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## Meeting Minutes

**November 4, 2024**

10:00 a.m.- 4:00 p.m.

### CALIFORNIA HEALTH WORKFORCE EDUCATION AND TRAINING COUNCIL (Council)

#### Members of the Council

Abby Snay, M.Ed. (Absent)  
 Catherine Kennedy, RN  
 Cedric Rutland, MD (Absent)  
 Deena McRae, MD  
 Elizabeth Landsberg  
 Judith Liu, RN MSN (Absent)  
 Katherine Flores, MD (Virtual Attendee)  
 Kevin Grumbach, MD  
 Kimberly Perris, DNP, RN, CNL, PHN  
 Kristina Lawson, JD  
 Micheal Freeman, MBA  
 Nader Nadershahi, DDS, MBA, EdD (Absent)  
 Patrick Brennan, MBA (Absent)  
 Rebecca Ruan-O'Shaughnessy  
 Rehman Attar, MPH  
 Roger Liu, PhD  
 Van Ton-Quinlivan, MBA  
 Vernita Todd, MBA (Absent)

**HCAI Director**  
 Elizabeth Landsberg

**HCAI Staff**  
 Libby Abbott, Deputy Director  
 Hovik Khosrovian, Senior Policy Advisor  
 Jalaunda Granville, Policy Section Chief  
 Janis Herbstman, Legal

#### 1. Call to Order

**Facilitator:** Van Ton-Quinlivan, Chair

Van Ton-Quinlivan called the meeting to order at 10:00 a.m.

#### 2. Swearing in of New Council Members

**Facilitator:** Elizabeth Landsberg, Director, HCAI

Elizabeth Landsberg formally welcomed three new members to the Council: Patrick Brennan, Michael Freeman, and Kristina Lawson. She announced that Patrick Brennan was absent, and he would be sworn in at the next meeting.

Elizabeth Landsberg administered the oath of office to Kristina Lawson and Michael Freeman, ensuring both members affirmed their commitment to uphold the responsibilities and principles of the California Health Workforce Education and Training Council.

During the swearing-in process, Kristina Lawson and Michael Freeman expressed their enthusiasm for contributing to the Council's mission.

Elizabeth Landsberg emphasized the importance of the new members' diverse expertise. She noted their unique contributions would complement the Council's ongoing initiatives and broaden its impact.

### **3. Roll Call**

**Facilitator:** Naomi Kozak, HCAI Staff

Naomi Kozak conducted the roll call, confirming the presence of council members. Quorum was established.

Absent Members: Patrick Brennan, Judith Liu, Nader Nadershahi, Cedric Rutland, Abby Snay, and Vernita Todd

### **4. Approval of June 2024 Meeting Minutes**

**Facilitator:** Van Ton-Quinlivan, Chair

Van Ton-Quinlivan invited the council to review and approve the minutes from the June 2024 meeting.

#### **Motion to Approve**

Kevin Grumbach initiated the motion to approve the minutes.

Roger Liu seconded the motion.

#### **Outcome**

The motion to approve the June 2024 minutes passed with a majority vote.

Michael Freeman abstained from the vote, citing his absence during the June 2024 meeting.

#### **Council Comments**

Kevin Grumbach inquired about the September 2024 meeting minutes. Van Ton-Quinlivan clarified that staff required additional time to prepare those minutes and they would be addressed at a future meeting.

## **5. HCAI Director Remarks**

**Presenter:** Elizabeth Landsberg, Director, HCAI

Elizabeth Landsberg delivered an update, focusing on recent developments within HCAI including legislative updates affecting HCAI operations were outlined, including recent changes to the Stephen M. Thompson Loan Repayment Program, and the Office of Health Care Affordability's adoption of a 15% primary care spending target by 2034. Elizabeth Landsberg also announced that Kim Johnson assumed the role of Secretary of California Health and Human Services Agency in October 2024, following the departure of Mark Ghaly. Elizabeth Landsberg emphasized Secretary Johnson's commitment to workforce equity, noting that HCAI had already briefed her on critical initiatives, including workforce supply-demand modeling.

### **Council Comments**

**Katherine Flores** asked about the changes to the Stephen Thompson Loan Repayment Program under SB 909. Hovik Khosrovian explained that the changes provide more flexibility to the program, including removing the requirement for a specific number of years, expanding eligibility sites, and adding psychiatry as a specialty.

Katherine Flores also inquired about accessing definitions for the primary care benchmarks. Elizabeth Landsberg responded that OHCA's definitions are included in the slides from the last OHCA board meeting, which are posted on HCAI's website.

