

## Health Care Workforce Development Council Recommendations

Final Broad Theme Prioritization										
	Pre-requisite	Timeline			Actions Required					
Recommendation	Number	Short	Medium	Long	Administrative	Private	Leg.	Budget	Regulatory	Other
<b>Cultural Responsiveness and Sensitivity</b>										
1. Increase institutional commitment and investment by educational institutions and employers and Workforce Investment Boards in proven programs that increase workforce and diversity	Small cohorts		X		X	X				
2. Strengthen and promote an evidenced based business case to sustain and expand employer health workforce diversity programs and invest in pipeline efforts	5, 2 in Cultural Responsiveness, 6, 5 in Health Professions Training	X			X	X				
3. Integrate cultural sensitivity and responsiveness into training program climate, teaching, and skill development at all levels.	6 in Cultural Responsiveness	X	X	X	X		x		X	
4. Develop metrics to define success related to diversity in professions in the context of community demographics			X		X	X				
5. Develop governing boards that are reflective of regional cultural and linguistic diversity		X			X		X			
6. Mandate cultural competency requirements for postsecondary health related disciplines (Provide Guidelines)	complicated			X			X			
7. Increase engagement in cross-cultural opportunities for healthcare organizations and education/training institutions (need to clarify and ID mechanism)		X				X				
8. Mandate cultural awareness education for primary and secondary institutions				X			X			
9. Mandate cultural competency training and certification at all levels		X					X		X	X Advocacy
10. Train foreign-trained health professionals for employment in the United States (e.g. Welcome Back Program)				X		X	X		X	
11. Provide primary education foreign language courses	9, 7 in Cultural Responsiveness			X	X					
<b>Health Professions Training Program Access</b>										
1. Promote new or expanded education and training programs through self-supporting strategies and partnerships, such as fee-based programs and courses			X		X	X				
2. Advocate for policy changes that provide funding to support facilities offering on-site training; (For example: retroactive and proactive training; and organizational reimbursement for healthcare organizations that provide training opportunities)		X						X		X Advocacy
3. Utilize more technology-assisted education tools to meet needs by increasing reach and access			X		X	X				
4. Increase education personnel including preceptors, faculty, mentors, and trainers to support education and training. (For example: advocate for policy changes to allow utilization of associate degree level professionals for teaching)			X		X	X		X		

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5. Promote, expand or increase programs with primary care and diversity focus. Locate more in underserved communities and in outpatient and community settings. (For example, Evaluate opportunity for expansion and build support for replication of model programs such as the UCLA International Medical Graduate (IMG) program, UC Program in Medical Education (PRIME), and post baccalaureate programs)			X	X	X	X		X		
6. Assess current program capacity and geographic distribution to establish baseline relative to current and projected needs.	Need status, rec to assess		X		X	X				
7. Increase non-profit hospital and health plan investment and engagement in the pipeline with attention to regional workforce needs based on community benefit principles			X		X	X				
8. Expand, institutionalize, and clarify the effective use of "holistic" file review in admissions. ( For example: Provide less weight to standardized test scores and GPA and more weight to distance traveled, graduate work experience, communication skills and commitment to community service)			X		X					
9. Examine accreditation standards and advocate removal of barriers to career advancement.		X								
<b>Notes from October Session:</b>										
Increase access for care when in un-served and underserved communities										
Cultural Respect										
Consumer/client perception survey - "move toward supported employment and supported education approaches to building a qualified HCWF/BHWF										
Data, Driven, Justification. The following should be added to a preamble: "Increase access to health professions education for underserved population"										
<b>Training Program Retention</b>										
1. Increase skill building, academic, advising and "career case management" support for individuals throughout all stages of the pathway to increase retention and success (For example: Include mentoring & career counseling support. Add support for instructors)	7 and 9 in Finance		X		X colleges	X				
<b>Hiring and Orientation</b>										
1. License healthcare workers who were educated in another state or country prior to arrival in California	7 and 3 in CI Partnerships			X			X		X	
2. Increase support and training opportunities for recent graduates and incumbent workers through labor management partnerships			X	X	X	X				
3. Include job placement in education and training models for new graduates				X	X	X				
<b>Retention and Advancement</b>										
1. Create innovative training programs for incumbent workers in an effort to retain workers in the health industry (I.E. labor management partnerships/cross training)	1-6 and 11 in Financing and		X		X	X		X	X	
2. Prioritize outreach, training and support for incumbent workers. Emphasize economic development opportunity		X			X					

