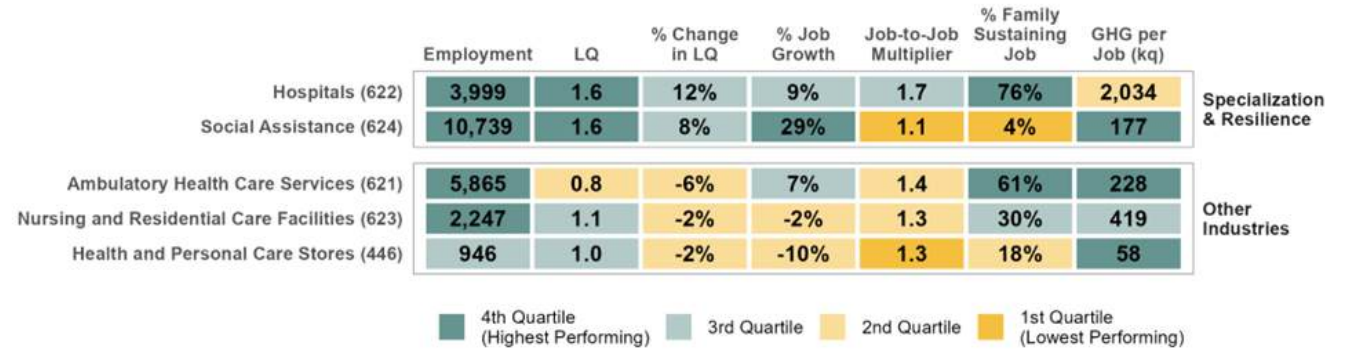
Health and Caregiving Sector

Rationale

Unlike traded sectors driven by market demand, the primary challenge for the Health and Caregiving Sector lies in attracting and retaining skilled workers to fulfill the region's health and social care needs. As discussed in Regional Plan Part 1, the region faces health provider shortages and, the projected need for caregivers and health professionals is exceptional.

The sector aligns well with High Road objectives, featuring minimal to moderate greenhouse gas (GHG) emissions and supporting industries that offer a significant number of family-sustaining jobs. However, the wages in the Social Assistance sector, which includes essential services like childcare, remain low.

Figure 6 Health and Caregiving Industries Performance



Note. Data sourced from IMPLAN. Author's calculations. 2022 data with 2013 growth comparison. NAICS codes shown in parentheses. Employment figures include proprietors and may differ substantially from QCEW data, which include only employees.

The employment growth outlook for these industries is projected to be faster than average, reflecting in large part the evolving needs of an aging population. The primary constraint on sector employment growth is anecdotally, the region's capacity to attract, retain, and train skilled providers.

> "Community Health Outreach Workers (CHOW) and wellness coaches are an on-ramp to more opportunities in the medical profession. CHOWs and wellness coaches can fill in workforce gaps."

Industry-Speci ic Assets

The Health and Caregiving Sector includes a wide range of industries and services dedicated to promoting, maintaining, and restoring the health and well-being of community members. Within the RRRISE region, a variety of ways exist by which to characterize these sectors: (1) The breadth of their industry concentrations and capacities for employment; (2) The ways in which the industries do or do not meet the basic infrastructure needs that lead to economically prosperous communities; and (3) Their impact on health outcomes and health inequities in the region. The Health and Caregiving Sector encompasses several industries across the Redwood Region: ambulatory and acute medical care, behavioral health care,

dental care, allied medical care, caregiving, and social care sectors. The region has durable organizations and collaboratives that actively seek solution-oriented approaches while trying to continually adjust to population needs and economic challenges.

"We need more specialty doctors in the area, maybe we can incentivize them to relocate here in some way. We also don't have urgent care here so we must go to the hospital to be seen if we don't want to wait months for a doctor's appointment."

Watch the Health and Caregiving Sector Strategy Video

Vision

Redwood Region RISE Health and Caregiving Sector Table is committed to working with the diverse and dedicated voices in our communities to create a 10-year plan that will align with our core values and respond to the diverse regional needs by:

- Treating health and caregiving as essential infrastructure for economic prosperity;
- Addressing the acute shortages of personnel and a need for a diversified labor force in health and caregiving fields, with both long- and short-term workforce pipeline strategies;
- Recommending economic investments that improve health equity and social determinants of health (or social drivers of health-SDOH) outcomes which will lead to a healthier region;
- Looking at cross-sector opportunities that will provide essential foundations for economic prosperity and improved health outcomes.

These investments will support the foundation of a sustainable regional Health & Caregiving Sector, that includes a wide range of industries, including:

- Healthcare Services (i.e., Ambulatory Medicine, Acute Medicine, Dental Care, Behavioral Health, etc.);
- Allied Health and Support Services (i.e., PT, RT, OT, Imaging, Lab Tech, Pharmacy, EMS, etc.);
- Caregiving Services (i.e., childcare, eldercare, disabilities support services, etc.).

This work will improve economic prosperity and health outcomes for ALL who live in the Redwood Region.

