

Healthcare Workforce Development Regional Focus Groups and Follow-Up Survey

EL CENTRO

Submitted to:



Submitted by:



SACRAMENTO STATE
COLLEGE OF CONTINUING EDUCATION
APPLIED RESEARCH SERVICES

*3000 State University Drive East
Sacramento, CA 95819-6103*

Phone: (916) 278-4826

Web: www.cce.csus.edu

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Healthcare Workforce Development Regional Focus Groups and Follow-Up Survey

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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 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 El Centro 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.

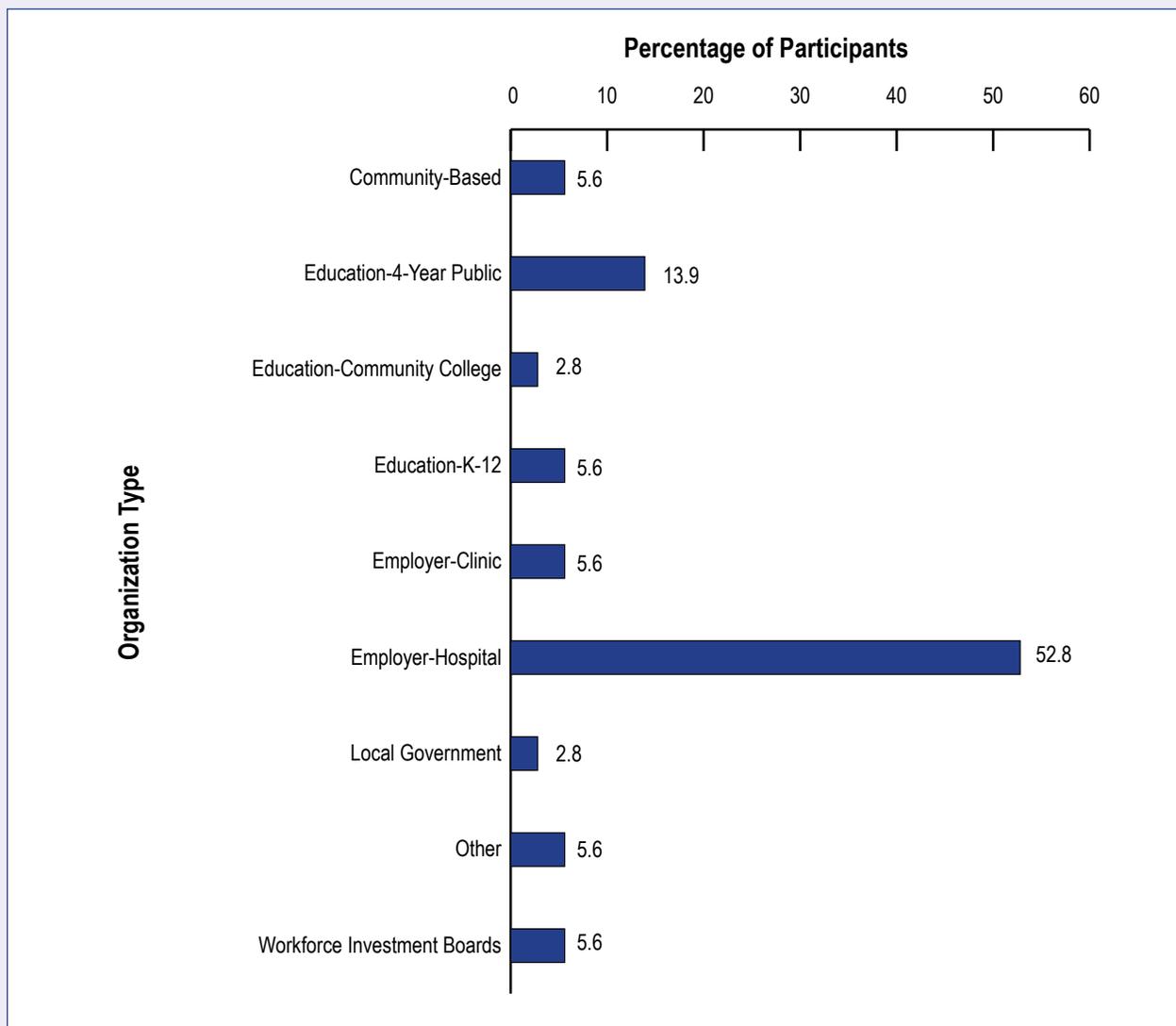
Each group was asked to hold a round table discussion about two randomly assigned questions (one during the morning session and a second during the afternoon session). The direction and focus of the conversations around the questions were determined by the table participants. The groups began by selecting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

The El Centro regional meeting had a total of 36 participants representing a diverse group of healthcare stakeholders from the following counties: San Diego and Imperial. Figure 3.1 shows that over half (52.8%) of the participants were employed by a hospital. The next largest group of participants categorized their organization as 4-year education institutions (13.9%).

