



## 2022 Health Workforce Listening Tour in Santa Cruz County: Findings and Recommendations for the Santa Cruz County Health Workforce Council

*Prepared for*

the Santa Cruz County Human Services Department

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## Introduction

In partnership with the Santa Cruz County Workforce Development Board, the Health Improvement Partnership of Santa Cruz County aims to build, strengthen and diversify Santa Cruz County's health workforce with qualified



individuals who can best support and provide health services to the community. In alignment with the [California Future of Health Workforce Commission's](#) key strategies, our workforce goals are to:

- a) Increase opportunities for Santa Cruz County residents to advance in health professions
- b) Align and expand education and training through pipeline programs, work-based learning, and continued professional development

Following the recommendations of the California Future of Health Workforce Commission, we will create a Health Workforce Council (HWC) with specialized workgroups that align with identified priority areas to motivate, prepare and provide opportunities for Santa Cruz County residents to succeed in the healthcare profession.

Using human-centered design strategies, an empathy interview listening tour was conducted over three months in 2022, convening key stakeholders in identifying priorities for the Health Workforce Council and determining the focus for health workforce tracks. Twenty-one organizations participated, representing community-based organizations, community colleges, California State University (CSU), school districts, county health services, community clinics, hospitals, and healthcare providers. The listening tour findings and recommendations are outlined in this report.



## Executive Summary



Over three months, from January to March 2022, the Health Improvement Partnership (HIP) conducted a listening tour to connect with partners and gain insight on how to best proceed with the implementation of the Santa Cruz County Health Workforce Council, identify workforce tracks and champions for the council, as well as build and sustain partner engagement and collaboration. During this time a total of 22 empathy interviews were conducted with 28 representatives from 21 organizations: 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 Unified School District 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, and Watsonville Community Hospital.

Overall participants expressed many interconnected challenges in the healthcare workforce in Santa Cruz County, provided information on resources and solutions to consider, and advised on essential factors for the Health Workforce Council to implement and strategies to engage employers in the council's advisory work. The following workforce tracks were the most frequently conveyed in answer to the question: *What workforce tracks do you suggest the council include and why?*

### Healthcare Workforce Track Recommendations:

1. Behavioral Health and Health Social Workers
2. Nurses
3. Medical Assistants
4. Community Health Workers



5. Physicians, Pediatricians, and Clinicians
6. Technicians: Phlebotomy, Radiology/Mammography, and Surgical

“We need to educate the community about  
healthcare career pathways and provide structured  
and clear pathway information.”  
- Kimberlee Bartley, Hospice of Santa Cruz County

## Recommendations for Health Workforce Tracks

The body of this report provides additional detail to support the recommendations below:

### Track 1: Behavioral Health & Health Social Workers

#### Clinical and Counseling Psychologists

Clinical and counseling psychologists work in in-patient and out-patient settings to provide mental health services within healthcare teams. Responsibilities include collecting information and performance assessments of clients, individual and group counseling, developing therapeutic and treatment plans based on client needs, consulting with care providers regarding patient care, and referring clients to specialists. Those hoping to pursue clinical and counseling psychology must first obtain a four-year bachelor’s degree from an undergraduate institution such as the University of California - Santa Cruz or California State University - Monterey Bay. Aspiring psychologists then pursue either master’s or doctorate programs in psychology. Entry-level clinical and counseling psychologists can earn \$40,599, mid-career professionals earn approximately \$79,454,000, and highly experienced social workers can earn up to \$167,680.<sup>1</sup> Wage data as of 2020 for entry-level psychologists is \$73,800 to experienced at \$143,400. In 2020, Cabrillo College awarded 62 certificates and two-year degrees in Psychology, and UC Santa Cruz awarded 514 four-year degrees and seven postgraduate degrees in Psychology.<sup>2</sup>

<sup>1</sup> Monterey Bay Career Coach. Retrieved June 23, 2022, from <https://montereybay.emsicc.com/careers/clinical-and-counseling-psychologist?radius=&region=Santa%20Cruz>  
<sup>2</sup> JobsEQ®. Retrieved June 20, 2022.



## Healthcare Social Workers

Healthcare social workers provide individuals, families, and groups with the psychosocial support needed to cope with chronic, acute, or terminal illnesses. Services include advising family caregivers, providing patients with information and counseling, and making referrals for other services.

Healthcare social workers may also provide case and care management or interventions designed to promote health, prevent disease, and address barriers to access to healthcare. Those hoping to pursue healthcare social work must first obtain a four-year bachelor's degree from an undergraduate institution such as the University of California - Santa Cruz or California State University - Monterey Bay. Healthcare social workers then pursue one-or two-year master's degree programs such as the Master of Social Work (M.S.W.) program at California State University - Monterey Bay. Following their master's, social workers need to complete their required hours of supervised clinical experience which averages two years. Wage data from 2020 to the present for entry-level healthcare social workers is \$42,267-\$44,700, mid-career professionals earn approximately \$66,143-76,400, and highly experienced social workers can earn up to \$92,200-\$131,390.<sup>3 4</sup>

## Mental Health and Substance Abuse Social Worker

Mental health and substance abuse social workers counsel clients in individual or group settings to help them with issues of substance abuse, mental illness, physical illness, poverty, unemployment, or abuse. Responsibilities include collaborating with other members of the care team, monitoring client progress to treatment goals, and educating client family members or the public on how to support those with mental illness. Those hoping to pursue mental health and substance abuse social work must first obtain a four-year bachelor's degree from an undergraduate institution such as the University of California - Santa Cruz or California State University - Monterey Bay. Social workers then pursue one-or two-year master's degree programs such as the Master of Social Work (M.S.W.) program at California State University - Monterey Bay. Following their master's, social workers need to complete their required hours of supervised clinical experience which averages two years. Entry-level mental

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<sup>3</sup> Monterey Bay Career Coach. Retrieved June 23, 2022, from <https://montereybay.emsicc.com/careers/healthcare-social-worker?region=Santa%20Cruz&radius=>

<sup>4</sup> JobsEO®. Retrieved June 20, 2022.



health and substance abuse social workers can earn \$34,024, mid-career professionals earn approximately \$50,931, and highly experienced social workers can earn \$120,283.<sup>5</sup> Wage data from 2020 for substance abuse, behavioral disorder, and mental health counselors entry-level is \$33,700 to experienced \$55,800. In 2020, Cabrillo College awarded 62 certificates and two-year degrees in Psychology, and UC Santa Cruz awarded 514 four-year degrees and seven postgraduate degrees.<sup>6</sup>

