

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

## BAY AREA

*Submitted to:*



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

## BAY AREA

### SECTION ONE: INTRODUCTION

#### BACKGROUND

Due to California's size and the diversity of its geography and population, the accessibility and availability of health care 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 health care 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 health care 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 health care occupations, and to explore partnerships and priorities that are critical for ensuring access to quality health care for the region's residents.

The regional meetings convened a cross-section of healthcare stakeholders from the area to address the following objectives:

1. Engage regional stakeholders in preparation to better position California as a strong applicant for the federal Health Workforce Development Implementation Grant and to be a national leader in the implementation of ACA.
2. Learn from healthcare employers what the State can do assist them in training, recruiting, utilizing and retaining the quality healthcare workforce which will be required under the ACA.
3. Assist the Health Workforce Development Council (HWDC), the State Board, and OSHPD in fulfilling the planning objectives to be achieved under the Health Resources and Services Administration (HRSA) funded Health Workforce Planning Grant, and lay the ground work for the articulation of health workforce development strategies that can become part of California's implementation plan.
4. Establish a foundation for, or enhance, existing regional partnerships aimed at improving alignment of existing health workforce development activities and identifying new activities needed, particularly in response to the ACA.

## SECTION TWO: METHODS

Healthcare stakeholders from the Bay 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.

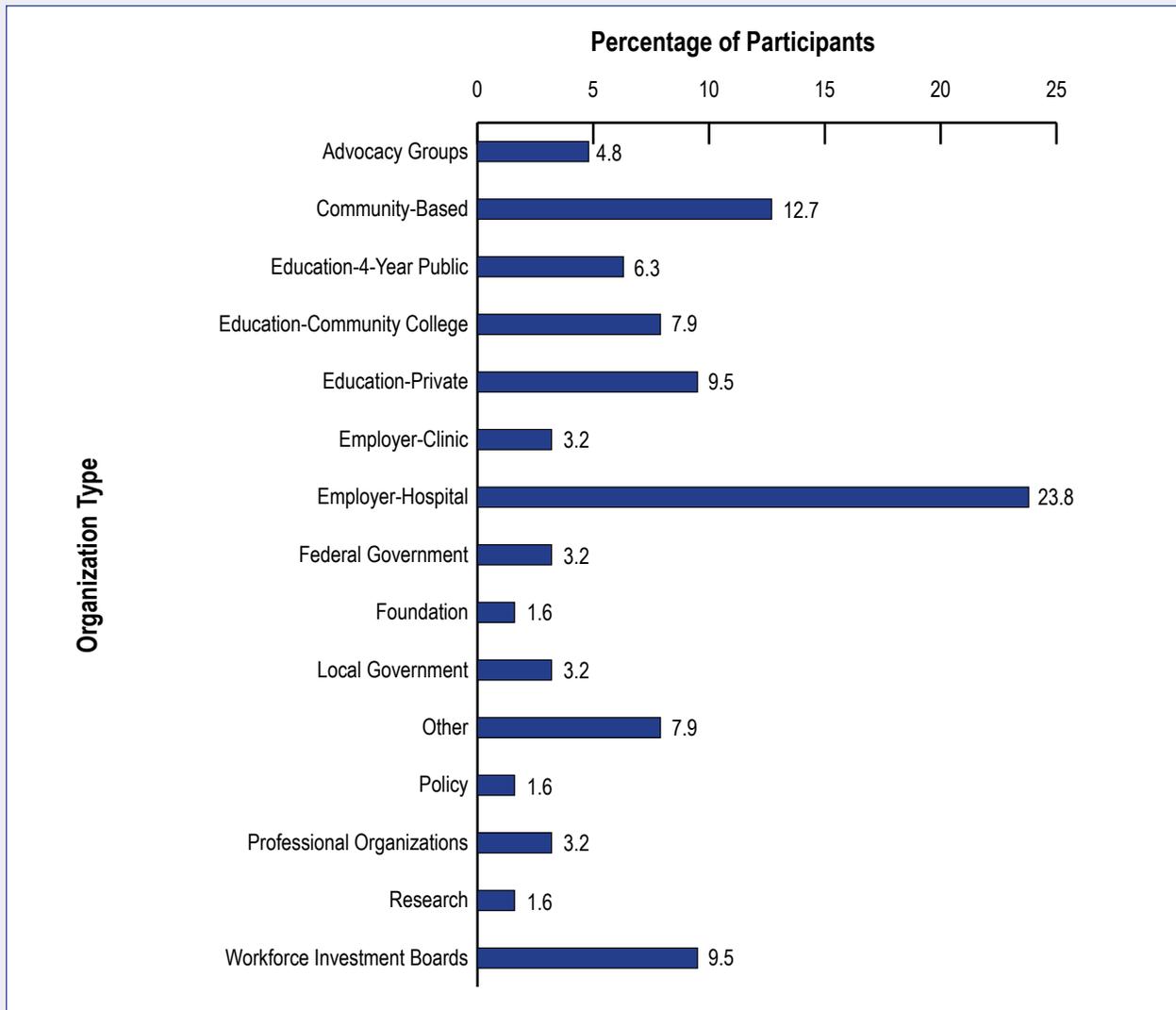
Each group was asked to hold a round table discussion about two randomly assigned questions (one during the morning session and a second during the afternoon session). The direction and focus of the conversations around the questions were determined by the table participants. The groups began by selecting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

The Bay Area regional meeting had a total of 62 participants representing a diverse group of healthcare stakeholders from the following counties: Alameda, Contra Costa, Los Angeles, Marin, Napa, Sacramento, San Diego, San Francisco, San Mateo, and Santa Clara. Figure 3.1 shows that approximately a quarter (24.2%) of the participants were employed by a hospital. The next largest group of participants categorized their organization as a community-based organization (12.9%), followed by workforce investment boards (9.7%) and private educational institutions (9.5%). Roughly eight percent categorized their organization as “Other,” which represented organizations such as adult education (public), labor management, and a non-profit nursing workforce center.