Background

Health and Caregiving includes a wide range of services dedicated to promoting, maintaining, and restoring the health and wellbeing of community members. In considering Schroeder's Social Determinants of Health (a framework that suggests that health disparities and outcomes are shaped not only by access to healthcare services but also by broader social, economic, and environmental factors) it makes sense to employ an aligned approach to these complementary industry sectors. The current state of the Health and Caregiving sectors in the RRRISE region can be characterized in a variety of ways: (1) By examining industry composition and opportunities for employment; (2) By the ways in which the industries do or do not meet the basic infrastructure needs that lead to economically prosperous communities; or (3) Their impact on health outcomes and health inequities in the region. A synopsis of each of these defining characteristics is provided below.

Industry Occupation Opportunities

Despite the significant and evident challenges around access to health and caregiving services, Healthcare and Social Assistance are two of the largest industries by employment in the Redwood Region and represent a larger share of regional employment when compared to the state average. Employment concentration and change since 2001 has demonstrated a 14.6% increase for Health Care and Social Assistance (data current as of 2022). Despite the rise in employment concentration, wages for these industries remain below the state average. Within the industries there's a clear shortage of workforce in key roles, some of which are high-road occupations such as registered nurses, nurse practitioners, licensed behavioral health and social work roles, and social/healthcare service managers. While shortages in high-road occupations are important to address, so too are other key workforce roles in the industries that face current and projected shortages but have lower annual median wages. These roles include: home health and personal care aids, medical assistants, nursing assistants, dental assistants, peer support specialists, substance use/behavioral health counselors, and other healthcare support workers.

Health and Caregiving as Infrastructure

As stated above, access to health and caregiving services is challenging in the Redwood Region. Lack of adequate access to these key pieces of infrastructure leads to increased morbidity and mortality, difficulty in the management of chronic conditions, inadequate access to preventative care, productivity loss and economic inequality, and overall undermining of economic development and growth. All four counties in the Redwood Region meet the criteria for *Health Professional Shortage Areas (HPSA)* for primary care, mental health, and dental care. Access to caregiving and social services is harder to quantify from existing data sets, though anecdotally it's identified as a challenge in the Redwood Region. Data from Cal HHS does indicate that the number of licensed day care slots per 1,000 children in the North Bay region (which includes the Redwood Region counties) are consistently below the state average rate. In addition to limited access, affordability of services also is a significant issue. On the whole, costs of healthcare and childcare as a proportion of total costs of living in the Redwood Region exceed state averages.

Findings from RRRISE's qualitative research and listening sessions echo the data, with many respondents indicating lack of adequate access to medical and childcare as significant gaps in the regional infrastructure that undermine economic prosperity.

> "The fact that there isn't a dentist or only one is crazy to me. And then it took most of the year that I first got here to get mental health help. That's absurd. And unfortunate. Really unfortunate because there's such a need up here, such a huge need..."

Lack of access and affordability of services is influenced by policies and systems that don't reflect the needs of rural regions. In a 2019 article from the health policy research journal, Health Affairs, Probst, Eberth, and Crouch seek to understand why rural populations disproportionately suffer from adverse health outcomes. Per their research, they define a concept called *structural urbanism* as a "bias towards large population centers stemming from three factors: a market orientation in healthcare, which necessitates a critical mass of paying customers to make services viable; a public health focus on changing outcomes at the population level, which differently allocates funding towards large populations centers; and the innate inefficiencies of low-population and remote settings, in which even equal funding can never translate into equitable funding." They suggest that these biases disadvantage rural health systems leading to increased health disparities and compromised care continuums in rural regions. These systemic inequities likely have significant influence in the overall viability of the healthcare system in our rural geographic landscape.

Health Outcomes and Inequities

Per the Public Health Analysis report for Redwood Region RISE, authored by CCRP, RRRISE communities experience "significant health disparities when compared to California as a whole. These disparities include elevated premature death rates, disability rates, and behavioral risk factors. Key determinants contributing to these disparities include high rates of tobacco use, substance use, and mental health challenges, leading to consequences such as lung cancer, respiratory disease, motor vehicle deaths, drug-induced liver disease, and suicide." Additionally, disability rates are significantly higher than state averages with mental health substance use-related issues as the leading cause of disability among young adults aged 34 and younger. The region also experiences adverse outcomes related to social drivers of health (SDOH), including high rates of poverty, homelessness, social isolation, adverse childhood experiences (ACES), and low educational attainment. Specific communities in the Redwood Region that have been marginalized by systemic inequities related to race, ethnicity, poverty, disability, lack of access to community resources, gender, sexuality, geographic, and other factors (previously characterized as "disinvested communities") experience more pronounced health disparities and inequitable outcomes as compared to their counterparts. These social inequities in health and caregiving compound the existing health disparities in the region, creating a complex web of challenges that require comprehensive, equity-focused interventions to address effectively.

> "Cultural concepts around how we talk about health and wellness. A culture of health and cultural humility. Includes the workforce, training, undoing assumptions about certain groups."

Industries and Occupations in the Sector

The Health and Caregiving Sector Table encompasses several industry clusters across the Redwood Region including ambulatory and acute medical care, behavioral health care, dental care, allied medical care, caregiving (childcare, senior care, care for individuals with disabilities), and social care sectors.

Based on data reviewed, the sector table also identified occupations which would serve as a priority focus for strategy recommendations. These roles are occupations that have significant current and projected workforce shortages in healthcare, behavioral health, dental, caregiving, and social care fields. It's important to note, while some of the positions in focus meet the "high-road" job criteria, other critical roles may be lower paying but still essential in sustaining local health and caregiving systems.

