HEALTHY MENDOCINO INITIATIVE
CHNA CYCLE 2019-2023

Social Determinants of Health

Social determinants of health are conditions in the environments in which people are born, live, learn, work, play, and worship that affect a wide range of health, functioning, and quality-of-life outcomes and risks. In the initiative proposal below, staff considered the social determinants of health and root causes related to the data that emerged from the 2019 CHNA, Action Team Lessons learned and community listening tours. The graph below from the 2019 CHNA, indicates that the top concerns of our community are mental health issues, homelessness/housing, drug abuse, economic issues and lack of access to care.

Health starts in our homes, schools, workplaces and communities. Conditions (e.g., social, economic, and physical) in these various environments and settings have a profound impact on the health of the community. Resources that enhance quality of life as well as access to social and economic opportunity can have a significant influence on population health outcomes. Examples of these resources include safe and affordable housing, access to education, public safety, availability of healthy foods, access to health services, and environments free of life-threatening toxins. By working to establish policies that address the root causes of Mental Health issues, Substance Abuse and Interpersonal violence, we can positively influence social and economic conditions and those that support changes in individual behavior as well as improve health for large numbers of people in ways that can be sustained over time.

A Word About Equity

Equity and health equity are two of Healthy Mendocino’s guiding principles. Looking at the inequities of our health data, and from research nationwide, we have identified four main populations that are disproportionately impacted: low income families, outlying communities, Native American communities and Latinx communities. We have set specific goals for addressing outlying communities and low-income families where possible, based on our partnerships and community conversations.

In communities of color, part of the health inequity is a result of disenfranchisement, institutionalized racism and for our Native American Tribal nations, historical genocide and its legacies. These issues cannot be easily or quickly solved. Any needs identified or solutions created must be done within these communities and not by outside agencies or organizations. This is the reason you will not see specific goals and strategies to address equity in our initiatives. Instead, our goals are to develop relationships with each of the Tribal Nations and the
leaders of the Latinx communities throughout the county so that we can work with them to change practices and policies that continue to produce the inequities seen in our data. In addition, regardless of the initiative chosen, we will develop a separate expertise panel to assist us in addressing equity as we implement our strategies and goals.

PROMOTING PATHWAYS TO PROGRESS
Cultivating a skilled workforce one step at a time

Economic/workforce promotion

Overview: Health is created where we live, work, play, pray and learn. Lack of meaningful or gainful employment accompanied by despair for the future sow the seeds for poor mental health and substance abuse. Pathways for Progress is aimed at supporting those organizations who are working to building hope for a brighter and more prosperous tomorrow for some of our communities struggling with underemployment and for our youth who might not have exposure to a range of work possibilities. It is also an effort to support the development of our workforce to fill the needs of our agencies and business that work to improve community health. As this is a new sector and approach for Healthy Mendocino, we do not have the depth and breadth of relationships and knowledge as in housing or mental health. Therefore, this initiative will need our Expertise Teams to support staff in developing more specific strategies and outcome measurements.

Across sectors, our partners have discussed the frustration and difficulty of recruiting and retaining employees in key positions. Nurses, physicians, therapists, police officers and credentialed teachers are just a few examples of these positions. The impact to community health is direct and cumulative. Our access to care and mental health services are impacted, continuity is lost, and it is difficult to maintain and build organizational and systems capacity. Recruiting workforce from outside of the county is challenging because of housing constraints and wages are low and cost of living is high. It is difficult to fill these professional positions using our local workforce, as only 23% of the county population has a bachelor's degree or higher, with only 7.57% holding post-baccalaureate or professional degrees. In some agencies and organizations even entry level positions are difficult to fill as the unemployment rate is 4.0%. This may be related to the fact that 15.3% of our community does not have a high school diploma or certificate. (www.healthymendocino.org)

While statistically we have very low unemployment rates, we seem to have either an underemployment issue or a wage issue, as 19.1% of the population and 24.4% of our children are living below the federal poverty line and only 42.3% living 200% above poverty level. (www.healthymendocino.org) Some outlying communities are hit disproportionately because educational and work opportunities are limited, and transportation may not be available to these opportunities. In addition, institutionalized racism and systems that support it have a
role in our inequities seen in communities of color. For Mendocino County, our Native American communities also continue to experience the impacts of historical genocide.

