Healthcare Workforce Development Regional Focus Groups and Follow-Up Survey

ORANGE

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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 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 to 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 Orange 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: ORANGE FOCUS GROUP PARTICIPANTS

The Orange regional meeting had a total of 46 participants representing a diverse group of healthcare stakeholders from the following counties: Los Angeles, Ventura, Santa Barbara, San Luis Obispo, Monterey, and Sacramento. Figure 3.1 shows that approximately seven (15.2%) of the participants categorized their employer as four-year public education while another 15.2% categorized their employer as "Other," which represented organizations such as a business organization, labor/management training fund, and Nursing Workforce Center for California . The next largest group of participants categorized their organization as hospitals(10.9%), followed by community-based groups (10.9%), advocacy groups (6.5%), local government (6.5%), work investment boards (6.5%), K-12 education(4.3%), private education (4.3%), professional organizations (4.3%), community college (2.2%), clinics (2.2%), community health center (2.2%), foundation (2.2%), labor (2.2%), and policy (2.2%).

Figure 3.1
Percentage of Participants by Organization Type
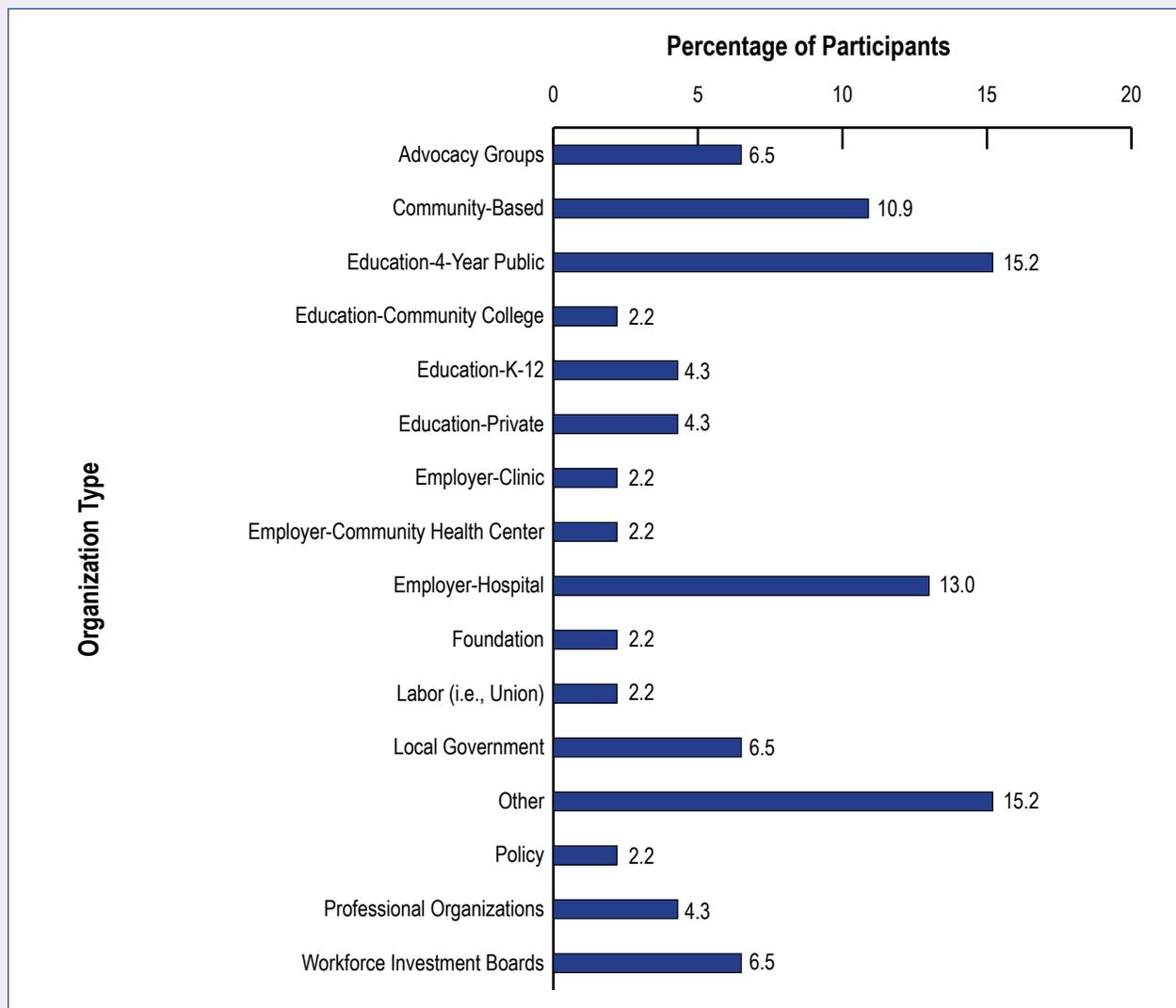
SECTION FOUR: FOCUS GROUP RESPONSES