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:

- Bachelor of Science in Nursing – BSN
- Clinical Lab Scientist – CLS
- Nurse Practitioner – NP
- Physician Assistant – PA
- Physical Therapist – PT
- Primary Care Provider – PCP
- Occupational Therapist – OT
- Registered Nurse – RN
- Speech and Language Therapist – SLT

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 Table 4.1. The following items were identified for the follow-up prioritization survey:

- Education pathways
- Lack of competitive salaries
- Lack of collaboration between education institutions and healthcare providers
- Lack of collaboration between healthcare providers and policy makers
- Devaluation of alternative settings of care

Table 4.1
1A. What are the most significant health workforce development challenges in this region?

<i>Group</i>	<i>Summary Item 1</i>	<i>Summary Item 2</i>	<i>Summary Item 3</i>
<i>A</i>	Education pathways	Lack of competitive salaries	Lack of collaboration between schools and hospitals
<i>B</i>	Placement of graduates with respect to public, private, and educational settings	Lack of collaboration between private healthcare and policy makers	Alternative settings of care are not valued

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

- Healthcare literacy
- Lack of physicians
- Limited access to advance degrees (including Bachelor of Science in Nursing (BSN))
- Create residency programs in all areas of care

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

- Clinical settings not visited by advanced nursing programs, resulting in lack of training for Registered Nurses (RNs) in community clinic-centered settings
- Preparation of students during their primary and secondary education for post secondary education
- Inability to provide competitive salaries for healthcare professionals
- Lack of diversity among healthcare professionals to meet the needs of the community
- Lack of career pipeline opportunities for the growing healthcare workforce needs in the region

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>
<i>A</i>	Associate degree in nursing (ADN) programs cannot train RNs for needs of community where healthcare is centered in clinic settings	Quality of K-12 education does not prepare individuals for university study	More lucrative opportunities in other areas
<i>B</i>	Powerless due to lack of leadership and hierarchy within Imperial County	No pipeline for growing own healthcare workforce	Lack of diversity to meet the community needs

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

- Limited access to advanced nursing degrees
- Tuition reimbursement
- Healthcare literacy

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 Table 4.3. The following items were identified for the follow-up prioritization survey:

Immediately

- Nurse Practitioners (NPs)
- Physician Assistants (PAs)
- Health coaches
- Urgent care
- Primary Care Providers (PCPs)
- Specialists in rural areas

Within 2 years

- Home health aides
- RNs

In 3-5 years

- Case managers
- NPs specialized in mental health
- Mobile physicians

Table 4.3

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?

<i>Group</i>	<i>Time Period</i>	<i>Summary Item 1</i>	<i>Summary Item 2</i>	<i>Summary Item 3</i>
A	Immediately	NPs and PAs in primary care and mental health	Workers trained to meet cultural needs of patients	Urgent care for Medi-Cal and primary care
	Within 2 yrs.	Home health aides	Increased RN positions	Educational positions which help RNs who can't find jobs to maintain necessary skills
	Within 3-5 yrs.	Case managers to help with transitional care for newly covered population under ACA	NPs specialized in mental health	Mobile physicians
B	Immediately	Health coach – new nursing graduates who holistically manage healthcare with a focus on primary care, prevention, and health	PCPs – independent NPs, PAs, etc.	Specialists, especially in rural areas
	Within 2 yrs.	Change training models to allow for non-traditional clinical sites	Affect policy change with collaboration of schools	No answer provided
	Within 3-5 yrs.	Sustainability-build upon ground work laid in years 1-3	Prepare for mass retirement of workforce as economy improves	Focus on wellness in the aging population and end of life issues

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

- Team care
- Dental hygienists
- Nutritionists
- Social workers to fill immediate mental health needs
- Lab/Imaging/Ultrasound technicians

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

- Tort reform which would allow California to directly hire physicians
- Reform of Medi-Cal to reimbursement for urgent care visits
- Provide blended learning programs, which includes several methods of teaching
- Move from hospital-based to community-based training for nursing programs
- Increase education around healthcare related careers in primary education
- Increase partnerships between education institutions and private healthcare organizations
- Expand training models to include non-traditional clinic sites
- Include representatives from education institutions in healthcare workforce policy discussions¹

¹ Discussed as part of Question 2A

Table 4.4

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.

