1,000 children). American Indian/Alaskan Native children experience a rate of child abuse that is nearly three times higher than the general population (46.8 cases per 1,000 children). Notably, the county's population of American Indian/Alaskan Native children are also six times more likely than the general population to be in foster care (49.3 vs. 8.4 cases per 1,000 children).

Community Survey

Community survey respondents were asked to indicate their feelings about community services and programs. Of community survey respondents (n=740), 34% say that there are enough safe places for recreation and physical activity in the community and that people in the community are receiving the healthcare/medical services they need, and 37% say that there is a feeling of trust in law enforcement in the community and 34% say that their voice along with their ~~communities~~community's voice is heard. See the community survey analysis and responses in Figure 22, for overall sentiment of community-based services and programs in Mendocino County.

Focus Group

Community safety emerged as a significant concern in the focus group discussions, particularly in relation to infrastructure and public health. Participants highlighted a high number of pedestrian and cyclist accidents on Highway 162, attributed to inadequate bike lanes and poor road infrastructure, posing serious risks to residents. Unsafe walking environments were also noted, especially for vulnerable groups such as veterans and seniors. Additionally, the intersection of homelessness, substance abuse, and exploitation—especially among young women exiting foster care—was identified as a growing safety issue. The prevalence of fentanyl and other dangerous substances has increased overdose risks and contributed to a sense of insecurity. These safety challenges are compounded by limited access to mental health services, transportation barriers, and a shortage of professionals, all of which hinder effective community response and prevention efforts.



During the winter you have to walk on the streets because the sidewalks are giant mud puddles and cars are racing by really fast.



The community faces a significant problem with stray dogs, leading to attacks on people and pets, exacerbated by a lack of effective animal control and overwhelmed shelters.- 48 -





Prioritized Health Topic #3: Healthcare Access

Secondary Data Score – Healthcare Access: 1.51



Key Themes from Community Input

- 31% of Survey respondents rank Availability and Access to Health Care as a top health need
- Long travel distances to healthcare facilities, insurance and billing complications, and shortage of local healthcare providers and specialists are considered barriers to care
- Native Americans, low-income families, and seniors are the most impacted populations



Warning Indicators

- People Delayed or had Difficulty Obtaining Care
- Children with Health Insurance
- Adults who had had a Routine Checkup

Secondary Data

Secondary data indicators were scored and categorized under the topic Health Care Access & Quality, resulting in an overall topic score of 1.51. Further analysis was done to identify specific indicators of concern. Those indicators with a score at or above 1.50 were categorized as indicators of concern and are listed in Table 12 below. See Appendix A for the full list of indicators categorized within this topic.

Table 12: Health Care Access & Quality

SCORE	Healthcare Access	Mendocino County	HP2030	CA	U.S.	CA Counties	U.S. Counties	Trend	Period of Measure
2.22	People Delayed or had Difficulty Obtaining Care (percent)	21.7	5.9	16.5	--		--		2021-2022
2.14	Children with Health Insurance (percent)	94.8	--	96.8	94.9				2022
1.92	Adults who have had a Routine Checkup (percent)	64.9	--	--	73.6			--	2021
1.78	Persons with Health Insurance (percent)	90.3	92.4	91.9	--				2021

One of the most pressing concerns related to Health Care Access and Quality is the high number of individuals in Mendocino County who reported delaying or not receiving needed medical care. In Mendocino County, more than one in five individuals (21.7%) reported that they had delayed or had had difficulty obtaining medical care. This rate is among the highest rates across all California counties and has been significantly increasing over time. This rate of delayed care is also more than three times higher than the Healthy People 2030 goal. The difficulty in obtaining care may be a factor driving relatively low rates of adults receiving routine medical care. Fewer than two-thirds of Mendocino County adults (64.9%) reported having a routine checkup, which is one of the lowest county rates across all U.S. counties.

Preventable hospital stays are one adverse health outcome that can result from lower access to routine care. Among the Medicare population, the Mendocino County rate for preventable hospital stays is 1,823 discharges per 100,000 Medicare enrollees. This is lower than most other California counties. However, this rate is more than double among the county’s American Indian/Alaskan Native population (4,417 discharges per 100,000 Medicare enrollees), which may indicate lower rates of preventative and routine care among this population.

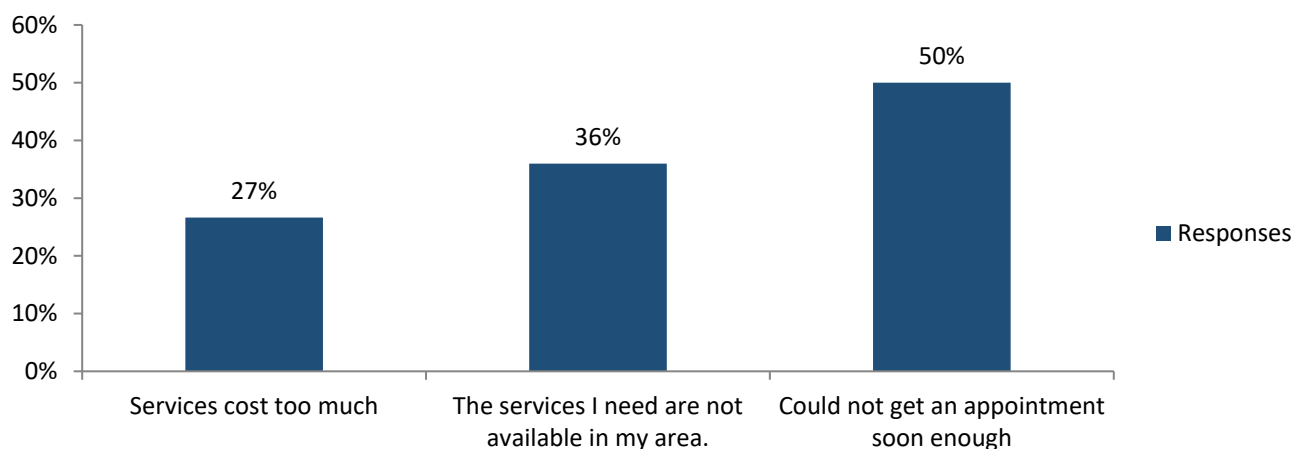
The insured rate in Mendocino County, as well as the insured rate of Mendocino County’s children specifically, are both lower than the state-wide rate. The majority of children in Mendocino County have health insurance (94.8%), however this rate implies that about one in twenty children (5.2%) do not have health insurance in Mendocino County. In fact, this is one of the lowest insured rates among children across all California counties. Similarly, the overall population of Mendocino County is largely insured (90.3%), however this implies that about

one in ten individuals do not have insurance (9.7%). This overall insured rate is within the poorest performing quartile of all California counties.

Community Survey

Of survey respondents (n=285), 46% listed availability and access to health care as an important issue to address in the community. Furthermore, 40% of respondents did not get the health care services they needed, and the top reasons included not being able to get an appointment soon enough, the services not being available in their area, or services costing too much. See Figure 31 below.

Figure 31: Reasons why survey respondents were unable to access healthcare services within the last 12 months



Focus Groups

Focus group participants stated that access to healthcare, particularly for specialized treatments such as dialysis and mental health services, is significantly limited. Key barriers include long travel distances, high costs, and complications with insurance and billing. These issues result in delays and coverage problems, disproportionately affecting Native Americans, low-income families, and seniors. To address these challenges, it is recommended to enhance transportation services to healthcare facilities, especially for specialized treatments. Additionally, simplifying insurance and billing processes can help reduce delays and coverage issues. Increasing the number of local healthcare providers and specialists is also crucial to minimize travel distances for residents.

The quotes from focus group participants below further highlight the key themes discussed in the secondary and primary data.

“

Covelo residents, particularly Native Americans, face significant challenges in accessing dialysis, with the nearest facilities located in Ukiah or Lakeport, necessitating long travel times and expenses.

”



Prioritized Health Topic #4: Diabetes

Secondary Data Score – Diabetes: 0.98



Key Themes from Community Input

- 23% of survey respondents ranked Diabetes as an important health issue
- Economic constraints leading to unhealthy dietary choices, long travel distances for dialysis and lack of specialized diabetes care are considered barriers to care
- Native Americans and low-income families are the most impacted populations



Warning Indicators

- Age-Adjusted Death Rate due to Diabetes (deaths/100,000 population)

Secondary Data

Secondary data indicator scoring for Mendocino County included only three indicators directly related to diabetes, resulting in an overall topic score of 0.98. All three of these indicators are listed in Table 13 below. See Appendix A for more details.

Table 13: Diabetes

SCORE	Diabetes	Mendocino County	HP2030	CA	U.S.	CA Counties	U.S. Counties	Trend	Period of Measure
1.58	Age-Adjusted Death Rate due to Diabetes (deaths/ 100,000 population)	20.1	--	23.1	24.8 (in 2020)		--		2019-2021
0.86	Adults with Diabetes (percent)	8.2		10.7			--		2021-2022
0.50	Diabetes: Medicare Population (percent)	16.0		21.0	24.0			--	2022

The rate of diabetes among the Mendocino County population, broadly, is relatively low. The percentage of adults with diabetes, and the percentage of Medicare recipients with diabetes, are both lower than most other counties across California. Similarly, the *Age-Adjusted Death Rate due to Diabetes* is lower than the overall California rate, however the Mendocino County rate has been increasing over time. Further, certain racial/ethnic populations in Mendocino County experience an especially high prevalence of diabetes. Among Mendocino County’s Medicare recipients, the American Indian/Alaskan Native population is more than twice as likely as the general population to have diabetes (35.0% vs. 16.0%).

Community Feedback

Of community survey respondents, 23% ranked Diabetes as an important health issue to address. Focus group participants identified diabetes as a significant health concern, largely due to dietary changes and economic constraints leading residents to choose cheaper, less healthy food options. Barriers to care include limited access to local healthcare services, particularly for diabetes management and dialysis. The populations most impacted are Native Americans and low-income families. Recommendations include providing education and resources on healthy eating and diabetes management; increasing access to local healthcare services, including diabetes clinics and dialysis centers; and implementing community programs to promote physical activity and healthy lifestyles.

The quotes from focus group participants below further highlight the key themes discussed in the secondary and primary data.



Diabetes is a significant health concern in the community, largely due to dietary changes and economic constraints that lead residents to choose cheaper, less healthy food options.



There are challenges in accessing specialized diabetes care, particularly for retinal screenings, citing limited specialists and long wait times.





Prioritized Health Topic #5: Chronic Conditions (Tobacco Use Prevention, Oral Health and Other Prevention Education Efforts)

Secondary Data Score – Tobacco Use: 1.59

Secondary Data Score – Oral Health: 1.54

Secondary Data Score – Other Conditions: 1.16



Key Themes from Community Input

- 33% survey of survey respondents did not receive dental care within the last 12 months
- Native Americans, and Low-income families are the most impacted populations



Warning Indicators

- Oral Cavity and Pharynx Cancer Incidence Rate
- Adults who Visited a Dentist
- 11th Grade Students Who Report Vaping or Using E-Cigarettes

Secondary Data

Secondary data indicators for this prioritized topic were scored and categorized under three areas: Tobacco Use (with a score of 1.59), Oral Health (1.54), and Other Chronic Conditions (1.16). Further analysis was done to identify specific indicators of concern. Those indicators with a score at or above 1.50 were categorized as indicators of concern and are listed in Table 14 below. See Appendix A for the full list of indicators categorized within these topics.

Table 14: Chronic Conditions

SCORE	Chronic Conditions	Mendocino County	HP2030	CA	U.S.	CA Counties	U.S. Counties	Trend	Period of Measure
1.81	Oral Cavity and Pharynx Cancer Incidence Rate (cases/ 100,000 population)	11.9	--	10.1	11.9				2016-2020
1.75	Adults who Visited a Dentist (percent)	60.4	--	--	64.8			--	2020
1.75	11th Grade Students Who Report Vaping or Using E-Cigarettes (percent)	43.4	--	26.2	--	--	--	--	2017-2019
1.75	7th Grade Students Who Report Vaping or Using E-Cigarettes (percent)	9.2	--	4.0	--	--	--	--	2017-2019
1.75	9th Grade Students Who Report Vaping or Using E-Cigarettes (percent)	21.7	--	8.7	--	--	--	--	2017-2019
1.75	Adults Who Used Electronic Cigarettes: Past 30 Days (percent)	4.5	--	3.3	--	--	--	--	2019-2020
1.61	Adults who Smoke (percent)	7.5		6.1	12.1 (in 2023)		--		2021-2022

As shown in Table 14, adults in Mendocino County are more likely to smoke than the California-wide population. Although this rate is substantially lower than the overall U.S. population and has been decreasing, disparities remain. For example, we found that more than two-fifths (42.4%) of the county’s American Indian/Alaskan Native adult population smoke. Further, we also found that both adults and adolescents in Mendocino County were more likely to use e-cigarettes or vaping products than the California population.

The *Oral Cavity and Pharynx Cancer Incidence Rate* in Mendocino County is 11.9 cases per 100,000 population—higher than the California rate of 10.1, and also higher than most other county rates across the state. This elevated cancer incidence could be related to similarly elevated rates of tobacco and e-cigarette use, chronic alcohol use (see *Prioritized Health Topic #1: Mental Health, Substance Misuse & Stigma*), and other oral health factors such as human papilloma virus (HPV). Lower rates of dental care may also contribute to a generally greater burden of oral disease for the Mendocino County population. The county rate for *Adults who Visited a Dentist* is 60.4%, which is lower than most other counties across California. Several factors may contribute to this elevated rate, including higher use of tobacco products such as heavy alcohol consumption, cigarettes, vaping devices, and electronic cigarettes, as well as lower rates of dental visits compared to national average.

