

# Healthcare Workforce Development Regional Focus Groups and Follow-Up Survey

## FINAL REPORT

*Submitted to:*



*Submitted by:*



**SACRAMENTO STATE**  
COLLEGE OF CONTINUING EDUCATION  
APPLIED RESEARCH SERVICES

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

*Phone: (916) 278-4826*

*Web: [www.cce.csus.edu](http://www.cce.csus.edu)*

*June 22, 2011*

# Executive Summary

## BACKGROUND

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

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

## STUDY OBJECTIVE

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

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

## METHODS

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

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

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

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

## FOCUS GROUP PARTICIPANTS

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

## FOCUS GROUP RESPONSES

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

### Statewide Trends

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

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

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

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

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

## **FOLLOW-UP SURVEY**

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

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

## **Regional Challenges**

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

## **Current and Future Healthcare Professions**

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

## **Supporting Resources**

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

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

### Successful Education and Training Models

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

### Best Practices to Increase Workforce Diversity

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

### Partnerships

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

## SUMMARY OF FINDINGS

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

## Career Pipelines

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

## Collaboration

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

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

## Cultural Capacity

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

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

## Education

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

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

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

### Funding

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

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

### Partnerships

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

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

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

### Recruitment/Retention

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

### Reimbursement

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

# Table of Contents

Executive Summary . . . . .	ii
Section One: Introduction. . . . .	1
Background . . . . .	1
Section Two: Methods . . . . .	2
Section Three: Focus Group Participants . . . . .	4
Section Four: Regional Focus Group Themes . . . . .	7
Regional Similarities . . . . .	7
Secondary Regional Themes . . . . .	8
Regional Differences . . . . .	10
Section Five: Focus Group Responses . . . . .	12
Regional Challenges . . . . .	12
Current and Future Healthcare Professions . . . . .	15
Supporting Resources . . . . .	18
Successful Education and Training Models . . . . .	21
Best Practices to Increase Workforce Diversity . . . . .	24
Partnerships . . . . .	28
Section Six: Follow-Up Survey . . . . .	31
Regional Challenges . . . . .	32
Current and Future Healthcare Professions . . . . .	34
Supporting Resources . . . . .	39
Successful Education and Training Models . . . . .	41
Best Practices to Increase Workforce Diversity . . . . .	44
Partnerships . . . . .	46
Section Seven: Summary of Findings . . . . .	48
Career Pipelines . . . . .	48
Collaboration . . . . .	48
Cultural Capacity . . . . .	48

## Table of Contents (cont.)

### Section Seven: Summary of Findings (cont.)

Education . . . . .	49
Funding . . . . .	49
Partnerships . . . . .	50
Recruitment/Retention . . . . .	50
Reimbursement . . . . .	50
Appendix A: List of Acronyms. . . . .	A-1
Appendix B: Sample Focus Group Note-Taking Instrument . . . . .	B-1
Appendix C: Focus Group Participation by County. . . . .	C-1
Appendix D: Focus Group Participation by Organization Type . . . . .	D-1
Appendix E: Identified Resources . . . . .	E-1
Appendix F: Identified Models . . . . .	F-1
Appendix G: Identified Best Practices. . . . .	G-1
Appendix H: Identified Partnerships. . . . .	H-1

# Healthcare Workforce Development Regional Focus Groups and Follow-Up Survey

## FINAL REPORT

### SECTION ONE: INTRODUCTION

#### BACKGROUND

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

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

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

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

## SECTION TWO: METHODS

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

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

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

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

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

## SECTION THREE: FOCUS GROUP PARTICIPANTS

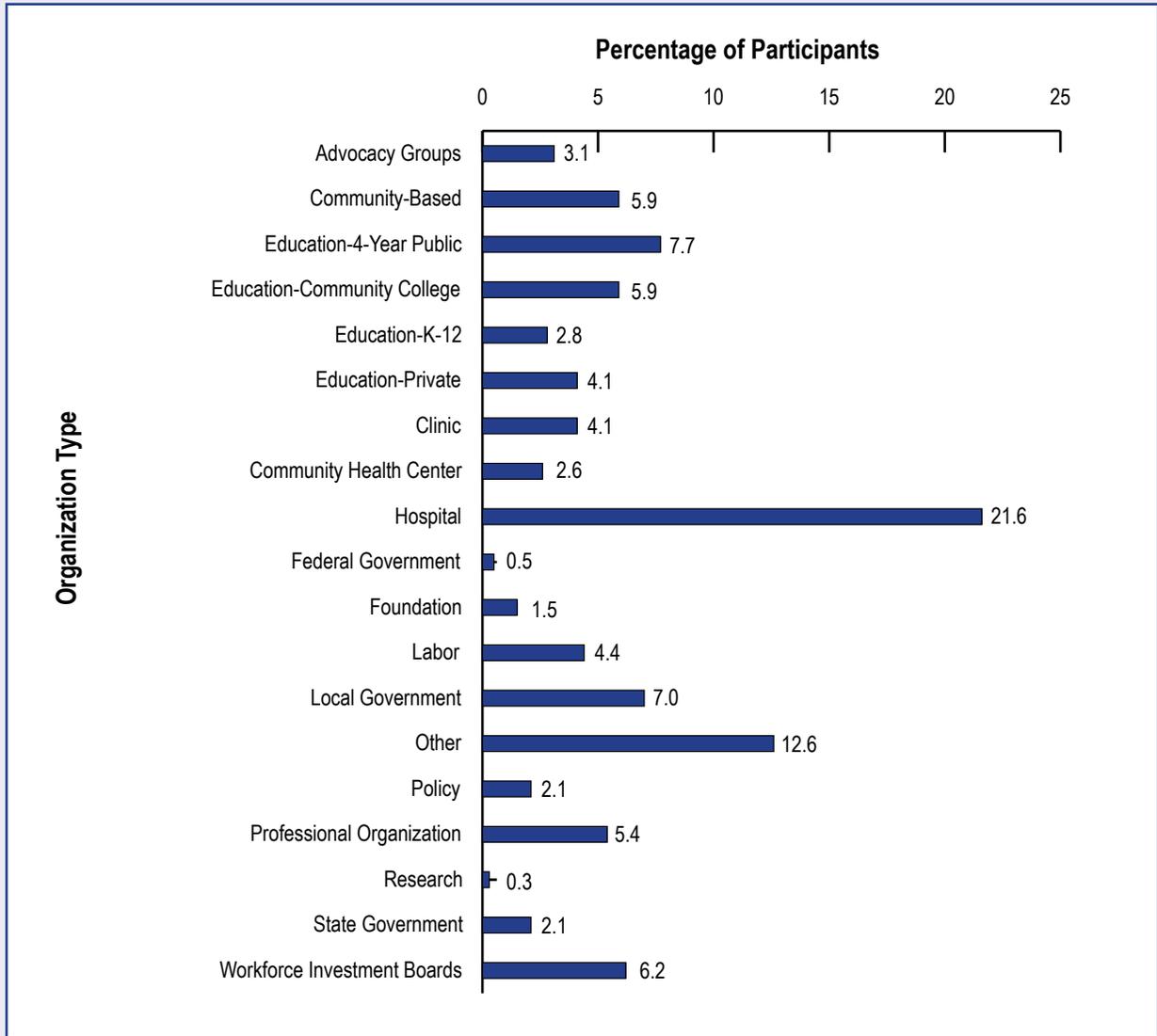
Statewide, the regional meetings had a total of 388 participants representing a diverse group of healthcare stakeholders from 41 counties across California (Figure 3.1) (See Appendix C for details regarding county representation at specific regional focus group meetings).

