2012 Annual Summary

HWDD’s programs, services, and resources develop, support, and address California’s healthcare workforce.
OSHPD Advances Safe, Quality Healthcare Environments Through Innovative and Responsive Services and Information that:
Finance Emerging Needs • Ensure Safe Facilities
Support Informed Decisions • Cultivate a Dynamic Workforce
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On behalf of the Office of Statewide Health Planning and Development, I am proud to present the Healthcare Workforce Development Division 2012 Annual Summary, highlighting the many ways we’ve positively impacted our state. Collectively, our efforts strengthened the state’s healthcare workforce, increased healthcare accessibility, and advanced the recruitment and training of future health professionals to the benefit of all Californians!

We are proud of the progress we’ve made through our programs, services, and resources – all working together to develop, support, and address the state’s healthcare workforce and support the implementation of the Affordable Care Act (ACA). We are delighted to share our many accomplishments and welcome the opportunity to partner with you.

**Healthcare Workforce Development Division 2012 at a Glance**

- The Healthcare Workforce Development Division awarded more than $8.7 million in 27 California counties through Mini-Grants, the State Loan Repayment Program, and the Song-Brown Healthcare Workforce Training Program.

- The Healthcare Workforce Development Division informed students and professionals statewide on various industry topics via the Healthcare Pathways newsletter, fact sheets, literature reviews, reports, maps, and publications through monthly stakeholder announcements, regular and ongoing social media, and face-to-face outreach opportunities.

- Mini-Grants encouraged more than 4,400 economically/educationally and/or disadvantaged students to pursue health careers through health career conferences and workshops and hands-on experiences with health professionals.

- California’s Student and Resident Experiences and Rotations in Community Health (Cal-SEARCH) linked 150 students and residents to preceptors and mentors to complete a clinical rotation and community project. The program earned an “exceptional” management rating from the federal Contractor Performance Assessment Report.

- The Retention and Evaluation Activities Initiative evaluated the impact of our American Recovery and Reinvestment Act funded financial incentive programs and found that our National Health Service Corps/State Loan Repayment Program participants were satisfied and likely to remain in the underserved communities where they completed their service obligations.

- The Rural Health Services Unit posted 66 jobs online, bringing the total to over 4,000 since the inception of the Jobs Available webpage.

- The California State Loan Repayment Program awarded 44 new practitioners serving in 16 counties for a total of 173 certified sites in 34 counties.

- The Song-Brown Healthcare Workforce Training Program supported more than 2,500 students and residents through awards of $2,890,440 to 29 family practice residency programs; $1,469,720 to 12 family nurse practitioner/physician assistant programs; $2,799,939 to 17 registered nurse education programs; and $399,999 to 4 physician assistant programs for mental health special programs.

- OSHPD continued its efforts to solidify the Responsive Electronic Application for California’s Healthcare (CalREACH), the go-to electronic application and monitoring system for OSHPD’s 16 financial incentive programs.
• Via Health Workforce Pilot Project #171, 46 nurse practitioners, registered nurse midwives, and physician assistants have been trained and provided services to 9,720 patients in 6 clinical settings.

• Via Health Workforce Pilot Project #172, 12 trainee clinicians, including registered dental hygienists, registered dental hygienists in alternative practice, and registered dental assistants have served 1,356 patients in 12 clinical settings representing Head Start programs, elementary schools, long-term care facilities, and group homes.

• The Shortage Designation Program helped the State leverage $1.5 billion in federal and private funds to assist communities in expanding access to care and developing healthcare infrastructure.

• The Shortage Designation Program pursued proactive designations of Health Professional Shortage Areas and Medically Underserved Areas/Populations for underserved communities, allowing preparation of 45 applications on behalf of communities, and completed the application renewal process for 58 community and facility designations, benefiting approximately eight million Californians.

• The Shortage Designation Program completed the Medical Service Study Area reconfiguration process in the majority of California counties.

• The Health Care Reform Unit submitted 30 letters of support and 6 nominations for Californians to serve on the National Health Service Corps’ National Advisory Council.

• Research, Policy, and Planning GIS/Data System developed maps that illustrate Primary Care, Dental, and Mental Health Professional Shortage Area and Medically Underserved Area/Population designations as well as Registered Nurse Shortage Areas.

• The Healthcare Workforce Clearinghouse Program collected demand data on 88 health occupations as well as supply and demographic data on 32 of those health occupations.

We are proud of our great work strengthening California’s health workforce. Throughout this summary, you will find even more incredible examples of HWDD making a difference. We hope this information both inspires and assists healthcare stakeholders in meeting California’s challenges.

Please feel free to contact us with any questions, comments, or suggestions. We value your feedback and look forward to working with you!

Saludos,

Lupe

Lupe Alonzo-Diaz, MPAff
Deputy Director, Healthcare Workforce Development Division
More than $8.7 million was awarded in 27 California counties through Mini-Grants, the State Loan Repayment Program, and the Song-Brown Healthcare Workforce Training Program. Additionally, $1.5 billion in state and federal funds have been leveraged into communities through the benefits of Health Professional Shortage Area and Medically Underserved Area/Population designations. These awards provide tremendous benefits to communities.
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<th>Song-Brown Healthcare Workforce Training Program</th>
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| Total Funded  | 192,825.00  | 980,205.16                  | 7,560,098.00                                  | 8,733,128.16 |
HWDD Programs Abstract

HWDD’s programs, services, and resources develop, support, and address California’s healthcare workforce through awareness, training and placement, financial incentives, systems redesign, as well as research and policy.

**AWARENESS**

Health Careers Training Program (HCTP) advances awareness and supports health careers, resources, education, and skills development to increase and prepare a culturally and linguistically competent California health workforce.

Responsive Electronic Application for California’s Healthcare (CalREACH) is an electronic application and monitoring system for OSHPD’s 16 financial incentive programs that will be deployed by June 2013.

**TRAINING AND PLACEMENT**

California’s Student and Resident Experiences and Rotations in Community Health (Cal-SEARCH) is a three-year project resulting in 150 student and resident rotations from dentistry, family medicine, physician assistants, and other medical disciplines in community clinics and health centers (CCHC).

Retention and Evaluation Activities (REA) Initiative focuses on retention of scholars and loan repayors and allows for program evaluation to measure the effectiveness of retention activities and the impact of American Recovery and Reinvestment Act (ARRA) funding on underserved communities.

Rural Health Services Unit (RHSU) maintains a free, on-line service to assist rural providers in recruiting health professionals.

**FINANCIAL INCENTIVES**

California State Loan Repayment Program (SLRP), along with the National Health Service Corps (NHSC), increases the number of primary care physicians, dentists, dental hygienists, physician assistants, nurse practitioners, certified nurse midwives, and mental health providers practicing in a Health Professional Shortage Area (HPSA) beyond their service commitment.

Song-Brown Healthcare Workforce Training Program (Song-Brown) provides grants to family practice (FP) residency, family nurse practitioner/physician assistant (FNP/PA), PA mental health, and registered nurse (RN) education and training programs to increase the number and distribution of these professions in underserved areas.

Health Workforce Pilot Projects (HWPP) Program allows organizations to test, demonstrate, and evaluate new or expanded roles for health professionals or new health delivery alternatives before changes in licensing laws are made by the Legislature.

Shortage Designation Program (SDP) designates HPSAs or Medically Underserved Areas/Populations (MUA/MUP), enabling clinic eligibility for assignment of NHSC personnel and application for Rural Health Clinic certification, Federally Qualified Health Center Look-Alike certification, and New Start/Expansion Program.

**SYSTEMS REDESIGN**

Health Care Reform (HCR) Unit informs and engages stakeholders on federal/state health workforce development activities, provides analysis of health reform initiatives, and leads efforts to develop the Mental Health Services Act (MHSA) Five-Year Workforce Education and Training (WET) Plan.