Community Survey

Of community survey respondents (11%) indicated Oral Health and Access to Dentistry Services (dentistry available nearby), and Tobacco Use & Vaping (including e-cigarettes, chewing tobacco, etc. as an important health issue in the community. In the last 12 months, 33% (n=229) of respondents did not receive regular dental care or oral health services. The top reasons for not receiving dental or oral health services included services costing too much (28%), other reasons including lack of insurance/trauma/distance (26%), and inability to get an appointment soon enough (23%).

Focus Groups

Chronic conditions such as heart disease and respiratory issues are prevalent in the community. Barriers to care include long travel distances, high costs, and a shortage of local healthcare services and specialists. The populations most impacted are individuals with chronic health conditions and those living in rural areas. Recommendations from focus groups include increasing the availability of local healthcare services and specialists for chronic ~~conditions, providing~~ conditions, providing transportation assistance for individuals needing to travel for specialized care, and implementing community health programs focused on prevention and management of chronic conditions.

Tobacco use is another health concern among youth and families. Barriers to care include cultural and economic factors that perpetuate tobacco use and a lack of effective education and prevention programs. Recommendations include implementing comprehensive tobacco education and prevention programs targeting youth and families, providing resources and support for smoking cessation programs, and addressing cultural and economic factors that contribute to tobacco use through community engagement and policy changes.



Prioritized Health Topic #6: Cancer

Secondary Data Score – Cancer: 1.70



Key Themes from Community Input

- 12% of respondents rank Cancer as a top health need
- Lack of effective education and prevention programs, and cultural and economic factors are considered barriers to care



Warning Indicators

- Mammogram in Past 2 Years: 50-74
- Age-Adjusted Death Rate due to Cancer
- Colorectal Cancer Incidence Rate

Secondary Data

Secondary data indicators for this prioritized topic were scored and categorized, resulting in an overall Cancer topic score of 1.70. Further analysis was done to identify specific indicators of concern. Those indicators with a score at or above 1.50 were categorized as indicators of concern and are listed in Table 15 below. See Appendix A for the full list of indicators categorized within this topic.

Table 15 Cancer

SCORE	Cancer	Mendocino County	HP2030	CA	U.S.	CA Counties	U.S. Counties	Trend	Period of Measure
2.33	Mammogram in Past 2 Years: 50-74 (percent)	64.8	80.3	--	78.2			--	2020
2.22	Age-Adjusted Death Rate due to Cancer (deaths/ 100,000 population)	159.9	122.7	124.9	146.0 <small>(in 2018-2022)</small>		--		2019-2021
2.14	Colorectal Cancer Incidence Rate (cases/ 100,000 population)	39.3	--	33.5	36.5				2016-2020
1.94	Age-Adjusted Death Rate due to Lung Cancer (deaths/ 100,000 population)	30.8	25.1	21.6	--		--	--	2019-2021
1.92	Adults with Cancer (percent)	8.4	--	--	7.0			--	2021
1.92	Colon Cancer Screening: USPSTF Recommendation (percent)	62.7	--	--	72.4			--	2020
1.81	Oral Cavity and Pharynx Cancer Incidence Rate (cases/ 100,000 population)	11.9	--	10.1	11.9				2016-2020
1.75	Cervical Cancer Incidence Rate (cases/ 100,000 females)	8.5	--	7.3	7.5				2016-2020
1.67	Age-Adjusted Death Rate due to Prostate Cancer (deaths/ 100,000 males)	24.2	16.9	18.4	19.0 <small>(in 2018-2022)</small>		--	--	2019-2021
1.61	Age-Adjusted Death Rate due to Breast Cancer (deaths/ 100,000 females)	19.1	15.3	17.8	19.3 <small>(in 2018-2022)</small>		--	--	2019-2021

Cancer screening rates in Mendocino County fall below both state and national benchmarks, which may contribute to higher cancer-related mortality in the region. For example, only 64.8%

of women aged 50-74 years reported having a mammogram in the past two years—well below the national rate of 78.2%. This places Mendocino County in the bottom 25% of counties in California and across the U.S. The Healthy People 2030 target is to increase breast cancer screening to 80.3%. Mammograms, though not perfect, are a critical tool for early detection of breast cancer and have been shown to reduce mortality. This gap in screening may help explain the county's higher age-adjusted death rate due to breast cancer—19.1 deaths per 100,000 females—compared to the California rate of 17.8. Mendocino County not only ranks in the bottom half of California counties for this measure but also exceeds the Healthy People 2030 target of 15.3 deaths per 100,000.

Similar disparities are evident in other gender-specific cancer indicators. The cervical cancer incidence rate in Mendocino County is 8.5 cases per 100,000 population, compared to 7.3 in California and 7.5 nationwide. The age-adjusted death rate from prostate cancer is also significantly higher at 24.2 deaths per 100,000 males, compared to 18.4 in California. This rate exceeds the Healthy People 2030 goal of 16.9 and places Mendocino County among the worst 25% of counties statewide.

Colon cancer screening rates are also a concern. Only 62.7% of adults in Mendocino County are up to date with recommended colon cancer screening, compared to 72.4% nationally. This low screening rate aligns with a higher colorectal cancer incidence rate in the county: 39.3 cases per 100,000 population, versus 33.5 at the state level and 36.5 nationally.

As previously mentioned, Mendocino County also experiences higher rates of tobacco use, including smoking and vaping. These behaviors are strongly linked to cancers of the lung and oral cavity. The age-adjusted death rate due to lung cancer in Mendocino County is 30.8 deaths per 100,000 population—well above state average and Healthy People 2030 target of 25.1 deaths per 100,000 population. Similarly, the incidence of oral cavity and pharynx cancers stands at 11.9 cases per 100,000, exceeding California's rate of 10.1.

In terms of overall cancer burden, Mendocino County reports a total cancer mortality rate of 159.9 deaths per 100,000 population—substantially higher than both the state average of 124.9 and the Healthy People 2030 target of 122.7. This places the county again in the bottom quartile across California.

Community Survey

Cancer is a significant health issue in the community, with challenges in accessing specialized care such as radiation therapy. Within the community survey 12% of respondents listed Cancer as the most important issue impacting the community. Focus group participants identified barriers to care including long travel distances and high costs for treatment. The populations most impacted are cancer patients requiring specialized care. Recommendations from the community survey included increasing access to specialized cancer care services, including radiation therapy; providing financial assistance and support for travel expenses related to

cancer treatment; and implementing community education programs on cancer prevention and early detection.

Conclusion

This Community Health Needs Assessment (CHNA) conducted by Mendocino Public Health leveraged primary and secondary data analysis to provide a more comprehensive picture of health in Mendocino County, California. Through comprehensive data collection and analysis, we have identified five key health priorities of populations that are most in need. The engagement of community stakeholders has been instrumental in shaping our understanding and ensuring that diverse perspectives are represented.

Moving forward, the findings from this assessment will guide the development of targeted interventions and strategies aimed at addressing the identified health needs. Collaboration with local organizations, healthcare providers, and community members will be crucial in implementing these initiatives effectively. By leveraging existing resources and fostering new partnerships, we are committed to improving the overall health and well-being of our community.

The CHNA process has underscored the importance of ongoing community engagement and continuous evaluation to adapt to changing health dynamics. We are dedicated to maintaining transparency and accountability as we work towards creating a healthier, more equitable community for all residents.

Appendices Summary

The following support documents are shared separately on the Mendocino Public Health Department website.

A. Secondary Data (Methodology and Data Scoring Tables)

A detailed overview of the Conduent HCI data scoring methodology and indicator scoring results from the secondary data analysis.

B. Community Input Assessment Tools

Quantitative and qualitative community feedback data collection tools that were vital in capturing community feedback during this collaborative CHNA:

- Community Survey
- Focus Group Guide & Summary of Findings

C. Community Partner Assessment

This document highlights results of the community partner assessment and can be utilized for future planning.

Appendix A. Secondary Data Methodology and Data Scoring Tables

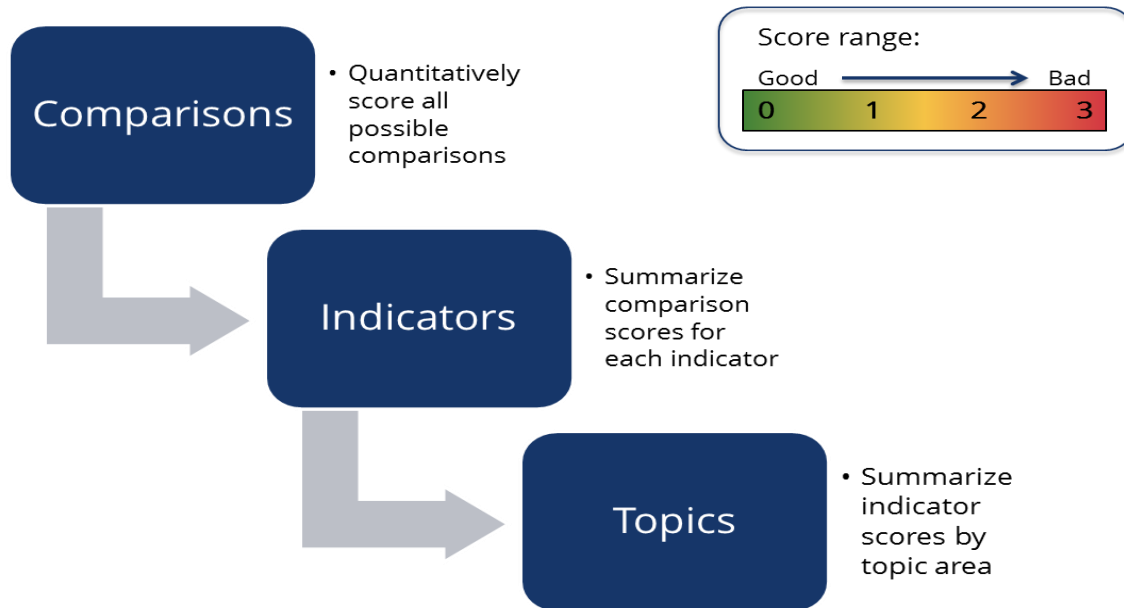
Secondary Data Sources

The following is a list of secondary sources used in Mendocino County's Community Health Assessment:

Key	Data Source
1	American Community Survey 1-Year
2	American Community Survey 5-Year
3	American Lung Association
4	California Department of Education
5	California Department of Justice
6	California Department of Public Health
7	California Department of Public Health, Immunization Branch
8	California Department of Public Health, STD Control Branch
9	California Health Interview Survey
10	California Health Interview Survey, Neighborhood Edition
11	California Healthy Kids Survey
12	California Opioid Overdose Surveillance Dashboard
13	California Secretary of State
14	California State Highway Patrol
15	CDC - PLACES
16	Centers for Disease Control and Prevention
17	Centers for Medicare & Medicaid Services
18	Child Welfare Dynamic Report System
19	Controlled Substance Utilization Review and Evaluation System
20	County Health Rankings
21	Feeding America
22	National Cancer Institute
23	National Center for Education Statistics
24	National Environmental Public Health Tracking Network
25	U.S. Bureau of Labor Statistics
26	U.S. Census - County Business Patterns
27	U.S. Census Bureau - Small Area Health Insurance Estimates
28	U.S. Department of Housing and Urban Development

Secondary Data Scoring

Data scoring is done in three stages:



For each indicator, each county is assigned a score based on its comparison to other communities, whether health targets have been met, and the trend of the indicator value over time. These comparison scores range from 0-3, where 0 indicates the best outcome and 3 the worst. Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected for other communities, and changes in methodology over time.

Indicators are categorized into topic areas and each topic area receives a score. Indicators may be categorized in more than one topic area. Topic scores are determined by the comparisons of all indicators within the topic.

Comparison to a Distribution of County Values: Within State and Nation

For ease of interpretation and analysis, indicator data is visually represented as a green-yellow-red gauge showing how the community is faring against a distribution of counties in the state or the United States. A distribution is created by taking all county values within the state or nation, ordering them from low to high, and dividing them into three groups (green, yellow, red) based on their order. Indicators with the poorest comparisons (“in the red”) scored high, whereas indicators with good comparisons (“in the green”) scored low.

Comparison to Values: State, National, and Targets

Each county is compared to the state value, the national value, and target values. Target values include the nation-wide Healthy People 2030 (HP2030) goals. Healthy People 2030 goals are national objectives for improving the health of the nation set by the Department of Health and Human Services' Healthy People Initiative. For all value comparisons, the scoring depends on whether the county value is better or worse than the comparison value, as well as how close the county value is to the target value.

Trend over Time

The Mann-Kendall statistical test for trend was used to assess whether the county value is increasing over time or decreasing over time, and whether the trend is statistically significant. The trend comparison uses the four most recent comparable values for the county, and statistical significance is determined at the 90% confidence level. For each indicator with values available for four time periods, scoring was determined by direction of the trend and statistical significance.

Missing Values

Indicator scores are calculated using the comparison scores, availability of which depends on the data source. If the comparison type is possible for an adequate proportion of indicators on the community dashboard, it will be included in the indicator score. After exclusion of comparison types with inadequate availability, all missing comparisons are substituted with a neutral score for the purposes of calculating the indicator's weighted average. When information is unknown due to lack of comparable data, the neutral value assumes that the missing comparison score is neither good nor bad.

Indicator Scoring

Indicator scores are calculated as a weighted average of all included comparison scores. If none of the included comparison types are possible for an indicator, no score is calculated, and the indicator is excluded from the data scoring results.

Topic Scoring

Indicator scores are averaged by topic area to calculate topic scores. Each indicator may be included in up to three topic areas if appropriate. Resulting scores range from 0-3, where a higher score indicates a greater level of need as evidenced by the data. A topic score is only calculated if it includes at least three indicators.

