

# CALIFORNIA

## STATE HEALTH WORKFORCE DEVELOPMENT PLANNING GRANT

### FINAL REPORT

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*PART I: This part of the final report is designed to capture information about the statutorily required activities (benchmarks) of the State Health Care Workforce Development Planning grant. Please answer all questions in narrative form but feel free to use charts and/or graphs where necessary. Be concise in your answers but please ensure that you have provided a comprehensive answer to each question.*

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**Benchmark #1: Analyze State labor market information in order to create health care career pathways for students and adults, including dislocated workers.**

**1. Method (Include how you were able to access labor market information. What labor market information was used for analysis, how the analysis was performed.)**

California engaged in a multi-faceted approach to utilize existing resources, engage the Health Workforce Development Council (Health Council), and gather information from regional stakeholders. California's methodology entailed the following:

- Conducted literature review
- Implemented Regional Focus Groups in 11 regions
- Reviewed Employment Development Department (EDD) Labor Market Information Data (LMID)
- Analyzed data that will be available through the California Healthcare Workforce Clearinghouse Program
- Established the Career Pathways Sub-Committee
- Convened the Action Plan Ad Hoc Committee
- Convened Implementation Team

#### **Literature Review**

The Office of Statewide Health Planning and Development (OSHPD) conducted an extensive literature review of published studies from several sources and data projections from the EDD LMID that included regional and statewide data. The research was utilized to develop a matrix of the research findings which demonstrate health professions supply and demand. The matrix provides a summary of findings that include:

- Discipline
- Supply data
- Current supply ratios
- Future demand
- Demand projection methodology
- Race/ethnicity of current supply
- Practice Patterns
- Comments (general information)
- Number of programs
- Number of graduates per year

As stated above, this research was utilized to develop a matrix that was presented to the Health Council. This matrix has served as a foundational document for the Council in its formulation of recommendations and its on-going prioritization of its recommendations that will lead to California's health workforce development strategy.

### **Statewide Regional Focus Groups**

The state, under the oversight of the Health Council, recognized that, given California's size and 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 OSHPD contracted with California State University, Sacramento (CSUS), College of Continuing Education Applied Research Services 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 education and training capacity to produce health workers; and to explore partnerships and priorities that are critical for ensuring access to quality healthcare for the region's healthcare service population.

Regional healthcare stakeholders were invited to participate in day-long meetings held in: El Centro, Fresno, Los Angeles, Monterey, Oakland, Ontario, Orange, Oxnard, Redding, Sacramento, and Ukiah.

Additionally, 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.

### **California Employment Development Department– Labor Market Information Division (LMID)**

The EDD LMID developed a list of the fastest growing health occupations in California by percentage of change, which was utilized as a baseline to inform discussion for the Regional Focus Groups and the Health Council.

### **California Healthcare Workforce Clearinghouse Program (Clearinghouse)**

The Clearinghouse will enhance California's ability to understand and manage its complex healthcare delivery infrastructure and growing and aging population. Specifically, the Clearinghouse will provide:

- Access to comprehensive and centralized data

- Trend analysis and reporting information
- Identified gaps, strategies and potential solutions for the employment and educational arenas
- Improved and standardized data collection tools and methods
- Awareness of health professions to improve workforce recruitment and retention efforts
- Distribution of health data, best practices, educational pipeline intervention activities and other resources
- Policy recommendations to address causes of health workforce shortages and distribution

Once fully implemented, the Clearinghouse program will assist California by providing more comprehensive data on its diverse health workforce needs.

### **Career Pathway Sub-Committee**

The Health Council formed the Career Pathway Sub-Committee (Sub-Committee) comprised of a cross-section of educational system representatives, employers, workforce development professionals, advocacy and professional associations, and researchers. The Committee was charged with developing statewide planning recommendations that address the following six areas:

- Existing and potential health career pathways that may increase access to primary care
- Existing education and training capacity and infrastructure to accommodate the career pathways needed to increase access to primary care
- Academic and healthcare industry skill standards for high school graduation, entry into postsecondary education, and various credentials and licensure
- Availability of career information and guidance counseling to existing and potential health professions students and residents
- Big picture issues around recruitment, retention, attrition, transfer, articulation and curricular disconnects, and the identification of policies needed to facilitate the progress of students between education segments in California, and
- Need for pilot/demonstration projects in eligible health personnel categories, or new health personnel categories.

This process leveraged occupational related statewide initiatives under way in California administered by the California Health Workforce Alliance, California Health Professions Consortium, Primary Care Initiative, California Institute for Nursing and Health Care, California Hospital Association, California Academy of Physician Assistants, California Social Work Education Center, California Program on Access to Care, and the California Association of Alcohol and Drug Addiction Counselors.

## **2. Findings: (Include health professions reviewed and how “shortage” was defined.)**

For the purpose of this planning grant, health occupations defined as occupation with a “shortage,” are those occupations that were classified by any part of our methodology as a “demand occupations.”

### **Statewide Regional Focus Groups**

*Current and Future Healthcare Professions*

The Regional Focus group 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 their responses:

<b>Immediately</b>
Alternative Medicine Practitioners Behavioral/Mental Health Specialists Clinical Laboratory Scientists Community Health Workers Family Nurse Practitioners Geriatric Nurse Practitioners Nurse Practitioners Physician Assistants Registered Nurses
<b>Within the Next Two Years</b>
Allied Health Workers Registered Nurses with Baccalaureate degrees Community Health Workers Dentists Family Nurse Practitioners Information Technology Specialists (with a healthcare emphasis) Mental/Behavioral Health Specialists Nurse Practitioners
<b>Within the Next Three to Five Years</b>
Allied Health Workers Case Managers/Coordinators Mental/Behavioral Health Specialists Nurses Practitioners Physician Assistants Primary Care Physicians Registered Nurses

**California Employment Development Department– Labor Market Information Division**

It is recognized that EDD LMID data is limited to information available prior to healthcare reform legislation. It cannot account for the occupational demands that will be shaped by service delivery models being developed within communities and the health industry in response to ACA. Therefore, this data source was cross referenced with health occupations that were identified by the Regional Focus Groups and Health Council’s Sub-Committee to gain the necessary insight to identify occupations that will be targeted.

**Career Pathways Sub-Committee**

The Sub-Committee oversaw the application of a systemic coordination model to the on-going work listed above. The Coordinated California Primary Care System Level Pathway model was applied to the Primary Care Physician occupation group. Additionally, during Phase I of the Sub-Committee’s work, Clinical Lab Scientists, Advanced Practice Nurses, Social Work, Community Health Workers/Promotores, Medical Assistants, Public Health, and Alcohol and Other Drug Counselor professional pathways were modified to fit the Coordinated Health

Workforce Pathway model. During Phase II pathways were developed for Oral Health, Home Health Aide and Certified Nurse Assistant and Imaging professions.