**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:

- Certified Nursing Assistant – CNA
- Clinical Laboratory Scientist – CLS
- Family Nurse Practitioner - FNP
- Home Health Aide – HHA
- Doctor of Medicine – MD
- Nurse Practitioner – NP
- Occupational Therapist – OT
- Physician Assistant – PA
- Physical Therapist – PT
- Primary Care Provider – PCP
- Registered Nurse – RN

### RESPONSES FOR QUESTION 1

Question 1 had two subsections which were discussed:

- 1A. What is the most significant health workforce development challenge 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 prioritization on the follow-up survey:

- Access to healthcare services in rural areas
- In-home chronic care management
- Addressing the gap between the completion of education requirements and clinical competency
- The capacity of educational and clinical training programs
- The need for integration of primary care, mental/behavioral health, and dental/oral care
- Increased support for holistic healthcare

- Predicting what the future healthcare system will look like in order to prepare for the new care and delivery models
- Training the future workforce and retraining the current workforce to meet the demands of evolving technology
- Increasing cultural capacity and career pathways of the healthcare workforce

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

<i>Group</i>	<i>Summary Item 1</i>	<i>Summary Item 2</i>	<i>Summary Item 3</i>
<i>A</i>	Access to providers in rural areas. Cultural and socioeconomic diversity within the region	Chronic care management for patients living in-home	Transitions to practice of various healthcare disciplines - there is a huge gap between leaving school and the ability to be clinically competent
<i>B</i>	Program capacity - Impacted educational programs and clinical training programs	Increase in the Medicaid population will cause the integration of allied health professions into primary care, mental/behavioral health, and dental/oral care	Currently the healthcare system does not support holistic health care
<i>C</i>	Predictions of what the future healthcare will look like and how to prepare for the new care and delivery model	How to better prepare for continuously evolving technology and the retraining of the current workforce within the healthcare system	Increasing cultural capacity and career pathways of the healthcare workforce

All discussion topics captured on the note taking instrument are indicated in Table 4.1. The participants did not indicate any additional items for question 1A.

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

- Retaining an educated workforce within the region
- Rural area needs such as: lack of healthcare to match the diversity of the population, access to providers, and socioeconomic disparities
- Patient education of self-care
- Diversity of healthcare coverage within the population
- Cost of living within the region is prohibitive for a proportion of the healthcare workforce
- Increase the healthcare workforce to meet the needs of the increasing Medicaid population
- Keeping clinical experience current for Registered Nurses (RNs)
- Provide additional services for individuals with mental health, substance abuse, and/or homelessness issues

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

<i>Group</i>	<i>Summary Item 1</i>	<i>Summary Item 2</i>	<i>Summary Item 3</i>
<b>A</b>	Educated talent is leaving the field of healthcare	Rural area needs such as: diversity of the population and lack of health care to match the diversity, access to providers, and socioeconomic disparities	Patient education of self-care
<b>B</b>	Diversity of healthcare coverage within the population	Cost of living within the region is prohibitive for a proportion of the healthcare workforce	Medicaid waiver is a bridge to health care reform. Counties are trying to increase the Medicaid population so we need to increase the health workforce
<b>C</b>	Cost of living and affordable housing in the Bay Area and difficulty hiring qualified healthcare workforce	The supply of RNs exceeds demands. Keeping clinical experience current	Mental health / substance abuse / homelessness issues need to be addressed

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

- Funding cuts are a huge challenge; need more funding for preventative care; need funding for educational programming
- Need primary care integration and more physicians internships
- There are barriers such as insufficient number of hospital clinical sites; the inability to challenge course and/or training
- Exams; impacted programs and classes; and mental health requires additional training
- Need education for future care such as critical thinking
- Telemedicine informatics
- Increase in the average age of a healthcare worker due to lack of retiring workers
- Competition between biotechnology companies and hospitals for employees

## RESPONSES FOR QUESTION 2

Question 2 had three subsections which were discussed:

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

#### 2A. Immediately

#### 2B. Within 2 years

#### 2C. Within 3-5 years

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

- Support for new RNs
- Support for Allied Health externships
- Behavioral Health Specialists
- Clinical Lab Scientists (CLSs)
- Physician Assistants (PAs)
- Family Nurse Practitioners (FNPs)
- Primary Care Providers (PCPs)
- Role expansion for current RNs into primary care roles

