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## Best Practices in Health Workforce Development

### 1. **Health Care Workforce Report** by *Lane Workforce Partnership* –

Health Care accounts for 11% of Oregon's Lane County employment. It also pays higher than average wages. For these reasons, the Lane Workforce Partnership conducted a survey to identify the fastest growing occupations, determine gaps in training programs, and lay the ground work for a community-wide dialogue about how to support a sector that is expected to grow even more as baby boomers age.

The overall growth rate of the sector is projected to be 31% compared with a sector average of 15% during the ten-year time period from 2006-2016. The health care occupations with the highest projected growth rates in Lane County include:

- Medical Assistants: 39%
- Physical Therapists: 38%
- Medical Transcriptionists: 37%
- Radiologic Technicians/Technologists: 36%
- Registered Nurses: 35%

The Lane Workforce Partnership Health Care Task Force was convened in early 2009 to examine workforce issues facing the health care sector in Lane County. The Task Force recognized that there are many high level health care occupations that face shortages and training capacity concerns such as physicians and pharmacists; however, Lane Workforce Partnership's main focus is on middle skill jobs. Nineteen health occupations were identified by the Task Force for analysis based on meeting high demand, middle-skill and target sub-sector standards. To see the complete list of occupations and to read the full report, please go to the following link:

<http://laneworkforce.org/media/HealthCareReport.pdf>

### 2. **Closing the Health Care Workforce Gap** by *Center for American Progress* –

Federal funding, including subsidies from the federal government's Medicare program and the joint federal-state Medicaid program, for physician training has not been overhauled for decades. The federal government pays for health care workforce development in two broad categories. The largest is payment to teaching hospitals to train physicians in residency programs and for the higher costs associated with their teaching mission. The payments to these hospitals are based on complex formulas paid through Medicare and Medicaid, totaling about \$12 billion per year.

The second bucket of funding for the health workforce is through Health Resources and Services Administration (HRSA) programs, about \$530 million allocated at the discretion of Congress. HRSA funding supports primary care, general dentistry, nursing, and grants and incentives for providers to work in medically underserved communities and in shortage specialties such as primary care.

There is little relationship between what the federal government funds and the quality of education or even the costs of educating physicians and other providers. This paper offers the following mix of recommendations to fiscal, legislative, and regulatory policies to assure the balance, mix, and distribution of health professionals necessary for a well-functioning, cost-efficient U.S. health system in the 21<sup>st</sup> century. The Center has three sets of recommendations to boost the health care workforce:

1. Create a permanent National Health Workforce Commission to better align federal payment policies for health professions
2. Support for health care workers in high-need specialties and underserved areas
3. Reform the training of health professionals to grow our health care workforce

You may access the full paper at this link: [http://www.americanprogress.org/wp-content/uploads/issues/2010/01/pdf/health\\_care\\_workforce.pdf](http://www.americanprogress.org/wp-content/uploads/issues/2010/01/pdf/health_care_workforce.pdf)

### 3. **Compendium of Rural Best Practices/Models** *by the National Rural Health Association (NRHA)* –

There are three Compendiums available for review. One provides an overview of various training programs for the rural workforce. It features programs in Alaska, Arizona, Montana, and New Mexico. This Compendium can be accessed on our website here: <http://oshpd.ca.gov/reform/Compendium.pdf>

The next Compendium focuses on technology, training, and workforce development to strengthen rural health care. Service areas include New Mexico, California, Japan, Mississippi, the other 50 states, the Cherokee Nation and the Commonwealth of Northern Mariana Islands. You may access this Compendium on our website here: <http://oshpd.ca.gov/reform/Compendium2010.pdf>

The next Compendium focuses on communities along the border, especially in Arizona and New Mexico. This Compendium is representative of the NRHA Border Health Initiative's activities to encourage the development of improved access to quality health care services for rural populations along the U.S.-Mexico Border. You can access this Compendium on our website here: <http://oshpd.ca.gov/reform/BorderHealthCompendium.pdf>

### 4. **Building a 21<sup>st</sup> Century Health Care Workforce in a Diverse Rural State** *by the Con Alma Health Foundation* –

In 2007 the Con Alma Health Foundation (CAHF) was awarded a Partners Investing in Nursing's Future (PIN) grant to invest in nursing workforce solutions in New Mexico. PIN is a collaborative national program of the Robert Wood Johnson Foundation and the Northwest Health Foundation to stimulate innovative program funding by local and regional charitable foundations who invest in tailored solutions to nursing workforce problems in their communities and states.