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

**Figure 3.1**  
**County Representation**



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



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

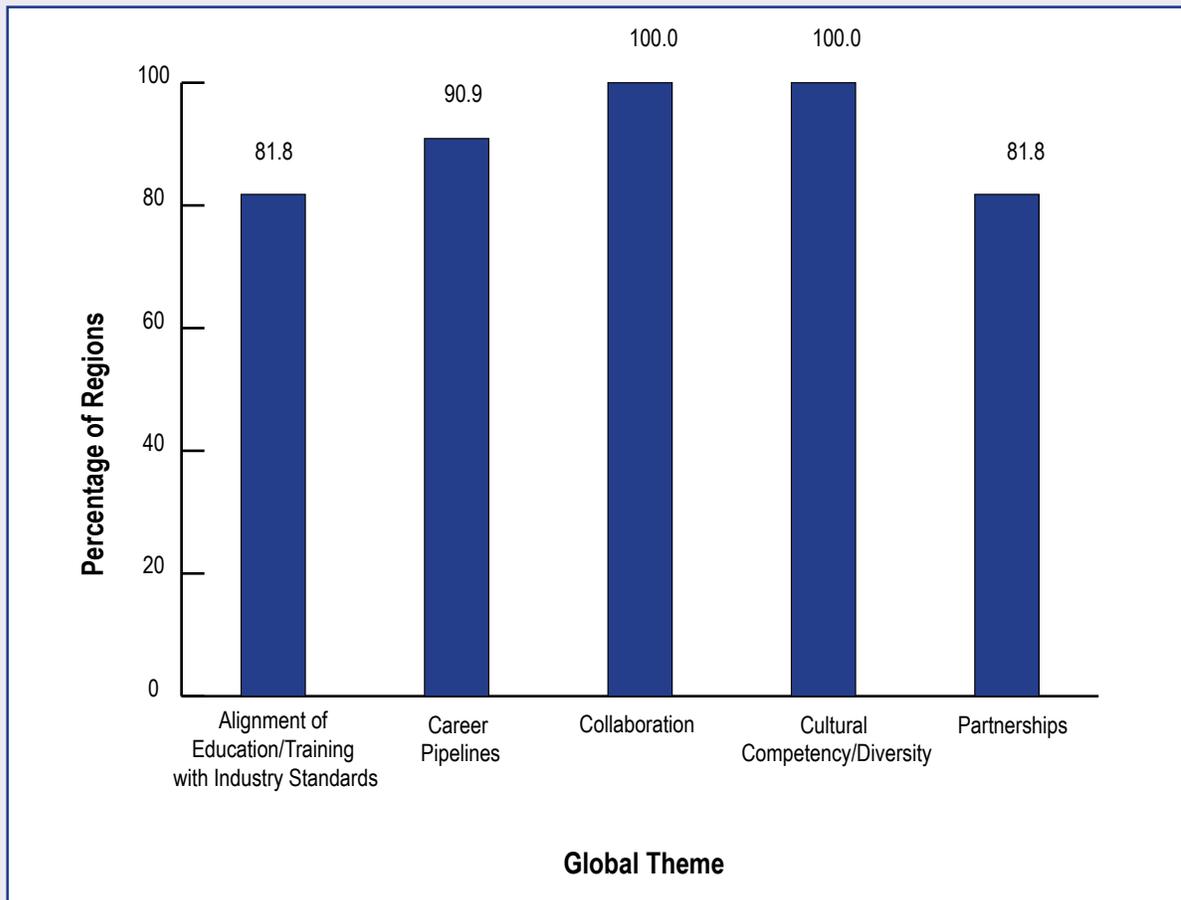
## SECTION FOUR: REGIONAL FOCUS GROUP THEMES

