

Healthcare Workforce Development Regional Focus Groups and Follow-Up Survey

LOS ANGELES

Submitted to:



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LOS ANGELES

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 Los Angeles 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.

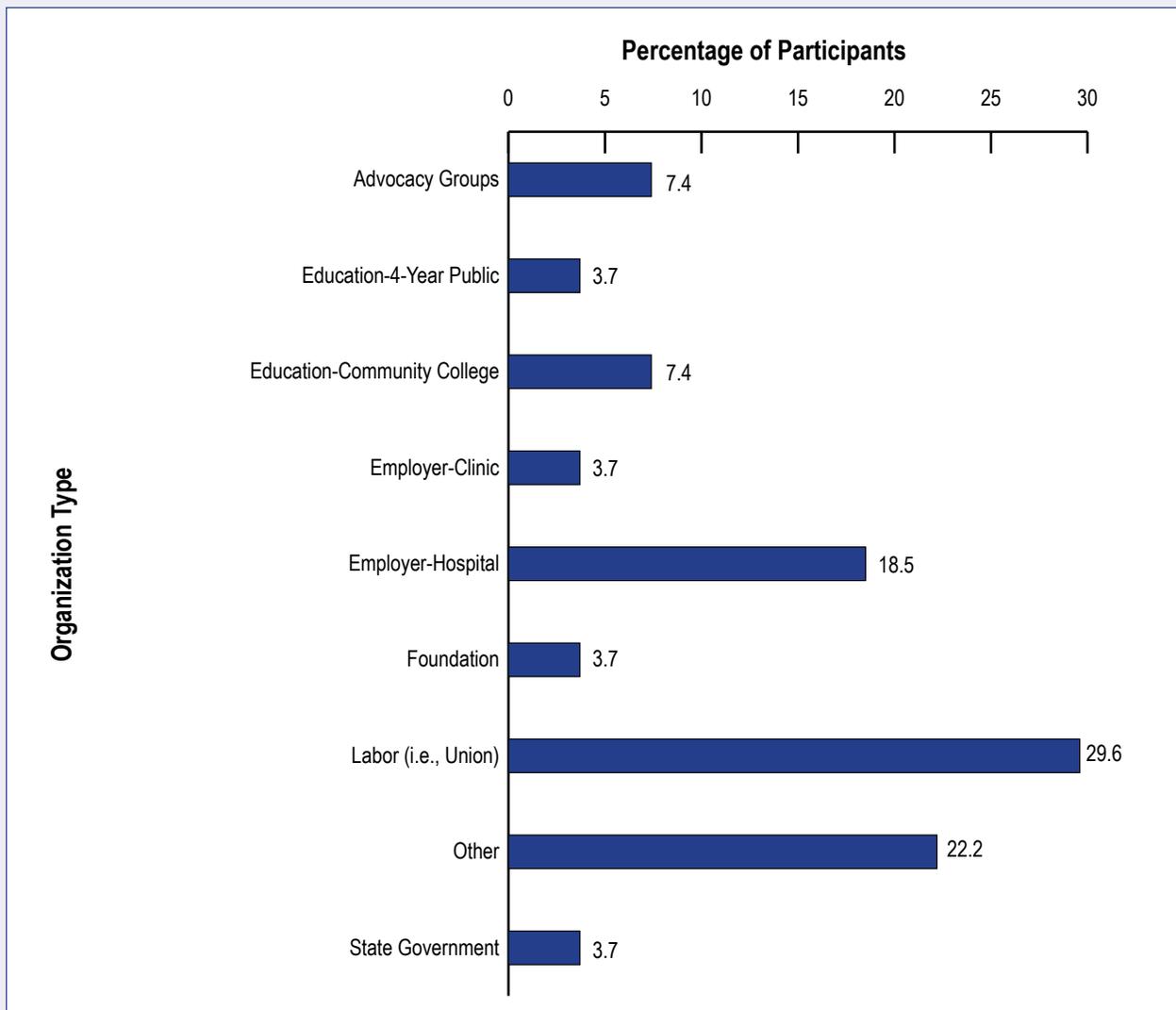
Each group was asked to hold a round table discussion about two randomly assigned questions (one during the morning session and a second during the afternoon session). The direction and focus of the conversations around the questions were determined by the table participants. The groups began by selecting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

The Los Angeles regional meeting had a total of 27 participants representing a diverse group of healthcare stakeholders from the following counties: Los Angeles, San Diego, and Sacramento. Figure 3.1 shows that the just under a third (29.6%) of participants categorized their employer as a labor organization. Further, nearly a quarter (22.2%) of the participants categorized their employer as “Other,” which represented organizations such as the Labor Management Education Fund and the Taft Hartley Trust Fund; followed by 18.5 percent of participants reported being employed by a hospital.

