

A Roadmap for Advancing the Allied Health Workforce in Alameda and Contra Costa Counties:

*Medical Assistants, Community Health Workers,
and Health Navigators*

Assessment conducted by the

EAST BAY
HEALTH WORKFORCE
PARTNERSHIP

www.ebhwp.org

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EXECUTIVE SUMMARY

Allied health workers go by a variety of titles that are often defined by categorical funding streams, organizational structures, and/or care for a particular target population. The most common titles in use for allied health workers (AHWs) in roles supporting the delivery of primary care and preventive services are Medical Assistants (MA), Community Health Workers (CHW), and Health Navigators (HN). While each of these three allied health profession titles is associated with a primary role, healthcare employers tend to apply variations of these titles to AHWs as well as use these workers in variations of their intended primary roles in order to better meet their needs.

The Affordable Care Act defines an allied health professional as “an individual who graduated with an allied health professions degree or certificate, and is employed as an allied health professional in a health care setting”. References within the Public Health Service Act define allied health professionals as trained individuals who share “responsibility for the delivery of healthcare services or related services, including services relating to the identification, evaluation, and prevention of disease and disorders, dietary and nutrition services, health promotion services, rehabilitation services, or health systems management services.”¹ It is generally accepted that the term does not include physicians, dentists, or nurses.

In 2016, the East Bay Health Workforce Partnership (EBHWP) conducted a survey of its healthcare employer members in Alameda and Contra Costa Counties (ACC) on their current levels of engagement and compensation of allied health professionals in roles supporting care delivery and preventive services, as well as their training requirements at hiring and on-the-job development priorities. The survey findings presented here provide a baseline assessment of ACC employers’ current and near- to mid-term allied health workforce development needs priorities, and strategies related to recruitment, hiring, and retention.

¹ <https://depts.washington.edu/fammed/chws/health-workforce-research-center-on-allied-health/>

Engagement and Compensation

- MAs are the most widely employed allied health profession surveyed across all employer organizations (5,360 MAs vs 180 CHWs + 380 HNs).
- Health Systems are the predominant employer in absolute terms across all allied health professions (5000 MAs, 120 CHWs and 320 HNs).
- MAs earn the least of the three professions surveyed, and are more likely to have a tiered salary structure (62%) than CHWs and HNs (55% and 20%, respectively).

Roles and Responsibilities

- There are varying levels of consistency in how employers use each of the allied health professions within the workforce relative to standard professional roles.
- MAs are more likely than CHWs and HNs to perform activities that are within the scope of their professional role; the least consistency was reported for HN roles.
- Employers report that limited resources and knowledge prevents the engagement of CHWs and HNs in ways consistent with standard professional roles.

Core Competencies

- There is significant heterogeneity in skill sets required by employers for CHWs and HNs than for MAs.
- CHWs were expected by employers to possess the broadest set of skills of the three professions surveyed.
- Professional skills (e.g. honesty and integrity, self-motivation, compassion) were highly coveted across all three professions.

Professional Development and Training

- MAs, CHWs, and HNs often require additional on-the-job training, with CHWs and HNs requiring greater levels of training and in more areas than MAs.

- Professional skills reflecting the personal qualities of individuals were the most frequently reported areas where additional training was needed.
- The most common content skills requiring additional training were EHR system usage, record keeping, and interviewing/coaching skills.

This report offers **recommendations** in three strategic action areas based on survey findings as well as inputs from EBHWP’s members and leadership. The recommendations, which lay out a roadmap that identifies priority actions in the near- to medium-term, represent a call to action for regional funders and partners to collaborate with EBHWP in translating the recommendations into specific actions that will advance the allied health workforce in Alameda and Contra Costa counties. Key recommendations to advance a coordinated regional approach to workforce development focus on **infrastructure, training,** and **staffing and retention:**

Table: Recommendations and Timeline for Implementation

	Short Term (within 1 year)	Medium Term (1-3 years)
Infrastructure	<ul style="list-style-type: none"> • Establish a regional advisory board to undertake regional planning activities • Provide organizational infrastructure and resources for continuous improvement 	<ul style="list-style-type: none"> • Invest in a pooled faculty development program • Design and implement strategies to build knowledge among preceptors

<p>Training</p>	<ul style="list-style-type: none"> • Conduct additional research on regional workforce needs in near- and mid-term • Develop strategies to align, strengthen, and close training gaps in existing programs 	<ul style="list-style-type: none"> • Explore traditional and non- sources of funding to ensure training programs' sustainability • Conduct regional assessment of current infrastructure capacity and potential for expansion
<p>Staffing & Retention</p>	<p>Outline practical co-investment strategies for employers to establish a per diem pool</p>	<ul style="list-style-type: none"> • Create a regional employment exchange to serve as a regional clearinghouse • Build collaborative relationships with youth-centered health career pathway programs • Explore the apprenticeship model as employer-defined strategy

Infrastructure

Short Term (within 1 year)

- Establish a regional advisory board to undertake regional planning and implement the organizational infrastructure to coordinate training, employment and development activities.
- Provide organizational infrastructure and resources for training programs to continuously monitor, assess, and improve upon program designs and offerings.

Medium Term (1 -3 years)

- Invest in a **pooled faculty development program** for allied health programs and design and implement strategies to build **knowledge among preceptors.**

Training

Short Term (within 1 year)

- Conduct additional research on projected workforce needs for allied health professionals in the near (1-2 years) and medium (3-5 years) term.
- Develop strategies to align, strengthen, and address gaps in existing allied health training programs under the auspices of the regional advisory board.

Medium Term (1 -3 years)

- Explore **traditional and non- sources of public and private sector funding** to ensure the sustainability of allied health training programs.
- Conduct regional assessment of the current capacity, expansion potential, and geographic proximity of training programs in academic and community settings.

Staffing and Retention

Short Term (within 1 year)

- Initiate a process that outlines co-investment strategies for employers to establish a per diem

pool of qualified AHWs to benefit employers and workforce members.

Medium Term (1 -3 years)

- Create a regional employment exchange to serve as a clearinghouse, and build collaborative relationships with health career pathway programs for K-16 youth
- Explore the apprenticeship model as employer-defined strategy for experiential work-based learning with opportunities for mentorship and paid employment.

INTRODUCTION

In 2016, EBHWP sought detailed workforce-level information on several allied health professions from its employer partner organizations in ACC. The survey sample population included 19 employer organizations: 11 health systems and 8 community health centers. A 63- question survey was distributed to these organizations. Thirteen organizations responded to the survey: Kaiser Permanente, Alameda Health System, Contra Costa Health Services, Sutter Health, Native American Health Center, John Muir Health, La Clinica de La Raza, Tiburcio Vasquez Health Center, Axis Community Health, LifeLong Medical Care, Asian Health Services, West Oakland Health Council, and the Washington Township Medical Foundation.

