

Healthcare Workforce Development Regional Focus Groups and Follow-Up Survey

FRESNO

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

June 22, 2011

Table of Contents

Section One: Introduction.	1
Background	1
Section Two: Methods	2
Section Three: Fresno Focus Group Participants	4
Section Four: Focus Group Responses	5
Responses for Question 1	5
Responses for Question 2	7
Responses for Question 3	9
Responses for Question 4	11
Responses for Question 5	13
Responses for Question 6	15
Section Five: Follow-up Survey	17
Online Responses	17
Appendix A: Focus Group Note Taking Instrument.	A-1

Healthcare Workforce Development Regional Focus Groups and Follow-Up Survey

FRESNO

SECTION ONE: INTRODUCTION

BACKGROUND

Due to California's size and the diversity of its geography and population, the accessibility and availability of healthcare services differs greatly from region to region. Because of these regional nuances, strategies to develop the health workforce needed in a given area must be based on a thorough understanding of the region, the characteristics of its population, and the current make up of its healthcare delivery system. Additionally, the implementation of the Federal Patient Protection and Affordable Care Act (ACA) will profoundly change the health delivery system and in turn, this will result in significant health workforce development needs.

To better understand these regional healthcare delivery systems, their related workforce development needs, and how these areas will be affected by the implementation of the ACA, the California Workforce Investment Board (State Board) and the Office of Statewide Health Planning and Development (OSHPD) contracted with California State University, Sacramento (CSUS), College of Continuing Education (CCE), Applied Research Services (ARS) to facilitate regional meetings throughout California and to evaluate the outcomes of the discussions as captured by the note-taking instrument completed by group-elected participants. Each regional meeting brought together leaders from the area and provided the opportunity to consider how the ACA will affect their region's health delivery systems, to discuss new models of care that would be beneficial to the region, the region's health workforce needs, the availability of education and training opportunities for healthcare occupations, and to explore partnerships and priorities that are critical for ensuring access to quality healthcare for the region's residents.

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

1. Engage regional stakeholders in preparation to better position California as a strong applicant for the federal Health Workforce Development Implementation Grant and to be a national leader in the implementation of ACA.
2. Learn from healthcare employers what the State can 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 Fresno 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.

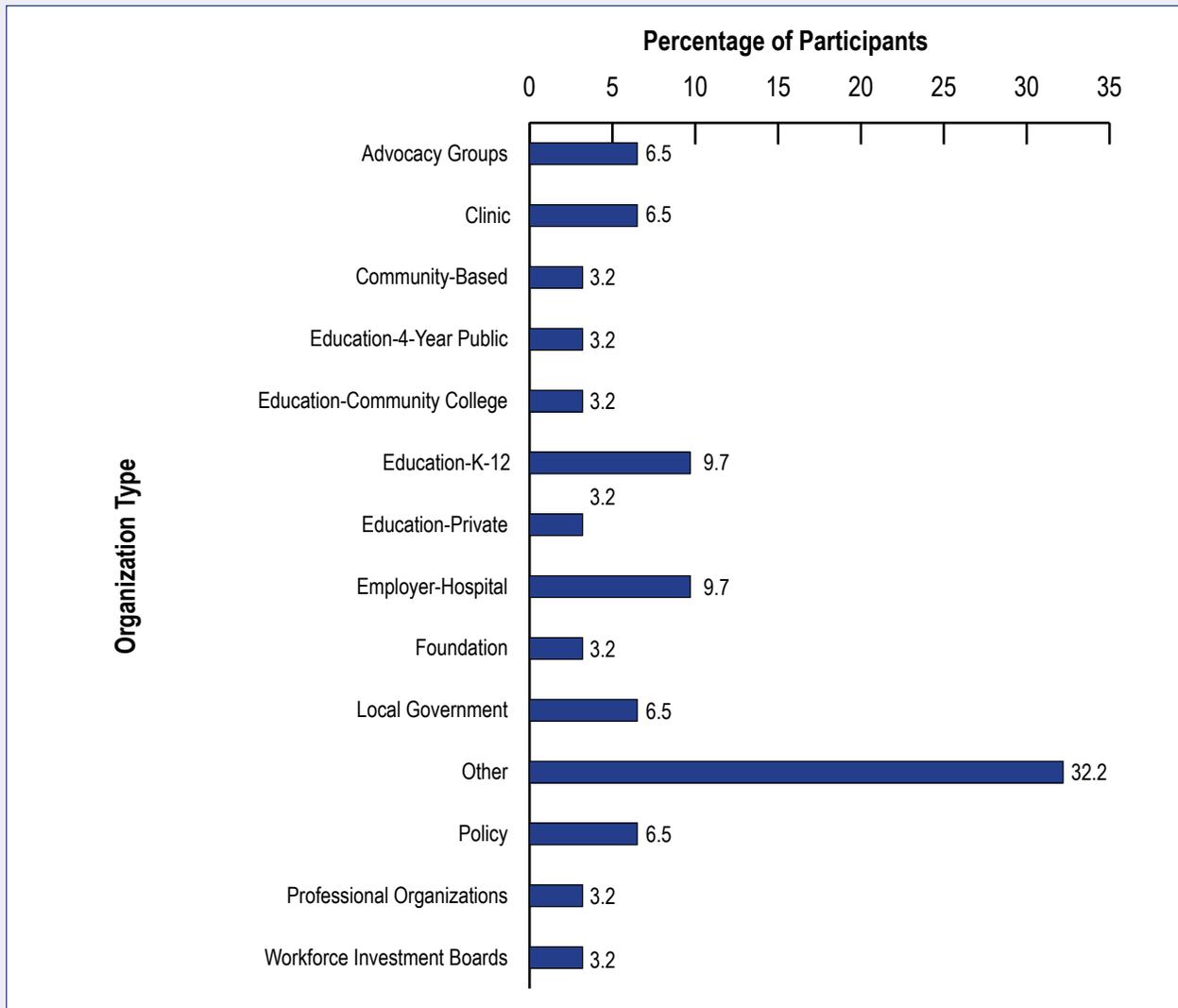
Each group was asked to hold a round table discussion about two randomly assigned questions (one during the morning session and a second during the afternoon session). The direction and focus of the conversations around the questions were determined by the table participants. The groups began by selecting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

