

SLO Healthcare Workforce Partnership
Meeting Results
January 11, 2024

Attendees: Michelle Shoresman (Public Health), Madisyn Masatani (CHC), Lisa Fraser (CFS), Heather Tucker (Cuesta), Oscar Ramos (Cuesta), Dawn Boulanger (WDB), Dona Lopez (CenCal Health), Fernanda Lucas (Promotores), Patrick Woolpert (Compass Health), Beth Johnson (Cuesta), Tony Girolo (WDB), Frank Warren (Behavioral Health), Bridgette Bateman (Tenet), Dr. Penny Borenstein (Public Health), Aydin Nazmi (Cal Poly), Jennifer Clayton (SLO COE/SLO Partners), Angel Lopez (Promotores), Susan McGraw (SLO Healthcare Workforce Partnership).

Discussion Results:

• **Comments to enhance the Vision, Mission, and Values Statements:**

- **Vision Statement:** Consider a broader focus (i.e., Careers in Health, Careers in the Health Professions) or encompass a larger umbrella (back office jobs and community). Office-based health vs. community health.
 - We don't want to eliminate CHWs to get people to healthcare.
 - Should the vision include public/community health as well?
 - Potential considerations for enhancement:
 - Would "sustainable" be better than "self-sustaining"?
 - Students and "healthcare" career:
 - Is "healthcare" too narrow (i.e., do we want to expand it to "career in the health sciences" (or "professions" or something similar) recognizing that the majority of health in communities does not stem from "care"?
 - How does community health or public health fit in (office-based health vs. community health)?
 - Healthcare is inclusive of prevention and education.
 - Do we need to encompass positions that are more "back office" as well?
 - Do we need to stay less broad and more focused to distinguish this work from other work being done in the community? Or should the vision be broader and the mission more narrow and focused?
- **Mission Statement**
 - Instead of "healthcare," focus on "health." By Investing in public health and community health, our needs for "care" will be reduced through prevention. Putting measures into place that will prevent the need for healthcare provides a major returns on investments made. The public health side needs to be underscored.
 - Don't use "ensure", instead "promote, support", etc.
 - We tend as a community to have lots of overlapping groups on community health, homelessness, prevention, so we should think narrowly about the focus of this workgroup.
 - An individual's health is based on things outside the MD office, but that this
 - initiative is based on the actual provision of care and that we have lots of other places to tackle community and population health.

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January 11, 2024, continued

- **Mission Statement Comments (continued):**
 - Potential considerations for enhancement:
 - Our best efforts won't "ensure..." but are likely to promote, support, foster, improve... Or “proactively work toward” or “create”
 - Different opinion: We need to be bold, why would our mission NOT be to ensure?
 - Similar differences of opinion as with the vision statement about the term “healthcare.”
 - How does whole person care and wellness and the role of family in health and wellness fit in?
 - Perhaps incorporate into "strengthen and diversify the workforce" something regarding training and retaining the local workforce as a way of identifying how we aim to strengthen the workforce?
 - Move towards the word "prevention" rather than "responding" to health care needs
- **Values Statements:**
 - Solution-based as a value?
- **Volunteers to work on revisions to the Vision, Mission, and Values statements:**
Dr. Oscar Ramos, Dr. Aydin Nazmi, Dona Lopez, Michelle Shoresman, Susan McGraw
- **Breakout Session Debrief:**
 - **#1: Recruitment & Retention:**
 - Worked on identifying success measures and creating SMART goals for Goals #1 and #2. Recommended an annualized review of what is happening with recruitment with a focus on continual improvement.
 - **#2: Healthcare Career Pathways:**
 - We need to dig deeper into the primary need areas in order to create more solid metrics.
 - Identified 4 overarching metric areas.
 - Pipeline: Focus on the most critical/necessary positions to be filled.
 - Project 10% growth over 10 years in the most acute areas of need.
 - Focus on the difference between permanent and contracted employees, which should be a big part of the needs assessment. Some data suggested that we have an adequate number of people, but the data could include travelers (physicians/nurses. We really want local, permanent employees and we need to grow the pipeline of community members.
 - **#3: Funding and Advocacy:**
 - Success measures: # grants applied for (awarded/not awarded)