

SOUNDRESOURCE ACCESS AND EQUITY IN HUMBOLDT COUNTY
(HOW SOCIAL MYTH BECOMES SOCIAL FACT)

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ABSTRACT

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Rural areas of Northern California have gone without health and social services for decades. The shortcomings of local services have given rise to the idea that there are no services in these rural and isolated communities. Conditions and beliefs have brought up two important questions. The first question is how can access and knowledge of available services be improved in rural areas? The second question is, through what mechanisms do communities develop their facts?

To address the previous questions, I worked with the primary health and social service provider in Humboldt County, CA. We developed a database of local services that anyone from computers and smart devices could access.

While creating the database, we discovered that while there are services in this area, there exists a gap in organizational awareness. The majority of community-based organizations do not communicate with one another, and similarly, the residents of rural communities go unaware of available services.

Issues of awareness lead me to study social learning utilizing several fundamental concepts; anthropology, semantic memory, willful ignorance, akrasia Phenomenology, Myth, Pragmatism, and Semiotics.

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INTRODUCTION

Communities of every size worldwide have stories that survive across time. Each generation receives the story from someone who learned it before. Some stories remain reasonably constant throughout their communal life, with each new iteration looking similar to the one before. Other stories, though, go through a significant transformation over time. The story is no longer simply a second-hand recounting of an event but something that can be generalized to authentic experiences. Most people in a community have experienced the story's premise firsthand or have known someone who had the experience.

When a tale directly ties into the lived experiences of a community, the origin of the story becomes a local myth. The source is not always clear, but the story is considered indisputable and credible within the community. Through repetition, the myth becomes a social fact within a social setting. The social fact is viewed as accurate, well known, and can create cohesion among groups; if each group has experienced the same social fact, a bond can form between groups due to shared experiences.

I began my journey into myth and social facts by looking at what elements of my community are considered authentic and factual yet have a vague origin. One topic stood out because it is pervasive and known yet attempts to address it have been met with scrutiny and doubt: a lack of services in Humboldt County.

For generations, it has been well known throughout Humboldt County and Northern California that there are no services here. Services, in this case, typically mean medical and social services. I have heard that there are no services here all of my life and

had even said it in conversation. The story that there are no services in this area is accompanied by personal anecdotes of not being able to find a needed service or a social connection wanting services.

It is a social fact born out of repeated stories linked by shared experiences in this area that services are inadequate, sparse, or non-existent. Because of this social fact, people frequently do not seek the assistance they need because they would be chasing something not there. In other words, behavior is turned away from action because social fact is regarded as absolute truth. To seek something that, according to the community, does not exist would only serve to create distance between the community and the seeker.

In the following chapters, I will outline my approach to understanding the creation of social facts and my journey in engaging with health care services in my home community. I start by describing the primary mechanisms used to create a myth and social facts. Social myths and facts are dependent on the community they originate from. They are built out of customs, language, symbols, and interpretation, which change due to incalculable factors.

I will then describe my involvement with the most significant healthcare and social service provider in Humboldt County and how we addressed service issues in this area. Unfortunately, the work that went into this project has been left in an incomplete state due to various circumstances. Thankfully, the nature of this project and the ways we attempted to bridge the service knowledge gap in Northern California are not dependent

on a single entity. If nothing else, the work that went into this project lives on as an independent entity spreading throughout Northern California.

REVIEW OF LITERATURE

Guiding Research Questions

I had to consider several questions to guide my work through an applied project. They ranged from broad topics used to frame my work to regionally specific questions used to illuminate project details. These questions would assist in developing a theoretical model that would suit such a project and guide me toward a suitable project site. Additional questions emerged once my position within Open Door Community Health Centers (ODCHC) was secured and the details of the project were developed.

How Does Social Myth Become Social Fact?

The principal question guiding the theoretical aspects of the project focuses on how social myth becomes social fact. Myth can be described as a widely held belief that is verifiably false, while a fact is a piece of information known to be true. Socially speaking, facts do not have to be verifiable; they just have to be known or assumed to be true.

Roland Barthes (1972) describes myth as a form of language that is not necessarily spoken (but that is no rule); it is verbal, pictorial, and expressive (Barthes 1972; 107-108). Language is influential, and in the liberal application used by Roland Barthes, language also has longevity. Reinforcing the strength of language used, Saussure lends the concept of semiotics which studies signs (such as language) and their impact on social life and psychology (Saussure 1983, 15-16).

Semiotics in terms of social life and meaning is difficult to describe. Daniel Chandler et al. (2001) cautiously and with mirth describes semiotics as "the study of

signs." Sign, however, can mean anything when applied to social settings. For simplicity, I will limit signs to linguistics similar to Ferdinand de Saussure in the book *Course in General Linguistics* (1983). Linguistic signs in a social setting follow an arbitrary value system (Chandler et al. 2001; Reyes 2021; Barthes 1972).

Further, Reyes (2021) argues that once a sign value is established, it takes on the status of an emblem; in other words, a thing a social persona is attached to. Reyes' (2021) argument is confirmed and extended by Galantucci, Garrod, and Roberts (2012), who tells us that while value and emblems are typical and perhaps a defining factor of linguistic signs, such features are not present in non-verbal communications such as sign language. The rationale comes from the arbitrary and insular value placed on speech patterns and the social value of the speaker (Galantucci, Garrod Roberts 2012).

A social myth exists between semiotics and culture (Fiorini and Socolovsky, 2013). However, it is the case that myth is fluid and changes over time as meaning and culture change (Barthes 1972; Bauman 2013). Likewise, social myths, identity, and culture are items or emblems attained by outside agents seeking to understand a system, not their own (Fiorini and Socolovsky, 2013; Hall et al., 1996).

Further, social myth must be firmly believed to gain traction to the point that actions are taken based on the myth (Siegfried 2012; Barthes 1972). James Campbell (2017), in agreement, describes the previous in terms of pragmatics. When a thought has been widely accepted, it becomes a belief set of rules for action or behavior (Campbell 2017: 117; Siegfried 2012; Jucker 2012).

With few exceptions, semiotics, pragmatism, and myth function together to establish linguistic and behavioral values that establish rules for action or inaction (Barthes 1972; Bauman 2013; Campbell 2017: 117; Chandler et al. 2001; Fiorini and Socolovsky 2013; Reyes 2021; Galantucci, Garrod Roberts 2012; Hall, Smyth and Du Gay 1996; Jucker 2012; Siegfried 2012). In the primary example of this work, the idea that services in Humboldt County are inadequate or non-existent became a belief once it was accepted. Once the myth was accepted as truth, the new truth became a sign, or in this case, an emblem (Fiorini and Socolovsky 2013) that informs a social persona. The persona is one of despair over a lack of resources. The persona, coupled with a sincere belief in the myth, has created and reinforced rules for behavior among Humboldt County residents. The behavior is that they do not seek or inquire about services because it is known that there are none to be had. In essence, the social belief acts as a religion (Siegfried 2012) and is therefore viewed as authentic.

Martimianakis, Tilburt, Michalec, and Hafferty (2020) argue that during the scientific revolution of the 19th century, there was hope that social myth would be replaced by science; the opposite was found to be true. Although Charlene Siegfried (2012) and Nathan Biebel (2018) argue that science and religion or belief in something fulfill the same social functions and needs in that they provide a story for people to base persona and action on regardless of if that action is based in fact or not. Science or access to factual information reinforces social mythologies and builds social bonds (Martimianakis et al., 2020; Nissani and Hoefler-Nissani 1992). Eradicating myths or unverifiable beliefs destroy social bonds and is met with denialism and sometimes

aggression (Slater et al. 2018). Nissani and Hoefler-Nissani (1992) and Kenneth Strike and George Posner (1992) describe the doubling down against factual information by suggesting that rigid belief allows people to see their beliefs or allow an agent to reasonably explain their experience through their beliefs.

So how then does a myth become a fact? We understand that myths come from language or meaning symbols attributed to language (Barthes 1972: 107-108; Saussure 1983: 15-16). To ponder the myth-to-fact relationship, I sometimes turn to the essay *Myth Became Fact* by C.S. Lewis (1970), who argues that a myth becomes a fact when we are cut off from the source and consider the origin in hind-sight. This is to say that in the wake of an event, we are inclined as thinkers to apply meaning to the event. The further we are from the event, the more obscure the event becomes, and a myth is born. Should the core principle of the story remain, a fact is accepted. The function is identical to simulations and simulacra (Baudrillard 1983). Myth becomes fact through copies and imitation of an event or form of language that may or may not have existed in the past. The result is a fact that no longer fully represents the myth.