<i>Group</i>	<i>Summary Item 1</i>	<i>Summary Item 2</i>	<i>Summary Item 3</i>
A	Tort reform – California needs to be able to hire physicians	Medi-Cal should pay for urgent care visits	Require blended learning programs (didactic, clinical, and teleconferencing techniques, no solely online programs)
B	Change requirements of nursing programs – move from hospital-based to community-based training	Recruitment should start with middle-school age or younger with a focus on health and multiple possible careers in healthcare arena	Get buy-in from private sector to form partnerships between education and private companies

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

- Retraining for professionals coming from other countries to the U.S.
- Fill open professor positions with retired RNs
- Need to be more creative with nursing specialties due to saturation of hospitals

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 4.5 specifies current resources identified by focus group participants.

Table 4.5

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?

<i>Group</i>	<i>Summary Item 1</i>	<i>Summary Item 2</i>	<i>Summary Item 3</i>
A	Geriatric NPs	NP/PAs in PC and schooling	Funding
B	Partnerships for exchange of workers and jobs	Multi-trained staff	Continued training

In addition to the resources described in Table 4.5, 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:

- Partnerships for exchange of workers and jobs
- Multi-trained staff
- Work with Workforce Investment Board (WIB) and one-stop career centers on grants like Bridges to Success

Needed resources were identified as:

- Increase and utilize geriatric NPs
- NPs/PAs in primary care and schooling
- Funding for students
- Continued training
- Multi-trained staff

Responses for question 3B are indicated Table 4.6. The following items were identified for the follow-up prioritization survey:

- Policy change for the alignment of training requirements and industry standards
- Basic skills training
- Leadership development
- Cultural competency

Table 4.6
3B. 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>	Policy change – conflicting training requirements and job skills needed	Basic skills training and leaderships development	Cultural competency

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

- Career ladder programs
- Pipeline programs starting in elementary school to expose students to careers in the medical field
- Increased collaboration and training among and between schools and agencies
- Out-of-state transferable skills
- Refugee healthcare in East County
- More Individual Training Accounts (ITA) funding

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.

Question 4A was re-administered on the follow-up survey to identify additional successful models of health professions education and training within the region. Table 4.7 specifies the successful models identified by focus group participants.

<i>Group</i>	<i>Summary Item 1</i>	<i>Summary Item 2</i>	<i>Summary Item 3</i>
A	Interdisciplinary education	Partnerships between Doctor of Nursing Practice (DNP) and training facilities	Community based healthcare
B	Multiple financial incentive programs	Healthcare pathways	No answer provided

All discussion topics captured on the note taking instrument are indicated in Table 4.7. The participants did not indicate any additional items for question 4A.

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

- Local WIBs
- Primary care clinical ladder
- Continued education for incumbent staff
- Certificate programs for Promotoras / Community health workers
- Models without financial constraints

<i>Group</i>	<i>Summary Item 1</i>	<i>Summary Item 2</i>	<i>Summary Item 3</i>
A	Models without financial constraint	Local WIBs	No answer provided
B	Primary care clinical ladder	Continued education for current staff	Certificate program for Promotoras/ Community health workers

All discussion topics captured on the note taking instrument are indicated in Table 4.8. The participants did not indicate any additional items for question 4B.

Responses for question 4C are indicated Table 4.9. The following items were identified for the follow-up prioritization survey:

- Reimbursement policy reform
- Direct RN reimbursement
- National licensing

Table 4.9
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>
A	Reimbursement policy	Direct RN reimbursement	National licensure
B	Reimbursement for NPs, PAs, and home health care	Counties request funding that is currently unclaimed	Funding and decreased regulation for healthcare certification of foreign trained healthcare professionals

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

- Pharmacy technician and Medical Front and Back Office
- Imperial Valley Regional Occupational Program (IVROP) classes in Certified Nursing Assistant (CNA)/Home Health Aide (HHA), Medical Assistant, Dental Technician
- Imperial Valley College RN classes
- Most necessary program is one that encourages medical students to return to their regions to assist with the shortage of medical specialty doctors in the Valley

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 4.10).

