



RCHN CHF Request for Proposals on Health Center Entry-Level Workforce Recruitment and Retention Models 2012

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II. Brief Description of the RCHN Community Health Foundation

Formed in 2005, the RCHN Community Health Foundation (“RCHN CHF” or the “Foundation”) is a not-for-profit operating foundation whose mission is to support and benefit the work of federally qualified health centers (“health centers,” “community health centers,” or “CHCs”) nationally. RCHN CHF is the only foundation in the country devoted exclusively to community health centers, the local, non-profit, community-governed health care providers that offer comprehensive primary and preventive care to underserved populations.

RCHN CHF focuses on initiatives to drive positive sustainable change for the community health center market. The Foundation concentrates its programmatic work on issues related to health care access and center stability, health information technology, and other areas of importance to the health center community. Through strategic investments and outreach, education, and policy research, RCHN CHF is helping to address community health centers’ primary challenges and establish opportunities to sustain health centers in the future.

This request for proposals (“RFP”) is the second in the Foundation’s recent initiative in the area of workforce development and training. We invite eligible health center applicants to apply for grant funds to support the establishment and implementation of programs focused on recruitment, training and retention of entry-level staff. As further detailed below, the Foundation is seeking proposals to develop transformational recruitment and retention initiatives across the full spectrum of entry-level workforce positions including administrative (such as front-desk, clerical or medical records positions), clinical (such as medical assistants), and allied health workers (such as case managers and community health workers).

III. Context for Funding Opportunity

Workforce requirements, supply, and shortages are important and ongoing considerations for the health care industry. In the wake of the United States Supreme Court decision to uphold the core provisions of the Patient Protection and Affordable Care Act (“PPACA”),¹ the health care landscape continues to evolve at a rapid pace, and recruitment and retention concerns remain at the forefront. The requirements associated with fully implementing PPACA necessitate swift efforts to strengthen and broaden capacity.

First, there are significant capacity challenges. As the number of individuals with health insurance in the United States expands, greater demand for primary care services is expected.² Addressing the increased demand for health care services will require additional providers. The increased need for new access points and more providers, including physicians, physician assistants, and nurse practitioners, will drive the need for additional mid- and entry-level workers. Yet recruiting and retaining sufficient entry-level workers to meet the growing demand for care poses a number of significant challenges. These challenges include demographic changes, limited labor pools, training needs, limited vocational education opportunities, conflicting employer and worker preferences, and cost and resource availability (summarized below).

Further, community health centers – on the front lines of providing accessible, high quality services to underserved populations – face additional and unique workforce challenges, such as competition with other providers and industries that may offer better compensation, including higher salaries and benefits for entry-level talent. The range of issues affecting health centers means that expansion efforts to meet projected increases in demand can be expected to be challenging, and that centers may find it hard to sustain peak performance and service levels. The depth and breadth of these challenges, and their potential to have an impact on service delivery, make confronting them directly and quickly especially important.

Potential challenges include:

Statutory Changes and Increased Demand for Services

In recent years, there have been numerous reports of health care workforce shortages.³ Typically, discussion of shortages has focused on the supply of nurses and primary care physicians as well as other clinicians. However, the workforce problem is pervasive and extends beyond clinician shortages, encompassing many, if not all, levels of health provider and administrative staff.⁴ Because the individual mandate to ensure insurance coverage under PPACA was upheld as constitutional by the Supreme Court, state health reform efforts of one form or another will continue and can be expected to expand coverage to a greater number of individuals (despite some preliminary state positions that they will not expand Medicaid eligibility to 133% of the federal poverty level).⁵ As the demand for health care services grows, more providers and delivery sites will be needed and the shortfall of health care workers will likely increase.⁶ In addition, as the delivery system grows increasingly sophisticated, and CHCs and others seek to meet complex requirements and become designated as patient centered medical homes,⁷ the nature of workforce shortages may shift and require new approaches.

Demographic Changes

Demographic changes are also increasing the demand for health services. The aging of the baby boomer generation, for example, will increase demand for medical treatment.⁸ In addition, individuals with chronic or multiple conditions who require ongoing care represent a growing part

of the U.S. population.⁹ These demographic shifts – and the likelihood that they will be felt in communities and health centers across the county – highlight the need for an adequate and diverse provider pool, as well as enough skilled support staff to meet the increasing, and increasingly complex, demand for services.

