MENDOCINO COUNTY PUBLIC HEALTH ADVISORY BOARD

REGULAR MEETING

AGENDA

March 12, 2026
3:00 PM – 4:30 PM

Location: Health Services, Conference Room 1, 1120 S. Dora Street, Ukiah, CA 95482

Chairperson
Sue Mason

Vice Chair
Justin Ebert

BOS Supervisor
Ted Williams

MEMBERSHIP:

JUSTIN EBERT, *1ST DISTRICT*
CARMEN HARRIS, *2ND DISTRICT*
MILLS MATHESON, *3RD DISTRICT*
LUCRESHA RENTERIA, *4TH DISTRICT*
ANDY COREN, *5TH DISTRICT*

TOWNLEY SAYE, *MEMBER*
NOMIAH BRITTON, *MEMBER*
NICOLE GLENTZER, *MEMBER*
SUE MASON, *MEMBER*
JEAN CUNNINGTON, *PH EMPLOYEE*

	Agenda Item / Description	Action
1. **3 minutes**	**Call to Order, Roll Call, Quorum Notice, & Approve Agenda:** *Review and Possible Action*	Board Action:
2. **10 minutes (Maximum)**	**Public Comments:** *Members of the public are welcome to address the Board on items not listed on the agenda but within the jurisdiction of the Board. The Board is prohibited by law from taking action on matters, not on the agenda but may ask questions to clarify the speaker's comment. The Board limits testimony on matters not on the agenda to three minutes per person and not more than 10 minutes for a particular subject at the discretion of the Chair of the Board. To best facilitate these items, please write your topic to phboard@mendocinocounty.gov*	Board Action:
3. **5 minutes**	**Approval of Minutes from December 4, 2025, Regular Meeting:** *Review and Possible Action*	Board Action:
4. **10 minutes**	**Community Health Needs Assessment Plan**	Board Action:
5. **10 minutes**	**Public Health Priorities for the Board:** *Discussion and Possible Action*	Board Action:
6. **10 minutes**	**Mendocino County Report:** *Jenine Miller, Director of Health Services* A. Data Dashboard B. Fentanyl High Showings	Board Action:

7. **5 minutes**	**Brown Act and Ethics Training**	Board Action:
8. **10 minutes**	**Public Health Department Report Out** A. Emergency Medical Services	Board Action:
9. **10 minutes**	**Open Discussion / Q&A** A. Time for members to raise questions, ideas or concerns	Board Action:
10. **2 minutes**	**Adjournment:** Confirm next meeting date and tasks Closing Remarks	Board Action:

AMERICANS WITH DISABLITIES ACT (ADA) COMPLIANCE

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EMAIL THE BOARD: phboard@mendocinocounty.gov | **WEBSITE:** www.mendocinocounty.gov/phab

MENDOCINO COUNTY PUBLIC HEALTH ADVISORY BOARD

REGULAR MEETING

MINUTES

December 4, 2025
3:00 PM – 4:30 PM

Location: Public Health, Conference Room 1, 1120 S. Dora Street, Ukiah, CA 95482

Chairperson
Sue Mason

Vice Chair
Justin Ebert

BOS Supervisor
Madeline Cline

MEMBERSHIP:

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NICOLE GLENTZER, *MEMBER*
SUE MASON, *MEMBER*
JEAN CUNNINGTON, *PH EMPLOYEE*

	Agenda Item / Description	Action
1. **3 minutes**	**Call to Order, Roll Call, Quorum Notice, & Approve Agenda:** *Review and Possible Action* • Supervisor Cline called the meeting to order at 3:07 pm • Members present Member Britton, Member Coren, Member Cunnington, Member Ebert, Member Harris, Member Mason, Member Matheson, and Member Saye. • Members absent Member Glentzer and Member Renteria. • Supervisor Cline was present. • Motion made by Member Mason seconded by Member Saye, to approve the Agenda. Motion was voted on and approved unanimously.	Board Action: Approved.
2. **10 minutes (Maximum)**	**Public Comments:** *Members of the public are welcome to address the Board on items not listed on the agenda but within the jurisdiction of the Board. The Board is prohibited by law from taking action on matters, not on the agenda but may ask questions to clarify the speaker's comment. The Board limits testimony on matters not on the agenda to three minutes per person and not more than 10 minutes for a particular subject at the discretion of the Chair of the Board. To best facilitate these items, please write your topic to phboard@mendocinocounty.gov* • None.	Board Action: None.
3. **10 minutes**	**Welcome and Introductions** A. Opening remarks from Supervisor Cline	Board Action: None.

	• Welcomed the board and public. B. Member introductions • Members introduced themselves.	
4. **10 minutes**	**Background and Purpose of Public Health** A. Public Health • Director Miller provided an overview of the essentials of Public Health and asked board members what data or information they would like to receive regularly. • COVID-era funding losses have impacted counties statewide. Mendocino County avoided layoffs by optimizing existing staffing, blending BHRS and Public Health administration, and streamlining processes. • Counties shared creative cost-saving strategies (e.g., discontinuing landlines) • Community Health Needs Assessment completed with Adventist Health and local tribes; over 800 surveys collected, including a strong 25% response rate from tribal communities. • Largest identified tribal concern: diabetes. • Quarterly meetings with tribes continue; collaboration remains a priority. • A full CHNA presentation will happen at a future meeting. • Accreditation report updated; focus shifted away from DEI in recent state/federal guidelines. • Sets operational standards for Public Health • Quality assurance considerations were raised by Member Coren. B. Mandate and Scope • Member Mason requested current data on infectious disease trends and Public Health indicators. • Director Miller announced a Public Health Data Dashboard targeted for release around January, using trend data from the state and local sources. • "Good to Know Mendo" website continues development, serving as a community resource hub for events, clinics, and service connections. • The Health Coalition is active; the MOU is drafted, and all clinics are engaged. • Member Saye asked about data sources. Director Miller reported that Public Health is building stronger networks, allowing access to information not normally available through standard searches (ex. DA-provided contacts). • EMS returned to Health Services on October 1, 2025. • Environmental Health returns January 1, 2026. • The Home Visting/Nursing Program remains housed in Public Health. • Member Ebert asked why Mendocino is hiring while other counties are not. o MC avoided COVID overstaffing; blending BHRS and PH saved approx. $3M. o Improved efficiency: transition from paper to electronic, shared admin functions.	Board Action: None.

	○ Federal funds could not be matched for certain purposes, so the county had to get creative and reallocate existing funding. • Member Coren asked about services for seniors. ○ Director Miller expressed concern and interest in expanding options but noted limited funding. ○ IHSS is under its own MOE and not directly in Health Services. ○ Discussion raised the need for an updated senior services directory; Social Services' Area On Aging JPA (with Lake County) may have materials – Director Miller will follow up. • Member Coren asked about current response since COVID ended. ○ Public Health continues vaccine clinics, onsite school vaccination, and proactive social media education. ○ Monitoring ongoing infectious disease trends; TB rates are higher than previous years. ○ Two Communicable Disease Investigators (LVN-level) are in place. ○ Watching the evolving West Coast Vaccine Alliance—uncertainty around future funding. • Ongoing recruitment for Health Officer; an offer was recently made. • Nursing Director position is vacant; active recruitment continues. • Strong partnerships with Mendocino College LVN Program and Sonoma State; CCS program hosted students' interns—one was hired, and more are requested for February 2026. • Clinics, Adventist Health, tribal partners, and community organizations participate in the Health Coalition, focusing on improving patient care and coordination. • Strong school partnerships maintained. • Collaboration with MCOE and Member Glentzer on fentanyl awareness. • A community Fentanyl High educational event is planned for February 2026, including theater rentals in Ukiah and Fort Bragg. • Willits facility downsized; existing space is now upstairs at the Sheriff's Substation. • Previous Public Health facility space was taken by CAL FIRE.	
5. **10 minutes**	**Nomination of Board Positions** A. Nomination of Chair • Nomination for Member Mason accepted. • Motion made by Member Ebert, seconded by Member Matheson, to nominate Member Mason as Chair. Motion was voted on and approved unanimously. B. Nomination of Vice Chair • Nomination for Member Ebert accepted. • Motion made by Member Mason, seconded by Member Harris, to nominate Member Ebert as Vice Chair. Motion was voted on and unanimously approved.	Board Action: Approved. Approved.
6. **10 minutes**	**Review of Board Roles and Responsibilities** A. Review of the Bylaws • Director Miller reviewed the Public Health Advisory Board	Board Action: None.

	bylaws included in the agenda packet. • Tribal representative: Member Britton • Board appointments are two-year terms, with no compensation. • Quarterly meetings are standard; special meetings may be called if quorum (51%) is met. • Brown Act applies to board as required for all County committees. Members reminded not to "reply all" to avoid serial meetings. • A list of board members and contact information will be provided at the next meeting. • Brown Act training is recommended; staff will share available county training links. B. Duties of Board Members • Chair coordinates agenda development with the Director and support staff; Vice Chair fulfills Chair duties when absent. • Board responsibilities include: o Reviewing bylaws and meeting quarterly. o Participating in ad-hoc committees and special meetings as needed. o Reviewing and contributing to the annual report to the Board of Supervisors. o Approving agenda items and supporting Public Health initiatives. • Members invited to join or follow updates from the Opioid/All-Drug Task Force, including ongoing efforts to restrict Whip-Its sales countywide via civil penalties. • Members emphasized the importance of youth-focused education—starting in elementary school and continuing through high school.	
7. **10 minutes**	**Establishment of Meeting Procedures** A. Proposed Quarterly Meeting Schedule (day, time) • Motion made by Member Coren, seconded by Member Ebert, to adopt bylaws and quarterly meeting schedule. Motion was voted on and approved unanimously. • Meetings set for second Thursdays, 3:00PM–4:30PM. o Next meeting: March 12, 2026 • Staff will schedule the quarterly meetings and add them to board members' calendars. • Board members may email agenda requests to support staff (PHBoard@mendocinocounty.gov). • Agenda posting will include social media distribution where appropriate. B. Decision-making processes (consensus, voting rules) • Consensus and voting follow Brown Act requirements. • Members encouraged to contact the Chair or support staff for agenda items or procedural questions. C. Communication channels and documentation process • Avoid serial meetings; use BCC or individual emails. • County Brown Act training is available and encouraged for all members.	Board Action: Approved.