Table 4.10
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>
A	Health Science High	English as a Second Language (ESL) classes at American Linguistic Institute	Joint commission requiring culturally sensitive care training
B	“Welcome Back Center” to license internationally trained health professionals for work in the U.S.	FACES for the Future program (Children’s Hospital and Research Center, Oakland)	Charter Schools

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

- IVROP grant to address diversity in the medical field and establish a pipeline of students into the medical field. This program was successfully implemented and continues to be supported but needs to be implemented in other regions
- La Maestra
- Union of Pan Asian Communities
- Work readiness programs

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

- Adding a foreign language requirement in secondary and post secondary education
- Programs to support cultural education of the healthcare workforce
- Scholarships that support cultural and linguistic diversity
- Increased engagement between the healthcare community and education to increase the awareness of healthcare career pathways
- Increased education supporting soft skills

Table 4.11
5B. What else is needed?

<i>Group</i>	<i>Summary Item 1</i>	<i>Summary Item 2</i>	<i>Summary Item 3</i>
A	Adding a foreign language requirement for students	Refugee programs which require refugees to give back by educating healthcare workers about culture and/or act as interpreters	Scholarships encouraging cultural diversity
B	Community and education engagement in drop-out prevention	High school students should graduate with skills needed for employment and awareness of job availability and options	Focus on “soft skills” – customer service, job etiquette, appropriate workplace behaviors, and money management

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

- Sponsorships with local religious agencies (churches, mosques, etc.)
- Partner with outside agencies and non-healthcare private companies

Responses for question 5C are indicated Table 4.12. The following items were identified for the follow-up prioritization survey:

- General education requirements should include cultural and religious studies
- Add cultural diversity courses to the Continuing Education requirements
- Collaboration opportunities with the military
- National certification of healthcare interpreters
- Primary education foreign language courses
- Policies that focus on patient-centered care

Table 4.12
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>
A	General education requirement of culture and religion education	Working with military to train returning veterans	Funding for re-training to work in America
B	Healthcare interpreter national certification	Emphasize foreign language learning in elementary and middle schools	Focus on patient-centered care and standardize definitions

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

- American Linguistic Institute

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 regional resource information. Table 4.13 specifies partnerships identified by focus group participants.

Table 4.13

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)

<i>Group</i>	<i>Summary Item 1</i>	<i>Summary Item 2</i>	<i>Summary Item 3</i>
A	Local WIB	Collaboration between hospitals and schools	Centralized department/committee collaboration to coordinate healthcare workforce needs
B	American Data Bank (provides standardized screening/background checks)	Schools (Pre-school to 16 years of age)	Associations/consortiums to publicize current efforts

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

- Adult education
- Regional Occupation Programs (ROPs) with agencies

Responses for question 6B are indicated Table 4.14. The following items were identified for the follow-up prioritization survey:

- Strengthening partnerships with licensing boards
- Developing collective, localized implementation plans
- Alleviate fragmented communication lines

Table 4.14

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>
A	Strengthening partnerships with licensing boards	Developing collective, localized implementation plans	Alleviate fragmented communication lines

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

- Including for-profit schools in field placement
- Imperial County is separate from San Diego in terms of workforce but projections are based on San Diego

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 47 individuals and resulted in a response rate of 29.8 percent (n = 14) and a completion rate of 78.6 percent (n = 11). 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>
1A. Regional challenges	Development and support of health career pipelines	Increase collaboration between healthcare providers and policymakers	Lack of competitive salaries
1B. Unique regional challenges	Readiness of primary and secondary students for post-secondary education	Lack of opportunities within the region for health career pipeline	Lack of community clinic-centered training for RNs
2A. Immediate workforce needs	NPs	Specialists in rural areas	PAs
2A. Workforce needs within 2 years	RNs	Home health aides	
2A. Workforce needs within 3-5 years	Case managers	NPs specialized in mental health	Mobile physicians
2B. Policy changes to aid recruitment, education, training, or retention	Direct hire of physicians	Allow for MediCal reimbursement of urgent care visits	Increase community-based training
3B. Additional investment needed for resources	Alignment between education/training and industry standards	Increase cultural competency	Basic skills training
4B. New training models needed	Primary care career ladder	Local WIB partnerships	Continuing education for incumbent workers
4C. Policy changes to facilitate new models	Reimbursement policy reform	Direct RN reimbursement	National licensing
5B. Best practices needed to diversify workforce	Scholarship support of cultural competency training	Increase awareness of healthcare career pathways	Create programs to increase cultural competency
5C. Policy changes to facilitate diversification of workforce	Patient-centered care	Cultural diversity in continuing education	National certification of healthcare interpreters
6B. Actions needed to strengthen or create partnerships	Repair fragmented communication lines across health related organizations, government agencies, and education/training institutions	Partnerships with licensing boards	Collective, localized implementation plans

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. Education pathways
2. Lack of collaboration between healthcare providers and policy makers
3. Lack of competitive salaries
4. Devaluation of alternative settings of care
4. Lack of collaboration between education institutions and healthcare providers

Respondents were asked to generate additional items they felt were not represented on the ranking list. The following responses were given: recruitment of qualified healthcare workers and few advanced practice nurses which provides challenges for clinical placements of students wishing to return to the region.