### 3. Implications:

In consultation with the Health Council, California will utilize the labor market information as a baseline to organize a California Health Care Workforce Development Strategy to identify policy development opportunities, guide investment strategies, and align public and private resources and partnerships. The Clearinghouse program, once fully implemented, will assist California by providing more comprehensive data on its diverse health workforce needs. Moreover, the data gathering and analytical activities will serve as a model for the state and the Health Council to move forward under its regional sector strategy approach which entails the following:

#### ***Regional Approach***

As was undertaken with the Regional Focus Groups, California will ultimately look to regional collaborations to identify career pathways of focus with the expectations that they begin with a strong data driven baseline (e.g., data from the Clearinghouse), engage multi-sector partners to validate data, identify policy needs, and coordinate program designs (e.g., align existing programs). California will be reengaging the regional partners that emerged through the Regional Focus Group process as it moves forward.

#### ***Multi-Sector Collaboration***

Central to the formation of the Career Pathways Sub-Committee was that its membership included a cross-discipline of private and public sector representatives, resulting in the ability to leverage existing initiatives and apply a comprehensive approach. This approach and engagement of both private and public stakeholders will continue to be modeled at the state level through the Health Council and replicated at the regional level.

#### ***Data-Driven Approach***

California will continue to pursue developing data necessary to make informed policy program development decisions. For example, in June 2012 the Clearinghouse will be operational. This data warehouse will provide occupational data on all licensed health care professions. Additionally, the State Board's Regional Industry Cluster of Opportunity (RICO) model provides an approach that entails a data quantifying facet (e.g., LMI) and a qualitative approach that required employer and community engagement. This is to say that data analysis is the first step followed by engaging regional industry representatives and community stakeholders to provide insight on the data. This qualitative approach is essential as health services delivery models are being developed for the implementation of ACA in California.

### 4. What professional roles are included as primary care providers?

For the purpose of this work, Primary Care has been defined in accordance with the Institute of Medicine definition which states, "Primary Care is the provision of integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community". Traditionally, Primary Care includes the following occupations:

- Family Medicine
- General Internal Medicine
- Pediatrics
- Nurse Practitioners
- Physician Assistants
- General Practice
- Family Medicine
- Internal Medicine
- Pediatrics
- Gerontology

- Obstetrics & Gynecology

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The state and the Health Council, as it pertains to workforce shortages and planning implementation, have included the professional role of many allied health occupations as part of the continuum of primary care providers and in anticipated delivery models (e.g., the workforce models within community health centers and clinics).

**5. Have you established baselines for primary care? Have you established baselines for any other health professions?**

**If yes, which ones? Please provide baselines and describe what each baseline means.**

The Career Pathways Sub-Committee provided a baseline assessment for each of career pathway of focus when possible.

**Primary Care Physicians:** Family Medicine, Internal Medicine, Geriatric Medicine, or Pediatric Medicine (PPACA, p.555)

	<b>Medical Board Certified</b>	<b>Including: Doctors of Osteopathic Medicine</b>	<b>For Medi-Cal Enrollees (CA)</b>
<b>Total Physician</b>	66,480	69,460	
<b>Primary Care</b>			
<b>CA Per 100K pop.</b>	59	65	46
<b>Range Per 100k pop.</b>	60 - 80		

Source: Grumbach et al., 2009.

**Registered Nurses**

<b>Registered Nurses</b>	<b>Vacancy Rate in Hospitals</b>	<b>Turnover Rate</b>	<b>Average Age</b>
363,599	3.4%	7.2%	47

**Clinical Laboratory Scientists (CLS)**

	<b>1999</b>	<b>2001</b>
<b>Total CLSs</b>	36,000	26,000
<b>Project US Shortfall Over Next 10 years</b>	559%	
<b>Average Age</b>	50+	

**Medical Assistants (MA)\***

	<b>2008-2018</b>	<b>Growth %</b>
<b>Projected Growth</b>	31,820	30.6

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\*Although there is no shortage of applicants for MA job openings, there is a demand for better prepared applicants with higher skills.

**Community Health Workers (CHW)/Promotores**

Although there are no firm estimates of projected demand for CHWs, it is anticipated that this workforce will be key to future outreach strategies to enroll the anticipated 1.5 million additional Medi-Cal eligible individuals. Currently, there are an estimated 9,000 workers employed in community non-profit agencies statewide; including community clinics, local health departments, state agencies that have outreach programs and health plans that are publicly subsidized. These entities are anticipated to play a key role in the implementation of ACA in California.

**Public Health Professionals**

The Association of Schools of Public Health estimates that more than 250,000 public health workers will be needed by 2020; this is about one-third of current workforce.

The National Association of County and City Health Officials estimate that from January 2008 to December 2009, Local Health Departments (LHD) lost 23,000 jobs due to layoff and attrition – approximately 15% of the LHD workforce.

California Department of Public Health (CDPH) examined workforce shortages in 2010 and found that there was a need for public health workers due to looming retirements. They found 63% of CDPH leadership and 52% of rank and file workers were eligible to retire as early as April 2009. CDPH anticipates that by fiscal year 2013-2014, 38% of its leadership will retire and 24% of its rank and file staff.

**Social Workers**

According to National Association of Social Workers and the Federal Labor Board, there are approximately 60,000 social workers and California has a need for an additional estimated 22,000 social workers, factoring in expected growth in the insured health populations due to ACA.

California’s social work shortage crosses all service areas and is needed proportionally as follows:

<b>Mental Health</b>	37%
<b>Health</b>	20%
<b>Children and Family Public Services</b>	15%
<b>Aging</b>	10%
<b>Other</b>	18%

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**Alcohol and Other Drug Abuse (AODA) Counselors**

Although the Sub-Committee examined this career it was unable to apply the model due to the lack of a defined workforce in California. Therefore, there is no accurate statistics on this workforce. However, the Department of Alcohol and Drug Programs estimates that less than 2,000 professionals are registered or certified as alcoholism and drug abuse counselors. This is far too few when there are an estimated 3.5 million people with diagnosable substance abuse disorders in California.

