# Healthcare Workforce Development Regional Focus Groups and Follow-Up Survey

# SACRAMENTO

*Submitted to:*

oshpd
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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 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 Sacramento 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 healthcare 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.

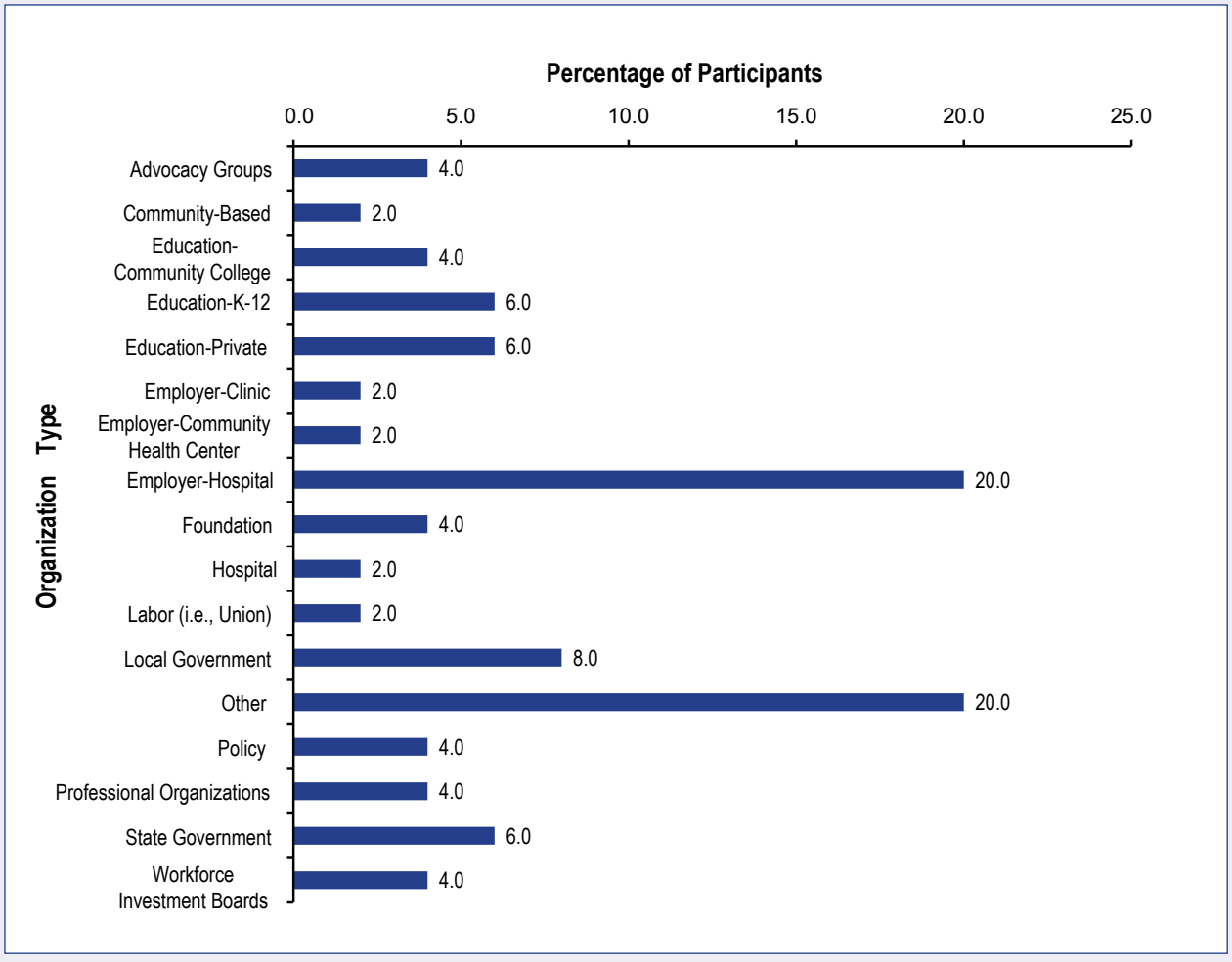
Each group was asked to hold a round table discussion about two randomly assigned questions (one during the morning session and a second during the afternoon session). The direction and focus of the conversations around the questions were determined by the table participants. The groups began by selecting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

The Sacramento regional meeting had a total of 50 participants representing a diverse group of healthcare stakeholders from the following counties: Sacramento, San Diego, Solano, Contra Costa, Tuolumne, Alameda, Placer, El Dorado, Santa Clara, San Joaquin, Butte, Yolo, Calaveras, and Stanislaus. Figure 3.1 shows that the majority of the participants were employed by a hospital (20.0%) or categorized their employer as "Other" (20.0%), which represented organizations such as the Taft Hartley Trust Fund, residency programs, the Institute of Training and Technical Assistance, or a Long Term Care training provider.