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:

- Family Nurse Practitioner - FNP
- 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:

- Inclusion of other professions in Health Workforce Development Council membership (specifically, home healthcare workers and substance abuse providers)
- Lack of communication between industry and educational providers with respect to actual skills and needs
- Electronic Medical Record (EMR)/Information Technology (IT) issues with regard to development and also retraining of existing staff
- Lack of job opportunities for new graduates
- Programs serving undervalued populations (e.g., poor, addicts) are at risk of being cut due to economy
- Inconsistency between training, licensure requirements and applicability of clinical internships
- Lack of acute care clinical experiences
- Shortage of mental health and family care practitioners going into underserved communities due to lack of financial incentives and uninsured population

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

Group	Summary Item 1	Summary Item 2	Summary Item 3
A	Inclusion of other professions in Health Workforce Development Council membership (specifically, home healthcare workers and substance abuse providers)	Lack of job opportunities for new graduates	Certain segments of population not highly valued (poor, addicts) so not a priority and services for those populations are in danger of being cut
B	Communication disconnect between industry and educational providers with respect to actual skills and needs(stet)	Inconsistency between training, licensure requirements and applicability of clinical internships	Lack of acute care clinical experiences
C	EMR/IT issues developing and retraining existing staff skill sets to meet the technical demands of the industry and for students, the training cuts into clinical hours	Shortage of mental health and family care practitioners going into underserved communities due to lack of financial incentives and uninsured population	Nursing program placement impacted due to non-retirement and other reasons. Nurses are leaving California for placement

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

- Options for new graduates unable to get jobs immediately

- Difficult to find qualified substance abuse counselors and this need will increase

- Proprietary schools are not providing the quality of training that is necessary for employer standards and there is a high drop-out rate

- Lack of capacity at Community Colleges, CSU and University of California schools due to state budget cuts

- Lack of a sufficient bridge between graduation and practice and need for guided preceptor internships

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

- Increasing recruitment of minority groups in order to better represent the population

- Aging workforce

- Long-term retention of lower paid workers (health aides, substance abuse treatment) due to lower salaries, cutting of hours, and no insurance

- Linguistic and cultural barriers to providing education and prevention initiatives to a highly dense, uninsured, and mostly Latino population

- Overall lack of specialty services for uninsured (mental health, addiction, surgical, etc.)

- Inability to address issues within a large underserved community

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

Group	Summary Item 1	Summary Item 2	Summary Item 3
A	Cultural and economic diversity makes it necessary to increase access for minority groups to obtain training in healthcare to better represent the population	Age of nurses, substance abuse providers is mainly older and we need to bring in newer people within a reasonable timeframe	Long-term retention of lower paid workers (health aides, substance abuse treatment) due to lower salaries, cutting of hours, no insurance
B	Highly dense, uninsured, mostly Latino population result in linguistic and cultural barriers that make education/prevention initiatives difficult to implement	Overall lack of specialty services for uninsured (mental health, addiction, surgical, etc.)	Very high gang rate and lack of acknowledgement by most of the County as to issues within underserved community

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

Housing crisis and unemployment rates worse here than other places

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

- General Internal Medicine
- Registered nurses (RNs) in expanded roles
- Community education worker
- Primary Care Providers (PCPs)
- Community Workers (peer support, family support, Promotoras and translators)
- Case managers
- Health profession educators
- Staff for team-based care and medical home models like: mental health, community liaison / social worker, primary care and, dentists
- Culturally diverse workforce to provide culturally and linguistically appropriate care

