

**Health Workforce
Development Council
Meeting**

**Resource Document
Binder**

June 30, 2011





Edmund G. Brown Jr.
Governor



Douglas Sale
Acting Executive Director



Stephanie Clendenin
Acting Director

**CALIFORNIA WORKFORCE INVESTMENT BOARD
HEALTH WORKFORCE DEVELOPMENT COUNCIL
MEETING NOTICE
June 30, 2011
10:00 a.m. – 3:00 p.m.**

**Courtyard Marriott Cal Expo
1782 Tribute Road
Sacramento, CA**

AGENDA

- I. Introductions and Opening Remarks**
- II. Chair/Executive Director/Director Updates**
- III. Action Item: Approval of April 20, 2011 Meeting Minutes**
- IV. Health Workforce Development Planning Grant Activities**
 - **Update: Work Plan**
 - **Presentation: Career Pathways Sub-Committee**
- V. Discussion: Emerging Themes for California's Health Workforce Development Strategy**
- VI. Lunch**
- VII. Discussion: Prioritize and Sequence Emerging Themes**
- VIII. Council Member Updates**
- IX. Next Steps**
- X. Public Comment**
- XI. Adjournment**

Meeting conclusion time is an estimate; meeting may end earlier subject to completion of agenda items and/or approved motion to adjourn. In order for the Committee to provide an opportunity for interested parties to speak at the public meetings, public comment may be limited. Written comments provided to the Committee must be made available to the public, in compliance with the Bagley-Keene Open Meeting Act, §11125.1, with copies available in sufficient supply. Individuals who require accommodations for their disabilities (including interpreters and alternate formats) are requested to contact the California Workforce Investment Board staff at (916) 324-3425 at least ten days prior to the meeting. TTY line: (916) 324-6523. Please visit the California Workforce Investment Board website at <http://www.cwib.ca.gov> or contact Moreen Lane at (916) 324-2988 for additional information.



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**CALIFORNIA WORKFORCE INVESTMENT BOARD
HEALTH WORKFORCE DEVELOPMENT COUNCIL**

**April 20, 2011
10:00 a.m. – 3:00 p.m.**

**Courtyard Marriott Cal Expo
1782 Tribute Road
Sacramento, CA**

MEETING SUMMARY

I. Introduction and Opening Remarks

Vice-Chair, Chad Silva, opened the meeting and welcomed everybody. He asked that Health Workforce Development Council (Council) members introduce themselves. Council members/designees who were in attendance are listed below:

Kevin Barnett	Jose Millan
Steve Barrow	Jenni Murphy
Cindy Beck	Mia Orr
Diane Factor	Bob Redlo
Katherine Flores, M.D.	Caryn Rizell
Cathy Frey	Chad Silva
Gary Gugelchuk, M.D.	Abby Snay
Lydia Herrera-Mata	Brian Stiger
Brian Keefer	Audrey Taylor
Cathy Martin	Sid Voorakkara

Mr. Silva gave an overview of the agenda and the activities that were covered during the meeting: Updates on Health Workforce Development Planning Grant activities:

II. Executive Director Update

The California Workforce Investment Board’s (State Board) Acting Executive Director, Douglas Sale, gave an update on the recent federal budget and the potential impact on the workforce system. Mr. Sale mentioned that he had contacted the federal Health Resources and Services Agency (HRSA) regarding the federal implementation grant to get an update on a potential solicitation. To date, there is no information about where the grant solicitation might be forthcoming.

Mr. Sale asked Dr. David Carlisle, Office of Statewide Health Planning and Development (OSHPD) Director to update the Council on the nominations for three national committee/councils discussed at the March 10, 2011 meeting. The following is a list of the nominees submitted:

- Advisory Committee on Training in Primary Care Medicine and Dentistry (ACTPCMD)
 - Jimmy Hara, M.D., F.A.A.F.P - *Residency Program Director Emeritus/Assistant Chief of Service for the Department of Family Medicine, Kaiser Permanente Los Angeles Medical Center*
 - Peter Broderick, M.D., M.Ed. - *Residency Program Director, Valley Family Medicine Residency of Modesto and President-Elect, Stanislaus Medical Society*
 - Walter W. Mills M.D., MMM, FACPE - *President, Sonoma Academy of Family Physicians and Vice-Chair, Kaiser Northern California Regional Integrative Medicine Programs*

- Advisory Committee on Interdisciplinary, Community-Based Linkages (ACICBL)
 - Heather Young, Ph.D., R.N., F.A.A.N.- *Dean, Betty Irene School of Nursing, UC Davis*
 - Sandra Naylor Goodwin, Ph.D. MSW, - *President and Chief Executive Officer, California Institute for Mental Health*
 - Zettie Dexter Page III, MS, MSW, Ph.D. M.B.A.- *Chief Executive Officer, Salud Para La Gente*

- The Council on Graduate Medical Education (COGME)
 - Jimmy Hara, M.D., F.A.A.F.P - *Residency Program Director Emeritus/Assistant Chief of Service for the Department of Family Medicine, Kaiser Permanente Los Angeles Medical Center*
 - Claire Pomeroy, M.D., M.B.A.- *Vice Chancellor for Human Health Sciences, Dean, UC Davis School of Medicine and Chief Executive Officer, UC Davis Health System*
 - Patrick Dowling, M.D., M.P.H. - *Chair, Department of Family Medicine, UCLA David Geffen School of Medicine*

Mr. Sale gave an overview of the Career Pathways Sub-Committee contractor process which resulted in the selection of the University of California, Berkeley. As the contractor, UC Berkeley will provide the following:

- Coordination and preparation for sub-committee meetings
- Facilitation of the meetings
- Preparation of a final report of recommendations to the State Board and OSHPD for presentation to the Council

III. Action Item: Approval of March 10, 2011, Meeting Minutes

The March 10th meeting minutes were approved.

IV. Presentation: A Quantitative Assessment of Primary Care Capacity and Potential for Capacity Growth

Dr. Brent Fulton, Assistant Research Economist at the Petris Center gave a presentation focused on:

- Expected primary care shortages under health reform
- Methods to estimate health workforce shortages
- A framework to evaluate policies to increase primary health workforce capacity

Council members' comments and consideration on the presentation included:

- The need to study impact of the allied health team on the productivity of physicians or the nurse practitioners
- Tele-Health and other capacity extenders will need to be considered in the model
- The geographic distribution of nurse practitioners
- The ability to use the model to show both qualitative and quantitative information
- The suggestion that the model be utilized to determine what Career Pathways should be targeted
- The impact of Health Care Reform in terms of future reimbursements and how that be factored into the model
- Could model

V. Presentation: Telehealth – Applications for Expanded Primary Care Capacity

Sandra Shewry, founding President and CEO of the Center for Connected Health Policy (CCHP) gave a presentation focused on:

- Overview of CCHP's mission and vision
- Overview of the Telemedicine Development Act of 1996, the definition of telemedicine and findings regarding the use of telemedicine in California
- Formation of the Model Statute Work Group and the proposed definition of telehealth
- Overview of the findings and recommendations from the Model Statute Work Group

Council members' comments and consideration on the presentation included:

- Telehealth can assist in attracting specialist to rural areas
- The need to utilize existing infrastructure to provide access points and to disseminate the technology in a systemic manner
- All licensed allied health profession are covered by Telehealth
- Telehealth should be linked to economic issues because it saves money
- Training will be necessary for clinicians and home care providers

VI. Update: Health Workforce Development Planning Grant Work Plan

- **Regional Focus Groups**

Dr. Deborah Hunt, Research Director, Applied Research Services provided an overview of the findings from the eleven regional focus groups conducted throughout the state during February and March 2011.

Council members' comments and consideration on the presentation included:

- There was a commonality in all the Regional Focus Groups
- A common theme was that recent graduates were not prepared for the workplace
- Educational community needs to be aware of the impact of Health Care Reform
- The benefit of the Focus Group discussions was for the participants to hear different perspectives on issues
- The findings should be utilized to develop themes that could create a strong message
- The Regional Focus Group information needs to be integrated with other information to develop direction for the state

- **Career Pathway Sub-Committee**

Steve Barrow, Chair of the Career Pathways Sub-Committee (Committee) gave an update on the April 19, 2011 meeting. The outcomes from the Committee meeting included:

- Understanding of the roles, process, deliverables and timeline
- The approach and methodology for development of career pathways
- Three levels of recommendations: pathway specific, cross cutting and infrastructure
- Broad definition of primary care: interdisciplinary team
- Use of a coordinated career pathway framework
- Adoption of the California Health Workforce Alliance's Primary Care Initiative pathway model
- Criteria for pathway selection
- Selection of initial pathways for development
- Designation of lead organizations to draft initial pathways for consideration

- **Primary Care Initiative**

Council member Kevin Barnett gave a brief overview on the status of the California Health Workforce Alliance's Primary Care Initiative.

- **Health Planning Regions**

At the March 10, 2011 Council meeting OSHPD's Deborah Gonzales gave a presentation on Health Workforce Regions. In her update at this meeting, Ms. Gonzales addressed Council member feedback by providing an update the availability or the status of the data requested by Council members and any action to be taken to meet their requests.

- **Work Plan Update**

OSHPD's Healthcare Workforce Development Division Deputy Director, Angela Minniefield, presented the revised document entitled, "California Healthcare Workforce Planning Grant Process and Work Plan". Per the request of the Council, this document was updated in order to be more visually comprehensive. As outlined in the document, the goal of the work plan is to

develop a comprehensive plan for primary care workforce development in California to meet the diverse needs of the State's population. Ms. Minniefield also presented the updated California Health Workforce Planning Grant Work Plan to the Council members.

VII. Correspondence: Update

The Council received two pieces of correspondence that were shared at the meeting. One from the California Regional Action Coalition (CA RAC) describing its efforts to implement the recommendations from the Institute of Medicine's report on the Future of Nursing. CA RAC would like to ensure that the Council is aware of their work and can help facilitate integration of this important initiative the work of the Council.

The other letter was from the California Chiropractic Association regarding the work of chiropractors on both a national and statewide basis. The letter asked the State Board to include doctors of chiropractic on the list of primary care providers in the planning grant, any comprehensive strategy to expand health care workforce and data collection efforts.

VIII. Next Steps

Javier Romero, State Board manager, announced the cancellation of the May 18th Council meeting and described the timeline staff will be operating under to complete the Affordable Care Act State Health Care Workforce Development (SHCWD) planning activities to develop a SHCWD implementation proposal. The membership requested that we have two meetings prior to the submission of a implementation grant. Additionally, the Members requested that the next meeting allow for extensive and substantive discussions among the membership.

IX. Public Comment

A representative from the California Association of Alcoholism and Drug Abuse Counselors requested that the Council consider addressing the issue that in California Alcohol and Other Drug Abuse (AODA) Counselors are not required to be licensed and regulations are very light. This was in consideration that Health Care Reform includes mandates in this area of health care. The members requested that the Career Pathways Sub- Committee examine this issue further.

The meeting was adjourned at approximately 3:00 p.m.



**Health
Workforce
Development
Council
Meeting**

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**California Health Workforce Planning
Grant Work Plan**

Career Pathways Sub-Committee

- a. **Career Pathways Cross-Cutting Infrastructure Findings**
- b. **Sample Developed Career Pathway - Clinical Laboratory Specialist**

**Regional Focus Group Materials –
Final Report**

**Office of Statewide Health Planning
and Development – Staff Research**

1. **Health Care Reform in California: What are the Workforce Needs? Considerations for the Health Workforce Development Council (HWDC) Cross-Cutting High Demand Health Professions**
(Findings Derived from: Literature Review, Regional Focus Groups, Career-Pathways Sub-Committee, HWDC public meetings, and mentioned in Title V of the Patient Protection and Affordable Care Act)
2. **Health Workforce Development Resources**
3. **Foundation Resources**

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

California Health Workforce Planning Grant Workplan

Activities	Strategy/Outcome	Lead	Council Input	Target Completion Date	Actual Date Completed	Action Required		Comments
						Legislative	Administrative	
Develop the administrative infrastructure required to guide and conduct the planning grant activities.	<ul style="list-style-type: none"> Identified prospective membership for the Health Workforce Development Council (Council) including membership to compose the Planning Grant "Eligible Partnership" required 	State Board OSHDP		7/17/10	7/17/10		X	
	<ul style="list-style-type: none"> Establish the Council as a Special Committee of the CA Workforce Investment Board 	STATE BOARD		8/17/10	8/17/10		X	
	<ul style="list-style-type: none"> Coordinate Council Meeting logistics Create foundational documents for Council meetings OSHDP analyst and research assistant prepared: 1) Health service definitions; 2) isolated health occupation projections from EDD-LMID information; 3) literature survey of recent studies on California's health workforce 	STATE BOARD OSHDP		12/10/10	12/3/10		X	
	<ul style="list-style-type: none"> Collect regional definitions used by other entities and develop an overview of findings Define health workforce planning regions 	OSHDP	X	1/30/11	3/08/11		X	
	<ul style="list-style-type: none"> Conduct 11 regional focus groups within the first 2 quarters of grant Identify locations and schedule focus groups Identify target audiences for focus groups and ask Council members for assistance with participant outreach Procure focus group facilitator and contractor 	STATE BOARD OSHDP CONTRACTOR	X	3/31/11	3/21/11		X	

Activities	Strategy/Outcome	Lead	Council Input	Target Completion Date	Actual Date Completed	Action Required		Comments
						Legislative	Administrative	
	Establish and convene a Career Pathway Sub-Committee of the Council to include but not be limited to Council Members and discuss the following: health career pathways that increase access to primary care; education and training capacity and infrastructure to accommodate career pathways; academic and healthcare industry skill standards; big picture issues related to recruitment, retention, attrition, transfer and articulation; need for pilot projects	STATE BOARD CONTRACTOR	X	6/30/11			X	Sub-committee established and first meeting to be held 4/19/11 A total of 4 meetings held: 4/19/11 5/10/11 6/9/11 6/17/11
Identify current and projected high demand State or regional health care sectors for purposes of planning career pathways	<ul style="list-style-type: none"> Develop regional focus group questions in concert with an Adhoc Committee of the Council –JVS, CPCA, HWI, CHWA, CSRHA 	STATE BOARD OSHPD	X	12/10/10	12/3/10		X	
	<ul style="list-style-type: none"> Review literature as well as State and Federal labor market projections 	OSHPD		1/1/11	12/21/10		X	Also considered information from Focus Group Career Pathways Sub-Committee, CHWA, PCI, EDD-LMID high growth/high demand employment projections
	<ul style="list-style-type: none"> Use regional focus groups as a means to introduce and apply the Sector Strategy Model to convene employers, labor, education and training providers at the regional level to develop plans to address employer workforce needs and education needs of workers 	STATE BOARD OSHPD REGIONAL FOCUS GROUP CONTRACTOR		3/31/11	3/21/11		X	

Activities	Strategy/Outcome	Lead	Council Input	Target Completion Date	Actual Date Completed	Action Required		Comments
						Legislative	Administrative	
	<ul style="list-style-type: none"> Career Pathway Sub-Committee of the Council to identify whether the existing education and training capacity and infrastructure can accommodate the career pathways needed; and to identify gap Identify gap between supply and demand of a highly skilled workforce 	STATE BOARD OSHDP CONTRACTOR	X	6/30/11	6/17/11		X	First meeting 4/19/11
Analysis of State labor market information to create healthcare career pathways for students and adults, including dislocated workers	<ul style="list-style-type: none"> Review focus groups findings, key informant discussions and published material 	Career Pathway Sub-Committee STATE BOARD OSHDP		4/30/11	6/17/11			
	<ul style="list-style-type: none"> Identify available and needed health workforce data resources for primary care and other health workers Leverage findings from OSHDP Clearinghouse, CA Health Workforce Alliance, and UC Center for the Health Professions 	STATE BOARD OSHDP		12/31/10		X	X	Compiling information received from Clearinghouse data providers, CHWA Data Workgroups and UCSF-CHPS
	<ul style="list-style-type: none"> Through regional focus groups convene health workforce and education stakeholders to analyze labor market data and identify career pathways to increase primary care and other health worker supply, with emphasis on California's geographic and demographic diversity Prepare regional data fact sheets that display the supply of primary care providers and high growth 	STATE BOARD OSHDP REGIONAL FOCUS GROUP CONTRACTOR	X	3/31/11	3/21/11		X	

Activities	Strategy/Outcome	Lead	Council Input	Target Completion Date	Actual Date Completed	Action Required		Comments
						Legislative	Administrative	
	<ul style="list-style-type: none"> high demand occupations Identify which categories of the health workforce are the priorities-immediately, within 2-years and within 3-5 years? Review existing literature to identify existing and potential health career pathways Leverage work of CDE, HWI, CSU and CHWA 	STATE BOARD OSHPD CONTRACTOR		3/31/11	6/17/11		X	Career Pathways Sub-Committee
Describe State secondary and postsecondary education and training policies, models or practices for the healthcare sector including career information and guidance counseling	<ul style="list-style-type: none"> Review focus groups findings, key informant discussions, and published materials 	Career Pathway Sub-Committee	X	3/31/11	6/30/11		X	
Describe academic and healthcare industry skill standards for high school graduation, for entry into postsecondary education, and for various credentials and licensure	<ul style="list-style-type: none"> Review focus groups findings, key informant discussions, and published materials 	Career Pathway Sub-Committee	X	3/31/11	6/30/11		X	
	<ul style="list-style-type: none"> Identify health personnel categories of focus and skill standards for industry—clinical, soft skills, and cultural competency training What are the difference between academic and practice standards 	STATE BOARD OSHPD CONTRACTOR	X	3/31/11	6/30/11		X	

Activities	Strategy/Outcome	Lead	Council Input	Target Completion Date	Actual Date Completed	Action Required		Comments
						Legislative	Administrative	
	<ul style="list-style-type: none"> Leverage work of the Department of Consumer Affairs regarding education levels and licensing requirements for healing arts professions Expert review of California statutes and regulatory code to describe education and training required for certification and licensure related to cultural and linguistic competency; new occupational standards/health professional categories 	CONTRACTOR		6/30/11	6/19/11		X	DCA provided draft to Career Pathways Sub-Committee on 6/9/11 meeting
Identify existing Federal, State, and private resources to recruit, educate or train and retain a skilled healthcare workforce and strengthen partnerships	<ul style="list-style-type: none"> Use regional focus group findings Leverage work of the CHWA inventory of statewide health workforce initiatives Develop resource inventory that includes the following data: program/effort name, administrator, purpose, point of intervention in the health pipeline, target audience, scope of partners, funding source and scope, and funds available 	OSHDP CONTRACTOR	X	4/30/11	6/19/11		X	
Identify education and workforce data availability and gaps	<ul style="list-style-type: none"> Inventory existing health workforce and education data available within the public and private sector Use Clearinghouse and CHWA Data Workgroup information as a baseline for what is available within the public and private sector 	OSHDP		4/30/11	Ongoing		X	Working closely with CHWA Data Workgroup, UCSF-CHPs, and OSHPD Clearinghouse Staff

Activities	Strategy/Outcome	Lead	Council Input	Target Completion Date	Actual Date Completed	Action Required		Comments
						Legislative	Administrative	
	<ul style="list-style-type: none"> Map data gaps and needs to support Clearinghouse program EDD agreed to host meeting with health employers to identify data needs/collection challenges related to demand projections 	OSHPD		6/30/11	Ongoing	X	X	Through CHWA Data workgroup meeting with EDD-LMID on 4/18/11.
	<ul style="list-style-type: none"> Identify policy, regulatory and/or administrative actions needed to collect necessary components of health workforce and education data and to make accessible for statewide and regional health planning Convene CHHS, LWDA, DCA, SCSA leadership to determine if legislative action is necessary to achieve the data elements and reporting requirements of the Clearinghouse 	OSHPD STATE BOARD	X	6/30/11	Ongoing		X	
Map education and career pathways/supports and policy actions necessary to supply the health workers needed to increase access to primary care and meet future demands	<ul style="list-style-type: none"> Career Pathways Sub-Committee to discuss the big picture issues around recruitment, retention, attrition, transfer, articulation and curricular disconnects, and identify policies needed to facilitate the progress of students between and among education segments in California Seek information about increasing the diversity of the health professions pipeline 	Career Pathways Sub-Committee STATE BOARD OSHPD	X	6/30/11	6/24/11		X	
	Strategy	Lead	Council	Target	Actual	Action Required		Comments

Activities	Input	Completion Date	Date Completed	Legislative		Administrative	
<ul style="list-style-type: none"> ▪ from the CHPC ▪ Seek information from health employers and labor about career pathways for incumbent workers ▪ Develop questions to be asked at focus groups around specific health workforce categories—what are best practices and models that increase diversity and cultural competency? 							
<ul style="list-style-type: none"> ▪ Compile information to identify and prioritize education and career pathways needed at the State and regional level 	X	6/30/11	6/30/11				<p>Discussion from B. Redlo –</p> <ul style="list-style-type: none"> ▪ Discuss compensation and reimbursement rates from State to colleges for health professions education and training programs.
<p>Assess legislative and administrative policy changes that are needed to increase the supply of primary care providers needed to improve population health as well as bolster regional health access and economies</p>			Ongoing				

Activities	Strategy	Lead	Council Input	Target Completion Date	Actual Date Completed	Action Required		Comments
						Legislative	Admini-strative	
	<ul style="list-style-type: none"> Convene key stakeholders and regional leaders – to examine the need for pilot/demonstration projects in eligible Health Workforce Pilot Project health personnel categories, or new health personnel categories Identify health personnel categories/occupations for possible practice act expansion that have potential to expand access to primary care Identify alternative care models that allow health providers to practice to the full extent of their scope. 	STATE BOARD OSHDP REGIONAL FOCUS GROUP CONTRACTOR	X	6/30/11	Ongoing	X	X	Planning grant effort identified need to allow health workers to practice at top of their scope; and some recommendations made regarding looking at scope-of-practice laws for CA health workers versus other states.
	<ul style="list-style-type: none"> Examine policy changes that may be needed to foster comprehensive health workforce development, accommodate resource constraints, while increasing access to care for primary care and other health workers Work with professional organizations associations and licensing bodies to determine pros and cons before developing policy recommendations Review literature or other state planning grantee abstracts to see what other states are doing Identify and compile promising practices for health worker retention that foster innovation 	STATE BOARD OSHDP REGIONAL FOCUS GROUP CONTRACTOR	X	Ongoing		X	X	

Activities	Strategy	Lead	Council Input	Target Completion Date	Actual Date Completed	Action Required		Comments
						Legislative	Admini-strative	
	<p>and stakeholder engagement and replication at the state and regional level</p> <ul style="list-style-type: none"> ▪ Task each Council Sub-Committee with recommending policy or administrative actions that may be needed to overcome and facilitate increased access to primary care ▪ Identify alternative delivery/ care models that increase primary care access immediately over the long term 							

Development of Health Career Pathway for California

Clinical Laboratory Specialists (CLS)

Revised 6/20/11

WHY CLS?

- Top priority for hospitals and biotech
- Identified as top priority in regional focus groups
- Impact of shortage
 - CLS are vital to patient care delivered in all settings
 - Increased costs for hospitals (e.g., recruitment costs, cost of sending tests out)
 - Testing delays, mislabeling of specimens, conducting incorrect tests
 - Lab work going out of state for processing has adverse economic impact on small hospitals & communities

CLS Workforce Shortages: Current

- From 1999 to 2001, CLSs in CA decreased from 36,000 to 26,000
- Vacancy rates of 7% nationally
 - Highest (over 10%) in rural hospitals and hospitals with <100 beds
- California in the bottom 7 states in terms of CLS per 100,000 population
- CA hospitals reported average of 3 CLS vacancies in 2007, predicted to increase to 4 by 2010
 - Vacancy rate of 30% overall
 - It takes 6 months for hospitals to fill a CLS vacancy

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CLS Workforce Shortages: Future

- Need for allied health professionals in general to increase by 26% in less than 10 years
- CLS gap is top of the list
 - Projected shortfall of 559% in next 10 years
- Nationally, CLS population aging
 - 2 new CLSs entering field for every 7 facing retirement
 - BLS projects that by 2012 US will need 69,000 more CLSs and 68,000 more MLTs than 2002
 - Represents 13,700 new professionals each year
 - US education programs currently produce 4,500 graduates annually, leading to 9,200 shortfall each year
 - Average age of CA CLS is >50 years

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CLS Educational Capacity

Degree	Requirements	# of CA Programs	Class Size	# graduates	Projected Annual Openings, 2006-2016
CLS	Bachelor's degree plus 1 year additional training	13 (4 academic, 9 hospital-based)	2-30	<ul style="list-style-type: none"> •2007: 119 graduates •2008: 125 graduates 	390
MLT	Community college training	5 (1 operating at time of data)	5 (for 1 program)	•5 (for 1 program)	340

Comparison State	Population	# programs	# graduates
Texas	<2/3 CA	2x CA	5x CA
Michigan	<1/2 CA	12	3x CA

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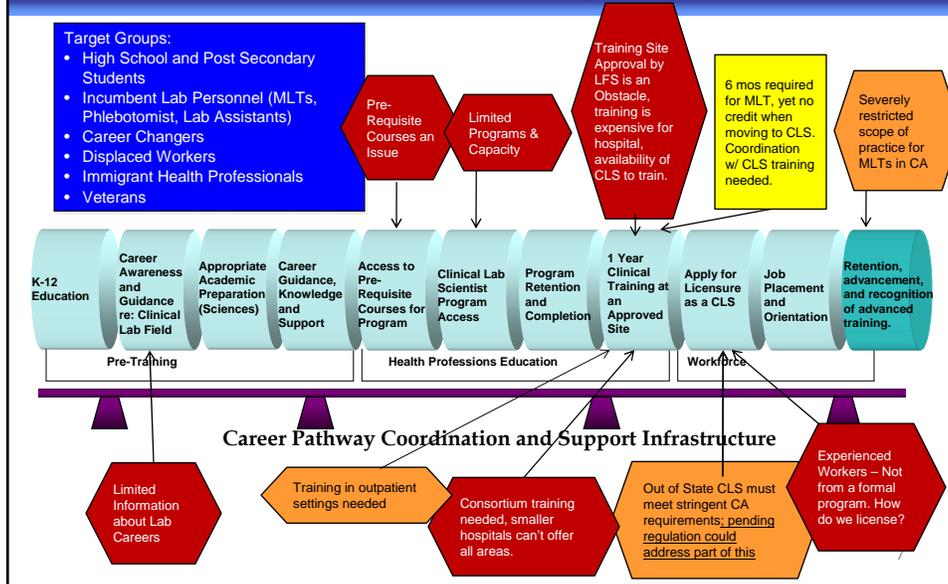
Lack of Clinical Training Sites

- Existing programs limit number of students based on limited clinical training sites
- Reasons for few clinical training sites:
 - Long approval time from the state (Laboratory Field Services)
 - Program requirements are so prescriptive that the application is a deterrent
 - Staff are stretched thin even when it is just the clinical portion. **There is a required 1:1 trainee/preceptor ratio, as required by LFS.**
 - **The cost to train CLS is substantial (reportedly over \$50k per individual)**
 - Many smaller labs cannot offer training programs because of limited scope (they are unable to qualify to train)

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6

Coordinated CLS System Pathway



Recommendations to Address Identified Barriers

Barrier	Recommendation
Pre-Requisite Courses an Issue	<p>Standardization of Prerequisite Courses</p> <ul style="list-style-type: none"> • Standardize prerequisite courses across the health sciences, including those required to become a licensed Clinical Laboratory Scientist (CLS) or Medical Laboratory Technician (MLT). • Addresses the issue of students being forced to retake courses they have already successfully completed at another college. • Will eliminate current barriers to certification and licensure; provide a clear pathway allowing students to progress more efficiently and mitigate capacity issues that are so prevalent with these courses. • Could facilitate individuals move from MLT to CLS. • Increase math and science skill sets by helping people start to identify and take prerequisites at lower levels; provide opportunities to help people obtain those skills.

Recommendations to Address Identified Barriers

Barrier	Recommendation
Out of State CLS must meet stringent CA requirements	<p>Harmonize Educational Requirements with National Standards</p> <ul style="list-style-type: none"> • Currently, in order to become licensed as a Clinical Laboratory Scientist (CLS) in California, one must not only pass a national exam, but must also meet state-specific requirements regarding specific course work. Some of these additional course requirements are outdated and unnecessary for functioning as a CLS in a clinical laboratory today. • Align educational requirements in California with national requirements, and make them competency-based instead of based on specific course requirements. Offer test in lieu of course work. • Will create a pathway for licensed out-of-state laboratory personnel seeking employment in California. • Pending new regulations could address part of this; legislation may also be necessary.

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Recommendations to Address Identified Barriers

Barrier	Recommendation
<ul style="list-style-type: none"> • Consortium training needed, smaller hospitals can't offer all areas • Training Site Approval by LFS is an obstacle, training is expensive for hospital, availability of CLS to train 	<p>Alleviate Barriers Related to Clinical Training</p> <ul style="list-style-type: none"> • Requirements for licensure as a CLS in CA: Bachelor's degree and 12 month internship training program that has been approved by the California Department of Public Health's Laboratory Field Services (LFS). • Generally provided by: <ul style="list-style-type: none"> – Educational programs provide curriculum and accreditation – Programs partner with hospitals to provide the clinical training opportunities through clinical rotations and preceptors • Currently, an insufficient number of clinical training opportunities are available to meet demand. This is due to various reasons, including state approval requirements, required hospital resources (it is very expensive, time consuming and requires ample space for multiple students), mentor-to-student ratio requirements, and the inability of some hospitals to offer training in all areas. • Examine and pilot innovative models of training and delivery. • Explore option of allowing free-standing labs to serve as training sites. • Explore expansion of demonstration projects that utilize a consortium model for training CLSs. Allow students to rotate through more than one hospital to gain required clinical training needed for licensure. • Allow multiple hospitals to be approved to train as a consortium, enabling them to leverage resources such as staff, space, and expertise; will ease the burden that might otherwise fall on a single hospital.

