

**Healthcare Workforce Development Division**

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**June 25, 2008 Minutes****California Healthcare Workforce Clearinghouse Oakland Focus Group**

**Meeting Location:** Waterfront Plaza Hotel, 10 Washington St. Oakland, CA

**Participants & Organizations Present:**

Andrea Gerstenberger	University of California, Office of the President
Barbara Norrish	Kaiser Northern California Regional Patient Care Services
Bunny Fisher	John Muir Health
Catherine Dower	USCF Center for the Health Professions
Debbie Wagner	DeAnza College
Diane Tyson	John Muir College
Imo Momoh	CCHSD- Mental Health Administration
Denise Blabon	SRJC Healthcare Workforce Development
John Milat	Employment Development Department-Labor Market Information Div.
John Shea	California Department of Mental Health
Delva Singh	Oakland Metro Division Labor Market
Kara Aley	Kaiser Permanente/Nurse Recruiting
Linda Chandler	Workforce Investment Board of Contra Costa County
Manuel Urgarte	The Greenlining Institute
Rosa Maria Martinez	The Greenlining Institute
Sabina Ohri	Public Policy Institute of California
Stephen Robinson	Welcome Back Center
Susan Hogeland	California Academy of Family Physicians
Richard Kos	North California Logistics & Distribution Project/City College of SF
Adam Francis	California Academy of Family Physicians
Valerie Fisher	Regional Health Occupations Resources Center/ Salinas

**OSHPD Staff Present:** Mike Byrne, Senita Robinson, Gloria Robertson, Dorian Rodriguez, Monique Scott

**Welcome and Opening remarks – Senita Robinson, Project Manager**

The intent of the focus groups is to elicit healthcare workforce and educational information that assists OSHPD in developing a user-friendly, comprehensive and integrated data healthcare clearinghouse infrastructure that meets customer, data hosts and constituent's needs.

OSHPD will work with the Employment Development Department's/Labor Market Information Division (EDD/LMID), state licensing boards, and state higher education entities to collect, analyze, and distribute healthcare workforce information to the extent available by specialty, supply and demand, diversity, ethnicity, race, gender, age, languages spoken, and educational capacity.

## **Focus Group Participant Introductions/Overview**

Participants and OSHPD staff presented brief introductions: name, title and employment location. Ms. Robinson proceeded to review the agenda and presented an overview of the meeting material. Ms. Robinson requested that the focus group review the acronyms list and provide any acronyms not listed.

## **DISCUSSION ITEM: Stimulus Questions**

Mike Byrne, GIS Architect, Information Technology Solutions Services, provided a brief history of the development of Senate Bill 139. The initial legislation, SB 1309 (Senator Jack Scott), was introduced over two years ago because there was minimal information on the supply and demand of allied healthcare professionals in California. SB 1309 directed OSHPD to create a healthcare workforce clearinghouse to collect this data. The legislation did not pass due to fiscal issues. Senate Bill 1309 was reintroduced as SB 139 in 2007 with funding supplied by the California Health Data and Planning Fund.

### **Question 1: How does your organization plan to use the collected health care workforce and educational data? Is your response critical for Clearinghouse data use?**

#### **A. Current supply of health care workers, by specialty**

- Data used as an advocacy tool to create policy & legislation
- To identify long-term staffing needs
- Predictions of employment
- Timing and season
- To look at current need, as well as 5 or 10 years in the future
- To expand education capacity
- To examine supply, by specialty

#### **B. Geographic distribution- by specialty.**

- To identify whether distribution is driven by facility location
- Use the least common denominator/multiple identifiers - zip code data, legislative district, county
- Scalability
- Expand collection beyond hospitals
- Identify standard job titles and occupational/industry categories (North American Industry Classification System [NAICS] is a good example)
- Track employees covered by insurance
- Track unlicensed practitioners
- Track practice site where employed not home mailing address; need to capture 2 to 3 practice sites. (primary, secondary, and tertiary sites)
- Surveys/updates every 3 years
- Establish a common definition of supply
- Track wage and salary information/ retirement benefits

#### **C. Diversity of health care workers, by specialty (i.e. race, ethnicity, languages spoken, etc.)**

- Track low income communities of color
- Track cultural and language competency (Are individuals receiving healthcare treatment?)
- Need race/ethnicity information to assist communities
- Capture those who attend adult schools/ ROP
- How does one capture this? Surveys: self identification, categories, census data
- Survey: language spoken
- Look at diversity of student enrollment
- Track mobility
- Standardize the way licensing boards collect information