The project's goals were:

1. To **establish a baseline** assessment of the levels of engagement, compensation, training and development of allied health workers in ACC. The survey instrument compiled both quantitative (e.g. number of full-time-equivalent (FTE) AHWs, employment status (i.e., employees or contractors), compensation ranges, projected near- and mid-term recruitment needs) and qualitative (e.g. recruitment strategies, hiring requirements, and additional training and development requirements) employment-related data.
2. To **engage employers** in an open dialogue with the goal of developing consensus on priority needs and key issues in the engagement of allied health workers, and on strategies that would align both employer and educational providers' priorities. The survey findings were used to establish common knowledge and build consensus among all partner organizations on the strategic priorities for regional workforce development in areas related to allied health workers' skills and roles.
3. To **issue recommendations** to augment regional workforce development in areas of training, staffing and retention, and infrastructure capacity. The recommendations would seek to ensure the optimal use of limited resources to train, recruit, advance, and retain allied health workers in roles that support care delivery and preventive services, as well as to realize greater consistency in advancing a regional approach to workforce training and development.

EBHWP targeted Regional Directors, Directors of Human Resources, Operations Directors, Workforce and Talent Managers, Medical Directors, and Lead Clinicians to complete the survey, with the understanding that these positions would be the best equipped within the organizations to answer the survey questions and to benefit from the survey findings and recommendations.

METHODOLOGY

Survey Design

EBHWP's preliminary research indicated that allied health professionals have a variety of titles, defined often by categorical funding streams, organizational structures, and/or care for a particular population target. The most common occupational titles in use for allied health workers in roles that support care delivery and preventive services are MAs, CHWs, and HNs.

While each of these occupational titles specifies a distinct role for each of the allied health professions (i.e., MAs provide clinical and administrative support in offices; CHWs serve as intermediaries between service delivery and health improvement in communities; and HNs assist with enrollment and facilitating access to available services), healthcare employers tend to apply variations of these titles to allied health workers as well as use these workers to perform tasks that are outside the scope of their primary role in order to better meet employers' needs.

As a result of these findings, EBHWP designed its survey to specifically focus on the engagement, training and development of these three allied health professions. EBHWP selected specific areas of inquiry based on pre-survey interviews with key informants and consultation with experts in the field. The survey was designed to identify: titles applied to allied health professionals; the number of allied health positions currently filled; the specific roles and responsibilities by job title; the compensation level for each allied health profession; employers' education, experience, and skill requirements at hiring; skill areas that require further training and development once new hires have been on-boarded; near- and medium- term recruitment needs; and standard recruitment practices.

Survey Structure

Sixty-three questions were organized into six sections, each investigating distinct aspects of engagement, training and development related to MA, CHW, and HN demand, recruitment, utilization, advancement and retention. The survey sections were organized as follows:

1. Allied health worker titles, compensation levels, and # FTEs currently engaged
2. Specific roles and responsibilities performed by allied health profession
3. Entry level skills, competencies, work experience, and educational requirements
4. Professional development needs after hiring and training methods employed
5. Projected employment needs in the near- (1 year) to mid-term (i.e., 1-3 years)
6. Partnerships, recruitment sources, and internal training capacity for students/volunteers

Survey responses were analyzed according to allied health profession titles (i.e. MA, CHW, and HN) and by the type of respondent organization (i.e. Community Health Center or Health System). See **Appendix A** Supplementary Materials for the survey instrument that was used.

Data Collection

EBHWP quarterly meetings and outreach by email and phone were used to promote awareness and encourage participation in the online survey. To ensure maximal survey responses, follow-up emails were regularly sent to targeted organizations that expressed interest but had yet to complete the survey. Employers often requested more time to complete the survey in order to collect the data required for providing responses to the survey.

Key informant interviews were conducted with regional employers both pre- and post-survey, with the goal of gathering qualitative information to inform the survey design, provide context for analyzing the survey results, and to contribute to EBHWPs assessment of the strategic priorities and development of core recommendations to augment regional allied health workforce development in areas of training, staffing, and retention.

Response Rate

Eight Community Health Centers (CHC) and eleven Health Systems (HS) were selected for participation in the survey and key informant interviews. Seven of eight CHCs completed the survey (87.5% response rate). Six of eleven HS participated in the survey (54.5% response rate). Combined, 13 of the 19 employers responded to our survey (68.4% response rate).

While all employers were able to answer the majority of our survey questions, it is important to note, however, that only one was able to completely answer all of the questions. For example, many respondents were unable to project which skills or the number of full-time allied health workers they will need within the next three years. Data collected through the survey, while containing some gaps, represent the most complete and thorough census to date on the employment of allied health professionals in ACC.

The results are informative and meaningful, particularly in establishing a baseline. Additional research is needed to build on these findings and to provide a more thorough and detailed assessment of employer needs and priorities as well as develop regional strategies to advance the engagement, training, and development of allied health professions in roles that support care delivery and preventive services.

FINDINGS

Engagement and Compensation

Recruitment and Hiring

There were differences in hiring requirements across employers for the three allied health professions surveyed. In general, MAs required lower levels of previous work experience (more than 90% of respondents require MAs have a minimum of 1 year or less) and of formal education (more than 70% of respondents require MAs have at least a high school diploma or equivalent) at hiring compared with CHWs and HNs.

There were no significant differences in hiring requirements between HS and CHCs for MAs. However, HS were more likely than CHCs to require an Associate's or Bachelor's degree for CHW and HN positions. Both types of employer organizations sought similar levels of previous work experience from CHWs and HNs.

Employment

MAs were employed at greater levels across both types of healthcare employer organizations, and were the only position to be employed by all respondent organizations. A total of 5,360 FTE MAs were employed by respondent organizations. HS employed a total of 5,000 FTE MAs, and CHCs a total of 360 FTE MAs. Two HS respondents were responsible for the majority of these FTE MA positions. MAs were one of two allied health positions to only be employed as FTEs.

However, one CHC employs MAs on both contractor and FTE bases.

Although pre-survey key informant interviews highlighted that many employers lack the experience and knowledge to effectively utilize HNs, they are engaged at higher levels than CHWs. A total of 380 FTE HNs were reported by employers, with HS reporting a total of 320 FTE HNs and CHCs a total of 60 FTE HNs. Only three survey respondents did not employ HNs. Of these, one was a HS and two were CHCs. Eight of 10 respondents employ FTE HNs only. One HS hires HN contractors, and one CHC hires both FTEs and on-call contractors.

CHWs, who are similar to HNs in that employers often use them to perform tasks that are outside the scope of their standard role, are engaged at the lowest levels among all of the allied health professions surveyed. A total of only 180 FTE CHWs were reported by respondents, with HSs employing 120 FTE CHWs and CHCs the remaining 60 FTE CHWs. Similar to HNs, only three survey respondents—all of which were HS—did not employ CHWs.

Pay Scale and Salary Structure

MAs earn the least of the three professions surveyed—an average of \$44,300 annually. There is a significant difference in the average salary based on employer type, with a HS paying on average \$49,100 annually and a CHC paying \$40,900 annually. CHCs also reported a high level of turnover among MAs due to HS luring CHC MAs through offering higher salary levels.

HNs experience significantly different salary levels depending on the employer organization type. Although the average salary for HNs across both employer types is \$60,300, HNs experience the largest pay differential—\$31,500 annually—based on an average salary of \$76,000 at a HS and \$44,500 at a CHC.

While HS are less likely than CHCs to employ CHWs, they pay CHWs higher salaries than CHCs. CHWs make, on average, \$58,800 annually at a HS compared to \$42,400 annually if employed by a CHC. This represents a difference of nearly 40% or \$16,400 per year. Overall, CHWs earn an average of \$47,900 annually. All respondents engaging CHWs employ FTE CHWs.