Sector Table Organizing Framework

To develop a comprehensive approach to table recommendations, North Coast Health Improvement and Information Network (NCHIIN) and table participants agreed to an organizing framework to help capture the scope and depth of proposed work. As mentioned above, this includes organization around three key focus areas for the health and caregiving sectors: (1) Increasing the Workforce Pipeline; (2) Supporting Health and Caregiving as Essential Infrastructure in Economic Prosperity; and (3) Improving Health Equity and Addressing Social Drivers of Health. Each of the table's workgroups is organized around one of the focus areas above and is responsible for refining their respective objective, identifying strategies that address key issues within their focus area, and the tables shared outcomes.

Figure 7 Health and Caregiving Sector Framing

Strategic Approaches for Economic Prosperity

Developing comprehensive strategies for industries as broad as health and caregiving is a challenging endeavor, particularly when faced with the diversity of partners, industry specific needs, compressed timelines, and the diverse geographic participation of the region. Additionally, NCHIIN team and table participants wrestled with not re-treading existing work and ensuring alignment with ongoing workforce and economic development initiatives. Significant effort was invested in daylighting recent relevant economic development and workforce efforts (i.e., the North Coast Health Leadership's team's behavioral health assessment) to better understand the current state of the field. Even with focused and intentional efforts, we are certain our work has limitations and our recommendations will need to be continually revisited as implementation of the Regional Plan takes shape.

Industry SWOT

During the April 29th in-person convening, 25 Sector Table members completed a SWOT for the regional caregiving and healthcare industries. The notes from this session were transcribed and shared at subsequent workgroup meetings, giving additional opportunity for reflection and refinement. Participants signified the health and caregiving sector industries shared motivation around collaboration and collective impact as strengths, as well as shared competencies about SDOH, ACES, trauma, and the importance of prevention. Structural and systemic challenges such as lack of adequate housing, transportation, and structural urbanism were identified, along with labor shortages and organizations working in isolation. The Sector Table pointed to emerging assets in our region (the Cal Poly Humboldt/College of the Redwoods Health Workforce Training Hub) and other workforce initiatives, as well as flow of funding opportunities through CalAIM, CYBHI, and other state initiatives as particular opportunities for our industry sector. Threats identified include unfunded state mandates impacting the sector and other policies that impede rural success, rising elder populations and other populations with high needs, and categorical funding as threats to the health and caregiving industries. The full SWOT is provided below.

"It would also be nice if we [caregivers] were compensated for driving to the physicians. I come from out of county to take care of her, but I don't get any reimbursement for that. It's kind of hard, especially since the wage is so low."

Figure 8 Health and Caregiving Sector SWOT

Strengths

- Passion and Commitment of labor force
- Educational/training opportunities are present in the region
- Community Collective Impactive competency
- Cross-organization collaborative culture
- Shared language and awareness of issues like ACES, trauma, early interventions
- Variety of service providers in the caregiving/social care space

Weaknesses

- Housing access - impacts both the health and caregiving industries
- Low Pay - particularly present in social care/caregiving, but also in key roles in the healthcare industry
- Access to basic services that allow basic needs being met is poor (dental, behavioral health, some medical, housing, etc.).
- Ruralness/structural urbanism - rural healthcare systems don't thrive in the competitive/capitalist structures that allow urban systems to do well; Policies don't uplift rural success
- Poverty - impacts health, well being, attainment of equitable health outcomes
- Variety of resources (social services) but not well connected; folks operating in silos
- Labor shortages - both industries
- CalAIM underutilized in our region
- Services don't focus on the whole person
- High acuity populations
- Services often delivered at cost centers (jails, hospitals, acute psychiatric facilities, etc.). Not enough opportunity for earlier intervention and access to services
- Prevention and early intervention under prioritized and/or undervalued
- Transportation infrastructure - impacts the ability of labor force to participate in some roles and impacts the ability of residents to access services
- Access to workforce pipelines particularly K-12 is inequitable - available in some districts and not others. May be easier for kids with privilege to access.
- Competing parallel processes impacts collective outcomes
- Health care access is abysmal
- Childcare access is out of reach for many working-class families
- Community transitions of care (from jail to release; from hospital to home; from higher acuity services to lower acuity services) are weak

Opportunities

- Variety of dollars that can be leveraged right now to focus on prevention and early intervention (Community Schools, FFPSA, CalAIM, CYBHI, etc.)
- Additional opportunities to expand access to training
- Training facilities being built that can meet local demand (Cal Poly Hub; efforts underway in Lake/Mendocino through Mendocino Community College)
- Opportunity for aligned or regional recruiting for key healthcare positions/roles
- The foundational knowledge and awareness of ACES/trauma can now be leveraged for collective action (moving from awareness to action)
- Elders can be caregivers for people with disabilities for extra income

Threats

- Lack of funding in certain areas or siloed funding makes sustaining specific service streams challenging (particularly true in social care industries)
- Policies that are an impediment to rural success (i.e., unfunded mandates from the state that are difficult to employ in rural)
- Low income individuals want to join the labor force but it compromises their access to social service or other safety net benefits
- Challenges regarding clinical licensing in California creates limitations around recruitment
- State unfunded mandates for acute care institutions (hospitals) - retrofit
- State budget reductions are going to impact programs that address prevention and SDOH
- Rising elderly population and populations with disabilities will place more need on the system

Health and Caregiving Sector Strategies

The NCHIIN team wishes to extend its deep gratitude for the Health and Caregiving Sector Table participants who have dedicated countless hours to the development of these strategy recommendations. Their vision, wisdom, insights, and guidance will help positively impact the future of health and caregiving industries in our region. Contributors to these strategies are listed in Appendix A.

