Healthcare Workforce Development Regional Focus Groups and Follow-Up Survey

UKIAH

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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 healthcare 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 to 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 Ukiah 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: UKIAH FOCUS GROUP PARTICIPANTS

The Ukiah regional meeting had a total of 14 participants representing a diverse group of healthcare stakeholders from the following counties: Sonoma, Mendocino, and Lake. Figure 3.1 shows that approximately four (28.6%) of the participants were employed by a hospital. The next largest group of participants categorized their organization as either local government (21.4%) or professional organizations (21.4%). The remaining participants were employed by a community based organization (14.3%) or by 4-year public education (14.3%).

Figure 3.1
Percentage of Participants by Organization Type
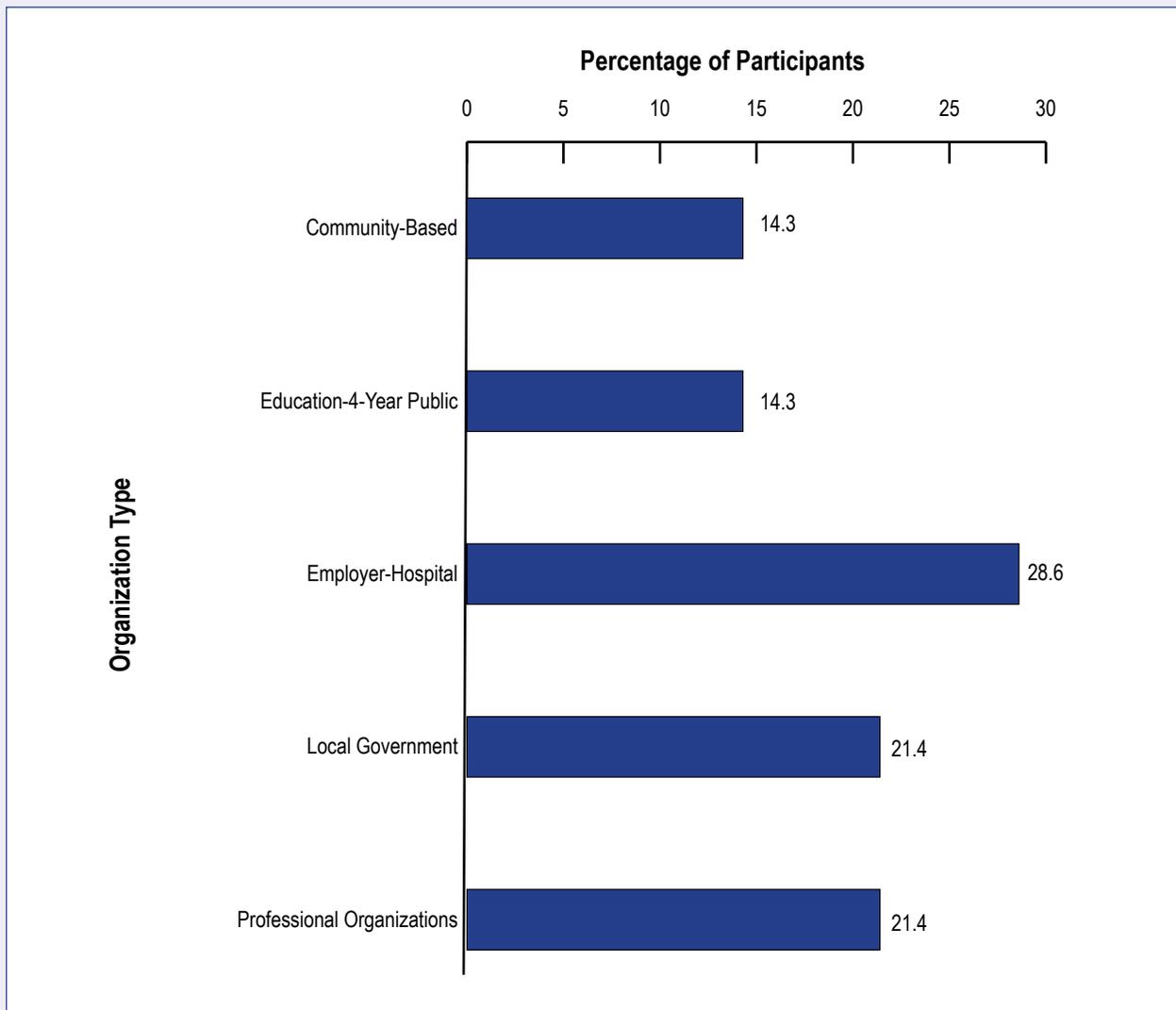
SECTION FOUR: FOCUS GROUP RESPONSES