Within 2 years

- Mental and Behavioral Health Specialists
- Family Nurse Practitioners (FNPs)
- Geriatric Medicine
- All staff trained in electronic medical records
- Health Information Technology (HIT) workers
- Data analysts / "decision support" – a little clinical knowledge to help take data and make it useful for providing and know how to use the data at point of care

In 3-5 years

- Physician assistants (PAs)
- Pediatrics
- Acupuncture
- Culturally competent PAs and Nurse Practitioners (NPs)
- All positions trained in primary care / behavioral health integration

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?

Group	Time Period	Summary Item 1	Summary Item 2	Summary Item 3
A	Immediately	General Internal Medicine	RNs in expanded roles	Community education worker
	Within 2 yrs.	Mental and Behavioral Health Specialists	FNPs	Geriatric Medicine
	Within 3-5 yrs.	PAs	Pediatrics	Acupuncture
B	Immediately	PCPs	Community Workers (peer support, family support, promotoras and translators)	Case Managers
	Within 2 yrs.	Same as immediate	All staff trained in electronic medical records	No answer provided
	Within 3-5 yrs.	Culturally competent PAs and NPs	All positions trained in primary care / behavioral health integration	No answer provided
C	Immediately	Health professions educators	Staff for team-based care and medical home models like: mental health, community liaison / social worker, primary care and, dentists	Need to focus on providing culturally and linguistically appropriate care through provider diversity
	Within 2 yrs.	HIT workers will be needed by 2014 to help with meaningful use	Data analysts / "decision support" – a little clinical knowledge to help take data and make it useful for providing and know how to use the data at point of care	No answer provided
	Within 3-5 yrs.	No answer provided	No answer provided	No answer provided

All discussion topics captured on the note taking instrument are indicated in Table 4.3. The participants did not indicate any additional items for question 2A.

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

- Continue funding federal Workforce Investment Board (WIB) programs

- K-12 health education

- Broad articulation and alignment to develop health career pathways between K-12, community colleges, CSU's, UC's and private colleges

- Physician licensing transfer from other states

- Integrated electronic medical records

- Mandate cultural competency training for all positions

- Develop a statutory definition of "patient-centered medical homes"

- Move away from fee-for-service model towards a model that rewards care management and patient-centered individual quality outcome with a focus on prevention

- Look at systems for better supporting health profession education through financial and legislative means

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.

Group	Summary Item 1	Summary Item 2	Summary Item 3
A	Continue funding federal WIB programs	K-12 health education	Broad articulation and alignment to develop health career pathways between K-12, community colleges, CSU's, UC's and private colleges
B	Physician licensing transfer from other states	Integrated electronic health records	Mandate cultural competency training for all positions
C	Develop a statutory definition of "patient-centered medical homes"	Move away from fee-for-service model towards a model that rewards care management and patient-centered individual quality outcome with a focus on prevention	Look at systems for better supporting health profession education through financial and legislative means

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

- Fund and increase outreach to middle and high schools

- More regional workforce partnerships between employers and educators

- Shorter times for curriculum changes / accreditation cycles

- Regulate for-profit organizations to decrease deceptive recruiting practices

- Create scholarship stipends and supportive services for new students or incumbent worker training
- Address barriers to access to education by providing incentives for community colleges to offer night classes
- Licensing and career path for entry level / community healthcare workers
- Budget and priority problems are barriers to the School Nurse program – less than 50% of schools have RNs now
- Need funding for care management – prevention and education
- Need to make primary care specialty more financially attractive
- Need for alternative medicine in general

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?			
Group	*Summary Item 1*	*Summary Item 2*	*Summary Item 3*
A	Advanced degree training for nurses to teach are underfunded	Need programs for retaining jobs through training and continued education	MS level interns for therapy
B	Healthcare employers offer scholarships for workforce and in some cases outside students to support career development: Kaiser Scholarships with College Partners Dolores Jones Nursing Scholarship Worker Education and Resource Center Kaiser: College to Caring	Labor management partnerships offer a variety of career path development programs for members (loan forgiveness, fee waivers, support services and counseling) : Service Employees International Union (SEIU) Education Fund Student Temporary Employment Program (STEP) for Healthcare Workers	Federal and state agencies offer training grants, scholarships through non-profits, WIB and colleges and universities: US Deptartment of Health and Human Services – Scholarship for Disadvantaged Services #HRSA-11-074 City of LA Nursing School – College of Nursing and Allied Health

All discussion topics captured on the note taking instrument are indicated in Table 4.5. The participants did not indicate any additional items for question 3A.

