

**Modified Priority by Category w/o Criterion 1**

	Total	Impact CA population	Potential economic impact	Evidence base	Political feasibility	Time to action
<b>Recommendations Sorted by Category</b>						
<b>Group 1: Cultural Responsiveness and Sensitivity</b>						
3. Train foreign-trained health professionals for employment in the United States (e.g. Welcome Back Program)	18.3	3.7	3.7	4.0	3.0	4.0
14. Increase institutional commitment and investment in proven programs that increase workforce and diversity	19.3	3.7	3.7	4.0	4.0	4.0
13. Increase engagement in cross-cultural opportunities for healthcare organizations and education/training institutions	19.3	4.0	3.3	4.0	4.0	4.0
10. Advocate for policy changes to mandate cultural competency training and certification for trainees and new and incumbent health workers	17.5	3.7	2.3	4.0	4.5	3.0
6. Mandate cultural competency requirements for postsecondary health related disciplines	17.0	3.3	2.7	3.0	4.0	4.0
4. Mandate cultural sensitivity training for health professionals (e.g. Culturally and Linguistically Appropriate Service Standards)	16.7	2.7	3.0	3.0	4.5	3.5
8. Add cultural diversity courses and provide continuing education units for cultural competency trainings	16.5	3.3	2.7	3.0	4.0	3.5
5. Integrate cultural sensitivity and responsiveness into training program climate, teaching, and skill development	16.0	3.0	3.0	3.0	4.0	3.0
7. Develop cultural competency training for primary, secondary, and post-secondary education and training institutions	17.0	3.3	2.7	3.0	4.0	4.0
15. Strengthen and promote an evidenced based business case for sustaining and expanding employer health workforce diversity programs and investing in pipeline efforts	16.7	3.0	3.7	3.0	4.0	3.0
9. Mandate cultural awareness education for primary and secondary institutions	15.3	3.3	2.0	3.5	4.0	2.5
2. Ensure alignment between the current healthcare workforce and the diversity of the service population	15.8	3.3	3.0	3.5	4.0	2.0
12. Develop measurable matrix for defining success related to diversity in professions in relation to community demographics	13.2	2.7	3.0	2.5	3.0	2.0
11. Develop governing boards that are reflective of regional cultural and linguistic diversity	12.7	2.3	2.3	2.5	3.0	2.5
1. Provide primary education foreign language courses	9.8	2.3	2.0	1.5	2.0	2.0
<b>Group 1: Health Professions Training Program Access</b>						
5. Increase support and training opportunities for recent graduates and incumbent workers including state and federal policy changes to further develop their skills	21.8	4.0	4.3	4.5	4.5	4.5
1. Given a lack of access to education and training opportunities due to the location of education institutions and California's vast geography: a. Assess current program capacity and geographic distribution to establish baseline relative to current and projected needs b. Utilize more technology-assisted education tools to meet needs by increasing reach and access	21.2	4.3	4.3	4.0	4.0	4.5