## Track 2: Registered Nurse

Nurses provide healthcare, first-aid, immunizations, and support rehabilitation in locations such as schools, hospitals, specialty and other outpatient practices, and industry. Responsibilities include coordinating healthcare team members to implement a patient's plan of care, monitoring and recording a patient's condition, conducting specific laboratory tests, assisting with patient examination and treatment, and health communication to patient populations. The entry-level certification into nursing is a two-year associate's degree. This certification is offered at Cabrillo College, Monterey Peninsula College, and Hartnell College. Nurses can also opt to pursue a four-year bachelor's degree. This certification is available at California State University - Monterey Bay. Nurses can specialize in fields such as critical care, surgery, emergency medicine, public health, and others. Nurses can also pursue further education to become nurse anesthetists or nurse practitioners. Wage data from 2020 to the present for entry-level nurses is \$73,908-\$84,300 per year, mid-career nurses earn on average \$124,000-\$130,777 per year, and highly experienced nurses can earn over \$143,900-\$176,571 per year. Presently, the Santa Cruz region has an average annual of 83 job openings for nurses with employers expressing high demand for qualified applicants.<sup>7</sup> In 2020, Cabrillo College awarded 69 certificates and two-year degrees in Registered Nursing.<sup>8</sup>

## Track 3: Medical Assistant

Medical assistants provide care and support health teams in settings such as outpatient clinics and hospitals. Responsibilities include interviewing patients for their medical history, measuring patients' baseline health indicators including vital signs, assisting clinicians in examining and treating patients, routine laboratory testing, and general office duties. Medical assistants can pursue one-year certificate

<sup>5</sup> Monterey Bay Career Coach. Retrieved June 23, 2022, from <https://montereybay.emsicc.com/careers/mental-health-and-substance-abuse-social-worker?radius=&region=Santa%20Cruz>

<sup>6</sup> JobsEQ®. Retrieved June 20, 2022.

<sup>7</sup> Monterey Bay Career Coach. Retrieved June 23, 2022, from <https://montereybay.emsicc.com/careers/registered-nurse?radius=&region=Santa%20Cruz>

<sup>8</sup> JobsEQ®. Retrieved June 20, 2022.



programs or two-year associate's degrees at Cabrillo College and Monterey Peninsula College. Medical assistants can work in a variety of medical specialties depending on where they practice. Wage data from 2020 to the present for entry-level medical assistants is \$30,174-\$32,400 per year, mid-career medical assistants earn on average \$43,429-\$45,000 per year, and highly experienced medical assistants can earn over \$51,300- \$63,484 per year. Presently, the Santa Cruz region has an average annual of 130 job openings for medical assistants.<sup>9</sup> In 2020, Cabrillo College awarded 92 Medical/Clinical Assistant certificates and two-year degrees and the Career for Employment Training in Watsonville awarded 30 certificates in Medical Assisting.<sup>10</sup>

#### **Track 4: Community Health Workers/Promotores de Salud**

Community health workers/promotores de salud (CHWs/Ps) is an umbrella term that covers positions such as health navigators, health coaches, community outreach workers, recovery specialists, housing specialists, family support workers, or peer recovery coaches. CHWs/Ps usually have lived experience with the population they intend to serve and have a deep understanding of the community's needs. CHWs/Ps may provide community outreach, build health literacy, develop shared care plans, assist with managing benefits, provide health education, coordinate care transitions, and accompany patients to provider visits. To become a CHW/P, individuals can pursue a two-semester Community Health Worker Certificate of Achievement program at Cabrillo College. Wage data from 2020 to the present for entry-level community health workers is \$35,683-38,200 per year, community health workers earn on average \$47,838-\$52,500 per year, and highly experienced community health workers can earn over \$59,600-\$81,056 per year.<sup>1112</sup>

#### **Track 5: Physicians**

Physicians provide healthcare services and lead healthcare teams in outpatient clinics, hospitals, and research institutions. Responsibilities include examining and diagnosing patients, ordering and interpreting medical tests, prescribing and administering treatments such as medication or therapy, directing other care team members, collecting and recording patient information, and implementing health programs. Aspiring physicians must first receive a four-year bachelor's degree from an

<sup>9</sup> Monterey Bay Career Coach. Retrieved June 23, 2022, from <https://montereybay.emsicc.com/careers/medical-assistant?region=Santa%20Cruz&radius=>

<sup>10</sup> JobsEQ@. Retrieved June 20, 2022.

<sup>11</sup> Monterey Bay Career Coach. Retrieved June 23, 2022, from <https://montereybay.emsicc.com/careers/community-health-worker?radius=&region=Santa%20Cruz>

<sup>12</sup> JobsEQ@. Retrieved June 20, 2022.



undergraduate institution such as the University of California - Santa Cruz. Afterward, physicians pursue a four-year graduate degree at a medical school. The tri-county region, Santa Cruz, Monterey, and San Benito counties, does not have any doctor of medicine programs. Nearby medical schools include the University of California San Francisco, Stanford Medicine, the University of California Merced, and the University of California Davis. Physicians can specialize in family medicine, pediatrics, critical care, internal medicine, emergency medicine, cardiology, urology, gastroenterology, anesthesiology, ophthalmology, psychiatry, radiology, immunology, pathology, preventive medicine, and surgery, as well as other specialties. Wage data from 2020 to the present for entry-level family medicine physicians is \$106,107-\$116,800 per year, mid-career family medicine physicians earn on average \$229,700-\$252,215 per year, and highly experienced physicians can earn over \$286,100-\$382,099 per year.<sup>1314</sup> Wage data from 2020 for entry-level pediatricians is \$134,600, average annual pay is \$219,100, and highly experienced pediatricians earn \$261,300.<sup>15</sup>

## **Track 6: Technicians: Phlebotomy, Radiology/Mammography, & Surgical**

### **Phlebotomists**

Phlebotomists oversee the drawing of blood in healthcare facilities. Responsibilities include preparing and organizing blood-draw equipment, collection and processing of fluid samples, standard tests such as blood alcohol and glucose screenings, and proper sharps disposal. Aspiring phlebotomy technicians complete a 15-week technical degree program at accredited institutions such as Cabrillo College. The Cabrillo College Phlebotomy Program is accredited by the California Department of Public Health (CDPH) to train students to become Certified Phlebotomy Technician I (CPT1). Wage data from 2020 to present for entry-level phlebotomists generally earn around \$38,645-\$40,100, mid-career phlebotomists earn \$49,680-\$51,100, and highly experienced phlebotomists can earn \$56,600-\$65,946.<sup>1617</sup>

### **Radiology/Mammography Technician**

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<sup>13</sup> Monterey Bay Career Coach. Retrieved June 23, 2022, from <https://montereybayemsicc.com/careers/family-medicine-physician?radius=&region=Santa%20Cruz>

<sup>14</sup> JobsEQ®. Retrieved June 20, 2022.

<sup>15</sup> JobsEQ®. Retrieved June 20, 2022.

<sup>16</sup> Monterey Bay Career Coach. Retrieved June 23, 2022, from <https://montereybayemsicc.com/careers/phlebotomist?region=Santa%20Cruz&radius=>

<sup>17</sup> JobsEQ®. Retrieved June 20, 2022.



