



# Health Improvement Partnership Health Workforce Council

Santa Cruz County  
January 25th, 2023

[www.hipsc.org/workforce](http://www.hipsc.org/workforce)

# Health Workforce Goals



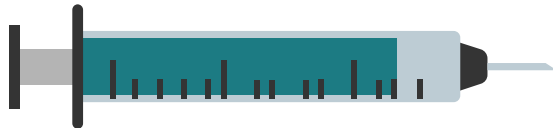
**Workforce**  
Santa Cruz County



In partnership with the Santa Cruz County Workforce Development Board, the Health Improvement Partnership of Santa Cruz County aims to build, strengthen and diversify the Santa Cruz County health workforce with qualified individuals who can best support and provide health services to the community.

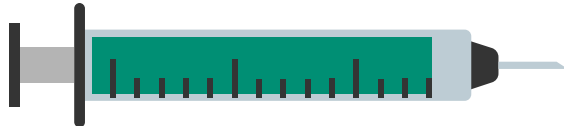
Our workforce goals:

1



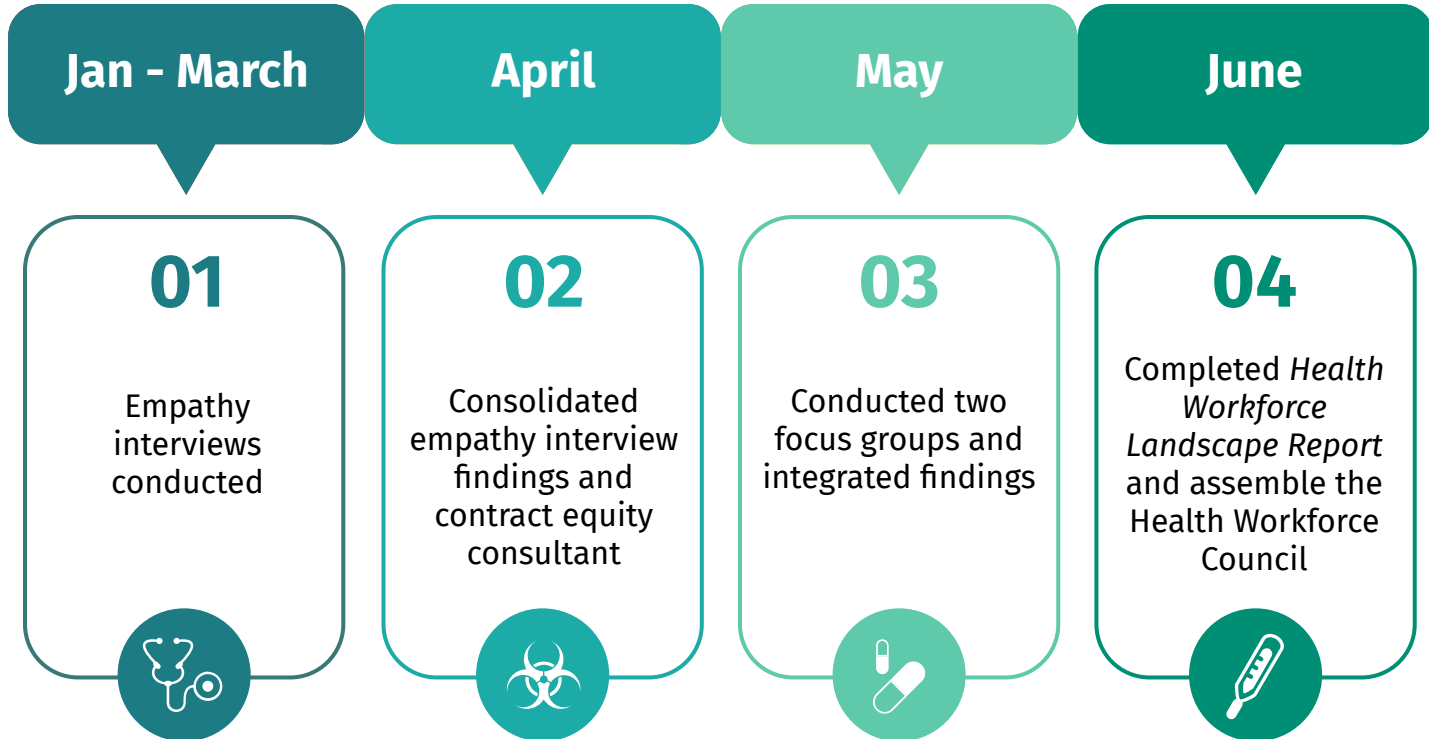
**Increase opportunities for Santa Cruz County residents to advance in health professions**

2

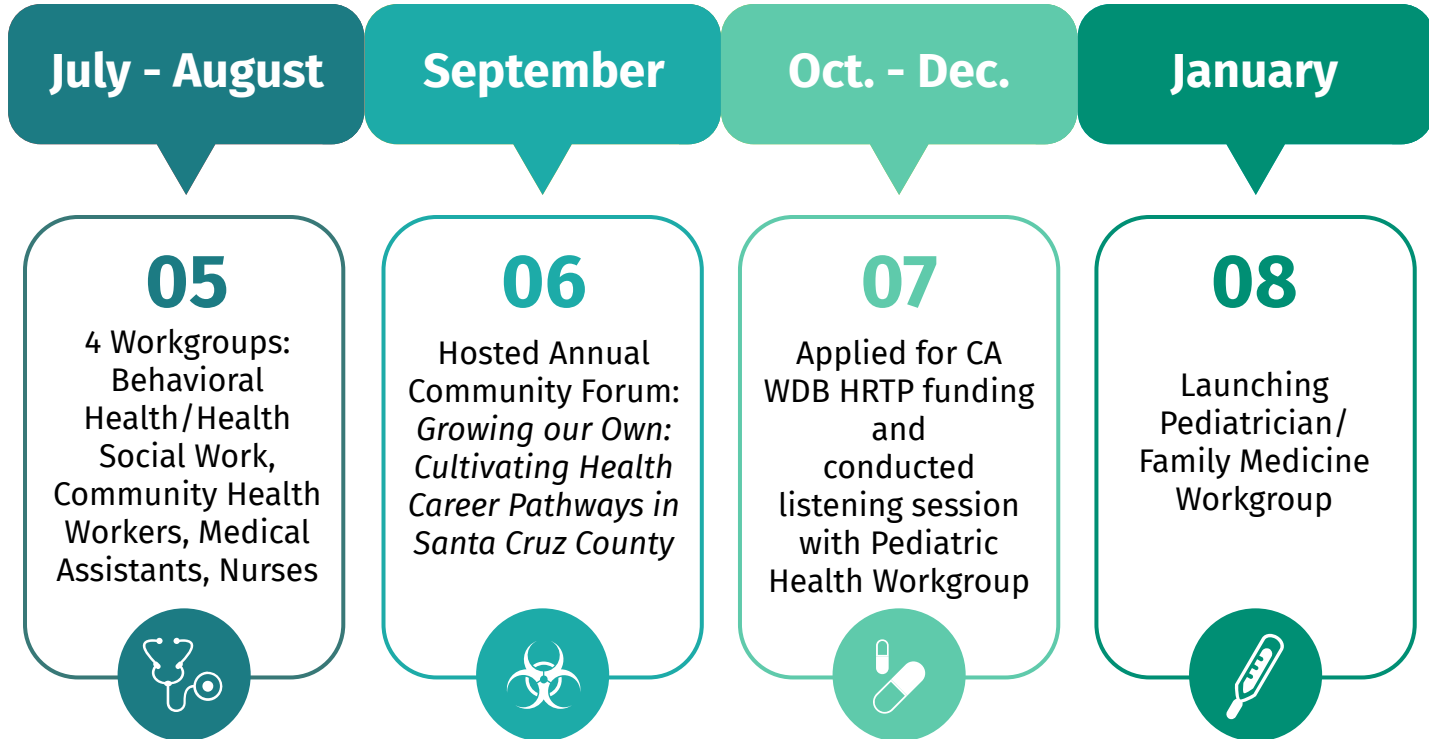


**Align and expand education and training through pipeline programs, work-based learning, and continued professional development**

