



To: MCHCD Board of Directors

From: Katharine Wylie, MS Ed.

Date: 3/27/2025

Subject: Agency Administrator's Report

APRIL 2025 MEETINGS

April 7, 2025 - 1:00 pm	Measure C Oversight Committee Mtg
April 17, 2025 - 1:00 pm	Planning Committee Mtg
April 24, 2025 - 5:00 pm	Regular MCHCD Board Mtg
April 30, 2025 - 3:30 pm	Finance Committee Mtg

Community Outreach & Engagement

Director Finley received board approval last month, to form an ad hoc committee focused on increasing community engagement by bringing together local organizations to better understand their roles, needs, and identify service, funding, or staffing gaps in key areas such as food, transportation, and health. In support of this effort, I've been working on a Community Services project aimed at identifying and updating information on local medical service providers and consumer groups—a project originally initiated by the Mendocino Coast Healthcare Foundation in 2023. (See below).

In support of this ad hoc work, I will be attending a series of Coastal Connections monthly meetings beginning in April, convened by Mary Ann Cox, Manager of *Healthy Mendocino, North Coast Opportunities, Inc.* Key Goals and priorities under study include Youth and Community, Health, Healthcare Provider Challenges, Women's Health & Reproductive Health, Healthcare Accessibility and Misinformation, Bridging Gaps and Preventive Education, Healthcare Service Navigation, Federal Funding Cuts & Budget Concerns, Career Pathways development and Regional Collaboration. Group participants include Dr. William Miller, Police Chief Neil Cervanka, Fort Bragg City Mayor Jason Godeke, and staff from the Mendonoma Health Alliance.



Online Information Delivery

As of March 26th, the district website has recorded 14,581 visits for this month, with 89 individuals currently subscribed to receive push notifications regarding meetings and website updates. In parallel, I've been developing an independent database of community contacts and interested parties. This resource will enhance our ability to efficiently disseminate important information to district residents and stakeholders, beyond the capabilities of the website platform.

The District's social media platforms saw strong performance in Q1 of 2025. The performance metrics reported here were collected for the period from January 1st, 2025, to March 24th, 2025. Facebook Reach totaled 8.7K, driven by organic content (no paid ads). Facebook Views, which represent the total number of times our content (including videos, posts, and stories) was displayed or played, reached 68.7K during this first quarter. We have been able to maximize our exposure, increasing our reach and views, by sharing posts to the **Mendocino Locals** and the **Mendocino Coast Support and Information for Seniors and Disabled Residents** Facebook groups. The profile had 1200 visits, gaining 32 new followers - 39% increase. On Instagram, we received nearly 300 views across 72 posts, with 25 still active. Each month we translate our posts into Spanish and run them concurrently with the English versions on Instagram and Facebook. Overall, both platforms show strong engagement and community reach.

Ambulance Sale Followup

The District received payment for the two surplus ambulances at public auction in the total amount of \$8,653, deposited to the Tri-counties Bank Account.

My focus on the management of this district continues to be:

- ⇒ Fiscal Responsibility and Transparency for the District Residents
- ⇒ Facilities Maintenance and Planning
- ⇒ Community Engagement
- ⇒ Compliance

