

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

## ONTARIO

*Submitted to:*



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

## ONTARIO

### 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) will profoundly change the health delivery system and in turn, this will result in significant health workforce development needs.

To better understand these regional healthcare delivery systems, their related workforce development needs, and how these areas will be affected by the implementation of the ACA, 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 regional meetings throughout California and to evaluate the outcomes of the discussions as captured by the note-taking instrument completed by group-elected participants. Each regional meeting brought together leaders from the area and provided the opportunity to consider how the ACA will affect their region's 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 opportunities for healthcare occupations, and to explore partnerships and priorities that are critical for ensuring access to quality healthcare for the region's residents.

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 enhance, 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 the Ontario area were invited to participate in a day-long regional meeting designed to discuss the following 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?

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.

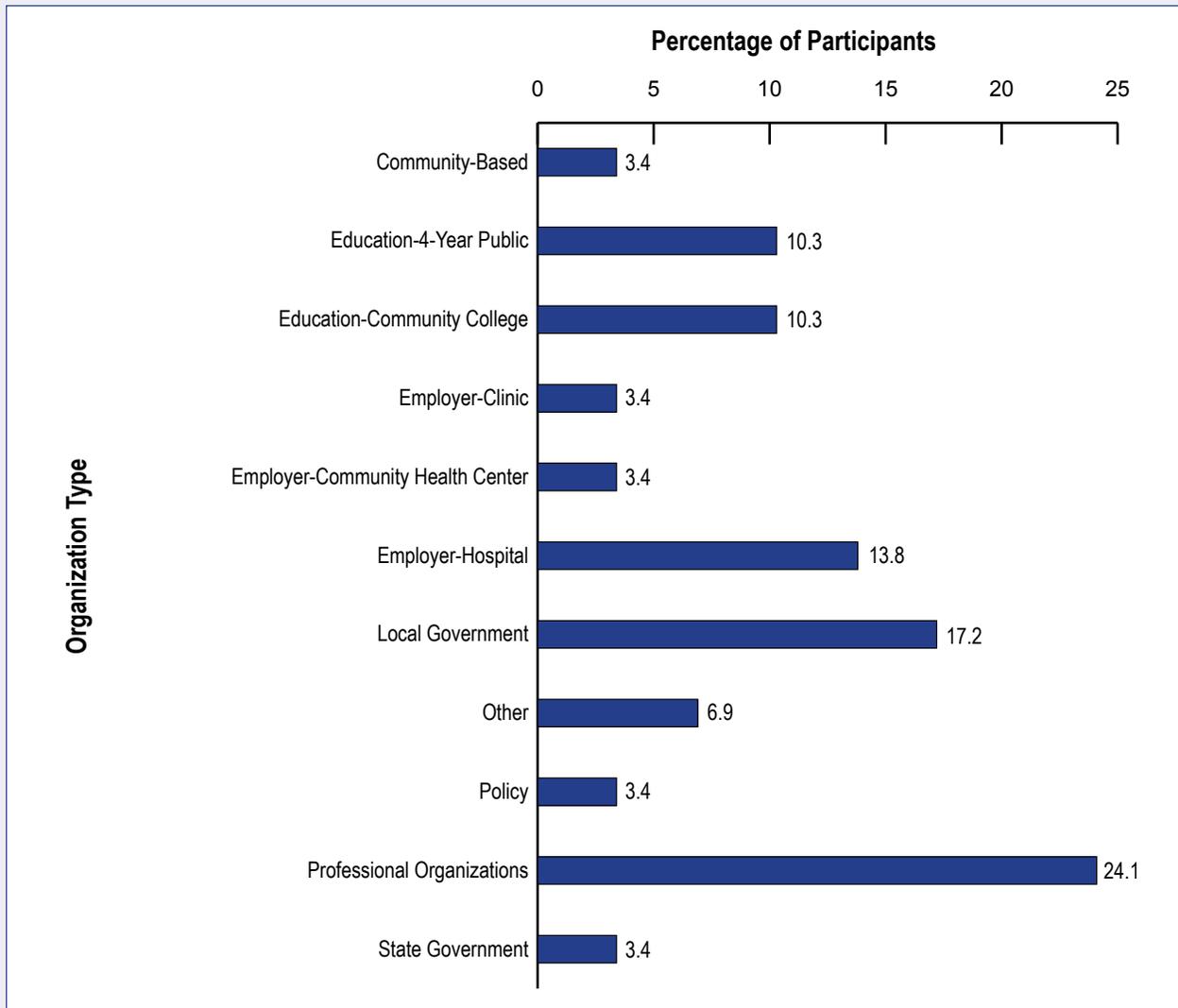
Each group was asked to hold a round table discussion about two randomly assigned questions (one during the morning session and a second during the afternoon session). The direction and focus of the conversations around the questions were determined by the table participants. The groups began by selecting 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: ONTARIO FOCUS GROUP PARTICIPANTS