Radiology technicians operate radiologic or magnetic imaging equipment for diagnostic or treatment purposes within healthcare settings. Responsibilities include positioning patients on the examining table and adjusting equipment to produce images of the body, using radiological safety measures to comply with regulations, and recording and maintenance of patient data. Radiology technicians perform procedures, such as linear tomography, mammography, sonograms, joint and cyst aspirations, routine contrast studies, routine fluoroscopy, or examinations of the head, trunk, or extremities under the supervision of a physician. Those interested in being a radiology technician can pursue 2-year associate degrees such as those at Cabrillo College. Students who complete Cabrillo College's program are eligible for State Certification in Diagnostic Radiography; program graduation also provides eligibility to sit for the American Registry of Radiologic Technology (ARRT) national board examination. Wage data from 2020 to the present for entry-level radiology technicians start around \$52,165-\$54,800, mid-career radiology technicians earn \$91,200-\$92,829, and highly experienced radiology technicians can earn \$109,400-\$138,716.<sup>1819</sup>

## **Surgical Technologists**

Surgical technologists support surgical teams in in-patient hospital settings. Their responsibilities include preparing and maintaining a proper and sterile surgical field, preparing patients for surgery, providing technical assistance to surgical teams, preparing and applying bandages following surgery, and operating sterilization machines. Aspiring surgical technicians pursue 2-year associate degrees. The tri-county region, Santa Cruz, Monterey, and San Benito counties, does not have any postsecondary surgical technologists programs. Wage data from 2020 to the present for entry-level surgical technologists start around \$45,700-\$49,409, mid-career surgical technologists earn \$66,400-\$79,729, and highly experienced Surgical Technologists can earn \$76,800-\$112,7920.<sup>2021</sup>

## **Findings: What We Learned**

### **Challenges and Needs Identified**

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<sup>18</sup> Monterey Bay Career Coach. Retrieved June 23, 2022, from <https://montereybayemsicc.com/careers/radiologic-technologist?radius=&region=Santa%20Cruz>

<sup>19</sup> [JobsEQ®](#). Retrieved June 20, 2022.

<sup>20</sup> Monterey Bay Career Coach. Retrieved June 23, 2022, from <https://montereybayemsicc.com/careers/surgical-technologist?region=Santa%20Cruz&radius=>

<sup>21</sup> [JobsEQ®](#). Retrieved June 20, 2022.



## Multiple challenges in recruiting and retaining healthcare staff, faculty, and students

- Participants consistently expressed **difficulty recruiting healthcare staff, faculty, and students**, as there is an overall shortage of candidates in the county, and the demand for more employees outpaces human resources' bandwidth to recruit talent and hire.
- Organizational and **bureaucratic** processes **disadvantage recruitment**, for example, union negotiations, policy limitations, and declining applicants with criminal backgrounds. Additionally, misalignment of job classification versus actual skills needed for healthcare positions and confusing application processes that job seekers dissociate with created challenges in finding eligible candidates and hiring staff promptly.
- **Demanding hiring policies in the healthcare workforce**, such as requiring experienced candidate applications to entry-level jobs (e.g., phlebotomists required experience to begin entry-level positions), lengthy onboarding processes during which candidates find other positions, candidates preferring remote-work options which are limited in healthcare, and vaccination requirements that are limiting the applicant pool.
- One example of **challenges conveyed is in substance use disorder (SUD) career pathways**; the population that chooses this career is usually millennials who have possibly experienced incarceration and substance addiction themselves with families and children. Due to this, they are only able to attend minimal weekly hours of training (which does not prepare individuals for these challenging careers). Certain individuals who finish these programs may dislike working with SUD clients after taking years to finish the certification program. Additionally, SUD positions have low salaries, SUD positions require expensive credentialing, and SUD certification is challenging to fund.
- Participants continuously expressed challenges with hiring staff due to **salary competition** (especially for nonprofit organizations that lose candidates to larger organizations) **due to the high cost of living**. Organizations are unable to attract physicians (e.g., when recruiting relocating physicians, candidates' spouses typically find better-paying jobs in Silicon Valley than in Santa Cruz County), and are unable to attract other healthcare positions with lower-paying salaries.
- Participants shared the perception that bigger cities, such as the Bay Area and Los Angeles, are more abundant with opportunities, creating a **scarcity mindset that limits organizations hiring potential** and misalignment of perception versus reality. Additionally, with more opportunities for remote work, healthcare staff is changing careers and/or moving from the area.
- The **salary difference between healthcare and teaching discourages healthcare educators** to continue teaching courses; as part-time adjunct staff, they do not receive staff benefits and job



security and have to balance multiple jobs. The college-level infrastructure of priority for senior faculty hinders hiring new multicultural faculty. Additionally, continued low student enrollment affects colleges' ability to secure sections, pay for lab equipment, and hire more healthcare faculty. At the school district level, the **public school funding model creates inequity among districts**, which in Santa Cruz County provides less funding to provide Career Technical Education (CTE) programs.

- Unions have **difficulty negotiating benefit structures**, which limit the ability to give employees raises due to increasing health costs that are non-negotiable with unions; in return, not enough faculty and staff apply to manage programs.
- Participants raised concerns about recruiting highly skilled staff while also **providing the opportunity for employees to advance in their careers** through mentorship and succession planning, which can lead to salary increases and retaining employees in Santa Cruz County.
- Hospitals are not **recruiting and training enough nurses** due to lacking bandwidth for staff to train and supervise new hires; this training process requires more from the nursing team, which in turn causes nurses to see fewer patients.
- Participants desired **greater recognition of healthcare careers and public health careers in the community** to bring awareness to healthcare pathways and career opportunities in high schools and colleges to fill vacancies. Recruiters need more experienced graduate-level and certificated students.

### **High cost of living and lack of affordable housing and transportation options**

- Participants repeatedly expressed that **healthcare salaries are not proportionate to the cost of living in Santa Cruz County**, which ties into additional challenges such as finding affordable housing, attracting diverse talent, and providing equitable pay.
- **Transportation barriers** affect staff who have to travel hour-long traffic routes and those who commute out of the county. Limited bus routes are not accessible to all community members in Santa Cruz County (e.g., transportation to the Aptos High School campus is a challenge for Watsonville students). Additionally, staff commuting from out of the county transfer to jobs in their city once they are available.
- Salaries in Santa Cruz County are not comparable to those in Silicon Valley, when factoring in the high cost of living it makes it difficult for staff to work locally or move into the county, this is **especially challenging for young people to enter the healthcare workforce**. Because salaries are not comparable, people switch to different careers to earn more to afford to live here or relocate.



## Impacts of COVID-19 and burnout experienced by healthcare staff, faculty, and students

- Participants shared a new reality for **healthcare staff experiencing the COVID-19 pandemic**: inability to take care of themselves and/or their families, fear of COVID-19 exposure, exhausted workforce, gaps in the supply of healthcare workers, public health leaders receiving threats, public rejection to scientific data, and the challenge to promote healthcare employment to a society that is skeptical about factual evidence of the pandemic.
- Because they are considered essential staff, **healthcare staff experienced overwhelm, overwork, and burnout** from the pandemic that created turnover due to staff quitting or retiring and staffing shortages due to physically distancing requirements. One establishment was closed due to staff shortages.
- Due to COVID-19, high school and college **in-person programs and internships stopped being offered** or demand for interns was lowered. The pandemic caused students to reevaluate their goals to pursue healthcare as it impacted training programs, income, safety, families, and child care.
- Training programs overwhelmingly shifted to virtual classes during the pandemic and participants shared how that created **challenges and inequities for students to enroll in healthcare programs**. Student enrollment lowered and virtual courses allowed out-of-area students to enroll in online training programs.