## **6. HCAI Workforce Program Update**

**Presenter:** Libby Abbott, Deputy Director, HCAI

Libby Abbott delivered an update on HCAI's workforce programs, structured around four key areas: Behavioral Health, Nursing, Primary Care, and Oral Health. She discussed ongoing dialogue with stakeholders with respect to behavioral health workforce strategy. She reviewed currently open funding cycles for organizational grants, scholarship and loan repayment programs, and updated about awards announced since the last Council meeting. She stressed the importance of these programs in addressing California's health workforce gaps and ensuring that underrepresented communities receive the services they need.

## Council Comments

- **Van Ton-Quinlivan** asked how HCAI is ensuring effective outreach to underserved areas for behavioral health and primary care programs. Libby Abbott responded that HCAI is increasing its engagement with community-based organizations (CBOs) and exploring opportunities for "grow-your-own" workforce initiatives.

### 7. **Workforce Equity: Report Recommendations from the Fitzhugh Mullan Institute for Health Workforce Equity at The George Washington University** **Presenter:** Meg Ziemann, MPH, Research Scientist, Fitzhugh Mullan for Health Workforce Equity, Department of Health Policy & Management, Milken Institute School of Public Health, The George Washington University

Meg Ziemann presented an in-depth report on integrating equity into HCAI's funding processes. She began by acknowledging the Council's commitment to advancing health equity and expressed her appreciation for the opportunity to share findings and recommendations from the Fitzhugh Mullan Institute's equity analysis.

Ziemann described the project goal of developing recommendations for HCAI to strengthen alignment of workforce development program funding/award making processes with HCAI's equity goals, which include:

- Diversifying California's healthcare workforce to reflect the California that it serves
- Increasing healthcare providers in medically underserved areas.
- Expanding access to care for Medi-Cal enrollees.

She stated that the Fitzhugh Mullan Institute partnered with HCAI in 2023 to conduct an equity analysis of its organizational training, grant, scholarship, and loan repayment programs. She reviewed the project approach which was iterative, evidence-informed, and collaborative with HCAI to clarify, narrow, and refine recommendations. The three-phase project included reviewing HCAI programs, performing a national scan of best practices, and developing recommendations.

She presented actionable recommendations to advance equity in HCAI's funding processes. These recommendations included strategies for improvements to operational strategies, organizational grant programs, scholarship and loan repayment programs. She highlighted priority recommendations:

- Perform regular, data-driven equity audits.
- Modify and weigh institutional strategies for enrolling and supporting trainees from underrepresented communities based on the available evidence as it pertains to recruitment, admissions, and student retention/belonging. Require

supporting documentation.

- Reduce the scoring weight for graduation date scoring criteria.
- Reduce scoring weight for previous volunteerism/work history with/in a medically underserved area/populations.

Van Ton-Quinlivan invited HCAI staff to share their thoughts on the equity report:

- **Libby Abbott** highlighted the importance of aligning equity recommendations consistently among HCAI's existing programs and gathering evidence to determine which strategies work best.
- **Hovik Khosrovian** emphasized the need to balance rapid program expansion with thoughtful equity implementation.
- **Jalaunda Granville** expressed excitement about using the report to refine policy framework and funding priorities.
- **Elizabeth Landsberg** expressed appreciation to HCAI staff who collaborated with the Fitzhugh Mullan Institute.

### Council Comments

- **Katherine Flores** emphasized the need to track outcomes for programs like Song-Brown, which has historically focused on graduate medical training. She asked how equity audits would differ from previously performed audits.

Meg Ziemann explained that equity audits would analyze both awardee demographics and applicant pipelines to identify gaps. She explained that longitudinal tracking, from education to practicing health care, would show Song-Brown's impact on equity.

- **Roger Liu** questioned whether HCAI programs are achieving their intended outcomes. He suggested assessing the effectiveness of individual programs to identify and prioritize those that yield the most impact. He raised concerns about the complexity of grant applications for smaller organizations that don't have grant-writers.
- **Kevin Grumbach** highlighted the labor-intensive nature of equity audits and recommended doing a pilot with a program like Song-Brown, which has trackable data (e.g., NPI numbers for physicians and licensing board data). He emphasized the importance of refining audit methodologies before expanding them to other programs.
- **Rebecca Ruan-O'Shaughnessy** suggested focusing on ensuring that underserved communities have adequate resources, and examining structural barriers, including student costs that are not typically covered by financial aid. She stated that the Medi-Cal population has unique needs and expressed concern that most health care training is focused on practicing in the commercial market.