**Table 4.3**

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

<i>Group</i>	<i>Summary Item 1</i>	<i>Summary Item 2</i>	<i>Summary Item 3</i>
<b>A</b>	Support for current new RN graduates to maintain practice readiness; support for residencies	Support for allied health externships. Organizations do not have the resources to provide support for externs	Support for basic skills for workers such as English, math, and social skills
<b>B</b>	Family NP	Behavioral health specialists	Current RNs in expanded primary care roles
<b>C</b>	Clinical lab scientists –diagnostic support is vital to quality primary care	PAs or Nurse Practitioners (NPs) (depending on care setting)	PCPs –the need varies within Bay area (San Francisco vs. Oakland vs. San Mateo)

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

- Limited externship jobs limit enrollment
- Primary care needs culturally competent givers (e.g., language, true understanding, and implementation); Need better cultural competency; Need to provide training/incentives to promote culturally sensitive behavior
- Matching/recruiting ethnicities of the California population into the workforce
- Encourage workers to advance along career ladder
- Increased focus on prevention
- Look at all positions that support primary care doctors
- Need positions that support more home-like care settings
- Mental health providers
- Physical Therapists (PTs)

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

- Dental Assistants
- Medical Assistants
- Information Technology (IT) Specialists with a healthcare emphasis
- Clinicians with technical skills

**Table 4.4**  
**2B. What categories of primary and other health workers are needed in response to the ACA within 2 years?**

<i>Group</i>	<i>Summary Item 1</i>	<i>Summary Item 2</i>	<i>Summary Item 3</i>
<b>A</b>	Prescreening for level of competency and education directed only to the learning needs of the individual (i.e., tailored education)	Bridge programs to keep current unemployed RNs current with skills	Focus on succession planning with the skills necessary to be an effective leader
<b>B</b>	Medical assistant and expand role – may not be needed if expand role of nurse	Healthcare IT	Dental Assistant
<b>C</b>	Positions with blended skill sets to allow for changing care model	Clinicians with technical skills; health IT but with staff who know care first and have technical skills	Dental Assistant

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

- Inadequate number of faculty to teach in health programs
- Recruit younger people
- Encourage non-hospital careers
- Bridge 45 years of age and older to primary care
- Encourage people to follow stepping-stone jobs
- Move away from an hourly wage
- Greater diversity between doctors and nurses
- More PAs, NPs and let them practice to full extent of education
- More care at home
- Regulatory oversight important for all industry sectors

Responses for question 2C are indicated in Table 4.5. The following items were identified for prioritization on the follow-up survey:

- PTs
- Providers of educational and retraining opportunities for the workforce on new technologies
- CLSs
- NPs
- PCPs
- Interns for a variety of healthcare professionals
- PAs

**Table 4.5**

**2C. What categories of primary and other health workers are needed in response to the ACA within 3-5 years?**

<i>Group</i>	<i>Summary Item 1</i>	<i>Summary Item 2</i>	<i>Summary Item 3</i>
<b>A</b>	Funding for: RNs in residency programs (Workforce Investment Board (WIB)), RNs in community health centers, medical assistants, home health workers, and clinical lab scientists education to support internships	Experienced nurses ready to retire and will be replaced by a large number of new graduates. There are limited numbers available to orient and support these new RNs	Retrain or educate workers on new technologies
<b>B</b>	Move RNs and ideally recruit for young	Remove barriers to having clinical organizations accept more student placements –return on investment (ROI)	Increase time to completion for mid-level health professions such as NP
<b>C</b>	PTs; the need growing is with combined workforce challenge of increased educational needs	Nurses, particularly if economy has improved and current number of nurses at that time is inadequate	Clinical lab scientists, PAs, NPs, and PCPs because of growing aging population

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

- Explore the legislation currently in CA that requires RNs to work in acute care settings prior to working in public health.
- Recognize that economic conditions are uncertain and that care models should change over time.

### RESPONSES FOR QUESTION 3

Question 3 had four 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. How do you work with local workforce investment boards and one-stop career centers?
- 3C. Where is additional investment needed?
- 3D. 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.

Question 3A 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.

<i>Group</i>	<i>Summary Item 1</i>	<i>Summary Item 2</i>	<i>Summary Item 3</i>
<b>A</b>	Gordon and Betty Moore Foundation	Kaiser Allied Program	Health Care Administration (HCA) Programs
<b>B</b>	Education fund	Healthcare Sector Initiative	SF Health Sector Academies
<b>C</b>	Student loan repayment programs (Federal and State)	Mental Health Services Administration (MHSA) funds for mental health education and training (stipends to employees for students)	Partnership with local community college, hospital councils, and regional collaboratives

In addition to the resources described in Table 4.6, 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:

- The Gordon and Betty Moore Foundation
- Kaiser Allied Program
- Health Care Administration Program
- The Education Fund
- The San Francisco Health Sector Academies
- Department of Labor funding
- Healthcare Sector Initiative
- HRSA grant
- Health Professional Shortage Area-OSHPD

- Mental Health Services Act (MHSA)
- Medical Science Academy in Solano County
- Workforce Investment Act (WIA) funds
- Contra Costa’s Mental Health Concentration pilot program

**Needed** Resources were identified as:

- Student loan repayment programs at the state and federal levels
- Additional Mental Health Services funds for mental health education and training
- Partnerships with local community colleges, hospital councils, and regional collaboratives
- Partnerships with community colleges to develop curriculum and certification programs
- Partnerships with colleges to create technician certificate program
- Partnerships with hospitals and schools to recruit K-12 students to consider healthcare careers
- Invest grant monies to allow existing students start new programs
- Additional funding from Department of Labor
- English and math training