MAs are more likely than CHWs or HNs to have a tiered salary structure (62%, 55%, and 20%, respectively). Key informants indicated that this may be a strategy among CHC employers to retain MAs. By creating a tiered salary structure, allied health workers (MAs and CHWs in particular) are incentivized to remain with that employer on the expectation that they will receive career advancement opportunities and regular pay raises.

Roles and Responsibilities

Survey respondents reported varying levels of consistency in how they use each of the allied health professions. For example, MAs are more likely than CHWs and HNs to perform tasks and activities that are

within the scope of their standard occupational role. There was less consistency across respondents in the tasks and activities that CHWs and HNs performed relative to the occupational roles.

This finding corroborates what key informants shared during interviews. Informants repeatedly mentioned that it has been challenging in practice to standardize CHW and HN roles because a lack of resources and knowledge prevents employers from using CHWs and HNs in ways that are consistent with their occupational roles. Building common knowledge and consensus on the core competencies for each of the allied health occupations will ensure greater consistency in training and deployment across the region.

Medical Assistants

MAs are trained to provide both administrative and clinical duties, usually under the direction of a physician. Administrative duties may include scheduling appointments, maintaining medical records, billing, and coding information for insurance purposes, while clinical duties may include taking and recording vital signs and medical histories, preparing patients for examination, drawing blood, and administering medications as directed by physicians. With the scope of the MA's professional role focused on patient data collection and preparation, over 80% of the survey respondents reported that MAs performed the following activities most regularly:

- Show patients to examination rooms and prepare them for the provider visit (100%)
- Record patients' medical history, vitals, and test results in EMRs (100%)
- Interview patients to obtain medical information (100%)
- Ensure all patient-related data are available in EMRs prior to their appointment (93%)
- Measure vital signs including weight, blood pressure, pulse, temperature (93%)
- Perform other administrative supportive duties (93%)
- Prepare treatment rooms for patient examinations (93%)
- Provide patient information and instructions as authorized by the clinician (80%)
- Perform simple lab and screening tests customarily performed in a medical office (80%)

- Explain treatment procedures, medications, and providers' instructions to patients (80%).

MAAs were rarely asked to undertake basic patient care activities. For example, 20% or fewer respondents reported asking MAAs to perform the following activities related to patient care:

- Apply orthopedic appliances such as knee immobilizers, envelope slings, orthotics(20%)
- Remove sutures or staples from superficial incisions or lacerations(20%)
- Obtain impressions for orthotics, padding and custom molded shoes (13%)
- Fit prescription lenses or use any optical device for assessment and training(13%)
- Remove cases, splints and other external devices (13%)

Health Navigators

Although the scope of the HNs standard occupational role is primarily to assist with enrollment in and utilization of available services, employers reported that HNs performed most frequently tasks and activities that overlap with those performed by CHWs :

- Educate individuals about how to use health and social service systems (91%)
- Connect individuals to resources and advocate for basic needs(91%)
- Facilitate transportation to services and address other access barriers to services (91%)
- Motivate and encourage people to obtain care and other services(91%)
- Provide individual support and coaching (82%)
- Make referrals and provide follow-up (82%)
- Inform people and systems about community assets and challenges (73%)

Employers reported HNs performed less frequently tasks within the scope of their occupational role and directly related to enrollment in and utilization of available services:

- Provide assistance with enrollment processes for insurance coverage and support services (55%)

- Recruit individuals, families, and community groups to services and systems (55%)
- Build health literacy and cross-cultural communication (55%)

Employers were least likely to engage HNs in activities that require their presence at local agencies and community events (36%). Clearly, more work needs to be done to better define and clearly distinguish the scope of practice for HN and CHW professional roles in order to more effectively utilize these workers in ways that are complementary to each other.

There appears to currently be a wide variety of expectations on the part of employers as to the activities that CHWs and HNs perform with the result that there is often overlap in the activities that are performed by both occupations. As was shared during key informant interviews, better consensus among ACC stakeholders is needed on how these two allied health professions should (and should not) be used, and in ways that complement and not duplicate each other.

Community Health Workers

With the CHWs role being primarily to serve as an intermediary between service delivery and health improvement in communities, employers reported that CHWs were often performing tasks and activities that were beyond the scope of their professional role. Tasks and activities performed by CHWs ranged from patient education to home visits to enrollment in services and programs. Respondents reported that CHWs performed the following activities most frequently:

- Advocate on behalf of the needs and perspectives of communities (100%)
- Educate individuals about how to use health and social service systems (100%)
- Connect patients to resources and advocate for their basic needs (91%)
- Follow-up with individuals, families and community groups on service encounters (91%)
- Enroll individuals, families, and community groups in services and systems (91%)
- Support patient self-management with disease prevention and chronic diseases (91%)
- Plan and/ or lead support groups (82%)

- Provide information to prevent diseases and help manage health conditions (82%)
- Provide individual support, coaching, and motivation (82%)
- Build health literacy and cross-cultural communications (82%).
- Inform people and systems about community assets and challenges (82%)
- Motivate and encourage people to obtain care and other services (82%)

CHWs were least often engaged in activities that involved performing basic screening services (e.g., height and weight, blood pressure; 9%) and basic services (e.g., first aid, diabetic foot checks; 9%). and in the design and implementation of policy advocacy strategies (18%).

Core Competencies

There was significantly greater heterogeneity in the skill requirements reported by employers for CHWs and HNs than for MAs; a finding that mirrors the range of roles and responsibilities performed by these two professions. MA skills tended to focus on record keeping and patient interaction, while there was not a distinct cluster of ‘hard’ or technical skills required of either CHWs or HNs. Conversely, ‘soft’ skills or personal qualities (e.g. honesty, integrity, self- motivation, empathy, communication) were highly coveted across all of the allied health positions.

Medical Assistants

MAs were most often expected to be able to demonstrate proficiency with electronic health or medical records (100%), writing and technical communication skills (77%), cultural competency (77%), and record keeping (69%). Key informants highlighted the value of MAs in taking records in multiple formats as well as being able to communicate and engage directly with patients in a personal and professional manner. Employers had lower expectations for MAs when it came to their ability to manage cases (0%), conduct client and community assessments (8%), and build community capacity (15%),

Health Navigators

Employers most often required HNs have skills centered on proficiency with writing and technical communication

(80%), cultural competency (80%), health insurance knowledge (80%), record keeping (70%), and electronic health or medical records (70%). There was little consensus among employers on other required skills. For example, public health concepts and approaches, case management, nutrition, community capacity building and motivational interviewing were reported by half or fewer respondents. But the fact that no other skill besides chronic disease management (20%) was reported by fewer than 40% of respondents suggests that employers view all of the other skills listed as relatively essential HN skill requirements.

Community Health Workers

Employers expect CHWs to possess the broadest set of skills of the three allied health positions surveyed. Employers highlighted cultural competency (89%), motivational interviewing and health coaching (78%), record keeping (78%), writing and technical communication skills (78%), electronic health or medical records proficiency (78%), health insurance knowledge (78%), and providing client and community assessments (78%) as the skills most highly sought after. And although CHWs are frequently used in communities to organize classes on health and well-being lifestyle behaviors, skills related to nutritional knowledge (22%) and chronic disease management (33%) were reported as the least sought after skills.

The fact that all other skills were reported by 56% or more of respondents suggests that many of these skills are important requirements for employers when hiring CHWs, and that the tasks and activities that CHWs perform are often quite varied and /or may also be specific to the needs of each organization.