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

### REGIONAL SIMILARITIES

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

**Figure 4.1**  
**Themes of Focus Group Responses**



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

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

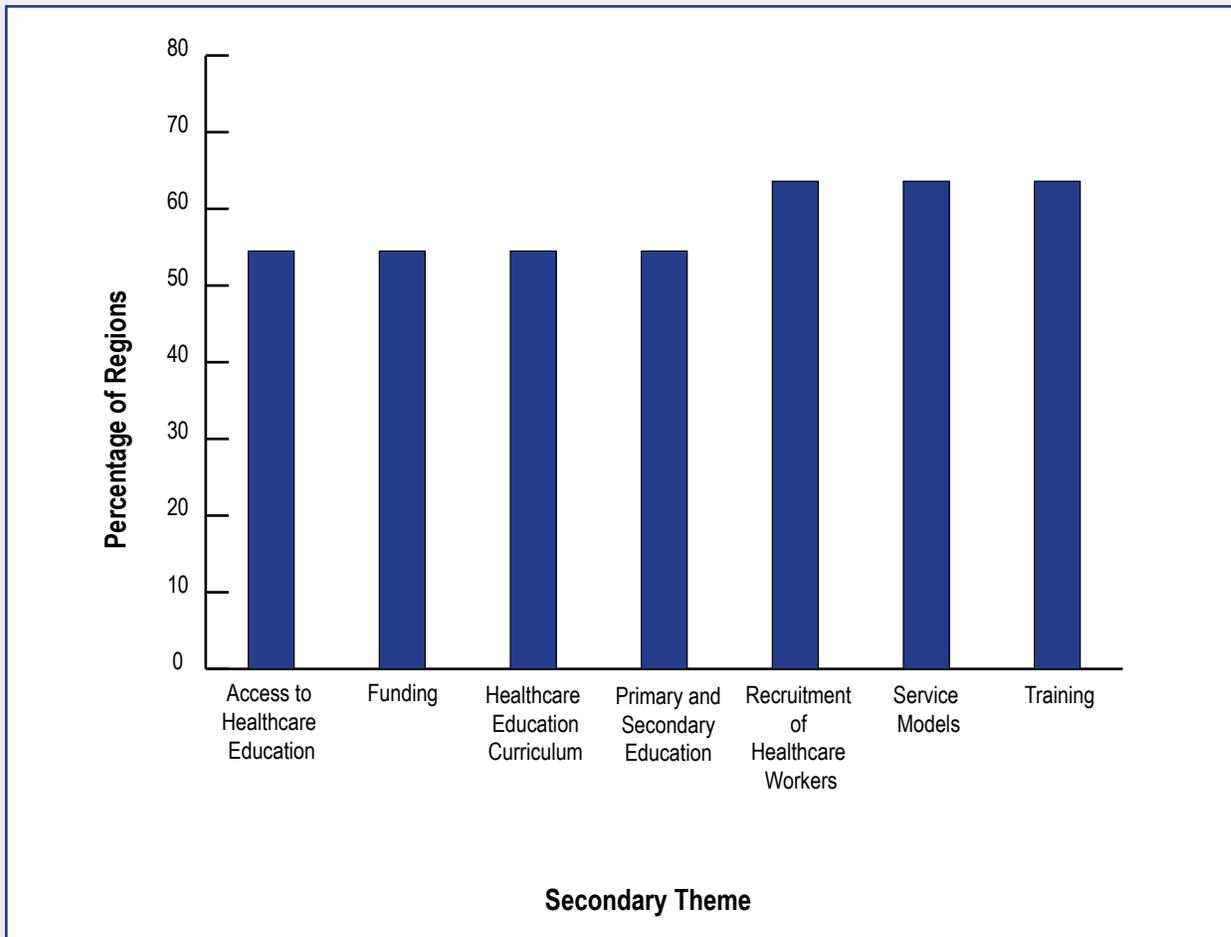
Ten out of the eleven regions gave responses related to **career pipelines**. As defined in the focus groups, a healthcare career pipeline is the practice of educating primary and secondary school students about healthcare careers and providing healthcare related opportunities prior to graduation from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

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

## SECONDARY REGIONAL THEMES

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

**Figure 4.2**  
**Secondary Themes of Focus Group Responses**



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

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

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

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

## REGIONAL DIFFERENCES

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

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

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

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

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

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

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

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

## SECTION FIVE: FOCUS GROUP RESPONSES

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

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

### REGIONAL CHALLENGES

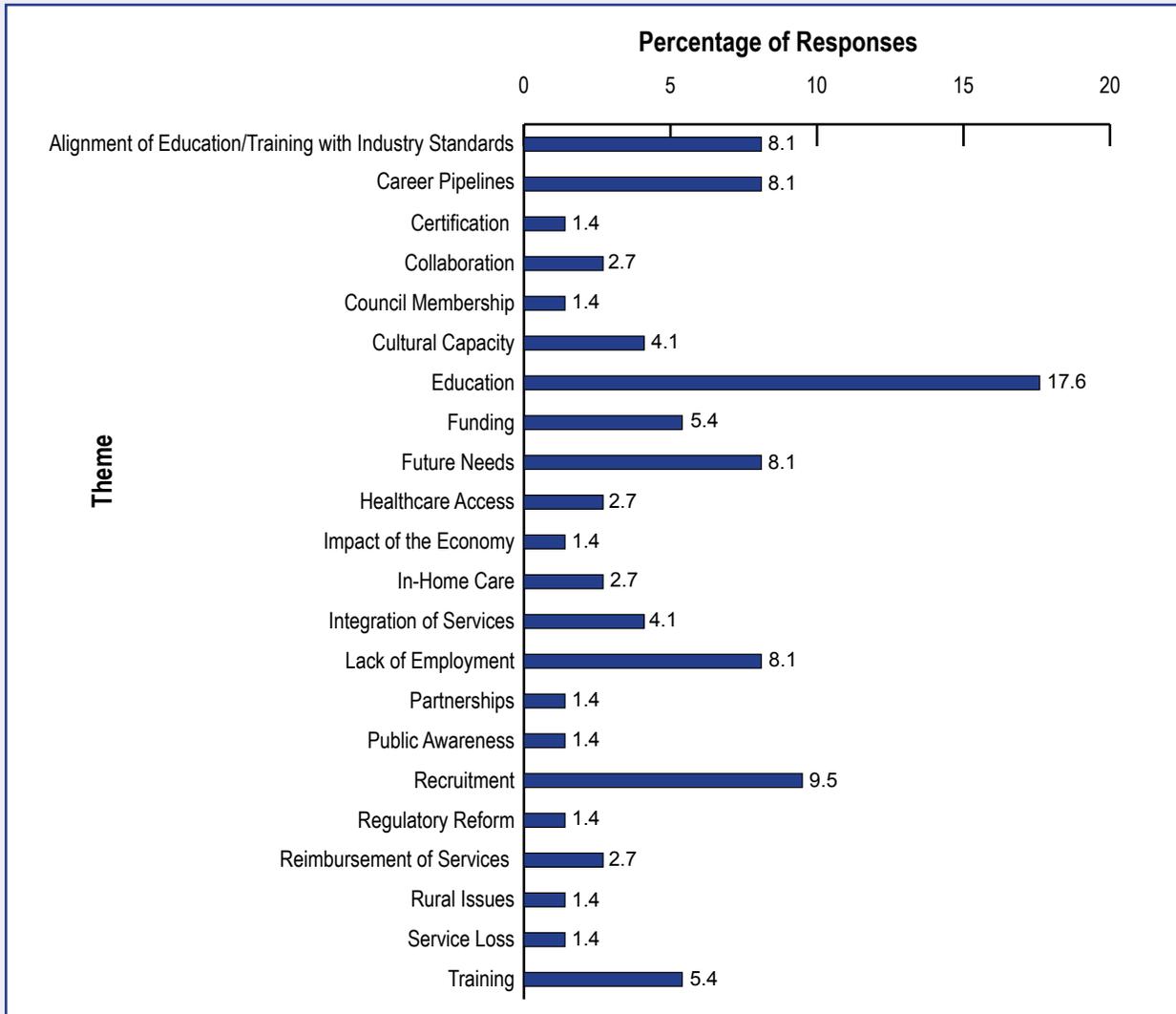
#### ***1A. What are the most significant health workforce development challenge in this region?***

