

**Healthcare Workforce Development Division**

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**Focus Group Meeting Notes**  
**California Healthcare Workforce Clearinghouse**

Four Points by Sheraton Fresno, 3737 N. Blackstone Ave., Fresno, CA  
 May 15, 2008

**Participants Present:**

Melanie Briones	Central Valley Health Policy Institute
Christine Darmanin	California Association Laboratory Medical Technology
Ann Tonini	California Association Laboratory Medical Technology
Kathleen Flores	California Health Professions Consortium
Mary (Cricket) Barakzai	California State University, Fresno
Spencer Wong	Employment Development Department, Labor Market Information Division
Rick Elenheim	Fresno County of Education Regional Occupation Program
Tom Thao	Fresno Center for New Americans
Ghia Xiong	Fresno Center for New Americans
Rebecca Boyd	Fresno City College
Stephanie Robinson	Fresno City College
Melanie Vang	Fresno Interdenominational Refugee Ministries
Lynn Ashbeck	Hospital Council
Sue Smile-Janecek	San Joaquin Valley College
Pilar De La Cruz	San Joaquin Valley Nursing Consortium

**OSHPD Staff:** Mike Byrne, Angela Minniefield, Beena Patel, Gloria Robertson, Senita Robinson, Dorian Rodriguez, Monique Scott

**WELCOME, OPENING REMARKS AND INTRODUCTIONS**

Angela Minniefield, Deputy Director, Healthcare Workforce Development Division, welcomed everyone. She stated that the intent of the focus groups is to elicit health care workforce and educational information that would help OSHPD in building a user-friendly, comprehensive and integrated data warehouse infrastructure that meets customer, data hosts and constituent's needs. Senita Robinson, Manager, Health Careers Training Program, led introductions and reviewed meeting packet materials.

**DISCUSSION ITEM: FOCUS GROUP OVERVIEW BACKGROUND AND CRITERIA**

Mike Byrne, GIS Architect, Information Technology Solutions Services, provided a brief history of the development of Senate Bill 139 (Senator Jack Scott). The initial legislation, Senate Bill 1309 (Senator Jack Scott), was introduced over two years ago because there was minimal information on the supply and demand of nursing and allied healthcare professionals in California. He stated the state does not have one central location to access and/or retrieve healthcare and workforce education data. Senate Bill 1309 directed OSHPD to create a Healthcare Workforce Clearinghouse (Clearinghouse) to collect available healthcare workforce and education data in the state. The legislation did not pass due to fiscal issues. Senate Bill 1309 was reintroduced as Senate Bill 139 in 2007 with funding supplied by the California Health Data and Planning Fund.

Ms. Robinson stated that participants would assist OSHPD in gathering regional information to help design an efficient, centralized data collection system. OSHPD must coordinate data collection efforts from entities outlined in SB 139 to collect the available data to design a user-friendly data delivery system. Statutory partners include the Employment Development Department/ Labor Market Information Division, state health licensing boards, state higher education entities. OSHPD will collect available data on health specialties as they relate to supply, geographical distribution, diversity, current/forecast demand, and educational capacity to train, certify, and license health workers. Ms. Robinson stated that OSHPD will provide information gathered from the focus groups to all participants and to the statewide Clearinghouse Advisory Team at the state level. The Advisory Team is composed of various state and local level stakeholders and will help guide the Clearinghouse implementation efforts.

#### **DISCUSSION ITEM: USABILITY**

Ms. Robinson reviewed meeting packet materials with the group and suggested that they refer to the materials throughout the focus group session. Mr. Byrne and Ms. Robinson asked the group a series of questions to stimulate and guide the discussions. The questions and participant responses were as follows:

***Question 1: How does your organization plan to use the collected health care workforce and educational data? Is your response critical for Clearinghouse data use?***

##### ***A. Current supply of health care workers, by specialty?***

- To conduct feasibility studies for various community college campuses
- Capture information over a long period of time
- Conduct needs assessment-education capacity: whose training students; retention and output rates
- Capture enrollment numbers and vacancies
- Identify long term investment strategies
- Track nursing student enrollment slots
- Trend analysis
- Track reasons for leaving professions
- Capture absent data -- currently unable to find information
- Identify need for pipeline activities by specialty
- To identify gaps in the pipeline
- To make the case for increased education/training capacity
- Data availability for advocacy- community organizations to identify who to target for admissions and retention to meet community needs
- Identify entry level faculty and clinical availability.
- Assist in efforts to develop matrices of information on health professions
- Identify current and future needs
- Make sure to include Public Health data- important for strategic planning

##### ***B. Geographical distribution of health care workers, by specialty?***

- Search by county and city
- Zip code data (important for Public Health)
- Census tract
- Data that is able to be extracted across counties (sub-county)
- Sort by medically underserved areas (MUAs)/HPSAs
- Need ability to collect information to compile grant reports and grant writing
- To develop a model for standardizing state and county information – (federal grants collect different data)
- Track immigrant commuting patterns