Mendocino County Data Scoring Results

Health and Quality of Life Topics	Score
Prevention & Safety	2.15
Education	1.94
Economy	1.87
Alcohol & Drug Use	1.83
Women's Health	1.79
Wellness & Lifestyle	1.74
Cancer	1.70
Community	1.67
Adolescent Health	1.66
Children's Health	1.61
Tobacco Use	1.59
Immunizations & Infectious Diseases	1.56
Physical Activity	1.56
Medications & Prescriptions	1.56
Oral Health	1.54
Health Care Access & Quality	1.51
Environmental Health	1.44
Nutrition & Healthy Eating	1.44
Respiratory Diseases	1.43
Weight Status	1.43
Sexually Transmitted Infections	1.36
Heart Disease & Stroke	1.36
Maternal, Fetal & Infant Health	1.30
Mental Health & Mental Disorders	1.19
Older Adults	1.13
Diabetes	0.98

SCORE	ADOLESCENT HEALTH	Units	Mendocino County	HP2030	CA	U.S.	Measurement Period	High Race Disparity	Source
1.94	Teen Birth Rate: 15-19	<i>live births/ 1,000 females aged 15-19</i>	17.6		10.3	15.2	2019-2021	White (7.6) AIAN (42.8) Hispanic (25.4)	6
1.75	11th Grade Students Who Report Vaping or Using E-Cigarettes	<i>percent</i>	43.4		26.2		2017-2019		11
1.75	7th Grade Students Who Report Vaping or Using E-Cigarettes	<i>percent</i>	9.2		4.0		2017-2019		11
1.75	9th Grade Students Who Report Vaping or Using E-Cigarettes	<i>percent</i>	21.7		8.7		2017-2019		11
1.61	Students who Use Alcohol: 11th Graders	<i>percent</i>	34.0		16.0		2017-2019		11
1.61	Students who Use Marijuana: 11th Graders	<i>percent</i>	22.0		16.0		2017-2019		11
1.61	Teens who Smoke: 11th Graders	<i>percent</i>	7.0		2.0		2017-2019		11
1.25	Children and Teens with Asthma	<i>percent</i>	9.8		12.3		2019-2020		10

SCORE	ALCOHOL & DRUG USE	Units	Mendocino County	HP2030	CA	U.S.	Measurement Period	High Race Disparity	Source
2.58	Death Rate due to Drug Poisoning	<i>deaths/ 100,000 population</i>	59.1	20.7	22.0	27.2	2019-2021		20
2.50	Age-Adjusted Death Rate due to Synthetic Opioid Overdose (excluding Methadone)	<i>Rate per 100,000 residents</i>	49.9	8.9	16.7		2022		12
2.50	Age-Adjusted Drug and Opioid-Involved Overdose Death Rate	<i>Deaths per 100,000 population</i>	41.3		16.5	23.5	2018-2020		16

2.42	Age-Adjusted Death Rate due to All Opioid Overdose	Rate per 100,000 residents	54.9	18.7		2022	Black (308.5) White (95.2) API (0.0) Hispanic (29.1)	12
2.42	Age-Adjusted Death Rate due to Drug Use	deaths/ 100,000 population	56.2	21.4		2019-2021		6
2.42	Age-Adjusted Death Rate due to Prescription Opioid Overdose	Rate per 100,000 residents	54.9	18.1		2022		12
2.31	Alcohol-Impaired Driving Deaths	percent of driving deaths with alcohol involvement	31.6	26.7	26.3	2017-2021		20
2.14	Age-Adjusted Death Rate due to Fentanyl Overdose		47.7	16.6		2022	Black (97.8) White (52.3) API (0.0) Hispanic (35.8)	12
2.14	Age-Adjusted ED Visit Rate due to Opioid Overdose (excluding Heroin)	Rate per 100,000 residents	88.2	54.9		2022	Black (184.7) White (95.1) Hispanic (34.2)	12
1.94	Age-Adjusted Death Rate due to Heroin Overdose	deaths/ 100,000 population	8.6	4.2	2.4	2019		12
1.86	Age-Adjusted ED Visit Rate due to All Drug Overdose	Rate per 100,000 residents	195.9	143.7		2022		12
1.83	Age-Adjusted Hospitalization Rate due to Opioid Overdose (excluding Heroin)	Rate per 100,000 residents	12.9	12.1		2022		12
1.69	Age-Adjusted Hospitalization Rate due to All Drug Overdose	Rate per 100,000 residents	50.2	48.3		2022		12

1.61	Opioid Prescription Patients	percent	3.7			Q3 2022		19
1.61	Quarterly Opioid Prescription Rate	prescriptions per 10,000 population	483.2			Q3 2022		19
1.61	Students who Use Alcohol: 11th Graders	percent	34.0	16.0		2017-2019		11
1.61	Students who Use Marijuana: 11th Graders	percent	22.0	16.0		2017-2019		11
1.58	Age-Adjusted Long Acting or Extended Release Opioid Prescription Rate to Opioid Naive Residents	per 100,000 population	3.0	1.2		2022		12
1.58	Residents on More than 90 Morphine Milligram Equivalents (MME) of Opioids Daily	Residents on >90 MMEs of Opioids per 1,000 residents	11.8	6.3		2022		12
1.42	Age-Adjusted Annual Opioid Prescription Rate	prescriptions per 1,000 residents	435.0	291.0		2022		12
1.42	Age-Adjusted ED Visit Rate due to Heroin Overdose	Rate per 100,000 residents	4.3	3.6		2022		12
1.25	Adults who Binge Drink	percent	14.8		15.5	2021		15
0.86	Age-Adjusted Hospitalization Rate due to Heroin Overdose	Rate per 100,000 residents	0.0	0.7		2022		12
0.69	Liquor Store Density	stores/ 100,000 population	8.8	11.0	10.7	2021		26

SCORE	CANCER	Units	Mendocino County	HP2030	CA	U.S.	Measurement Period	High Race Disparity	Source
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2.33	Mammogram in Past 2 Years: 50-74	percent	64.8	80.3	78.2	2020	15
2.33	Mammography Screening: Medicare Population	percent	37.0	41.0	47.0	2022	17
2.22	Age-Adjusted Death Rate due to Cancer	deaths/ 100,000 population	159.9	122.7	124.9	2019-2021	6
2.14	Colorectal Cancer Incidence Rate	cases/ 100,000 population	39.3	33.5	36.5	2016-2020	22
1.94	Age-Adjusted Death Rate due to Lung Cancer	deaths/ 100,000 population	30.8	25.1	21.6	2019-2021	6
1.92	Adults with Cancer	percent	8.4		7.0	2021	15
1.92	Colon Cancer Screening: USPSTF Recommendation	percent	62.7		72.4	2020	15
1.81	Oral Cavity and Pharynx Cancer Incidence Rate	cases/ 100,000 population	11.9	10.1	11.9	2016-2020	22
1.75	Cervical Cancer Incidence Rate	cases/ 100,000 females	8.5	7.3	7.5	2016-2020	22
1.67	Age-Adjusted Death Rate due to Prostate Cancer	deaths/ 100,000 males	24.2	16.9	18.4	2019-2021	6
1.61	Age-Adjusted Death Rate due to Breast Cancer	deaths/ 100,000 females	19.1	15.3	17.8	2019-2021	6
1.42	Cervical Cancer Screening: 21-65	Percent	81.4		82.8	2020	15
1.31	Breast Cancer Incidence Rate	cases/ 100,000 females	115.8	121.0	127.0	2016-2020	22
1.25	Prostate Cancer Incidence Rate	cases/ 100,000 males	88.1	95.4	110.5	2016-2020	22
0.92	Lung and Bronchus Cancer Incidence Rate	cases/ 100,000 population	43.4	37.6	54.0	2016-2020	22

0.64	Cancer: Medicare Population	<i>percent</i>	9.0		11.0	12.0	2022		17
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SCORE	CHILDREN'S HEALTH	Units	Mendocino County	HP2030	CA	U.S.	Measurement Period	High Race Disparity	Source
2.14	Children with Health Insurance	<i>percent</i>	94.8		96.8	94.9	2022		1
2.03	Child Food Insecurity Rate	<i>percent</i>	16.8		13.5	12.8	2021		21
1.94	Substantiated Child Abuse Rate	<i>cases/ 1,000 children</i>	17.5	8.7	6.1	7.7	2022	White (16.3) AIAN (80.2) Hispanic (10.7)	18
1.75	Children who are Overweight for Age	<i>percent</i>	18.5		13.9		2019-2020		10
1.44	Children who Visited a Dentist	<i>percent</i>	87.4		89.5		2019-2020		10
1.42	Food Insecure Children Likely Ineligible for Assistance	<i>percent</i>	23.0		34.0	25.0	2021		21
1.42	Kindergartners with Required Immunizations	<i>percent</i>	88.8		92.8		2021-2022		7
1.25	Children and Teens with Asthma	<i>percent</i>	9.8		12.3		2019-2020		10
1.08	Child Care Centers	<i>per 1,000 population under age 5</i>	8.5		8.1	7.0	2022		20

SCORE	COMMUNITY	Units	Mendocino County	HP2030	CA	U.S.	Measurement Period	High Race Disparity	Source
2.64	People 65+ Living Alone	<i>percent</i>	30.8		22.0	26.4	2018-2022		2
2.58	Population 16+ in Civilian Labor Force	<i>percent</i>	51.3		59.3	59.6	2018-2022		2

2.47	Children in Single-Parent Households	percent	28.7		22.4	24.9	2018-2022	2
2.33	Age-Adjusted Death Rate due to Homicide	deaths/ 100,000 population	8.7	5.5	5.1	6.6	2018-2020	16
2.31	Alcohol-Impaired Driving Deaths	percent of driving deaths with alcohol involvement	31.6		26.7	26.3	2017-2021	20
2.25	Workers Commuting by Public Transportation	percent	0.3	5.3	3.6	3.8	2018-2022	Black (0.6) White (0.1) Asian (0) AIAN (1.1) NHPI (0) Mult (0) Other (0.9) Hispanic (0.7) 2
2.22	Age-Adjusted Death Rate due to Motor Vehicle Traffic Collisions	deaths/ 100,000 population	28.6	10.1	10.7		2019-2021	6
2.17	Median Monthly Owner Costs for Households without a Mortgage	dollars	670		732	584	2018-2022	2
2.17	Youth not in School or Working	percent	2.1		1.5	1.8	2018-2022	2
2.14	People 25+ with a Bachelor's Degree or Higher	percent	24.0		35.9	34.3	2018-2022	2
2.11	People Living Below Poverty Level	percent	16.2	8.0	12.1	12.5	2018-2022	2
2.08	Total Employment Change	percent	-5.4		-5.6	-4.3	2020-2021	26
2.03	Children Living Below Poverty Level	percent	20.6		15.6	16.7	2018-2022	2

2.00	Mortgaged Owners Median Monthly Household Costs	dollars	2214		2759	1828	2018-2022		2
1.97	Female Population 16+ in Civilian Labor Force	percent	53.0		57.8	58.5	2018-2022		2
1.94	Age-Adjusted Death Rate due to Firearms	deaths/ 100,000 population	12.3	10.7	7.4	12.0	2018-2020		16
1.94	Substantiated Child Abuse Rate	cases/ 1,000 children	17.5	8.7	6.1	7.7	2022	White (16.3) AIAN (80.2) Hispanic (10.7)	18
1.92	People 65+ Living Alone (Count)	people	6535				2018-2022		2
1.86	Juvenile Arrest Rate	arrests/ 1,000 population aged 0-17	5.3		2.8		2022	Black (25.3) White (3.5) Hispanic (5.8)	5
1.78	Persons with Health Insurance	percent	90.3	92.4	91.9		2021		27
1.75	Median Household Income	dollars	61335		91905	75149	2018-2022		2
1.58	Per Capita Income	dollars	34977		45591	41261	2018-2022		2
1.53	People 25+ with a High School Diploma or Higher	percent	86.8		84.4	89.1	2018-2022		2
1.53	Social Associations	membership associations/ 10,000 population	7.3		6.0	9.1	2021		20
1.42	Households with One or More Types of Computing Devices	percent	91.1		95.9	94.0	2018-2022		2
1.28	Voter Turnout: Presidential Election	percent	82.2	58.4	80.7		2020		13
1.25	Households with an Internet Subscription	percent	86.0		91.6	88.5	2018-2022		2

1.25	Persons with an Internet Subscription	percent	90.0	93.4	91.0	2018-2022		2
1.22	Median Household Gross Rent	dollars	1240	1856	1268	2018-2022		2
1.19	Workers who Drive Alone to Work	percent	72.5	68.4	71.7	2018-2022		2
1.17	Homicide Rate	homicides/ 100,000 population	2.2	5.6		2022		5
1.08	Adult Arrest Rate	arrests/ 1,000 population 18+	26.8	25.1		2022	Black (101.0) White (24.9) Hispanic (30.4)	5
1.00	Bicycle-Involved Collision Rate	collisions/ 100,000 population	0.0	0.3		2023		14
0.86	Domestic Violence Calls	calls/ 1,000 population 18- 69	3.6	6.4		2022		5
0.86	Violent Crime Rate: Rape	per 100,000 population	21.1	36.6		2022		5
0.86	Voter Engagement	Percent of adults	82.3	66.2		2022		9
0.81	Mean Travel Time to Work	minutes	21.7	29.2	26.7	2018-2022		2
0.81	Solo Drivers with a Long Commute	percent	24.9	41.6	36.4	2018-2022		20
0.75	Violent Crime Rate	crimes/ 100,000 population	202.3	493.1	380.7	2022		5

SCORE	DIABETES	Units	Mendocino County	HP2030	CA	U.S.	Measurement Period	High Race Disparity	Source
1.58	Age-Adjusted Death Rate due to Diabetes	deaths/ 100,000 population	20.1		23.1		2019-2021		6