# Health Workforce Council Project Timeline



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# Listening Tour Goals

## Goal #1

**Build connections** with healthcare employers and healthcare pipeline training programs within Santa Cruz County

## Goal #3

**Assess** which organizations/champions align with workforce tracks and their commitment



## Goal #2

**Better understand the current state of the healthcare workforce**, and gain feedback on which workforce healthcare tracks to support

## Goal #4

**Identify participants** to join Santa Cruz County Health Workforce Council (HWC)

Cabrillo College  
CSU Monterey Bay  
Central CA Alliance for Health  
Community Health Trust of Pajaro Valley  
Dientes Community Dental  
Dignity Health Dominican Hospital  
Encompass Community Service  
Health Career Connection  
Health Improvement Partnership Behavioral Health  
Hospice of Santa Cruz County  
Hospital Council of Northern and Central California  
Janus of Santa Cruz  
Kaiser Permanente  
Pajaro Valley Prevention and Student Assistance  
Pajaro Valley USD Career Technical Education  
Salud Para La Gente  
Santa Cruz Community Health  
Santa Cruz County Health Services Agency  
Santa Cruz County Public Health Department  
Sutter Health  
Watsonville Community Hospital



# Key Findings

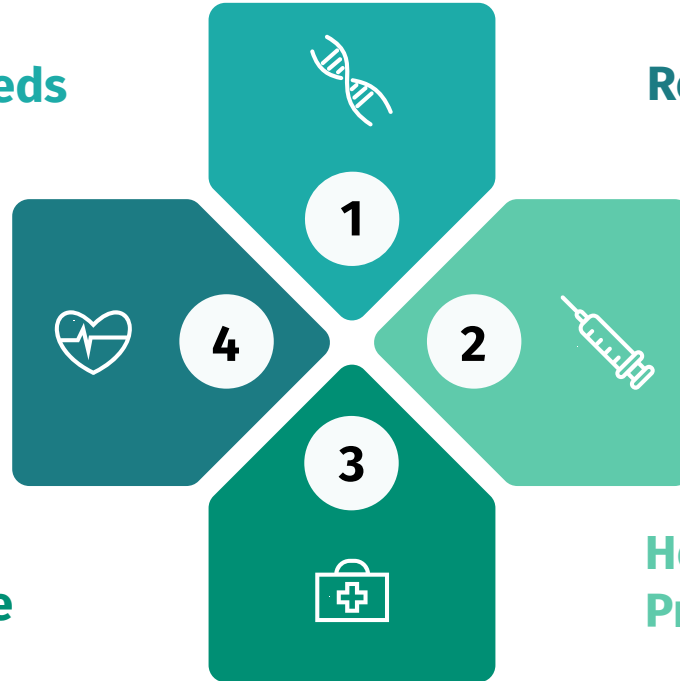
Using a human-centered design approach, our empathy interviews focused on these four components:

**Challenges & Needs**

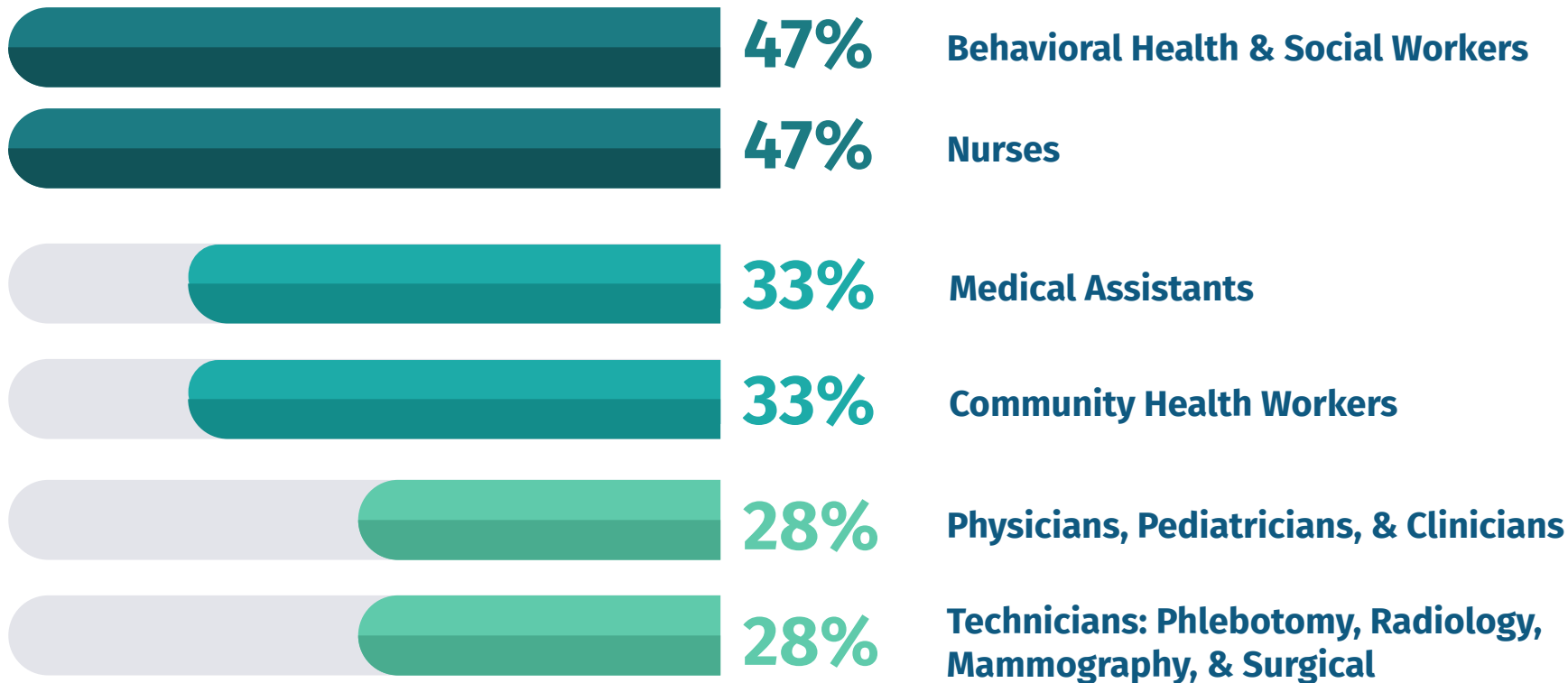
**Resources & Solutions**

**Health Workforce  
Council Workforce  
Tracks**

**Health Workforce Council  
Priorities**

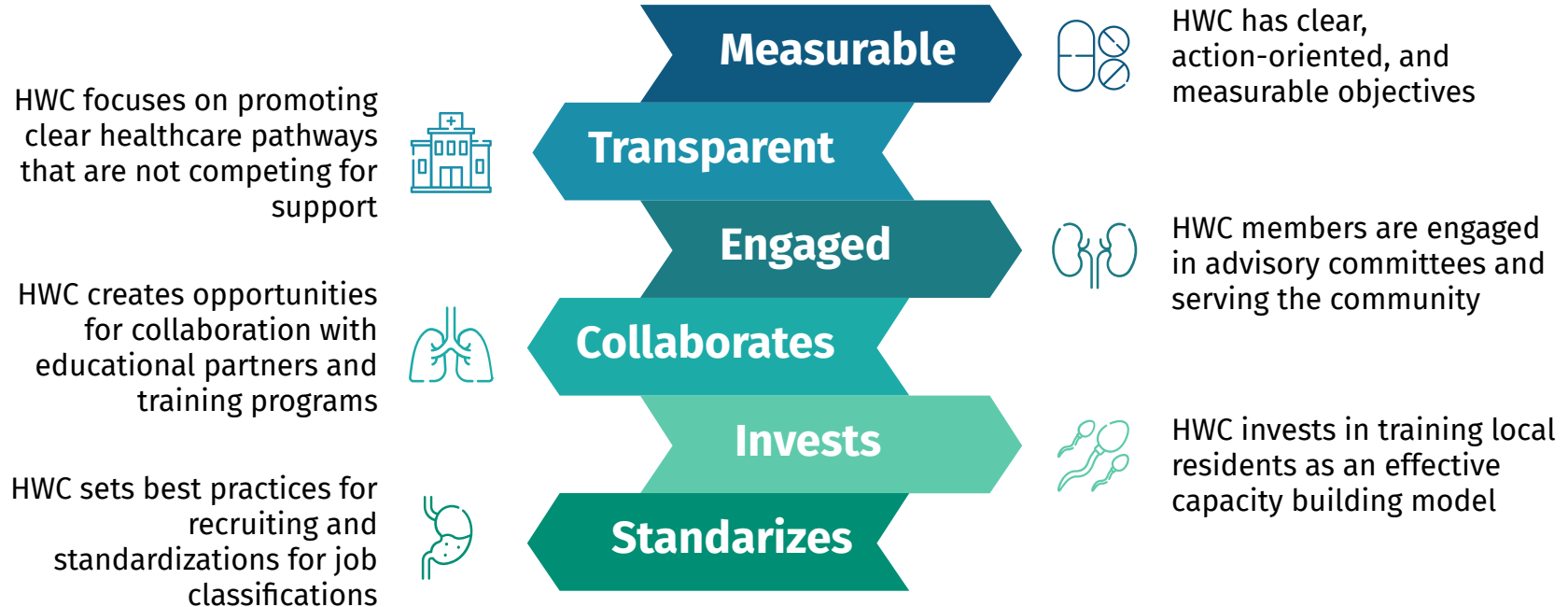


# Health Workforce Tracks

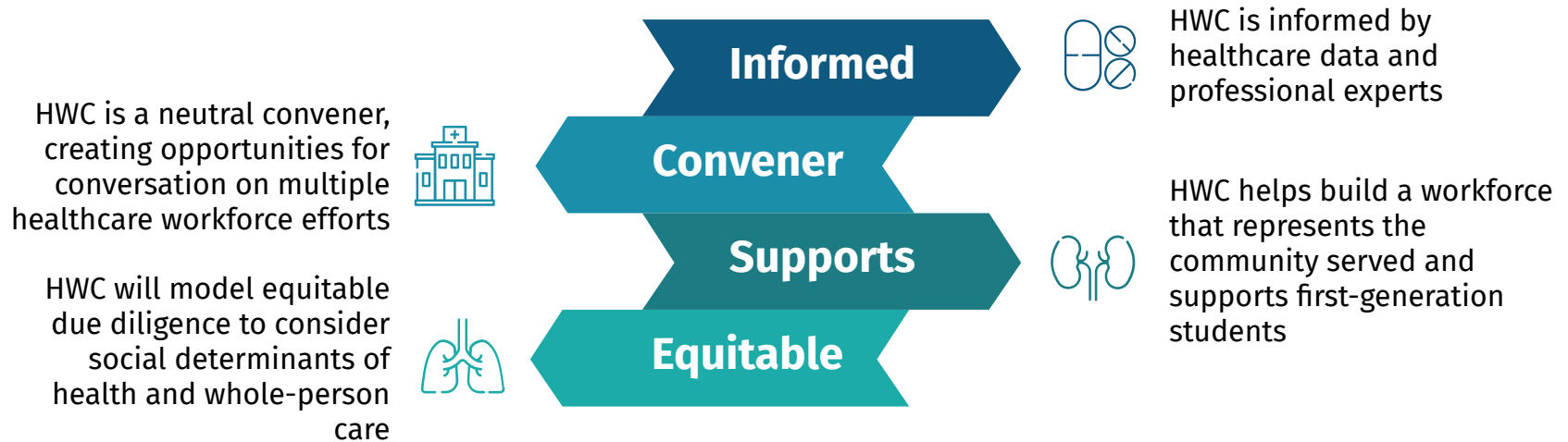




# Health Workforce Council Considerations



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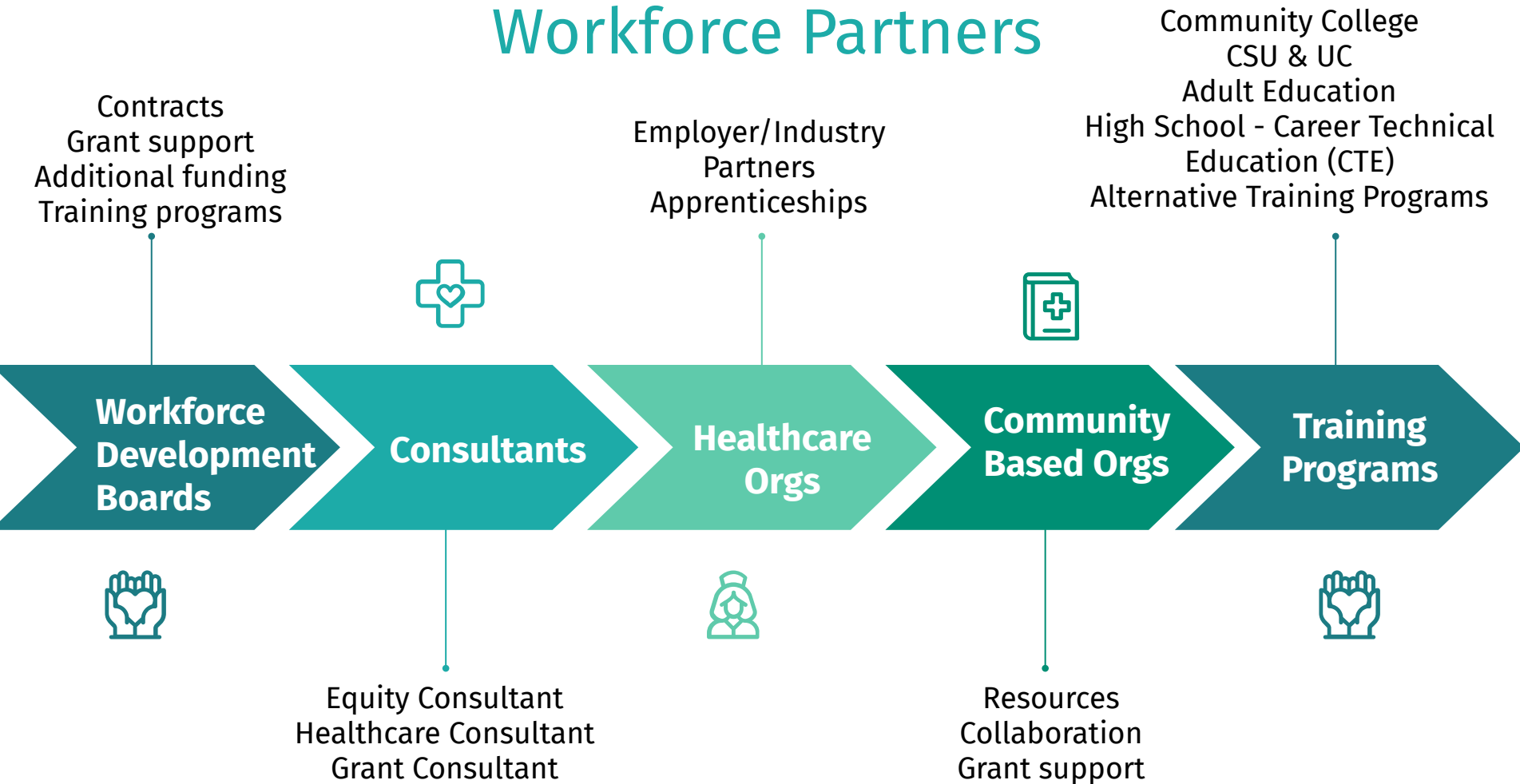


# Health Workforce Council Structure

- Quarterly HWC virtual meeting with guest presenters, workforce experts, new training programs, etc.
- Monthly virtual workgroup meetings for each workforce track - agendas co-developed and meetings co-facilitated with each champion
- Projects and deliverables executed by HIP staff along with partners
- Check-in with champions as needed to develop agendas and provide thought leadership



# Workforce Partners



DANKE!  
THANK YOU!  
MERCI!  
GRAZIE!  
GRACIAS!  
DANK JE WEL!



