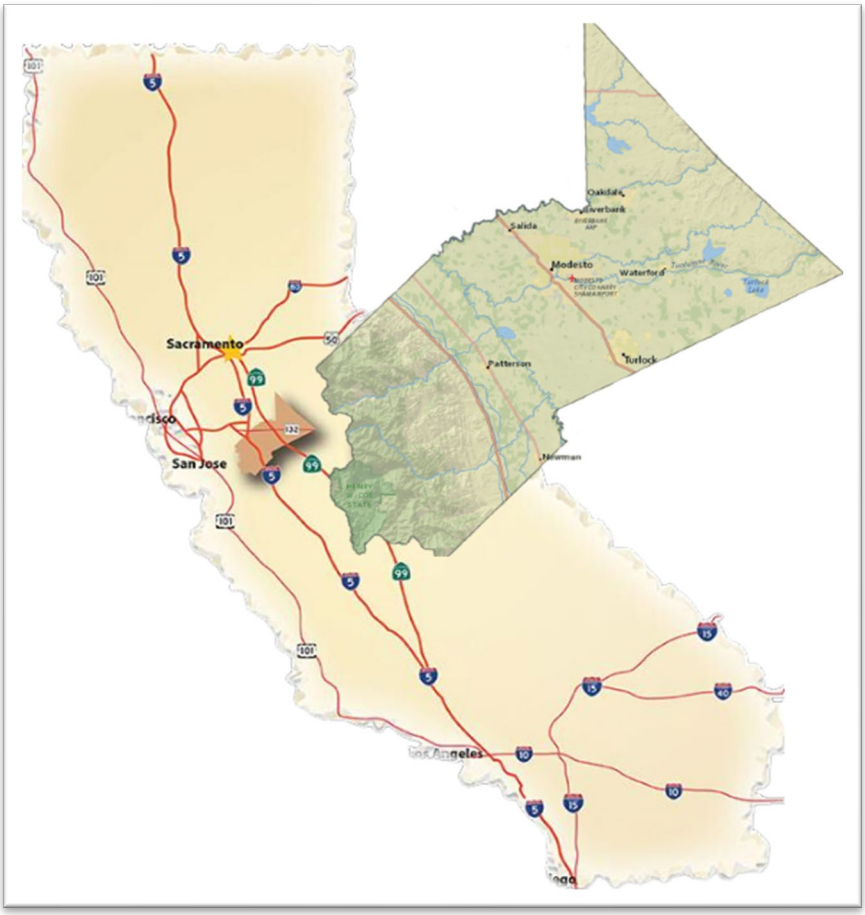
Community Health Improvement Plan

Stanislaus County Health Coalition

2025

Prepared By

crescendo



Stanislaus County Health Coalition contracted Crescendo Consulting Group to support facilitation and development of the 2025-2028 Community Health Improvement Plan for Stanislaus County.

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About Stanislaus County Health Coalition

The Stanislaus County Health Coalition (SCHC) is a collaborative alliance of local healthcare systems, community partners, and Stanislaus County agencies working together to improve community health through shared leadership and resource alignment. In the fall of 2021, SCHC began with representatives from healthcare systems and public health, later expanding to include health plans, local government, and other stakeholders. The coalition coordinates community health assessments and improvement planning, aligning efforts with existing initiatives to maximize impact.

SCHC drives priority-focused work groups that bring together organizations addressing similar health needs, ensuring streamlined efforts and efficient use of resources. The coalition also conducts ongoing evaluations to measure the effectiveness of its strategies and improve future efforts.

By fostering collaboration and expanding partnerships, SCHC catalyzes sustainable, community-driven health improvements across Stanislaus County.

About the Funders

The Community Health Improvement Plan (CHIP) was made possible through the support of Health Net, Health Plan of San Joaquin, Kaiser Permanente, the Stanislaus County Health Services Agency, Sutter Health Memorial Medical Center, United Way of Stanislaus County, and Valley Children's Healthcare. Together, these funders demonstrate a shared commitment to improving the health of Stanislaus County residents.

Health Net

Health Net, one of California's most experienced Medi-Cal managed care health plans, partners with and supports Stanislaus County in a shared mission of improving the health of the community. Founded in California more than 40 years ago, Health Net believes that every person deserves a safety net for their health, regardless of age, income, employment status, or current state of health. Since 2017, Health Net has invested more than $100 million in nearly 500 community initiatives that work to bridge the divide in access, equity, and quality of healthcare.

Health Plan of San Joaquin / Mountain Valley Health Plan

Health Plan of San Joaquin/Mountain Valley Health Plan is a Medi-Cal managed care plan that serves over 415,000 individuals and families in Alpine, El Dorado, San Joaquin, and Stanislaus Counties.

Kaiser Permanente

Kaiser Permanente is committed to helping shape the future of health care. Kaiser Permanente is recognized as one of America's leading health care providers and not-for-profit health plans. Founded in 1945, Kaiser Permanente's mission is to provide high-quality, affordable health care services and to improve the health of its members and the communities they serve. They currently serve almost 12.5 million members in 8 states and the District of Columbia. Care for members and patients is focused on their total health and guided by their personal Permanente Medical Group physicians, specialists, and team of caregivers. Their expert and caring medical teams are empowered and supported by industry-leading technology advances and tools for health promotion, disease prevention, state-of-the-art care

delivery, and world-class chronic disease management. Kaiser Permanente is dedicated to healthcare innovations, clinical research, health education, and the support of community health.

Stanislaus County Health Services Agency

The overarching goal of the Stanislaus County Public Health Division of the Health Services Agency is to ensure that all Stanislaus County residents can achieve optimal health and wellness at every stage of their lives. The Public Health Division is committed to improving the health and quality of life in the community through community engagement, collaboration, and partnerships, and to delivering effective, population-level health services that make a meaningful impact.

Sutter Health Memorial Medical Center

Memorial Medical Center provides and promotes effective inpatient and outpatient healthcare services. The facility provides a full continuum of care, including 24-hour emergency care, inpatient and outpatient surgery, obstetrics, pediatrics, nuclear medicine, dialysis therapy, diagnostic imaging, intensive care services, physical therapy, and home health services. Memorial Medical Center is part of Sutter Health, a not-for-profit, community-based healthcare system committed to advancing care for everyone.

United Way of Stanislaus County

The United Way of Stanislaus County is dedicated to improving the health, education, and financial stability of individuals and families in our community. Through strategic partnerships and community-driven initiatives, the United Way of Stanislaus County invests in programs that create a lasting impact, support economic mobility, and address critical local needs. By mobilizing resources and fostering collaboration, the United Way of Stanislaus County works to build a stronger, more equitable Stanislaus County.

Valley Children's Healthcare

Valley Children's Healthcare – one of the largest pediatric healthcare networks in the nation – provides Central California's only high-quality, comprehensive care exclusively for children, from before birth to young adulthood. With more than 670 physicians and 3,500 staff, Valley Children's delivers high-quality, comprehensive care to more than 1.3 million children in their service area. Their network offers highly specialized medical and surgical services to care for children with common to highly complex conditions at their 358-bed stand-alone children's hospital that includes 28 regional NICU beds. In addition, the Valley Children's Healthcare network includes women's health services, pediatric primary care practices, and pediatric specialty care centers, including our Pelandale Specialty Care Center in Modesto.

Letter from Stanislaus County Health Coalition

Dear Stanislaus County Community,

The Stanislaus County Health Coalition (SCHC) is proud to share the 2025–2028 Community Health Improvement Plan (CHIP). This plan reflects the voices of our residents, the priorities identified through the Community Health Assessment (CHA), and the coordinated efforts of partners across sectors committed to advancing health in our county. With input from community members and organizations, we've selected three strategic focus areas where coordinated, cross-sector efforts can make the most impact: Healthcare Access, Chronic Disease Prevention and Management, and Behavioral Health.

During the CHA, the SCHC's Leadership Group provided critical guidance- helping to review findings, identify community priorities, and ensure alignment with ongoing initiatives. This group played a foundational role in shaping the direction of the CHIP and setting the stage for long-term systems change. As we move into the implementation phase, Stanislaus County is also launching a broader, long-term effort known as the *Health Initiative*. The Health Initiative serves as an overarching framework to improve population health through aligned strategies, shared accountability, and stronger collaboration across sectors. As part of this transition, the SCHC's Leadership Group has evolved into the SCHC Steering Committee, which now oversees implementation and evaluation of the CHIP and supports broader efforts under the Health Initiative. This work is coordinated by the Health Initiative Unit, which serves as the backbone support organization- facilitating meetings, tracking progress, convening partners, and ensuring that the strategies remain aligned, community-driven, and sustainable.

The SCHC continues to serve as the county's collaborative health coalition- a space for shared learning, collective advocacy, and cross-sector alignment. The CHIP is one of the coalition's core efforts, but it is not just a document; it is a living plan built through partnerships, with the Health Initiative Unit supporting its execution and momentum. We invite all community members and organizations to join us in this important work to create a healthier, more vibrant Stanislaus County.

In partnership,

The Stanislaus County Health Coalition

Introduction

Stanislaus County is home to over half a million residents, representing a richly diverse population and a strong sense of community. Yet despite the many strengths and resources across the county, significant health challenges persist. Many residents face barriers to accessing care, managing chronic conditions, and achieving overall well-being due to social, economic, and systemic factors. The 2025-2028 CHIP was developed in response to these challenges. Building on the findings from the CHA, this plan identifies priority areas, proposes actionable strategies, and establishes a framework for measuring progress.

About a Community Health Improvement Plan

A CHIP is a long-term collaborative action plan to improve the health of a community. Developed with broad community input, the CHIP brings together resources and community partners around shared priorities and a unified framework for action. While the CHIP fulfills an important requirement for the Stanislaus County Public Health Department seeking reaccreditation through the Public Health Accreditation Board (PHAB), the CHIP is ultimately a community-owned plan reflecting a collective commitment to improve health.

CHIP Frameworks

The Stanislaus County CHIP was developed using two complementary frameworks: Collective Impact and Results-Based Accountability (RBA). These frameworks were selected to support meaningful collaboration, shared accountability, and data-driven decision making. Together, they ensure that the CHIP not only outlines shared goals but also provides the structure to track meaningful, measurable progress toward population health improvement. Additionally, the CHIP aligns with PHAB reaccreditation requirements for the Stanislaus County Public Health Department, ensuring it meets national standards for community health planning, including stakeholder engagement, and results-based monitoring.

Why Use These Frameworks

The use of Collective Impact and RBA provides a powerful foundation for meaningful and measurable change. While Collective Impact focuses on bringing people together under a shared agenda, RBA provides the tools to measure progress and adjust the workplan as needed.

Collective Impact offers a structured approach to align community organizations and residents around common goals. With many organizations across Stanislaus County working to improve health in different ways, this framework creates space for shared priorities, reinforces efforts, and creates accountability.

RBA strengthens that structure by ensuring strategies are driven by outcomes, not just activities. RBA emphasizes results over processes, and it helps us ask the right questions- *Are we making a difference?* It encourages partners to define the end result first- such as improved access to care or ensuring equitable access to healthy foods- then work backward to design effective strategies that can be monitored and adjusted over time.

About Collective Impact

Collective Impact is a collaborative approach that is comprised of five core components: a common agenda, shared measurements, mutually reinforcing activities, continuous communication, and a backbone support organization. It is designed to bring community residents, organizations, and institutions who are working to advance equity together in a structured way to achieve community and social change[1]. Collective Impact is especially valuable in addressing complex social issues where no single agency or sector can succeed alone.

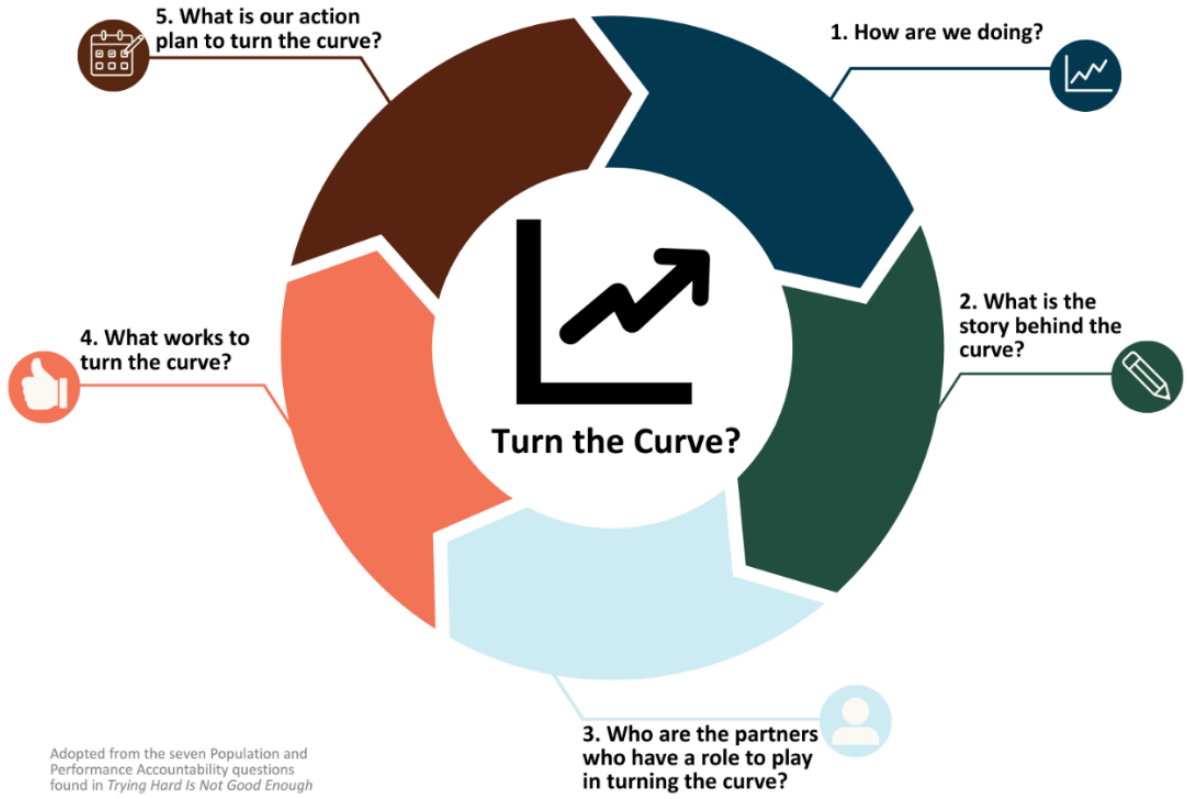
[1] Collective Impact Forum. https://collectiveimpactforum.org/what-is-collective-impact/

About Results-Based Accountability

RBA is a "disciplined way of thinking and taking action"[2] to improve the lives of community members and uses data and community context to make effective decisions. It's a framework that starts with what the end looks like and works backwards towards means. It asks three guiding questions:

1. What do we want to achieve?
2. How will we know if we're making progress?
3. What will we do to get there?

A key tool within the RBA framework is the "Turn the Curve" method. This visual helps communities understand how to move from a baseline trend toward improved outcomes over time. The Turn the Curve approach focuses on using data to tell a story. The CHIP uses this approach to help stakeholders see the connection between the current landscape and collective actions. By turning the curve, we can track whether strategies are improving population-level indicators- such as healthcare access, diabetes prevalence, or mental well-being.



[2] The Results-Based Accountability Guide.
https://www.dhs.state.il.us/onenetlibrary/27896/documents/by_division/dchp/rfp/rbaguide.pdf

CHIP Development

The 2025 Stanislaus County CHA marks the first step in the community health improvement cycle. Conducted between July and December 2024, the CHA followed the MAPP 2.0 framework developed by the National Association of County and City Health Officials' (NACCHO). A mixed-methods approach was used to gather both primary and secondary data to evaluate the perspectives and opinions of community stakeholders, ensuring the inclusion of perspectives from historically underserved and vulnerable populations.