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

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

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

**Figure 5.1**  
**Regional Challenges**  
 (n\* = 74)

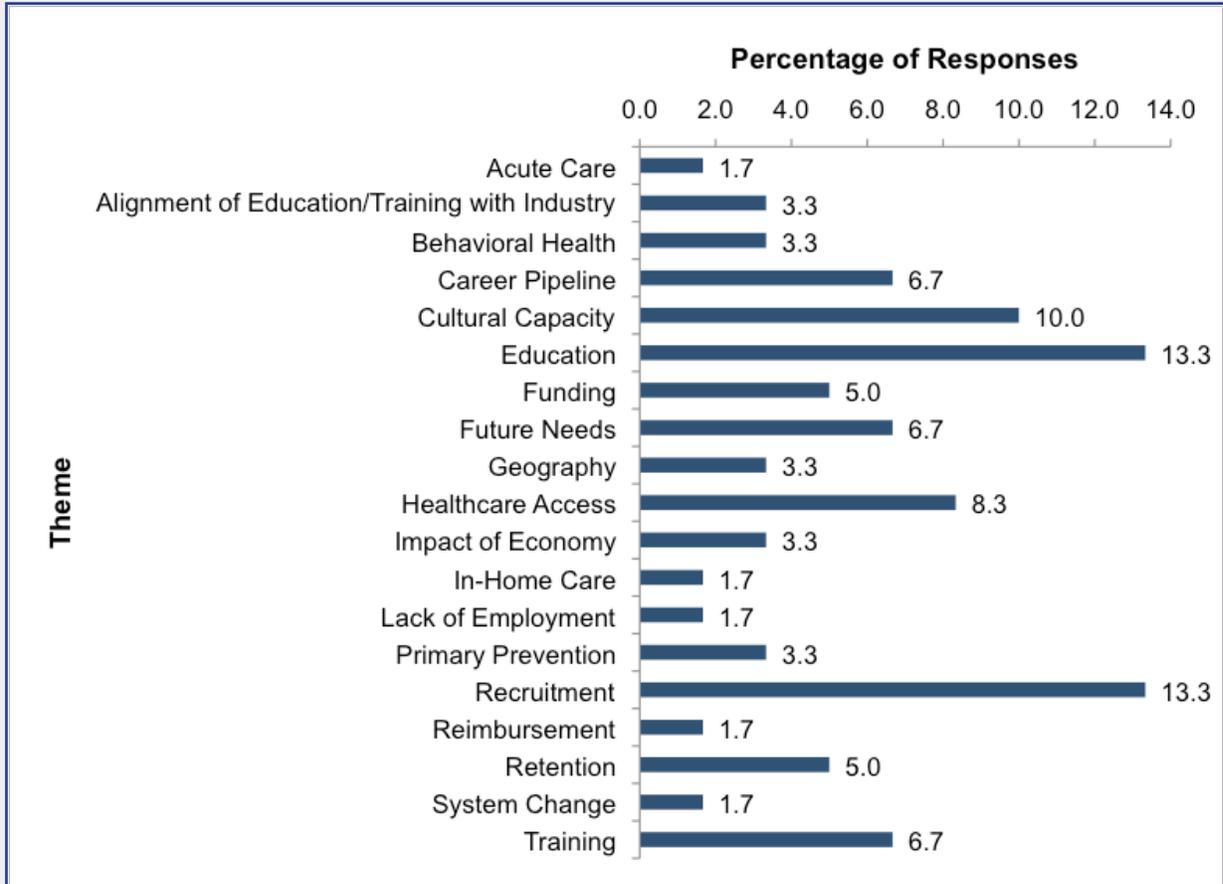


\* n is defined as the number of responses.

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

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

**Figure 5.2**  
**Unique Regional Challenges**  
**(n = 60)**



## Education

Educational challenges (13.3%) were defined as:

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

## Recruitment

Recruitment challenges (13.3%) were defined as:

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

## Cultural Capacity

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

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

## CURRENT AND FUTURE HEALTHCARE PROFESSIONS

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

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

#### Immediately

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

#### Within the Next Two Years

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

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

### Within the Next Three to Five Years

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

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

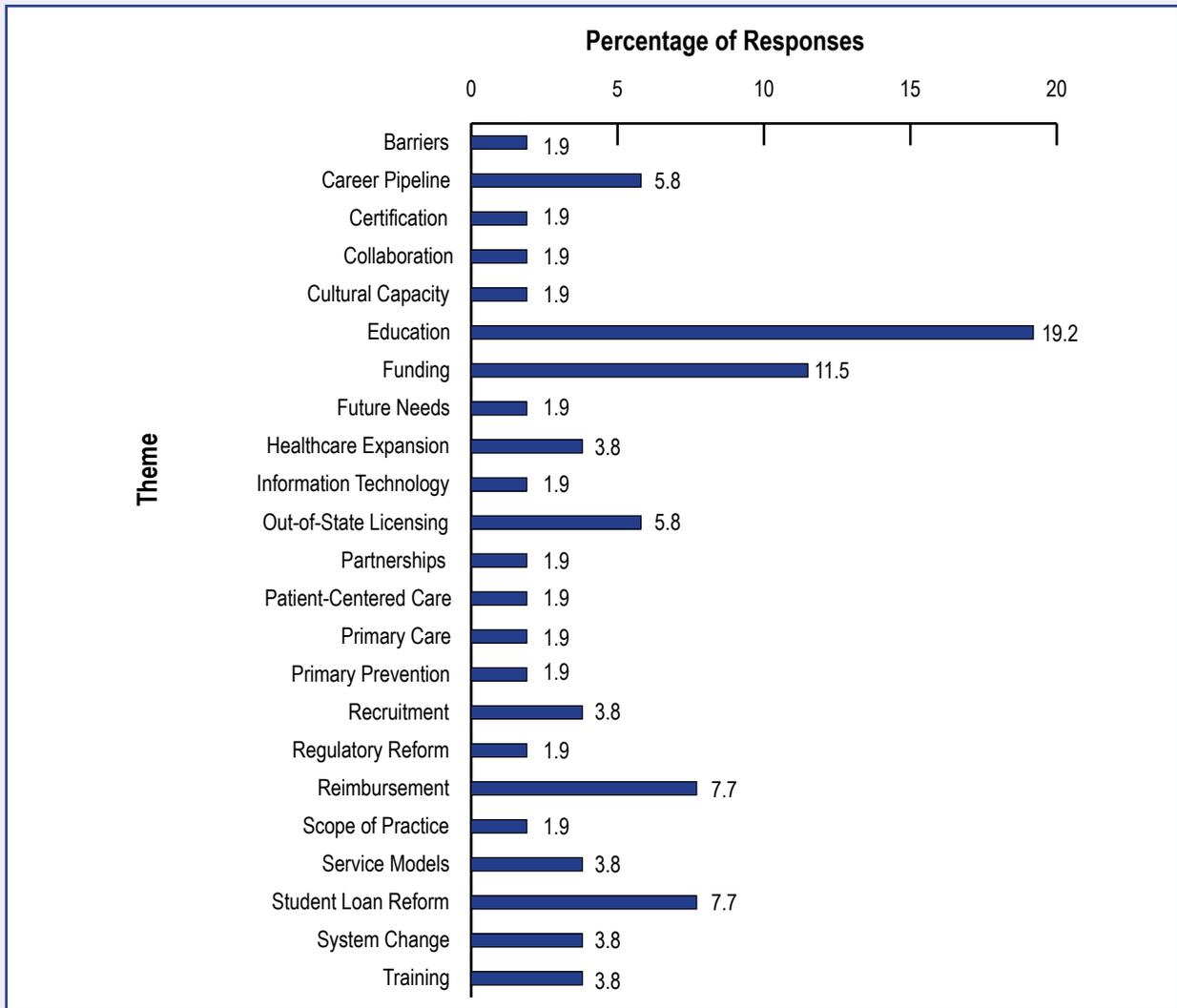
In addition to healthcare professions, focus group participants were asked to identify policy changes to aid in the development of the healthcare workforce in California. Figure 5.3 shows that the top areas identified for policy change were **Education** (19.2%) and **Funding** (11.5%).

### **Education**

Educational policy changes (19.2%) were defined as:

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

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



**Funding**

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

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

## SUPPORTING RESOURCES

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

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

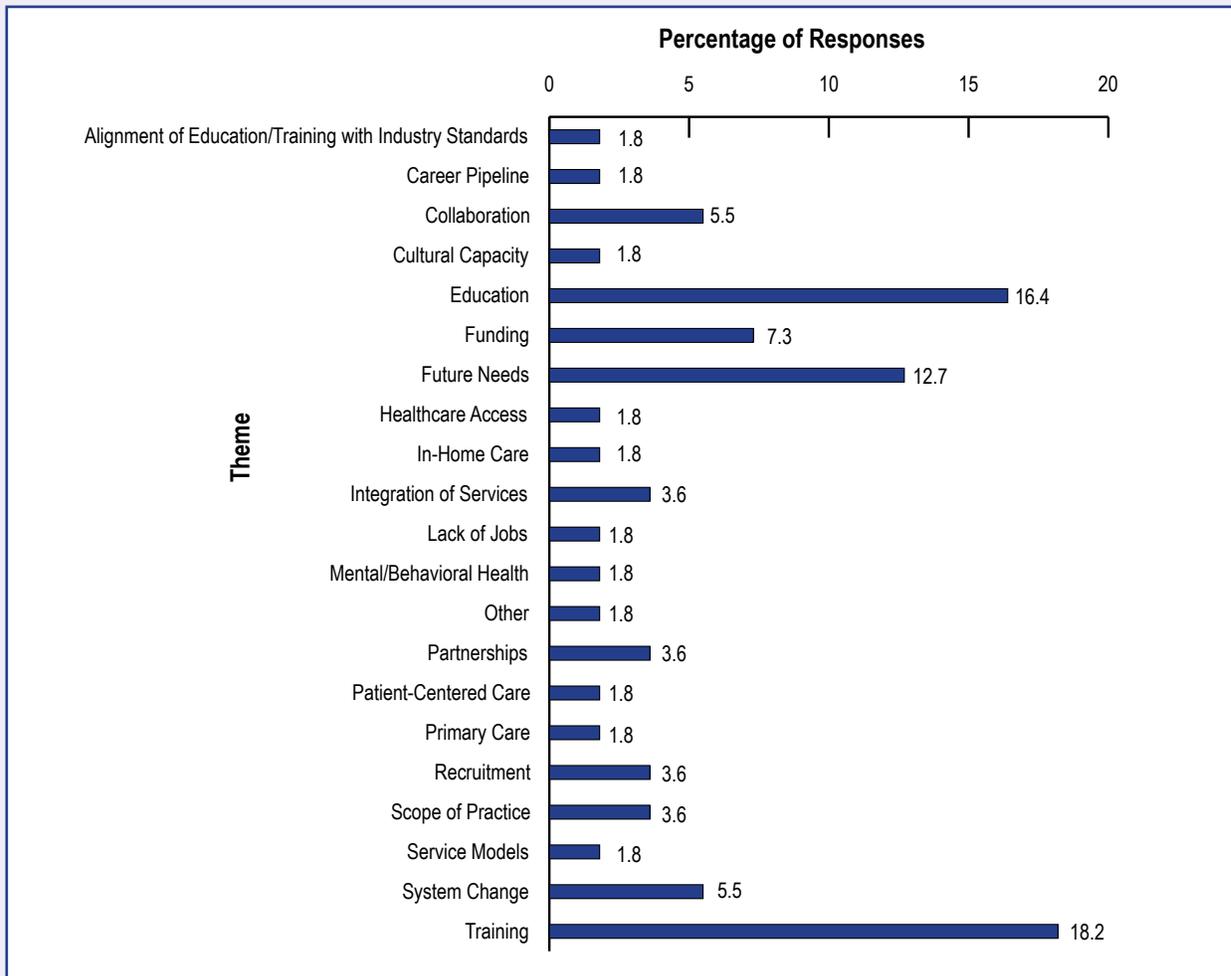
- Advisory Workforce Education Training in Fresno county
- Area Health Education Center (AHEC)
- Blue Shield
- California Wellness Foundation
- California Student/Resident Experiences and Rotations in Community Health (Cal-SEARCH) program
- Channel Islands University RN to BSN program
- City of LA Nursing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