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
- Family Nurse Practitioner – FNP
- Nurse Practitioner – NP
- Physician Assistant – PA
- Primary Care Physician – PCP

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:

- Providing employment opportunities for spouses
- Education options
- Bilingual staff, teachers and trainers
- Poor economic status due to the large number of patients on Medicare and MediCal.

	Table 4.1 1A. What are the most significant health workforce development challenges in this region?		
Group	*Summary Item 1*	*Summary Item 2*	*Summary Item 3*
A	Recruitment is difficult because geographical barriers limit access in and out of the region. This condition creates challenges on two specific fronts: a. Secondary employment for spouses b. Lack of education options	The need for bilingual staff and teachers / trainers	Medicare and Medi-Cal is used by a large percentage of the patient base. A government subsidy reimbursement could be used to attract professionals and help the region remain competitive

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

- The need for more clinical laboratory scientists (CLSs) and ancillary services
- Increase the number of certified medical coders
- Recognize and address the fact that there are cultural differences between patients and doctors
- In Mendocino the hospital full-time employees are generally between 50 – 70 years old
- Retaining professionals in the county is a challenge
- Many staff are at retirement age
- High unemployment rate

No responses were indicated 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 4.2. The following items were identified for the follow-up prioritization survey:

Immediately

- Patient navigators
- Behavioral health practitioners
- Mentors and educators
- Chiropractors
- Natural or holistic healthcare

Within 2 years

- Community health outreach workers
- Mental healthcare workers

Within 3-5 years

- Primary Care Practitioners (PCPs)
- Continuum of care model

Table 4.2
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?

Group	Time Period	Summary Item 1	Summary Item 2	Summary Item 3
A	Immediately	Patient navigators that are connected to the community, hospital knows who the navigator / case manager / Community Health Care Nurse (with multiple helpers CHCW)	Behavioral / Manual medicines (Marriage Family Therapist), Chiropractors, Naturalists, Manage / touch healing, etc) * There are barriers to reimbursements.	Incentives (possibly reimbursement) to educate and act as a preceptor / mentor
	Within 2 yrs.	Community Health outreach worker. Practicing "prevention perspective". Wellness, dental, nutrition and mental health with reimbursement	Mental health facilities that are on community care model	No answer provided
	Within 3-5 yrs.	PCPs	Continuum of care model	No answer provided

In addition to the summary items described in Table 4.2, the following ideas were also noted during round table discussions:

- Move toward patient-centered care homes
- Funding in rural healthcare setting
- Local case navigator for care following discharge from hospital
- Clinical nurse leader (CNL) that provides communication between hospitals and medical home.
- PCPs to replace staffing loss due to reimbursement and electronic medical records
- Shift of nurses from hospital to community
- Case navigators to aid PCPs in mental health care service delivery
- Promotion of prevention healthcare through programs like "Live Well in Lake County" and "HEAL" Sonoma County
- Dental health prevention
- Home care workers

Responses for question 2B are indicated in Table 4.3. The following items were identified for the follow-up prioritization survey:

- Provide incentives for educating/mentoring/precepting
- Provide reimbursement for manual medicine, natural medicine, marriage and family therapists (MFTs) and, behavioral medicine
- Create defined and evolved role of a patient navigator

Table 4.3
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.