## Lack of healthcare training programs and impacted programs not aligning with and producing the healthcare workforce that is needed

- Participants strongly conveyed the need to **centralize and streamline the connection between colleges and employers** as there is no direct liaison and the educational pathways are unclear. Educational institutions need to revise outdated healthcare training programming and curricula with a strategy to align with the needs of healthcare employers.
- Participants expressed that there are **minimal to no healthcare programs being offered at the universities in Santa Cruz County**, for example, CSU Monterey Bay lacks health programs such as a nurse practitioner program, and UC Santa Cruz does not have a master's programs such as social work (MSW), marriage family therapy (MFT), or pre-licensed programs. There are no medical doctors, physician assistants, healthcare administration, Master's in Public Health (MPH), or bachelor's in nursing (BSN) programs in Santa Cruz County, and there is high demand for certificated programs such as medical and surgery technicians and imaging and sonographers. Additionally, it is difficult for healthcare staff, such as certified nursing assistants and home health aides to find continuing education (CE) courses locally.



- **Programs being offered are limited due to high demand**, and students continuously wait to get into impacted community colleges and training programs. These programs need to expand the number of spots being offered. However, the challenges for local colleges and training programs include limited healthcare faculty, capacity, and funding for staff and equipment. Additionally, there are limited internal programs to develop employees' skills (e.g., requirements for registered nurses or BSN is at least one-year experience in that position, which limits new graduates as hires).

“Partnering with education is the future of the healthcare workforce, synergy needs to be created.”  
- June Ponce, Watsonville Community Hospital

### Need for institutionalized paid work-based learning (WBL) training programs

- Participants expressed the need to **institutionalize work-based learning partnerships** so that organizations do not rely on individual staff connections as staff may turnover or retire. Organizations lack bandwidth for employers to communicate and engage with colleges and to conduct outreach at schools and career events. Ultimately, **valuing pipeline development must align with organization leadership**, but traction is slow, and to provide proper training, healthcare organizations and educational institutions must develop partnerships to strategize on pipeline needs, visibility, and sustainability.
- Several **challenges to hosting work-based learning opportunities** were shared, including the following: the pandemic and staffing shortages limit the number of students that organizations could support, there are legal issues with hosting high school students in medical offices, and there is a need for legitimate programs for public practices to participate in WBL, internships are often part-time which makes it difficult to accomplish meaningful work. Additionally, it's expensive and time-consuming to train students, at larger organizations regional leadership has to approve individual staff to be internship supervisors and mentors, educational leadership does not support faculty credits to support students in internships, and there is a need for funding so that students are not in debt once they graduate and enter the workforce.
- Participants expressed the need to train staff enrolled in licensed programs and the need for internship infrastructure for students to complete their hours. Additionally, these **long educational pathways provide insufficient pay** (e.g., unpaid clinical hours and part-time training) for students.



## Challenges funding organizations, staff, and training programs

- Participants discussed a misconception that hospitals have excess funds to distribute, which is inaccurate. **Hospitals face unfunded mandates without a money stream** (e.g., 2030 standards that focus on critical issues versus the entire hospital); they are expected to do more with less funding.
- A lack of therapists and healthcare providers creates an inability to perform billable services and **decreased billable hours affect receiving funds**, which then further exacerbates the difficulty of recruiting staff.
- While general medical education (GME) federal reimbursements may be increased, the ratio of slots available for resident physicians does not align with the funding available. Additionally, at the federal level, **behavioral health reimbursements are not significantly invested**.
- **Low enrollment in healthcare programs hinders institutionalizing the programs** to receive funding, while funding within programs can create inequities among districts. Many participants expressed that there is no financial support or institutional support for healthcare training programs, and staff lacks the bandwidth to manage grants. Additionally, participants raised concerns about projects and programs that may be grant-funded and have a limited time frame to achieve deliverables or secure continued funding.

## Difficulty hiring bilingual and culturally diverse workers due to limited applicant pool

- Participants consistently discussed an applicant pool that was undertrained or perhaps did not have the full spectrum of desired skills as they entered the hiring process. In some cases, it could be that applicants do not understand the job requirements as described in the job announcements. Deciphering the various steps of an organization's hiring process will present a **challenge to linguistically diverse candidates**.
- Participants shared that **staff and faculty in training programs do not reflect the student population**. There is consistent agreement among training program personnel that there is a lack of diversity in the faculty. The same issues that plague healthcare providers' hiring are affecting the number and quality of candidates for these teaching positions. Training programs often must follow already established rules and bureaucracy, either because of industry standards or certificate and degree requirements set by educational institutions such as community colleges and universities. Part-time or adjunct faculty fill some positions, but these professionals are also managing their time working in their field and the salaries may not be worth their time and effort. As funding is dispersed across programs, the needs of students and the demands of the workforce and its patients are overlooked.



- As healthcare workers are retiring or leaving the profession, the **language and cultural competency gaps continue to grow**. There is a shortage of bilingual and multicultural healthcare providers and support staff. Participants shared that often the administrative staff and higher-level medical providers do not reflect the communities they are serving. While support staff might be more reflective of the community being served, both linguistically and culturally, participants expressed concern that there is a need for more higher-level providers and administrators reflecting the community to better plan for and support the overall needs of the people.
- The hiring process across providers is difficult. Cost of living and transportation challenges require an adjustment of salaries; for many graduates coming out of programs and trying to find work, the focus is affordable housing. Many times, they end up moving away from their job sites and maybe into other positions as well because the cost of living is too high for entry-level staff. Lower salaries will continue to make it **difficult to recruit diverse talent** to the area and also to retain the current workforce.

### **Programs are not built to meet the needs of the local workforce that reflect the community**

- Costs of additional training and time spent away from work were mentioned as deterrents for some to continue their training and education. **Healthcare workers working in entry-level positions need options and support**, financially and as they make their way through the hierarchy of the healthcare workforce system. Participants shared desires to train from within and promote their workers through institutionalized programs or by paying for tuition costs outside of the organization.
- Participants shared concerns that **cultural and linguistic competencies are gaps that need to be addressed** in training and hiring. The scope of training programs, however, is not currently considering these additional competencies when implementing, updating, and reforming their programs to meet industry standards or certificate or degree requirements. Language barriers in culturally diverse communities can be an obstacle to care, as well as culturally significant, personal values concerning medical care. Programs are not built to meet this need in the workforce and the disconnect between healthcare providers and patients widens.

## **Solutions to Consider**

### **Revise recruiting and hiring practices to better obtain and retain staff**

- Participants shared strategies to enhance recruiting, hiring, and retention, mainly that employers need to **align job classifications and set standards for living wage salaries comparable to**



**the cost of living** in Santa Cruz County to attract and retain staff and bring in high-skilled talent from around the country that add value to the community.