Research, Policy, and Planning Geographic Information Systems (GIS)/Data System collects, compiles, and analyzes California’s Medical Service Study Area (MSSA) populations, providers, demographic, and socio-economic data. The data are used for technical assistance to stakeholders seeking federal HPSA designations and analysis by other programs within HWDD.

Healthcare Workforce Clearinghouse Program (Clearinghouse) serves as the State’s central repository of health workforce and education information via the collection, analysis, and distribution of educational, licensing, and employment data and trends.
## Healthcare Workforce Development Division

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## HWDD in the News – 2012

OSHPD Launches Online Database about Health Care Workforce Trends – California Healthline, October 16
Database Features Trends in Health Care Workforce, Education – Sacramento Business Journal, October 16
New Website Shows Local Health Care by Numbers – San Diego Union Tribune, October 16
Database Features Trends in Healthcare Workforce, Education – HealthLeaders Media, October 17
California Creates Online Healthcare Worker Database – Fierce IT, October 18
Hospital Program Receives Award – Stockton Record, September 14
Health: Hospitals Get Grants to Expand Primary Care Doctor Training – North County Times, September 13
UC Davis Gets Family Practice Residency Grant – Sacramento Business Journal, September 13
M.D. Training Programs Land $2.6 Million – San Francisco Business Times, September 13
Hospital Program Receives Award – Stockton Recordnet, September 13

[www.oshpd.ca.gov/hwdd](http://www.oshpd.ca.gov/hwdd)
HWDD Programs at Work

AWARENESS

Health Careers Training Program

The Health Careers Training Program advances awareness and supports health careers, resources, education, and skills development to increase and prepare a culturally and linguistically competent California health workforce.

Outreach

HCTP informs and assists students, parents, K-12 and post-secondary educators, community organizations, employers, funding organizations, government, and policy makers by spotlighting health careers exploration; education and training; pipeline program and student enrichment; industry events; scholarships and loan repayments; program funding; and internship, volunteer, and job placement resources. HCTP engaged stakeholders in 2012 through robust and varied services and products, including:

• **Healthcare Pathways** – a student newsletter produced quarterly that highlights health education and career pathways for students interested in pursuing health professional careers. During the past year, newsletter articles have featured careers in geriatrics and gerontology, certificate programs, student residency expectations, scholarship and loan repayment resources (such as the Health Careers Scholarship Listing), student success stories, job opportunity and educational resources (including the Time Management for Health Professions Student guide), and more.

• Daily Facebook and Twitter posts on program resources, funding opportunities, and including a live chat event. Like CalHealth Workforce at [www.facebook.com/calhealthworkforce](http://www.facebook.com/calhealthworkforce) and follow us at [www.twitter.com/healthprofcagov](http://www.twitter.com/healthprofcagov).

• HWDD Calendar of Events – a monthly schedule of student and professional workshops and events, internships and scholarship opportunities, grant alerts, and funding deadlines. HWDD listed more than 68 events during 2012. Readers are encouraged to submit their events and view the calendar at [http://oshpd.ca.gov/HWDD/pdfs/CalendarofEvents/CalendarofEvents.pdf](http://oshpd.ca.gov/HWDD/pdfs/CalendarofEvents/CalendarofEvents.pdf).

• Email Broadcasts – an HTML e-newsletter with events and news items, often submitted by healthcare education programs and student organizations, sent to more than 11,500 students, healthcare professionals, policy makers, and education professionals each month. OSHPD website visitors may also sign up to receive the latest program news and announcements using the online subscription option at [www.oshpd.ca.gov/signup.html](http://www.oshpd.ca.gov/signup.html).

• Online Resources – a wealth of tools, links, and information on the HCTP webpage ([http://oshpd.ca.gov/HWDD/HCTP.html](http://oshpd.ca.gov/HWDD/HCTP.html)), featuring: health career exploration, educational opportunities (including the Health Professions Education Program Search Tool, which is maintained by the Clearinghouse and allows students to match programs to colleges, universities, and trade/technical schools throughout California), pipeline programs and student enrichment resources, scholarship and loan repayment information, program funding information, internship and volunteer opportunities, job placement resources, student organizations, state and national professional organizations for healthcare workers, and general resources.
Since HCTP’s inception, nearly $1 million has been awarded to organizations supporting health career exploration through conferences, workshops, and mentoring programs.

Mini-Grants Making a Difference

Alliant International University: Latino Healthcare Career Expo

Alliant International University, partnering with Rancho Minerva Middle School, San Diego County Mental Health Pathway: A Community Academy, San Diego High Tech High School, and University of California San Diego Medical School received a $12,000 Mini-Grant for healthcare career conferences and/or workshops.

A total of 158 Latino middle school students who met program recruitment criteria (Latino, parents are bilingual or monolingual Spanish speakers, and economically and/or educationally disadvantaged) and 250 family members attended the Latino Healthcare Career Expo. The Expo, facilitated by 60 volunteers from more than 20 organizations, exposed students and their families to career and job opportunities in health care and provided information on educational requirements for different healthcare career options, how to set up and plan for educational and career goals, and the need for Latino/Hispanic individuals to enter the healthcare workforce. Additionally, each student was given a binder of information, translated into Spanish, on different health professions, education requirements, average salary, and scope of work.

Quantitative and qualitative data collected showed:

• Parents were extremely grateful such attention was given to their children’s education.
• Several parents desired to attend community college themselves to be role models for their children.
• Many parents believed education was the only way for their children to have a better life and they will support their children every way they can.
• Many parents were grateful to see so many options to have a professional career. They were especially interested to know the different ways to pay for higher education.
• This event had the highest parent turn-out of any event held at Rancho Minerva Middle School (per the principal).

The final report indicated the program can be easily duplicated within the Latino population as well as other underserved populations. Other states have already requested this program manual and it is likely this project will be duplicated outside of California.

Health Alliance of Northern California: A Health Exploration and Careers Day

The Health Alliance of Northern California, in partnership with College OPTIONS and College of the Siskiyous, recruited first-generation college-bound students from six different high schools and two middle schools from seven different communities throughout Siskiyou County to attend A Health Exploration and Careers Day.

Key to the success of the event was involvement by the Siskiyou County Office of Education and Siskiyou County Regional Occupational Program. Additional partners included the California Area Health Education Center (AHEC) Program, North/Far North Health Workforce Initiative, Mercy Medical Center, Hill Country Health & Wellness Center, the Yreka High School Health Careers Pathway/Health Occupation Students of America Chapter, and others. Additionally, speakers at the event represented ten different healthcare institutions. All came together to ensure a successful event that ultimately exceeded the community’s expectations and strengthened partnerships between education and health professionals to increase sustainability of promoting health careers to local students.

Data collected showed:

• Diversity of students exceeded expectations.
• Over 90% of participants indicated their knowledge about healthcare careers had been increased.
• 73% of students indicated their interest in becoming a health professional had increased.
• Nearly 47% indicated interest in working in rural community health care.
• Some students will take advantage of follow-up activities (i.e. tours at Rural Health Sciences Institute and University of California at Davis School of Medicine).
• High school teachers and counselors received healthcare career information and contacts which can be shared with students on an ongoing basis.