Con Alma Health Foundation's PIN grant enabled the development of programs throughout NM which addressed all five of these nursing issues and accomplished its goal for serving as a catalyst for Con Alma Health Foundation to invest in nursing. As a direct result of the PIN grant, Con Alma Health Foundation has invested in nursing pipelines and other health career initiatives – including Nursing, Medicine, Pharmacy and Community Health Workers – throughout New Mexico.

As the state's largest health foundation, CAHF was in a unique position in 2008 to have granted over \$300,000 to ten programs who, in calendar year 2009, addressed New Mexico's health care workforce challenges through action, innovation, education, partnership and research in the above mentioned PIN issue areas that will pay-off for years to come as New Mexico builds a 21<sup>st</sup> century health care workforce to meet our unique and growing community health needs.

This report offers an evaluation framework for Health Care Workforce (HCW) pipeline programs and considers these ten funded HCW programs against the backdrop of extreme challenges in health care funding and delivery in a rural state, and escalating health care workforce shortages amidst growing population health equity needs in New Mexico. The report can be accessed at this link:

[http://conalma.org/wp-content/uploads/2011/03/2010\\_0729Buildinga21stCentHealthCareWorkforce.pdf](http://conalma.org/wp-content/uploads/2011/03/2010_0729Buildinga21stCentHealthCareWorkforce.pdf)

#### **5. Access to Oral Health Care Services: Workforce Development** *by Association of State & Territorial Dental Directors (ASTDD)-*

The dental health care delivery system is dependent on the size, composition, characteristics and distribution of the workforce. Factors such as productivity, scope of services, participation as providers in public funded programs, and practice settings impact the workforce's capacity to serve the general and vulnerable populations. State and territorial oral health programs (dental public health programs administered by state/territorial oral health agencies) can contribute significantly to improving oral health through health system interventions. These programs can provide technical assistance to health systems to improve accessibility and availability of dental care. In addition, they can support professional development such as training non-dental health providers (e.g., physicians and nurses) to make the necessary referrals for early dental treatment or administer incentive programs to increase the workforce for underserved, high-risk populations.

The myriad of intertwining multidimensional issues and answers impacting oral health care access cannot be collectively and succinctly addressed within the context of one best practice approach report. The ASTDD Best Practices Committee plans to prepare several reports addressing access to oral health care services. The focus of this report is the best practice approach that builds capacity to increase access to oral health care services specifically through workforce development. The report can be accessed at this link:

<http://www.astdd.org/bestpractices/BPAAccessWorkforce.pdf>

#### **6. Blended Learning: Emerging Best Practices in Allied Health Workforce Development** *by Journal of Allied Health-*

The critical shortage of allied health professionals throughout Minnesota increased the urgency to develop distance learning solutions. The shortage of clinical laboratory science professionals

was particularly critical in southern Minnesota due to the expansion of reference laboratory testing by the Mayo Clinic, one of the ten largest healthcare systems in the country. The recent establishment of a new University of Minnesota campus in Rochester provided the opportunity and space to expand the existing programs in clinical laboratory sciences and occupational therapy to Southern Minnesota. The addition of that coordinate campus site allowed the faculty the ability to develop, pilot, and test emerging technologies in distance learning and filled the need for additional laboratory and experiential learning opportunities.

The Center for Allied Health Programs has piloted and tested the following solutions:

- Outcomes-based curriculum design and development
- Support of an instructional design team to work with faculty to develop new, blended coursework
- Collaboration with the University's Central Office of Information Technology to provide faculty development workshops on technology-enhanced learning
- Engagement of the Office of the Vice-Provost for Distributed Education and Instructional Technology to allow the Center to serve as a partner and alpha-site for testing and using the University's integrated "learning platform" technologies

The full article can be accessed by clicking this link:

[http://cahp.umn.edu/Websites/cahp/files/Content/2146348/Blended\\_Learning.pdf](http://cahp.umn.edu/Websites/cahp/files/Content/2146348/Blended_Learning.pdf)