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### Emerging Themes

Throughout the CWIB-OSHPD and Health Workforce Development Council planning grant process, there were several methods of input including: Regional Focus Groups, Career Pathways Sub-Committee Meetings, Primary Care Initiative Meetings of the California Health Workforce Alliance (CHWA), and the CHWA/ California Health Professions Consortium Diversity workgroup. Collectively, these methods of input identified the following emerging themes: 1) Education; 2) Financial Incentives; 3) Data Collection; 4) Licensure and Certification; 5) Career Awareness; 6) Recruitment and Retention; 7) Reimbursement; and 8) Diversity. This document lists issues and recommendations from each method of input sorted first by the emerging theme and second by sub-categories.

<b>Education</b>
Access—lack of access to education and training opportunities due to the location of education institutions and California’s vast geography (FG)
Access—develop blended learning programs and the expansion of training models to include non-traditional clinic sites (FG)
Access—integration of different educational modalities into learning delivery models (FG)
Access—use technology to develop and disseminate a database of health professions training opportunities for students and incumbent workers (FG)
Access—utilize more technology-assisted education tools to meet needs by increasing reach and access (CP)
Access—increase access to health education for underserved populations (FG)
Access—incentivize the education/training admissions process for applicants from diverse populations (FG)
Access—alleviate barriers related to sufficient clinical training capacity and geographic distribution (CP)
Access—improve access to prerequisite courses (CP)
Access—revisit prerequisites as indicators of success in education programs and employment (CP)
Access—eliminate disparities in high school classes offered (e.g. schools must offer A-G classes to enable every student the opportunity to go to college, more AP classes in all schools) (CHWA/CHPC)
Access—expand and institutionalize the effective use of “holistic” file review in admissions. Provide less weight to standardized test scores and GPA and more weight to distance traveled, leaderships work experience, communication skills and commitment to community service (CHWA/CHPC)
Access—expand the community college career pathway health and science initiative to strengthen math and science preparation regionally (CHWA/CHPC)
Access/curriculum—standardize prerequisites (CP, CHWA/CHPC)

Alignment—align programs with industry demand and emerging health sector needs (e.g. type, size, curriculum, access) (CP)
Articulation—lack of standardization of statewide inter-agency requirements for health professional licensing and certification (FG)
Articulation—Improve pre-health course alignment and articulation among the spectrum of California’s institutions of higher education to enhance curriculum coordination, student advancement and use of resources (CHWA/CHPC, FG)
Articulation—strengthen articulation processes between community colleges and university systems (FG, CP)
Articulation—Improve/clarify articulation along career paths and lattices (e.g. Associate to Baccalaureate Degree Nurse, Community Health Workers to other careers, Medical Lab Technologist to Clinical Lab Specialist) (CP)
Basic Skills Training—at the secondary and postsecondary level including math, reading, writing, customer services, and the use of technology tools (FG)
Capacity—support health academies, Science Technology Engineering and Mathematics (STEM) and other programs that support health pathways (CHWA/CHPC)
Capacity—offer new or expanded education and training programs through self-supporting strategies and partnerships, such as fee-based programs and courses (CP)
Capacity—increase internship and training opportunities to increase capacity (CP)
Capacity—expand programs with specific primary care and diversity focus. Locate more in underserved communities and outpatient and community settings (CP, CHWA/CHPC)
Capacity—increase training and teaching in community settings, including increasing community rotations, and expand the number of teaching health centers in California (CHWA/CHPC)
Capacity and Diversity—build support for programs that produce the most significant increase in primary care capacity and diversity (e.g. UC Programs in Medical Education, Post Bac programs at UC and CSU) (PCI, CHWA/CHPC)
Case Management/Counseling—establish campus level health career offices and advising infrastructure at CSU campuses. Establish strong linkages with employers, HPEI’s and pipeline programs (CHWA/CHPC)
Case Management/Counseling—increase wrap around and case management support of underrepresented students to help with barriers and academic issues. Strengthen academic and career counseling through all levels (CHWA/CHPC)
Collaboration—partnerships between educational institutions and healthcare providers to increase the quality of health workforce transition to practice programs (FG)
Collaboration –between statewide educational systems (FG)
Collaboration/Curriculum—establish joint health sciences committee for UC, CSU, Not-for-profit health professions education institutions and the CCCs to facilitate curricular alignment, advising and institutionalization of innovations (CHWA/CHPC)
Collaboration—include education institution representation in health workforce policy discussions (FG)
Continuing Education—lack of support and training opportunities for recent graduates and incumbent