**C. Diversity of health care workers, by specialty (i.e. race, ethnicity, languages spoken, etc)?**

- Look at sub-groups for race/ethnicity – consider census definitions
- Important to get information on language differentiation, especially with regard to Spanish and Asian sub-divisions

**D. Current and forecasted demand for health workers, by specialty?**

- Forecast/ stratify age of workforce, retirement - need breakdown from 5 to 10 years
- Ability to capture and advocate information on grant process/scholarships
- Ability for pipeline programs to demonstrate why recruiting; why this intervention and justify need for resource investment

**E. Education capacity to produce trained, certified and licensed health care workers, by specialty/geographical distribution (i.e. number of educational slots/enrollments, attrition rate, wait time to enter program of study, etc.)?**

- Collect turnover rate to help determine reasons why staff leave
- Capture number of people who are turned away from healthcare professions due to limited slots
- To determine “grow your own” strategies; train your own workers in hospitals or schools
- Collect number of clinical sites available by specialty to identify need based on retirements
- Pass rates for providers who take licensure or certification exam
- To cross reference Board of Registered Nursing attrition rates
- Track attrition rates for pipeline programs to determine why students leave health profession training programs
- Track faculty retention and attrition rates (would help establish mentorship programs)
- Numbers of foreign trained professions – all information collected by federal government due to work visas
- Determine prerequisite capacity for math and science courses throughout pipeline

**F. Trend analysis and special reporting (i.e. labor market information, system gaps, best practices, etc.)?**

- Make sure trend analysis takes into consideration the needs for health workers in prisons and long-term care facilities
- Consider Public Policy Institute of California (PPIC) data as a model

**G. Policy recommendations/changes to address issues of workforce shortage and distribution?**

- Consider that environmental influences alter numbers of healthcare workers
- Capture information to generate public policy that addresses workforce shortage

**Question 2: What are your recommendations for viewing and accessing the Clearinghouse data? For example do you prefer customized summary reports generated by using an interactive process on the Internet; information contained on video CDs/DVDs; hard copy library; specialized technologies; staff technical assistance; frequency updates—quarterly, semi-annually, annually, special user group logins; etc?**

- Easy access and viewing
- Need facts – actual information
- Screened blogs for fact/fiction
- Provide technical assistance – help desk to access technology.
- Comparison data, takes, summary statistics, advanced analytics
- Ability to download to personal drives
- Online viewing and user-friendly printing
- Conversion to PDF documents, Excel and word documents
- Ability to produce comparison reports –county to county; county to state

- User friendly applications drop down box method.
- Ability to import
- Web interface
- Comments feature
- Search feature
- Ability to ask a limited set of questions
- Look at CHIS database to see “ease of use”
- Avoid pivot tables
- Report templates
- Networking between data users

**Question 3: What Clearinghouse issues/challenges do you foresee in data retrieval, sharing, and transmission mechanisms (such as, confidentiality/privacy; data validity/inconsistency; management; coordination; survey processes; staff capacity, timeliness, etc)? What are your recommendations to these issues/challenges?**

- Confidentiality and privacy issues
- Ability to project current supply or to forecast supply
- Collect unemployment information or employment numbers
- Smaller geographic areas or defined specific industry data is hard to collect
- Challenge to collect survey information – low response rate – must standardize survey forms
- Collecting data from acute care centers may be difficult
- Capture information by job title rather than Department of Labor classification codes
- Identifying staffing patterns – employers do not have time to complete surveys
- Timeliness of data – how do you coordinate retrieval of reported data? Annual, quarterly, semi-annual?
- Capture correctional facilities number of professional, mental, nurse, dentists, and physicians
- Collect military/civilian population data from Veteran’s Administration health facilities
- Language dialects might be different depending on subgroup and geography. Collecting language will be difficult.
- Validation of data may be risky – must promote more networking between entities
- Challenge to collect information on birth dates and ethnicity
- Occupation/unemployment data (sample based)

**Question 4: If the Clearinghouse can accommodate other, data needs not identified in the statute, what other data needs/resources would you like OSHPD to consider or elevate to appropriate authorities?**

- Conducting surveys – need staffing resources for this effort
- Provide links to resources
- Provide wage information
- Form a guiding committee of stakeholders to establish policy regarding the Clearinghouse
- Ways to interrogate data by region
- Ability to assess supply and demand in state operated health facilities including prisons

**Question 5: What questions and/or activities do you recommend we consider for conducting future focus groups and/or special meetings?**

- Advisory Team contact or email individuals to attend the Focus Groups

**CLOSING COMMENTS AND ADJOURNMENT**

Ms. Robinson thanked attendees for their participation in the focus group session. Participants agreed to share their contact information with other focus groups participants and expressed continued participation in future Clearinghouse activities.

The meeting adjourned at 1:00 p.m.