What are the Social Consequences of a Myth Becoming Fact?

When a myth, which is inherently false (Barthes 1972), becomes a fact, there are inevitable consequences. The contents of the myth/ fact have the power to dictate action and behavior across social structures and institutions (Arkhipova and Brodie 2020). In some instances, myth becoming fact can inspire massive changes such as the founding of the religion, adopting policy, and engineering acceptable and unacceptable behavior (Shermer 2002: 48-54).

When a fact is formed from myth, actors invested in the fact engage in procedural epistemic obligations (Rosen 2003). As Philip Robichaud (2014) points out, these obligations are actions that enforce and maintain true or at least justifiable beliefs; bear in mind that "true" in this context means socially valid and not necessarily factually accurate.

Grossman and van der Weele (2017) argue that willful ignorance, such as accepting a myth as factual for the sake of social image or fitting into a preferred social group, will result in social harm. Individuals who remain ignorant when given a choice or opportunity to be educated engage in selfish behaviors that can negatively affect others while allowing the agent to say that had they known better, they would have acted differently (Grossman and van der Weele 2017). Prelec and Bodner (2003) describe the previous idea as self-signaling, or the process of acting in a way that reaps diagnostic (internal) or consequence (external) reward depending on the context of the behavior. To bring the example back to Grossman and van der Weele (2017), the ability of an agent to say they would have acted differently if they had more information is self-signaling, as defined by Prelec and Bodner (2003). The agent may receive a positive consequence response by stating their ignorance and, by doing so, may also reap a diagnostic reward (moral pleasure or pain) through acknowledging the flaw in behavior (Prelec and Bodner 2003; Grossman and van der Weele 2017).

Supporting Prelec and Bodner (2003), we can turn to Oliver Gossner and Christoph Kuzmics (2018). They argue that when an agent is put into a position to decide without prior knowledge of the result of the decision, they will still apply personal

preferences to the available options. The selections are based on the results of prior decisions. An agent deciding on a new social fact will weigh it against previous outcomes or other social group members' perceived successes and failures (Gossner and Kuzmics 2018).

The consequences of social facts become a loop of culpable ignorance and akrasia (Robichaud 2014). The agent makes a decision based on experience and expectations (Grossman and van der Weele 2017; Prelec and Bodner 2003; Gossner and Kuzmics 2018). Should the fact ever be dismantled or shown to be wrong, the agent can self-signal (Prelec and Bodner 2003) or claim that they acted against their better judgment because of pressures from an in-group (Robichaud 2014). Myth becoming fact has built-in buffers that protect those who believe in the fact from the consequences of their actions. Interestingly enough, ignorance can be used as a social tool to absolve oneself of moral blame (Rudy-Hiller 2017). Although if ignorance is deemed culpable or akratic, the moral responsibility remains (Rudy-Hiller 2017).

Is it a Myth Turned Social Fact When People Say There are no Services in Humboldt County?

Every community has its myths and facts. They are not necessarily harmful or helpful, but they do exist. In Humboldt County, CA, the concept that there are "no services" in this area is often taken as fact. People living in this area frequently hear that there are no services, and many people in need of services will not seek them out because of the social fact that no services exist. Why is this a social fact in Humboldt? Where did

the belief that there are no services in Humboldt come from, and what has the impact been?

It seems that the social fact comes from an exaggeration. When people say there are no services, they mean that services are few of the available services are inadequate. Likewise, many services do not advertise their presence and depend on referrals from larger organizations. Lack of public knowledge outside of specialized services has resulted in a lack of social knowledge of existing services.

Are There Services in Humboldt?

Verifiably, there are services in this area. According to the North Coast Resource Hub (2021) and FindHelp.org (2022), there are many resources in this area. During my work, I discovered that many of the resources in this area do not have open communication. Additionally, the number of services 1,821 (FindHelp 2022) is not entirely accurate. While 1,821 services are technically available, most are not located in this area. The services must be accessed online or through other means (FindHelp 2022). However, the North Coast Resource Hub lists 275 services in our area (NCRS 2021). The difference between the two databases is that FindHelp includes state and national services. The discrepancy between the listed services reflects the lack of communication amongst organizations. Most services listed on FindHelp operate at the state and national levels and may not have local representation.

How can Access and Knowledge of Services be Improved?

Once my host site established the project parameters, the question of access and knowledge arose. Open Door Community Health Centers had established that Humboldt

County does have services, yet people were still adamant that there were none. Some parts of the team reported that many community-based organizations (CBOs) were not aware of other services. Medical and social services staff who would occasionally join our group told us that referrals to outside services were based on provider knowledge. It became clear that there was a lack of communication between CBOs, clients, and care providers. They were all unaware of the other.

To improve access, it is crucial then to improve knowledge (Verwijs et al. 2020; Birgisdóttir et al. 2021). Access means little if the intended recipients do not know something is available. Increasing service awareness and knowledge are the main factors driving the project work.

What can Access Look Like Going Forward?

Remaining with a project revolving around resource access over a long period is not currently doable. Inevitably the work of gathering CBO data swells and includes other tasks. For example, the other people on the project team are other staff. Collecting data then becomes a minor task among more significant functions. Moving forward, improved access will depend on people willing to do the work while fulfilling other duties. Thankfully, the work is easy to do if maintained.

Going forward, access looks like better knowledge paired with easy access to relevant information (Verwijs et al. 2020; Birgisdóttir et al. 2021) . Service information must be easy to access when needed and be up to date. Moreover, access looks like better communication between organizations. The shortcomings resulting from a lack of

knowledge and communication between provider and user bases need to be remedied to improve accessibility.

A significant factor limiting access in the present is the priority many people must place on basic human needs such as food and shelter (Hoshide, Manog, Noh, & Omori 2011). For many, focusing on necessities takes precedence over seeking additional services. Likewise, there is a national issue of people lacking the skills to navigate basic service programs such as subsidized healthcare, keeping identification documents, and the like (Feldman, Buchalter, and Hayes 2018). Keenan et al. (2020) argue that improved service and resource access begins with identifying the root causes that impede access and then understanding those issues to see where there is room for improvement. It is then essential to determine the range of services and expectations between clients and providers and visa-versa. The final step is to determine the dimensions of services, such as affordability and availability, and then, ideally, access will be improved (Keenan et al. 2020).

Specific Terminology

Agnotology.

Agnotology is the study of culturally-induced ignorance (Proctor and Schiebinger 2008); this term goes further to describe the condition by which having increased available knowledge of a subject may leave one uncertain or doubtful of the subject (Rose and Bartoli 2020). This condition may be becoming more common due to the increased availability of public information. An additional element leading to the uncertainty presented by Buckingham (2019) and Entman (2007) is one's personal bias

which causes the consumer to select the information that conforms to their narrative and perception. News media, government reports, academic studies, and the like elect to leave out certain information or otherwise leave something vague, which can worsen doubt and uncertainty (Rose & Bartoli 2020). These omissions or under-explained areas have the consequence of manufacturing ignorance because the subject matter is incomplete yet often presented as the whole story (Koehler and Jost 2019). To a person who has little time to engage in a meaningful and critical way with available information and publications, an incomplete picture may go unnoticed or unexplored (Stanford History Education Group, 2016) due to media illiteracy and consumption culture. Ignorance can sometimes be created unintentionally through fill-in-the-blank rationality, where the consumer of news media, when faced with a lack of sufficient information, will create the information based on memories or previously observed patterns of a similar situation (Bauer and Jackson 2015).

In the case of local resources in Humboldt County, It is common to hear speculative news media reporting on the state of available resources with incomplete information. Such reporting can be seen in a recent local news article reporting on the upcoming resignation of a local politician due to "poor local healthcare options" (Goff 2022). The article does little to elaborate on what poor healthcare options are or in what areas of healthcare. All it serves to do is provide information on a local politician while reinforcing the idea that there are no services in this area. It now appears to be expected for political figures to use media platforms as a tool to spread their own words regardless of the depth (Rose & Bartoli, 2020). The broadcasting of speculative information can

easily lead to manufactured or induced ignorance in a society that values the rapid consumption of media with little scrutiny (Hedding, Miller, Abdenour, and Blankenship 2019). The goal is not to educate the consumer in a meaningful way but to pander to popular opinion.

