

POLICY at Healthforce

A collective effort that prioritizes systems and policy changes to advance the diversity and skills of workers to produce better economic opportunity and, ultimately, better health for communities of color, statewide public health, and individual health equity

Learnings and progress from year one

June 2024

Thank you and an invitation from the Policy at Healthforce team

Guided by the values of social justice and health equity, Healthforce Center at UCSF [set out to advance California-focused health workforce research](#) that prioritizes systems and policy changes to promote the diversity and skills of health workers. To achieve this aim, we envisioned a process enriched by the voices of community members that generates workforce knowledge, informs policymaking, and supports advocacy for systems change.

As part of our commitment to a process that is community informed, we are sharing this document, which contains details on our process to date and what we've learned with and from all of you. **A huge thank you** to the extensive community in California working to build a diverse and equitable health workforce. Your feedback and interest in this effort, your willingness to meet with us to shape the work, and the many invitations and resources shared with us, have been essential to the process and getting to where we are today. We hope you see some of your priorities and needs reflected in the learnings and we invite additional feedback ([email us!](#)) that you may have.

We also want to extend an invitation to anyone interested in shaping our health workforce policy priorities to participate in design sessions. In August and September, we'll hold two online workshops (each with the same content) for people to discuss the projects we expect to undertake in the coming year. Please join us and share this opportunity with your colleagues and networks.

- Wednesday, August 21, 9:00 – 11:00 AM: [Register](#)
- Monday, September 9, 11:00 AM – 1:00 PM: [Register](#)

If you're unable to attend a design session, please contact us to request the pre-work and provide your thoughts by [email](#).

We look forward to a shared journey to achieve a vision of a thriving, equitable health workforce ecosystem in California.

In partnership,

The [Policy at Healthforce](#) team

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Forging a shared vision

Defining impact, values, and decision making

How we aim to achieve impact

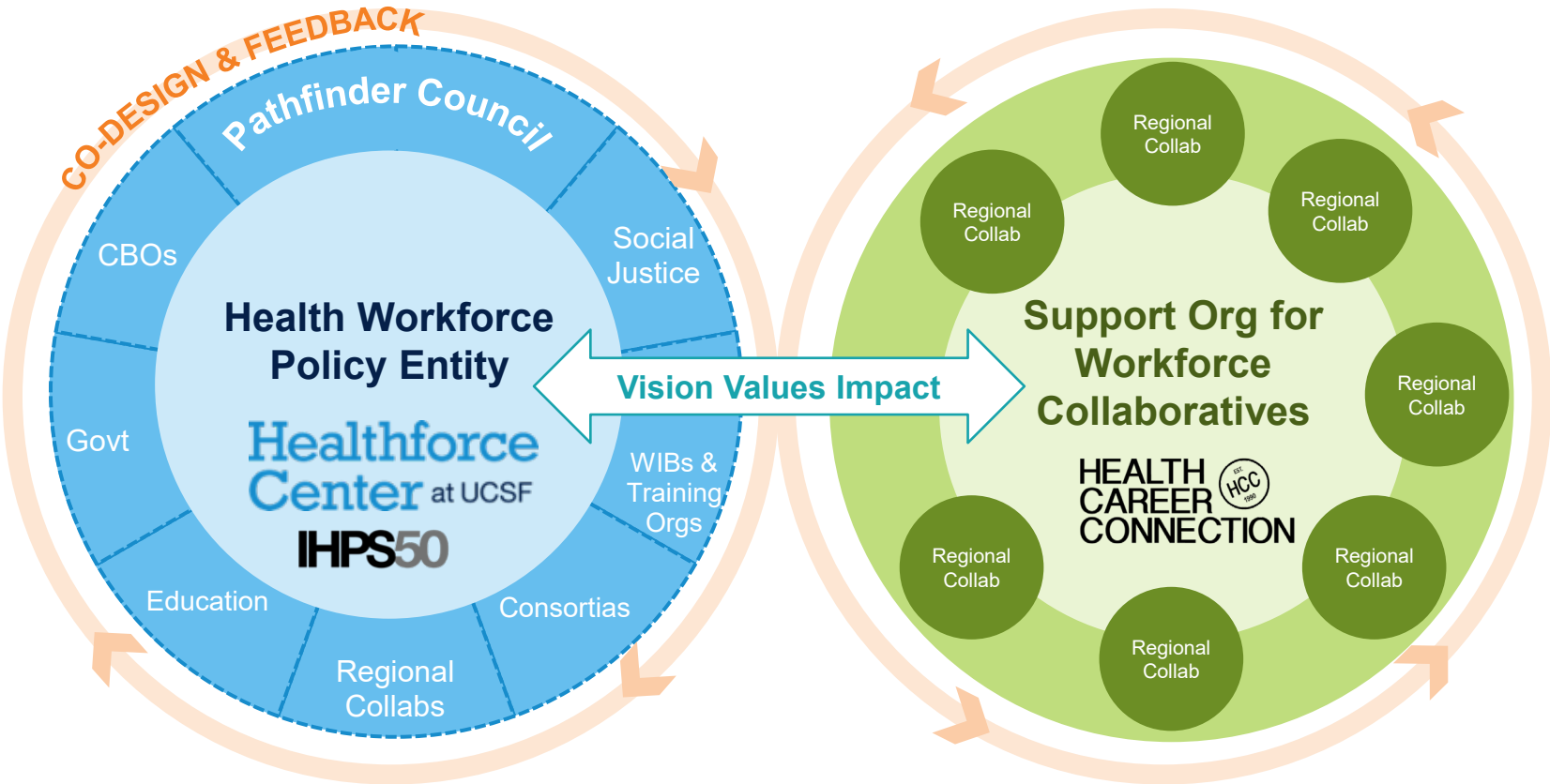
Gather stakeholder input on barriers to education or employment on the basis of race, ethnicity, language, income, lived experience, or other factors