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Recommendations to Address Identified Barriers

Barrier (continued)	Recommendations (continued)
<ul style="list-style-type: none"> • Consortium training needed, smaller hospitals can't offer all areas • Training Site Approval by LFS is an obstacle, training is expensive for hospital, availability of CLS to train 	<p>Alleviate Barriers Related to Clinical Training</p> <ul style="list-style-type: none"> • Research and develop a compelling business case for hospitals, biotech firms, and free-standing labs to make a short-term investment in training programs to address the long-term costs of workforce shortages. • Create a Task Force, with HLWI as well as other representation, to identify and articulate workforce needs for biotech firms and free-standing labs, in addition to hospitals, to have a comprehensive picture of expected workforce shortages. • Design and create programs to train students for any CLS role, including the needs of hospitals, biotech firms, and free-standing labs. • Develop plan and work with CDPH and LFS to reduce the time for processing training site approvals and enhance communication throughout the process. Track and report on LFS approval times. • Explore regulatory and legislative changes based on existing stakeholder comments and new models to reduce the cost of training.

Recommendations to Address Identified Barriers

Barrier	Recommendation
Limited Programs & Capacity	<p>Development of Innovative Models for Accredited Educating and Training Allied Health Professionals</p> <ul style="list-style-type: none"> • Develop new and more articulated and accelerated pathways for MLT to CLS. • New, innovative models of educating and training clinical laboratory professionals must be developed, especially if we are to build a solid health laboratory workforce to serve rural and remote regions of the state. • For example, expanded, innovative use of technology can increase access to health science courses and provide opportunities for more students to pursue a laboratory career. • This is especially true for accessing prerequisite courses, which have high demand but limited capacity. • Technology can also address some of the clinical portions of training; e.g., through simulation exercises or virtual access to clinical mentors. • Innovative program pilots must be developed and evaluated to address capacity issues and geographic barriers. • AB 2385 authorizes the establishment of innovative pilot programs for nurses and allied health professionals such as CLSs. • Funding must now be secured in order make these demonstration projects a reality.

Recommendations to Address Identified Barriers

Barrier	Recommendation
Limited Information about Lab Careers	<ul style="list-style-type: none"> • Better promote existing resources related to lab careers and distribute through existing and new channels to reach target groups. Invest in greater promotion. • Utilize on-line resources, materials and career guidance resources. Create new resources if needed. • Feature CLS and MLT in Health Jobs Start Here and other existing resources.
Experienced Workers – Not from a formal program. How do we license?	<ul style="list-style-type: none"> • Develop competency-based tools to train, assess and license workers who have appropriate experience.

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Recommendations to Address Identified Barriers

Barrier	Recommendation
Insufficient infrastructure to support CLS and overall Lab workforce development	<ul style="list-style-type: none"> • Increase funding for infrastructure for CLS workforce development including staffing and program funding support for initiatives such as HLWI and others that would include broader health organization and biotech participation. • Develop and implement mechanism for CLS workforce forecasting, supply and tracking. Consider for inclusion in OSHPD Clearinghouse. • Explore potential linkage with Public Health Lab workforce needs.

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Recommendations to Address Identified Barriers

Barrier	Recommendation
Restricted MLT Scope of Practice compared to other states and CA lab workforce needs	<ul style="list-style-type: none">Review MLT scope of practice and regulations to explore possibilities for expansion.

Potential Demonstration Projects

- Explore expansion of a demonstration project that utilizes a consortium model for training CLSs. Allows students to rotate through more than one hospital in order to gain required clinical training needed for licensure.
- Review DeAnza College-San Jose State Articulation Model and consider lessons learned and expansion possibility.

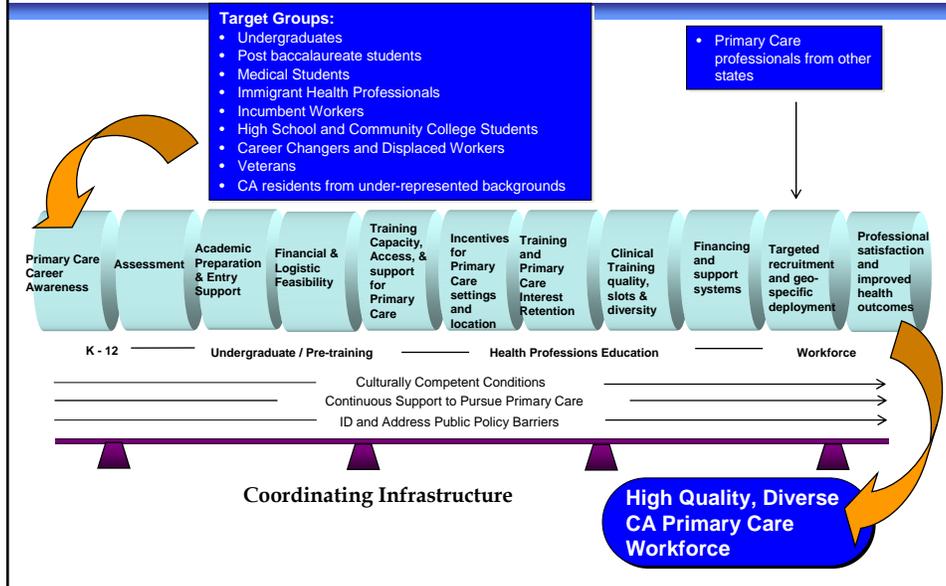
Health Career Pathways Sub-Committee Cross-Cutting and Infrastructure Recommendations (6/20/11)

Updated with revisions from the
6/17 Career Pathway Sub Committee
Meeting
UC Berkeley Team

Methodology

- The Sub-Committee selected priority professions and chose the CHWA Pathway Model as the framework
- Facilitators worked with experts from each profession to develop system level pathways.
- Experts identified key barriers to a high quality, sufficient & diverse workforce
- Recommendations were developed for each pathway
- Cross cutting & infrastructure recommendations were identified through the facilitated discussion of pathways

Coordinated CA Primary Care System Level Workforce Pathway



Cross-Cutting Recommendations: A. Awareness and Support

1. 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.
2. Support CSU recommendations for health career advising and courses on campuses.
3. Prioritize outreach, training and support for incumbent workers. Emphasize economic development opportunity.
4. Increase skill building , academic, advising & “career case management” support for individuals through out all stages of the pathway to increase retention and success

Cross-Cutting Recommendations

B. Academic Preparation & Training Program Capacity and Alignment

(modified CHA recommendations)

1. Determine, Preserve & Protect Funding for California's Public Institutions of Higher Education based on what California needs to meet health workforce requirements.
2. Protect Funding for California's Community College Workforce Preparation Programs and K-12 programs that feed into these.
3. Align Programs with Industry Demand & Emerging health sector needs (e.g. type, size, curriculum, access)
4. Improve Course Articulation Between California's Institutions of Higher Education
5. Alleviate Barriers Related to Sufficient Clinical Training Capacity and Geographic Distribution

Cross-Cutting Recommendations:

C. Academic Entry & Logistical Feasibility :

1. Improve access to pre-requisite courses.
2. Standardize pre-requisites
3. Revisit pre-requisites as indicators of success in education programs and employment
4. Utilize more technology-assisted education tools to meet needs by increasing reach and access.
5. Improve/clarify articulation along career paths and lattices (e.g., ADN to BSN, CHWs to other careers, MLT to CLS)

Cross-Cutting Recommendations: D. Financial Support and Incentives

1. Improve/increase incentives for students to choose primary care careers and service in underserved areas (e.g., scholarship & loan repayment)
2. Increase funding for internships and clinical training in ambulatory settings and underserved areas and provide infrastructure to coordinate
3. Examine the impact of increasing tuition, fees and debts on student's ability to enter & complete programs
4. Increase awareness of programs that offer financial support and how to utilize. Make it easier for target students to use.
5. Examine and improve reimbursement to recruit and retain in key professions & geographically.

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Cross Cutting Recommendations E. Training Program Capacity

1. Offer new or expanded education & training programs through self supporting strategies and partnerships, such as a fee-based programs and courses.
2. Project capacity needs relative to long term need. Maintain or expand capacity in priority professions
3. Increase internship and training opportunities to increase capacity
4. Establish programs with specific primary care and diversity focus. Locate more in underserved communities & in outpatient & community settings.

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Cross-Cutting Recommendations

F. Diversity and Service

1. All recommendations should have a priority focus on diversity and individuals from disadvantaged & underrepresented backgrounds & underserved communities.
2. Increase institutional commitment and investment in proven programs that increase workforce and diversity.
3. Focus on culture change and accountability in training programs to promote primary care & service commitments.
4. Examine demographic profiles across job classifications and create career ladders for advancement
5. Develop measurable matrix for defining success related to diversity in professions in relation to patient populations

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Cross-Cutting Recommendations:

G. Roles and Scope of Practice

1. Support full practice at current scope
2. Examine scope of practice for different professions within new delivery models and workforce needs
3. Support definition of new competencies and roles within emerging service models and across overlapping professions.

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Need to Select Top Priorities: Potential Prioritization Criteria

- Impact on multiple career pathways
- Impact on diversity
- Operational feasibility
- Political feasibility
- Cost and availability of resources
- Champion or infrastructure to lead & execute
- Degree of difficulty
- Solution to a high priority cross cutting barrier
- Short term, medium or long term impact
- Regulatory and statutory changes needed for implementation
- Other?

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H. Infrastructure Recommendations

1. Develop comprehensive strategic plan for health workforce & diversity in CA aligned with regional & profession specific plans. Make the case for policy change & investment.
2. Implement sufficient statewide public and private infrastructure to implement and be accountable for statewide plan implementation. Have cross profession and specific profession infrastructures.
3. Establish public and private funding streams to sufficiently invest in priority workforce programs and infrastructure
4. Establish solid organizing workforce intermediaries in priority regions with sufficient funding and capacity
5. Support implementation of and reporting to OSHPD clearinghouse.

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H. Infrastructure Recommendations

6. Develop forecasts of supply, demand, and future need by profession (statewide and regionally). Have mechanism for reporting and adjustment.
7. Develop new models of care, with roles of workforce within those, and necessary competencies.
8. Continue to build the workforce and diversity movement. Support capable statewide & regional leaders.
9. Establish mechanisms for shared learning through collecting & disseminating best practices
10. Develop structure for workforce advocacy

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Lessons From Virginia:

Infrastructure & Partnership Recommendations

- **Goal 1: To set up the statewide infrastructure required for health workforce needs assessment and planning that maintains engagement by health professions training programs in decision making and program implementation.**
- **Objective 1:** To establish the VHWDA as a sustainable public-private partnership.
- **Objective 2:** To establish the Virginia Health Careers Student Registry into a comprehensive registry of all Virginia students with an interest in health careers.
- **Objective 3:** To expand the scope of the annual Choose Virginia Conference to include all students and residents with an interest in primary care, helping them to “Choose Virginia! A Healthy Place to live and work!”

Lessons From Virginia: Infrastructure & Recommendations

- **Goal 2: To encourage regional partnerships that address health workforce pipeline development needs and promote innovative health care workforce career pathway activities.**
- **Objective 1:** To identify High Priority Target Areas (HPTAs) within each region of the Commonwealth.
- **Objective 2:** To identify and convene regional leadership to discuss opportunities to better leverage and align existing state, regional and local programs and activities to support regional health workforce pipeline development initiatives that are designed to have a measurable impact on HPTAs.
- **Objective 3:** To make available funds for regional planning and implementation grants to encourage leaders at the regional level to develop partnerships to address the workforce issues in HPTAs and that result in health workforce development initiatives that improve health status and outcomes in those areas.
- **Objective 4:** To capture, package and disseminate best practices and effective regional initiatives throughout Virginia and the nation.

Healthcare Workforce Development Regional Focus Groups and Follow-Up Survey

FINAL REPORT

Submitted to:



Submitted by:



SACRAMENTO STATE
COLLEGE OF CONTINUING EDUCATION
APPLIED RESEARCH SERVICES

*3000 State University Drive East
Sacramento, CA 95819-6103*

Phone: (916) 278-4826

Web: www.cce.csus.edu

June 22, 2011

Executive Summary

BACKGROUND

Due to California's size and the diversity of its geography and population, the accessibility and availability of healthcare services differs greatly from region to region. Because of these regional nuances, strategies to develop the health workforce needed in a given area must be based on a thorough understanding of the region, the characteristics of its population, and the current make up of its delivery system. Additionally, the implementation of the Federal Patient Protection and Affordable Care Act (ACA) will profoundly change the health delivery system and, in turn, result in significant health workforce development needs.

To better understand healthcare delivery systems, workforce development needs, and how California will be affected by the implementation of the ACA both statewide and regionally, the California Workforce Investment Board (State Board) and the Office of Statewide Health Planning and Development (OSHPD) contracted with California State University, Sacramento (CSUS), College of Continuing Education (CCE), Applied Research Services (ARS) to facilitate eleven regional meetings throughout California and to evaluate the outcomes of the regional discussions. Each meeting brought together regional leaders and stakeholders in order to provide the opportunity to consider how the ACA will affect their health delivery systems; to discuss new models of care that would be beneficial to the region, the region's health workforce needs, the availability of education and training capacity for health workers; and to explore partnerships and priorities that are critical for ensuring access to quality healthcare for the region's healthcare service population.

STUDY OBJECTIVE

The regional meetings convened a cross-section of healthcare stakeholders from the area to address the following objectives:

- Engage regional stakeholders in preparation to better position California as a strong applicant for the Federal Health Workforce Development Implementation Grant and to be a national leader in the implementation of ACA.
- Learn from healthcare employers what the State can do assist them in training, recruiting, utilizing, and retaining the quality healthcare workforce which will be required under the ACA.
- Assist the Health Workforce Development Council (HWDC), the State Board, and OSHPD in fulfilling the planning objectives to be achieved under the Health Resources and Services Administration (HRSA) funded Health Workforce Planning Grant, and lay the ground work for the articulation of health workforce development strategies that can become part of California's implementation plan.
- Establish a foundation for, or enhancement of, existing regional partnerships aimed at improving alignment of existing health workforce development activities and identifying new activities needed, particularly in response to the ACA.

METHODS

Healthcare stakeholders from around the state were invited to participate in day-long regional meetings held in: El Centro, Fresno, Los Angeles, Monterey, Oakland, Ontario, Orange, Oxnard, Redding, Sacramento, and Ukiah. Each regional focus group discussed the following six questions:

1. a. What are the most significant health workforce development challenges in this region?
b. What are the biggest challenges that are unique to your region?
2. a. What categories of primary and other health workers are needed in response to the ACA: immediately, within 2 years, and within 3-5 years.
b. Describe Federal, State, and Local policy changes that could be implemented that would aid in the recruitment, education, training, or retaining of the health workforce.
3. a. What resources are currently being invested or utilized in the region to recruit, educate, train or retain the health workforce and strengthen partnerships?
b. Where is additional investment needed?
4. a. What successful models of health professions education and training currently exist to supply the health workers necessary to improve health care in the region?
b. What types of new models will be needed to meet the impact of ACA?
c. Describe Federal, State, and Local policy changes that could be implemented that could facilitate new and successful models.
5. a. What best practices and models exist to increase workforce diversity and to ensure that patients have access to care provided in a culturally and linguistically appropriate manner?
b. What else is needed?
c. Describe Federal, State, and Local policy changes that could be implemented to increase workforce diversity and to ensure that patients have access to care provided in a culturally and linguistically appropriate manner.
6. a. What partnerships are you involved in that you believe will be necessary at the state and regional level to meet the health workforce needs of this region? (e.g., local workforce investment boards, one-stop career centers, community colleges, adult education, private training institutions)
b. What actions are necessary to strengthen existing partnerships and/or form new partnerships?

All of the regional focus groups independently answered the same six questions; however each focus group attendee only participated in discussions on two of the randomly assigned questions. When an attendee arrived at a regional meeting, he or she was assigned to a specific discussion group in an effort to maximize diverse representation of employers, education, and other organizational categories at each table. Round table discussions were held for each question, and participants summarized the top three responses for each question generated during their dialogue.

Based on the top three responses identified by each group, an online follow-up survey was designed to assess the prioritization of the top identified responses generated across groups and to gather: (1) additional resources currently being used to recruit, educate, train, and retrain the regional workforce; (2) successful models of regional health profession education and training; (3) best practices and models used to increase workforce diversity; and (4) regional partnerships. The online survey was distributed via email to all regional pre-registered participants and on-site attendees.

FOCUS GROUP PARTICIPANTS

Regional meetings had a combined total of 388 participants representing a diverse group of healthcare stakeholders from 41 counties across California. Hospital organizations were most highly represented across the meetings (21.6% of all participants), followed closely by representatives from educational institutions (20.5%, which includes 4-year public, community college, K-12, and private institutions). Participants classifying themselves as Other (12.6%) represented such organizations as the California Area Health Education Center Program, Taft Hartley Trust Fund, labor management, consortiums, non-profit organizations, and residency programs.

FOCUS GROUP RESPONSES

Focus group attendees participated in discussions which were based on the six pre-determined questions listed above. In order to make comparisons across regions for the statewide analysis, the responses generated by the focus group participants were categorized into themes. Analyses were conducted to identify global themes across all responses generated by the regional focus group participants. This analysis found five themes that were common to all regions. Additionally, eight themes were identified which may provide insight to regional differences in healthcare workforce needs.

Statewide Trends

Analyses were conducted to identify global themes across all responses generated by the regional focus group participants. The goal was to identify both similarities and differences in the responses given statewide. Common themes may indicate statewide needs while differences may provide insight into region-specific needs.

Regional Similarities. Five themes emerged from the responses generated by the focus groups, regardless of the question posed, which stood out among all other responses. These themes reflected concerns related to (1) alignment between education or training and industry standards; (2) collaboration; (3) cultural competency/diversity; (4) partnerships; and (5) career pipelines. At least nine of the eleven regional meetings produced responses related to these five themes.

Secondary Regional Themes. Additional regional commonalities surfaced, although to a lesser degree than the primary regional themes. These secondary themes, with responses from six of the eleven regional meetings, represent concerns such as (1) access to healthcare education; (2) healthcare education curriculum; (3) primary and secondary education; (4) funding for education; (5) recruitment of healthcare workers; (6) service models; and (7) training.

Regional Differences. Regional variation can be seen in cases where three or less regions provided responses related to a particular theme. These eight themes may reflect a particular need within specific regions. The themes were (1) acute care (Los Angeles and Monterey); (2) certification for healthcare workers (El Centro, Fresno, and Oakland);

(3) funding for healthcare research (Orange); (4) geography (Los Angeles and Oxnard); (5) out-of-state licensing (Orange, Oxnard, and Sacramento); (6) primary care (Fresno, Los Angeles, and Monterey); (7) primary prevention (Fresno, Monterey, and Sacramento); and (8) rural issues (Fresno).

FOLLOW-UP SURVEY

An electronic follow-up survey was used to assess the prioritization of the group identified responses, which enabled additional information to be gathered from all regional pre-registered participants and on-site attendees. Eleven individualized surveys were created, one for each region. Each regional survey was based on the responses generated during the focus group discussions within that region. Online surveys were completed by respondents in ten of the eleven regions. None of participants from Monterey completed the follow-up survey.

Respondents were asked to rank the importance of the responses that had been generated by their region for each of the six questions discussed. Since the specific responses varied across regions, for the statewide analysis the responses were grouped into themes which allowed comparisons across regions to be made.

Regional Challenges

Question 1 focused on (A) the most significant regional challenges and (B) unique regional challenges. Responses to Question 1A most commonly fell into two themes: Education and Recruitment, both of which were noted in six of the ten regions. Education was ranked as the most significant health workforce development challenge by Ontario and Sacramento, while Recruitment was ranked as the most significant health workforce development challenge by Redding. Although Question 1B specifically targeted challenges unique to each region, responses across regions most commonly fell into two themes: Cultural Capacity and Recruitment. Cultural Capacity was ranked as most important by Orange while Recruitment was not ranked as number one by any of the regions.

Current and Future Healthcare Professions

Question 2 focused on specific categories of healthcare workers needed currently and in the future. For Question 2A, respondents most commonly cited immediate needs as behavioral/mental health workers, which was indicated by five of the ten regions and was ranked as the highest priority by Ukiah. Participants indicated that within 2 years, the category of worker most needed was behavioral/mental health workers, which was indicated by three of the ten regions and was ranked as the highest priority by Ukiah. Within 3-5 years, participants cited that primary care providers (PCPs) were most needed. This was indicated by four of the ten regions and was ranked as the highest priority by Fresno. For Question 2B respondents indicated policy changes that could be implemented to aid in the development of the future healthcare workforce. Responses most commonly fell into the theme of Education (five out of the ten regions), and Education was ranked as most important in Fresno and Sacramento.

Supporting Resources

Question 3 focused on resources supporting recruitment, education, training, and retention of the healthcare workforce, which were listed by name by focus group participants. Additional supporting resources were submitted on the follow-up survey. Most resources recorded on the follow-up survey were only mentioned once; however, resources cited five times or more were: educational institutions, the HRSA grant, and the Service Employees International Union (SEIU).

Question 3B addressed where additional resource investment could be allocated in order to develop or sustain these resources. Responses most commonly fell into the theme of Education (six out of ten regions indicated this theme), and Education was ranked as most important in Ontario and Oxnard.

Successful Education and Training Models

Question 4 focused on successful education and training models. Again, successful models were listed by name by the focus group participants. On the follow-up survey, respondents had the opportunity to provide additional models not previously mentioned. While most current models listed on the follow-up survey were only mentioned once; models cited on the follow-up survey five times or more were: training collaborations among education institutions, community-based organizations, government agencies, and healthcare providers; healthcare career pathways/pipelines; and the Workforce Investment Board. For Question 4B, respondents identified what types of new models would be needed to meet the impact of the ACA. Responses most commonly fell into the theme of Education (ten of the ten regions indicated this theme), and Education was ranked as most important in Los Angeles, Orange, Oxnard, and Redding. Responses to Question 4C were generated to address policy changes that could facilitate and support the development of new models. The most common responses fell into the theme of Funding (seven out of the ten regions indicated this theme), and Funding was ranked as most important in Fresno and Orange.

Best Practices to Increase Workforce Diversity

Question 5 focused on best practices to increase workforce diversity. For Question 5A, focus group participants and follow-up survey respondents mentioned best practices to increase workforce diversity only once and these have been detailed in the report. Responses to Question 5B (What else would be needed to increase workforce diversity) most commonly fell into the theme of Cultural Capacity (seven out of ten regions indicated this theme), and Cultural Capacity was ranked as most important in five El Centro, Ontario, Oxnard, Redding, and Sacramento. For Question 5C, discussions were centered on what policy changes could be implemented to increase workforce diversity. Responses most commonly fell into the theme of Cultural Capacity (six out of ten regions indicated this theme), and Cultural Capacity was ranked as most important in Fresno and Los Angeles.

Partnerships

Question 6 focused on partnerships. For Question 6A (current partnerships), all reported partnerships, both from focus group participants and on the follow-up survey, were only mentioned once each and have been detailed in the report. Question 6B addressed actions that would be necessary to strengthen existing partnerships and the development of new partnerships. Responses most commonly fell into two themes: Collaboration and Partnerships, both of which were indicated by five of the eight regions. Collaboration was ranked as most significant by El Centro, Fresno, Los Angeles, Ontario, and Redding, while Partnerships was ranked as most significant by four the Bay Area, Orange, Oxnard, and Sacramento.

SUMMARY OF FINDINGS

Comparisons of the results across the focus group responses and the follow-up survey indicated there were eight common themes which emerged from the responses generated during the focus group discussions and in the online follow-up survey. The common themes were (in alphabetical order): Career Pipelines, Collaboration, Cultural Capacity, Education, Funding, Partnerships, Recruitment/Retention, and Reimbursement.

Career Pipelines

Responses related to career pipeline development discussed creating and sustaining effective healthcare career pipelines with an emphasis on creating opportunities for primary and secondary education students. Additional career pipelines needs were cited specifically for allied health workers and mental/behavioral health specialists.

Collaboration

Most responses about collaboration indicated that there was a lack of collaborative opportunities and suggested that support be provided for collaborations between:

- Education institutions and healthcare providers
- Education institutions and healthcare related policy makers
- Education institutions, community-based organizations, government agencies, and healthcare providers
- Educational systems statewide
- Education/training institutions and service organizations
- Local health organizations and regional hospitals

Cultural Capacity

Cultural capacity was discussed across many questions throughout the focus group meetings and follow-up survey. The following topics were cited as issues related to cultural capacity:

- Alignment between the current healthcare workforce and the diversity of the service population
- Cultural competency training for primary, secondary, and post-secondary education and training institutions
- Increased engagement in cross-cultural opportunities for healthcare organizations and education/training institutions
- Integration of interpreter services across healthcare providers
- Mandated cultural competency training and certification for healthcare professionals.
- Need for cultural and linguistic competency training for new and incumbent workers
- Providing continuing education units (CEUs) for cultural competency trainings

Education

The theme of education was discussed in all focus groups and was ranked as a priority in many regions throughout the state. Education results included the following:

- Additional training opportunities for recent healthcare graduates and incumbent workers
- Basic skills training for secondary graduates prior to graduation, which included writing, math, business etiquette, customer service, leadership, and healthcare related information technology (i.e., EMRs)
- Concerns about the capacity of current healthcare education and training programs
- Creation of inter-disciplinary core competency standards in healthcare training programs
- Implementation of transition from education-to-practice programs

- Increased access to education and training opportunities
- Integration of various educational modalities into learning delivery models
- Integration of health information technology into healthcare related education and training programs
- Need for additional education personnel such as healthcare preceptors, faculty, mentors, and trainers to support the current education and training environments
- Standardization of statewide inter-agency requirements for healthcare professional licensing and certifications

Funding

Results indicated that funding discussions encompassed a diverse set of issues, which included funding or increased funding for the following:

- Adult education programs
- Development and sustainability of specialized programs (e.g., geriatrics, pediatrics, and mental/behavioral health specialists)
- Education institutions
- On-the-job training models
- Preceptorships
- Recruitment and retention of health educators, mentorships, and preceptorships
- Regional, state, and federal partnerships
- Residencies
- Scholarships for healthcare professions
- Students in healthcare related vocational programs
- Subsidizing priority healthcare positions in underserved locations
- Vocational training programs

Partnerships

Partnership discussions involved two or more organizations in healthcare related actions such as policy-making, creating mentorship opportunities, or increasing the administrative and financial capacity of two or more organizations. Suggestions for strengthening existing and developing new partnerships included:

- Create allied health programs through partnerships between the University of California and California State University systems
- Create and enhance partnerships between government agencies
- Create and enhance partnerships between healthcare providers and academic institutions to better align education/training curricula with the needs of healthcare service providers
- Create hospital and community-based organization partnerships
- Create support for partnerships between regulatory agencies and healthcare employers

- Develop and enhance partnerships with ROPs
- Enhance policies to support partnerships between home health providers and acute care providers
- Provide opportunities for the development of additional regional partnerships
- Strengthen partnerships across education institutions including secondary education institutions, community colleges, universities, and adult education programs
- Support partnerships between primary care providers and behavioral/mental health providers

Recruitment/Retention

- Recruitment and retention were discussed and encompassed the following issues:
- Create innovative training programs for incumbent healthcare professionals in an effort to retain trained healthcare professionals
- Creation of a marketing strategy to communicate resource services for healthcare employment opportunities
- Develop governing boards that are reflective of regional cultural and linguistic diversity
- Incentivizing primary care roles in an effort to attract students
- Increase recruitment efforts of a culturally diverse workforce to address the cultural and linguistic gaps between the current healthcare workforce and service populations
- Need for increased awareness of healthcare professions among primary and secondary education institutions
- Provide programs that support the hiring and retention of diverse faculty members
- 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

Reimbursement

Responses from the focus group discussions and the follow-up survey cited policy changes regarding the alignment of reimbursement rates with service delivery costs. Also discussed were policy changes to provide reimbursement for health education and the expansion of reimbursement to non-PCP roles (e.g., case managers, alternative medicine providers).

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Healthcare Workforce Development Regional Focus Groups and Follow-Up Survey

FINAL REPORT

SECTION ONE: INTRODUCTION

BACKGROUND

Due to California's size and the diversity of its geography and population, the accessibility and availability of healthcare services differs greatly from region to region. Because of these regional nuances, strategies to develop the health workforce needed in a given area must be based on a thorough understanding of the region, the characteristics of its population, and the current make up of its delivery system. Additionally, the implementation of the Federal Patient Protection and Affordable Care Act (ACA; see Appendix A for a list of acronyms) will profoundly change the health delivery system and, in turn, result in significant health workforce development needs.

To better understand healthcare delivery systems, workforce development needs, and how California will be affected by the implementation of the ACA both statewide and regionally, the California Workforce Investment Board (State Board) and the Office of Statewide Health Planning and Development (OSHPD) contracted with California State University, Sacramento (CSUS), College of Continuing Education (CCE), Applied Research Services (ARS) to facilitate eleven regional meetings throughout California and to evaluate the outcomes of the regional discussions. Each meeting brought together regional leaders and stakeholders in order to provide the opportunity to consider how the ACA will: affect their health delivery systems; to discuss new models of care that would be beneficial to the region; affect the region's health workforce needs; affect the availability of education and training capacity for health workers; and to explore partnerships and priorities that are critical for ensuring access to quality healthcare for the region's healthcare service population.

The regional meetings convened a cross-section of healthcare stakeholders from the area to address the following objectives:

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2. Learn from healthcare employers what the State can do assist them in training, recruiting, utilizing and retaining the quality healthcare workforce which will be required under the ACA.
3. Assist the Health Workforce Development Council (HWDC), the State Board, and OSHPD in fulfilling the planning objectives to be achieved under the Health Resources and Services Administration (HRSA) funded Health Workforce Planning Grant, and lay the ground work for the articulation of health workforce development strategies that can become part of California's implementation plan.
4. Establish a foundation for, or enhancement of, existing regional partnerships aimed at improving alignment of existing health workforce development activities and identifying new activities needed, particularly in response to the ACA.

