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## **Health Workforce Development Council- Health Workforce Development Recommendations**

Throughout the California Workforce Investment Board-Office of Statewide Health Planning and Development, and Health Workforce Development Council (Council) planning grant process, there were several methods of input including: Regional Focus Groups, Career Pathways Sub-Committee Meetings, Primary Care Initiative Meetings of the California Health Workforce Alliance (CHWA), and the CHWA/ California Health Professions Consortium Diversity workgroup. Collectively, these methods of input identified over 100 recommendations: These recommendations were sorted under the elements of the Coordinated Health Workforce Pathway model adopted by the Council's Career Pathways Sub-Committee. The elements identified under this model are: 1) Career Awareness; 2) Academic Preparation and Entry Support/Assessment; 3) Health Professions Training Program Access; 4) Training Program Retention; 5) Internships/Clinical Training; 6) Financing and Support Systems/ Financial and Logistic Feasibility of Training; 7) Hiring and Orientation; 8) Retention and Advancement; 9) Coordinated Infrastructure; and 10) Cultural Responsiveness and Sensitivity. Attachment A defines each of the elements. This document lists the recommendations sorted under the identified pathway model element.

### **Career Awareness**

(CP, PCI, CHWA/CHPC, FG)

Career Awareness Defined: Element refers to recommendations that aim to increase awareness of health careers options throughout all stages of the pathway with such activities as increased outreach, communication and promotion of health career opportunities.

Use social marketing, new media and other emerging tools to increase awareness of health career options and how to pursue and finance them through more targeted and effective outreach to individuals, parents and advisors at all levels and throughout the pathway;

1. Develop central repository of undergraduate students interested in health careers and utilize new media and other tools to promote interest, offer opportunities and track progress:
  - a. Use technology to develop and disseminate healthcare training opportunities statewide for students and incumbent workers
  - b. Establish a central database of interested candidates for primary care careers in California at all stages of the pipeline and communication tools for ongoing promotion of primary care, and financing options
2. Develop and implement policy changes that:
  - a. Increase awareness for students, teachers and advisors of healthcare professions among primary and secondary education institutions
  - b. Include the integration of health career education in primary and secondary grades
  - c. Increase awareness and support for early and ongoing education on the importance of primary care and prevention
3. Create a funded health literacy mandate for secondary education institutions
4. Develop and implement a comprehensive marketing plan for the health workforce in California that:

- a. Conveys a compelling case and vision for primary care
  - b. Communicates resource services for employment opportunities; and develop/enhance partnerships with all educational institutions
5. Develop curriculum content and build educational capacity to provide knowledge on the full spectrum of primary care-related health careers. Content should encompass all levels of K-12 education for use by educators and parents. Develop a repository of content and strategies that is broadly accessible.

### **Academic Preparation and Entry Support / Assessment**

(CP, PCI, CHWA/CHPC, FG)

Academic Preparation and Entry Support/Assessment Defined: Element refers to recommendations that aim to better prepare and support health professions students throughout the pathway with such activities as: academic and career advising, improved alignment of education pre requisites and articulation.

Students at all stages of the education continuum must be adequately prepared to transition from secondary to post secondary education and from post secondary education to graduate and professional education into practice. In addition, support services and assessment for readiness should be accessible;

1. Increase wrap around and case management support of underrepresented students to help with barriers and academic issues. Strengthen academic and career counseling through all levels
2. Establish campus level health career offices and advising infrastructure at all postsecondary institutions. Establish strong linkages with employers, HPEI's and pipeline programs
3. Support CSU recommendations for health career advising and courses on campuses
4. Develop and implement a system and central database to identify, monitor and support students with interest in health careers to go the next level and track their progress. Evaluate expanded use of Cal Pass based on pilots underway
5. Improve pre-health course alignment and articulation among the spectrum of California's institutions of higher education to enhance curriculum coordination, student advancement and use of resources (*This recommendation is also in "Infrastructure"*)
6. Strengthen undergraduate preparation/linkages to Health Professions Schools and employers
7. Improve/clarify articulation along career paths and lattices (e.g. Associate to Baccalaureate Degree Nurse, Community Health Workers to other careers, Medical Lab Technologist to Clinical Lab Specialist)
8. Support health academies, Science Technology Engineering and Mathematics (STEM) and other programs that support health pathways
9. Develop new CDE standards and model curriculum aligned with industry needs and increase opportunities for student exposure, service learning and training. Optimize and increase Health Career Academies and Pathways; fund work based learning
10. Provide Basic skills Training at the secondary and postsecondary level including math, reading, writing, customer services, and the use of technology tools
11. Eliminate disparities in high school classes offered (e.g. schools must offer A-G classes to enable every student the opportunity to go to college, more AP classes in all schools)
12. Expand the community college career pathway health and science initiative (HASPI) to strengthen math and science preparation regionally
13. Advocate for policy changes that increase funding for education institutions, vocational training programs, adult education programs and scholarships for specialized healthcare professions
14. Revisit prerequisites as indicators of success in education programs and employment