Professional Development and Training

All but one respondent reported that newly hired MAs, CHWs, and HNs required additional training. This finding corroborates key informant interviews when several CHCs reported frustration with the amount of internal resources that are necessary to train MAs, CHWs, and HNs after hiring because these workers were often lacking key content and soft skills.

Allied health workers as a professional category often lack more than one skill when hired. The majority of employers who responded to the survey noted that new hires required training in multiple skill areas. Among employers that reported the need for additional training: 88% of providers reported having to provide additional training in two or more skills for MAs, 100% of providers reported having to provide additional

training in three or more skills for CHWs, and 80% of providers reported having to provide additional training in three or more skills for HNs.

In addition to the standard workplace orientation on organizational policies and procedures that new hires receive when being on-boarded, professional skills (e.g. professionalism, customer service, resilience/perseverance, and time management) were frequently cited as areas requiring additional training. All allied health positions required additional training in content areas as well. The most common content area-related skills requiring additional training were electronic health record system usage, record keeping, health insurance knowledge, workflows and referral processes, and interviewing/coaching skills.

Projected Workforce Needs

Estimating workforce needs in the near to mid-term is challenging, particularly in today's political climate. The Affordable Care Act is facing an uncertain future while, locally, the California State Senate has voted to move towards a single payer system. This political climate makes it challenging for ACC healthcare employers to forecast with certainty and specificity which allied health skills and roles they will need and to plan accordingly for their engagement and deployment within the workforce.

Although many survey respondents were unable to answer in detail questions regarding the entry-level skills that will be needed for allied health professionals, there were commonalities in their general responses that can serve as potential indicators of priority skill requirements. For example, knowledge of community resources, digital literacy, interpersonal skills, and team work were the most reported entry-level skills that employers will need. Several respondents also reported their interest in hiring MAs with state or local certifications.

Respondents estimated they will hire an additional 1,625 FTEs across all three of the allied health professions within the next year, representing a substantial increase of 28% over the current number of positions. HS will account for the majority of this growth, 1,500 of the new FTE positions. CHC plan to add 125 FTE positions. While HS projected much larger absolute growth, CHC projected similar rates of growth (28% vs. 26% respectively) over the next year. Mid-term projections were also optimistic, with respondents forecasting the creation of 4,125 FTE MA, CHW, and HN positions over the next three years. This would increase the number of FTE positions for MAs, CHWs, and HNs by 70% in ACC by the year 2020.

It is important to note, however, that these projections are based on data from a limited number of respondents in the survey sample (50% of respondents for the near term projections and 30% for the medium term projections). It is also worth noting that the data are biased in that one HS is responsible for approximately half of the projected growth reported during the next year and a third of the projected growth over the next three years. Further, it is reasonable to assume that organizations which did not respond did so because they were unable to reliably project their near- to mid-term needs. Therefore, the estimates provided are limited and need to be interpreted with caution.

Recruitment and Internships Abilities

Healthcare employers use a variety of mechanisms to facilitate recruitment as well as advance the professional development of the allied health workforce. The primary sources that all survey respondents use for recruiting candidates reflect a mix of both general and professional online job boards, job fairs, professional associations, and internal and external recruiters.

Partnerships with school boards, colleges and universities represent a secondary source for recruiting candidates. A majority of survey respondents also reported having at least one partnership with regional and local colleges and universities. HS reported a larger number of health profession education program partnerships than CHCs, and HS are also likely to have the organizational infrastructure for delivering training and education services for AHWs. Kaiser Permanente, for example, benefits through its Kaiser Allied School of Health Sciences, which serves as an internal education and training program.

A majority of employers also offer the ability to host or serve as rotation sites for interns and externs. However, their capacity to do so is often a function of their organizational size and resource availability. Approximately two-thirds of survey respondents (64%) reported using student / volunteer coordinators to support interns/externs. Other hosting strategies reported include specific disciplines having dedicated internship programs, providing experienced allied health peers as preceptors, and students and volunteers shadowing experienced providers.

DISCUSSION

Data collected through the survey, while containing some gaps, represent the most complete and thorough census to date on the employment and utilization of allied health professionals in ACC. The results are informative and meaningful, particularly in establishing a baseline.

Additional research is now needed to build on these findings and to provide a more thorough and detailed assessment of employer needs and priorities as well as develop regional strategies that will advance the engagement, training, and development of allied health professions in roles that support care delivery and preventive services. The recommendations lay out a roadmap and timeframe for prioritizing actions in areas of infrastructure, training, and staffing and retention during the near- to medium-term. The roadmap is also a call to action for regional funders, employers, and educators to collaborate with EBHWP in translating the recommendations into actions that will advance the regional allied health workforce.

Table: Recommendations and Timeline for Implementation

	Short Term (within 1 year)	Medium Term (1-3 years)
Infrastructure	<ul style="list-style-type: none"> Establish a regional advisory board to undertake regional planning activities Provide organizational infrastructure and resources for continuous improvement 	<ul style="list-style-type: none"> Invest in a pooled faculty development program Design and implement strategies to build knowledge among preceptors

<p>Training</p>	<ul style="list-style-type: none"> • Conduct additional research on regional workforce needs in near- and mid-term • Develop strategies to align, strengthen, and close training gaps in existing programs 	<ul style="list-style-type: none"> • Explore traditional and non- sources of funding to ensure training programs' sustainability • Conduct regional assessment of current infrastructure capacity and potential for expansion
<p>Staffing & Retention</p>	<p>Outline practical co-investment strategies for employers to establish a per diem pool</p>	<ul style="list-style-type: none"> • Create a regional employment exchange to serve as a regional clearinghouse • Build collaborative relationships with youth-centered health career pathway programs • Explore the apprenticeship model as employer-defined strategy

The regional assessment's primary goal has been to use the findings to inform a regional health workforce development approach that aligns with employer and educational provider priorities, and that makes optimal

use of limited resources. Within the context of California's primary care workforce, survey findings are consistent with challenges identified in earlier studies related to California's primary care workforce.² Namely, CHCs in California have consistently faced and will continue to face increasing competition from larger health system employers in the recruitment of primary care workers through their use of aggressive recruitment and hiring practices. The shortages, maldistribution, and capacity challenges that result will adversely impact on their ability to ensure access, quality and cost.

In addition, more work needs to be done to better define and clearly distinguish the scope of practice for HN and CHW professional roles in order to more effectively utilize these workers in ways that are complementary to each other. In particular, better consensus among ACC stakeholders is needed on how these two allied health professions should (and should not) be used, and in ways that complement and not duplicate each other. As a result, building common knowledge and consensus on core competencies for each allied health occupation will ensure greater consistency in training and deployment across the region.

Earlier studies have recommended increasing investment in the primary care training program capacity to expand the pool of qualified and diverse primary care workers. Recommendations have also called for efforts to standardize, strengthen and expand curricula and training programs to increase access and ensure consistent competencies for AHWs. Recommendations have also called for exploring options for regional coordination of workforce development strategies and better integration of services as important paths to building primary care capacity, streamlining delivery models, and sharing limited staff. CHCs have also been urged to find new ways to partner and become aligned with large integrated delivery systems in areas of staffing, and technology as these organizations transition to value-based care models.