The assessment engaged more than 600 community voices through 36 stakeholder interviews, 15 focus groups, and 455 survey responses. Informed by data collected, the assessment identified 39 distinct community health needs. In January 2025, the SCHC Leadership Group reviewed the findings and organized the needs into seven key priority areas, grouped by common themes. The seven priority areas in alphabetical order are:

TIMELINE

July-December 2024
Community Health Assessment Research

January 2025
Community needs identified and presented to the Stanislaus County Health Coalition

February-March 2025
Community presentation of Community Health Needs results and community voting on top priorities

April 2025
Top three priorities identified

April 28, 2025
CHIP workshop

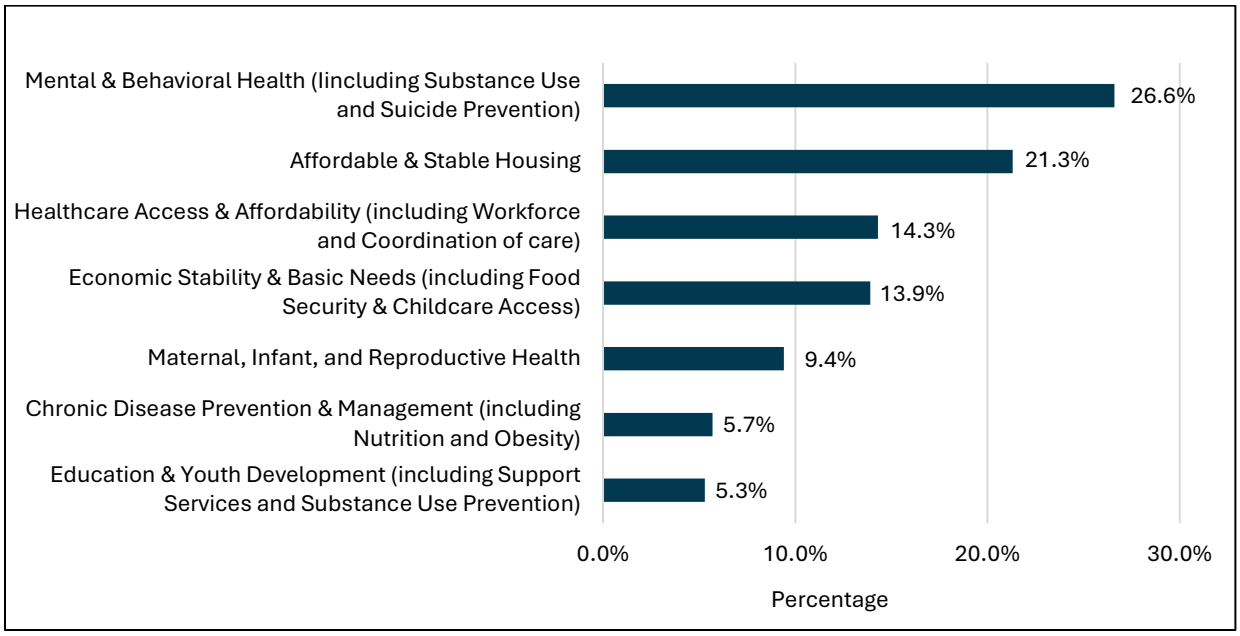
May-June 2025
Finalize CHIP report and initial workplan

June 2025
Launch CHIP workgroups

Selecting Health Priority Areas

To narrow the focus of the CHIP, a prioritization survey was distributed in early 2025 to gather input on the most urgent areas to address. The survey was sent to all previous focus group participants, key informant interviewees, coalition members, and community stakeholders. In addition, staff returned to several organizations that had hosted focus groups to present CHA findings and invite clients and staff to complete the prioritization survey. This follow-up ensured that communities who helped shape the

assessment also had a voice in setting priorities. A total of 244 individuals participated in the survey. The results are summarized below.



The SCHC Leadership Group reviewed the survey results and, in alignment with existing initiatives and available resources, selected the three priority areas for the 2025–2028 CHIP:

While some of the remaining areas- such as Affordable Housing and Economic Stability- scored high in the community survey, they were not chosen as standalone priorities for this CHIP cycle. These topics are currently being addressed by other strong, countywide initiatives, coalitions, and agencies. Rather than duplicate those efforts, the CHIP aims to align with them where possible and focus its resources where the greatest added value can be achieved.

Conversely, Chronic Disease Prevention & Management, though not among the highest-ranked by survey respondents, was included due to compelling data in the CHA. Stanislaus County faces significantly worse chronic disease outcomes than the state average- particularly in diabetes, obesity, and cardiovascular health. This priority area also aligns with the interests and funding priorities of hospitals and managed care plans, strengthening opportunities for collaborative action.

Other needs such as Basic Needs and Reproductive Health were not selected as separate priority areas but are integrated into the CHIP strategies. For example, concerns related to reproductive health were largely focused on access to care, which is directly addressed through the Healthcare Access & Affordability priority. Similarly, issues related to food security and childcare access are embedded in strategies across all three selected priority areas.

To inform strategy development, Crescendo conducted key informant interviews with leaders from community-based organizations, healthcare systems, education, and other sectors. These interviews identified current efforts, gaps in services, and potential solutions. A literature review was also completed to identify evidence-based and promising practices aligned with the selected priorities.

On April 28, 2025, a countywide CHIP planning workshop brought together 53 community stakeholders to shape the plan. Participants reviewed data, identified root causes and barriers, discussed community resources, and proposed strategies and activities for each priority area. Their input served as the foundation for the CHIP workplan.

The 2025-2028 Stanislaus County Community Health Improvement Plan was drafted along with a workplan that outlines community-led goals, strategies, and activities to improve health outcomes. It is important to note that the CHIP workplan is a living document intended to be revised as needed in response to changes in resources, capacity, and policy, ensuring it remains relevant to the needs of Stanislaus County throughout the implementation period.

CHIP Priority Areas

Strategic Response to Priority Areas

The following sections outline Stanislaus County's community-informed response to the top three priority areas identified through the CHIP development process. Each section explores the local context, root causes, and the barriers that continue to shape outcomes in the county. These narratives provide important background and justification for each priority area- but the CHIP goes beyond understanding the issues. It lays out a strategic, multi-year plan for action, developed in partnership with community members and cross-sector stakeholders.

The full CHIP Workplan (see Appendix A), serves as the operational roadmap for implementation. It identifies strategies, specific activities, lead organizations, anticipated outcomes, and timeframes for progress between 2025 and 2028. Each activity is designed to build on the one before it, ensuring the work is scalable, sustainable, and adaptable to future partners or expanding community needs. The work plan intentionally integrates existing efforts in the county to avoid duplication and leverage collective resources.

To support accountability and population-level impact, each priority area includes indicators and target values- benchmarks that help measure progress over time. These indicators are essential for understanding whether the strategies implemented are making a difference and whether adjustments are needed. Setting measurable targets keeps the focus on outcomes, not just activities, and allows community partners to share in collective accountability. As a living document, the workplan will be updated regularly in response to new data, community feedback, and evolving resources.

Priority Area #1: Healthcare Access

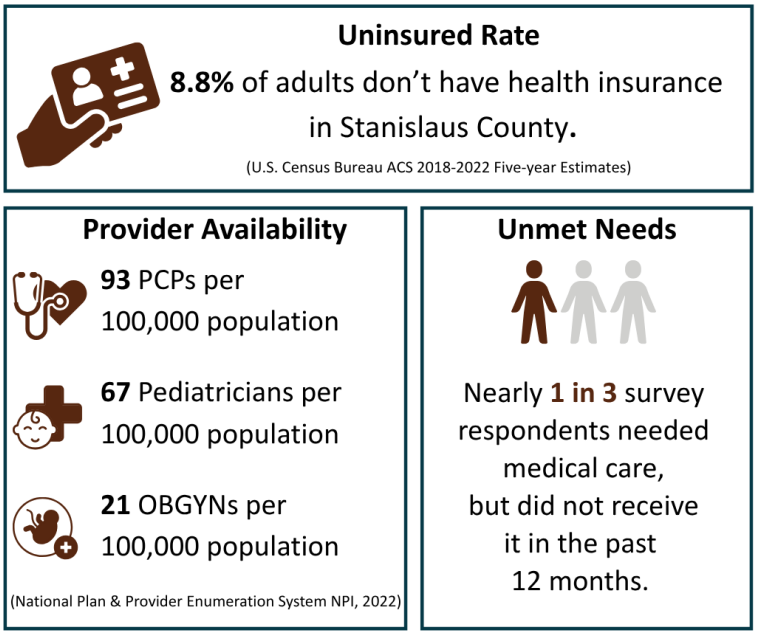
Why is this important?

Healthcare access is important for the community as it allows people to receive necessary care, prevent diseases, and improve the overall well-being of the individual and the community. Without accessible, timely, and affordable care, people may delay seeking treatment, which can lead to worsening health conditions, higher medical costs, and potentially reduced life expectancy.

Many people face barriers that prevent or limit their access to needed health care services, such as financial barriers, transportation, or long wait times to see a provider due to provider shortages in the community.

Healthcare Access in Stanislaus County

Lack of health insurance is one of the primary barriers to access to healthcare services[3]. In 2022, only 8.8% of adults in Stanislaus County were uninsured. However, there are census tracts in the county where nearly one in four residents is uninsured[4]. One in two (47.8%) Stanislaus County residents have public health insurance according to the 2022 American Community Survey, which is defined as Medicaid (Medi-Cal, Medicare, CHIP, and VA coverage). There is currently some uncertainty with the stability of Medi-Cal due to federal changes.



Stanislaus County has a provider shortage, which may lead to long wait times for many residents for most provider types. In 2022, there were 93 primary care physicians per 100,000 people, which is less than the provider rates for California (102) and the United States (110). Additionally, community members indicated that having providers who represent the diversity of the county population is important to them.

[3] Healthy People 2030. Access to Health Services. https://odphp.health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/access-health-services#:~:text=Uninsured%20adults%20are%20less%20likely%20to%20receive,such%20as%20diabetes%2C%20cancer%2C%20and%20cardiovascular%20disease.&text=Similarly%2C%20children%20without%20health%20insurance%20coverage%20are,and%20well%2Dchild%20visits%20that%20track%20developmental%20milestones.

[4] CDC BRFSS Place 2022. See Map in Stanislaus County Community Health Assessments.

Root Causes for the Community to Address

Healthcare access is a complex priority area with multiple root causes that contribute to its status as a top concern in Stanislaus County. There are many underlying socioeconomic, cultural, political, and environmental determinants involved. For example, many residents may face financial barriers, including the affordability of health insurance, the ability to afford copays and deductibles, and low reimbursement rates for providers, particularly for Medi-Cal, which can lead some providers to decline accepting certain insurance plans.

There are also provider shortages, which may lead to long wait times or providers not accepting new patients as their patient panels are already at capacity. Understanding and navigating the healthcare system can be challenging and often differs for each person based on their insurance type.

Additionally, there is historic and systematic trauma in the community, often experienced by communities of color, the LGBTQIA+ community, and New Americans, who may be reluctant to access the healthcare system in fear or struggle to find culturally competent providers. Language can be a barrier for some residents when seeking care.

Finally, transportation may be a barrier to accessing care and services for some residents, especially those that live outside the public transportation systems or need to travel outside of the county for care.

Potential Barriers

The healthcare system is complex, and many barriers may impact the ability to address this need in the community by reducing resources, capacity, and the ability to improve access to care for all residents. System-level barriers include funding cuts and limited funding, provider shortages, and limited hours and availability of providers. Physical barriers include transportation. Communication barriers include customer services and communication of available services, paperwork and documentation requirements, and language barriers.

Priority Area #2: Chronic Disease

Why is this important?

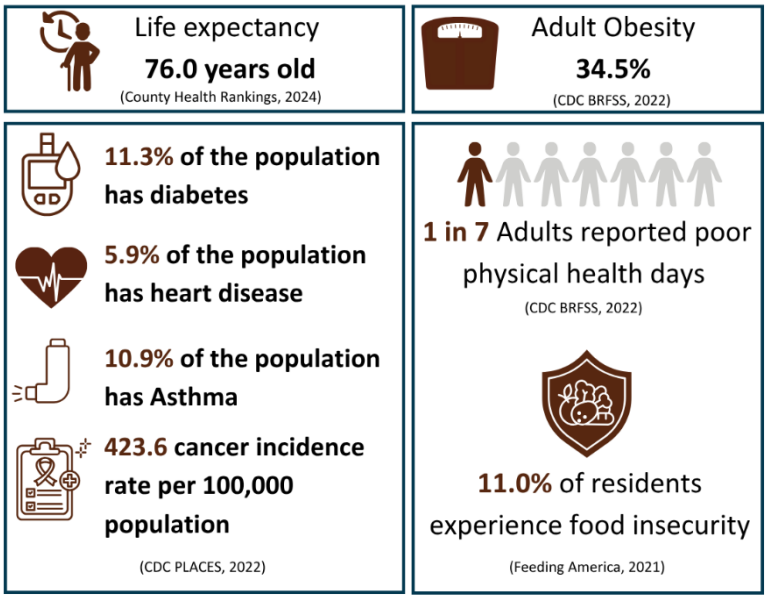
One in three adults in the United States have at least one major chronic disease, such as heart disease, cancer, diabetes, obesity, and hypertension[5]. It is estimated that 90% of the annual $4.1 trillion health care expenditure is attributed to managing and treating chronic diseases and mental health conditions every year in the United States[6]. Many chronic diseases are caused by a combination of individual health behaviors, such as smoking, substance use including alcohol, sedentary lifestyle, and poor nutrition, and structural socioeconomic and environmental factors such as poverty, lack of transportation, and food deserts.

Access to low-cost, healthy food, physical activity, and other healthy lifestyle choices can help reduce he risk of chronic disease. Additionally, for people with chronic disease, access to primary care, health screenings, and proper medication management can help people manage their conditions and live a largely healthy life.

Chronic Disease in Stanislaus County

Stanislaus County residents have a life expectancy of 76.0 years, which is lower than California (79.9 years) and the United States (77.6 years)[7]. The county has the 11th highest age-adjusted death rate (889.5 per 100,000 people) in California. The leading causes of death in Stanislaus County are Alzheimer's disease, ischemic heart disease, stroke, and drug overdose.

One in five adults (19.8%) in Stanislaus County have self-reported their health as 'fair' or 'poor.'[8] Nearly one in 10 (11.3%) of adults have diabetes and 5.9% have heart disease. Stanislaus County has a slightly higher cancer incidence rate



[5] CDC. Chronic Disease Prevalence in the US: Sociodemographic and Geographic Variations by Zip Code Tabulation Atrea. https://www.cdc.gov/pcd/issues/2024/23_0267.htm#:~:text=An%20estimated%20129%20million%20people,and%20Human%20Services%20(2).

[6] Ibid.

[7] County Health Rankings. 2024.

[8] CDC BRFSS Places 2022.

(423.6 per 100,000 people) compared to California (397.4 per 100,000 people). Marginalized groups in Stanislaus County, following national trends, have higher incidence rates for chronic disease compared to other communities.

Nutritious food is essential for the health of individuals and communities. One in nine (11.0%) Stanislaus County residents are considered food insecure. The rate is even higher for children (15.2%)[9]. Data from the USDA Food Atlas shows that there are many food deserts throughout Stanislaus County.

Root Causes for the Community to Address

The root causes of chronic disease are a complex network of socioeconomic, cultural, political, and environmental determinants, similar to healthcare access and affordability. Provider shortages, especially in primary care and specialist areas, can lead to long wait times or people giving up on seeking medical care, which may result in delayed screenings and diagnoses.

Some Stanislaus County residents are uninsured or underinsured, resulting in potentially expensive healthcare services, further leading some people not to seek care even when they may need it. Health insurance plans are complex, and some patients may need a referral from a primary care provider to see a specialist.

Environmental conditions, such as air quality, heat, and extreme weather, can impact chronic diseases, such as asthma and other respiratory conditions. The lack of safe places may deter people from engaging in physical activity, which can lead to obesity. Food, especially healthy, nutritious food, has increasingly become more expensive, and food deserts exist throughout the county.

Potential Barriers

Barriers that impact resources, capacity, and funding may hinder the ability to move the needle in a positive direction on chronic disease in Stanislaus County. System-level barriers may include the lack of available funding and policy changes. Physical barriers may include limited or no facilities or infrastructure, as well as accessibility to gardening or recreational spaces, and childcare services. Attitudinal barriers may include cultural sensitivity and community engagement.