workers (FG)
Continuing Education—state and federal policy changes that would support training opportunities for the incumbent workforce to further develop and enhance their skill sets (FG)
Continuing education—add cultural diversity courses to continuing education requirements (FG)
Curriculum and Capacity—develop curriculum content and capacity to provide knowledge on the full spectrum of primary care-related health careers. Content should encompass all levels of K-12 education for broad use by educators and parents. Develop a repository of content and strategies that is broadly accessible. (PCI)
Cost-effectiveness—assess relative cost-effectiveness of current program entry points (cost, time to degree) for all primary care career tracks, and identify regulatory impediments to innovation (PCI)
Curriculum—revisit general education requirements to include computer training for postsecondary training (FG)
Curriculum—develop new CDE standards and model curriculum aligned with industry needs and increase opportunities for student exposure, service learning and training. Optimize and increase Health Career Academies and Pathways; fund work based learning (CHWA/CHPC)
Curriculum—a need for standardization of curriculum across education institutions for health career pathways (FG)
Curriculum—develop healthcare curricula for secondary education institutions (FG)
Curriculum—create interdisciplinary core competency standards in healthcare training programs (e.g. quality, safety, communication and mandated health policies) (FG)
Diversity—cultural sensitivity training for health professionals (e.g. Culturally and Linguistically Appropriate Service Standards) (FG)
Diversity—foreign language requirement for postsecondary students (FG)
Diversity—deepen the integration of cultural sensitivity and responsiveness into training program climate teaching and skill development (CHWA/CHPC,FG)
Diversity—training of foreign-trained health professionals for employment in the United States (e.g. Welcome Back Programs, UC PRIME) (CHWA/CHPC, FG)
Diversity—mandate cultural competency requirements for postsecondary health related disciplines (FG)
Diversity—mandate cultural competency training and certification for new and incumbent health workers
Funding—Determine, Preserve & Protect Funding for California’s Public Institutions of Higher Education based on what California needs to meet health workforce requirements (CP, CHWA/CHPC)
Funding—Protect funding for California’s Community College (CCC) Workforce Preparation Program and K-12 programs that feed into these (CP, CHWA/CHPC)
Funding—policy changes that provide additional funding for health professions education (FG)
Funding—to incentivize mentoring, preceptorships, and internships (FG)
Funding—policy changes that include increased funding for facilities offering on-site clinical training opportunities (FG)

Funding—increases for education institutions, vocal training programs, adult education programs (FG)
Funding—to support facilities offering on-site training; retroactive and proactive training (FG)
Funding—reimbursement for healthcare organizations that provide training opportunities (FG)
Leadership Development—opportunities for trainees in health related fields of study (FG)
Models—distance education (FG)
Models—education and training models that include job placement for new graduates (FG)
Models—evaluate opportunity for expansion and/or replication of model programs such as the UCLA IMG program, UC Primes, and post baccalaureate programs (PCI)
Partnerships—needed between University of California and California State University for allied health education and training (FG)
Partnerships—develop partnerships between training programs and employers to better align education with employer needs (PCI)
Personnel—additional need for education personnel including preceptors, faculty, mentors, and trainers to support education and training (FG)
Personnel—allow for utilization of associate level professionals for teaching (FG)
Primary and secondary education—need to adequately prepare students for postsecondary education to equip students as they transition from education to practice (FG)
Primary and secondary education—policy changes that include the integration of health career education in primary and secondary grades (FG)
Primary and secondary education—provide primary education foreign language courses (FG)
Primary and secondary education—mandate cultural awareness education for primary and secondary institutions (FG)
Primary and secondary education—create a funded health literacy mandate for secondary education institutions (FG)
Residency—develop incentives for residency programs to increase diversity and yield professionals who are committed to practice in underserved communities (PCI)
Residency—increase residency opportunities and transition to practice programs for multiple provider types in areas of unmet need (PCI)
Residency—develop plans and reporting to incent and hold state-funded internal medicine and pediatric residency programs accountable for producing primary care graduates. Use metrics for funding allocation (PCI)
Residency—advocate for California to secure increases residencies and funding through obtaining an allocation of residency slots that are unused by other states (PCI)
Technical Skills—integration of health information technology into education to pair technology with healthcare training content (FG)

