Convening of California Health Pathway Programs

Oct 19, 2024

Convened by CHPC

Funded by the California HealthCare Foundation

Convening Objectives
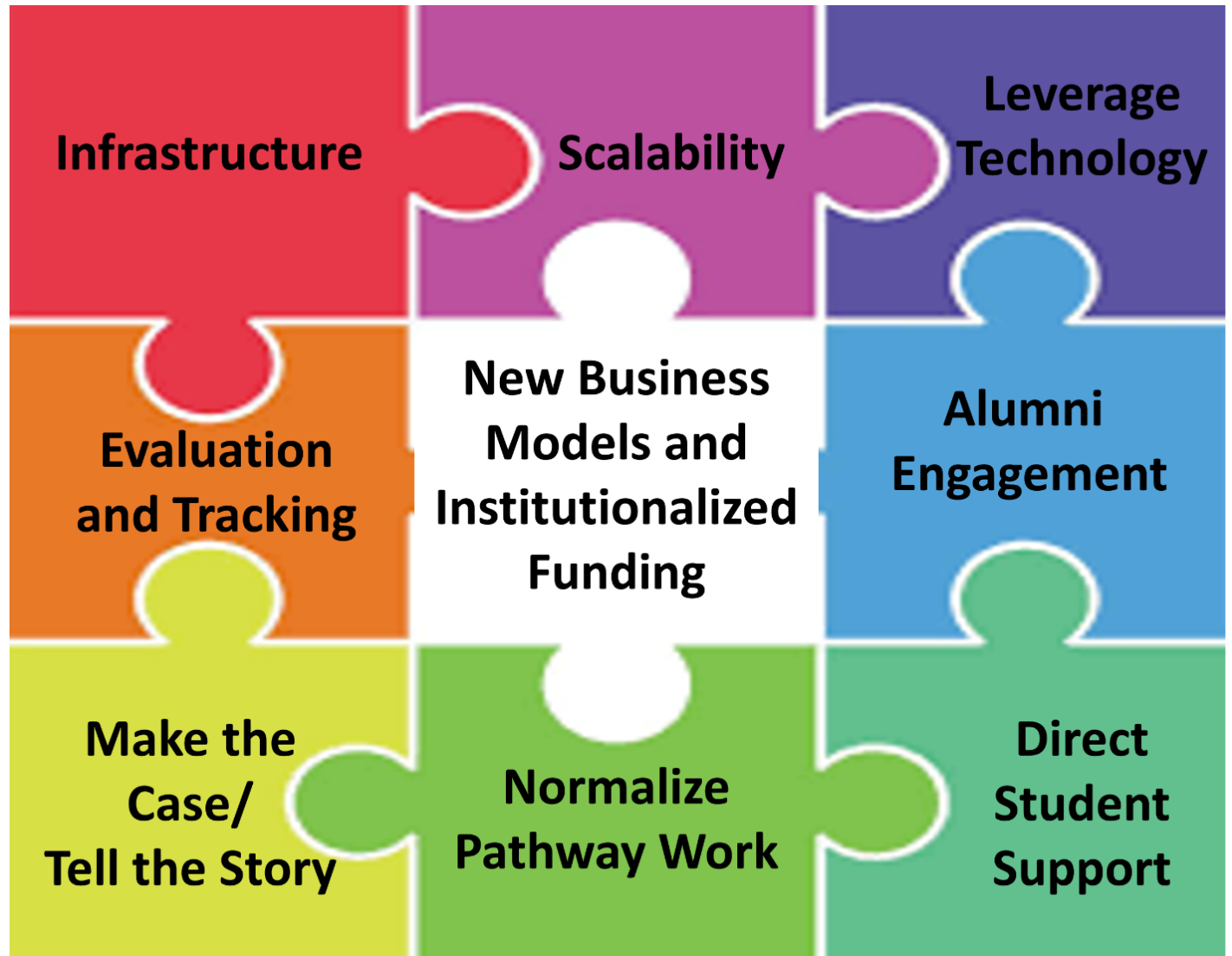
1. Connect and engage top health pathway program leaders from throughout CA to discuss priority needs, opportunities and challenges for expanding their scale, sustainability and impact.

2. Discuss the results of the May 2023 health pathway inventory and how leading programs may be able to contribute to addressing identified gaps.

3. Consider how pathway programs can better leverage, align with and benefit from state, federal and other sources of health workforce and pathway funding.

4. Explore ways in which CHCF and other foundations can best support pathway program success, strengthening and expansion.