8.
10 minutes
	Public Health Department Report Out
	A. Women, Infant and Children Program – Clemencia Paniagua
	• COVID reshaped WIC service delivery; telehealth remains a successful tool.
	• New job classifications created with the Director's support (Registered Dietician, Lactation Consultant/IBCLC)
	• "Grow Your Own IBCLC" program launched; bilingual IBCLC now onboard, which is rare and valuable.
	• All WIC clinical areas reopened; program returned to servicing rural and tribal communities.
	  ○ Approximately 2,600 clients served across the county.
	  ○ Site totals: Ukiah (primary), Willits (~300), Fort Bragg (~400), plus Gualala, Covelo, Point Arena, and Boonville.
	• Breastfeeding rates increased from 57 % to 70 %.
	• Increased number of certified WIC participants this year.
	• Discussion of cross-agency opportunities (e.g., CPS, midwives).
	• On funding:
	  ○ CDPH WIC was prepared to take out a loan to sustain families during earlier funding uncertainty.
	  ○ Health Services leadership assured staff positions would not be lost.
	  ○ CDPH funding secured for the next fiscal year to maintain services.
		Board Action:
		None.

9. **10 minutes**	**Open Discussion / Q&A** A. Time for members to raise questions, ideas or concerns • None.	Board Action: None.
10. **2 minutes**	**Adjournment: 4:35 PM** Confirm next meeting date and tasks • March 12, 2026, 3:00–4:30 PM. Closing Remarks • Chair Mason asked board members to consider what Public Health most needs from the board and how members can support priorities. • Supervisor Cline encouraged strengthening community connections and continuing discussion of Public Health's ongoing work.	Board Action: None.

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public health
MENDOCINO COUNTY

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:

Contact Information

Jean Cunnington
Senior Department Analyst
cunningtonj@mendocinocounty.gov

Mendocino County Public Health
Attn: Jean Cunnington
1120 S. Dora Street, Ukiah CA 95482
707-472-8410

Written Comments

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

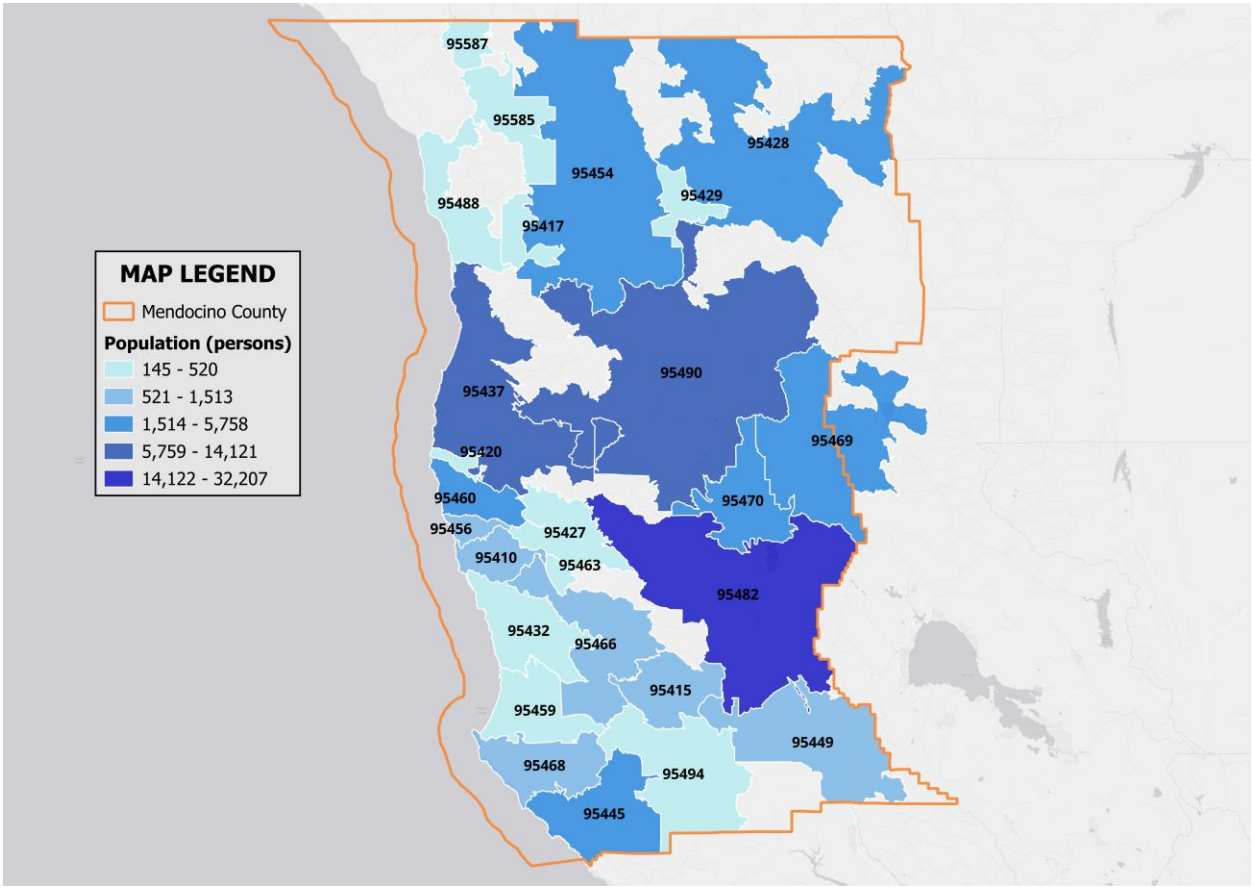
Demographic Profile

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

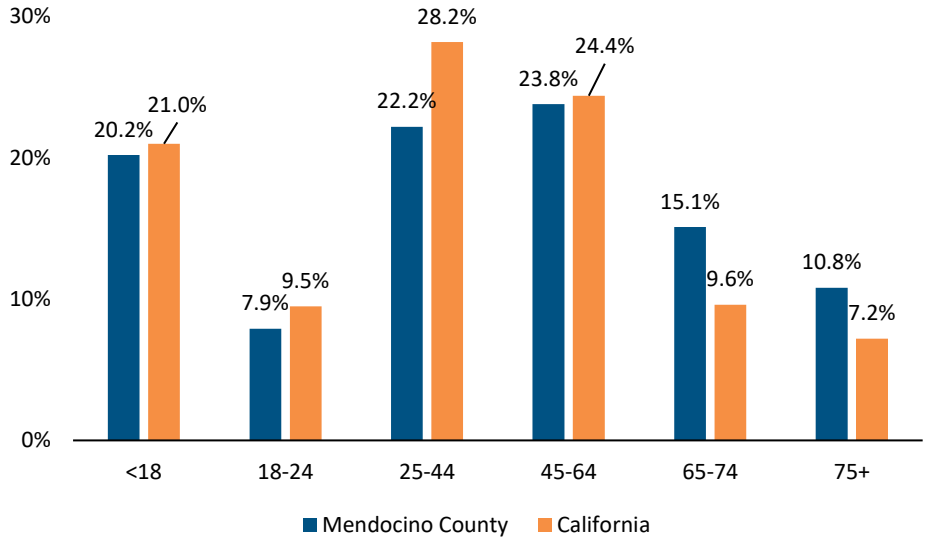


SOURCE: CLARITAS POP-FACTS (2025)

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



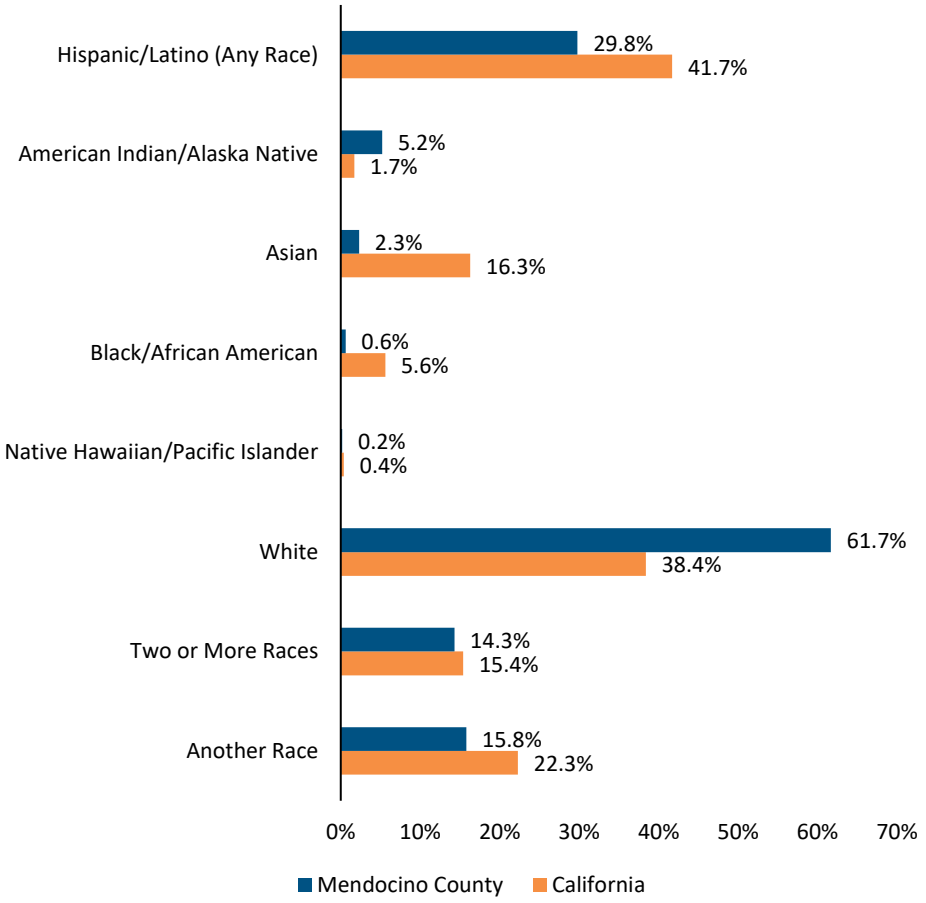
SOURCE: CLARITAS POP-FACTS (2025)

