

Healthcare Workforce Development Regional Focus Groups and Follow-Up Survey

OXNARD

Submitted to:



Submitted by:



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Healthcare Workforce Development Regional Focus Groups and Follow-Up Survey

OXNARD

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 Oxnard 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.

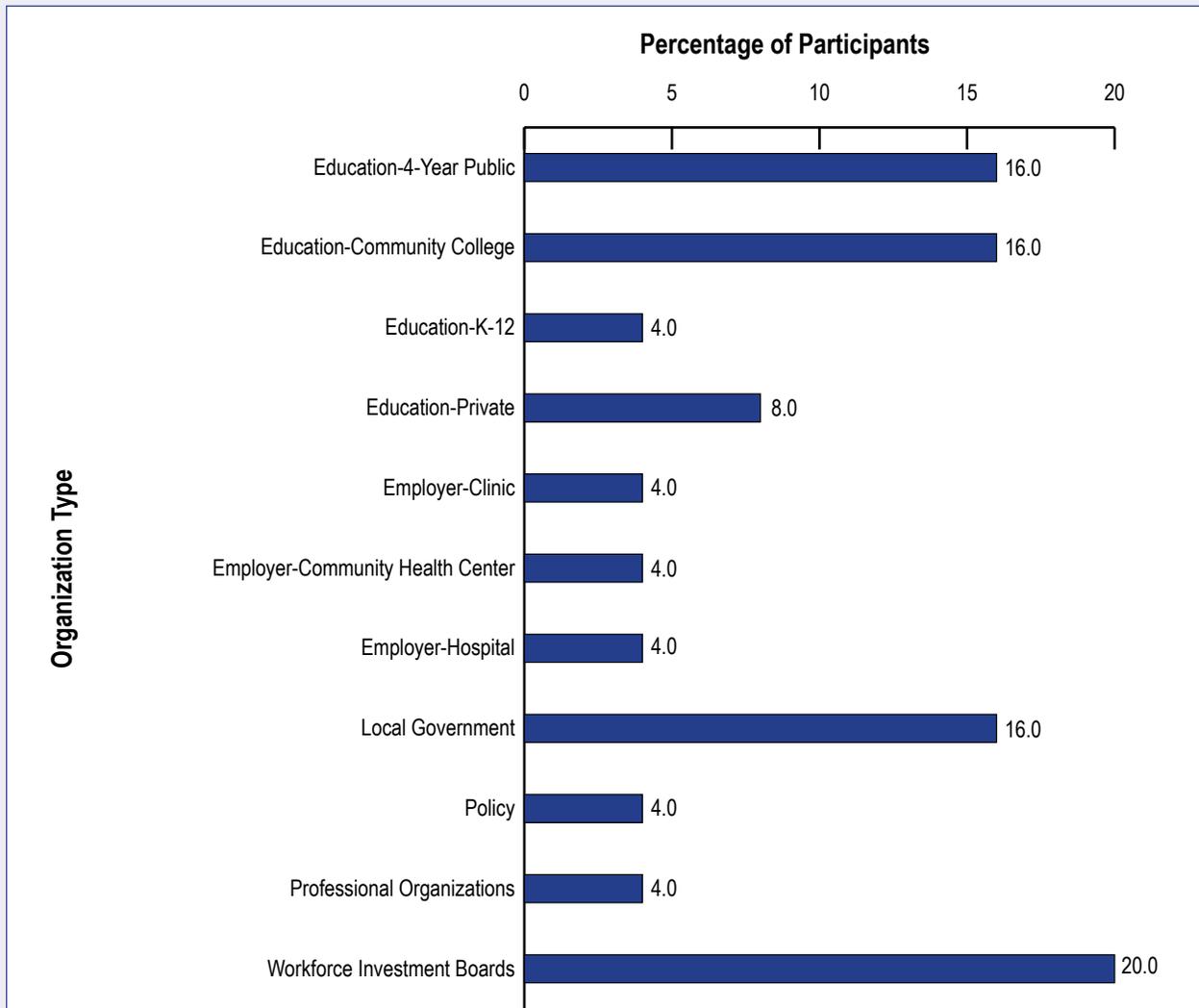
Each group was asked to hold a round table discussion about two randomly assigned questions (one during the morning session and a second during the afternoon session). The direction and focus of the conversations around the questions were determined by the table participants. The groups began by selecting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

The Oxnard regional meeting had a total of 25 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 twenty percent of the participants represented Workforce Investment Boards, followed by four-year public education institutions (16.0%), community colleges (16.0%), and local government agencies (16.0%).