Responses for question 3B are indicated in Table 4.7. The following items were identified for prioritization on the follow-up survey:

- Health sector initiatives with the local WIB
- Partner with local one-stop career centers in order to provide potential employees with healthcare career information
- Serve on the local Workforce Investment Board (WIB)

**Table 4.7**  
**3B. How do you work with local workforce investment boards and one-stop career centers?**

<i>Group</i>	<i>Summary Item 1</i>	<i>Summary Item 2</i>	<i>Summary Item 3</i>
<b>A</b>	Gordon and Betty Moore Foundation transition program between schools and hospital to provide training for the students	East Bay Works	SFO funded by the Obama grants to address workforce needs
<b>B</b>	Health sector initiatives work with WIB	Employer representation on WIBs	Answer not provided
<b>C</b>	Partnership with one-stop career centers to provide navigation and make information available to career seekers	Presentations to attract perspective applicants	Serve on local boards for collaboration and advocacy

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

- Use trade adjust act money to take San Francisco Universal Healthcare model to the entire Bay area
- Health Sector Academy Grant

Responses for question 3C are indicated in Table 4.8. The following items were identified for prioritization on the follow-up survey:

- Additional allied health workers
- Mental health providers
- Geriatrics
- Technology training
- Improved training and certification of medical assistants
- Preceptorships
- Labor market data

**Table 4.8**  
**3C. Where is additional investment needed?**

<i>Group</i>	<i>Summary Item 1</i>	<i>Summary Item 2</i>	<i>Summary Item 3</i>
<i>A</i>	Having enough front line workforce – allied health workers	Mental health providers	Geriatrics
<i>B</i>	Bolster incentives for PCPs to increase education	Improved training / certification of medical assistants	Technology training
<i>C</i>	Support for preceptorships	Impacted education pre-requisites at community college	Reliable labor market data (none timely)

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

- Home health / personal care
- Leadership development
- Insurance
- Invest in NPs
- Invest in increasing continuing education opportunities
- Care navigators
- Need for community nurse – mobile clinics

Responses for question 3D are indicated in Table 4.9. The following items were identified for prioritization on the follow-up survey:

- Standardized curriculum for professional healthcare programs
- Increased regulation of proprietary schools and training institutes
- Standardization of pre-requisite requirements across California community colleges
- Increased funding for internships
- Increased funding for chronic disease prevention
- Increased funding for case management
- Increased flexibility in the reimbursement system

**Table 4.9**  
**3D. Describe Federal, State, and Local policy changes that could be implemented that would aid in the recruitment, education, training, or retaining of the health workforce.**

<i>Group</i>	<i>Summary Item 1</i>	<i>Summary Item 2</i>	<i>Summary Item 3</i>
<i>A</i>	Reimbursement system needs to be more flexible	Curriculum needs to be standardized	Having standardized policies
<i>B</i>	Standardization of curriculum pre-requisites for clinical training programs	Chronic conditions preventive care disease and case management need funding	Funding assistance for expensive internships (i.e., CLSs)
<i>C</i>	More regulation of proprietary schools and training institutes	Federal regulations changed to allow federal agencies to hire healthcare employees directly	Consistency of pre-requisite requirements across community colleges

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

- Regulatory agencies need to be organized
- Certification programs for personal care providers in the home care arena
- Bridge programs to pave diversity and easily access programs
- Articulation agreements between advance nursing programs to easily transition to Bachelor of Science (BSN) program without compromising the quality of education
- Electronic Medical Record (EMR) training – future need for reporting – auditing
- Funding for incumbent worker training

**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 health care 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.

Responses for question 4A are indicated in Table 4.10. The following items were identified for prioritization on the follow-up survey:

- Bridge programs: non-science degrees to medical provider jobs
- Chronic care management of outpatient residencies for all healthcare providers
- Training of foreign-trained healthcare professional to work in U.S. healthcare jobs (e.g., Welcome Back Center, RN Refresher Program)
- Collaboration for training among education institutions, community-based organizations, government, employers
- Lattice models: seamless transitions across levels of healthcare professions (Licensed Vocational Nurse (LVN) to RN; and BSN to Master of Science in Nursing (MSN))
- Community models of education (i.e., education and service partnerships)
- Corporate models such as the California Institute for Nursing and Healthcare and the Gordon and Betty Moore Foundation

**Table 4.10**  
**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?**

<i>Group</i>	<i>Summary Item 1</i>	<i>Summary Item 2</i>	<i>Summary Item 3</i>
<b>A</b>	Bridge programs: non-science degrees to medical provider jobs	Chronic care management of outpatient residencies for all healthcare providers; standardize before taking boards for all health care providers	Consistent interface with electronic records
<b>B</b>	Collaboration among education institutions, Community-Based Organizations, government, employers to train; place healthcare professionals (e.g., San Francisco Health Care Academy, Bay Area Mental Health and Education Workforce Collaborative)	UOP efforts to change focus from dental health to oral health – pilot program to expand role of dental hygienist and dental assistants	Efforts to train foreign-trained healthcare professional to work in U.S. healthcare jobs (e.g., Welcome Back Center, RN Refresher Program)
<b>C</b>	Lattice models: seamless transitions across levels of healthcare professions (LVN to RN; and BSN to MSN)	Community models of education: Education/service partnerships (simulation centers, transition programs, etc.)	Corporate models such as the California Institute for Nursing and Healthcare and the Gordon and Betty Moore Foundation