The Fresno regional meeting had a total of 31 participants representing a diverse group of healthcare stakeholders from the following counties: Fresno, Madera, Merced, Sacramento, and Tulare. Figure 3.1 shows that approximately a third (32.3%) of the participants categorized their employer as “Other,” which represented organizations such as the California Area Health Education Center Program, Taft Hartley Trust Fund, and the Institute of Training and Technical Assistance. The next largest group of participants categorized their organization as K-12 education organizations (9.7%), followed by advocacy groups (6.5%), clinics (6.5%), hospitals (6.5%), local government (6.5%), and policy organizations (6.5%).

Figure 3.1
Percentage of Participants by Organization Type



SECTION FOUR: FOCUS GROUP RESPONSES

Focus group numbers have been removed to maintain anonymity throughout this report. The top three responses generated during the focus group round table discussions have been captured in the tables below as Summary Items 1-3. Based on the summary items, a list of prioritization options was developed for use in the online follow-up survey. Finally, ideas generated during the discussion that were not considered to be in the top three summary items were also reviewed, and a bulleted list of these items has been included for each question when available.

For consistency, common terms have been abbreviated throughout the document as follows:

- Clinical Lab Scientist – CLS
- Doctor of Medicine – MD
- Nurse Practitioner – NP
- Physician Assistant – PA
- Primary Care Provider – PCP
- Registered Nurse – RN

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 to question 1A are indicated in Table 4.1. The following items were identified for the follow-up prioritization survey:

- Secondary and post-secondary healthcare related education opportunities
- Lack of clinical training opportunities
- Gaining the trust of immigrant populations around healthcare issues
- Standardized certification for all levels of the healthcare workforce
- Funding for education opportunities for potential healthcare workers living in diverse socioeconomic conditions

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>
A	Positioning secondary and post-secondary educational systems to produce a workforce	Socioeconomic conditions that affect families and individuals who may be seeking a career	Stigma against, or perceived stigma against, immigrants – trust issues
B	Transition from academia to practice at each educational level requires training and increased training costs (e.g., from high school to a career, or from college to a career)	Need more clinical training opportunities as well as different funding to allow this to occur	Need standardized certification for all levels of the workforce

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

- Behavioral healthcare worker development
- Drop-out rate; evaluation of potential trainees accepted into healthcare related training programs
- Literacy level; need science-based technology
- Short and long term solution succession; development of data to accurately project future needs (e.g., the current nursing saturation is a false problem; nurses will be needed when the current recession is over)
- Secondary student success in the pursuit of career development that includes family support
- Policy around funding the mental health workforce; there is no secondary / post-secondary structure to fill this need; currently 70% of mental health needs are being addressed by primary care provider (PCP).
- Need more collaboration
- Clinical Laboratory Scientists (CLSs) are needed as well as pharmacy technicians and health related Information Technology (IT) professionals
- Need mini-courses on cultural competency for employers and their employees; possibly on-line courses
- Technology for continuing education on healthcare related topics such as telemedicine