The Ontario regional meeting had a total of 25 participants representing a diverse group of healthcare stakeholders from the following counties: Los Angeles, Orange, Riverside, San Bernardino, San Diego, San Luis Obispo, Fresno, Monterey, Contra Costa, and Sacramento. Figure 3.1 shows that the majority of participants categorized their employer as a professional organization (28.0%), which represented organizations such as the Hospital Association of Southern California, Vision Y Compromiso, California Chiropractic Association, Homecare Workers Training Center, Registry of Physician Specialists, and Cope Health Solutions. The next largest group of participants categorized their organization as local government (20.0%), followed by hospitals (12.0%) and four-year public education institutions (12.0%).

**Figure 3.1**  
**Percentage of Participants by Organization Type**



## SECTION FOUR: FOCUS GROUP RESPONSES

Focus group numbers have been removed to maintain anonymity throughout this report. The top three responses generated during the focus group round table discussions have been captured in the tables below as Summary Items 1-3. Based on the summary items, a list of prioritization options was developed for use in the online follow-up survey. Finally, ideas generated during the discussion that were not considered to be in the top three summary items were also reviewed, and a bulleted list of these items has been included for each question when available.

For consistency, common terms have been abbreviated throughout the document as follows:

- Clinical Lab Scientist – CLS
- Nurse Practitioner – NP
- Physician Assistant – PA
- Primary Care Provider – PCP
- Registered Nurse – RN

### RESPONSES FOR QUESTION 1

Question 1 had two subsections which were discussed:

- 1A. What are the most significant health workforce development challenges in this region?
- 1B. What are the biggest challenges that are unique to your region?

Responses for question 1A are indicated in Table 4.1. The following items were identified for the follow-up prioritization survey:

- Alignment of education/training curricula with healthcare industry standards
- Retention of locally trained workers
- Attracting workers who are more representative of the regional service population
- Lack of employment opportunities for new healthcare graduates
- Highly impacted registered nurse (RN) education/training programs
- Highly impacted allied health education/training programs
- Shortage of entry-level programs for clinical laboratory scientists (CLSs)
- Shortage of entry-level programs for behavioral/mental health workers

**Table 4.1**  
**1A. What are the most significant health workforce development challenges in this region?**

<i>Group</i>	<i>Summary Item 1</i>	<i>Summary Item 2</i>	<i>Summary Item 3</i>
<b>A</b>	Integration of education and actual practice – a stronger interdisciplinary approach is needed	Better job placement to ensure we keep our trained workers locally	Attracting a better representation of the population into health careers – perhaps via a regional plan
<b>B</b>	Difficult for new graduates to get jobs because of delayed retirement during economic downturn (huge shortage expected soon, since workforce is aging)	RN and allied health programs are impacted due to lack of faculty, capacity, and cost	CLSs and behavioral/mental health lack a good career pathway due to shortage of entry level programs

In addition to the summary items described in Table 4.1, the following ideas were also noted during round table discussions:

- Hospitals are unable to afford additional paid training necessary for new graduates
- Ambiguous scope of work for RNs