Group	Summary Item 1	Summary Item 2	Summary Item 3
A	Provide incentives for educating/ mentoring/ precepting	Provide reimbursement for alternative medicine, natural medicine, Marriage and Family Therapists, and behavioral medicine	Create defined and evolved role of a patient navigator

In addition to the summary items described in Table 4.3, the following ideas were also noted during round table discussions:

- Community attachment – support with grants (NASC). Offer flexibility.
- Redirect patient care services from the hospital to the community
- Develop a continuum-of-care model that embraces acute chronic prevention and wellness that is supported by reimbursement and education models that will translate into decreased acute hospital expenditures and increased community health wellness expenditure

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 4.4 specifies current resources identified by focus group participants.

Table 4.4
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?

Group	Summary Item 1	Summary Item 2	Summary Item 3
A	National Health Services Corps (as part of Health Resources and Services Administration and Department of Health and Human Services)	CA Wellness Foundation	Americans Recovery and Reinvestment Act (ARRA)

In addition to the resources described in Table 4.4, several other resources were also noted during round table discussions. Given the variety of responses to question 3A, the data were categorized into *Existing* resources and *Needed* resources.

Existing resources were identified as:

- National Health Services Corps (NHSC)
- CA Wellness Foundation
- ARRA

Needed Resources were identified as:

- Local healthcare agencies (using the Kaiser Foundation as a model)

Responses for question 3B are indicated in Table 4.5. The following items were identified for the follow-up prioritization survey:

- Faculty needed to prepare healthcare workforce that's in short supply
- Addressing the current nursing shortage
- Support services for training both monetary or in learning methods provided (distance learning, etc.)

Table 4.5
3B. Where is additional investment needed?

Group	Summary Item 1	Summary Item 2	Summary Item 3
A	Faculty needed to prepare healthcare workforce that's in short supply	Addressing the current nursing shortage	Support for training whether monetary or in learning methods provided (distance learning, etc.)

In addition to the summary items described in Table 4.5, the following ideas were also noted during round table discussions:

- Re-value and re-structure compensation structure to value primary care and behavioral health. This means changing the procedure-based reimbursement system in healthcare.

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 gather additional regional resource information. Table 4.6 specifies current resources identified by focus group participants.

Table 4.6
4A. What successful models of health professions education and training
currently exist to supply the health workers necessary to improve healthcare in the region?

Group	Summary Item 1	Summary Item 2	Summary Item 3
A	Collaboration between community colleges and hospitals	Student loan repayment for practice in underserved rural areas	Internal training / organizational training to maintain skills

In addition to the summary items described in Table 4.6, the following ideas were also noted during round table discussions:

- Substance abuse interns could serve as counselors

Responses for question 4B are indicated in Table 4.7. The following items were identified for the follow-up prioritization survey:

- Expansion of communication between outpatient programs such as mental health, substance abuse, and outpatient clinics
- Telemedicine, webcast trainings, and other forms of distance learning

Table 4.7
4B. What types of new models will be needed to meet the impact of ACA?

Group	Summary Item 1	Summary Item 2	Summary Item 3
A	Expansion of communication between outpatient programs such as mental health, substance abuse, and outpatient clinics	Telemedicine , webcast trainings, and other forms of distance learning	No answer provided

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

- Different hospitals sharing educational resources, ideas and process of health services
- Integrate mental health and substance abuse care
- Preventative care will require more trained/skilled professionals; incentive specialize medical care
- Incentive for doctors to become primary care physicians
- Loan repayment for doctors who serve in underserved communities
- Nurse from various hospitals trade training and education

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

- Tax incentive to retain healthcare workers in rural areas

- Incentives for PCPs

- Relationships with physician's residency programs

Table 4.8
**4C. Describe Federal, State, and Local policy changes that could be
implemented that could facilitate new and successful models.**

Group	Summary Item 1	Summary Item 2	Summary Item 3
A	Tax incentive to retain healthcare workers in rural areas	Incentives for PCPs	Relationships with physician's residency programs

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

- Indian Nations models which promote exchange with bigger cities for staff training and hands-on experience

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 4.9).