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)

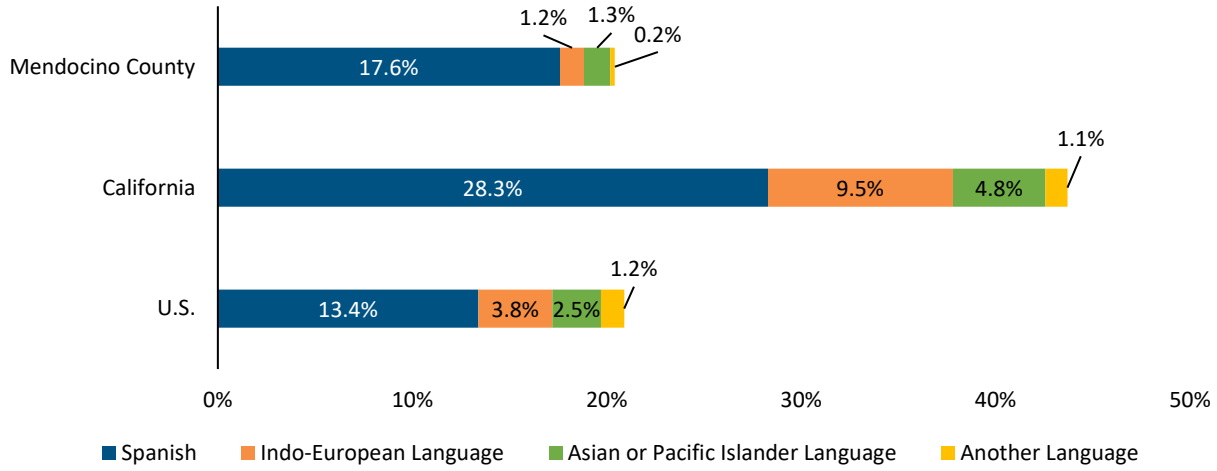
Language and Immigration

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.

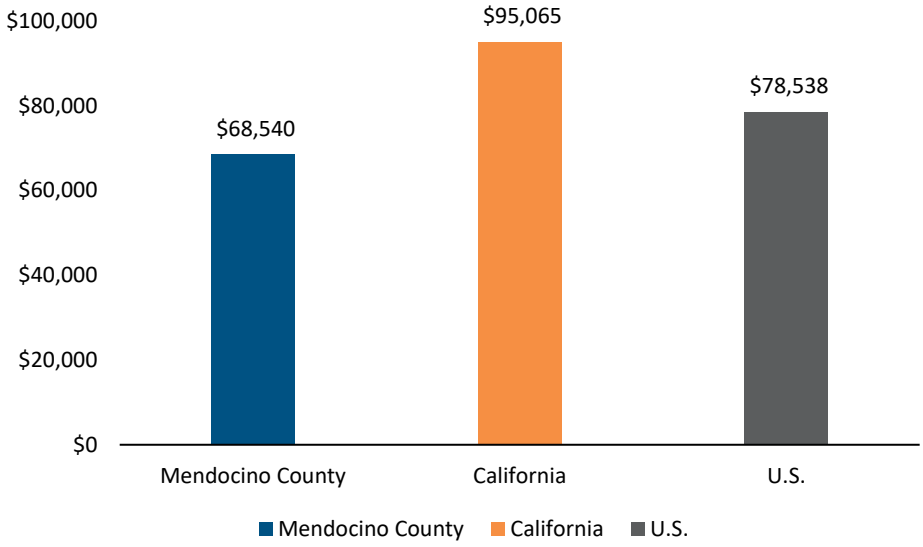
Income

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

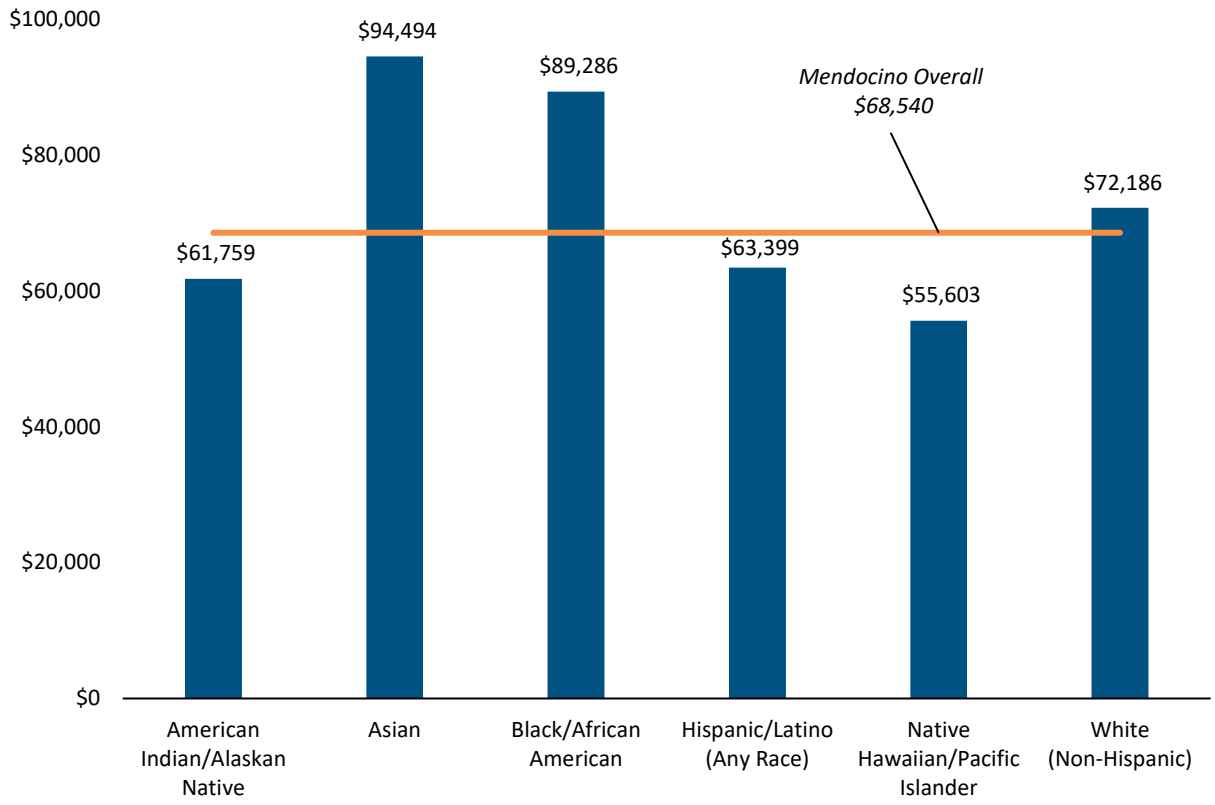
Figure 5. Median Household Income: County, State, U.S.



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)

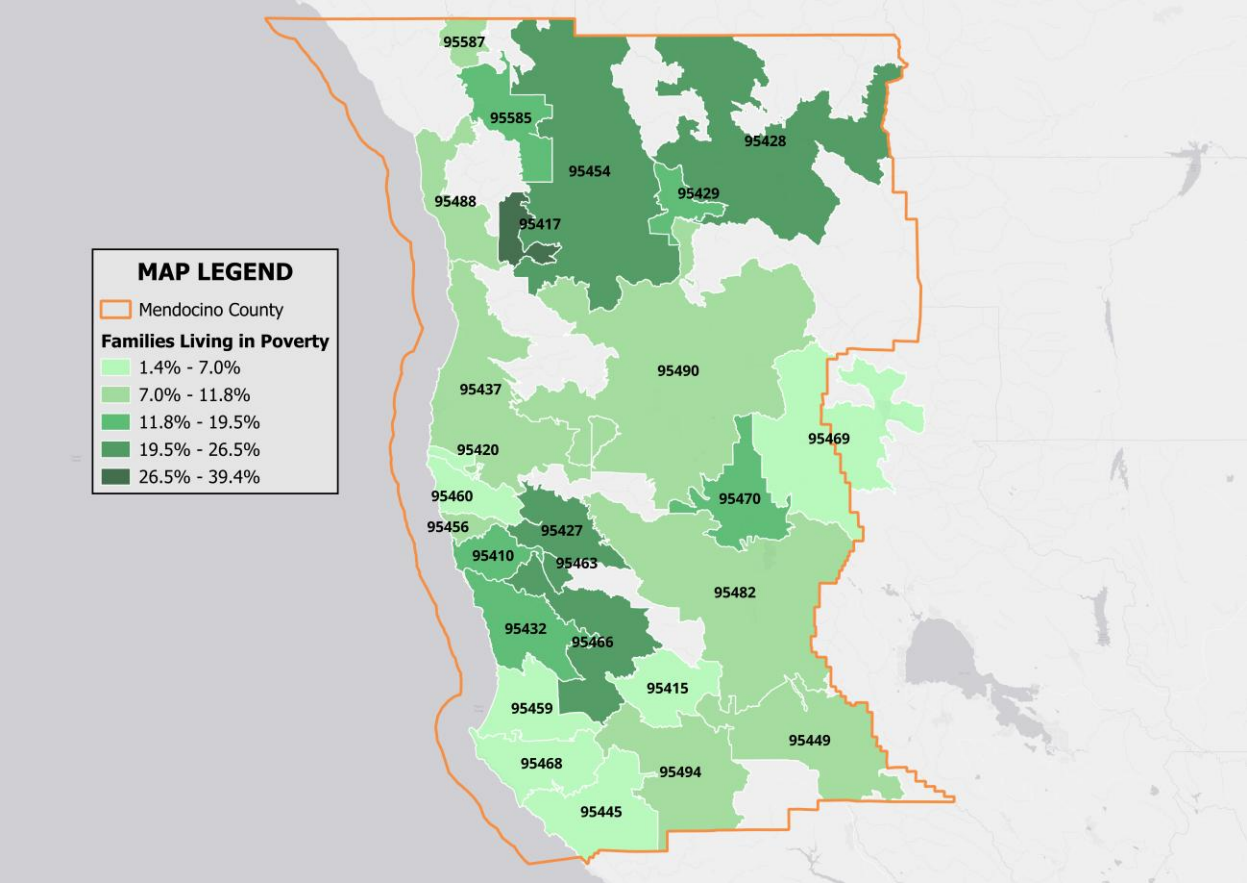
Poverty

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)