Marry stakeholder needs and robust research evidence to identify policy solutions that advocates can use to overcome barriers

Influence policy changes in CA to promote more workforce diversity and expanded economic opportunities for communities

Two linked grants: Healthforce Center and Health Career Connection

Partnering and co-design for an equitable and impactful health workforce policy entity



Policy at Healthforce
launched July 2023

HCC launched
January 2024

Building the Pathfinder Council

A group of committed partners who will guide the direction, priorities, and processes of Policy at Healthforce and serve as connectors to the many perspectives and communities across the state

Charge

- Contribute to co-creating a community-driven research and policy agenda for the state of California
- Prioritize topics and efforts
- Develop shared decision-making principles
- Develop guidelines for how longer-term and responsive efforts are selected
- Refine the purpose of the council; including its size, composition, and tenure of council members



Lisa Countryman-Quiroz, JVS-Bay Area

Crispin Delgado, Insure the Uninsured Project

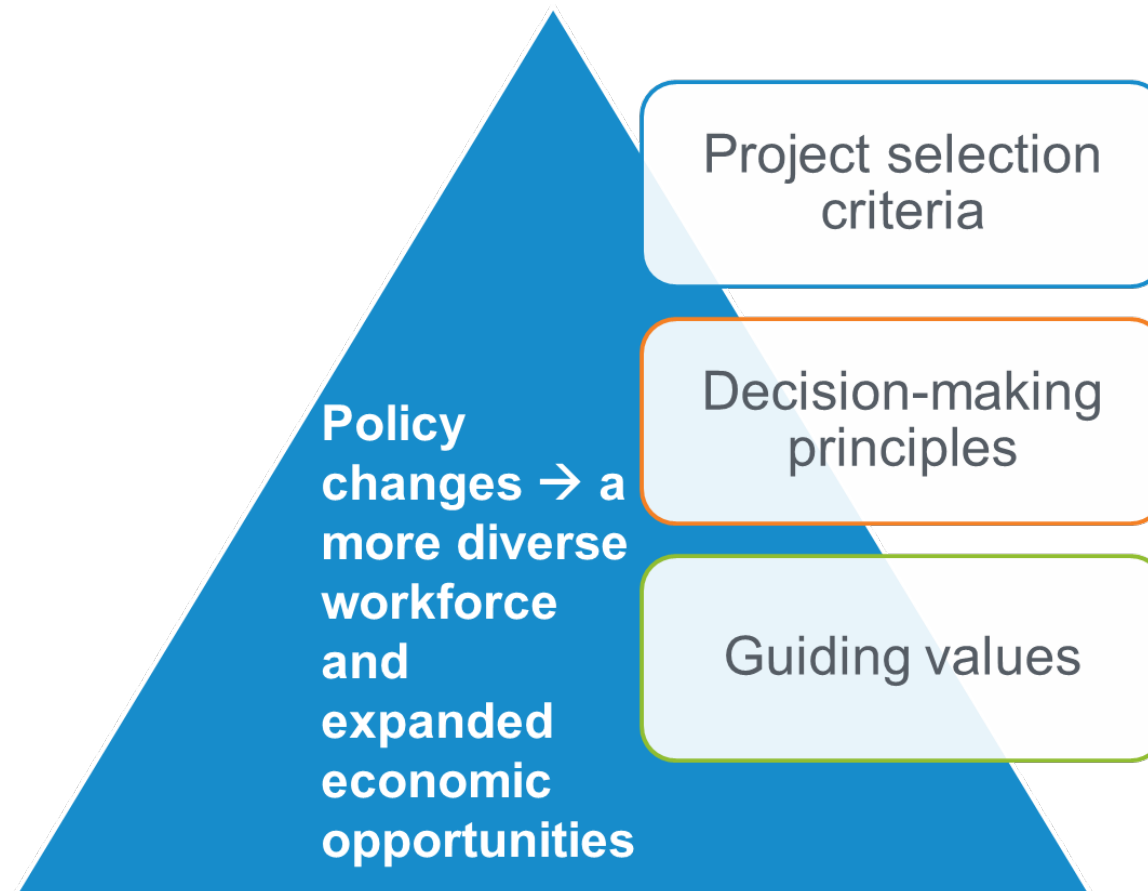
Virginia Hedrick, California Consortium for Urban Indian Health

Kiran Savage-Sangwan, California Pan-Ethnic Health Network

Van Ton-Quinlivan, Futuro Health







Decision-making

Values and agreements that drive the work



Guiding values

Guided by values of social justice to move from structures of exclusion and disparity to a future state marked by structures of inclusion and equity:

Structures of Exclusion and Disparity		Structures of Inclusion and Equity
Policies based on historical norms and standards		Policies based on community needs and values
Power and resources allocated to credentialed workforce to delivery services		Power and resources allocated to workforces that improve community health
Valuing expertise and formal education		Valuing cultures and experiences of community members