Participating Programs

- Alta Med
- Biology Scholars Program, UC Berkeley
- Charles R. Drew
- Doctor's Academy
- FACES for the Future
- Fresno State CASA
- Health Alliance of Northern Ca (via int)
- Health Career Connection
- High AIMS, UCLA
- Inland Coalition
- Linked Learning Alliance
- Loma Linda University CAPS

- Mentoring in Medicine
- OneFuture Coachella Valley
- Reach Out West End
- Stanford Medical Youth Sciences Program
- UC Davis Medical School
- UC Riverside Medical School
- UCSF Fresno Latino Center
- UCSF Latinx Center of Excellence
- UC San Diego School of Medicine
- Western University- Pomona Health Career Ladder
- White Memorial Family Medicine Residency

Strengthening Pathway Program Scale, Sustainability and Impact: Key Elements

Infrastructure

Scalability

Leverage Technology

Evaluation and Tracking

New Business Models and Institutionalized Funding

Alumni Engagement

Make the Case/ Tell the Story

Normalize Pathway Work

Direct Student Support

Key Element: Infrastructure

Dedicated staff with capacity and expertise to operate programs and coordinate with other initiatives and key stakeholders in their regions. Dedicated staff for cross regional collaboration and/or expansion into new geographic areas or professions

Advisors who are motivated and have the knowledge, skills and cultural and linguistic sensitivities to support the success of first-generation college, underrepresented and low-income students.

Funding for multiple year core operating support and to provide partner organizations with incentives, financial support, and staffing resources to expand opportunities for pathway students and provide key support elements (clinical exposure, mentorship, preceptorships, internships).

Capacity and resources to engage health professions students in providing mentorship, advising, training in pathway programs, provide them with training and financial support

Documentation, tools and materials to enable expansion.
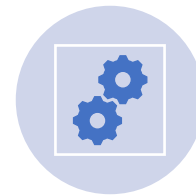
Technological platforms to support efficient program operation and expansion

Key Element: Evaluation and Tracking Capabilities

Sufficient Program capacity, expertise, systems and data to:

- Evaluate program effectiveness and impact

- Track student and alumni educational health career progression and impact

- Measure and demonstrate the value of their programs to host institutions, key partners and funders

Key Element: Make the Case and Tell the Story

Programs must be able to make the case for and tell their story of impact:

- Compelling and concise

- Near and long-term impact of their work on key stakeholder and partner priorities and the health workforce

- With measures, data and language used by key stakeholders and funders

- Relationships with and an understanding of target stakeholder priorities and effective communication tools and spokespeople.

Key Element: Normalize Health Pathway Work and Investment

Change the narrative about health pathway work among key stakeholders to make it a "normalized" way of doing business that requires sufficient investment

- Partnering with and investing in pathway programs <u>at scale</u> needs to be regarded as a **normalized, essential way of operating to** promote and advance:

    - student success and educational attainment

    - economic development

    - diversity, equity, inclusion and belonging

    - community health improvement and health equity

    - health workforce and diversity

- Sufficient, sustained institutionalized commitment and investment is <u>required</u>

# Key Element: Leverage and Integrate Technology

Increase investment in and integration of technology platforms and tools for programs to:

- efficiently and cost effectively select and serve more students

- strengthen student preparation, resource access and success

- expand access to advising, mentorship and internship opportunities

- enhance program management and reporting

- enable cross program collaboration and tracking

- effectively engage and tell the story to key stakeholders
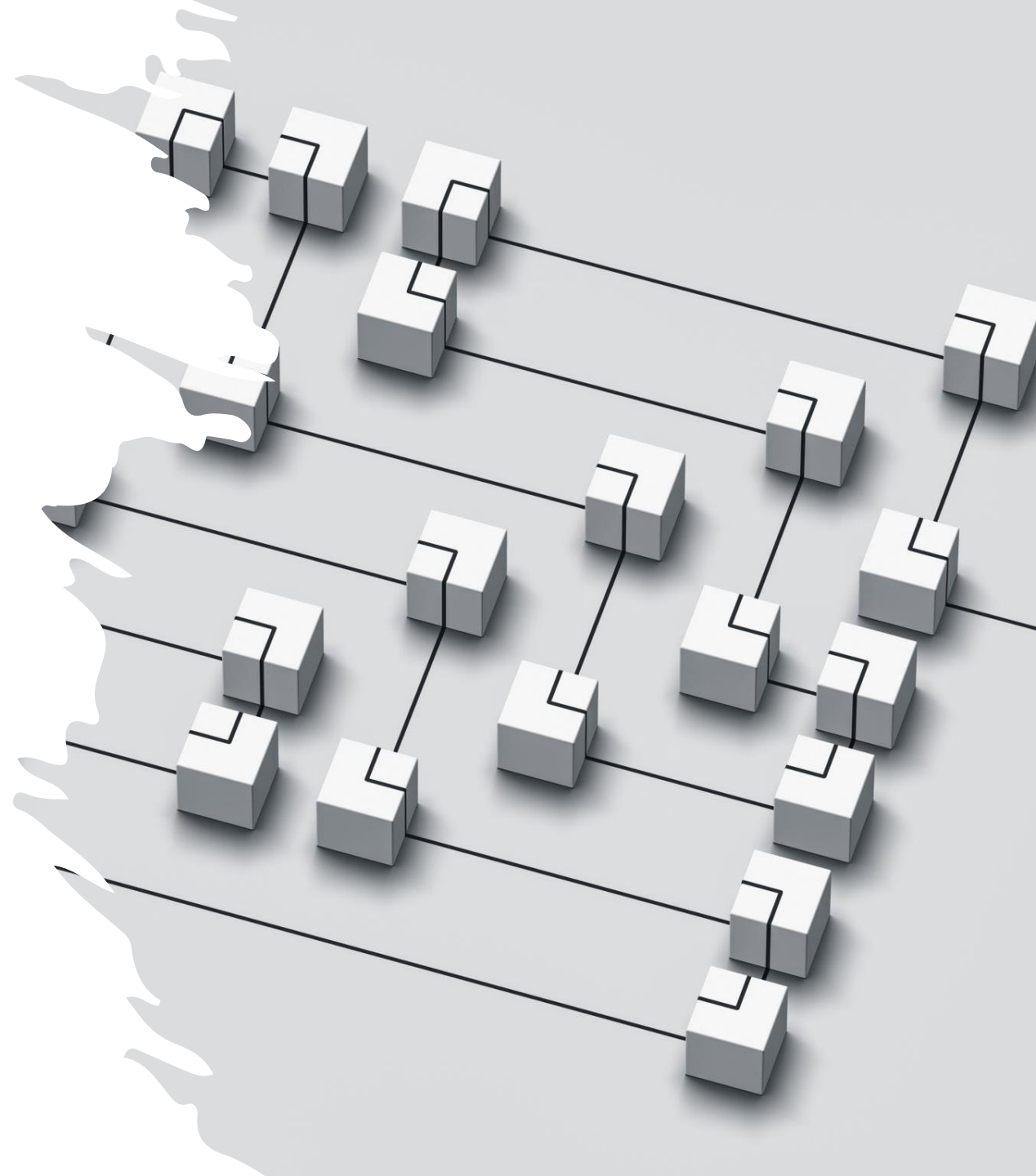
Key Element: New Business Models and Institutionalized Funding
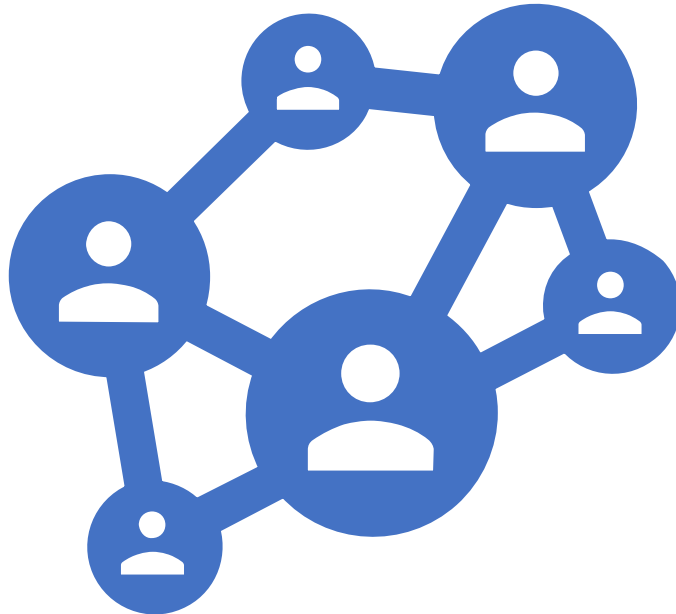
Programs need support to develop:

- New business models for program support and expansion

- New funding sources, including revenue generating services and social impact investment, and to better leverage existing Federal, State and County sources

- Institutionalized or at minimum 3-5 years of funding from:
    - *Organizations that host the program*: employers, universities, K-12, counties
    - *Primary partner organizations with institutional funding sources:* school districts, health professions schools, WIBS
    - *State, county, local and federal sources*
    - *Sponsoring organizations:* health plans, health systems community benefit, labor unions
    - *Social impact or health workforce investors or funders*

Key Element: Scalability

California has some of the top and most effective health pathway programs in the country that can be scaled and replicated by:

- Stable institutionalized or multiyear core funding <u>plus</u> support for capacity building to enable scalability such as new dedicated staff for expansion, systems and documentation, and strategic planning.

- Increased funding for direct student support

- Funding to enable dissemination of best practices and/or provision of technical assistance

- Consultation/technical assistance support from experts in scaling

- Support for technology development and deployment to facilitate scale

- Multiyear funding for establishment of pilot programs and/or local partnerships, capacity building and direct student support to enable reasonable initial program and cohort sizes.