- Additional **recruiting strategies** included partnering with local colleges and university career centers and training centers to participate in job fairs, networking with other organizations to recruit new staff, utilizing social media to raise awareness of health career opportunities, determining an organization to serve as an intermediary between the various programs that offer loan forgiveness which would enable recruiters to better communicate this benefit to candidates, revisit hiring policies that exclude first-time staff needing work experience, and investing in career development opportunities for staff (e.g., employers pays for upskilling certifications).

### **Implement employer-lead training and upskilling options for new and existing healthcare staff**

- Participants expressed that **employers need to be the leaders invested in advancing staff workforce skills**; they shared ideas to support new and existing staff by providing on-the-job training with advanced-level staff, offering entry-level staff opportunities for upskilling training, such as: providing training development programs with online learning modules, supporting leadership training (e.g., [Cabrillo College Supervisory Academy](#)), providing scholarships and stipends, reimbursing staff for continued training, and providing incentives to staff to attend training, such as childcare coverage, offering educational leave and/or paid time off, and funding for registration fees and tuition.
- One organization has piloted a Professional Development Committee in partnership with Cabrillo College and UC Santa Cruz to assist staff with **continuing education** by hosting registrations fairs, connecting them with college advisors to support their registration and financial aid process, and developing a course for employees to demystify the challenges of going to a four-year degree program. Another organization is starting a pediatric hospice program to provide Stanford Children's Hospital training to staff.

### **Provide alternative healthcare work environments that meet the needs of employees**

- Participants shared ideas for **improving healthcare work environments in light of the pandemic**, implementation of remote work, and burnout among healthcare staff, to continue telehealth and remote work which provides more flexibility for clinical and administrative staff, provide employee incentives and benefits to boost morale and provide career ladder incentives for professional development.



## **Commit to providing structured work-based learning opportunities with dedicated staff to mentor students**

- Participants expressed a need for employers to **implement structured and formal work-based learning programs** such as internships, externships, residency programs, and fellowship programs, and utilize [National Health Service Corps](#) and [AmeriCorps](#) programs, with dedicated funding to pay students and staff availability to train and mentor students.
- Additionally, employers **revising policies to allow more opportunities for students to work in healthcare** settings would expand partnerships with high schools, colleges, universities, and training programs allowing students to utilize their facilities for internships and learn the organization's work culture. In turn, investing funding in student career development and offering paid internships makes organizations more competitive in recruiting graduates.
- One example is provided by an organization that invested in a partnership with Cabrillo College to create a **pipeline for students** doing prereqs in the [Allied Health Program](#), they host students in their final semester in 180 clinical hour externships and hire students immediately after completing their externships. Another organization provides a **clinical internship program**, hosting master-level students from local universities to receive clinical supervised hours; many are hired after completing their hours.

“Training our own is an effective capacity building model that makes a difference in our community.”  
- Adrienne Saxton, Cabrillo College

## **Create institutionalized partnerships between employers and educational partners to provide healthcare internships and formalized training programs**

- Participants expressed the need to **institutionalize work-based learning partnerships** and streamline, centralize, and standardize connections between employers and educational partners so that training and internship programs align to job qualifications. Suggested strategies to do this include employer participation on educational advisory committees that allows them to communicate workforce needs, provide feedback and performance-based evaluation of training programs, establish partnerships and develop practicum and internship programs with employers that have job opportunities to place students upon their degree/certificate completion, utilizing



paid student worker job classifications, establish formal residency and fellowship programs and new graduate mentorship and training programs.

- One example currently underway is a **partnership** between [UC Santa Cruz MCD Biology Dept.](#) and [Santa Cruz County Medical Society- Physicians for a Healthy Central Coast](#); physicians mentor students' research for their medical school applications and their presentation at the Medical Society. Another example is a new Enhanced Case Management Program in partnership with Cabrillo College to train health outreach workers.

### **Map healthcare careers and training options across the county to promote seamless entry and transition points in healthcare career pathways**

- Participants express a desire for a centralized platform that mapped healthcare careers options within the county, internship opportunities that would prepare and qualify students for specific careers, and a comprehensive database of training programs available, both short-term technical training and two- to four-year and masters-level academic programs that would be accessible to the community to **increase awareness of the various options within healthcare careers.**
- Additionally **developing strong partnerships between high schools, post-secondary, and employers** to develop and map pipeline programs, such as high school and community college healthcare course articulation, which allows high school students college course credit to advance in college course sequencing, and create formal [2+2 Programs Maps](#) between community colleges and universities that promote healthcare majors.

### **Provide early outreach and healthcare pipeline programs for high school students**

- Participants expressed that employers and educators can engage with high school students to build early awareness and to identify students interested in health careers by **providing opportunities for job shadowing, work-based learning and entry-level internships, volunteer, and lab experience** to high school students, promoting alternative and short-term healthcare career pathways (e.g., [Santa Cruz County Technical Education Partnership](#)) to high school students, providing scholarships, and inviting high school students to inform the creation of healthcare training programs to develop early pipeline programs for a diverse population.
- One example provided was [Pajaro Valley High School Health Academy](#), which allows enrolled students to **experience a hospital environment** in partnership with Watsonville Community Hospital. Additionally, [Your Future Is Our Business](#) is a resource for healthcare employers to connect to the high schools in Santa Cruz County to participate in work-based learning activities.



“ More people working on the problems {in the healthcare workforce} together creates value and engagement in the county.”  
- Dr. Gregory Whitley, Dignity Health

### **Restructure and provide alternative training and education programs that meet the needs of the community**

- Participants expressed that **education and training programs should be designed to meet the needs of the community**. Strategies for redesign include the following: providing more training and educational programs in South County, providing affordable and free training utilizing non-credit courses, covering costs for student’s exam fees, providing childcare and food for students while they are in class, providing alternative accessibility and flexibility such as courses past regular working hours and extended timelines to serve students that are working part-time and/or have family obligations, providing transportation and providing soft skills and professional training relevant to healthcare, such as business attire, professional development skills, etc.
- Additionally expanding the perception of education and accounting for life experience along with work experience into consideration when reviewing qualifications for programs and positions, which in turn **builds capacity for those with lived experience** (e.g., community health workers / promotoras de salud).

### **Expand enrollment capacity in healthcare training programs**

- Participants shared the need to **increase enrollment space in impacted healthcare training programs**. To expand programs, colleges need to attract healthcare teachers by offering competitive wages and full-time teaching benefits.

### **Take initiative to utilize state and federal funding for the healthcare workforce**

- Participants shared ideas to **acquire additional funding** such as applying for federal grants to support wage increases and paying students, utilizing federal loan forgiveness programs, and provider recruitment grants that allow contracted organizations to recruit providers by repaying their student loans, applying for [CalAIM](#) funding from the state to support healthcare workforce, and apply to workforce grants to address healthcare pipeline and funding for licenses and advocate for student debt forgiveness.