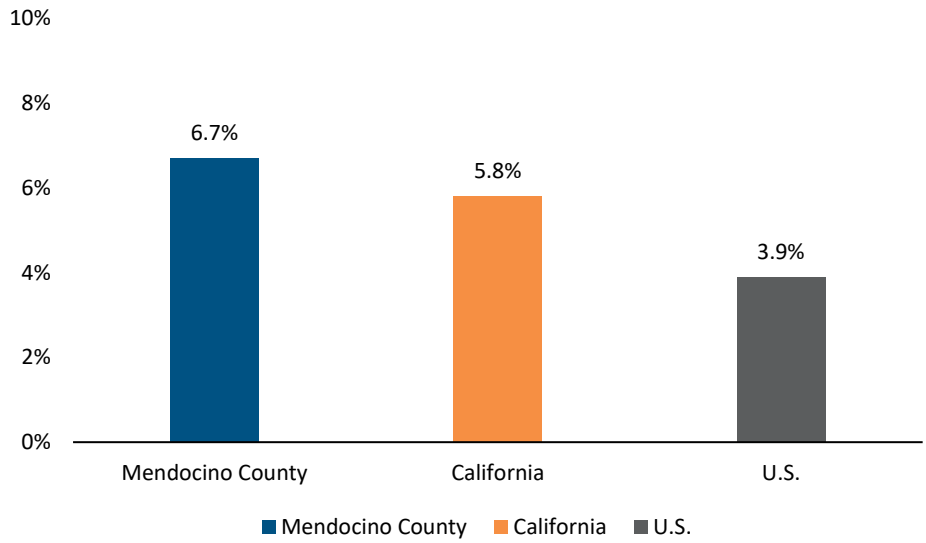
Employment

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)

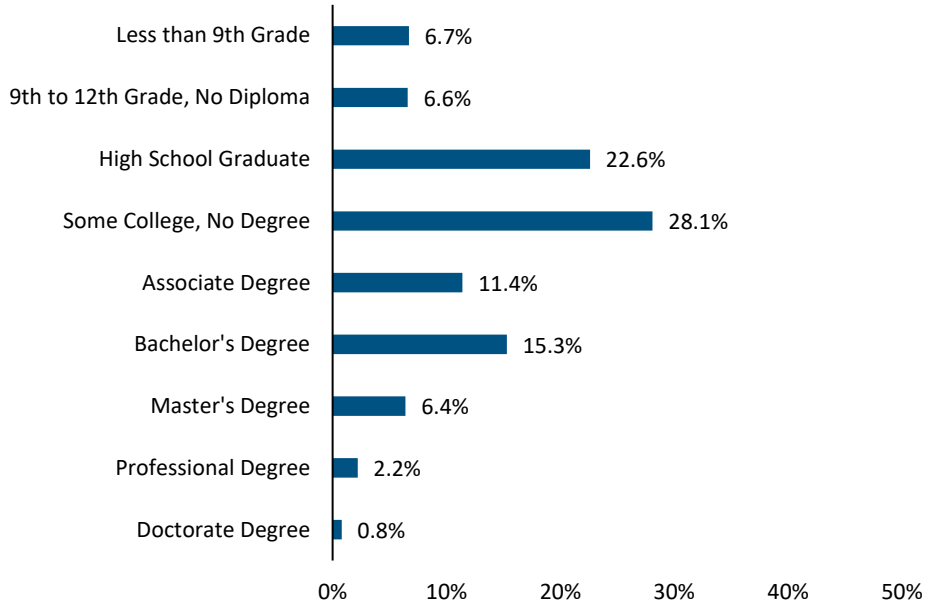
Education

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 school graduation rate in

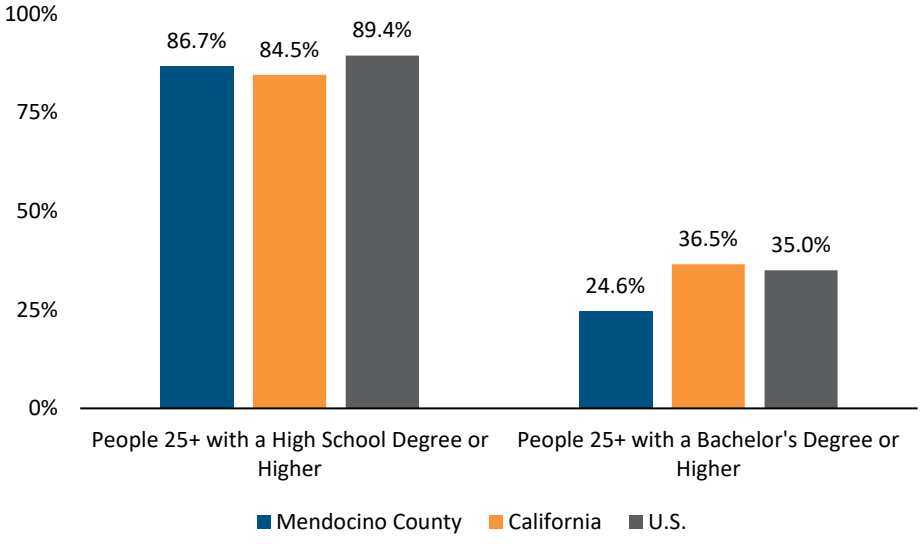
Mendocino County (86.7%) is similar to that of California and the U.S. (84.5% and 89.4%, respectively). About one in four Mendocino County residents has a Bachelor's degree or higher (24.6%), which is lower than the California and U.S. rates (36.5% and 35.0%, respectively).

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.



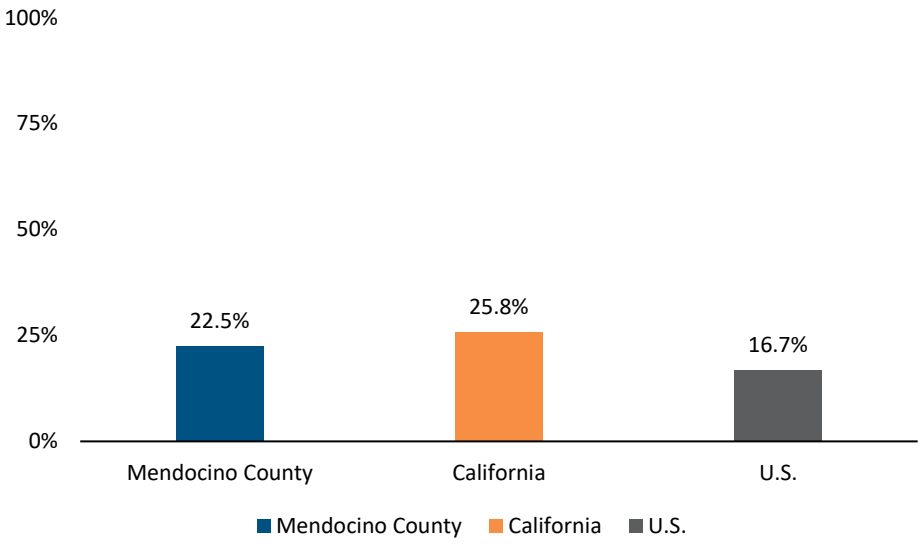
COUNTY & STATE VALUES: CLARITAS POP-FACTS (2025)
U.S. VALUE: AMERICAN COMMUNITY SURVEY (2019-2023)

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)

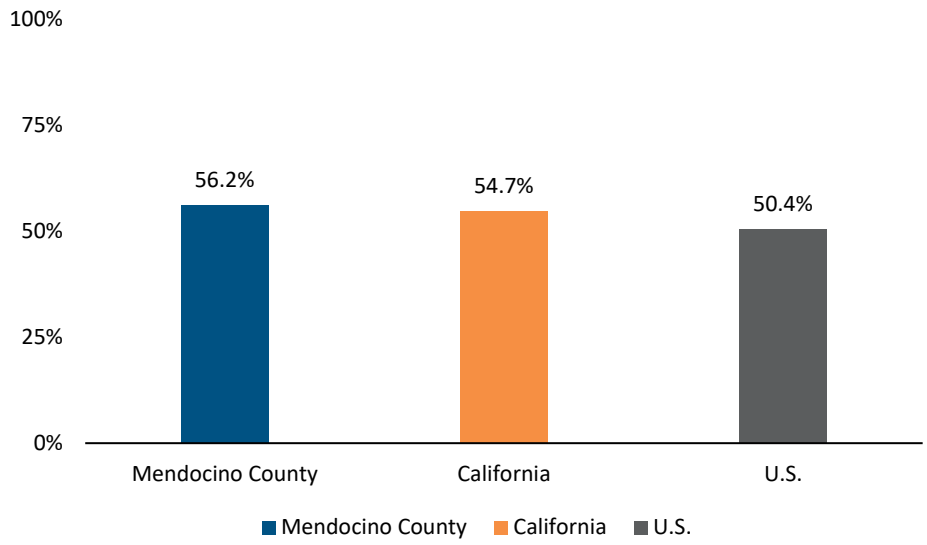
When families must spend a large portion of their income on housing, they may not have enough money to pay for things like healthy foods or health care. This is linked to increased stress, mental health problems, and an increased risk of disease.[5]

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)