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

1. Preparation of students during their primary and secondary education for post secondary education
2. Lack of career pipeline opportunities for the growing healthcare workforce needs in the region
3. Clinical settings not visited by advance nursing programs, resulting in lack of training for RNs in community clinic-centered
4. Lack of diversity among healthcare professionals to meet the needs of the community
5. Inability to provide competitive salaries for healthcare professionals

Respondents provided one additional item not included on the prioritization list: capacity of educational institutions.

Question 2

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

Immediately

1. NPs
2. Specialists in rural areas
3. PAs

4. PCPs
5. Urgent Care
6. Health Coaches

Respondents were asked to generate additional items they felt were not represented on the ranking list. The following responses were given: Clinical Lab Scientists (CLSs); Physical Therapists (PTs); Occupational Therapists (OTs); Speech and Language Therapists (SLTs); and X-ray technicians.

Within 2 years

1. RNs
2. Home health aides

Within 3-5 years

1. Case managers
2. NPs specialized in mental health
3. Mobile physicians
4. Respondents provided one additional item not included on the prioritization list: specialized technicians (e.g., X-ray technicians).

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. Tort reform which would allow California to directly hire physicians
2. Reform of Medi-Cal to reimbursement for urgent care visits
3. Move from hospital-based to community-based training for nursing
4. Increase education around healthcare related careers in primary education
4. Increase partnerships between education institutions and private healthcare organizations
4. Provide blended learning programs, which includes several methods of teaching

Respondents provided one additional item not included on the prioritization list: creation of technical programs (e.g., career ladders for CNA into RN) to serve large numbers of participants

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:
- Imperial Valley College
- San Diego State University – IV Campus partnership with Imperial Valley College
- Grant funding
- Healthcare Academies
- Workforce Investment Act (WIA) funds
- American Recovery and Reinvestment Act (ARRA) funds
- Foundation funds

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

1. Policy change for the alignment of training requirements and industry standards
2. Cultural competency
3. Basic skills training
4. Leadership development

Respondents provided one additional item not included on the prioritization list: funding to ensure rural areas can send prospects out-of-county for education and recruit them on their return to the region for practice.

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:

- Imperial Valley College nursing program (noted 3 times)
- San Diego State University BSN program (noted twice)
- Health Care High
- University of Phoenix RN to BSN program

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

1. Primary care clinical ladder
2. Local Workforce Investment Boards (WIB)
3. Continued education for incumbent staff
4. Models without financial constraints
5. Certificate programs for Promotoras/Community health workers

No additional items were generated by the respondents.

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

1. Reimbursement policy reform
2. Direct RN reimbursement
3. National licensing

No additional items were generated by the respondents.

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. Scholarships that support cultural and linguistic diversity
2. Increased engagement between the healthcare community and education to increase the awareness of healthcare career pathways
3. Programs to support cultural education of the healthcare workforce
4. Increased education supporting soft skills
5. Adding a foreign language requirement in secondary and post-secondary education
6. No additional items were generated by the respondents.

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. Policies that focus on patient-centered care
2. Add cultural diversity courses to the Continuing Education requirements
3. National certification of healthcare interpreters
4. General education requirements should include cultural and religious studies

5. Primary education foreign language courses
6. Collaboration opportunities with the military

Respondents provided one additional item not included on the prioritization list: identify cultural/linguistic barriers by region to ensure that training and services are appropriate to the population(s) being served.

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:

- Resource sharing between rural areas and neighboring urban areas
- Centralized subcommittee to focus on healthcare career pipeline across K-16 and Cal-Pass
- Student success programs like GEAR UP, Advancement Via Individualized Determination (AVID), Health And Science Pipeline Initiative (HASPI), and Sand Diego Science Alliance (SDSA)
- Funding for low-cost or free math, science, and communication mentoring programs
- State license board collaboration

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

- Alleviate fragmented communication lines
- Strengthen partnerships with licensing boards
- Developing collective, localized implementation plans

Respondents provided one additional item not included on the prioritization list: communication through regional services.

Appendix A: Focus Group Note Taking Instrument



EL CENTRO

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: _____