Responses for question 1B are indicated in Table 4.2. The following items were identified for the follow-up prioritization survey:

- High poverty rates within the region
- Appropriate academic preparation for students pursuing a post-secondary education
- Lack of healthcare career pipelines for secondary and post-secondary students
- Inability to provide healthcare services to remote rural areas
- Lack of cultural competence
- Difficulties recruiting workers in a commuting service community
- Difficulties in retaining workers in a commuting service community

**Table 4.2**  
**1B. What are the biggest challenges that are unique to your region?**

<i>Group</i>	<i>Summary Item 1</i>	<i>Summary Item 2</i>	<i>Summary Item 3</i>
<b>A</b>	High poverty levels affect healthcare across the board	Lower education levels leave students unprepared for higher education	Pipelines needed to keep interested students in the health field
<b>B</b>	Inability to provide services to remote areas (lack of professionals to do so)	Lack of cultural competence	Difficult to recruit and retain workers from a commuting community

All discussion topics captured on the note-taking instrument are indicated in Table 4.2. The participants did not indicate any additional items for question 1B.

## RESPONSES FOR QUESTION 2

Question 2 had two subsections which were discussed:

- 2A. What categories of primary and other health workers are needed in response to the ACA: immediately, within 2 years, and within 3-5 years?
- 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 for question 2A are indicated in Table 4.3. The following items were identified for the follow-up prioritization survey:

### Immediately

- Workforce trained in integrated care
- Community outreach by healthcare educators in order to improve access to healthcare

### Within 2 years

- Primary Care Providers (PCPs)
- Dentists
- Mental health clinicians

### In 3-5 years

- Community healthcare workers trained in navigating the healthcare system

**Table 4.3**  
**2A. What categories of primary and other health workers are needed in response to the ACA: immediately, within 2 years, and within 3-5 years?**

<i>Group</i>	<i>Time Period</i>	<i>Summary Item 1</i>	<i>Summary Item 2</i>	<i>Summary Item 3</i>
<b>A</b>	Immediately	Integrated approach to educating/training workforce (includes family practitioners, behavioral health, dentists)	Prepare educators to outreach to the public to increase access to care	Outcome-based compensation for healthcare providers to improve quality of healthcare
	Within 2 yrs.	Coordinated healthcare at all levels	Primary care increases, including physicians, dentists, and mental health clinicians	No answer provided
	Within 3-5 yrs.	Community healthcare workers trained in navigating the healthcare system	No answer provided	No answer provided

All discussion topics captured on the note-taking instrument are indicated in Table 4.3. The participants did not indicate any additional items for question 2A.

Responses for question 2B are indicated in Table 4.4. The following items were identified for the follow-up prioritization survey:

- Incentives for PCPs
- Increase number of NPs and Physician Assistants (PAs)
- Funding for physician training programs in dentistry
- Funding for physician training programs in mental health

**Table 4.4**  
**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.**

<i>Group</i>	<i>Summary Item 1</i>	<i>Summary Item 2</i>	<i>Summary Item 3</i>
<b>A</b>	Incentives for PCPs	Fill doctor gaps with NPs and PAs	Funding for physician training programs in dentistry and mental health

In addition to the summary items described in Table 4.4, the following ideas were also noted during round table discussions:

- Payment system changed to outcome-based compensation
- Affordable insurance through income-based subsidies

### RESPONSES FOR QUESTION 3

Question 3 had two subsections which were discussed:

- 3A. What resources are currently being invested or utilized in the region to recruit, educate, train, or retain the health workforce (see sample matrix) and strengthen partnerships?
- 3B. Where is additional investment needed?

Question 3A was re-administered on the follow-up survey to gather additional regional resource information. Table 4.5 specifies current resources identified by focus group participants.