Key Theme: Direct Student Support

Programs need sufficient resources for direct student support. Examples of direct student support where increases would be beneficial include:

- **Internship stipends**, particularly in under resourced geographic areas, safety net organizations and health professions in high demand.

- **Stipends for participation in cohort-based programs** that provide academic enrichment and health career support.

- **Scholarship support** throughout educational levels for being from under resourced backgrounds and communities, pursuing professions with significant shortages and in return for service in an underserved area

- **Loan repayment** for entry key health professions and for service in underserved communities

- **Direct support that is portable from one institution to the next**, for example from community college to four year and into health professions schools.

- **Academic support** through cohort model programs with tutoring and study skill training. Support for health professions school preparation.

- **Psychosocial and social needs support**

Key Theme: Alumni Support, Tracking and Engagement

Alumni tracking, support and engagement is challenging but essential. With sufficient capacity, systems and investments it may be possible to:

- **Mobilize health pathway program alumni individually and collectively** to be engaged in health pathway programs, give back and offer opportunities, establish health pathway programs

- **Create a fellowship for alumni to become leaders of health pathway programs**.

- **Engage alumni in providing mentorship, internship, advising, shadowing, informational interviews and other opportunities programs need for expansion.**

- **Invest in programs to increase their support for alumni as they navigate and succeed throughout the health professions education and career continuum and return to serve their communities**

- **Develop a formal ecosystem across pathway programs and partners throughout the health education and career continuum**

Discussion Questions:

1. Are these the correct and most important elements? Are there any that are missing?

2. Which of these elements are the highest priority for your organization? For collective health pathway efforts?

3. What else should be added or emphasized?

Opportunities for Greater Collective and Individual Actions

- **Work collectively, with key funders and with other partners to access greater institutionalized state, federal or county funding for programs** on a scale large enough to meet student, pathway program and workforce needs.

- **Create a single repository for best practices, materials and data across programs and a plan for populating and for disseminating them over time.**

- **Invest in technology solutions through which programs can access shared advising, tools, simulations.**

- **Advocate for increased, intentional weighting of pathway program participation for students in health professions education program admissions**

- **Support formal development and implementation of an ecosystem across pathway programs to support pathway program alumni throughout the health professions education and career continuum.**

- **Invest in infrastructure support and technical assistance to facilitate collaboration and connecting of the dots across programs and regions and collective support for expansion into new regions and professions.**

Opportunities for Greater Collective and Individual Capacity and Collaboration

- Support for shared stakeholder education and advocacy across and on behalf of programs.

- Intentional support to engage programs to meet with leaders from HCAI, Department of Labor and Workforce Development, California Depart of Education, Physicians for a Healthy California and funder collaboratives to explore greater access to and alignment with State Funds.

- Begin efforts to have funding for pathway programs supported by the MCO Tax.

- Invest in consulting support and/or staff for rural health improvement, workforce development and health pathway collaboratives to assess, convene, connect and coordinate among health pathway programs in their regions and across regions.

Models for Greater Health Pathway Program Development in Rural Areas

- Proven programs partner with local organizations to develop a local program by adapting a proven model to area needs, assets and dynamics.

- Pathway program provides technical assistance in development of a local program with the goal of having a sustainable local model.

- Proven programs provide best practices and models that can be adopted.

- Experienced programs establish new programs in rural areas.

- Programs are part of coalitions and collaboratives to promote shared learning, collaboration, advocacy.

- Funding for new program development by new players in key rural areas.

- Have foundations and other funders develop different models of assessing program success and providing funding. Expectations of potential lower numbers of participants and higher cost per student based on what is realistic for rural areas.

- Leverage technology to provide key program elements that may not be sufficiently available in rural areas such as advising, simulations, connections to broader information and networks.

- Utilizing consultants with relevant expertise and local knowledge and credibility to assist with pathway program development and alignment with existing area

How Can CHCF and Other Foundations Support Pathway Program Development Beyond Funding?

A. Provide channels and forums for and assist pathway programs individually and collectively with telling their stories and making the case to key stakeholders.

B. Assist programs and pathway program coalitions to make the case for institutionalized funding and/or multiyear funding.

C. Convene meetings between pathway program and key stakeholders to raise the profile of their value and impact and the importance of investment in innovations and sustainable, institutionalized funding. Help programs normalize health pathway work as a key workforce development strategy in CA.

D. Convene, connect and provide data, tools and technical assistance to health pathways and systematically disseminate best practices.

E. Provide communications expertise and assistance to help programs change the narrative.

F. Provide targeted grant funding for pathway program expansion into key geographic areas and in professions where there is readiness and high potential for success and impact.

Discussion Questions:

1. Are these the most useful and important collective and foundation actions?

2. What should be added or modified?

3. Which actions would be the highest priority for your organization? For collective action to support health pathways

4. Which would you like to engage in?

Thank You!

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