**Hayley Mears**

A portrait of Hayley Mears, a woman with long dark hair, wearing a dark turtleneck sweater, smiling slightly. The background is a warm, textured wall.

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# Building Coalitions to “Grow Your Own” Workforce & Train Health Professionals

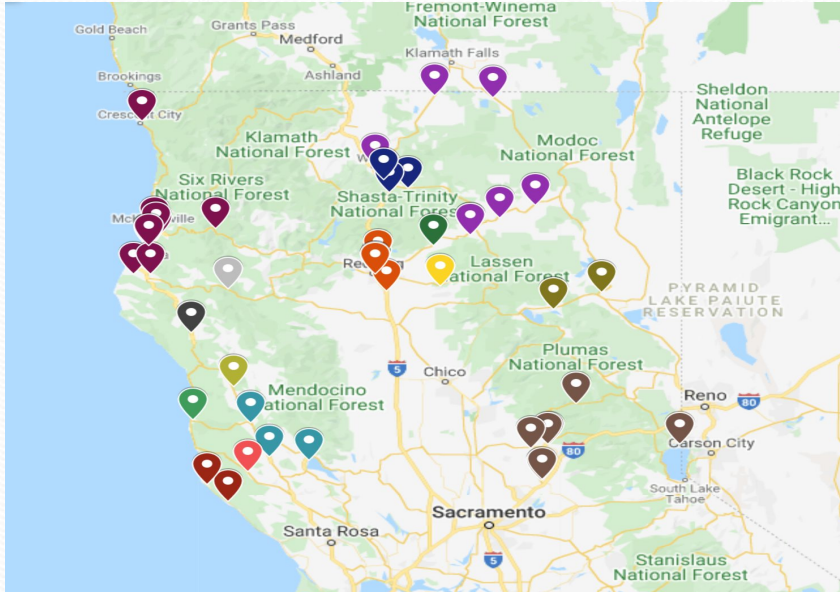


# Agenda

- 1.HANC/NCCN's Rural Region
- 2.Rural Health Workforce Shortage
- 3.UC Davis Partnership







- 15 community health center members serving rural communities in Del Norte, Humboldt, Lake, Lassen, Mendocino, Nevada, Placer, Plumas, Shasta, Sierra, Siskiyou, Trinity and Yuba Counties
- Geographic area of almost 40,000 square miles, with population density of 22 people/square mile. About 2.2% of CA's total population across 25% of its land



# National Rural Health Workforce Needs



- Shortages of health care professionals have existed in rural areas of the US for more than a century, with reports since the 1920s describing increasing shortages
- In 2018, 66% of Health Professional Shortage Areas for primary care were in rural/partially rural areas
- About 20% of Americans live in rural areas, but about 10% of physicians practice there. The federal government projects a shortage of over 20,000 primary care physicians in rural areas by 2025

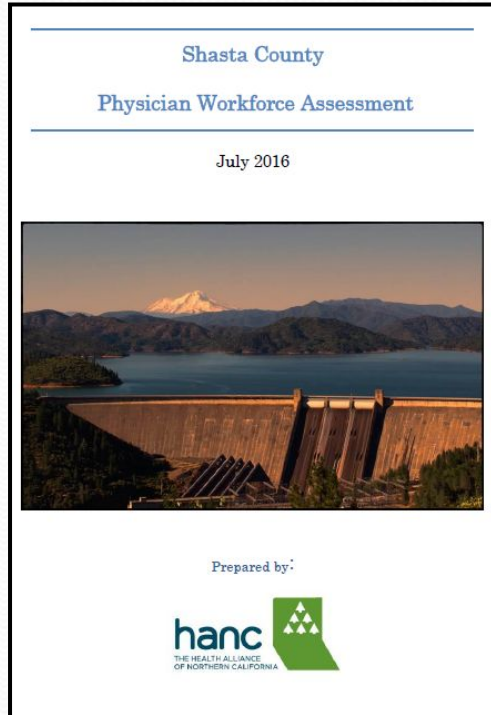
# Rural Health Reality – Physician Shortage

- Overall mortality and poor health outcomes correlate with levels of rurality according to 2019 County Health Rankings. For 2022, the North State received the lowest County Health Rankings in the state
- Rural residents are older, sicker and poorer, and more likely to die from health issues like cardiovascular disease, unintentional injury and chronic lung disease
- Rural Residents also tend to be diagnosed with cancer at later stages and have worse outcomes





# Shasta County Physician Workforce Assessment



- Collaboratives of health care providers across the North State have made health care workforce development a priority
- One collaborative in particular, the Shasta Health Assessment and Redesign Collaborative (SHARC), sought to understand quantitatively what the provider community was hearing and feeling anecdotally — that there was a local physician shortage, and it may get worse

# SHARC Steering Committee

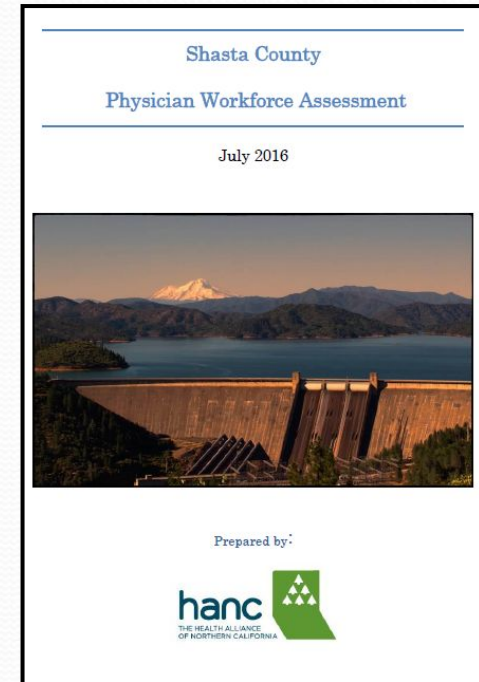
- **Facilitator:** Health Alliance of Northern California, since 2009
- **FQHCs:** Hill Country Health and Wellness Center, Shasta Community Health Center, Mountain Valleys Health Centers, Shingletown Medical Center
- **Clinics:** Women's Health Specialists
- **Provider Partners:** Hospital Council of Northern and Central California, North Valley Medical Association, Shasta County Public Health Advisory Board
- **Hospitals:** Mercy Medical Center Redding, Dignity Health North State Service Area, Shasta Regional Medical Center, Mayers Memorial Hospital
- **Health Plan:** Partnership HealthPlan of California (All 4 Board Shasta County Commissioners participate on SHARC)
- **County:** Shasta County Board of Supervisors, Shasta County Health and Human Services Agency
- **Community Members**



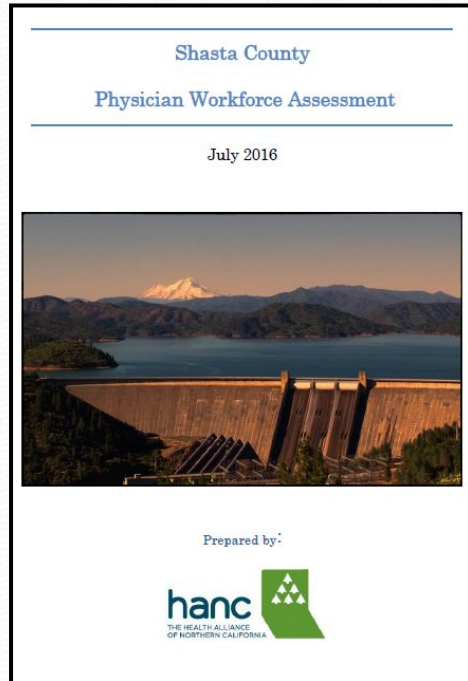


# Physician Workforce Assessment Goals

- Compile an inventory of all active in-county doctors of medicine (MDs) and doctors of osteopathy (DOs);
- Survey practicing physicians to evaluate the county's physician supply and service capacity;
- Identify current and future gaps in the local health care delivery system based on the data collected; and,
- Provide recommendations for meeting current and future service capacity goals.