**Table 4.5**  
**3A. What resources are currently being invested or utilized in the region to recruit, educate, train, or retain the health workforce (see sample matrix) and strengthen partnerships?**

<i>Group</i>	<i>Summary Item 1</i>	<i>Summary Item 2</i>	<i>Summary Item 3</i>
<b>A</b>	California's Student/Resident Experiences and Rotations in Community Health (Cal SEARCH) – Community Clinic resident (offers opportunity for rural exposure to students)	Southern California regional workforce partnership for mental health	Kaiser Permanente Community Benefits Program

All discussion topics captured on the note-taking instrument are indicated in Table 4.3. The participants did not indicate any additional items for question 3A.

Responses for question 3B are indicated in Table 4.6. The following items were identified for the follow-up prioritization survey:

- Implement transition-to-practice programs for new graduate RNs
- Clinical practice sites should be utilized appropriately to increase accessibility and diversity
- Statewide resource for sharing educational resources between organizations and stakeholders

**Table 4.6**  
**3B. Where is additional investment needed?**

<i>Group</i>	<i>Summary Item 1</i>	<i>Summary Item 2</i>	<i>Summary Item 3</i>
<b>A</b>	Implement transition-to-practice programs for new graduate RNs	Clinical practice sites should be utilized appropriately to increase accessibility and diversity	Statewide resource for sharing educational resources between organizations and stakeholders

All discussion topics captured on the note-taking instrument are indicated in Table 4.3. The participants did not indicate any additional items for question 3B.

## RESPONSES FOR QUESTION 4

Question 4 had three subsections which were discussed:

- 4A. What successful models of health professions education and training currently exist to supply the health workers necessary to improve healthcare in the region?
- 4B. What types of new models will be needed to meet the impact of ACA?
- 4C. Describe Federal, State, and Local policy changes that could be implemented that could facilitate new and successful models.

Question 4A was re-administered on the follow-up survey to identify additional successful models of health professions education and training within the region. Table 4.7 specifies the successful models identified by focus group participants.

**Table 4.7**

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

<i>Group</i>	<i>Summary Item 1</i>	<i>Summary Item 2</i>	<i>Summary Item 3</i>
<b>A</b>	Community colleges, CSUs, accredited proprietaries, dual partnerships with hospitals and colleges	Regional Occupational Programs (ROPs)	Relationships between local Workforce Investment Area created by Workforce Investment Act (WIA) and Eligible Training Program List (ETPL)
<b>B</b>	Programs with models that allow for continuity and efficiency of training (e.g., CSU Fullerton's single site internships)	Partnerships with academies to establish an early pipeline	No answer provided

In addition to the summary items described in Table 4.7, the following ideas were also noted during round table discussions:

- Certifying bodies for drug and alcohol counselors
- Medical Front and Back Office
- Billing and coding

Responses for question 4B are indicated in Table 4.8. The following items were identified for the follow-up prioritization survey:

- Model for health information technology
- Model which accounts for supports (i.e., job placement) necessary for new graduates
- Support/funding of healthcare career pipeline/pathway programs
- “Clinical” models for services such as outpatient services, rehabilitative services, etc.
- Dual employment expansion with education institutions and hospitals
- Distance-learning opportunities for delivery of didactics

**Table 4.8**

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

<i>Group</i>	<i>Summary Item 1</i>	<i>Summary Item 2</i>	<i>Summary Item 3</i>
<b>A</b>	Model for health information technology	Model where there are schools, systems, and programs in place for adequate support and placement of graduates	Policy to provide support and funding to expand pipeline/pathway programs
<b>B</b>	“Clinical” models which encourage clinics, outpatient services, and rehabilitative services	Dual employment expansion with colleges and hospitals	Increase distance-learning opportunities for delivery of didactics

In addition to the summary items described in Table 4.8, the following ideas were also noted during round table discussions:

- Remediation built into training programs
- Contract education models

Responses for question 4C are indicated in Table 4.9. The following items were identified for the follow-up prioritization survey:

- Allow for utilization of associate degree level professionals for teaching
- Allow for utilization of Bachelor of Science in Nursing (BSN) level professionals for teaching
- Differential funding from state funds (e.g., pools for nursing or allied health)
- Allow for priority registration for healthcare career pathway students at the community college level

<i>Group</i>	<i>Summary Item 1</i>	<i>Summary Item 2</i>	<i>Summary Item 3</i>
<b>A</b>	Allow for utilization of associate and BSN level professionals for teaching or else assist in elevation to Master's level	Differential funding from state funds (e.g., pools for nursing or allied health)	Allow for priority registration for "pathway" students at the community college level

All discussion topics captured on the note-taking instrument are indicated in Table 4.9. The participants did not indicate any additional items for question 4C.