In support of this notion, we can turn to decisions-under-risk (Gustaffson 2020), where without access to adequate information, a consumer will likely resort to making decisions based on speculation because ideal decision-making conditions are not available. Gossner and Kuzmics (2018) argue that when faced with a decision and lacking full context, an individual will make speculations on the decision outcome by analyzing the relative success of others who have made similar decisions. In other words, when one is unsure of an outcome, they will look to a figurehead that has had positive outcomes or perceived positive outcomes to justify their own decision. In the search for health and social services, an agent may elect not to effectively pursue help because a social figurehead had no positive outcomes in their search. In social settings and information outlets, if someone with high symbolic, social, or economic capital were to share a story about their experiences, that story becomes more likely to be viewed and further shared by others regardless of truth or validity (Gossner and Kuzmics, 2018). This is due to the notion that someone with high social capital will make more favorable decisions, and if others make similar decisions, they too will gain an increase in social capital. Interestingly, capital in these instances is social capital. Agreeing with a social authority or social majority increases the agent's probability of remaining in social favor and part of the in-group.

Gilbert (2017) suggests that our bias promotes ignorance due to a fundamental distrust of new information. This confirmation bias steers the individual to disregard information that does not fit one's belief or experience and instead encourages one to select the information that gives us validation or confirmation regardless of fallibility.

Semantic Memory.

Semantic memory is the information and experiences stored in our minds that can readily be recalled (Bauer and Jackson 2015). We store so much information that we combine separate information or experiences and manufacture false memories and expectations, or we sometimes attribute new information with old memories and create new ideas (Bauer and Jackson 2015). It has been shown that the human mind is often the victim of association and given a set of information, we will instinctively create categories based on what we assume fits together (Bauer and Jackson 2015). However, association does not always mean causation. If someone is given a piece of information that sounds reasonable enough (there are no services in Humboldt) or goes along with the subject's views, the new information will likely be eagerly believed and categorized into their semantic memory (Balmas 2012). When searching for new information about a topic that is only occasionally necessary, such as finding healthcare and social services, it is sometimes the case that opinions on a social matter are formed with exposure to factual information coupled with social myths or facts. According to Balmas (2012), memories of what a high-ranking social figure has done or said can be skewed in one's memory depending on personal exposure to systemic and institutional experiences. Likewise, when viewed together, Balmas' (2012) research suggests that news stories and

new information become more believable if presented in close temporal proximity to relevant events. For example, a news story about a lack of healthcare in an area, coupled with difficulty finding services, will increase the believability of information, suggesting that there are no services in an area.

In some cases, incorporating information into the semantic memory is an issue of pride over reason where a subject is unwilling to commit to information contrary to a prior belief or assumption. A study conducted by Nissani and Hoelfer-Nissani (1992) demonstrated this same phenomenon. During the study, a group was provided with a set of incorrect equations and was tasked with using the equations to solve a problem. All participants of the study by Nissani and Nissani (1992) were incorrect in their work but refused to admit they had made a mistake or had been fooled even after the ruse was revealed. Through this experiment, we see how belief can sometimes outweigh logic and rationality. The subjects were intentionally guided to make incorrect responses during a trial, yet they refused to believe in the deception, even after the misdirection was revealed.

Willful-ignorance and akrasia.

Willful ignorance is the intentional avoidance of information and evidence about the consequences of one's social action (Grossman and van der Weele 2016). Robichaud (2014) makes an essential distinction between willful or culpable ignorance and akrasia; two terms often used interchangeably. Grossman and van der Weele (2016) described that Willful-Ignorance is an intentional avoidance or dismissal of evidence, while akrasia is the ignorance that comes from acting against one's instinct or better judgment

(Robichaud 2014). Some people are ignorant without recognizing they are missing information and can confidently present their ideas without considering flaws in the idea. This is without any feelings of doubt or second-guessing characteristic of instances of akrasia where someone chooses to believe something or act against their own better judgment due to societal, communal, and internal pressures (Robichaud 2014).

These occurrences can be explained using a logic study that shows how information is presented affects how it is retained (Ruiz-Ballesteros, Moreno-Ríos 2017). If the information given to make a deduction is presented in simple if X then Y statements, it is often more retainable than something more complicated like an if X, then Y, or Z statement (Ruiz-Ballesteros & Moreno-Ríos, 2017). The connection here is that when new information is being learned, it is better retained when presented compared to when it is presented in a more complicated manner. In other words, how something is framed determines how much validity, retainability, and spreadability it is viewed to have.

Sometimes referred to as a framing bias, the way information is set up and framed for specific audiences determines the power of that information and the power held by the subject (Entman, 2007). The issue is that simple information designed for general consumption is often lacking in depth compared to something which may be more detailed and made for a more specific audience which is supported by Koehler and Jost (2019), who argue that persuasive information tends to favor action words and drama to gain an audience instead of the more detailed and factual language typical of scientific and academic works. The simple data leads to confidence spreading, while the in-depth

data, when consumed by the general audience, can lead to akrasia where the one spreading the information has doubts about their comprehension and does not fully understand the content. The lack of akrasia, however, can sometimes manifest itself in forms of denialism (Slater et al. 2018), whereas demonstrated in the trials by Nissani and Nissani (1992), people can sometimes insist they are correct even when shown to be incorrect beyond a reasonable doubt. Moreover, it is sometimes the first response of a person to believe information at face value due to a belief in the honesty of incoming information and whether the incoming information matches data stored in their memory (Brashier & Marsh 2019; Sterelny 2010).

Theory

Phenomenology, myth, pragmatism, and semiotics.

From a theoretical standpoint, this project is based on four main concepts; phenomenology, myth, pragmatics, and semantics. Each theoretical frame lends an integral part to the creation of social facts and how information is used to inform behaviors.

Phenomenology.

Phenomenology in a sociological context is a means to examine and explain social order as a creation of ordinary interactions (Novak 2018). In a social setting, phenomenology also derives experience-based meaning from the senses and sometimes in an abstract way. Jean-Paul Sartre (2010) describes senses such as the five basic human senses mingling with more abstract human senses such as anticipation or absence. Sartre (2010) gives an example of meeting a friend in a cafe, and the friend does not show up.

The friend's absence triggers an abstract sense that there is now something missing (the friend) from the cafe. The phenomenological perspective takes that average experience and attempts to derive greater meaning about the social world from ordinary experiences.

Assuming truth, or at least validity, in phenomenology and that ordinary experiences shape the lifeworld by sheer volume, I could work from the assumption that services in Humboldt County are available, but perhaps people assumed there were none. Undoubtedly, their assumed absence from this community is a significant area of concern.

As a member of the community I was working within, I had to engage in bracketing to remove myself from my environment to get a better view. I have known that there are no services in Humboldt County, or at least been told. The concept had been repeated to me so many times that it had become a subconscious fact. However, having been on the fringe of medical work and social services most of my life, I knew that there are services in this area. I set myself apart from my community's values, norms, and taken-for-granted information as best as I could. Without taking measures against my preconceived notions, the work of gathering material for the project would have been daunting. Hypothetically speaking, what is the use of looking for something that does not exist? Therefore, I had to separate myself from the social fact that services do not exist in Humboldt County.

The next necessary approach is to understand the lifeworld and intersubjectivity of this community (Schutz 1972). Those living in Humboldt County experience similar built-in structures that guide our perception. While we may experience similar things in

our lifeworld, we also experience them differently from one another. The experiences known to be confirmed on the individual level are subjective and based on an object/subject relationship, as described by Carnap (1967). I (the subject) have experienced a lack of resources (the object) in this area, giving intersubjective meaning to my lifeworld.

Meanwhile, the intersubjective (Schutz 1972) value placed on the items within the lifeworld shapes the meaning I derive from my experience. Because we are not alone in the world and we all exist together, and prior experience shapes everyday experience, we can also say that we are all influencing others while also being influenced by others; which, of course, further develops and reinforces our view of the lifeworld (Berger & Del Negro 2002; Duranti 2010; Schutz 1972; Trondalen 2019;).