# Physician Workforce Assessment Results



- 424 physicians identified; data collected on 347 (81%)
- Physicians practicing below estimated physician-to-population needs for most physician types. Rates were especially low for primary care, dermatology, psychiatry and general surgery
- Of the 314 physicians whose ages were identified: 51% of primary care and 55% of non-primary care were found to be over 56 years of age.
- A total of 20% of primary care 56 or older indicated that they may retire or relocate in the next five years, and 35% of specialists 56 or older indicated that they may retire or relocate in the next five years.



# Workforce Assessment Next Steps

- Local data confirmed national trends
- The national, rural physician workforce is projected to decline 23% by 2030 with nearly all the forecasted decline coming from a reduction in the number of rural physicians 45 years of age or older
- Urgent need to focus on promoting health care workforce development strategies, like rural pipeline and training programs
- Shasta County physician data was indicative of broader regional reality, and therefore was important to work with regional and statewide partners on future programming



# UC Davis Partnership Endorsed Applicant Program

Anderson Valley  
Health Center



Following 2016 report, HANC focused on supporting programs with highest chance of success

Research suggests that the strongest known influence on rural physician recruitment is a rural upbringing

- In 2018 UC Davis formed a Community of Practice (COP)
- HANC and three CHC members joined
- COP enabled establishment of Endorsed Applicant Program
- UC Davis and HANC have collaborated on additional programs based on relationship formed during COP



# Ongoing UC Davis/HANC Collaboration



**Health Equity Academy -  
Leaders for Tomorrow's  
Healthcare (HEALTH)**



# CHC Engagement

- How does HANC maintain CHC engagement?
- What resources are needed to maintain/expand training opportunities and collaboration?
- Next steps?





# Collective Effort, Collective Impact

How Communities of Practice (COPs) join  
us together in social mission work

**UCDAVIS**  
**HEALTH**

Center for a Diverse  
Healthcare Workforce



# Disclosures

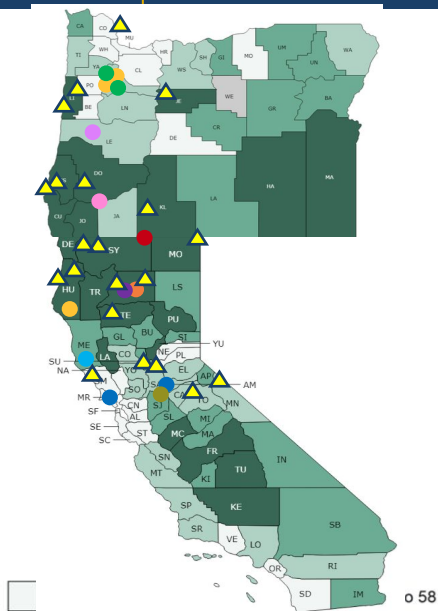
This work is supported by grants from HRSA:  
Health Resources and Services Administration of the U.S. Department of Health and Human Services (HHS) under grant number UH1HP29965, titled Academic Units for Primary Care Training and Enhancement for \$3,750,000.00. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

# Socially-accountability Throughout

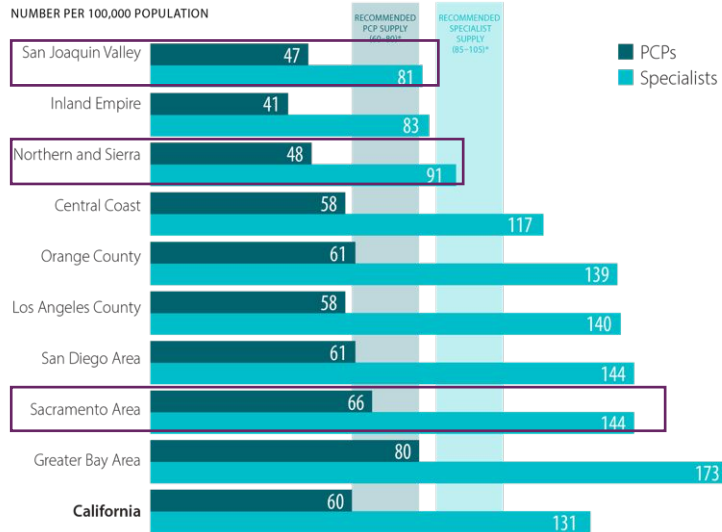


- The obligation of schools to direct their education, research, and service activities towards addressing the priority health concerns of the community, region, and/or nation they have a mandate to serve.
- Social accountability must be an institutional priority or mission area in addition to education, research and clinical care.
- Strategy: select students from communities with greatest health needs; locate programs in communities they serve (in hopes they will return there for practice; curricula on social determinants of health; and emphasize public service and social accountability across institution.

# Training the Doctors that the Community Needs



## Primary Care Physicians and Specialists, by Region California, 2020



California Health Care Foundation

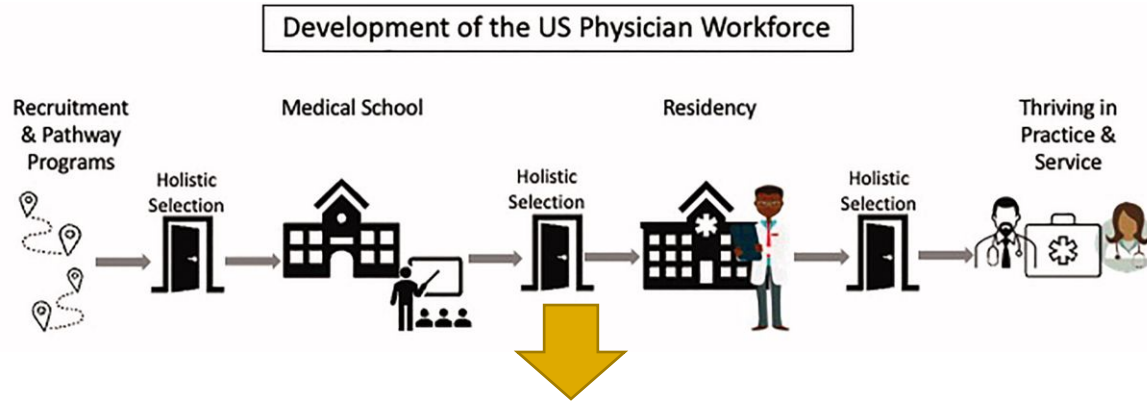


**Racially concordant care improves health outcomes**

**More primary care docs improves life expectancy**

**Where you grow up (and train) matters**

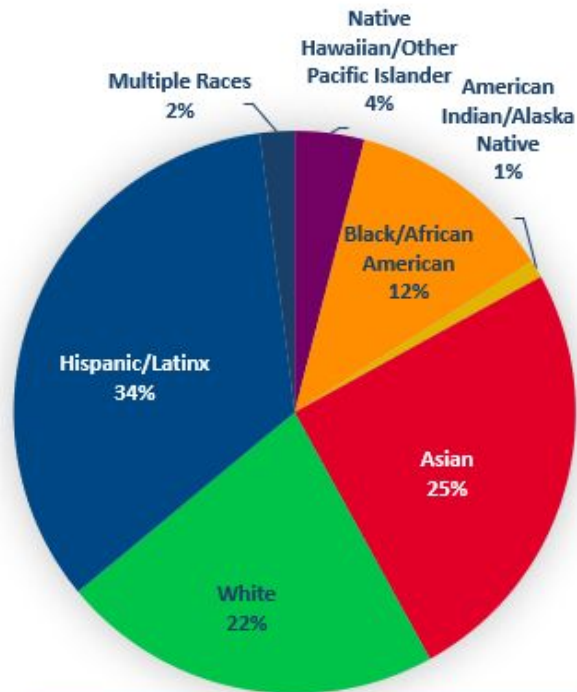
# How Medical Schools Can Address Community Health Needs



