Welcome!

Susan Baird Kanaan, Chair
Healthy Mendocino Steering Committee

Constance Caldwell, MD
Mendocino County HHSA Public Health Officer
Healthy Partnerships = Healthy Communities

Ron Chapman, MD, MPH
Health Strategist
Strong and Diverse Partnerships Improve the Health of the Community
2015 Mendocino County Community Health Needs Assessment
A Summary of Key Findings

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

May 2016

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

Mendocino County Health & Human Services Agency
North Coast Opportunities
Ukiah Valley Medical Center
“Social Determinants of Health”

- Income & income inequality
- Education
- Race/ethnicity/gender & related discrimination
- Built Environment
- Stress
- Social support
- Early child experiences
- Employment
- Housing
- Transportation
- Food Environment
Mendocino Life Expectancy by Median Household Income

- $30,000 = 72 years
- $70,000 = 80 years
- For every $10,000 dollar increase in median household income, life expectancy increased by 2 years.
- Mendocino poverty 20% vs CA 15%
- Mendocino child poverty 30% vs CA 23%
1 in 4 children in California does not have enough food to eat.

Child food insecurity rate: percentage of children under 18 years old who are food insecure, California, 2012.

Child food insecurity rate (%)
- Equal or below 22
- 22 - 26
- 26 - 30
- 30 or higher

California: 26.3%
United States: 21.6%
Children Raised in Poverty

• Have lower levels of educational attainment
• Suffer from poor nutrition, chronic stress, and other health problems
• Change residences and schools frequently as their families struggle to find affordable housing
• Have lower earnings and are more likely to live in poverty as adults
Definition: Percentage of public school students in grades 5, 7, and 9 with body composition falling within or below the Healthy Fitness Zone of the Fitnessgram assessment (e.g., 59.5% of 5th graders in California public schools were at a healthy weight or underweight in 2014).

California Tobacco Rates 2013

- California 11.7%
- Lake 28%
- Tuolumne 18.2%
- Humboldt 17.9%
- Nevada 14.1%
- Mendocino 13.8%
- Placer 8.4%
- Yolo 6.7%
Health is shaped by where we live, learn, work, and play.
How could a neighborhood affect health?

- Safe places to be physically active
- Access to healthy food
- Targeted advertising of harmful substances
- Social networks & support
- Norms, role models, peer pressure
- Violence and fear
- Quality of schools
“Health equity” means efforts that ensure that all people have full and equal access to opportunities to lead healthy lives.

California Health and Safety Code
More Than Access to Care

Drivers of Health

- Environmental and Social Factors
- Personal Behaviors
- Medical Care
- Family History and Genetics
Blue Dot
Tuolumne County Community Transformation Initiative

Making Healthy Living Easier

The goal of the Community Transformation Initiative is make healthy living easier and more affordable where people work, live, learn and play. Together, our efforts will take aim at enhancing the health of our community by:

• Helping those with chronic illness better manage their conditions
• Improving access healthy foods
• Increasing opportunities for regular physical activity
• Reducing exposure tobacco products
Toulumne County

DON’T COMPROMISE IMMUNIZE
Mendocino County

- Public Health Accreditation
- Community Health Assessment
- Community Health Improvement Plan
- Healthy Mendocino
“Never doubt that a small group of thoughtful, committed citizens can change the world; indeed, it's the only thing that ever has.”

Margaret Mead
FRAMING OUR STRATEGIC WORK

Summarizing the Process to Date

Sandy O’Ferrall, Assistant to the CEO
Ukiah Valley Medical Center
2015 Mendocino County Community Health Needs Assessment
A Summary of Key Findings

2015
Mendocino County
Community Health Needs Assessment

KEY FINDINGS

Samantha Kinney, MPH
Sue Haun, MA

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May 2016
Research Questions

1. How is quality of life perceived in our community?

2. What factors are most important to our community’s health?

3. What are the underlying patterns or themes that are affecting the health of Mendocino County residents?

4. What assets do we have that can be used to improve community health?
Methods

Community Health Status Assessment

Community Health Survey

Local Public Health System Assessment

Key Informant Interviews

Community Themes & Strengths
What are the Determinants of Health?

- Social and Economic Factors: 40%
- Health Behaviors: 30%
- Genes and Biology: 10%
- Physical Environment: 10%
- Clinical Care: 10%

Social Determinants of Health:
Where we live, what we eat, how we work and play

Neighborhood and Built Environment
Economic Stability
Education
Health and Health Care
Social and Community Context
KEY FINDINGS
Community Health Needs / Priorities

**Issue Selection Criteria:**

1. Impact
2. Severity
3. Collective Action
4. Outcome
MENTAL HEALTH

PRIORITY ISSUE #1
Most Important Characteristics of a Healthy Community?  Source: KII

1. Access to health care and other services, including mental health services
“I would say in general, health and quality of life have improved. However, mental health care . . . has declined.”