The last approaches consider recipes and stocks of knowledge, focusing on how prior experience provides navigation information (recipes) for handling an event. All navigation information is stored in our memory and becomes a stock of knowledge. A knowledge stock is comparable to a storeroom full of items that can be used to make new things. In this way, our stock of knowledge is filled with recipes that tell us how to create an outcome based on a given situation.

At the heart of this project are stocks of knowledge. It is an unconscious social fact based on the taken-for-granted experiences that people in this area know no available services (Hinkle 1974; O'Shea 2021). This stock also dictates behavior among social groups by providing a stock of knowledge that renders actions good or bad. If one reports to their social group that they have no access to a needed service, it is met with approval and agreement from the group who likewise have similar experiences. Here we get into

the recipes or the instructions for behavior based on knowledge stocks. It is known that looking for services is a fruitless venture, so the predetermined recipe based on the stock of knowledge is to do nothing then unless necessary. In some cases, lack of behavior, or inaction, is a behavior.

Myth.

Myth is an abstract concept but one that is well known. Socially, myth is popularly considered a historical recounting of an event that can explain something about our environment (Barthes 1972; Frog 2018; Mayr & Schmid 2010). Myth or mythologies can also be described as a social contract or an agreement widely accepted by a group who have had similar experiences to the content of the myth (Leeson 2008; Yen & Dey 2019).

To the detriment of those subscribing to a myth, whether consciously or not, such explanations act as a blinder in that myth provides an excuse not to explore a situation and creates a separation between a subject (myth) and an object (agent) (Biebel 2018; Kasprzak 2022; Robichaud 2014; Slater et al. 2018).

Myth is an essential aspect of this work because myth provides a narrative regarding lived experiences. Myth creates a bond or social contract that, in many ways, alleviates harm from a social condition. In Humboldt County, the myth that there are no services here, while harmful, provides cohesion as well as an excuse. It is not unusual to see people in this area bond over not being able to see a provider; meanwhile, they may not have ever sought help; they have only assumed there is none to be had.

It is important to note that there is some disagreement on the dangers of social myth. Stanislaw Brzozowski (1878-1911) viewed social myth as an elevating factor in the lifeworld because of its ability to be interpreted. Brzozowski described myth as an organ that enabled the flow of life (Brzozowski 2020, 86-87). The organ or myth, which is made up of inherited languages, provides an open interpretation of the meaning of the myth, which in turn can allow people to use myth to elevate their social status (Barthe 1957, 107-115; Brzozowski 2020, 86).

Pragmatism.

Pragmatism is a socio-philosophical tool that considers words, thoughts, and signs as tools for actions; actions such as problem-solving, predictions, and making meaning (Ghiraldelli & Carr 2005; Peirce 1878). A pragmatic approach to sociology also holds that words and thoughts as environmental factors will affect the beliefs of individuals and groups (Gao 2018; Ghiraldelli & Carr 2005).

As pragmatism makes meaning from words, thoughts, and signs (Peirce 1878), it is relativistic in nature. The items we use to determine meaning are not always the same from one group to the next or even over time in a given setting. Because pragmatism looks different at different times and places, it is not a complete philosophy, and it is exempt from rationality (Margolis 2021); it follows few patterns and has no beginning or end. Because of the intersubjectivity of pragmatism, the concept is not concerned with truth or fact; instead, the focus is on outcomes (Brendel 2006; Gillespie & Cornish 2009).

Semiotics.

Semiotics is related to pragmatics but in a broader sense. Semiotics studies signs and their ability to create meaning over time and space while also influencing actions, language, and thought (Barthes 1972; Manning 2010; Zolyan 2019). As Roland Barthes (1972) described, myth is language, and language is made of words, thoughts, symbols, signs, culture, and so on (Chandler et al. 2001; Peirce 1878). Semiotics becomes one of the many studies of creating meaning out of the contents of the lifeworld.

The previously described theoretical orientations, Phenomenology, myth, pragmatics, and semiotics all come together to describe a process of creating meaning. A myth which is a sort of language, is also made up of signs and symbols. Interpretations of a myth are made at various times and places by different people who each interpret and recite the myth differently depending on what is relevant to their experience. Different interpretations of the myth will affect the belief and capacity for action, which further alters the meaning and representation.

Through the previous process, we can begin to understand how an idea based on a mechanism of existence and experience (there are no services in Humboldt County) can evolve to become a fact of life in a community. The social fact is so ingrained in the community that it has become a reason for inactivity or, in some cases, a cause to encourage others not to act against the fact.

FIELD PLACEMENT AND ACTIVITIES

Humboldt County, like anywhere, has its social facts that influence its residents. With the themes of social myth and social fact in mind, I thought about the social facts in this area. Many things are taken for granted in Humboldt County. Because taken for granted knowledge is well established, the knowledge stock is rarely challenged (O'Shea 2021). Perhaps the most prolific stock of knowledge in this area is that there are no social and medical services. Those that exist are inadequate and leave residents wanting more or going without.

Wanting to examine social myths and social facts surrounding healthcare services, my next step was to find local health and social service experts who would be willing to talk with me or allow some amount of collaboration. I was introduced to the member-services director for Open Door Community Health Centers (ODCHC) through connections and cold-calling. I told her my concerns and thoughts about local services and if the talk about no services was a serious concern. We spoke about the issues at length, and then she told me that ODCHC had been examining the same questions with increasing vigor since COVID-19 forced statewide lockdowns in mid-2020. Health and safety protocols had isolated so many people and forced many to learn new and sometimes intimidating ways to navigate social services. Likewise, many people working in the health and social service industry had been laid off as locations closed, leaving too few people to service the area's residents.

Local service providers noticed a trend that indicated that fear and doubt regarding the health crisis and lack of knowledge about navigating new protocols had led

many vulnerable people to go without needed care. New and relevant information dispersal slowed down as care groups and support services were shuttered.

The member services director described to me two projects that may suit me. Both projects concerned resource knowledge in the local area, with one project focused on juvenile resources and care and the other more generalizable to the larger community. Both projects sought to address knowledge gaps identified as risks to Humboldt County residents. The projects were described to me in terms of a juggling act. The juggler has multiple balls in the air. Some of the balls are made of rubber, and some are glass. If the juggler were to drop a rubber ball, they could pick it up again without repercussions. However, the glass ball cannot be dropped without it shattering. Olmstead's analogy demonstrated that ODCHC has many issues and projects they work on; some require less direct attention than others and are akin to a rubber ball. Other tasks they work on are more urgent, require more focus, and are comparable to the glass ball. The juvenile resource project was considered a glass ball, while the more generalizable project was a rubber ball. I asked for the rubber ball. The rationale was that there was room for the project to evolve and change if need be. There were very few fixed parameters with only one objective; to improve access and knowledge of resources in this area.

To return to the analogy of the juggler, an organization such as ODCHC is like the juggler, and a juggler's props are an organization's projects and goals. The more projects, the bigger the organization, or to speak of performances, the more props, the bigger the show. Saul Alinsky tells us that an organization with a single-issue focus cannot survive and will stifle itself (Walls 2014). An organization must set itself up to be

a multi-issue organization to last because more issues in focus mean more membership or engagement in the organization (Walls 2014). ODCHC, as a non-profit organization (NPO), has so many projects and affiliated organizations that it stands as an excellent example of a multi-issue organization in a small community. Because of its capacity to handle many issues and projects simultaneously, ODCHC was able to act as a catalyst to investigate and improve the knowledge of smaller organizations throughout the area. ODCHC has taken on many ventures to increase its services and employs many people to run those projects.

Having selected my preferred project, ODCHC and I began to discuss how the question of health and social services is not strictly about their absence but is about the lack of awareness of the services. It was explained that the most significant obstacle to accessing service was the lack of awareness not just from resource seekers but also from providers. To that point, referrals to services were based on the individual's ability to effectively navigate internet searches or information given by a service provider, which frequently depended on the provider's knowledge of services. Likewise, there was little cohesion among local non-profit organizations (NPOs), health services, and social services. Many organizations were unaware of their neighboring groups, which only worsened the awareness problem.