The planning team has already taken steps toward a similar “grow our own” event in the fall of 2013 and are exploring funding with a private foundation which has rural health care as one of its target goals. Initial responses from the foundation indicate that funding may be possible.
HCTP staff promoted health careers to students, community organizations, workforce developers, and other relevant stakeholders statewide at seven events in 2012:

- California Health Professions Consortium/California Health Workforce Alliance: Joint and Quarterly Meetings – Oakland and Los Angeles
- Inland Coalition: Careers Conference – San Bernardino
- Latino Medical Students Association: Regional Conference – Stanford
- University of California at Davis, School of Medicine: Presentation on Cal-SEARCH – Davis
- University of California at Davis, Health System: Pathways to Healthcare Careers – Davis
- University of California at San Francisco, School of Nursing: Cal-SEARCH Outreach Meet and Greet – San Francisco
- Western University Pomona: Outreach Meet and Greet – Pomona

Mini-Grants

Since 2005, Mini-Grants have provided financial support to organizations focused on health academic preparation, community service programs, health career conferences and workshops, staff development, and hands-on experiences with health professionals in real and simulated healthcare settings. These awards impact diversity in the health professions through exposing and encouraging economically/educationally and/or disadvantaged groups to pursue health careers. Since 2005, more than 28,000 students have been supported through Mini-Grants. During 2012, Mini-Grants:

- Supported 15 funded programs (awarded in 2011) for a total of $188,907 that served approximately 3,247 students statewide.
- Awarded 15 new programs for a total of $200,325 to organizations supporting an estimated 4,360 students statewide.
- Targeted outreach to high schools and geographic areas of California where no applications have been received or awarded since 2005 to share Mini-Grants opportunities with a wider range of potential applicants.
- Received a total of 75 applications, tripling the number of applications received from the prior year.
- Streamlined and converted the application to an online process for the 2012 cycle.
- Worked with HCR to evaluate the Request for Application (RFA), including scoring criteria to better align with HCR objectives.

For program specific information, visit: [www.oshpd.ca.gov/HWDD/HCTP_mini_grants.html](http://www.oshpd.ca.gov/HWDD/HCTP_mini_grants.html).

“We really appreciate that you were able to come out and spend some time with us yesterday. The HCTP grant is really helping us go places—literally. We’ve been wanting to do traveling fairs for a long time, and adding the career piece was a good connection. We’d like to thank OSHPD/HCTP again for your support.”

John Buckmaster
Coordinator, Valley High School–Health TECH Academy
In 2009, as a partnership between OSHPD, California Primary Care Association (CPCA), and California AHEC, OSHPD received a $579,000 three-year grant from an ARRA contract with the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA) to administer Cal-SEARCH. Cal-SEARCH was designed to increase the recruitment and retention of culturally competent, community oriented health professionals in California’s CCHCs by providing clinical training to students and residents.

Cal-SEARCH enhanced the recruitment and retention of needed health professional students and residents within rural and urban underserved culturally competent CCHCs. CCHCs provided educational and training opportunities and clinical experiences that built and reinforced ties within these communities. Students and residents linked to preceptors and mentors while completing a four-to-eight week clinical rotation (80 hours minimum) and community project.

Eligible applicants included students and residents enrolled in physician (specializing in internal medicine, family practice, pediatrics, or obstetrics and gynecology), dentist, dental hygienist, physician assistant, nurse practitioner, certified nurse midwife, clinical psychologist, marriage and family therapist, psychiatric nurse specialist, and psychiatrist programs.

In 2012, Cal-SEARCH supported health professional students and residents via clinical rotations in rural and urban underserved CCHCs. By the end of 2012, Cal-SEARCH had placed 150 health professional students and residents in CCHCs. Program evaluation survey responses indicated 89% of students and residents were committed to becoming a primary care professional, 90% were interested in working in an underserved area, and 59% of participants planned to apply to NHSC in the future.

**Outreach**

Cal-SEARCH marketed to more than 600 schools and universities, student and professional organizations, and other decision-makers statewide. This marketing effort included the development of a Facebook page and design and printing of an eight-page special edition Cal-SEARCH newsletter to highlight student successes and program benefits. The purpose of this outreach effort was to inform and invite individuals and educational programs to share the program benefits and rewards, and offer additional marketing materials and informational handouts.
Retention and Evaluation Activities Initiative

The Retention and Evaluation Activities Initiative was funded for two years from September 2011 to September 2013 by a $625,000 ARRA federal grant with HRSA. The REA Initiative focuses on retention of ARRA-funded NHSC scholars and ARRA-funded SLRP and NHSC participants. Program evaluation will measure the effectiveness of retention activities and impact of ARRA funding on underserved communities.

Partners

In July 2012, the REA Initiative Advisory Committee was established with members from the California State Rural Health Association, State Office of Rural Health, California Association of Rural Health Clinics, California AHEC, Latino Coalition for a Healthy California, HRSA Region IX Office, and California Black Health Network. Direct contracts with the California AHEC, North Carolina Foundation for Advanced Health Programs (NCFAHP), and the Colleague Matching Assessment Tool also acted as key partners for the REA Initiative.

Outcomes

The NCFAHP’s “Findings of the First Year Retention Survey of the Multi-State/NHSC Retention Collaborative” involving Alaska, California, Delaware, Iowa, Kentucky, Montana, North Carolina, North Dakota, Nebraska, New Mexico, and Washington showed that NHSC/SLRP participants surveyed for California were overall satisfied and were likely to remain in the underserved community where they completed their service obligation. The survey had a successful response rate of 55% for California with 354 responders. For the full report, visit http://oshpd.ca.gov/hwdd/pdfs/REAReports.pdf.

Impact

Through the REA Initiative, retention of NHSC clinicians is expected to increase in underserved communities and improve access to care. Data collected through the multi-state collaborative and quarterly reports suggest retention is improving in underserved communities. A final evaluation report will be available at the end of the funding period in September 2013; the report will determine the impact of the REA Initiative on underserved communities and the NHSC clinicians who serve these communities.

Outreach

The REA Initiative utilized many different methods of outreach such as webinars, surveys, email blasts, and direct phone calls to NHSC and SLRP participants, as well as NHSC scholars.

Rural Health Services Unit

The Rural Health Services Unit, formerly the Rural Health Policy Council (RHPC), merged with HWDD on January 1, 2012. RHSU served as a focal point for rural constituents in California by addressing healthcare employment opportunities in the state’s hard-to-fill rural facilities. Since the inception of the RHSU Jobs Available webpage, a free job resource for rural areas, more than 4,000 job announcements have been posted. Being housed within HWDD provided RHSU with greater exposure and reach to additional rural stakeholders, healthcare professionals, and the general public through email blasts, NHSC job opportunity listings, California State Rural Health Association’s jobs website, RHSU jobs flyers, and specifically the National Rural Recruitment and Retention Network (3RNet) job opportunity website (https://www.3rnet.org/).
Additionally, RHSU operated as the California member for 3RNet, enabling promotion of critical resources to rural healthcare facilities and/or job applicants posting-seeking vacancies in healthcare professions. Upon completing 3RNet’s more user-friendly website redesign in September 2012, networking with other 3RNet members, and obtaining 3RNet’s expertise in retention efforts, RHSU was provided with additional exposure to market available resources, proving advantageous to 3RNet, HWDD, and OSHPD.

Annual conferences allowed for networking with numerous healthcare professionals, rural stakeholders, and the general public to present valuable healthcare resources, data, and specifically job employment tools to healthcare professionals in California’s rural communities. RHSU attended two key rural health-related conferences in 2012: the California Hospital Association’s Annual Rural Health Care Symposium in Sacramento and California State Rural Health Association’s Annual Rural Health Conference in Anaheim.

Partnering with HWDD allowed RHSU staff to assist other HWDD units with integrating rural health elements into different programs. The significant feedback and expertise from RHSU staff was advantageous to HWDD/OSHPD.

In 2012:
- The 3RNet website received 11,880 “hits” (candidates searching California postings).
- 66 jobs were posted through the 3RNet website.
- 206 total postings were active (posted prior to 2012, but remained vacant during 2012).
- RHSU and 3RNet provided resources to seven types of healthcare facilities, including: rural health clinics, rural hospitals, skilled nursing facilities, federally qualified health centers, critical access hospitals, community health centers, and NHSC loan repayment sites.

<table>
<thead>
<tr>
<th>Role</th>
<th>Total</th>
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<tbody>
<tr>
<td>Certified Nurse Midwife</td>
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<td>1</td>
</tr>
<tr>
<td>Licensed Practical Nurse</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Pharmacist</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Physical Therapist</td>
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<td>2</td>
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<tr>
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<tr>
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*Total Active 3RNET Job Postings*
The purpose of SRLP is to recruit and retain physicians, dentists, nurse practitioners, physician assistants, certified nurse midwives, and behavioral/mental health providers who agree to provide full or half-time primary health services for a minimum of two years to community health centers, county health systems, and other primary care safety-net providers in selected federally designated HPSAs. In return, SLRP assists clinicians in their repayment of outstanding qualifying educational loans. SLRP is funded through a Federal Reserve grant which averages $1 million annually.