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3. Examine demographic profiles across job classifications and create career ladders for advancement				X	X	X				
4. Support definition of new competencies and roles within emerging service models and across overlapping professions	prereq to training			X	X		X		X	
5. Invest in leadership opportunities for trainees in health related fields of study.			x		x	x				
<b>Financing and Support Systems</b>										
1. Examine and Improve reimbursement, aligning reimbursement rates with service delivery costs			X	X	X	X				
2. Expand reimbursement for health professionals in non-Primary Care Physician roles (e.g., health education, case managers, alternative medicine providers)		X	X			X				
3. Advocate and support legislative efforts that promote primary care payment reform including increase in Medicare payments				X						X Advocacy
4. Develop payment mechanisms as part of new models of care and reimbursement methodologies that promote a strong role for primary care providers and sufficient corresponding payment (such as care coordination)					X	X				
5. Examine and improve reimbursement to recruit and retain in key professions and geographically			X		X	X				
6. Reduce barriers to recruitment of primary care delivery team members in underserved areas					X	X	X			
7. Invest resources for the integration of different educational modalities into learning delivery models						X				
8. Subsidize priority healthcare positions in underserved locations					X	X				
9. Provide incentives for the recruitment and retention of health educators, mentors, preceptors, and healthcare professionals working in disproportionate share hospitals					X	X				
10. Streamline application process for existing State financial incentive programs					X					
11. Improve/Increase incentives for students to choose primary care careers and service in underserved areas by Increasing, sustaining, and advocating for grant, loan repayment and scholarship programs such as Song Brown, State Loan Repayment Program, Steve Thompson Loan Repayment Program, NHSC and funding for primary care and priority professions in California					X			X		X Advocacy
12. Provide reimbursements for health professions education								X		
13. Provide incentives to attract diverse students to primary care roles & increase capacity of existing programs					X					

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14. 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 by developing new delivery models					X	X				
15. Provide support for interpreter training and certification						X	X		X	
16. Protect funding for California's Community College (CCC) Workforce Preparation Program and K-12 programs that feed into them										X Advocacy
17. Provide incentives for healthcare organizations that emphasize cultural and linguistic competency					X	X				
18. Provide financial incentives for excellence in healthcare teaching programs						X				
19. Assess relative cost-effectiveness of current program entry points (cost, time to degree) for all primary care career tracks, examine the impact of increasing tuition, fees and debts on student's ability to enter and complete programs and identify regulatory impediments to innovation					X	X			X	
20. Develop plans and reporting to incent and hold state-funded internal medicine and pediatric residency programs accountable for producing primary care graduates. Use metrics for funding allocation					X	X				
<p><b>Notes: FROM OCTOBER:</b>                      Much of this may require legislation and/or regulation; not to mention funding.                      Much of this may exist, but need to be replicated or scaled up.                      Much of this may be better suited outside the scope of this Council but led by individual associations/groups                      If reimbursement, Enhancement reimbursement issue (Steve, Cathy)</p>										
Internships/Clinical Training										
1. Develop and advocate for interdisciplinary training programs and the expansion of training models to include non-traditional clinic sites.	2 in Internships	X for existing sites			X	X				
2. Develop policy that incentivize mentoring, preceptorships, internships and clinical training in ambulatory settings and underserved areas and provide infrastructure to coordinate through increased funding		Start Now		Ends in Years	X	X	X			
3. Create & use best practices to develop Partnerships between educational institutions and healthcare employers to increase the quality of health workforce transition to practice programs		X			X	X				
4. Increase training and teaching in community settings, including increasing community rotations, and expand the number of teaching health centers in California		Start Now		Ends in 2-3 yrs.	X	X				

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5. Advocate for California to secure increased residencies and funding through obtaining an allocation of residency slots that are unused by other states				X	X					
6. Develop incentives for residency & internship programs to increase diversity and yield professionals who are committed to practice in underserved communities		X								X Advocacy
7. Increase residency opportunities and transition to practice programs for multiple provider types in areas of unmet need (For example: Include internships, preceptored, & clinical experience. Incorporate tele-medicine)	2,3 in Internships	X	X		X	X				
8. Increase awareness and participation by sites to facilitate student participation					X					
<b>Academic Preparation and Entry Support</b>										
1. Increase wrap around and case management support of underrepresented students to help with barriers and academic issues. Strengthen academic and career counseling through all levels	4 in Academic Prep	X	X	X	X					
2. Improve pre-health course alignment and articulation among the spectrum of California's institutions of higher education to enhance curriculum coordination, student advancement and use of resources (This recommendation is also in "Infrastructure")	4 in Academic Prep	X	X	X	X					
3. Improve/clarify articulation along career paths and lattices (e.g. Associate to Baccalaureate Degree Nurse, Community Health Workers to other careers, Medical Lab Technologist to Clinical Lab Specialist) (capacity issue)	7 in Academic Prep	X			X	X				
4. Advocate for policy changes that increase funding for education institutions, vocational training programs, adult education programs and scholarships for specialized healthcare professions			X							X Advocacy
5. Strengthen undergraduate preparation/linkages to Health Professions Schools and employers	7 in Academic Prep	X			X	X				
6. Revisit general education requirements to include computer training for postsecondary training	8 in Academic Prep	X			X					
7. Establish campus level health career offices and advising infrastructure at all postsecondary institutions. Establish strong linkages with employers, HPEI's and pipeline programs and support CSU recommendations for health career advising and courses on campuses.	3 in Academic Prep	x	X		X	X				X Advocacy
8. Develop new CDE standards and model curriculum aligned with industry needs and increase opportunities for student exposure, service learning and training. Optimize and increase Health Career Academies and Pathways; fund work based learning	5, 11 in Academic Prep		X		X				X	