Additional issues were on the rise. Not only was awareness of available services low across the population and service providers, but the COVID-19 health crisis had reduced employee numbers for many services. Local health and social service employees were being furloughed, which meant that while there were technically services, there was

no one to keep their doors open. The global health crisis served to further strengthen the idea that there were no services.

The solution seen by ODCHC was to develop a tool they had access to called "Aunt Bertha" (See Appendix B), also called "FindHelp." Aunt Bertha is an online platform that shows users what free services are available in their area; the system allows users to search based on demographic information. Aunt Bertha is not a ready-to-use system; however, for it to be helpful, the system needs to be populated with information about CBOs. Information like addresses and contact information were collected at first, and as work progressed, the gathered info was refined. Once a site was cached, a user could see contact info, websites, mission statements, care types, other services provided by the same site, and more.

Placement and Activities

The project had been chosen, a description of the issues at play had been given, and the tasks broadly laid out. I was paired with a team of case managers working under an executive from ODCHC who was similarly concerned with the lack of service utilization and awareness in this area. Working with the team, we developed a shortlist of target sites for me to contact right away; the team added to the list as they could.

Although we were primarily focused on senior resources, I was allowed to research other services as well because the resource list needed to be comprehensive. I was engaged with researching and developing a site list to work from (see appendix A), and many community-based organization leads were given to me to follow up on.

The next step in the process was to develop a plan of action for how to contact target sites. The ODCHC team and I initially agreed that we needed to reach out to individual sites to discuss this project's dimensions and gauge interest. We all anticipated that contact would be difficult as many smaller CBOs were operating by appointment only and were not regularly staffed due to public health concerns. I began to develop a process of contacting sites. A task made more difficult due to a CSU prohibition on face-to-face meetings for students. My process and methods are detailed below:

Process

The process to add CBOs to FindHelp took three primary forms and required periodic modifications in order to overcome challenges or new approaches. The approaches were in part guided by a contact whom the developers of the FindHelp platform employ.

1st approach.

I wrote several drafts of an introduction letter explaining who I am (see appendix D), my connection to ODCHC, and my role as a graduate student. The introductory letter went on to explain why I was contacting the CBO. The next section of the document explained our community goals and the project details. The introduction also served as a script for phone calls if there was no way to reach a site by email. The first method did not yield good results. I received one email in response and no return phone calls.

The one response I received was very positive. We had a brief conversation in which I provided more details about Aunt Bertha and how it could help the organization

and community members. The site liked the concept but would not confirm their desire to be added to the Aunt Bertha list.

The general lack of response to my introduction was likely due to an overabundance of information upfront. I was advised by the team that my email was too long and a bit complicated. Anyone from a CBO reading it might disregard it as a solicitation or otherwise not worth the time to address. I was put in contact with a representative from FindHelp. He reviewed my process and told me that I was over-complicating the outreach and that FindHelp would be doing outreach on its own once a CBO was submitted to the program, which led me to the following approach.

2nd approach.

The second approach was an abridged version of the first letter of introduction (See appendix D). I removed much of the introduction letter that explained my role as a student and intern for ODCHC. Instead, I introduced myself as a representative of ODCHC and would like to add their CBO to the FindHelp platform. Unfortunately, no one responded yet again. There was an obstacle present that I had not anticipated; Emails and phone calls were going unanswered, and I could not figure out why.

The ODCHC team suggested that there was nearly no response due to local pandemic precautions. We discussed the possibility that smaller organizations had sent employees home and their offices were perhaps not regularly staffed. The irony was pointed out that there were fewer accessible services in this area than ever before in a time of health and social crisis. Precautions taken to reduce the spread of COVID-19 in Humboldt County were contributing to the rise of other adverse health outcomes.

Negative health outcomes such as isolation and loneliness, which according to the ODCHC case management team, heavily impact mental and emotional well-being.

After consulting with the representative from FindHelp, he suggested I stop soliciting the service altogether and begin submitting CBOs to the FindHelp team as I found them. His rationale was that my methods were wasting time because Aunt Bertha's staff would vet and screen potential CBOs before adding them to the system. After taking the suggestions with the ODCHC team, we began to create our final strategy.

3rd approach.

It was agreed upon by myself and the case management team that we would no longer be cold contacting CBOs. Our efforts to that point had accomplished remarkably little in a relatively long period. We agreed to take the advice of FindHelp and focus our efforts on the platform.

At this point, I devoted my time to creating a comprehensive list of CBOs (see appendix A) that could fit our project goals and parameters. Once the list was complete, I screened for organizations that worked with our initial goals and tabled others that were not suited to our project. I created these lists from publicly available information and from searching out existing service lists (see appendix C) that were kept by providers. I again asked ODCHC staff for any additional CBOs they would like added.

As lists were generated, I would submit them to the FindHelp team. Some were accepted, and others were rejected. The FindHelp platform will only accept organizations that offer free services and are open to the public. There are a few exceptions to their guidelines. An organization can be closed to the general public if its services are designed

for a specific demographic. For example, senior services are added even though they do not serve everyone. Culturally specific programs are also allowed; while they do not serve the public, they are beneficial to typically smaller cultural groups in this area, such as the Hmong community or Tribal members.

The turnaround time for approval or rejection ranged from hours to two weeks, depending on the information provided with the submission. If a site were to be approved, the CBO and myself would be notified, and the organization staff would be able to enter FindHelp and customize their information. If a site were rejected, I would be notified by FindHelp staff. I was typically asked for additional information or to confirm incomplete information. Once approved, a CBO profile was created, and their staff could service the profile if desired.

The third approach, which was the most simple, was also the most effective method of populating the FindHelp platform. However, the lack of response to the initial contact attempts raised several questions among the team.

Questions

Why was there so little response from CBOs? The one response given was positive, but the site was unwilling to approve or deny my request to populate CBO information.

After consulting with the ODCHC case management team, we began to examine the possibility that CBOs are largely unaware of each other. Therefore, they do not see an immediate need to support other CBOs who need the same resources. Most social service organizations in this area are small and serve a particular part of the population. The

possibility that these organizations have become insular to focus on their primary concern seemed to be confirmed. With the scope of the problem generalized apart from client/provider service ignorance to organizational ignorance, I began to consider that their differences in service type also reflect differences in execution. Each group was different in some way from its counterparts. Possible differences in structure and service methods would undoubtedly determine how these organizations interact with other organizations and outside interests.

Different organizational approaches bring up the multiplicity of public sociologies (Burawoy, 2004). Each organization is in conversation with the public somehow, just as Burawoy (2004) described public sociologies or people themselves to be engaged in public discourse to achieve a desired outcome (Bandura 1971; Burawoy 2004). To go further, based on descriptions of organic public sociology and social learning, each group or agent interacts with a particular community element according to its preference (Burawoy 2004; Jucker 2012), the organizations in Humboldt County fill a similar role.

In terms of organic public sociologies, or in this case, organizations, the connection can be strengthened. These organizations seek to educate the public about the issues they are concerned with. However, due to their small size and refined scope, they often remain somewhat invisible to the greater public outside of their frame. The unexpected result is extra-institutional willful ignorance, similarly described by Stephan M. Schaefer (2019), and an action gap that results in a lack of activity to reserve resources (Kretz 2012).

Schaefer (2019) and Roberts (2013) argue that organization management may intentionally pull away from an action that may lead to transformative practices. In this case, organizations may have been reluctant to become marginally connected to other services because of the changes such actions may bring (El-Jardali, Bou-Karroum & Fadlallah 2020; Gossner & Kuzmics 2015). Other arguments suggest that the unwillingness to engage in organizational transformation stems from a knowledge problem (Zack 1999). Michael Zack (1999) tells us that organization managers are often reluctant to open up to new ways of doing things and instead remain willfully ignorant for four main reasons.

Uncertainty: not having enough information about a change or alternative;
 Complexity: having to process more information than you can manage or understand;
 Ambiguity: not having a conceptual framework for interpreting information;
 Equivocality: having several competing or contradictory conceptual frameworks (Zack 1999). In other words, it is easier to do what has always been done or perform in the way that has worked than it is to adopt new methods of operation.

As the FindHelp project moved forward, I saw that there are services in Humboldt County and diverse services available for many different people. The questions remained. How did it become a social fact that there are no services here, and are the available services capable of aiding Humboldt County effectively?