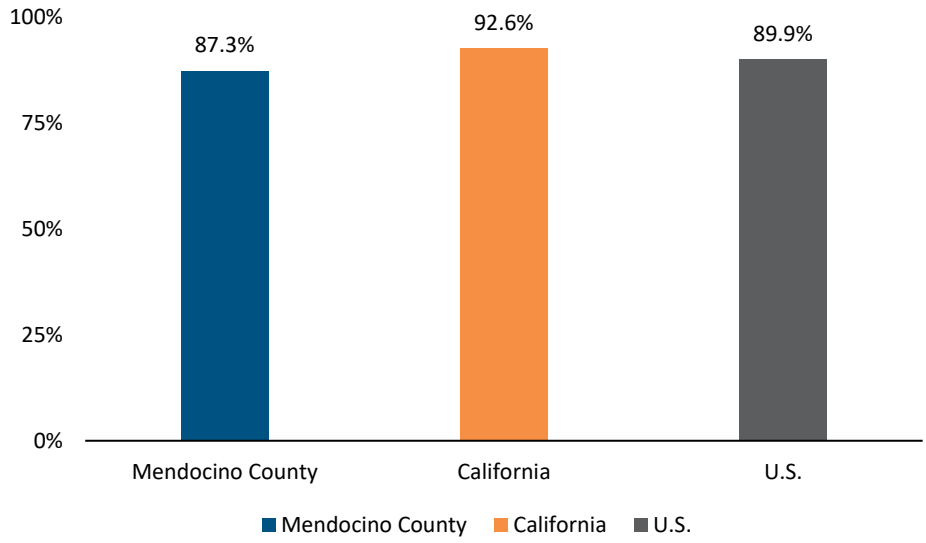
Neighborhood and Built Environment

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

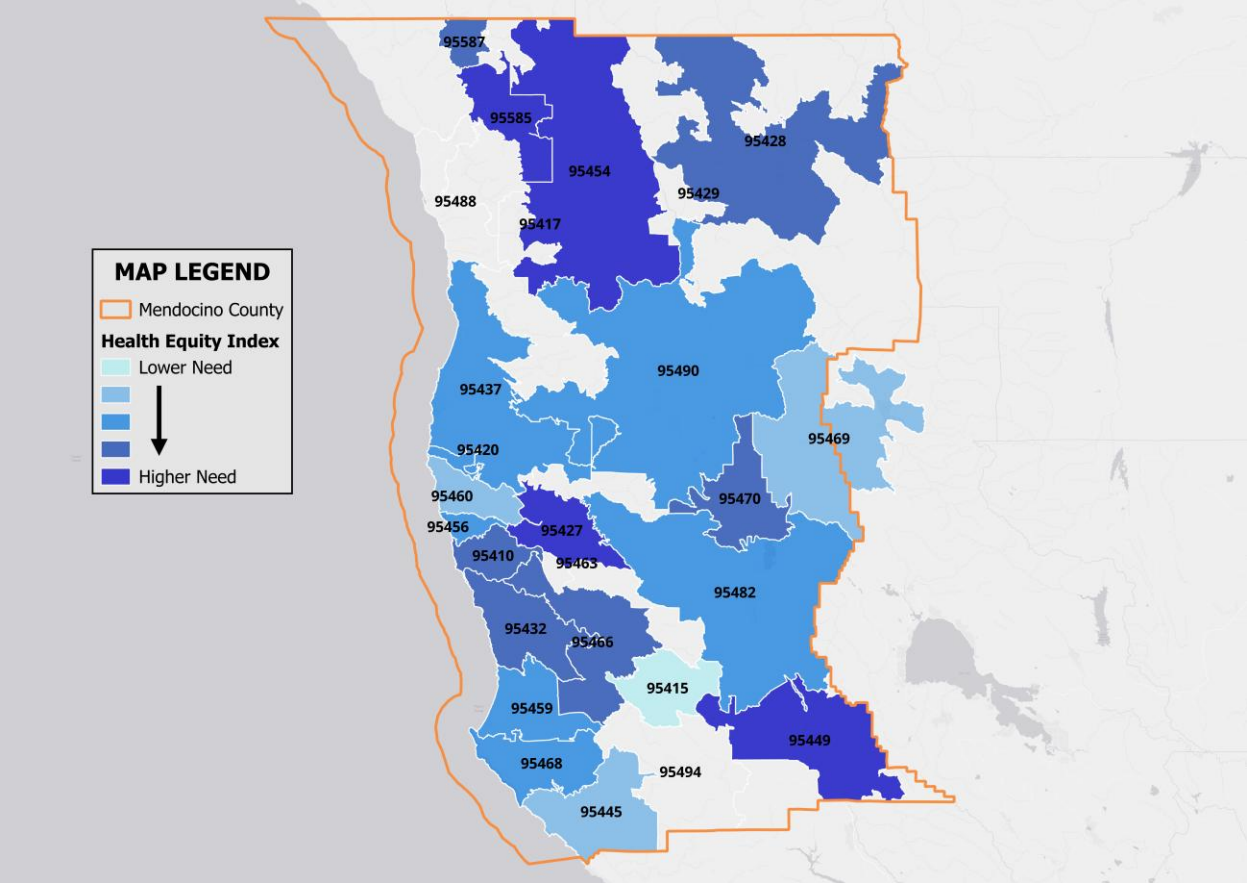


Table 2. Health Equity Index (2025) Values by Zip Code: Mendocino County

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

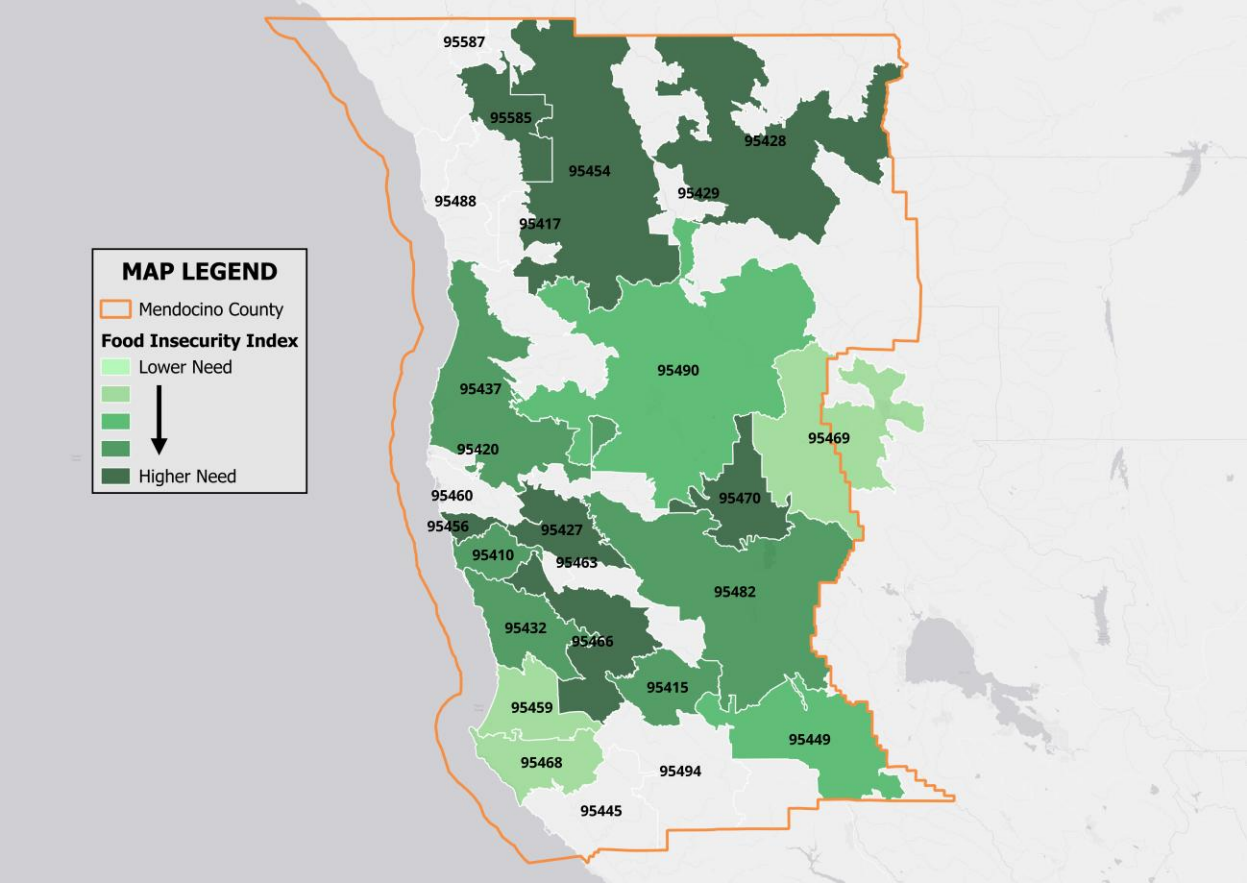


Table 3. Food Insecurity Index (2024) Values by Zip Code: Mendocino County

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

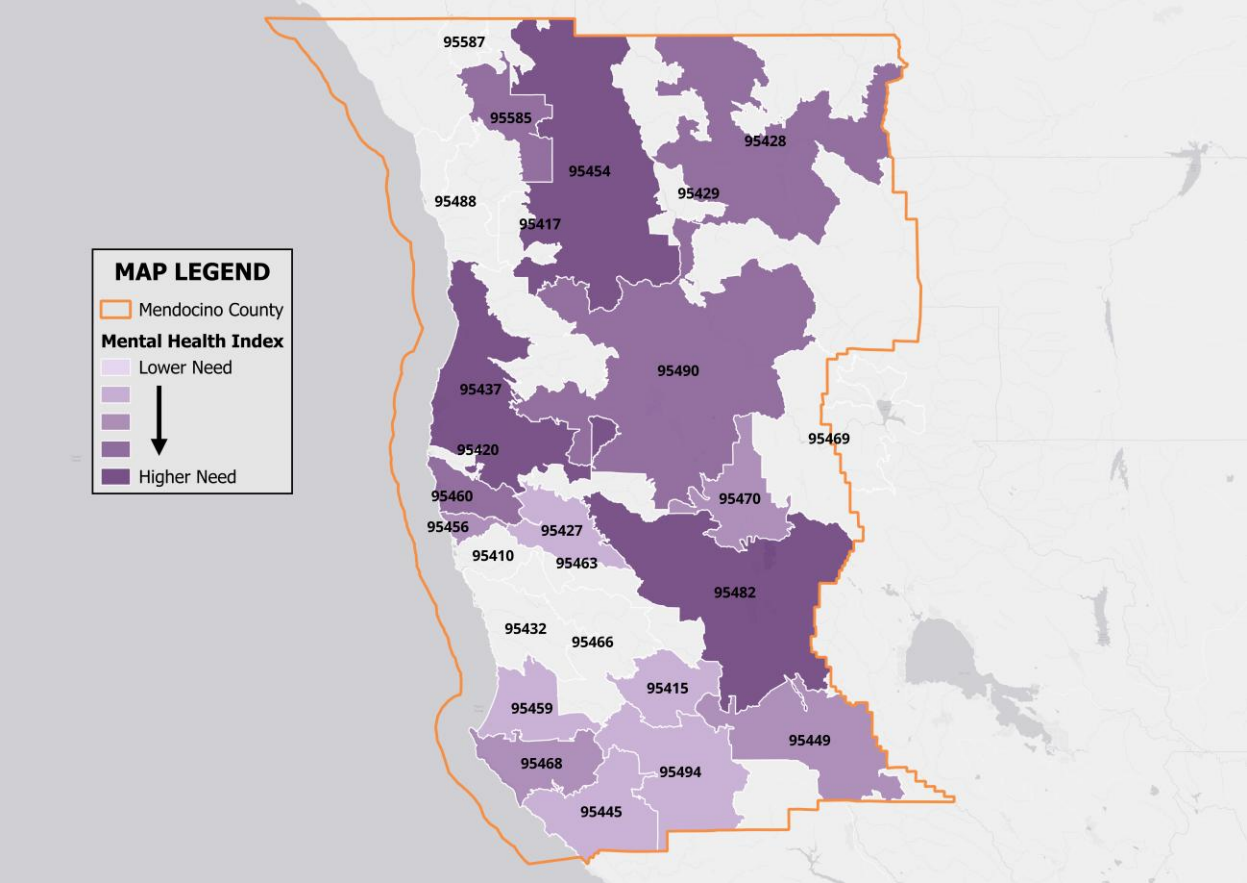


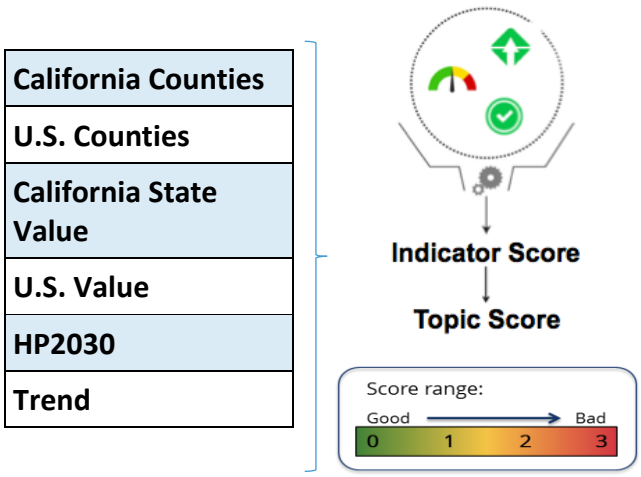