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
- Licensed Vocational Nurse –LVN
- Nurse Practitioner – NP
- Physician Assistant – PA
- Physical Therapist – PT
- 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:

- Increased need for allied health workers
- Recruitment of linguistically and culturally adequate workforce
- Increase in the number of registered nurse (RN) positions
- Increase in the number healthcare mentors
- Funding (education; field work; easy access; healthcare institution collaboration)
- Allied health workforce pipeline
- Regulatory reform to increase efficiency in the education and certification systems

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	Projected allied health workforce retirement numbers exceed present source of replacement	Recruitment of linguistically and culturally adequate workforce	Jobs and mentors for nursing and other professionals is scarce
B	Funding (education; field work; easy access; healthcare institution collaboration)	Allied health workforce pipeline	Regulatory reform

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

- Increase interest of Hispanic population (especially males) in allied and professional healthcare
- Health education and promotion
- Long, arduous, expensive process for state accreditation and licensing
- Redirect nursing wait lists to allied health
- Bilingual clinics needed
- Align education and business/provider demand
- Need *current* data to help focus programmatic efforts
- Case management skills and virtual care technology for remote areas

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

- Identify transitional training opportunities
- Need qualified interpreters
- Cultural competency training
- Creative outreach to youth and adults regarding health care career options
- Focus on the recruitment of allied health professionals
- Geographically large area

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	Identify transitional training	Need qualified interpreters	Cultural competency training
B	Creative outreach to youth and adults regarding health care career options	Focus on clinical laboratory scientists (CLSs), radiology technicians, certified coders, pharmacists, physical therapists (PTs), and respiratory therapists	Geographically large area

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

- Outreach to licensed vocational nurses (LVNs) to redirect careers
- Receive state certifications for field work in an efficient and timely manner
- Align what Board of Registered Nursing allows nurses to do within scope of practice

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

- Family doctors
- Nurse Practitioners (NPs)
- Store-front clinics

Within 2 years

- NPs
- Family practitioners
- Mental health care

In 3-5 years

- Foundation and clinical model
- Information Technology (IT) infrastructure
- 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	Family care doctors	NPs	Store-front clinics
	Within 2 yrs.	NPs	Family medicine practitioners	Mental health care
	Within 3-5 yrs.	Foundation and clinical model	IT infrastructure	PAs

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:

- Physician Employment Act
- Increase partnerships between primary and secondary educational systems to build healthcare career pipelines
- State-to-state licensing

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	Physician Employment Act	K-12, middle school, high school partnerships to build pipeline	State-to-state licensing

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

- Formation of wellness programs

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.

<i>Group</i>	<i>Summary Item 1</i>	<i>Summary Item 2</i>	<i>Summary Item 3</i>
A	Funding from the Department of Mental Health	Primary care and mental health partnerships	Channel Islands University RN to Bachelor of Science in Nursing (BSN) program

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

- Formation of wellness programs

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

- CLS programs
- Articulation with community colleges
- San Luis Obispo healthcare system

<i>Group</i>	<i>Summary Item 1</i>	<i>Summary Item 2</i>	<i>Summary Item 3</i>
A	CLS programs	Articulation with community colleges	San Luis Obispo healthcare system

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

- Regional Occupation Programs (ROPs) with high school students
- Regional partnerships with healthcare training programs
- Not enough training providers to use Workforce Investment Board (WIB) resources

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 the focus group participants.