Limited Labor Pools Relative to Increasing Demand

Labor pool supply issues add to the challenges faced by employers in general and health care providers in particular.¹⁰ The average age of many types of health care workers has increased in recent years.¹¹ This graying of the workforce is expected to drain talent from the health care delivery system as individuals retire.¹² Yet the generations following the baby boomers are smaller in number, so skilled workers who age out may be difficult to replace, just as the demand for services increases.¹³ Additionally, given projected shortfalls in filling direct care positions traditionally held by women aged 25-54, recruitment of a broader and more diverse staff is essential.¹⁴ Men, older individuals re-entering the workforce, immigrants, and individuals graduating from high school or college who may never have contemplated a career in health care may need to be the focus of recruitment and training efforts.¹⁵

Different Training Needs

Further, as the current labor force is replaced by a labor pool with different characteristics, new training needs and considerations may arise. While basic professional comportment issues have long been an essential training topic, detailed instruction specific to new positions, or evolving aspects of ongoing positions, may now be needed. As new technologies, such as electronic practice management systems and electronic medical records (“EMRs”) come into general use, more employees need to know how to use them. Older individuals or others, including post-secondary students and other incumbent workers, may require instruction and training tailored to non-traditional students.¹⁶ Similarly, immigrant populations may lack English language skills and require English as Second Language (“ESL”) training.¹⁷ On-the-job or mentoring programs may be particularly important because they can link what has been learned in school or elsewhere to specific workplace needs.¹⁸ Without them, and other essential elements that ensure favorable working conditions, turnover can be high.¹⁹

Limited Vocational Education Opportunities

The lack of quality vocational training has contributed to an insufficient and inadequately trained pool of individuals for certain technical and ancillary medical jobs. As the health care industry has changed, vocational training needs have shifted. The unpredictable nature and pace of these changes has made them difficult to address. This has heightened the need for partnerships with other businesses, local governments, and schools to help improve the prospects and employability of students and ensure an adequate, appropriately educated and skilled workforce.²⁰

Conflicting Employer and Worker Preferences

The shortfall of entry-level staff in health care also reflects pervasive challenges related to wages, scheduling, and overtime. Even when entry-level employees earn a living wage (which is not always the case in some sectors of the health care industry), their salaries can be very low.²¹ Coupled with that, work schedules, especially relating to overtime, may be points of contention between entry-level workers and health care employers. Though overtime has historically been positively viewed as an opportunity to supplement income, current entry-level workers may not view it favorably, due to conflicting personal demands on their time.²² This can lead to turnover and increase the costs related to funding additional job postings, paying for background checks, and ensuring additional

training for new employees. Finding a workable balance between employees' and employers' needs is critical to ensuring the requisite health care workforce is in place to meet the increasing demand for services.

Additional Costs and Uncertain Dedicated Resources

Expenses associated with recruitment and retention programs may also be a barrier. Recruiting and retention programs can be fairly expensive, leading to employers' hesitancy to implement comprehensive programs.²³ In cost-constrained environments, administrators may need to choose between immediate and direct operational needs versus long-term training. With limited current funding, and uncertain future funding streams, it is difficult to invest in training (a longer-term benefit) and this, in turn, exacerbates the problem. Consequently, institutional funding for recruiting and retention at any given health care employer may be variable and inadequate.²⁴

There are numerous ways to address these challenges including fostering educational partnerships that recognize the unique needs of health centers, developing ongoing and on-site training opportunities, and tailoring career ladders (defined job descriptions that help move workers into higher-skilled positions with better pay) and career lattices (alternative lateral opportunities to expand training opportunities, skills development, and competencies.)

IV. Description of Funding Opportunity

This Foundation initiative will support community health center proposals to develop and implement programs focused on transforming recruitment, training and retention of entry-level staff. RCHN CHF is interested in funding proposals that develop recruitment and retention initiatives across the full spectrum of entry-level workforce positions including administrative (such as front-desk, clerical or medical records positions), clinical (such as medical assistants), and allied health workers (such as case managers and community health workers). Creative proposals that are informed by community needs and leverage available resources are encouraged. In addition, we are especially interested in local models that may be applicable to or replicated in broader geographies.

While we recognize that some workforce-related projects may require facility development, this RFP is not geared towards capital, facilities, or infrastructure needs.

Fundable proposals may include the following elements, combinations thereof, or other ideas:

- a. developing specialized curricula for entry-level workers;
- b. drafting and implementing sample career ladders or lattices;
- c. implementing formalized mentoring programs for entry-level workers;
- d. providing incentives for helping entry-level workers cross-train;
- e. partnering with local community colleges to tailor their existing curricula to health center entry-level workforce needs;
- f. partnering with local educational institutions to teach on-site at health centers on work time to entry-level workers;
- g. developing training modules that can be used for orientations or career advancement training;
- h. building internal health center capacity in human resources to help "train your own;"
- i. building a strategy to use the Department of Labor's Registered Apprenticeship program or similar state/local programs; or

- j. building a strategy to hire veterans in light of President Obama’s challenge to health centers to hire 8,000 veterans in three years.²⁵

V. Award Information

The Foundation expects to fund up to 5 awards under this RFP, with a grant of approximately \$200,000.00 per award. The Foundation anticipates making these awards for single-year funding, so proposals should be developed with a focus on up-front costs, and describe plans for future sustainability. Extensions of awards may be funded at the end of Year One to bring ideas to scale or replicate in other locations.