<b>Financial Incentives</b>
Diversity- Provide incentives to attract diverse students to primary care roles
Diversity- Provide incentives for healthcare organizations that emphasize cultural and linguistic competency (FG)
Infrastructure- Financial incentives for excellence in healthcare teaching programs (FG)
Infrastructure- Increase awareness of programs that offer financial support and how to utilize. Make it easier for target students to use (CP)
Infrastructure- Create incentives for the creation of health workforce partnerships (FG)
Infrastructure- Provide incentives for healthcare organizations that emphasize cultural and linguistic competency (FG)
Infrastructure- Develop incentives for residency programs to increase diversity and yield professionals who are committed to practice in underserved communities (PCI)
Infrastructure- Incentives for the recruitment and retention of health educators, mentorships, preceptorships, and healthcare professionals working in disproportionate share hospitals (DSH) (FG)
Reimbursement- Examine and improve reimbursement to recruit and retain In key professions and geographically (CP)
Reimbursement- Need to align salaries and regional living expenses including spousal employment opportunities (e.g. rural) (FG)
Reimbursement- Provide reimbursements for health education and the expansion of reimbursement to non-PCP roles (FG)
Reimbursement- Examine and improve reimbursement, aligning reimbursement rates with service delivery costs (FG)
Scholarship/ Loan Repayment Programs- Scholarships for healthcare professions (FG)
Scholarship/ Loan Repayment Programs - Improve/increase incentives for students to choose primary care careers and service in underserved areas (e.g., scholarship and loan repayment) (CP, PCI)
Scholarship/ Loan Repayment Programs- Increase funding and promotion of scholarships and loan repayment programs for priority professions. More effectively promote NHSC and federal and state loan repayment programs (CHWA/CHPC)
Scholarship/ Loan Repayment Programs- Subsidizing priority healthcare positions in underserved locations (FG)
Scholarship/Loan Repayment Programs- sustain and advocate for increased funding for Song Brown and State Loan Repayment Programs (PCI)

<b>Data Collection</b>
Centralization- Establish central database of interested candidates for primary care careers in California at all stages of the pipeline and communication tools for ongoing promotion of primary care, financing

options and support program opportunities (PCI)
Centralization- Support implementation of and reporting to OSHPD clearinghouse. Ensure that all priority professions are included and that reporting is required and include tracking regarding workforce diversity (CP, PCI)
Centralization- Develop and implement a system and central database to identify, monitor and support students with interest in health careers to go the next level and track their progress. Evaluate expanded use of Cal Pass based on pilots underway (CHWA/CHPC)
Centralization- Develop central repository of undergraduate students interested in health careers and utilize new media and other tools to promote interest, offer opportunities and track progress (CHWA/CHPC)
Centralization-Establish mechanism through the OSHPD Clearinghouse and Primary Care Workforce Initiative/Center to provide timely ongoing tracking and reporting to measure progress toward goals and inform adjustment of strategies. Ensure that data and reporting related to the diversity and geographic distribution of students, residents and active practitioners is included (PCI)
Centralization- Assess current program capacity and geographic distribution to establish baseline relative to current and projected needs (PCI)
Collaboration- Create a regional and statewide data sharing mechanism to increase collaboration (FG)
Research- Support and funding for health research to create and define evidence-based practices (FG)
Research- Develop forecasts of supply and demand by profession (statewide and regionally). Have mechanics for reporting and adjustment (CP)
Research- Develop supply and demand projections for primary care team members within context of health reform, health homes and health IT implementation to establish base-line and targeted need within defined time frames (PCI)

<b>Licensure and Certification</b>
Collaboration- Create support for partnerships between regulatory agencies and healthcare employers (FG)
Diversity/Policy- The need for cultural competency training and certification of trainees and incumbent healthcare workers (FG)
Diversity- Add support for interpreter training and certification (FG)
Diversity/ Policy- Policy changes to mandate cultural competency training and certification for new and incumbent healthcare workers (FG)
Diversity/ Policy- Need for certification at all levels/ of the healthcare workforce including Promotoras or other Community Health Workers (FG)
Scope of Practice- Support full practice at current scope (CP)
Scope of Practice- Examine Scope of practice for different professions with new delivery models and workforce needs (CP)