<i>Group</i>	<i>Summary Item 1</i>	<i>Summary Item 2</i>	<i>Summary Item 3</i>
A	Ventura County's allied health workforce pipeline model	ROPs	Ventura County Clinical Outreach Program for Education (COPE)

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:

- Consistent curriculum for smooth articulation from high school through college and graduate levels
- Collaboration required between and among educations and health providers
- Creative ways to recruit students for difficult to fill positions

<i>Group</i>	<i>Summary Item 1</i>	<i>Summary Item 2</i>	<i>Summary Item 3</i>
A	Consistent curriculum for smooth articulation from high school through college and graduate levels	Collaboration required between and among educations and health providers	Creative ways to recruit students for difficult to fill positions

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 education/training requirements and industry standards
- Withhold funding in cases where collaboration across educational levels is absent
- Funded residency programs

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>	Alignment of continuing education with relevance to demand-driven workforce needs	Withhold funding in cases where collaboration across educational levels is absent	Funded residency programs

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>	Interpreters over the phone or Skype	On-site interpreters	Identify patients' cultural and linguistic needs

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:

- Cultural competency training for new employees
- Cultural competency training for incumbent healthcare professionals

Table 4.11
5B. What else is needed?

<i>Group</i>	<i>Summary Item 1</i>	<i>Summary Item 2</i>	<i>Summary Item 3</i>
A	Cultural training for new employees	Education of physicians and healthcare workers about avoidance of insurance discrimination	Identify patients' diversity needs at access point

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:

- Alignment of the cultural diversity of the regional healthcare workforce with the regional service population
- Incentive programs for healthcare professional working in Disproportionate Share Hospitals (DSHs)

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	Address insurance diversity through training	Need diverse workforce in culturally diverse communities	Working in disproportionate hospitals ¹ should have incentives

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.

¹ Disproportionate hospitals have a higher number of patients from underserved communities.

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 partnership for workforce development in mental health	California State University, Channel Island's CLS program	ROP

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:

- Increase communication opportunities with the use of technology (i.e., webinars) to address geographic constraints and strengthen partnerships
- Inventory current organizational assets in order to develop partnerships
- Broaden student participation in partnerships

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	Collaboration across media (twitter, webinars, etc.)	Inventory current assets	Broaden student participation in partnerships

All discussion topics captured on the note taking instrument are indicated in Table 4.14. 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 32 individuals and had a response rate of 18.8 percent (n = 6) and a completion rate of 83.3 percent (n = 5). 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	Funding for healthcare and education institution collaboration	Allied health workforce pipeline	Increased need for allied health workers
1B. Unique regional challenges	Outreach to youth about healthcare careers	Transitional training opportunities	Recruitment of allied health professionals
2A. Immediate workforce needs	NPs	Family doctors	
2A. Workforce needs within 2 years	NPs	Family practitioners	
2A. Workforce needs within 3-5 years	Foundation and clinical model	IT infrastructure	PAs
2B. Policy changes to aid recruitment, education, training, or retention	Build health career pipelines	State-to-state licensing	Physician Employment Act
3B. Additional investment needed for resources	Articulation at community college level	CLS programs	San Luis Obispo Healthcare System
4B. New training models needed	Articulation from secondary to post-secondary education	Collaboration between/among education institutions and healthcare providers	Recruitment to difficult-to-fill positions
4C. Policy changes to facilitate new models	Alignment of education/training requirements and industry standards	Require collaboration among education institutions to receive funding	Funded residency programs
5B. Best practices needed to diversify workforce	Cultural competency training for incumbent healthcare professionals	Cultural competency training for new employees	
5C. Policy changes to facilitate diversification of workforce	Incentive programs for healthcare professional working in Disproportionate Share Hospitals (DSHs)	Recruitment of health professionals to reflect the diversity of the region	
6B. Actions needed to strengthen or create partnerships	Increase use of technology to overcome geographical barriers	Broaden student participation in partnerships	Inventory current organizational assets in order to develop partnerships

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. Funding (education; field work; easy access; healthcare institution collaboration)
2. Allied health workforce pipeline
3. Increased need for allied health workers
4. Regulatory reform to increase efficiency in the education and certification systems
5. Recruitment of linguistically and culturally adequate workforce
6. Increase in the number of RN positions
7. Increased in the number healthcare mentors

Respondents provided one additional item not included on the prioritization list: The Joint and other regulatory agencies need to ease the kind and number of requirements that institutions must abide by when establishing an internship with an educational institution.