Table 4.9
**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?**

Group	Summary Item 1	Summary Item 2	Summary Item 3
A	Programs that embrace respect, humanity and caring as core values	Clinical experiences in community with a variety of cultures	No answer provided

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In addition to the summary items described in Table 4.9, the following ideas were also noted during round table discussions:

- Mandatory clinical experiences in healthcare education
- Difficult to train workers in a "jig saw" model
- Relationship centered care model.
- Family-centered care models

Responses for question 5B are indicated in Table 4.10. The following items were identified for the follow-up prioritization survey:

- Admission criteria which give "points" to applicants with diversity experience
- "Grow your own" system which retains locals in healthcare system
- Add cultural competency to curricula

Table 4.10
5B. What else is needed?

Group	Summary Item 1	Summary Item 2	Summary Item 3
A	Admission criteria which give "points" to applicants with diversity experience	"Grow your own" system which retains locals in healthcare system	Add cultural competency to curricula

All discussion topics captured on the note taking instrument are indicated in Table 4.10. The participants did not indicate any additional items for question 5B.

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

- Funding to allow recruitment from within the community
- Train and foster empathetic understanding across cultures
- Create service programs which engage sectors of the population involved in positive behavior

Table 4.11
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.

Group	Summary Item 1	Summary Item 2	Summary Item 3
A	Funding to allow recruitment from within the community	Train and foster empathetic understanding across cultures	Create service programs which engage sectors of the population involved in positive behavior

All discussion topics captured on the note taking instrument are indicated in Table 4.11. The participants did not indicate any additional items for question 5C.

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 4.12 specifies partnerships identified by focus group participants.

Table 4.12
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)

Group	Summary Item 1	Summary Item 2	Summary Item 3
A	Academic practice such as the Collaborative Nursing Education Continuum Model (CNECM)	Fiscal support to academia for continued training	Partnership with other organizations to support training opportunities, such as Wo)rkforce Investment Board (WIB, Area Health Education Centers (AHEC), and private organizations

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

- Nurse Practitioner (NP) Partnership with Sonoma State University does not currently exist
- Master's in Nursing program needs strengthening

Responses for question 6B are indicated in Table 4.13. The following items were identified for the follow-up prioritization survey:

- Partnership with policy makers to publicly recognize frontline workforce to provide health promotion, management of chronically ill, and illness prevention
- Partnership with government, non-government, private, and 3rd party payers to value whole person care
- Local entities to partner with Regional Action Coalition in California implementing the eight recommendations for nursing from the Institute of Medicine (IOM)

Table 4.13
6B. What actions are necessary to strengthen existing partnerships and/or form new partnerships?

Group	Summary Item 1	Summary Item 2	Summary Item 3
A	Partnership with policy makers to publicly recognize (money and change global values) frontline workforce to provide health promotion, management of chronically ill, and illness prevention	Partnership with government, non-government, private, and 3rd party payers to value whole person care	Local entities to partner with Regional Action Coalition in California implementing the eight recommendations for nursing from the Institute of Medicine (IOM)

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

- Extend rotations northward / family practice at UC San Francisco
- Partnerships with sources for student support for all disciplines
- Stability in infrastructure funding / academia

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 20 individuals and had a response rate of 30.0 percent (n = 6) and a completion rate of 66.7 percent (n = 4). 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			
Question	*First Priority*	*Second Priority*	*Third Priority*
1A. Regional challenges	Large number of patients on Medicare and MediCal	Lack of education options	Bilingual staff, teachers and trainers
1B. Unique regional challenges	No answers were generated at the focus group, therefore, this question was not administered on the follow-up survey		
2A. Immediate workforce needs	Behavioral health practitioners	Mentors and educators	Chiropractors Patient navigators
2A. Workforce needs within 2 years	Mental healthcare workers	Community health outreach workers	
2A. Workforce needs within 3-5 years	Continuum of care model	PCPs	
2B. Policy changes to aid recruitment, education, training, or retention	Incentives for educating/mentoring/ precepting	Reimbursement for manual medicine, natural medicine, MFTs and behavioral medicine	Create defined role of a patient navigator
3B. Additional investment needed for resources	Support services for training	Additional faculty	Addressing the current nursing shortage
4B. New training models needed	Communication between outpatient programs such as mental health, substance abuse, and outpatient clinics	Distance learning	
4C. Policy changes to facilitate new models	Tax incentive to retain healthcare workers in rural areas	Relationships with physician's residency programs	Incentives for PCPs
5B. Best practices needed to diversify workforce	"Grow your own" system which retains locals in healthcare system	Add cultural competency to curricula	Admission criteria which give "points" to applicants with diversity experience
5C. Policy changes to facilitate diversification of workforce	Funding to allow recruitment from within the community	Train and foster empathetic understanding across cultures	Create service programs which engage sectors of the population involved in positive behavior
6B. Actions needed to strengthen or create partnerships	Partnership with policy makers to publicly recognize frontline workforce to provide health promotion, management of chronically ill, and illness prevention	Local entities to partner with regional action coalition in California implementing the eight recommendations for nursing from the IOM	