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importance of primary care and prevention		X			X					
6. Develop central repository of undergraduate students interested in health careers and utilize new media and other tools to promote interest, offer opportunities and track progress: (For Example:  a. Use technology to develop and disseminate healthcare training opportunities statewide for students and incumbent workers b. Utilize health partners and other existing mechanisms c. Develop California Health Workforce App.)	2 Career Awareness 3 Career Awareness	X			X	X		X		
7. Establish a central database of interested candidates for primary care careers in California at all stages of the pipeline and communication tools for ongoing promotion of primary care, and financing options	6a Career Awareness	X			X	X				
8. Develop curriculum content and build educational capacity to provide knowledge on the full spectrum of primary care-related health careers. Content should encompass all levels of K-12 education for use by educators and parents. Develop a repository of content and strategies that is broadly accessible.	9 Career Awareness 4 Career Awareness		X		X			X		
9. Create a funded health literacy mandate for secondary education institutions	1 Career Awareness 1 Education			X	X		X	X		
<b>Coordinated Infrastructure &amp; Management Policy Development</b>										
1. Support health professionals practicing at the top of their current, legal scope and examine scope for professions with new delivery models	3 Coordinated Infrastructure & Mgm 2 in Education	X	X		X	X	X		X	X Advocacy
2. Implement sufficient statewide public and private infrastructure to implement and be accountable for statewide plan implementation. Have cross profession and specific profession infrastructures	2 and 3 in data collection		X	X	X	X		X		
3. Create statewide policies that standardize inter-agency requirements for healthcare professional licensing, credentialing and certifications	2 in education, 7 in partnerships			X			X		X	
4. Require certification at all levels of the healthcare workforce including Promotoras or other Community Health Workers	1 in policy			X			X		X	
5. Develop and implement an action plan for implementing recommendations with deferred timeframes, sequencing, resources, targets and actions steps	7, 19									
6. Invest in regional pilot programs in priority professions and regions	1									
7. Examine the expansion of scope of practice to align with full extent of training			X				X		X	X Advocacy

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<b>Coordinated Infrastructure Education</b>										
1. Determine, preserve and protect funding for California's Public Institutions of Higher Education based on what California needs to meet health workforce requirements	1 in Career Awareness	X	X	X		X	X			X Advocacy
2. Partnerships needed to standardize curriculum and strengthen articulation across community college, CSU, and UC education institutions for health career pathways (E.G. Establish joint health sciences committee for UC, CSU, Not-for-profit health professions education institutions and the CCCs to facilitate curricular alignment, advising and institutionalization of innovations	3 in Policy Development 1 Education possibly 5 in Data Collection	X			X	X				
3. Integrate health information technology into education to pair technology with healthcare training content	1 and 2 in Education	x			X					
<b>Coordinated Infrastructure Data Collection and Research</b>										
1. Develop supply and demand projections by profession within context of health reform, health homes and health IT implementation to establish base-line and targeted need within defined time frames and align programs with industry demand and emerging health sector needs	2 in Data Collection	X			X	X				
2. Support reporting to OSHPD Clearinghouse and ensure that data and reporting related to all priority professions, diversity and geographic distribution of students, residents and active practitioners is included		X	X		X		X		X	
3. Establish mechanism through the OSHPD Clearinghouse and Primary Care Workforce Initiative/Center to provide timely ongoing tracking and reporting to measure progress toward goals and inform adjustment of strategies	2 in Data Collection		X		X	X				
4. Establish mechanism for shared learning about health workforce development activities/programs through collecting and disseminating best practices	2 and 3 in data collection	X	X	X	X	X				
5. Provide funding support for health research to create and define evidence-based practices			X			X				
6. Promote Patient Centered Outcome Research Institute PCORI - Federal dollars to support research on evidence based practice										
<b>Coordinated Infrastructure Partnerships</b>										
1. Establish public and private funding streams to sufficiently invest in priority workforce programs and infrastructure		X	X	X	X	X				
2. Establish solid organizing workforce intermediaries in priority regions with sufficient funding and capacity.	5 in Data Collection		X	X	X	X				
3. Develop partnerships between training programs and employers to better align education with employer needs	5 in Data Collection		X	X	X	X				
4. Create incentives for the creation of health workforce partnerships	1 in Data Collection	X	X	X	X	X				

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5. Expand the pool by increasing K-16 exposure, preparation and pipelines more effectively through regional and statewide infrastructure	1-4 career	X	X	X	X	X				
6. Include education institution representation in health workforce policy discussions		X			X					
7. Create support for partnerships between regulatory agencies and healthcare employers		X			X	X				