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3. Offer new or expanded education and training programs through self-supporting strategies and partnerships, such as fee-based programs and courses	17.7	3.7	4.0	3.0	3.0	4.0
4. Increase education personnel including preceptors, faculty, mentors, and trainers to support education and training	17.7	3.3	3.3	3.5	3.5	4.0
2. 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, graduate work experience, communication skills and commitment to community service	18.2	3.7	3.0	4.0	3.5	4.0
6. Advocate for policy changes that provide funding to support facilities offering on-site training; retroactive and proactive training; and organizational reimbursement for healthcare organizations that provide training opportunities	17.0	3.0	3.0	3.5	3.5	4.0
10. Establish programs with specific primary care and diversity focus. Locate more in underserved communities and in outpatient and community settings	16.8	4.0	3.3	2.5	4.0	3.0
12. Increase non-profit hospital and health plan investment and engagement in the pipeline with attention to regional workforce needs based on community benefit principles	16.8	3.7	3.7	2.5	3.0	4.0
9. Evaluate opportunity for expansion and build support for replication of model programs such as the UCLA International Medical Graduate (IMG) program, UC Program in Medical Education (PRIME), and post baccalaureate programs	16.2	3.7	3.0	3.0	3.0	3.5
11. Increase access to health professions education for underserved populations	15.7	3.7	3.0	3.0	3.5	2.5
7. Advocate for policy changes to allow utilization of associate degree level professionals for teaching	15.0	3.5	3.5	-	4.0	4.0
8. Invest in leadership opportunities for trainees in health related fields of study	15.0	3.0	3.0	3.0	3.0	3.0
<b>2 Training Program Retention</b>						
1. Increase skill building, academic, advising and “career case management” support for individuals throughout all stages of the pathway to increase retention and success	18.5	4.0	3.8	4.0	3.5	3.3
<b>2 Hiring and Orientation</b>						
3. Include job placement in education and training models for new graduates	20.5	4.8	4.3	4.3	3.5	3.8
1. Increase support and training opportunities for recent graduates and incumbent workers through labor management partnerships	19.5	4.5	4.0	4.3	3.8	3.0
2. License healthcare workers who were educated in another state or country prior to arrival in California	17.5	4.3	3.8	3.3	2.8	3.5
<b>2 Retention and Advancement</b>						
2. Create innovative training programs for incumbent workers in an effort to retain workers in the health industry (I.E. labor management partnerships/cross training)	18.5	4.3	3.5	4.0	3.8	3.0
3. Prioritize outreach, training and support for incumbent workers. Emphasize economic development opportunity	18.0	4.0	3.8	3.3	3.5	3.5

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4. Examine demographic profiles across job classifications and create career ladders for advancement	16.5	3.5	3.3	3.8	3.5	2.5
1. Support definition of new competencies and roles within emerging service models and across overlapping professions	14.8	3.3	3.0	3.3	2.5	2.8
<b>2 Financing and Support Systems</b>						
15. Invest resources for the Integration of different educational modalities into learning delivery models	18.3	3.8	3.8	4.3	3.3	3.3
12. Subsidize priority healthcare positions in underserved locations	17.5	4.3	4.3	3.8	2.8	2.5
8. Provide incentives for the recruitment and retention of health educators, mentorships, preceptorships, and healthcare professionals working in disproportionate share hospitals	17.3	4.3	4.0	4.0	2.7	2.3
6. Streamline application process for existing State financial incentive programs	17.5	3.5	3.3	3.8	3.5	3.5
5. Improve/Increase incentives for students to choose primary care careers and service in underserved areas by Increasing, sustaining, and advocating for grant, loan repayment and scholarship programs such as Song Brown, State Loan Repayment Program, Steve Thompson Loan Repayment Program, NHSC and funding for primary care and priority professions in California	16.5	3.5	3.5	4.0	2.5	3.0
4. Provide reimbursements for health professions education	16.5	3.5	4.0	4.0	2.5	2.5
2. Provide incentives to attract diverse students to primary care roles	16.3	3.5	3.3	4.3	2.5	2.8
1. Develop supportive payment and policies that result in increased attractiveness, recruitment and viability of health professional practice in California's underserved areas by: a. Examining and improving reimbursement, aligning reimbursement rates with service delivery costs b. Expanding reimbursement for health professionals in non-Primary Care Physician roles (e.g., health education, case managers, alternative medicine providers) c. Advocating and supporting legislative efforts that promote primary care payment reform including increase in Medicare payments d. Developing 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) e. Examining and improving reimbursement to recruit and retain in key professions and geographically f. Reducing barriers to recruitment of primary care delivery team members in underserved areas	15.8	3.4	3.4	3.2	3.0	2.9
3. 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	15.8	3.5	3.5	3.5	2.5	2.8