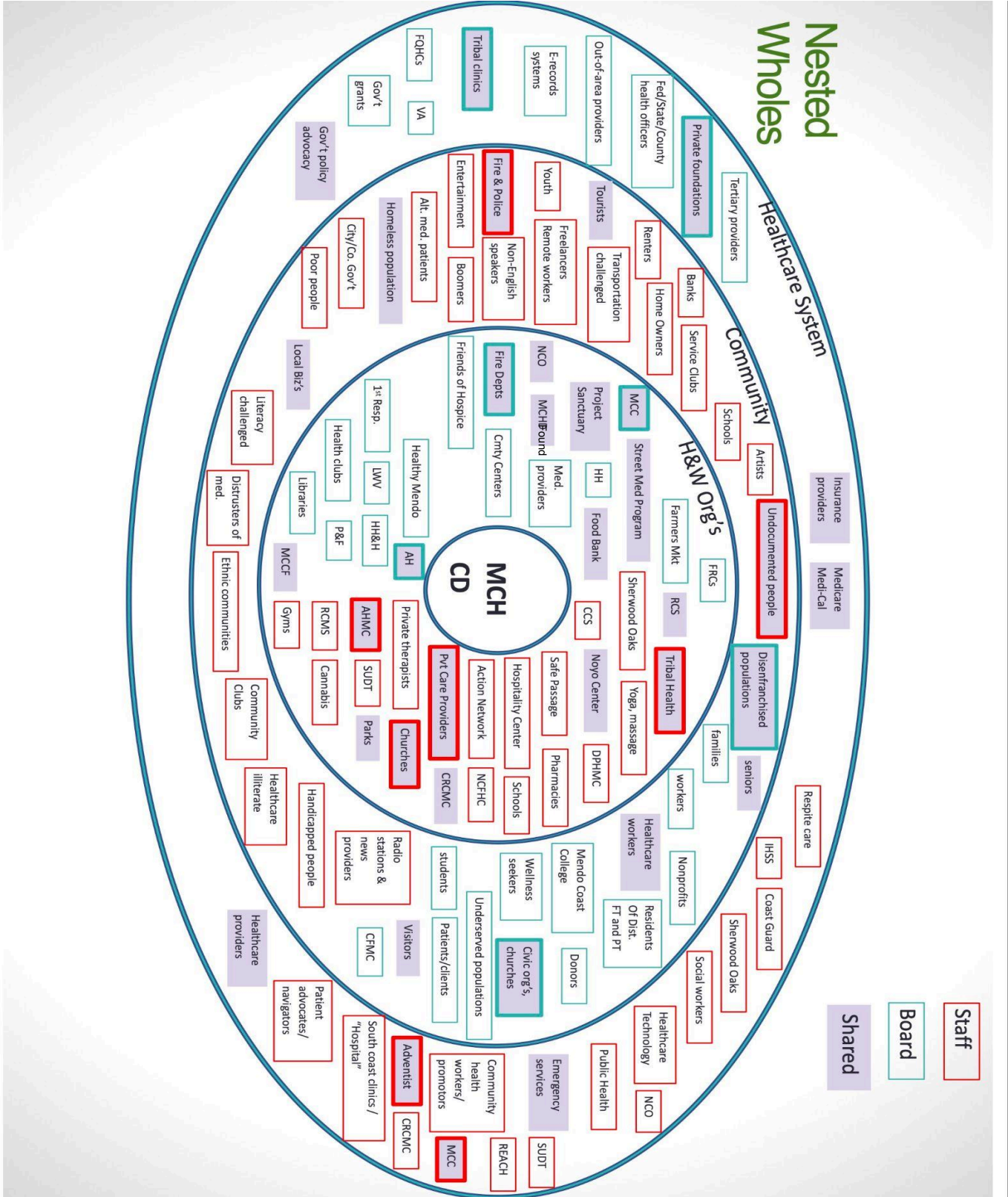
Included below you will find a Venn diagram indicating the various stakeholders in our District, requested information on the Measure C committee, and a recent article on the far-reaching implications of food insecurity.



MCHCD

MENDOCINO COAST HEALTH CARE DISTRICT

MCHCD provides a hospital and fosters leadership, advocacy and collaboration for our community health and well-being.





How Measure C Works

Measure C, is a special parcel tax approved by the voters in 2018 to support essential healthcare services in the Mendocino Coast Healthcare District (MCHCD). The funds generated by Measure C may be spent only for vital health care services such as maintaining emergency room services, ambulance and 911 services, recruiting and retaining qualified medical staff, and making critical repairs and upgrades to hospital facilities and equipment. Measure C funds cannot be used for administrators' salaries, pensions, or benefits.

The Measure C property tax is currently approved for a period of twelve years.

Measure C promised “independent taxpayer oversight” to ensure funds are used for the purposes the voters approved. The Measure C Oversight Committee acts as an independent body tasked with reviewing expenditures and reporting to the taxpayers on whether those expenses align with Measure C's criteria. The Committee's job is to verify that funds were used correctly and report to the District Board —not to make initial spending decisions.

How the Money Flows:

1. Tax Collection:

Each year, Measure C generates approximately \$1.5 million through parcel taxes at a rate of \$144 per parcel. The County collects these taxes on the property tax bill, retaining about 2% as a service fee.

2. Fund Management:

The tax revenue is deposited into designated bank accounts. Historically, all Measure C funds were placed into the hospital's Wells Fargo account managed by Adventist Health. Recently, the District opened a separate Tri-Counties Bank account specifically for Measure C funds, ensuring more transparency and better tracking. This account earns interest income and is structured to be FDIC-insured.

3. District Expenditures:

The MCHCD Board reviews funding proposals and has sole discretion to decide how the Measure C funds are spent. The Board makes decisions on necessary projects—primarily focused on deferred maintenance and capital improvements critical for keeping the hospital licensed, accredited, and operational. The “Accountability Measures” in Measure C are very specific, and require the Board to apply certain criteria before approving expenditures.