**If no, please describe in detail why baseline data has not been established.**

California's planning activities have been able to provide baseline data for planning purposes.. Through our activities, we have established baseline labor market information data for many health professions but that information is not available for all health professions. California will seek to contract for the creation of economic development research models. These models would provide baseline data that is more reflective of the workforce needs as they relate to new service delivery models under health care reform implementation. Current labor market data projections were developed prior to the economic downturn and have not been modified for changes in workforce needs and distribution under health care reform.

**Benchmark #2: Identify current and projected high demand State or regional health care sectors for purposes of planning career pathways.**

**1. Method:**

As stated above, to identify current and projected high demand state and regional health care sectors, California engaged in the following activities:

- Conducted literature review
- Implemented Regional Focus Groups in 11 regions
- Reviewed Employment Development Department Labor Market Information Data
- Analyzed data that will be available through the California Healthcare Workforce Clearinghouse Program
- Through the Career Pathways Sub-Committee, leveraged the work of other organizations:
  - California Social Work Education Center,
  - California Institute for Nursing & Health Care,
  - California Program on Access to Care,
  - Community Health Workforce Alliance, Primary Care Initiative,
  - California Hospital Association, Workforce Initiative,
  - California Association of Alcohol and Drug Addiction Counselors,
  - California Community College Chancellor's Office and
  - The SEIU Healthcare Workforce Development Labor Partnership
  - California Academy of Physician Assistants

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- California Health Professions Consortium

#### **Regional Industry Cluster of Opportunity**

California's Health Workforce Development Planning proposal referenced the state's Regional Industry Cluster of Opportunity (RICO) methodology which would be leveraged and utilized to provide insight to the state on regional high demand occupations, including training needed for those occupations. –One of the RICO grantees, the Central California Workforce Collaborative (CCWC) which is a consortium of nine workforce boards, across fourteen counties, focused on the health care industry.

CCWC effort was led by a leadership team that included:

- Hospitals represented by the Hospital Council of Northern and Central California,
- Rural Clinics represented by Central Valley Health Network, and
- Long Term Care represented by Golden Living

Overall, fifteen Healthcare agencies/employers participated in the leadership meetings. They found that the educational system and job training programs in the Central Valley were not effectively addressing the occupational needs in the regional health care sectors. The CCWC completed a regional employment survey of five high wage/high growth sectors that included healthcare. The results of the survey indicated continued job growth with high wages and a significant workforce shortage in the industry.

#### **2. What are the current and projected high demand State or regional health care sectors (occupations)?**

##### **California Health Care Sectors**

Through the planning activities, the current and future need for health workers employed by the following healthcare industries within the health sector at a minimum are identified as:

- Community Care Facilities for the elderly
- Physician Offices
- Dental Offices
- Ambulatory (outpatient) Health Care Services
- In-Home Health Care
- Psychiatric and Substance Abuse Hospitals
- Medical and Diagnostic Labs
- General Medical and Surgical Hospitals
- Local and state health departments.

It should also be noted that it was found that education faculty for the health professions are also needed to expand capacity within public and private education, as well as clinical settings.

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Therefore, in order to address workforce shortages, the state’s training capacity for these occupations will also need to be examined.

**Central California Workforce Collaborative**

The results of CCWC’s employment survey were validated based on the RICO diagnostic. The Central Valley region has traditionally suffered a lack of qualified Healthcare workers and with the passage of Healthcare reform CCWC is taking proactive steps in anticipation of the impact of Healthcare reform to current and future Healthcare workforce needs. Below is a table illustrating the Central Valley job openings by occupation and the disparity of training completers for each occupation:

**CCWC - Job Openings v. Training Outcomes**

<b>Occupation</b>	<b>Job Openings</b>	<b>Training Completers (2009)</b>
Physician Assistant	66	17
Pharmacists	622	221
Pharmacy Techs	31	393
Medical Assistants	69	647
Physical Therapists	780	52
PT Assistants	148	0
Radiation Therapists	780	0
Occupational Therapist Assistants	300	0
Medical Records	83	589
Clinical Lab Scientists	73	0

**3. Implications:**

In accordance with the State Board’s industry sector strategy approach, and in partnership with OSHPD, the Health Council will develop strategies to support regional collaborations that are aligning existing resources around:

- The health care needs of its population
- The workforce needs of its health care industry sectors, and
- Those that provide more Californians with promising career paths.

The state, with the Health Council, will seek to assist existing regional collaborations and seed others.

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Over the next year the Health Council will analyze and make recommendations for short-term/high priority opportunities that can better position regional public and private sector collaborations reassess current training and educational efforts to better align these programs with statewide and regional high demand health care sectors and occupations. During this time period the Health Council will be looked upon to develop action plans in accordance to its priorities for state and regional stakeholders to act upon. During today's era of budget constraints and reductions, it will be essential that California target these precious resources.

**Benchmark #3: Identify existing Federal, State, and private resources to recruit, educate or train, and retain a skilled health care workforce and strengthen partnerships.**

#### **1. Method:**

The State Board and OSHPD partnership, through its various planning grant activities, used several methods of input to identify existing Federal, State, and private resources to recruit, educate or train and retain a skilled health care workforce and strengthen partnerships including:

- Staff research
- Regional focus groups
- Stakeholder input
- Federal Grant monitoring

#### Staff Research

State Board and OSHPD staff conducted extensive research to identify programs and funding administered by the state and private sector programs focused on health workforce development. Staff conducted key informant interviews and searched through various state, private, and philanthropic websites in an attempt to compile a comprehensive list of resources offered throughout California.

#### Regional Focus Groups

Through the 11 regional focus groups, state and regional health workforce development resources were identified. Focus group participants were asked, "What resources are currently being invested or utilized in the region to recruit, educate, train or retain the health workforce and strengthen partnerships?" The responses included over 60 possible resources to strengthen the health workforce and partnerships throughout the state.

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#### Stakeholder Input

Resources were identified through various processes that engaged broad stakeholder input. Through the Health Council's activities, stakeholders were able to provide further input on existing health workforce resources. The state has also engaged existing stakeholder groups including the California Health Workforce Alliance, California Health Professions Consortium, and Primary Care Initiative.

#### Federal Grant Monitoring

Daily monitoring of federal health workforce grants activities through the [grants.gov](http://grants.gov) and federal register websites was conducted. Staff has been able to identify over 45 federal health workforce related grants through this process. Additionally, these grants announcements were sent out through OSHPD's list-serve which includes over 370 individuals. Through this process, the partnership has provided over 15 letters of support for federal health workforce grant applicants in California.