SECTION TWO: METHODS

Healthcare stakeholders from around the state were invited to participate in day-long regional meetings held in: El Centro, Fresno, Los Angeles, Monterey, Oakland, Ontario, Orange, Oxnard, Redding, Sacramento, and Ukiah. Each regional focus group discussed the following questions which were designed to gather data relevant to the Health Workforce Planning Grant:

1.
 - a. What are the most significant health workforce development challenges in this region?
 - b. What are the biggest challenges that are unique to your region?
2.
 - a. What categories of primary and other health workers are needed in response to the ACA: immediately, within 2 years, and within 3-5 years?
 - b. Describe Federal, State, and Local policy changes that could be implemented that would aid in the recruitment, education, training, or retaining of the health workforce.
3.
 - a. What resources are currently being invested or utilized in the region to recruit, educate, train or retain the health workforce and strengthen partnerships?
 - b. Where is additional investment needed?
4.
 - a. What successful models of health professions education and training currently exist to supply the health workers necessary to improve healthcare in the region?
 - b. What types of new models will be needed to meet the impact of ACA?
 - c. Describe Federal, State, and Local policy changes that could be implemented that could facilitate new and successful models.
5.
 - a. What best practices and models exist to increase workforce diversity and to ensure that patients have access to care provided in a culturally and linguistically appropriate manner?
 - b. What else is needed?
 - c. Describe Federal, State, and Local policy changes that could be implemented to increase workforce diversity and to ensure that patients have access to care provided in a culturally and linguistically appropriate manner.
6.
 - a. What partnerships are you involved in that you believe will be necessary at the state and regional level to meet the health workforce needs of this region? (e.g., local workforce investment boards, one-stop career centers, community colleges, adult education, private training institutions)
 - b. What actions are necessary to strengthen existing partnerships and/or form new partnerships?

Upon arrival, participants were assigned to a specific discussion group in an effort to maximize diverse representation of employers, education, and other organizational categories at each table. A detailed discussion of the participant demographics can be found in Section Three of this report.

Each group was asked to hold a round table discussion about two randomly assigned questions (one during the morning session and a second during the afternoon session). The direction and focus of the conversations around the questions were determined by the table participants. The groups began by selecting a scribe to capture the ideas generated during the group's discussion on the note-taking instrument (See Appendix B for an example of the note-taking instrument). Each group also selected a spokesperson for the discussion who was responsible for reporting back to all participants. When needed, groups were collapsed in the afternoon session due to a decrease in participants after the lunch break.

At the end of each discussion period, the groups summarized the top three responses for each question generated during their dialogue and reported back to all participants. The responses generated across all eleven focus groups are detailed in Section Five. Based on the top three responses identified by each group, an online follow-up survey was designed to assess the prioritization of the top identified responses generated across groups and to gather: (1) additional resources currently being used to recruit, educate, train, and retrain the regional workforce; (2) successful models of regional health profession education and training; (3) best practices and models used to increase workforce diversity; and (4) regional partnerships. The online survey was distributed via email to all regional pre-registered participants and on-site attendees. Respondents were given 10 business days to complete the survey with a reminder email sent on business day five. The results of the follow-up survey are discussed in Section Six.

SECTION THREE: FOCUS GROUP PARTICIPANTS

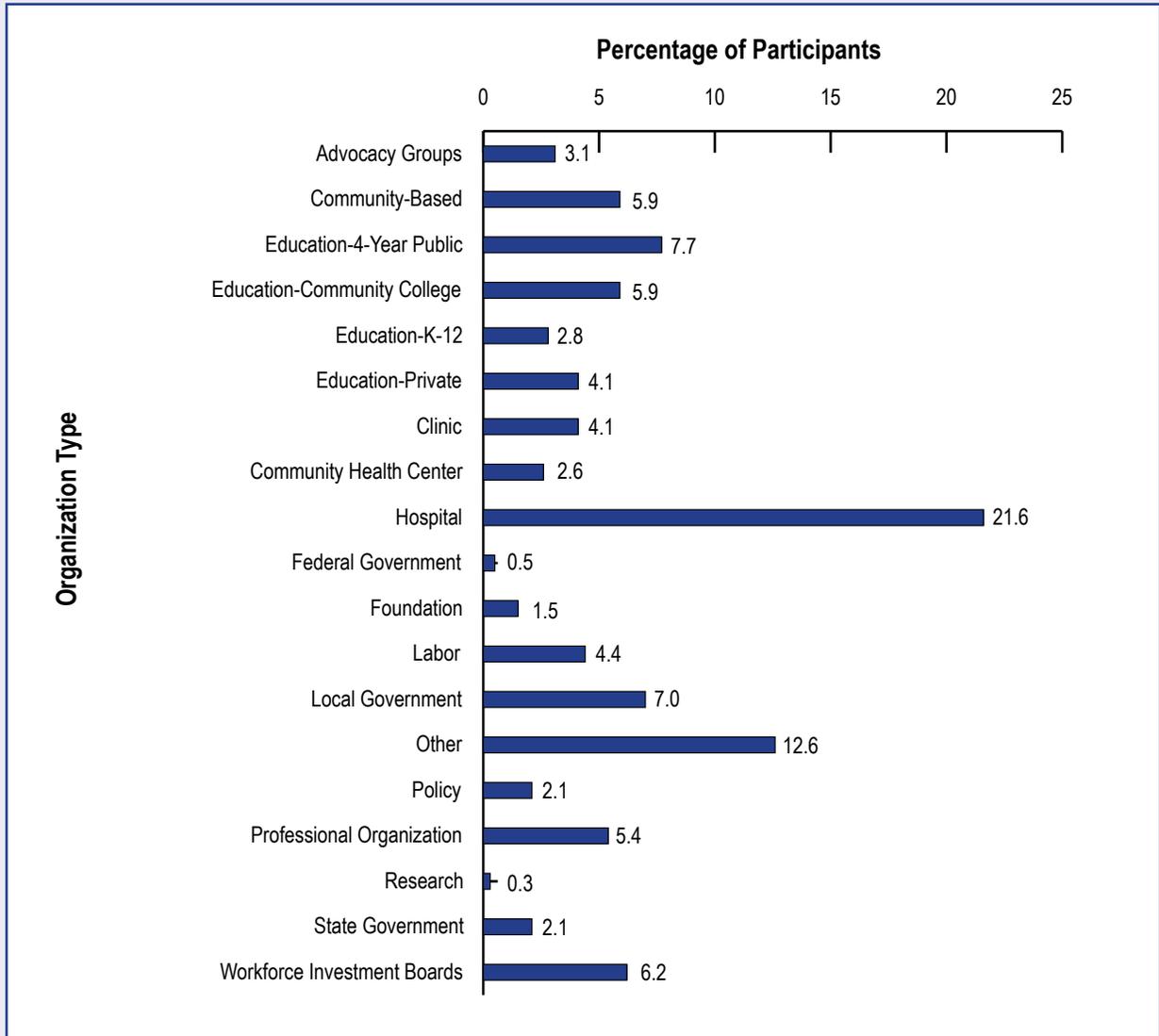
Statewide, the regional meetings had a total of 388 participants representing a diverse group of healthcare stakeholders from 41 counties across California (Figure 3.1) (See Appendix C for details regarding county representation at specific regional focus group meetings).

Participants represented a wide range of organizations, as demonstrated in Figure 3.2. The largest group of participants represented hospital organizations (21.6%) and was closely followed by educational institutions (20.5%, which includes 4-year public, community college, K-12, and private institutions). The next largest group of participants categorized the organization they represented as *Other* (12.6%). In defining *Other*, participants cited organizations such as the California Area Health Education Center Program, Taft Hartley Trust Fund, labor management, consortiums, non-profit organizations, and residency programs. The fourth largest category of organization types was comprised of participants who represented federal, state, or local government agencies (9.6%) (See Appendix D for specific details regarding regional organizational representation).

Figure 3.1
County Representation



Figure 3.2
Percent of Participants by Organization Type
 (n* = 388)



* n is defined as the number of on-site participants.

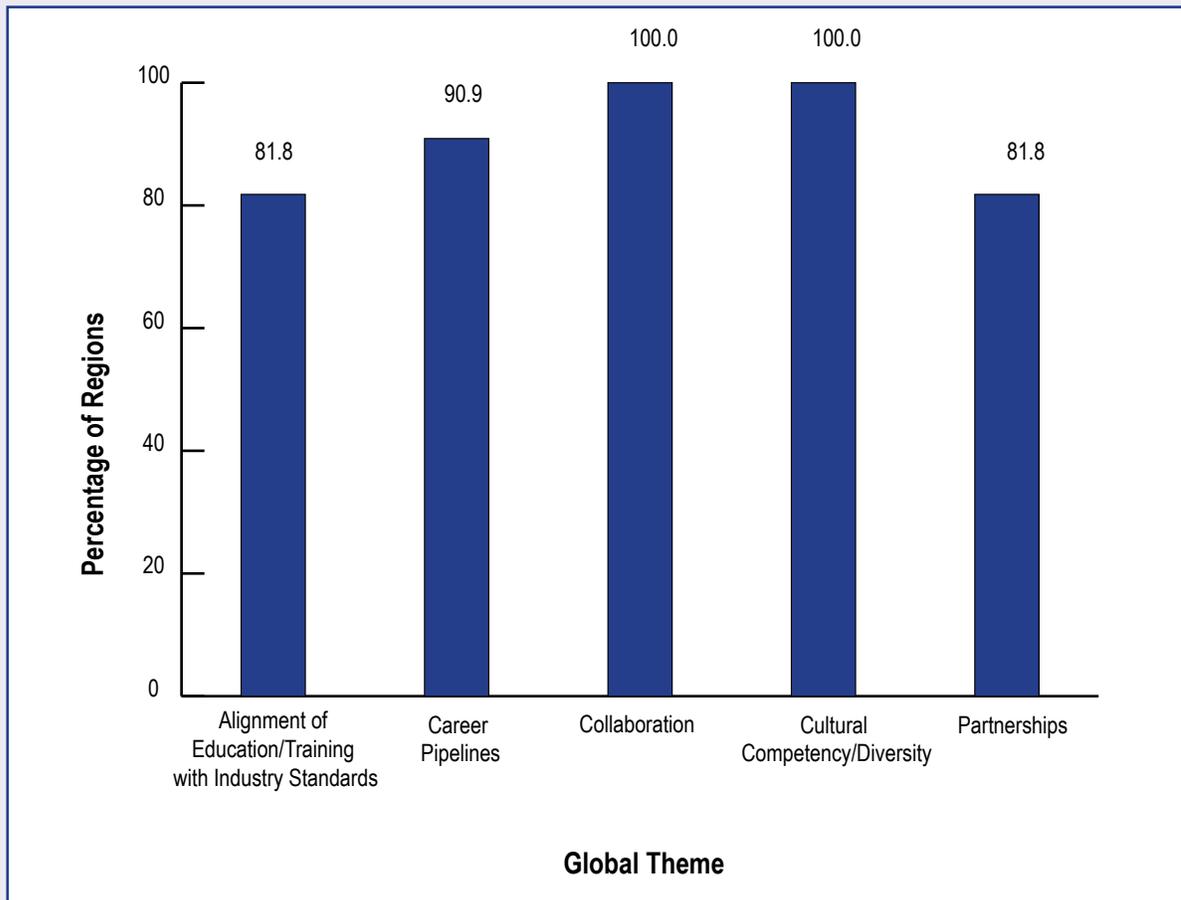
SECTION FOUR: REGIONAL FOCUS GROUP THEMES

Analyses were conducted to identify global themes across all responses generated by the regional focus group participants. This analysis found five themes that were common to all regions. Additionally, eight themes were identified which may provide insight to regional differences in healthcare workforce needs.

REGIONAL SIMILARITIES

Five themes emerged consistently and independently from the responses generated by the focus groups in answer to the questions that were asked, and these five themes stood out among all of the other responses. The themes that were repeatedly mentioned were concerns related to (1) alignment between education or training and industry standards; (2) collaboration; (3) cultural competency/diversity; (4) partnerships; and (5) career pipelines. Figure 4.1 indicates the percentage of regions which expressed concerns related to these themes. At least nine of the eleven regional meetings produced responses related to these five themes.

Figure 4.1
Themes of Focus Group Responses



Both cultural competency/diversity and collaboration were expressed in the responses of all regions, regardless of the questions posed to the focus groups. **Cultural competency/diversity** is a term that encompassed such needs as recruiting a more diverse workforce in order to meet the needs of a diverse population and also increasing the use of interpreters. Often, the term cultural competency/diversity pertained to increasing cultural competency training for both incoming and incumbent workers.

Collaboration referred to the need for different organizations to share information and jointly create new healthcare practices. This was a necessarily broad theme, but included specific collaborative efforts such as inclusion of educational institutions in policy discussions and forums to share best practices. There was also an overall discussion that increased communication between healthcare organizations is needed at all levels.

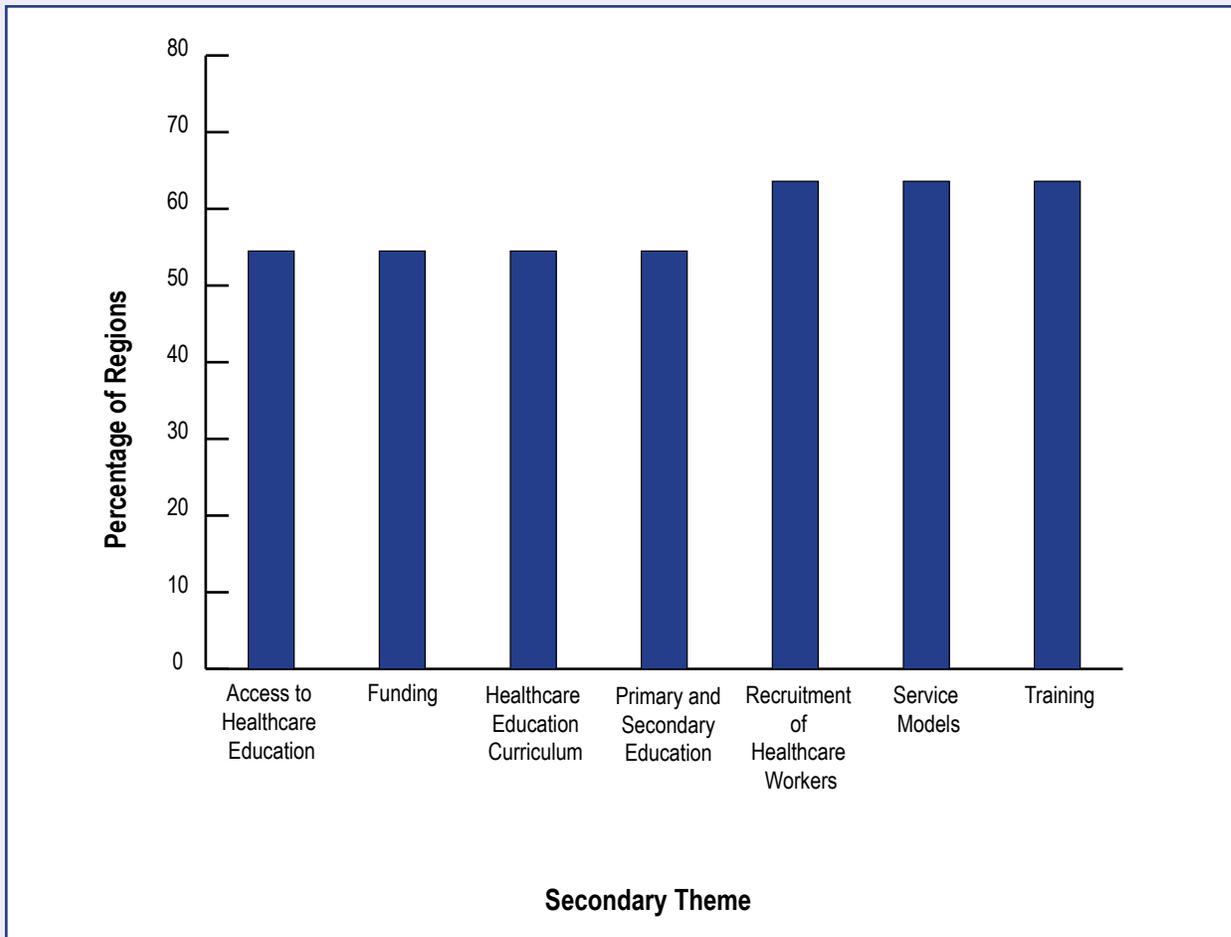
Ten out of the eleven regions gave responses related to **career pipelines**. As defined in the focus groups, a healthcare career pipeline is the practice of educating primary and secondary school students about healthcare careers and providing healthcare related opportunities prior to graduation from secondary education institutions. Ideally, this effort increases the number of people who become professionals in a portion of the healthcare sector. Responses related to the career pipeline discussed creating and, more importantly, **sustaining** effective healthcare career pipelines. Additionally, some regions indicated that career pipelines were specifically needed for certain sectors of the health workforce such as allied health and mental/behavioral health.

Nine of eleven regions indicated that partnerships and alignment of education or training with industry standards will be necessary to successfully maneuver the ACA. **Partnerships** were subtly different from collaborations in that, instead of sharing ideas or data collectively, partnerships aim to involve two or more organizations in healthcare related actions such as policy-making, creating mentorship opportunities, or increasing the administrative and financial capacity of the organizations involved. **Alignment of education or training with industry standards** referred to addressing the gap between skills taught in educational facilities and competency requirements within the healthcare industry. This included, but was not limited to, changing educational curricula, enhancing communication between industry organizations and educational institutions, and policy changes to address these concerns.

SECONDARY REGIONAL THEMES

Secondary regional themes were also identified in over half of the focus group meetings. These were (1) access to healthcare education; (2) healthcare education curriculum; (3) primary and secondary education; (4) funding for education; (5) recruitment of healthcare workers; (6) service models; and (7) training. Figure 4.2 indicates the percentage of regions which gave responses regarding these themes.

Figure 4.2
Secondary Themes of Focus Group Responses



Seven of the eleven regions regarded recruitment of healthcare workers, service models, or training as areas of concern. These themes were defined as follows.

- **Recruitment of healthcare workers** referred to the lack of competitive salaries for many healthcare positions, especially primary care. Additionally, regions found it difficult to recruit a diverse healthcare workforce and expressed desire in attracting workers from underrepresented populations.
- **Service models** addressed increasing use of the “Promotoras” model, creating a common continuum of care, and shifting to a patient-centered care model.
- **Training** encompassed issues from a lack of basic skills training to educating new and incumbent workers on new technology like Electronic Medical Records (EMR).

Six of the eleven regions expressed concerns related to different aspects of education.

- **Access to healthcare education** referred to both the physical challenge of access – location of schools makes them difficult to attend – and creating outreach programs in order to increase accessibility. Within the latter were suggestions to increase distance learning opportunities and develop innovative delivery techniques for educational materials.
- **Healthcare education curriculum** referred to standardizing healthcare curricula across educational institutions.
- **Primary and secondary education** is a theme related to reform of primary and secondary education so that students enter healthcare education with basic skills necessary to be successful. Additionally, some responses suggested cultural competency courses for students in secondary education.
- **Funding** is a theme that ranged from needing a general, across-the-board increase in funding to healthcare education institutions and programs to more specific needs such as reforming the process in obtaining grants, compensating preceptorships, and need-based subsidization of education.

REGIONAL DIFFERENCES

The data suggested that there were primarily eight themes that highlight regional variation. In order to be considered a regional difference, three or less regions had to provide responses related to a theme. These eight themes may reflect a particular need within specific regions. The themes were (1) acute care; (2) certification for healthcare workers; (3) funding for healthcare research; (4) research; (5) out-of-state licensing; (6) primary care; (7) primary prevention; and (8) rural issues.

Three of the eleven regions indicated that certification, out-of-state licensing, primary care, or primary prevention were themes of interest.

- **Certification** was a theme raised in the responses generated at the El Centro, Fresno, and Oakland regional meetings. These responses specifically highlighted certification at all levels of the healthcare workforce, including promotoras or other community health workers, and the need to standardize certification programs.
- **Out-of-state licensing** referred to the process of licensing healthcare workers who were educated in another state or country prior to arrival in California. The Orange, Oxnard, and Sacramento regional meetings reported encountering this challenge consistently.
- **Primary care** was a major concern discussed at the Fresno, Los Angeles, and Monterey regional meetings. Specifically, there is a need for hospitals to be able to employ doctors and also to create primary care externship opportunities.
- **Primary prevention** was identified as an area for improvement during the Fresno, Monterey, and Sacramento regional meetings. This not only included creating and incentivizing preventative care initiatives, but also discussed the challenges within the region caused by underserved communities not seeking preventative care.

Only two regions provided responses related to acute care and geography.

- **Acute care** referred to challenges of meeting the needs of acute care settings and revision of acute care training, which were identified at both the Los Angeles and Monterey regional meetings.

- **Geography**, in terms of creating barriers to healthcare provision and access, was identified as a major challenge by participants at the Los Angeles and Oxnard regional meetings.

Only one region noted concerns with rural issues or funding for healthcare research.

- **Rural issues**, specifically gaining the trust of immigrant populations around healthcare issues, was noted as a major challenge by participants at the Fresno regional meeting.
- **Funding for healthcare research** which would provide data for evidence-based practices was indicated at the Orange regional meeting.

SECTION FIVE: FOCUS GROUP RESPONSES

Focus group attendees participated in discussions which were based on six pre-determined questions (see Section Two for a review of the methods). Each region independently answered the same six questions; however at each focus group attendees participated in only two of the randomly assigned questions. Focus groups were asked to generate their top three answers; however, the number of answers generated varied across regions and between questions. Therefore, throughout this section, the number of responses to each question is indicated (n).

In order to make comparisons across regions for the statewide analysis, the responses generated by the focus group participants were categorized into themes. The themes are discussed in this section. Themes which accounted for 10% or more of the responses are discussed in further detail for each question.

REGIONAL CHALLENGES

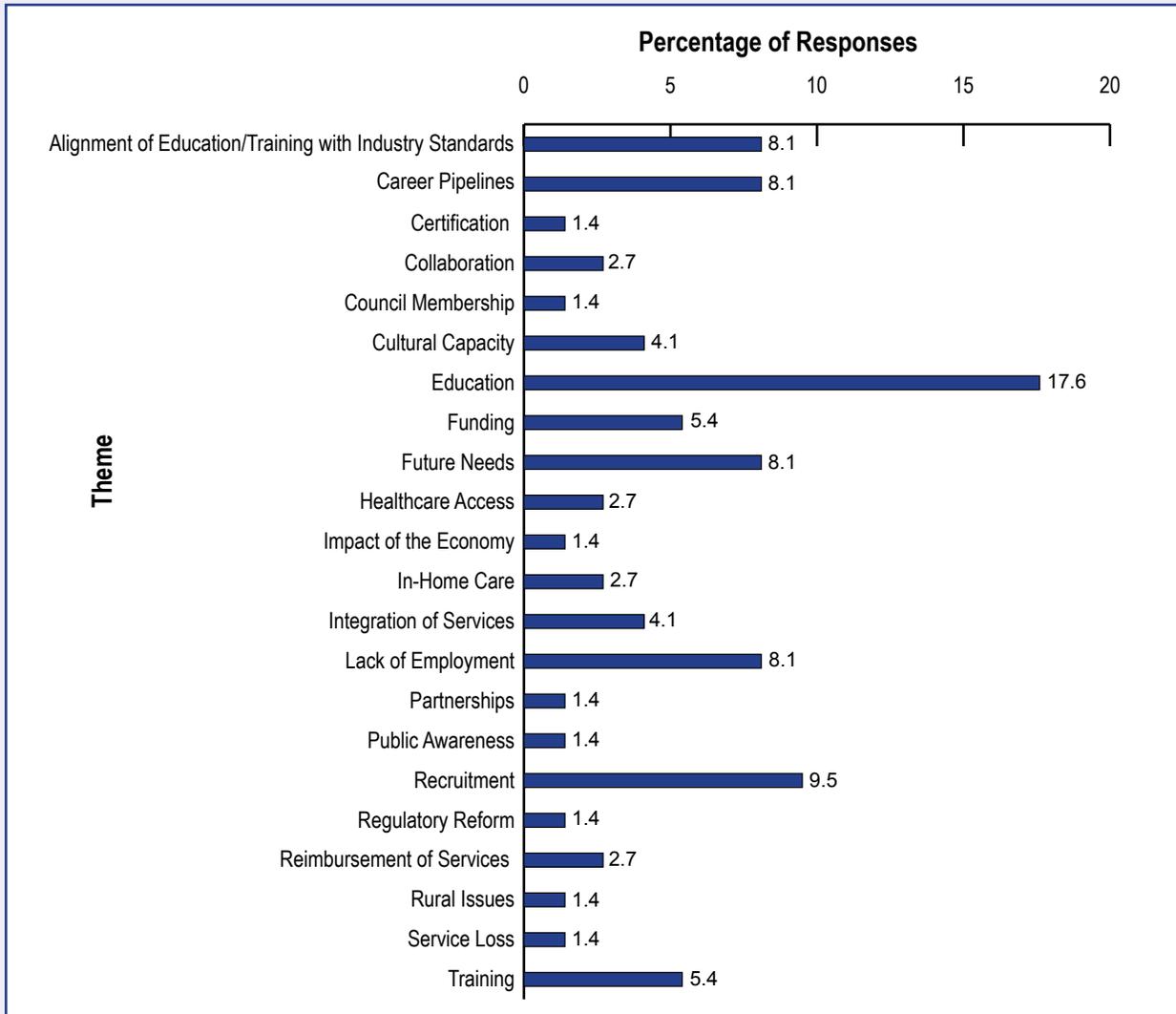
1A. What are the most significant health workforce development challenge in this region?

Focus group participants were asked to discuss the most significant workforce development challenges within their regions. Figure 5.1 shows the majority of responses were categorized into the theme of ***Education*** (17.6%).

The theme of ***Education*** encompassed the following challenges:

- Access – lack of access to education and training opportunities given the location of the education institutions.
- Articulation – lack of standardization of statewide inter-agency requirements for healthcare professional licensing and certifications.
- Capacity – allied health and Registered Nurse (RN) education and training programs are at full capacity and cannot meet the current desired enrollment demands. In addition, educational and clinical training programs are currently at capacity. The respondents suggested there may be a need for shorter training programs in order to meet the evolving need of additional healthcare workforce professionals.
- Continuing education – lack of support and training opportunities for recent healthcare graduates and incumbent workers.
- Curriculum – lack of a holistic approach to healthcare education. Specifically, general education requirements should include computer training in preparation for post-secondary training.
- Personnel – additional need for educational personnel such as healthcare preceptors, faculty, mentors, and trainers to support the current education and training environments.

Figure 5.1
Regional Challenges
 (n* = 74)

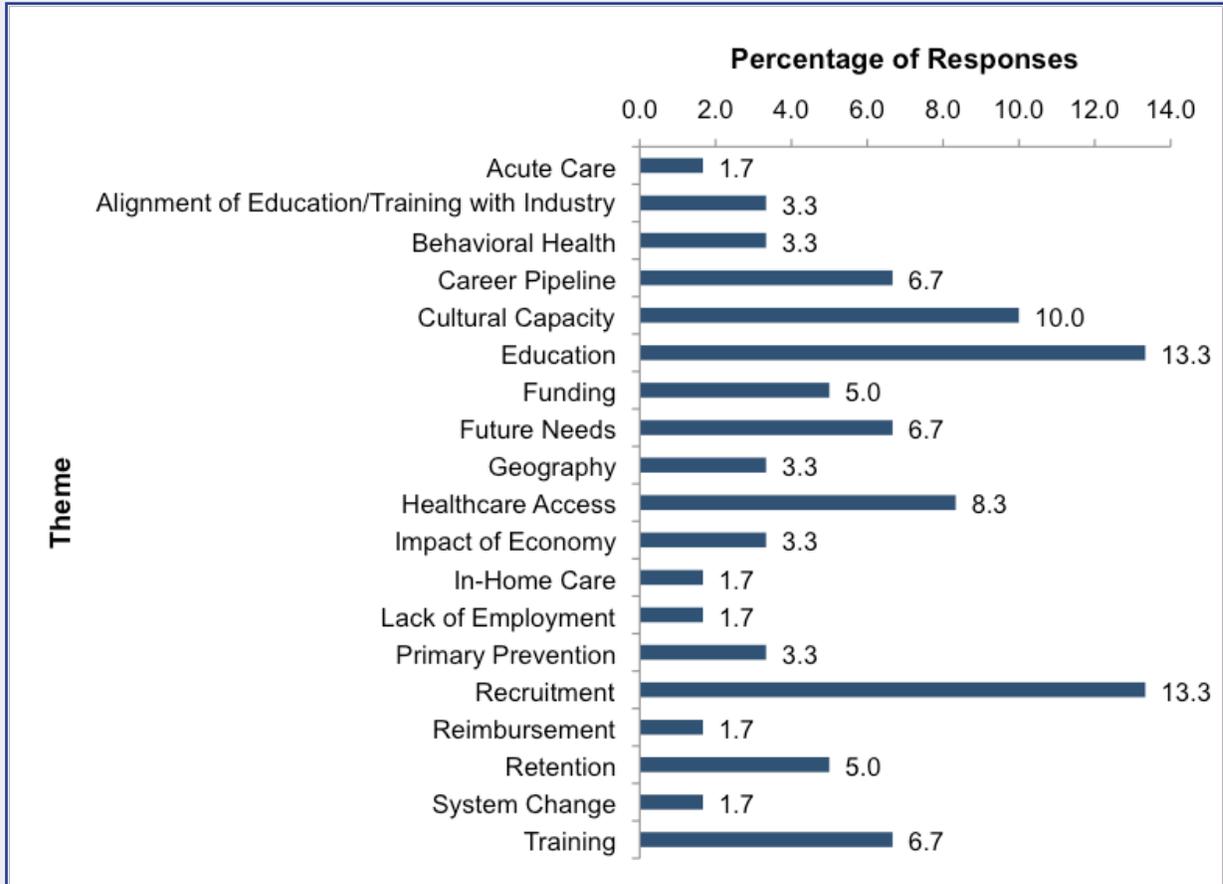


* n is defined as the number of responses.

1B. What are the biggest challenges that are unique to your region?

As the second part of question one, participants were also asked to identify the most significant workforce challenges unique to their region. However, there were commonalities across regions in the challenges that they identified as unique. Figure 5.2 indicates that the most commonly identified unique themes were: **Education** (13.3%), **Recruitment** (13.3%), and **Cultural Capacity** (10.0%), each of which is further defined below.

Figure 5.2
Unique Regional Challenges
(n = 60)



Education

Educational challenges (13.3%) were defined as:

- Capacity – the current capacity of the educational and training systems needs to be expanded.
- Continuing education – a need for training opportunities for the incumbent healthcare workforce to further develop and enhance their skill sets.
- Curriculum – a need for standardization of curriculum across education institutions.
- Primary and secondary education – an increased need for adequate preparation of students prior to their post-secondary education experiences in order to better equip them as they transition from education to practice.