The following disciplines are eligible to receive SLRP funding:

- Allopathic or osteopathic physicians specializing in family medicine, general pediatrics, general internal medicine, general psychiatry, gerontology, or obstetrics and gynecology
- Primary care nurse practitioners
- Primary care physician assistants
- Certified nurse midwives
- Dentists (doctor of dental medicine, doctor of dental surgery)
- Registered dental hygienists
- Licensed mental or behavioral health professionals (clinical or counseling psychologists, clinical social workers, professional counselors, marriage and family therapists, or psychiatric nurse specialists)

NHSC recently expanded the eligible SLRP disciplines to include pharmacists (PharmD) and registered nurses. The addition of these disciplines will be revisited for future SLRP application cycles.

OSHPD has successfully administered SLRP, benefitting and recruiting over 796 healthcare providers to work in federally designated HPSAs of California.
Outcomes

SLRP is an essential and integral component of California’s health workforce development strategy. Applications for SLRP Year 22 were received August 1 through October 1, 2012. SLRP received a total of 54 applications, including 52 new applicants and 2 extension applicants in 16 counties. A total of $1 million was awarded to 44 SLRP applicants, including 40 new and 4 extension.

Award selections were based on applicant’s experience and commitment to work in a HPSA of California, cultural competency, experience and training, and fluency in a language other than English. For more program information, visit www.oshpd.ca.gov/HWDD/SLRP.html.

Outreach

Information and technical assistance were provided to university students, medical residents, and healthcare professionals at college career events, workshops, and meetings, including:

• Shortage Designation Program: HPSA and MUA/MUP Technical Assistance workshops – Sacramento and Glendale
• University of California at Davis: Education Conference – Davis
• Touro University California: Workshop to 55 physician assistants and medical school students – Vallejo
• CPCA: Webinar for stakeholders interested in submitting NHSC site applications – Sacramento
• NHSC: Corps Community Day webinar – Sacramento

Site Visits

Site visits to participating SLRP clinics are conducted to verify compliance with federal criteria. In 2012, SLRP staff visited four sites where they met with SLRP providers and site representatives and toured the facilities: Yolo County Department of Alcohol, Drug and Mental Health in Woodland; Chapa-De Indian Health in Woodland; AltaMed Medical Group in Whittier; and AltaMed Medical Group in El Monte.

Site Eligibility

A SLRP component for providers is to work in an approved California Certified Eligible Site. An eligible site must be a public or private non-profit site, located in a California federally designated HPSA (primary care, dental, or mental health discipline), willing to match the State award, willing to enter into a Memorandum of Understanding with the State of California, and commit to a minimum two-year employment term while paying prevailing wages. Applications are available at http://oshpd.ca.gov/HWDD/SLRP.html.

Practice Sites for the 44 New NHSC/SLRP 2012 Providers

- Alameda County Medical Center Highland Campus – Oakland
- Alta Family Health Clinic, Inc. – Dinuba
- AltaMed Medical and Dental Group – Bell
- AltaMed Medical Group – Los Angeles
- AltaMed Medical Group – Orange
- AltaMed Medical Group – Pico Rivera
- AltaMed Medical Group – Santa Ana
- AltaMed Medical Group – West Covina
- Clinica de Salud del Valle de Salinas – Salinas
- Community Health Centers of the Central Coast – Lompoc
- Community Health Centers of the Central Coast – Nipomo
- Family Health Centers of San Diego – San Diego
- Golden Valley Health Centers – Dos Palos
- Golden Valley Health Centers – Hanshaw
- Golden Valley Health Centers – Hope
- Golden Valley Health Centers – Los Banos
- Golden Valley Health Centers – Modesto
- Golden Valley Health Centers – Planada
- Hillside Health Center – Ukiah
- La Clinica de La Raza – Oakland
- La Clinica de La Raza – Vallejo
- La Maestra Family Clinic, Inc. – Lemon Grove
- La Maestra Family Clinic, Inc. – National City
- La Maestra Family Clinic, Inc. – San Diego
- LifeLong West Berkeley – Berkeley
- Mee Memorial Greenfield Clinic – Greenfield
- Mee Memorial King City Clinic – King City
- Mission Neighborhood Health Center – San Francisco
- Moorpark Family Medical Center – Moorpark
- Northeast Community Clinic – Hawthorne
- Oroville Family Practice – Oroville
- Paradise Hills Family Clinic – National City
- Santa Paula Medical Clinic – Ventura
- Santa Rosa Community Health Center/VISTA Family Health Center – Sonoma
- The Saban Free Clinic Hollywood Wilshire Health Center – Los Angeles

In 2012, more than $1 million in federal grants was awarded to 44 SLRP participants in 16 counties.
Impact

Over the past 22 years, OSHPD has received more than $22 million in federal funding to support SLRP. OSHPD has successfully administered SLRP, benefitting and recruiting over 795 healthcare providers to work in federally designated HPSAs of California, thereby increasing accessibility to health care to underserved and diverse populations. Through the continued partnership with SLRP and Certified Eligible Sites, which provide the funding necessary to support the SLRP award match, California will recruit and retain a culturally and linguistically competent healthcare workforce.

Song-Brown Healthcare Workforce Training Program

The Song-Brown Healthcare Workforce Training Program provides funding to FP residency, FNP/PA, PA mental health, and RN education programs. Funding is provided to institutions (not individual students) that provide clinical training and education in underserved areas and health care to the state's underserved population. These training and education opportunities provide residents and students with experience and exposure to practice environments that increase access to health care to the underserved. HWDD works in collaboration with the Healthcare Workforce Policy Commission (Commission) to administer the Song-Brown Program. The Commission reviews and makes recommendations concerning the funding of all programs under the Song-Brown Healthcare Workforce Training Act.

Song-Brown funding consists of capitation, base, and special programs funds. A capitation cycle represents the amount of funding Song-Brown gives to support one FP residency position for three years. This three-year funding cycle corresponds to the three years of residency training required for the FP specialty. Base funds support primary care FNP/PA training programs. Each program submits a proposal with a line-item budget that reflects the program’s budgetary needs; funding requests are based on program size. Special programs are funded to support specific activities and may include the development of faculty, funding for new curricula, the development of new teaching (clinical or preceptorship) experiences in medically underserved areas, team training, support of licensure test passage, new teaching technologies (such as Typhon student tracking system), and infrastructure to support expanded educational capacity. Read more about Song-Brown at http://oshpd.ca.gov/HWDD/Song_Brown_Prog.html.

Outcomes

During the 2012 calendar year, Song-Brown:

- Awarded $2,890,440 to 29 FP residency programs for 56 residents supported; $1,469,720 to 12 FNP/PA programs for 968 students supported; $2,799,939 to 17 RN education programs for 1,275 students supported; and $399,999 to 4 PA programs in the mental health special programs for 391 students supported.

- Collaborated with other HWDD teams to develop CalREACH, an online application system designed to ease the application process and eliminate paper use.

- Convened two Evaluation Worksheet Criteria Task Force meetings to revise evaluation criteria for use by the Commission to score Song-Brown RFAs.

- Collaborated with the Central Valley Health Policy Institute at California State University, Fresno to co-sponsor a qualitative survey to understand the career choices of residents completing FP residency programs receiving funds from Song-Brown. The survey will focus on attitudes, values, and career goals that shape a resident’s interest in pursuing a long-term career in family practice, especially in underserved areas. Participating residents will complete questionnaires in 2013, 2014, and 2015.