Strategy 1: Determine How to Best Address the Limited Access to Healthcare and Caregiving Services in our Redwood Region

Key Components and Specific Objectives

1 Invest in Additional Regional Workforce Assessments Focusing on Priority Occupations to Fully Understand Workforce Needs

a. Justification: There are often limitations with available workforce data for our region (lags, lack of granularity, aggregating our data with other regions, etc.). Investing in assessment and aligned strategies might better guide strategic approaches to future workforce initiatives.

b. Limitations: There's sensitivity in the sector about analysis paralysis and redundant assessment processes. Once assessments are completed, actional next steps and shared accountability to action and progressing relevant strategies must accompany the assessment work.

c. Timeline: Near Term (1-3 years)

d. Measurable Benchmarks: Identification of priority workforce areas for additional assessment, hiring of contractors/evaluators, completion of assessment.

e. Relevant and Existing Projects: North Coast Health Leadership Team Behavioral Health Assessment (Existing Project)

f. Alignment: Aligns with RRRISE focus on high-road jobs for specific occupations, assessment should also focus on equitable representation in the workforce.

2 Cultivate, Maximize, and Expand Workforce Pipeline Programs

a. Justification: Several workforce pipeline programs exist (particularly pertaining to healthcare workforce development) in the RRRISE region, but more coordination and maximization of impact across programs is important. Additionally, adequate and equitable representation of students and priority communities in workforce development programs should also be prioritized.

b. Limitations: Pipeline programs are important, but direct service providers who might provide onsite mentorship, training, and workforce experience face limited capacity to serve as partners in workforce pipeline programs. Categorical funding for workforce programs may create limitations on occupations of focus or opportunities for alignment and coordination.

c. Timeline: Mid-term (4-7 years)

d. Relevant and Existing Programs: Redwood Coast K-16 Workforce Pathways Pipelines (Existing), K'ima:w Medical Center Workforce Pipeline Program (Existing), Smart Workforce Center teen job training programs (Identified in RRRISE Project List), New building for Allied Health Services at Mendocino College (RRRISE Project List)

e. Alignment: Aligns with RRRISE focus on high-road jobs for specific occupations, assessment should also focus on equitable representation in the workforce.

3 Explore Coordinated Recruitment and Retention Strategies for Maximum Impact

a. Justification: While individual organizations will develop their own recruitment and retention strategies tailored to their specific workforce needs, we should consider what regional systems and policies could be implemented to make the RRRISE region a highly attractive location for health and caregiving sector employment.

b. Limitations: Competitive issues and wage disparities exist within our sector when competing for candidates from a recruiting perspective. These are true and existing constraints to advancing regional work.

c. Timeline: Mid-term (4-7 years)

d. Relevant and Existing Programs: Lake County Healthcare Workforce Summit (Existing), North Coast Health Leadership Team Behavioral Health Assessment (Existing), Work of local workforce development boards (Existing)

e. Alignment: Aligns with RRRISE focus on high-road jobs for specific occupations, assessment should also focus on equitable representation in the workforce.

Case Study

The Del Norte County and Tribal Lands Health Career Pathways Program has been focused on a grow-your-own medical workforce approach to help address the shortage of healthcare workers by encouraging youth to consider healthcare careers, cultivating their interest, and helping them develop professional skills that they can utilize in their communities. This approach is based on the idea that health professionals are more likely to stay and work in the community they were raised in. To date, this work has included funding a health career teacher at Del Norte High School and adding a Science Based Health Pathway to the curriculum. The program also helped to reinstate a partnership between College of the Redwoods and Sutter Coast Hospital to reinstate the Licensed Vocational Nurse (LVN) to Registered Nurse (RN) bridge program. These efforts were supported through the California Endowment's Building Healthy Community Program.

More information: https://ccrp.humboldt.edu/health-career-pathways-0

4 Socialize and Promote Telehealth Adoption

a. Justification: Expansion of telehealth services has increased significantly in recent years. In rural and geographically isolated communities (such as those represented in RRRISE), telehealth may provide an important solution in accessing medical and behavioral health resources. While these services are currently available, more work must be done in the deployment of telehealth to socialize the concept among patients, providers, and healthcare organizations. Additionally, efforts must be undertaken to ensure that telehealth services are enmeshed with other members of a patient/client's care team.

b. Limitations: Payment and provision of telehealth services can be complex (especially in FQHC and CHC settings), access to key infrastructure (broadband), and equipment (computers, smart devices) might impose limitations for engagement in telehealth services for patients/clients.

c. Timeline: Near to Mid-term (1-7 years)

d. Measurable Benchmarks: Improvement in penetration and utilization of telehealth services over baseline.

e. Relevant and Existing Programs: Work to develop broadband infrastructure in RRRISE footprint (RRRISE Project list).

f. Alignment: Telehealth supports climate neutrality and offsetting carbon footprint by reducing impacts from both patient and provider travel (including providers that typically travel from outside the Region).