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

- Practitioner on all policy change boards
- Loan reimbursement for mental health professionals
- Loan forgiveness for Doctors of Medicine (MDs) in underserved areas
- Regional simulation center
- Centralized Clinical Placement System (CCPS)
- Distance education for multiple campuses/locations
- Faculty Scholar Program
- Medical Assistant training program
- Re-deployment programs
- Transition to practice programs
- Multi-State Approach to Nursing programs across academic institutions

Responses for question 4B are indicated in Table 4.11. The following items were identified for prioritization on the follow-up survey:

- Residency programs for healthcare providers
- Provide incentives to attract potential employees to the primary care field
- Accelerated education programs

**Table 4.11**  
**4B. What types of new models will be needed to meet the impact of ACA?**

<i>Group</i>	<i>Summary Item 1</i>	<i>Summary Item 2</i>	<i>Summary Item 3</i>
<b>A</b>	Residency for healthcare providers	No answer provided	No answer provided
<b>B</b>	More incentives to attract people to primary care (e.g., financial, social incentives)	More accelerated programs, especially for foreign-trained and returning healthcare professionals	Within training and education programs, increase efforts to remove stigma from behavioral/mental health
<b>C</b>	Enhanced perception of role to train new health professional workers	2003 IOM Competencies for all health professionals, which are: patient-centered, quality improvement, informatics, evidence-based, collaborative/teamwork	Increase capacity while managing cost; cost effective education and training

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

- Clinical education models
- Inter-professional healthcare team training throughout a career

Responses for question 4C are indicated in Table 4.12. The following items were identified for prioritization on the follow-up survey:

- Standardization of pre-requisites for healthcare professions
- Standardization of credentialing and licensure requirements
- Standardization of EMRs
- Collaboration between educational systems (e.g., high schools and community colleges)
- Expansion of the roles of RNs and NPs

**Table 4.12**  
**4C. Describe Federal, State, and Local policy changes that could be implemented that could facilitate new and successful models.**

<i>Group</i>	<i>Summary Item 1</i>	<i>Summary Item 2</i>	<i>Summary Item 3</i>
<b>A</b>	We need standards before nurses or any healthcare providers can take their boards	Consistent electronic medical records nationwide	New expanded roles for nurses; NP scope of practice approved by law
<b>B</b>	Standardization of course pre-requisite requirements and course numbers to increase flexibility, transferability, articulation agreements among California community colleges, California State University, and University of California	Increase reciprocity among states regarding licensing and certification of healthcare professionals; need for national standards	Increase credentialing and license requirements in under-regulated areas (e.g., personal caregiver, medical assistant, medical laboratory technician)
<b>C</b>	Standardize pre-requisites for all health professionals	Standardize quality of educational preparation, possibly by competence testing	Education system: collaboration between HS and CC (medical management)

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

- More para-professionals
- Faith-based health education

## 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 4.13).

**Existing** resources were identified as:

- Voice Our Independent Choices for Emancipation Support (V.O.I.C.E.S.)
- Jewish Vocational Service (JVS)
- HRSA
- Contra Costa career pipeline for diverse youth
- The Welcome Back Center at San Francisco Community College
- Vocational English training
- Cultural sensitivity training for healthcare professionals
- Partnerships between local WIBs, hospitals and high schools

**Table 4.13**

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

<i>Group</i>	<i>Summary Item 1</i>	<i>Summary Item 2</i>	<i>Summary Item 3</i>
<b>A</b>	V.O.I.C.E.S provides support for emancipated foster youth	Welcome Back Center at San Francisco Community College provides support for immigrant medical professionals and re-entry medical professionals	Vocational English training
<b>B</b>	Education/Employer partnerships with career exploration and pipeline for high schools/middle school-outreach to schools with cultural diversity	Provide courses or continuing education in cultural sensitivity for existing healthcare workers	Any healthcare license or certifications to be recognized by other states to encourage practitioners are placed in places that need those skills (i.e., bi-lingual)
<b>C</b>	Partnerships with hospitals, WIBS, and local high schools in Contra Costa county. Pipeline program for diverse youth	There are some good models – Jewish Vocational Services (JVS), etc. in this region (affordable, effective) CBOs, nonprofits, and employers	Health Resources and Services Administration (HRSA) evaluates NHSC sites in regard to their cultural competencies - other agencies could do the same

All discussion topics captured on the note taking instrument are indicated in Table 4.13. The participants did not indicate any additional items for question 5A.