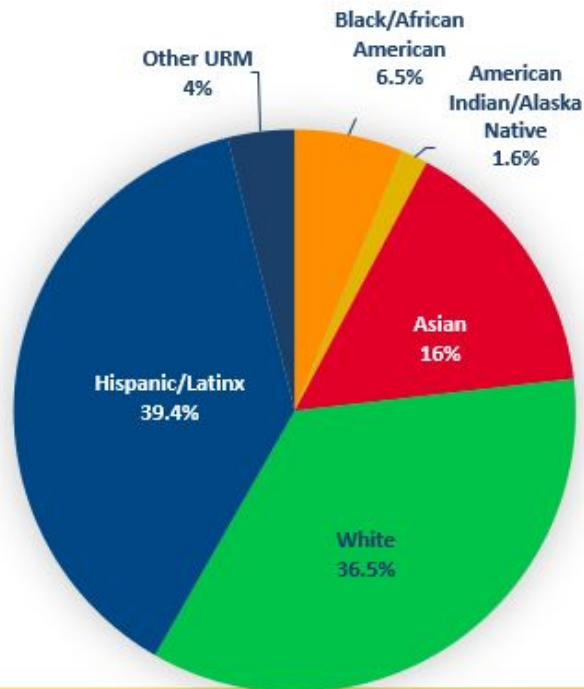
- **Admit the right students** (and offset the costs, of course)
- **Create inclusive learning environments**: peers, belonging, shared vision
- **Train students in place** in rural, urban, tribal settings (... not tertiary care hospitals)
- Develop **competencies for community-based care**: social and structural determinants of health; equity; leadership; community partnership; advocacy
- **Partner with the community**: primary care association, health centers, GME, AHEC
- Address **structural challenges**: admissions, assessments and grades, attrition
- Provide **role models** (career, personal, professional)



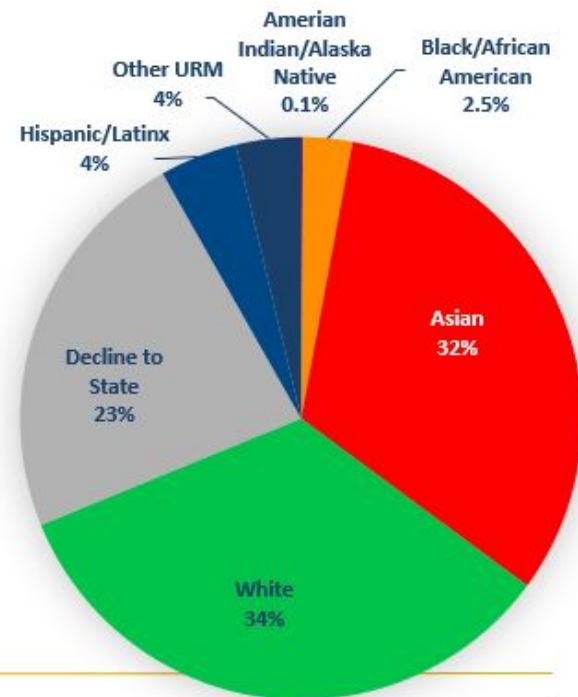
### UC Davis Matriculants (2020)



### CA Population Race/Ethnicity (2021)



### CA Physician Population Race/Ethnicity (2019)





# Inclusion Pathways reflect community needs

1. **Northern California rural and frontier:** Rural PRIME
2. **Urban Sacramento:** Transforming Education and Community Health (TEACH)
3. **Central Valley (agricultural and urban):** REACH
4. **Accelerated 3-year MD to Primary Care:** ACE-PC
5. **Tribal, Urban, and Rural from Sacramento to Portland:** COMPADRE with OHSU
6. **Native American, Alaska Native and Tribal Communities:** Tribal PRIME
7. **Community College to Medical School:** Avenue M

PC



Central Valley



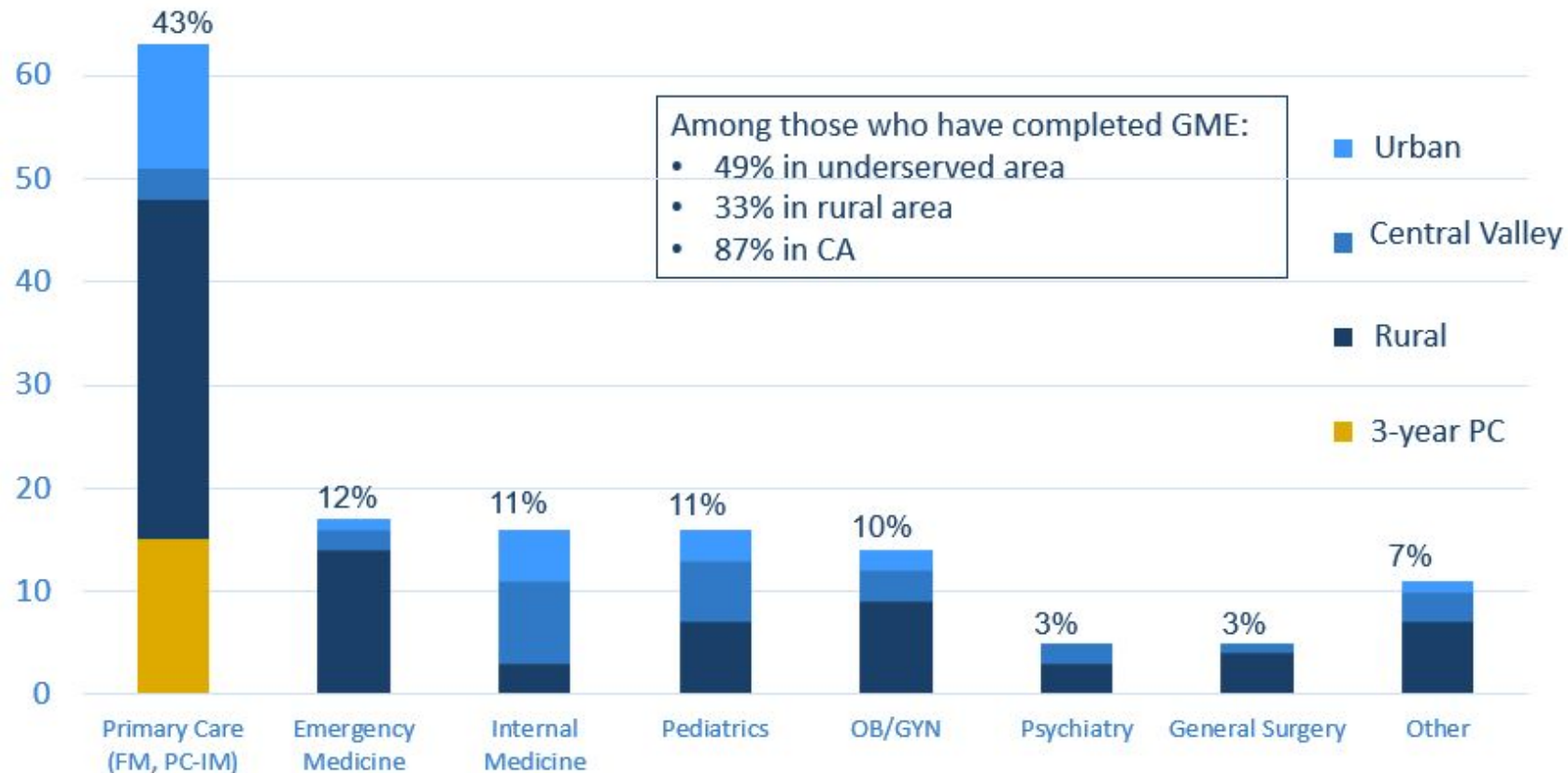
Rural



Urban



# Pathway Scholars GME and Practice Outcomes (n=147 graduates)



# Multi-pronged recruitment strategy



## Admissions Mission

- To matriculate a class who will, as physicians, address the diverse healthcare workforce needs of the region...
- Mission Scholarships
  - HRSA grants
  - ACE-PC (AMA, Kaiser)
  - Pathway programs