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

- Training incumbent workers to enhance skill set
- Greater funds for on-the-job training
- Marketing program for resource services for new jobs
- Strengthening of Labor Management partnerships to develop incumbent workforce and open entry-level jobs
- Due to the aging patient population, move resources for homecare and physical and occupational therapy rehabilitation training
- Better integration of alternative and preventative care practitioners

Table 4.6
3B. Where is additional investment needed?

Group	Summary Item 1	Summary Item 2	Summary Item 3
A	Training incumbent workers to enhance skill set	Greater funds for on the job training	Marketing program for resource services for new jobs
B	Strengthening of Labor Management partnerships to develop incumbent workforce and open entry level jobs	With an aging patient population, move resources for homecare and physical and occupational therapy rehabilitation training	Better integration of alternative and preventative care practitioners

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

- Certified Critical Service Technicians
- Alternative primary practitioners – healthy lifestyle
- Funding for clinics
- Need for Master's level workforce
- Drug and alcohol counselors as private practitioners
- Fund intervention screening at the primary care and emergency room for psychiatric and substance abuse

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?

Group	Summary Item 1	Summary Item 2	Summary Item 3
A	Educational institutions and employers working together to identify needs in workforce and provide training toward same goal	Mentoring / support systems to guide and encourage others (students) to continue / enter into field	Partnering business with education at high school level to provide shadowing opportunities
B	Multiple avenues to access education (online, community college, 4 year)	Use of smart simulation labs and standardize patient labs to increase clinical experience	

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

- Market driven, federally funded grant to support training

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

- Increasing collaboration between schools and also between schools and community businesses
- Increase mentorship opportunities for students with professional organizations
- Build a career ladder to increase student awareness of educational and training opportunities
- Integration of health information technology in education
- Create educational programs and clinical experience opportunities which support multi-disciplinary care
- Student experience in community-based rotations which promote wellness models
- Secondary education programs on cultural competency
- Expansion of the Promotoras program
- Increasing access to healthcare profession within the community

Table 4.8
4B. What types of new models will be needed to meet the impact of ACA?

Group	Summary Item 1	Summary Item 2	Summary Item 3
A	Reducing barriers within institutions between the different healthcare professions and between educational institutions and community businesses	Encourage mentorship, provide access to information and career paths to students – begin with professional organizations and encourage this as a part of the profession	Incorporate incentives for students to continue their education, build career ladders, provide structure to guide students (i.e. on one's way to a social work degree, one would have the opportunity to obtain alcohol and drug certificate to work in field a bit before continuing on)
B	Health information technology integrated into education	Creating opportunities for multi-disciplinary integration within educational programs / clinical experience	Including community-based rotations including wellness models
C	Secondary education programs to enhance the cultural competency of professionals	Expansion of Promotoras Program	Access to work for community

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

- More opportunities for apprenticeship / certificate program and mental health supervision for working adult learners

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

- Subsidize priority healthcare positions and underserved locations to provide incentives for students to pursue careers in those areas
- Begin pipeline earlier in education in order to provide realistic goals and ideas about career choices in healthcare
- Top-down policy and streamlining / unifying of budgets
- Support and funding for specific health research to create evidence-based practice
- Incorporate complimentary alternative medicine (CAM) disciplines into integrated healthcare
- Funding and incentives for recruitment / retention of excellence in teaching

Table 4.9
**4C. Describe Federal, State, and Local policy changes that could be
implemented that could facilitate new and successful models.**