The work being done by myself and ODCHC was not touching that question even though we were concerned with the question of social facts. The belief in inadequate services is likely the result of repetition. The idea that repetition is a factor in myth-

making and social learning is reinforced by Greer et al. (2009), who demonstrated that a subject (listener) retains new information from the object (teller) by repeating that information, and in doing so, new information is retained as semantic memory. In other words, the fact emerged because enough people began saying it to others, and they, in turn, repeated it (Hills, Jones, & Todd 2012). Paired with a relevant situation such as having difficulty getting an appointment with a needed service, the idea of being spoken to is attached to one's memory, feelings, and experience. The result is that a simple idea that becomes a myth through sharing also then becomes truth or social fact through repetition and shared experience.

Enough people have parroted the idea that there is no help in this area that the notion is now viewed as accurate and nearly indisputable. Such social actions are reinforced by Olivier Gossner and Christoph Kuzmics (2018). Gossner and Kuzmics (2018) show us that when it comes to decision-making or constructing new beliefs, people will base their new decisions on the successes or failures of their peers. In the case of services in Humboldt County, people voicing the lack of services may be viewed as the authority or a successful peer because they are in the majority. Irving Janis (1971) and Em Griffin (2006) confirmed the majority rule idea by examining groupthink mentality. As described by Griffin (2006), groupthink is based on the notion that an event in question would have been inevitable, and because something was inevitable, the group supporting the idea is rational in its beliefs. Thus, a decision of ignorance is made by service seekers who are following the examples of others and are receiving social validation as a part of the in-group (Gossner & Kuzmics, 2018).

To feel out reasons for a myth becoming a fact, we can likewise turn to Philip Robichaud (2014), who tells us that culpable ignorance can exist separately from akratic actions (but not always). Robichaud's interpretation means that culpable ignorance can be separate from akrasia. Culpable ignorance as a stand-alone condition indicates that the individual or group is steadfast in their belief and feels no need to expand their thinking (Robichaud, 2014) which is likewise a symptom of groupthink (Griffin 2006; Janis 1971). In the presence of akrasia and ignorance, the agent knows that the initial thought or action is incorrect, and they maintain the trajectory through weakness of will (Robichaud, 2014) or through the desire to maintain group cohesion (Griffin 2006; Park 2000).

Taken together, the myth and the fact that there are no services in Humboldt County is the result of a social decision to make it accurate and to maintain that truth to preserve in-group acceptance or, at the very least, to avoid standing out and becoming ostracized.

I prefer the derived explanation of the social myth described above. Nevertheless, it only provides a middle-ground basis for the process. Roland Barthes (1972) explains that myth is a type of speech enforced by discourse. Myth is also born out of interpretations, histories, linguistics, implications, and more (Barthes (1972). Barthes' approach to myth-making is a particularly complicated sociological mechanism. Myth must come from something; it is built over time and is reinforced by its affiliated community.

Interestingly, Barthes argues that the process to make a myth is erased once the myth becomes fact or takes form (Barthes, 1972). Once valid, the myth sheds its history and any other component that made it true. In many ways, the newly created fact exists on its own with little or no framework to support it (Park 1990). Any framework left with the form is at a distance. So while the meaning of the new fact remains, the process that built the fact has been eroded (Griffin 2006). The bridging characteristics only serve to justify the existence of the fact through a vague social history (Barthes 1972).

The arguments used to shed light on how a social fact is created helped the ODCHC team better conceptualize the long-term goals of this project. Most people know there are no services here (The fact), but I have yet to find anyone who knows why they know that fact. They may relay a narrative example of a time when themselves or a peer had difficulty finding services, but the stories seem to end with the agent doing nothing after an initial negative result (The vague history that built the fact).

CHALLENGES AND SUCCESSES

The project's goal was to explore and populate a digital database called Aunt Bertha/ Find Help (See appendix B) with local community-based organizations (CBOs). Each CBOs is a non-profit organization and must offer free services to low-income and at-risk people to be included in the database.

The Aunt Bertha/ Find Help platform is a health and social care tool designed to simplify access to services by creating a list of services in a given area and allowing the user to filter services by need. The program is available to companies and individuals. Individuals have free access from a personal device or through a care provider at their leisure. Additionally, anyone may submit a CBO or information update to Aunt Bertha for screening and integration.

The work I did for this project was all simple in its implementation. However, there were several challenges throughout the process.

Challenges

The primary challenge and consumer of time was contacting CBOs. Many organizations in this area are small and do not have dedicated staff to handle inquiries outside of normal operations. Getting responses was a matter of persistence that was, at times, discouraging. When I was able to contact a site, there was a mixed response. Some were excited at the possible opportunities improved access could bring. Others were excited by the project but pushed me to other offices to get final approval (some sites were reluctant to permit someone outside the organization to add information to an external list); many more gave no response.

The challenge of reluctance is likely the result of the previous hypothesis that many organizations are not particularly concerned with other bodies outside their work scope. Because most CBOs are small, they cannot bother to concern themselves with other organizations or external projects.

There was a single internal challenge that I resolved on my own. OCHIN, an affiliated non-profit medical organization specializing in medical information technologies, wanted me to stop the project for a short time because they felt I needed access to the tech tools that ODCHC uses, which would have included access to records. I pushed back against the request because there was no need for me to have advanced technical access to systems and records. Getting access to their tools, connected records, and other documents would have derailed my involvement in the project. Total access would have meant access to internal data, patient documents, and some degree of employee documents. An operational change of that scale would have required me to have spent considerable time with the Humboldt State University Institutional Review Board and ODCHC staff, explaining the project changes and how I would keep the project information confidential and protected.

One challenge that has yet to be resolved is how to teach ODCHC clients and staff about FindHelp and how to use it. Apart from reducing social isolation, loneliness, and negative health outcomes, this project improves access to services through awareness. If we do not correct the lack of service awareness in Humboldt County, people will continue without needed services. Therefore, an information campaign is required to teach people about FindHelp and its use.

As a team, we had discussed creating instructional pamphlets and mailers to be sent to ODCHC clients and affiliates. We had also discussed organizing a training module to teach case managers and staff how to use the new program. None of the information campaigns came to fruition due to time and availability constraints. A personal challenge has emerged from this project as well. I will not be present for its completion. When my time requirement as a graduate intern was fulfilled, ODCHC thanked me for my work and dismissed me on good terms. The result is that I can now not see the project I was responsible for through to its completion, and I have no more say in its application and execution. Disturbingly, I was also told that this project may have been for nothing. I was told that this platform might never be implemented through ODCHC, not for lack of benefit but due to internal conflicts within my host site.

There were those within my host site who did not want to use the tool or spend time working on it. They raised several concerns about FindHelp and how it may not be a solution to pursue. Interestingly, their concerns were non-issues that would have been dispelled had they engaged with the platform. The unwillingness to use the system, although from a minority of employees and management, reflects the previous idea that organizational management will sometimes refuse a change to existing structures. I will be clear, though, that most staff at the host site were pleased with the project and supported the work.

Successes

The immediate success of this project has been in its ability to draw interest from the community. While my efforts to inform CBOs about FindHelp were primarily

positive, I frequently received no response. The success that emerged from the project was independent interest from the community. I noticed that CBOs I had received no response from and CBOs that were out of my scope was being entered into Aunt Bertha without me having submitted their information.

To me, the additions are explained by organizations entering their information into FindHelp independently or people in the community engaging with the FindHelp platform. Perhaps, the independent engagement is a sign that others in Humboldt County have also recognized a gap in service knowledge, and they wish to improve local conditions. If there is enough effort to improve service knowledge, it is not unreasonable to hope that service utilization will also improve, which may also improve service scope and operation.

Perhaps local organizations were reluctant to have an outsider deliver their information to a further removed organization and instead preferred to handle the process independently. Whatever the reason for the previous, this project is successful because it has gained community interest and involvement that does not require effort from ODCHC.

As it was when I ended my formal involvement with the ODCHC team, the FindHelp platform now lists numerous local resources in its directory. Anyone can access the list and filter for what they need and then use the platform to get in contact with the desired service.

Further project success and perhaps our crowning achievement is that the platform will stand without ODCHC. While my work might not be implemented within

my host site, I am relieved that there is now a community-built and driven tool for Humboldt County citizens to quickly and easily find their resources.