**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 summarized list of items was developed for use in the follow-up survey. Finally, ideas generated during the discussion that were not considered to be in the top three summary items were also reviewed, and a bulleted list of these items has been included for each question when available.

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

- Clinical Lab Scientist – CLS
- Doctor of Chiropractic – DS
- Family Nurse Practitioner – FNP
- Licensed Vocational Nurse –LVN
- Nurse Practitioner – NP
- Physician Assistant – PA
- Physical Therapist – PT
- 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 for Question 1A are indicated in Table 4.1. The following items were identified for the follow-up prioritization survey:

- Lack of support for recent healthcare field graduates to maintain subject matter competencies
- Lack of support for incumbent healthcare professionals to maintain subject matter competencies
- Lack of recognized career pipeline programs for mental and behavioral health careers
- Lack of educational and training support personnel (e.g., preceptors, faculty, mentors, and trainers for the trainees)
- Lack of alignment between the diversity of the service population and the regional healthcare provider workforce
- Lack of healthcare related employment opportunities for recent healthcare graduates
- Need for public education regarding access to healthcare
- Increased need for business and community partnerships
- Lack of healthcare career pipeline/recruitment opportunities for primary and secondary education students
- Lack of alignment between education curricula and the patient-centered medical home healthcare model

**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* | Professional stigma around primary care adversely affects recruiting to the stated cornerstone of healthcare reform and affordability | Lack of adequate aggregated data – coordination challenging due to inadequate sharing of data | Public education regarding access to healthcare |
| *B* | Physically supporting, training, and retraining (keeping skills sharp) | Preceptors, faculty, mentors, and trainers for the trainees | Lack of new graduate opportunities |
| *C* | Multi-layer problems for nursing | No recognized program of study for mental health | Ethnicity of providers (lack of diversity) |
| *D* | Economic model for compensation and business community partnership | Pipeline/recruitment from middle/high school | Redesigning education to align with patient-centered medical home |

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

- Defining scope of work for registered nurses (RNs)
- Retaining certified nursing assistants (CNAs) and home health aides (HHAs)
- Payment reform
- High school education does not prepare people for RN or licensed vocational nurse (LVN) training
- Decrease in family practice programs
- Transportation challenges in rural areas

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

- Standardized curriculum across education institutions
- Difficulties in recruiting and hiring primary care providers (PCPs) to work in rural communities
- Meeting the needs of the extremely diverse regional healthcare service population
- Need for revision of the regional primary and secondary education curricula
- Lack of on-the-job training opportunities for healthcare professionals
- Public mental health not well supported
- The impact of regional economic challenges on healthcare providers
- Lack of healthcare training opportunities in rural areas
- Increased need for computer and basic skills training opportunities

**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* | Standardized curriculum | Enhancing computer, math, writing, and critical thinking skills | On-the-job training |
| *B* | Extreme diversity in Sacramento (lack of data collection on diversity) | Poor quality of K-12 education | Public mental health not well supported |
| *C* | Inability to hire PCPs in rural communities | Lack of training opportunities in rural areas | Local economy is closing county clinics |

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

- Funding for preceptor role
- Rural hospitals unable to hire
- State budget crisis

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

### Immediately

- Clinical laboratory scientists (CLSs)
- Emergency room (ER) physicians
- Eastern medicine practitioners
- RNs
- Non-physician medical home specialists
- Geriatricians
- Mental/Behavioral health workers

### Within 2 years

- Bachelor of Science in Nursing (BSNs)
- Community clinicians

### Within 3-5 years

- Psychiatrists
- Physicians
- RNs
- Allied healthcare workers

**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 | ER doctors, Eastern medicine practitioners, oral health, RNs, mental health | List occupations as primary care in PPACA | School nurses |
| | Within 2 yrs. | Keeping people in pipeline engaged in support services | Federally Qualified Health Centers (FQHCs), community clinicians | RNs with bachelor's degree (BSNs) |
| | Within 3-5 yrs. | Creating interest in primary care | RNs, physicians | Psychiatrists |
| *B* | Immediately | CLSs in blood centers | Non-physician medical home specialists | Geriatricians |
| | Within 2 yrs. | No answer provided | No answer provided | No answer provided |
| | Within 3-5 yrs. | Allied healthcare workers | No answer provided | No answer provided |