Group	Summary Item 1	Summary Item 2	Summary Item 3
A	Subsidize priority healthcare positions and underserved locations to perhaps motivate others to go into that area	Implementation at lower educational levels to provide more realistic goals/ ideas about career choices and career paths	Top-down policy and streamlining / unifying of budgets
B	Support and funding for specific health research to create evidence-based practice	Incorporate CAM disciplines into integrated healthcare	Funding and incentives for recruitment / retention of excellence in teaching

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?**

Group	Summary Item 1	Summary Item 2	Summary Item 3
A	Health workforce diversity	Cultural competency academies for mental health	Mental health workforce partnerships
B	Promotoras	Distance learning – technology (example is CSU Dominguez Hills)	Program in Medical Education (PRIME) diversity focused track through UC system in the medical schools

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

- Song-Brown (OSHPD funding) rewards training programs by providing financial incentives to focus on underserved areas
- Charles Drew University – new Entry-Level Master's track (ELM) nursing program curriculum focused on community health
- Frame culture and psychosocial issues continuity to health conditions
- Area Health Education Centers

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

- Marketing to various ethnic communities include media campaign and outreach (including social media)
- Cross-training between behavioral health, primary care clinics, and hospitals
- Forums to share best practices

Table 4.11
5B. What else is needed?

Group	Summary Item 1	Summary Item 2	Summary Item 3
A	Marketing to various ethnic communities include media campaign and outreach	Training – conferences, cross-training between behavioral health, primary care clinics and hospitals	Forums to share best practices

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:

- Retention of students and workforce in the movement to community-based programs
- Graduate Medical Education funding
- Team-based interdisciplinary education
- Standardized solution for patient confidentiality
- Integration of behavioral and primary health

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.

Group	Summary Item 1	Summary Item 2	Summary Item 3
A	Need to identify ways to reach people in their local areas and support with policies and programs to encourage distance learning mechanisms while staying in our community	Graduate Medical Education funding to community based programs	Interdisciplinary education – team based
B	All hospitals have mandated training in cultural competence	Standardize a unified solution for confidentiality	Increase effort in integration between behavioral health and primary health

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

- Gain agreement on portable, billable licensures

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)

Group	Summary Item 1	Summary Item 2	Summary Item 3
A	Various education institutes including community colleges, universities, adult education and high schools	For-profit / non-profit institutes, state associations, and community-based organizations	Government-affiliated institutions including WIBs, one-stop career centers and probation centers
B	Exposure to healthcare field for youth: Employer – high school partnerships to shadow employees and university and high school partnerships	Community college partnerships with employers to be more aware and adaptive to the needs in the workplace	Public education on what jobs are in demand and what the requirements are for those jobs

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 6A.

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

- Incentives for increased partnerships that are mutually beneficial

- Providing internet-based shared space for collaboration and strategic planning

- Address needs of senior citizens

- Exposing our youth to healthcare professions

- Partnerships with employers and colleges funding transportation and health Increase collaboration between community colleges and employers in order to align need and training

- Communication with WIBs and one-stop career centers to change focus from low paying, fast programs to higher level programs

Table 4.14
6B. What actions are necessary to strengthen existing partnerships and/or form new partnerships?

Group	Summary Item 1	Summary Item 2	Summary Item 3
A	Incentives for increased partnerships that are mutually beneficial	Shared space for collaboration and strategic planning which might include internet resource sharing	Include senior citizens in conversation
B	Exposing our youth to healthcare professions, partnerships with employers and colleges funding transportation and health screening to be in the hospital setting	Improve community college partnerships: What do employers really need, supply and demand, teaching both soft and hard skills, training off campus (online, employer site)	Communication with WIBs and Career Centers – change focus from low paying, fast programs to higher level