The EBHWP report findings are also well timed to coincide with the launch of the California Future Health Workforce Commission, which will develop a strategic plan for building the state's health workforce to meet California's future needs.³ To successfully deliver care in the future, the Commission intends to examine a number of themes through the end of 2018 that will have implications for health workforce development and ensuring a workforce that is skilled in working collaboratively in interdisciplinary teams, is technically

² <http://www.phi.org/news-events/892/cpca-releases-new-workforce-study-highlighting-opportunities-for-california/>

³ <https://futurehealthworkforce.org/about/>

competent, and is adept at using modern health information technology. The Plan will also emphasize changes in policy, practice, and education/training that more fully develop the role of all primary care staff, including AHWs.

RECOMMENDATIONS

The EBHWP survey findings on the engagement of CHWs, HNs, and MAs in ACC together with informational statements, best practices, and recommendations by members of EBHWP have served to inform the development of the following recommendations in the areas of training, staffing and retention, and infrastructure. The recommendations can inform strategies for the advancement of a regional health workforce development approach that makes optimal use of limited resources for training, recruitment, employment, advancement, and retention.

There are three categories of recommendations. Each outlines a strategy for building a regional approach to the training, engagement, advancement, and retention of allied health professionals and key areas of focus within the process. The recommendations are sequenced in order of priority for their implementation and potential impact on advancing a regional health workforce. Key informant interviews with EBHWP stakeholders on the survey findings highlighted a number of key priorities that informed the development of recommendations. These include:

- To ensure the successful implementation of the recommendations, the creation of a permanent, cohesive professional workforce organizational structure is key to helping define the work of AHWs and advancing the development of the AHW workforce.
- To deliver effective primary and preventive care services, the ability of AHWs and MAs, in particular, to work at their highest scope of practice, is increasingly important to team-based care and the management of patients with chronic conditions.
- To strengthen the economic vitality of communities, the availability of AHW positions will provide important healthcare employment opportunities as well as the potential for individuals to advance to other high-level healthcare positions.
- To advance a regional healthcare workforce that meets the needs of communities, promoting diversity and the development of interpersonal communication, business and technology skills in the AHW workforce are key.

- To promote the retention and professional development of AHWs, the creation of collaborative training programs, per diem pools, and work experience-based learning opportunities for students, are important considerations for safety net providers.

Infrastructure

Short Term (within 1 year)

1. **Establish a regional advisory board** of education, workforce, and healthcare employers with the charge to form a regional planning entity and organizational infrastructure that coordinate allied health profession workforce training resources, employment opportunities, and career advancement.
 - Reach **common agreement on the roles and core competencies** that are required within ACC for advancing the allied health professions within healthcare settings.
 - Explore opportunities with allied health workforce organizations (e.g., American Association of Medical Assistants) to form a **regional chapter** that supports regional advocacy efforts and formal workforce representation.
2. Provide the **organizational infrastructure and resources for training programs to continuously monitor, assess, and improve** upon training program designs to be both responsive and specific to local workforce developments, prospective employer needs, and emerging community issues.

Medium Term (1 -3 years)

3. Invest in a **pooled faculty development program** for allied health programs to address the regional faculty shortage and ensure that training programs have the capacity to deliver consistent quality.
 - Design and implement strategies to build **knowledge among preceptors** that optimizes the mobilization of trainee skills and competencies.

Training

Short Term (within 1 year)

4. Conduct **additional research on projected workforce needs** for allied health professionals in the **near (1-2 years) and medium (3-5 years) terms**, specifically targeted roles, desired competencies, and post-hire training needs.
 - o Invite local healthcare employers to participate and share their internal projections of allied health profession workforce needs.
5. Under the auspices of the regional advisory board (A1), develop strategies to align, strengthen, and address gaps in existing allied health training programs.
 - o Develop **up-skilling training programs** for incumbent workers as a retention strategy and to align tiered salary structures across organizations.
 - o Develop **core competency-based modules** to capture complementary strengths of college- and community-based training programs
 - o Develop **specialized training modules** in partnership with employers that address **skill gaps** they currently invest significant resources in
 - A priority is **EHR training** (e.g., Epic for HS and NextGen for CHCs) through online delivery and train-the-trainer models.

Medium Term (1-3 years)

6. Explore **traditional and non- sources of public and private sector funding** through organizations such as the California Workforce Development Board, MAA, SNAP (SSA), and GGP for health education reimbursement to ensure the sustainability of allied health training programs.
 - o Develop and finalize a **plan of work to support ongoing outreach** for funding to support priority training programs and needs (B2).
7. Conduct a regional assessment of the current capacity, expansion potential, and geographic

proximity of training programs in academic and community settings to meet projected healthcare employer needs.

Staffing and Retention

Short Term (within 1 year)

8. Initiate a process that outlines **co-investment strategies for HS and CHC employers to establish a per diem pool** of qualified allied health professionals to increase workforce stability, reduce demand for costly contractual replacements, and avoid workplace disruptions.

Medium Term (1-3 years)

9. Support the work of EBHWP Primary Care Corps Work Group with **the creation of a regional employment exchange** for allied health professionals to serve as an intermediate and qualified clearinghouse for employers' human resource needs as well as facilitate internships and job placements for students and graduates.
 - **Build collaborative relationships with K-12 schools, adult education, and career advancement programs** to increase awareness of post-secondary educational programs, work-based learning and links to health career pathway opportunities.
10. Support the work of EBHWP Work-based Learning Work Group in its assessment of the **apprenticeship model** as an **employer-defined strategy for experiential work-based learning** to create opportunities for mentorship and offer paid employment.

APPENDIX A

East Bay Health Workforce Partnership - Medical Assistant, Community Health Worker, Health Navigator Workgroup Member List

Co-Chairs:

- Chris Salem, Kaiser Permanente
- Kelly Schelin, Contra Costa College

Members:

- Alvaro Fuentes, Community Clinic Consortium
- Amelia Lopez, East Bay Health Workforce Partnership
- Andrea Schwab-Galindo, Tiburcio Vasquez Health Center
- Beatrice Lee, Diversity in Health Training Institute
- Bob Redlo, East Bay Health Workforce Partnership
- Bryant Phan, Alameda County Health Pipeline Partnership
- Christine Boynton, Alameda County Office of Education
- Edgar Quiroz, Horizon Home Health & Hospice
- Enjoli Smith, Tri-City Health Center
- Gloria Howard, West Oakland Health Council
- Heather Kenward, John Muir Health
- Jalpa Patel, REDF
- Jeffery Oxendine, UC Berkeley/ Health Career Connections
- Jennifer Gross, Jewish Vocational Services (JVS)

- Jessica Pitt, Alameda Health System- Healt Path
- Jocelyn Garrick, M.D., Alameda County Health Pipeline Partnership
- Joe Lee, Alameda Health Consortium/ Community Health Center Network
- Jose Rodriguez, LifeLong Medical Care
- Julie Sinai, LifeLong Medical Care
- Karen Young, New Haven & Provider's Friend
- Kevin Barnett, Public Health Institute
- Kristen Birtwhistle, Kaiser Permanente
- Matt Poland, Jobs For the Future
- Natalie Aguilera, Native American Health Center
- Nikki Barrett West, Kaiser Permanente
- Nina Ninalga, Asian Health Services
- Paul Liem, Asian Health Services
- Rosemary Delia, Merritt College
- Sandra Ruiz, La Clinica
- Sanjida Mazid, County of Alameda
- Sequoia Hall, Alameda County Health Pipeline Partnership
- Shelley Woodman, Jewish Vocational Services
- Sonia Cross, Axis Community Health
- Tacie Moskowitz, Community Clinic Consortium
- Tammy Arnold, Kaiser Permanente
- Wanda Session, Contra Costa County Health Services