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

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

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

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



### Training

Training needs (18.2%) were defined as:

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

### Education

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

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

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

## Successful Education and Training Models

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

The following models were reported during the focus group meetings:

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

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

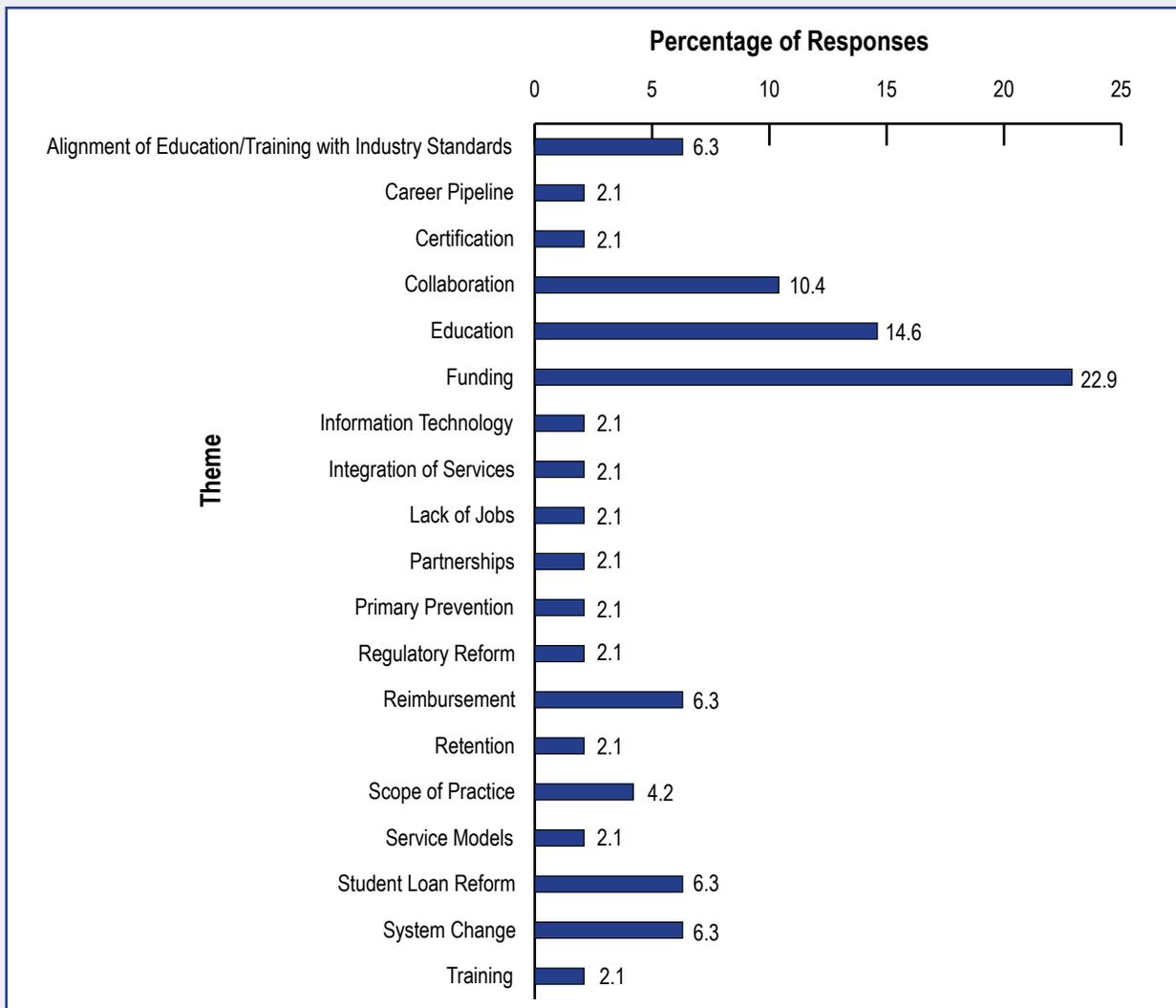
The following suggestions were provided when considering what types of new models should be considered in response to the ACA:

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

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

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

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



## Funding

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

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

## Education

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

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

## Collaboration

Collaborative policy changes (10.4%) were defined as:

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

## BEST PRACTICES TO INCREASE WORKFORCE DIVERSITY

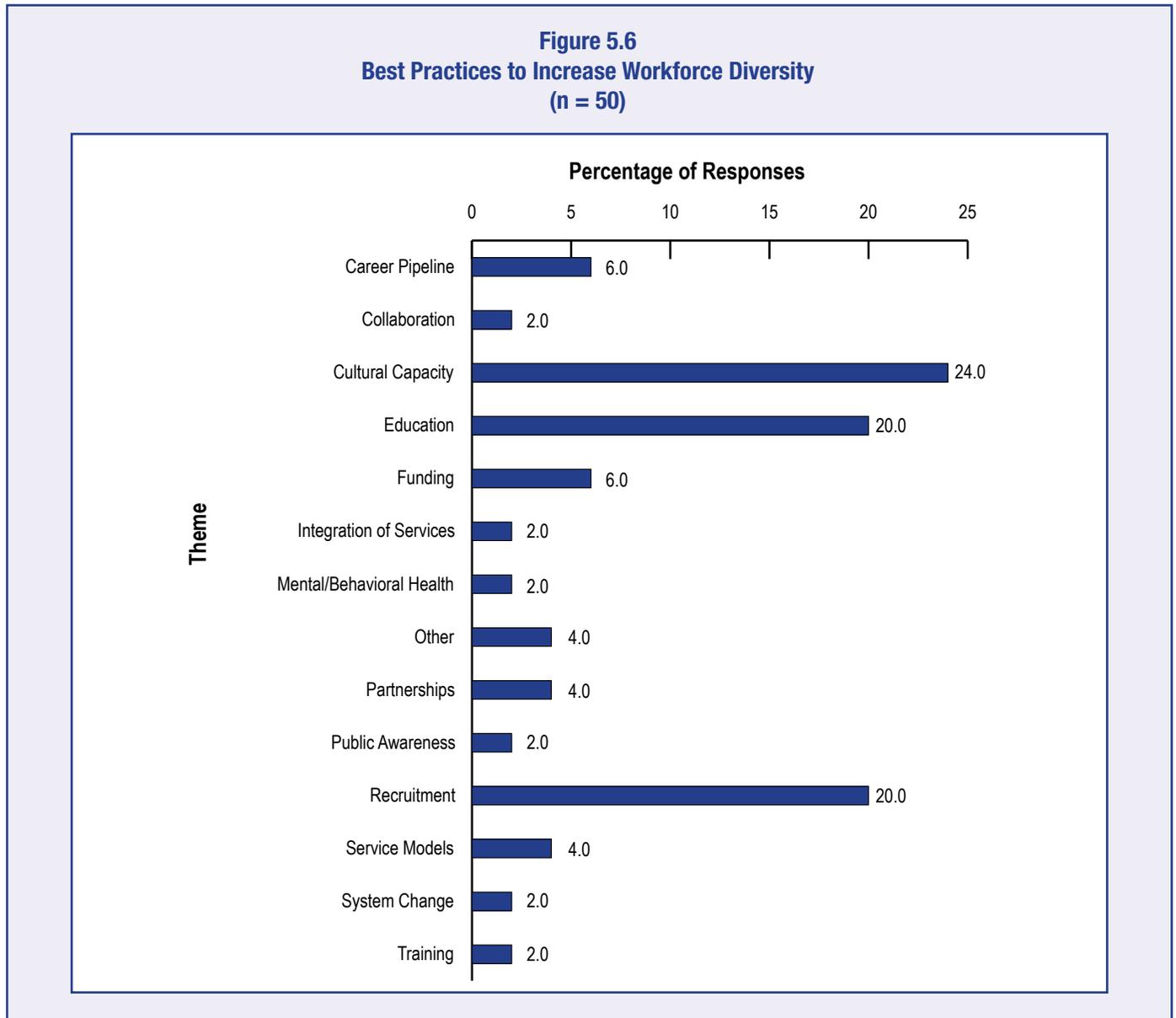
### ***5A. What best practices and models exist to increase workforce diversity and to ensure that patients have access to care provided in a culturally and linguistically appropriate manner?***