As a county we have had success in developing certification and educational degrees and pathways to recruit, educate and employ within our local communities. The nursing educational pathway is a great example of an effective collaboration from high school to employment. We have multiple agencies and collaborations working in this arena with long-standing relationships and victorious outcomes. However, in our community listening tours and key leader interviews we continue to hear of the need for more efforts to promote existing pathways and additional pathway opportunities from high school to graduate school. This is particularly true for outlying communities. The legalization of cannabis has shifted workforce and employment opportunities (both legal and illegal), affecting outlying communities the most. In addition, we hear stories of youth that do not have access to opportunities or models to develop a meaningful and gainful employment. For example, we hear from many of our partners about the need to have psychiatric nurses, particularly pediatric psychiatric nurses. How many Mendocino County youth (or adults) know what a psychiatric nurse does and why that might be an exciting and rewarding career to consider?

Some of the identified barriers to matching open positions with community members are:

1. Either the appropriate training/education are not available, or community access is limited. Not all pathways that have been identified by employers are being fully utilized
2. Young adults do not have adequate agency or engagement in the workforce/educational process
3. Available workforce does not understand transferable skills and professional development, so they aren’t applying for open positions
4. Low wages compared to surrounding communities with high housing prices and low housing availability
5. Lack of culturally appropriate hiring practices and workplace culture, and/or flexible hours and/or job shares for single parent households
6. Lack of a professional community of peers and opportunities for spouses

**What we are Proposing**

“In more technical terms, the goal might be stated as integrating distance, competency-based, and lifelong learning at all levels of education and skill development, and across secondary, postsecondary, employer, and anchor institutions, within any given labor market or economic region” –Brian Dabson, Rural Dimensions of Workforce Development

In collaboration with our partners we will:

1) Create a map that serves to outline, enhance, communicate and support 4-5 key steppingstone pathways for ongoing professional and educational development

2) Identify gaps in training and education

3) Work with outlying communities to identify solutions, particularly solutions where technology can contribute

4) Identify funding opportunities to support identified solutions (year 2)
5) Communicate and celebrate the programs that create a stronger workforce. Highlight existing opportunities

6) Communicate the needs of employers and how addressing those needs will positively impact the health and strength of our community

7) Through our partners who do direct youth service, better identify barriers for our youth to societal engagement and gainful employment

8) Explore ways to create more professional community connections

The following are the identified pathways. We have used a small sample of entry and exit points to illustrate the pathway.

**Pathway 1: Residential and Commercial Building Trade**
Construction site intern - general carpenter - specialty carpenter (finish) - contractor – building inspector

**Pathway 2: Health Care**
Home Health Aid – Phlebotomist - medical assistant - LVN - CNA - LPN - RN - P.A. - MD/DO

**Pathway 3: Mental Health/Social Worker**
Peer counselor/ Promotora – social service intake worker – social worker – manager

**Pathway 4: Education**
Classroom aid - paraprofessional - substitute teacher - teacher credential pathways - teacher-administrator or (masters/college instructor, PHD professor)

**Pathway 5: TBD by communities**
Outlining transferable skills and possible job opportunities for displaced cannabis workers and youth

