

Healthcare Workforce Development Regional Focus Groups and Follow-Up Survey

REDDING

Submitted to:



Submitted by:



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Healthcare Workforce Development Regional Focus Groups and Follow-Up Survey

REDDING

SECTION ONE: INTRODUCTION

BACKGROUND

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

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

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

1. Engage regional stakeholders in preparation to better position California as a strong applicant for the federal Health Workforce Development Implementation Grant and to be a national leader in the implementation of ACA.
2. Learn from healthcare employers what the State can do assist them in training, recruiting, utilizing and retaining the quality healthcare workforce which will be required under the ACA.
3. Assist the Health Workforce Development Council (HWDC), the State Board, and OSHPD in fulfilling the planning objectives to be achieved under the Health Resources and Services Administration (HRSA) funded Health Workforce Planning Grant, and lay the ground work for the articulation of health workforce development strategies that can become part of California's implementation plan.
4. Establish a foundation for, or enhance, existing regional partnerships aimed at improving alignment of existing health workforce development activities and identifying new activities needed, particularly in response to the ACA.

SECTION TWO: METHODS

Healthcare stakeholders from the Redding 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.

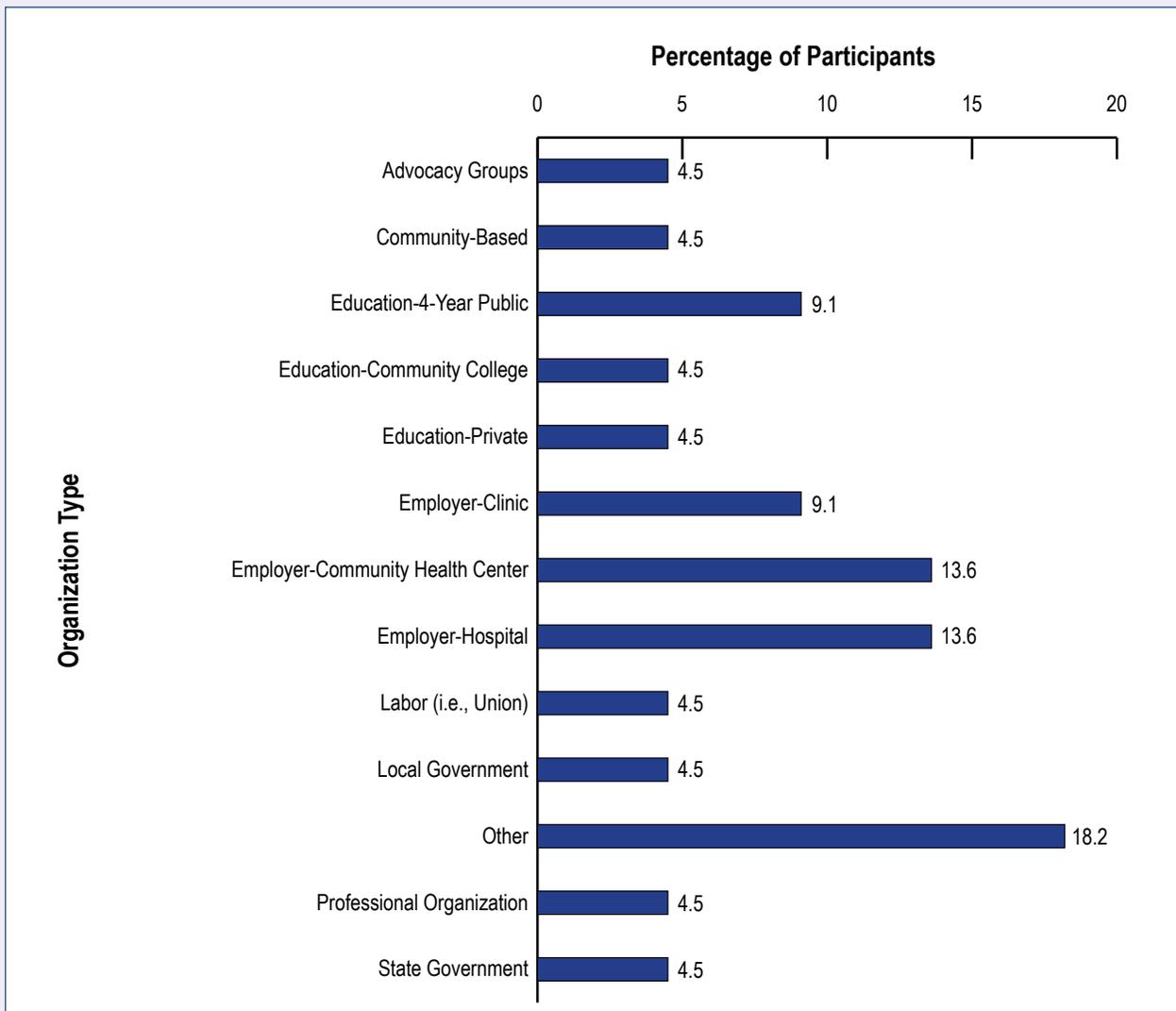
Each group was asked to hold a round table discussion about two randomly assigned questions (one during the morning session and a second during the afternoon session). The direction and focus of the conversations around the questions were determined by the table participants. The groups began by selecting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