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

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

**5B. What else is needed?**

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



**Cultural Capacity**

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

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

## Education

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

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

## Recruitment

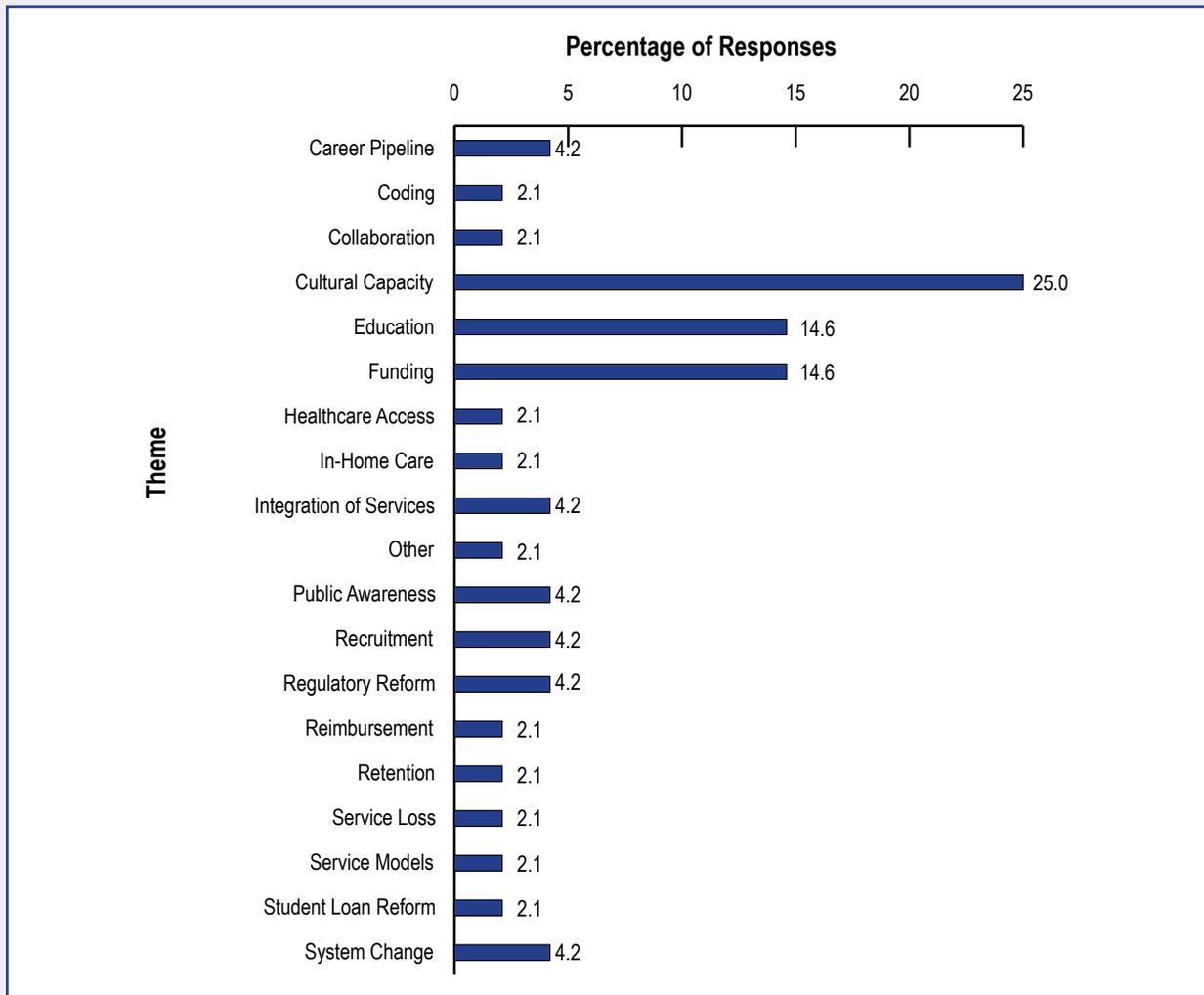
Best practices in recruitment (20.0%) needed to increase diversity of the healthcare workforce were defined as:

- Diversity – provide programs that support the hiring and retention of diverse faculty members; create an increased emphasis on diversity hiring practices; and develop governing boards that are reflective of regional cultural and linguistic diversity.
- Incentives – provide incentives to attract diverse students to primary care roles.
- Outreach – increase awareness of healthcare professions among primary and secondary education institutions; create a marketing strategy to communicate resource services for employment opportunities; and develop/enhance partnerships with ROPs.