15. Create interdisciplinary core competency standards in healthcare training programs (e.g. quality, safety, communication and mandated health policies)
16. Incentivize the education/training admissions process for applicants from diverse populations
17. Improve access to prerequisite courses
18. Revisit general education requirements to include computer training for postsecondary training

**Health Professions Training Program Access**  
(CP, PCI, CHWA/CHPC, FG)

Health Professions Training Program Access Defined: Element refers to recommendations that aim to increase access to health professions education and training programs through changes in admission practices, and new education and training models or best practices.

Health professions training program access in California is limited due to vast geography, admission policies, constrained capacity due to costs, inadequate faculty supply and lack of funding incentives;

1. Given a lack of access to education and training opportunities due to the location of education institutions and California's vast geography:
  - a. Assess current program capacity and geographic distribution to establish baseline relative to current and projected needs
  - b. Utilize more technology-assisted education tools to meet needs by increasing reach and access
2. Expand and institutionalize the effective use of "holistic" file review in admissions. Provide less weight to standardized test scores and GPA and more weight to distance traveled, graduate work experience, communication skills and commitment to community service
3. Offer new or expanded education and training programs through self-supporting strategies and partnerships, such as fee-based programs and courses
4. Increase education personnel including preceptors, faculty, mentors, and trainers to support education and training
5. Increase support and training opportunities for recent graduates and incumbent workers including state and federal policy changes to further develop their skills
6. Advocate for policy changes that provide funding to support facilities offering on-site training; retroactive and proactive training; and organizational reimbursement for healthcare organizations that provide training opportunities
7. Advocate for policy changes to allow utilization of associate degree level professionals for teaching
8. Invest in leadership opportunities for trainees in health related fields of study
9. Evaluate opportunity for expansion and build support for replication of model programs such as the UCLA International Medical Graduate (IMG) program, UC Program in Medical Education (PRIME), and post baccalaureate programs
10. Establish programs with specific primary care and diversity focus. Locate more in underserved communities and in outpatient and community settings
11. Increase access to health professions education for underserved populations
12. Increase non-profit hospital and health plan investment and engagement in the pipeline with attention to regional workforce needs based on community benefit principles

### **Training Program Retention** (CHWA/PCI, CP)

Training Program Retention Defined: Element refers to recommendations that aim to increase the retention and completion rate of students in health professions education and training programs.

Support increased mentorship, leadership and support systems to encourage and retain health professions education students' interest in primary care and service to underserved communities;

1. Increase skill building, academic, advising and "career case management" support for individuals throughout all stages of the pathway to increase retention and success

### **Internships/ Clinical Training** (CP, PCI, CHWA/CHPC, FG)

Internships/Clinical Training Defined: Element refers to recommendations that aim to strengthen and increase access to internships and clinical training programs through increased residencies and expansion of new training models or best practices.