Scope of Practice- Support definition of new competencies and roles within emerging service models and across overlapping professions (CP)
Standardization- Lack of standardization of statewide inter-agency requirements for healthcare professional licensing and certifications (FG)
Standardization- Need to standardize certification programs (FG)
Standardization- Create Statewide policies that standardize licensing and credentialing requirements (FG)
Supply- Licensing healthcare workers who were educated in another state or country prior to arrival in California (FG)

<b>Career Awareness</b>
Access – Prioritize outreach, training and support for incumbent workers. Emphasize economic development opportunity (CP)
Access – Use technology to develop and disseminate a database of healthcare training opportunities statewide for students and incumbent workers (FG)
Advocacy/Policy – Advocate for public and institutional policy reforms that increase awareness and support for early and ongoing education on the importance of primary care and prevention (CHWA/PCI)
Counseling/Support Services – Support CSU recommendations for health career advising and courses on campuses (CP)
Counseling/Support Services – Increase skill building, academic, advising & “career case management” support for individuals throughout all stages of the pathway to increase retention and success (CP)
Curriculum – Develop curriculum content and build educational capacity to provide knowledge on the full spectrum of primary care-related health careers. Content should encompass all levels of K-12 education for use by educators and parents. Develop a repository of content and strategies that is broadly accessible. (CHWA/PCI)
Infrastructure – Develop and implement a comprehensive marketing plan for the primary care workforce in California that conveys a compelling case and vision for primary care that results in: (CHWA/PCI) <ul style="list-style-type: none"> <li>▪ Increased awareness of primary care in California as an attractive, rewarding career option by candidates and advisors throughout the career pathway (from K-12 through residency and out of state professionals)</li> <li>▪ Greater perception of primary care as a viable career option by parents and awareness of available support and financing resources</li> <li>▪ Increased awareness and utilization by candidates of support programs and financing opportunities that make their perception and pursuit of a primary care career in California attractive, achievable and viable</li> <li>▪ An increased and more diverse pool of candidates at all stages choosing and entering primary care related training programs and jobs</li> </ul>

<ul style="list-style-type: none"> <li>▪ Greater numbers of primary care team members choosing to work in safety net providers and underserved areas</li> <li>▪ Recruitment of greater numbers of already qualified primary care team members from out of state into California and into underserved areas</li> <li>▪ Greater awareness of the critical need for primary care workforce and the case for greater policy solutions, investments and actions among key stakeholders including: legislators, government agencies, private funders, health plans, business, health employers, health professions training and the general public</li> </ul>
Infrastructure – Support increased mentorship, leadership and support systems to encourage and retain health professions education student interest in primary care and service to underserved communities (CHWA/PCI)
Outreach – Increase awareness of healthcare professions among primary and secondary education institutions; create a marketing strategy to communicate resource services for employment opportunities; and develop/enhance partnerships with Regional Occupation Programs (FG)
Scholarship/Loan Repayment Program – Increase awareness of health career options and how to pursue & finance them through more targeted and effective outreach to individuals, parents and advisors at all levels and throughout the pathway. Increase utilization of social marketing, new media & other emerging tools. (CP)

<b>Recruitment and Retention</b>
Awareness – Need for increased awareness of healthcare professions among primary and secondary education institutions (FG)
Diversity – Provide programs that support the hiring and retention of diverse faculty members (FG)
Diversity – Develop governing boards that are reflective of regional cultural and linguistic diversity (FG)
Diversity – Increase recruitment efforts of a culturally diverse workforce to address the cultural and linguistic gaps between the current healthcare workforce and service populations
Funding – Increase funding for internships and clinical training in ambulatory settings and underserved areas and provide infrastructure to coordinate (CP)
Infrastructure – Increase awareness and participation by sites to facilitate student participation (CHWA/PCI)
Infrastructure – Increase awareness of programs that offer financial support and how to utilize. Make it easier for target students to use. (CP)
Infrastructure – Propose solutions to increase participation in loan repayment programs by streamlining and simplifying process (CHWA/PCI)
Models – Create innovative training programs for incumbent healthcare professionals in an effort to retain trained healthcare professionals (FG)
Policy – Reduce barriers to recruitment of primary care delivery team members in underserved areas (CHWA/PCI)

