

**SLO Healthcare Workforce Partnership**  
**Meeting Minutes**  
**11/30/23**

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**ATTENDEES:** Dr. Penny Borenstein (SLO County Public Health), Jordan Turetsky (CenCal Health), Beth Johnson (Cuesta College), Heather Tucker (Cuesta College), Dawn Boulanger (WDB), Claire Hermann (SLO County Public Health), Barb Morrow (SLO County Oral Health), Bridgette Bateman (Tenet), Madisyn Masantani (CHCCC), Tony Girolo (WDB), Dana Goba (Central Coast Medical Association), Dr. Steve Clarke (CHCCC), Jessica Peckham (NP), Marcia Scott (CSU, Monterey Bay), Fernanda Lucas (Promotores Collaborative), Frank Warren (SLO County Behavioral Health), Patrick Woolpert (Compass Health), Jennifer Clayton (SLOCOE), Lady Freire (Uplift Central Coast), Angel Lopez (Promotores Collaborative), Aydin Nazmi (Cal Poly), Tina Hadaway-Mellis (Cal Poly), Lisa Fraser (CFS), Michelle Shoresman (SLO County Public Health), Susan McGraw (SLO Healthcare Workforce Partnership Coordinator)

**Discussion Results:**

- Susan McGraw reviewed the consolidated results of the last Partnership meeting, which were entered into a Strategic Action Plan Framework (see meeting slides at [SLOHealthcareWorkforce.org](http://SLOHealthcareWorkforce.org), “For Members” page, on 11/30/23.)
- Breakout rooms were used for working groups to develop action plans for three strategic priority areas:
  - Strategic Priority #1: Recruitment and Retention of Staff
  - Strategic Priority #2: Healthcare Career Pathway Development
  - Strategic Priority #3: Fund Development and Advocacy
- **Discussion Results for Strategic Priority #1:**
  - We need to think bigger. We need to consider larger scale financial incentives for longer term commitments so that people come into the community with more support.
  - We need to conduct a gap analysis to assess the occupational roles that are most needed, including for earlier tier level positions such as medical assts./staff members. How can we fill the gaps (incentives or training)?
  - We need to ensure that salaries are competitive. Market openings in a way that might offset that we don’t have the same salary you may be expecting, but there are a lot of things we DO have. Increase marketing and recruitment efforts that are strategic and intentional because we may not be able to make salary the key attractor.
  - We need more marketing and outreach strategies to keep the local community engaged and wanting to stay here to be part of the healthcare community, including working at the education levels that are younger than college.
  - Incentivize people to come back to the community / home.
  - Offer more access to university and college education to local residents and then provide incentives for them to stay.

- As a Partnership, we need to be more assertive. When looking at higher ed. in the region (Cal Poly, Allan Hancock, Cuesta), Cuesta and Hancock are doing a good job with the allied health professions. Cal Poly has not yet made significant inroads in bolstering the healthcare industry but is currently having earnest conversations about healthcare now. So, the Partnership could align with this effort.
- **Discussion Results for Strategic Priority #2:**
  - We need to be more focused on how we are defining healthcare pathways and what a “pipeline” means. It is not just a matter of how many graduates we have if they leave the area once trained.
  - We need to develop the ecosystem to address training time and post training time, with higher ed and the organizations that offer placements, internships, and on-the-job training so that we can keep graduates as long as possible.
  - We need to develop an environment where the training can happen locally (not several hours away) and a way to keep graduates around in paid positions so they can contribute to the local workforce and develop their skills.
  - Where to start pathways? Community Health Workers could be the entry point for many pathways in physical, behavioral, and oral health careers.?
- **Discussion Results for Strategic Priority #3:**
  - Need to list existing funding sources and prioritize for 2024.
  - Funding/loans/grant opportunities: How are these available opportunities being marketed? How are we marketing them to potential folks in the workforce?
  - When advertising for a new NP or PA, are we putting that out there broadly in a more robust, focused way or are we all doing different things?
  - We need an Integrated effort, a hub/infrastructure/central collaborative, integrated strategy.
  - Refer to the Whole Person/Whole Community framework to assess the impact on funding.
  - MCO Tax: Research this and assess its utility locally for physicians and hospitals.
  - Research various funding sources...revisit them/prioritize which might work for us locally.
  - We need to advocate around increasing the reimbursement rates for Medi-Cal/Medicare and whether the rural designation matters anymore.
  - We need more information before detailing the advocacy part.