- **Rehman Attar** highlighted the need to determine who is not seeking funding to promote equity goals.
- **Catherine Kennedy** expressed concern about smaller community colleges and rural areas having equal opportunities for funding. She noted appreciation for the report's focus on evidence-informed practices.
- **Kim Perris** echoed the need to get resources to students who need it. She expressed appreciation for removing volunteerism from scoring criteria, as students from underrepresented backgrounds may not have time for volunteering.
- **Kristina Lawson** commented on the need for resources for students who are working on prerequisites for training programs, and expressed support for removing volunteerism from scoring criteria.
- **Michael Freeman** highlighted the need to ensure that services are available for Medi-Cal members in alignment with equity goals.
- **Van Ton-Quinlivan** summarized Council comments. She noted possible challenges related to HCAI staffing, and smaller organizations without grant-writers being able to access funding opportunities.

### **Public Comment**

- **Abby Alvarez, Senior Policy Advocate, California Behavioral Health Directors Association**, offered two additional recommendations to ensure that communities in underserved areas can access behavioral health services: clarifying the definition of “areas of unmet need” and strengthening incentives and accountability metrics for behavioral health workers who enter the public mental health system.
- **Garrett Chan** recommended that HCAI perform an analysis of state laws in effect, particularly in the community college system and Education Code Section 78261.5 which looks at holistic multi-criteria admission requirements. He emphasized the need not to over-burden applicants with requirements for documentation of financial need. He also shared the shift in nursing from using the term “cultural competence” towards the preferred term “cultural humility.”
- **Arielle Hernandez, Regulatory Policy Analyst, California Nurses Association**, outlined the challenges that community college nursing students face obtaining equitable access to clinical placements.

## **8. Nursing Workforce Strategy Deep Dive**

**Presenters:** Jaclyn Moriel, Senior Data Analyst, HCAI, Libby Abbott, Deputy Director, HCAI, Nanette Solvason, Regional Director, Healthcare Sector,

California Community Colleges, Kevin McInturf, Research Data Center Specialist, HCAI

## **Modeling Updates and County-Level Findings**

Jaclyn Moriel explained that HCAI has developed a data-driven statewide strategy to address gaps in the nursing and behavioral health workforce. She reviewed the approach for assessing supply and demand, and for forecasting future workforce scenarios. She explained a commuting adjustment that accounts for nurses who work in a different county than they live in.

The county level data show maldistribution of the workforce in all different nursing roles.

38 counties are currently experiencing a Registered Nurse (RN) shortage. By 2033, this is projected to grow to nearly 51 counties, with the counties in Northern and Sierra region impacted the most.

Despite a statewide surplus, nearly half of all counties are experiencing a shortage of Vocational Nurses and 60% are experiencing a shortage of Nurse Practitioners. This number is projected to increase by 2033.

## **Funding Allocation and Application of Findings**

Libby Abbott highlighted findings from the county level and regional updates. Significant drivers of nursing workforce gaps include insufficient education and clinical placement capacity. She reviewed how the strategy findings will be used to inform HCAI's nursing workforce programs portfolio by prioritizing roles with the highest shortages in regions with greatest shortages, utilize known equity pathways, focus service obligations in communities with the greatest unmet need, and collaboration with other stakeholders.

Libby Abbott reviewed HCAI's \$9 million portfolio of nursing which includes Song-Brown RN, Song-Brown Family Nurse Practitioner/Physician's Assistant, Song-Brown Midwifery, RN Scholarship and Loan Repayment, LVN to Associate Degree in Nursing (ADN) Scholarship and LVN Scholarship and Loan Repayments. She also reviewed different interventions that HCAI could prioritize if additional nursing funding is received.

Rehman Attar shared an overview of clinical placement roundtable discussions facilitated by HCAI to convene multiple stakeholders to define roles and coordinate actions for optimizing clinical placements system.

## **Associate Degree in Nursing (ADN) Expansion Demonstration Project**

Nanette Solvason discussed the progress and results of the ADN Expansion Demonstration Project, which aims to increase grow enrollment and engage in a multifaceted set of key strategies that promote flexible scheduling and integrate simulation/immersive technology.

### **Council Comment**

- **Kevin Grumbach** noted the health workforce needs of rural counties have different needs as those areas are less populated and skew toward older populations. Those rural areas may need their own workforce analysis.
- **Catherine Kennedy** stressed the need for state-supported initiatives to address faculty shortages. Abbott responded that HCAI is advocating for additional funding to support faculty recruitment and professional development.
- **Katherine Flores** asked how demand for nurse practitioners is calculated. Libby Abbott explained that the model is demand-based. Jaclyn Moriel clarified that the model uses assumptions on workforce trends over the last ten years.
- **Roger Liu** asked if there is a way to identify where nurses are working (e.g. clinics, hospitals), and is there a way to connect the role of nurses to determine if they're practicing at the top of their scope.
- **Van Ton-Quinlivan** expressed interest in seeing the workforce maps overlaid with locations of educational and training institutions to identify areas for targeted geographic interventions.
- **Kim Perris** expressed that commuting in a rural community would look very different from the urban examples highlighted in the presentation.