- Additionally, the [Northern and Central Coast Hospital Council](#) is commissioning a report **advising on the legislative budget** to secure healthcare workforce funds.

### **Build equitable and inclusive practices into the recruitment and retention of the healthcare workforce**

- Participants expressed interest in and support for mentorship opportunities, acknowledging that it can be difficult to design and implement efficient programs at this time or to get existing programs back on track. It is time to consider how to **build equitable practices into the recruitment** and hiring of new talent.
- Scholarships and other financial support to help offset lower wages and cost of living challenges were shared by participants as ways to assist and reward current employees. **Incentives can be implemented across the hierarchy of classifications** to encourage dedication and commitment to serving the community. Employees will feel appreciated in general and can continue to do their jobs competently.
- Providers and healthcare systems want to see highly trained and experienced candidates in their hiring process, but many times are not involved in the training pathway. Advising students can include an industry effort so there is a broad range of support and potential career planning. Participants discussed the possibilities of accepting work and life experiences alongside certificate and degree completion as well as clarifying pathways and job descriptions, and making sure the message is that **bilingualism and multiculturalism are premium assets**. Higher salaries and bonuses will make sense across the industry- if job descriptions say this is important, it needs to be fairly compensated.

### **The entire community is educated about healthcare workforce and career development opportunities**

- Any path that leads to growing a program includes outreach and recruitment that **casts a wide net early in the career exploration phase** of the future workforce. Participants mentioned several ways that high schools are engaged and partnering with industry in guiding students to explore potential careers in healthcare. The discussions revolve around helping students make these decisions and exposing them to potential job choices. The interest of the community lies in building the capacity of its people to provide care, and when the community is educated about how needs need to be met, they will support their youth to make these tough choices.

### **Health Workforce Council (HWC) Considerations**



### **HWC has clear, action-oriented, and measurable objectives**

- Participants desired the HWC to have **clear, action-oriented, measurable objectives** with milestone goals to accomplish that provide a return on investment. The HWC may set strategies and deadlines to achieve goals, set up structures for implementation, and then phase out convening over time as deliverables are achieved.
- Provided examples of **measures of success**: increased funding and resources in healthcare education and for employees, building infrastructure that supports broadening healthcare workforce services, providing resources that will increase workforce supply, and increasing the number of candidates for positions (e.g., clarifying the roles of community health workers (CHW) and increased number of CHWs), improving vacancy rates by job classifications, obtaining funding for paid internships, and raising awareness of healthcare career pathways.

### **HWC focuses on promoting clear healthcare pathways that are not competing for support**

- Participants requested the HWC **identify clear structured pathways** for community members to enter the healthcare workforce and advance/crosswalk in healthcare careers that are not competing for support from employers and educational partners.
- The HWC can provide its knowledge of the opportunities in healthcare career pathways to **promote existing programs and develop programs** - building off the work already successfully being done and identifying gaps to provide training and education programs that meet the needs of the community and employers serving the community.
- Additionally, the HWC can **promote communication and outreach to the community** by exploring new channels to promote pathways, and local health organizations, and attract talent to various healthcare careers, leveraging notable and influential professionals and community leaders to expand collaboration and communication across the county, engage in early outreach to youth to provide impactful inspiration, raise awareness of healthcare career advantages, and understanding of the various options in healthcare careers.

### **HWC members are engaged in advisory committees and serving the community**

- The HWC members participate in educational advisory opportunities, which inform training and education programs by **providing feedback on employers' hiring needs** and leveraging notable and influential healthcare professionals to spread communication of healthcare workforce needs. The HWC members' participation in advisory committees expands sharing of resources and best practices to educational partners and the community. Additionally, this will foster recognition that HWC council members are supporting health workforce efforts in the community.



### **HWC creates opportunities for collaboration with educational partners and training programs**

- Participants requested the HWC create opportunities for members to speak with universities and high schools, invite colleges to share direct services and resources they can provide for healthcare career pathways, **build partnerships so that educational programs align with the needs of employers**, and revise education programs to meet those needs, and develop exclusive relationships with colleges so that member organizations will have a pipeline of candidates to recruit for internships, externships, residency programs, and staff positions and programs can be created that directly impact member organizations.
- Additionally, this collaboration will help **inform members on how to better recruit local graduates**, identify and support students to complete programs, provide professional development training to students (e.g., business attire, professional development skills, etc.), and allow colleges to share student barriers to employment (e.g., cost of tuition, vaccine mandates, lack of college staff to support student completion).

### **HWC invests in training residents as an effective capacity-building model**

- Participants conveyed the value of training residents to increase the pipeline for the healthcare workforce and employers supporting the professional and leadership development of their employees via training programs to enhance the workforce. **Utilizing “Training our Own” and “Pay it Forward” capacity-building models** promotes the goodwill of the HWC members and organizations and ultimately improves health outcomes for the community.

### **HWC sets best practices for recruiting and standardizations for job classifications**

- Participants desired the HWC provides a convening for sharing recruiting information for member organizations to learn from one another and could **implement best practices in recruiting**, including the following: create a set of new recruitment tools and a mechanism for partner organizations to cross-list recruitments and collect a pool of referred applicants, develop standard language and living-wage salaries commensurate to cost of living for healthcare job classifications across the county, develop resources for interim hiring and working with temp agencies and consultants, provide assistance with immigration hiring to expand applicant pool, and back-filling positions before staff retire.

### **HWC is informed by healthcare data and professional experts**



- Participants expressed the importance of utilizing healthcare data and the knowledge of experts to inform the HWC's work, share best practices and resources, and demonstrate to members they are **receiving appropriate information**. Examples of data and expertise to rely upon including workforce data trends, gaps, and projections, transparent data on labor supply based on credentials (e.g., supply of bilingual licensed therapists), data on community's challenges and barriers to accessing healthcare careers (e.g., cost, time, programs limitations), insights for employer competitiveness and recruiting local graduates (e.g., projected workforce data, recruiting Gen-Z and Millennials, organizational values and philanthropy, colleges' stats on students entering/graduating in healthcare/behavioral health programs, etc.), updates on county annual trends and financial state in healthcare to inform staffing trends.
- One idea shared is to host an annual event to inform healthcare workers reporting on the state of the county's trends on **social determinants that are affecting the community** and patients to advise in whole-person care.

### **HWC is a neutral convener, creating opportunities for conversation on multiple healthcare workforce efforts**

- Participants expressed the need for a neutral space for **continued conversation and dialogue** on how to best support organizations' efforts and address upcoming issues, provide exposure to best practices, bring more people together to work on problems, and create valuable engagement for the benefit of the community. This could include inviting staff in lower-level positions and private industry healthcare (keeping more care services in the community which creates more jobs) to participate to develop, collaborate, and share feedback with the HWC
- In a neutral setting, the HWC can lay out an **industry-wide strategic plan that benefits everyone**. Some examples include developing a website or platform to expand the list of resources for education and training, and creating a repository for employees to pursue upskilling (customer service, management, etc.)