- Surveyed FP residency programs and FNP/PA and RN education programs to determine what issues should be emphasized should special program funding become available. Common themes among disciplines were funding enhancement of career pathways, increased team training, and education in health promotion and disease prevention.
Impact

• The Evaluation Criteria Worksheet revision ensures the scoring process is fair, consistent, transparent, and adheres to Song-Brown statutes.

• The streamlining of the Song-Brown RFA ensures transition from the paper application to CalREACH is successful.

• Collaboration with the Central Valley Health Policy Institute on the Family Practice Graduate Survey will provide program outcomes that can be used to demonstrate success in increasing the number of family physicians practicing in underserved areas of California.

• The Special Program Survey provides input from program directors that can be used by the Commission to determine what special programs are needed.

Responsive Electronic Application for California’s Healthcare Project

OSHPD, HWDD, and the Health Professions Education Foundation conducted a feasibility study to explore an information technology solution to support e-applications for scholarship, loan repayment, and grant programs. The project encompasses 16 OSHPD programs, including three specific to HWDD: Mini-Grants, SLRP, and Song-Brown.

CalREACH will allow applicants to complete and submit their applications online. Once submitted, automated business rules, reporting capabilities, workflow, and document management features of the new system provide staff the capability to access, review, and score applications; communicate with applicants; and route workflow internally. In addition, the new system captures and extracts data for analysis and reporting.

In preparation for the 2013 CalREACH implementation, staff participated in the Business Process Improvement project phase to assess current processes and document more effective and streamlined methods to conduct business, including making applying for and receiving a healthcare scholarship, loan repayment, or grant easier and more efficient.

2012 activities included:

• Analyzing application forms
• Defining terms and security roles
• Developing awardee surveys
• Identifying current data sources
• Preparing data
• Selecting and contracting with the CalREACH vendor
• Coordinating with the vendor design phase schedule
• Preparing for the pilot and releasing the Mini-Grants RFA (February 2013)
• Converting existing data to CalREACH and preparing for roll-out of the new system (June 2013)

Visit www.calreach.oshpd.ca.gov for more information.

Song-Brown Awards

$2,890,440 to 29 FP residency programs; 56 residents supported

$1,469,720 to 12 FNP/PA programs; 968 students supported

$2,799,939 to 17 RN education programs; 1,275 students supported

$399,999 to 4 PA programs for the mental health special programs; 391 students supported
Shortage Designation Program

The Shortage Designation Program identifies communities of greatest need so limited resources can be prioritized and directed to those areas. Technical assistance is provided for stakeholders seeking recognition as a federally designated MUA/MUP or HPSA for primary care, dental health, and mental health disciplines. The HPSA and MUA/MUP designations enable communities to take advantage of federal benefits such as the National Health Service Corps Scholar Placements and Loan Repayment Programs, 10% Medicare Incentive bonus payments for physicians, Rural Health Clinic certifications, New Start/Expansion grants, and J-1 Visa Waivers.

California is divided into MSSAs, with county and sub-county regions that allow staff to accurately identify areas with the greatest healthcare needs. Staff also provide data analysis services by reviewing census information, maps, and provider statistics for applicants and stakeholders. SDP designations and technical assistance expand access to care to the underserved communities and assist HRSA in improving access to quality services – developing a skilled workforce and building healthy communities.

In 2012, SDP expanded its capability to develop proactive HPSA and MUA/MUP applications for underserved communities. The process allows SDP to prepare the HPSA and MUA/MUP applications on behalf of those communities that lack resources to compile their own.

Outcomes

HPSA designations are only valid for a three-year period; therefore, designations approved in 2009 expired in 2012. To ensure communities did not lose their designations, SDP completed the application renewal process for all 2009 designations, consisting of 58 HPSAs. Of the 140 HPSA and MUA/MUP applications received in 2012, 68 were primary care, 14 dental, 12 mental health, 19 proactive primary care, 26 proactive mental health, and 1 MUA/MUP. Approximately eight million Californians live in designated areas. The most recent data available shows that $1.5 billion in state and federal funds have been leveraged into these communities through the benefits of HPSA and MUA/MUP designations.

Because of the Affordable Care Act and new criteria for NHSC, a large number of stakeholders inquire about the HPSA process or their HPSA status so they can qualify for NHSC placement. SDP staff provided more than 1,000 instances of technical assistance through phone calls and emails to stakeholders in California.

Partners

Staff participated in the California State Rural Health Association Annual Conference and the CPCA Annual Conference, interacting with stakeholders and discussing challenges communities face with workforce shortages and access to health care. In addition, SDP has a Cooperative Agreement with CPCA, AHEC, and the Department of Health Care Services, State Office of Rural Health to discuss goals for expanding and increasing healthcare access in underserved communities.

Outreach

SDP conducted technical assistance workshops in Sacramento and Glendale to assist in obtaining recognition as federally designated HPSAs and MUAs/MUPs. Clinics participated in the workshops to understand how to become eligible for assignment of NHSC personnel or other state and federal programs. Both workshops had approximately 25 attendees representing various stakeholders,
such as community clinics, county health departments, and independent consultants. In addition, staff conducted HPSA mini-module trainings and webinars in Irvine and Sacramento, hosted by the Coalition of Orange County Community Health Centers and CPCA, respectively.

**Special Projects**

Every 10 years, SDP is required to analyze current MSSA boundaries based on the previous census and incorporate the most recent decennial census data to determine whether changes are needed in the boundaries of California’s current MSSAs. The MSSA reconfiguration process is designed to separate urban areas from less densely populated rural areas, taking into account information including demographics, income levels, and ethnicity, and to determine community and neighborhood boundaries. MSSAs are recognized by HRSA’s Bureau of Health Professions’ Office of Shortage Designation as rational service areas for purposes of designating HPSAs and MUAs/MUPs.

In 2012, SDP informed stakeholders and interested parties of the 2010 MSSA reconfiguration process. OSHPD developed a webpage that provides updated data for each county’s MSSAs, a timeline, notifications of upcoming public meetings, and other relevant information regarding the process. In late 2012, SDP held public meetings and completed the reconfiguration process in the majority of California counties. These activities will continue into early 2013 to complete the reconfiguration of MSSAs for the entire state.

**Impact**

Through SDP’s work, the State has leveraged $1.5 billion in federal and private funds to assist communities in expanding access to care and developing their healthcare infrastructure. In addition to the funds leveraged, HPSA and MUA/MUP designations deliver benefits to approximately eight million Californians.

Learn more about SDP at http://oshpd.ca.gov/HWDD/Shortage_Designation_Prog.html#.

**SDP Assistance**

The Shortage Designation Program expanded its capability to develop proactive HPSA and MUA/MUP applications for underserved communities, preparing 45 applications on behalf of communities lacking resources. They also completed the application renewal process for 58 community and facility designations, benefiting approximately eight million Californians.
Health Workforce Pilot Projects Program

The Health Workforce Pilot Projects Program allows organizations to test, demonstrate, and evaluate new or expanded roles for healthcare professionals, or new healthcare delivery alternatives, before changes in licensing laws are made by the Legislature.

Outcomes

Under HWPP #171 and as of December 1, 2012, 46 nurse practitioners, registered nurse midwives, and PAs have been trained and provided services to 9,720 patients in 6 clinical settings. Physician participants completed 7,456 procedures. Total procedures performed under the pilot project were 17,176.

Under HWPP #172 and as of November 1, 2012, there are a total of 12 trainee clinicians, including registered dental hygienists, registered dental hygienists in alternative practice, and registered dental assistants trained in radiographic decision-making and placement of interim therapeutic restorations in patients’ mouths. They have served 1,356 patients in 12 clinical settings representing Head Start programs, elementary schools, long-term care facilities, and group homes.

Outreach

During the past year, the HWPP Program:

- Surveyed past and current applicants, evaluation team members, and public meeting attendees to evaluate HWPP. Preliminary reviews of survey results indicate participants were satisfied with the application review process, including public meetings and hearings, monitoring trainees’ performances in clinical settings, and quality of care provided to patients.