0.86	Adults with Diabetes	<i>percent</i>	8.2		10.7		2021-2022		9
0.50	Diabetes: Medicare Population	<i>percent</i>	16.0		21.0	24.0	2022	Black (26) White (15) AIAN (35) API (23) Hispanic (25)	17

SCORE	ECONOMY	Units	Mendocino County	HP2030	CA	U.S.	Measurement Period	High Race Disparity	Source
2.92	People 65+ Living Below Poverty Level	<i>percent</i>	12.9		11.0	10.0	2018-2022	Black (0.9) White (11.0) Asian (13.6) AIAN (14.8) NHPI (0.0) Mult (22.7) Other (64.0) Hispanic (17.6)	2
2.58	Population 16+ in Civilian Labor Force	<i>percent</i>	51.3		59.3	59.6	2018-2022		2
2.58	Unemployed Workers in Civilian Labor Force	<i>percent</i>	6.3		5.6	4.2	February 2024		25
2.44	Mortgaged Owners Spending 30% or More of Household Income on Housing	<i>percent</i>	47.1	25.5	37.6	27.8	2022		1
2.36	Students Eligible for the Free Lunch Program	<i>percent</i>	64.9		52.6	42.8	2022-2023		23
2.33	Food Insecurity Rate	<i>percent</i>	12.8		10.5	10.4	2021		21

2.19	Families Living Below Poverty Level	percent	11.5		8.5	8.8	2018-2022	Black (33.3) White (8.1) Asian (3.0) AIAN (22.6) NHPI (0) Mult (16.9) Other (30.1) Hispanic (18.2)	2
2.17	Median Monthly Owner Costs for Households without a Mortgage	dollars	670		732	584	2018-2022		2
2.17	Youth not in School or Working	percent	2.1		1.5	1.8	2018-2022		2
2.11	People Living Below Poverty Level	percent	16.2	8.0	12.1	12.5	2018-2022		2
2.11	Renters Spending 30% or More of Household Income on Rent	percent	55.3	25.5	54.4	49.9	2018-2022		2
2.08	Total Employment Change	percent	-5.4		-5.6	-4.3	2020-2021		26
2.03	Child Food Insecurity Rate	percent	16.8		13.5	12.8	2021		21
2.03	Children Living Below Poverty Level	percent	20.6		15.6	16.7	2018-2022		2
2.00	Adults with Disability Living in Poverty	percent	26.4		22.7	24.9	2018-2022		2
2.00	Mortgaged Owners Median Monthly Household Costs	dollars	2214		2759	1828	2018-2022		2
1.97	Female Population 16+ in Civilian Labor Force	percent	53.0		57.8	58.5	2018-2022		2
1.92	People 65+ Living Below Poverty Level (Count)	people	2702				2018-2022		2

1.86	Households with Cash Public Assistance Income	percent	3.7	3.7	2.7	2018-2022	2
1.75	Median Household Income	dollars	61335	91905	75149	2018-2022	2
1.67	Income Inequality		0.5	0.5	0.5	2018-2022	2
1.64	Point-in-Time Count of Veterans Experiencing Homelessness	persons	19			2022	28
1.64	Sheltered Homeless	persons	270			2022	28
1.58	Per Capita Income	dollars	34977	45591	41261	2018-2022	2
1.58	Severe Housing Problems	percent	23.7	25.7	16.7	2016-2020	20
1.42	Food Insecure Children Likely Ineligible for Assistance	percent	23.0	34.0	25.0	2021	21
1.36	Point-in-Time Count of Unaccompanied Youth Under 25 Experiencing Homelessness	persons	45			2022	28
1.28	Overcrowded Households	percent	4.9	8.2	3.4	2018-2022	Black (0) White (2.1) Asian (5.9) AIAN (11.7) NHPI (0) Mult (9.3) Other (20.6) Hisp (16.7) 2
1.22	Median Household Gross Rent	dollars	1240	1856	1268	2018-2022	2
1.08	Size of Labor Force	persons	38059			45323	25
0.86	Homeowner Vacancy Rate	percent	0.9	0.9	1.1	2018-2022	2
0.75	Adults Receiving Food Stamp Benefits	percent	36.7	31.7		2022	9

SCORE	EDUCATION	Units	Mendocino County	HP2030	CA	U.S.	Measurement Period	High Race Disparity	Source
2.14	11th Grade Students Proficient in English/Language Arts	percent	41.5		54.8		2022		4
2.14	11th Grade Students Proficient in Math	percent	16.5		27.0		2022		4
2.14	3rd Grade Students Proficient in Math	percent	29.1		43.5		2022		4
2.14	4th Grade Students Proficient in English/Language Arts	percent	29.4		44.2		2022		4
2.14	5th Grade Students Proficient in English/Language Arts	percent	28.3		47.1		2022		4
2.14	5th Grade Students Proficient in Math	percent	16.8		31.6		2022		4
2.14	6th Grade Students Proficient in Math	percent	18.2		32.5		2022		4
2.14	7th Grade Students Proficient in English/Language Arts	percent	35.9		49.2		2022		4
2.14	7th Grade Students Proficient in Math	percent	19.4		32.0		2022		4
2.14	8th Grade Students Proficient in English/Language Arts	percent	30.6		46.6		2022		4
2.14	8th Grade Students Proficient in Math	percent	15.4		29.2		2022		4
2.14	People 25+ with a Bachelor's Degree or Higher	percent	24.0		35.9	34.3	2018-2022		2

2.00	3rd Grade Students Proficient in English/Language Arts	percent	26.1	42.2		2022	4
2.00	4th Grade Students Proficient in Math	percent	24.1	38.3		2022	4
2.00	6th Grade Students Proficient in English/Language Arts	percent	31.1	45.1		2022	4
1.53	People 25+ with a High School Diploma or Higher	percent	86.8	84.4	89.1	2018-2022	2
1.36	Student-to-Teacher Ratio	students/teacher	18.1	21.9	15.4	2022-2023	23
1.22	High School Graduation	percent	87.4	90.7	86.2	2022-2023	4
1.08	Child Care Centers	per 1,000 population under age 5	8.5	8.1	7.0	2022	20

SCORE	ENVIRONMENTAL HEALTH	Units	Mendocino County	HP2030	CA	U.S.	Measurement Period	High Race Disparity	Source
2.17	Access to Exercise Opportunities	percent	66.7		94.2	84.1	2024		20
2.14	Food Environment Index		7.5		8.6	7.7	2024		20
1.92	Access to Parks	percent	0.5		79.5		2020		24
1.75	Daily Dose of UV Irradiance	Joule per square meter	4477.0		4541.0		2020		24
1.64	Number of Extreme Heat Days	days	9				2022		24
1.64	Number of Extreme Precipitation Days	days	9				2023		24
1.64	Weeks of Moderate Drought or Worse	weeks per year	47				2021		24
1.58	Adults with Current Asthma	percent	10.1			9.7	2021		15

1.58	Severe Housing Problems	percent	23.7	25.7	16.7	2016-2020		20
1.50	Annual Particle Pollution	grade	F			2019-2021		3
1.42	Proximity to Highways	percent	0.0	0.1		2020		24
1.36	Number of Extreme Heat Events	events	6			2022		24
1.28	Overcrowded Households	percent	4.9	8.2	3.4	2018-2022	Black (0) White (2.1) Asian (5.9) AIAN (11.7) NHPI (0) Mult (9.3) Other (20.6) Hisp (16.7)	2
1.08	Adult Arrest Rate	arrests/ 1,000 population 18+	26.8	25.1		2022	Black (101.0) White (24.9) Hisp (30.4)	5
1.00	Annual Ozone Air Quality	grade	A			2019-2021		3
0.89	Adults with Asthma	percent	12.6	17.0	15.7	2022	Black (50.0) White (21.2) Mult (22.0)	9
0.69	Liquor Store Density	stores/ 100,000 population	8.8	11.0	10.7	2021		26
0.64	Asthma: Medicare Population	percent	5.0	7.0	7.0	2022		17

SCORE	HEALTH CARE ACCESS & QUALITY	Units	Mendocino County	HP2030	CA	U.S.	Measurement Period	High Race Disparity	Source
2.22	People Delayed or had Difficulty Obtaining Care	percent	21.7	5.9	16.5		2021-2022		9

2.14	Children with Health Insurance	percent	94.8	96.8	94.9	2022	1
1.92	Adults who have had a Routine Checkup	percent	64.9		73.6	2021	15
1.83	Adults with Private Health Insurance	percent	58.3	65.4		2022	9
1.78	Persons with Health Insurance	percent	90.3	92.4	91.9	2021	27
1.75	Adults who Visited a Dentist	percent	60.4		64.8	2020	15
1.72	Adults Delayed or had Difficulty Obtaining Care	percent	24.2	22.0		2019-2020	10
1.50	Adults Needing and Receiving Behavioral Health Care Services	percent	59.4	55.9		2021-2022	9
1.47	Dentist Rate	dentists/ 100,000 population	80.2	92.9	73.5	2022	20
1.44	Children who Visited a Dentist	percent	87.4	89.5		2019-2020	10
1.42	Adults without Health Insurance	percent	10.1		10.8	2021	15
1.39	Children and Teens Delayed or had Difficulty Obtaining Care	percent	6.5	8.7		2019-2020	10
1.36	Adults with Health Insurance: 18-64	percent	91.4	91.2		2020-2022	9
1.31	Primary Care Provider Rate	providers/ 100,000 population	77.8	81.1	74.9	2021	20
1.17	Non-Physician Primary Care Provider Rate	providers/ 100,000 population	111.4	86.5	131.4	2023	20

0.64	Mental Health Provider Rate	<i>providers/100,000 population</i>	662.7	449.8	313.9	2023		20
0.53	Preventable Hospital Stays: Medicare Population	<i>discharges/100,000 Medicare enrollees</i>	1823.0	2275.0	2677.0	2022	Black (1724) White (1765) AIAN (4417) API (0) Hisp (1104)	17

SCORE	HEART DISEASE & STROKE	Units	Mendocino County	HP2030	CA	U.S.	Measurement Period	High Race Disparity	Source
2.22	Age-Adjusted Death Rate due to Heart Attack	<i>deaths/100,000 population 35+ years</i>	62.9		44.3		2021		24
2.08	Adults who Experienced a Stroke	<i>percent</i>	3.9			3.3	2021		15
2.08	Adults who Experienced Coronary Heart Disease	<i>percent</i>	7.7			6.1	2021		15
2.08	High Blood Pressure Prevalence	<i>percent</i>	46.5	41.9	34.8		2022		9
2.06	Age-Adjusted Death Rate due to Coronary Heart Disease	<i>deaths/100,000 population</i>	97.8	71.1	79.0		2019-2021		6
1.92	High Cholesterol Prevalence: Past 5 Years	<i>percent</i>	39.8			36.4	2021		15
1.89	Adults with Heart Disease	<i>percent</i>	9.2		6.9		2019-2020		10
1.58	Adults who Have Taken Medications for High Blood Pressure	<i>percent</i>	77.2			78.2	2021		15
1.42	Cholesterol Test History	<i>percent</i>	85.8			86.4	2021		15

1.22	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	deaths/ 100,000 population	35.3	33.4	37.2	2019-2021	6	
0.92	Age-Adjusted Hospitalization Rate due to Heart Attack	hospitalizations/ 10,000 population 35+ years	20.2		21.1	2020	24	
0.81	Atrial Fibrillation: Medicare Population	percent	12.0		13.0	14.0	2022	17
0.81	Hypertension: Medicare Population	percent	54.0		58.0	65.0	2022	17
0.64	Hyperlipidemia: Medicare Population	percent	49.0		61.0	65.0	2022	17
0.64	Stroke: Medicare Population	percent	3.0		5.0	6.0	2022	17
0.36	Heart Failure: Medicare Population	percent	7.0		10.0	11.0	2022	17
0.36	Ischemic Heart Disease: Medicare Population	percent	11.0		18.0	21.0	2022	17

SCORE	IMMUNIZATIONS & INFECTIOUS DISEASES	Units	Mendocino County	HP2030	CA	U.S.	Measurement Period	High Race Disparity	Source
2.47	Pneumonia Vaccinations: Medicare Population	percent	5.0		8.0	8.0	2022		17
2.36	Flu Vaccinations: Medicare Population	percent	35.0		48.0	50.0	2022		17
2.22	Gonorrhea Incidence Rate	cases/ 100,000 population	244.5		230.9	214.0	2021		8
1.75	Cervical Cancer Incidence Rate	cases/ 100,000 females	8.5		7.3	7.5	2016-2020		22
1.72	Congenital Syphilis Incidence Rate	cases/ 100,000 live births	113.5	33.9	114.9		2020		8

1.56	Syphilis Incidence Rate	<i>cases/ 100,000 population</i>	17.6	22.3	16.2	2021	8
1.53	Age-Adjusted Death Rate due to Influenza and Pneumonia	<i>deaths/ 100,000 population</i>	12.1	11.5		2019-2021	6
1.47	Persons Living and Diagnosed with HIV who are in Care	<i>percent</i>	79.5	73.7		2022	6
1.42	Kindergartners with Required Immunizations	<i>percent</i>	88.8	92.8		2021-2022	7
1.28	Overcrowded Households	<i>percent</i>	4.9	8.2	3.4	2018-2022	Black (0) White (2.1) Asian (5.9) AIAN (11.7) NHPI (0) Mult (9.3) Other (20.6) Hispanic (16.7) 2
1.03	HIV Diagnosis Rate	<i>cases/ 100,000 population</i>	3.4	12.2		2022	6
0.86	Death Rate Among Persons with Diagnosed HIV Infection	<i>deaths/ 100,000 population</i>	1.1	5.4		2022	6
0.67	Chlamydia Incidence Rate	<i>cases/ 100,000 population</i>	409.7	484.7	495.5	2021	8