[9] Feeding America. Hunger and Poverty in the U.S. https://map.feedingamerica.org/.

Priority Area #3: Behavioral Health

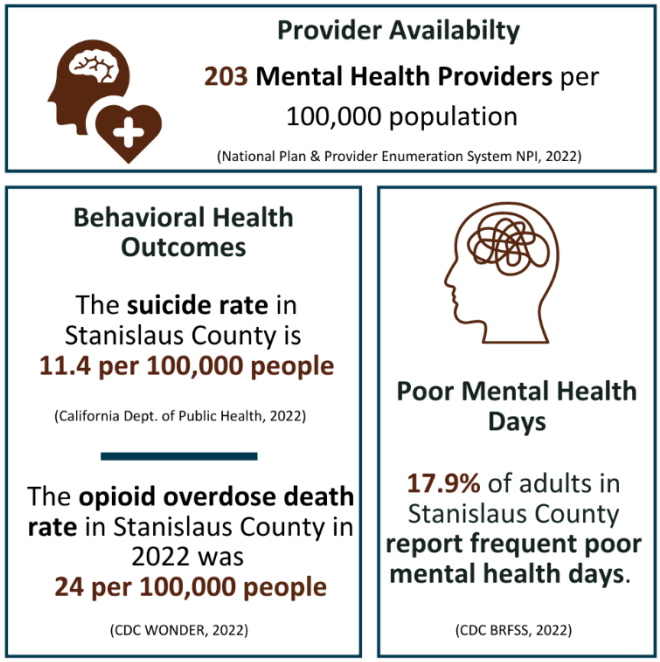
Why is this important?

One in five adults in the United States experiences a mental health condition each year. For youth aged six to 17, this is one in six. Suicide is the second leading cause of death among people aged 10 to 14.[10] Mental health conditions, such as depression and anxiety, are just as prevalent as many physical chronic diseases like diabetes, asthma, and more.

Mental health is influenced by many factors at multiple levels, including individual, family, community, and society. There is no singular cause of mental health conditions, as a variety of factors like genetics, environment, and lifestyle can cause them. Some causes may be adverse childhood experiences, chemical imbalances in the brain, and the misuse of substances, including alcohol and tobacco.

Behavioral Health in Stanislaus County

Stanislaus County adult residents have self-reported their mental health as poor at slightly higher rates than in California and the United States. This may indicate that adults in the county need access to mental health providers. While the suicide rate in Stanislaus County is below the national rate, it is slightly higher than in California, indicating that individuals may be struggling with their mental health and need adequate access to care. Substance use is also a challenge in Stanislaus County. Many community residents have indicated that substance use services are limited and difficult to access.



Root Causes for the Community to Address

There are many root causes for behavioral health, which include mental health and substance use concerns, in Stanislaus County. One of the most common challenges experienced by residents is financial barriers, which are a result of the affordability of health insurance, some health insurance plans not covering or having limited coverage of behavioral health care, and low reimbursement rates for providers, especially for Medi-Cal, resulting in some providers not accepting any insurance or any at all.

Behavioral health providers and services, especially for substance use, are limited in the county. Many residents may need to travel outside the county for services, which can be difficult for those without reliable transportation. Additionally, there is a lack of providers who represent the diversity of Stanislaus County, such as those who speak Spanish or identify as LGBTQIA+. There is no direct access to substance

[10] NAMI. Mental Health by the Numbers. https://www.nami.org/about-mental-illness/mental-health-by-the-numbers/

use services without a referral from a primary care provider. Additionally, youth need parental consent for services. Stigma and mistrust of the healthcare system also may deter people from seeking care when they need it.

Potential Barriers

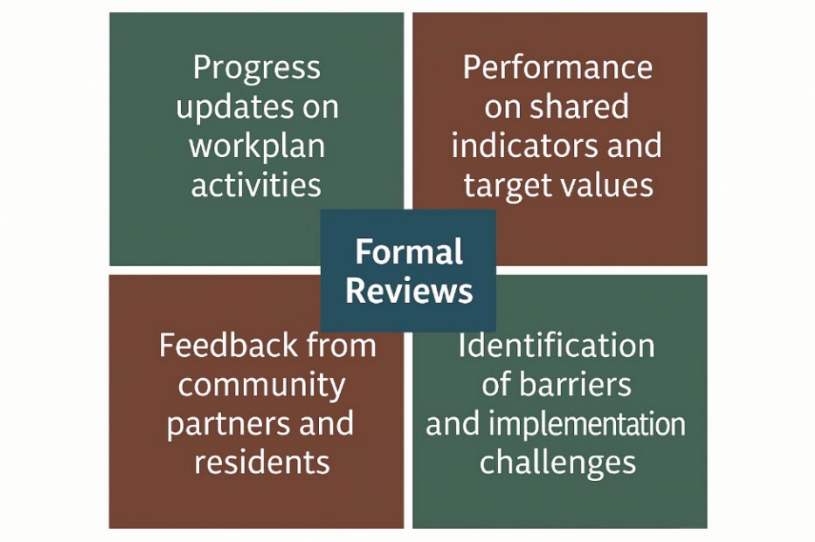
Barriers may present themselves during the implementation of the work plan. Common system-level barriers include a lack of or limited funding, policy changes, low reimbursement rates, and a lack of providers. Physical barriers include transportation. Attitudinal barriers include stigma and limited or a lack of family support.

Measuring Success

Evaluation is a core component of the CHIP cycle. It ensures that community-driven strategies are not only implemented but also produce measurable results. The local health department's Health Initiative Unit will lead the evaluation process, utilizing data, partner input, and community feedback to assess progress, identify areas for improvement, and inform decision-making throughout the implementation.

Success is measured at multiple levels. At the population level, success means moving key indicators — such as increasing access to primary care, reducing rates of chronic disease, or improving mental health outcomes —over time. At the program and strategy level, success means that partners are implementing planned activities, reaching intended populations, and building capacity to sustain the work.

Evaluation will occur on an ongoing basis, with formal reviews conducted at least annually. These reviews will include progress updates on workplan activities; performance on shared indicators and target values, feedback from community partners and residents; and identification of barriers and implementation challenges.



When progress is not meeting expectations, the SCHC Steering Committee will assess contributing factors and determine whether strategies need to be modified, timelines adjusted, or partnerships strengthened. This process reflects the "turn the curve" approach from the RBA framework- focusing not only on whether the outcome is improving but on what can be done to change the trajectory.

The CHIP is a living document, and the evaluation process is designed to support adaptation. If needed, the SCHC Steering Committee may recommend pivoting strategies, reallocating resources, or introducing new actions to get back on track. Transparency and accountability are key: any recommended pivots will be documented and communicated with CHIP partners to ensure alignment and shared ownership of next steps. By committing to ongoing evaluation, Stanislaus County ensures that the CHIP remains relevant, responsive, and effective.

Appendix A: Workplan

CHIP Focus Area: Access to Care	
Results Statement: All Stanislaus County residents — regardless of income, language, or zip code — have timely, affordable, and culturally appropriate access to preventive, primary, and specialty healthcare services.	
Outcome: Stanislaus County strengthens its healthcare system by expanding access through community health workers and building a diverse, community-rooted provider workforce.	
Overarching Strategy: Strengthen equitable access to care through community-based workforce models and long-term pipeline development.	
Indicator: Primary care providers per 100,000 people	
Current Value (2025): 92.8	**Goal Value (2028):** 102.2
Indicator: Adults (18+) with a routine checkup in the past year (percent)	
Current Value (2025): 77.4%	**Goal Value (2028):** 80.0%
Lead Organizations: Health Services Agency, Community-Based Organizations, Medi-Cal Managed Care Plans, School Districts, Office of Education, Colleges/Universities, Hospitals, Clinics	
Strategies	**Activities**
Strategy 1: Implement community health worker (CHW) models to improve care coordination and outreach in underserved communities.	**1.1** Conduct a readiness assessment to identify existing CHW programs, organizational readiness, and key infrastructure gaps.
	1.2 Convene partners to share key findings of the CHW program implementation readiness report.
	1.3a Develop a CHW Program Implementation Manual that highlights various implementation models, resources, and approaches to build the necessary infrastructure.

	1.3b Disseminate the CHW Program Manual and provide technical assistance to organizations with CHW programs.
	1.4 Evaluate the usability and effectiveness of the CHW Manual. Collect feedback from organizations that received the CHW Implementation Manual to assess its usefulness, identify areas for improvement, and measure how effectively it supported CHW program planning.
	1.5 Provide technical assistance and peer learning opportunities to CBOs as they adopt CHW models (i.e., care coordination, health education, screening, etc.), ensuring supportive policies, workflows, and supervision structures are in place.
	1.6 Connect certified CHWs to jobs by creating a workforce registry, coordinating with training providers, and supporting organizations in hiring.
	1.7 Evaluate CHW referrals to clinical and social supports, review how organizations track them, and create a tracking tool if needed.
Strategy 2: Develop regional healthcare workforce pipeline programs with schools, colleges, and universities — with an emphasis on future physicians and behavioral health professionals.	**2.1** Assess current landscape of efforts (K–12 through practice), including key institutions, target populations, academic pathways, funding, retention supports, and ongoing efforts.
	2.2 Identify regional and state funding opportunities that support tuition, stipends, scholarships, internships, clinical placements, housing, and licensing tied to local service.

	2.3 Conduct a gap analysis across the pipeline to identify shortfalls in: faculty, clinical placements, support services, representation (target populations), funding, retention strategies, and student readiness. Include needs assessment from local healthcare entities.
	2.4 Identify priority populations (youth of color, first-gen, foster youth, rural students) and CBOs who provide culturally-responsive wraparound support.
	2.5 Expand the regional healthcare workforce collaborative, including CBOs, K–12, post-secondary, health systems, and public agencies.
	2.6 Co-design a user-friendly career pathway guide for youth and early-career adults outlining education, training, and employment pathways in key healthcare roles.
	2.7 Design a pipeline pilot plan, including the target school site, the target population, supporting CBOs, the post-secondary institution, the medical school, the residency placement site, and the employer.
	2.8 Identify and pursue sustainable funding streams to support all stages of the pipeline (recruitment, education, placement, wraparound).
	2.9 Execute contracts and agreements between academic institutions, employers, and community partners to operationalize the pilot.
	2.10 Launch a career exposure and mentorship program for underrepresented high school and college students.

	2.11 Recruit students into the pipeline pilot with coordinated support from K–12, CBOs, and higher education institutions.
	2.12 Partner with community benefit programs and MCPs to provide financial and social support for students in technical/vocational pathways for those not interested in pursing physician or behavioral health careers (MA, CNA, surgical tech, etc.).
	2.13 Evaluate the pipeline pilot using equity-centered indicators (e.g., retention, placement, satisfaction) and revise based on findings.
	2.14 Develop a pipeline toolkit for expansion.
	2.15 Support pipeline expansion to new sites.
Strategy 3: Ensure early identification, timely referral, and adequate access to care for children with developmental delays through a universal screening tool, efficient referral pathways, and an expanded network of qualified providers.	**3.1** Set criteria for selecting a universal tool that includes ease of administration, parent/caregiver engagement, accuracy, and a mechanism for referral follow-through.
	3.2 Embed screenings into routine well-child visits and integrate screening results into the EHR that trigger referrals to early intervention programs and providers.
	3.3 Create a centralized referral system that tracks referrals and schedules follow-ups.

	3.4 Map the specialty care services most frequently requested in the county, along with the providers to whom children with developmental delays are typically referred.
	3.5 Build capacity of CHWs to support families through referrals and navigation of specialty care services.
	3.6 Provide continuing education to primary care providers and develop a fellowship or residency program in developmental delay specialization.
	3.7 Launch family education campaigns that raise awareness of the importance of well-child visits, developmental milestones, and promote the value of early screening.

CHIP Focus Area: Chronic Disease	
Results Statement: All Stanislaus County residents have equitable access to nutritious foods, culturally responsive health education, and safe spaces to stay active — supporting the prevention and management of chronic conditions like diabetes and cardiovascular disease.	
Outcome: Stanislaus County reduces the burden of chronic disease by expanding access to healthy food, increasing participation in culturally relevant education programs, and creating opportunities for physical activity and wellness across neighborhoods.	
Overarching Strategy: Advance equitable chronic disease prevention and self-management by increasing access to healthy food, delivering culturally responsive health education, and fostering community-driven wellness opportunities.	
Indicator: Adults (18+) who are obese (percent)	
Current Value (2025): 34.5%	**Goal Value (2028):** 28.6%
Indicator: Adults (18+) diagnosed with diabetes (percent)	
Current Value (2025): 13.0%	**Goal Value (2028):** 11.8%
Lead Organizations: Clinics, Medi-Cal Managed Care Plans, Community Based Organizations, Food Access Organizations	

Strategies	Activities
Strategy 1: Promote chronic disease management by expanding supportive food programs and nutrition education that improve access to and consumption of healthy foods.	**1.1** Create a systems map to identify the current landscape.
	1.2a Develop the supportive food program matrix. **1.2b** Partner with healthcare providers and community markets to leverage and connect existing supports to increase access to healthy foods. **1.2c** Identify the clinic, other CBOs, food distribution sites, and target population for CHIP plan/data collection. **1.2d** Confirm logistics of food distribution services. **1.2e** Secure agreements if needed.

	1.3 Build capacity of clinics by developing referral pathways and linkages needed to engage in food distribution supports.
	1.4 Promote and integrate the produce distribution and programs network for patients at risk of chronic conditions or with existing chronic conditions.
	1.5 Evaluate participant outcomes and gather feedback from providers and recipients
Strategy 2: Implement culturally appropriate, community-based chronic disease education programs (diabetes & hypertension).	2.1 Review and map evidence-based chronic disease self-management curricula. Select one standardized curriculum to ensure consistent delivery of chronic disease education by CHW community educators across the county.
	2.2 Identify partners who are interested in training community educators and adopting selected curriculum
	2.3 Identify and train community educators to deliver health education in priority populations
	2.4 Implement curriculum
	2.5 Collect feedback from community educators and participants through surveys to assess the impact of the chronic disease management curriculum.
Strategy 3: Create community health/wellness clubs promoting	**3.1** Assess physical activity programs in Stanislaus County to identify available offerings, target populations, geographic reach, and gaps in access.

outdoor recreation and walking across Stanislaus County.	**3.2** Develop a comprehensive directory of available physical activity programs in Stanislaus County.
	3.3 Conduct safety and walkability audits in four or more neighborhoods to help identify accessible walking routes that support both youth and older adults.
	3.4 Based on the assessment findings, strengthen and support existing walking and wellness groups, or establish new ones in underserved areas. Explore opportunities to incorporate intergenerational activities to engage both older adults and youth.
	3.5 Document lessons learned and create a toolkit to replicate in other areas.

CHIP Focus Area: Behavioral Health			
Results Statement: All Stanislaus County residents experience mental wellness and emotional well-being, supported by strong community connections, early access to care, and environments that reduce stigma and prevent behavioral health crises.			
Outcome: Stanislaus County fosters mental well-being by promoting connection, early intervention, and community-driven behavioral health supports that reach individuals and families in homes, schools, workplaces, and faith- or neighborhood-based settings.			
Overarching Strategy: Strengthen community-based behavioral health access and support systems for all residents, with focused outreach for youth and underserved populations.			
Indicator: Adults (18+) reporting poor mental health (percent)			
Current Value (2025): 17.9%		**Goal Value (2028):** 16.7%	
Indicator: Teens (12-17) and adults (18+) reporting serious psychological distress (percent)			
Current Value (2025): 15.8%		**Goal Value (2028):** 15%	
Lead Organizations: Behavioral Health and Recovery Services, Office of Education, School Districts, Community Based Organizations, Faith-based organizations			
Strategies	**Activities**		
Strategy 1: Expand youth preventative and mild/moderate behavioral health services on school campus.	**1.1a** Map existing behavioral health services currently available on school campuses across the county, noting details such as languages offered, organizations involved, age ranges served, target populations, school districts, and specific schools. In addition, identify CBOs and other child-serving programs that provide preventative (Tier 1) services and could be positioned to offer these supports on campus, including information on the organizations and the materials, curricula, or resources they use. This should also include relevant prevention-related data, including SUD programming. **1.1b** Identify and map all available funding sources that support school-based behavioral health services, noting whether the services are temporary or tied to sustainable, billable funding.		
	1.2a Create a survey tool and interview plan.		