5 Support Childcare Stabilization Initiatives

a. Justification: In response to the pandemic, Humboldt County partners leveraged American Rescue Plan Act (ARPA) funds to establish a cross-sector collaborative to provide financial support to child care providers and family members in Humboldt County, recognizing that child care provides a healthy foundation for children alongside reliable caregiving services for working parents. The Health and Caregiving Sector Table proposes learning from the Humboldt County model and exploring how it might be scaled in other communities.

b. Limitations: Funding limitation

c. Timeline: Mid-term—Long-term (4-10 years)

d. Measurable Benchmarks: Sustained services through Humboldt County Child Care Stabilization initiative; evidence of discovery and expansion for other RRRISE areas.

e. Relevant and Existing Programs: Humboldt County Child Care Stabilization Fund (Existing).

f. Alignment: Supports equity as it funds lower income care providers and supports job creation in both the service delivery (caregivers) and in the service (enabling families to participate in the workforce because adequate childcare is available).

"Our region has desirable and vibrant communities. Doctors stay and practice here because they are called to working with Rural and Tribal communities. We need to emphasize the purpose and passion of the work when recruiting."

Strategy 2: Support and Expand Capacity

Key Components and Specific Objectives

1 Explore and Advance Hub Models

a. Justification: Hub models can provide shared infrastructure and improved organizational efficiency through shared services such as workforce development/deployment and training, administrative services (billing, contracting), and shared technical infrastructure. Studying the feasibility and scope of hub models in the RRRISE region, may provide critical infrastructure that will support more efficient delivery of services, provide a common forum to work on system interventions, and expand administrative capacity of organizations to participate in new funding streams such as CalAIM, CYBHI, etc.

b. Limitations: Yet to be determined

c. Timeline: Feasibility; Near-term (1-3 years), Implementation; Mid-term (4-7 years)

d. Relevant and Existing Programs: Existing hub models in California and nationally, HIE and CIE infrastructure (indicated on the RRRISE project list) are assets to build from.

e. Alignment: Indeterminate

2 Invest in Regional Capacity-Building Resources

a. Justification: In addition to hub infrastructure, many health and caregiving organizations would benefit from better access to capacity building resources. Examples of such resources include, low-interest revolving loan programs, access to low-cost grant writing and strategic planning services, or other shared infrastructure programs (CIE, HIE, etc.).

b. Limitations: On-going funding sources to make sure these services are available at low to no cost.

c. Timeline: Mid-term (4-7 years)

d. Relevant and Existing Programs: From the CCRP Project List: Regional HIE/CIE programs, Improving access to the rural accelerator grant, establishment of a regional loan program.

e. Alignment: Indeterminate

3 Require Investment as Part of Large-Scale Development Processes

a. Justification: As new large-scale industry initiatives enter into the RRRISE landscape (Wind Farms, Noyo Harbor project, etc.), community benefit investments should be included as part of RFP and RFA processes. While these projects bring many job opportunities to our region, there may also be an impact on the already over-resourced health and caregiving systems. The Health and Caregiving Sector Table recommends studying the palatability of health and caregiving community benefit requirements for large projects and developing a strategic process for bringing this work to fruition.

b. Limitations: Unknown

c. Timeline: Feasibility; Near-term (1-3 years), Implementation; Mid-term (4-7 years)

d. Relevant and Existing Programs: Models in California for Housing Trusts, Wellness Trusts, etc. might serve as fiscal intermediary examples for community wellness.

e. Alignment: Indeterminate

Strategy 3: Address System and Policy Issues

Key Components and Specific Objectives

1 Invest in Backbone Support and Capacity Expansion for Existing Collaboratives Addressing Social Determinants of Health and Health Equity

a. Justification: A number of collective impact, SDOH, and health equity collaboratives exist in our region, but even with intentionality, sometimes work in silos. Rather than create redundant processes, the Sector Table recommends developing a better understanding of ongoing initiatives in the region that address health equity and look for opportunities to scale scope and impact. This would include working with community common tables that are advancing health equity efforts (Live Well Humboldt, Accountable Communities for Health, Family First Prevention Act Cross-Systems Collaborative, etc.) to expand reach and impact of these existing collaboratives. Intentional effort must be brought forward to deepen the collaborative practices of these tables and lean into shared accountability.

b. Limitations: There may not be equitable distribution of collective impact initiatives in all Redwood Region counties. Existing initiatives may have specific focus areas and/or categorical funding that could impede expansion/alignment.

c. Timeline: Near-term (1-3 Years)

d. Relevant and Existing Programs: Live Well Humboldt (existing), Accountable Communities for Health (Humboldt, Lake, Mendocino Counties; Existing), FFPSA collaborative (existing), RANCHO Health Equity work (Existing)

e. Alignment: Focus on priority populations.

2 Direct Dedicated Investment to Priority Communities to Provide Community-Designed and Driven Solutions to Address SDOH

a. Justification: Communities that have inequitable health outcomes should be supported and resourced to drive solutions that are culturally responsive to their needs and cultural practices. Directed Community Benefit investment dollars (per the previous recommendation) may serve as a revenue source that can also be leveraged for this strategy.

b. Limitations: To accomplish this there needs to be better intentionality and inclusion of key community members, Tribal organizations, etc.

c. Timeline: Mid-term (4-7 years)

d. Relevant and Existing Programs: Black Humboldt's Black Leadership Fellowship Program (RRRISE Project Inventory)

e. Alignment: Focus on priority populations.