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:

- Doctor of Medicine – MD
- Primary Care Physician – 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:

- Alignment of reimbursement rates with service delivery costs
- Alignment of education and training curricula with the healthcare industry standards
- Holistic approach to academic curricula (i.e., add computer training to general education requirements) in preparation for post education training
- Customized recruitment to meet the needs of the region
- Standardization of curricula requirements across education institutions
- Healthcare workforce recruitment outreach to underrepresented populations

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	Reimbursement rates do not pay for high-growth positions	Different recruitment needs depending on setting and region	Training needs not meeting the needs of the employers. Disconnect between the Workforce Investment Boards (WIBs) and the needs of the hospitals.
B	Standardized curricula across educational institutions to match employers' needs	Preparedness for training with regard to academic proficiency	Outreach to underrepresented populations to pursue medical careers

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

- Registered Nurse (RN) residency programs
- Need for patient-centered model or holistic care models
- Team-based model to include behavioral health and service coordination

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

- Meeting the needs of the acute care setting
- Providing services for home-based and ambulatory care
- Alignment of education and training curricula with the healthcare industry standards
- Loss of RNs to other professions due to lack of jobs available
- Lack of incentives for healthcare professionals to work in community clinics
- Lack of incentives for qualified healthcare professionals to expand their scope of practice
- Geographic disparities 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	Meeting needs in acute care setting	Loss of RNs into other professions due to lack of jobs available	Geographic disparities within the region
B	Home-based and ambulatory care	Education and training should follow trends and needs – it seems resistant to change	No monetary incentive to work in community clinics or as Primary Care Providers (PCPs)

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

- Cultural competency
- Insurance coverage of RN services or home health care

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

- Promotoras
- Transition care support staff to meet and sustain services from acute care to home care
- Mental and behavioral health professionals

Within 2 years

- Care partners
- Fast track training of foreign trained physicians enter practice in the U.S.
- Support staff to provide assistance for the uninsured population to navigate and receive healthcare services

In 3-5 years

- Care coordinators
- Sub-specialists in a medical home environment

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	Promotoras	Support staff for transition from acute care to home care	Psychologists (mental health physicians)
	Within 2 yrs.	Care partners	Training of foreign-born physicians to go into practice in the U.S.	Support staff
	Within 3-5 yrs.	Care coordinators	Sub-specialists	No answer provided

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

- Healthcare coaches
- Education of caretakers in the community
- Telemedicine

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

- Subsidization of loan repayment for physicians
- Alignment of MediCal reimbursement rates with service delivery costs
- Streamlining of the grant application and approval processes

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>
<i>A</i>	Subsidization of loan repayment for physicians	Reimbursement for MediCal	Easier/more realistic grant application/approval process

All discussion topics captured on the note taking instrument are indicated in Table 4.4. The participants did not indicate any additional items for question 2B.

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>	Partnerships and networking (see list below)	Internal, on-the-job career ladder advancements	Connecting with funding agencies through one electronic database

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

- Song Brown (Doctor of Medicine (MD) residency program and nursing schools)
- Service Employees International Union (SEIU)
- Health Information Technology for Economic and Clinical Health (HITECH) Grant
- Schweitzer Fellowship
- Blue Shield
- Community Care Clinics

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

- A database of healthcare training opportunities for students and incumbent workers
- Partnerships between healthcare providers, primary education institutions, and secondary education institutions to provide pipeline programs for healthcare careers
- Funding for students in healthcare related vocational programs

<i>Group</i>	<i>Summary Item 1</i>	<i>Summary Item 2</i>	<i>Summary Item 3</i>
A	Elementary and middle school level programs	Partnerships between employers and K-12	Funding for students in vocational programs

All discussion topics captured on the note taking instrument are indicated in Table 4.6. The participants did not indicate any additional items for question 3B.

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.

Table 4.7
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>
A	No answers provided	No answers provided	No answers provided
B	University of Southern California (USC) Medical School “Community Diagnoses Project”	Union education training programs	Patient-centered medical homes

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

- Promotoras
- National Committee for Quality Assurance (NCQA) standards

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

- Alignment of education and training curricula with the healthcare industry standards
- Innovative education/training delivery methods to meet the needs of the adult student or incumbent healthcare worker
- Student loan incentives for healthcare professionals who serve as teachers
- Primary care externship opportunities
- Health Corps expansion
- Expedited processing for certifications

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>
A	More collaboration which results in training and education to meet employer needs	New innovative curriculum with new delivery methods and flexibility	Loan forgiveness through alumni teaching opportunities
B	Externships in primary care	Health Corps expansion	Expedited processing for certifications