Valuation of professional training in pay, power, and opportunity		Valuing caretaking work (largely by women and BIPOC communities) by paying living wages and providing safe working condition & career ladders
Integration of new groups of health workers into pathways that are rooted in white supremacy		Reimagining workforce pathways rooted in social justice principles
Differential access to education, resources, and opportunities		Identifying and removing structural barriers to education, resources and opportunities

Principles to guide decision-making about strategies and tactics

IMPACT

Does this help make progress towards policy changes in CA that create a more diverse workforce & expanded economic opportunities for communities?

EQUITY

Does this advance structures of inclusion and equity

- Policies based on community needs and values
- Power and resources allocated to workforces that improve community health
- Valuing cultures and experiences of community members
- Valuing caretaking work (largely by women and BIPOC communities) by paying living wages and providing safe working condition & career ladders
- Reimagining workforce pathways rooted in social justice and anti-racist principles
- Identifying & removing structural barriers to education, resources & opportunities

COMMUNITY INFORMED

Is this aligned with the expressed priorities of community stakeholders in CA?

- Community and regional health workforce experiences, needs, assets, and gaps, including the community-informed processes that shaped the social bond investments

Requires ongoing co-design and engagement

COMPLEMENTARY

Does this complement other efforts in the field?

- HCAI workforce priorities: nursing, behavioral health, CHWs
- CA legislature workforce priorities: primary care and behavioral health
- HCAI expanding its workforce data capabilities for public use
- HCC will lead capacity building for regional workforce collaboratives – timing and focus TBD until 2025 or later

Constantly evolving; needs ongoing monitoring and updating

FEASIBLE

Do we have the capacity and resources?
What is the likelihood of success?