APPENDIX B

East Bay Health Workforce Partnership - Medical Assistant, Community Health Worker, Health Navigator Survey Respondents

The following **community health centers** participated in the online survey:

- Asian Health Services
- Axis Community Health
- La Clinica de La Raza
- LifeLong Medical Care
- Native American Health Center
- Tiburcio Vasquez Health Center, Inc.
- West Oakland Health Council

The following **health systems** participated in the online survey:

- Alameda Health System
- Contra Costa Health Plan
- Contra Costa Health Services
- John Muir Health
- Kaiser Permanente
- Sutter Health
- Washington Township Medical Foundation

APPENDIX C

East Bay Health Workforce Partnership - Medical Assistant, Community Health Worker, Health Navigator Survey Instrument

East Bay Health Workforce Partnership Medical Assistants, Community Health Workers, and Health Navigators Employer Assessment

What is this survey about?

The East Bay Health Workforce Partnership (EBHWP) seeks information from employer partners about your priority needs, roles, financing strategies, and key issues in the engagement of team members that play a variety of roles in supporting care delivery and preventive services.

Our research indicates that these team members have a variety of titles, defined often by categorical funding streams, organizational structures, and/or care for particular populations. The most common titles are Medical Assistants, Community Health Workers, and Health Navigators.

While each of these three titles indicate a primary focus (i.e., MAs provide clinical and administrative support in offices, CHWs serve as intermediaries between service delivery and health improvement in communities, and health navigators assist in enrollment and optimal use of available services), we understand that employers may use variations of these and other roles to optimally meet their needs.

Why should I participate?

In the interest of working towards a regional approach (e.g. Alameda and Contra Costa Counties) to health workforce development that makes optimal use of limited resources for training, recruitment, employment, advancement, and retention, we ask employer partners to answer the following set of questions.

Our objective is to complete our data collection process by end of January, and bring a set of preliminary findings and recommendations to our employer working group in February 2017.

Who should participate?

Our target audience includes Directors of Human Resources, Operations Director, Lead Clinic/Health Center Operations, and/or Lead Clinicians.

Will my responses be anonymous?

Yes. Your questionnaire responses will be anonymous and analyzed through a data repository. We will be aggregating or obfuscating any responses that could otherwise facilitate identification.

Other Questions?

Thank you very much for taking the time to complete this survey. Please contact us anytime at eastbayhealthworkforce@gmail.com with any questions or suggestions.

Sincerely,

The East Bay Workforce Health Partnership

Titles, Number Engaged, and Compensation

Please indicate the titles of these team members engaged by your organization, the number of FTEs currently engaged in each category, whether they are engaged as employees or contractors, and their compensation.

Title of your team members that closely represent the roles of a "Medical Assistant":

Number of "Medical Assistant" FTEs:

"Medical Assistant" Compensation Range:

Do you have a tiered compensation structure for "Medical Assistants"?

If yes, please indicate the tiered title and wage structure:

"Medical Assistant" Employee Status:

If you selected "both," please indicate the breakdown of FTE for employees and contractors:

Title of your team members that closely represent the roles of a "Community Health Worker":

Number of "Community Health Worker" FTEs:

"Community Health Worker" Compensation Range:

Do you have a tiered compensation structure for "Community Health Workers"?

If yes, please indicate the tiered title and wage structure:

"Community Health Worker" Employee Status:

If you selected "both," please indicate the breakdown of FTE for employees and contractors:

Title of your team members that closely represent the roles of a "Health Navigator":

Number of "Health Navigator" FTEs:

"Health Navigator" Compensation Range:

Do you have a tiered compensation structure for "Health Navigators"?

If yes, please indicate the tiered title and wage structure:

"Health Navigator" Employee Status:

If you selected "both," please indicate the breakdown of FTE for employees and contractors:

Specific Roles by Job Title

Please identify the specific roles carried out by each of these team members.

Title of your team members that closely represent the roles of a “Medical Assistant”:

"Medical Assistant" Roles:

- | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Ensure all related reports, labs, and information is available in patients' medical records prior to their appointment (i.e. chart preparation, chart review) | <input type="checkbox"/> Apply and remove bandages and dressings |
| <input type="checkbox"/> Interview patients to obtain medical information | <input type="checkbox"/> Apply orthopedic appliances such as knee immobilizers, envelope slings, orthotics |
| <input type="checkbox"/> Measure vital signs, including weight, blood pressure, pulse, temperature | <input type="checkbox"/> Remove cases, splints and other external devices |
| <input type="checkbox"/> Show patients to examination rooms and prepare them for the provider | <input type="checkbox"/> Obtain impressions for orthotics, padding and custom molded shoes |
| <input type="checkbox"/> Record patients' medical history, vital statistics, and information such as test results in electronic medical records | <input type="checkbox"/> Select and adjust crutches for patients |
| <input type="checkbox"/> Explain treatment procedures, medications, and providers' instructions to patients | <input type="checkbox"/> Instruct patient in proper use of crutches |
| <input type="checkbox"/> Prepare treatment rooms for patient examinations | <input type="checkbox"/> Remove sutures or staples from superficial incisions or lacerations |
| <input type="checkbox"/> Conduct health coaching and/or motivational interviewing | <input type="checkbox"/> Perform ear lavage |
| <input type="checkbox"/> Clean and sterilize instruments and dispose of contaminated supplies | <input type="checkbox"/> Collect by non-invasive techniques (including nasal smears and throat swabs), and preserve specimens (including urine, sputum, semen, stool) for testing |
| <input type="checkbox"/> Administer medication only by intradermal, subcutaneous, or intramuscular injections (including flu and pneumonia shots) | <input type="checkbox"/> Assist patients in ambulation and transfers |
| <input type="checkbox"/> Administer medication orally, sublingually, topically, vaginally or rectally, or by providing a single dose to a patient for immediate self-administration | <input type="checkbox"/> Prepare patients for and assist MD, DPM, PA or RN in exams or procedures including positioning, draping, shaving, disinfecting treatment site, prepare patients for gait analysis testing |
| <input type="checkbox"/> Administer by inhalation if medications are patient-specific and have been or will be routinely and repetitively administered by patient | <input type="checkbox"/> As authorized by MD or DPM, provide patient information and instructions |
| <input type="checkbox"/> Perform venipuncture or skin puncture (including 'finger sticks') for the purposes of withdrawing blood | <input type="checkbox"/> Collect and record patient data including height, weight, temperature, pulse, respiration rate and blood pressure, and basic information about presenting and previous conditions |
| <input type="checkbox"/> Perform skin tests | <input type="checkbox"/> Perform simple laboratory and screening tests customarily performed in a medical office |
| <input type="checkbox"/> Measure and describe skin test reaction and make a record in the patient's chart | <input type="checkbox"/> Cut the nails of otherwise healthy patients |
| <input type="checkbox"/> Perform electrocardiogram, electroencephalogram, or plethysmography (except full body) | <input type="checkbox"/> Perform other basic technical supportive services |
| <input type="checkbox"/> Fit prescription lenses or use any optical device in connection with ocular exercises, visual training, vision training or orthoptics according to B&P §§ 2544, 3042 | <input type="checkbox"/> Perform other administrative supportive duties |

