

**SLO Healthcare Workforce Partnership
Partnership Meeting
March 14, 2024**

Attendees: Oscar Ramos (Cuesta), Madisyn Masatani (CHC), Cherie Moore (Cuesta, Applied Behavioral Health), Frank Warren (SLO Cty. Behavioral Health), Barb Morrow (SLO Cty. Oral Health), Jennifer Clayton (SLO Partners/SLO COE), Heather Tucker (Cuesta), Patty Herrera (Dignity Health/Common Spirit), Alexandra Chamberlain (Toloso Children’s Dental Center), Angel Lopez (Promotores), Beth Johnson (Nursing), Citlaly Santos (CenCal Health), Fernanda Lucas (Promotores), Aydin Nazmi (Cal Poly), Susan McGraw (Partnership)

Discussion Results:

- **Critical Workforce Needs of Local Healthcare Organizations:** Discussion on strategies to get more detailed data/information from healthcare organizations in the county related to recruitment and retention challenges; critical occupational needs; and career pathway and training requirements:
 - Online questionnaire for Partnership healthcare members:
 - How detailed will the questions be?
 - We need to know how many high priority, critical positions need to be filled annually.
 - Use this to determine who we need to talk to and as a basis for interviews/focus groups.
 - Survey vs. interviews for other organizations referred by Partnership members:
 - Interviews:
 - Probably requires 30 minutes/interview
 - Interviews may provide more better response rate and more detailed information than a survey.
 - Focus groups:
 - Might help people come up with better information when they are hearing about the perspectives of other people.
 - Consider focus groups if there are too many people to interview?
 - Some people may be more willing to share one on one in a survey or over the phone than in a group.
 - If using them, design focus groups using information gained from the surveys or interviews to brainstorm strategies on how to move forward.
 - Use surveys first to narrow down the focus and then use that information to do interviews or focus groups.
 - We really need a centralized, searchable database to research healthcare positions (“indeed” for healthcare).
- **Committee Reports:**
 - **Committee #1: Recruitment & Retention**
 - This group has expanded to include 12 members, so they have had only 1 or 2 meetings so far.
 - The members determined that many of the Tactics/Action Steps are not within the scope of control of the Committee or the Partnership. They recognized the need to compile data, information, and best practices for recruitment and retention strategies and then develop recommendations for local healthcare organizations to consider implementing within their organizations.

- **Committee #2: Healthcare Careers Pathway**
 - This is a large group with great human capital, which will help to ensure that it reflects the county effectively.
 - They created subcommittees to take on individual elements of the strategic action plan and ensure that each Tactic is specific and implementable.
 - Allowed individuals to choose which areas they want to focus on (by Tactic/Action Step).
 - The Subcommittees are breaking down each Tactic to a more practical starting point to drive the work forward, which creates the opportunity for the experts on the Committee to work on the things that fit with their areas of expertise.
 - In some cases, Tactics will be expanded to ensure that the breadth and depth of the needs of the community are being addressed, which means broad enough to encompass all elements (physical, behavioral, dental health, etc.).
 - 4 action steps:
 - Utilize best practices to develop the conceptual framework.
 - Gather data and prioritize critical needs.
 - Create a sustainable approach to education and training.
 - Build and implement career pipelines.
- **Committee #3: Funding & Advocacy Committee**
 - They are meeting on the third Wednesday of each month at 10:00am.
 - They are going to be gathering resources and creating tools for everyone to use.
 - Jessica Peckham compiled a table of professional organizations that are supporting or spearheading bills related to advocacy for healthcare workforce development.
 - Nurse Faculty Shortage Reduction Act: Federal effort to provide grant funding to nursing schools to increase pay disparities for nursing school faculty. [Link to webpage to contact member of congress](#)
 - They are working with Susan McGraw to develop a searchable funding spreadsheet database tool (name of grant, funder, weblinks, summary of funding opportunity).
 - Additional research: identity issues with shortage areas data (affects both advocacy and funding)
- **Q&A:**
 - Additional Research:
 - Professional Shortage Areas:
 - There are a number of different types of designations for medical shortage areas (HPSAs, MSSAs, and others). What does each designation mean? Educate the group on this.
 - HPSA example: Ratio of the number of psychiatrists in an area (SLO County is short). Getting the HPSA designation is easy in CA and can check a box when applying for funding. It is pretty elementary how they do the designations.
 - Dental shortage area: north county.
 - Jeff Oxendine suggested that he is not an expert but knows people who can help us.
 - Reimbursement models that federal government assigns by county based on rural/urban status.