Applying principles to prioritize projects

IMPACT

- To what extent does this project galvanize efforts and lead to impact, e.g., builds on recent learnings or identified priorities, addresses a knowledge gap?

EQUITY

- To what extent does this project advance structures of inclusion and equity?

COMMUNITY INFORMED

- How responsive to expressed priorities of community members?

COMPLEMENTARY

- How does it complement other efforts in the field, including Health Career Connection, over next 12-24 months?

FEASIBLE

- Is it well defined with clear goals?
- Does Healthforce Center and/or its partners have needed expertise and capacity?
- Can it be done with available resources?
- Is it doable in 12 to 24 months?

Environmental scan

*Learning from those working to build a strong
health workforce in California*

Key informants (as of June 2024)

- Alameda County Health Pipeline Partnership
- Bay Area Health Workforce Partnership
- Bay Area Regional Health Inequities Initiative (BARHII, Tides Center)
- California Accountable Communities for Health Initiative
- California Association of Public Hospitals and Health Systems
- California Center for Rural Policy (Humboldt State University)
- California Consortium for Urban Indian Health
- California EDGE Coalition
- California Pan-Ethnic Health Network
- California Primary Care Association
- California Workforce Association
- California State University
- Central California Public Health Consortium
- Central Valley Health Network
- Charles R. Drew University
- Foundation for California Community Colleges / California Medicine Scholars Program
- Futuro Health
- Health Alliance of Northern California / Shasta Health Assessment and Regional Design Collaborative
- Health Impact California
- Health Improvement Partnership (HIP) of Santa Cruz County
- Hospital Association of Southern California
- Inland Health Professions Coalition
- Insure the Uninsured Project
- Jewish Vocational Service
- Kaiser Permanente
- Latino Center for Medical Education & Research
- Latino Health Access
- Loma Linda University Workforce and Pipeline Initiative
- OneFuture Coachella Valley
- Pomona Health Career Ladder
- PreHealth Dreamers
- Public Health Institute, Center for Health Leadership & Impact
- Roberts Enterprise Development Fund
- SEIU United Health Workers
- UC San Diego Health Pathway Programs & Partnership
- UCSF Anchor Initiative
- UCSF Center for Excellence in Primary Care
- UNITE-LA
- Visión y Compromiso

Reflections (as of June 2024)

- Findings are not generalizable or comprehensive
- Different assets and priorities across the state
- Need for regional health workforce data
- We need clear, supportive pathways into target professions
- Opportunities to increase collaboration among community-based organizations and regional collaboratives