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

- Primary prevention healthcare services
- Migrant agriculture workers not seeking preventative healthcare services
- Deficiency of cultural competency training for the regional healthcare workforce
- Retaining trained healthcare workers within 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>
A	Agriculture / migrant workforce is isolated and is not seeking preventive services	Inconsistently seeking early healthcare, which taxes emergency care	Anti-immigrant sentiment filters down in the community creating a negative stigma
B	In the Central Valley there is a lot of cultural diversity and we need training to provide cultural competency services	Keeping trained workers here in the Central Valley	No answer provided

All discussion topics captured on the note-taking instrument are indicated in Table 4.2. The participants did not indicate any additional items for question 1B.

RESPONSES FOR QUESTION 2

Question 2 had two subsections which were discussed:

- 2A. What categories of primary and other health workers are needed in response to the ACA: immediately, within 2 years, and within 3-5 years?
- 2B. Describe Federal, State, and Local policy changes that could be implemented that would aid in the recruitment, education, training, or retaining of the health workforce.

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

Immediately

- Nurse Practitioners (NPs)
- Psychologists
- Psychiatrists
- Behavioral/Mental health workers
- CLSs
- Multidisciplinary healthcare teams
- Administrative staff to augment education

Within 2 years

- NPs
- Psychologists
- Psychiatrists
- Orthopedics
- CLSs
- Multidisciplinary healthcare teams
- Business/Administrative staff such as IT and financial staff
- Medical Social Workers
- Preventative Care Coordinators

In 3-5 years

- Nursing Assistants
- Home Health Aides
- Registered Nurses (RNs)
- PCPs including Doctors of Medicine (MDs), NPs, and Physician Assistants (PAs)

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	Psychologists / Psychiatrists	CLSs
	Within 2 yrs.	NPs, Psychologists, Psychiatrists, CLSs	Orthopedics	Multi-function technicians
	Within 3-5 yrs.	Nursing Assistants	Home healthcare aides	Nurses
B	Immediately	Multidisciplinary care teams (e.g., health educators, registered dietitians, medical social workers, RNs, MDs)	Behavioral / Mental health workers	Business / Administrative workers to augment education to prepare for changes in healthcare
	Within 2 yrs.	Medical social workers	Preventive care coordinators	Business / Administrative workers (e.g., IT, Financial, Billing)
	Within 3-5 yrs.	PCPs (e.g., MD, NP, PA).	No answer provided	No answer provided

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

- Psychiatric nurses and clinicians
- Nurses
- Certified diabetes educators
- Culturally competent workforce

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

- Standardized articulation processes across education programs to support healthcare related career pathways
- Standardized certification programs
- Integration of healthcare career education in grammar schools
- Restructuring of student loan repayment programs for all professionals
- Identify and remove barriers to ensure healthcare professionals can work within the full scope of practice
- Federal policies that support the training of incumbent healthcare workers

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	Federal programs need greater flexibility so that they can work effectively with incumbent workers	Need a policy for seamless articulation across educational programs to support career pathways	Need to standardize certificate programs
B	Remove barriers and ensure all professionals can work to their full scope of practice	Loan forgiveness and/or restructuring of loan programs for all professionals	Begin health professional and technical education at the grammar school level

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

- Increased availability of educational training programs
- One-stop shop for grants and scholarships that support education
- Incentives for employers to move promote incumbent workers
- Increased awareness of the Education Freeway developed by The California Institute for Nursing and Healthcare
- Doctoral programs that support working professionals
- Incentives for nursing educators
- Increased availability of scholarships
- Mentorship programs
- Admission procedures that encourage a diverse workforce

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>
<i>A</i>	Training schools (e.g., The Doctor's Academy)	Clinical Training Opportunities via California's Student/Resident Experiences and Rotations in Community Health (Cal-SEARCH) Program	Promotoras for mental health
<i>B</i>	Health Careers Program at California State University, Fresno	The Fresno Centers of Excellence	Area Health Education Center (AHEC)

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:

- The Doctor's Academy
- Health Careers Program at CSU-Fresno
- Advisory Workforce Education Training has money from the county for education to pay preceptors for mental health training
- The Fresno Centers of Excellence
- AHEC
- Clinical training opportunities such as Cal-SEARCH

Needed Resources were identified as:

- Investment in mental health units to identify mentally ill populations coming in through hospitals or other primary care
- Computer skills training
- Funds for training incumbent workers to improve and advance in their careers
- Increased grant funding across the board for training programs within community health centers
- Preceptor funding and continuing education unit (CEU) credits in all fields
- Streamlined electronic medical records (EMRs)
- Utilization of the promotoras model for mental health workers

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

- Primary care
- Mental health
- Streamlined training across regions
- Teaching health centers
- Utilization of the promotoras model within the mental health system
- Compensated preceptorships
- Increased communication between hospitals and community centers

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>	Primary care, in particular investment in mental health is very important	Teaching health centers (e.g., Cal-SEARCH)	Promotoras for mental health and first aid
<i>B</i>	Need to streamline training across the regions so they can implement patient centered care	Need practitioners to get trained in complex areas and to have preceptorships in all areas compensated	Need a communication link / system between hospitals and community centers

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

- Additional mental health locations for the mental health population to receive services
- Culturally competent materials

RESPONSES FOR QUESTION 4

Question 4 had three subsections which were discussed:

- 4A. What successful models of health professions education and training currently exist to supply the health workers necessary to improve healthcare in the region?
- 4B. What types of new models will be needed to meet the impact of ACA?
- 4C. Describe Federal, State, and Local policy changes that could be implemented that could facilitate new and successful models.

Question 4A was re-administered on the follow-up survey to 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.

Table 4.7

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

<i>Group</i>	<i>Summary Item 1</i>	<i>Summary Item 2</i>	<i>Summary Item 3</i>
<i>A</i>	Center for Applied Research and Technology (CART)	The Doctor's Academy	Collaborative for Nursing Leadership Coalition

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

- Secondary education with therapeutic services programs separate from human services programs
- Retraining of veterans into health, mental health, and/or behavioral health fields
- Distance education programs for training NPs into Pediatric NPs (PNPs)

Table 4.8

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>
<i>A</i>	Pushing secondary education to include a therapeutic services program that is separate from human services program	Retraining of veterans in to health, mental health, and/or behavioral health fields	Create NP to PNP distance education programs

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

- Statewide initiative to focus on unique careers in current vocational service models
- Expansion of financial incentive programs for healthcare
- Standardization of statewide articulation and transfer rules

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	Use a statewide initiative in current vocational service models to focus on unique careers	Expand financial incentive programs for health	Standardize statewide articulation and transfer rules

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

- Expedite licensure process
- Increase funds for Federal incentive programs

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	Through the California Institute of Mental Health, many counties are providing the <i>California Brief Multicultural Competency Scale</i> which includes four modules: Multicultural Knowledge, Awareness of Cultural Barriers, Sensitivity and Responsiveness to Consumers, and Sociocultural Diversities	California Wellness Foundation	No answer provided
B	Human Services Academy Programs	Western Center on Law and Poverty has a best practice curriculum for elementary school children	Health Professions Education Foundation

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

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

- Mental health first-aid training
- Promotoras training
- Interpreter training
- Cultural competency training and certification
- Increased student diversity in health education programs to reflect the diversity of the community
- Incentives to recruit culturally diverse staff
- Partnerships between secondary education and industry

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>
<i>A</i>	Mental health first aid, promotoras training, and interpreter training	Cultural competency training and certification	Ensure students enrolled in health education programs reflect the diversity of the community
<i>B</i>	Incentives to recruit culturally diverse staff	All programs need to include training on cultural competence	Industry partners need to work with secondary education.

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

- Increased funding
- Immersion programs starting in elementary centers
- Increased education of the workforce
- Community development

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

- Exemptions from staff position loss for staff who serve culturally and linguistically diverse groups
- Two-tiered cultural competency programs adopted to healthcare professionals
- Mandated certification for cultural competency
- CEUs to include cultural competency
- Incentives for multilingual students to become interpreters

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>
<i>A</i>	Policy to make sure that if staff positions are lost, staff that serve culturally and linguistically diverse groups are exempt	Two-tiered cultural competency programs should be adopted to healthcare professionals	Mandate a certification of cultural competency
<i>B</i>	Require continued educational units (CEUs) to include cultural competency	Create incentives for students fluent in a foreign language to become an interpreter	No answer provided

All discussion topics captured on the note-taking instrument are indicated in Table 4.12. The participants did not indicate any additional items for question 5C.