#### **2. Findings (summary description):**

Through the various input processes mentioned above, the State Board/OSHPD partnership has been able to identify 46 federal and 54 state, regional and local health workforce related funding opportunities. These resources are all documented in two matrixes titled "HCR Workforce Development Grant Opportunities" and "Health Workforce Development Resources" that are available to the public through OSHPD's website. The HCR Workforce Development Grant Opportunities document solely monitors the federal grants. This matrix describes various components of the grants including: grant due date, grant title, administering federal agency, funding number, eligibility criteria, funding available, known applicants, amount requested, and amount awarded. This document serves as a resource for California stakeholders looking to apply for federal grants. The Health Workforce Development Resources document monitor statewide, regional and local funding opportunities offered in California. This matrix defines various resource components including: program name, administrator, contact information, purpose, point of intervention, target audience, funding source, funding scope, funds available to re-grant, funding cycles, program type, recipients, number of awards, number of requests, award amounts, and award categories. This document is a useful resource for individual students and organizations looking for health workforce funding throughout California.

#### Federal Grants

Through the federal grants monitoring process, staff was able to identify 46 grants within the last year that serve as resources to recruit, educate, train or retain the health workforce and strengthen partnerships. The federal grants varied in purpose and were specific to the following themes and professions: Service Area Competition (5), Health Centers (3), Area Health Education Centers (1), Health Information Technology (HIT) (1), Rural Infrastructure Development (2), Indian Health Infrastructure (2), Research Training (2), H-1B (non-immigrant

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visa) (1), Residency Training (1), Health Professional Diversity (3), Physician Assistants (2), Primary Care Professionals (6), Nursing (8), Public Health (1), Dental (1), Career Pathways (1), and Access To Care (2).

Nursing and Primary Care Professionals are the two professions that have received the most federal health workforce grants. The eight Nursing grant opportunities were focused on workforce expansion, retention, faculty support, traineeships, and education. The six Primary Care grant opportunities focused on education, training, and faculty development. Health Centers were another sector that received significant federal grant support. Through the service area competition grants and others, health centers were able to expand their workforce and perform other functions to provide care to medically underserved and vulnerable populations.

Over 70 stakeholders in California have received federal grant funding within the last year totaling over \$42,648,300. This demonstrates the commitment and leadership of stakeholders throughout California whose goal is to increase the state's health workforce and expand access to care.

#### Statewide Grants

Through the various input processes, the State Board and OSHPD partnership has been able to identify various statewide, regional, and local health workforce grants, scholarships, stipend, and loan repayment programs throughout California. Thus far, the partnership was able to identify 54 grants offered throughout the state. The intended recipients of these grants vary and include: middle/high school students, undergraduate students, graduate students, doctoral students, residents, incumbent workers, health professionals, education institutions, and organizations. The professions targeted for these grants include: Nursing (13), Social Work (2), Physician Assistants (3), Nurse Practitioners (3), Dentistry (2), Family Medicine (1), Mental and Behavioral Health (5), Pediatrics (1), Physicians (1), Allied Health (1), and other (13). There are also two grants that aim to increase workforce partnerships.

Further analysis reveals these programs are mostly aimed at licensed health professionals who are eligible for 11 different funding opportunities. The funding opportunities include loan repayment, grant, and stipend programs. The majority of these funding opportunities are intended to incentivize health professionals to practice in underserved areas of California. This demonstrates California's commitment to serve those with unmet health needs.

The health professions that receive the most funding opportunities in the state are Nursing and Mental and Behavioral Health. The Nursing sector receives 13 different funding opportunities in California. The eligible applicants for these funding opportunities vary from undergraduate/graduate students, licensed Nurses and Nursing education institutions. This demonstrates congruence within state and federal priority profession areas as they both demonstrate the need to expand nursing workforce supply and capacity. The mental and behavioral health professions receive seven different funding opportunities in California. The

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intended recipients of Mental and Behavioral Health funding opportunities vary from: undergraduate/graduate students to health professionals. The increased funding in Mental and Behavioral Health is in part due to California's Mental Health Services Act (MHSA). MHSA imposes a 1% income tax on personal income of \$1 million. MHSA addresses a broad continuum of prevention, early intervention and service needs, and the necessary infrastructure, technology, and training elements that will effectively support California's public mental health system.

An analysis of the sources of funding for health workforce development programs in California revealed that 37 of the 54 programs are supported by public entities through special assessments on health professional licensing fees, through a percentage of gross operating costs for health facilities and other special funds. Furthermore, the other 17 programs come from either private and/or non-profit entities. This demonstrates that both the state and private/non-profit entities are committed to increasing California's health workforce supply. Public and private resources are being expended to achieve a common goal – a health workforce that reflects the geographic and demographic diversity of the State's population. Public/private partnerships are crucial to the development of California's health workforce.

### **3. Implications/Challenges:**

While identifying federal, state, and private resources, the State Board and OSHPD partnership has been able to obtain a broad view of where funding is available, who/what the funding targets are and where funding may be needed. This is critical to the process moving forward as it provides the state with an opportunity to inform public policy makers as well as public and private stakeholders of funding opportunities that are currently available. One challenge to overcome is getting comprehensive grant funding information from private sources. Private funders were reluctant to provide details about their funding programs and how the money is allocated. The logical next-step would be to develop a central repository of health workforce development funding resources that is web-based and accessible to individuals and institutions seeking funding to develop California's health workforce.

Moreover, having knowledge of where health workforce development funds are being allocated enables both public and private stakeholders to identify funding gaps. This is vital to creating a comprehensive health workforce strategy and identifying which personnel categories and sectors should be highest priority. The Health Council will advise the administration on action steps to increasing funding and/or better align existing funding for health personnel categories that lack resources. This is a crucial step moving forward that does have challenges. The state's fiscal crisis and uncertainty limits the funding that can be provided. Accordingly, the state will need to locate funding that can be a catalyst to funding new programs.

There will also be a need to strengthen public and private partnerships to increase health workforce funding. California has demonstrated that both public and private entities are committed to increasing health workforce development. Through the Health Council, California

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will continue to seek new, and enhance existing partnerships. Additionally, the state will seek to acquire funds that incentivize state, local and regional partnerships.

**Benchmark #4: Describe the academic and health care industry skill standards for high school graduation, for entry into postsecondary education, and for various credentials and licensure.**

#### **1. Method:**

The Health Council convened the Career Pathways Sub-Committee, in part, to examine the issue of academic and health care industry skill standards for high school graduation and entry into postsecondary education for in-demand occupations in health care. Additionally, in support of the Sub-Committee, the State Board contracted with the UC Berkeley School of Public Health to research this matter and facilitate the meetings.