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

- Increase volunteer and internship opportunities

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 80 individuals and had a response rate of 13.9 percent (n = 11) and a completion rate of 63.6 percent (n = 7). 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			
Question	*First Priority*	*Second Priority*	*Third Priority*
1A. Regional challenges	Alignment between education/ training and industry standards	Cuts to programs serving underrepresented populations	Inconsistency between training, licensure requirements and applicability of clinical internships
1B. Unique regional challenges	Linguistic and cultural barriers to providing care	Recruitment of workers to reflect diversity of service population	Inability to address issues within a large underserved community
2A. Immediate workforce needs	PCPs	RNs in expanded roles	Case managers
2A. Workforce needs within 2 years	FNPs	Geriatric Medicine	Mental and Behavioral Health Specialists
2A. Workforce needs within 3-5 years	Culturally competent PAs and NPs	All positions trained in primary care/behavioral health integration	Pediatrics
2B. Policy changes to aid recruitment, education, training, or retention	Alignment to create and support health career pipelines	Rewards care management and patient-centered individual quality outcome with a focus on prevention	K-12 health education
3B. Additional investment needed for resources	Greater funds for on-the-job training	Increase resources for home health care, physical therapy (PT), occupational therapy (OT), and rehabilitation training	Enhancing skill set of incumbent workers
4B. New training models needed	Create educational programs and clinical experience opportunities which support multi-disciplinary care	Student experience in community-based rotations which promote wellness models	Increasing collaboration between schools and also between schools and community businesses
4C. Policy changes to facilitate new models	Provide incentives to students to pursue careers in underserved areas	Funding and incentives for recruitment/retention of excellence in teaching	Begin pipeline earlier in education
5B. Best practices needed to diversify workforce	Cross-training between behavioral health, primary care clinics, and hospitals	Forums to share best practices	Marketing to include media campaign and outreach
5C. Policy changes to facilitate diversification of workforce	Retention of students and workforce in the region	Movement of Graduate Medical Education funding to community-based programs	Team-based interdisciplinary education
6B. Actions needed to strengthen or create partnerships	Increase collaboration between community colleges and employers in order to align need and training	Internet-based shared space for collaboration and strategic planning Incentives for increased partnerships that are mutually beneficial	Exposing our youth to healthcare professions

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. Lack of communication between industry and educational providers with respect to actual skills and needs
2. Programs serving undervalued populations (e.g., poor, addicts) are at risk of being cut due to economy
3. Inconsistency between training, licensure requirements and applicability of clinical internships
4. Lack of job opportunities for new graduates
5. Lack of acute care clinical experiences
6. Shortage of mental health and family care practitioners going into underserved communities due to back of financial incentives and uninsured population
7. Inclusion of other professions in Council Membership (specifically, home healthcare workers and substance abuse providers)
7. EMR/IT issues with regard to development and also retraining of existing staff

Respondents were asked to generate additional items they felt were not represented on the ranking list. The following responses were given: lack of dental providers for children and underserved populations; experienced health workers are unemployed and having difficulty moving into career ladder jobs; and lack of funding for sustainable nursing program growth.

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

1. Linguistic and cultural barriers to providing education and prevention initiatives to a highly dense, uninsured, and mostly Latino population
2. Increasing recruitment of minority groups in order to better represent the population
3. Inability to address issues within a large underserved community
4. Aging workforce
5. Overall lack of specialty services for uninsured (mental health, addiction, surgical, etc.)
6. Long-term retention of lower paid workers (health aides, substance abuse treatment) due to lower salaries, cutting of hours, and no insurance

Respondents provided one additional item not included on the prioritization list: dramatic variation in cultural and linguistic barriers (more so than in other regions).

Question 2

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

Immediately

1. PCPs

2. RNs in expanded roles

3. Case managers

4. Staff for team-based care and medical home models like: mental health, community liaison / social worker, primary care and, dentists

5. Culturally diverse workforce to provide culturally and linguistically appropriate care

6. Health profession educators

7. General Internal Medicine

8. Community Workers (peer support, family support, Promatoras and translators)

9. Community education worker

Respondents were asked to generate additional items they felt were not represented on the ranking list. The following responses were given: dental care providers and family physicians.

Within 2 years

1. FNPs

2. Geriatric Medicine

3. Mental and Behavioral Health Specialists

4. HIT workers Data analysts / "decision support" – a little clinical knowledge to help take data and make it useful for providing and know how to use the data at point of care

5. All staff trained in electronic medical records

Respondents provided one additional item not included on the prioritization list: dental providers (from allied dental workers to dentists).

Within 3-5 years

1. Culturally competent PAs and NPs

2. All positions trained in primary care/behavioral health integration

3. Pediatrics

4. PAs

5. Acupuncturists

Respondents provided one additional item not included on the prioritization list: allied dental providers for both preventative and restorative care.