- Participated with the California Oral Health Access Council (OHAC). OHAC discusses various workforce models that would require changes in oral health workforce practice styles, legislative change to implement new scope of practice concepts, and piloting under HWPP.

- Attended the Center for Health Policy Legislative Briefing on Advancing California’s Telehealth Policy. The Teledental concept is incorporated into HWPP #172.

- Attended the forum on California’s Future Health Care Workforce: Developing Care Teams and Revisiting Scope of Practice to Assure Access to Care Services.

- Participated in a conference call regarding transition to providers for home health services regarding obtaining information on HWPP Program requirements, if necessary, for transition training of new graduate registered nurses for home health service delivery. The call was hosted by the California Institute for Nursing and Health Care.

- Responded to inquiries from agencies in other states, including:
  - Hunter-Bellevue School of Nursing at Hunter College, City University of New York, Pew Children's Dental Campaign, Pew Center on the States in Washington D.C., Washington State Hospital Association (WSHA), WSHA/Health Work Force Institute, and the Committee on Health and Human Services in the Maine House of Representatives. The agencies are interested in California’s HWPP Program structure and in developing legislation allowing scope of practice demonstration projects.
  - Partners Investing in Nursing’s Future, Northwest Health Foundation of Oregon. The Oregon State Legislature passed a bill establishing a dental pilot program based on California’s HWPP Program.

Under HWPP #171, 46 nurse practitioners, registered nurse midwives, and physician assistants have been trained and provided services to 9,720 patients in 6 clinical settings.
Health Workforce Pilot Projects

HWPP #171 – Access through Primary Care Project, Demonstrating the Role of Advanced Practice Clinicians in Expanding Early Pregnancy Care

The pilot project completed its fifth year of implementation. The purpose of this project is to teach new skills to existing categories of healthcare personnel and demonstrate the role of advanced practice clinicians (registered nurse practitioners, registered nurse midwives, and PAs) in expanding early pregnancy care. The California State Legislature sponsored Senate Bill 623 (Chapter 450, Statutes of 2012) that extended the project through January 1, 2014 to provide the sponsors an opportunity to publish the project findings and maintain the clinicians trained during the course of the project.

HWPP #172 – Training Current Allied Dental Personnel for New Duties in Community Settings

The pilot project completed its second year of implementation. The purpose of this project is to teach new skills to existing categories of healthcare personnel and improve the oral health of underserved populations by expanding the duties of dental assistants and dental hygienists working in community settings. New duties for dental assistants and dental hygienists include determining which radiographs to take to facilitate an initial oral evaluation by a dentist and allowing interim therapeutic restorations when directed by a dentist. The project is part of the University of the Pacific program using the Teledental and dental home concept.

HWPP Program’s Collaborative with the California Emergency Medical Services Authority

California Emergency Medical Services Authority (EMSA) is exploring the interest of local emergency medical services agencies in identifying gaps in the healthcare system and demonstrating a new service modality for paramedics termed “community paramedicine.” Paramedics are presently trained to provide advanced life support services in an emergency setting or during interfacility transfers. Currently, California Health and Safety Code statute limits paramedic scope of practice to emergency care in the prehospital environment. A community paramedicine program could augment and provide outreach for primary care providers. The program could reduce the occurrence of, or minimize, medical crises for persons with specific medical conditions known to benefit from close medical monitoring and bridge care between hospital discharge and when a patient is seen by their primary care provider. The program may also be used to support patients in their homes and reduce admissions to, and transports from, nursing home and long-term care facilities in areas where home care services are not readily available.

EMSA will seek the interest of local emergency medical services agencies in piloting projects that address the above referenced concept areas during the EMSA stakeholder’s conference scheduled for February 13, 2013. The letter of interest regarding the Community Paramedicine for Paramedics Health Workforce Pilot Project application will be posted on the website (http://oshpd.ca.gov/HWDD/HWPP.html).
The HCR Unit provided more than 30 letters of support to stakeholders applying for federal grant opportunities and 6 nominations for Californians to serve on NHSC’s National Advisory Council.

RESEARCH & POLICY

Health Care Reform Unit

With passage of the Patient Protection and Affordable Care Act, also known as Health Care Reform or HCR, and millions of uninsured Californians needing access to California’s healthcare delivery system, OSHPD prepared California to meet increased health workforce demands via the HCR Unit. The HCR Unit informs and engages stakeholders on federal/state health workforce development activities and provides analysis of impact and outcomes of health care reform initiatives on workforce development and planning. Learn more about HCR at http://oshpd.ca.gov/reform/.

Resources

The HCR Unit kept stakeholders apprised of federal and state health workforce related funding opportunities and meeting notices through the HCR listserv, HCR monthly newsletter, and social media including Facebook and Twitter. In 2012, OSHPD staff conducted daily monitoring of federal health workforce grant activities which led to the distribution of over 100 funding opportunity/meeting announcements. The funding opportunity announcements were sent out through OSHPD’s HCR listserv which includes more than 400 stakeholders. OSHPD also provided more than 30 letters of support to stakeholders applying for federal grant opportunities and submitted nominations for 6 Californians to serve on NHSC’s National Advisory Council.

Outcomes

The HCR Unit streamlined HWDD and the Health Professions Education Foundation programs by evaluating program application, processes, and criteria to align efforts with and be responsive to the recommendations developed by the Health Workforce Development Council (Council). The HCR Unit also aided HWDD programs in their conversion from paper to electronic applications through CalREACH. Streamlined programs include: Mini-Grants, Rural Jobs Service, NHSC/SLRP, Song-Brown, HWPP, and all Foundation scholarship and loan repayment programs.

Special Projects

HWDD is actively engaged in the Mental Health Services Act Workforce Education and Training programs that were transferred to OSHPD in July 2012. The HCR Unit acts as a liaison between HWDD and the Health Professions Education Foundation and plays an instrumental role in the development of the MHSA WET Five-Year Plan, which provides a framework for the advancement and development of mental health workforce education and training programs at the county, regional, and state levels.

To ensure the development of a comprehensive plan, OSHPD is engaging experts and stakeholders in the public mental health system through the WET Advisory Committee and WET Five-Year Plan Advisory Sub-Committee. The WET Advisory Committee advises OSHPD on all elements related to MHSA WET programs and the WET Five-Year Plan Advisory Sub-Committee advises OSHPD on all aspects related to the development of the next Five-Year Plan. OSHPD is engaging diverse groups through different strategies including, but not limited to, Advisory Committee meetings, community forums, focus groups, county site visits, surveys, and key informant interviews. OSHPD will also evaluate current WET programs and develop a statewide needs assessment for mental health workforce. The Five-Year plan will be completed by April 2014.

Partners

OSHPD participated and engaged in other statewide health workforce planning efforts including those of the Council, Career Pathways Sub-Committee, California Health Workforce Alliance, California

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The HCR Unit played an instrumental role in the development of the action plan on health workforce data as part of the Health Workforce Development Council.

Health Professions Consortium, California Public Health Alliance for Workforce Excellence, and California Hospital Association Workforce Committee. OSHPD staff presented on other state health care reform efforts at several meetings, conferences, and briefings convened by the California State Rural Health Association, California Institute for Mental Health, Employment Development Division, HRSA, and Health Professions Education Foundation.

The HCR Unit served as a member of and contributed to the Council. In 2010, OSHPD partnered with the California Workforce Investment Board (CWIB) to apply for a federal health workforce planning grant which led to the establishment of the Council. The 27-member Council was established in August 2010 as a special committee of CWIB and its mission is to expand California’s health workforce to provide access to quality health care for all Californians. The Council is tasked with understanding the current and future workforce needs of California’s health delivery system and developing a comprehensive strategy to meet those needs.

OSHPD and CWIB co-staffed the Council during the completion of the grant requirements, which included stakeholder engagement through focus groups in 11 regions of California, development of career pathways for 12 healthcare professions, and health workforce development recommendations. In 2012, the Council finalized and prioritized over 100 health workforce recommendations that will be part of a comprehensive strategy for health workforce development in California. The Council also developed action plans for carrying out their various recommendations. The HCR Unit played an instrumental role in the development of the action plan on health workforce data. OSHPD has transitioned from staffing the Council to being a key member.