3 Invest in Data and System Analysis to Support Future Planning

a. Justification: There are often limitations with available data for our region (lags, lack of granularity, aggregating our data with other regions, etc.). Investing in assessment and aligned strategies might better guide strategic approaches to future sector initiatives.

b. Limitations: Sensitivity to over assessment being an impediment to work being accomplished, following from assessment there must be a strategic plan to help guide implementation of strategies and clear investment in accomplishment and driving work forward.

c. Timeline: Near-term (1-3 years)

d. Relevant and Existing Programs: Behavioral Health Workforce Assessment (Existing)

e. Alignment: Indeterminate

4 Invest in Rural Policy Advocacy to Advance Solutions that are Responsive to our Rural Region

a. Justification: Many policies that are set are centered in the urban experience and create unintended consequences for rural communities and partners like those in the Redwood Region footprint. The Sector Table proposes a rural policy platform and advocacy training and support for policies that address structural urbanism and impede rural success in the health and caregiving sectors.

b. Limitations: Some participants can't engage in lobbying or similar work due to non-profit status. There will need to be clear commitments around who can advance legislative and advocacy work on behalf of the sector.

c. Timeline: Near-term (1-3 years)

d. Relevant and Existing Programs: Several Sector Table members have existing policy and legislative expertise, may look at individual county policy platforms to look for alignment.

e. Alignment: Increasing advocacy for rural areas supports equity by centering the needs of underserved rural populations and communities

"I'm gonna say push out some broadband to more rural areas so we get health access through telehealth."

Figure 9 Health and Caregiving Alignment with Key Program Objectives

Job Quality and Access	Equity	Climate
♦ Address workforce shortages in key healthcare and caregiving positions through better **alignment and sharing of recruitment and retention best practices**, investment in rural workforce data, and advancing rural advocacy for policy changes. • Create a regional clearinghouse to track scholarship and incentive opportunities, support peer-to-peer and mentorship relationships, and improve access to workforce training and pipeline programs across different educational stages. ♦ **Cultivate, maximize, and expand workforce pipeline programs**, particularly in healthcare: • Better coordination, ensure equitable representation, and address the limitations of current programs. ♦ Recognize that some critical roles in the Health and Caregiving Sector **may not meet the "high-road" job criteria**, but are still vital to sustaining local health and caregiving systems. ♦ **Invest in training opportunities in the region:** • Build local facilities to meet demand and leverage existing knowledge in trauma and prevention for collective action.	♦ **Leverage existing community projects** to ensure that the needs and interests of priority communities are integrated into broader regional efforts. • Better **alignment and scaling** of ongoing initiatives in the region to avoid redundancy and to strengthen collaborative practices across different groups working on health equity. • Target health equity and SDOH, ensuring that priority communities benefit from regional economic growth. ♦ **Advocate for rural policies** that address structural urbanism and healthcare access, and support the unique needs of rural communities, which often face different challenges in the health and caregiving sectors. ♦ **Research and increase investment in prevention and upstream interventions**, particularly those that can positively impact SDOH and health equity. ♦ **Support ongoing community engagement with priority communities** throughout the implementation process, ensuring that their needs and interests are consistently represented.	♦ **Develop sustainable infrastructure:** • Implement energy-efficient designs and sustainable materials in health and caregiving facilities to reduce carbon footprints. • Promote the use of renewable energy sources (e.g., solar, wind) within healthcare and caregiving infrastructures to lower greenhouse gas emissions. ♦ Ensure that health and caregiving facilities are built or retrofitted to **withstand extreme weather events** and other climate-related disruptions. ♦ **Develop robust emergency response plans** for health and caregiving services to maintain continuity during climate-induced disasters, protecting community health. ♦ **Implement comprehensive waste management strategies**, including recycling and proper disposal of medical and caregiving waste to minimize environmental contamination. ♦ Encourage/incentive the procurement of **eco-friendly medical supplies** and caregiving products to reduce the overall environmental impact of these sectors. ♦ **Incorporate environmental health evaluations into public health initiatives** to identify and mitigate pollution, poor air quality, and other environmental hazards that affect community health. ♦ **Invest in green spaces and promote active transportation** (e.g., walking, cycling) to enhance environmental quality and public health. ♦ Advocate for **holistic regional and state policies** that promote sustainable economic growth while safeguarding environmental health, particularly in rural and underserved areas.