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. Broad articulation and alignment to develop health career pathways between K-12, community colleges, CSU's, UC's and private colleges

2. Move away from fee-for-service model towards a model that rewards care management and patient-centered individual quality outcome with a focus on prevention

3. K-12 health education

4. Integrated electronic medical records

5. Look at systems for better supporting health profession education through financial and legislative means

6. Develop a statutory definition of "patient-centered medical homes"

7. Physician licensing transfer from other states

8. Continue funding federal WIB programs

Respondents were asked to generate additional items they felt were not represented on the ranking list. The following responses were given: development of alternative dental providers with limited scope of practice as part of a larger dental team; changing structure of WIB funding to promote career path workforce development (as opposed to short-term training and low-wage job placement); and WIB-provided training programs that meet employer needs.

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:

1. Los Angeles Workforce Funders Collaborative

2. LA Health Action

3. Worker Education & Resource Center, Inc. (WERC)

4. California Institute for Nursing and Health Care (CINHC)

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

1. Greater funds for on-the-job training

2. Due to the aging patient population, moving resources for homecare and physical and occupational therapy rehabilitation training

3. Training incumbent workers to enhance skill set

4. Strengthening of Labor Management partnerships to develop incumbent workforce and open entry-level jobs

5. Better integration of alternative and preventative care practitioners

6. Marketing program for resource services for new jobs

Respondents were asked to generate additional items they felt were not represented on the ranking list. The following response was given: build medical and dental teams which include allied health workers and support for apprenticeship model training and/or new professional 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 following education and training model:

- Alaska's Dental Health Aid Therapist

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

1. Create educational programs and clinical experience opportunities which support multi-disciplinary care

2. Student experience in community-based rotations which promote wellness models

3. Increasing collaboration between schools and also between schools and community businesses

4. Build a career ladder to increase student awareness of educational and training opportunities

5. Integration of health information technology in education

6. Increasing access to healthcare profession within the community

7. Increase mentorship opportunities for students with professional organizations

8. Expansion of the Promotoras program

9. Secondary education programs on cultural competency

Respondents provided one additional item not included on the prioritization list: alternative dental and health providers.

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

1. Subsidize priority healthcare positions and underserved locations to provide incentives for students to pursue careers in those areas

2. Funding and incentives for recruitment / retention of excellence in teaching

3. Begin pipeline earlier in education in order to provide realistic goals and ideas about career choices in healthcare

4. Support and funding for specific health research to create evidence-based practice

5. Top-down policy and streamlining / unifying of budgets

6. Incorporate complimentary alternative medicine (CAM) disciplines into integrated healthcare

Respondents provided one additional item not included on the prioritization list: develop and fund new workforce models, such as the use of allied dental providers.

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. Cross-training between behavioral health, primary care clinics, and hospitals

2. Forums to share best practices

3. Marketing to include media campaign and outreach

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. Retention of students and workforce in the Graduate medical education funding movement to community-based programs

2. Movement of Graduate Medical Education funding to community-based programs

3. Team-based interdisciplinary education

4. Integration of behavioral and primary health

5. Standardized solution for patient confidentiality

Respondents were asked to generate additional items they felt were not represented on the ranking list. The following responses were given: recruitment of new providers from underserved communities and support 'grow your own' strategies to upgrade the skills of qualified low wage or underemployed workers from under-served communities.

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 partnership:

• Labor management partnerships

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

1. Partnerships with employers and colleges funding transportation and health Increase collaboration between community colleges and employers in order to align need and training

2. Providing internet-based shared space for collaboration and strategic planning

3. Incentives for increased partnerships that are mutually beneficial

4. Exposing our youth to healthcare professions

5. Communication with WIBs and one-stop career centers to change focus from low paying, fast programs to higher level programs

6. Address needs of senior citizens

Respondents provided one additional item not included on the prioritization list: if a funding opportunity requires that a partnership submit the application, the entities named as partners should not be subjected to solicitation to provide the services they describe in their application. That vetting should be part of the application review process. It undermines planning and trust-building, wastes time and energy.

Appendix A: Focus Group Note Taking Instrument

ORANGE

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:_____

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