The Redding regional meeting had a total of 22 participants representing a diverse group of healthcare stakeholders from the following counties: Contra Costa, Butte, Yuba, Shasta, Lassen, Tehama, Trinity, and Modoc. Figure 3.1 shows that approximately eighteen percent of the participants categorized their employer as “Other,” which represented consortiums and non-profit organizations. The next largest group of participants categorized their organization as a community health center (13.6%) or a hospital (13.6%), followed by four-year education institutions (9.1%) or a clinic (9.1%).

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:

- Certified Nursing Assistant – CNA
- Doctor of Chiropractic – DC
- Family Nurse Practitioner - FNP
- Nurse Practitioner – NP
- Obstetrician/Gynecologist – OB/GYN
- Physician Assistant – PA

RESPONSES FOR QUESTION 1

Two focus groups held round table discussions about Question 1, which had two subsections:

- 1A. What are the most significant health workforce development challenges in this region?
- 1B. What are the biggest challenges that are unique to your region.

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

- Lack of access to education and training institutions because of the location of the institutions
- Difficulty in recruitment and retention of healthcare professionals
- Lack of awareness of career paths within healthcare
- Uncertainty in the healthcare system regarding funding and reimbursement rates
- Lack of practicing physicians
- Meeting the needs of the service population given the transition of the aging workforce into retirement

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	Lack of access to education and training institutions	Difficulty in recruiting and retaining professionals due to wages or licensing issues	Rural youth not aware of employment within healthcare
B	Uncertainty in the system, especially with regard to reimbursements and funding issues for hospitals and clinics	Physician shortages	Aging workforce tends to work less hours (creates a need for additional workforce) and typically is not familiar with new technologies

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

- New or expanded positions with implementation of ACA like case managers in socio-medical context
- Develop new training programs in the region (like certified nursing assistant (CNA) training)

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

- Lack of access to medical services due to distance and weather
- Lack of child care resources
- Lack of awareness of career paths within healthcare
- No framework for the healthcare system
- Lack of employment opportunities for spouses of healthcare professionals

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	Lack of access to medical services due to distance and weather	Child care	Rural culture with respect to the lack of awareness of youth within the region regarding healthcare related careers
B	No framework for healthcare system	Recruitment of doctors because there are not employment opportunities for spouses	No answer provided

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

- Lack of collaboration of services
- Difficulty credentialing professionals from other states
- Difficulty recruiting mental health specialists

RESPONSES FOR QUESTION 2

Two focus groups held round table discussions about Question 2, which had two subsections:

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

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

Immediately

- Internists
- Obstetricians/Gynecologists (OB/GYNs)
- Optometrists
- Dentists
- Geriatric Nurse Practitioners (GNPs)
- Doctors of Chiropractic (DCs)
- Physician Assistants (PAs)
- Nurse Practitioners (NPs)
- Family Nurse Practitioners (FNPs)
- Wellness programs

Within 2 years

- Health educators
- Paid health Promotoras
- Expansion of public health services

In 3-5 years

- Less restrictions on school entry
- Family practice

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	Internists, OB/GYNs, optometrists, dentists, geriatric NPs, DCs	NPs, PAs, FNPs	Wellness programs
	Within 2 yrs.	Health educators	Billable hours for health Promotoras	Expansion of public health services
	Within 3-5 yrs.	Loosening restrictions for entry into schools	Incentives for Family Practice	No answer provided

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

- Pediatricians
- Case managers
- County/tribal healthcare

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

- Increase the number of affordable advanced degree programs
- Increase the opportunities for loan forgiveness programs
- Revise the protocols for program entry
- Allow reimbursement of health education

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	CSUs are cost prohibitive	Loan forgiveness programs	Loosen restrictions for program entry

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

- Practice licensure continuity is nonexistent

RESPONSES FOR QUESTION 3

Two focus groups held round table discussions about Question 3, which had two subsections:

3A. What resources are currently being invested or utilized in the region to recruit, educate, train, or retain the health workforce (see sample matrix) and strengthen partnerships?

3B. Where is additional investment needed?

Question 3A was re-administered on the follow-up survey to gather additional regional resource information. Table 4.5 specifies current resources identified by focus group participants.

Table 4.5
3A. What resources are currently being invested or utilized in the region to recruit, educate, train, or retain the health workforce (see sample matrix) and strengthen partnerships?

<i>Group</i>	<i>Summary Item 1</i>	<i>Summary Item 2</i>	<i>Summary Item 3</i>
A	Educational institutions	Community training centers	Governmental student loan repayment programs

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

- Laboratory scientists and specialists
- Healthcare skills curriculum for secondary education
- Creating awareness about healthcare needs

Table 4.6
3B. Where is additional investment needed?

<i>Group</i>	<i>Summary Item 1</i>	<i>Summary Item 2</i>	<i>Summary Item 3</i>
A	Laboratory scientists and specialists	High school curriculum with a focus on healthcare skills	Creating awareness about healthcare needs through advertisements, career fairs, etc

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

- Create more user friendly process in applying for a work visa
- Immigrant status

RESPONSES FOR QUESTION 4

One focus group held round table discussions about Question 4, which had three subsections:

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

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

Table 4.7			
4A. What successful models of health professions education and training currently exist to supply the health workers necessary to improve healthcare in the region?			
<i>Group</i>	<i>Summary Item 1</i>	<i>Summary Item 2</i>	<i>Summary Item 3</i>
A	Area Health Education Center (AHEC)	Housing provided for UC Davis medical students going into primary care	Lassen, Siskiyou, Shasta, and Simpson training programs
B	Current pathway models: Regional Occupational Program (ROP), community colleges, CSUs, private school	Flexibility of distance education	No answer provided

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

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

- Diverse residency training programs
- Telemedicine
- Fast-track programs for students
- Promotoras program techniques
- Peer-to-peer mental health services

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

<i>Group</i>	<i>Summary Item 1</i>	<i>Summary Item 2</i>	<i>Summary Item 3</i>
<i>A</i>	Expand and offer new incentives for residency programs	Telemedicine	Fast-track programs for students
<i>B</i>	Promotoras program techniques to allow different case management and distance education programs	Community-based residency training programs	Peer-to-peer services in mental health field

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

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

- Training reimbursement for facilities providing employee training
- Loan forgiveness regardless of financial need
- Increase funding to colleges/universities for students enrolled in medical school
- Create a threshold for percentage of students who must go into primary care
- Loan repayment arrangements for students working in underserved communities