SUGGESTIONS AND NEXT STEPS

Suggestions

Going forward with community work to bring social services together in a rural area or neighborhood, I suggest a mutual-aid-driven approach. The ways that mutual aid would be a positive in this venture would not be typical of how the method has worked in other places. As Jia Tolentino (2020) tells us, mutual aid thrives on personal relationships and a commitment to community empowerment. Mutual aid would work to bring organizations together in a similar way. If community-based organizations could forge those close relationships in how community members practice mutual aid, the FindHelp project's issue would be mitigated.

Tolentino (2020) shows us that mutual aid in a neighborhood or across a city depends on people willing to do more for the good of everyone. Indeed, organizations can function similarly through building aid networks that connect people to different organizations. Realistically, one CBO cannot supply every necessary service, so a mutual aid organization web becomes essential.

Further suggestions call back to the challenges faced during this project. The work being done as part of ODCHC was met with some internal resistance. The resistance was coming from people who had not engaged with the platform but considered using it when complete. Had they engaged with the platform and learned the basics of its operation, they would have had a more precise understanding of the platform. An unwillingness to engage with the new materials or methods confirms Michael Zack's (1999) explanations for organizational and managerial reluctance to

engage the unfamiliar and therefore produce institutional ignorance. The suggestion would then be to designate a team member or members to act as an operations team tasked with providing updates and workshops to potential users while the product is rolling out. Focusing solely on development did not create the support the project needed for a full launch.

Next Steps

FindHelp represents the beginning of an answer to a problem that has plagued Humboldt County for decades while also being at the core of this community. I do not view this project as an end game for improving access. I see it as a stepping stone on the path to enhancing access or, at the very least, an arrow pointing in a better direction. The platform works well, but it is still necessary to have internet access, the ability to read and comprehend typed text, or access to health and social services to use the platform. The previous requirements expose an irony in the project. We built a platform to help at-risk people, but some of the most at risk may still go underserved by its very nature. Again, tech access and literacy, reading comprehension skills, or access to a care provider are necessary to use the program. People missing those crucial items remain underserved. Due to that irony, the path forward is murky if a digital database is the desired path. Thankfully, FindHelp can be accessed from a personal device in its current form, so a service provider acting as a medium is not always necessary.

To further improve accessibility and awareness, the FindHelp platform should be used in tandem with existing information, such as the list printed by the Humboldt County Department of Health and Human Services (DHHS) (See appendix C). While the

DHHS list comes with its issues, a hard copy list is sometimes more desirable than a digital database. A field outreach team may benefit from a hard copy; likewise, someone who has difficulty using smart technology or computers would reap more benefits.

Additional steps to improve access could look like annual conferences among local CBOs. Organizations could come together to deliver updates about their group. While in-person conferences may not be ideal, an online forum could be a good middle-ground. Due to a lack of awareness and communication between CBOs, bridging the knowledge and communication gap is key to better resource utilization in Humboldt County.

CONCLUSION

I arrived at this project with Open Door Community Health Centers after serious consideration for my community's problems and how I could have a positive impact. Being charged with constructing a community-based organization support web sounded like a relatively simple endeavor, but the approach was far from easy. Completing the project goals required personal tenacity fueled by the desire to see my community do well. I was met with reluctant positivity by community organizations. Their responses or lack thereof spawned two critical questions; why are community organizations unwilling to come together? A service network would mean better access and perhaps more money for organizations.

The other question which requires much more exploration is how myth becomes fact. There are numerous possibilities, and they are all likely correct. Myth comes from innumerable pathways, as does the interpretation of facts. A story is passed to someone who interprets the story based on their own experiences and knowledge. Over time, a story can become a myth when it is established among a group, at which point, the myth may become a social fact. Interestingly, like a myth, a social fact is not based on objective fact. Social facts come from shared experiences and interpretations that have become accepted as truth even if the social fact is incorrect.

The main question of this project remains. Are there services in Humboldt County? The answer is yes, there are. However, there are difficulties in the answer. While there are services here and many great organizations serving this area, their scale and scope are inadequate to provide services to everyone who needs them. Moreover, many

organizations have little to no communication with other organizations. So while there are services here, they are not enough.

An unexpected finding during this project is that the belief or social fact indicating a lack of services has driven people in this area to inaction. Because it is known and established that there is no help to be had here, people have started to go without services or, in some cases, to search outside of the area for assistance. The unexpected consequence is that what services there are, begin to fade away. Lack of knowledge leads to lack of utilization which further decreases available services. In order to see projects like FindHelp make a positive impact on rural communities, prolonged effort from organizations and community members is necessary. Future resource access projects cannot succeed without community intervention and care.

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APPENDICES

Appendix A: Community Based Organization Target Sites

Redwood Community Action Agency
 Arcata House Inc
 Crescent City Housing Authority
 Food For People
 City of Eureka Housing Authority
 Del Norte Senior Center
 Area 1 Agency on Aging
 Humboldt County
 Emma Center
 Eureka Rescue Mission
 Redwood Community Action Agency
 Remi Vista, Inc.
 Food For People
 Humboldt Domestic Violence Services
 Open Door Community Health Centers
 Arcata House Inc
 Two Feathers Native American Family Services
 Area 1 Agency on Aging
 Changing Tides Family Services
 Food For People
 Food For People
 Humboldt Senior Resource Center
 Southern Trinity Health Services
 Pacific Gas and Electric Company (PG&E)
 Humboldt County Department of Health & Human Services
 City of Eureka Housing Authority
 Del Norte Senior Center
 Eureka Rescue Mission
 Food For People
 Redwood Community Action Agency
 Food For People
 Redwood Community Action Agency
 Food For People
 California Governor's Office of Emergency Services
 Inter-Tribal Council of California (ITCC)
 Fuerza Inc
 Arcata House Inc
 United Indian Health Services
 North Coast Subst Abuse Council Inc

Humboldt Network of Family Resource Centers (HNFRC)
Redwood Community Action Agency
Catholic Charities Diocese of Santa Rosa
Humboldt Health Foundation
United Indian Health Services
Pacific Gas and Electric Company (PG&E)
North Coast Stand Down
Area 1 Agency on Aging
Humboldt County Department of Health & Human Services
Pacific Gas and Electric Company (PG&E)
Humboldt County Department of Health & Human Services
Pacific Gas and Electric Company (PG&E)
ResolutionCare
AARP Foundation - Arcata Office
Salvation Army - Eureka
California Department of Social Services (CDSS)
Area 1 Agency on Aging
California Department of Social Services (CDSS)
Del Norte County
Open Door Community Health Centers
Arcata Interfaith Gospel Choir
Alcohol and Drug Care Services Inc
Changing Tides Family Services
Alcohol and Drug Care Services Inc
Food For People
Humboldt Area Center for Harm Reduction (HACHR)
PDI Surgery Center
Our Daily Bread Ministries of Crescent City
Habitat for Humanity of Del Norte
City of Eureka
Changing Tides Family Services
Area 1 Agency on Aging
Del Norte Unified School District
Jordan Recovery Centers
Food For People
Changing Tides Family Services
Pacific Gas and Electric Company (PG&E)
Redwoods Rural Health Center
California Department of Health Care Services (DHCS)
Del Norte Child Care Council
Karuk Tribe
Humboldt County Department of Health & Human Services - North Coast AIDS Project
(NorCAP)

Humboldt Family Service Center
 Sonic
 Area 1 Agency on Aging
 Del Norte Unified School District
 United Indian Health Services
 USDA - Jefferson Community Center
 Del Norte Child Care Council
 Hoopa Valley Tribe
 United Way of the Wine Country
 Open Door Community Health Centers
 California State Library
 Christian Church Homes (CCH)
 Humboldt State University
 Humboldt County Department of Health & Human Services - North Coast AIDS Project
 (NorCAP)
 Epilepsy Foundation of Northern California (EFNC)
 Humboldt County Department of Health & Human Services
 Humboldt Domestic Violence Services
 Food For People
 Humboldt County Department of Health & Human Services
 Area 1 Agency on Aging
 Humboldt County Department of Health & Human Services - North Coast AIDS Project
 (NorCAP)
 Hoopa Valley Tribe
 Native American Health Center (NAHC)
 Del Norte County
 Redwoods Rural Health Center
 California Rural Legal Assistance Foundation (CRLAF)
 Yurok Tribe Education Department
 Mckinleyville Senior Center
 Pacific Gas and Electric Company (PG&E)
 Changing Tides Family Services
 Family Resource Center of the Redwoods
 Northern California Region of Narcotics Anonymous
 Planned Parenthood Northern California
 Waterfront Recovery Services
 Hospice Of Humboldt
 Northcoast Children's Services (NCS)
 Epilepsy Foundation of Northern California (EFNC)
 Humboldt County
 Area 1 Agency on Aging
 Garberville WIC
 Changing Tides Family Services