Responses for question 5B are indicated in Table 4.14. The following items were identified for prioritization on the follow-up survey:

- Increase efforts to match mentors and students linguistically and culturally; increase mentor support
- Increase the education opportunities of health care professions for middle and high school students
- Increase emphasis on diversity hiring practices
- Provide programs that promote the hiring and retention of diverse faculty members

**Table 4.14**  
**5B. What else is needed?**

<i>Group</i>	<i>Summary Item 1</i>	<i>Summary Item 2</i>	<i>Summary Item 3</i>
<b>A</b>	Increase efforts to match mentors and students linguistically and culturally; increase mentor support	Increase education of health care professions for middle and high school students	Increased emphasis on diversity hiring practices
<b>B</b>	More partnerships to provide more programs in more regions	More tracking or demonstrating values or outcomes of these programs (number that go on to college)	Work with the community-based organizations (CBOs) to attract lower economic bi-lingual adults already working in healthcare and pipeline them into the career programs to advance them
<b>C</b>	Additional pathways for diverse incumbent workers	Incentivize cultural competency training	Programs that will increase diversity among faculty

In addition to the summary items described in Table 4.14, the following ideas were also noted during round table discussions:

- Need for more wrap-around services that support diverse populations
- Funding for community colleges needs to be protected so that institutions that serve diverse students can do so at an increased capacity
- Strategies need to be community based
- Cultural competency not only from health care provider to patient, but among health professionals
- Target scholarships to underrepresented groups
- Increase peer-to-peer training opportunities

Responses for question 5C are indicated in Table 4.15. The following items were identified for prioritization on the follow-up survey:

- Provide scholarships for targeted populations pursuing an healthcare profession
- Secure additional funding for adult education programs
- Secure additional funding for vocational education programs
- Designate funding streams for healthcare related career pipeline programs

- Increase funding for California Community Colleges
- Improve training for in-home healthcare workers

**Table 4.15**

**5C. Describe Federal, State, and Local policy changes that could be implemented to increase workforce diversity and to ensure that patients have access to care provided in a culturally and linguistically appropriate manner.**

<i>Group</i>	<i>Summary Item 1</i>	<i>Summary Item 2</i>	<i>Summary Item 3</i>
<b>A</b>	Target scholarships to specific groups/jobs	Ease the process of foreign and state-to-state licensures	Secure funding for adult and vocational educational opportunities
<b>B</b>	Designated funding for career pipeline programs or exploratory courses/internships	Streamline report system for State and Federal funding and loosen timeframe	Loan forgiveness programs to go to underserved areas are more publicized
<b>C</b>	Improve training for home care workers; standardization to improve skilled workforce	Funding for California Community Colleges	Less restrictive funding for support services

In addition to the summary items described in Table 4.15, the following ideas were also noted during round table discussions:

- Incentives for doctors and nurses
- Review and revise regulations
- Sharing data
- Community public nurse
- Scope of practice assessment/cost effective shift to skill appropriate
- Mentor transitional skills
- Medicaid medical reimbursement for cost effective staff - incentives to use best qualified person to do each specific task
- Funding child care
- English as a Second Language (ESL) and General Education Development Test (GED) certificates
- More secure funding streams
- Provide opportunities for students to work and train concurrently
- There is a need for career advancement opportunities and increased visibility of existing advancement opportunities
- Utilize patient-centered care terminology
- Create and implement indicators tied to quality of care
- Standardization of cultural competency training
- Community benefits to training at risk young adults
- Create fast-track legislation for veterans and international students

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

Responses for question 6A are indicated in Table 4.16. The following items were identified for prioritization on the follow-up survey:

- East Bay Allied Healthcare Advocacy
- Health Sector Academy
- California Hospital Association (CHA) Collaborative
- Hospitals and CBOs
- Labor and management councils
- Local and State WIBs
- Community colleges and universities

<b>Table 4.16</b>			
<b>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?</b>			
<i>Group</i>	<i>Summary Item 1</i>	<i>Summary Item 2</i>	<i>Summary Item 3</i>
<b>A</b>	Healthcare Advisory Body	East Bay Allied Health Care Advocacy	Health Sector Academy
<b>B</b>	Hospital and community based organization	CHA collaborative - hospitals working together, five directly to government initiatives specifically CLS project	Local and State WIBs
<b>C</b>	Greater Bay Area Regional Workforce Collaboration	Community colleges in partnership with university system	Labor and management councils

In addition to the summary items described in Table 4.16, the following ideas were also noted during round table discussions:

- Hospital councils to bring facilities and schools together
- Community colleges and workforce boards meet and discuss the issues
- Within health system, partner with medical centers, capture best practices, standards, etc.
- North Bay Employment Connection
- CSU San Francisco Clinical Affiliate Consortium
- California Institute of Mental Health Standard
- Federal and private hospital collaborations

Responses for question 6B are indicated in Table 4.17. The following items were identified for prioritization on the follow-up survey:

- Strengthen articulation between the community college and university systems
- Provide organization of and access to existing data sources
- Provide dedicated funding to support regional, statewide, and federal partnerships
- Provide funding to support partnership planning and engagement
- Create a healthcare system that provides and supports integrated medical care from the PCP to home health

**Table 4.17**  
**6B. What actions are necessary to strengthen existing partnerships and/or form new partnerships?**

<i>Group</i>	<i>Summary Item 1</i>	<i>Summary Item 2</i>	<i>Summary Item 3</i>
<b>A</b>	Need information and education	System design that pulls together home health, primary care, etc	Organize surveys
<b>B</b>	Employers hire without experience – internships and externships; planning curriculum talk to students about health careers	Funds for planning and engagement “learning community” sponsored (e.g., health care advisory board, trends, needs assessment, best practices)	No answer provided
<b>C</b>	Strengthen articulation between community colleges and university system	Set strict guidelines and policies for joint powers of authority in regards to education	Dedicated funding stream to support regional, statewide, and national partnerships

In addition to the summary items described in Table 4.17, the following ideas were also noted during round table discussions:

- Regional long-term partnerships
- Bring electronic infrastructure national health care
- Too many regulations contradict each other, need to streamline
- Strengthening licensing boards to regulate licensing and curriculum
- Short-term projects to keep partnership viable
- Address strict regulations to work in this state
- New statewide clinical affiliation consortium

## 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 72 individuals and had a response rate of 41.7 percent (n = 30) and a completion rate of 70.0 percent (n = 21). Table 5.1 provides a summary of the top three priorities in response to each ranked survey item.