The strength of California's planning grant activities, such as the convening of this Sub-Committee, was the leveraging of existing initiatives underway in California. Among the membership of the Sub-Committee (and Health Council) is representation from the California Department of Education (CDE). CDE's Career and Workforce Innovations Unit is currently in an 18-month process to update California's Career Technical Education (CTE) curriculum standards with a focus on healthcare pathways. The Health Council will seek to support and monitor this process due to the critical nature of ensuring K-12 students have access to career paths in the health care industry as soon as possible and are positioned well for post-secondary educations and obtaining the necessary industry recognized credentialing.

#### **2. Findings (summary description):**

The Coordinated Health Workforce Pathway model utilized by the Sub-Committee is dependent upon the various workforce related systems in California. Programs and systems must be complimentary of one another, rather than redundant or operating in "silos," and relevant employer and worker needs. The process underway at CDE to update its curriculum and standards for its Health Careers Education (HCE) program is a step to ensure its relevance. This process is being conducted with the participation of a broad mix of partners and health industry representatives.

In May and June 2011, the CDE, in collaboration with the California Health Professions Consortium, the California Healthcare Workforce Alliance, and the California Community College Healthcare Workforce Initiative convened a work group of 24 representatives from business and industry, postsecondary and secondary education to begin the review and revision process for the Model Curriculum Standards (MCS) pathways and standards in the Health Science and Medical Technology Industry Sector.

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**Revised Health Science and Medical Technology Pathways Framework**

The following are the revised Health Science and Medical Technology Pathway titles with examples of occupations as submitted to CDE for approval. A final decision on pathway titles has not been provided, but indication is that the pathways titles submitted will be approved with minor adjustments.

<p><b>Pathway: Patient Care</b></p> <ul style="list-style-type: none"> <li>• Allied Health</li> <li>• Rehab Health</li> <li>• Hospice Care</li> <li>• Nursing</li> <li>• Physicians, Specialists, Dentists &amp; Pharmacists</li> <li>• Alternative Medicine</li> <li>• Mortuary Science</li> </ul>	<p><b>Pathway: Healthcare Administration</b></p> <ul style="list-style-type: none"> <li>• Medical Records &amp; Health IT</li> <li>• Finance</li> <li>• Human Resources</li> <li>• Legal Affairs &amp; Insurance</li> <li>• Communications &amp; Marketing</li> <li>• Specialized Healthcare Systems               <ul style="list-style-type: none"> <li>○ Veteran Administration</li> </ul> </li> </ul>
<p><b>Pathway: Mental &amp; Behavioral Health</b></p> <ul style="list-style-type: none"> <li>• Psychosocial Services</li> <li>• Substance Abuse Services</li> <li>• Dementia &amp; Cognitive Disorders</li> </ul>	<p><b>Pathway: Operational Support</b></p> <ul style="list-style-type: none"> <li>• Engineering &amp; Medical Equipment</li> <li>• Supplies &amp; Materials Management</li> <li>• Housekeeping</li> </ul>
<p><b>Pathway: Public Health</b></p> <ul style="list-style-type: none"> <li>• Environmental Health &amp; Water Quality</li> <li>• Community Health &amp; Health Education</li> <li>• Epidemiology</li> <li>• Disaster Management</li> <li>• Gerontology &amp; Geriatrics</li> </ul>	<p><b>Pathway: Biotechnology</b></p> <ul style="list-style-type: none"> <li>• Research &amp; Development</li> <li>• Clinical Trials</li> <li>• Medical Devices &amp; Products</li> <li>• Intellectual Property</li> <li>• Forensic Medicine</li> <li>• Chronic Care Management</li> <li>• Regulatory Affairs &amp; Policy</li> <li>• Long-Term Care/Adult Day Health</li> </ul>
<p><b>Pathway: Patient Advocacy</b></p>	

**Next Steps:**

The following is a timeline for next steps in the MCS development, revision and alignment:

- **Sept 26:** Select a work team of writers to represent each of the approved Health Science and Medical Technology pathways.
- **Oct 3:** Public Input distribution of pathway titles and standards process.

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- **Nov 3-5:** Writing teams and industry sector leads meet to begin the standards development and revision process.
- **January:** Public review of standards content.
- **February:** Alignment of CTE Standards with Common Core Standards.
- **June:** Completion of Standards Document and preparation for State Board of Education approval.

### The Department of Consumer Affairs

California has a myriad of licensing boards that are charged with ensuring the integrity of health care sectors and protecting the consumer. The Department of Consumer Affairs has finalized a resource guide that identifies the education levels and licensing requirements for health licensees regulated by Boards under their administrative direction. The guide serves as a tool to inform people of:

- Minimum education levels
- Minimum experience
- Required exams

### Regional Focus Groups

Five themes emerged consistently and independently from the responses generated by the focus groups. The following themes stood out among all of the other responses:

- Alignment between education or training and industry standards
- Collaboration
- Cultural competency/diversity
- Partnerships
- Career pipelines

It is the view of the state that all five of these themes pertain to ensuring high school graduates are successful in meeting California's rigorous academic standards and are educated in accordance to health care industry standards. The fact that these were common themes in the regional meetings, the state will need to ensure that its comprehensive strategy is focused on developing efforts that are formed to address these themes.

### 3. Implications/ Challenges:

California's K-12 educational system possesses rigorous academic standards, is moving toward incorporating common core state standards in English-language arts and mathematics, and is currently updating its curriculum standards for its CTE Health Career Education program in an inclusive manner. It will be the work of the state moving forward to ensure regional collaborations are formed to ensure California's enviably diverse student population is able to take advantage and succeed in our state K-12 system.

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It will be essential to the state's comprehensive strategy to achieve the following objectives for its healthcare industry:

- High-skilled pool workers for occupations in demand
- A culturally competent workforce
- Career pathways in high-wage occupations for underserved populations
- Expansion of quality health services in underserved areas

Additionally, some of the preliminary recommendations from the activities above indicate a need for:

- Standardized prerequisite courses across health professions education programs,
- Eliminating disparities in A-G course offerings in high school
- Strong math, science and basic skills preparation in secondary and postsecondary education levels
- Alignment of programs with industry demand and emerging health sector needs
- Cultural competency training and certification of trainees and incumbent workers

**Benchmark #5: Describe State secondary and postsecondary education and training policies, models, or practices for the health care sector, including career information and guidance counseling.**

#### **1. Method:**

The outcomes from the 11 Regional Focus Groups and the Career Pathways Sub-Committee were key to California's planning activities and to gain the necessary insight to address the state's secondary and postsecondary education and training policies, models, or practices for the health care sector.