- Capture multi-race issues

**D. Current and forecasted demand for health worker, by specialty.**

- Faculty is needed – not enough to replace those retiring
- How to collect wage/salary

**E. Education capacity to produce trained, certified and licensed healthcare workers, by specialty/geographic distribution (i.e. number of educational slots/enrollments, attrition rate, wait time to enter program of study, etc.)**

- Not enough faculty to support health programs (not replacing staff upon retiring)
- Capture number of individuals who have re-entered or retrained professions
- Collect foreign workers information
- How do we collect information to support program development in underserved areas
- Track grants and scholarships/availability and where to obtain
- How does one collect information about education that is outsourced
- Track private educational institutions information
- Track individuals who attend school out of state or abroad and do they come back to work in California
- Track educational levels/availability: where trained; in or out of state; which country
- Track levels of degrees: Associate, Bachelor, Master of Science in Nursing, etc.
- Articulate the career ladder

**F. Trend analysis and special reporting (i.e. labor market information, system gaps, best practices, etc.)**

- Trending is important for making projections
- Establish matrix: age, area, show career ladder, mobility, and education pipeline path
- What educational requirements are needed to train in the United States
- Track foreign workers- do they have a VISA
- Pipeline program data should be reported to identify needs and effectiveness

**G. Policy recommendations/changes to address issues of workforce shortage and distribution**

- Capture trend data and recommend policy changes

**Question 2: What are your recommendations for viewing and accessing the Clearinghouse data? For example, do you prefer customized summary reports generated by using an interactive process on the Internet; information contained on video CDs/DVDs; hard copy library; specialized technologies; staff technical assistance; frequency updates - quarterly, semi-annually, annually; special user group logins; electronic bulletin boards; etc.?**

- Presentation layering (GIS)
- Search = Inquiry
- Flat Files
- Graphs/charts = ICON
- Logs= for updating (Web-210)
- Best practices
- Dash board
- Library approach/cataloging
- Simple – Facts – Sorts
- Annual reporting – aggregate format
- Timing: daily, weekly – how often

- Time table for grant reporting/writing/ - when due fiscal or January – May
- Update alert for new additions
- Capture reporting two times a year, bi-annually, quarterly, etc.

**Question 3. What Clearinghouse issue/challenges do you foresee in collecting data retrieval, sharing and transmission mechanisms (such as, confidentiality/privacy; data validity/inconsistency; management; coordination; survey processes; staff capacity; timeliness; etc.)? What are your recommended solutions to these issues/challenges?**

- Collecting data
- Collaborative data, scalability, time, geography, age, ethnicity, employment, facilities, etc.
- Demand – if don't have the data – can't protect data: retrospective, actuary model, inter-professional, multiple filters, and who is conducting the surveys
- Nursing information was historic data
- Confidential/sensitive data
- Can some of the data be by-passed from the Boards
- Expensive process to get program projections
- How to publish surveys: benefit survey, cost surveys, etc.
- Estimate population trends
- Patient level demands
- Link by licensing number without getting sued
- Title VII requirements/violations

**Question 4. If the Clearinghouse can accommodate other data needs not identified in the statute, what other data needs/resources would you like OSHPD to consider or elevate to appropriate authorities?**

- Foreign trained - categorize
- Medi-Cal patient issues
- Career lattice information
- Tracking migration, immigration, & integration. (Stanford currently collects this information.)
- Working with other states – participation issues – mandate but have staffing and budget issues
- Health professionals have multiple jobs –how does one track this
- What is the norm in professions – do they work per diem
- Tracking nurses schedules – 6, 8, or 12 hours. Six weeks on/off
- Need sampling of jobs
- Specialized studies

**Question 5: What questions and/or activities do you recommend we consider for conducting future focus groups and/or special meetings?**

- Email notification
- Keep interested parties informed
- Need more time for notification of sessions

**Conclusion:**

Ms. Robinson thanked the attendees for their participation in the focus group session. Participants agreed to share their contact information with other focus group participants and expressed the need for continued participation in future Clearinghouse activities.

**Adjournment: 1:00 p.m.**