SCORE	MATERNAL, FETAL & INFANT HEALTH	Units	Mendocino County	HP2030	CA	U.S.	Measurement Period	High Race Disparity	Source
1.94	Teen Birth Rate: 15-19	<i>live births/ 1,000 females aged 15-19</i>	17.6		10.3	15.2	2019-2021	White (7.6) AIAN (42.8) Hispanic (25.4)	6
1.72	Congenital Syphilis Incidence Rate	<i>cases/ 100,000 live births</i>	113.5	33.9	114.9		2020		8

1.53	Mothers who Received Early Prenatal Care	percent	81.6		87.9		2019-2021		6
1.19	Babies with Low Birthweight	percent	6.6		7.2		2020-2022		6
1.17	In-Hospital Exclusive Breastfeeding	percent	77.2		68.5		2022		6
1.03	Any In-Hospital Breastfeeding	percent	96.5		93.8		2022		6
0.50	Preterm Births	percent	7.7	9.4	9.0		2020-2022	Black (0) White (8.3) Asian (0) AIAN (10.1) PI (0) Mult (0) Other (0) Hisp (6.2)	6

SCORE	MEDICATIONS & PRESCRIPTIONS	Units	Mendocino County	HP2030	CA	U.S.	Measurement Period	High Race Disparity	Source
1.61	Opioid Prescription Patients	percent	3.7				Q3 2022		19
1.61	Quarterly Opioid Prescription Rate	prescriptions per 10,000 population	483.2				Q3 2022		19
1.58	Residents on More than 90 Morphine Milligram Equivalents (MME) of Opioids Daily	Residents on >90 MMEs of Opioids per 1,000 residents	11.8		6.3		2022		12
1.42	Age-Adjusted Annual Opioid Prescription Rate	prescriptions per 1,000 residents	435.0		291.0		2022		12

SCORE	MENTAL HEALTH & MENTAL DISORDERS	Units	Mendocino County	HP2030	CA	U.S.	Measurement Period	High Race Disparity	Source
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2.22	Age-Adjusted Death Rate due to Suicide	<i>deaths/ 100,000 population</i>	24.2	12.8	10.3		2019-2021		6
1.58	Poor Mental Health: 14+ Days	<i>percent</i>	15.7			14.7	2021		15
1.50	Adults Needing and Receiving Behavioral Health Care Services	<i>percent</i>	59.4		55.9		2021-2022		9
1.42	Adults with Likely Serious Psychological Distress	<i>percent</i>	12.9		16.7		2021-2022		9
1.25	Adults Ever Diagnosed with Depression	<i>percent</i>	19.2			19.5	2021		15
0.64	Mental Health Provider Rate	<i>providers/ 100,000 population</i>	662.7		449.8	313.9	2023		20
0.53	Depression: Medicare Population	<i>percent</i>	12.0		14.0	16.0	2022		17
0.36	Alzheimer's Disease or Dementia: Medicare Population	<i>percent</i>	3.0		5.0	6.0	2022		17

SCORE	NUTRITION & HEALTHY EATING	Units	Mendocino County	HP2030	CA	U.S.	Measurement Period	High Race Disparity	Source
2.14	Food Environment Index		7.5		8.6	7.7	2024		20
1.42	Adults who Drink Sugar-Sweetened Beverages	<i>percent</i>	13.2		13.7		2019-2020		10
0.75	Adults Receiving Food Stamp Benefits	<i>percent</i>	36.7		31.7		2022		9

SCORE	OLDER ADULTS	Units	Mendocino County	HP2030	CA	U.S.	Measurement Period	High Race Disparity	Source
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2.92	People 65+ Living Below Poverty Level	percent	12.9	11.0	10.0	2018-2022	Black (0.9) White (11.0) Asian (13.6) AIAN (14.8) NHPI (0) Mult (22.7) Other (64.0) Hisp (17.6)	2
2.64	People 65+ Living Alone	percent	30.8	22.0	26.4	2018-2022		2
2.33	Mammography Screening: Medicare Population	percent	37.0	41.0	47.0	2022		17
2.08	Adults 65+ who Received Recommended Preventive Services: Females	percent	29.2		37.9	2020		15
1.92	Adults 65+ who Received Recommended Preventive Services: Males	percent	38.3		43.7	2020		15
1.92	People 65+ Living Alone (Count)	people	6535			2018-2022		2
1.92	People 65+ Living Below Poverty Level (Count)	people	2702			2018-2022		2
1.25	Adults 65+ with Total Tooth Loss	percent	11.2		13.4	2020		15
1.25	Prostate Cancer Incidence Rate	cases/ 100,000 males	88.1	95.4	110.5	2016-2020		22
1.17	Elder Index (Elderly Household Below Income Threshold)	percent	23.7	27.7		2019-2020		9
0.81	Atrial Fibrillation: Medicare Population	percent	12.0	13.0	14.0	2022		17

0.81	Hypertension: Medicare Population	percent	54.0	58.0	65.0	2022	17
0.81	Osteoporosis: Medicare Population	percent	9.0	13.0	11.0	2022	17
0.64	Asthma: Medicare Population	percent	5.0	7.0	7.0	2022	17
0.64	Cancer: Medicare Population	percent	9.0	11.0	12.0	2022	17
0.64	COPD: Medicare Population	percent	7.0	8.0	11.0	2022	17
0.64	Hyperlipidemia: Medicare Population	percent	49.0	61.0	65.0	2022	17
0.64	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	percent	26.0	32.0	35.0	2022	17
0.64	Stroke: Medicare Population	percent	3.0	5.0	6.0	2022	17
0.53	Depression: Medicare Population	percent	12.0	14.0	16.0	2022	17
0.50	Diabetes: Medicare Population	percent	16.0	21.0	24.0	2022	Black (26) White (15) AIAN (35) API (23) Hispanic (25) 17
0.36	Alzheimer's Disease or Dementia: Medicare Population	percent	3.0	5.0	6.0	2022	17
0.36	Chronic Kidney Disease: Medicare Population	percent	10.0	16.0	18.0	2022	17
0.36	Heart Failure: Medicare Population	percent	7.0	10.0	11.0	2022	17
0.36	Ischemic Heart Disease: Medicare Population	percent	11.0	18.0	21.0	2022	17

SCORE	ORAL HEALTH	Units	Mendocino County	HP2030	CA	U.S.	Measurement Period	High Race Disparity	Source
1.81	Oral Cavity and Pharynx Cancer Incidence Rate	<i>cases/ 100,000 population</i>	11.9		10.1	11.9	2016-2020		22
1.75	Adults who Visited a Dentist	<i>percent</i>	60.4			64.8	2020		15
1.47	Dentist Rate	<i>dentists/ 100,000 population</i>	80.2		92.9	73.5	2022		20
1.44	Children who Visited a Dentist	<i>percent</i>	87.4		89.5		2019-2020		10
1.25	Adults 65+ with Total Tooth Loss	<i>percent</i>	11.2			13.4	2020		15

SCORE	OTHER CONDITIONS	Units	Mendocino County	HP2030	CA	U.S.	Measurement Period	High Race Disparity	Source
2.08	Adults with Kidney Disease	<i>percent</i>	3.8			3.1	2021		15
1.92	Adults with Arthritis	<i>percent</i>	29.1			25.2	2021		15
0.81	Osteoporosis: Medicare Population	<i>percent</i>	9.0		13.0	11.0	2022		17
0.64	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	<i>percent</i>	26.0		32.0	35.0	2022		17
0.36	Chronic Kidney Disease: Medicare Population	<i>percent</i>	10.0		16.0	18.0	2022		17

SCORE	PHYSICAL ACTIVITY	Units	Mendocino County	HP2030	CA	U.S.	Measurement Period	High Race Disparity	Source
2.17	Access to Exercise Opportunities	<i>percent</i>	66.7		94.2	84.1	2024		20

1.92	Access to Parks	percent	0.5	79.5			2020		24
1.28	Adults who are Overweight or Obese	percent	64.2	62.3	67.7		2022		9
1.25	Adults Who Are Obese	percent	29.7	28.8	33.6		2022		9
1.17	Adults 20+ who are Sedentary	percent	15.7				2021		16

SCORE	PREVENTION & SAFETY	Units	Mendocino County	HP2030	CA	U.S.	Measurement Period	High Race Disparity	Source
2.58	Death Rate due to Drug Poisoning	deaths/ 100,000 population	59.1	20.7	22.0	27.2	2019-2021		20
2.50	Age-Adjusted Death Rate due to Unintentional Injuries	deaths/ 100,000 population	106.5	43.2	43.4		2019-2021		6
1.94	Age-Adjusted Death Rate due to Firearms	deaths/ 100,000 population	12.3	10.7	7.4	12.0	2018-2020		16
1.58	Severe Housing Problems	percent	23.7		25.7	16.7	2016-2020		20

SCORE	RESPIRATORY DISEASES	Units	Mendocino County	HP2030	CA	U.S.	Measurement Period	High Race Disparity	Source
1.94	Age-Adjusted Death Rate due to Lung Cancer	deaths/ 100,000 population	30.8	25.1	21.6		2019-2021		6
1.92	Adults with COPD	Percent of adults	8.4			6.4	2021		15
1.75	11th Grade Students Who Report Vaping or Using E-Cigarettes	percent	43.4		26.2		2017-2019		11
1.75	7th Grade Students Who Report Vaping or Using E-Cigarettes	percent	9.2		4.0		2017-2019		11

1.75	9th Grade Students Who Report Vaping or Using E-Cigarettes	percent	21.7		8.7		2017-2019		11
1.75	Adults Who Used Electronic Cigarettes: Past 30 Days	percent	4.5		3.3		2019-2020		10
1.61	Adults who Smoke	percent	7.5	6.1	6.1		2021-2022		9
1.61	Teens who Smoke: 11th Graders	percent	7.0		2.0		2017-2019		11
1.58	Adults with Current Asthma	percent	10.1			9.7	2021		15
1.53	Age-Adjusted Death Rate due to Influenza and Pneumonia	deaths/ 100,000 population	12.1		11.5		2019-2021		6
1.42	Proximity to Highways	percent	0.0		0.1		2020		24
1.25	Children and Teens with Asthma	percent	9.8		12.3		2019-2020		10
0.92	Lung and Bronchus Cancer Incidence Rate	cases/ 100,000 population	43.4		37.6	54.0	2016-2020		22
0.89	Adults with Asthma	percent	12.6		17.0	15.7	2022	Black (50.0) White (21.2) Mult (22.0)	9
0.64	Asthma: Medicare Population	percent	5.0		7.0	7.0	2022		17
0.64	COPD: Medicare Population	percent	7.0		8.0	11.0	2022		17

SCORE	SEXUALLY TRANSMITTED INFECTIONS	Units	Mendocino County	HP2030	CA	U.S.	Measurement Period	High Race Disparity	Source
2.22	Gonorrhea Incidence Rate	cases/ 100,000 population	244.5		230.9	214.0	2021		8
1.72	Congenital Syphilis Incidence Rate	cases/ 100,000 live births	113.5	33.9	114.9		2020		8

1.56	Syphilis Incidence Rate	<i>cases/ 100,000 population</i>	17.6	22.3	16.2	2021	8
1.47	Persons Living and Diagnosed with HIV who are in Care	<i>percent</i>	79.5	73.7		2022	6
1.03	HIV Diagnosis Rate	<i>cases/ 100,000 population</i>	3.4	12.2		2022	6
0.86	Death Rate Among Persons with Diagnosed HIV Infection	<i>deaths/ 100,000 population</i>	1.1	5.4		2022	6
0.67	Chlamydia Incidence Rate	<i>cases/ 100,000 population</i>	409.7	484.7	495.5	2021	8

SCORE	TOBACCO USE	Units	Mendocino County	HP2030	CA	U.S.	Measurement Period	High Race Disparity	Source
1.75	11th Grade Students Who Report Vaping or Using E-Cigarettes	<i>percent</i>	43.4		26.2		2017-2019		11
1.75	7th Grade Students Who Report Vaping or Using E-Cigarettes	<i>percent</i>	9.2		4.0		2017-2019		11
1.75	9th Grade Students Who Report Vaping or Using E-Cigarettes	<i>percent</i>	21.7		8.7		2017-2019		11
1.75	Adults Who Used Electronic Cigarettes: Past 30 Days	<i>percent</i>	4.5		3.3		2019-2020		10
1.61	Adults who Smoke	<i>percent</i>	7.5	6.1	6.1		2021-2022		9
1.61	Teens who Smoke: 11th Graders	<i>percent</i>	7.0		2.0		2017-2019		11
0.92	Lung and Bronchus Cancer Incidence Rate	<i>cases/ 100,000 population</i>	43.4		37.6	54.0	2016-2020		22

SCORE	WEIGHT STATUS	Units	Mendocino County	HP2030	CA	U.S.	Measurement Period	High Race Disparity	Source
1.75	Children who are Overweight for Age	percent	18.5		13.9		2019-2020		10
1.28	Adults who are Overweight or Obese	percent	64.2		62.3	67.7	2022		9
1.25	Adults Who Are Obese	percent	29.7		28.8	33.6	2022		9

SCORE	WELLNESS & LIFESTYLE	Units	Mendocino County	HP2030	CA	U.S.	Measurement Period	High Race Disparity	Source
2.08	High Blood Pressure Prevalence	percent	46.5	41.9	34.8		2022		9
2.08	Poor Physical Health: 14+ Days	percent	13.7			10.9	2021		15
1.92	Self-Reported General Health Assessment: Poor or Fair	percent	19.7			16.1	2021		15
1.83	Self-Reported General Health Assessment: Good or Better	percent	80.3		86.0		2022		9
1.67	Life Expectancy	years	77.2		79.9	77.6	2019-2021		20
1.53	Adult Self-Reported General Health Assessment: Good or Better	percent	82.5		85.0		2021-2022		9
1.42	Adults who Drink Sugar-Sweetened Beverages	percent	13.2		13.7		2019-2020		10
1.42	Insufficient Sleep	percent	32.3	26.7	31.1	33.0	2020		20

SCORE	WOMEN'S HEALTH	Units	Mendocino County	HP2030	CA	U.S.	Measurement Period	High Race Disparity	Source
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2.33	Mammogram in Past 2 Years: 50-74	percent	64.8	80.3	78.2	2020	15	
2.33	Mammography Screening: Medicare Population	percent	37.0		41.0	47.0	2022	17
1.75	Cervical Cancer Incidence Rate	cases/ 100,000 females	8.5		7.3	7.5	2016-2020	22
1.61	Age-Adjusted Death Rate due to Breast Cancer	deaths/ 100,000 females	19.1	15.3	17.8		2019-2021	6
1.42	Cervical Cancer Screening: 21-65	Percent	81.4			82.8	2020	15
1.31	Breast Cancer Incidence Rate	cases/ 100,000 females	115.8		121.0	127.0	2016-2020	22

Index of Disparity

An important part of the CHNA process is to identify health disparities, the needs of vulnerable populations and unmet health needs or gaps in services. For secondary data health indicators, the Index of Disparity tool was utilized to see if there were large, negative, and concerning differences in indicator values between each subgroup data value and the overall county value. The Index of Disparity was run for the Mendocino County, and the indicators with the highest race or ethnicity index value were found, with their associated subgroup with the negative disparity highlighted in the Disparity and Health Equity section of this report.