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:

- Alignment of MediCal reimbursement rates with service delivery costs
- Employment support for graduating undocumented students
- Scope of practice faces clear bureaucratic barriers
- Secured funding to support healthcare workforce training and development
- Alignment of licensure board requirements with the healthcare industry standards
- Modify loan repayment programs to include allied health professions

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>
<i>A</i>	Reimbursement of services	Undocumented students being allowed to work	Scope of practice faces clear bureaucratic barriers
<i>B</i>	Assurances of funding through uncertain budget times	Licensure boards modify curricula according to industry needs	Loan repayment programs extended to allied health professions

All discussion topics captured on the note taking instrument are indicated in Table 4.9. The participants did not indicate any additional items for question 4C.

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>
<i>A</i>	UC Los Angeles International Medical Graduate (IMG) Program prototype	Magnet schools/Song Brown	Investment in science teachers

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:

- Utilize faith-based resources
- Approved medical translators
- Innovative recruitment and training strategies for healthcare workforce development

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>	Utilize faith-based resources	Approved medical translators	Think outside the box for recruitment and training

All discussion topics captured on the note taking instrument are indicated in Table 4.11. The participants did not indicate any additional items for question 5B.

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

- End unfunded mandates
- Address gaps in cultural diversity
- Provide funding for retroactive and proactive training

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	End unfunded mandates (i.e., Title 6)	Address gaps in cultural diversity	Funding for retroactive and proactive training

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 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	Regional Extension Centers (REC)	WIB	Veteran’s Association

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

- Community colleges and universities
- One-stop career centers
- Labor unions
- Los Angeles Unified School District (LAUSD)
- LA County Summer Young Program

- General Assessment of Instructional Needs (GAIN)/Workforce Investment Act (WIA) Programs
- Regional Occupational Centers (ROCs)
- Mission centers
- Private organizations
- Senior organizations

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

- Document and disseminate key elements to successful partnerships
- Increase collaboration between groups/stakeholders to eliminate reinventing training curricula
- Develop a statewide clearinghouse of best practices
- Provide incentives for funding agencies

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	Identify outcomes, show data, and list testimonies of successfully created partnerships	Increase collaboration between groups/stakeholders to eliminate reinventing curricula	Develop a clearinghouse of best practices that everyone has access to

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 6B.

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 31 individuals and had a response rate of 41.9 percent (n = 13) and a completion rate of 92.3 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	Alignment between education/training and industry standards	Outreach to underrepresented populations for recruitment	Align reimbursement rates and service delivery costs
1B. Unique regional challenges	Home-based and ambulatory care services	Need incentives for community clinic workers Geographical disparity within region	Alignment between education/training and industry standards
2A. Immediate workforce needs	Promotoras	Transitional care staff to sustain services from acute to home care	
2A. Workforce needs within 2 years	Support staff to provide assistance for uninsured to navigate and receive healthcare services	Care partners	Training of foreign-born physicians to go into practice in the U.S.
2A. Workforce needs within 3-5 years	Care coordinators	Sub-specialists in a medical home environment	
2B. Policy changes to aid recruitment, education, training, or retention	Align MediCal reimbursement rates with service delivery costs	Regulatory reform of grant application and approval	Student loan reform to provide subsidies for physicians
3B. Additional investment needed for resources	Partnerships to benefit programs for healthcare careers	Increase vocational programs	Create a training opportunity database
4B. New training models needed	Education delivery methods to meet adult student needs	Alignment between education/training and industry standards	Primary care externship opportunities
4C. Policy changes to facilitate new models	Align MediCal reimbursement rates with service delivery costs	Funding to support training and development	Student loan reform to include allied health professions
5B. Best practices needed to diversify workforce	Partnerships to increase training delivery methods	Medical translators	Use of faith-based resources
5C. Policy changes to facilitate diversification of workforce	Gaps in diversity	Funding of retro- and pro-active training	End unfunded mandates
6B. Actions needed to strengthen or create partnerships	Aim to eliminate process of reinventing training curricula by increasing collaboration among education institutions	Provide incentives to funding agencies	Provide statewide best practices

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. Alignment of education and training curricula with the healthcare industry standards
2. Healthcare workforce recruitment outreach to underrepresented populations
3. Alignment of reimbursement rates with service delivery costs
4. Standardization of curricula requirements across education institutions
5. Holistic approach to academic curricula (i.e., add computer training to general education requirements) in preparation for post education training
6. Customized recruitment to meet the needs of the region

Respondents were asked to generate additional items they felt were not represented on the ranking list. The following responses were given: role of family physicians and family physician education and identification of innovative programs models such as labor management partnerships.