Job Quality and Access	Equity	Climate
♦ Expand access to healthcare and caregiving services in underserved and priority communities to **address disparities** and improve overall health outcomes. ♦ Ensure **recruitment strategies are inclusive**, particularly focused on priority communities to create a diverse and representative workforce. ♦ Provide **equitable access to training and education programs** to close workforce gaps and ensure all community members (specifically priority communities) have opportunities for career advancement. ♦ Implement strategies to make healthcare and caregiving services more affordable, **reducing financial barriers for priority populations.** • Address challenges like housing and limited public transportation, which are impacting the ability for people (specifically priority communities) to work in the Health and Caregiving Sector (among others). ♦ **Prevent (priority) worker displacement:** • Create **high-quality, family-sustaining positions** that offer healthcare, retirement benefits, and career advancement opportunities, and supportive and safe working conditions (especially in rural and remote areas). • Ensure **job stability and pathways** for career growth within the Sector. ♦ Support community-designed and driven solutions that are culturally responsive and focused on SDOH to **allocate resources directly to communities facing inequitable health outcomes.** • Leverage **community benefit investment dollars** to fund these efforts. • Focus on **improving SDOH** such as housing, transportation, education, and economic opportunities to enhance the overall well-being of priority communities. ♦ **Address low pay, particularly in social care and caregiving roles**, which are essential but often undercompensated. Conduct collective wage studies and ensure that roles in rural areas are appealing through housing affordability and other social cohesion factors. ♦ **Increase connectivity and engagement** among priority communities and Health and Caregiving organizations in the region: • Actively involve priority communities in the planning and implementation of health and caregiving strategies to ensure their needs and interests are consistently represented. • Build strong partnerships with local organizations and community leaders to address public health needs collaboratively and effectively.		

Job Quality and Access	Equity	Climate
	♦ Develop programs to **mitigate the health impacts of climate change**, such as heat-related illnesses, respiratory issues from poor air quality, and vector-borne diseases, particularly in priority (vulnerable) communities. ♦ Ensure that environmental policies and health initiatives do not disproportionately impact priority communities and actively work to **rectify existing inequities**.	

Cross-Cutting Strategy Recommendations

The Health and Caregiving Sector Table has identified several cross-cutting recommendations that will involve the participation of all Sector Tables and RRRISE participants.

1. Review housing capacity and accessibility in the Redwood Region footprint to understand housing infrastructure's impact on the vitality of our focus industry sectors and priority communities as a cross-cutting strategy. Access to adequate housing presents challenges for health and caregiving workforces collectively in our region.
2. Recognize rural capacity for healthcare and caregiving services as a cross-cutting strategy that intersects with other industry sectors and priority communities. If our region has inadequate access to health and caregiving services, it's unlikely we can bring in high-road economic opportunities and occupations to our communities. Adequate investment in stabilizing and growing this sector will be crucial for the continued growth of our communities.
3. Invest in broadband infrastructure. Broadband infrastructure is vital to the delivery of equitable telehealth services but also impacts the other sector focus areas. Supporting access to reliable, high-speed, and affordable internet is vital to economic development in our region.
4. Cultivate the Redwood Region as desirable and vibrant communities where individuals seek to live, work, and play. In order to recruit and retain workforce (across all industry sectors), our communities must provide the necessary infrastructure, social cohesion, economic opportunities, job opportunities, and cultural desirability that make the region a vibrant place to live.

"Better and more housing and transportation. More docs and specialists, a mobile health unit for dental treatments and physical diagnosis."

Figure 10 Health and Caregiving: Key Indicators of Success

- Convening of cross-sector partners to develop sector policy platform, establishment of policy platform, meetings with legislative leaders.
- Development of priority analysis areas (workforce, prevention investments, composition of health and caregiving systems), RFP launch, completion of analysis work.
- Identification of health equity or SDOH priority areas, identification of partnering communities, evidence of investment.
- Asset mapping of specific collaborative SDOH and health equity efforts in the region, Evidence of cross-collaborative convening and alignment, investment in backbone support of collaboratives.
- Additional exploration and refinement of top capacity building strategies, feasibility studies to assess the likelihood of strategy implementation, sustainability, and success, rates of utilization once live.
- Completion of a hub feasibility study for RRRISE communities, solicitation of pilot and planning funds, evidence of implementation.
- Increased number of pipeline programs over baseline, increased participation in pipeline programs over baseline, evidence of coordinated and regional planning across pipeline programs.

Example Projects

- A feasibility study to understand motivations and perceptions of health and caregiving community benefit investments to strengthen local infrastructure. The study would examine existing models, evaluate actor buy-in, and begin to socialize the concept among key partners.
- Evaluate and advance Hub Models in RRRISE territories: conduct an assessment of existing hubs, applicability in the rural setting, core service use cases, assessment of participants, and proposed fee structures. In coordination with the Arts, Culture, and Tourism (ACT) Table, this assessment would also explore use cases about how a hub might provide pathways to job opportunities for ACT workers who are interested in joining the health and caregiving workforce in paraprofessional roles.

10 Year Timeline

Near-Term (1-3 years)

1. **Invest in additional regional workforce assessments**
   - Identify priority workforce areas for assessment
   - Hire contractors/evaluators
   - Complete assessments
2. **Explore and advance hub models (feasibility study)**
   - Study the feasibility and scope of hub models in the RRRISE region

3. **Invest in backbone support for existing collaboratives**
   - Develop understanding of ongoing health equity initiatives
   - Expand reach and impact of existing collaboratives
4. **Invest in data and system analysis**
   - Conduct assessments to guide future sector initiatives
   - Develop strategic plans based on assessment results
5. **Invest in rural policy advocacy**
   - Develop a rural policy platform
   - Provide advocacy training and support

Mid-Term (4-7 years)