**Goals and Strategies**

**Community Education and Engagement**

**Goal 1: Create Pathways to Progress Map.**

**Strategy 1:** The map will show various entry and exit points to emphasize that entry-level positions or degrees can lead to a higher paying career. Each pathway will include high school opportunities, early training and certificates--AA and BA degrees--career options, salary scales, potential local employers, cost of educational/training programs, online opportunities, licensing requirements and professional trends (trends for future employment). The map will take existing programs and opportunities into account and will be made available to our collaborators and through online resources to use as a promotional and educational tool. We will tell stories from community members who have engaged in various points along the pathways to highlight hometown successes and help young adults and others who do not have the experience or have not succeeded in traditional education envision themselves in those positions, create agency and believe that they can be successful

**Strategy 2:** Identify gaps in programs and opportunities

**Strategy 3:** Work with underserved communities to identify possible solutions
**Strategy 4:** Identify potential funding or other resources to build pathway support in outlying communities (year 2)

**Goal 2:** Promote the Pathways and Pathway Maps.

**Strategy 1:** Tell the success stories – individuals

**Strategy 2:** Tell success stories – organizations

**Strategy 3:** Share Map and the success stories through a range of media and social media outlets

**Goal 3:** Help make the connection between work and health.

**Strategy 1:** Use research and existing campaign to show that work serves multiple important functions in a healthy life: economic stability, community connections/support as well meaning and purpose

**Strategy 2:** Share information and resources about meaningful work: how to find it, what that can look like, impacts on health

**Strategy 3:** Articulate the importance of developing our workforce as a means for improving access to care across the care continuum

**Goal 4:** Help youth and potential employees identify with a progressive pathway, not just a job.

**Strategy 1:** Tell success stories from each pathway by highlighting locals who have done all or part of the pathway, what they love about their job, how it has changed their lives (given them purpose, economic security or opened opportunities). Make sure the stories will help those with little education or skills grasp the linkages from where they are to where their next step can be. Highlight the importance of lifelong skill and knowledge development. Celebrate the existing programs and successes of our partners. Weave together stories as examples of how to navigate these pathways

**Strategy 2:** Share these stories with partners, including high school counselors, Mendocino College Career Center, workforce development partners, youth partners (eg. the Arbor, 4H, Scouts) and employers. Encourage them to tell the stories of their employees

**Timeframe:** January - July 2020

**Strategy 3:** Assess feasibility of creating a larger pool of professional ‘champions’ to visit schools, mentor, or take on an intern. Coordinate with and support Bright Futures (CareerPoint project) where possible

**Goal 5:** Support 1-4: redesign website - Create new landing page that explains the social determinants of health and how the workforce initiative will impact community health.

**Strategy 1:** Continue to be a hub of health data information for Mendocino County. Add resources, tools, links and stories that outline gainful and meaningful work as a primary tool for poverty alleviation and improved health
Goal 6: Hold a community wide meeting in January 2020 to capture community feedback and input in initiative process. Get stories and information on map components.

Goal 7: Articulate transferable skills and soft skills – what you know and can do, give concrete examples from exiting job opportunities within communities. Link to available resources (local and online) for skill development (year 2).

Goal 8: Provide information and resources about cultural competency in the workplace (year 2).

Policy and Legislation

Goal 1: Advocate for a coherent national and/or state workforce development policy that includes the challenges or rural workforce development. Work with partners to identify top priorities. (year 2)

Changing Organizational Practices and Policies

Goal 1: Collaborate with appropriate employment partners and service groups to encourage internships, mentoring, giving underserved employees a chance (felon-friendly workplace, workers with disabilities) flexibility in hours or other incentives to encourage educational development. (year 2)

Goal 2: Assist employers to increase recruitment, retention and satisfaction of under-represented communities. (year 2)

Strategy 1: Work with communities of color and equity panel to develop recommendations for culturally appropriate organizational hiring practices and workplace culture. Develop a list of recommendations and encourage employers to adopt practices

Strategy 2: Work with existing equity teams within organizations to support external communication of workplace practices

Goal 3: Convene a roundtable of Human Resource Managers to discuss and brainstorm ways to collectively build workforce rather than poach and trade. Develop strategies to provide more integrated skill and knowledge development. (year 2)