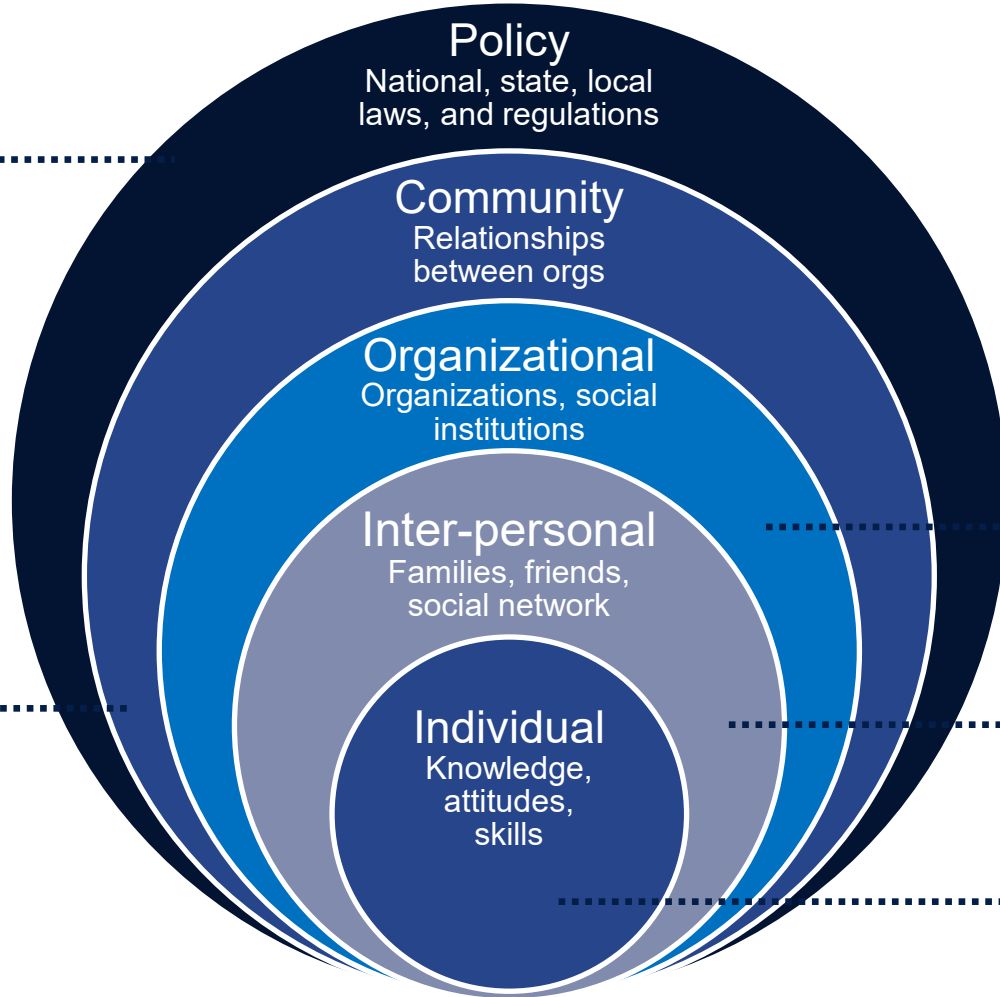


Socio-ecological model: Interview learnings are organized according to a socio-ecological model to show the complex relationship between different factors

Preliminary findings

- Policy opportunity for better inclusion of the Cal State systems in state initiatives
- Undocumented students training for health professions face unique challenges (financial aid, securing jobs and/or work permits)
- Need for regional-level data and labor market assessment on the health workforce
- Medi-Cal rates are lower than Medicare and commercial rates, negatively impacting workforce available to care for Medi-Cal enrollees
- Many entry-level health workers do not have adequate health or other employment benefits, and many rely on Medi-Cal

- Collaboratives are increasingly investing in K-12 educational pathways
- Often those working on workforce issues in a region are working in siloes
- Health workforce shortages are especially striking in rural areas



- Organizations face structural barriers that impact their ability to access state funding opportunities and influence policy
- Many organizations are prioritizing efforts to address the severe shortages in the behavioral health workforce
- Several organization have priorities related to growing the Community Health Workers/Promotores (CHW/Ps) workforce and expanding integration of CHW/P into the health care system
- Students in training programs need financial support