### **HWC helps build a workforce that represents the community served and supports first-generation students**

- The HWC will make recommendations for equitable and inclusive processes that can provide organizations with an **assessment of their current climate** and impact on their employees as well as their standing and reputation in the community they serve. Also, there must be a system in place that is improving the quality of life for current employees- they chose this path and need support to survive in it and share their experiences with future healthcare workers.
- The HWC can provide a space for **discussing the impact of educating the future workforce**



on families and the misunderstood or underestimated cultural and familial expectations. If trainers and providers refuse to consider what it is like for the first-generation population to become educated, what they sacrifice, and what they are trying to overcome, the actual support for the cohorts will keep falling short. Resources can also be made available from best practices and recruitment efforts into successful, inclusive programs supported by industry.

### **HWC will model equitable due diligence to consider social determinants of health and whole-person care**

- The HWC can facilitate discussions about **social determinants of health** and whole-person care (housing, transportation, food insecurity, social well-being, etc.) with the community and support the planning and implementation of events that bring these ideas to the county at large—through schools, religious organizations, service groups—so that as a collaborative group the council and its members are truly doing equitable due diligence in educating the community it serves.
- The HWC can facilitate discussions with healthcare workforce trainers with a focus on how prevention and treatment could evolve as whole-person care is introduced in the design of training programs. Support from the HWC could also look like gathering resources and best practices for communities of practice to work through **meeting the needs of different populations**. Again, as a collaborative group, the HWC and its members can model **equitable due diligence** in considering current practices and changing priorities in educating the future providers of healthcare.

### **HIP Council (HIPC) and Safety Net Clinic Coalition (SNCC) Focus Groups**

Two group discussions were held to gain additional insights from members of the Health Improvement Partnership (HIP) Council and Safety Net Clinics Coalitions (SNCC). In both settings, participants heard a presentation of findings and then split into smaller break-out sessions to have a facilitated discussion. They discussed their strategies for hiring diverse staff (whether these were already in place or being considered) as well as ways the HWC could support their recruitment efforts, training programs for providers and students/trainees, and any additional information or resources needed to address the lack of diverse applicants.

### **Successful strategies for hiring diverse staff**

Many of the examples and suggestions echoed findings from the individual interviews. Local healthcare organizations have tried to provide incentives for continuing education and professional development,



sometimes even extending this to children and grandchildren of staff; paying applicants for their interview time and providing questions in advance, boosting pay for bilingual staff, focusing on internal promotions and networks, and pooling resources with others to recruit staff are examples of strategies employed by organizations to promote diversity in hiring. However, these efforts yield few results, they reported, because of the high cost of living (driven by housing costs) in our region.

### **HWC supports the recruitment of diverse applicants to reflect the community**

Suggestions for HWC support of recruitment processes included sharing information and strategies, investing in the pipeline with both pathways to careers and mentorship before and after hiring, supporting local events such as job fairs and centralized job banks, organizing learning cohorts or affinity groups with an intentional effort to support staff and leaders of color, learning more about why people stay and leave (i.e., what could create a sense of belonging), and mapping local educational resources to increase awareness of what's available as well as where the gaps might be.

### **HWC impact on training program development and implementation**

Participants also mentioned the need for a commitment of resources from providers for training and retention purposes. HWC could positively impact training program development and implementation by encouraging employer commitment in the form of time, staff, and additional resources to engage with trainees and students while they are enrolled in the programs. Additionally, continued professional development and education within the workforce such as organizing/offering training that is commonly required for credentialing or licensure across organizations (e.g., for nurses) could be endorsed. The HWC could take an advocacy role for funding to help fill in gaps where financial support is falling short. Specific examples include education and training, recruiting talent to the area, retention strategies, government-supported short-term projects, and programs, as well as promoting start-up funding and grants.

### **Additional information needed**

Additional focus groups or surveys of healthcare workers of color to learn from the Black, Indigenous, and people of color (BIPOC) voices and experiences will provide needed perspective on who is entering the workforce in the region, why they stay, and who is leaving and why. Information can potentially be gathered from those exiting the workforce in the region through standardized exit interviews across organizations. This standardization could also be implemented through shared goals or missions and



with the consistent language used across providers to minimize confusion and strengthen communication with stakeholders in all communities.

## **HIP Council (HIPC) Partner Opportunities and Challenges for 2022**

At the beginning of the year, HIP invited its HIPC partners to present their opportunities and challenges for 2022. Unanimously, COVID-19 exacerbated workforce challenges in Santa Cruz County. Many of our partner organizations experienced burnout, staff leave, and vacancy rates, all the while looking for ways to support staff with competing wages, rebuilding census, and funds to support communities. The pandemic also made it more difficult to recruit and retain staff while battling rising costs and inflation, labor shortages and “the great resignation”, and exhaustion. They began adapting services to be responsive to the “new normal” to prepare for seasonal surges. Some organizations did not have enough skilled nursing and psychiatric resources in the community. Others were challenged by adaptation to changes in the payor and provider landscape, workforce changes, and challenges in educational equity to match rising costs of living. Cost of living tapped into another challenge of bringing new primary care providers into the area because it makes living in Santa Cruz challenging for new graduates of residency programs.

## **Health Workforce Council and Champions**

To establish the Health Workforce Council infrastructure, we will reference existing systems such as the [East Bay Workforce Partnership](#) and [Washington Health Workforce Council](#). The Health Workforce Council will be structured to reflect a comprehensive representation of healthcare workforce issues and to mobilize leaders and organizations to collaborate and invest in local planning for the future of the healthcare workforce in our county. Through partnership development and creative problem solving, the council structure will elevate priorities and co-create work plans resulting in early achievements, and commitments to long-term goals, while fostering shared accountability and investment in the development of the workforce needed to support the healthcare needs of our community.

The Health Workforce Council will identify workforce track champions to help the council develop and sustain its healthcare workforce development goals. HIP staff will provide support for champions with the logistics of workgroups and deliverables.



“Designing a workforce development program with equity at the core will ensure that all students, regardless of their financial or demographic or socioeconomic status, have an opportunity to participate.”  
- Erica Padilla-Chavez, Pajaro Valley Prevention and Student Assistance

## Embedding Equity

### **Support healthcare career exploration and engagement opportunities**

One comment of note in the interviews across the county pointed directly to the issue of diversity in the hiring process that comes from the available talent pool coming out of local training and education programs. If there is not a clear commitment to supporting the pathways that were established to feed into the workforce, the net cast after graduation ends up with such similar candidates that diversity is almost impossible. Earlier connections and interventions by local providers with students in pathways will support growth and then retention of the local talent pool.

In addition, events such as career fairs at strategic times in students’ academic schedules are crucial so that they can plan with intention, with clear goals about what to do next, who they need to be in communication with, who the potential mentors are or where the job shadowing or internship opportunities are. This creates equitable access to information and resources and utilizes education funding sometimes already earmarked for this purpose; providers and healthcare organizations can support these efforts and contribute to the training and education of their future workforce.