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

- Physical Therapists (PTs)

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

- Redefine scope of practices for PCPs
- Standardization of curricula and articulation processes across education institutions for healthcare career pathways
- Integration of healthcare career pathway education into primary and secondary education institutions
- Incentivize healthcare prevention programs
- Streamline California licensure processes for out-of-state practitioners
- Expand healthcare training programs into correctional institutions
- Allow the direct employment of physicians

**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* | Redefine current scopes of practice | Review education requirements, curriculum, and criteria | Expansion of K-12 programs to get students interested early. |
| *B* | Encourage and reward wellness | Streamline process for competent out-of-state practitioners to practice in CA | Look into training incarcerated persons for training into healthcare professions |

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

- Increase pay for RN faculty
- University of California math requirements for graduation are unnecessary and cause attrition
- Licensed clinicians for mental health

## 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 the 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* | Employment sponsored educational benefits | High school-based education programs | Loan assumption programs |
| *B* | Loan repayment programs | Mental health sciences programs | United healthcare workers west (Educational Fund) |

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

- OSHPD loan repayment programs
- PeaceCorps
- University of California, Davis, internal medicine program
- Master's of Social Work program at Sacramento State for rural health
- Regional Occupational Programs (ROP)
- Service Employees International Union (SEIU)
- Board of Governors Waiver

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

- Improving access to healthcare education programs
- Employer incentives for dedicated clinical site coordinators
- Support for the development and sustainability of specialized programs (e.g., geriatrics, pediatrics, mental health, CLSs, etc.)
- Providing opportunities to increase partnerships between healthcare organizations and education/training institutions
- Provide support programs that provide technical skills training for healthcare workers
- Redefine existing roles of healthcare workers

**Table 4.6**
**3B. Where is additional investment needed?**

| *Group* | *Summary Item 1* | *Summary Item 2* | *Summary Item 3* |
|---|---|---|---|
| *A* | Improving educational access to healthcare programs | Employer incentives for dedicated clinical site coordinators | Specialized programs for geriatrics, pediatrics, mental health, CLSs, etc. |
| *B* | Increase collaboration among programs to better outcomes | Provide support to technical colleges | Reconsider roles of existing healthcare workers |

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

- Psychiatric physician's assistants
- Training for CLSs
- Increase access to impacted programs at community colleges
- Education and training opportunities for substance abuse counselors

## 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 the 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* | Pipeline programs working with high school students to enter healthcare professions | Partnerships between public and private healthcare organizations | Models which allow for shadowing, preceptorship, and funding such as Community Outreach Prevention and Education (COPE) |

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

- Community college/university programs

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

- Distance learning models
- Emphasis on accreditation for private education institutions
- Standardization of curricula and articulation processes across education institutions for healthcare career pathways

**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* | Flexible and distance learning models | Emphasis on accreditation for private educational institutions | Standardization of pre-requisite training |

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

- Nationally accredited programs
- Utilization of up-to-date training and accelerated programs

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

- Reform of the grant funding processes with respect to the expenditure of funds
- Remediation of dislocated healthcare workers
- Alignment of education/training requirements with healthcare industry workforce needs

**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* | More flexibility with regard to funding and time lines for funding | Remediation of dislocated adult workers | Alignment of education with workforce needs |

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* | African-American Health Conductors (community-based para-professional outreach) | Standardized centralized interfacing database | Access to a robust certified medical interpreter network |
| *B* | Access to information regarding best practices – within your community | Dental school activities | "Grow your own" system for substance abuse and dental health services |
| *C* | Promotoras | Peer supported "lived experience" models | CLASS (Culturally & Linguistically Appropriate Services Standards) |

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

- High school health academies
- Free ethnic student-run clinics

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

- Resources for a comprehensive evaluation system for healthcare data
- Cultural competency training for primary, secondary, and post secondary education/training institutions
- Standardized health literacy tools
- Increased career outreach by professional healthcare organizations to culturally and linguistically diverse populations
- Interpreter training for students in a healthcare related disciplines
- Increased engagement in cross-cultural opportunities for healthcare organizations and education/training institutions
- Increased access to health education for disadvantaged communities