## RESPONSES FOR QUESTION 5

Question 5 had three subsections which were discussed:

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

Additional information pertaining to question 5A was requested on the follow-up survey (see question 5B; Table 4.10).

**Table 4.10**

**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?**

<i>Group</i>	<i>Summary Item 1</i>	<i>Summary Item 2</i>	<i>Summary Item 3</i>
<b>A</b>	Promotoras model and community health educators model	Educational programs such as dual enrollment and ROP	Literature (e.g., signage, paperwork, etc.) based on demographics of the community

In addition to the summary items described in Table 4.10, the following ideas were also noted during round table discussions:

- Cultural competence training for healthcare providers

Responses for question 5B are indicated in Table 4.11. The following items were identified for the follow-up prioritization survey:

- Career counseling to guide healthcare program students prior to graduation
- Interpreter services
- Governing boards composition that is reflective of the community

**Table 4.11**

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

<i>Group</i>	<i>Summary Item 1</i>	<i>Summary Item 2</i>	<i>Summary Item 3</i>
<b>A</b>	Career counseling and development to guide students	Interpreter services	Governing boards reflective of the community

In addition to the summary items described in Table 4.11, the following ideas were also noted during round table discussions:

- Recruiting from the community through incentives like loan repayment and debt relief
- Cultural competency training

Responses for question 5C are indicated in Table 4.12. The following items were identified for the follow-up prioritization survey:

- Local policies to ensure cultural competence in health fields
- Funding for healthcare educational loan and grant programs
- Reform of Health Professional Shortage Areas (HPSA)

**Table 4.12**  
**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.**

<i>Group</i>	<i>Summary Item 1</i>	<i>Summary Item 2</i>	<i>Summary Item 3</i>
<i>A</i>	Local policies to ensure cultural competence in health fields	Funding for educational loan and assistance programs	Reform of HPSA

In addition to the summary items described in Table 4.12, the following ideas were also noted during round table discussions:

- Additional funding for ROP and pipeline programs

## RESPONSES FOR QUESTION 6

Question 6 had two subsections which were discussed:

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

Question 6A was re-administered on the follow-up survey to gather additional best practices and models within the region. Table 4.13 specifies partnerships identified by focus group participants.

**Table 4.13**  
**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)**

<i>Group</i>	<i>Summary Item 1</i>	<i>Summary Item 2</i>	<i>Summary Item 3</i>
<i>A</i>	Inland Coalition (San Bernardino)	Community Benefits Collaborative (San Bernardino)	Academic Service Collaborative Program (Kaiser Permanente in Southern California)

In addition to the summary items described in Table 4.13, the following ideas were also noted during round table discussions:

- Inland Empire Economic Partnership
- Colleges and private training institutions
- California Conference of Local Health Officers

Responses for question 6B are indicated in Table 4.14. The following items were identified for the follow-up prioritization survey:

- Inter-professional core competency standardization in healthcare training (e.g., quality, safety, communication, health policy)
- Academic/service collaborative to increase quality of healthcare workforce (i.e., via transition-to-practice programs)
- Provide increased regional funding for the Inland Coalition

**Table 4.14**  
**6B. What actions are necessary to strengthen existing partnerships and/or form new partnerships?**

<i>Group</i>	<i>Summary Item 1</i>	<i>Summary Item 2</i>	<i>Summary Item 3</i>
<i>A</i>	Inter-professional core competency standardization in healthcare training (e.g., quality, safety, communication, health policy)	Academic/service collaborative to increase quality of healthcare workforce	Provide increased regional funding for Inland Coalition

All discussion topics captured on the note-taking instrument are indicated in Table 4.13. The participants did not indicate any additional items for question 6B.