The HCR Unit also served as a member of and contributed to the Council’s Career Pathways Sub-Committee (Sub-Committee). The 16-member Sub-Committee is charged with developing statewide planning recommendations that address key policy areas pertaining to career pathways. In 2012, the Sub-Committee finalized Phase 2 of the final report, which included career pathways for primary care physicians, primary care nurses, clinical laboratory scientists, medical assistants, community health workers/promotores, public health professionals, social workers, alcohol and drug abuse counselors, home health aids and certified nurse assistants, physician assistants, oral health providers, and veterans.

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Literature Reviews

To inform stakeholders about relevant health workforce development topics and research, the HCR Unit developed literature reviews on various health workforce topics. They appear on the new “Best Practices” feature of the OSHPD HCR webpage. Literature reviews created in 2012 include:

- Best Practices in Health Workforce Development
- Business Case for Health Workforce Diversity
- Making the Case for Health Workforce Pipeline Programs
- Retaining Incumbent Health Care Workers
- Cultural and Linguistic Appropriate Services Resource Toolkit
- Interpreter Training Programs in California
- Locum Tenens Overview and Resources
Research, Policy, and Planning GIS/Data System

Research, Policy, and Planning GIS/Data System is a leading resource in analysis of health workforce data. Program staff collect, analyze, and publish data about health workforce shortages and health professional training. Staff also create mapping products which are used to display tabular data in a spatial and visually descriptive format for the analysis of healthcare workforce data. Many GIS mapping products are provided to various organizations and the public through interactive and static map displays of quantitative information. Visit them at http://oshpd.ca.gov/HWDD/Research_Policy_Planning_GIS.html.

Outcomes

During the past year, GIS:

- Conducted an analysis of primary care physician-to-population ratios and poverty to determine and map Primary Care Shortage Areas in California.
- Developed maps that illustrate Primary Care, Dental, and Mental HPSAs and MUAs/MUPs in MSSAs.
- Conducted an analysis of registered nurses in active status to help determine and map Registered Nurse Shortage Areas in California.
- Researched, compiled, and analyzed census, summary data, and American Community Survey five-year estimated data to develop and update California MSSAs with 2010 census data. MSSAs are recognized as rational service areas for purposes of designating HPSAs and MUAs/MUPs.
- Analyzed areas of unmet need for mapping training sites and graduate practice locations that assist in developing funding recommendations for the California Healthcare Workforce Policy Commission.
- Provided technical support for requirements and design of the CalREACH web-based grant project which will include GIS analysis of HPSAs.

Outreach

Staff presented at Technical Assistance Workshops for the Shortage Designation Program explaining how GIS can be used for analysis of California health workforce shortages.

Healthcare Workforce Clearinghouse Program

The Healthcare Workforce Clearinghouse Program serves as the State’s central repository of healthcare workforce and educational data. The Clearinghouse collects, disseminates, and reports on the supply, geographical distribution, and diversity of healthcare workers by specialty; current and projected demand; and educational capacity to produce trained, certified, and licensed healthcare workers. OSHPD is working with state health licensing boards, the Employment Development Department’s Labor Market Information Division, state higher education entities, and the Center for the Health Professions at the University of California at San Francisco to collect data that addresses issues of workforce shortage and distribution in California.

Outcomes

During the past year, the Clearinghouse:

- Collected and validated available statutory data from the following data providers: Medical Board of California, Board of Registered Nursing, Physician Assistant Committee, Respiratory Care Board, Board of Vocational Nursing and Psychiatric Technicians, Dental Board of California, Dental Hygiene Committee of California, Naturopathic Medicine Committee, Osteopathic Medical Board, California Department of Public Health, Employment Development Department’s Labor Market Information Division, Department of Consumer Affairs (DCA), California Community Colleges Chancellor’s Office, University of California Office of the President, California State University Office of the Chancellor, and the Center for the Health Professions at the University of California at San Francisco.
• Maintained the Health Professions Education Program Search Tool which allows students to match programs to colleges, universities, and trade/technical schools throughout California.

• Implemented the Clearinghouse website (http://oshpd.ca.gov/HWDD/HWC/index.html) for the public's use in June 2012. The website features interactive reports which include age distribution, gender, languages spoken, race/ethnicity, supply of healthcare providers, occupational employment projections, industry staffing patterns, degrees awarded, health education programs, and student enrollments. Customer and stakeholder feedback received regarding the website has been, and will continue to be, valuable in enhancing data and data products, and ensuring the Clearinghouse meets customer needs.

• Released seven fact sheets to the public for the following health professions: RNs, physicians and surgeons, PAs, doctors of osteopathy, respiratory care practitioners, psychiatric technicians, and vocational nurses. The fact sheets feature various data, when available, on the current supply of providers by county of record, specialties, gender, race/ethnicity, languages spoken, age, occupational employment projections, average annual job openings, first quarter wages, top industries which employ the occupation, degrees awarded from colleges and universities, and education programs in California.

Outreach

The Clearinghouse conducted its annual Advisory Committee meeting on October 25, 2012. Staff completed presentations on the Clearinghouse implementation to date, current data providers, using OSHPD's data for future inclusion in the Clearinghouse, and the DCA BreEZe system that will assist in standardizing the data collected by licensing boards under the DCA. Staff also led a website demonstration where Advisory Committee members participated interactively.

Clearinghouse staff reached out to data providers and received positive feedback regarding the fact sheets displayed on the website from the Osteopathic Medical Board and the Respiratory Care Board. Staff also gave presentations on the Clearinghouse data and website to the Health Professions Education Foundation’s Board of Trustees, Information Technology Governance Board, California Primary Care Association, and University of California Office of the President, Deans of Sciences and Medicine.

“I think your office has done a FANTASTIC job in presenting useful information in a very engaging and professional format. Thank you for your excellent work!”

Stephanie Nuñez
Executive Officer, Respiratory Care Board of California
Legislation

Several legislative bills signed by the Governor appeared to impact health workforce, including:

AB 589 (Perea) Chapter 339, Statutes of 2012: Medical School Scholarships

This bill establishes, within the Health Professions Education Foundation, the Steven M. Thompson Medical School Scholarship Program to promote the education of medical doctors and doctors of osteopathy. This bill provides up to $105,000 per recipient in scholarships to selected participants who agree in writing, prior to completing an accredited medical or osteopathic school based in the United States, to serve in a medically underserved community.

AB 1533 (Mitchell) Chapter 109, Statutes of 2012: International Medical Students

This bill, until January 1, 2019, authorizes a clinical instruction pilot program for certain bilingual international medical graduates at the David Geffen School of Medicine of the University of California at Los Angeles (School) as part of a current pre-residency training program. The bill provides that nothing in the Medical Practice Act shall be construed to prohibit a foreign medical graduate participating in the pilot program from engaging in the practice of medicine when required as part of the pilot program and sets forth the requirements for international medical graduates to participate in the pilot program and requires the School to provide the Medical Board of California with the names of the participants and other information. The bill authorizes the Medical Board of California to consider participation in the clinical instruction pilot program as remediation for medical education deficiencies in a participant’s subsequent application for licensure as a physician and surgeon. The bill requests UCLA to report to the Medical Board of California and the Legislature on or before January 1, 2018.