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

1. Providing services for home-based and ambulatory care
2. Lack of incentives for healthcare professionals to work in community clinics
2. Geographic disparity within the region
3. Alignment of education and training curricula with the healthcare industry standards
4. Lack of incentives for qualified healthcare professionals to expand their scope of practice
5. Meeting the needs of the acute care setting
6. Loss of RNs to other professions due to lack of jobs available

Respondents provided one additional item not included on the prioritization list: size of unmet healthcare needs in the “safety net” which will need a variety of workers and also medical home models to address the need.

Question 2

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

Immediately

1. Promotoras
2. Transition care support staff to meet and sustain services from acute care to home care

Respondents were asked to generate additional items they felt were not represented on the ranking list. The following responses were given: workers in prevention healthcare; radiology technicians; respiratory therapists; mental/behavioral health; and medical assistants.

Within 2 years

1. Support staff to provide assistance for the uninsured population to navigate and receive healthcare services
2. Care partners
3. Training of foreign-born physicians to go into practice in the U.S.

Within 3-5 years

1. Care coordinators
2. Sub-specialists in a medical home environment

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. Alignment of MediCal reimbursement rates with service delivery costs
2. Streamlining of the grant application and approval processes
3. Subsidization of loan repayment for physicians

Respondents were asked to generate additional items they felt were not represented on the ranking list. The following responses were given: financial aid for part-time, working students; support for innovative program models (e.g., labor management partnerships); and increased methods to prove eligibility for WIA funded programs.

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:

- American Recovery and Reinvestment Act (ARRA) funds for training students in electronic health records
- SEIU-United Healthcare Workers (UHW) Joint Education Fund
- Worker Education and Resource Center (WERC)
- HRSA funds

- CA Chancellor’s Office funding
- WIA funding
- Chamber of Commerce
- Labor management partnerships
- Song Brown Commission
- Health Professions Education Foundation of OSHPD
- UC Los Angeles International Medical Graduate (IMG) program
- UC Los Angeles and UC Irvine Program in Medical Education (PRIME) programs

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

1. Partnerships between healthcare providers, primary education institutions, and secondary education institutions to provide pipeline programs for healthcare careers
2. Students in healthcare related vocational programs
3. A database of healthcare training opportunities for students and incumbent workers

Respondents were asked to generate additional items they felt were not represented on the ranking list. The following responses were given: labor management partnerships and community-based organizations.

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:

- Family medicine residency programs (mentioned twice)
- SEIU-UHW Joint Education Fund (mentioned 3 times)
- WERC (mentioned twice)
- Kaiser Permanente school
- Homecare Worker Training Center
- Song Brown programs
- UCLA and UCI PRIME programs

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

1. Innovative education/training delivery methods to meet the needs of the adult student or incumbent healthcare worker

2. Alignment of education and training curricula with the healthcare industry standards
3. Primary care externship opportunities
4. Student loan incentives for healthcare professionals who serve as teachers
5. Health Corps expansion
6. Expedited processing for certifications

Respondents provided one additional item not included on the prioritization list: apprenticeships for allied health workers.

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

1. Alignment of MediCal reimbursement rates with service delivery costs
2. Secured funding to support healthcare workforce training and development
3. Modify loan repayment programs to include allied health professions
4. Alignment of licensure board requirements with the healthcare industry standards
5. Scope of practice faces clear bureaucratic barriers
6. Employment support for graduating undocumented students

Respondents provided one additional item not included on the prioritization list: modify financial aid to include part-time and working students.

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. Innovative education/training delivery methods to meet the needs of the adult student or incumbent healthcare worker
2. Approved medical translators
3. Utilize faith-based resources

Respondents were asked to generate additional items they felt were not represented on the ranking list. The following responses were given: labor management partnerships and Promotoras models to better understand patient background and community issues.

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. Address gaps in cultural diversity
2. Provide funding for retroactive and proactive training
3. End unfunded mandates

Respondents were asked to generate additional items they felt were not represented on the ranking list. The following responses were given: career ladder programs and reimbursements for Promotoras and other community health outreach worker services.

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:

- Labor management partnerships (mentioned 3 times)
- Healthcare labor management trust funds

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

1. Increase collaboration between groups/stakeholders to eliminate reinventing training curricula
2. Provide incentives for funding agencies
3. Develop a statewide clearinghouse of best practices
4. Document and disseminate key elements to successful partnerships

Respondents provided one additional item not included on the prioritization list: outreach to employers, community-based organizations, and unions.

Appendix A: Focus Group Note Taking Instrument