Recruitment

Recruitment challenges (13.3%) were defined as:

- Diversity – increased need to recruit professionals that are culturally and linguistically appropriate for the regional service population.
- Retention – difficulties exist in recruiting and retaining healthcare workers in areas in which commuting is needed in order to provide services to the regional population.

Cultural Capacity

Challenges related to cultural capacity (10.0%) were defined as:

- Cultural competency – the need for cultural competency training and certification of trainees and incumbent healthcare workers.
- Diversity – lack of diversity among regional healthcare professionals and lack of alignment between the diversity of the current healthcare workforce and the service population.
- Interpreter services – integration of interpreter services across healthcare providers and additional offerings of interpreter training programs.

CURRENT AND FUTURE HEALTHCARE PROFESSIONS

2A. What categories of primary and other health workers are needed in response to the ACA?

Participants were asked to identify categories of healthcare professions that would be needed in response to the ACA on three time scales: immediately, within the next two years, and within the next three to five years. The following categories represent responses that were mentioned during more than one focus group:

Immediately

- Alternative Medicine Practitioners
- Behavioral/Mental Health Specialists
- Clinical Laboratory Scientists (CLSs)
- Community Health Workers
- Family Nurse Practitioners (FNPs)
- Geriatric Nurse Practitioners (NPs)
- NPs
- Physician Assistants (PAs)
- RNs

Within the Next Two Years

- Allied Health Workers
- Bachelor of Science in Nursing (BSNs)

- Community Health Workers
- Dentists
- FNPs
- Information Technology (IT) Specialists (with a healthcare emphasis)
- Mental/Behavioral Health Specialists
- NPs

Within the Next Three to Five Years

- Allied Health Workers
- Case Managers/Coordinators
- Mental/Behavioral Health Specialists
- NPs
- PAs
- PCPs
- RNs

2B. Describe Federal, State, and Local policy changes that could be implemented that would aid in the recruitment, education, training, or retaining of the health workforce.

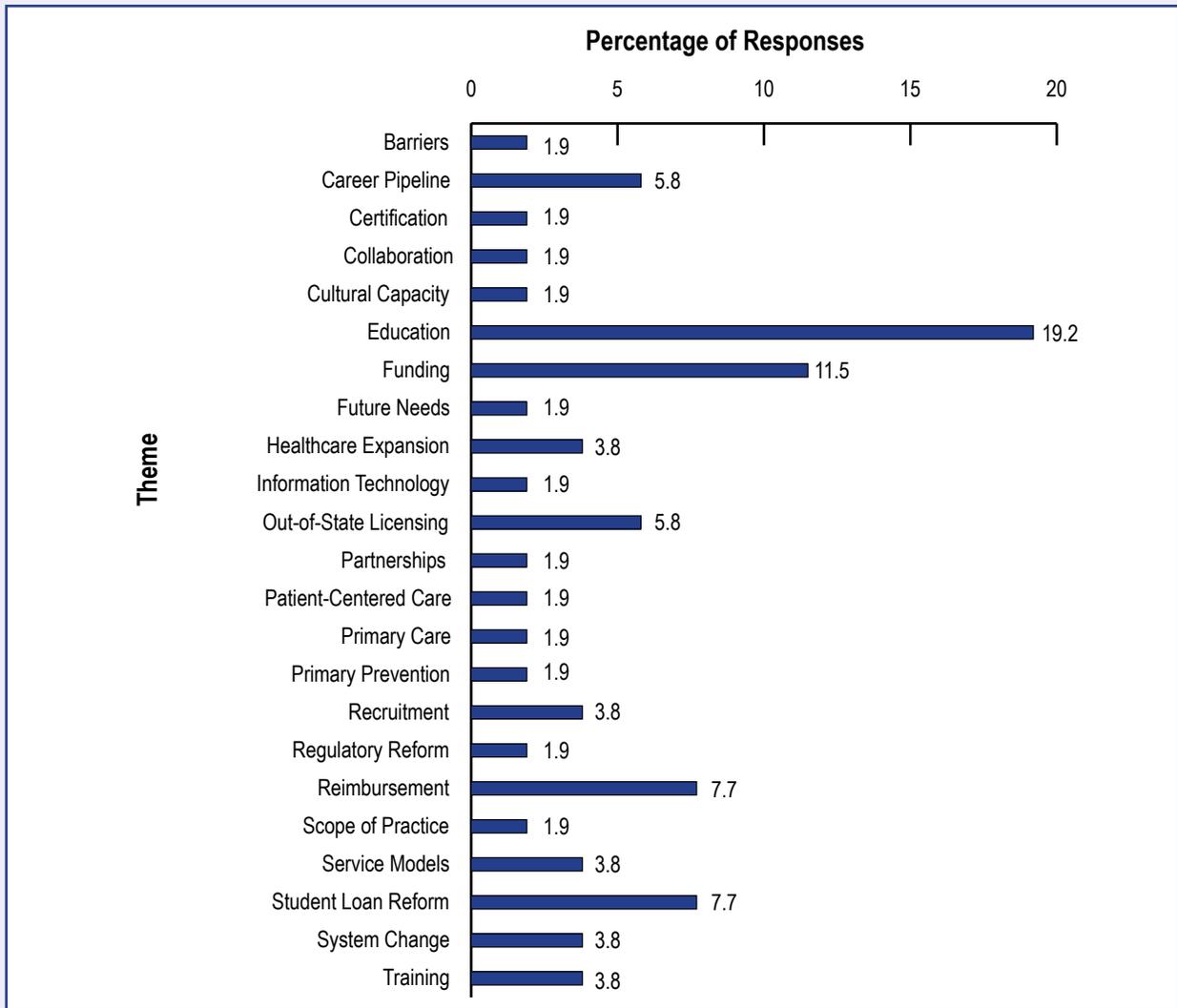
In addition to healthcare professions, focus group participants were asked to identify policy changes to aid in the development of the healthcare workforce in California. Figure 5.3 shows that the top areas identified for policy change were **Education** (19.2%) and **Funding** (11.5%).

Education

Educational policy changes (19.2%) were defined as:

- Access – the development of blended learning programs and the expansion of training models to include non-traditional clinic sites.
- Capacity – the creation of and expansion of affordable advanced healthcare related advanced degree programs.
- Continuing education – state and federal policy changes that would support training opportunities for the incumbent healthcare workforce to further develop and enhance their skill sets.
- Curriculum – a need for standardization of curriculum across education institutions for healthcare career pathways.
- Primary and secondary education – policy changes that include the integration of healthcare career education in primary and secondary grades.

Figure 5.3
Recruitment, Education, Training, and Retention Policy Changes
(n = 52)



Funding

Policy changes related to funding (11.5%) were defined as:

- Education – policy changes that provide additional funding for health profession education and policies that support incentivizing mentoring, preceptorships, and internships.
- Training – policy changes that include an increase in funding for facilities offering on-site clinical training opportunities and increased funding for dental training programs and mental/behavioral health training programs.
- Workforce Investment Board (WIB) – continued policies that provide federal funding for the WIB programs.

SUPPORTING RESOURCES

3A. What resources are currently being invested or utilized in the region to recruit, educate, train, or retain the health workforce and strengthen partnerships?

Participants identified the following resources that are currently being invested in or utilized to recruit, educate, train, or retain the health workforce:

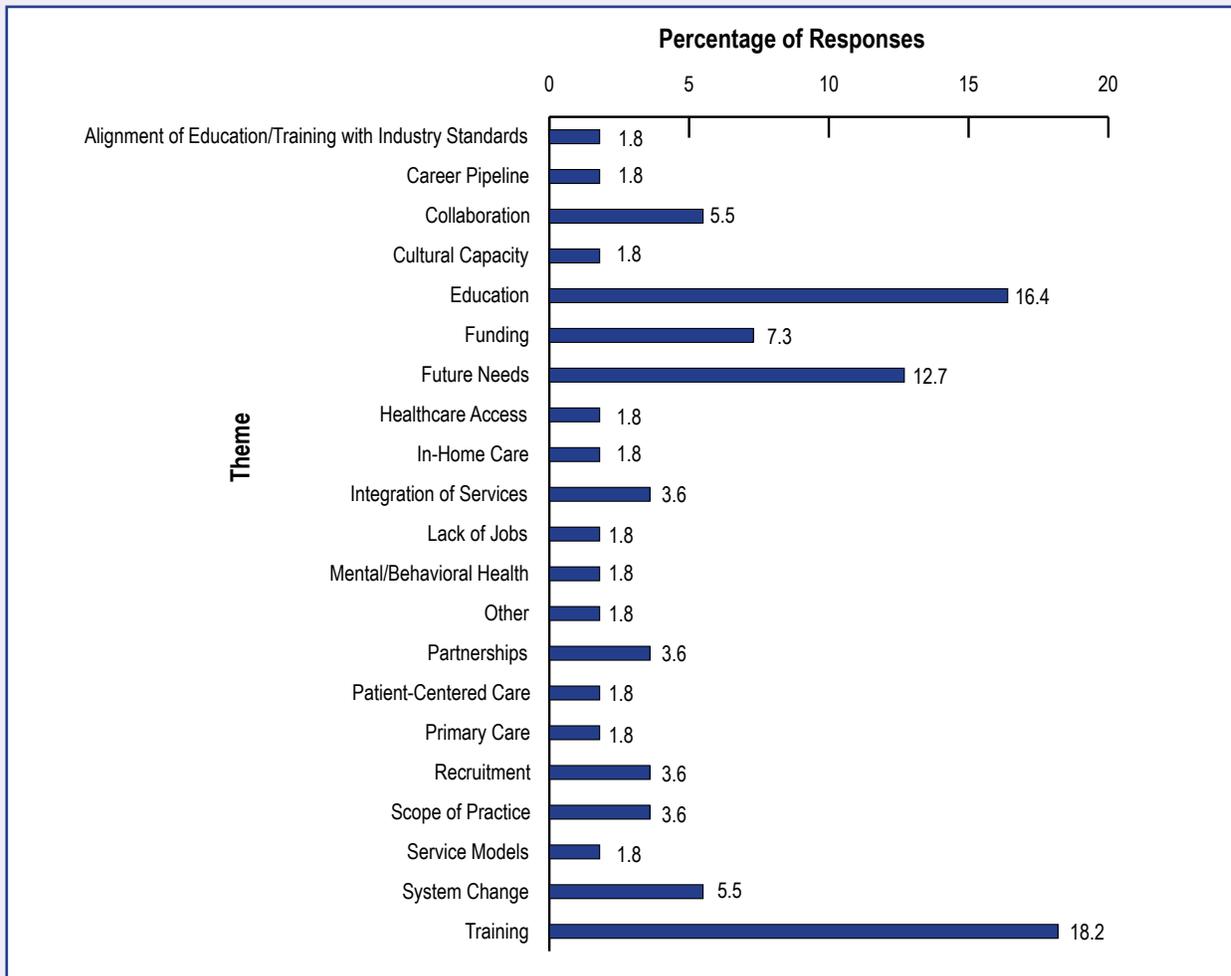
- Advisory Workforce Education Training in Fresno county
- Area Health Education Center (AHEC)
- Blue Shield
- California Wellness Foundation
- California Student/Resident Experiences and Rotations in Community Health (Cal-SEARCH) program
- Channel Islands University RN to BSN program
- City of LA Nursing School, College of Nursing and Allied Health
- Collaboration between California State University, Monterey Bay and community colleges for resources
- Community care clinics
- Community training centers
- Continuum of care models
- Contra Costa's Mental Health Concentration pilot program
- Department of Labor funding
- Dolores Jones Nursing Scholarship (Orange)
- Educational institutions
- Employment sponsored educational benefits
- Funding from the Department of Mental Health
- Geriatric NPs
- Government student loan repayment programs
- Health Care Administration Programs
- Health Careers Partnership in Santa Cruz County
- Health Careers Program at California State University, Fresno
- Health Information Technology for Economic and Clinical Health (HITECH) Grant
- Healthcare Sector Initiative
- OSHPD
- HRSA grant
- Kaiser Allied Program
- Kaiser Permanente Community Benefits Program

- Kaiser Scholarships with College Partners
- Kaiser: College to Caring
- Medical Science Academy in Solano County
- Mental health sciences programs
- Mental Health Services Act (MHSA)
- National Health Services Corporation (NHSC)
- Pathway development
- Primary care and mental health partnerships
- Southern California regional workforce partnership for mental health
- Schweitzer Fellowship
- Service Employees International Union (SEIU)
- Song Brown (Doctor of Medicine (MD) residency program and nursing schools)
- Summer Health Institute at Salinas Valley Memorial Healthcare
- Teaching Centers
- The Doctor's Academy
- The Education Fund
- The Fresno Centers of Excellence
- The Gordon and Betty Moore Foundation
- The San Francisco Health Sector Academies
- United States Department of Health and Human Services – Scholarship for Disadvantaged Services (HRSA-11-074)
- Workforce Investment Act (WIA) funds
- Worker Education and Resource Center (WERC)

3B. Where is additional investment needed to recruit, educate, train or retain the health workforce and strengthen partnerships?

Focus group participants also discussed where they thought additional investment would be needed for recruitment, education, training, and retention of the health workforce and to strengthen partnerships. Figure 5.4 shows that the most commonly discussed themes were: **Training** (18.2%), **Education** (16.4%) and **Future Needs** (12.7%), each of which is further defined on the following page.

Figure 5.4
Additional Investment for Recruitment, Education, Training, and Retention of the Health Workforce
(n = 55)



Training

Training needs (18.2%) were defined as:

- Basic skills – enhanced basic skills training at the secondary and post-secondary levels. Basic skills included math, reading, writing, customer service, and the use of technology tools.
- Leadership – leadership development opportunities for trainees in healthcare related fields of study.
- Technical Skills – integration of health information technology into education in an effort to pair technology with healthcare training content.

Education

Educational needs (16.4%) for health workforce development were defined as:

- Access – integration of different educational modalities into learning delivery models; improved access to healthcare education programs; and the use of technology to develop and disseminate a database of healthcare training opportunities statewide for students and incumbent workers.

- Articulation – increased articulation across education institutions with a focus on community colleges.
- Continuing education – training opportunities for the incumbent healthcare workforce to further develop and enhance their skill sets.
- Primary and secondary education – development of healthcare curricula for secondary education institutions.

Successful Education and Training Models

4A. What successful models of health professions education and training currently exist to supply the health workers necessary to improve health care in the region?

The following models were reported during the focus group meetings:

- Bridge programs that support the transition from a non-science post-secondary degree into medical provider positions
- California Area Health Education Centers (AHEC)
- Center for Applied Research and Technology (CART)
- Collaboration between education institutions and healthcare provider
- Collaborative for the Nursing Leadership Coalition
- Community models of education (e.g., education and service partnerships)
- Community Outreach Prevention and Education (COPE)
- Corporate models of education (e.g., the Gordon and Betty Moore Foundation)
- Distance learning models
- Health Science High School
- Healthcare career pathways/pipelines
- Lattice models that provide seamless transitions across levels of healthcare professions (e.g., Licensed Vocational Nurse (LVN) to RN and BSN to Master of Science in Nursing (MSN))
- Mentoring
- Preceptorships
- Regional Occupation Programs (ROPs)
- The Doctor's Academy
- Training collaborations among education institutions, community-based organizations, government agencies, and healthcare providers
- Training of foreign-trained healthcare professionals for employment in the United States (i.e., the Welcome Back Center)
- Union education training programs
- WIB

4B. What types of new models will be needed to meet the impact of ACA?

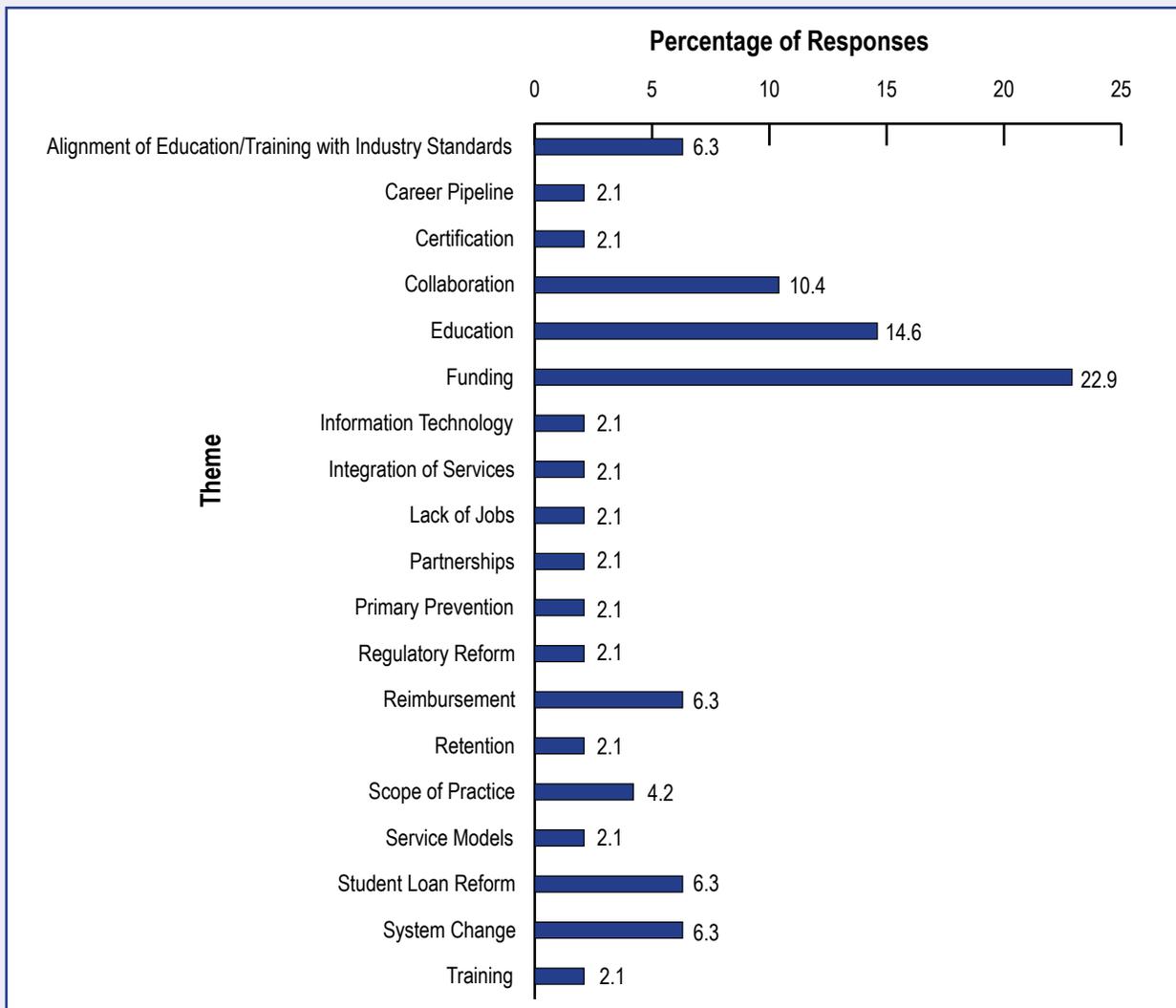
The following suggestions were provided when considering what types of new models should be considered in response to the ACA:

- Alignment of funding and agencies toward a common continuum of care
- Certification programs for promotoras and community health workers
- “Clinical” models for services such as clinics, outpatient services, rehabilitative services
- Diverse residency programs
- Education and training models that include job placement
- Education models that integrate health information technology as part of the program required curriculum
- Effective distance education models
- Expanded training for in-home care providers
- Expedited certification processing
- Increased promotoras training and increased use of promotoras model techniques
- Models that account for support and job placement necessary for new graduates
- Models without financial constraints
- Peer-to-peer mental health services
- Student loan reform and service repayment incentives
- Support and funding of pipeline/career pathway programs at the secondary and post-secondary levels
- Support for preventative care models
- Telemedicine
- Utilization of the promotoras model within the mental health system

4C. Describe Federal, State, and Local policy changes that could be implemented that could facilitate new and successful models.

Focus group participants were asked to generate ideas for policy changes that could support new education and training models. Figure 5.5 demonstrates the most commonly discussed policy themes were: **Funding** (22.9%), **Education** (14.6%) and **Collaboration** (10.4%), each of which is further defined on the following page.

Figure 5.5
Policy Changes to Facilitate New Models
 (n = 48)



Funding

Policy changes with regard to funding (22.9%) were defined as:

- Increased funding for: education institutions, vocational training programs, adult education programs, and scholarships for specialized healthcare professions.
- Incentives for: the recruitment and retention of health educators, mentorships, preceptorships, and healthcare professionals working in Disproportionate Share Hospitals (DSHs).
- Funding to support facilities offering on-site trainings; retroactive and proactive training; and organizational reimbursement for healthcare organizations that provide training opportunities.
- Support and funding for health research to create and define evidence-based practices.

Education

Policy changes with respect to education (14.6%) were defined as:

- Articulation – standardize statewide articulation and transfer requirements; enhance policies to support partnerships between home health providers and acute care providers; and add policies to strengthen articulation processes between community colleges and university systems.
- Curriculum – create federal policies that support the training of incumbent healthcare workers; create interdisciplinary core competency standards in healthcare training programs (e.g., quality, safety, communication, and mandated health policies); and create policies to support the integration of healthcare professions education in primary and secondary education.
- Credentials and licensing – create statewide policies that standardize licensing and credentialing requirements.
- Personnel – allow for utilization of associate level professionals for teaching.

Collaboration

Collaborative policy changes (10.4%) were defined as:

- Collaborative partnerships between educational institutions and healthcare providers.
- Collaborative partnerships between statewide educational systems.
- Gathering and sharing of statewide data and best practices.
- Including education institution representation in healthcare workforce policy discussions.
- The development of a broadband network between clinics and hospitals.

BEST PRACTICES TO INCREASE WORKFORCE DIVERSITY

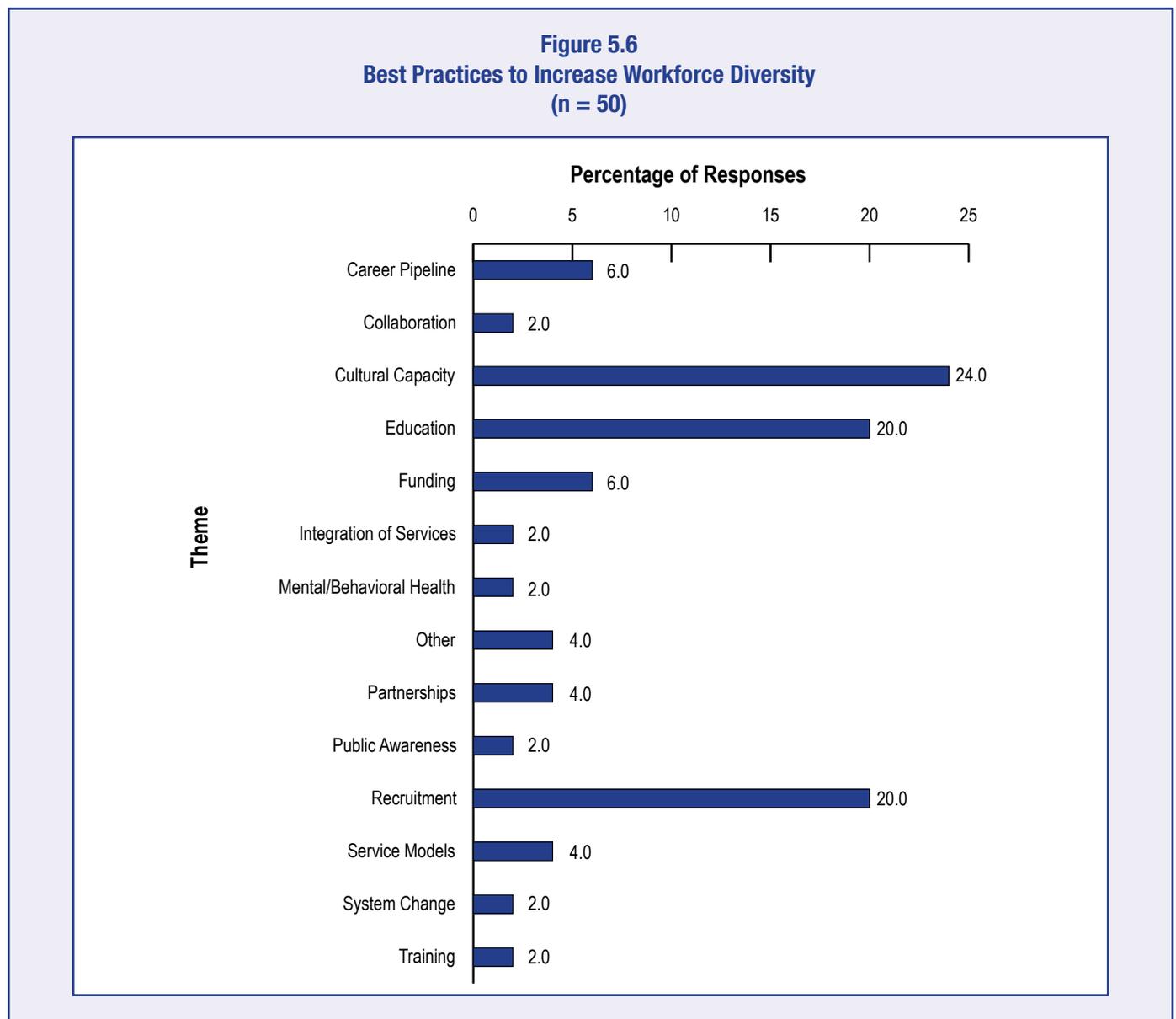
5A. What best practices and models exist to increase workforce diversity and to ensure that patients have access to care provided in a culturally and linguistically appropriate manner?

Focus group participants generated the following list of best practices to increase workforce diversity:

- Accessibility of interpreters
- Community-based para-professional outreach (i.e., African-American Health Conductors)
- Cultural sensitivity trainings targeted for healthcare professionals
- Culturally and Linguistically Appropriate Service Standards (CLASS)
- Foreign language requirement for post-secondary students
- Healthcare career outreach to diverse populations in primary and secondary education institutions
- Integration of cultural competency into healthcare career pathways/pipelines
- Integration of the practice of identifying a patient's cultural and linguistic needs at the initial engagement
- Promotoras model
- Training of foreign-trained healthcare professionals for employment in the United States (i.e., the Welcome Back Center)

5B. What else is needed?

Focus group participants were asked to further discuss what additional best practices would be needed to increase workforce diversity. Figure 5.6 indicates that the most commonly mentioned themes were: **Cultural Capacity** (24.0%), **Education** (20.0%) and **Recruitment** (20.0%), each of which is further defined below.



Cultural Capacity

Best practices to increase cultural capacity (24.0%) were defined as:

- Additional support for interpreter training and certification.
- Cultural competency training for primary, secondary, and post-secondary education/training institutions.
- Increased engagement in cross-cultural opportunities for healthcare organizations and education/training institutions.
- Increased support to implement culturally and linguistically appropriate models of service delivery.

Education

Best practices in education (20.0%) needed to increase diversity of the healthcare workforce were defined as:

- Access – increase access to health education for underserved populations.
- Curriculum – mandate cultural competency requirements for post-secondary healthcare related disciplines; add a foreign language requirement for secondary and post-secondary students.
- Diversity – increase efforts to match mentors and students linguistically and culturally; incentivize the education/training admissions process for applicants from diverse populations.

Recruitment

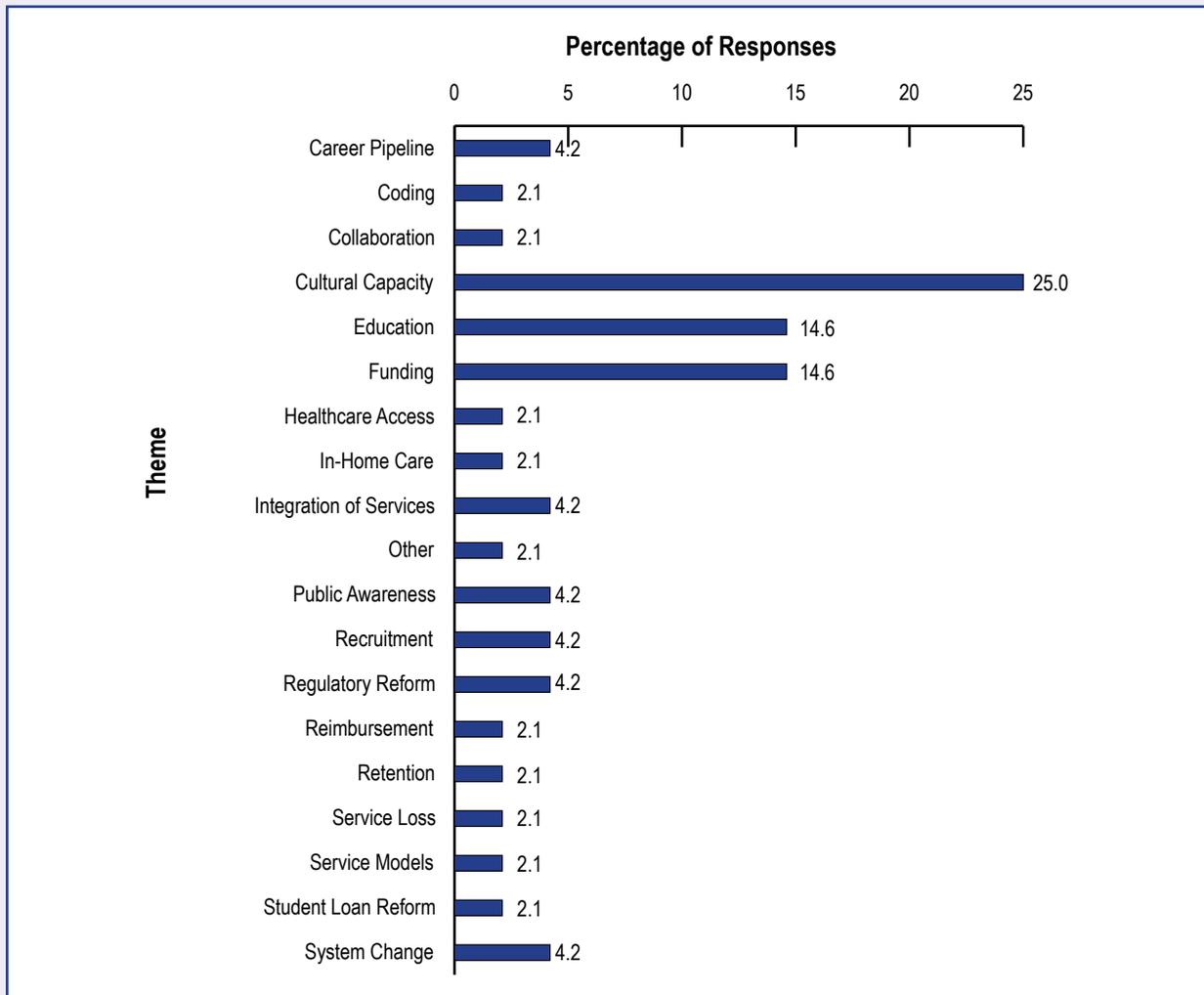
Best practices in recruitment (20.0%) needed to increase diversity of the healthcare workforce were defined as:

- Diversity – provide programs that support the hiring and retention of diverse faculty members; create an increased emphasis on diversity hiring practices; and develop governing boards that are reflective of regional cultural and linguistic diversity.
- Incentives – provide incentives to attract diverse students to primary care roles.
- 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 ROPs.