Oversight Committee's Role:

The Measure C Oversight Committee's role is not to propose or approve spending decisions beforehand but rather to review them afterward to ensure they comply with Measure C's intended uses.

MCHCD MEASURE C FUNDING

Measure C Parcel Tax generates approximately \$1.5 million annually



MCHCD Board approves Measure C expenditures requested by Adventist Health



Measure C funds are spent on hospital repairs and maintenance



Measure C Oversight Committee reviews expenditures spent with Measure C dollars to ensure funds were spent as voters intended





PPIC

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BLOG POST · MARCH 12, 2025

Testimony: A Snapshot of Food Insecurity in California

Tess Thorman



PPIC research associate Tess Thorman testified before the Senate Human Services Committee on March 11, 2025. Here are their prepared remarks.

Good morning. My name is Tess Thorman. I am a researcher at the Public Policy Institute of California, an independent, nonpartisan, nonprofit research institute dedicated to informing and improving public policy in California. Thank you for inviting me to provide testimony today.

Households meet the USDA's definition of food insecurity when they lack the resources to ensure that all members have enough to eat to support active, healthy lives. This can involve stretches of time during which some or all household members skip or cut down the size of meals, shift to a lower-quality or more limited diet, or both; the frequency and duration of these insecure periods can and do vary. Research finds that while food insecurity is harmful to health for people of all ages, it is particularly damaging to children's health and development.

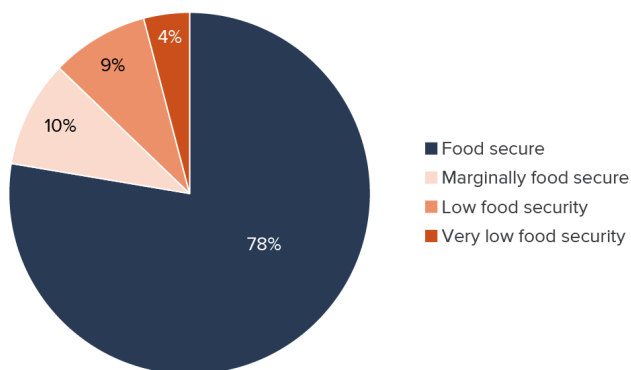
In this testimony, I will discuss the prevalence of food insecurity in California, the impact of nutrition safety net programs on food insecurity and poverty, and some of the big picture challenges that make it harder for these programs to achieve their goals, based on PPIC research and my assessment of the broader research landscape.

How prevalent is food insecurity in California?

In California, 1.8 million households (13%) experienced food insecurity at some point in 2023, according to the most recent data. More than half (1.1 million, or 9% of all households) had to make changes to their diets but did not necessarily cut back on meals. The remaining 700,000 (4% of all households) cut back on food; this group experienced very low food security. An additional 10% (or 1.1 million households) were technically able to afford enough food, but were only marginally food secure because they couldn't afford balanced meals or worried that food would run out.



Almost a quarter of California households experienced marginal or low food security in 2023



SOURCE: Author's analysis of CPS Food Security Supplement data, 2023.

NOTE: Chart shows food security among households.

FROM: PPIC Blog, March 2025.

California's rate of food insecurity is near the national rate of almost 14%. Across states, the share of households experiencing food insecurity over the past year ranges from about 7% to 19%; some other large states, including New York, Florida, and Illinois, have rates close to California's.

Annual rates of food insecurity in California are up, but remain below the Great Recession peak of more than 15%. The rate declined between 2011 and about 2017, when it reached a low of around 10% that held steady through the start of the pandemic. Monthly experiences of food insecurity may even have declined in 2021, amid rising employment and wages (and prices), and a surge of temporary assistance, including CalFresh benefit increases, stimulus, expanded Unemployment Insurance, and advance Child Tax Credit payments. Food insecurity rates ticked up in 2022 and 2023, as inflation continued and safety net expansions expired.

Households with children are more likely than those without to experience food insecurity at some point during the year: about one in six (17%) households with children experience food hardship, compared to about one in ten (11%) of those without children. It's important to note, however, adults often shield children from the effects of food insecurity; nearly half of children in California *households* that experience food insecurity do not

experience it themselves.

White and Asian households are less likely than Californians overall to be food insecure (7%), while 18%—nearly one in five—of Latino, Black, and other households experience food insecurity. Available data allow us to examine food insecurity across these racial/ethnic categories, but they are broad; economic well-being also varies across smaller racial and ethnic groups.