RESPONSES FOR QUESTION 6

Question 6 had two subsections which were discussed:

- 6A. What partnerships are you involved in that you believe will be necessary at the state and regional level to meet the health workforce needs of this region?(e.g., local workforce investment boards, one-stop career centers, community colleges, adult education, private training institutions)
- 6B. What actions are necessary to strengthen existing partnerships and/or form new partnerships?

Question 6A was re-administered on the follow-up survey to gather additional best practices and models within the region. Table 4.13 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>
<i>A</i>	Community-based organizations (CBOs)	Workforce Investment Board (WIB)	AmeriCorps
<i>B</i>	Health Career Connection	Nursing Academy partnerships	No answer provided

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

- Hospitals
- Clinics
- Regional Occupational Programs (ROPs)
- High schools
- Higher education institutions
- Health career fairs
- Promotoras
- Regional health organizations

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

- Collaboration regarding distribution of funds
- WIB should evaluate the education and training program needs specific to the region
- Education to promote public awareness of health-related organizations
- Regional data sharing between hospitals, public health, and health centers in the Central Valley

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	Required collaboration in the distribution of funds	The WIB should look at what education and training programs are necessary in this region	Education to increase awareness about what organizations are doing
B	Create a regional healthcare budget that would force communication among healthcare centers	Need regional data sharing capacity in the Central Valley between hospitals, public health, and health centers to share medical information	Combine health and education at the state level

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

- Allow outside health entities (e.g., chiropractors, mental health) to be primary care and assist at community health centers
- Need vocational English as a Second Language (ESL) programs that teach vocabulary for healthcare workers
- Push for integrated education to look at the entire person

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 had a response rate of 31.9 percent (n = 15) and a completion rate of 80.0 percent (n = 12). 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	Healthcare related opportunities in secondary education	Economic support for students in diverse socioeconomic conditions	Lack of training opportunities
1B. Unique regional challenges	Retention of workers within the region	Primary prevention services	Cultural competency of the regional workforce
2A. Immediate workforce needs	NPs	Multidisciplinary healthcare teams	Behavioral/Mental health workers
2A. Workforce needs within 2 years	NPs	Multidisciplinary healthcare teams	Preventative Care Coordinators
2A. Workforce needs within 3-5 years	PCPs (including MDs, NPs, and PAs)	RNs	Home health aides
2B. Policy changes to aid recruitment, education, training, or retention	Standardized articulation to support career pathways	Restructuring of loan repayment programs	Identify and remove barriers to work within full scope of practice
3B. Additional investment needed for resources	Primary care	Mental/Behavioral health	Teaching health centers
4B. New training models needed	Retrain Veterans into mental/behavioral health	Separate therapeutic services and human services programs	Distance training NP to PNP programs
4C. Policy changes to facilitate new models	Healthcare incentives	Focus on unique careers in current vocational service models	Standardization of articulation and transfer rules
5B. Best practices needed to diversify workforce	Recruitment workers to reflect the diversity of the community	Partnerships between secondary education and industry	Cultural capacity training and certification
5C. Policy changes to facilitate diversification of workforce	Cultural competency added to CEUs	Incentives to multilingual students as interpreters	Staff who serve diverse groups should be exempt from staff position loss
6B. Actions needed to strengthen or create partnerships	Regional data sharing	Distribution of funds should be a collaborative effort	WIB evaluation of regional needs in terms of healthcare education and industry standards

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. Secondary and post-secondary healthcare related education opportunities
2. Funding for education opportunities for potential healthcare workers living in diverse socioeconomic conditions
3. Lack of clinical training opportunities
4. Certification for all levels of the healthcare workforce
5. Gaining the trust of immigrant populations around healthcare issues

Respondents were asked to generate additional items they felt were not represented on the ranking list. The following responses were given: high market salaries; shortage of faculty for college programs; and access to education.

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

1. Retaining trained healthcare workers within the region
2. Primary prevention healthcare services
3. Deficiency of cultural competency training for the regional healthcare workforce
4. Migrant agriculture workers not seeking preventative healthcare services

Respondents were asked to generate additional items they felt were not represented on the ranking list. The following responses were given: poverty and lack of dental services for youth.