### **Public Comment**

- Rae Gamboni Charos, University of the Pacific, shared the need for students to have access to tutoring and mentorship. She stated that for people with bachelor's degrees, entry-level master's programs may be more appropriate.
- Arielle Hernandez, California Nurses Association, expressed appreciation for HCAI's efforts. She asked if HCAI's nursing forecast model will be aligned with UCSF Healthforce and looks forward to receiving more information about data sources.
- Mary Lynch stated that the trend in nursing employment is toward a preference for nurses with a Bachelor of Science in Nursing (BSN). She also expressed the need to explore population health needs.



- Paul Lanning reinforced the need for BSN pathways so all programs can aspire to meet the needs of the workforce.

## 9. Midwifery Training and Education Landscape

**Facilitator:** Hovik Khosrovian, Senior Policy Advisor, HCAI

Hovik Khosrovian reviewed the distinction between Certified Nurse-Midwife and Licensed Midwife. He also presented an overview of the state of midwifery workforce, training and education across California. He stated that HCAI is making refinements to its midwifery workforce supply and demand model. He emphasized the importance of midwifery in addressing birth equity and maternal health disparities

Hovik Khosrovian facilitated a panel discussion about high priority needs for midwifery workforce, strategies for diversifying the workforce, existing barriers/strengths and geographic considerations for training and education.

### Panelists

- Kim Dau, MS, CNM, FACNM, California Nurse-Midwives Association
- Rosanna Davis, LM, California Association of Licensed Midwives
- Dr. Ebony Marcelle, DNP CNM FACNM, Director of Midwifery at Community of Hope, Founder and Owner of Midwifery Melanated LLC
- Dr. Angela Sojobi, PhD, DNP, WHNP-BC, CNM, RN, California State University Fullerton School of Nursing

### Council Comment

- **Katherine Flores** called for increased mentorship opportunities for aspiring midwives from underrepresented communities to help bridge gaps for students facing financial and systemic barriers.
- **Catherine Kennedy** stressed the importance of aligning nurse midwifery clinical training with community needs.
- **Kevin Grumbach** asked about strategies to augment capacity for midwifery training and education, and to overcome clinical training opportunities.
- **Kristina Lawson** inquired about regulatory or financial incentives for organizations to offer more clinical training.

### Public Comment

- **Bethany Golden** expressed appreciation and support for midwifery workforce. She noted that midwives can work in all different types of facilities and perform abortion in California. Expanding midwifery in California should

be centered around reproductive justice.

- **Paris Maloof-Bury**, California Nurse-Midwives Association, compared United States to high-performing countries around the world, noting that the number of obstetricians is about the same, but the United States has less midwives, which contributes to poor maternal and fetal mortality outcomes. She noted the challenges with clinical placements.
- **Ariana Thompson-Lastad** commented about the need for underserved populations/MediCal members to have options to access midwifery. Other factors that limit training opportunities and retention are financial challenges and insurance reimbursement rates for midwifery.
- **Holly Smith, Midwifery Access California**, shared that her organization is committed to increasing access to midwifery for the MediCal population. She stated that loan repayment programs for midwifery that include birthing centers for service areas.
- **Mary Lynch, UCSF**, shared that their midwifery program is open, that it will be graduating ten new midwives in June, and that it is undergoing a shift to a Doctor of Nurse Practitioner (DNP) program. UCSF has joined with CSU East Bay to increase the number of midwifery students and decrease training costs.
- **Arielle Hernandez** raised a related point that perinatal unit closures at hospitals contribute to maternal and fetal mortality outcomes in California.
- **Juy-Lin Chen** commented that there are differences between masters prepared and NP prepared midwives. She reiterated the need for scholarship and loan repayment programs for midwives.

## 10.2025 Council Planning

**Presenter:** Nancy Samra, Health Program Specialist II, HCAI

Nancy Samra provided an overview of the 2025 proposed meeting schedule, key focus areas for the upcoming year, and strategies for aligning the Council's work with statewide workforce goals.

## 11. General Public Comment

**Facilitator:** Van Ton-Quinlivan

- **Gerson Galdamez, Archstone Foundation**, expressed support for the Caring4Cal program, and encouraged HCAI and the Council to think about other aging related efforts as Caring4Cal funding is set to expire in June.
- **Melanie Phipps** commented that DNP programs are more expensive and less diverse than other CNM programs.
- **Garrett Chan** offered to be a resource for HCAI's discussions about clinical

placement solutions and facilitate introductions to the existing eight regional consortia.

## **12. Adjournment**

**Facilitator:** Van Ton-Quinlivan, Chair

Van Ton-Quinlivan officially adjourned the meeting at 4:00 PM