### **Establish more inclusive recruitment practices for education and training programs**

Families are interested in what is being offered and how it can improve the quality of life for their students. Rarely, however, does the discussion include families understanding the process or the requirements for committing to an education or career pathway. Efforts can be made to include more accessible information, in general, to help families understand that there is an opportunity, there is a risk, but there are rewards. If high schools are doing a good job of this, with support from local providers, the focus should turn then to young adults who struggle to complete programs because of additional employment or familial commitments or expectations.



One comment shared during a provider interview addressed the lack of equity in program development and implementation, referring to the assumptions made in designing programs. Some of those assumptions include the ability to access the program and end up being the same assumptions made about healthcare and the community's ability to access it. Changing the admissions process to meet the needs of potential candidates and expanding the definitions of experience and competence will create a more inclusive process for enrollment, and targeted recruitment as students make their way through a program will also provide a wider net of opportunities for students and trainees.

### **Facilitate community-building for affinity groups across the workforce**

Establishing mentor networks provides invaluable knowledge, experience, and camaraderie for employees, and new hires are more successful when there is a sense of belonging; inclusive, welcoming gender and cultural affinity groups within an organization will improve the mission focus and commitment to a shared purpose. What has been missing is the voice of the existing workforce, with an emphasis on the diversity of voices. This will expand the success of affinity groups across organizations and the county. Just as the needs of communities need to be addressed to provide the best care, there are needs to be shared and addressed within the workforce, as well as successes for retention in each field or organization and training program.

## **Conclusion**

Imagine a county where students are well-informed to make educated decisions about their future career pathways without any barriers to participating in local and affordable training programs; where educators have enough resources, faculty, and staff to provide high-road training programs and individualized support for students; where employers are actively engaged in supporting students' work-based learning opportunities in healthcare settings; and where funding these opportunities is not a barrier. Imagine a county where hospitals, clinics, and treatment centers are fully staffed with qualified teams and patients receive quality, affordable, and efficient care.



Right now there are several challenges and barriers for our county to achieve this ideal. The high cost of living, lack of transportation options, and capacity to recruit healthcare staff and train healthcare students are arduous. Additionally, healthcare organizations and



training programs working in silos create daunting prospects to implement positive change. More funding and resources are needed for organizations to implement training opportunities for incumbent workers and to provide work-based learning opportunities for healthcare students. We learned that while the challenges are immense, there are many solutions to consider that align with our goals to increase opportunities for Santa Cruz County residents to advance in health professions and align and expand education and training through pipeline programs, work-based learning, and continued professional development.

Our recommendation is the formation of the Health Workforce Council (HWC), focusing on the following health workforce tracks: behavioral health & health social workers, nurses, medical assistants, community health workers, physicians, pediatricians, and clinicians, and technicians: phlebotomy, radiology/mammography, and surgical. Through partnership development and collaborative problem solving, the HWC structure will elevate priorities and co-create work plans resulting in early achievements, and commitments to long-term goals, while fostering shared accountability and investment in the development of the workforce needed to support the healthcare needs of our community. With these goals in mind, we seek support and participation from our healthcare and training partners to implement change by joining the Health Workforce Council and supporting collaborative solutions across the county.



## Appendices

### Appendix A: List of Interviewees

**Shelly Barker, MS, RD, CDE**, Health Improvement Partnership  
**Kimberlee Bartley, BA**, Hospice of Santa Cruz County  
**Dale Bishop, MD**, Central California Alliance for Health  
**Nicole Bussing, MS**, Santa Cruz Community Health  
**Emily Chung, MPH**, Santa Cruz County Health Services Agency  
**Jo Coffaro, MPA**, Hospital Council of Northern and Central California  
**Prisco Crowley**, Encompass Community Services  
**Jennifer DeToy**, Encompass Community Services  
**Julie Edwards, MA**, Pajaro Valley Unified School District  
**Jessica Finney, MPH, CMP**, Central California Alliance for Health  
**Stephen Gray, MBA, MPH**, Sutter Health, Palo Alto Medical Foundation  
**Rita Hewitt, MPH, CPhT**, Health Improvement Partnership  
**Ashlyn James, MCA**, Cabrillo College  
**DeAndre James, MS**, Community Health Trust of Pajaro Valley  
**Jose Jimenez**, Health Career Connections  
**Lynn Lauridsen, MPH**, Santa Cruz County Health Services Agency  
**Paola Luna, MPH**, Health Improvement Partnership  
**Willam MacLean, MD**, Kaiser Permanente  
**Stephanie Macwhorter**, Janus of Santa Cruz  
**Laura Marcus, MPH**, Dientes Community Dental Care  
**Justin Medrano**, Health Improvement Partnership  
**Roman Noriega, MBA**, Salud Para La Gente  
**Erica Padilla-Chavez, MPA**, Pajaro Valley Prevention and Student Assistance  
**June Ponce**, Watsonville Community Hospital  
**Adrienne Saxton, MPH, CHES**, Cabrillo College & CSU Monterey Bay  
**Katie Setzler**, Sutter Health, Palo Alto Medical Foundation  
**Gregory Whitley, MD**, Dignity Health Dominican Hospital  
**Van Wong, MHA**, Central California Alliance for Health



## Appendix B: Interview Instrument

### Challenges

1. Could you share your experience with advancing Santa Cruz County residents in health professions?
  - a. What's already being done?
  - b. What are the challenges?
2. Take me through your organization's hiring challenges/staffing shortages - why are positions not able to be filled?

### Resources

1. To what extent has your organization invested resources in developing a workforce pipeline for careers your organization needs (e.g., internship program)?
2. How might you and your organization align with education and training programs/employers so that health professions expand?
3. Describe the workforce assets and resources you and your organization can share with HIP and SCC WDB (e.g., time, financial, consulting, etc.)

### Priorities/Considerations

1. In your opinion, what are the most essential factors to consider to execute the Health Workforce Council (HWC) goals to:
  - a. increase opportunities for Santa Cruz County residents to advance in health professions?
  - b. align and expand education and training?
2. What workforce needs do you think should be considered by the council?
3. What workforce tracks do you suggest the council include and why?
4. How might we create value for healthcare employers so that they will engage in the council?

### Health Workforce Council/Champions

1. Are you open to participating in the Health Workforce Council, which will be peer-facilitated work groups based on the HWC's advisory work? *Note: we anticipate quarterly meetings, however, the early participants will provide input on the council's cadence*
2. The HWC will identify workforce track champions to help the council develop and sustain its healthcare workforce development goals (HIP will support champions with the logistics of meetings/workgroups) are you interested in this role?



## Referrals

1. Is there another person/organization that HIP should consider including in the listening tour/inviting to the council?

## Appendix C: Focus Group Interview Instrument

1. Please share successful strategies that your organization is implementing/considering for hiring diverse staff.
2. How might the HWC support organizations' recruitment of diverse applicants so that the health workforce reflects the community?
3. In your opinion, what strategies could the HWC utilize to make the greatest positive impact on diverse healthcare training program development and implementation:
  - a. to meet the needs of providers?
  - b. to meet the needs of students/trainees?
4. What information/resources would your organization need to address the lack of diverse applicants?