This bill authorizes the Superintendent to convene the State Council to complete the work of the Interstate Compact on Educational Opportunity for Military Children Taskforce (Taskforce) if the Superintendent finds it infeasible or impractical to reconvene the Taskforce with its original membership. The bill also requires the final report to be submitted no later than December 1, 2013, and would extend the effective date of provisions regarding the Taskforce and the State Council and their duties to January 1, 2014. Current law ratifies the Interstate Compact on Educational Opportunity for Military Children (Interstate Compact) to, among other things, facilitate the enrollment, placement, advancement, and transfer of the academic records of the children of military families. This will be for the purpose of removing barriers to the children’s educational success due to the frequent moves and deployment of their parents. The Interstate Compact establishes the Interstate Commission on Educational Opportunity for Military Children (Interstate Commission) to, among other things, provide for dispute resolution among member states, promulgate rules, and take other actions necessary for the administration of the Interstate Compact. The Interstate Compact requires each member state to establish a State Council or to use a current body or board to provide for the coordination among its agencies of government, local educational agencies, and military installations concerning the State’s participation in, and compliance with, the Interstate Compact and activities of the Interstate Commission. Current law authorizes the establishment, and specifies the membership, of the State Council in California.

SB 623 extends HWPP #171 through January 1, 2014.
SB 623 (Kehoe) Chapter 450, Statutes of 2012: Health Workforce Projects

This bill requires OSHPD to extend the duration of Health Workforce Pilot Project #171 through January 1, 2014, to provide the sponsors of the project an opportunity to achieve publication of the data collected during the project in a peer-reviewed journal, among other specified purposes. Under current law, OSHPD approves, establishes minimum guidelines for, and performs onsite visitations for specified types of evaluation of health workforce projects and requires OSHPD to collect and make public the data an approved project generates. Current law prohibits OSHPD from approving a project for beyond a specified period unless a specified determination is made.

SB 1070 (Steinberg) Chapter 433, Statutes of 2012: Career Technical Education Pathways Program

This bill would establish the Career Technical Education Pathways Program until June 30, 2015, which would require the Chancellor of the California Community Colleges and the Superintendent of Public Instruction to assist economic and workforce regional development centers and consortia, community colleges, middle schools, high schools, and regional occupational centers and programs to improve linkages and career technical education pathways between high schools and community colleges to accomplish specified objectives. This assistance would be required to be provided in the form of contracts and competitive grants administered jointly by the Chancellor and the Superintendent for programs and initiatives that demonstrate a plan for close collaboration among regional institutions and entities to jointly accomplish specified goals. This bill contains other related provisions.

SB 1202 (Leno) Chapter 331, Statutes of 2012: Dental Hygienists

This bill eliminates the good standing requirement and would instead authorize any dental hygiene program accredited by the Commission on Dental Accreditation (Commission) to be approved by the Dental Hygiene Committee of California (Committee). The bill would authorize the Committee to withdraw or revoke program approval if the Commission intends to withdraw or has withdrawn approval. Current law, the Dental Practice Act, provides for the licensure and regulation of registered dental hygienists, registered dental hygienists in alternative practice, and registered dental hygienists in extended functions by the Committee within the Dental Board of California and authorizes the Committee to appoint an executive officer to perform duties delegated by the Committee.

SB 1524 (Hernandez) Chapter 796, Statutes of 2012: Nursing

This bill would delete the requirement for at least six months duration of supervised experience and authorize a physician and surgeon to determine the extent of the supervision in connection with the furnishing or ordering of drugs and devices by a nurse practitioner or certified nurse-midwife. Current law, the Nursing Practice Act, provides for the licensure and regulation of the practice of nursing by the Board of Registered Nursing. Current law authorizes a nurse practitioner and a certified nurse-midwife to furnish or order drugs or devices under specified circumstances subject to physician and surgeon supervision, including, among other instances, when a nurse practitioner or certified nurse-midwife has completed specified supervised experience of at least six months duration and a course in pharmacology.
Partnerships, collaborations, and exhibitions at educational events, conferences, meetings, forums, summits, symposiums, hearings, award ceremonies, and more allowed HWDD to share information on health career exploration, college programs, student and professional organizations, and scholarships/clinical training. HWDD participated in a number of events in 2012, including:

- AltaMed Medical Group, Site Visits – El Monte and Whittier
- California Action Coalition, “College of Nursing Town Hall Meeting” – Sacramento
- California Health Professions Consortium/California Health Workforce Alliance, Joint and Quarterly Meetings – Oakland and Los Angeles
- California Healthcare Foundation, “All Health Care Is Local: California’s Diverse Health Economies” – Sacramento
- California Healthcare Foundation, “Health Policy Needs” – Sacramento
- California Hospital Association, Annual Rural Health Care Symposium – Sacramento
- California Primary Care Association, Annual Conference – Burlingame
- California Primary Care Association, Stakeholders Meeting: “National Health Service Corps Site Application Tutorial” – Sacramento
- California Program on Access to Care, “Implementing Health Reform: Achieving Parity in Substance Use Disorder Treatment” – Sacramento
- California Program on Access to Care, “Laying the Groundwork for Health Reform: Challenges and Opportunities” – Sacramento
- California State Rural Health Association, “Telehealth in Rural California” – Sacramento
- California State Rural Health Association, Annual Rural Health Conference – Anaheim
- Center for Health Improvement, “Improving Care and Outcomes: Integrating Behavioral Health and Primary Care” – Sacramento
- Chapa-De Indian Health, Site Visit – Woodland
- Clearinghouse, Advisory Committee Meeting – Sacramento
- Healthcare Workforce Development Council, Meetings – Sacramento
- Inland Coalition, Careers Conference – San Bernardino
- Latino Medical Students Association, Regional Conference – Stanford
- National Health Service Corps, “Corps Community Day 2012” – Sacramento
- Public Policy Institute of California, “Healthcare Reform Briefing” – Sacramento
- Shortage Designation Program, HPSA and MUA/MUP Technical Assistance Workshops – Sacramento and Glendale
- The California Wellness Foundation, “Field Health Policy Survey” – Sacramento
- The Greenlining Institute, “The Affordable Care Act and the Supreme Court Decision: What’s Next?” – Sacramento
- Touro University California, Conference – Vallejo
- University of California at Davis Health System, Pathways to Healthcare Careers – Davis
- University of California at Davis School of Medicine, Presentation on Cal-SEARCH – Davis
- University of California at Davis, Education Conference – Davis
- University of California at San Francisco School of Nursing, Cal-SEARCH Outreach Meet and Greet – San Francisco
- Valley High School Health TECH Academy, Health Fair at Franklin High School – Elk Grove
- Western University Pomona, Outreach Meet and Greet – Pomona
- Yolo County Department of Alcohol, Drug, and Mental Health, Site Visit – Woodland
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Frequently Used Acronyms

3RNet – Rural Recruitment and Retention Network
ACA – Affordable Care Act
AHEC – Area Health Education Center
ARRA – American Recovery and Reinvestment Act
CalREACH – Responsive Electronic Application for California’s Healthcare
Cal-SEARCH – California’s Student and Resident Experiences and Rotations in Community Health
CCHC – Community Clinic and Health Center
CPCA – California Primary Care Association
CWIB – California Workforce Investment Board
DCA – Department of Consumer Affairs
EMSA – Emergency Medical Services Authority
FNP – Family Nurse Practitioner
FP – Family Practice
GIS – Geographic Information Systems
HCR – Health Care Reform
HCTP – Health Careers Training Program
HPSA – Health Professional Shortage Area
HRSA – Health Resources and Services Administration
HWDD – Healthcare Workforce Development Division
HWPP – Health Workforce Pilot Projects
MHSA – Mental Health Services Act
MSSA – Medical Service Study Area
MUA – Medically Underserved Area
MUP – Medically Underserved Population
NCFAHP – North Carolina Foundation for Advanced Health Programs
NHSC – National Health Service Corps
OHAC – Oral Health Access Council
OSHPD – Office of Statewide Health Planning and Development
PA – Physician Assistant
REA – Retention and Evaluation Activities
RFA – Request for Application
RHPC – Rural Health Policy Council
RHSU – Rural Health Services Unit
RN – Registered Nurse
SDP – Shortage Designation Program
SLRP – State Loan Repayment Program
WET – Workforce Education and Training
WSHA – Washington State Hospital Association
Access to Safe, Quality Healthcare Environments that Meet California’s Diverse and Dynamic Needs