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

1. Creative outreach to youth and adults regarding health care career options
2. Identify transitional training opportunities
3. Focus on the recruitment of allied health professionals
4. Cultural competency training
5. Need qualified interpreters
6. Geographically large area

Question 2

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

Immediately

1. NPs
2. Family doctors

Respondents were asked to generate additional items they felt were not represented on the ranking list. The following responses were given: preventive services professionals (e.g., Master of Public Health (MPH) personnel and community liaisons trained in health promotion and disease prevention); PTs; and CLSs.

Within 2 years

1. NPs
2. Family practitioners

Within 3-5 years

1. Foundation and clinical model
2. IT infrastructure
3. PAs

Respondents provided one additional item not included on the prioritization list: medical assistants (and re-education thereof).

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. Increase partnerships between primary and secondary educational systems to build healthcare career pipelines
2. State-to-state licensing
3. Physician Employment Act

Respondents provided one additional item not included on the prioritization list: innovative training of FPs in chronic care management (as this sub-specialty moves away from OB/GYN), reform of Medicare requirements for residency in order to achieve this goal, and additional funding to support this transition.

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:

- The Health Workforce Initiative through the Economic Workforce Development Program
- Central Coast Area Health Education Center (AHEC)
- St. John's Community Health Worker (CHW) Education Fund
- WIB Allied Health Committee for Ventura County

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

1. Articulation with community colleges
2. CLS programs
3. San Louis Obispo healthcare system

Respondents provided one additional item not included on the prioritization list: expedite program approval in order to avoid loss of financial donors (e.g., CSUMB BSN program has been under review for months and is not slated for approval until 2012 at the CSU Chancellor's Office).

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:

- Collaboration among the community colleges through Health Workforce Initiative (HWI) to develop and share curriculum and distribute allied health programs strategically throughout the State
- Centers of Excellence researching and reporting on industry needs
- Collaboration between Channel Islands State and the community colleges in RN to BSN programs
- Ventura College Nursing program partners with local hospitals for instructors

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

1. Consistent curriculum for smooth articulation from high school through college and graduate levels
2. Collaboration required between and among educations and health providers
3. Creative ways to recruit students for difficult to fill positions

Respondents were asked to generate additional items they felt were not represented on the ranking list. The following responses were given: community care model including store-front clinics and mental health community care models.

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

1. Alignment of education/training requirements and industry standards
2. Withhold funding in cases where collaboration across educational levels is absent
3. Funded residency programs

Respondents were asked to generate additional items they felt were not represented on the ranking list. The following responses were given: state-to-state licensing; relaxed licensing requirements for out-of-state practitioners working in rural areas; and allow direct hire of physicians by hospitals.

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. Cultural competency training for incumbent healthcare professionals
2. Cultural competency training for new employees

Respondents provided one additional item not included on the prioritization list: definition of cultural competency in the Journal of Transcultural Nursing.

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. Incentive programs for healthcare professional working in Disproportionate Share Hospitals (DSHs)
2. Alignment of the cultural diversity of the regional healthcare workforce with the regional service population

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:

- HWI/Economic and Workforce Development (EWD) program
- Local and state policy makers to address gaps in healthcare system
- Healthcare industry representatives
- CC and CSU collaboratives
- Articulation of Community Colleges and 4 year universities
- Partnerships between local K-12 and Community colleges and 4 year universities to develop a pipeline

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

1. Increase communication opportunities with the use of technology (i.e., webinars) to address geographic constraints and strengthen partnerships
2. Broaden student participation in partnerships
3. Inventory current organizational assets in order to develop partnerships

Respondents provided one additional item not included on the prioritization list: utilize the CA Community Colleges EWD program.

Appendix A: Focus Group Note Taking Instrument



OXNARD

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: _____