Health Equity Index

Every community can be described by various social and economic factors that can contribute to disparities in health outcomes. Conduent HCI's Health Equity Index (formerly SocioNeeds[®] Index) considers validated indicators related to income, employment, education, and household environment to identify areas at highest risk for experiencing health inequities.

How is the index value calculated?

The national index value (from 0 to 100) is calculated for each zip code, census tract, and county in the U.S. Communities with the highest index values are estimated to have the highest socioeconomic needs correlated with preventable hospitalizations and premature death.

What do the ranks and colors mean?

The national index value (from 0 to 100) is calculated for each zip code, census tract, and county in the U.S. Communities with the highest index values are estimated to have the highest socioeconomic needs correlated with preventable hospitalizations and premature death.

Food Insecurity Index

Every community can be described by various health, social, and economic factors that can contribute to disparities in outcomes and opportunities to thrive. Conduent HCI's Food Insecurity Index considers validated indicators related to income, household environment and well-being to identify areas at highest risk for experiencing food insecurity.

How is the index value calculated?

The national index value (from 0 to 100) is calculated for each zip code, census tract, and county in the U.S. Communities with the highest index values are estimated to have the highest food insecurity, which is correlated with household and community measures of food-related financial stress such as Medicaid and SNAP enrollment.

What do the ranks and colors mean?

Ranks and colors help to identify the relative level of need within a community or service area. The national index value for each location is compared to all other similar locations within the community

area to assign a relative rank (from 1 to 5) locally. These ranks are used to color the map and chart for the Food Insecurity Index, with darker coloring associated with higher relative need.

Results for the Mendocino County Food Insecurity Index can be found in the Disparities and Health Equity section of this report.

Mental Health Index

Every community can be described by various health, social, and economic factors that can contribute to disparities in mental health outcomes. Conduent HCI's Mental Health Index considers validated indicators related to access to care, physical health status, transportation, employment and household environment to identify areas at highest risk for experiencing poor mental health.

How is the index value calculated?

The national index value (from 0 to 100) is calculated for each zip code, census tract, and county in the U.S. Communities with the highest index values are estimated to have the highest socioeconomic and health needs correlated with self-reported poor mental health.

What do the ranks and colors mean?

Ranks and colors help to identify the relative level of need within a community or service area. The national index value for each location is compared to all other similar locations within the community area to assign a relative rank (from 1 to 5) locally. These ranks are used to color the map and chart for the Mental Health Index, with darker coloring associated with higher relative need.

Results for the Mendocino County Mental Health Index can be found in the Disparities and Health Equity section of this report.

Data Considerations

Several limitations of data should be considered when reviewing the findings presented in this report. Although the topics by which data are organized cover a wide range of health and health-related areas, data availability varies by health topic. Some topics contain a robust set of secondary data indicators, while others may have a limited number of indicators or limited subpopulations covered by those specific indicators.

Data scores represent the relative community health need according to the secondary data for each topic and should not be considered a comprehensive result on their own. In addition, these scores reflect the secondary data results for the population as a whole and do not represent the health or socioeconomic need that is much greater for some subpopulations. Moreover, many of the secondary data indicators included in the findings are collected by survey, and though specific methods are used to best represent the population at large, these measures are subject to instability, especially for smaller populations. The Index of Disparity is also limited by data availability, where indicator data varies based on the population groups and service areas being analyzed.

Race or Ethnic and Special Population Groupings

The secondary data presented in this report derive from multiple sources, which may present race and ethnicity data using dissimilar nomenclature. For consistency with data sources throughout the report, subpopulation data may use different terms to describe the same or similar groups of community members.

Appendix B. Community Input Assessment Tools

Mendocino County Public Health Community Survey

Mendocino County Public Health is working hard to understand the health needs of every community within the county, and we need your help to learn more about what is important to you.

All responses are anonymous and will take about 10 minutes to finish. Results from the survey will be available on the Public Health website early 2025. Results will help Public Health and local organizations add and/or improve services.

If you have any questions, please email the Mendocino County Public Health at cunningtonj@mendocinocounty.gov.

Thank you very much for your input and your time!

1. Where do you get most of your health information? Select all that apply.

Please select a response for this question.

- | | | |
|--|---|---|
| <input type="checkbox"/> Community organization/agency | <input type="checkbox"/> Health Department | <input type="checkbox"/> Church or church group |
| <input type="checkbox"/> Doctor or healthcare provider | <input type="checkbox"/> Hospital | <input type="checkbox"/> School or college |
| <input type="checkbox"/> Facebook or Twitter | <input type="checkbox"/> Internet | <input type="checkbox"/> TV |
| <input type="checkbox"/> Other social media | <input type="checkbox"/> Library | <input type="checkbox"/> Workplace |
| <input type="checkbox"/> Family or friends | <input type="checkbox"/> Newspaper/Magazine | <input type="checkbox"/> Other (please specify) _____ |
| | <input type="checkbox"/> Radio | |

2. Please indicate your feelings about with each of the following statements:

Why are we asking this question? This question will help us better understand community strengths and needs.

	Strongly Agree	Agree	Disagree	Strongly Disagree	I Don't Know
I feel like my voice and the voices of my community's voice are heard on issues that impact our lives					
There is a strong sense of connection and belonging among people where I live					

Appendix B. Community Input Assessment Tools

	Strongly Agree	Agree	Disagree	Strongly Disagree	I Don't Know
I, along with other community members, can access high-quality healthcare regardless of race, gender, sexual orientation, or immigration status, or other factors.					
Public buildings and spaces in my community are accessible to people with different physical abilities, languages, and other needs.					
The people in my community are receiving the health care/medical services they need					
My community is a safe place to live					
There is a feeling of trust in law enforcement in my community					
The public K-12 schools in my community provide good quality education					
The independent or charter K-12 schools in my community provide good quality education					
The schools in my community offer services for children who need extra learning support.					
There are enough safe places for recreation and physical activity in my community					
There are walkable sidewalks and/or paths in or near my neighborhood that I can easily access					

Appendix B. Community Input Assessment Tools

3. In your opinion, which of the following would you most like to see made available or improved in your community?

- Access to higher education (2-year or 4-year degrees)
- Affordable housing
- Bike lanes
- Childcare
- Clean air and water quality
- Community organized safety groups (for example, neighborhood watch, crisis response teams, etc.)
- Crime and Crime Prevention (robberies, shootings, other violent crimes)
- Discrimination or inequity based on race/ethnicity, gender, age, sex
- Education and schools (Pre-K to 12th grade)
- Emergency response and preparedness
- Family support (parenting classes, support groups)
- Food availability or hunger
- Healthy Eating (restaurants, stores, or markets)
- Inequity in jobs, health, housing, etc. for underserved populations
- Isolation/loneliness
- More jobs
- More temporary housing for unhoused people
- Neighborhood Safety
- Programs for people who have experienced physical and/or emotional trauma
- Safe housing
- Safe parks and usable walking paths
- Safe public spaces (traffic safety, drowning prevention, bicycling and pedestrian accidents)
- Services for Seniors/Elderly (those over 65)
- Transportation
- Usable sidewalks and other structures for people with disabilities or other needs
- Other (please specify _____)

Appendix B. Community Input Assessment Tools

4. In the following list, what do you think are the three most important “health problems” in your community? (Those problems that have the greatest impact on overall community health.) **Select up to 3. Please select a response for this question.**

- Alcohol and/or Drug Use
- Auto Immune Diseases (multiple sclerosis, Crohn's disease, etc.)
- Availability and access to health care
- Cancer
- Children's Health (access to pediatricians, urgent care, vaccinations, etc.)
- Chronic Pain
- Diabetes
- Family planning services (birth control)
- Heart Disease and Stroke
- Injury and Violence
- Maternal and Infant Health (access to prenatal health services, breastfeeding and post-partum supports)
- Men's Health (ex. prostate exam, prostate health)
- Mental Health and Mental Disorders (anxiety, depression, suicide)
- Nutrition and Healthy Eating (access to fresh options and nutrition education)
- Obesity
- Older Adults (hearing/vision loss, arthritis, etc.)
- Oral Health and Access to Dentistry Services (dentists available nearby)
- People living with disabilities.
- Physical Activity (access to open safe spaces, organized sports/health activities)
- Quality of Health Care Services Available
- Sexually transmitted diseases/infections (STDs/STIs)
- Teen Health (mental health services, reproductive services, addiction, and overdose awareness education)
- Tobacco Use & Vaping (including e-cigarettes, chewing tobacco, etc.)
- Women's Health (ex. mammogram, pap exam)
- Other (please specify)

5. How would you rate your own personal health in the past 12 months?
Please select a response for this question.

- Very Unhealthy
- Unhealthy
- Somewhat Healthy
- Healthy
- Very Healthy

Appendix B. Community Input Assessment Tools

6. In the past 12 months, was there a time that you needed health care services but did not get the care that you needed?

Please select a response for this question.

- Yes, I did not get services I needed
- No, I got the services that I needed **(Skip to question 8)**
- Does not apply, I did not need health care services in the past year **(Skip to question 8)**

7. If you selected “Yes” to the previous question, please tell us why you were not able to access mental health services. Select all that apply:

Please select a response for this question.

- Services cost too much.
- I do not have insurance
- My insurance was not accepted
- I did not have personal transportation such a car, bicycle, or ride from a friend or family member
- I did not have access to public transportation due to bus schedule and/or drop-off location
- Appointment times did not fit my schedule
- I did not have childcare
- Could not get an appointment soon enough
- I did not know where to go
- Local providers do not speak my language
- I do not trust the healthcare services/providers in my community
- I’ve had bad experiences with healthcare providers in the past
- Healthcare providers in my community do not understand my culture (race, ethnicity, gender)
- Healthcare do not have the experience to meet my needs
- The services I need are not available in my area.
- Other (please specify)

8. In the past 12 months, have you received regular dental care?

Select one. Please select a response for this question.

- Yes **(Skip to question 10)**
- No

Appendix B. Community Input Assessment Tools

9. If you did not receive the dental or oral health services in the past 12 months, select the top reason(s) why you did not receive those services. Select all that apply. Please select a response for this question.

- Services cost too much
- I do not have insurance
- My insurance was not accepted
- I did not have personal transportation such a car, bicycle, or ride from a friend or family member
- I did not have access to public transportation due to bus schedule and/or drop-off location
- Appointment times did not fit my schedule
- I did not have childcare
- Could not get an appointment soon enough
- I did not know where to go
- Local providers do not speak my language
- I do not trust the healthcare services/providers in my community
- I've had bad experiences with healthcare providers in the past
- Healthcare providers in my community do not understand my culture (race, ethnicity, gender)
- Healthcare do not have the experience to meet my needs
- The services I need are not available in my area.
- Other (please specify)

10. In the past 12 months, was there a time that you needed mental health services but did not get services? Select one.

Please select a response for this question.

- Yes, I did not get the services
- No, I got the services I needed **(Skip to question 12)**
- Does not apply, I did not need services in the past year **(Skip to question 12)**

Appendix B. Community Input Assessment Tools

11. If you did not receive the mental health services that you needed in the past 12 months, select the top reason(s) why you did not receive those services. Select all that apply. Please select a response for this question.

- Services cost too much
- I do not have insurance
- My insurance was not accepted
- I did not have personal transportation such a car, bicycle, or ride from a friend or family member
- I did not have access to public transportation due to bus schedule and/or drop-off location
- Appointment times did not fit my schedule
- I did not have childcare
- Could not get an appointment soon enough
- I did not know where to go
- Local providers do not speak my language
- I do not trust the healthcare services/providers in my community
- I've had bad experiences with healthcare providers in the past
- Healthcare providers in my community do not understand my culture (race, ethnicity, gender)
- Healthcare do not have the experience to meet my needs
- The services I need are not available in my area.
- Other (please specify)

12. In the past 12 months, was there a time that you needed alcohol/substance addiction treatment but did not get services? Select one. Please select a response for this question.

- Yes, I did not get the services
- No, I got the services that I needed **(Skip to question 14)**
- Does not apply, I did not need services in the past year **(Skip to question 14)**

13. If you did not receive alcohol/substance addiction treatment you needed in the past 12 months, select the top reason(s) why you did not receive those services. Select all that apply. Please select a response for this question.