Table 4. Mental Health Index (2025) Values by Zip Code: Mendocino County

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.

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, 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)

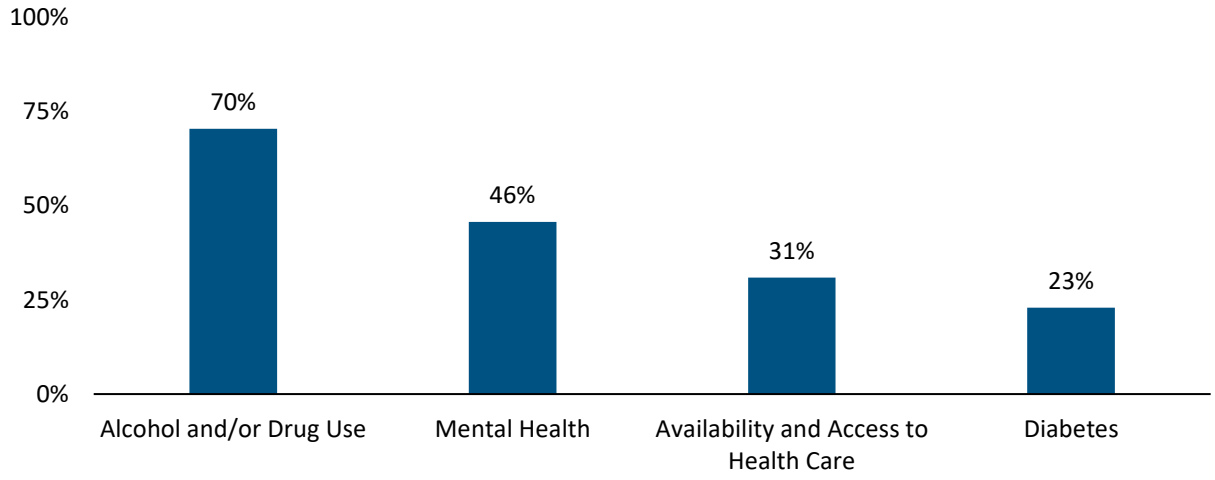
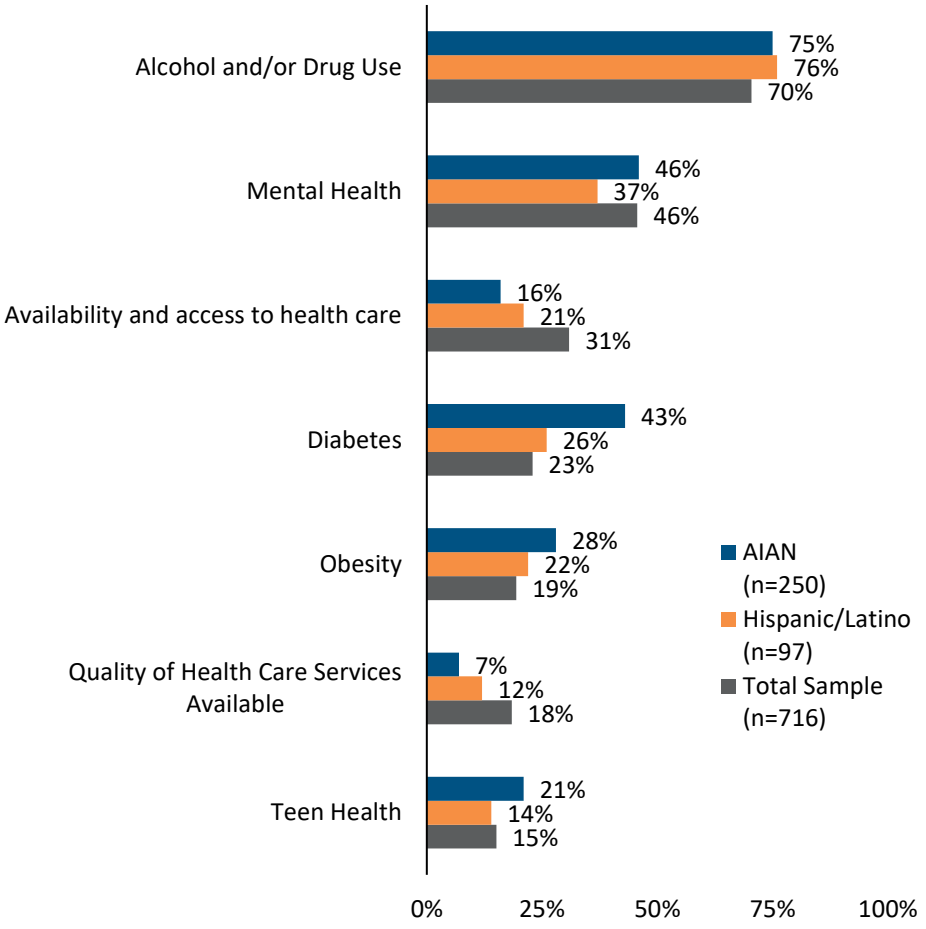


Figure 19: Top Community Health Concerns Identified by Survey Respondents, by Race/Ethnicity



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, childcare, 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)