Other (please specify)

Title of your team members that closely represent the roles of a "Community Health Worker":

"Community Health Worker" Roles:

- | | |
|---------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Educate individuals about how to use health and social service systems | <input type="checkbox"/> Connect to resources and advocating for basic needs (e.g., food and housing) |
| <input type="checkbox"/> Educate provider team about community perspectives and cultural norms | <input type="checkbox"/> Design and implement policy advocacy strategies |
| <input type="checkbox"/> Build health literacy and cross-cultural communication | <input type="checkbox"/> Provide basic screening services (e.g., height and weight, blood pressure) |
| <input type="checkbox"/> Conduct health promotion and disease prevention education to match linguistic and cultural needs | <input type="checkbox"/> Provide basic services (e.g., first aid, diabetic foot checks) |
| <input type="checkbox"/> Provide information to prevent diseases and help manage health conditions | <input type="checkbox"/> Meet basic needs (e.g., direct provision of food and other resources) |
| <input type="checkbox"/> Participate in care coordination and / or case management | <input type="checkbox"/> Design and implement individual-level assessments (e.g., home environmental assessment) |
| <input type="checkbox"/> Make referrals and provide follow-up | <input type="checkbox"/> Design and implement community-level assessments (e.g., community asset mapping) |
| <input type="checkbox"/> Facilitate transportation to services and address other barriers to services | <input type="checkbox"/> Recruit individuals, families, and community groups to services and systems |
| <input type="checkbox"/> Document and track individual and population level data | <input type="checkbox"/> Follow-up on health and social service encounters with individuals, families and community groups |
| <input type="checkbox"/> Inform people and systems about community assets and challenges | <input type="checkbox"/> Conduct home visits to provide education, assessment and social support |
| <input type="checkbox"/> Provide individual support and coaching | <input type="checkbox"/> Present at local agencies and community events |
| <input type="checkbox"/> Motivate and encourage people to obtain care and other services | <input type="checkbox"/> Engage in evaluating CHW services and programs |
| <input type="checkbox"/> Support self-management of disease prevention and management of health conditions | <input type="checkbox"/> Identify and engage community members as research partners, including community consent processes |
| <input type="checkbox"/> Plan and/or lead support groups | <input type="checkbox"/> Assist with enrollment processes for insurance coverage and support services |
| <input type="checkbox"/> Advocate for the needs and perspectives of communities | |

Other (please specify)

Title of your team members that closely represent the roles of a "Health Navigator":

"Health Navigator" Roles:

- | | |
|-------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Educate individuals about how to use health and social service systems | <input type="checkbox"/> Provide individual support and coaching |
| <input type="checkbox"/> Build health literacy and cross-cultural communication | <input type="checkbox"/> Motivate and encourage people to obtain care and other services |
| <input type="checkbox"/> Provide information to prevent diseases and help manage health conditions | <input type="checkbox"/> Connect to resources and advocating for basic needs (e.g., food and housing) |
| <input type="checkbox"/> Make referrals and provide follow-up | <input type="checkbox"/> Recruit individuals, families, and community groups to services and systems |
| <input type="checkbox"/> Facilitate transportation to services and address other barriers to services | <input type="checkbox"/> Present at local agencies and community events |
| <input type="checkbox"/> Inform people and systems about community assets and challenges | <input type="checkbox"/> Assist with enrollment processes for insurance coverage and support services |

Other (please specify)

East Bay Health Workforce Partnership Medical Assistants, Community Health Workers, and Health Navigators Employer Assessment

Entry Level Skills, Competencies, Work Experience, and Education Requirements

What are the optimal skills/competencies your organization requires for engagement of these team members? We're looking for both content skills (e.g., chronic disease management, nutrition, record keeping, typing, electronic health or medical records, cultural competency, etc.) and "soft" skills (e.g., honesty, standing in community, positive attitude, motivated, etc.).

Title of your team members that closely represent the roles of a "Medical Assistant":

Minimum Work Experience Required for a "Medical Assistant":

"Medical Assistant" Education Requirements:

Employer may note specific education or certification requirements

"Medical Assistant" Content Skills:

- | | | |
|------------------------------------------------------------------------------------|----------------------------------------------------------------------|-----------------------------------------------------------------------|
| <input type="checkbox"/> Chronic disease management | <input type="checkbox"/> Cultural competency | <input type="checkbox"/> Community Capacity Building |
| <input type="checkbox"/> Nutrition | <input type="checkbox"/> Motivational Interviewing & Health Coaching | <input type="checkbox"/> Health Insurance |
| <input type="checkbox"/> Record keeping | <input type="checkbox"/> Case Management | <input type="checkbox"/> Health Care Systems (i.e., hospital, county) |
| <input type="checkbox"/> Writing and Technical Communication Skills (e.g., typing) | <input type="checkbox"/> Client and Community Assessment | |
| <input type="checkbox"/> Electronic health or medical records | <input type="checkbox"/> Public Health Concepts and Approaches | |

Other skills (please specify)

"Medical Assistant" Soft Skills:

- | | | |
|------------------------------------------------------------------|---------------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Honesty and integrity | <input type="checkbox"/> Empathetic and Compassionate | <input type="checkbox"/> Flexible and Adaptable |
| <input type="checkbox"/> Culturally Humble/Has Cultural Humility | <input type="checkbox"/> Effective Communication Skills | <input type="checkbox"/> Strong Time Management |
| <input type="checkbox"/> Standing in community | <input type="checkbox"/> Team Player | <input type="checkbox"/> Able to Deal with Criticism |
| <input type="checkbox"/> Positive attitude | <input type="checkbox"/> Able to Deal with Pressure | |
| <input type="checkbox"/> Self-motivated | <input type="checkbox"/> Strong Work Ethic | |

Other skills (please specify)

Title of your team members that closely represent the roles of a "Community Health Worker":

Minimum Work Experience Required for a "Community Health Worker":

"Community Health Worker" Education Requirements:

Employer may note specific education or certification requirements

"Community Health Worker" Content Skills:

- | | | |
|------------------------------------------------------------------------------------|----------------------------------------------------------------------|-----------------------------------------------------------------------|
| <input type="checkbox"/> Chronic disease management | <input type="checkbox"/> Cultural competency | <input type="checkbox"/> Community Capacity Building |
| <input type="checkbox"/> Nutrition | <input type="checkbox"/> Motivational Interviewing & Health Coaching | <input type="checkbox"/> Health Insurance |
| <input type="checkbox"/> Record keeping | <input type="checkbox"/> Case Management | <input type="checkbox"/> Health Care Systems (i.e., hospital, county) |
| <input type="checkbox"/> Writing and Technical Communication Skills (e.g., typing) | <input type="checkbox"/> Client and Community Assessment | |
| <input type="checkbox"/> Electronic health or medical records | <input type="checkbox"/> Public Health Concepts and Approaches | |

Other skills (please specify)

"Community Health Worker" Soft Skills:

- | | | |
|------------------------------------------------------------------|---------------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Honesty and integrity | <input type="checkbox"/> Empathetic and Compassionate | <input type="checkbox"/> Flexible and Adaptable |
| <input type="checkbox"/> Culturally Humble/Has Cultural Humility | <input type="checkbox"/> Effective Communication Skills | <input type="checkbox"/> Strong Time Management |
| <input type="checkbox"/> Standing in community | <input type="checkbox"/> Team Player | <input type="checkbox"/> Able to Deal with Criticism |
| <input type="checkbox"/> Positive attitude | <input type="checkbox"/> Able to Deal with Pressure | |
| <input type="checkbox"/> Self-motivated | <input type="checkbox"/> Strong Work Ethic | |

Other skills (please specify)

Title of your team members that closely represent the roles of a "Health Navigator":

Minimum Work Experience Required for a "Health Navigator":

"Health Navigator" Education Requirements:

Employer may note specific education or certification requirements

"Health Navigator" Content Skills:

- | | | |
|------------------------------------------------------------------------------------|----------------------------------------------------------------------|-----------------------------------------------------------------------|
| <input type="checkbox"/> Chronic disease management | <input type="checkbox"/> Cultural competency | <input type="checkbox"/> Community Capacity Building |
| <input type="checkbox"/> Nutrition | <input type="checkbox"/> Motivational Interviewing & Health Coaching | <input type="checkbox"/> Health Insurance |
| <input type="checkbox"/> Record keeping | <input type="checkbox"/> Case Management | <input type="checkbox"/> Health Care Systems (i.e., hospital, county) |
| <input type="checkbox"/> Writing and Technical Communication Skills (e.g., typing) | <input type="checkbox"/> Client and Community Assessment | |
| <input type="checkbox"/> Electronic health or medical records | <input type="checkbox"/> Public Health Concepts and Approaches | |

Other skills (please specify)

"Health Navigator" Soft Skills:

- | | | |
|------------------------------------------------------------------|---------------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Honesty and integrity | <input type="checkbox"/> Empathetic and Compassionate | <input type="checkbox"/> Flexible and Adaptable |
| <input type="checkbox"/> Culturally Humble/Has Cultural Humility | <input type="checkbox"/> Effective Communication Skills | <input type="checkbox"/> Strong Time Management |
| <input type="checkbox"/> Standing in community | <input type="checkbox"/> Team Player | <input type="checkbox"/> Able to Deal with Criticism |
| <input type="checkbox"/> Positive attitude | <input type="checkbox"/> Able to Deal with Pressure | |
| <input type="checkbox"/> Self-motivated | <input type="checkbox"/> Strong Work Ethic | |

Other skills (please specify)

Please identify any content or "soft" skills where your team members require more training or resources

Skill requiring additional training/resources 1

Skill requiring additional training/resources 2

Skill requiring additional training/resources 3

Skill requiring additional training/resources 4

Skill requiring additional training/resources 5

Additional Skills

What are the additional skills provided to these team members after they are hired, either through internal resources or by contracting with external entities?

Title of your team members that closely represent the roles of a "Medical Assistant":

Please fill-in skills taught to "Medical Assistants" after hiring:

Skill 1	<input type="text"/>
Skill 2	<input type="text"/>
Skill 3	<input type="text"/>
Skill 4	<input type="text"/>
Skill 5	<input type="text"/>

Indicate if written-in skills above were taught through internal or external sources:

	Source of Training or Resource
Skill 1	<input type="text"/>
Skill 2	<input type="text"/>
Skill 3	<input type="text"/>
Skill 4	<input type="text"/>
Skill 5	<input type="text"/>

Title of your team members that closely represent the roles of a "Community Health Worker":

Please fill-in skills taught to "Community Health Workers" after hiring:

Skill 1	<input type="text"/>
Skill 2	<input type="text"/>
Skill 3	<input type="text"/>
Skill 4	<input type="text"/>
Skill 5	<input type="text"/>

Indicate if written-in skills above were taught through internal or external sources:

	Source of Training or Resource
Skill 1	<input type="text"/>
Skill 2	<input type="text"/>
Skill 3	<input type="text"/>
Skill 4	<input type="text"/>
Skill 5	<input type="text"/>

Title of your team members that closely represent the roles of a "Health Navigator":

Please fill-in skills taught to "Health Navigator" after hiring:

Skill 1	<input type="text"/>
Skill 2	<input type="text"/>
Skill 3	<input type="text"/>
Skill 4	<input type="text"/>
Skill 5	<input type="text"/>

Indicate if written-in skills above were taught through internal or external sources:

Source of Training or Resource	
Skill 1	<input type="text"/>
Skill 2	<input type="text"/>
Skill 3	<input type="text"/>
Skill 4	<input type="text"/>
Skill 5	<input type="text"/>

East Bay Health Workforce Partnership Medical Assistants, Community Health Workers, and Health Navigators Employer Assessment

Projected Needs

Setting aside job titles for a moment, what are your near term (i.e., number of additional team members *in the next year*) and medium term (*in the next three years*) projected needs with which entry level skills?

Projected number of additional team members needed in the **near term** (*within the next year*):

Projected entry-level skills needed in the **near term** (*within the next year*):

Skill 1	<input type="text"/>
Skill 2	<input type="text"/>
Skill 3	<input type="text"/>
Skill 4	<input type="text"/>
Skill 5	<input type="text"/>

Number of additional team members needed in the **medium term** (*within the next three years*):

Projected entry-level skills needed in the **medium term** (*within the next three years*):

Skill 1	<input type="text"/>
Skill 2	<input type="text"/>
Skill 3	<input type="text"/>
Skill 4	<input type="text"/>
Skill 5	<input type="text"/>

East Bay Health Workforce Partnership Medical Assistants, Community Health Workers, and Health Navigators Employer Assessment

Partnerships, Recruiting Source, and Capacity for Students/Volunteers

What are your existing partnerships with health professions education programs and/or source for recruiting candidates?

List partnerships with health professions education programs below (this includes partnering academic institutions where your employer serves as a rotation site for interns and externs):

Partnership 1	<input type="text"/>
Partnership 2	<input type="text"/>
Partnership 3	<input type="text"/>
Partnership 4	<input type="text"/>
Partnership 5	<input type="text"/>

List your sources for recruiting candidates below (this includes online recruitment, participation in job fairs, and contracting with recruitment firms):

Recruitment Source 1	<input type="text"/>
Recruitment Source 2	<input type="text"/>
Recruitment Source 3	<input type="text"/>
Recruitment Source 4	<input type="text"/>
Recruitment Source 5	<input type="text"/>

What is your capacity for hosting students, interns, externs, preceptorships, and/or shadowing volunteers?

Please provide a description of how your organization uses/engages with your students, interns, externs, preceptorship, and/or shadowing volunteers.

Does your organization have a staff member similar to a role of a “Volunteer/Student Coordinator”?

If yes, please describe the coordinator’s responsibilities:

East Bay Health Workforce Partnership Medical Assistants, Community Health Workers, and Health Navigators Employer Assessment

Participant Contact Information

Contact Information

Name	<input type="text"/>
Title	<input type="text"/>
Company	<input type="text"/>
Address	<input type="text"/>
Address 2	<input type="text"/>
City/Town	<input type="text"/>
State	<input type="text"/>
ZIP/Postal Code	<input type="text"/>
Email	<input type="text"/>
Phone	<input type="text"/>

EAST BAY

HEALTH WORKFORCE
PARTNERSHIP

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