## SECTION FIVE: FOLLOW-UP SURVEY

An online follow-up survey was developed to assess the prioritization of the group identified responses and gather additional information from all regional pre-registered participants and on-site attendees. The online survey was distributed to 51 individuals and had a response rate of 13.7 percent (n = 7) and a completion rate of 85.7 percent (n = 6). Table 5.1 provides a summary of the top three priorities in response to each ranked survey item.

**Table 5.1**  
**Online Survey Questions by Summary of the Top Three Priority Issues**

<i>Question</i>	<i>First Priority</i>	<i>Second Priority</i>	<i>Third Priority</i>
<b>1A. Regional challenges</b>	Capacity of RN education/training programs	Recruitment of diverse workforce to reflect diversity of the population	Capacity of allied health education/training programs Lack of jobs for new graduates
<b>1B. Unique regional challenges</b>	Poverty	Lack of cultural competency	Readiness of secondary students for post-secondary education
<b>2A. Immediate workforce needs</b>	Workforce trained in integrated care	Educators to outreach to public in order to improve access to care	
<b>2A. Workforce needs within 2 years</b>	PCPs	Mental health clinicians	Dentists
<b>2A. Workforce needs within 3-5 years</b>	Funding for physician training programs in dentistry and mental health		
<b>2B. Policy changes to aid recruitment, education, training, or retention</b>	Incentives for PCPs	Increase number of NPs and PAs where doctors are needed	Funding for physician training programs in dentistry and mental health
<b>3B. Additional investment needed for resources</b>	Transition-to-practice programs for new graduate RNs	Increase accessibility to and diversity of clinical practice sites	Statewide sharing of educational resources
<b>4B. New training models needed</b>	Support and funding of pipeline/pathway programs	Provide support for new graduates	Dual employment expansion with colleges and hospitals
<b>4C. Policy changes to facilitate new models</b>	Allow for priority registration for “pathway” students at the community college level	Differential funding from state funds (e.g., pools for nursing or allied health)	BSN level professionals in teaching (or else assist in elevation to Master’s level)
<b>5B. Best practices needed to diversify workforce</b>	Interpreter services	Career counseling and development for students Governing boards reflective of the community	
<b>5C. Policy changes to facilitate diversification of workforce</b>	Funding for educational loan and assistance programs	Reform of Health Professional Shortage Areas (HPSA)	Local policy for cultural competency
<b>6B. Actions needed to strengthen or create partnerships</b>	Transition-to-practice programs	Increased regional funding for inland coalition	Inter-professional core competency standardization in healthcare training

## ONLINE RESPONSES

The online survey provided respondents the opportunity to prioritize items generated during the focus group meetings as well as provide additional information regarding health workforce development resources, training models, best practices to increase workforce diversity, and partnerships needed to meet health workforce needs. ***Prioritization data are presented below in numerical rank order for each question that appeared on the online survey where a value of 1 represents the highest priority. In the event that responses received tied rankings, those responses are listed with the same numerical rank value.*** Each question provided an option for the respondent to include any items they felt were not represented on the online survey prioritization lists, which have also been included if provided.

### Question 1

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

1. Highly impacted RN education/training programs
2. Attracting workers who are more representative of the population
3. Highly impacted allied health education/training programs
4. Difficult for new graduates, especially RNs, to find jobs
5. Weak interdisciplinary approach to education to achieve integration of education and actual practice
6. Retention of locally trained workers due to poor job placement opportunities
7. Shortage of entry-level programs for CLSs
8. Shortage of entry-level programs for behavioral/mental health workers

Respondents provided one additional item not included on the prioritization list: additional loan repayment assistance options to help workers serving in community clinics in underserved areas.