1. **Cultivate, maximize, and expand workforce pipeline programs**
   - Coordinate existing programs
   - Ensure equitable representation in programs
   - Address limitations of current programs
2. **Explore coordinated recruitment and retention strategies**
   - Develop regional systems and policies to make RRRISE region attractive for health and caregiving sector workers
3. **Implement hub models (based on feasibility study results)**
4. **Invest in regional capacity-building resources**
   - Establish low-interest revolving loan programs
   - Provide access to low-cost grant writing and strategic planning services
   - Implement shared infrastructure programs (CIE, HIE, etc.)
5. **Require investment as part of large-scale development processes**
   - Implement community benefit requirements for large projects
6. **Direct dedicated investment to priority communities**
   - Support community-designed and driven solutions to address social determinants of health
7. **Continue telehealth adoption efforts**

Long-Term (8-10 years)

1. **Support childcare stabilization initiatives**
   - Sustain services through Humboldt County Child Care Stabilization initiative
   - Expand to other RRRISE areas
2. **Ongoing implementation and refinement of all initiated strategies**
3. **Evaluate impact of implemented strategies and adjust as needed**

- **Continuous/Cross-Cutting Strategies**
  1. **Review housing capacity and accessibility in the Redwood Region**
  2. **Recognize and address rural capacity for healthcare and caregiving services**
  3. **Invest in broadband infrastructure**
  4. **Cultivate the Redwood Region as desirable and vibrant communities**
  5. **Focus on job quality, equity, and climate considerations in all strategies**

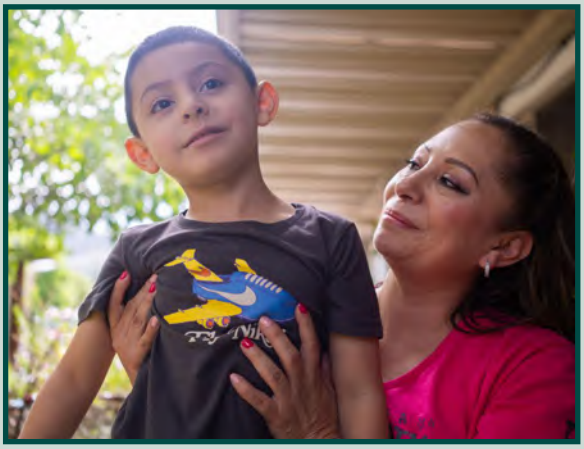
Last Words

Developing a comprehensive set of strategies across a diversity of partners in a compressed time frame has its limitations. NCHIIN and Sector Table participants put forward a good-faith effort to support a comprehensive set of strategies that will drive towards our proposed outcomes of supporting a thriving health and caregiving infrastructure that supports equitable health outcomes for all. We approached the task with the intention of building on existing efforts and leveraging existing assets, with a clear lens on the needs of the sector and individuals it serves. We would like to offer the above recommended portfolio of strategies with the intention it was created: responsive, flexible, robust, but likely imperfect. Given this, the Sector Table sees the strategies as a foundational activity from which our sector can iterate as policies, the environment, and other factors evolve.

Further, the Sector Table has recognized that strategy recommendations for Roadmap inclusion is not enough. Without dedicated resources and active stewardship for such broad collective impact strategies, the work is unlikely to move forward. We respectfully request continued financial investment in the advancement of the strategies recommended as well as deployment of shared accountability measures to ensure active progress is made on our shared goals. Sector table participants have indicated an interest in continuing their collective work, particularly that is focused around advancing specific strategies, should resources allow.

Humans of the Redwoods

Tania from Mendocino on Motherhood, Immigration, and Reliable Behavioral Healthcare



As a monolingual Spanish-speaking immigrant, Tania Chavez has had an extra level of difficulty navigating Mendocino's workforce. Now that she's raising an autistic son, her language barriers and the local lack of services have her considering moving. Tania envisions a future with more clinics which would provide more jobs in care services, resulting in "happier children, happier teachers and happier parents."

A Safer Place to Live

Mendocino's natural beauty and slow-paced way of life has long attracted folks. For Tania Chavez, it reminds her of her hometown in Mexico. "It looks very similar to where I come from. I like the tranquility, not living in a bigger city, not so much danger. I don't know, I like it, I don't see myself anywhere else." Chavez moved to Ukiah 24 years ago from Mexico after being invited up by her aunt, in hopes of finding more opportunities and a safer place to live. She was able to get documented and start working, but over the years she's noticed the few jobs that were available to monolingual Spanish speakers are disappearing.

> "My son had a great teacher. I want to get more involved in his education, but there's no interpreter."

Navigating Limited Resources

She currently takes care of her 4-year-old autistic son full-time while her husband works to support them. Navigating the scarce resources for her son and communicating with the school has been continuously difficult as a monolingual Spanish speaker. While her son currently has the services he needs, they are at threat. "There are hardly any speech therapists in Ukiah… There is one [speech therapist] who accepted my child. But she is already retired. And I'm afraid that any moment she'll tell me no more. And what am I going to do then?"

Waiting For Care

There's also a need for behavioral therapists, says Tania. "My coordinator told me that they can no longer put people on the waiting list because they can't… Some have been on the waiting list for more than a year. It is a big concern. I feel so bad for the other mothers whose children don't have access to the health care they need. I felt bad for them because fortunately my son does have [resources]. I don't know for how long, but for now he has occupational therapy, behavioral therapy, and speech therapy. He needs it very much." Chavez thinks of moving somewhere like Sacramento, which has more reliable and consistent services for her son.

Read Tania's full story