Question 2

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

Immediately

1. NPs
2. Multidisciplinary healthcare teams
3. Behavioral/Mental health workers
4. Psychiatrists
5. Psychologists

6. CLSs
7. Administrative staff to augment education

Respondents were asked to generate additional items they felt were not represented on the ranking list. The following responses were given: specialists; family practice; obstetricians and gynecologists (OB/GYNs); internal medicine; PAs; child psychiatrists; and community health workers.

Within 2 years

1. NPs
2. Multidisciplinary healthcare teams
3. Preventative Care Coordinators
4. Psychiatrists
5. Medical Social Workers
6. Psychologists
7. Orthopedics
8. CLSs
9. Business/Administrative staff such as IT and financial staff

Respondents were asked to generate additional items they felt were not represented on the ranking list. The following responses were given: family practice; OB/GYNs; internal medicine; PAs; and children's behavioral health specialists.

Within 3-5 years

1. PCPs including MDs, NPs, and PAs
2. RNs
3. Home Health Aides
4. Nursing Assistants

Respondents were asked to generate additional items they felt were not represented on the ranking list. The following responses were given: medical assistants; dental assistants; mental health case managers; and peer-to-peer healthcare workers.

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. Standardized articulation processes across education programs to support healthcare related career pathways
2. Restructuring of student loan repayment programs for all professionals
3. Identify and remove barriers to ensure healthcare professionals can work within the full scope of practice
4. Standardized certification programs

4. Federal policies that support the training of incumbent healthcare worker
5. Integration of healthcare career education in grammar schools

Respondents were asked to generate additional items they felt were not represented on the ranking list. The following response was given: more local control and partnerships with secondary and post-secondary institutions as a requirement for facilities and/or agencies to receive government funding.

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 follow non-prioritized list of resources:
- Loan assumption programs (Mental Health Services Act)
- OSPHD program for clinical rotations
- Partnerships with high school to promote healthcare career pathways
- Seizures and Epilepsy Education program
- Nursing Leadership Council
- Computerized Clinical Placement Consortium
- WIB
- Community Based Job Training at State Center Community College District
- Fresno ROP
- Washington Union High School Health Institute
- Duncan PolyTechnical High School
- Fresno County Office of Education
- Working Well Together Collaborative
- National Alliance on Mental Illness California
- California Social Work Education Center (CALSWEC)
- California Institute of Mental Health
- Fresno Health Communities Access Partners telemedicine

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

1. Primary care
2. Mental health
3. Teaching health centers
4. Increased communication between hospitals and community centers
4. Streamlined training across regions

5. Utilization of the Promotoras model within the mental health system
6. Compensated preceptorships

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 follow non-prioritized list of education and training models:

- Mental health first aid
- San Joaquin Valley College primary care physician assistant program and registered nursing program
- Doctor's Academy
- State Center Community College District
- Nurse training programs
- Public mental health stipends for social workers through CALSWEC
- Fresno City College
- Fresno State University
- Latino Center

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

1. Retraining of veterans into health, mental health, and/or behavioral health fields
2. Secondary education with therapeutic services programs separate from human services programs
3. Distance education programs for training NPs into PNPs

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

1. Expansion of financial incentive programs for healthcare
2. Statewide initiative to focus on unique careers in current vocational service models
3. Standardization of statewide articulation and transfer rules

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. Increased student diversity in health education programs to reflect the diversity of the community
2. Partnerships between secondary education and industry
3. Cultural competency training and certification
4. Incentives to recruit culturally diverse staff
5. Mental health first-aid training
6. Interpreter training
7. Promotoras training

Respondents provided one additional item not included on the prioritization list: National Alliance on Mental Illness mental health programs.

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.*

- CEUs to include cultural competency
- Incentives for multilingual students to become interpreters
- Exemptions from staff position loss for staff who serve culturally and linguistically diverse groups
- Mandated certification for cultural competency
- Two-tiered cultural competency programs adopted to healthcare professionals

Respondents were asked to generate additional items they felt were not represented on the ranking list. The following responses were given: change California residency program caps and change federal funding for graduate medical education away from MediCare.

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 follow non-prioritized list of partnerships:

- Partnerships with Master of Social Work programs
- Central Valley Health Network
- Working Well Together Collaborative
- Area Health Education Centers

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

- Regional data sharing between hospitals, public health, and health centers in the Central Valley
- Collaboration regarding distribution of funds
- WIB should evaluate the education and training program needs specific to the region
- Education to promote public awareness of health-related organizations

Appendix A: Focus Group Note Taking Instrument



FRESNO

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: _____