## Holistic Review

- AAMC: E/A/M **beyond** metrics (GPA, MCAT)
- Experiences (PC, community, service)
- Attributes (resiliency eg rural, financial need)
- Adjust for socioeconomic disadvantage-SE D score
- Situational Judgement Test

## Multiple Mini Interview

- Multiple interactions with diverse raters
- Because of multiple (blinded) raters, MMI more reliable and less subject to bias
- CA-LEAP study: MMI a better predictor of clinical perform. than traditional interviews

## Inclusive Policies & Practices

- Required implicit bias mitigation training
- Institutional diversity and inclusion policy
- Community engagement integrated throughout (CHS, strategic plan, robust partnerships with FQHGs)

## Dissemination

- Broader focus on the medical education community and what we can accomplish together
- Transparency of challenges and painful truths – With innovation comes failure too



## UC Davis Medical Students

- **39%** get FAS (vs 13% nationally)
- **45%** first-generation college
- Family income **\$68K** (< 10<sup>th</sup> %tile)
- **75%** receive FA (> 90<sup>th</sup> %tile)
- **90%** grad with debt (> 90<sup>th</sup> %tile)

# Communities of Practice to Strengthen Regional Health Careers Pathways





# What are Communities of Practice?

Coined by Drs. Jean Lave and Etienne Wenger-Trayner, Communities of Practice are groups of people who share a concern or a passion for something they do and want to learn how to do it better as they interact regularly [Wenger-Trayner].

•A Community of Practice (CoP) has three defining characteristics:

- **Domain:** CoP members share a commitment to a domain and seek a collective understanding of each other's competencies and basic understanding of their shared concern or passion.
- **Community:** CoP members engage in joint activities to learn how to improve their programs, share best practices, and explore collaborative growth. Each member contributes to the growth of others.
- **Practice:** A CoP is a group of practitioners who develop a shared repertoire of resources, such as experiences, stories, tools, and ways of addressing recurring problems.





DEVELOPING

# Communities of Practice

FOR COLLECTIVE IMPACT



**STEP 1:** Identify stakeholders and partners: Who might be appropriate members of your CoP?

**STEP 2:** Convene partners and establish CoP agreements such as purpose, common goals, expectations, and outcomes.

**STEP 3:** Solidify commitments to the CoP project and to CoP team members.

**STEP 4:** Develop pathways for CoP communication to build relationships and share personal narratives.

**STEP 5:** Determine initial project needs and opportunities.

**STEP 6:** Outline project outcomes: What do you need to learn, know, and clarify?

**STEP 7:** Identify useful tools to meet CoP goals such as evidence-based studies or systematic review.

**STEP 8:** Finalize project plan details: What are you going to do? What are your first steps? What foundation needs to be laid for long-term impact?

**STEP 9:** Plan next steps: What do you need to progress? How can we adequately sustain group efforts?

**STEP 10:** Identify strategies of Dissemination of Information for all audiences.

**STEP 11:** Evaluate plan and community agreements: What evaluation tools might be helpful?

**STEP 12:** Finalize concept with CoP members.

**STEP 13:** Implement plan.

**STEP 14:** Disseminate findings to academic medicine, clinical, and professional organization partners

**STEP 15:** Celebrate successes!

# Success Summary

Health Career Pathways: Community College □ 4 Year Univ. □ Medical School

Endorsed Applicant Program □ Rural Community Med Pathway □ COMPADRE

\$1.8 million grant from the American Medical Association to create workforce programs to meet the needs of medically underserved communities between Sacramento, CA and Portland, OR

Our attention to healthcare in rural communities has been named a top 10 priority by the California Future Health Workforce Commission. This recommendation includes our COP partners from the California Primary Care Association (CPCA) and regional FQHCs.

COP Fellows Program □ supports continued COP work and dissemination efforts



# Entry Survey

## Purpose

Explore COP members' goals and expectations for 'Bridging Health Centers and Schools of Health' effort.

Assess baseline levels of collaboration between participating entities.



## Goals of the COP

Connect partners and build relationships.

Develop a pathway program for endorsed applicants to attend medical school to return to practice in their home communities.

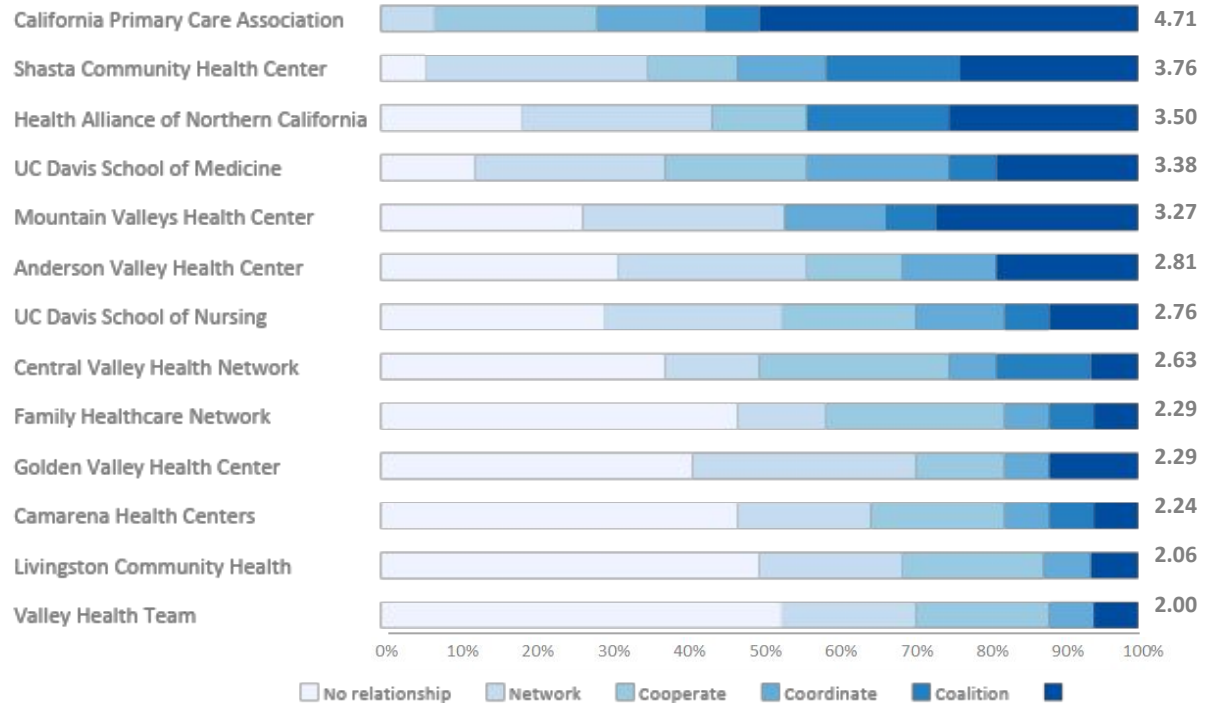
Diversify the healthcare workforce.

Increase access to primary care providers in rural and underserved communities.