To what extent does California's nutrition safety net reduce food insecurity and poverty?

More than 15 public programs in California aim to help individuals and families afford nutritious food. Research on the largest—CalFresh (known federally as SNAP), school meals, and WIC—indicates that they reduce food insecurity using different approaches.

These programs are designed to improve food security for different groups. School meals target children enrolled in K–12 education, and WIC enrolls new or expecting parents and young children. CalFresh reduces food insecurity more broadly because its primary requirement for eligibility is having a low income.

Several nutrition program expansions enacted during the pandemic have become permanent. After federal funding that expanded free school meals expired, California's Universal Meals program began ensuring that two meals a day at school were free for all students. SUN Bucks, a summer EBT program that helps cover meals for students when school is out, replaced summer Pandemic EBT (P-EBT) benefits. And WIC's cash-value benefit increase has been made permanent.

For some families, these permanent expansions likely lessened the impact of the expiration of the largest pandemic increase in the nutrition safety net: federal boosts of CalFresh benefits. Boosting CalFresh reduced food hardship during the pandemic; nationwide, the expiration of enhanced benefits in spring 2023 was associated with increased food insufficiency—a metric that overlaps with but is less detailed than food insecurity. The data that USDA uses each year to measure food insecurity are not yet available past 2023. The best estimates on changes since then rely on other data sources and generate different values, but they

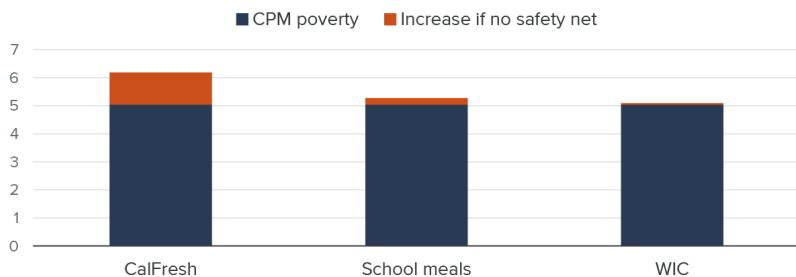
suggest that food insecurity in California has not changed substantially.

The state’s nutrition safety net also reduces poverty by making it easier to meet basic needs. Poverty and food insecurity overlap but are not fully aligned. Being unable to afford food is one manifestation of poverty, but some households that struggle with poverty may not experience food insecurity for a variety of reasons, including having limited income but drawing on savings, and covering food costs by not addressing other needs, such as housing or medical care.

The PPIC/Stanford California Poverty Measure calculates poverty rates after accounting for taxes and safety net resources as well as variation in the state’s cost of living. According to this measure, about 5 million Californians (13.2% of the population) lived in poverty at the beginning of 2023. Absent CalFresh, school meals, and WIC, that group would have increased by 1.5 million. Without just CalFresh, 1.1 million more people would have been in poverty. Absent school meals, the number would have increased by about 240,000, and without WIC food benefits, the number would be 50,000 higher.

More Californians would be living in poverty without the nutrition safety net

Millions of people



SOURCE: Author’s analysis of California Poverty Measure data, 2023 quarter 1.
 NOTES: Chart shows number individuals in poverty, and in poverty absent program. Program effects may overlap instead of being additive.
 FROM: PPIC Blog, March 2025.

Some pandemic CalFresh benefit increases were still in place during the period covered by these poverty estimates. CalFresh’s impact on poverty may now be smaller than we estimated for

early 2023, since the increases were large enough to lift a substantial number of people out of poverty. When they ended in February 2023, monthly food assistance was cut by at least \$95 per household. Notably, cuts were larger for those with higher incomes, since their temporary benefit increases were proportionately larger than increases for participants with the lowest incomes

Effective safety net support provides sufficient benefits, extends eligibility to those in need, and reaches eligible people. Since California primarily implements national nutrition programs, many decisions about support and eligibility happen at the federal level. However, the state can make the most of federal funding by taking steps to maximize participation among eligible Californians; it can also supplement and/or seek modifications to programs. Still, federal funding is a cornerstone of California's nutrition safety net. Reductions to federal funding for nutrition programs would likely make it difficult to continue reducing poverty and food insecurity at current levels without new state investments.

TOPICS

[CalFresh](#)[food insecurity](#)[Health & Safety Net](#)[Poverty & Inequality](#)[safety net](#)[school meals](#)