Reduce barriers related to sufficient clinical training capacity and geographic distribution;

1. Create Partnerships between educational institutions and healthcare employers to increase the quality of health workforce transition to practice programs
2. Develop policy that incentivize mentoring, preceptorships, internships and clinical training in ambulatory settings and underserved areas and provide infrastructure to coordinate through increased funding
3. Increase training and teaching in community settings, including increasing community rotations, and expand the number of teaching health centers in California
4. Increase awareness and participation by sites to facilitate student participation
5. Increase residency opportunities and transition to practice programs for multiple provider types in areas of unmet need
6. Advocate for California to secure increased residencies and funding through obtaining an allocation of residency slots that are unused by other states
7. Develop incentives for residency programs to increase diversity and yield professionals who are committed to practice in underserved communities
8. Develop interdisciplinary training programs and the expansion of training models to include non-traditional clinic sites

### **Financing and Support Systems/Financial and Logistic Feasibility of Training** (CP, PCI, CHWA/CHPC, FG)

Financial and Support Systems/ Financial and Logistic Feasibility of Training Defined: Element refers to recommendations that aim to increase financial support to: health professions students, incumbent workers, educational institutions, and healthcare organizations through increased incentives, compensation and payment or reimbursement systems.

1. Develop supportive payment and policies that result in increased attractiveness, recruitment and viability of health professional practice in California's underserved areas by:
  - a. Examining and improving reimbursement, aligning reimbursement rates with service delivery costs
  - b. Expanding reimbursement for health professionals in non-Primary Care Physician roles (e.g., health education, case managers, alternative medicine providers)

- c. Advocating and supporting legislative efforts that promote primary care payment reform including increase in Medicare payments
  - d. Developing payment mechanisms as part of new models of care and reimbursement methodologies that promote a strong role for primary care providers and sufficient corresponding payment (such as care coordination)
  - e. Examining and improving reimbursement to recruit and retain in key professions and geographically
  - f. Reducing barriers to recruitment of primary care delivery team members in underserved areas
2. Provide incentives to attract diverse students to primary care roles
  3. Address difficulties in the recruitment and retention of a trained workforce due to the lack of competitive salaries, lack of alignment between salaries and regional living expenses, lack of spousal employment opportunities, and lack of incumbent healthcare worker skill enrichment/enhancement training opportunities
  4. Provide reimbursements for health professions education
  5. Improve/Increase incentives for students to choose primary care careers and service in underserved areas by increasing, sustaining, and advocating for grant, loan repayment and scholarship programs such as Song Brown, State Loan Repayment Program, Steve Thompson Loan Repayment Program, NHSC and funding for primary care and priority professions in California
  6. Streamline application process for existing State financial incentive programs
  7. Provide financial incentives for excellence in healthcare teaching programs
  8. Provide incentives for the recruitment and retention of health educators, mentorships, preceptorships, and healthcare professionals working in disproportionate share hospitals
  9. Assess relative cost-effectiveness of current program entry points (cost, time to degree) for all primary care career tracks, examine the impact of increasing tuition, fees and debts on student's ability to enter and complete programs and identify regulatory impediments to innovation
  10. Protect funding for California's Community College (CCC) Workforce Preparation Program and K-12 programs that feed into them
  11. Develop plans and reporting to incent and hold state-funded internal medicine and pediatric residency programs accountable for producing primary care graduates. Use metrics for funding allocation
  12. Subsidize priority healthcare positions in underserved locations
  13. Provide incentives for healthcare organizations that emphasize cultural and linguistic competency
  14. Provide support for interpreter training and certification
  15. Invest resources for the Integration of different educational modalities into learning delivery models

### **Hiring and Orientation**

(FG)

Hiring and Orientation Defined: Element refers to recommendations that aim to increase hiring support for graduates and incumbent workers through training opportunities, job placement, and interstate licensing.

1. Increase support and training opportunities for recent graduates and incumbent workers through labor management partnerships
2. License healthcare workers who were educated in another state or country prior to arrival in California
3. Include job placement in education and training models for new graduates

## **Retention and Advancement**

(CP, FG)

Retention and Advancement Defined: Element refers to recommendations that aim to increase the retention and advancement of incumbent workers by supporting innovative training programs and definition of new competencies in emerging service delivery models.

1. Support definition of new competencies and roles within emerging service models and across overlapping professions
2. Create innovative training programs for incumbent workers in an effort to retain workers in the health industry (I.E. labor management partnerships/cross training)
3. Prioritize outreach, training and support for incumbent workers. Emphasize economic development opportunity
4. Examine demographic profiles across job classifications and create career ladders for advancement

## **Coordinating Infrastructure**

(CP, PCI, CHWA/CHPC, FG)

Coordinating Infrastructure Defined: Element refers to systems level recommendations that revolve around four main themes: policy development, education, data collection, and research and partnerships.