# Baseline collaboration

- 6 **Collaborate:** Our members belong to one system and communicate frequently. Consensus is reached on all decisions about our shared projects or goals.
- 5 **Coalition:** Actively share ideas and resources. We communicate very frequently. We either vote or make decisions together about our shared projects or goals.
- 4 **Coordinate:** Share information and resources and we communicate frequently. We have projects or goals for which we share some decision making.
- 3 **Cooperate:** Regularly provide information to each other and we have some communication but we are not working on any projects or pursuing goals together.
- 2 **Network:** Aware of this organization but we rarely interact. We are not working on any projects or pursuing goals together.
- 1 **No relationship:** Have not heard of this organization and we don't interact at all.

Baseline Levels of Collaboration across Participating Organizations



# Evaluation Timeline

community of practice launch  
may 2018

entry survey

20/29 responses (69%)

representation from 11/13 participating  
entities (85%)

thank you!

**october 2018**

mid-year focus group

to follow MOU process

goal: 100% of participating entities  
represented

**february 2019**

exit survey

lessons learned

reassessment of collaboration

**june 2019**

next steps

community of practice **year 1**

post COP follow-up  
**2019-2020**



# What does success look like?

## After one year:

**COP members want to see a strong network of collaborators and a concrete plan to move forward with the endorsed applicant program.**

*Concrete accomplishments towards developing new community training sites in some of the COP health centers.*

*A formal process for sponsoring students from our area and some guidance on how to support the student when they come for rotations.*

*To be part of a concrete plan that promotes the connection medical students and residents with health centers and the communities that they serve.*

*Maintain strong network of partners & create joint decision making processes for active engagement of participating health centers.*

*The formation of a realistic work plan for the*

## After five years:

**COP members want to see medical students working in their communities and returning to practice in rural and underserved areas.**

*Cohort of UCDSOM graduates serving in rural communities.*

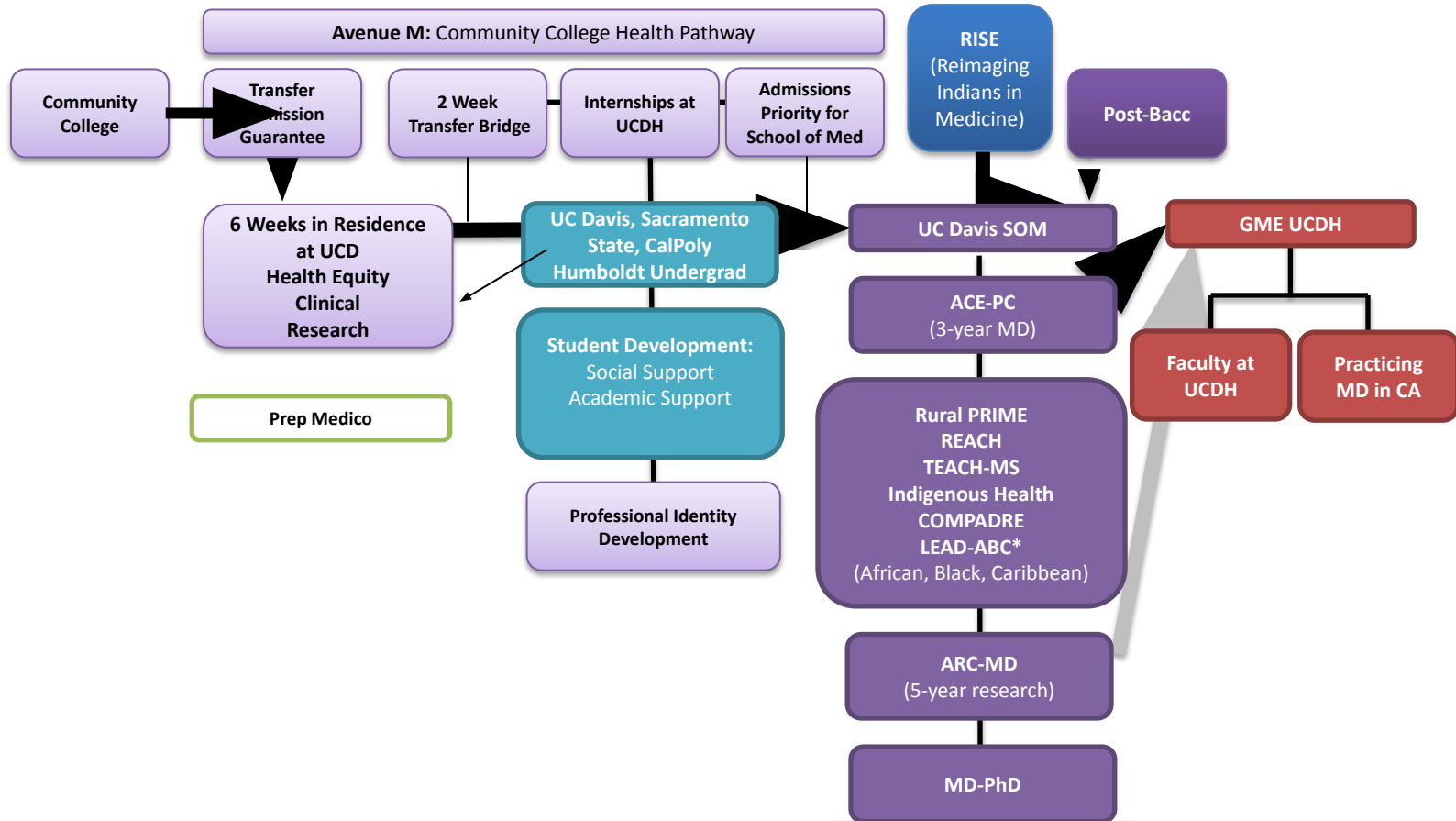
*Increased providers from our communities returning to our communities to see patients.*

*A proven, working model that accelerates the preparation of professionals and that trends towards health centers retaining those professionals in our central valley communities.*

*There has been perhaps 2 cohorts of medical students that have been identified/accepted to medical school through this COP pathways model - and preliminary data exists to show process success.*



# Ecosystem of Inclusive Education at UC Davis School of Medicine



**+ UCD School of Medicine**

- ▲ UC Davis
- ▲ Sac State
- ▲ CSU Humboldt

- Los Rios
- Yuba/Woodland
- Solano
- Sierra
- College of Redwoods
- College of the Siskiyous
- Mendocino College
- Shasta College
- California Tribal College



# AvenueM

- ❑ Focuses on increasing physicians from community colleges to serve Northern California, particularly medically underserved communities. Part of this focus is recruiting a diverse group of mission-focused students.
- ❑ Designed to eliminate barriers that prevent full participation of first generation and underrepresented groups in medicine, serving high potential, low resource students, and those from families in which neither parent holds a college degree.
- ❑ Helps community college transfer students with ties to the Northern California Region smoothly transition to UC Davis, Sacramento State University, and Cal Poly Humboldt--and ultimately to medical school.

\*The AvenueM Program represents the Greater Northern California Regional Hub for Healthcare Opportunity (RHHO) which is part of the state-wide California Medicine Scholars Programs (CMSP) network of RHHOs, administered by the California Medicine Coalition through the Foundation for California Community Colleges.

Avenue <sup>M</sup> Program Benefits	For CC Students	For 4-Year Students	For Medical School Students
A Supportive Community	X	X	X
Targeted Admissions Advising	X	X	X
Admissions Workshops & Information Sessions	X	X	X
Scholar Awards* (additional eligibility maybe apply)	X	X	X
Residential Enrichment Programs	X	X	X
Targeted Academic Advising, Support & Tutoring	X	X	X
Research Opportunities	X	X	X
Professional Connections	X	X	X
Peer, Faculty and Physician Mentors	X	X	X
Enrichment Opportunities	X	X	X
Career/Medical School Preparation	X	X	X



# Key Takeaways

Importance of stakeholders in the implementation and operations pathway programs.

Buy-in from individuals and groups from communities with significant workforce needs – inclusive of current/future learners, patients and community members.

Inclusion of a diverse group of thought leaders and content experts who are innovative.

The importance of disseminating information.

## Contact Info



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