#### **2. Findings (summary description):**

##### **Cross-Pathway Recommendations**

In the process of reviewing and updating individual career pathways, recommendations were identified that affected cross career pathways. These were recommendations that were relevant and seem to affect several pathways and/or the pool of candidates able to progress from pre-training and stages of health career preparation into graduate education and the workforce. The recommendations are summarized below, organized according to the stages of the general system pathway.

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PATHWAY STAGE	RECOMMENDATION
Awareness and Support	<ul style="list-style-type: none"> <li>● Increase awareness of health career options and how to pursue &amp; 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 &amp; other emerging tools.</li> <li>● Support California State University recommendations for health career advising and courses on campuses.</li> <li>● Prioritize outreach, training and support for incumbent workers. Emphasize economic development opportunity.</li> <li>● Increase skill building, academic, advising &amp; “career case management” support for individuals throughout all stages of the pathway to increase retention and success.</li> </ul>
Academic Preparation and Training Program Capacity and Alignment	<ul style="list-style-type: none"> <li>● Determine, preserve &amp; protect funding for California’s public institutions of higher education based on what California needs to meet health workforce requirements.</li> <li>● Protect funding for California’s community college workforce preparation programs and K-12 programs that feed into these.</li> <li>● Align programs with industry demand &amp; emerging health sector needs (e.g. type, size, curriculum, access).</li> <li>● Improve course articulation between California’s institutions of higher education.</li> <li>● Alleviate barriers related to sufficient clinical training capacity and geographic distribution.</li> </ul>
Academic Entry and Logistic Feasibility	<ul style="list-style-type: none"> <li>● Improve access to pre-requisite courses.</li> <li>● Standardize pre-requisites</li> <li>● Revisit pre-requisites as indicators of success in education programs and employment</li> <li>● Utilize more technology-assisted education tools to meet needs by increasing reach and access.</li> </ul>

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PATHWAY STAGE	RECOMMENDATION
	<ul style="list-style-type: none"> <li>• Improve/clarify articulation along career paths and lattices</li> </ul>
Financial Support and Incentives	<ul style="list-style-type: none"> <li>• Improve/increase incentives for students to choose primary care careers and service in underserved areas (e.g., scholarship &amp; loan repayment).</li> <li>• Increase funding for internships and clinical training in ambulatory settings and underserved areas and provide infrastructure to coordinate.</li> <li>• Examine the impact of increasing tuition, fees and debts on student’s ability to enter &amp; complete programs.</li> <li>• Increase awareness of programs that offer financial support and how to utilize. Make it easier for target students to use.</li> <li>• Examine and improve reimbursement to recruit and retain in key professions &amp; geographically.</li> </ul>
Training Program Capacity	<ul style="list-style-type: none"> <li>• Offer new or expanded education &amp; training programs through self-supporting strategies and partnerships, such as a fee-based programs and courses.</li> <li>• Project capacity needs relative to long term need and maintain or expand capacity in priority professions.</li> <li>• Increase internship and training opportunities to increase capacity.</li> <li>• Establish programs with specific primary care and diversity focus. Locate more in underserved communities &amp; in outpatient &amp; community settings.</li> </ul>
Diversity and Service	<ul style="list-style-type: none"> <li>• All recommendations should have a priority focus on diversity and individuals from disadvantaged &amp; underrepresented backgrounds &amp; underserved communities.</li> <li>• Increase institutional commitment and investment in proven programs that increase workforce and diversity.</li> <li>• Focus on culture change and accountability in training programs to promote primary care &amp; service commitments.</li> </ul>

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PATHWAY STAGE	RECOMMENDATION
	<ul style="list-style-type: none"> <li>• Examine demographic profiles across job classifications and create career ladders for advancement.</li> <li>• Develop measurable matrix for defining success related to diversity in professions in relation to patient populations.</li> </ul>
Roles and Scope of Practice	<ul style="list-style-type: none"> <li>• Support full practice at current scope.</li> <li>• Examine scope of practice for different professions within new delivery models and workforce needs.</li> <li>• Support definition of new competencies and roles within emerging service models and across overlapping professions.</li> </ul>

**Infrastructure Recommendations**

In addition to the cross-pathway recommendations listed above, ten overarching infrastructure-level recommendations for the State of California were identified with broad impact on many or all of the health career pathways under consideration. These are summarized below.

RECOMMENDATION
<ul style="list-style-type: none"> <li>• Develop comprehensive strategic plan for health workforce &amp; diversity in California aligned with regional &amp; profession specific plans. Make the case for policy change &amp; investment.</li> <li>• Implement sufficient statewide public and private infrastructure to implement and be accountable for statewide plan implementation. Have cross profession and specific profession infrastructures.</li> <li>• Establish public and private funding streams to sufficiently invest in priority workforce programs and infrastructure.</li> <li>• Establish solid “organizing workforce intermediaries” in priority regions with sufficient funding and capacity.</li> <li>• Support implementation of and reporting through the OSHPD clearinghouse.</li> <li>• Develop forecasts of supply, demand, and future need by profession (statewide and regionally). Have mechanism for ongoing reporting and adjustment.</li> <li>• Develop new models of care, with roles of workforce within those, and necessary</li> </ul>

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### RECOMMENDATION

competencies.

- Continue to build the workforce and diversity movement. Support capable statewide & regional leaders.
- Establish mechanisms for shared learning through collecting & disseminating best practices.
- Develop structure and resources for more effective advocacy regarding health workforce development and diversity.

### Regional Focus Groups

The Regional Focus Groups identified numerous “successful” models for health professions education and training to supply health workers examples include:

- Bridge programs that support the transition from a non-science postsecondary 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))
- Local Workforce Investment Boards
- 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

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Regional Focus Group participants provided the following suggestions for consideration of 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 Promotores 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
- 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 Promotores model within the mental health system

Focus group participants were asked to generate ideas for policy changes that could support new education and training models. The most commonly discussed policy themes were: Funding, Education, and Collaboration, each of which is further defined as follows:

***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 (DSH)
- Funding to support facilities offering on-site trainings; retroactive and proactive training; and organizational reimbursement for healthcare organizations that provide training opportunities, and
- 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:

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- 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

#### **3. Implications:**

As it develops its strategy and actions plans, the state will seek to address policy opportunities that emerged through the activities provided above to support successful models that can further the state's objectives. Additionally, in its regionally based approach to implementation, the state will inform regional partners of existing models within their own region as well as models that exist in other regions that address their unique regional challenges. The state partnership, in support of Health Council activities, will share the findings provided above and information gathered in the future regarding successful models with state and regional stakeholders. This will require continuous regional engagement by the state, which the Health Council will consider as part of its strategy.