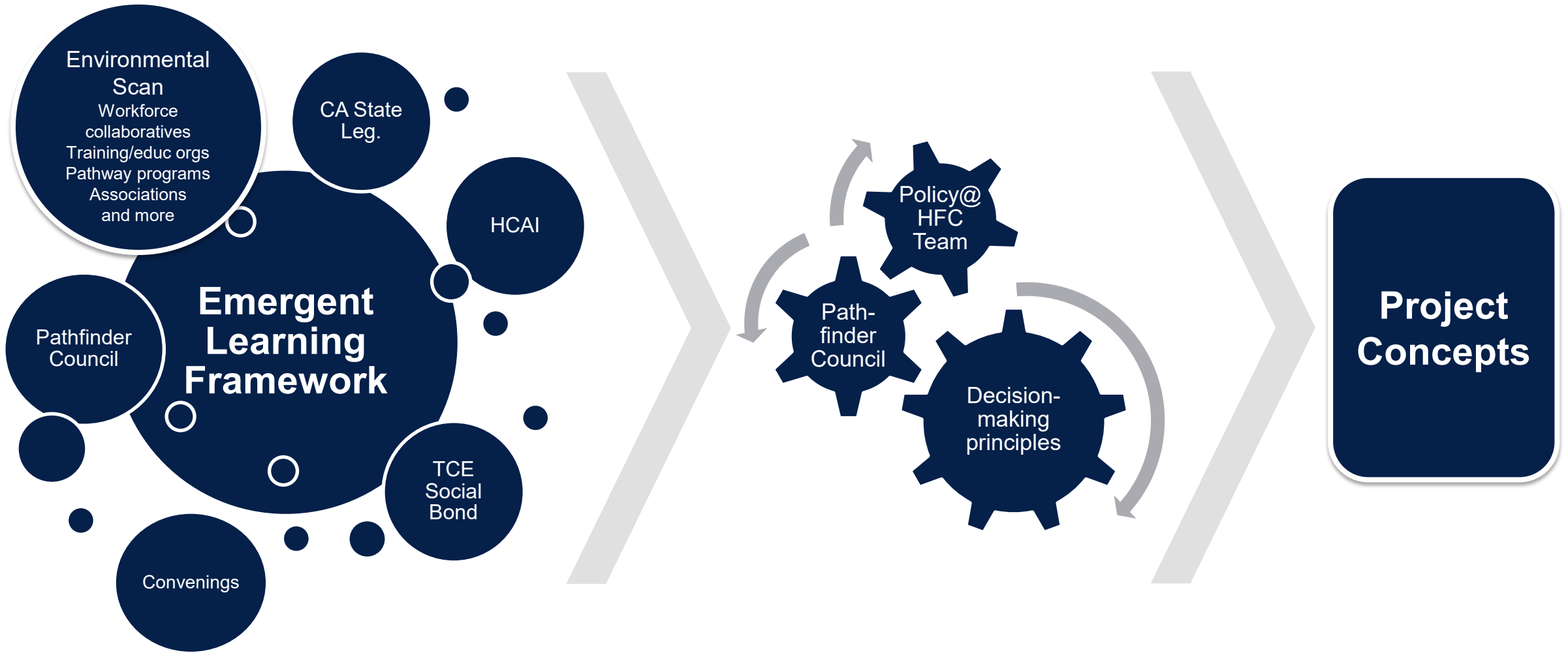
- Well-being and retention of health professionals are of high concern among organizations

- Need for additional capacity building (data analysis, grant writing training, etc.) in some collaboratives