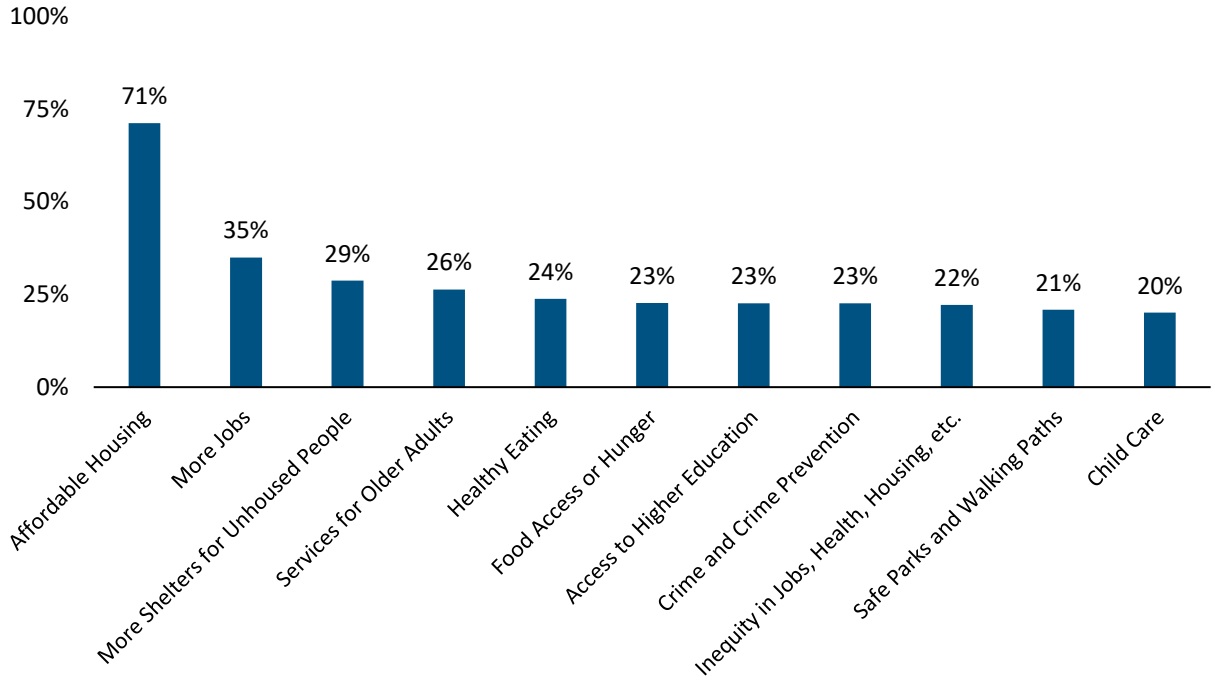
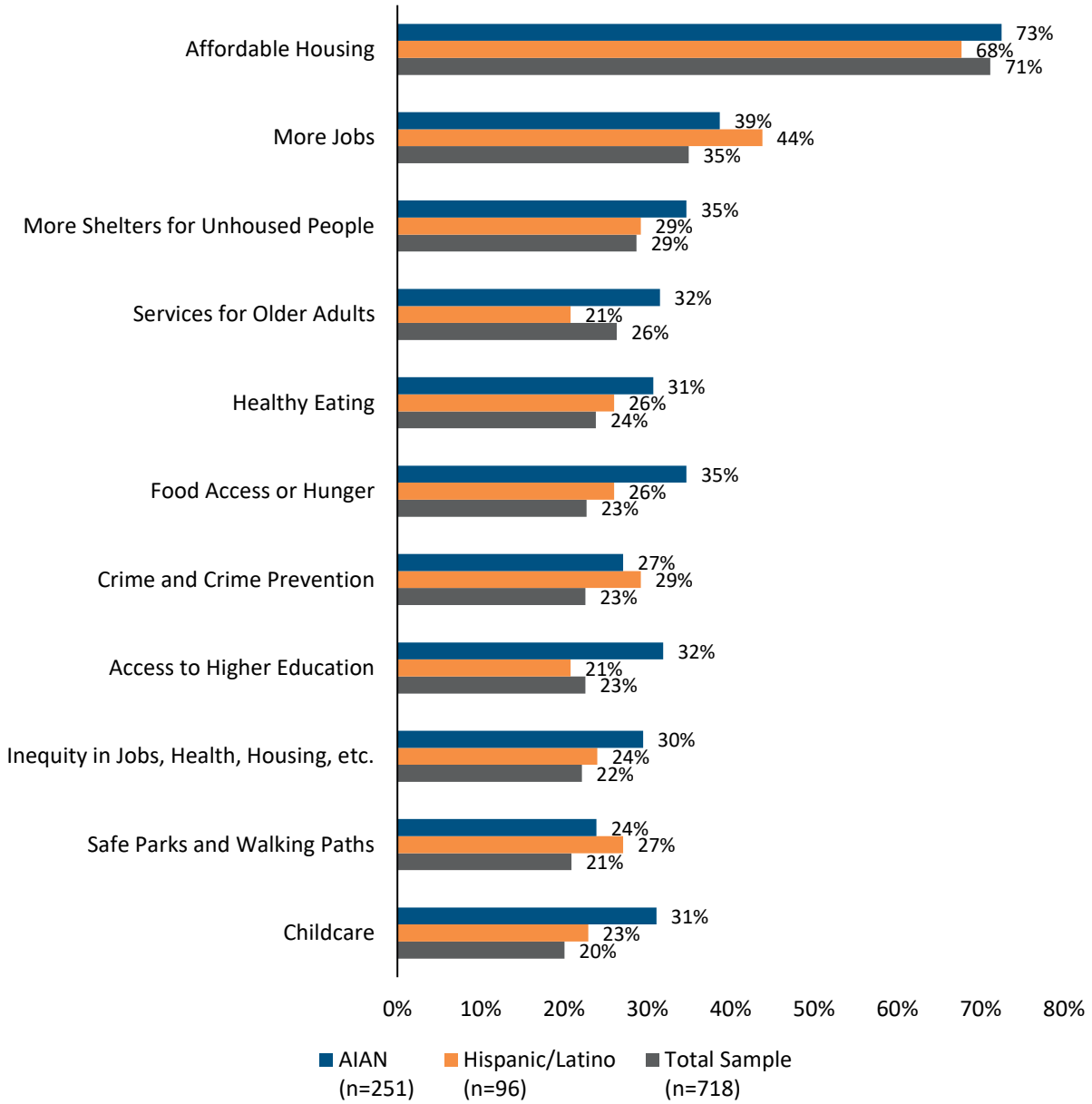


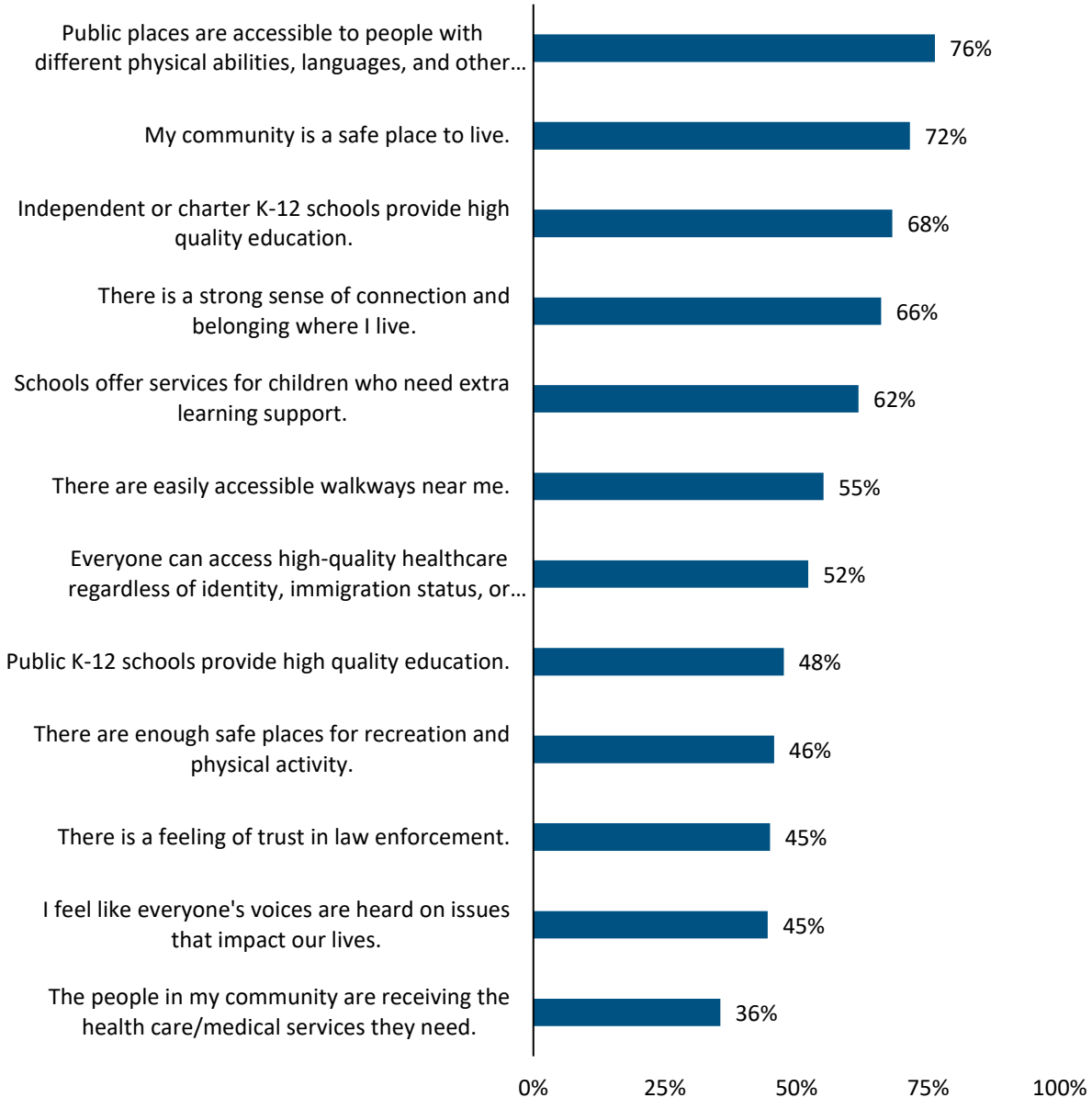
Figure 21: Top Quality of Life Issues Identified by Survey Respondents, by Race/Ethnicity



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)