### Policy Development

1. Create statewide policies that standardize inter-agency requirements for healthcare professional licensing, credentialing and certifications
2. Support health professionals practicing at the top of their scope and examine scope for professions with new delivery models
3. Require certification at all levels of the healthcare workforce including Promotoras or other Community Health Workers
4. Implement sufficient statewide public and private infrastructure to implement and be accountable for statewide plan implementation. Have cross profession and specific profession infrastructures

### Education

5. Partnerships needed to standardize curriculum and strengthen articulation across community college, CSU, and UC education institutions for health career pathways (E.G. Establish joint health sciences committee for UC, CSU, Not-for-profit health professions education institutions and the CCCs to facilitate curricular alignment, advising and institutionalization of innovations)
6. Determine, preserve and protect funding for California's Public Institutions of Higher Education based on what California needs to meet health workforce requirements
7. Integrate health information technology into education to pair technology with healthcare training content

### Data Collection and Research

8. Develop supply and demand projections by profession within context of health reform, health homes and health IT implementation to establish base-line and targeted need within defined time frames and align programs with industry demand and emerging health sector needs
9. Provide funding support for health research to create and define evidence-based practices

10. Establish mechanism through the OSHPD Clearinghouse and Primary Care Workforce Initiative/Center to provide timely ongoing tracking and reporting to measure progress toward goals and inform adjustment of strategies
11. Support reporting to OSHPD Clearinghouse and ensure that data and reporting related to all priority professions, diversity and geographic distribution of students, residents and active practitioners is included
12. Establish mechanism for shared learning about health workforce development activities/programs through collecting and disseminating best practices

#### Partnerships

13. Include education institution representation in health workforce policy discussions
14. Develop partnerships between training programs and employers to better align education with employer needs
15. Create incentives for the creation of health workforce partnerships
16. Establish solid organizing workforce intermediaries in priority regions with sufficient funding and capacity.
17. Create support for partnerships between regulatory agencies and healthcare employers
18. Expand the pool by increasing K-16 exposure, preparation and pipelines more effectively through regional and statewide infrastructure
19. Establish public and private funding streams to sufficiently invest in priority workforce programs and infrastructure

#### **Cultural Responsiveness and Sensitivity**

(CP, PCI, CHWA/CHPC, FG)

Cultural Responsiveness and Sensitivity Defined: Element refers to recommendations that aim to increase diversity, cultural responsiveness and sensitivity within health professions students, workforce, and institutions. Cultural responsiveness and sensitivity include such factors as: race, ethnicity, age, sexual orientation, culture, language, gender and income status.

All recommendations for developing CA's health workforce should have a priority focus on diversity and individuals from disadvantaged and underrepresented backgrounds and underserved communities;

1. Provide primary education foreign language courses
2. Ensure alignment between the current healthcare workforce and the diversity of the service population
3. Train foreign-trained health professionals for employment in the United States (e.g. Welcome Back Program)
4. Mandate cultural sensitivity training for health professionals (e.g. Culturally and Linguistically Appropriate Service Standards)
5. Integrate cultural sensitivity and responsiveness into training program climate, teaching, and skill development
6. Mandate cultural competency requirements for postsecondary health related disciplines
7. Develop cultural competency training for primary, secondary, and post-secondary education and training institutions
8. Add cultural diversity courses and provide continuing education units for cultural competency trainings
9. Mandate cultural awareness education for primary and secondary institutions
10. Advocate for policy changes to mandate cultural competency training and certification for trainees and new and incumbent health workers

11. Develop governing boards that are reflective of regional cultural and linguistic diversity
12. Develop measurable matrix for defining success related to diversity in professions in relation to community demographics
13. Increase engagement in cross-cultural opportunities for healthcare organizations and education/training institutions
14. Increase institutional commitment and investment in proven programs that increase workforce and diversity
15. Strengthen and promote an evidenced based business case for sustaining and expanding employer health workforce diversity programs and investing in pipeline efforts

Legend

FG=Focus Group

CP= Career Pathways Sub-Committee

CHWA/CHPC= California Health Workforce Alliance and California Health Professions Consortium Diversity Workgroup.

CHWA/PCI= California Health Workforce Alliance -Primary Care Initiative