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

<i>Question</i>	<i>First Priority</i>	<i>Second Priority</i>	<i>Third Priority</i>
<b>1A. Regional challenges</b>	Preparing for new service models	Meeting demands of evolving technology	Alignment between education/training and industry standards
<b>1B. Unique regional challenges</b>	Cost of living is prohibitive for workforce retention	Workforce to meet needs of increasing Medicaid population	Behavioral Health-additional services needed
<b>2A. Immediate workforce needs</b>	PCPs	FNPs	CLSs
<b>2B. Workforce needs within 2 years</b>	Clinicians with technical skills	IT specialists with a healthcare emphasis	Medical assistants
<b>2C. Workforce needs within 3-5 years</b>	NPs	CLSs	PCPs
<b>2B. Policy changes to aid recruitment, education, training, or retention</b>	Allied health workers	Preceptorships	Geriatrics
<b>4A. Existing training models</b>	Collaboration among diverse range of institutions	Community models of education (i.e., education and service partnerships)	Lattice models: seamless transitions across levels of healthcare professions (LVN to RN; and BSN to MSN)
<b>4B. New training models needed</b>	Models for cost-effective education and training	Residency programs for healthcare providers	Provide incentives to attract potential employees to the primary care field
<b>4C. Policy changes to facilitate new models</b>	Standardization of credentialing and licensure requirements	Standardization of pre-requisites for healthcare professions	Collaboration across educational institutions
<b>5A. Best practices needed to diversify workforce</b>	Strengthen pipelines at middle and high school levels	Increase mentor support	Recruitment and retention of diverse faculty
<b>5B. Policy changes to facilitate diversification of workforce</b>	Designate funding streams for career pipelines	Increase funding for California Community Colleges	Improve training for in-home care service
<b>6B. Actions needed to strengthen or create partnerships</b>	Funding support for regional, statewide, and federal partnerships	Modify the current healthcare system in order to support integrated medical care	Funding to support change to patient-centered care models

## ONLINE PRIORITIZATION 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. Predicting what the future healthcare system will look like in order to prepare for the new care and delivery models
2. Training the future workforce and retraining the current workforce to meet the demands of evolving technology
3. Addressing the gap between the completion of educational requirements and clinical competency
4. The capacity of educational and clinical training programs
5. Increasing cultural capacity and career pathways of the healthcare workforce
6. The need for integration of primary care, mental/behavioral health, and dental/oral care
7. In-home chronic care management
8. Access to healthcare services in rural areas
9. Increased support for holistic healthcare

Respondents were asked to generate additional items they felt were not represented on the ranking list. The following responses were given: increasing the number of primary care clinicians to meet the increasing demand for services as the number of insured patients grows under the ACA; establishing degree programs for home healthcare workers; regulatory barriers to practice by mid-level practitioners; preparing the workforce for long-term care needs across all settings; standardization of educational pathways for nursing degrees; and training and hiring of mental health certified peer support specialists.

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

1. Cost of living within the region is prohibitive for a proportion of the healthcare workforce
2. Increase the healthcare workforce to meet the needs of the increasing Medicaid population
3. Provide additional services for individuals with mental health, substance abuse, and/or homelessness issues
4. Retaining an educated workforce within the region
5. Diversity of healthcare coverage within the population
6. Patient education of self-care

7. Keeping clinical experience current for RNs
8. Rural area needs such as: lack of healthcare to match diversity of the population in this region, access to providers, and socioeconomic disparities

Respondents were asked to generate additional items they felt were not represented on the ranking list. The following responses were given: prepare workforce to meet daily demands as well as emergent demands of disasters and ESL support for workforce.

## Question 2

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

#### Immediately

1. PCPs
2. FNPS
3. CLSs
4. PAs
5. Behavioral health specialists
6. RNs
7. Allied health externs

Respondents were asked to generate additional items they felt were not represented on the ranking list. The following responses were given: nursing home/elder care program administrators; LVNs; community health workers (mentioned twice); medical laboratory technicians; and medical assistants.

#### Within 2 years

1. Clinicians with technical skills
2. IT specialists with a healthcare emphasis
3. Medical assistants
4. Dental assistants

Respondents were asked to generate additional items they felt were not represented on the ranking list. The following responses were given: degreed home health providers; coders; sonographers; respiratory care; LVNs; community health workers (mentioned twice); and behavioral health workers.

#### Within 3-5 years

1. NPs
2. CLSs
3. PCPs
4. Providers of educational and retraining opportunities for the workforce on new technologies
5. PAs

6. Interns for a variety of healthcare professionals
7. Physical Therapists (PTs)

Respondents were asked to generate additional items they felt were not represented on the ranking list. The following responses were given: Certified Nurses' Assistants (CNAs); Home Health Aides (HHAs); mobile medication technicians; Occupational Therapists (OTs); community health workers; medical laboratory technicians; and behavioral health workers.