	1.2b Survey school districts to identify the current landscape of services. **1.2c** Survey schools to identify specific service needs, including types of education or services required and the target populations to be served. **1.2d** Add services to the map.
	1.3a Use mapping and survey data to identify specific service and funding gaps across the system. Analyze disparities in access by identifying schools and student populations that lack access or experience poorer outcomes, considering men of color, LGBTQ youth, and students impacted by other SDOH. **1.3b** Identify funding source for service gaps.
	1.4 Select pilot schools and determine a funding/service package for implementation.
	1.5 Co-develop best practices for behavioral health screening, tracking, and referral systems, while identifying barriers and potential solutions for service delivery. Leverage H.I.E. and Community of Practice meeting to support this work.
	1.6 Collaborative agreements in place (if needed).

	1.7 Implement integrated BH services in school sites.
	1.8 Collect feedback through surveys from students and families about their experience with services, assessing both outcomes and processes.
	1.9 Develop and publish a toolkit to support expansion of the school-based behavioral health model to additional sites. Include various services, funding streams, best practices, and considerations for various populations.
	1.10 (policy change) Advocate for the adoption of the service model into district wellness policies to ensure sustainability.
Strategy 2: Build mental health-promoting capacity within families, neighborhoods, workplaces, and faith-based communities.	**2.1** Gather and analyze data on social isolation and related behavioral health needs in Stanislaus County to identify priority populations.
	2.2 Identify and engage community members, such as family leaders, employers, and faith-based groups, who are interested in serving as “Mental Health Community Champions” to promote adult well-being.
	2.3 Develop a culturally responsive "Mental Health Community Champions" training focused on: • Promoting emotional connection. • Recognizing signs of distress. • Supporting peer/social learning and help-seeking behaviors. Training to include general modules and additional modules specific to target populations, such as older adults. Learning outcomes will be outlined.

	2.4 Deliver the culturally responsive "Mental Health Community Champions" training.
	2.5 Support champions in implementing community-based mental health promotion activities that apply the knowledge and skills gained through the “Mental Health Community Champions” training.
	2.6 Develop a toolkit for community-led activities such as neighborhood wellness circles, church youth talks, social connectedness initiatives, and workplace mental health days. Include tailored sections that address the unique needs of vulnerable populations, including older adults and veterans.
	2.7 Launch toolkits for community-led activities (neighborhood wellness circles, church youth talks, workplace mental health days).
	2.8 Facilitate peer learning exchanges for Community Champions to share successes and challenges.
	2.9 Evaluate reach and impact of community capacity-building efforts; refine strategy for sustainability.

Appendix B: Literature Review

Healthcare Access and Affordability (including workforce and coordination of care) were identified as top needs during the Stanislaus County Community Health Assessment.

In particular, community members identified the need for navigation services, assistance with Medicaid enrollment and re-enrollment, workforce development, access to primary care and specialty care, and the need to bring preventative care into the community via mobile services and the like, especially into communities that fear deportation.

In addition, lack of access to mental health care was also identified. Below is a literature review covering these topics.

Citation	Key Finding	Summary Best Practice Tactic	Implementation Example (Optional)	On-line Link
Strasser, R., Strasser, S., & World Bank. (2020). REIMAGING PRIMARY HEALTH CARE WORKFORCE IN RURAL AND UNDERSERVED SETTINGS. In Health, Nutrition, and Population (HNP) Discussion Paper [Discussion paper]. https://researchcommons.waikato.ac.nz/server/api/core/bitstreams/4cf6aad7-1631-405f-b886-40d023bee98f/content	Strengthening primary health care in rural and underserved areas requires a locally trained, community-based workforce, collaborative practice models, and integrated health systems tailored to the specific needs of those communities.	Proposes a "start local" approach to delivering high-quality, community-based primary health care in low- and middle-income countries, emphasizing the importance of local workforce training, collaborative practice, and integrated health systems tailored to community needs.	Community health workers, registered nurses, specialist family physicians, and administrators collaborate as generalist practitioners to provide comprehensive primary health care tailored to the specific needs of rural and underserved communities.	https://psychiatryonline.org/doi/full/10.1176/appi.ps.201900576
Thibault G. E. (2020). The future of health professions education: Emerging trends in the United States. FASEB bioAdvances, 2(12), 685–694.	The article emphasizes the growing need for interprofessional education (IPE) to prepare students for collaborative practice across health and social work disciplines. It also highlights the role of artificial intelligence in data-driven decision-making and	Social work programs should integrate interprofessional education (IPE) by partnering with healthcare, law, and education disciplines. Develop competency-based assessment models to replace traditional time-based evaluations. Incorporate AI and	Identifies six key trends shaping health professions education, including interprofessional collaboration, competency-based learning, and AI integration.	https://pmc.ncbi.nlm.nih.gov/articles/PMC7734422/

Citation	Key Finding	Summary Best Practice Tactic	Implementation Example (Optional)	On-line Link
https://doi.org/10.1096/fba.2020-00061	the shift toward competency-based assessments. These trends align with broader efforts to modernize education for evolving workforce needs.	digital literacy training in social work education		
Chan, R. J., Milch, V. E., Crawford-Williams, F., Agbejule, O. A., Joseph, R., Johal, J., Dick, N., Wallen, M. P., Ratcliffe, J., Agarwal, A., Nekhlyudov, L., Tieu, M., Al-Momani, M., Turnbull, S., Sathiaraj, R., Keefe, D., & Hart, N. H. (2023). Patient navigation across the cancer care continuum: An overview of systematic reviews and emerging literature. CA a Cancer Journal for Clinicians, 73(6), 565–589. https://doi.org/10.3322/caac.21788	The article Patient navigation across the cancer care continuum: An overview of systematic reviews and emerging literature demonstrates that patient navigation programs enhance cancer screening participation and expedite diagnosis and treatment initiation, thereby improving patient outcomes.	Patient navigation is a strategy designed to overcome barriers in the cancer care continuum, aiming to reduce disparities and improve patient access and outcomes. It involves providing support and guidance to patients with abnormal cancer screenings or diagnoses to ensure timely, quality care.		https://acsjournals.onlinelibrary.wiley.com/doi/full/10.3322/caac.21788
Zheng, C., & Caban-Martinez, A. J. (2021). Acceptability, feasibility and implementation of a web-based U.S. Health Insurance Navigation Tool (HINT). BMC Research Notes, 14(1).	This study demonstrates the public's need for such a resource in selecting health insurance plans and provides support for implementing this novel instrument in healthcare navigation settings.	The pilot study evaluated the acceptability, feasibility, and implementation of the Health Insurance Navigation Tool (HINT), a web-based resource designed to assist U.S. consumers in selecting appropriate health insurance plans. Among 57 Florida residents who participated, the tool was		https://bmcresnotes.biomedcentral.com/articles/10.1186/s13104-021-05577-w

Citation	Key Finding	Summary Best Practice Tactic	Implementation Example (Optional)	On-line Link
https://doi.org/10.1186/s13104-021-05577-w		reported to be user-friendly, relevant, and helpful, with all respondents indicating they would use it themselves and 98.2% stating they would recommend it to others.		
Mobile Health Clinics as a Healthcare Delivery Model to Address Community Disparities. Singh, S. P., Baig, F., & Singh, S. (2022). Kansas Journal of Medicine, 15, 157–163. https://doi.org/10.17161/kjm.vol15.16543	populations facing transportation, financial, or language barriers	This article explores the value of mobile health clinics (MHCs) in addressing systemic barriers to healthcare in underserved populations, particularly in urban and rural settings. The authors highlight that MHCs deliver essential services, including preventative care, chronic disease management, immunizations, and health education, directly to community members where they live and work. The model is shown to significantly improve healthcare access, particularly for populations facing transportation, financial, or language barriers.	Mobile health care delivery is an innovative model of health services delivery that provides a wide variety of services to vulnerable populations.	
Bishop, C. S. (2012). Advanced practitioners are not Mid-Level providers. Journal of the Advanced Practitioner in Oncology, 3(5). https://doi.org/10.6004/jadpro.2012.3.5.1	With the necessity of access to quality primary care being highlighted by the ever-increasing number of patients and seemingly stagnant growth in the number of physicians, we, as a nation, must look to new innovative ideas on how to treat such a high volume of patients. The answer to this issue may lie in the increased utilization of mid-level providers such as	With decreased amounts of schooling and the ability to provide quality patient care, mid-level providers may be the answer to the physician shortages that are currently affecting our country. The transition to a medical system in which all patients are educated on the qualifications and abilities of mid-level providers will not be an immediate one, but with the		https://mavmatrix.uta.edu/cgi/viewcontent.cgi?article=1159&context=stimulus

Citation	Key Finding	Summary Best Practice Tactic	Implementation Example (Optional)	On-line Link
	physician assistants and nurse practitioners.	help of various medical institutions and continued patient education, it is certainly an attainable goal.		
Ali-Faisal, S., Colella, T., Medina-Jaudes, N., Scott, L. (2017). The effectiveness of patient navigation to improve healthcare utilization outcomes: A meta-analysis of randomized controlled trials, Patient Education and Counseling, Volume 100, Issue 3, 2017, Pages 436-448, ISSN 0738-3991, https://doi.org/10.1016/j.pec.2016.10.014.	Compared to usual care, patients who received PN were significantly more likely to access health screening (OR, 2.48; 95% CI, 1.93–3.18; P < 0.00001) and attend a recommended care event (OR, 2.55; 95% CI, 1.27–5.10; P < 0.01). PN was favored to increase adherence to cancer care follow-up treatment and obtain diagnoses. Most studies involved trained lay navigators (n = 12) compared to health professionals (n = 9).	PN is effective in increasing screening rates and complete care events.		The effectiveness of patient navigation to improve healthcare utilization outcomes: A meta-analysis of randomized controlled trials - ScienceDirect
Freeman, H. P., & Rodriguez, R. L. (2011). History and principles of patient navigation. Cancer, 117(15 Suppl), 3539–3542. https://doi.org/10.1002/cncr.26262	Patient navigation is a community-based service delivery intervention designed to promote access to timely diagnosis and treatment of cancer and other chronic diseases by eliminating barriers to care.	Best practice includes a patient-centered delivery model, elimination of barriers to timely care across systems, one-on-one relationship building, cost-effective, provided by trained lay persons, systematic application of a beginning point, and well coordinated across larger healthcare systems.		The History and Principles of Patient Navigation - PMC
Carter, N., Valaitis, R.K., Lam, A. *et al.* (2018). Navigation delivery models and roles of navigators in primary	There is a growing need for patient navigation in response to the growing complexity of healthcare service delivery, the aging population, increased poly-			Navigation delivery models and roles of navigators in primary care: a

Citation	Key Finding	Summary Best Practice Tactic	Implementation Example (Optional)	On-line Link
care: a scoping literature review. *BMC Health Serv Res* **18**, 96. https://doi.org/10.1186/s12913-018-2889-0	morbidity, and social inequalities in population health. Navigators assist with fragmentation of the health and social health care system through various methods, including communication, access to care, navigating the system and services, health insurance, inappropriate care delivery, clients without permanent providers, and the need for better transitions. Navigators address issues related to the social determinants of health, including housing concerns, food insecurity, legal issues, employment, finances, racism, and lack of social support, lack of basic needs, patient fears and beliefs, self-management, adherence, and appointment compliance. Titles for navigators include promotoras (Hispanic navigators), community health workers (CHW). Navigators who are from and represent the specific populations they serve were also mentioned. Nurse navigators were mentioned for patients with complex health needs.			scoping literature review | BMC Health Services Research
Anderson, J. E., & Larke, S. C. (2009). The Sooke Navigator project: using community resources	The Sooke Navigator service model is a pilot project that reflects the community's priorities. The model relies on locally responsive service	Over the course of two years, a community-based approach was employed to plan, develop, and		The Sooke Navigator project: using community resources and

Citation	Key Finding	Summary Best Practice Tactic	Implementation Example (Optional)	On-line Link
and research to improve local service for mental health and addictions. *Mental health in family medicine*, *6*(1), 21–28.	adaptations grounded in fundamental guiding principles that can sustain an effective yet flexible service that meets community, client, and service provider priorities.	sustain a service model responsive to community needs.		research to improve local service for mental health and addictions - PMC
Au, C., L Drolet, J., Kaushik, V., Charles, G., Franco, M., Henton, J., Hirning, M., McConnell, S., Nicholas, D., Nickerson, A., Ossais, J., Shenton, H., Sussman, T., Verdicchio, G., Walsh, C. A., & Wickman, J. (2023). Impact of COVID-19 on social work field education: Perspectives of Canadian social work students. Journal of social work (London, England), 23(3), 522–547. https://doi.org/10.1177/14680173231162499	Through qualitative interviews, students reported challenges such as reduced hands-on experience, financial hardship, and difficulty securing placements. Many felt unprepared for direct client interactions due to limited in-person training. However, some students appreciated the increased flexibility of remote learning.	Develop hybrid field placement models that combine in-person and virtual components to ensure hands-on learning while maintaining accessibility. Offer additional workshops post-graduation to compensate for lost direct practice experience. Increase financial aid for students affected by placement disruptions.	Investigates the disruptions caused by COVID-19 on social work field education and its long-term impact on student learning and professional preparedness.	https://pmc.ncbi.nlm.nih.gov/articles/PMC10020857/
Beesley, P. (2024). Collaborative Experiential Learning in Social Work Practice Placements. Social Work Education, 43(8), 2154-2169.	The study uses a narrative inquiry approach to explore supervision dynamics, emphasizing the role of diligent preparation and collaborative reflection in enhancing student learning.	Foster structured reflective discussions between students and field educators to deepen learning outcomes.	Evaluates the effectiveness of collaborative experiential learning in social work student supervision.	https://www.tandfonline.com/doi/full/10.1080/02615479.2023.2245837
Binks, S. et al. (2024). Social Workers' Perceived Barriers and Facilitators to Social	A scoping review of 42 studies outlining structural, contextual, and role-related challenges faced by school social workers.	Increase institutional support, clarify role expectations, and implement mentorship programs for school social workers.	Identifies key barriers and facilitators affecting social work practice in school settings.	https://academic.oup.com/bjsw/article/54/6/2661/7639368?login=false

Citation	Key Finding	Summary Best Practice Tactic	Implementation Example (Optional)	On-line Link
Work Practice in Schools: A Scoping Review. British Journal of Social Work, 54(6), 2661-2680.	Highlights the lack of research on facilitators that enhance the effectiveness of school social work.			
Eltaiba, N., & Ndoye, A. (2018). The Effectiveness of Field Education in Social Work Education: A Student Perspective. Advances in Social Work & Welfare Education, 20(1), 170-186.	Findings suggest that quality supervision and well-structured placements significantly impact students' learning experiences and readiness for professional practice.	Improve field education by ensuring strong supervision, clear expectations, and structured opportunities for theory-practice integration.	Assesses student perspectives on the effectiveness of field education in linking theory to practice.	https://www.researchgate.net/publication/327732788_The_effectiveness_of_field_education_in_social_work_education_A_student_perspective
Reay, S. R. (2024). Provision and Long-Term Assessment of a Specialized Clinical Evidence-Based Practice Curriculum for Master of Social Work Students. Global Implementation Research and Applications.	Findings indicate that while knowledge of EBP elements increased post-curriculum, there was a decline over time, underscoring the need for ongoing professional development and support post-graduation.	Implement continuous professional development opportunities and establish support networks for graduates to maintain and enhance EBP competencies in practice.	Assesses the long-term effectiveness of a specialized EBP curriculum in enhancing MSW students' knowledge and application of common elements in treating youth mental health conditions.	https://digitalcommons.unomaha.edu/cgi/viewcontent.cgi?article=1063&context=socialworkfacpub
Reay, S. R. (2024). Provision and Long-Term Assessment of a Specialized Clinical Evidence-Based Practice Curriculum for Master of Social Work Students. Global Implementation Research and Applications.	Findings indicate that while knowledge of EBP elements increased post-curriculum, there was a decline over time, underscoring the need for ongoing professional development and support post-graduation.	Implement continuous professional development opportunities and establish support networks for graduates to maintain and enhance EBP competencies in practice.	Assesses the long-term effectiveness of a specialized EBP curriculum in enhancing MSW students' knowledge and application of common elements in treating youth mental health conditions.	https://digitalcommons.unomaha.edu/cgi/viewcontent.cgi?article=1063&context=socialworkfacpub