Putting it all together

Developing a community-informed research & policy agenda

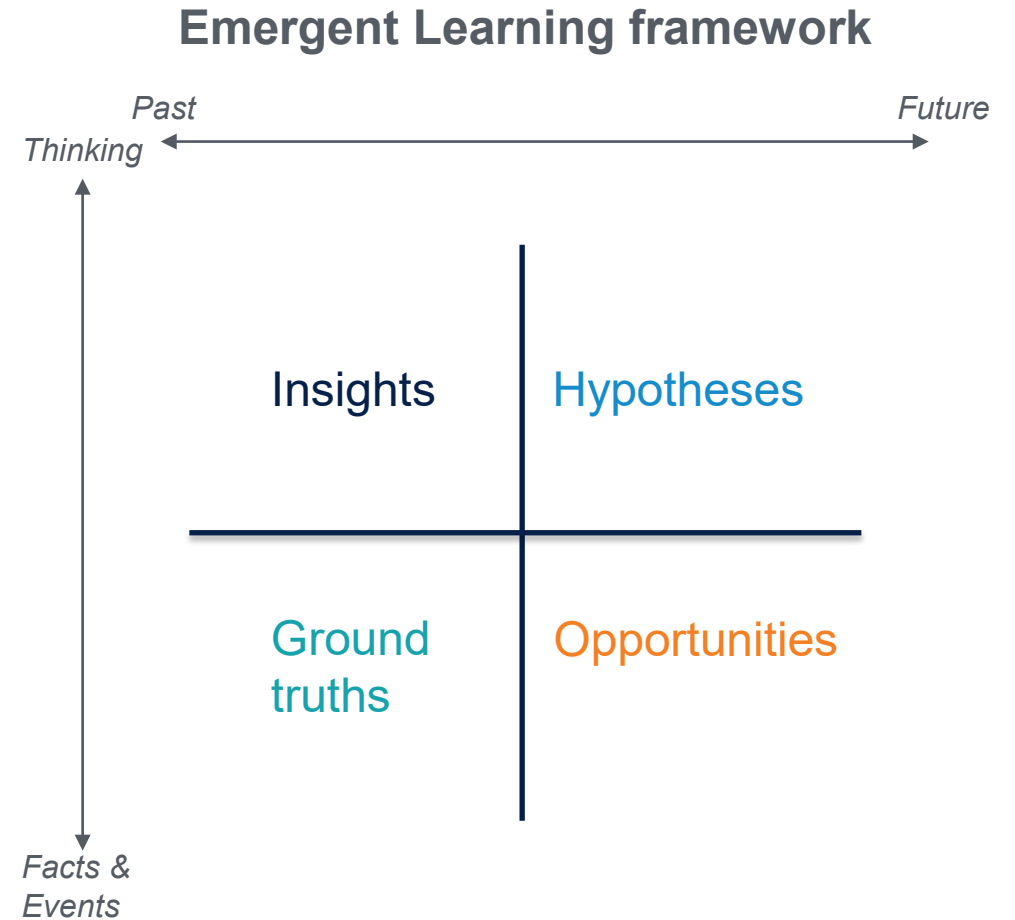
Process



Using Emergent Learning to synthesize diverse inputs

“[Emergent Learning](#) helps people across a system think, learn and adapt together to achieve important social change goals.

“Emergent Learning...is about rethinking what it means to achieve complex goals in a complex world. EL focuses on discovering a shared line of sight that allows everyone to find their place in the endeavor; posing questions that invite a wider, more diverse, circle into the thinking process; making thinking visible to encourage a learning dialogue; deliberately testing hypotheses in the work itself; and sharing patterns and insights across a team, network, or community.”



Source: <https://emergentlearning.org>

Emergent Learning: Ground truths

- HCAI workforce priorities: nursing, behavioral health, community health workers
- CA legislature workforce priorities: primary care and behavioral health
- Low payment for services (i.e., Medi-Cal rates) limits ability to hire workers despite increases in hourly wages (SB 525)
- Regions are focused on health workforce issues because shortages cause access problems and workers don't mirror the communities/clients/patients they care for (concordance)
- Regions have different workforce capacity and structures – may include employers and educators, may focus on policy changes, may have organizing groups responsible for convening and agenda settings (i.e., backbone orgs), may have data to inform priorities, etc.
- Employers and health plans are not always engaged in regional efforts
- Wide range in the types of workers being prioritized from new roles (wellness coaches, navigators, doulas) to highly specialized health workers (bilingual child psychiatrists); some in part due to CalAIM
- Barriers to training workers are known (cost, training sites, faculty, access to courses, etc.); some solutions are known (scholarship, earn and learn, etc.) and solutions need to be scaled
- Problems with recruitment, hiring practices, retention and burnout magnify shortages
- HCAI is focusing on expanding its workforce data capabilities for public use
- COVID-19 and being fatigued has been a big factor in people leaving workforce; retirements of baby boomer health professionals (e.g., specialists in rural areas)
- Health care is booming (hiring) nationally but health organizations are feeling pinched/hiring freeze due to rising inflation hitting up against unchanging reimbursement
- Increased demand: expanded Medicaid and increased patients in managed care and expansion of social services being provided

Emergent Learning: Insights

- Regional areas can have distinct issues (i.e., limited educational capacity, recruitment challenges, limited types of workers available)
- Regional groups lack access to tailored workforce data and ability to connect efforts to statewide funding and policy
- Regional areas may be testing and piloting ideas that are unknown to other regions and state agencies
- Challenging to scale and sustain successful programs and pilots
- Some stakeholders (health plans, employers) are going at it alone rather than partnering with others, which may be due to lack of awareness of what is already underway
- Need for longer term (K-12 pathway programs) as well as those that more immediately produce needed workers
- Learners/students are changing – more are adults with family responsibilities that require flexible educational options (online, self-paced, modular) and upfront financial help (scholarships a priority as well as loan repayment)
- Data needed to inform planning and funding applications for regional efforts; especially need for actional data (demographics of community relative to demographics of workforce)
- Does telehealth free up opportunities to engage patients and expand who the pool of health workers are (e.g., retired health workers)?
- What is the role for artificial intelligence in supporting workforce efforts?