#### **4. Challenges:**

An area of concern for the state is around career counseling accessibility, specifically in health career opportunities that will need to be considered for state and regional strategies moving forward.

The activities in this subject area have been challenging for the following reasons:

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- Inability to establish or research the evidence base for the models identified, in terms of performance measures/outcomes
- Extensive list of models cited in regional focus groups will be difficult to prioritize in a comprehensive strategy where resources could potentially be invested, and
- Lack of information and awareness of health career opportunities and limited career/guidance counseling available

These challenges can be addressed as the Health Council develops the state's comprehensive strategy, prioritize the recommendations and develops action plans based upon the input gathered above.

**Benchmark #6: Identify Federal or State policies or rules that act as barriers to developing a coherent and comprehensive health care workforce development strategy and a plan to resolve these barriers.**

### 1. Method:

Throughout California's planning grant process, there were several methods of input that identified federal and state policies or rules that act as barriers to developing a coherent and comprehensive health care workforce development strategy including:

- Regional Focus Groups
- Health Workforce Development Council
- Stakeholder Input

Collectively, these groups identified various policy recommendations that will inform the Health Council and advise the Administration in developing a comprehensive health workforce development strategy.

### Regional Focus Groups

Through the 11 regional focus groups, federal and state policies were identified that act as barriers to creating a comprehensive health workforce development strategy. The focus group participants were asked three policy related questions:

1. 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.
2. Describe Federal, State, and Local policy changes that could be implemented that could facilitate new and successful models.
3. 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.

The focus group responses identified over 50 potential policy barriers to developing a comprehensive health workforce development strategy.

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#### Health Workforce Development Council

Through the Health Council, broad input was received from Health Council members and stakeholders through meeting deliberation, presentations and public comment. Additionally, the Health Council created the Career Pathways Sub-Committee. The Sub-Committee developed policy recommendations that identified the resources and supports needed for a student/incumbent worker/licensed professional to advance along a specific career pathway and be hired and retained. A number of the policy recommendations were crosscutting because they influenced multiple professions and could pose significant barriers to creating a comprehensive health workforce development strategy.

#### Stakeholder Input

Policy barriers were identified through the engagement of broad stakeholder groups. The partnership engaged in health workforce stakeholder meetings and workgroups conducted by organizations such as the California Health Workforce Alliance, California Health Professions Consortium, and Primary Care Initiative. These stakeholder organizations produced reports that contained policy recommendations that could eliminate barriers to creating a comprehensive health workforce strategy. These policy recommendations were given to Health Council for review and possible action.

#### **2. Findings (summary description):**

Through the planning grant input processes, federal and state policy barriers related to data collection, scope of practice, cultural competency, and licensing and certification were identified.

#### Data Collection

Health workforce data collection and reporting is an essential aspect of developing a coherent and comprehensive health workforce strategy. Unfortunately, there are multiple barriers to collecting health workforce and health professions education data needed to inform policy decisions. One challenge has been the collection of Social Security Numbers. The Family Education Rights and Privacy Act (FERPA) is a federal policy barrier the state has encountered in collecting student Social Security Numbers. The collection of student Social Security Numbers is an important data linkage to conduct longitudinal analysis and track student progress from education to employment. Eliminating this barrier would enhance the state's ability to inform policy recommendations and decisions to address California's health workforce needs, as well assist the state with conducting programs analyses needed to assess health workforce program outcomes and effectiveness.

Public entities also face barriers in their attempt to collect and report data from other public entities. In California, Health and Safety Code Section 128050-128052 authorizes OSHPD to establish the Healthcare Workforce Clearinghouse Program to serve as a central source of health workforce and education data in the state. The Clearinghouse shall be responsible for

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the collection, analysis and distribution of information on the educational and employment trends for health care occupations in the state. The Clearinghouse statutes specify that OSHPD shall work with the Employment Development Department's Labor Market Information Division, state licensing boards and state higher education entities to collect, to the extent available the following data by specialty:

- Current supply of health workers
- Geographic distribution of workers
- Diversity of the health workforce, including but not limited to data on race, ethnicity and languages spoken
- Current and forecasted demand for health workers
- Educational capacity to produce trained, certified and licensed health workers

The Clearinghouse statutes do not require the aforementioned data providers to collect the data needed to assess California's workforce supply, geographic distribution, diversity, education capacity and forecast demand. Clearinghouse statutes also do not authorize data providers to share confidential unitary data with OSHPD. These barriers will limit the analysis OSHPD's Clearinghouse is able to conduct.

#### Scope of Practice<sup>1</sup>

Implementation of the Affordable Care Act will require states to enlist new health service delivery models. Some of these delivery models suggest certain health professions can develop new competencies that encompass the full scope of their training. One barrier to developing a comprehensive health workforce strategy with these emerging models is state scope of practice laws. California established legal scopes of practice for health care professionals that set guidelines and parameters on the health care services they may provide and under which settings. These scopes of practice laws are passed by the state legislature as a practice act, which are then enforced by state regulatory agencies such as medical and health professions boards. The problem is that many times the knowledge obtained by these health professionals surpasses the limit of their scope of practice. This creates a barrier because those professionals as they are not able to use their vast knowledge. These regulations have direct impact on access to and cost of care because legal scopes of practice can either facilitate or hinder patients' ability to receive health care services from particular providers.

Scope of practice laws for many health professions vary from state to state. Even though there is relatively standard education and training criteria across the U.S., some states have more stringent laws. California should look to less rigorous scope of practice parameters set by other

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<sup>1</sup> "Promising Scope of Practice Models for the Health Professions," The Center for the Health Professions, University of California, San Francisco, 2007.

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states that increase access to and quality of care. Eliminating these scopes of practice barriers will facilitate California's effort to develop a coherent and comprehensive health workforce development strategy that will increase access to quality care.

#### Cultural Competency

One major policy issue in developing a comprehensive state strategy for health workforce in California has been the integration of cultural competency training in health professions education programs. Research indicates that California's health workforce does not reflect the states diversity. For example, in California, Latinos represent 5% of the total physician workforce while constituting 37% of the total population<sup>2</sup>. California's comprehensive strategy must include ways to bridge the gap that exists between health providers and the population. Currently, there is no education requirement for health professions students to be trained to provide culturally competent (responsive) and sensitive health services. This creates a barrier to developing a comprehensive state plan. Increasing California's health workforce supply without providers who are trained to care for the state's culturally and linguistically diverse population will not ensure access to healthcare services. The state should seek to develop policies that mandate cultural competency training in the didactic and clinical curriculum of health professions education programs. Additionally, as a part of the continuing education requirements for licensure or certification, the state must develop stricter policies to include cultural competency training for licensed health professionals.