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>	Training reimbursement for facilities providing employee training	Loan forgiveness regardless of financial need	Centralize programs so that educators can keep up with them all (i.e., scholarships)
<i>B</i>	Increase in funding formulas given to colleges and universities for students enrolled in health professions education programs	Create a threshold percentage of students that must go into primary care	Loan repayment arrangements for students working in underserved communities

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

- Private universities can change the dynamic of healthcare education

RESPONSES FOR QUESTION 5

Two focus groups held round table discussions about Question 5, which had three subsections:

- 5A. What best practices and models exist to increase workforce diversity and to ensure that patients have access to care provided in a culturally and linguistically appropriate manner?
- 5B. What else is needed?
- 5C. Describe Federal, State, and Local policy changes that could be implemented to increase workforce diversity and to ensure that patients have access to care provided in a culturally and linguistically appropriate manner.

Additional information pertaining to question 5A was requested on the follow-up survey (see question 5B; Table 4.10).

Table 4.10
5A. What best practices and models exist to increase workforce diversity and to ensure that patients have access to care provided in a culturally and linguistically appropriate manner?

<i>Group</i>	<i>Summary Item 1</i>	<i>Summary Item 2</i>	<i>Summary Item 3</i>
A	Outreach to health academies and raising awareness in middle and high school	Integrate cultural diversity in healthcare pathways	Licensed translators and bilingual staff

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

- Increased funding
- Increase in the number of individuals of diverse backgrounds
- Increased support to implement culturally and linguistically appropriate models of service delivery

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	Money	Talent	Support for outreach to underrepresented communities

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

- Integration of healthcare organizations into primary and secondary career education
- Increase responsibility of third-party payers
- Promote healthcare careers

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	Coordinate preauthorization for healthcare career education outreach to primary and secondary schools	Increase responsibility of third-party payers	Promote education around healthcare career option

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

- Provide funding for continuing education, especially in language and diversity training
- Funding for new technology and technology education

RESPONSES FOR QUESTION 6

Two focus groups held round table discussions about Question 6, which had two subsections:

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

Question 6A was re-administered on the follow-up survey to gather additional best practices and models within the region. Table 4.13 specifies partnerships identified by focus group participants.

Table 4.13

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

<i>Group</i>	<i>Summary Item 1</i>	<i>Summary Item 2</i>	<i>Summary Item 3</i>
A	Affiliation with various organizations like hospitals, state associations, rural health associations, etc.	One-stop career centers, AHEC	Workforce Investment Board (WIB)

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

- Improved communication between education, hospital, clinic, policy, advocacy, labor, and community-based organizations
- Improved county involvement with their local WIBs
- Increased collaboration on healthcare issues between hospitals and local health organizations

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	Improved communication between health related organizations	Improved involvement of county with WIB	More collaboration on healthcare issues between hospitals and local health organizations

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

- Using e-mail listservs to increase networking opportunities
- Central website listing of jobs and educational opportunities by county

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 28 individuals and had a response rate of 17.9 percent (n = 5) and a completion rate of 60.0 percent (n = 3). 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	Recruitment/retention of health professionals	Meeting needs of service population given transition of aging workforce into retirement	Lack of practicing physicians Uncertainty regarding reimbursement rates and funding
1B. Unique regional challenges	Distance and weather impair access to healthcare	Lack of spousal financial support for healthcare professionals	No healthcare system framework
2A. Immediate workforce needs	FNPs	NPs	Internists
2A. Workforce needs within 2 years	Expansion of public health services	Paid health promotoras	Health educators
2A. Workforce needs within 3-5 years	Family practice	Less restrictions on school entry	
2B. Policy changes to aid recruitment, education, training, or retention	Increase the opportunities for loan forgiveness programs	Allow reimbursement of health education	Revise the protocols for program entry
3B. Additional investment needed for resources	Laboratory scientists and specialists	Creating awareness about healthcare needs	Healthcare skills curriculum for secondary education
4B. New training models needed	Fast-track programs for students	Diverse residency training programs	Telemedicine
4C. Policy changes to facilitate new models	Create a threshold percentage of students that must go into primary care	Employee training reimbursement for facilities	Loan repayment arrangements for students working in underserved communities
5B. Best practices needed to diversify workforce	Increased support to implement culturally and linguistically appropriate models of service delivery	Increased funding	Recruit diverse healthcare professionals
5C. Policy changes to facilitate diversification of workforce	Promote healthcare careers Increase responsibility of third-party payers	Preauthorization for outreach to schools	
6B. Actions needed to strengthen or create partnerships	Improved communication between education, hospital, clinic, policy, advocacy, labor, and community-based organizations	Increased collaboration on healthcare issues between hospitals and local health organizations	Improved county involvement with local WIBs