Citation	Key Finding	Summary Best Practice Tactic	Implementation Example (Optional)	On-line Link
MacQueen, I. T., et al. (2017). Recruiting Rural Healthcare Providers Today: A Systematic Review of Training Program Success and Determinants of Geographic Choices. *J. Gen. Intern. Med.*, 33(2), 191-199.	Rural Healthcare Provider Recruitment	Finds that rural upbringing is a strong predictor of rural practice. Discusses the impact of training programs and financial incentives on recruitment. Highlights the need for targeted recruitment of providers from rural backgrounds.	Reviews training programs for rural healthcare and identifies factors influencing provider location choices, which is vital for planning effective rural recruitment strategies.	https://link.springer.com/article/10.1007/s11606-017-4210-z
Klosko, R. C., McGinley, J., Rouhana, N., Young, S. R., & Doughty, B. (2023). The Rural and Underserved Service Track (TRUST): A novel, interprofessional, co-curricular program focusing on care for diverse, underserved populations. Journal of Interprofessional Education & Practice, 32, 100632.	Provider Training Programs, cultural sensitivity, interprofessional skills, and healthcare barriers	Describes TRUST, a two-year program with learning retreats and service activities. Students develop cultural sensitivity, interprofessional skills, and understanding of healthcare barriers in rural and underserved settings.	Provides insights into an interprofessional program (TRUST) that enhances students' skills for serving rural and underserved communities, fostering long-term commitment.	https://www.researchgate.net/publication/369748192_The_Rural_and_Underserved_Service_Track_TRUST_A_novel_interprofessional_co-curricular_program_focusing_on_care_for_diverse_underserved_populations
Renner, D. M., Westfall, J. M., Wilroy, L. A., & Ginde, A. A. (2010). The influence of loan repayment on rural healthcare provider recruitment and retention in Colorado. Rural and Remote Health, 10, 1605.	Loan Repayment Programs; loan repayment programs	The study finds that loan repayment programs attract providers to rural areas, with 38% of participants citing loan repayment as a factor in retention. However, many participants indicated that they would have chosen rural practice regardless of financial incentives	Examines how loan repayment programs influence provider recruitment and retention in rural areas, focusing on program impact on retention beyond service commitments	https://search.informit.org/doi/abs/10.3316/informit.396789141569821

Citation	Key Finding	Summary Best Practice Tactic	Implementation Example (Optional)	On-line Link
Russell, D., Mathew, S., Fitts, M., Liddle, Z., Murakami-Gold, L., Campbell, N., Ramjan, M., Zhao, Y., Hines, S., Humphreys, J. S., & Wakerman, J. (2021). Interventions for health workforce retention in rural and remote areas: a systematic review. *Human Resources for Health*, *19*(1), 1–103. https://doi.org/10.1186/s12960-021-00643-7	Retention of rural healthcare workers	Review evaluates 34 studies on interventions aimed at retaining healthcare workers in rural and remote areas. Rural-focused education, particularly training delivered in rural environments, is identified as the most sustainable retention strategy. Selecting students from rural backgrounds and offering voluntary financial incentives, such as loan repayment programs, are found to be more effective than coercive return-of-service contracts. The review also highlights the importance of mentorship, supportive workplace cultures, and career development opportunities in promoting long-term employee retention. Policymakers are encouraged to prioritize these strategies to build resilient rural healthcare systems.	Highlights the effectiveness of rural-based training and financial incentives over coercive retention strategies, providing actionable insights for creating sustainable rural healthcare policies.	https://human-resources-health.biomedcentral.com/articles/10.1186/s12960-021-00643-7
Glasser, M., Peters, K., & MacDowell, M. (2006). Rural Illinois Hospital Chief Executive Officers' Perceptions of Provider Shortages and Issues in Rural Recruitment and Retention. *The Journal of Rural Health*, *22*(1), 59–62. https://doi.org/10.1111/j.1748-0361.2006.00007.x	Healthcare Provider Shortage Areas (HSPAs), specialty care, OBGYN, general surgery, and psychiatry. Recruitment and retention challenges in rural healthcare	Based on surveys of 22 rural hospital CEOs in Illinois, this study found widespread shortages of primary care physicians, particularly in family medicine, OBGYN, general surgery, and psychiatry. Registered nurses and pharmacists were also in high demand. Key barriers identified include limited career opportunities and perceptions that rural areas lack amenities suitable	Provides insights from rural hospital CEOs about the barriers and strategies for recruiting and retaining healthcare providers, highlighting the importance of community support and development.	https://pubmed.ncbi.nlm.nih.gov/16441337/

Citation	Key Finding	Summary Best Practice Tactic	Implementation Example (Optional)	On-line Link
		for families. CEOs emphasized the importance of community integration, attractive living conditions, and enhanced career support for healthcare providers. Recommendations include fostering community-driven recruitment efforts and building partnerships between hospitals and local institutions to address workforce needs.		
Hayes, K., Dos Santos, V., Boyd, N., Connelly, B., & Lustig, K. (2024). Preparing occupational therapy students for practice in rural areas: a scoping review protocol. BMJ Open, 14(2), e075886–e075886. https://doi.org/10.1136/bmjopen-2023-075886	Workforce development for rural occupational therapy	Scoping review protocol outlines plans to systematically examine global strategies for preparing occupational therapy students to work in rural regions. Proposed training strategies include immersive rural placements to provide real-world experience, telehealth education to expand service delivery capabilities, and creating satellite campuses in rural areas to attract and retain students with rural backgrounds. The review also examines the long-term effects of these strategies on workforce retention and healthcare access in rural areas. While focused on occupational therapy, these findings have implications for training healthcare professionals in other disciplines.	Explores innovative strategies for training occupational therapy students for rural practice, which is crucial for addressing rehabilitation and functional health disparities in underserved areas.	https://bmjopen-bmj-com.proxy1.library.jhu.edu/content/14/2/e075886

Citation	Key Finding	Summary Best Practice Tactic	Implementation Example (Optional)	On-line Link
Watanabe-Galloway, S., Madison, L., Watkins, K. L., Nguyen, A. T., & Chen, L. W. (2015). Recruitment and retention of mental health care providers in rural Nebraska: Perceptions of providers and administrators. *Rural and Remote Health*, *15*(4), 3392–3392. https://doi.org/10.22605/RRH3392	Mental health workforce recruitment and retention, mentalhealth providers	This study examines the recruitment and retention challenges faced by mental health providers in rural Nebraska, utilizing focus groups and interviews with both providers and administrators. It identifies 21 themes affecting recruitment and retention, including inadequate financial incentives, low reimbursement rates for mental health services, and the limited availability of rural-focused training programs. Providers also cited professional isolation, lack of mentorship, and challenges related to balancing work-life demands in rural settings as significant barriers. The study recommends enhancing loan repayment programs, increasing rural training opportunities (e.g., residencies), improving reimbursement rates, and fostering mentorship programs to address these issues. It also highlights the importance of creating supportive work environments to reduce burnout and turnover. Emphasize the need for systemic solutions tailored to the unique challenges of rural healthcare.	Highlights the severe shortage of mental health providers in rural Nebraska and identifies systemic issues like low insurance reimbursement and limited rural training as barriers to recruitment and retention.	https://www.rrh.org.au/journal/article/3392

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Eltaiba, N., & Ndoye, A. (2018). The Effectiveness of Field Education in Social Work Education: A Student Perspective. Advances in Social Work & Welfare Education, 20(1), 170-186.	Findings suggest that quality supervision and well-structured placements significantly impact students' learning experiences and readiness for professional practice.	Improve field education by ensuring strong supervision, clear expectations, and structured opportunities for theory-practice integration.	Assesses student perspectives on the effectiveness of field education in linking theory to practice.	https://www.researchgate.net/publication/327732788_The_effectiveness_of_field_education_in_social_work_education_A_student_perspective
Jennings, M. G. (2001). Community Practice: A Training Ground for Social Work Students. The Qualitative Report, 6(1), 1-16.	Describes the Winslow Project, a community-focused social work placement program, demonstrating the effectiveness of real-world training in community settings.	Develop structured community-based practicum experiences to reinforce macro-level practice skills.	Explores the potential of community-based social work placements as a training ground for students.	https://nsuworks.nova.edu/tqr/vol6/iss1/1/
Reay, S. R. (2024). Provision and Long-Term Assessment of a Specialized Clinical Evidence-Based Practice Curriculum for Master of Social Work Students. Global Implementation Research and Applications.	Findings indicate that while knowledge of EBP elements increased post-curriculum, there was a decline over time, underscoring the need for ongoing professional development and support post-graduation.	Implement continuous professional development opportunities and establish support networks for graduates to maintain and enhance EBP competencies in practice.	Assesses the long-term effectiveness of a specialized EBP curriculum in enhancing MSW students' knowledge and application of common elements in treating youth mental health conditions.	https://digitalcommons.unomaha.edu/cgi/viewcontent.cgi?article=1063&context=socialworkfacpub
Krebs, F., Lorenz, L., Nawabi, F., Lück, I., Bau, A.-M., Alayli, A., & Stock, S. (2021). Recruitment in Health Services Research—A Study on Facilitators and Barriers for the Recruitment of Community-Based	Provider Recruitment; financial incentives	Identifies intrinsic motivation and financial incentives as key factors in provider recruitment. Suggests that while financial incentives aid initial recruitment, they may not sustain long-term involvement in trials.	This study provides insights into effective recruitment strategies and challenges for community-based healthcare providers	https://www.mdpi.com/1660-4601/18/19/10521

Citation	Key Finding	Summary Best Practice Tactic	Implementation Example (Optional)	On-line Link
Healthcare Providers. *International Journal of Environmental Research and Public Health*, 18(10521)				
Lee, D. M., & Nichols, T. (2014). Physician Recruitment and Retention in Rural and Underserved Areas. *Int. J. Health Care Qual Assur.*, 27(7), 642-652.	Provider Recruitment; financial incentives; family integration	Highlights strategies like community integration, involvement of family, financial incentives, and the role of rural exposure in medical training. Stresses the importance of a supportive recruiting team and long-term retention strategies.	Offers a comprehensive review of challenges and strategies in recruiting and retaining physicians in rural settings, directly relevant to addressing rural healthcare provider shortages.	https://www.emerald.com/insight/content/doi/10.1108/IJHCQA-04-2014-0042/full/html
Kueakomoldej, S., Turi, E., McMenamin, A., Xue, Y., & Poghosyan, L. (2022). Recruitment and retention of primary care nurse practitioners in underserved areas: A scoping review. Nursing Outlook, 70(3), 401-416.	Nurse Practitioner Recruitment & Retention in Underserved Areas	Scoping review of factors influencing NP recruitment/retention in underserved areas, including individual background, training, financial incentives, community support, and autonomous practice. Emphasizes the need for NP-specific retention strategies.	Identifies critical factors for recruiting and retaining NPs in underserved areas, essential for addressing primary care shortages.	https://www.sciencedirect.com/science/article/pii/S0029655421002815?ref=pdf_download&fr=RR-2&rr=8dae4cc3fb0e10cd
Mohammadiaghdam, N., Doshmangir, L., Babaie, J., Khabiri, R., & Ponnet, K. (2020). Determining factors in the retention of physicians in rural and underdeveloped areas: a systematic review. BMC family practice, 21(1), 216. https://doi.org/10.1186/s12875-020-01279-7	Provider Training Programs, cultural sensitivity, interprofessional skills, and healthcare barriers	A systematic review of 35 studies highlighting factors for physician retention in rural areas, categorized into financial, career/professional, working conditions, personal, cultural, and living conditions.	Identifies key retention factors for physicians in rural/underdeveloped areas, essential for designing policies that increase workforce stability in underserved regions.	https://journals.co.za/doi/abs/10.10520/EJC80517

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Moore, J. D., Lords, A. M., Casanova, M. P., Reeves, A. J., Lima, A., Wilkinson, C., Deming, S. M., & Baker, R. T. (2024). Exploring healthcare provider retention in a rural and frontier community in Northern Idaho. BMC Health Services Research, 24(1), 381–381. https://doi.org/10.1186/s12913-024-10807-5	Provider Retention in Rural Areas; nurses	Using the Nursing Community Apgar Questionnaire, the study highlights community support and facility resources as significant factors for retention. The highest-rated factors include medical support, leadership, and recreational opportunities as advantageous to retention.	Identifies key factors affecting retention in rural Idaho, with a focus on community and medical support elements, essential for rural provider retention strategies.	https://pubmed.ncbi.nlm.nih.gov/38539177/
Pathman, D. E., Saxe Zerden, L., Gingras, M., Seel, J., Fannell, J., & Lombardi, B. M. (2024). Preparing behavioral health clinicians for success and retention in rural safety net practices. The Journal of Rural Health, 40(3), 509–519. https://doi.org/10.1111/jrh.12824	Behavioral health clinician training and retention in rural areas, and loan repayment programs	Examines survey data from 778 rural behavioral health clinicians who received loan repayment support from the National Health Service Corps (NHSC). Key findings include that clinicians with more formal training in rural settings report higher community integration, a greater sense of belonging, and a stronger intention to remain in rural practices long-term. However, rural training exposure did not directly correlate with higher confidence in professional skills or workplace satisfaction. Recommendations include increasing structured rural training programs to promote retention and addressing systemic barriers	Demonstrates how training exposure to rural underserved communities during education positively impacts clinicians' community integration and retention in rural practices.	https://onlinelibrary-wiley-com.proxy1.library.jhu.edu/doi/full/10.1111/jrh.12824

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		like work-life balance and spousal employment opportunities.		
National Consortium of Telehealth Resource Centers. (n.d.). https://telehealthresourcecenter.org/	Telehealth Resource Centers are located in CA, Northeast, Great Plains, Heartland, Mid-Atlantic, Northwest, Pacific Basin, South Central, Southeastern, Southwest, TEXLA, Upper Midwest. Funded through HRSA, they offer a variety of TTA, most of which is free.			National Consortium of Telehealth Resource Centers | Home
Anderson, J. E., & Larke, S. C. (2009). The Sooke Navigator project: using community resources and research to improve local service for mental health and addictions. *Mental health in family medicine*, *6*(1), 21–28.	The Sooke Navigator service model is a pilot project that reflects the priorities of the community. The model relies on locally responsive service adaptations grounded in fundamental guiding principles that can sustain an effective yet flexible service that meets community, client, and service provider priorities.	During the course of two years, a community-based approach was used to plan, develop, and continue to maintain a service model that was responsive to community needs.		
Bishop, C. S. (2012). Advanced practitioners are not Mid-Level providers. Journal of the Advanced Practitioner in Oncology, 3(5). https://doi.org/10.6004/jadpro.2012.3.5.1	With the necessity of access to quality primary care being highlighted by the ever-increasing number of patients and seemingly stagnant growth in the number of physicians, we, as a nation, must look to new innovative ideas on how to treat such a high volume of patients. The answer to this issue may lie in the increased utilization of mid-level providers such as	With decreased amounts of schooling and the ability to provide quality patient care, mid-level providers may be the answer to the physician shortages that are currently affecting our country. The transition to a medical system in which all patients are educated on the qualifications and abilities of mid-level providers will not be an immediate one, but with the help of various medical institutions		