#### Licensing and Certification

Laws restricting licensing and certification of health professionals also serve as a policy barrier to developing a comprehensive health workforce development strategy. California's licensing and certification requirement often surpass the national requirements. Therefore, many foreign and/or out of state trained health professionals seeking to practice in California are unable to do so because of the state's strict licensing and certification requirements. In some cases, health professionals must take extra coursework or meet additional course requirements before they can be licensed in California. This poses a barrier to the state's ability to increase health worker supply and perhaps attract workers from other states and/or countries to practice in California. The state's dire need for health professionals, will require administrative and policy action to increase health worker supply immediately. The California Department of Consumer Affairs has begun some of the administrative action required by developing a brochure that includes the licensing and education requirements for the 32 types of health professionals licensed by the healing arts boards under its administrative purview. Next, the state must examine and compare its policies for license reciprocity and/or licensure by endorsement and for licensing returning military veterans who have been practicing health professions to identify opportunities for alignment. Finally, the state must work with the health

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<sup>2</sup> "California Health Care Almanac: California Physician Facts and Figures". The California HealthCare Foundation. July 2010

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delivery system and health professional associations to advocate for licensing and certification policy change that enhances the state’s ability to increase health worker supply and overcome barriers to comprehensive health workforce development.

**3. Provide a summary of your plan to resolve the above mentioned barriers.**

The Health Council, with input from other public and private stakeholders, are developing a set of policy recommendations to address policy issues and barriers that will help the state overcome its barriers to developing a comprehensive health workforce development strategy. These policy recommendations will be prioritized and provided to Governor Jerry Brown’s Administration for potential administrative, regulatory and legislative action. Members of the Health Council, through their respective organizations, will serve as advocates for these policy recommendations once actions that should be taken are finalized. The Health Council will also seek advocacy from other public and private stakeholders that have a vested interest in developing California’s health workforce to meet the population’s needs. Through informational hearings and advocacy efforts, the Health Council will make the case for public, private and public-private partnerships and resources needed to take immediate policy action.

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***PART II: This part of the final report is designed to capture information about the matching funds and any additional accomplishments that you would like to highlight. Please answer all questions in narrative form but feel free to use charts and/or graphs where necessary. Be concise in your answers but please ensure that you have provided a comprehensive answer to each question.***

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**1. How were the matching funds for your grant used?**

The California Health Workforce Development Planning grant had a total of \$313,825 budget for non-federal in-kind funding. The California Workforce Investment Board (State Board) and Office of Statewide Health Planning and Development (OSHPD) partnership have expended a total of \$257,367.

These dollars primarily funded the payroll and fringe benefits of the State Board/OSHPD staff engaging in the following:

State Board Payroll:	\$76,059.25
State Board Fringe Benefits:	\$29,494.02
OSHPD Staff Travel:	\$1,750.86
Dept. of General Services Contracting Services:	\$175.99
California State University:	\$151, 814.64

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**Total:** **\$257,367**

**2. How do you plan to use the information and resources you have discovered under this grant?**

From October 2011 through June 2012, the comprehensive information included in this report was used as a foundation for a prioritization process undertaken by the Health Workforce Development Council (Health Council). Over a series of three meetings, in September, October and December 2011, Council members discussed and prioritized the over 125 recommendations received during the planning grant process.

At the request of the Health Council at the December 2011 meeting, an Action Plan Ad Hoc Committee was formed in January 2012. The purpose of the Ad Hoc was to:

- Assist the Health Council in moving recommendations gathered as a part of federal Health Care Workforce Development Planning grant into action and implementation
- Solidify the infrastructure for California’s healthcare workforce
- Utilize the recommendations developed during HWDC planning activities to establish implementation leads and plan
- Confirm the overarching Mission of the Health Council

The Committee developed action plans by leveraging the work completed as a part of the Career Pathways Sub-Committee and existing work underway by groups comprised of subject matter experts. This approach was designed to ensure coordination of the work underway by other entities who already begun identifying solutions to address health industries workforce issues was utilized. Each plan included objectives, activities, anticipated outcomes, timelines, lead and resources and evaluation method.

For each of the action plans, champions were identified and those champions committed to moving the action plans forward into implementation.

The action plans were presented for review and approval at the April 2012 meeting. The Health Council moved to approve and send forward for the California Workforce Investment Board’s approval the following:

- The Mission of the Council:
  - Expand California’s primary care and allied health workforce to provide access to quality, affordable healthcare and better health outcomes for all Californians
- The four broad strategy themes:

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- Coordinated Infrastructure – stakeholders, data, sharing best practices, etc.
  - Education and Training Access, Capacity, and Support
  - Recruitment and Retention – considering shortage areas
  - Cultural Appropriateness and Sensitivity
- Phase I of the action plans presented by Action Plan Ad Hoc Committee

Moving forward the Health Council will remain engaged in the action plans that are underway through a process that ensures the State is continuously informed of their progress, supportive through opportunities such as technical assistance, leveraged resources, advocacy, etc.), and provides insight that may inform decision-makers all levels of government and in the private sector.

**3. Other Accomplishments: Please describe any other activities, accomplishments and challenges that were not captured above. Please feel free to upload plans, articles or other documents that may complement your final report submission. Please list all attachments here.**

#### ***Attachment 1 – Regional Focus Groups***

This attachment is the comprehensive report for the eleven Regional Focus Groups. Each focus group 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.

#### ***Attachment 2 – Health Workforce Development Recommendations***

This attachment reflects the over 120 health workforce development recommendations received throughout 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. These recommendations were sorted under the elements of the Coordinated Health Workforce Pathway model adopted by the Council’s Career Pathways Sub-Committee.

#### ***Attachment 3 – Career Pathways (Updated)***

This attachment provides an overview of the process and framework for development of career pathways. A separate pathway and recommendations were created for each of the following occupations:

- Primary Care Physicians

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- Primary Care Nurses
- Clinical Laboratory Scientists
- Medical Assistants
- Community Health Workers/Promotores
- Public Health Professionals
- Social Workers
- Alcohol and Other Drug Abuse Counselors
- Physician Assistants
- Home Health Aide and Certified Nurse Assistant
- Oral Health
- Imaging