Traditionally, economic development experts and policymakers have placed emphasis on public investment in the development and expansion of export-oriented sectors. However, research shows that there is a growing importance of “aggregate job growth in local-serving activities and the potential for certain local-serving sectors to serve as job generators and diversifiers of regional economies.”1 The health care sector is a combination of local-serving and export-oriented goods and services due to technological advancements and specialization. This sector also has indirect and induced impacts that spill across various industries, which include employment in retail, finance and insurance, real estate and rental, administrative and waste management, and manufacturing, etc.2 The industry as a whole has continued to grow and change


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and is likely to be a driver of economic activity as our population grows, ages, and as medical advances extend our productive lives. Moreover, the Affordable Care Act (ACA) has contributed to the rise in demand for health care services. There is a need and will continue to be a need for health care workers across the spectrum of health care occupations.

“Practitioner and technical services” occupations, which include physicians, nurse practitioners, registered nurses, physician assistants, dieticians, among others, are generally high-wage jobs. On the other hand, “health care support and extender” jobs are commonly lower paying. Occupations in this subsector include home health aides, nursing assistants, pharmacy aides, and medical transcriptionists, etc. Research shows that workers in the health care support subsector generally move from one job to the next without acquiring new significant skills. In order to build sustainable career pathways from low- to high-wage jobs, the fragmentation between practitioner and technical services and health care support and extender occupations must be addressed. This fragmentation entails an absence of career pathways or limited accessible and affordable avenues for health care support workers to ascend into higher wage and higher skilled health care occupations. It signifies a loss for a health care institution or system with regards to sustaining staff, institutional knowledge, and increasing efficiencies through up-skilling its existing workforce by offering and supporting workers through accessible and affordable pathways to ascend into higher-wage and higher-skilled occupations.

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3 Ibid., p 3.
4 Ibid., p 5.
5 Ibid.
Within the region’s health care industry, the County of Los Angeles’ (County) Department of Health Services (DHS) is an important health care delivery system. Through its nearly 25,000 employees, four hospitals and twenty-one clinics, DHS is the backbone for health care services for Los Angeles County’s most vulnerable, underserved, and immigrant communities. DHS provides healthcare to nearly 800,000 individuals annually, including to youth in the juvenile justice system, to inmates in County jails, and to children in foster care. It is also provides vital services to homeless individuals and people who come out of County’s jail system. Through academic affiliations with the University of Southern California (USC), University of California, Los Angeles (UCLA), and Charles Drew University (CDU), DHS facilities are training sites for physicians completing their Graduate Medical Education in nearly every medical specialty and subspecialty. DHS also runs the Emergency Medical Services (EMS) Agency and County’s 911 emergency response system. DHS employs a diverse and specialized workforce that is trained to serve individuals and families who often do not have access to other medical resources and services. Due to its reach and as an integral service delivery system in the broader health care industry of the region, DHS is uniquely positioned to provide entry level jobs, family sustaining employment, and career pathways, as a way to increase its impact as a health care system on its workforce and the people it serves.

There is an additional unique advantage to the County’s health care system—it’s College of Nursing and Allied Health (CONAH). CONAH serves as an integral institution providing high-quality education and training. Its location on the campus of LAC-USC Hospital and its central location in an underserved part of the Los Angeles County are
ideal for it to serve as a key training center for existing health care support and extender staff and new workers across a myriad of health care occupations.

There are multiple workforce development efforts underway at DHS, including the hiring of over 300 new Nursing Attendants; the training of DHS Registered Nurses (RNs) to Nurse Practitioners; the County’s High Road Training and Employment Program; and supporting 10 Licensed Vocational Nurses (LVNs) to train as RNs starting in 2019. These excellent programs are much needed, however, have emerged on a need-by-need basis, and often, one classification at a time. In order to modify and expand existing or develop and implement new workforce programs for the County’s health care delivery system, it is first necessary to better understand DHS’ workforce needs in the immediate, intermediate, and long-term. Broadly, the County does not have a comprehensive assessment across health care support and extender occupations in DHS over a specific time period.

I THEREFORE MOVE that the Board of Supervisors

1) Delegate authority to the Chief Executive Officer (CEO), in collaboration with the Director of DHS, to engage a consultant by March 15, 2019 to:

   a. Conduct an assessment of all County workforce development programs involving DHS occupations;

   b. Conduct an analysis and forecast workforce changes and needs in DHS’s entry- and mid-level health care support and extender occupations (i.e., nursing assistants, certified medical assistants, LVNs, ophthalmology technicians, physician assistants) through the use of a wide range of quantitative and qualitative research strategies and methods which may
include, but not be limited to, interviews with key DHS staff members, DHS management and leadership; representatives and members from affiliated unions; researching and analyzing changes in local, state, and federal policies and rules that can impact DHS' workforce needs in the future; and by examining existing and planned DHS job openings and workforce assessments;

c. Evaluate the consistency of DHS' future workforce needs with those of the broader health services industry both locally and nationally, and identify any key differences that would provide for unique hiring opportunities, or challenges, within DHS;

d. Conduct an analysis of the student population at Los Angeles County’s CONAH and identify demographics; how many students are current health care sector workers and in what occupations; how many are enrolled to attain higher wage health care occupations if they are already employed in the health care sector; how many are currently employed with DHS; how many current DHS employees are CONAH graduates; among other pertinent issues and information as it relates to identifying CONAH's existing capacity for serving DHS; and

e. Evaluate the merits of potentially developing new programs and capacity for CONAH to serve as a central entity for training new workers for health care support and extender occupations and/or upskilling existing DHS workers, and recommend options for supplementing any future efforts at
CONAH to ensure the County adequately addresses DHS' future workforce needs.

2) Instruct the CEO and Director of DHS to work with the consultant to provide a written report to the Board of Supervisors by July 15, 2019.

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