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14. Provide support for interpreter training and certification	15.3	3.8	2.8	3.0	3.0	2.8
10. Protect funding for California’s Community College (CCC) Workforce Preparation Program and K-12 programs that feed into them	14.0	3.0	3.3	2.5	2.8	2.5
13. Provide incentives for healthcare organizations that emphasize cultural and linguistic competency	13.8	3.5	2.5	3.0	2.8	2.0
7. Provide financial incentives for excellence in healthcare teaching programs	13.3	3.0	3.0	3.0	2.5	1.8
9. Assess relative cost-effectiveness of current program entry points (cost, time to degree) for all primary care career tracks, examine the impact of increasing tuition, fees and debts on student’s ability to enter and complete programs and identify regulatory impediments to innovation	13.0	2.8	2.8	3.0	2.8	1.8
11. 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	12.8	2.5	2.8	3.0	2.0	2.5
<b>3 Internships/Clinical Training</b>						
3. Increase training and teaching in community settings, including increasing community rotations, and expand the number of teaching health centers in California	18.5	4.0	3.2	4.2	3.7	3.5
1. Create Partnerships between educational institutions and healthcare employers to increase the quality of health workforce transition to practice programs	17.8	3.3	3.2	4.0	3.7	3.7
2. Develop policy that incentivize mentoring, preceptorships, internships and clinical training in ambulatory settings and underserved areas and provide infrastructure to coordinate through increased funding	17.3	3.5	2.7	3.7	3.8	3.7
7. Develop incentives for residency programs to increase diversity and yield professionals who are committed to practice in underserved communities	17.8	3.7	3.5	3.8	3.5	3.3
6. Advocate for California to secure increased residencies and funding through obtaining an allocation of residency slots that are unused by other states	17.2	3.2	2.8	3.8	3.5	3.8
5. Increase residency opportunities and transition to practice programs for multiple provider types in areas of unmet need	16.5	3.3	3.2	3.8	2.8	3.3
8. Develop interdisciplinary training programs and the expansion of training models to include non-traditional clinic sites	15.7	3.2	2.8	3.5	3.2	3.0
4. Increase awareness and participation by sites to facilitate student participation	15.0	2.4	2.2	2.6	4.2	3.6
<b>3 Academic Preparation and Entry Support</b>						
1. 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	18.7	4.0	3.8	4.2	3.5	3.2
5. 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 ( <i>This recommendation is also in “Infrastructure”</i> )	17.5	3.5	3.2	3.7	3.5	3.7
6. Strengthen undergraduate preparation/linkages to Health Professions Schools and employers	17.7	3.2	3.0	3.7	4.0	3.8

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9. 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	16.8	3.3	3.3	3.2	3.8	3.2
10. Provide Basic skills Training at the secondary and postsecondary level including math, reading, writing, customer services, and the use of technology tools	17.5	3.5	3.5	3.8	3.5	3.2
7. 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)	16.3	3.5	3.0	3.3	3.5	3.0
16. Incentivize the education/training admissions process for applicants from diverse populations	16.5	3.7	3.7	3.3	2.8	3.0
2. Establish campus level health career offices and advising infrastructure at all postsecondary institutions. Establish strong linkages with employers, HPEI's and pipeline programs	16.2	3.2	3.2	3.3	3.3	3.2
8. Support health academies, Science Technology Engineering and Mathematics (STEM) and other programs that support health pathways	16.5	3.0	3.2	3.8	3.7	2.8
11. 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)	16.5	3.3	3.7	3.5	3.2	2.8
13. Advocate for policy changes that increase funding for education institutions, vocational training programs, adult education programs and scholarships for specialized healthcare professions	15.7	3.8	3.3	3.2	3.0	2.3
12. Expand the community college career pathway health and science initiative (HASPI) to strengthen math and science preparation regionally	16.2	3.2	3.0	3.2	3.5	3.3
3. Support CSU recommendations for health career advising and courses on campuses	15.8	3.2	3.0	3.2	3.8	2.7
17. Improve access to prerequisite courses	14.8	2.8	3.0	3.0	3.0	3.0
15. Create interdisciplinary core competency standards in healthcare training programs (e.g. quality, safety, communication and mandated health policies)	15.2	3.0	2.8	3.2	3.0	3.2
18. Revisit general education requirements to include computer training for postsecondary training	13.7	2.5	2.3	2.8	3.2	2.8
14. Revisit prerequisites as indicators of success in education programs and employment	12.8	2.5	2.0	2.8	2.7	2.8
4. 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	12.5	2.3	2.3	2.5	2.7	2.7
<b>4 Career Awareness</b>						
4. Develop and implement a comprehensive marketing plan for the health workforce in California that: <ul style="list-style-type: none"> <li>a. Conveys a compelling case and vision for primary care</li> <li>b. Communicates resource services for employment opportunities; and develop/enhance partnerships with all educational institutions</li> </ul>	10.8	2.2	2.3	2.1	2.6	1.6