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. Difficulty in recruitment and retention of healthcare professionals
2. Meeting the needs of the service population given the transition of the aging workforce into retirement
3. Lack of practicing physicians
4. Uncertainty in the healthcare system regarding funding and reimbursement rates
5. Lack of access to education and training institutions because of the location of the institutions
6. Lack of awareness of career paths within healthcare

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

1. Lack of access to medical services due to distance and weather
2. Lack of employment opportunities for spouses of healthcare professionals
3. No framework for the healthcare system
4. Lack of awareness of career paths within healthcare
5. Lack of child care resources

Question 2

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

Immediately

1. FNPs
2. NPs
3. Internists
4. PAs
5. OB/GYNs
6. Dentists
7. Geriatric NPs

8. Optometrists
9. Wellness programs
10. DCs

Respondents were asked to generate additional items they felt were not represented on the ranking list. The following responses were given: psychiatrists; Licensed Clinical Social Workers (LCSW); and psychiatric NPs.

Within 2 years

1. Expansion of public health services
2. Paid health Promotoras
3. Health educators

Within 3-5 years

1. Family practice
2. Less restrictions on school entry

Respondents provided one additional item not included on the prioritization list: mental health case managers.

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 the opportunities for loan forgiveness programs
2. Allow reimbursement of health education
3. Revise the protocols for program entry
4. Increase the number of affordable advanced degree 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:
- National Health Service Corps (NHSC)
- California's Student/Resident Experiences and Rotations in Community Health (Cal-SEARCH)
- Financial incentives for difficult-to-fill positions (e.g., relocation payments and/or recruiting/retention bonuses)
- Job fairs
- Collaboration between non-profit organizations and education systems to support health career pipelines

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

1. Laboratory scientists and specialists
2. Creating awareness about healthcare needs
3. Healthcare skills curriculum for secondary education

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:

- Providing healthcare students with alternative care experiences (e.g., Promotoras training)
- Exposing students to healthcare needs in the region

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

1. Fast-track programs for students
2. Diverse residency training programs
3. Telemedicine
4. Promotoras program techniques
5. Peer-to-peer mental health services

Respondents provided one additional item not included on the prioritization list: allow social workers with a Bachelor's degree to work with mental health patients.

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

1. Create a threshold percentage of students that must go into primary care
2. Training reimbursement for facilities providing employee training
3. Loan repayment arrangements for students working in underserved communities
4. Loan forgiveness regardless of financial need
5. Increase in funding given to colleges and universities for students enrolled in medical school

Question 5

5A. Question 5A was not administered on the follow-up survey because additional best practices and models are captured in question 5B.

5B. *What best practices and models are necessary to increase workforce diversity and to ensure that patients have access to care provided in a culturally and linguistically appropriate manner?*

1. Increased support to implement culturally and linguistically appropriate models of service delivery
2. Increased funding
3. Increase in the number of individuals of diverse backgrounds

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. Promote healthcare careers
1. Increase responsibility of third-party payers
2. Preauthorization for outreach to schools

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

- California Primary Care Association (CPCA)
- NHSC/HRSA
- Community colleges and universities

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

1. Improved communication between education, hospital, clinic, policy, advocacy, labor, and community-based organizations
2. Increased collaboration on healthcare issues between hospitals and local health organizations
3. Improved county involvement with their local WIBs

Appendix A: Focus Group Note Taking Instrument



REDDING

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: _____