5C. Describe Federal, State, and Local policy changes that could be implemented to increase workforce diversity and to ensure that patients have access to care provided in a culturally and linguistically appropriate manner.

Focus group participants discussed what policy changes would be needed to increase workforce diversity. Figure 5.7 shows that the following themes were most frequently identified: ***Cultural Capacity*** (25.0%), ***Education*** (14.6%) and ***Funding*** (14.6%).

Figure 5.7
Best Practices to Increase Workforce Diversity
(n = 48)



Cultural Capacity

Policy changes related to cultural capacity (25.0%) which are needed to increase workforce diversity were defined as:

- National certification of healthcare interpreters.
- Policy changes to mandate cultural competency training and certification for new and incumbent healthcare workers.
- Provide incentives for healthcare organizations that emphasize cultural and linguistic competency.

Education

Policy changes related to education (14.6%) which are needed to increase workforce diversity of the healthcare workforce were defined as:

- Continuing education - add cultural diversity courses to the continuing education requirements.

- Primary and secondary education – provide primary education foreign language courses; mandate cultural awareness education for primary and secondary education institutions; create a funded health literacy mandate for secondary education institutions.

Funding

Policy changes related to funding (14.6%) which are needed to increase workforce diversity of the healthcare workforce were defined as:

- The need for additional education and training incentives for the recruitment and retention of health educators, mentorships, preceptorships, and healthcare professionals working in Disproportionate Share Hospitals (DSHs); and scholarships for targeted populations pursuing healthcare related professions.

PARTNERSHIPS

6A. What partnerships are you involved in that you believe will be necessary at the state and regional level to meet the health workforce needs of this region?

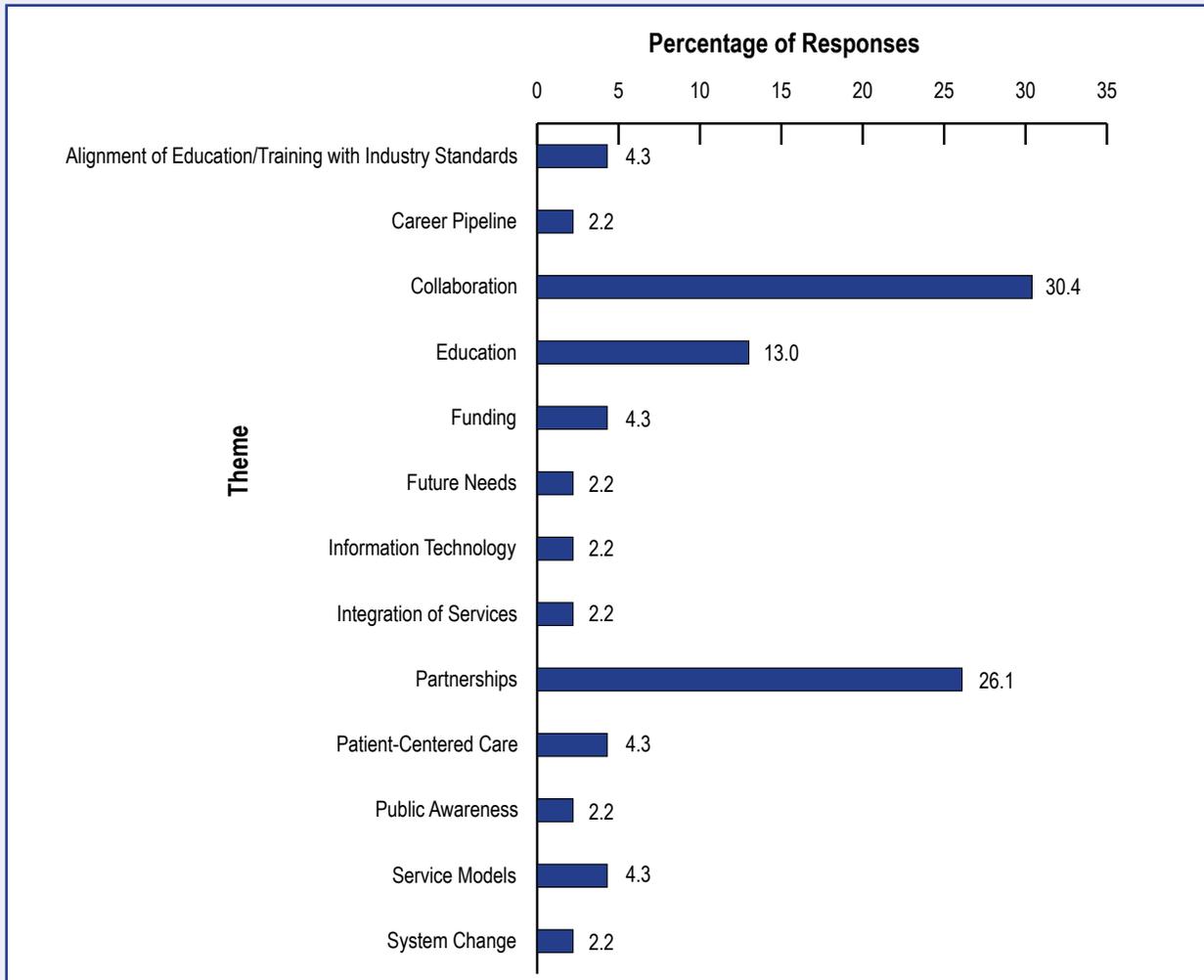
Participants discussed the following successful partnerships that should be developed and/or sustained in order to meet the regional and statewide health workforce needs:

- Academic Service Collaborative Program (Kaiser Permanente in Southern California)
- American Data Bank (provides screening and background clearance services)
- Community Benefits Collaborative (San Bernardino)
- East Bay Allied Healthcare Advocacy
- Education institutions and healthcare providers
- Foundation partnerships (e.g., the Robert Wood Johnson Foundation (RWJF) and The California Endowment (TCE))
- Health Improvement Partnership of Santa Cruz County
- Hospital and community-based organization partnerships
- Monterey Bay Geriatric Resource Center
- Partnerships across education institutions including secondary education institutions, community colleges, universities, and adult education programs
- Partnerships between government agencies
- Regional Extension Centers (REC)
- Regional partnerships such as Workforce, Education, and Training (WET)
- ROPs
- Veteran's Association

6B. What actions are necessary to strengthen existing partnerships and/or form new partnerships?

Focus group participants were asked to discuss what actions would be necessary to strengthen existing partnerships and what may be needed to form new partnerships. Figure 5.8 shows that the most frequently identified themes were: **Collaboration** (30.4%), **Partnerships** (26.1%) and **Education** (13.0%).

Figure 5.8
Actions Needed to Strengthen or Create Partnerships
(n = 46)



Collaboration

Actions related to collaboration (30.4%) to strengthen/form partnerships were defined as:

- Create a formalized collaborative between healthcare related organizations and education/training institutions to increase the quality of healthcare workforce transition to practice programs.
- Create a regional and statewide data sharing mechanism.
- Increase communication between healthcare related organizations and education/training institutions that provide healthcare profession education.

Partnerships

Actions to strengthen/form partnerships (26.1%) were defined as:

- Create incentives for the creation of health workforce partnerships.
- Include and enhance student participation in partnerships between healthcare organizations and education/training institutions.
- Provide dedicated funding to support regional, statewide, and federal partnerships.
- Provide mechanisms to increase county involvement/partnerships in healthcare workforce development.
- Provide support for partnerships between healthcare providers and regulatory agencies.

Education

Educational actions (13.0%) needed to strengthen/form partnerships were defined as:

- Create allied health education and training programs through the University of California and California State University partnerships.
- Develop articulation agreements via academic institution partnerships.
- Enhance partnerships between home health providers and acute care providers.

SECTION SIX: FOLLOW-UP SURVEY

An electronic follow-up survey was used to assess the prioritization of the group identified responses, which enabled additional information to be gathered from all regional pre-registered participants and on-site attendees. Eleven individualized surveys were created, one for each of the eleven regions. Each regional survey was based on the responses generated during the focus group discussions within the region. Online surveys were completed by respondents in ten of the eleven regions. None of participants from Monterey completed the follow-up survey; therefore Monterey was not included in these analyses. The results of the online survey for each region are discussed in detail within each *Healthcare Workforce Development Regional Focus Groups and Follow-Up Survey* report.

Respondents were asked to rank the importance of the responses that had been generated by their region for each of the six questions discussed, *with 1 indicating the highest priority*. Since the specific responses varied across regions, for the statewide analysis the responses were grouped into themes which allowed comparisons across regions to be made. In some cases, several of the responses to a single question were grouped under the same theme. When this occurred, the response that was ranked with the highest priority was used to create the tables in this chapter. Unfortunately, the result of categorizing the data into themes is that *rankings may not be consecutive in each table*.

Table 6.1 shows the response rate and completion rate for each region. Response rates were defined as the number of individuals who started the online survey divided by the number of invitees, whereas the completion rates were defined as the number of individuals who completed the online survey divided by the number of individuals who started the survey.

Table 6.1
Regional Response Rates for the Online Survey

<i>Region</i>	<i>Response Rate</i>		<i>Completion Rate</i>	
	<i>n*</i>	<i>%</i>	<i>n*</i>	<i>%</i>
El Centro	14	29.8	11	78.6
Fresno	15	31.9	12	80.0
Los Angeles	13	41.9	12	92.3
Monterey	1	2.0	0	0.0
Oakland	30	41.7	21	70.0
Ontario	7	13.7	9	69.2
Orange	11	13.9	7	63.6
Oxnard	6	18.8	5	83.3
Redding	5	17.9	3	60.0
Sacramento	13	14.4	6	85.7
Ukiah	6	30.0	7	63.6

* n is defined as the number of respondents who completed the online survey

REGIONAL CHALLENGES

1A. What are the most significant health workforce development challenges in this region?

Responses generated by focus group participants in all ten regions were grouped into 21 different themes. The rankings of the themes, listed by region, are given in Table 6.2.

Responses to Question 1A most commonly fell into two themes: **Education** and **Recruitment**, both of which came up in six of the ten regions. **Education** was ranked as the most significant health workforce development challenge by two (Ontario and Sacramento) of the six regions, and was defined as (1) issues around program capacity for RNs and allied health education and training programs and (2) lack of continuing education opportunities for incumbent workers, recent graduates, and education/training personnel (e.g., preceptors, faculty, and mentors). **Recruitment** was ranked as the most significant health workforce development challenge by one (Redding) of the six regions and involved issues around recruiting new healthcare workers as well as retention of the incumbent workforce.

Table 6.2
Question 1A
Ranked Themes by Region

<i>Themes for Question 1A</i>	<i>Rankings by Region</i>									
	<i>El Centro</i>	<i>Fresno</i>	<i>Los Angeles</i>	<i>Oakland</i>	<i>Ontario</i>	<i>Orange</i>	<i>Oxnard</i>	<i>Redding</i>	<i>Sacramento</i>	<i>Ukiah</i>
Alignment Between Education/Training and Industry Standards			1	3	4	1			9	
Certification		4								
Collaboration	2									
Council Membership						7				
Cultural Capacity				5					5	3
Funding		2					1			1
Future Needs				1			3	2		
Healthcare Access				8		6				
In-Home Care				7						
Integration of Services	4			6						
No Jobs					5	4			2	
Partnerships									7	
Pipeline	1	1					2	5	6	
Public Awareness									9	
Recruitment	3		2		2		5	1		4
Regulatory Reform							4			
Reimbursement			3					3	9	
Rural Issues		5								
Service Loss						2				
Training		3		2		5				

1B. What are the biggest challenges that are unique to your region?

Responses generated from all regions were grouped into 20 different themes. The rankings of the themes, listed by region, are given in Table 6.3.

**Table 6.3
Question 1B
Ranked Themes by Region**

<i>Themes for Question 1B</i>	<i>Rankings by Region</i>									
	<i>El Centro</i>	<i>Fresno</i>	<i>Los Angeles</i>	<i>Oakland</i>	<i>Ontario</i>	<i>Orange</i>	<i>Oxnard</i>	<i>Redding</i>	<i>Sacramento</i>	<i>Ukiah*</i>
Acute Care			5							
Alignment Between Education/Training and Industry Standards			3	5						
Behavioral Health				3						
Cultural Capacity	4	3			2	1	4			
Education	1			6	3				6	
Funding			2							
Future Needs				2		4	3		5	
Geography			2				6			
Healthcare Access				8	3	3		1		
Impact of Economy					1				1	
In-Home Care			1							
Mental/Behavioral Health									4	
No Jobs			6							
Pipeline	2				4		1	4		
Primary Prevention		2								
Recruitment	5				5	2		2	2	
Reimbursement				1						
Retention		1		4		6				
System Change								3		
Training							2		3	

* Respondents from Ukiah opted not to rank the responses to this question.

Responses to Question 1B most commonly fell into two themes: *Cultural Capacity* and *Recruitment*, both of which were indicated by five of the ten regions. *Cultural Capacity* was ranked as most important by one (Orange) of the five regions and addressed challenges around linguistic and cultural barriers to providing education and prevention initiatives to a highly dense, uninsured, and mostly Latino population. *Recruitment* was not ranked as number one by any of the regions.

CURRENT AND FUTURE HEALTHCARE PROFESSIONS

2A. What categories of primary and other health workers are needed in response to the ACA?

- Immediately
- Within 2 years
- Within 3-5 years

Responses generated by focus group participants in response to Question 2A (Immediately) are listed by region in Table 6.4.

Table 6.4
Question 2A (Immediately)
Ranked Themes by Region

<i>Themes for Question 2A (Immediately)</i>	<i>Rankings by Region</i>									
	<i>El Centro</i>	<i>Fresno</i>	<i>Los Angeles</i>	<i>Oakland</i>	<i>Ontario</i>	<i>Orange</i>	<i>Oxnard</i>	<i>Redding</i>	<i>Sacramento</i>	<i>Ukiah</i>
Behavioral/Mental Health Workers		3	2	5					3	1
Case Managers						3				
CLSs		6		3					5	
Community Health and Education Workers (e.g., Community educators, peer support staff, translators, and Promotoras staff)						8				
Culturally Diverse Workforce						5				
DCs								10		3
Dentists								6		
Eastern Medicine Practitioners									7	
ER Physicians									6	
Family Doctors							2			
Family NPs				2				1		
General Internal Medicine						7		3		
Geriatric NPs								7	3	
Health Coaches	6									

Table 6.4
(cont.)

	<i>Rankings by Region</i>									
	<i>El Centro</i>	<i>Fresno</i>	<i>Los Angeles</i>	<i>Oakland</i>	<i>Ontario</i>	<i>Orange</i>	<i>Oxnard</i>	<i>Redding</i>	<i>Sacramento</i>	<i>Ukiah</i>
<i>Themes for Question 2A (Immediately)</i>										
Health Education Administrative Staff		7								
Integrated Care Teams					1					
Mentors and Educators						6				2
Multidisciplinary Healthcare Teams		2								
Non-Physician Medical Home Specialists									2	
NPs	1	1					1	2		
OB/GYNs								5		
Optometrists								8		
PAs	3			4				4		
Patient Navigators										3
PCPs	4			1		1				
Promotoras			1							
Psychiatrists		4								
Psychologists		5								
Public Health Educators					2					
RNs						2			1	
Specialists	2									
Support for Allied Health Externships				7						
Support for New RNs				6						
Team-Based Care Staff						4			2	
Transition Care Support Staff (acute care to home care services)			3						6	
Urgent Care	5								7	
Wellness Programs								9		3

The most commonly cited category in response to Question 2A (Immediately) was behavioral/mental health workers which was indicated by five of the ten regions, and was ranked as the highest priority by one (Ukiah) region.

Responses generated by focus group participants in response to Question 2A (Within 2 years) are listed by region in Table 6.5.

Table 6.5
Question 2A (Within 2 Years)
Ranked Themes by Region

<i>Themes for Question 2A (Within 2 Years)</i>	<i>Rankings by Region</i>									
	<i>El Centro</i>	<i>Fresno</i>	<i>Los Angeles</i>	<i>Oakland</i>	<i>Ontario</i>	<i>Orange</i>	<i>Oxnard</i>	<i>Redding</i>	<i>Sacramento</i>	<i>Ukiah</i>
Administrative Staff		9								
Behavioral/Mental Health Workers					2	3				1
BSNs									2	
Care Partners			2							
Clinicians with Technical Skills				1		5				
CLSs		8								
Community Clinicians									1	
Dental Assistants				4						
Dentists					3					
Expansion of Public Health Services								1		
Family NPs						1	2			
Geriatric NPs						2				
Home Health Aides	2									
IT Specialists with a Healthcare Emphasis				2		4				
Medical Assistants				3						
Medical Social Workers		5								
Multidisciplinary Healthcare Teams		2								
NPs		1					1			
Orthopedics		7								
PCPs					1					
Preventative Care Coordinators		3								
Promotoras								2		
Psychiatrists		4								
Psychologists		6								
Public Health Educators and Outreach Workers								3		2
Support staff to provide assistance for the uninsured population to navigate and receive healthcare services			1							
Training for Foreign Licensed Physicians			3							

The category most commonly cited in response to Question 2A (Within 2 years) was behavioral/mental health workers which was indicated by three of the ten regions, and was ranked as the highest priority by one (Ukiah) region.

Responses generated by focus group participants in response to Question 2A (Within 3-5 years) are listed by region in Table 6.6.

Table 6.6
Question 2A (Within 3-5 Years)
Ranked Themes by Region

<i>Themes for Question 2A (Within 3-5 Years)</i>	<i>Rankings by Region</i>									
	<i>El Centro</i>	<i>Fresno</i>	<i>Los Angeles</i>	<i>Oakland</i>	<i>Ontario</i>	<i>Orange</i>	<i>Oxnard</i>	<i>Redding</i>	<i>Sacramento</i>	<i>Ukiah</i>
Acupuncture						5				
Allied Health Workers									1	
Care Coordinators			1							
Case Managers	1									
Clinicians with Technical Skills				3						
CLSs				2						
Continuum of Care Model										1
Dentistry Training Programs					1					
Family NPs								1		
Foundation and Clinical Model							1			
Healthcare Interns (All Professions)				5						
Home Health Aides		3								
IT Specialists with a Healthcare Emphasis							2			
Mental Health NPs	2									
Mental Health Training Programs					1					
Mobile Physicians	3									
NPs				1		1				
Nursing Assistants		4								
PAs				4		4	3			
PCPs		1	3	2						2
Pediatrics						3				
Physical Therapists				6						
Physicians									3	
Positions Trained in Primary Care and Behavioral Health Integration						2				
Psychiatrists									4	
RNs		2							2	
Sub-Specialists in Medical Home Environment			2							

The category most commonly cited in response to Question 2A (Within 3-5 years) was PCPs which was indicated by four of the ten regions, and was ranked as the highest priority by one (Fresno) region.

2B. Describe Federal, State, and Local policy changes that could be implemented that would aid in the recruitment, education, training, or retaining of the health workforce.

Responses generated were grouped into 20 different themes. The rankings of the themes, listed by region, are given in Table 6.7.

**Table 6.7
Question 2B
Ranked Themes by Region**

<i>Themes for Question 2B</i>	<i>Rankings by Region</i>									
	<i>El Centro</i>	<i>Fresno</i>	<i>Los Angeles</i>	<i>Oakland</i>	<i>Ontario</i>	<i>Orange</i>	<i>Oxnard</i>	<i>Redding</i>	<i>Sacramento</i>	<i>Ukiah</i>
Barriers		3				3		3	1	
Certification		4						2		2
Education	4	1			1	5				1
Funding						7	2		3	
Future Needs						1	1		2	
Healthcare Expansion								1		
IT									6	3
Out-of-State Licensing							3		4	
Partnerships	4									
Patient-Centered Care										
Pipeline					2					
Primary Prevention						4				
Recruitment	1									
Regulatory Reform			2			6				
Reimbursement	2		1						5	
Scope of Practice										
Service Models										
Student Loan Reform		2	3						2	
System Change						2				
Training	3									

Responses to Question 2B most commonly fell into the theme of *Education* (five out of the ten regions indicated this theme), and *Education* was ranked as most important in two (Fresno and Sacramento) of the five regions. *Education* included the following issues: articulation, continuing education for incumbent workers, integration of healthcare career education into primary and secondary academic institutions, and standardization of curriculum across education institutions.

SUPPORTING RESOURCES

3A. What resources are currently being invested or utilized in the region to recruit, educate, train or retain the health workforce and strengthen partnerships?

Most resources on the follow-up survey were only mentioned once; however, resources cited on the follow-up survey five times or more were: educational institutions, the HRSA grant, and the Service Employees International Union (SEIU). (See Appendix E for a listing of all resources being utilized throughout the state)

The following resources were identified on the follow-up survey in addition to the aforementioned resources listed in Section Five:

- American Recovery and Reinvestment Act funding
- Community Based Job Training at State Center Community College District
- Computerized Clinical Placement Consortium
- Foundation funding
- Fresno County Office of Education
- Fresno Healthy Communities Access Partners telemedicine work
- Imperial Valley College
- Local hospital scholarship programs
- Los Angeles Workforce Funders Collaborative
- Nursing Leadership Council
- Seizures and Epilepsy Education program
- The Exclusive Nursing Program Partnership with Community Hospital of San Bernardino and San Bernardino Valley College
- Transition-to-Practice Programs
- Uncommon Good (non-profit organization in Ontario)

3B Where is additional investment needed?

Responses generated were grouped into 18 different themes. The rankings of the themes, listed by region, are given in Table 6.8.

**Table 6.8
Question 3B
Ranked Themes by Region**

<i>Themes for Question 3B</i>	<i>Rankings by Region</i>									
	<i>El Centro</i>	<i>Fresno</i>	<i>Los Angeles</i>	<i>Oakland</i>	<i>Ontario</i>	<i>Orange</i>	<i>Oxnard</i>	<i>Redding</i>	<i>Sacramento</i>	<i>Ukiah</i>
Alignment Between Education/Training and Industry Standards	1									
Collaboration		4			3					
Cultural Capacity	2									
Education		3	3		1		1	3	3	
Funding		6				1			1	
Future Needs				2			2	1		2
Healthcare Access					2					
In-Home Care						2				
Integration of Services						5				
Mental/Behavioral Health		2								
Partnerships						4			2	
Pipeline			1							
Primary Care		1								
Recruitment						6				
Scope of Practice									6	1
Service Models		5								
System Change							3			3
Training	3		2	1		3			5	

Responses to Question 3B most commonly fell into the theme of **Education** (six out of ten regions indicated this theme). **Education** was ranked as most important in two (Ontario and Oxnard) of the six regions. **Education** included transition-to-practice programs and articulation with community colleges and other academic institutions.

SUCCESSFUL EDUCATION AND TRAINING MODELS

4A. What successful models of health professions education and training currently exist to supply the health workers necessary to improve healthcare in the region?

Most models on the follow-up survey were only mentioned once; however, models cited on the follow-up survey five times or more were: training collaborations among education institutions, community-based organizations, government agencies, and healthcare providers; healthcare career pathways/pipelines; and the Workforce Investment Board. (See Appendix F for a listing of all models being utilized throughout the state.)

The following models were identified on the follow-up survey in addition to the aforementioned models listed in Section Five:

- Alaska's Dental Health Aid Therapist
- California Social Work Education Center
- Family Medicine Residency Programs
- Latino Center
- Mental-health first aid

4B. What types of new models will be needed to meet the impact of ACA?

Responses generated were grouped into 17 different themes. The rankings of the themes, listed by region, are given in Table 6.9.

Responses to Question 4B most commonly fell into the theme of **Education** (ten of the ten regions indicated this theme). **Education** was ranked as most important in four (Los Angeles, Orange, Oxnard, and Redding) of the ten regions. **Education** included the following topics: access to education, programs for healthcare professionals who serve as educators, multi-disciplinary care for curricula, cultural competency trainings, standardization of education requirements across academic institutions, and the development of fast-track programs for healthcare professionals.

Table 6.9
Question 4B
Ranked Themes by Region

<i>Themes for Question 4B</i>	<i>Rankings by Region</i>									
	<i>El Centro</i>	<i>Fresno</i>	<i>Los Angeles</i>	<i>Oakland</i>	<i>Ontario</i>	<i>Orange</i>	<i>Oxnard</i>	<i>Redding</i>	<i>Sacramento</i>	<i>Ukiah</i>
Alignment Between Education/Training and Industry Standards			2						1	
Certification	5		6							
Collaboration						3	2			
Education	3	2	1	4	4	1	1	1	2	2
Funding				2				2		
Healthcare Access								3		
Healthcare Expansion			5		3	8				
IT					4					
Mental/Behavioral Health		1								1
Models-Existing				1						
Partnerships	2					7				
Pipeline					1	4				
Primary Care			3							
Recruitment				3			3			
Retention	1									
Service Models	4				2			4		
Training						2				

4C. Describe Federal, State, and Local policy changes that could be implemented that could facilitate new and successful models.

Responses generated were grouped into 17 different themes. The rankings of the themes, listed by region, are given in Table 6.10.

**Table 6.10
Question 4C
Ranked Themes by Region**

<i>Themes for Question 4C</i>	<i>Rankings by Region</i>									
	<i>El Centro</i>	<i>Fresno</i>	<i>Los Angeles</i>	<i>Oakland</i>	<i>Ontario</i>	<i>Orange</i>	<i>Oxnard</i>	<i>Redding</i>	<i>Sacramento</i>	<i>Ukiah</i>
Alignment Between Education/Training and Industry Standards			4				1		2	
Certification	3									
Collaboration				3			2			2
Education		3		1	1					
Funding		1	2		2	1	3	2		3
Integration of Services						6				
IT				5						
No Jobs			6							
Pipeline						3				
Regulatory Reform									1	
Reimbursement	1		1							
Retention										1
Scope of Practice			5	4						
Service Models		2								
Student Loan Reform			3					3		
System Change						5		1		
Training									3	

Responses to Question 4C most commonly fell into the theme of **Funding** (seven out of the ten regions indicated this theme). **Funding** was ranked as most important in two (Fresno and Orange) of the seven regions and was defined as expansion of financial incentive programs for healthcare providers, subsidizing priority healthcare positions in underserved locations, expansion of incentive programs for students willing to serve in underserved areas, financial incentives for excellence in healthcare teaching programs, and funding for research to create and define evidence-based practices.

BEST PRACTICES TO INCREASE WORKFORCE DIVERSITY

5A. What best practices and models exist to increase workforce diversity and to ensure that patients have access to care provided in a culturally and linguistically appropriate manner?

All reported best practices to increase workforce diversity on the follow-up survey were only mentioned once. (See Appendix G for a listing of reported workforce diversity best practices being utilized throughout the state)

The following resources were identified on the follow-up survey in addition to the aforementioned resources listed in Section Five:

- Adopt competency standards from the Journal of Transcultural Nursing
- National Alliance on Mental Illness (NAMI) Mental Health Programs

5B. What else is needed?

Responses generated were grouped into 12 different themes. The rankings of the themes, listed by region, are given in Table 6.11.

**Table 6.11
Question 5B
Ranked Themes by Region**

<i>Themes for Question 5B</i>	<i>Rankings by Region</i>									
	<i>El Centro</i>	<i>Fresno</i>	<i>Los Angeles</i>	<i>Oakland</i>	<i>Ontario</i>	<i>Orange</i>	<i>Oxnard</i>	<i>Redding</i>	<i>Sacramento</i>	<i>Ukiah</i>
Education	4			2	2			3	3	1
Funding									2	2
Integration of Services						1			6	
Mental/Behavioral Health		5								
Other			3							
Partnerships		2	1					2		
Pipeline	2			1						
Public Awareness						3				
Recruitment		1		4	2					
Service Models		7								
System Change						2				

Responses to Question 5B most commonly fell into the theme of **Cultural Capacity** (seven out of ten regions indicated this theme). **Cultural Capacity** was ranked as most important in five (El Centro, Ontario, Oxnard, Redding, and Sacramento) of the seven regions. **Cultural capacity** included the development and enhancement of cultural

competency education programs for new and incumbent healthcare professionals; support for interpreter services; implementation support for culturally and linguistically appropriate service delivery models; increased engagement in cross-cultural opportunities for healthcare organizations and education/training institutions; and cultural competency training for primary, secondary, and post-secondary education and training institutions.

5C. Describe Federal, State, and Local policy changes that could be implemented to increase workforce diversity and to ensure that patients have access to care provided in a culturally and linguistically appropriate manner.

Responses generated were grouped into 19 different themes. The rankings of the themes, listed by region, are given in Table 6.12.