~ Key Informant
Mental Health Services

Sources: CHS & KII

46% Reported That This is One of the Most Important Health Issues to Address

18% Reported Need for Mental Health Services Among Top 3 Needs

Mentally Ill & Homeless Among Top 3 Populations in MC of Most Concern
Local Mental Health

Source: CHSA

Percentage of Adults Who Experienced Serious Psychological Distress During the Past Year, 2013-2014

- Overall: California (8%) and Mendocino (11%)
- Latino: California (10%) and Mendocino (6%)
- African American ‡: California (6%) and Mendocino (0%)
- White: California (7%) and Mendocino (11%)
- Asian: California (3%) and Mendocino (24%)
- Native American*: California (18%) and Mendocino (65%)

Percentage of Population
Mentally Ill and Homeless

Source: CHSA

Adults with a serious mental illness
Adults with a substance use disorder
Adults with HIV/AIDS
Victims of Domestic Violence
Veterans

Number of Persons

<table>
<thead>
<tr>
<th>Category</th>
<th>Sheltered</th>
<th>Unsheltered</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults with a serious mental illness</td>
<td>71</td>
<td>212</td>
<td>283</td>
</tr>
<tr>
<td>Adults with a substance use disorder</td>
<td>40</td>
<td>198</td>
<td>238</td>
</tr>
<tr>
<td>Adults with HIV/AIDS</td>
<td>2</td>
<td>6</td>
<td>8</td>
</tr>
<tr>
<td>Victims of Domestic Violence</td>
<td>60</td>
<td>108</td>
<td>168</td>
</tr>
<tr>
<td>Veterans</td>
<td>3</td>
<td>9</td>
<td>12</td>
</tr>
</tbody>
</table>
System Performance

Summary of Average ESPH Performance Score

- Average Overall Score: 53
- ES 1: Monitor Health Status: 79
- ES 2: Diagnose and Investigate: 69
- ES 3: Educate/Empower: 47
- ES 4: Mobilize Partnerships: 28
- ES 5: Develop Policies/Plans: 63
- ES 6: Enforce Laws: 62
- ES 7: Link to Health Services: 71
- ES 8: Assure Workforce: 45
- ES 9: Evaluate Services: 51
- ES 10: Research/Innovations: 17
What Needs to Be Done?  
To address mental health, and the mentally ill and homeless

1. **Collaboration**

2. **Wrap Around Services & Full Service Models**

3. **Reassess Outsourcing** of Mental Health Services and Provide a Mental Health **Facility and a Shelter**
CHILDHOOD OBESITY

PRIORITY ISSUE #2
Childhood Obesity

Source: CHSA

Percentage of Children in Mendocino County who are Overweight, 2013

- Overall: 41%
- White: 30%
- Two or More Races: 56%
- Hispanic: 51%
- Asian: 31%
- Native American: 59%
Childhood Obesity

Source: healthymendocino.org

Mendocino County Schools with the Highest Percentage of Body Fat, 2014-2015

Mendocino County Overall

7th grade- 12 year olds
5th grade -10 year olds

Percentage

0% 10% 20% 30% 40% 50%

California

Round Valley Unified

Arena Union Elementary

Mendocino Unified

River Oak Charter

7th grade- 12 year olds
5th grade -10 year olds
Food Deserts  Source: CHSA

Census tracks with a high proportion of low-income residents who are 10 or more miles away from a supermarket
Childhood Obesity

Sources: CHS & KII, SNAP-Ed Profiles 2015

19%

Children (2-11) Who Are Fast Food Two or More Times in the Past Week

41%, 14%

Children (2-11) and Children and Teens (2-17) That Report Being Physically Activity at Least 1 Hour Everyday

Children & Youth

Among Top 3 Populations in MC of Most Concern
Create More Recreation Opportunities:

1. Public swimming pool
2. Extreme sports such as paint ball . . .
3. Additional bowling allies, skating rinks and kid center
4. Free youth centers and activities
5. Museums, zoo or aquatic center
POVERTY

PRIORITY ISSUE #3
Most Important Characteristics of a Healthy Community? Source: KII