- Services cost too much
- I do not have insurance.
- My insurance was not accepted
- I did not have personal transportation such a car, bicycle, or ride from a friend or family member
- I did not have access to public transportation due to bus schedule and/or drop-off location
- Appointment times did not fit my schedule
- I did not have childcare

Appendix B. Community Input Assessment Tools

- Could not get an appointment soon enough
- I did not know where to go
- Local providers do not speak my language
- I do not trust the healthcare services/providers in my community
- I've had bad experiences with healthcare providers in the past
- Healthcare providers in my community do not understand my culture (race, ethnicity, gender)
- Healthcare do not have the experience to meet my needs
- The services I need are not available in my area.
- Other (please specify) _____

14. Please select the statement that describes your ability to access food in the past 12 months:

- I always have the food I want or need
- Sometimes I do not have the food I want or need
- I almost never have the food I want or need

15. Here are some reasons why some people do not always have enough or the kinds of foods they want to eat. Please indicate if any of the following is a reason YOU do not always have enough or do not have the kinds of food you want. (Please select all that apply)

- I did not have enough money for food
- The kind of food I needed was not available in my community
- This does not apply to me
- I did not have enough time to shop for or prepare meals
- Grocery stores are too far from my home
- I did not have transportation to the grocery store
- I cannot cook at the place where I stay/live
- I am not able to cook my own meals due to health issue
- Other (please specify) _____

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DEMOGRAPHIC QUESTIONS

16. What is your zip code? **Please enter a response for this question.**

17. Which of the following best describes you? Select all that apply. **Please select a response for this question.**

- American Indian or Alaska Native
- Asian
- Black or African American
- Latino/Hispanic
- Pacific Islander
- White
- Other (please specify) _

18. What is your age? Select one. **Please select a response for this question.**

- Under 18 years old
- 18-24 years old
- 25-44 years old
- 45-64 years old
- 65-74 years old
- 75+ years old

19. Do you identify with any of the following statements? Select all that apply. **Please select a response for this question.**

- I am a member of the LGBTQ+ community
- I am a veteran
- I am an immigrant or refugee
- I have experienced homelessness in the past year
- I have a mental health condition
- I have a learning disability
- I have a physical disability
- I was formerly incarcerated in a jail, juvenile detention facility, state or federal correctional facility.
- I do not identify with any of these
- Prefer not to answer

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20. Including yourself, how many people live in your household? Please count both adults and children.

- 1
- 2
- 3
- 4
- 5
- 6
- 7 or more

21. How much total combined money did all members of your household earn last year? Select one.

- | | |
|---|---|
| <input type="checkbox"/> Less than \$15,000 | <input type="checkbox"/> \$100,000 to \$124,999 |
| <input type="checkbox"/> \$15,000 to \$24,999 | <input type="checkbox"/> \$125,000 to \$149,999 |
| <input type="checkbox"/> \$25,000 to \$34,999 | <input type="checkbox"/> \$150,000 to \$199,999 |
| <input type="checkbox"/> \$35,000 to \$49,999 | <input type="checkbox"/> \$200,000 or more |
| <input type="checkbox"/> \$50,000 to 74,999 | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> \$75,000 to \$99,999 | |

22. What sex were you assigned at birth on your original birth certificate? Select one. Please select a response for this question.

- Male
- Female
- Other (please specify) _____
- Prefer not to answer

23. How do you best describe your current gender identity? Select all that apply. Please select a response for this question.

- Man
- Woman
- Transgender
- Gender non-conforming
- Self-describe: _____
- Prefer not to answer

Appendix B. Community Input Assessment Tools

CHNA Focus Groups Data Analysis Methodology

Focus groups were conducted by Adventist Health (AH) and Mendocino County Public Health (MCPH).

Focus Groups data was analyzed for MCPH CHNA by MCPH.

Focus Group	Host Organization	Description
AH District 3	Adventist Health Howard Memorial Hospital	Location: Willits, Laytonville, Leggett Group Name: General Community Members and Local Community Based Organizations Populations Represented: LatinX, Seniors, Agriculture, Business, Community Age Range: 30-65 Gender: 3F/2M Participants: 5
AH District 3a	Round Valley Public Library	Location: Covelo Group Name: General Community Members Populations Represented: Women population Age Range: 30 - 70 Gender: 6F Participants: 6
AH District 4	Adventist Health Mendocino Coast	Location: Fort Bragg, Westport, etc. Group Name: First Responders Populations Represented: local community members. Age Range: 27 - 64 Gender: 2F/3M Participants: 5
AH District 5	Leadership Mendocino (Holly Madrigal)/Mendocino Presbyterian Church	Location: Mendocino, Point Arena, etc. Group Name: Community Educators Populations Represented: Community, educators, parents, community action agency Age Range: 35 - 65 Gender: 4W/1M Participants: 5
AH District 5a	Host Organization: Phillip Thomas (Anderson Valley Village)	Location: Anderson Valley Group Name: General Community Members Populations Represented: Older adults, educators. Age Range: 25-44, 65+ Gender: 4F/3M Participants: 7
AH Mental Health	MCHC Hillside Health Center	Location: Serving all Districts Group Name: Mental Health Providers Populations Represented: women population, mental health provider organizations, people experiencing addiction and mental health disorders

Appendix B. Community Input Assessment Tools

Focus Group	Host Organization	Description
		Age Range: 25 - 65 Gender: 13F/3M Participants: 15
AH Tribal Communities		<i>Need information from Jeremy Malin</i>
AH Youth	North Coast Opportunities	Location: Serving all Districts Group Name: Youth Services Host Organization: Populations Represented: Youth Age Range: Orientation: M/F Participants: 10
Focus groups conducted by Mendocino County Public Health		
MCPH Older Adults	Ukiah Senior Center	Location: Ukiah Group Name: Seniors aged 65 and over Host Organization: Ukiah Senior Center Populations Represented: Senior Citizen Age Range: 65 and over Participants: 8
MCPH Veterans	Fort Bragg Veterans Center	Location: Fort Bragg Group Name: Fort Bragg PTSD Support Group Populations Represented: Veterans Age Range: 38 to over 70 Orientation: 2F/11M Participants:13
MCPH Hispanic/Latino	Mendonoma Health Alliance	Location: Gualala Group Name: Gualala Hispanic/Latinx community members Age Range; 35-70 Orientation: 5F/2M Participants: 7

Questions Asked During Focus Groups

Mendocino County Public Health Questions

1. What is the top health-related problem that residents are facing in your community that you would change or improve?
[Probe 1: Why do you think this is the most important health issue?]
2. What do you think is the cause of this problem in your community?
[Probe 1: What would you do to address this problem? What is needed to address this problem?]

Appendix B. Community Input Assessment Tools

3. From the health issues and challenges we've just discussed, which do you think are the hardest to overcome?
[Probe: Are some of these issues more urgent or important than others? If so, why?]
4. Are there groups in your community that are facing particular health issues or challenges? Which groups are these?
[Probe: Are these health challenges different if the person is a particular age, or gender, race or ethnicity? Or lives in a certain part of the county for example?]
5. What do you think causes residents to be healthy or unhealthy in your community?
[Probe 1: What types of things influence their health, to make it better or worse?]
[Probe 2: What might prevent someone from accessing care for these health challenges? Examples could include lack of transportation, lack of health insurance coverage, doctor's office hours, language or cultural barriers, etc.]
6. What resources are available for residents in your community?
[Probe 1: Are there specific community organizations or agencies that you see taking a strong leadership role in improving the health of particular groups in your community?]
[Probe 2: Do you see residents taking advantage of them? Why or why not?]
[Probe 3: What additional programs and resources do you think are needed to best meet the needs of residents in _____ County?]

CLOSING QUESTION

7. Can you think of any other ways we could improve the health of residents in the community that we have not already talked about today?
[Probe: Is there anything else you would like to add that we haven't discussed?]

Qualitative Data Analysis

Data Coding

- Focus group transcripts were recorded for all but one of the Focus Groups. The Seniors' focus group was not recorded. The summary was taken manually at the time of the focus group.
- Transcripts summarized using ChatGPT into themes. Transcripts were verified against the generated summary for content and accuracy.
- The summaries of the focus group comments/conversations were coded with one or more themes/sub-themes using the *Conduent HCI Base Qualitative Analysis Code Book*.
- Comments that referenced a population or comments from a population-based focus group were coded with the appropriate code for analysis by population.

Primary Analysis

- All focus group comments were sorted into themes identified in the *Conduent HCI Base Qualitative Analysis Code Book*, and then the comments were broken down into separate spreadsheets by theme.
- Comments coded with more than one theme were added to the appropriate theme spreadsheet so that one comment may be used in several thematic analyses.
- Comments that identified a specific population were added to a population spreadsheet.
- Each theme was then broken down into subthemes. All responses to subthemes, the number of populations identified, and the number of focus groups represented were counted.

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- All comments related to a specific sub-theme were summarized using Chat GPT, and summaries were verified for accuracy.

Data Review

- Data will be reviewed as follows:
 - Preliminary review by Adventist Health and Public Health personnel to verify that the data summarizations are accurate
 - Data will then be graphed to show trends
 - Data be presented to the steering committee for prioritization, and the Focus Group data will be sent to Conduent for inclusion in the Strategic Plan.

Data Elements

- Focus group data was segmented into the following groups for analysis.
 - District (geographic) data: Adventist Health's original focus groups represent geographic areas within the county.
 - Geographic data
 - Population
 - Summary
 - Comment
 - Themes
 - Sub-themes
 - Geographic Summary
 - Total responses by theme and subtheme
 - Total responses by population
 - Summary of responses by theme
 - Population data – The data includes population focus groups and data identified with a population from the geographic focus groups. Data elements are:
 - Population data
 - Focus group
 - Population
 - Summary
 - Comment
 - Themes
 - Sub-themes
 - Population summary
 - Total responses by theme and subtheme
 - Total responses by focus group

Appendix C. Community Partner Assessment

Community Partner Assessment (CPA)

The Community Partner Assessment (CPA) is a newly developed tool for MAPP version 2.0, designed to replace the historical Local Public Health Systems Assessment (LPHSA). This assessment process enables all community partners involved in MAPP to critically evaluate their individual systems, processes, and capacities, as well as their collective capacity as a network to address health inequities. The CPA helps identify the range of actions currently being taken and those that could be implemented in the future to address health inequity at individual, systemic, and structural levels.

CPA Goals

The primary goals of the Community Partner Assessment are to:

1. Explain the importance of community partnerships in community health improvement (CHI) and how to build or strengthen relationships with community partners and organizations.
2. Define the specific roles of each community partner in supporting the local public health system and engaging communities experiencing inequities produced by systems.
3. Assess each MAPP partner's capacities, skills, and strengths to improve community health, health equity, and advance MAPP goals.
4. Document the landscape of MAPP community partners, including grassroots and community power-building organizations, to summarize collective strengths and opportunities for improvement.
5. Identify additional stakeholders to involve in MAPP moving forward, along with strategies to enhance community partnerships, engagement, and community power-building.

CPA Survey Results

The CPA survey results gathered comprehensive information about participating organizations. It covered demographics and characteristics of their clients or members, and their focus areas. The survey also assessed each organization's commitment to equity, accountability structures, capacities related to the 10 Essential Public Health Services, general strategies, data access and systems, community engagement practices, and their approaches to policy, advocacy, and communication. This data will be visually represented in the appendix through detailed images.

Community Organizations

A total of 12 partners participated in the CPA survey. The majority were supervisors or senior-level program managers. Among them, 52% represented non-profit organizations, 25% were from other county government agencies, 17% represented tribal government, 8% were housing and social service providers, and 33% represented other organizations such as mental health, substance use, prevention, or health plans. A comprehensive list of the participating organizations is provided below.

- Round Valley Indian Health Center
- Heathy Mendocino
- Mendocino County Social Services, Special Projects Team
- Mendocino County Behavioral Health & Recovery Services
- Cahto Tribe of the Laytonville Rancheria Health and Human Services

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- Red Road Program
- Partnership Health Plan
- North Coast Opportunities
- First 5 Mendocino
- Blue Zones Project Mendocino County
- Mendonoma Health Alliance
- Alliance for Rural Community Health

Areas of Focus and Population

Survey respondents were asked to identify their organization's focus areas and the populations they serve. Priority populations included American Indian/Alaska Natives (AI/AN) in the RVIHC service area, as well as non-Natives in the same area. Other key groups were marginalized individuals experiencing homelessness, those with serious mental health or substance use conditions, and those at risk of developing such conditions. Organizations also focused on population health education and prevention, serving children, elders, disabled individuals, and the homeless. Additional priority groups included Native/Latino members, Medi-Cal populations, low-income individuals, and marginalized groups. Specific emphasis was placed on prenatal and perinatal individuals and families with young children (ages 0-5), all residents within certain zip codes, monolingual Spanish speakers, children, and individuals with chronic illnesses. Medi-Cal beneficiaries were also highlighted as a priority population.