Emergent Learning: Hypotheses

- Regional workforce collaboratives* likely have proven models or successful pilots for expanding workforce
- Regional workforce collaboratives with more robust stakeholders result in increased resources and better meet community needs, but local and statewide policy changes are needed to ensure sustainability; is there a way to have community priorities drive/inform state policies?
- There is a benefit to aligning regional workforce efforts with state workforce priorities
- Investments in efforts to address more immediate needs (retention strategies, accelerated training pathways, increase eligible groups of learners) may need to be prioritized above others
- Lack of access to timely data limits effective planning and interventions
- Lack of access to resources and information about what work limits spread and scaling of solutions
- Indigenous health programs/delivery systems is statewide and not regionally focused – so maybe does not make sense to be using geography in defining workforce collaboratives; another example is Essential Health Access (Planned Parenthood networks)

*Potential ways to define regional collaboratives – spectrum and the furthest end is not really that; local WIB for example is top down. On the other end – small partnership is also not collaborative. To be collaborative would ideally need to have multiple employers, CBOs, government representation, educational institutions, along with multiple funding streams and data sharing.

Emergent Learning: Opportunities

- Is there a benefit to defining policies about minimum workforce data that regions can implement?
- Is there a value to look at how to make regional efforts more visible to engage a greater range of stakeholders?
- How can policy and funding support the proven health workforce models for sustainability, spread, and scale?
- How might we accelerate HCAI data efforts so that they are available for regional use?
- Does a "one stop resource" for evidence on what works to retain workers, accelerate education, eliminate barriers to education, etc., make it easier to inform policy actions?
- Does legislative action for the MCO tax and OHCA's work support focusing on the workers that make up the primary care team?
- Lack of local infrastructure to have these conversations, bring people together, to ideate
- Value to hearing what regions are doing – but local capacity differs greatly and not necessarily predictable (e.g., both LA, Inland Empire have a lot going on)
- Licensed positions are accessible – they pay well, there are structural barriers that can be addressed, and AI will not replace these positions
- What are the pragmatic things than can be addressed (e.g., fix the windows before worrying about walkability/bikeability in a community)
- Adding something about technology's role in workforce (e.g., access to specialty or behavioral health, AI)

Appendix

Organizational and funder information; key terms

POLICY at
Healthforce
Center at UCSF



Policy at Healthforce, established in 2023, is supported by a grant from The California Endowment

Healthforce Center at UCSF: Driving progress toward greater equity in the health care workforce

HPS50

Healthforce Center at UCSF



Who is supporting Policy at Healthforce?

Healthforce Center at UCSF

- Sunita Mutha, Director
- Elizabeth Mertz, Co-Deputy Director
- Rebecca Hargreaves, Co-Deputy Director
- Taylor Rogers, Postdoctoral Scholar
- Aubri Kottek, Sr. Program Manager
- Melissa Lucas, Marketing & Communications Manager
- Ivie Harris, Program Assistant
- [Healthforce Research Faculty](#)

The California Endowment

- Tara Westman, Sr. Program Manager
- Bonnie Midura, Sr. Program Manager
- Megan Espinoza, Program Associate

Pathfinder Council

- Lisa Countryman-Quiroz, CEO, JVS-Bay Area
- Crispin Delgado, Executive Director, Insure the Uninsured Project
- Virginia Hedrick, Executive Director, California Consortium for Urban Indian Health
- Kiran Savage-Sangwan, Executive Director, California Pan-Ethnic Health Network
- Van Ton-Quinlivan, CEO, Futuro Health

Key terms

Policy	Includes policies at multiple levels, from regional, state, and federal laws and regulations (big P) to system and organizational procedures and practices (small p)
Community	Groups of people that share a geographic location, similar interests (e.g., health and workforce related), or an affiliation or identity (e.g., Indigenous, LGBTQ+)
Community-informed	The process of engaging organizations and agencies to act as liaisons and ensure the priorities, opinions, and ideas of the communities they represent are voiced