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2. Develop and implement policy changes that: a. Increase awareness for students, teachers and advisors of healthcare professions among primary and secondary education institutions b. Include the integration of health career education in primary and secondary grades c. Increase awareness and support for early and ongoing education on the importance of primary care and prevention	9.6	2.3	1.6	2.1	2.3	1.4
1. 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: a. Use technology to develop and disseminate healthcare training opportunities statewide for students and incumbent workers b. Establish a 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, and financing options	9.1	1.9	1.5	1.9	2.4	1.4
5. 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.	8.4	2.0	1.8	1.6	1.8	1.2
3. Create a funded health literacy mandate for secondary education institutions	7.4	2.0	1.4	1.4	1.4	1.2
<b>4 Coordinated Infrastructure Policy Development</b>						
2. Support health professionals practicing at the top of their scope and examine scope for professions with new delivery models	13.0	3.0	2.8	2.4	2.4	2.4
4. Implement sufficient statewide public and private infrastructure to implement and be accountable for statewide plan implementation. Have cross profession and specific profession infrastructures	13.4	2.8	2.2	2.2	2.6	3.6
1. Create statewide policies that standardize inter-agency requirements for healthcare professional licensing, credentialing and certifications	12.4	2.6	2.8	2.2	2.6	2.2
3. Require certification at all levels of the healthcare workforce including Promotoras or other Community Health Workers	7.2	1.6	1.6	1.4	1.4	1.2
<b>4 Coordinated Infrastructure Education</b>						
6. Determine, preserve and protect funding for California's Public Institutions of Higher Education based on what California needs to meet health workforce requirements	20.6	4.6	4.8	4.2	3.0	4.0
7. Integrate health information technology into education to pair technology with healthcare training content	13.0	2.6	3.0	2.2	2.8	2.4

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5. Partnerships needed to standardize curriculum and strengthen articulation across community college, CSU, and UC education institutions for health career pathways (E.G. 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	13.0	2.6	2.6	3.2	2.0	2.6
4 <b>Coordinated Infrastructure</b> <u>Data Collection and Research</u>						
8. Develop supply and demand projections by profession within context of health reform, health homes and health IT implementation to establish base-line and targeted need within defined time frames and align programs with industry demand and emerging health sector needs	14.6	2.4	2.4	3.4	2.6	3.8
11. Support reporting to OSHPD Clearinghouse and ensure that data and reporting related to all priority professions, diversity and geographic distribution of students, residents and active practitioners is included	14.6	2.2	2.2	3.2	3.2	3.8
10. 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	13.0	1.6	1.8	3.0	3.2	3.4
12. Establish mechanism for shared learning about health workforce development activities/programs through collecting and disseminating best practices	12.8	2.0	2.2	2.8	3.0	2.8
9. Provide funding support for health research to create and define evidence-based practices	12.0	2.4	2.0	3.2	2.0	2.4
4 <b>Coordinated Infrastructure</b> <u>Partnerships</u>						
19. Establish public and private funding streams to sufficiently invest in priority workforce programs and infrastructure	17.6	3.6	4.2	4.2	2.4	3.2
14. Develop partnerships between training programs and employers to better align education with employer needs	14.8	2.6	3.2	3.2	3.4	2.4
15. Create incentives for the creation of health workforce partnerships	13.2	2.2	3.4	2.8	2.8	2.0
16. Establish solid organizing workforce intermediaries in priority regions with sufficient funding and capacity.	12.8	2.2	2.6	2.4	2.8	2.8
18. Expand the pool by increasing K-16 exposure, preparation and pipelines more effectively through regional and statewide infrastructure	13.4	2.6	2.8	2.8	2.8	2.4
13. Include education institution representation in health workforce policy discussions	12.2	1.8	1.8	2.4	3.4	2.8
17. Create support for partnerships between regulatory agencies and healthcare employers	8.0	1.4	1.8	1.8	1.6	1.4