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. Poor economic status due to the large number of patients on Medicare and MediCal

2. Education options

3. Bilingual staff, teachers and trainers

4. Providing employment opportunities for spouses

Respondents were asked to generate additional items they felt were not represented on the ranking list. The following responses were given: few employment opportunities; utilization of primary care clinicians such as NPs, Certified Nurse Midwives (CNMs) and physician assistants (PAs); and access to healthcare.

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

No items in addition to 1A were provided at the focus group so this question was omitted from the online survey.

Question 2

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

Immediately

1. Behavioral health practitioners

2. Mentors and educators

3. Chiropractors

3. Patient navigators

Respondents were asked to generate additional items they felt were not represented on the ranking list. The following responses were given: addiction specialists and NPs.

Within 2 years

1. Mental healthcare workers

2. Community health outreach workers

Respondents provided one additional item not included on the prioritization list: mental health workers with drug and alcohol specialties (mentioned twice).

Within 3-5 years

1. Continuum of care model

2. PCPs

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. Provide incentives for educating/mentoring/precepting

2. Provide reimbursement for manual medicine, natural medicine, Marriage and Family Therapists (MFTs) and behavioral medicine

3. Create defined, evolved role of a patient navigator

Respondents provided one additional item not included on the prioritization list: integration of addiction specialists which affects all communities within the region.

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:

- Collaborative Nursing Education Continuum Model (CNECM)

- OSHPD - Song Brown NP/PA funding for programs

- Sonoma State University patient navigator role

- National Health Service Corps (NHSC)

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

1. Support services for training, both monetary or in learning methods provided (distance learning, etc.)

2. Faculty needed to prepare Healthcare workforce that's in short supply

3. Addressing the current nursing shortage

Respondents provided one additional item not included on the prioritization list: addiction specialists and co-occurring disorder specialists.

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:

- Shared training with Joint Powers Associates in larger four county region
- Rural Distance Family Nurse Practitioner (FNP) Program Sonoma State University

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

1. Expansion of communication between outpatient programs such as mental health, substance abuse, and outpatient clinics
2. Telemedicine, webcast trainings, and other forms of distance learning

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

1. Tax incentives to retain healthcare workers in rural areas
2. Relationships with physician's residency programs
3. Incentives for PCPs

Respondents provided one additional item not included on the prioritization list: address lack of concern/respect that physicians in the region have for underserved populations.

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. "Grow your own" system which retains locals in healthcare system
2. Add cultural competency to curricula
2. Admission criteria which give "points" to applicants with diversity experience

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 to allow recruitment from within the community

2. Train and foster empathetic understanding across cultures

3. Create service programs which engage sectors of the population involved in positive behavior

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, however no additional partnerships were given.

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

1. Partnership with policy makers to publicly recognize frontline workforce to provide health promotion, management of chronically ill, and illness prevention

2. Local entities to partner with regional action coalition in California implementing the eight recommendations for nursing from the Institute of Medicine (IOM)

Appendix A: Focus Group Note Taking Instrument

UKIAH

Round Table Discussion

Table Number: **#**_____

Table Scribe: _____

Table Spokesperson: _____

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

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

1. _____
   _____

2. _____
   _____

3. _____
   _____

NOTES:_____

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- Continued on Reverse -