FIGURE 1. TOPIC AREAS OF FOCUS

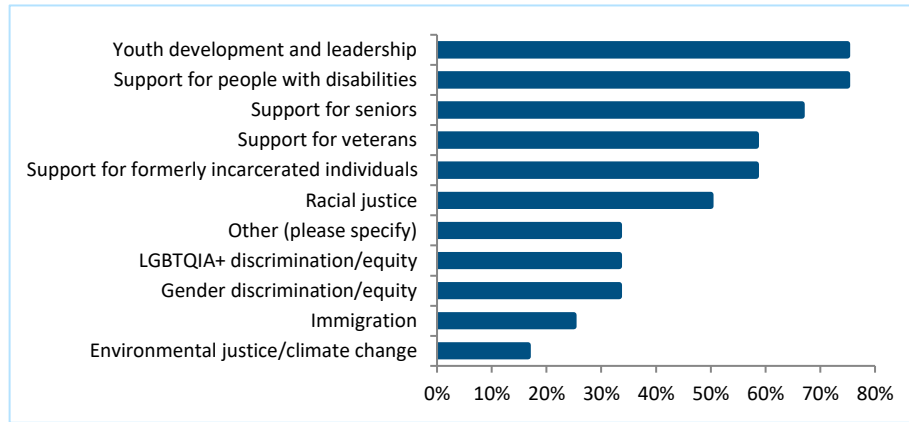
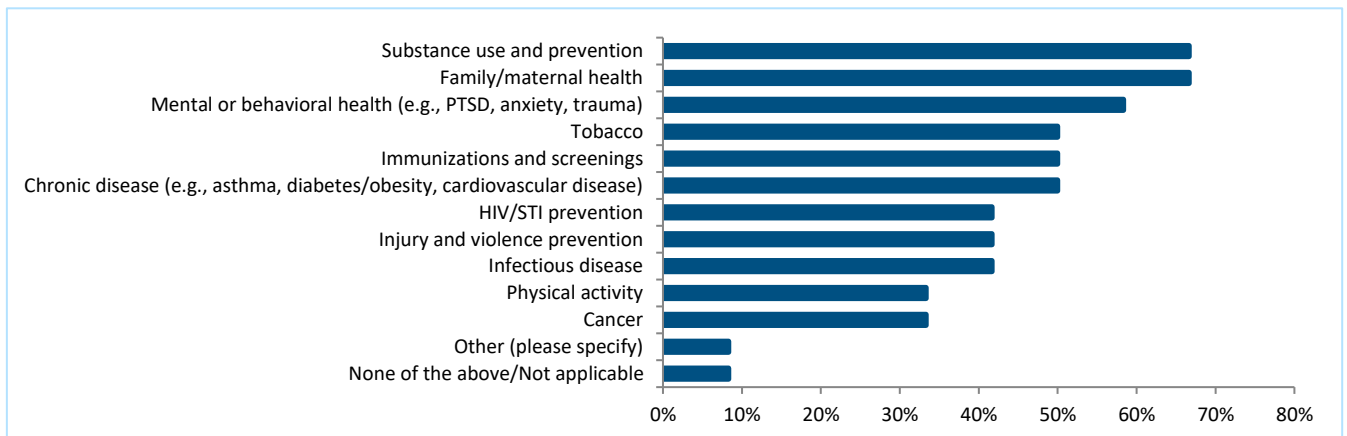
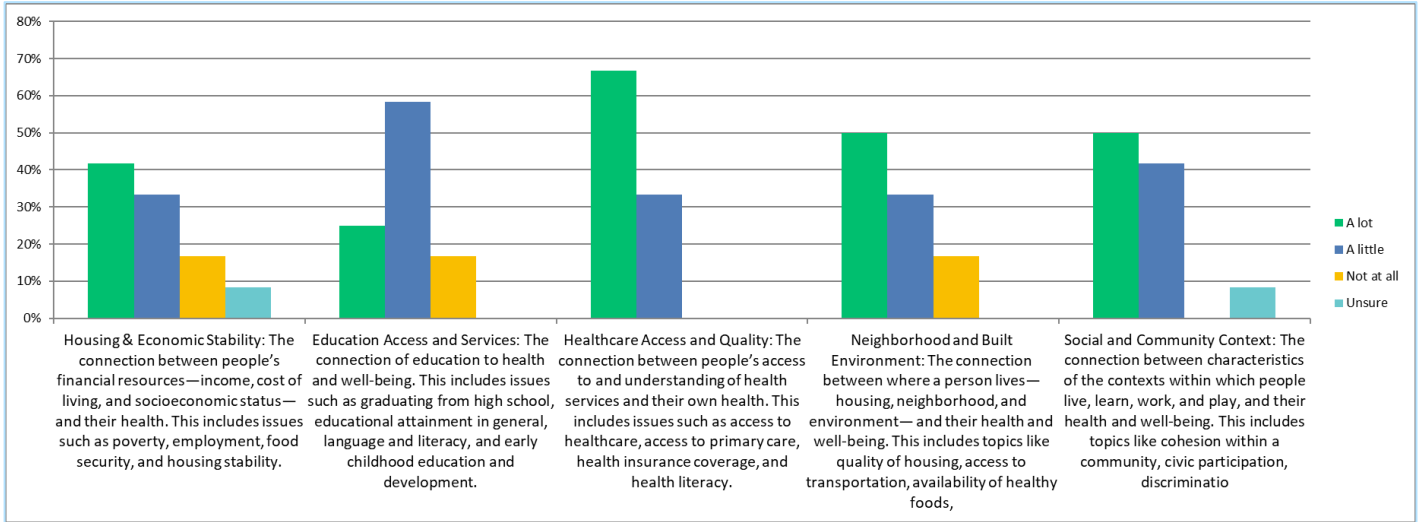


FIGURE 2. HEALTH BEHAVIORS AND OUTCOMES OF FOCUS



Appendix C. Community Partner Assessment

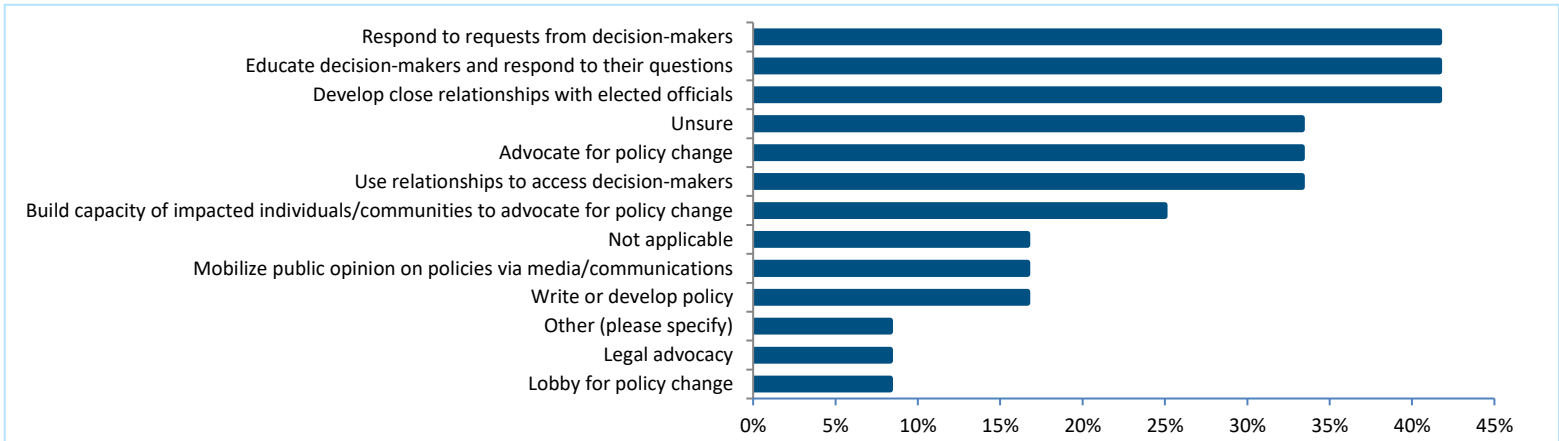
FIGURE 3. PERCENTAGE OF TIME FOCUSED ON SPECIFIC TOPICS



Community Health Improvement

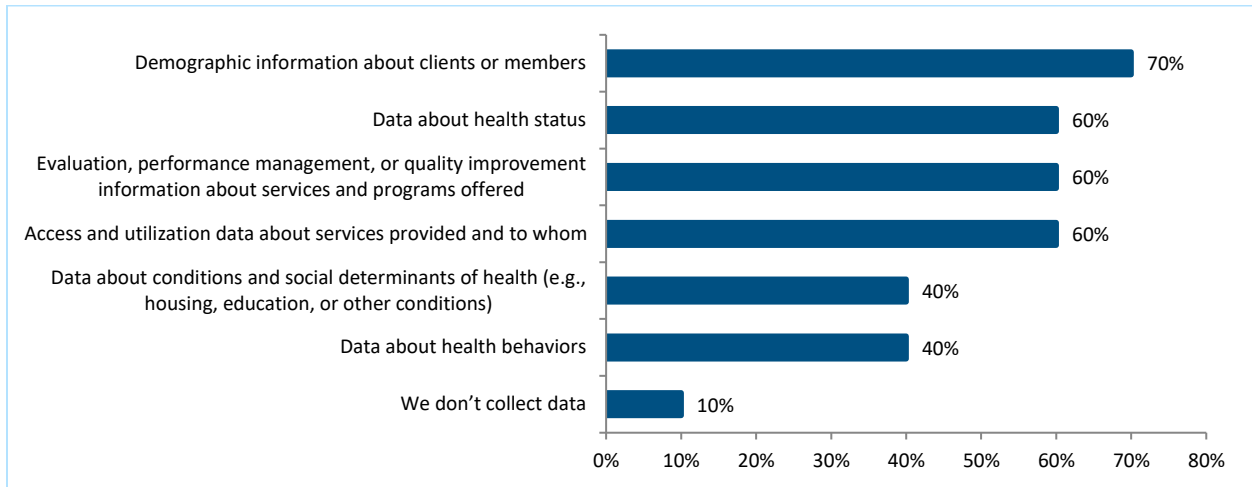
Survey respondents were asked specific questions about their involvement in policy and advocacy work, data collection, and their interest in supporting community health improvement. This information helps forecast how Mendocino County Public Health can partner and collaborate with community partners during community health improvement planning. It also provides insight into the resources available to support these strategies.

FIGURE 4. POLICY/ADVOCACY WORK



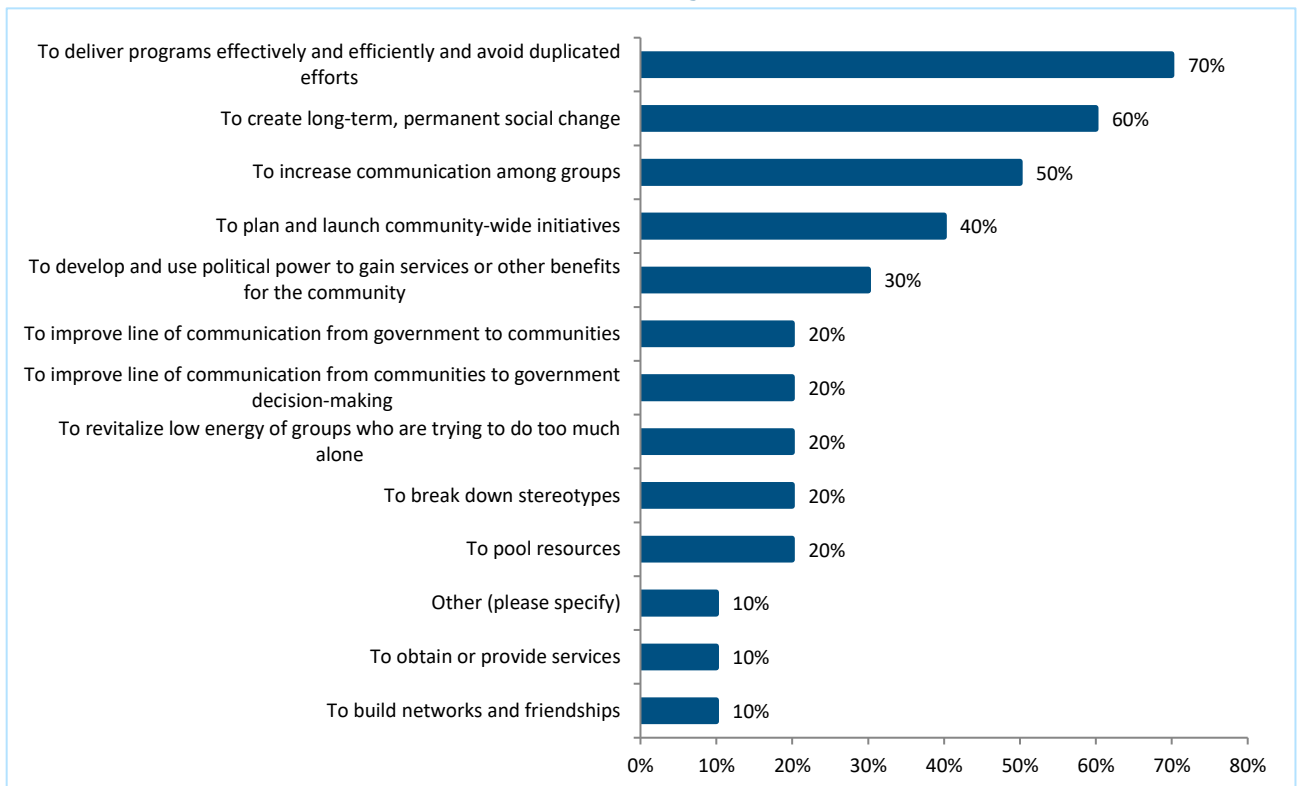
Appendix C. Community Partner Assessment

FIGURE 5. DATA COLLECTED



The majority of survey respondents indicated that they collect data through various methods: 80% use surveys, 70% utilize data tracking systems, 60% rely on feedback forms, 50% use electronic health records, 40% conduct focus groups, and 30% gather information through interviews and notes from community meetings. Out of 10 responses half of the organizations are able to share data or are already sharing data with the health department.

FIGURE 6. TOP FOUR INTEREST IN JOINING A COMMUNITY HEALTH IMPROVEMENT PARTNERSHIP



Appendix C. Community Partner Assessment

FIGURE 7. RESOURCES TO CONTRIBUTE TO SUPPORT COMMUNITY HEALTH IMPROVEMENT ACTIVITIES