### 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:
- Government student loan repayment programs
- Healthcare Sector Initiative
- HRSA grant
- The San Francisco Health Sector Academies
- Workforce Investment Act (WIA) funds
- Transition to Practice Programs
- California Institute for Nursing and Health Care (CINHC)

#### ***3B. How do you work with local workforce investment boards and one-stop career centers? (Participants were given the responses generated during the focus group discussions and asked to provide additional responses).***

Respondents provided the following non-prioritized list of ways to work with local workforce investment boards and one-stop career centers:

- Work closely with Health Care Providers to find out the type of training that is actually needed. Many of the programs that the local WIBs sponsor are not needed.
- Engage programs in the community at libraries, community fairs, schools
- Partner with local WIBs to enhance training of current employees.
- They are used as a resource for big picture information about the health workforce

#### ***3C. Where is additional investment needed in this region to recruit, educations, train or retain the health workforce and strengthen partnerships?***

- Additional allied health workers
- Preceptorships
- Geriatrics
- Technology training
- Improved training and certification of medical assistants
- Mental health providers
- Labor market data

Respondents were asked to generate additional items they felt were not represented on the ranking list. The following responses were given: multicultural communication skills and pharmacy technician education.

**3D. 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. Standardized curriculum for professional healthcare programs
2. Increased funding for internships
3. Standardization of pre-requisite requirements across California community colleges
4. Increased funding for chronic disease prevention
5. Increased regulation of proprietary schools and training institutes
6. Increased funding for case management
7. Increased flexibility in the reimbursement system

Respondents provided one additional item not included on the prioritization list: address regulatory barriers to NPs practicing to the full extent of their abilities (e.g., Nurse Practice Act is outdated and impairs employment).

## 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:

1. Collaboration for training among education institutions, community-based organizations, government, employers
2. Community models of education (i.e., education and service partnerships)
3. Lattice models: seamless transitions across levels of healthcare professions (LVN to RN; and BSN to MSN)
4. Bridge programs: non-science degrees to medical provider jobs
5. Corporate models such as the California Institute for Nursing and Healthcare and the Gordon and Betty Moore Foundation
6. Chronic care management of outpatient residencies for all healthcare providers
7. Training of foreign-trained healthcare professionals to work in U.S. healthcare jobs (e.g., Welcome Back Center, RN Refresher Program)

Respondents provided one additional item not included on the prioritization list: San Francisco Health Care Academy.

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

1. Models for cost-effective education and training
2. Residency programs for healthcare providers
3. Models which provides incentives to attract potential employees to the primary care field
4. Accelerated education programs

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

1. Standardization of credentialing and licensure requirements
2. Standardization of pre-requisites for healthcare professions
3. Collaboration between educational systems (e.g., high schools and community colleges)
4. Expansion of the roles of RNs and NPs
5. Standardization of EMRs

Respondents were asked to generate additional items they felt were not represented on the ranking list. The following responses were given: funding for government mandates and facilitation of grant funding processes.

## Question 5

**5A. 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. Increase the education opportunities of health care professions for middle and high school students
2. Increase efforts to match mentors and students linguistically and culturally; increase mentor support
3. Provide programs that promote the hiring and retention of diverse faculty members
4. Increase emphasis on diversity in hiring practices

Respondents were asked to generate additional items they felt were not represented on the ranking list. The following responses were given: salary incentives and educational support for bi- or multi-lingual employees and inter-cultural communication skills training.

**5B. 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. Designate funding streams for healthcare related career pipeline programs
2. Increase funding for California Community Colleges
3. Improve training for in-home healthcare workers
4. Provide scholarships for targeted populations pursuing an healthcare profession
5. Secure additional funding for adult education programs
6. Secure additional funding for vocational education programs

Respondents were asked to generate additional items they felt were not represented on the ranking list. The following responses were given: improvement of education for skilled nursing facilities and provide ESL support for healthcare workers.

## Question 6

**6A. What partnerships are you involved in that you believe will be necessary at the state and regional level to meet the health workforce needs of this region? (Participants were given the responses generated during the focus group discussions and asked to provide additional responses).**

Respondents provided the following non-prioritized list of partnerships:

- Federal Health Resources & Services Administration
- Area Health Education Centers
- Health professional societies such as the California Medical Association and the California Association of Family Practitioners
- California Primary Care Association
- UC San Francisco, UC Davis, UC Berkeley and Stanford researchers in health care delivery
- Primary care residency programs.
- The Greater Bay Area Mental Health and Education Workforce Collaborative
- Community College and agency cross training
- Continuing education capacity building/recognition

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

1. Provide dedicated funding to support regional, statewide, and federal partnerships
2. A healthcare system that provides and supports integrated medical care from the PCP to home health
3. Provide funding to support partnership planning and engagement
4. Strengthen articulation between the community college and university systems
5. Provide organization of and access to existing data sources

Respondents provided one additional item not included on the prioritization list: partnerships between community colleges and community based training programs.

## Appendix A: Focus Group Note Taking Instrument



## BAY AREA

### 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. \_\_\_\_\_  
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**NOTES:** \_\_\_\_\_

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