Reimbursement – Support needed to address difficulties in the recruitment and retention of a trained workforce due to the lack of competitive salaries, lack of alignment between salaries and regional living expenses, lack of spousal employment opportunities, and lack of incumbent healthcare worker skill enrichment/enhancement training opportunities (FG)
Research – Examine the impact of increasing tuition, fees and debts on student’s ability to enter & complete programs (CP)
Scholarship/Loan Repayment Program – Increase loan repayment and scholarship programs and funding for primary care in California (CHWA/PCI)
Scholarship/Loan Repayment Program – Increase use of Steven Thompson Loan Repayment Program funds and matching for sites (CHWA/PCI)
Scholarship/Loan Repayment Program – Incentivize primary care roles in an effort to attract students (FG)
Scholarship/Loan Repayment Program – Improve/increase incentives for students to choose primary care careers and service in underserved areas (e.g., scholarship & loan repayment) (CP)

<b>Reimbursement</b>
Funding – Advocate for increases in Medicare payments for primary care (CHWA/PCI)
Model– Develop payment mechanisms as part of new models of care and reimbursement methodologies that promote a strong role for primary care providers and sufficient corresponding payment (such as care coordination) (CHWA/PCI)
Policy – Need for alignment of reimbursement rates with service delivery costs (FG)
Policy – Reimbursement for health education (FG)
Policy – Expansion of reimbursement to non-Primary Care Physician roles (e.g., case managers, alternative medicine providers) (FG)
Policy/Funding – Develop supportive payment and policies that result in increased attractiveness, recruitment and viability of primary care practice in California’s underserved area (CHWA/PCI)
Policy – Support legislation and other advocacy efforts to promote primary care payment reform (CHWA/PCI)
Recruitment – Examine and improve reimbursement to recruit and retain in key professions & geographically (CP)
Retention – Support needed to address difficulties in the recruitment and retention of a trained workforce due to the lack of competitive salaries, lack of alignment between salaries and regional living expenses, lack of spousal employment opportunities, and lack of incumbent healthcare worker skill enrichment/enhancement training opportunities (FG)

<b>Diversity</b>
Alignment – Ensure alignment between the current healthcare workforce and the diversity of the service population (FG)
Collaboration – Strengthen undergraduate preparation/linkages to Health Professions Schools and employers
Curriculum – Focus on culture change and accountability in training programs to promote primary care & service commitments (CP)
Curriculum – Develop cultural competency training for primary, secondary, and post-secondary education and training institutions (FG)
Curriculum/Access – Establish programs with specific primary care and diversity focus. Locate more in underserved communities & in outpatient & community settings (CP)
Education – Provide continuing education units (CEUs) for cultural competency trainings (FG)
Funding – Increase institutional commitment and investment in proven programs that increase workforce and diversity (CP)
Infrastructure – Develop governing boards that are reflective of regional cultural and linguistic diversity (FG)
Infrastructure – Expand the pool by increasing K-16 exposure, preparation and pipelines more effectively through regional and statewide infrastructure (CHWA/CHPC)
Infrastructure – Develop governing boards that are reflective of regional cultural and linguistic diversity (FG)
Infrastructure – Increase K-16 exposure, preparation and pipelines and link more effectively through regional and statewide infrastructure (CHWA/CHPC)
Infrastructure – Develop strategies for Health Professions Educational Institution student recruitment, admissions, retention and clinical training (CHWA/CHPC)
Infrastructure/Policy – Increase recruitment efforts of a culturally diverse workforce to address the cultural and linguistic gaps between the current healthcare workforce and service populations
Model – Develop measurable matrix for defining success related to diversity in professions in relation to patient populations (CP)
Partnership – Increase engagement in cross-cultural opportunities for healthcare organizations and education/training institutions (FG)
Partnership/Funding – Increase non-profit hospital and health plan investment and engagement in the pipeline with attention to regional workforce needs based on community benefit principles (CHWA/CHPC)
Policy – Mandate cultural competency training and certification for healthcare professionals (FG)
Recruitment/Retention – Provide programs that support the hiring and retention of diverse faculty members (FG)
Research – Examine demographic profiles across job classifications and create career ladders for

advancement (CP)
Research/Model – Strengthen and promote an evidenced based business case for sustaining and expanding employer health workforce diversity programs and investing in pipeline efforts (CHWA/CHPC)
Support Programs – Support increased mentorship, leadership and support systems to encourage and retain health professions education student interest in primary care and service to underserved communities (CHWA/PCI)