#4 Good jobs and a Healthy economy
Poverty in Mendocino County

Source: CHSA & KII

Median Household Income by Race, 2014

Elders
Among Top 3 Populations in MC of Most Concern

<table>
<thead>
<tr>
<th>Race</th>
<th>California</th>
<th>Mendocino</th>
</tr>
</thead>
<tbody>
<tr>
<td>Combined</td>
<td>$61,094</td>
<td>$43,290</td>
</tr>
<tr>
<td>White</td>
<td>$69,150</td>
<td>$45,389</td>
</tr>
<tr>
<td>Hawaiian / Pacific Islander</td>
<td>$59,891</td>
<td>$19,784</td>
</tr>
<tr>
<td>Latino</td>
<td>$45,680</td>
<td>$35,876</td>
</tr>
<tr>
<td>African American</td>
<td>$42,339</td>
<td>$19,821</td>
</tr>
<tr>
<td>Asian</td>
<td>$74,665</td>
<td>$49,063</td>
</tr>
<tr>
<td>Native American</td>
<td>$42,869</td>
<td>$31,265</td>
</tr>
</tbody>
</table>
Poverty in Mendocino County

Population Below the Federal Poverty Level (FPL), 2014

Source: CHSA
Homelessness

Source: CHSA

- Total Number of Households: 96 (Emergency), 30 (Transitional), 879 (Unsheltered), 1032 (Total)
- Total Number of persons (Adults & Children): 112 (Emergency), 40 (Transitional), 880 (Unsheltered), 1032 (Total)
- Number of Children under 18: 11 (Emergency), 10 (Transitional), 42 (Unsheltered), 63 (Total)
- Number of Young Adults (age 18-24): 12 (Emergency), 12 (Transitional), 162 (Unsheltered), 187 (Total)
- Number of Adults (age 24 and older): 88 (Emergency), 18 (Transitional), 676 (Unsheltered), 782 (Total)

- 6% of Total Number of Households are Emergency
- 18% of Total Number of Households are Unsheltered
Housing & Homelessness

34% Reported That This is One of the Most Important Health Issues to Address

13% Reported Need for Housing Assistance, Among Top 3 Needs

Children & Youth Among Top 3 Populations in MC of Most Concern

Cost of Housing & Food Among Top 3 Barriers to Meet Family Needs

Sources: CHS & KII
What Needs to Be Done?
To address poverty

1. Address **economic issues**
2. Create **jobs**
A STARTING POINT

MENTAL HEALTH • CHILDHOOD OBESITY • POVERTY

For collective action and improving the community’s health
DATA DISCUSSION

What Stood Out in the Data?

Miles Gordon, Facilitator, Food Services Director
North Coast Opportunities
YOU are the experts!

Connect and Discuss Data
How This Works...

Round 1: Pairs (unknown person)
Round 2: Fours (unknown pair)
Round 3: Eights (mix it more!)
Key Questions

**Round 1:** What is a **success or asset** in your work or community that address the issues highlighted in the assessment (i.e. What’s already working)?

**Round 2:** What is a **challenge or obstacle** to successfully improving the issues highlighted?

**Round 3:** What is **possible in the next 1-2 years** to move towards improving our community’s health related to these issues?
Ground Rules

- Listen for COWBELL to switch
- Introduce yourself before you share
- Make sure each person has equal time
- Seek out people you don’t know

Make new connections!
Round 1: Make a Pair

Find someone you don’t know!

- What is a **success or asset** in your work or community that address the issues highlighted in the assessment (i.e. What’s already working)?
Round 2: Group of Four

Find a pair you don’t really know

- What is a challenge or obstacle to successfully improving the issues highlighted?
Round 3: Now there’s Eight

Link up with another group of four!

- What is possible in the next 1-2 years to move towards improving our community’s health related to these issues?
What did you talk about?
SELECTING STRATEGIC AREAS OF FOCUS

Identifying Top Priority Issues for Collective Action
Strategic Focus Areas

Assessment Data Highlighted 3 Areas:

• Reducing Poverty
• Childhood Obesity (Food/Activity)
• Mental Health
Open Space

Choose from the gathering 2 additional areas:

• You suggest it, you attend it
• Has to be energy and interest in group
• Applause-o-Meter
STRAEGIC PLANNING
WITHIN AREAS OF FOCUS

Developing Action Plans
Planning Session Format

- 2 hours with a 10 min. break
- Facilitator led process
- Your community, your input, your plan
Planning Session Rules

- Everyone has something to share
- Be brief and give others the opportunity to speak
- Briefly introduce yourself before speaking (name, role/job, location)
- Help the facilitator keep on track by staying on topic
- **Two Feet Rule:** If it isn’t what you were looking for, move on!
Planning Sessions

• **Identify current successes and challenges** to improving your issue area

• **Identify evidence of success** if you were to ‘solve’ the issue

• **Prioritize 2 strategies** for addressing your issue in next year

• **Identify 3-4 general actions** that would need to happen first to accomplish each strategy

• **Develop 90 Day Action Plan** for each strategy with specific accountability

• **Seek person from the group to re-convene** within 45 days to check progress
SUSTAINABILITY & NEXT STEPS

Action Plans and Sustaining the Process