**Table 4.11**
**5B. What else is needed?**

| Group | Summary Item 1 | Summary Item 2 | Summary Item 3 |
|---|---|---|---|
| A | Resources for comprehensive evaluation system for healthcare data | Integrate cultural and linguistic competency throughout health education | Standardized health literacy tools |
| B | Increased career outreach by professional organizations | Increased cultural competency training | In health academy settings, multilingual high school students can be trained as interpreters |
| C | Cultural sensitivity training | Engaging in cross-cultural opportunities | Increasing access to education programs for disadvantaged communities |

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

- Appropriate compensation across all areas of healthcare

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

- A funded health literacy mandate for secondary education institutions
- Standardized healthcare code sets to include cultural and linguistic demographic data
- Financial incentives for providers to offer language services
- Reform of reimbursement rates for care provided by non-PCP roles (e.g., case managers and promotoras)
- Increase access to healthcare career opportunities for disadvantaged communities
- Re-instatement of bilingual programs

**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 | Mandate and provide resources for health literacy | Standardized code sets | More focus groups like this one |
| B | Financial incentives for providers to offer language services | Change reimbursement policies for care provided by case managers and promotoras | Implement same-day billing |
| C | Paradigm shift for disadvantaged communities to access education and explore medical field | Ethnic physician organizations providing mentorship | Re-instate bilingual programs at schools in order to address lack of services for non-English speakers |

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

- Continuing education credits should focus on cultural diversity
- Increased funding to residency and/or education programs emphasizing cultural sensitivity

## RESPONSES FOR QUESTION 6

Question 6 had two subsections which were discussed:

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

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

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

**Table 4.13**
**6A. What partnerships are you involved in that you believe will be necessary at the state and regional level to meet the health workforce needs of this region? (e.g., local workforce investment boards, one-stop career centers, community colleges, adult education, private training institutions)**

| *Group* | *Summary Item 1* | *Summary Item 2* | *Summary Item 3* |
|---|---|---|---|
| *A* | Regional partnerships like Workforce, Education, and Training (WET) | Community committees like California Hospital Association (CHA) and faith-based committees | Foundations partnerships like Robert Wood Johnson Foundation (RWJF) and The California Endowment (TCE) |
| *B* | Healthy communities | Labor-Employer-Education and training | Employer partnership with educational institutions |
| *C* | Effective partnerships between federal, state, or local organizations and private organizations | Educational institutions and clinical facilities | Employers and unions |

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

- California network of mental health clients
- United advocates for children and families
- Co-occurring Joint Action Committee (COJAC)
- Linking Education to Economic Development (LEED)
- Mental Health Services Act workforce education and training regional partnership
- California State University, Sacramento rural mental health Master's degree in social work funded by local rural behavioral health departments

- Employer-funded college instructors
- Behavioral health regional task forces
- Workforce Investment Boards (WIBs)

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

- Standardized articulation processes across education programs
- Partnerships between healthcare employers and regulatory agencies
- Enhance partnerships between home health providers and acute care providers
- Creation of new programs through the partnership of certification programs and local collaboratives
- Create allied health education and training programs through University of a California and California State University partnerships
- Increased communication between rural and urban healthcare
- Increased communication between primary healthcare and mental/behavioral healthcare

**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* | Educational pathways including standardized curriculum and articulation between institutions | Increase or enhance partnerships between home health and acute care | Certification programs from national association partnering with local collaborative to create new programs (e.g., mental health) |
| *B* | Partner with regulatory agencies to increase training incentives for interns and new hires | Work with UC/CSU systems to target allied health professions | Partnerships between rural and urban healthcare and between primary and behavioral healthcare |
| *C* | Create a means of reasonably determining outcomes with regard to fiscal responsibility and effectiveness | Partnerships which effectively integrate mental, physical, and emotional health | Expand existing coalitions in new and exciting ways |

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 90 individuals and resulted in a response rate of 14.4 percent (n = 13) and a completion rate of 69.2 percent (n = 9). Table 5.1 on the following page provides a summary of the top three priorities in response to each ranked survey item.

## 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 is 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 been included if provided.