**Table 6.12
Question 5C
Ranked Themes by Region**

<i>Themes for Question 5C</i>	<i>Rankings by Region</i>									
	<i>El Centro</i>	<i>Fresno</i>	<i>Los Angeles</i>	<i>Oakland</i>	<i>Ontario</i>	<i>Orange</i>	<i>Oxnard</i>	<i>Redding</i>	<i>Sacramento</i>	<i>Ukiah</i>
Coding									4	
Collaboration	6									
Cultural Capacity	3	1	1		3				3	2
Education	2								6	
Funding			2	2		2	1			
Healthcare Access									2	
In-Home Care				3						
Integration of Services						3				
Other						5				
Pipeline				1				2		
Public Awareness								1		3
Recruitment							2			1
Regulatory Reform					2					
Reimbursement									1	
Retention						1				
Service Loss		3								
Service Models	1									
Student Loan Reform					1					
System Change			3					1		

Responses to Question 5C most commonly fell into the theme of **Cultural Capacity** (six out of ten regions indicated this theme). **Cultural Capacity** was ranked as most important in two (Fresno and Los Angeles) of the six regions. Respondents defined cultural capacity as continuing education units (CEUs) for cultural competency trainings, mandated cultural competency certification for healthcare workers, and recruitment of a culturally diverse workforce to address the cultural and linguistic gaps between the current healthcare workforce and service populations.

PARTNERSHIPS

6A. What partnerships are you involved in that you believe will be necessary at the state and regional level to meet the health workforce needs of this region? (e.g., local workforce investment boards, one-stop career centers, community colleges, adult education, private training institutions)

All reported partnerships on the follow-up survey were only mentioned once each. (See Appendix H for a listing of reported partnerships throughout the state)

The following partnerships were identified on the follow-up survey in addition to the aforementioned partnerships listed in Section Five:

California Partnership for Achieving Student Success (Cal-PASS) and K-16 have one centralized subcommittee to focus on healthcare careers and, more importantly, on the knowledge deficits that exist between primary, secondary, post-secondary, and admission requirements for healthcare careers.

- Central Valley Health Network (Federally Qualified Health Centers)
- Collaboration between rural areas and neighboring urban areas with financial incentives for sharing resources.
- Masters in Social Work (MSW) Programs
- State license board collaboration
- Working Well Together Collaborative

6B. What actions are necessary to strengthen existing partnerships and/or form new partnerships?

Responses generated were grouped into 13 different themes. The rankings of the themes, listed by region, are given in Table 6.13.

Table 6.13
Question 6B
Ranked Themes by Region

<i>Themes for Question 6B</i>	<i>Rankings by Region</i>									
	<i>El Centro</i>	<i>Fresno</i>	<i>Los Angeles</i>	<i>Oakland</i>	<i>Ontario</i>	<i>Orange</i>	<i>Oxnard</i>	<i>Redding</i>	<i>Sacramento</i>	<i>Ukiah</i>
Alignment Between Education/Training and Industry Standards		3								
Collaboration	1	1	1	5	1	2		1	4	
Education				4	2	4			3	
Funding			2		1					
Future Needs						5				
Integration of Services				2						
IT							1			
Partnerships	2		4	1		1	1	3	1	2
Patient-Centered Care				3					5	
Pipeline						3				
Public Awareness		3								
Service Models	3		3							
System Change										1

Responses to Question 6B most commonly fell into two themes: **Collaboration** and **Partnerships**, both of which were indicated by 8 of the 10 regions. **Collaboration** was ranked as most significant by five (El Centro, Fresno, Los Angeles, Ontario, and Redding) of the eight regions, and included the following ideas: alleviation of the current communication gaps between health organizations and education/training institutions; development of regional data sharing mechanisms; collaborative funding distribution; increased collaboration across education and training institutions for curriculum development; increased collaboration between academic institutions and service organizations to better support education-to-practice transition programs; and increased collaboration between local health organizations and regional hospitals. **Partnerships** was ranked as most significant by four (Oakland, Orange, Oxnard, and Sacramento) of the eight regions. Respondents had the following suggestions to strengthen and develop existing partnerships and develop new partnerships: provide dedicated funding for regional, state, and federal partnerships; create and enhance partnerships between healthcare providers and academic institutions to better align education/training curricula with the needs of healthcare service providers; broaden student participation in partnerships; develop partnerships between certification programs and local collaboratives; and develop and enhance partnerships between regulatory agencies and healthcare employers.

SECTION SEVEN: SUMMARY OF FINDINGS

Comparisons of the results indicated there were eight common themes which emerged from the responses generated during the focus group discussions and in the online follow-up survey results. The common themes were (in alphabetical order): *Career Pipelines*, *Collaboration*, *Cultural Capacity*, *Education*, *Funding*, *Partnerships*, *Recruitment/Retention*, and *Reimbursement*. Each theme is summarized below.

CAREER PIPELINES

Responses related to career pipeline development discussed creating and sustaining effective healthcare career pipelines with an emphasis on creating opportunities for primary and secondary education students. Additional career pipelines needs were cited specifically for allied health workers and mental/behavioral health specialists.

COLLABORATION

Most responses about collaboration indicated that there was a lack of collaborative opportunities and suggested that support be provided for collaborations between:

- Education institutions and healthcare providers
- Education institutions and healthcare related policy makers
- Education institutions, community-based organizations, government agencies, and healthcare providers
- Educational systems statewide
- Education/training institutions and service organizations
- Local health organizations and regional hospitals

CULTURAL CAPACITY

Cultural capacity was discussed across many questions throughout the focus group meetings and follow-up survey. The following topics were cited as issues related to cultural capacity:

- Alignment between the current healthcare workforce and the diversity of the service population
- Cultural competency training for primary, secondary, and post-secondary education and training institutions
- Increased engagement in cross-cultural opportunities for healthcare organizations and education/training institutions
- Integration of interpreter services across healthcare providers
- Mandated cultural competency training and certification for healthcare professionals.
- Need for cultural and linguistic competency training for new and incumbent workers
- Providing continuing education units (CEUs) for cultural competency trainings

EDUCATION

The theme of education was discussed in all focus groups and was ranked as a priority in many regions throughout the state. Education results included the following:

- Additional training opportunities for recent healthcare graduates and incumbent workers
- Basic skills training for secondary graduates prior to graduation, which included writing, math, business etiquette, customer service, leadership, and healthcare related information technology (i.e., EMRs)
- Concerns about the capacity of current healthcare education and training programs
- Creation of inter-disciplinary core competency standards in healthcare training programs
- Implementation of transition-to-practice programs
- Increased access to education and training opportunities
- Integration of various educational modalities into learning delivery models
- Integration of health information technology into healthcare related education and training programs
- Need for additional education personnel such as healthcare preceptors, faculty, mentors, and trainers to support the current education and training environments
- Standardization of statewide inter-agency requirements for healthcare professional licensing and certifications

FUNDING

Results indicated that funding discussions encompassed a diverse set of issues, which included funding or increased funding for the following:

- Adult education programs
- Development and sustainability of specialized programs (e.g., geriatrics, pediatrics, and mental/behavioral health specialists)
- Education institutions
- On-the-job training models
- Preceptorships
- Recruitment and retention of health educators, mentorships, and preceptorships
- Regional, state, and federal partnerships
- Residencies
- Scholarships for healthcare professions
- Students in healthcare related vocational programs
- Subsidizing priority healthcare positions in underserved locations
- Vocational training programs

PARTNERSHIPS

Partnership discussions involved two or more organizations in healthcare related actions such as policy-making, creating mentorship opportunities, or increasing the administrative and financial capacity of two or more organizations. Suggestions for strengthening existing and developing new partnerships included:

- Create allied health programs through partnerships between the University of California and California State University systems
- Create and enhance partnerships between government agencies
- Create and enhance partnerships between healthcare providers and academic institutions to better align education/training curricula with the needs of healthcare service providers
- Create hospital and community-based organization partnerships
- Create support for partnerships between regulatory agencies and healthcare employers
- Develop and enhance partnerships with ROPs
- Enhance policies to support partnerships between home health providers and acute care providers
- Provide opportunities for the development of additional regional partnerships
- Strengthen partnerships across education institutions including secondary education institutions, community colleges, universities, and adult education programs
- Support partnerships between primary care providers and behavioral/mental health providers

RECRUITMENT/RETENTION

Recruitment and retention were discussed and encompassed the following issues:

- Create innovative training programs for incumbent healthcare professionals in an effort to retain trained healthcare professionals
- Creation of a marketing strategy to communicate resource services for healthcare employment opportunities
- Develop governing boards that are reflective of regional cultural and linguistic diversity
- Incentivizing primary care roles in an effort to attract students
- Increase recruitment efforts of a culturally diverse workforce to address the cultural and linguistic gaps between the current healthcare workforce and service populations
- Need for increased awareness of healthcare professions among primary and secondary education institutions
- Provide programs that support the hiring and retention of diverse faculty members
- 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

REIMBURSEMENT

Responses from the focus group discussions and the follow-up survey cited policy changes regarding the alignment of reimbursement rates with service delivery costs. Also discussed were policy changes to provide reimbursement for health education and the expansion of reimbursement to non-PCP roles (e.g., case managers, alternative medicine providers).

Appendix A: List of Acronyms

<i>Acronym</i>	<i>Definition</i>
ACA	Affordable Care Act
AHEC	Area Health Education Center
ARS	Applied Research Services
BSN	Bachelor of Science in Nursing
CART	Center for Applied Research and Technology
CCE	College of Continuing Education
CEU	Continuing Education Unit
CLASS	Culturally and Linguistically Appropriate Service Standards
CLS	Clinical Laboratory Scientist
COPE	Community Outreach Prevention and Education
CSUS	California State University, Sacramento
DC	Doctor of Chiropractic
DSH	Disproportionate Share Hospital
EMR	Electronic Medical Record
ER	Emergency Room
FNP	Family Nurse Practitioner
HITECH	Health Information Technology for Economic and Clinical Health
HRSA	Health Resources and Services Administration
IT	Information Technology
LVN	Licensed Vocational Nurse
MD	Doctor of Medicine
MHSA	Mental Health Services Act
MSN	Master of Science in Nursing
MSW	Masters in Social Work
n	The number of values in a sample
NAMI	National Alliance on Mental Illness
NP	Nurse Practitioner
OB/GYN	Obstetrics and Gynecology
OSHPD	Office of Statewide Health Planning and Development
PA	Physician Assistant
PCP	Primary Care Provider
REC	Regional Extension Center
RN	Registered Nurse
ROP	Regional Occupational Program
RWJF	Robert Wood Johnson Foundation
SEIU	Service Employees International Union
TCE	The California Endowment
WET	Workforce, Education, and Training
WIA	Workforce Investment Act
WIB	Workforce Investment Board

Appendix B: Sample Focus Group Note-Taking Instrument



REGION

Round Table Discussion

Table Number: # _____

Table Scribe: _____

Table Spokesperson: _____

Question 1A: What are the most significant health workforce development challenges in this region?

SUMMARY:
After discussions with the group, capture the top three responses and corresponding next steps.

1. _____

2. _____

3. _____

NOTES: _____

- Continued on Reverse -

Appendix C: Focus Group Participation by County

County	El Centro		Fresno		Los Angeles		Monterey		Oakland		Ontario		Orange		Oxnard		Redding		Sacramento		Ukiah		TOTALS	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Alameda	0	0.0	0	0.0	0	0.0	0	0.0	16	25.8	0	0.0	0	0.0	0	0.0	0	0.0	1	2.0	0	0.0	17	4.4
Butte	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	5	22.7	1	2.0	0	0.0	6	1.5
Calaveras	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	1	2.0	0	0.0	1	0.3
Contra Costa	0	0.0	0	0.0	0	0.0	0	0.0	8	12.9	2	6.9	0	0.0	0	0.0	2	9.1	3	6.0	0	0.0	15	3.9
El Dorado	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	1	2.0	0	0.0	1	0.3
Fresno	0	0.0	23	74.2	0	0.0	0	0.0	0	0.0	1	3.4	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	24	6.2
Imperial	10	27.8	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	10	2.6
Lake	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	4	28.6	4	1.0
Lassen	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	2	9.1	0	0.0	0	0.0	2	0.5
Los Angeles	0	0.0	0	0.0	25	92.6	0	0.0	1	16.6	11	37.9	26	56.5	4	16.0	0	0.0	0	0.0	0	0.0	67	17.3
Madera	0	0.0	1	3.2	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	1	0.3
Marin	0	0.0	0	0.0	0	0.0	0	0.0	3	4.8	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	3	0.8
Mendocino	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	5	35.7	5	1.3
Merced	0	0.0	2	6.5	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	2	0.5
Modoc	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	1	4.5	0	0.0	0	0.0	1	0.3
Monterey	0	0.0	0	0.0	0	0.0	20	43.5	0	0.0	0	0.0	0	0.0	2	8.0	0	0.0	0	0.0	0	0.0	22	5.7
Napa	0	0.0	0	0.0	0	0.0	0	0.0	3	4.8	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	3	0.8
Orange	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	2	6.9	17	37.0	0	0.0	0	0.0	0	0.0	0	0.0	19	4.9
Placer	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	5	10.0	0	0.0	5	1.3
Riverside	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	4	13.8	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	4	1.0
Sacramento	0	0.0	4	12.9	0	0.0	0	0.0	2	3.2	0	0.0	2	4.3	1	4.0	0	0.0	25	50.0	0	0.0	34	8.8
San Bernardino	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	7	24.1	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	7	1.8
San Diego	26	72.2	0	0.0	1	3.7	0	0.0	1	1.6	2	6.9	1	2.2	0	0.0	0	0.0	1	2.0	0	0.0	32	8.2
San Francisco	0	0.0	0	0.0	0	0.0	0	0.0	14	22.6	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	14	3.6
San Joaquin	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	2	4.0	0	0.0	2	0.5
San Luis Obispo	0	0.0	0	0.0	0	0.0	2	4.3	0	0.0	0	0.0	0	0.0	1	4.0	0	0.0	0	0.0	0	0.0	3	0.8
San Mateo	0	0.0	0	0.0	0	0.0	0	0.0	5	8.1	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	5	1.3
Santa Barbara	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	2	8.0	0	0.0	0	0.0	0	0.0	2	0.5
Santa Clara	0	0.0	0	0.0	0	0.0	7	15.2	7	11.3	0	0.0	0	0.0	0	0.0	0	0.0	1	2.0	0	0.0	15	3.9
Santa Cruz	0	0.0	0	0.0	0	0.0	17	37.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	17	4.4
Shasta	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	8	36.4	0	0.0	0	0.0	8	2.1
Solano	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	2	4.0	0	0.0	2	0.5
Sonoma	0	0.0	0	0.0	0	0.0	0	0.0	2	3.2	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	5	35.7	7	1.8
Stanislaus	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	2	4.0	0	0.0	2	0.5
Tehama	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	1	4.5	0	0.0	0	0.0	1	0.3
Trinity	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	1	4.5	0	0.0	0	0.0	1	0.3
Tulare	0	0.0	1	3.2	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	1	0.3
Tuolumne	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	2	4.0	0	0.0	2	0.5
Ventura	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	15	60.0	0	0.0	0	0.0	0	0.0	15	3.9
Yolo	0	0.0	0	0.0	1	3.7	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	3	6.0	0	0.0	4	1.0
Yuba	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	2	9.1	0	0.0	0	0.0	2	0.5
Totals	36	100.0	31	100.0	27	100.0	46	100.0	62	100.0	29	100.0	46	100.0	25	100.0	22	100.0	50	100.0	14	100.0	388	100.0

Appendix D: Focus Group Participation by Organization Type

Org. Type	El Centro		Fresno		Los Angeles		Monterey		Oakland		Ontario		Orange		Oxnard		Redding		Sacramento		Ukiah		TOTALS	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Advocacy Groups	0	0.0	2	6.5	2	7.4	0	0	2	3.2	0	0	3	6.5	0	0	1	4.5	2	4.0	0	0.0	12	3.1
Community Based	2	5.6	1	3.2	0	0.0	2	4.3	8	12.9	1	3.4	5	10.9	0	0	1	4.5	1	2.0	2	14.3	23	5.9
Education 4-Year Public	5	13.9	1	3.2	1	3.7	1	2.2	4	6.5	3	10.3	7	15.2	4	16.0	2	9.1	0	0	2	14.3	30	7.7
Education	1	2.8	1	3.2	2	7.4	3	6.5	5	8.1	3	10.3	1	2.2	4	16.0	1	4.5	2	4.0	0	0.0	23	5.9
Community College	2	5.6	3	9.7	0	0.0	0	0	0	0	0	0	2	4.3	1	4.0	0	0	3	6.0	0	0.0	11	3.6
Education	0	0.0	1	3.2	0	0.0	1	2.2	6	9.5	0	0	2	4.3	2	8.0	1	4.5	3	6.0	0	0.0	16	4.1
Private	2	5.6	2	6.5	1	3.7	3	6.5	2	3.2	1	3.4	1	2.2	1	4.0	2	9.1	1	2.0	0	0.0	16	4.1
Employer	0	0.0	0	0.0	0	0.0	3	6.5	0	0	1	3.4	1	2.2	1	4.0	3	13.6	1	2.0	0	0.0	10	2.6
Clinic	19	52.8	3	9.7	5	18.5	13	28.3	15	24.2	4	13.8	6	13.0	1	4.0	3	13.6	11	22.0	4	28.6	84	21.3
Employer	0	0.0	0	0.0	0	0.0	0	0	2	3.2	0	0	0	0	0	0	0	0	0	0	0	0.0	2	0.5
Community Health Center	0	0.0	1	3.2	1	3.7	0	0	1	1.6	0	0	1	2.2	0	0	0	0	2	4.0	0	0.0	6	1.5
Employer	0	0.0	0	0.0	8	29.6	6	13.0	0	0	0	0	1	2.2	0	0	1	4.5	1	2.0	0	0.0	17	4.4
Hospital	1	2.8	2	6.5	0	0.0	2	4.3	2	3.2	5	17.2	3	6.5	4	16.0	1	4.5	4	8.0	3	21.4	27	6.9
Federal Government	2	5.6	10	32.3	6	22.2	3	6.5	5	8.1	2	6.9	7	15.2	0	0	4	18.2	10	20.0	0	0.0	49	12.6
Other	0	0.0	2	6.5	0	0.0	0	0	1	1.6	1	3.4	1	2.2	1	4.0	0	0	2	4.0	0	0.0	8	2.1
Policy	0	0.0	1	3.2	0	0.0	2	4.3	2	3.2	7	24.1	2	4.3	1	4.0	1	4.5	2	4.0	3	21.4	21	5.4
Professional Organization	0	0.0	0	0.0	0	0.0	0	0	1	1.6	0	0	0	0	0	0	0	0	0	0	0	0.0	1	0.3
Research	0	0.0	0	0.0	1	3.7	2	4.3	0	0	1	3.4	0	0	0	0	1	4.5	3	6.0	0	0.0	8	1.8
State Government	2	5.6	1	3.2	0	0.0	5	10.9	6	9.7	0	0	3	6.5	5	20.0	0	0	2	4.0	0	0.0	24	6.2
Workforce Investment Boards	36	100.0	31	100.0	27	100.0	46	100.0	62	100.0	29	100.0	46	100.0	25	100.0	22	100.0	50	100.0	14	100.0	388	100.0

Appendix E: Identified Resources

Resources Identified at Focus Group Meetings and on the Online Follow-Up Surveys

(Focus Group Frequency/Online Follow-up Survey Frequency)

Resource	Focus Group Region											Total
	El Centro	Fresno	Los Angeles	Monterey	Oakland	Ontario	Orange	Oxnard	Redding	Sacramento	Ukiah	
Advisory Workforce Education Training in Fresno county	0/0	1/0	0/0	0/0	0/0	0/0	0/0	0/0	2/0	0/0	1/0	4/0
American Recovery and Reinvestment Act funding*	1/0	0/0	0/1	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	1/1
Area Health Education Center (AHEC)	0/0	0/1	1/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/1
Blue Shield	0/0	1/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	1/0	2/0
Cal Search – Community Clinic resident (offers opportunity for rural exposure for students)	0/0	0/0	0/0	0/0	0/0	0/0	0/0	1/0	1/1	0/0	0/0	2/1
California Wellness Foundation	0/0	0/0	1/0	0/0	0/0	1/0	0/0	0/0	0/0	0/0	0/0	2/0
Channel Islands University RN to BSN program	0/0	0/0	0/0	0/0	0/0	0/0	0/0	1/0	0/0	0/0	0/0	1/0
California Institute for Nursing & Health Care (CINHC)*	0/0	0/0	0/0	0/0	0/3	0/0	0/1	0/0	0/0	0/0	0/0	0/4
City of LA Nursing School, College of Nursing and Allied Health	0/0	0/0	0/0	1/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	1/0
Collaboration between CSUMB and CCs for resources	1/0	0/0	0/0	0/0	1/0	0/0	0/0	0/0	0/0	0/0	0/0	2/0
Community Based Job Training at State Center Community College District*	0/0	1/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	1/0
Community training centers	0/0	1/0	0/0	0/0	0/0	0/0	0/0	0/0	1/1	0/0	0/0	2/1
Computerized Clinical Placement Consortium*	0/0	1/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	1/0
Continuum of care models	0/0	0/0	0/0	0/0	0/0	0/0	1/0	0/0	0/0	0/0	0/1	1/1
Contra Costa’s Mental Health Concentration pilot program	0/0	0/0	0/0	0/0	1/0	0/0	0/0	0/0	0/0	0/0	0/0	1/0
Department of Labor funding	0/0	0/0	0/0	0/0	0/1	0/1	1/0	0/0	0/0	0/1	0/0	1/3
Dolores Jones Nursing Scholarship (Orange)	0/0	0/0	0/0	0/0	0/0	0/0	2/0	1/0	1/0	0/0	0/0	4/0
Educational institutions	0/1	0/4	0/0	0/0	0/0	0/0	0/0	0/0	0/2	2/4	0/0	2/11
Employment sponsored educational benefits	0/0	0/0	0/0	0/0	0/0	0/0	0/0	1/0	0/0	0/0	0/0	1/0
Foundation funding*	1/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	1/0

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<i>Resource</i>	<i>Focus Group Region</i>											
	<i>El Centro</i>	<i>Fresno</i>	<i>Los Angeles</i>	<i>Monterey</i>	<i>Oakland</i>	<i>Ontario</i>	<i>Orange</i>	<i>Oxnard</i>	<i>Redding</i>	<i>Sacramento</i>	<i>Ukiah</i>	<i>Total</i>
Fresno County Office of Education*	0/0	1/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	1/0
Fresno Healthy Communities Access Partners (HCAP) telemedicine work*	0/0	1/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	1/0
Funding from the Department of Mental Health	1/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	1/0
Geriatric NPs	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	2/0	1/0	3/0
Government student loan repayment programs	0/0	0/0	0/0	0/0	1/1	0/0	0/0	0/0	0/0	0/0	0/0	1/1
Health Careers Partnership in Santa Cruz County	0/0	1/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	1/0
Health Careers Program at California State University, Fresno	0/0	0/0	1/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	1/0
Health Information Technology for Economic and Clinical Health (HITECH) Grant	0/0	0/0	0/0	0/0	2/0	0/0	0/0	0/0	0/0	0/0	0/0	2/0
Healthcare Sector Initiative	0/0	0/0	0/0	0/0	1/1	0/1	0/0	0/1	0/0	0/0	0/0	1/3
Health Resources and Services Administration (HRSA) grant	0/1	0/0	0/1	0/0	1/1	0/0	0/0	0/0	0/1	0/1	0/0	1/5
Home Care Association (HCA) Cares Program	0/0	0/0	0/0	3/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	3/0
Imperial Valley College*	5/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	5/0
Kaiser Allied Program	0/0	0/0	0/0	0/0	0/0	1/0	0/0	0/0	0/0	0/0	0/0	1/0
Kaiser Permanente Community Benefits Program	0/0	0/0	0/0	0/0	0/0	0/0	1/0	0/0	0/0	0/0	0/0	1/0
Kaiser Scholarships with College Partners	0/0	0/0	0/0	0/0	0/0	0/0	1/0	0/0	0/0	0/0	0/0	1/0
Kaiser: College to Caring	0/0	0/0	0/0	0/0	1/0	0/0	0/0	0/0	0/0	0/0	0/0	1/0
LA Health Action*	0/0	0/0	0/0	0/0	0/0	0/0	0/1	0/0	0/0	0/0	0/0	0/1
Local hospital (e.g., El Centro Regional Medical Center) scholarship programs*	1/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	1/0
Los Angeles Workforce Funders Collaborative*	0/0	0/0	0/0	0/0	0/0	0/0	0/1	0/0	0/0	0/0	0/0	0/1
Medical Science Academy in Solano County	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	1/0	0/0	1/0
Mental health sciences programs	0/0	0/0	0/0	0/0	1/0	0/0	0/0	0/0	0/0	0/0	0/0	1/0
Mental Health Services Act (MHSA)	0/1	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	1/0	1/1
National Health Services Corporation	1/0	1/0	0/0	1/0	0/0	0/0	0/0	0/0	1/0	0/0	0/1	4/1

<i>Resource</i>	<i>Focus Group Region</i>											
	<i>El Centro</i>	<i>Fresno</i>	<i>Los Angeles</i>	<i>Monterey</i>	<i>Oakland</i>	<i>Ontario</i>	<i>Orange</i>	<i>Oxnard</i>	<i>Redding</i>	<i>Sacramento</i>	<i>Ukiah</i>	<i>Total</i>
Nursing Leadership Council*	0/0	1/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	1/0
OSHPD	0/1	0/0	0/1	0/0	2/0	0/0	0/0	0/0	0/0	0/0	0/1	2/3
Pathway development	0/0	0/0	0/0	0/0	0/0	0/0	0/0	1/0	0/0	0/0	0/0	1/0
Primary care and mental health partnerships	0/0	0/0	0/0	0/0	0/0	1/0	0/0	1/0	0/0	0/0	0/0	2/0
Schweitzer Fellowship	0/0	0/0	2/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	1/0	3/0
Seizures & Epilepsy Education (SEE) program*	0/0	1/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	1/0
Service Employees International Union (SEIU)	0/0	0/0	2/11	0/0	0/0	0/0	0/1	0/0	0/0	0/1	0/0	2/13
Song Brown (MD residency program and nursing schools)	0/0	0/0	0/2	2/0	0/0	0/0	0/0	0/0	0/0	0/0	0/1	2/3
Southern California regional workforce partnership for mental health	0/0	0/0	1/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	1/0
Summer Health Institute at Salinas Valley Memorial Healthcare	0/0	0/0	1/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	1/0
Teaching Centers	0/0	1/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	1/0
The Doctor's Academy	0/2	0/0	0/0	0/0	1/0	0/0	0/0	0/0	0/0	0/0	0/0	1/2
The Education Fund	0/0	1/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	1/0
The Exclusive Nursing Program Partnership with Community Hospital of San Bernardino and San Bernardino Valley College*	0/0	0/0	0/0	0/0	0/0	0/1	0/0	0/0	0/0	0/0	0/0	0/1
The Fresno Centers of Excellence	0/0	0/0	0/0	0/0	1/0	0/0	0/0	0/0	0/0	0/0	0/0	1/0
The Gordon and Betty Moore Foundation	0/0	0/0	0/0	0/0	1/0	0/0	0/0	0/0	0/0	0/0	0/0	1/0
The San Francisco Health Sector Academies	0/0	0/0	0/0	0/0	0/1	0/0	1/0	0/0	0/0	0/0	0/0	1/1
Transition to Practice Programs*	0/0	0/0	0/0	0/0	0/1	0/0	0/0	0/0	0/0	0/0	0/0	0/1
Uncommon Good, non-profit organization*	0/0	0/0	0/0	0/0	0/0	0/1	0/0	0/0	0/0	0/0	0/0	0/1
United States Department of Health and Human Services – Scholarship for Disadvantaged Services	0/0	0/0	0/0	0/0	1/0	0/0	0/0	0/0	0/0	0/0	0/0	1/0
Worker Education & Resource Center, Inc.*	0/0	0/0	0/0	0/0	0/0	0/0	0/1	0/0	0/0	0/0	0/0	0/1
Workforce Investment Act (WIA) funds	0/1	0/0	0/1	0/0	0/1	0/0	1/0	0/0	0/0	0/0	0/0	1/3

*Indicates that the resource was newly identified on the online follow-up survey

Appendix F: Identified Models

Models Identified at Focus Group Meetings and on the Online Follow-Up Surveys

(Focus Group Frequency/Online Follow-up Survey Frequency)

<i>Models</i>	<i>Focus Group Region</i>											
	<i>El Centro</i>	<i>Fresno</i>	<i>Los Angeles</i>	<i>Monterey</i>	<i>Oakland</i>	<i>Ontario</i>	<i>Orange</i>	<i>Oxnard</i>	<i>Redding</i>	<i>Sacramento</i>	<i>Ukiah</i>	<i>Total</i>
Alaska's Dental Health Aid Therapist*	0/0	0/0	0/0	0/0	0/0	0/0	0/1	0/0	0/0	0/0	0/0	0/1
Bridge programs that support the transition from a non-science post-secondary degree into medical provider positions	0/0	0/0	0/0	0/0	1/0	0/0	0/0	0/0	0/0	0/0	0/0	1/0
California Area Health Education Centers (AHEC)	0/0	1/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	1/0
California Social Work Education Center (Cal SWEC)*	0/0	0/1	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/1
Center for Applied Research and Technology (CART)	0/0	1/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	1/0
Collaboration between education institutions and healthcare provider	1/0	0/0	0/0	1/0	0/0	0/0	0/0	0/0	0/1	0/0	1/0	3/1
Collaborative for the Nursing Leadership Coalition	0/0	0/0	1/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	1/0
Community models of education (e.g., education and service partnerships)	0/0	0/0	0/0	0/0	1/0	0/0	0/0	0/0	0/0	0/0	0/0	1/0
Community Outreach Prevention and Education (COPE)	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	1/0	0/0	1/0	2/0
Corporate models of education (e.g., the Gordon and Betty Moore Foundation)	0/0	0/0	0/0	0/0	0/1	0/0	1/0	0/0	0/0	0/0	0/0	1/1
Distance learning models	0/0	2/0	0/0	0/0	0/0	0/0	0/0	0/0	1/0	0/0	0/1	3/1
Family Medicine Residency Programs*	0/0	0/0	0/2	0/0	0/0	0/0	0/0	0/0	0/0	0/1	0/0	0/3
Health Science High School	1/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	1/0
Healthcare career pathways/pipelines	1/0	1/0	0/0	2/0	1/0	0/0	0/0	1/0	2/0	2/0	0/0	10/0
Latino Center*	0/0	0/1	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/1