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	physician assistants and nurse practitioners.	and continued patient education, it is certainly an attainable goal.		
Malayala, S. V., Vasireddy, D., Atluri, P., & Alur, R. S. (2021). Primary Care Shortage in Medically Underserved and Health Provider Shortage Areas: Lessons from Delaware, USA. Journal of Primary Care & Community Health, 12, 1–9. https://doi.org/10.1177/2150132721994018	This study investigates the decline in primary care physicians (PCPs) in Delaware's Health Professional Shortage Areas (HPSAs), noting a 6% reduction from 2013 to 2018 and increased patient wait times. It underscores the state's reliance on International Medical Graduates (IMGs) through the J1 Visa waiver program to fill these gaps.			Primary Care Shortage in Medically Underserved and Health Provider Shortage Areas: Lessons from Delaware, USA - PubMed
Malayala, S. V., Vasireddy, D., Atluri, P., & Alur, R. S. (2021). Primary Care Shortage in Medically Underserved and Health Provider Shortage Areas: Lessons from Delaware, USA. Journal of Primary Care & Community Health, 12, 1–9. https://doi.org/10.1177/2150132721994018	This study investigates the decline in primary care physicians (PCPs) in Delaware's Health Professional Shortage Areas (HPSAs), noting a 6% reduction from 2013 to 2018 and increased patient wait times. It underscores the state's reliance on International Medical Graduates (IMGs) through the J1 Visa waiver program to fill these gaps.	Use of International Medical Graduates (IMGs) through the J1 Visa waiver program; Health Professional Shortage Areas (HPSAs)		Primary Care Shortage in Medically Underserved and Health Provider Shortage Areas: Lessons from Delaware, USA - PubMed
Malone, N. C., Williams, M. M., Katz, J. N., & Oriol, N. E.. Mobile Health Clinics in the United	This study presents a national overview of mobile health clinics, focusing on their role in expanding healthcare access to underserved	Mobile health care delivery is an innovative model of health services delivery that provides a		https://doi.org/10.1186/s12939-020-1135-7

Citation	Key Finding	Summary Best Practice Tactic	Implementation Example (Optional)	On-line Link
States. (2020) International Journal for Equity in Health, 19(40). https://doi.org/10.1186/s12939-020-1135-7	communities. Clinics serve diverse functions from primary care to specialty services and preventative screenings.	wide variety of services to vulnerable populations.		
Morales-Luna, K. M., Morrison, S. L., & Keys, T.. Addressing the Rural and Underserved Healthcare Workforce Needs: Residency Specialty Selection and Workforce Outcomes of the WWAMI AHEC Scholars Program. (2024). Journal of Regional Medical Campuses, 7(4). https://doi.org/10.24926/jrmc.v7i4.6192	This article assesses the effectiveness of the WWAMI AHEC Scholars Program in guiding medical students toward careers in underserved and rural communities. Findings show that program participants are more likely to pursue primary care residencies and remain in areas with provider shortages.			Addressing the Rural and Underserved Healthcare Workforce Needs: Residency Specialty Selection and Workforce Outcomes of the WWAMI AHEC Scholars Program | Journal of Regional Medical Campuses
Strasser, R., Strasser, S., & World Bank. (2020). Reimagining Primary Healthcare Workforce in Rural and Underserved Settings. In Health, Nutrition, and Population (HNP) Discussion Paper [Discussion paper]. https://researchcommons.waikato.ac.nz/server/api/core/bitstreams/4cf6aad7-1631-405f-b886-40d023bee98f/content	Strengthening primary health care in rural and underserved areas requires a locally trained, community-based workforce, collaborative practice models, and integrated health systems tailored to the specific needs of those communities.	Proposes a “start local” approach to delivering high-quality, community-based primary health care in low- and middle-income countries, emphasizing the importance of local workforce training, collaborative practice, and integrated health systems tailored to community needs.	Community health workers, registered nurses, specialist family physicians, and administrators collaborate as generalist practitioners to provide comprehensive primary health care tailored to the specific needs of rural and underserved communities.	https://psychiatryonline.org/doi/full/10.1176/appi.ps.201900576

Citation	Key Finding	Summary Best Practice Tactic	Implementation Example (Optional)	On-line Link
Zheng, C., & Caban-Martinez, A. J. (2021). Acceptability, feasibility and implementation of a web-based U.S. Health Insurance Navigation Tool (HINT). BMC Research Notes, 14(1). https://doi.org/10.1186/s13104-021-05577-w	This study demonstrates the public's need for such a resource for health insurance plan selection and provides support for this novel instrument to be implemented in healthcare navigation settings.	The pilot study evaluated the acceptability, feasibility, and implementation of the Health Insurance Navigation Tool (HINT), a web-based resource designed to assist U.S. consumers in selecting appropriate health insurance plans. Among 57 Florida residents who participated, the tool was reported to be user-friendly, relevant, and helpful, with all respondents indicating they would use it themselves and 98.2% stating they would recommend it to others.		https://bmcresnotes.biomedcentral.com/articles/10.1186/s13104-021-05577-w
Wiedermann, C. J. (2023). Revitalizing General Practice: The critical role of medical schools in addressing the primary care physician shortage. Healthcare, 11(13), 1820. https://doi.org/10.3390/healthcare11131820	Medical schools play a vital role in addressing the primary care physician shortage by promoting general practice through curriculum design, clinical exposure, and mentorship, which can enhance interest and preparedness for primary care careers	The article highlights the critical role of medical schools in tackling the primary care physician shortage by enhancing general practice through thoughtful curriculum design, hands-on clinical exposure, and effective mentorship, ultimately boosting students' interest and preparedness for primary care careers.	Using community health workers to enhance the effectiveness of mental health interventions in low-resource settings. These workers help bridge gaps by promoting mental health awareness, offering peer support, and facilitating access to care. Their training and integration into local health systems improve the delivery of mental health services, especially for marginalized populations.	https://www.mdpi.com/2227-9032/11/13/1820
Health Insurance Enrollment and Outreach Support. (n.d.) What Works for Health, County Health Rankings and Roadmaps,	Programs can be offered by a variety of organizations, including federal and state health insurance marketplaces, government agencies, schools, community-based or nonprofit organizations,	Increases in health insurance coverage can be achieved by partnering with various community partners — anywhere the intended audience congregates.		Health insurance enrollment outreach & support | County Health Rankings & Roadmaps

Citation	Key Finding	Summary Best Practice Tactic	Implementation Example (Optional)	On-line Link
https://www.countyhealthrankings.org/strategies-and-solutions/what-works-for-health/strategies/health-insurance-enrollment-outreach-support	healthcare organizations, and religious congregations. Outreach efforts vary greatly and can include community health worker (CHW) outreach, other person-to-person outreach, mass media and social media campaigns, school-based efforts, case management, or efforts in health care settings. Outreach can occur at local events, via hotlines, online, or at fixed locations (e.g., community centers, non-profit offices, barbershops, etc.) and is often supported through grants from federal agencies or private foundations. The process of understanding health insurance eligibility standards and applying for coverage continues to grow more complex, as the health care system overall has become a mix of public and private regulation, which can vary greatly from state to state			
Malayala, S. V., Vasireddy, D., Atluri, P., & Alur, R. S. (2021). Primary Care Shortage in Medically Underserved and Health Provider Shortage Areas: Lessons from Delaware, USA. Journal of Primary Care & Community Health, 12,	This study investigates the decline in primary care physicians (PCPs) in Delaware's Health Professional Shortage Areas (HPSAs), noting a 6% reduction from 2013 to 2018 and increased patient wait times. It underscores the state's reliance on International Medical Graduates (IMGs) through the J1	Use of International Medical Graduates (IMGs) through the J1 Visa waiver program; Health Professional Shortage Areas (HPSAs)		Primary Care Shortage in Medically Underserved and Health Provider Shortage Areas: Lessons from Delaware, USA - PubMed

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1–9. https://doi.org/10.1177/2150132721994018	Visa waiver program to fill these gaps.			
Malone, N. C., Williams, M. M., Katz, J. N., & Oriol, N. E.. Mobile Health Clinics in the United States. (2020) International Journal for Equity in Health, 19(40). https://doi.org/10.1186/s12939-020-1135-7	This study presents a national overview of mobile health clinics, focusing on their role in expanding healthcare access to underserved communities. Clinics serve diverse functions from primary care to specialty services and preventative screenings.	Mobile health care delivery is an innovative model of health services delivery that provides a wide variety of services to vulnerable populations.		https://doi.org/10.1186/s12939-020-1135-7
Zheng, C., & Caban-Martinez, A. J. (2021). Acceptability, feasibility and implementation of a web-based U.S. Health Insurance Navigation Tool (HINT). BMC Research Notes, 14(1). https://doi.org/10.1186/s13104-021-05577-w	This study demonstrates the public's need for such a resource for health insurance plan selection and provides support for this novel instrument to be implemented in healthcare navigation settings.	The pilot study evaluated the acceptability, feasibility, and implementation of the Health Insurance Navigation Tool (HINT), a web-based resource designed to assist U.S. consumers in selecting appropriate health insurance plans. Among 57 Florida residents who participated, the tool was reported to be user-friendly, relevant, and helpful, with all respondents indicating they would use it themselves and 98.2% stating they would recommend it to others.		https://bmcresnotes.biomedcentral.com/articles/10.1186/s13104-021-05577-w
Ali-Faisal, S., Colella, T., Medina-Jaudes, N., Scott, L. (2017). The effectiveness of patient navigation to improve healthcare utilization	Compared to usual care, patients who received PN were significantly more likely to access health screening (OR 2.48, 95% CI, 1.93–3.18, P<0.00001) and attend a recommended care event (OR	PN is effective in increasing screening rates and complete care events.		The effectiveness of patient navigation to improve healthcare utilization

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outcomes: A meta-analysis of randomized controlled trials, Patient Education and Counseling, Volume 100, Issue 3, 2017, Pages 436-448, ISSN 0738-3991, https://doi.org/10.1016/j.pec.2016.10.014.	2.55, 95% CI, 1.27–5.10, P<0.01). PN was favoured to increase adherence to cancer care follow-up treatment and obtain diagnoses. Most studies involved trained lay navigators (n=12) compared to health professionals (n=9).			outcomes: A meta-analysis of randomized controlled trials - ScienceDirect
Jacobs, L. (2012). The role of social capital in a community health worker model for grassroots advocacy [Doctoral dissertation, The University of Arizona]. University of Arizona Repository. http://hdl.handle.net/10150/255199	Social capital plays a crucial role in empowering community health workers (CHWs) to advocate for health equity and drive grassroots policy changes.	Strengthen CHW programs by fostering trust, relationships, and community networks to enhance advocacy efforts and improve public health outcomes.	A CHW-led advocacy initiative in underserved communities successfully mobilized residents to push for policy changes in healthcare access, demonstrating the power of social capital in grassroots movements.	

Mental Health and Behavioral Health (including Substance Use and Suicide Prevention) were identified as the top community needs in the Stanislaus Community Health Assessment.

Youth were identified as a particularly vulnerable population, especially in terms of a lack of child psychiatric services and the need for closer collaboration with schools. In addition, Stanislaus County had a slightly higher opioid overdose death rate than California, but similar to the United States.

Community members mentioned the need for better integration of behavioral health, increased knowledge of best practices for the use of telehealth, an increase in the number of mental health providers and workforce development programs, and pipelines from academia to practice, especially for mid-level providers and nurses. More education on the link between social isolation's impact on mental health and depression was also noted as a need. Below is a literature review covering these topics.

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A closer look at the mental health provider shortage. (n.d.). www.counseling.org. https://www.counseling.org/publications/counseling-today-magazine/article-archive/article/legacy/a-closer-look-at-the-mental-health-provider-shortage#	The article discusses the ongoing mental health provider shortage in the U.S., driven by factors like insufficient funding, low reimbursement rates, high caseloads, and workforce retention challenges, which were exacerbated by the COVID-19 pandemic — all contributing to limited access to mental health care.	A best practice strategy highlighted in the article is expanding telehealth services and integrating technology to increase access to mental health care, especially in underserved areas.		https://www.counseling.org/publications/counseling-today-magazine/article-archive/article/legacy/a-closer-look-at-the-mental-health-provider-shortage#
National Consortium of Telehealth Resource Centers. (n.d.). https://telehealthresourcecenter.org/	Telehealth Resource Centers are located in CA, the Northeast, the Great Plains, the Heartland, the Mid-Atlantic, the Northwest, the Pacific Basin, the South Central, the Southeastern, the Southwest, TEXLA, and the Upper Midwest. Funded through HRSA, they offer a variety of TTA, most of which is free.			National Consortium of Telehealth Resource Centers | Home

Citation	Key Finding	Summary Best Practice Tactic	Implementation Example (Optional)	On-line Link
Golden, T.L., Ordway, R.W., Magsamen, S. *et al.* Supporting youth mental health with arts-based strategies: a global perspective. *BMC Med* **22**, 7 (2024). https://doi.org/10.1186/s12916-023-03226-6	Arts- and culture-based strategies to address youth mental health can support youth health and well-being globally.	Arts programming for youth		Supporting youth mental health with arts-based strategies: a global perspective | BMC Medicine | Full Text (biomedcentral.com)
Hurtado Choque, Ghaffar Ali, Hilda Patricia Garcia Cosavalente, Alexander E. Chan, Matt Rodriguez and Eva Sumano. "The Development and Pilot Evaluation of a Family-Based Education to Strengthen Latinx Adolescent Mental Health in the United States: The Familias Activas Experience." International Journal of Environmental Research and Public Health 20 (2022): n. pag.	The major goals of this project are to strengthen both PYD and healthy parenting practices by implementing an evidence-informed program, Familias Activas. A theory of change guided the development of Familias Activas in which three factors: parent training, positive youth development, and youth physical activity sessions (soccer) aimed to improve Latinx youth mental health.	Programs focusing on family skills and positive youth development (PYD) can contribute to youth wellbeing, especially, however, few exist for low-income immigrant families.		https://www.semanticscholar.org/reader/f1057cf1863b6e9d38cfde5dfafc98b37eeee4ab
Pumariega, A. J., Jo, Y., Beck, B., & Rahmani, M. (2022). Trauma and US minority children and youth. Current Psychiatry Reports, 24(4), 285–295. https://doi.org/10.1007/s11920-022-01336-1	Investigating and understanding the impact of trauma among children of minority/BIPOC populations is critical, given their growing numbers in the USA. The mental health and successful function of minority youth is vital to the success of our nation.	Recognizing and understanding the impact of trauma is critical to the healthy development and successful functioning of minority youth, and to the success of our nation.		https://link.springer.com/article/10.1007/s11920-022-01336-1

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Mentoring.org. (n.d.) Mentoring and Mental Health. https://www.mentoring.org/	Mentoring is an innovative, evidence-based practice and, uniquely, is both a prevention and intervention strategy that can support young people of all demographics and backgrounds in all aspects of their lives.	Mentoring programs can provide meaningful support and reductions in symptoms of depression and other mental health conditions.		https://www.mentoring.org/wp-content/uploads/2021/12/Mentoring-and-Mental-Health.pdf
Grové, C., Marinucci, A., & Riebschleger, J. (2023). Development of an American and Australian co-designed youth mental health literacy program. Frontiers in Child and Adolescent Psychiatry, 1. https://doi.org/10.3389/frcha.2022.1018173	Adolescence is marked by a high prevalence of mental health concerns, with approximately 14% of young individuals receiving a diagnosis of a mental illness disorder. This figure is projected to rise in the future. However, barriers such as limited access to mental health services, a shortage of mental health professionals, and the enduring stigma surrounding mental health prevent many adolescents from seeking help, potentially resulting in long-term negative outcomes. Mental health literacy and action programs specifically tailored for adolescents were developed in collaboration with professionals, teachers, parents, and adolescents themselves. Lessons learned from program development and implementation in Australia and the United States are shared, providing insights into the process of designing and executing such programs.	Enhancing mental health literacy and promoting help-seeking behaviors can facilitate positive changes in adolescents' mental health outcomes.		Frontiers | Development of an American and Australian co-designed youth mental health literacy program (frontiersin.org)