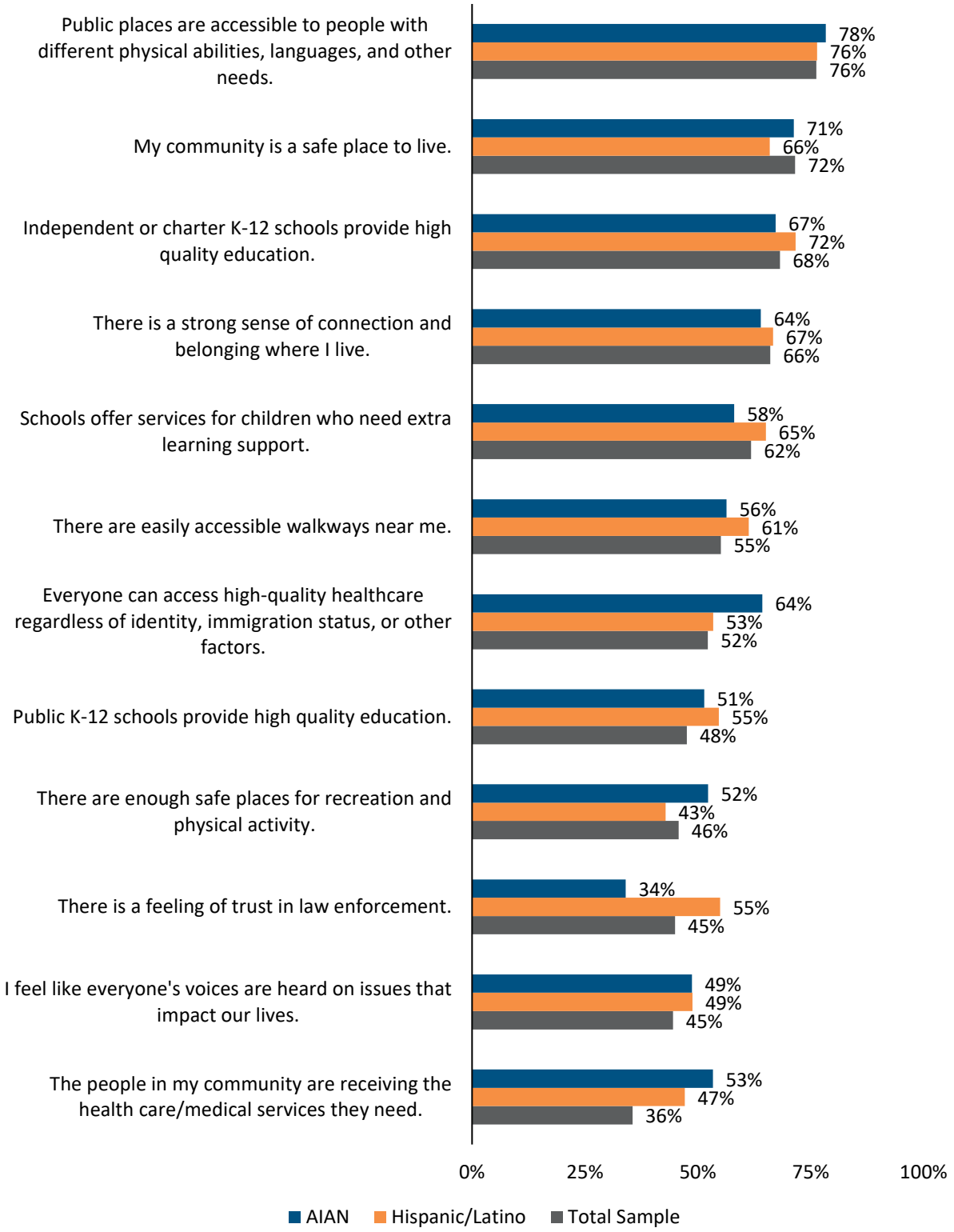


We observed a few notable differences regarding how American Indian/Alaskan Native and Hispanic/Latino survey respondents perceived their community, as shown in Figure 23. Both American Indian/Alaskan Native and Hispanic/Latino respondents were more likely to feel that community members were receiving 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 Population	Age Range: 30 – 70 Participants: 6
First Responders	Fort Bragg, Westport, etc.	Local Community Members	Age Range: 27 – 64 Participants: 5
Community Educators	Mendocino, Point Arena, etc.	Community, Educators, Parents, Community Action Agency	Age Range: 35 – 65 Participants: 5
General Community Members	Anderson Valley	Older Adults, Educators.	Age Range: 25-44, 65+ Participants: 7
Mental Health Providers	Serving all Districts	Women Population, Mental Health Provider Organizations, People Experiencing Addiction and Mental Health Disorders	Age Range: 25 – 65 Participants: 15
AH Tribal Communities	--	--	--

AH Youth	Serving all Districts	Youth	Participants: 10
Older Adults	Ukiah	Seniors Aged 65 and Over	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 Community Members	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
•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	•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	•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.

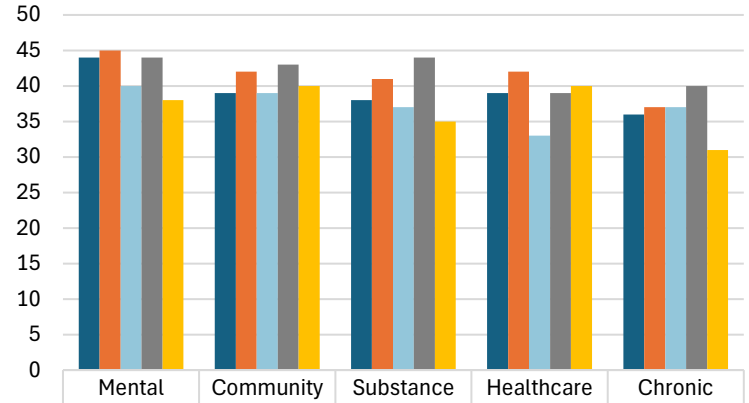
The criteria for prioritization included:

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.

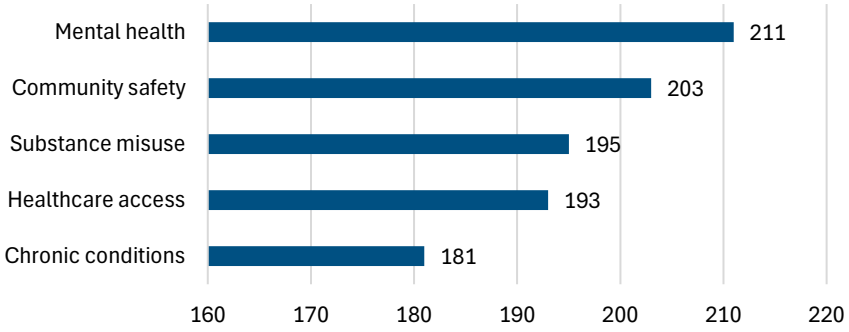
Completion of the online exercise resulted in a numerical score for each health topic and criterion. Numerical scores for the two criteria were equally weighted and averaged to produce an aggregate score and overall ranking for each health topic. The aggregate ranking by category can be seen in Figure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



	Mental health	Community safety	Substance misuse	Healthcare access	Chronic conditions
Evidence that an intervention can change the problem	44	39	38	39	36
Severity of the Problem	45	42	41	42	37
Ability to have a measurable impact on the issue	40	39	37	33	37
Opportunity to intervene upstream, at the prevention level	44	43	44	39	40
The priority the community places on the problem	38	40	35	40	31

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 in the green, the county value is among the least concerning 50% of counties in the state or nation.
	If the needle is in the yellow, 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 in the red, 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).

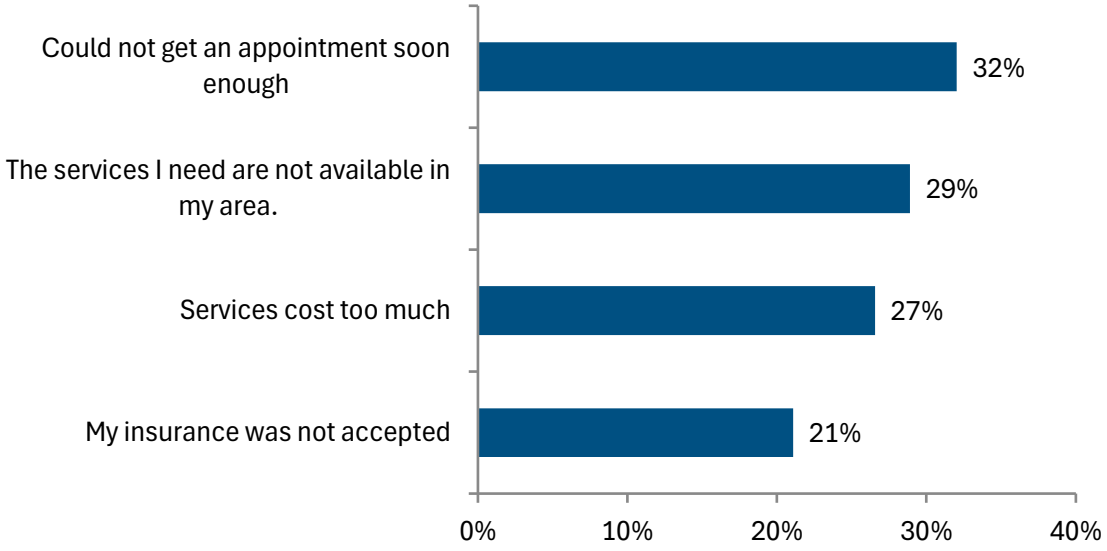
Alcohol-related traffic fatalities are particularly common in Mendocino County. Nearly a third of all driving deaths (31.6%) involve alcohol. This rate is higher than both the California rate (26.7%) and national rate (26.3%). The percentage of driving deaths involving alcohol has also been rising over 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 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.

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.

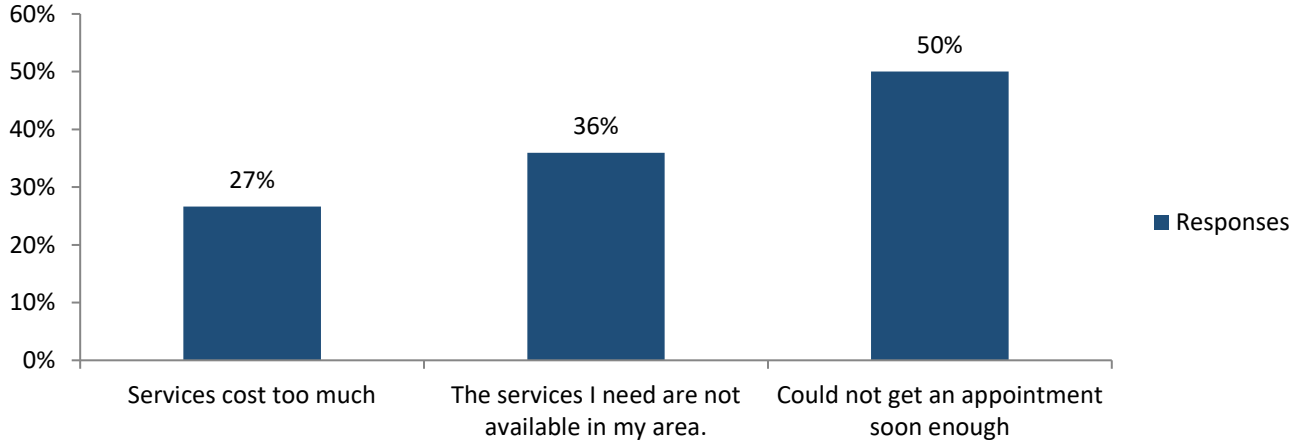
The insured rate in Mendocino County, as well as the insured rate of Mendocino County's children specifically, are both lower than the state-wide rate. The majority of children in Mendocino County have health insurance (94.8%), however this rate implies that about one in twenty children (5.2%) do not 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% 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	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 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 (in 2018-2022)		--		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 (in 2018-2022)		--	--	2019-2021
1.61	Age-Adjusted Death Rate due to Breast Cancer (deaths/ 100,000 females)	19.1	15.3	17.8	19.3 (in 2018-2022)		--	--	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.