<i>Models</i>	<i>Focus Group Region</i>											
	<i>El Centro</i>	<i>Fresno</i>	<i>Los Angeles</i>	<i>Monterey</i>	<i>Oakland</i>	<i>Ontario</i>	<i>Orange</i>	<i>Oxnard</i>	<i>Redding</i>	<i>Sacramento</i>	<i>Ukiah</i>	<i>Total</i>
Lattice models that provide seamless transitions across levels of healthcare professions (e.g., LVN to RN and BSN to MSN)	0/0	0/0	0/0	0/0	1/0	0/0	0/0	0/0	0/0	0/0	0/0	1/0
Mental-health first aid*	0/0	0/1	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/1
Mentoring	0/0	0/0	0/0	1/0	0/0	0/0	1/0	0/0	0/0	0/0	0/0	2/0
Preceptorships	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/1	1/0	1/1
Regional Occupation Programs (ROPs)	0/0	0/0	0/0	4/0	0/0	2/1	0/0	1/0	1/0	0/0	0/0	8/1
The Doctor's Academy	0/0	1/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	1/0
Training collaborations among education institutions, community-based organizations, government agencies, and healthcare providers	1/0	0/0	0/0	1/0	1/0	0/0	1/0	0/5	0/0	0/0	2/0	6/5
Training of foreign-trained healthcare professionals for employment in the United States (i.e., the Welcome Back Center)	1/0	0/0	0/0	0/0	2/0	0/0	0/0	0/0	0/0	0/0	0/0	3/0
Union education training programs	0/0	0/0	0/0	0/0	0/0	0/0	1/0	0/0	0/0	1/0	0/0	2/0
Workforce Investment Board	1/0	1/0	1/0	2/0	1/4	0/0	0/0	1/1	0/0	1/0	2/0	10/5

*Indicates that the model was newly identified on the online follow-up survey

Appendix G: Identified Best Practices

Best Practices Identified at Focus Group Meetings and on the Online Follow-Up Surveys

(Focus Group Frequency/Online Follow-up Survey Frequency)

Best Practices	Focus Group Region											
	El Centro	Fresno	Los Angeles	Monterey	Oakland	Ontario	Orange	Oxnard	Redding	Sacramento	Ukiah	Total
Accessibility of interpreters	0/0	0/0	0/0	0/0	0/0	0/0	0/0	2/0	0/0	2/0	0/0	4/0
Adopt competency standards from the Journal of Transcultural Nursing (up for approval this summer)*	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/1	0/0	0/0	0/0	0/1
Community-based para-professional outreach (i.e., African-American Health Conductors)	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	1/0	0/0	1/0
Cultural sensitivity trainings targeted for healthcare professionals	1/0	0/0	0/0	0/0	1/1	0/0	0/0	0/0	0/0	0/0	0/0	2/1
Culturally and Linguistically Appropriate Service Standards (CLASS)	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	1/0	1/0
Foreign language requirement for post-secondary students	0/0	1/0	0/0	1/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	2/0
Healthcare career outreach to diverse populations in primary and secondary education institutions	1/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/1	0/0	0/0	1/1
Integration of cultural competency into healthcare career pathways/pipelines	0/0	1/0	0/0	1/0	1/1	0/0	1/0	0/0	1/0	0/0	0/0	5/1
Integration of the practice of identifying a patient's cultural and linguistic needs at the initial engagement	0/0	0/0	0/0	0/0	1/0	0/0	0/0	0/0	1/0	0/0	0/0	2/0
National Alliance on Mental Illness (NAMI) Mental Health Programs*	0/0	0/1	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/1
Promotoras model	0/0	0/0	0/1	0/0	0/0	1/0	1/0	0/0	0/0	1/0	0/0	3/1
Training of foreign-trained healthcare professionals for employment in the United States (i.e., the Welcome Back Center)	1/0	0/0	0/0	0/0	2/0	0/0	0/0	0/0	0/0	0/0	0/0	3/0

*Indicates that the best practice was newly identified on the online follow-up survey

Appendix H: Identified Partnerships

Partnerships Identified at Focus Group Meetings and on the Online Follow-Up Surveys

(Focus Group Frequency/Online Follow-up Survey Frequency)

Partnerships	Focus Group Region											Total
	El Centro	Fresno	Los Angeles	Monterey	Oakland	Ontario	Orange	Oxnard	Redding	Sacramento	Ukiah	
Academic Service Collaborative Program (Kaiser Permanente in Southern California)	0/0	0/0	0/0	0/0	0/0	1/0	0/0	0/0	0/0	0/0	0/0	1/0
American Data Bank (provides screening and background clearance services)	1/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	1/0
Central Valley Health Network (made up of Federally Qualified Health Centers)*	0/1	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/1
Collaboration between rural areas and neighboring urban areas with financial incentives for sharing resources*	0/1	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/1
Community Benefits Collaborative (San Bernardino)	0/0	0/0	0/0	0/0	0/0	1/0	0/0	0/0	0/0	0/0	0/0	1/0
East Bay Allied Healthcare Advocacy	0/0	0/0	0/0	0/0	2/0	0/0	0/0	0/0	0/0	0/0	0/0	2/0
Education institutions and healthcare providers	1/0	0/0	0/0	0/0	0/0	0/0	1/0	0/0	0/0	1/0	0/0	3/0
Foundation partnerships (e.g., the Robert Wood Johnson Foundation (RWJF) and the California Endowment (TCE))	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	1/0	0/0	1/0
Health Improvement Partnership of Santa Cruz County	0/0	0/0	0/0	1/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	1/0
Hospital and community-based organization partnerships	0/0	1/0	0/0	0/0	1/0	0/0	1/0	0/0	0/0	0/0	0/0	3/0

	<i>Focus Group Region</i>											
<i>Partnerships</i>	<i>El Centro</i>	<i>Fresno</i>	<i>Los Angeles</i>	<i>Monterey</i>	<i>Oakland</i>	<i>Ontario</i>	<i>Orange</i>	<i>Oxnard</i>	<i>Redding</i>	<i>Sacramento</i>	<i>Ukiah</i>	<i>Total</i>
Cal-PASS and K-16 have one centralized subcommittee to focus on healthcare careers *	0/1	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/1
Master of Social Work (MSW) Programs*	0/1	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/1
Monterey Bay Geriatric Resource Center	0/0	0/0	0/0	1/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	1/0
Partnerships across education institutions including secondary education institutions, community colleges, universities, and adult education programs	1/0	0/0	0/0	0/0	0/0	1/0	2/0	0/0	0/0	2/0	1/0	7/0
Partnerships between government agencies	0/0	0/0	0/0	0/0	0/0	0/0	1/0	0/0	0/0	1/0	1/0	3/0
Regional Extension Centers (REC)	0/0	0/0	1/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	1/0
Regional Occupational Programs (ROPs)	0/0	0/0	0/0	4/0	0/0	2/1	0/0	1/0	2/0	0/0	0/0	9/1
Regional partnerships such as Workforce, Education, and Training (WET)	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	1/0	0/0	1/0
State license board collaboration*	0/1	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/1
Veteran’s Association	0/0	0/0	0/0	0/0	1/0	0/0	0/0	0/0	0/0	0/0	0/0	1/0
Working Well Together Collaborative*	0/1	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/1

*Indicates that the partnership was newly identified on the online follow-up survey



Edmund G. Brown Jr.
Governor



Douglas Sale
Acting Executive Director



Stephanie Clendenin
Acting Director

**Health Care Reform in California: What are the Workforce Needs?
Considerations for the Health Workforce Development Council (HWDC)**

Health Professions Mentioned throughout the HCR Planning Process	Health Workforce Analysis Literature Review ¹	Focus Groups	EDD Labor Data Market High Growth Statistics ²	Career Pathway Sub-Committee Identified Priority	HWDC Public Meetings	Mentioned in Title V of the Patient Protection and Affordable Care Act
Acupuncture		X				
Administrative Staff		X				
Allied Health ³	X	X	X	X	X	X
Case Managers		X				
Certified Nurse Midwives						X
Chiropractors		X			X	
Clinical Lab Specialists	X	X	X	X		
Community Health Workers	X	X	X	X		X
Dental Assistants	X	X	X			X
Dental Hygienists	X		X			X
Dentists	X ⁴	X				X
Dispensing Opticians	X					
Eastern Medicine Practitioners		X				
EMT/Paramedic	X		X			X
ER Physicians		X				X
Health Coaches		X				
Health Information Technology	X	X	X		X	X

Home Health Aide	X	X	X		X	X
Licensed Vocational Nurse	X		X			
Medical Assistants	X	X	X	X		
Medical/ Public Health Social Workers	X	X	X	X	X	X
Mental Health <ul style="list-style-type: none"> • Psychiatrists • Psychologists • Clinical Social Worker • Psychiatric Nurse Specialists • Marriage and Family Therapist • Mental Health Counselor 	X	X		X	X	X
Nurse Practitioners <ul style="list-style-type: none"> • Family Nurse practitioners • Geriatric Nurse practitioners • Mental Health Nurse Practitioner 	X	X		X		X
Nursing Assistants/ Aides	X	X	X			X
Optometrist	X	X			X	X
Personal Care Aide			X			X
Pharmacist	X					X
Pharmacy Technicians	X		X			
Physical Therapists		X	X			
Physician Assistant	X	X	X	X		X
Physician (Allopathic and Osteopathic)	X	X		X	X	X
Podiatric Medicine	X					
Primary Care Physician <ul style="list-style-type: none"> • General Internal Medicine • OB/GYNs • Pediatrics 	X	X	X	X	X	X
Public Health	X	X		X	X	X

<ul style="list-style-type: none"> • Epidemiology • Health Education • Biostatistics • Environmental Health • Biomedical/Infectious Disease • International Health • Nutrition 						
Radiologic Technologist	X		X			
Respiratory Therapists	X		X			
Registered Nurses	X	X	X	X	X	X
Substance Abuse/Behavioral Disorder Counselor	X			X	X	X

Notes

¹ The “Health Workforce Analysis Research: Recent Findings” matrix (Matrix) is a summary of important health care workforce research publications. The matrix was compiled through data extraction from research publications and other resources such as the California Postsecondary Education Commission (CPEC) and Health Licensing entities in California. The data extracted from these publications includes current supply, future demand, demand determination race/ethnicity of current supply and practice patterns.

² EDD Occupational Employment Projections estimate the changes in occupational employment over time resulting from industry growth, technological changes, and other factors. Industry growth exists when the demand for goods and services increases, resulting in an increased demand for workers to produce these goods and services. Technological changes can raise the demand for some skills while eliminating the demand for others. The State and sub-state area Long-Term projections are for a 10-year period. The projections are revised every two years to incorporate economic changes that occur in the State and local areas. Statewide Short-Term projections are for a two-year period and are revised annually. The EDD collects survey data from approximately 105,000 California employers through the Occupational Employment Statistics (OES) program over a three year period. The survey samples two panels annually, with approximately 17,500 establishments per panel. Employers report on the survey how many individuals they employ in each occupation. The OES program uses the Standard Occupational Classification (SOC) definitions to collect the survey data, which covers over 800 occupations. *Employment Change* is displayed in "Numerical" and "Percent Change." Numerical Employment Change is the net difference between the base and projected year employment and reflects job growth or decline. The base and projected year employment are independently rounded. Therefore, numerical change may not equal new jobs. The percent change measures the projected rate of change of employment in an occupation. The occupational projections in this report are based on the following assumptions; 1) The institutional framework of the U.S. economy will not change radically; 2) Recent technological and scientific trends will continue; 3) The long-term employment patterns will continue in most industries; 4) Federal, state, and local government agencies are expected to operate under budgetary constraints; 5) No major events will occur that will significantly alter the industrial structure of the

economy, the occupational staffing patterns, or the rate of long-term growth; 6) Population growth rates and age distributions will not differ significantly from Department of Finance projections presently available; 7) Attitudes toward work, education, income, and leisure will not change significantly. Because the occupational data are based on a survey, it is important that the following points be considered: 1) There is inherent statistical error as a result of both the sampling process and the level of employer response to the survey mailings; 2) The OES staffing patterns may contain errors because employers may have difficulties completing the survey. Employers may misunderstand survey instructions, misinterpret occupational definitions and/or titles on the forms, or make clerical errors when filling out the forms; 3) The employer's response to the survey may reflect conditions that are uncommon. The employer may have a temporary shutdown, seasonal high or low employment, or temporary increase in demand for product or service.

³ Allied Health Professions include: clinical lab assistant, Dental Assistant, Dental Health aide Therapist, Dental Hygienist, Echocardiography tech, EEG Technician, EKG Technician, EMT/ETT, Mammographer, Massage Therapist, Medical Assistant, Medical Lab Technician, Medical Technologist, MRI/CT Technician, Nuclear Medicine Tech, Paramedic, Pharmacy Technician, phlebotomist, Physical Therapy Assistant, Radiological Technician, Respiratory Therapists, Sonographer, Sterile Processing Technician, Surgical Technician, Anesthesia Technician, Anesthesiologist Assistant, Cardiovascular Technologist, Cytotechnologist, Diagnostic Medical Sonographer, Electroneurodiagnostic Technologist, Emergency Medical Technician-Paramedic, Exercise Physiologists, Exercise Scientists, Kinesiotherapist, Lactation Consultant, Medical Assistant, Medical Illustrator, Orthotic and Prosthetic Practitioner, Perfusionists, Personal Fitness Trainer, Polysomnographic Tech, Recreational Therapists, Specialists in Blood Bank Technology, Surgical Assistant, Surgical Technologists, Diagnostic and Medical Sonographer, Occupational Therapists, Physical Therapists, Radiographers, Respiratory Therapists, Speech Language Pathologists.

⁴ While overall shortages of Dentists are not projected there is a high demand for dentists in certain geographic shortage areas.

Health Workforce Development Resources

Program Name	Administrator	Contact	Contact Information	Purpose	Point of Intervention	Target Audience	Funding Source	Funding Scope	Funds Available to Re-grant	Funding Cycles	Program Type	Recipients	# Awards/ Participants
Health Science Capacity Building Programs	CDE	Cindy Beck	(916) 319-0470 cbeck@cde.ca.gov	To build the capacity of quality Health Science Pathway Programs statewide and prepare an adequate number of qualified workers to meet the critical worker shortages.	Middle/High School Students	Varies; Grades 7-14, Public Education	SB70	Statewide		Yearly funding to current Awardees	Pathway	Public/charter Schools, regional occupational centers and programs	45
Specialized Secondary Programs (SSP) Programs	CDE	Cindy Beck	(916) 319-0470 cbeck@cde.ca.gov	Specialized Secondary Programs provides students with advanced learning opportunities in a variety of subjects retaining a core course work element within the approved curriculum, and specialize in such areas as English-language arts, mathematics, science, history and social science, foreign language, and the visual performing arts.	Middle/High School Students	Grades 7-16, public and private education	General Fund	Statewide	full flex- no way to calculate amount of funds		Education	Public/charter Schools,	
Health Science and Medical Technology Programs	CDE	Cindy Beck	(916) 319-0470 cbeck@cde.ca.gov	Pathway program and course provide information to students early in their education program that will cause them to consider a career in health care; to integrate the health careers curriculum across the disciplines; and to design cumulative articulated content across the levels of education. Health careers education program operate at the high school and adult levels.	Middle/High School Students	Health Science and Medical Technology, Biotechnology Research and Development, Diagnostic Services, Health Informatics, Support Services, Therapeutic Services Health Academies- Grades 7-adult	Prop 98; SB70, AB 519	Statewide		Yearly funding to current Awardees	Pathway	Public/charter Schools, regional occupational centers and programs	86
Health Occupations Students of America (HOSA) – 91 Chapters - 4,000 students	CDE	Cindy Beck	(916) 319-0470 cbeck@cde.ca.gov	A student organization whose mission is to develop leadership careers skills opportunities in health care and to enhance the delivery of compassionate quality health care to all people.	High School Students	Grades 9-Adult	Membership, AB8, SB70	Statewide			Health Professions Organization	HOSA 501-C3 organization. Funds chapters.	91 chapters
Regional Occupation Programs and Centers (ROCP) – 307 Courses	CDE	Cindy Beck	(916) 319-0470	Regional occupational centers and programs provide high school students 16 years of age and older and also adult students, with valuable career and technical education so students can (1) enter the workforce with skills and competencies to be successful; (2) pursue advanced training in higher educational institutions; or (3) upgrade existing skills and knowledge.	High School Students	Grades 9-Adult	General Fund	Statewide	full flex- no way to calculate amount of funds		Training	County Regional Occupation Programs	
California Partnership Academies (CPA)- 77 programs	CDE	Karen Shores	(916) 319-0478	California Partnership Academies program is a school-business-district partnership, providing integrated academic and career instruction to high school students who present a high risk of dropping out of school and are not motivated by traditional curriculum; a school-within-a-school, grades ten through twelve, emphasis on student achievement and program accountability.	High School Students	Public Education	Prop 98; SB 70	Statewide	\$6,495,000 funding health academies of the total funds available		Education	Public Schools	85
Adult Education Career Technical Education Programs – 140 Courses Adult education CTE is partial State funding and partial fee based)	CDE	Debra Jones	(916) 323-5074	Adult education provides educational opportunities and services to equip adults with the knowledge and skills necessary to participate effectively as citizens, workers, parents, and as family and community members. Instructional programs ensure that adults have the education and skills required for a competitive economy and a better quality of life.	Adult, Public Education	Public Education	Prop 98, fee based	Statewide	\$753,000,000 before flex legislation		Education		
Amanda Perez Scholarship	Latino Medical Student Association West	Amaranta Craig	VP_Scholarship@lmsa.net	The "Dr. Amanda Perez" Scholarship was developed in 2008 to assist high school and college freshman students who are interested in pursuing a career in medicine. Personal qualities, financial need, academic and extracurricular achievement will be considered in the selection process.	High School, Undergraduate students	Varies	Private	Washington, Oregon, California, Arizona, and Utah		Yearly	Scholarship	Students	2
Vocational Nurse Scholarship	Health Professions Education Foundation	Lupe Alonzo-Diaz	(916) 326-3640	Financial aid to aspiring health professionals in exchange for direct patient care in a medically underserved areas.	Undergraduate Students	Vocational Nursing Students	Licensing Fees, and Grants, etc.	Statewide	\$125,000 for all VN programs	1/year	Scholarship	Vocational Nurses	22-25 for all VN programs

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Program Name	Administrator	Contact	Contact Information	Purpose	Point of Intervention	Target Audience	Funding Source	Funding Scope	Funds Available to Re-grant	Funding Cycles	Program Type	Recipients	# Awards/ Participants
Licensed Vocational Nurse to Associate Degree Nursing Scholarship	Health Professions Education Foundation	Lupe Alonzo-Diaz	(916) 326-3640	Financial aid to aspiring health professionals in exchange for direct patient care in a medically underserved areas.	Undergraduate Students	Licensed Vocational Nurse applicants who applied for a Health Professions Education Foundation's (HPEF) Associate Degree in Nursing (ADN) Scholarship program, through the Registered Nurse Education Fund (RNEF), and whose applications were rejected through the RNEF, may apply for the LVN to	Licensing Fees and Grant etc.	Statewide	\$125,000 for all Licensed Vocational Nursing programs	1/year	Scholarship	Licensed Vocational Nurses	22-25 for all VN programs
Song Brown RN Program	OSHPD	Manuela Lachica, Program Director	(916) 326-3752	Clinical training opportunities in underserved areas.	Undergraduate Students	Associate Degree in Nursing, Bachelors Science in Nursing, & Master Science Nursing Students	CA Health Planning & Data Fund	Statewide	\$2,725,000	Annually	Training	RN Programs	34
Associate Degree Nursing Scholarship	Health Professions Education Foundation	Lupe Alonzo-Diaz	(916) 326-3640	Financial aid to aspiring health professionals in exchange for direct patient care in a medically underserved areas.	Undergraduate Students	Associate Degree in Nursing (ADN) Students	Licensing Fees, Special Funds, Grants, etc.	Statewide	\$1.7 for ADN and BSN programs	2/year	Scholarship	Associate Degree Nurses	36- September 2010 cycle
Bachelors Science in Nursing Scholarship	Health Professions Education Foundation	Lupe Alonzo-Diaz	(916) 326-3640	Financial aid to aspiring health professionals in exchange for direct patient care in a medically underserved areas.	Undergraduate Students	Bachelor of Science in Nursing (BSN) Students	Licensing Fees, Special Funds, Grants, etc.	Statewide	\$1.7 for ADN and BSN programs	2/year	Scholarship	Bachelors of Science Nursing	42- September 2010 cycle
Title IV-E Bachelors Social Work Stipend (BASW) Program	California Social Work Education Center	Chris Mathias	cmathias@berkeley.edu	Title IV-E Child Welfare BASW program offers financial support to social work undergraduate students who are preparing for careers directed toward child welfare practice in publicly supported social services.	Undergraduate Students	Social Work	Title IV-E training funds managed by the ACF and DSS	Statewide		Yearly	Stipend	Schools receive the funds and give it to the students	6 participating schools. Up to 30 per school
Allied Healthcare Scholarship	Health Professions Education Foundation	Lupe Alonzo-Diaz	(916) 326-3640	Financial aid to aspiring health professionals in exchange for direct patient care in a medically underserved areas.	Undergraduate, Graduate Students	Diagnostic Medical Sonography, Clinical Laboratory Science, Medical Assistant, Medical Imaging, Medical Laboratory Technology, Nuclear Medicine Technology, Occupational Therapy, Occupational Therapy Assistant, Pharmacy, Pharmacy Technician, Physical Therapy, Physical Therapy Assistant, Radiation Therapy Technology, Radiologic Technology, Respiratory Care, Social Work, Speech Therapy, Surgical Technician, and Ultrasound Technician will be given priority. Other allied health professions may apply.	Grants	Statewide	\$60,000	1/year	Scholarship	Allied health students	14-18
Health Professions Education Scholarship Program	Health Professions Education Foundation	Lupe Alonzo-Diaz	(916) 326-3640	Financial aid to aspiring health professionals in exchange for direct patient care in a medically underserved areas.	Undergraduate and Graduate Students	Dentist, Dental Hygienists, Nurse Practitioners, Certified Nurse Midwives, and Physician Assistant programs	Individual Contributions and Grants	Statewide	varies	2/year	Scholarship	Health Professionals	varies
Community Based Transition Program/Internships	California Institute for Nursing & Health Care	Nikki West	(510) 832-8400	Regional nursing education collaborative to increase competence and employability of new graduate Registered Nurses (RNs)	Graduate Students	Newly graduated, licensed RNs (2009-2011)	Grants, WIB dollars, in-kind contributions from partners	Statewide	Contingent on grant funding	Contingent on grant funding; Majority of current funding completed in November 2011	Internships	Nursing education programs	About 250 new graduate nurses to receive the training through grant funding
Song Brown PA Program (MHSA)	OSHPD	Manuela Lachica, Program Director	(916) 326-3752	Public Mental Health Training	Graduate Students	Physician Assistants	Mental Health Service Act Prop 63	Statewide	\$500,000	Annually	Training	Physician Assistant programs	3

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Program Name	Administrator	Contact	Contact Information	Purpose	Point of Intervention	Target Audience	Funding Source	Funding Scope	Funds Available to Re-grant	Funding Cycles	Program Type	Recipients	# Awards/ Participants
Song Brown FNP/PA	OSHPD	Manuela Lachica, Program Director	(916) 326-3752	Clinical training opportunities in underserved areas.	Graduate Students	Family Nurse Practitioner/Physician Assistant Students	CA Health Planning & Data Fund	Statewide	\$1,350,000	Annually	Training	Family Nurse Practitioner/Physician Assistant Programs	15
Title IV-E Masters Social Work Stipend (MSW) Program	California Social Work Education Center	Chris Mathias	cmathias@berkeley.edu	Title IV-E Child Welfare MSW program offers financial support to social work graduate students who are preparing for careers directed toward child welfare practice in publicly supported social services.	Graduate Students	Social Work	Title IV-E training funds managed by the ACF and DSS	Statewide		Yearly	Stipend	Schools receive the funds and give it to the students	20 participating schools. Maximum awards of up to 30 per school
Deloras Jones RN Scholarship Program	Kaiser Permanente		(507)931-1682 delorasjones@scholarshipamerica.org	The Deloras Jones RN Scholarship Program was created in honor of Deloras Jones, RN, MS, for her 34 years of leadership and dedication to education and nursing practice at Kaiser Permanente. Awards are available for approved study at affiliate schools in California.	Undergraduate, Graduate and Doctoral Students	Nursing Students and Affiliate Schools. Pre-licensure Studies, Graduate/Doctoral Studies,	Kaiser Permanente	Statewide/ Specific Schools		Yearly	Scholarship	Students and affiliate schools	
California Student/Resident Experiences and Rotations in Community Health (Cal-SEARCH)	OSHPD, AHEC, CPCA	Felicia Borges, Program Manager	(916) 326-3768, felicia.borges@oshpd.ca.gov	Clinical training opportunities in clinics and community health centers.	Undergraduate, Graduate Students and Residents	physician assistants, family medicine, dentistry, family nurse practitioners, allopathic and osteopathic medical students	Federal	Statewide	\$105,400	ongoing	Training	Clinics and community health centers, health professions students and residents	62 students and residents and host sites
Albert Schweitzer Fellowship	Albert Schweitzer Fellowship	John K. Su	johnksu@gmail.com (510) 325-6398	The Los Angeles fellows program is a one-year interdisciplinary, mentored fellowship program focused on health-related community service and leadership development. The Los Angeles Schweitzer fellows program strengthens fellows resolve to provide health service to underserved populations by facilitating opportunities for students	Graduate and Doctoral Students	Graduate or Professional Degree. Varies	Private Contributors-Kaiser Permanente	Nationwide Programs but this one is LA Region Specific		Yearly	Fellowship with Stipend	Student	average of 15
Oliver GoldSmith Scholarship	Kaiser Permanente	Vanessa Hernandez	social.residency@kp.org	Dedicated to the promotion and advancement of culturally responsive care, this scholarship honors medical/osteopathic students currently in their second or third year of medical school who intend to practice in Southern California. The Oliver Goldsmith, MD, Scholarship supports ongoing education for medical students while providing them with opportunities for practical experience at Kaiser Permanente facilities.	Doctoral Students	Medical Students	Kaiser Permanente	Southern California		Yearly	Scholarship	MD Students	13
Northern California Kaiser Permanente Medical Student Scholarship	Kaiser Permanente	Michele Benedict	michele.r.benedict@kp.org	We are proud of Kaiser Permanente's social mission, research, and leadership efforts in helping communities thrive. As part of this mission, we recognize the potential of future physicians and their contributions by offering up to ten \$5000 scholarships to medical students selected for their commitment to and achievement in at least one of two areas: 1-Community Involvement & Leadership 2-Population-Based Research	Doctoral Students	Third Year Medical Students	Kaiser Permanente	Northern California		Yearly	Scholarship	Third Year Medical Student	10
Si Se Puede Scholarship	Latino Medical Student Association West	Catharine Bellus	bellus.catharine@gmail.com	To assist Latino students with Medical school application fees.	Doctoral Students	Latinos applying for Medical School	Private	Nationwide		Yearly	Scholarship	Students	2

Health Workforce Development Resources

Program Name	Administrator	Contact	Contact Information	Purpose	Point of Intervention	Target Audience	Funding Source	Funding Scope	Funds Available to Re-grant	Funding Cycles	Program Type	Recipients	# Awards/ Participants
Song Brown Family Medicine Training Program	OSHPD	Manuela Lachica, Program Director	(916) 326-3752	Clinical training opportunities in underserved areas	Residents	Family Medicine Residents	CA Health Planning & Data Fund	Statewide	\$2,580,000	Annually	Training	FM Residency Programs	27
United Healthcare Workers West Education Fund Stipend Program	Service Employees International Union (SEIU)	Lucy Runkel	lrunkel@seiu-uhweduc.org (510) 250-0416	Provides assistance for employees enrolled in registered nurse, professional, technical or other allied health programs. Allows employees to reduce hours of work to attend school and study.	Incumbent Workers	varies	SEIU	Must be in an SEIU bargaining unit		Twice a Year	Stipend	SEIU Employee	200-250
Licensed Vocational Nurse (LVNs) Loan Repayment	Health Professions Education Foundation	Lupe Alonzo-Diaz	(916) 326-3640	Financial aid to aspiring/current health professionals in exchange for direct patient care in a medically underserved areas.	Health Professionals	LVNs	Licensing Fees, and Grants, etc.	Statewide	\$125,000 for all VN programs	1/year	Loan Repayment	Licensed Vocational Nurses	22-25 for all VN programs
Bachelors Science in Nursing Loan Repayment	Health Professions Education Foundation	Lupe Alonzo-Diaz	(916) 326-3640	Financial aid to aspiring/current health professionals in exchange for direct patient care in a medically underserved areas.	Health Professionals	Bachelor of Science in Nursing Degree graduates	Licensing Fees, Special Funds, Grants, etc.	Statewide	\$1.7 for ADN and BSN programs	2/year	Loan Repayment	Bachelors of Science Nurses	19- March 2010 cycle
Collaborative Models of Nursing Education	California Institute for Nursing & Health Care	Peggy Hilden, Deloras Jones, Liz Close	Peggy.hilden@kp.org	To promote seamless transition from Associate Degree Nurses to Bachelors Science in Nursing by overcoming barriers to academic progression, to increase the number of BSN prepared nurses	Health Professionals	Associate Degree Nurses transitioning through Bachelors Science in Nursing education programs	Chancellor's Office of Community Colleges and Foundations	Statewide	Varies contingent on grant availability	2-3 years	Seamless Progression Education	Schools of Nursing	42 participants, 40 of which are funded
State Nursing Assumption Program for Loans in Education	California Student Aid Commission / Health Professions Education Foundation	Adeline Espinosa and/or Lupe Alonzo-Diaz	(916) 464-6467 or (916) 326-3640	Loan Assumption for three years in exchange to teaching full-time or part-time equivalent in the nursing program at a California regionally accredited colleges or universities.	Health Professionals	Nursing	General Fund	Statewide	varies each year dependent upon budget approval		Loan Repayment	Health Professionals	
Clinical Faculty Development Program	California Institute for Nursing & Health Care	Nikki West	(510) 832-8400	To train experienced Registered Nurses to serve as clinical faculty and to provide mentored student teaching experiences	Health Professionals	Experienced Registered Nurses	Foundations & EDD	Bay Area, Los Angeles & Humboldt Counties, new grant for No Californian counties	Contingent on grant funding	Contingent on grant funding	Training	Existing faculty that train or mentor new nursing faculty	90 trainees were funded; new funding program soon to begin
NHSC/State Loan Repayment Program	OSHPD	Julie Montoya	(916) 326-3745	Loan repayments to health professionals willing to work in HPSAs.	Health Professionals	Physicians (MD/DO) specializing in family practice, general internal medicine, general pediatrics, obstetrics/gynecology, and general psychiatry; physician assistants; nurse practitioners; certified nurse midwives; general practice dentists (DDS/DMD); dental hygienists; clinical or counseling psychologists; clinical social workers, licensed professional counselors; psychiatric nurse specialists; and marriage and family therapists	Federal	Statewide	Approximately \$4 million in calendar year 2011, including over \$3 million in American Recovery and Reinvestment Act funding.	Currently ongoing.	Loan Repayment	Primary care physicians, dentists, dental hygienists, physician assistants, nurse practitioners, certified nurse midwives, and mental health providers	Unknown since application cycle is ongoing.
Licensed Mental Health Services Provider Education Program	Health Professions Education Foundation	Lupe Alonzo-Diaz	(916) 326-3640	Financial aid to aspiring/current health professionals in exchange for direct patient care in a medically underserved areas.	Health Professionals	Registered or Licensed Psychologists, Postdoctoral Psychological Assistants, Postdoctoral Psychological Trainees, Registered or Licensed Marriage and Family Therapists, and Registered or Licensed Clinical Social Workers	Licensing Fees	Statewide	\$455,000	Annually	Loan Repayment	Mental Health Practitioners	140