Citation	Key Finding	Summary Best Practice Tactic	Implementation Example (Optional)	On-line Link
Herman, K. C., Reinke, W. M., Thompson, A., Hawley, K. M., Stormont, M., & Peters, C. M. (2021). A Public Health approach to reducing the societal prevalence and burden of Youth Mental Health Problems: Introduction to the special issue. School Psychology Review, 50(1), 8–16. https://doi.org/10.1080/2372966x.2020.1827682	What DOES NOT WORK is waiting for youth and their parents to come forward to ask for help, one type of intervention alone, and exclusionary disciplinary actions, teacher trainings such as MHFA, as stand-alone interventions. What is needed is a coordinated prevention and public health approach, such as coordinated and reliable family-school-community linked MH preventative and intervention systems.	Multi-tiered systems of support. Positive Behavioral Interventions and Supports; Participatory co-developed interventions; collect and monitor process and outcomes data; ongoing teacher coaching, leadership support;		Full article: A Public Health Approach to Reducing the Societal Prevalence and Burden of Youth Mental Health Problems: Introduction to the Special Issue (tandfonline.com)
Richards, M. C., Benson, N. M., Kozloff, N., & Franklin, M. S. (2023). Remodeling Broken Systems: Addressing the National Emergency in child and adolescent Mental Health. Psychiatric Services, 75(3), 291–293. https://doi.org/10.1176/appi.ps.20220283	The thoughtful implementation and stable funding of evidence-based models can help schools, the health care system, and communities more effectively support children's mental health in the wake of the COVID-19 pandemic. Only with sufficient investments in the mental health system and other systems designed to support children and families, as well as careful consideration of unintended consequences for equity-deserving populations, will we see an end to this crisis.	Ensure systems support children early, effectively, and equitably. Our suggestions to address gaps in the mental health system include leveraging school-based mental health programs, primary care, virtual care, and emerging models.	Integrated youth services hubs emphasize rapid access to care and early intervention, youth and family engagement, youth-friendly settings and services, evidence-informed approaches, and partnerships and collaboration (14). In addition to mental health services, these "one-stop shops" offer general medical health care, vocational supports, and case management to support basic needs.	https://psychiatryonline.org/doi/full/10.1176/appi.ps.20220283

Citation	Key Finding	Summary Best Practice Tactic	Implementation Example (Optional)	On-line Link
Shim, R. S., Szilagyi, M., & Perrin, J. M. (2022). Epidemic rates of child and adolescent mental health disorders require an urgent response. Pediatrics, 149(5). https://doi.org/10.1542/peds.2022-056611	The recent joint American Academy of Pediatrics-American Academy of Child and Adolescent Psychiatry-Children's Hospital Association declaration speaks to the urgency of youth mental health needs at this moment. The CDC has responded to this urgency with data that support the declaration's recommendations of integrating evidence with structural and payment changes to support prevention, identification, treatment, and care coordination related to child and adolescent mental health conditions.	support a robust public health surveillance infrastructure that tracks resilience and mental well-being in addition to the prevalence of mental health conditions and access to care. We must act with the urgency that the circumstances demand.		https://publications.aap.org/pediatrics/article/149/5/e2022056611/184904?autologincheck=redirected%3FnfToken%3D00000000-0000-0000-0000-000000000000&utm_source=TrendMD&utm_medium=TrendMD&utm_campaign=Pediatrics_TrendMD_1
Schultz, C. M., & Rosen, A. (2022). School Gardens' impact on students' health Outcomes in Low-Income Midwest Schools. The Journal of School Nursing, 38(5), 486–493. https://doi.org/10.1177/10598405221080970		Implementing gardens in elementary, middle, and high schools has a positive impact on the availability, access, and consumption of fresh fruits and vegetables, as well as on students' social-emotional well-being.		School Gardens' Impact on Students' Health Outcomes in Low-Income Midwest Schools - Celeste Schultz, Alexander Emil Rosen, 2022 (sagepub.com)
Lightner, Joseph S. et al. "The Effectiveness of an After-school Sport Sampling Intervention on Urban Middle School Youth in the Midwest: Posttest-Only Study." JMIR Pediatrics and	The purpose of this study was to test the effectiveness of an after-school sport sampling intervention among underserved youth in the Midwest	An after-school sports program		https://www.semanticscholar.org/reader/2a968f5172d0473051a22d77f8581407ea9c9979

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Parenting 6 (2022): n. pag.				
Blackburn Franke, K., Paton, M., & Weist, M. (2021). Building policy support for school mental health in South Carolina. School Psychology Review, 50(1), 110–121. https://doi.org/10.1080/2372966X.2020.1819756	Schools are an ideal location to provide mental health services to children and adolescents within a community. There is great variability between SMH within the United States, and SC has emerged as a national leader in SMH. The article reviews mental health initiatives for youth in SC, and we extracted guiding principles to inform future mental health initiatives for children and adolescents in SC and throughout the United States.	Comprehensive school mental health services in South Carolina		(PDF) Building Policy Support for School Mental Health in South Carolina
Bradshaw, C. P., Lindstrom Johnson, S., Zhu, Y., & Pas, E. T. (2020). Scaling Up Behavioral Health Promotion Efforts in Maryland: The Economic Benefit of Positive Behavioral Interventions and Supports. *School Psychology Review*, *50*(1), 99–109. https://doi.org/10.1080/2372966X.2020.1823797	Positive Behavioral Interventions and Supports (PBIS) has been shown to be a promising approach for improving a range of behavioral health and academic outcomes for youth. Showed reduced discipline, improvements in standardized tests, reduction in aggressive and disruptive behavior, reductions in suspensions, truancy, and MH concerns.	Positive Behavioral Interventions and Supports (PBIS)		Scaling Up Behavioral Health Promotion Efforts in Maryland: The Economic Benefit of Positive Behavioral Interventions and Supports: School Psychology Review: Vol 50, No 1

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Cho, E., Marriott, B. R., Herman, K. C., Schutz, C. L., & Young-Walker, L. (2021). Sustained effects of a school-based psychiatry program. School Psychology Review, 50(1), 75–80. https://doi.org/10.1080/2372966X.2020.1811063 https://www.cdc.gov/healthyyouth/data/yrbs/pdf/trendsreport.pdf	Youth outcomes, treatment adherence, and parent and school satisfaction remained strong or stronger in Year 3 compared to Year 1 for the Bridge Program: School-Based Psychiatric Care	School-based psychiatric care programs have sustained support over time.		Sustained Effects of a School-Based Psychiatry Program: School Psychology Review: Vol 50 , No 1 - Get Access
Embry, D. D. (2002). The Good Behavior Game: A best practice candidate as a universal behavioral vaccine. *Clinical Child and Family Psychology Review*, *5*(4), 273–297. https://doi.org/10.1023/A:1020977107086	The Paxis Institute provides products and supports for universal, simple, and effective classroom management technique that decreases disruptive behavior. See The Paxis Institute: https://www.paxis.org/	Similar to Positive Behavioral Interventions and Supports,		The Good Behavior Game: A Best Practice Candidate as a Universal Behavioral Vaccine | Clinical Child and Family Psychology Review
Jackson, S. Brent, Kathryn Tate Stevenson, Lincoln R. Larson, M. Nils Peterson and Erin Seekamp. “Outdoor Activity Participation Improves Adolescents’ Mental Health and Well-Being during the COVID-19 Pandemic.” International Journal of Environmental Research	Facilitating adolescent participation in outdoor activities through policy and infrastructure development, particularly activities that provide opportunities for exposure to nature, physical activity, and social interaction, can be a key step in promoting adolescent health and resiliency during times of crisis	outdoors and time in nature play in bolstering adolescents’ resilience to stressors such as the COVID-19 pandemic, and underscore the need to facilitate outdoor recreation opportunities for youth during times of crisis		https://www.semanticscholar.org/reader/69ba88ae78c0f9aed3109fa8127da7773eb7ee8c

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and Public Health 18 (2021): n. pag.				
Kandola, A., Del Pozo Cruz, B., Hayes, J. F., Owen, N., Dunstan, D. W., & Hallgren, M. (2022). Impact on adolescent mental health of replacing screen-use with exercise: A prospective cohort study. Journal of Affective Disorders, 301, 240–247. https://doi.org/10.1016/j.jad.2021.12.064	Screen-based device use could increase the risk of adolescent depression. Distinct modalities of screen use may have differential effects on mental health. We used compositional data analysis to examine how theoretically replacing different screen uses with exercise might influence future adolescent emotional distress.	Replacing any screen time with exercise could reduce emotional distress, but the largest effect sizes were associated with replacing time spent watching television and social media with team sports. Recommendations to limit screen use in adolescents may require a nuanced approach for protecting mental health.		https://www.sciencedirect.com/science/article/abs/pii/S0165032721013847
APA PsycNet FullTextHTML Page. (n.d.). https://psycnet.apa.org/fulltext/2019-58558-001.html	Findings support the importance of school-based interventions for reducing mental-illness stigma, particularly via student-initiated, contact-based efforts. It is possible that youth mental-illness stigma has decreased in recent years, with more sensitive measures needed in future trials.	High school club programs reduce mental-illness stigma via humanization—largely through contact—hypothesizing that stigma measures would improve across a school year and as a function of the timing of club initiation.		APA PsycNet FullTextHTML page
Thompson, A., Hollis, S., Herman, K. C., Reinke, W. M., Hawley, K. M., & Magee, S. (2021). Evaluation of a social media campaign on youth Mental Health Stigma and Help-Seeking.		Social media campaigns (Look Around (LA), a social media campaign) are useful in addressing MH stigma and help-seeking, but messaging may need to attend to the cultural characteristics of all youth.		Evaluation of a Social Media Campaign on Youth Mental Health Stigma and Help-Seeking : School Psychology Review: Vol 50, No

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School Psychology Review, 50(1), 36–41. https://doi.org/10.1080/2372966x.2020.1838873				1 (tandfonline.com)
Atunah-Jay, Sarah J., et al. The interplay between group identity, suicidality, and bullying in midwestern middle school youth. American Indian & Alaska Native Mental Health Research: The Journal of the National Center 29.3 (2022).	Given high suicidality amongst AI/AN persons and increases in suicide across other minoritized populations, it is useful to explore the degree to which bullying mediates suicidality amongst socially salient identity groups living in North Dakota.	School-based and electronic-bullying victimization mediates the association between stigmatized characteristics and suicidality amongst a cohort of diverse middle school students in North Dakota. Understanding the interplay between group identity, bullying, and suicidality is important to prioritize interventions to support the well-being of AI/AN, rural, and diverse students.		AIANMHR, Vol. 29, Issue No. 3, 2022, Atunah-Jay et al. (cuanschutz.edu)
Shim, R. S., Szilagyi, M., & Perrin, J. M. (2022). Epidemic rates of child and adolescent mental health disorders require an urgent response. Pediatrics, 149(5). https://doi.org/10.1542/peds.2022-056611	The recent joint American Academy of Pediatrics-American Academy of Child and Adolescent Psychiatry-Children's Hospital Association declaration speaks to the urgency of youth mental health needs at this moment. The CDC has responded to this urgency with data that support the declaration's recommendations of integrating evidence with structural and payment changes to support prevention, identification, treatment, and care coordination related to child and adolescent mental health conditions.	Specific preventive interventions must be designed to appropriately intervene with trauma-informed, antiracist care provided by a pediatric and mental health workforce with specific training on successful interventions, in a health care system designed to minimize harm. Additionally, we must support the development of a robust public health surveillance infrastructure that tracks resilience and mental well-being in addition to the prevalence of mental health conditions and access to care. We must act with the urgency that the circumstances demand.		https://publications.aap.org/pediatrics/article/149/5/e2022056611/184904?autologincheck=redirected%3FnfToken%3D00000000-0000-0000-0000-000000000000&utm_source=TrendMD&utm_medium=TrendMD&utm_campaign=Pediatrics_TrendMD_1

Citation	Key Finding	Summary Best Practice Tactic	Implementation Example (Optional)	On-line Link
Wolf, K., & Schmitz, J. (2023). Scoping review: longitudinal effects of the COVID-19 pandemic on child and adolescent mental health. European Child & Adolescent Psychiatry. https://doi.org/10.1007/s00787-023-02206-8	Therefore, it is important to invest in research, creation, and implementation of intervention strategies to react to this growing need for psychological care. Furthermore, this review has shown that it is important to balance health protection and infection control measures with child and adolescent protection and the guarantee of societal participation.	The results of our qualitative analysis of 69 studies indicate a general trend of less psychological well-being and more mental health problems, such as heightened stress, depression, and anxiety symptoms during the pandemic. Data suggest that both protection measure intensity and infection dynamics were positively associated with the severity of the psychopathology. The most reported influencing factors were age, gender, socio-economic status, previous state of mental and physical health, self-regulation abilities, parental mental health, parenting quality, family functioning, social support, isolation and loneliness, health-related worries, and consistent routines and structure. Our results demonstrate that children and adolescents worldwide have experienced more mental health problems due to the COVID-19 pandemic.		Scoping review: longitudinal effects of the COVID-19 pandemic on child and adolescent mental health (springer.com)
Bulkes, N. Z., Davis, K., Kay, B., & Riemann, B. C. (2022). Comparing efficacy of telehealth to in-person mental health care in intensive-treatment-seeking	Study compares outcomes in patient cohorts pre- and post-pandemic. Results suggest telehealth as a viable care alternative with no significant differences between in-person and telehealth groups in depressive	Telehealth mental health counseling is a viable option as an access to care.		Comparing efficacy of telehealth to in-person mental health care in intensive-

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adults. Journal of psychiatric research, 145, 347–352. https://doi.org/10.1016/j.jpsychires.2021.11.003	symptom reduction, and significant increases in self-reported quality of life			treatment-seeking adults - PMC
Agley, J., Barnes, P., Tidd, D., Todd, A., Friedman, K., Gordon, S., Richardson, J., & Delong, J. (2022). Integrating Telepsychiatry Into Rural Primary Care for Upstream Prevention: Feasibility Case Study of the Faith Net Program. Inquiry : a journal of medical care organization, provision and financing, 59, 469580221097428. https://doi.org/10.1177/00469580221097428	This article presents a case study of the Faith Net program, a collaborative initiative in rural Indiana aimed at addressing mental health disparities through integrated telepsychiatry. The program sought to embed mental health care within a primary care setting. It demonstrated that telehealth integration is both viable and impactful in rural areas, improving access to psychiatric consultations and enhancing communication among care teams.			Integrating Telepsychiatry Into Rural Primary Care for Upstream Prevention: Feasibility Case Study of the Faith Net Program
Graham, A. K., Weissman, R. S., & Mohr, D. C. (2021). Resolving Key Barriers to Advancing Mental Health Equity in Rural Communities Using Digital Mental Health Interventions. JAMA Health Forum, 2(7), e211149. https://jamanetwork.com/journals/jama-health-	This article explores how digital mental health interventions (DMHIs) can help reduce inequalities in access to mental health care for rural populations. Rural communities often face shortages of providers, stigma around mental illness, and logistical challenges like transportation or long travel distances to services. The authors argue that DMHIs - such as online therapy platforms, mobile apps,			Resolving Key Barriers to Advancing Mental Health Equity in Rural Communities Using Digital Mental Health Interventions - PMC

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forum/fullarticle/2781098	and telepsychiatry - offer scalable, cost-effective ways to deliver care in underserved areas. However, their success depends on addressing barriers related to digital literacy, infrastructure, and culturally tailored implementation.			
Meyers, K., Herman, S., Schuler, H., Mun, C., Bresani, E., & Payne, R. K. (2025). The opioid epidemic in rural communities: Can telehealth increase access to medications for opioid use disorder and offset barriers to care? Drug and Alcohol Dependence, 271, 112628. https://doi.org/10.1016/j.drugalcdep.2025.112628	The article "The opioid epidemic in rural communities: Can telehealth increase medication treatment access and retention?" examines the utilization of telehealth services to enhance access to medication for opioid use disorder (MOUD) in rural areas. The study highlights significant treatment gaps in these communities, largely due to factors such as provider shortages and geographic isolation. It discusses how telehealth has emerged as a promising solution to bridge these gaps by facilitating remote consultations and treatment. The article also addresses the effectiveness of telehealth in increasing patient retention in MOUD programs. Overall, the study underscores the potential of telehealth to improve MOUD access and retention in rural settings.			https://doi.org/10.1016/j.drugalcdep.2025.112628