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

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

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



### Cultural Capacity

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

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

### Education

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

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

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

## Funding

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

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

## PARTNERSHIPS

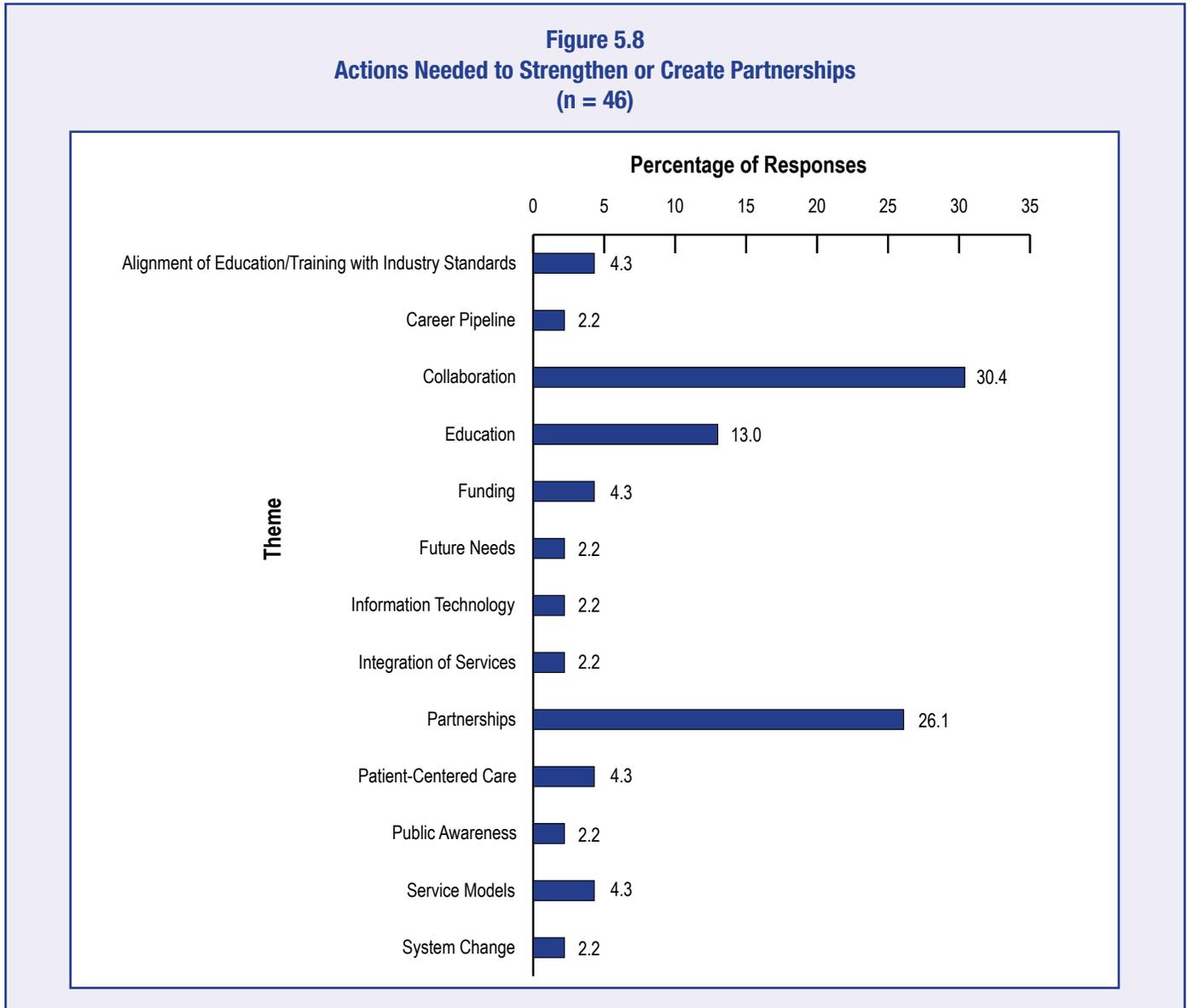
### *6A. What partnerships are you involved in that you believe will be necessary at the state and regional level to meet the health workforce needs of this region?*

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

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

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

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



**Collaboration**

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

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

### Partnerships

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

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

### Education

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

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

## SECTION SIX: FOLLOW-UP SURVEY

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

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

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

**Table 6.1**  
**Regional Response Rates for the Online Survey**

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

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

## REGIONAL CHALLENGES

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

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

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

**Table 6.2**  
**Question 1A**  
**Ranked Themes by Region**

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

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

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

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

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

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

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

## CURRENT AND FUTURE HEALTHCARE PROFESSIONS

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

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

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

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

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

Table 6.4  
(cont.)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## SUPPORTING RESOURCES

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

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

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

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

**3B Where is additional investment needed?**

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

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

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

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

## SUCCESSFUL EDUCATION AND TRAINING MODELS

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

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

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

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

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

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

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

**Table 6.9**  
**Question 4B**  
**Ranked Themes by Region**

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

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

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

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

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

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

**BEST PRACTICES TO INCREASE WORKFORCE DIVERSITY**

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

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

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

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

**5B. What else is needed?**

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

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

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

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

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

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

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

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

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

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

## PARTNERSHIPS

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

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

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

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

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

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

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

**Table 6.13**  
**Question 6B**  
**Ranked Themes by Region**

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

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

## SECTION SEVEN: SUMMARY OF FINDINGS

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

### CAREER PIPELINES

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

### COLLABORATION

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

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

### CULTURAL CAPACITY

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

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

## EDUCATION

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

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

## FUNDING

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

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

## PARTNERSHIPS

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

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

## RECRUITMENT/RETENTION

Recruitment and retention were discussed and encompassed the following issues:

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

## REIMBURSEMENT

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

## Appendix A: List of Acronyms

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

## Appendix B: Sample Focus Group Note-Taking Instrument



### REGION

### Round Table Discussion

Table Number: # \_\_\_\_\_

Table Scribe: \_\_\_\_\_

Table Spokesperson: \_\_\_\_\_

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

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

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_

**NOTES:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Continued on Reverse -

## Appendix C: Focus Group Participation by County

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

## Appendix D: Focus Group Participation by Organization Type

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

## Appendix E: Identified Resources

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

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

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

## OSHPD Healthcare Workforce Development - Final Report

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

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

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

## Appendix F: Identified Models

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

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

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

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

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

## Appendix G: Identified Best Practices

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

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

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

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

## Appendix H: Identified Partnerships

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

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

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

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

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