## Question 1

### *1A. What are the most significant health workforce development challenge in this region?*

1. Lack of educational and training support personnel (e.g., preceptors, faculty, mentors, and trainers for the trainees)
2. Lack of healthcare related employment opportunities for recent healthcare graduates
3. Lack of support for recent healthcare field graduates to maintain subject matter competencies
4. Lack of support for incumbent healthcare professionals to maintain subject matter competencies
5. Lack of alignment between the diversity of the service population and the regional healthcare provider workforce
6. Lack of healthcare career pipeline/recruitment opportunities for primary and secondary education students
7. Increased need for business and community partnerships
8. Lack of recognized career pipeline programs for mental and behavioral health careers
9. Lack of alignment between education curricula and the patient-centered medical home healthcare model
9. Need for public education regarding access to healthcare

Respondents were asked to generate additional items they felt were not represented on the ranking list. The following responses were given: compensation issues; issues created by unions; limited number of Medicare-eligible providers for mental health related services; alignment between education/training and industry standards; need for PCPs; and lack of positions for new nursing graduates in community and primary care outpatient settings.

**Table 5.1**
**Online Survey Questions by Summary of the Top Three Priority Issues**

| *Question* | *First Priority* | *Second Priority* | *Third Priority* |
|---|---|---|---|
| **1A. Regional challenges** | Lack of educational and training support personnel | Lack of jobs for new healthcare graduates | Lack of support for recent healthcare field graduates to maintain subject matter competencies |
| **1B. Unique regional challenges** | The impact of regional economic challenges on healthcare providers | Difficulties in recruiting PCPs in rural communities | Lack of on-the-job training opportunities for healthcare professionals |
| **2A. Immediate workforce needs** | RNs | Non-physician medical home specialists | Geriatrics |
| **2A. Workforce needs within 2 years** | Community clinicians | BSNs | |
| **2A. Workforce needs within 3-5 years** | Allied health workers | RNs | Physicians |
| **2B. Policy changes to aid recruitment, education, training, or retention** | Standardization of curricula and articulation processes across education institutions for healthcare career pathways | Creation and use of health career pipelines in middle and high school<br><br>Redefine scope of practice for PCPs | Streamline California licensure processes for out-of-state practitioners |
| **3B. Additional investment needed for resources** | Employer incentives for dedicated clinical site coordinators | Increase partnerships between healthcare organizations and education/training institutions | Improving access to healthcare education programs |
| **4B. New training models needed** | Alignment between education/ training and industry standards | Distance learning models<br><br>Accreditation for private education institutions | |
| **4C. Policy changes to facilitate new models** | Reform of the grant funding processes with respect to the expenditure of funds | Alignment between education/ training and industry standards | Remediation of dislocated healthcare workers |
| **5B. Best practices needed to diversify workforce** | Engagement in cross-cultural opportunities for healthcare organizations and education/ training institutions | Increased access to health education for disadvantaged communities | Career outreach by professional healthcare organizations to diverse populations |
| **5C. Policy changes to facilitate diversification of workforce** | Reform of reimbursement rates for care provided by non-PCP roles | Increase access to healthcare career opportunities for disadvantaged communities | Financial incentives for providers to offer language services |
| **6B. Actions needed to strengthen or create partnerships** | Creation of new programs through the partnership of certification programs and local collaboratives | Partnerships between healthcare employers and regulatory agencies | Create allied health education and training programs through University of a California and California State University partnerships |

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

1. The impact of regional economic challenges on healthcare providers
2. Difficulties in recruiting and hiring PCPs to work in rural communities
3. Lack of on-the-job training opportunities for healthcare professionals
4. Public mental health not well supported
5. Meeting the needs of the extremely diverse regional healthcare service population
6. Standardized curriculum across education institutions
7. Need for revision of the regional primary and secondary education curricula
7. Lack of healthcare training opportunities in rural areas
8. Increased need for computer and basic skills training opportunities

Respondents provided one additional item not included on the prioritization list: lack of on-the-job training for new graduate nurses in community and primary care settings.

## Question 2

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

#### Immediately

1. RNs
2. Non-physician medical home specialists
3. Geriatricians
4. Mental/Behavioral health workers
5. CLSs
6. ER physicians
7. Eastern medicine practitioners

Respondents were asked to generate additional items they felt were not represented on the ranking list. The following responses were given: PCPs; NPs; and RN faculty.