Health Workforce Development Resources

Program Name	Administrator	Contact	Contact Information	Purpose	Point of Intervention	Target Audience	Funding Source	Funding Scope	Funds Available to Re-grant	Funding Cycles	Program Type	Recipients	# Awards/ Participants
Mental Health Loan Repayment Assumption Program	Health Professions Education Foundation	Lupe Alonzo-Diaz	(916) 326-3640	Financial aid to aspiring/current health professionals in exchange to work in the Public Mental Health System.	Health Professionals	Registered or Licensed Psychologists, Registered or Licensed Psychiatrists, Postdoctoral Psychological Assistants, Postdoctoral Psychological Trainees, Registered or Licensed Marriage and Family Therapists, Registered or Licensed Clinical Social Workers, and Registered or Licensed Psychiatric Mental Health Nurse Practitioners	Mental Health Service Act	Statewide	\$ 5 million	Annually	Loan Repayment	Mental Health Practitioners	1009
Steven M. Thompson Loan Repayment	Health Professions Education Foundation	Lupe Alonzo-Diaz	(916) 326-3640	Financial aid to aspiring/current health professionals in exchange for direct patient care in a medically underserved areas.	Health Professionals	Licensed physician graduates	Licensing Fees, Special Funds, Grants	Statewide	\$2.5 million	Annually	Loan Repayment	Physicians	23
Orange County Pediatrics Loan Repayment	Health Professions Education Foundation	Lupe Alonzo-Diaz	(916) 326-3640	Financial aid to aspiring/current health professionals in exchange for direct patient care in a medically underserved areas.	Health Professionals	Pediatric Specialists	Grants	Statewide	\$950,000/ 3 yrs	Annually	Loan Repayment	Physicians	2
Health Professions Education Loan Repayment Program	Health Professions Education Foundation	Lupe Alonzo-Diaz	(916) 326-3640	Financial aid to aspiring/current health professionals in exchange for direct patient care in a medically underserved areas.	Health Professionals	Dentists, Dental Hygienist, Nurse Practitioners, Certified Nurse Midwives and Physician Assistants	Grants	Statewide	varies	2/year	Loan Repayment	Health Professionals	varies
Betty Irene Moore Nursing Initiative	Gordon and Betty Moore Foundation	Marybeth Sharpe	650-213-3000	The Betty Irene Moore Nursing Initiative seeks to improve nursing-related patient outcomes in adult care hospitals in five San Francisco Bay Area Counties and Five Greater Sacramento Counties. BIMNI supports programs to train and fund more RN educators, expand pre-licensure nursing school programs, expand continuing education for new nurses, increase collaboration between nursing schools and hospitals.	Educational institutions, organizations, ..	Nursing schools, programs, educators.	Private Foundation	Bay Area and Greater Sacramento	\$153 million funds bay area until 2013 and greater Sacramento region until 2017	Varies	Varies	Organizations, educational institutions	18 grants awarded in 2010
Health Careers Training Program	OSHPD	Felicia Borges, Program Manager	(916) 326-3768	To increase awareness of health career opportunities.	Educational Institutions, professional associations	Varies	CA Health Planning & Data Fund	Statewide	\$189,000	Annual	Education	Organizations, educational institutions	Varies- 15
Blue Shield of California Foundation Grants	Blue Shield of California		(415) 229-6080 bscf@blueshieldcafoundation.org	Blue Shield of California Foundation supports projects that improve the lives of Californians, particularly underserved populations, by making health care accessible, effective, and affordable for all Californians, and by ending domestic violence. Ensure that California can successfully implement national health reform to expand coverage to the uninsured. Ensure that California's safety net optimizes the opportunities created by national health reform to expand access for the state's underserved and/or uninsured. Build a strong, coordinated network of domestic violence service providers in California.	Educational institutions, for profit organizations, non profit organizations,	Varies	Blue Shield of California	Statewide	In 2009 awarded \$28.9 million	Varies	Varies	Non profit and for profit organizations and educational institutions	approximately 300/year

Health Workforce Development Resources

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Area Health Education Centers	CA-AHEC,	John Blossom	JBlossom@fresno.ucsf.edu	The California AHEC Program brings together community and academic interests to improve access to health care and decrease health disparities for all Californians. AHEC develops, with its partners, a population-based approach to health professions education with a special emphasis on community-based training. The AHEC Program accomplishes its mission through a network of twelve AHEC centers, each located in an underserved area and affiliated with, but separate from a health professions school.	Regional AHEC Centers	All of the AHEC centers are independent community organizations; each governed by an advisory board and strategically located throughout the state. Because of the emphasis on community-based training, the California AHEC is closely affiliated with community health centers with eight of the twelve AHEC centers sponsored by community clinic consortia or large clinic systems.	Federal (HRSA)	Statewide	Approximately \$1M; 75% of HRSA grant must be directed to Regional AHECs	Annually	Grants	Regional AHECs	12
Employment Training Panel (Healthcare Initiative)	Employment Training Panel	Mike Rice	(916) 327-5266	Assist employers in strengthening their competitive edge by providing funds to offset the costs of job skills training necessary to maintain high-performance workplaces. Support nurse training and training for allied healthcare occupations.	Organizations	As part of the healthcare initiative the employment training panel focuses on training for incumbent nurses and allied medical professionals.	Employment Training Fund - WIA funds	Statewide	Projected at \$5.7 million (based on estimated FY10/11 budget appropriation)		Performance-based contracting	For profit and non profit organizations.	
The California Wellness Foundation Grants (left voice mail)	California Wellness Foundation	Rocelle Estanislao, Grants Management Administrator or Saba Brelvi	(818) 702-1900	The purpose of Cal Wellness foundation grants are to 1) address the particular health needs of traditionally underserved populations, including low-income individuals, people of color, youth and residents of rural areas; 2) support and strengthen nonprofit organizations that seek to improve the health of underserved populations; and 3) recognize and encourage leaders who are working to increase health and wellness within their communities; and to inform policymakers and opinion leaders about important wellness and health care issues.	Organizations	The Foundation's Responsive Grant making Program prioritizes eight issues for funding: <ul style="list-style-type: none"> • diversity in the health professions; • environmental health; • healthy aging; • mental health; • teenage pregnancy prevention; • violence prevention; • women's health; and • work and health. 	Private Foundation	Statewide	\$29.9 million for year 2009	Varies	Varies	Organizations	385
Health Workforce Initiative	Health Workforce Initiative (Formerly-Regional Health Occupations Resource Centers)	Linda Zorn	(530) 879-9069	The purpose of the California Community College Economic and Workforce Development Health Care Initiative is to identify workforce needs of healthcare delivery systems and develop solutions through a comprehensive problem solving process. This process may include assessment and analysis, planning, development, implementation, and evaluation. The role of the Regional Health Occupations Resource Centers is to facilitate collaboration between the education segments and the health care delivery system to respond to identified needs.	California Community Colleges and the Health Care Workforce	Community Colleges		Varies Community colleges statewide				Internal use of funds	
Kaiser Permanente Community Benefits Program	Kaiser Permanente Southern California Region		so.cal.grants@kp.org (626) 405-5999	Kaiser Permanente supports projects, programs or activities that are in alignment with access to healthcare for vulnerable populations, healthy eating active living, and policy advocacy.	Varies	Varies	Kaiser Permanente	Southern California		Yearly	Varies	Organizations- varies	Varies

Health Workforce Development Resources

Program Name	Administrator	Contact	Contact Information	Purpose	Point of Intervention	Target Audience	Funding Source	Funding Scope	Funds Available to Re-grant	Funding Cycles	Program Type	Recipients	# Awards/Participants
The California Endowment	California Endowment		(800) 449-4149	Provides various grants to programs that support community health efforts.	Varies	The California endowment funds projects that fit under their big 10 outcomes strategy which include: 1) All children have health coverage 2) Families have improved access to a health home that supports healthy behaviors 3) Community health improvements are linked to economic development 4) health gaps for boys and young men of color are narrowed 5) California has a shared vision of community health.	Private Foundation	Statewide	\$17.6 million for year 2009	Varies	Varies	Varies	
The Los Angeles Workforce Funder Collaborative- Workforce Partnership Grants	LAWFC	Justina Munoz	jmunoz@lawworkforcefunders.org	The Los Angeles Workforce Funder Collaborative (LAWFC) is comprised of foundations and public entities with unique funding priorities and a shared vision for impacting the quality of life of Los Angeles County residents. Workforce Partnership grants support and enhance education, training, job placement, job retention and support a "dual customer approach" through a strong employer partnership aimed in serving low income or disadvantaged adults and transition-age youth ages 18-24 (including emancipated foster youth) from a selected workforce sector including Healthcare and Allied Health.	Organizations	Healthcare and Allied Health.	Public and Private collaboratives	Los Angeles County		varies	varies	organizations	
San Joaquin Valley Workforce Funders Collaborative	SJVWFC	Lilia G. Chavez	559-243-3676 llia@sjworkforc.org	The mission of the San Joaquin Valley Workforce Funders Collaborative is to increase and make sustainable funding for a coordinated workforce development system that serves employers' workforce needs in the region's key industry sectors, while improving the economic security of the region's workforce and bringing about systems changes in support of this goal. This round of funding is committed to Healthcare; hence we seek to fund skill development opportunities that lead to a career in healthcare. To fund existing organizations engaged in sector or industry based initiatives, with new or ongoing program activities that support the acquisition of vocational English, increase technical skills and fund programs that develop cultural competency in the healthcare workforce.	Organizations	Varies	Public and Private collaboratives	San Joaquin Valley		varies	varies	organizations	
Column Descriptions													
Program Name: Program name used with external audiences or for marketing													
Administrator: Association/Organization/Agency/Department that administers/oversees the program													
Purpose: Brief description of program purpose													
Point of intervention: At which point in the health professions pipeline does the program focus middle/high school, undergraduate, post baccalaureate, graduate, professional													
Scale of Program (# and type of cohort)													
Scope of partners and contributions													
Funding Source: How is the program funded? State General Fund, State Special Fund, Private Grant, Licensure Fees, Membership Fees, Federal Grant													
Funding Scope: local, regional, statewide													
Funds Available: What are the dollars that are available													
Funding Cycle: how often are the funds available annual, biannual, quarterly, special initiative, continuous													
Type of program: grant, scholarship, loan repayment, internship, summer enrichment, job training, technical assistance, etc.													
Recipients- individual or institutions, organizations													
Number of Awards/Participants													
Number of Requests													
Award amounts													
Award category(ies)													

Foundations Resource

Organization	What they do?	Grants they award	How to apply?
The California Endowment	The California Endowment is a private, statewide health foundation that was created in 1996 as a result of Blue Cross of California's creation of WellPoint Health Networks, a for-profit corporation. The California Endowment's mission is to expand access to affordable, quality health care for underserved individuals and communities, and to promote fundamental improvements in the health status of all Californians.	The California endowment funds projects that fit under their big 10 outcomes strategy which include: 1) All children have health coverage 2) Families have improved access to a health home that supports healthy behaviors 3) Community health improvements are linked to economic development 4) health gaps for boys and young men of color are narrowed 5) California has a shared vision of community health.	A compelling proposal: <ul style="list-style-type: none"> • Must state clearly how the proposal concepts align with the 10 Outcomes or 4 Big Results. • Organizations may apply by submitting an online Letter of Inquiry beginning July 6, 2010. • There is no limit on the type of support that may be requested (e.g., general operating, program specific, project, capital, core operating.) or the amount of a grant request. • For statewide policy and advocacy work, funding is provided only through proposals solicited by The Endowment. Check the website periodically for RFP announcements http://www.calendow.org/grant_guide/
The California Wellness Foundation	The mission of The California Wellness Foundation is to improve the health of the people of California by making grants for health promotion, wellness education, and disease prevention. Rather than focusing on medical treatment, TCWF works to prevent health problems resulting from violence, teen pregnancy, poverty and other social issues.	The California Wellness Foundation prioritizes 8 issues for funding: <ul style="list-style-type: none"> • diversity in the health professions; • environmental health; • healthy aging; • mental health; • teenage pregnancy prevention; • violence prevention; • women's health; and • work and health Grants range from \$20,000-\$300,000 for a one-to-three-year period. However, the typical three-year grant does not exceed \$150,000.	An organization must first write a one- or two-page letter of interest. The California Wellness Foundation does not use application forms, and does not accept formal proposals at this preliminary stage. Submissions beyond two pages will not be accepted. The letter of interest should include: <ul style="list-style-type: none"> • information about the organization's mission and activities; • the region and population(s) served; an explanation of how the funds will be used; • the total amount of funding requested from the Foundation; • funding priority for which you want your request considered; and • Project goals, leadership and duration (for project funding only). http://www.calwellness.org/how_to_apply/
The California Health Care Foundation (CHCF)	The California Health Care Foundation is a nonprofit grant making philanthropy whose vision is to work as a catalyst to fulfill the promise of better health care for all Californians. They support ideas that improve quality, improve efficiency, and lower the cost of care. CHCF issues approximately \$40 million in grants each year from an endowment of approximately \$700 million.	The California Health Care Foundation supports projects that are aligned with its programmatic work, and more specifically, the objectives of each of its programs. CHCF has these programs: Better Chronic Disease Care, Innovations for the Underserved, Market & Policy Monitor, and Health Reform and Public Programs Initiative.	Those who wish to submit an unsolicited request for funding to The California Health Care Foundation begin the process by providing a letter of inquiry to CHCF Grants Administration. A letter of inquiry should be one to three pages long and include: <ul style="list-style-type: none"> • A brief description of the proposed project; • A description of how the project fits with the programmatic work of the Foundation, including under which program objective it fits; • An estimated timeline; • The amount requested; and • Contact information. LOIs are accepted on a rolling basis and are generally responded to within six to eight weeks. Upon review, program staff may request a full proposal for further consideration. http://www.chcf.org/grants

<p>Blue Shield of California Foundation (BSCF)</p>	<p>The mission of the Blue Shield of California Foundation is to improve the lives of Californians, particularly underserved populations, by making health care accessible, effective, and affordable for all Californians, and by ending domestic violence.</p>	<p>Current funding opportunities include:</p> <ul style="list-style-type: none"> • Spurring innovation that leads to improved coordination and integration among California community clinics and other safety net providers. • Supporting innovative approaches to expand access to care for uninsured Californians left out of health reform. • Clinic Leadership Institute • Supporting policy efforts around Medi-Cal enrollment modernization. • Supporting innovative solutions to help bend the cost curve as health reform is implemented in California. • Collaboration, coordination, and building linkages among domestic violence organizations, other agencies and new partners. • Increasing efficiency across the network of California domestic violence organizations. • Strong Field Project 	<p>To be eligible for a Blue Shield of California Foundation grant, organizations must also meet the following requirements:</p> <ul style="list-style-type: none"> • Have a mission consistent with the mission and goals of Blue Shield of California Foundation. • Be a nonprofit and tax-exempt organization under 501(c)(3) of the Internal Revenue Service Code (IRC) and defined as a public charity under 509(a) 1, 2, or 3 (types I, II, or a functionally integrated type III) • Have a reputation for credibility and integrity <p>Primarily serve Californians</p> <p>Organizations eligible to apply for BSCF funding may complete the online Letter of Inquiry (LOI) form and submit to The Blue Shield of California Foundation staff for review. LOIs are accepted on a rolling basis.</p> <p>http://www.blueshieldcafoundation.org/grants/what-we-fund</p>
<p>Sierra Health Foundation</p>	<p>The Sierra Health Foundation is a private philanthropy with a mission to invest in and serve as a catalyst for ideas, partnerships and programs that improve health and quality of life in Northern California. Sierra Health is committed to improving health outcomes and reducing health disparities in the region through convening, educating and strategic grant making.</p>	<p>Current funding opportunities include:</p> <ul style="list-style-type: none"> • <u>Non-profit Innovation Center</u>: Providing a multitenant, sustainable office and conference space for nonprofits working to improve health and well-being. • <u>Responsive grants program</u>: Responding to health needs and concerns in urban and rural communities throughout our 26-county funding region. • <u>Conference and Convening Program</u>: Providing nonprofit health and human service organizations meeting space for education, policy-making and collaboration • <u>Health Leadership Program</u>: Strengthening the leadership abilities of nonprofit health and human service managers and executives • <u>REACH Youth Program</u>: Supporting healthy development of youth for their successful transition to adulthood <p><u>Grizzly Creek Ranch Camp and Conference Center</u>: Improving the health, independence and life skills of children Sierra Health</p>	<p>Foundation publishes grant funding opportunities on their web site and in the bimonthly <i>Partnerships</i> electronic newsletter. Sierra Health accepts requests from qualifying nonprofit organizations in their funding region for event sponsorships that are compatible with the foundation’s mission and programs. Submission due dates are: Feb. 1, May 1, Aug. 1 and Nov 1.</p> <p>http://www.sierrahealth.org/doc.aspx?129</p>

Foundations Resource

<p>Irvine Health Foundation (IHF)</p>	<p>The Irvine Health Foundation is a non-profit grant making foundation dedicated to improving the health of our community. From its inception in 1985, IHF has consistently dedicated resources toward new programs and innovative endeavors. IHF's efforts are designed to meet the currently unmet health care needs, ensure the availability of accessible, quality health-related services, deal with health policy issues, and support research designed to develop new knowledge in areas related to health. Their mission is to improve the physical, mental and emotional well being of all Orange County residents.</p>	<p>Grants fall into two main categories: Community and Focused grants. The IHF only accept grant requests for Community grants, which are one-time, non-capital grants for up to \$15,000.</p>	<p>Website does not specifically mention steps to applying. http://www.ihf.org/</p>
<p>The San Francisco Public Health Foundation</p>	<p>Their mission is to provide resources to the San Francisco public health community to assist it in delivering the best quality health care in an efficient and cost-effective manner. It is supported through the generosity of individuals, corporations, and grants.</p> <p>Their way of work is to support and enhance the care and services provided by the san Francisco department of public health.</p>	<p>They augment and expand departments educational programs by funding conferences, trainings and publications related to public health issues. The foundation also sponsors special projects of the department.</p>	<p>Website does not specifically mention steps to applying. http://sfpublichealthfoundation.org/</p>
<p>Alliance Health Care Foundation</p>	<p>The Alliance Healthcare Foundation (AHF) works to improve access to healthcare for the San Diego region's poor, working poor and vulnerable populations.</p> <p>Committed to the principle that everyone should be able to access appropriate, quality, and timely care, AHF collaborates with nonprofit, government and community agencies to further this goal.</p>	<p>Alliance Healthcare Foundation's grant making activities focus strategically on funding organizations whose programs benefit the poor and working poor, children, and the homeless. Programs should improve access to primary and specialty care, mental health and substance abuse services, and use innovative and collaborative methods to get real results. They are committed to serving the most vulnerable populations in the San Diego area through funding projects and programs that address access to healthcare, with a focus on increasing the capacity and coordination of the healthcare delivery system.</p>	<p>AHF offers various grants which organizations are able to apply for through their online application system. http://www.alliancehf.org/grants-program</p>

<p>The Health Care Foundation for Orange County</p>	<p>The HealthCare Foundation for Orange County is committed to bringing health within reach for low-income families in Orange County by supporting efforts to empower parents and caregivers with information, resources and support to insure the health of their children.</p> <p>Formed in 1999, the HealthCare Foundation continues to support coordination and collaboration with other health partners, in order to increase resources applied to priority health areas. Work with and through qualified nonprofit hospitals to assure that Hospital Legacy grants address priority community health needs of low-income families in Orange County.</p>	<p>The HealthCare Foundation for Orange County seeks to fund projects, which will improve the health of residents in Central Orange County. Governmental agencies may apply for Healthy Orange County funds, if they meet the following criteria:</p> <ul style="list-style-type: none"> • Demonstrated need for the funds. Applicant must document that this is a high priority for the body authorizing the request and that public funds are inadequate for the project. • Leverage. The project must include agency or other public funding, to leverage the funds requested from the Foundation. • Congruence. The project must be consistent with the Foundation’s mission, and the scope of the Community Grants Program. • Added Value. The project should not duplicate or replace an existing community effort. <p>Areas of Interest</p> <ul style="list-style-type: none"> • Empower parents and caregivers • Bring culturally relevant services and information • Remove access barriers • Encourage innovative services and proven models • Assess the changing health needs of children, adolescents and families 	<p>Applications for funding under the Healthy Orange County Grants Program must be submitted by the grant deadline date (June 3, 2011). There are no exceptions. The proposals will be reviewed on an annual basis, with recommendations made to the Foundation Board of Directors on the <u>timetable</u> shown. Total funds available for the Healthy Orange County program are approximately \$75,000 dependent on asset earnings and Board action.</p> <p>http://www.hfoc.org/apply/</p>
<p>Kings Regional Health Foundation</p>	<p>The mission of Kings Regional Health Foundation is to provide resources to assist in the improvement of the quality of health in Kings County by providing funding for patient care, health education, equipment and facilities. They exist to provide our supporters a vehicle for the wise and timely investment of their resources in support of our community’s health.</p>	<p>Website does not specify type of grants they are willing to fund.</p>	<p>Website does not specifically mention steps to applying.</p> <p>http://kingsregionalhealthfoundation.com/default.aspx</p>

Foundations Resource

<p>Riverside Community Health Foundation</p>	<p>Mission is to improve the health and well-being of our community. Riverside Community Health Foundation will improve the health status of the community by funding, developing and operating partnerships and collaborations that provide expanded access to high quality health care services and education.</p>	<p>In keeping with its mission, the Riverside Community Health Foundation invests in organizations and programs that benefit their residents and build vibrant and healthy communities throughout the City of Riverside. The Foundation provides funding in the area of health and seeks to support innovative approaches to prevention and education, as well as treatment and inpatient care. The Foundation supports projects that have a high likelihood to leading to sustained improvement in the health and health care access of vulnerable populations in the City of Riverside. Through its grant making program, the Foundation seeks to fund organizations that can:</p> <ol style="list-style-type: none"> 1. Expand access to healthcare for Riverside city residents. 2. Increase health education and prevention in the community. 3. Provide programs and services that improve the health and well being of Riverside residents. 4. Demonstrate or advance effective strategies for filling significant gaps in health and health care in the City of Riverside. 5. Have a high likelihood of achieving self-sufficiency or that attract new/additional resources for services in the City of Riverside. 6. Employ <i>cost-effective strategies</i> for achieving meaningful improvements in health and health care within the community. 	<p>Applicants must submit a Letter of Inquiry (LOI) to the Foundation prior to submitting a proposal. Organizations which best match their grant making priorities and funding criteria will be invited to submit a formal proposal upon receipt and favorable review of the LOI. Letters of Inquiry may be submitted at any time. The Letter of Inquiry will be reviewed, and within 30 days the Foundation will provide its response (either requesting or declining a full proposal).</p> <p>http://www.rchf.org/Grants/</p>
<p>Uni-Health Foundation</p>	<p>As an independent private healthcare foundation, The UHF is committed to becoming a pacesetter in healthcare philanthropy. They support and facilitate the activities that significantly improve the health and well being of the individuals and communities they serve.</p>	<p>Most Uni-Health Foundation grants are made for the purpose of funding healthcare services and programs provided by or through qualified charitable hospitals in specified service areas in Los Angeles and northern Orange Counties. The service areas are: San Fernando and Santa Clarita Valley; Westside and Downtown Los Angeles; San Gabriel Valley; and Long Beach and Orange County.</p> <p>The Hospital Fund's three priority areas are Community Health Improvement, Healthcare Systems Enhancement and Workforce</p>	<p>To request a grant from UniHealth Foundation an organization must write a brief letter of inquiry. Letters of inquiry are accepted throughout the year. They do not accept formal proposals before a letter of inquiry has been submitted.</p> <p>http://www.unihealthfoundation.org/applying.html</p>

		<p>Development.</p> <p>The General Purpose Fund is a smaller fund from which grants may be made to qualified nonprofit organizations for health-related purposes. The General Purpose Fund includes the Fund for Nonprofit Organizations and the Innovation Fund.</p>	
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Edmund G. Brown Jr.
Governor



Douglas Sale
Acting Executive Director



Stephanie Clendenin
Acting Director

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.

Education
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)

Financial Incentives
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)

Data Collection
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)

Licensure and Certification
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)

Career Awareness
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)
<p>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)</p> <ul style="list-style-type: none"> ▪ 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) ▪ Greater perception of primary care as a viable career option by parents and awareness of available support and financing resources ▪ 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 ▪ An increased and more diverse pool of candidates at all stages choosing and entering primary care related training programs and jobs

<ul style="list-style-type: none"> ▪ Greater numbers of primary care team members choosing to work in safety net providers and underserved areas ▪ Recruitment of greater numbers of already qualified primary care team members from out of state into California and into underserved areas ▪ 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
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)

Recruitment and Retention
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)

Reimbursement
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)

Diversity
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)



Edmund G. Brown Jr.
Governor



Douglas Sale
Acting Executive Director



Stephanie Clendenin
Acting Director

Policy Recommendations

Education
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- The development of blended learning programs and the expansion of training models to include non-traditional clinic sites (FG)
Articulation- Standardize statewide articulation and transfer requirements; enhance policies to support partnerships between home health providers and acute care providers; and add policies to strengthen articulation processes between community colleges and university systems (FG)
Awareness- 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 (PCI)
Capacity- The creation and expansion of affordable advanced healthcare related advanced degree programs (FG)
Continuing education-State and federal policy changes that would support training opportunities for the incumbent healthcare workforce to further develop and enhance their skill sets (FG)
Continuing education- Add cultural diversity courses to the continuing education requirements (FG)
Credentials and licensing- Create statewide policies that standardize licensing and credentialing requirements (FG)
Curriculum- A need for standardization of curriculum across education institutions for healthcare career pathways (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 CA Partnership Academies; Fund work based learning (CHWA/CHPC)
Curriculum- Create Federal policies that support the training of incumbent healthcare workers; create interdisciplinary core competency standards in healthcare training programs (e.g., quality, safety, communication, and mandated health policies); and create policies to support the integration of healthcare professions education in primary and secondary education (FG)
Personnel- Allow for utilization of associate level professionals for teaching (FG)
Primary and secondary education- Provide primary education foreign language courses; mandate cultural awareness education for primary and secondary educational institutions; create a funded health literacy mandate for secondary education institutions (FG)
Primary and secondary education- Policy changes that include the integration of healthcare career education in primary and secondary grades (FG)
Standardization- Create standard pre-requisites ensure access to prerequisites and use different modalities. (CHWA/CHPC)

Funding
Diversity- Invest in career and educational advancement for Promotoras/CHW's, MA's and AND's and others that are key professions and have significant diversity and capabilities (CHWA/CHPC)
Education- Policy Changes that provide additional funding for health profession education and policies that support incentivizing mentoring, perceptorships, and internships (FG)
Education- Protect funding for California Community College Workforce Preparation Programs and K-12 programs that feed into these (CP)

Incentives- The need for additional education and training incentives for the recruitment and retention of health educators, mentorships. Preceptorships and healthcare professionals working in disproportionate share hospitals; and scholarships for targeted populations pursuing healthcare related professions (FG)
Infrastructure- Increased funding for: educational institutions, vocational training programs, adult education programs, and scholarship for specialized healthcare professions (FG)
Reimbursement- Examine and improve reimbursement to recruit and retain in key professions and geographically (CP)
Research- Support and funding for health research to create and define evidence-based practices (FG)
Scholarship/Loan Repayment- Increase funding and promotion of scholarships and loan repayment programs for priority professions. More effectively promote NHSC and federal and state loan repayment programs. Improve process and guidelines to facilitate greater participation of diverse CA candidates (CHWA/CHPC)
Scholarship/Loan Repayment - Increase loan repayment and scholarship programs and funding for primary care in California (PCI)
Scholarship/Loan Repayment - Sustain and advocate for increased funding for Song Brown and State Loan Repayment Program (PCI)
Advocate for California to secure increased residencies and funding through obtaining an allocation residency slots that are unused by other states (PCI)
Training- Policy changes that include an increase in funding for facilities offering on-site clinical training opportunities and increased funding for dental training programs and mental/behavioral health training programs (FG)
Training- Funding to support facilities offering on-site training; retroactive and proactive training; and organizational reimbursement for healthcare organizations that provide training opportunities (FG)
Workforce Investment Board (WIB)- Continued policies that provide federal funding for the WIB programs (FG)

Data
Data collection-Gathering and sharing of statewide data and best practices (FG)
Data collection- Support implementation of and reporting to OSHPD clearinghouse (CP)

Diversity
Certification- National certification of healthcare interpreters(FG)
Certification- Policy changes to mandate cultural competency training and certification for new and incumbent healthcare workers (FG)
Funding- Provide incentives for healthcare organizations that emphasize cultural and linguistic competency (FG)

Scope of Practice
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)