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Au, C., L Drolet, J., Kaushik, V., Charles, G., Franco, M., Henton, J., Hirning, M., McConnell, S., Nicholas, D., Nickerson, A., Ossais, J., Shenton, H., Sussman, T., Verdicchio, G., Walsh, C. A., & Wickman, J. (2023). Impact of COVID-19 on social work field education: Perspectives of Canadian social work students. Journal of social work (London, England), 23(3), 522–547. https://doi.org/10.1177/14680173231162499	Through qualitative interviews, students reported challenges such as reduced hands-on experience, financial hardship, and difficulty securing placements. Many felt unprepared for direct client interactions due to limited in-person training. However, some students appreciated the increased flexibility of remote learning.	Develop hybrid field placement models that combine in-person and virtual components to ensure hands-on learning while maintaining accessibility. Offer additional workshops post-graduation to compensate for lost direct practice experience. Increase financial aid for students affected by placement disruptions.	Investigates the disruptions caused by COVID-19 on social work field education and its long-term impact on student learning and professional preparedness.	https://pmc.ncbi.nlm.nih.gov/articles/PMC10020857/
Beesley, P. (2024). Collaborative Experiential Learning in Social Work Practice Placements. Social Work Education, 43(8), 2154-2169.	The study uses a narrative inquiry approach to explore supervision dynamics, emphasizing the role of diligent preparation and collaborative reflection in enhancing student learning.	Foster structured reflective discussions between students and field educators to deepen learning outcomes.	Evaluates the effectiveness of collaborative experiential learning in social work student supervision.	https://www.tandfonline.com/doi/full/10.1080/02615479.2023.2245837
Binks, S. et al. (2024). Social Workers' Perceived Barriers and Facilitators to Social Work Practice in Schools: A Scoping Review. British Journal of Social Work, 54(6), 2661-2680.	A scoping review of 42 studies outlining structural, contextual, and role-related challenges faced by school social workers. Highlights the lack of research on facilitators that enhance the effectiveness of school social work.	Increase institutional support, clarify role expectations, and implement mentorship programs for school social workers.	Identifies key barriers and facilitators affecting social work practice in school settings.	https://academic.oup.com/bjsw/article/54/6/2661/7639368?login=false

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Eltaiba, N., & Ndoye, A. (2018). The Effectiveness of Field Education in Social Work Education: A Student Perspective. Advances in Social Work & Welfare Education, 20(1), 170-186.	Findings suggest that quality supervision and well-structured placements significantly impact students' learning experiences and readiness for professional practice.	Improve field education by ensuring strong supervision, clear expectations, and structured opportunities for theory-practice integration.	Assesses student perspectives on the effectiveness of field education in linking theory to practice.	https://www.researchgate.net/publication/327732788_The_effectiveness_of_field_education_in_social_work_education_A_student_perspective
Reay, S. R. (2024). Provision and Long-Term Assessment of a Specialized Clinical Evidence-Based Practice Curriculum for Master of Social Work Students. Global Implementation Research and Applications.	Findings indicate that while knowledge of EBP elements increased post-curriculum, there was a decline over time, underscoring the need for ongoing professional development and support post-graduation.	Implement continuous professional development opportunities and establish support networks to help graduates maintain and enhance their EBP competencies in practice.	Assesses the long-term effectiveness of a specialized EBP curriculum in enhancing MSW students' knowledge and application of common elements in treating youth mental health conditions.	https://digitalcommons.unomaha.edu/cgi/viewcontent.cgi?article=1063&context=socialworkfacpub
Reay, S. R. (2024). Provision and Long-Term Assessment of a Specialized Clinical Evidence-Based Practice Curriculum for Master of Social Work Students. Global Implementation Research and Applications.	Findings indicate that while knowledge of EBP elements increased post-curriculum, there was a decline over time, underscoring the need for ongoing professional development and support post-graduation.	Implement continuous professional development opportunities and establish support networks to help graduates maintain and enhance their EBP competencies in practice.	Assesses the long-term effectiveness of a specialized EBP curriculum in enhancing MSW students' knowledge and application of common elements in treating youth mental health conditions.	https://digitalcommons.unomaha.edu/cgi/viewcontent.cgi?article=1063&context=socialworkfacpub
MacQueen, I. T., et al. (2017). Recruiting Rural Healthcare Providers Today: A Systematic Review of Training Program Success and	Rural Healthcare Provider Recruitment	Recruit from within a rural community. Rural upbringing is a strong predictor of rural practice. Discusses the impact of training programs and financial incentives on recruitment. Highlights the	Reviews training programs for rural healthcare and identifies factors influencing provider location choices, which is vital for planning effective rural recruitment strategies.	https://link.springer.com/article/10.1007/s11606-017-4210-z

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Determinants of Geographic Choices. *J. Gen. Intern. Med.*, 33(2), 191-199.		need for targeted recruitment of providers from rural backgrounds.		
Klosko, R. C., McGinley, J., Rouhana, N., Young, S. R., & Doughty, B. (2023). The Rural and Underserved Service Track (TRUST): A novel, interprofessional, co-curricular program focusing on care for diverse, underserved populations. Journal of Interprofessional Education & Practice, 32, 100632.	Provider Training Programs, cultural sensitivity, interprofessional skills, and healthcare barriers	Describes TRUST, a two-year program with learning retreats and service activities. Students develop cultural sensitivity, interprofessional skills, and understanding of healthcare barriers in rural and underserved settings.	Provides insights into an interprofessional program (TRUST) that enhances students' skills for serving rural and underserved communities, fostering long-term commitment.	https://doi.org/10.1016/j.xjep.2023.100632
Renner, D. M., Westfall, J. M., Wilroy, L. A., & Ginde, A. A. (2010). The influence of loan repayment on rural healthcare provider recruitment and retention in Colorado. Rural and Remote Health, 10, 1605.	Loan Repayment Programs; loan repayment programs	Loan repayment programs attract providers to rural areas, with 38% of participants citing loan repayment as a factor in retention. However, many participants indicated that they would have chosen rural practice regardless of financial incentives	Examines how loan repayment programs influence provider recruitment and retention in rural areas, focusing on program impact on retention beyond service commitments	https://search.informit.org/doi/abs/10.3316/informit.396789141569821
Russell, D., Mathew, S., Fitts, M., Liddle, Z., Murakami-Gold, L., Campbell, N., Ramjan, M., Zhao, Y., Hines, S., Humphreys, J. S., & Wakerman, J. (2021).	Retention of rural healthcare workers	Rural-focused education, particularly training delivered in rural environments, is identified as the most sustainable retention strategy.	Highlights the effectiveness of rural-based training and financial incentives over coercive retention strategies, providing actionable insights for creating sustainable rural healthcare policies.	https://human-resources-health.biomedcentral.com/articles/10.1186/s12960-021-00643-7

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Interventions for health workforce retention in rural and remote areas: a systematic review. *Human Resources for Health*, *19*(1), 1–103. https://doi.org/10.1186/s12960-021-00643-7				
Glasser, M., Peters, K., & MacDowell, M. (2006). Rural Illinois Hospital Chief Executive Officers' Perceptions of Provider Shortages and Issues in Rural Recruitment and Retention. *The Journal of Rural Health*, *22*(1), 59–62. https://doi.org/10.1111/j.1748-0361.2006.00007.x	Healthcare Provider Shortage Areas (HSPAs), specialty care, OBGYN, general surgery, and psychiatry. Recruitment and retention challenges in rural healthcare	CEOs emphasized the importance of community integration, attractive living conditions, and enhanced career support for healthcare providers. Recommendations include fostering community-driven recruitment efforts and building partnerships between hospitals and local institutions to address workforce needs. Key barriers identified include limited career opportunities and perceptions of rural areas lacking amenities for families.	Provides insights from rural hospital CEOs about the barriers and strategies for recruiting and retaining healthcare providers, highlighting the importance of community support and development.	https://pubmed.ncbi.nlm.nih.gov/16441337/
Hayes, K., Dos Santos, V., Boyd, N., Connelly, B., & Lustig, K. (2024). Preparing occupational therapy students for practice in rural areas: a scoping review protocol. BMJ Open, 14(2), e075886–e075886. https://doi.org/10.1136/bmjopen-2023-075886	Workforce development for rural occupational therapy	Proposed training strategies include immersive rural placements to provide real-world experience, telehealth education to expand service delivery capabilities, and creating satellite campuses in rural areas to attract and retain students with rural backgrounds. The review also explores the long-term impact of these strategies on workforce	Explores innovative strategies for training occupational therapy students for rural practice, which is crucial for addressing rehabilitation and functional health disparities in underserved areas.	https://bmjopen-bmj-com.proxy1.library.jhu.edu/content/14/2/e075886

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		retention and healthcare access in rural settings. While focused on occupational therapy, these findings have implications for training healthcare professionals in other disciplines.		
Watanabe-Galloway, S., Madison, L., Watkins, K. L., Nguyen, A. T., & Chen, L. W. (2015). Recruitment and retention of mental health care providers in rural Nebraska: Perceptions of providers and administrators. *Rural and Remote Health*, *15*(4), 3392–3392. https://doi.org/10.22605/RRH3392	Mental health workforce recruitment and retention, mental health providers	Themes affecting recruitment and retention: inadequate financial incentives, low reimbursement rates for mental health services, and the limited availability of rural-focused training programs. Providers also cited professional isolation, lack of mentorship, and challenges related to balancing work-life demands in rural settings as significant barriers. The study recommends enhancing loan repayment programs, increasing rural training opportunities (e.g., residencies), improving reimbursement rates, and fostering mentorship programs to address these issues. It also highlights the importance of creating supportive work environments to reduce burnout and turnover. Emphasize the need for systemic solutions tailored to the unique challenges of rural healthcare.	Highlights the severe shortage of mental health providers in rural Nebraska and identifies systemic issues like low insurance reimbursement and limited rural training as barriers to recruitment and retention.	https://www.rrh.org.au/journal/article/3392

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Eltaiba, N., & Ndoye, A. (2018). The Effectiveness of Field Education in Social Work Education: A Student Perspective. Advances in Social Work & Welfare Education, 20(1), 170-186.	Findings suggest that quality supervision and well-structured placements significantly impact students' learning experiences and readiness for professional practice.	Improve field education by ensuring strong supervision, clear expectations, and structured opportunities for theory-practice integration.	Assesses student perspectives on the effectiveness of field education in linking theory to practice.	https://www.researchgate.net/publication/327732788_The_effectiveness_of_field_education_in_social_work_education_A_student_perspective
Jennings, M. G. (2001). Community Practice: A Training Ground for Social Work Students. The Qualitative Report, 6(1), 1-16.	Describes the Winslow Project, a community-focused social work placement program, demonstrating the effectiveness of real-world training in community settings.	Develop structured community-based practicum experiences to reinforce macro-level practice skills.	Explores the potential of community-based social work placements as a training ground for students.	https://nsuworks.nova.edu/tqr/vol6/iss1/1/
Reay, S. R. (2024). Provision and Long-Term Assessment of a Specialized Clinical Evidence-Based Practice Curriculum for Master of Social Work Students. Global Implementation Research and Applications.	Findings indicate that while knowledge of EBP elements increased post-curriculum, there was a decline over time, underscoring the need for ongoing professional development and support post-graduation.	Implement continuous professional development opportunities and establish support networks to help graduates maintain and enhance their EBP competencies in practice.	Assesses the long-term effectiveness of a specialized EBP curriculum in enhancing MSW students' knowledge and application of common elements in treating youth mental health conditions.	https://digitalcommons.unomaha.edu/cgi/viewcontent.cgi?article=1063&context=socialworkfacpub
Krebs, F., Lorenz, L., Nawabi, F., Lück, I., Bau, A.-M., Alayli, A., & Stock, S. (2021). Recruitment in Health Services Research—A Study on Facilitators and Barriers for the Recruitment of Community-Based Healthcare Providers.	Provider Recruitment; financial incentives	Identifies intrinsic motivation and financial incentives as key factors in provider recruitment. Suggests that while financial incentives aid initial recruitment, they may not sustain long-term involvement in trials.	This study provides insights into effective recruitment strategies and challenges for community-based healthcare providers	https://www.mdpi.com/1660-4601/18/19/10521

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International Journal of Environmental Research and Public Health, 18(10521)				
Lee, D. M., & Nichols, T. (2014). Physician Recruitment and Retention in Rural and Underserved Areas. *Int. J. Health Care Qual Assur.*, 27(7), 642-652.	Provider Recruitment; financial incentives; family integration	Highlights strategies like community integration, involvement of family, financial incentives, and the role of rural exposure in medical training. Stresses the importance of a supportive recruiting team and long-term retention strategies.	Offers a comprehensive review of challenges and strategies in recruiting and retaining physicians in rural settings, directly relevant to addressing rural healthcare provider shortages.	https://www.emerald.com/insight/content/doi/10.1108/IJHCQA-04-2014-0042/full/html
Kueakomoldej, S., Turi, E., McMenamin, A., Xue, Y., & Poghosyan, L. (2022). Recruitment and retention of primary care nurse practitioners in underserved areas: A scoping review. Nursing Outlook, 70(3), 401-416.	Nurse Practitioner Recruitment & Retention in Underserved Areas	Scoping review of factors influencing NP recruitment/retention in underserved areas, including individual background, training, financial incentives, community support, and autonomous practice. Emphasizes the need for NP-specific retention strategies.	Identifies critical factors for recruiting and retaining NPs in underserved areas, essential for addressing primary care shortages.	https://www.sciencedirect.com/science/article/pii/S0029655421002815?ref=pdf_download&fr=RR-2&rr=8dae4cc3fb0e10cd
Mohammadiaghdam, N., Doshmangir, L., Babaie, J., Khabiri, R., & Ponnet, K. (2020). Determining factors in the retention of physicians in rural and underdeveloped areas: a systematic review. BMC family practice, 21(1), 216. https://doi.org/10.1186/s12875-020-01279-7	Provider Training Programs, cultural sensitivity, interprofessional skills, and healthcare barriers	A systematic review of 35 studies highlighting factors for physician retention in rural areas, categorized into financial, career/professional, working conditions, personal, cultural, and living conditions.	Identifies key retention factors for physicians in rural/underdeveloped areas, essential for designing policies that increase workforce stability in underserved regions.	https://journals.co.za/doi/abs/10.10520/EJC80517

Citation	Key Finding	Summary Best Practice Tactic	Implementation Example (Optional)	On-line Link
Moore, J. D., Lords, A. M., Casanova, M. P., Reeves, A. J., Lima, A., Wilkinson, C., Deming, S. M., & Baker, R. T. (2024). Exploring healthcare provider retention in a rural and frontier community in Northern Idaho. BMC Health Services Research, 24(1), 381–381. https://doi.org/10.1186/s12913-024-10807-5	Provider Retention in Rural Areas; Nurses	Using the Nursing Community Apgar Questionnaire, the study highlights community support and facility resources as significant factors for retention. The highest-rated factors include medical support, leadership, and recreational opportunities as advantageous to retention.	Identifies key factors affecting retention in rural Idaho, with a focus on community and medical support elements, essential for rural provider retention strategies.	https://pubmed.ncbi.nlm.nih.gov/38539177/
Pathman, D. E., Saxe Zerden, L., Gingras, M., Seel, J., Fannell, J., & Lombardi, B. M. (2024). Preparing behavioral health clinicians for success and retention in rural safety net practices. The Journal of Rural Health, 40(3), 509–519. https://doi.org/10.1111/jrh.12824	Behavioral health clinician training and retention in rural areas, and loan repayment programs	Examines survey data from 778 rural behavioral health clinicians who received loan repayment support from the National Health Service Corps (NHSC). Key findings include that clinicians with more formal training in rural settings report higher community integration, a greater sense of belonging, and a stronger intention to remain in rural practices long-term. However, rural training exposure did not directly correlate with higher confidence in professional skills or workplace satisfaction. Recommendations include increasing structured rural training programs to promote retention and addressing systemic barriers like work-life balance and	Demonstrates how training exposure to rural underserved communities during education positively impacts clinicians' community integration and retention in rural practices.	https://onlinelibrary-wiley-com.proxy1.library.jhu.edu/doi/full/10.1111/jrh.12824

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		spousal employment opportunities.		