#### Within 2 years

1. Community clinicians
2. BSNs

Respondents were asked to generate additional items they felt were not represented on the ranking list. The following responses were given: PCPs; NPs; PAs; and oral health providers.

### Within 3-5 years

1. Allied health workers
2. RNs
3. Physicians
4. Psychiatrists

Respondents provided one additional item not represented on the ranking list: NPs.

***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. Standardization of curricula and articulation processes across education institutions for healthcare career pathways
2. Integration of healthcare career pathway education into primary and secondary education institutions
2. Redefine scope of practices for PCPs
3. Streamline California licensure processes for out-of-state practitioners
4. Allow for direct hiring of physicians
5. Incentivize healthcare prevention programs
6. Expand healthcare training programs into correctional institutions

Respondents were asked to generate additional items they felt were not represented on the ranking list. The following responses were given: streamline state and federal loan repayment programs; reform of residency programs to allow more rural residency training; use of advanced practice RNs that align with the RWJF/IOM Future of Nursing study; and allow RNs and NPs to work fully within their scope of practice.

## 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:

- Community outreach by residents
- Sutter Health Sacramento - Sierra Region and Sacramento City College RN collaborative project
- Cosumnes River College Ultrasound Training Program
- Los Rios Community College District
- Department of Labor grants
- SEIU-UHW West & Joint Employer Education Fund
- Nursing schools including UC Davis, CSU Sacramento, Samuel Merritt University, University of Phoenix, and community colleges
- HRSA school loan repayment structures for Federally Qualified Health Centers

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

1. Employer incentives for dedicated clinical site coordinators
2. Providing opportunities to increase partnerships between healthcare organizations and education/training institutions
3. Improving access to healthcare education programs
4. Support for the development and sustainability of specialized programs (e.g., geriatrics, pediatrics, mental health, CLSs, etc.)
5. Provide support programs that provide technical skills training for healthcare workers
6. Redefine existing roles of healthcare workers

Respondents provided one additional item not represented on the ranking list: time, funding and resources for educators and those who work to develop the workforce.

## 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:

- Medical schools
- Nursing schools
- Vocational schools
- Sutter Health Sacramento Sierra Region RN collaborative
- Sutter Health Sacramento Sierra Region Nurse Residency Program
- SEIU-UHW West & Joint Employer Education Fund
- Community colleges and universities
- Adult education

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

1. Standardization of curricula and articulation processes across education institutions for healthcare career pathways
2. Distance learning models
2. Emphasis on accreditation for private education institutions

Respondents generated one additional item not represented on the ranking list: development and use of evidence-based models.

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

1. Reform of the grant funding processes with respect to the expenditure of funds
2. Alignment of education/training requirements with healthcare industry workforce needs
3. Remediation of dislocated healthcare workers

## 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 engagement in cross-cultural opportunities for healthcare organizations and education/training institutions
2. Increased access to health education for disadvantaged communities
3. Increased career outreach by professional healthcare organizations to culturally and linguistically diverse populations
4. Cultural competency training for primary, secondary, and post secondary education/training institutions
5. Interpreter training for students in a healthcare related disciplines
6. Resources for a comprehensive evaluation system for healthcare data
7. Standardized health literacy tools

Respondents provided one additional item not represented on the ranking list: increased funding and support for diverse population to be successful in health professions training programs

***5C. Describe Federal, State, and Local policy changes that could be implemented to increase workforce diversity and to ensure that patients have access to care provided in a culturally and linguistically appropriate manner.***

1. Reform of reimbursement rates for care provided by non-PCP roles (e.g., case managers and Promotoras)
2. Increase access to healthcare career opportunities for disadvantaged communities
3. Financial incentives for providers to offer language services
4. Standardized healthcare code sets to include cultural and linguistic demographic data
5. Re-instatement of bilingual programs
6. A funded health literacy mandate for secondary education institutions

## 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. However, no additional partnerships were given.

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

1. Creation of new programs through the partnership of certification programs and local collaboratives
2. Partnerships between healthcare employers and regulatory agencies
3. Create allied health education and training programs through University of California and California State University partnerships
4. Increased communication between primary healthcare and mental/behavioral healthcare
4. Enhance partnerships between home health providers and acute care providers
5. Standardized articulation processes across education programs
6. Increased communication between rural and urban healthcare

## Appendix A: Focus Group Note Taking Instrument

# SACRAMENTO

## 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:** _____

*- Continued on Reverse -*