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

1. High poverty in the region affects many aspects of healthcare
2. Lack of cultural competence
3. Students in the region are unprepared for higher education
3. Inability to provide services to remote areas
4. Pipelines needed to retain interested students in the health field
5. Difficulties recruiting workers in commuting community
6. Difficulties retaining workers in commuting community

Respondents provided one additional item not included on the prioritization list: create a working definition of cultural competence.

## Question 2

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

#### Immediately

1. Workforce trained in integrated care
2. Educators to outreach to public in order to improve access to care

Respondents were asked to generate additional items they felt were not represented on the ranking list. The following responses were given: mental health professionals; PCPs; dentists; and affordable transportation systems to increase healthcare access.

#### Within 2 years

1. PCPs
2. Mental health clinicians
3. Dentists

Respondents were asked to generate additional items they felt were not represented on the ranking list. The following responses were given: mid-level providers and expanded practice RNs.

#### Within 3-5 years

1. Funding for physician training programs in dentistry and mental health

Respondents were asked to generate additional items they felt were not represented on the ranking list. The following responses were given: health educators; NPs; and all levels of geriatric care providers.

### 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.*

1. Incentives for PCPs
2. Increase number of NPs and PAs where doctors are needed
3. Funding for physician training programs in dentistry and mental health

Respondents were asked to generate additional items they felt were not represented on the ranking list. The following responses were given: additional funding for educational loan repayment assistance for PCPs, dentists, and mental health workers in community clinics and incentives for nurse training programs in underserved areas.

## QUESTION 3

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

Respondents provided the following non-prioritized list of resources:

- The Exclusive Nursing Program Partnership with Community Hospital of San Bernardino and San Bernardino Valley College

- Uncommon Good (a non-profit organization with a loan repayment assistance program)
- Training programs with local colleges
- Department of Labor grants
- Funding from CA Chancellor's Office

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

1. Implement transition-to-practice programs for new graduate RNs
2. Clinical practice sites should be utilized appropriately to increase accessibility and diversity
3. State-wide resource for sharing educational resources between organizations and stakeholders

Respondents provided one additional item not included on the prioritization list: incentives to retired nurses to become teachers.

## QUESTION 4

**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?**

Respondents provided the following non-prioritized list of education and training models:

- Local community colleges
- ROPs
- Collaboration with Workforce Development

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

1. Support and funding of pipeline/pathway programs
2. Model which accounts for support and job placement necessary for new graduates
3. Dual employment expansion with colleges and hospitals
4. Distance-learning opportunities for delivery of didactics
4. Model for health information technology
5. "Clinical" models for services – clinics, outpatient services, rehabilitative services

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

1. Allow for priority registration for "pathway" students at the community college level
2. Differential funding from state funds (e.g., pools for nursing or allied health)
3. Allow for utilization of BSN level professionals for teaching or else assist in elevation to Master's level
4. Allow for utilization of associate level professionals for teaching or else assist in elevation to Master's level

## QUESTION 5

**5A.** Question 5A was not administered on the follow-up survey because additional best practices and models are captured in question 5B.

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

1. Interpreter services
2. Career counseling and development to guide students
2. Governing boards reflective of the community

**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.***

1. Funding for educational loan and assistance programs
2. Reform of Health Professional Shortage Areas (HPSA)
3. Local policies to ensure cultural competence in health fields

Respondents were asked to generate additional items they felt were not represented on the ranking list. The following responses were given: loan repayment assistance programs and additional funding for community colleges which serve as a primary pipeline to healthcare careers for minority providers.

## QUESTION 6

**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 were given the responses generated during the focus group discussions and asked to provide additional responses.

Respondents provided the following partnership;

- Health Workforce Initiative

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

1. Academic/service collaborative to increase quality of healthcare workforce (transition-to-practice programs)
1. Provide increased regional funding for inland coalition
2. Inter-professional core competency standardization in healthcare training (e.g., quality, safety, communication, health policy)

## Appendix A: Focus Group Note Taking Instrument



# ORANGE

## 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. \_\_\_\_\_  
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2. \_\_\_\_\_  
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3. \_\_\_\_\_  
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**NOTES:** \_\_\_\_\_

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