Northcoast Children's Services
Changing Tides Family Services
American Civil Liberties Union of Northern California (ACLU-NC)
Del Norte Child Care Council
UCSF Benioff Children's Hospital San Francisco
Community Cornerstone Inc
Covenant House California (CHC)
Catholic Charities Diocese of Santa Rosa
Catholic Charities Diocese of Santa Rosa
Catholic Charities Diocese of Santa Rosa
Lutheran Social Services (LSS) of Northern California
The SMART Business Resource Center
The County Medical Services Program (CMSP) Governing Board
Legal Services of Northern California (LSNC)
Catholic Charities Diocese of Santa Rosa
Ford Street Project
Catholic Charities Diocese of Santa Rosa
County Medical Services Program (CMSP)
Catholic Charities Diocese of Santa Rosa
Employment Development Department
Catholic Charities Diocese of Santa Rosa
Catholic Charities Diocese of Santa Rosa
Catholic Charities Diocese of Santa Rosa
Desert Healthcare District & Foundation
Coachella Valley Volunteers In Medicine

Appendix B: Introduction to Aunt Bertha for Community Based Organizations.

Introduction to Aunt Bertha for Community Based Organizations"

What is Aunt Bertha?

Aunt Bertha is a [social care network](#) that connects people seeking help with verified social care providers (like you) that serve them. Thousands of nonprofits and social care providers serve their communities across our nation. But for more people, navigating the system to get help has been difficult, time consuming and frustrating. Too many Americans are suffering, and they do not need to.

Our organization _____ is committed to helping our patients and clients get connected to the resources they need, and that is why we are reaching out to you. We are currently screening our patients for social determinants of health needs including social isolation and loneliness. Your organization is one we have partnered with in the past, and we would like to invite you to claim your organization in Aunt Bertha.

What does that mean – “claim my organization?”

The Aunt Bertha social care network is a searchable online resource where organizations can refer patients or clients to community-based organizations (resources like you). Your information has been added to Aunt Bertha, and the next step is to go in the Aunt Bertha platform and [claim your organization](#). There is no fee involved with this and there will not ever be as a non-profit organization.

Once you claim your organization in Aunt Bertha a whole suite of tools becomes available to you including:

Update my Program: Update your Aunt Bertha listing yourself so that it reflects any program changes in real time. This serves as an additional safeguard to our data quality processes, helping people connect to accurate information. **Listing your organization and keeping your programs up to date can help you reach more patients and clients.**

Referral Tracking: Once someone refers a person in need to your organization, you can update the status of that referral and track what happened. This way it is easy for your staff, the Seeker, and the organization helping them (us) to determine right within Aunt Bertha whether you were able to provide help.

Impact Reports and Analytics: Get access to reports on any programs that you have claimed in the program database. These reports show how often your programs have displayed in searches on Aunt Bertha, as well as the type and number of actions taken on each program, **demonstrating your value to donors and supporters.**

Screening: One of the most popular features among nonprofits, the screening tool offers an additional layer of questions that confirms whether someone is eligible for services. You can vet applicants with a customizable questionnaire that populates right within Aunt Bertha. Your care team has the option of either choosing from pre-made questions or creating their own. **This tool helps your staff spend less time qualifying and more time helping.**

Eligibility: You can detail eligibility requirements for income level, age, prerequisites, location/address, as well as custom eligibility criteria, right on your program card. Because programs can be filtered by eligibility criteria, including this field in your listing is a powerful screening tool. **You can also update your capacity to take new clients as demand and resources change.**

Team Sharing: The Aunt Bertha team sharing tool unlocks Open Toolkit access to entire teams at a nonprofit like yours. Team sharing allows staff to invite members of their team to manage their program listing(s), run reports, create, and share favorites, and more; permissions may be set for individual team members, specifying various access levels.

Appointment Scheduler: The Aunt Bertha free scheduling tool sends reminders with custom notes and appointment details via email, phone, or text. You can also add appointments to Google Calendar and Outlook. Nonprofits also can set custom availability for staff members, book appointments with individuals over the phone, and allow people in need to book appointments for themselves.

We at _____ are committed to helping our patients and clients receive the resources they need to lead healthy, safe, and happy lives, and we hope you will join us in this effort.

We will be referring our patients to community-based organizations like yours using the Aunt Bertha social care network. Our electronic health record has a link built directly into the interface for ease of referral.

Your next step is to go to the [Aunt Bertha website](#) and claim your listing, it is just that easy!

How big is Aunt Bertha?

- There are currently 471,665 program locations across the country
- 6 million users
- 75,492 **claimed** program locations across the country

Appendix C: Humboldt County Community Resource list

The following URL leads to the current Humboldt County Community Resource List. This list is a very lengthy document and has fine print.

This list was given to me after a 30-minute wait at a local CBO when I asked if there was a list of local resources available. I was given a large hard copy. The person giving me the copy was not sure such a document existed and if it did, they did not know how to find it. A site administrator became involved and they too had little to no idea of the existence of this list.

The current format is suitable only to those who are tech savvy and patient enough to find the list. Likewise, the format assumes that the viewer has high reading comprehension skills and is fully literate.

The document exists within the Humboldt County government website deep in the complex document center.

<https://humboldt.gov/DocumentCenter/View/54880/Humboldt-Community-Resource-List-PDF?bidId=>

Appendix D: Letters of Introduction

Version 1.

Hello,

My name is Colton Hubbard. I am a student-intern with Open Door Community Health Centers (ODCH).

I am reaching out to you about a new program we are launching through ODCH. The program is called Aunt Bertha, and it will be launched from the Fortuna Community Health Center.

The goal of this program is to connect residents with local resources. However, before the program can be launched, we need to load it with information about services in our area. As it currently exists, there are many great state-serving organizations in the program directory, but local services are underrepresented. I am hoping we can start a dialogue about this program. If there is interest from the **[insert organization]**, I would like to take steps to add your organization into the Aunt Bertha directory.

I have provided a link below to the Aunt Bertha portal and links to some helpful videos so that you can explore the program at your leisure. I have also attached a summary introduction to Aunt Bertha for community-based organizations.

<https://www.findhelp.org/>

<https://www.youtube.com/watch?v=UauAzQByZws&t=1s>

<https://www.youtube.com/watch?v=XhwSkffOf0U>Appendix E

I am available for further discussions via phone Monday through Friday from 8:00 AM- 12:00 PM at (xxx) xxx-xxxx or throughout the day via email at xxx@opendoorhealth.com.

I look forward to discussing this in more detail.

Best wishes,

Colton J Hubbard

Version 2.

Hi there,

I am reaching out on behalf of Open Door Community Health. We are launching a program called Aunt Bertha ([findhelp.org](https://www.findhelp.org/)), to support the programs that are most important to Californians. [Findhelp.org](https://www.findhelp.org/) is an easy way to find and refer to free and reduced-cost programs across the state and local area. [organization name] is very

important to the community and I want to make sure [organization name] is listed with up-to-date information.

Are you available next week to discuss ways to be involved?

- 1- [Search for your program here](#) to see if all the programs are listed.
- 2- [Claim the programs for your organization](#). You can then control the information people see, how people in need can contact you, and use free tools that we offer to non-profits!

Thank you for all the important work you and your colleagues do for our community! I look forward to hearing from you.

All the best,
Colton J Hubbard

Follow-up.

Hi there!

Just following up to see if **you have 30 minutes to connect this week or next?** I'd love to learn more about the work you do and discuss how findhelp.org may be able to support you with [free tools](#) for nonprofits and other community organizations.

I look forward to hearing from you!