VI. Eligibility Information

Entities that are currently designated by the U.S. Department of Health and Human Services Health Services and Resources Administration’s Bureau of Primary Health Care as federally-qualified health centers or FQHC Look-Alikes are solely eligible to receive these awards. Applicants must document that the entity is currently in good standing as a FQHC with the Bureau of Primary Health Care by attaching a copy of the current Notice of Grant Award from HRSA or as a Look-Alike by attaching a copy of the current Designation Letter from HRSA. To meet the Foundation’s funding requirements, applicants must also submit proof of their federal tax exemption as 501(c)(3) tax exempt not-for-profit organizations. This may either be in the form of an IRS tax exemption letter or the most recently filed Form 990.

Please note that while the applicant must be a designated FQHC or Look-Alike, the Foundation welcomes collaborative proposals. Applicants may include other entities in the proposed project, such as primary care associations, other health centers, or local schools, colleges or universities. Such additional entities would be listed in the application as Identified Partners, not as the applicant. If proposals are received from entities that are not currently in good standing with the Bureau of Primary Health Care as FQHCs or FQHC Look-Alikes, they will not be reviewed.

VII. Application Requirements

Applications should not exceed 50 pages including all attachments, with 12-point font and 1 inch margins. All pages of the application should be sequentially numbered. The application’s narrative should include and discuss all of the following elements:

- a. A brief description of the organization;
- b. Discussion of need, including:
 - i. A summary of the history, nature and scope of the entry-level workforce recruitment and retention problem experienced by the health center;
- c. Proposed project for funding;
 - i. Sector of the entry-level workforce toward which the proposal is geared (administrative, clinical, allied health workers or some combination thereof);
 - ii. Recruitment or retention focus;
 - iii. The proposed model to be created, implemented or expanded by the applicant;
- d. Project goals;

- i. List and description of at least 3 specific and measurable goals or objectives for the initiative;
- e. Measure of project success;
 - i. Considerations regarding replicability and sustainability;
- f. List of Lead personnel;
- g. List of Identified Partners;
 - i. Such as other health centers, institutions of higher education, PCAs, networks;
- h. Line Item Project Budget;
- i. Budget Narrative/Justification; and
- j. Attachments (Contribute to the page limit and are required as a part of the application);
 - i. Proof of 501(c)(3) status from the IRS;
 - ii. Documentation of current FQHC or Look-Alike status (copy of current Notice of Grant Award or Designation Letter);
 - iii. Bios or background of each of the listed lead personnel; and
 - iv. Letters of support or collaboration from all Identified Partners (see VII.g, above).

VIII. Proposal Submission Information/Foundation Point of Contact

Deadline for Applications:

The deadline for submission of complete applications is: **5:00 pm eastern time on Wednesday, October 31, 2012** and no exceptions will be made. Incomplete proposals will be deemed unresponsive and will not be reviewed.

Submission:

Both hard copies and electronic copies are required. Three (3) hard copies of the complete proposal (including all attachments) should be submitted to Feygele Jacobs, the Foundation's point of contact for this proposal. We request that copies be sent via USPS, FEDEX or UPS. Please do not use local messenger carriers. In addition, an email version of the complete package should be sent to the Foundation at the email address below.

Mailing address for hard copies:

Feygele Jacobs, Executive VP/COO
 RCHN Community Health Foundation
 1633 Broadway 18th Floor
 New York, New York 10019

Phone number (for FedEx or UPS purposes only):

(212) 246-1122, extension 700

Please do not call to enquire about the status of your application or whether it was received.

Email submission of electronic copies:

All electronic submissions should include in the subject line ***“WORKFORCE RFP RESPONSE” and the name of the health center***, and be submitted to:

fjacobs@rchnfoundation.org

To be considered timely received:

1. The emailed version must be received by the deadline (**5:00 pm eastern time on Wednesday, October 31, 2012**). Please include an email tracker on your email and check your spam filter and bounce backs to ensure your proposal has gone through.
2. The mailed copies **must be postmarked by the deadline** to be considered timely.
3. If only an emailed version is received, the proposal will be considered untimely and will not be reviewed.

Anticipated Award Notification Date:

The Foundation's anticipated notification date of awards is no later than Friday, December 21, 2012.

IX. Application Review Information

The Foundation will consider the following criteria when assessing applications:

- a. The project fills a community need not currently or adequately addressed;
- b. The applicant is capable of implementing and sustaining the project in terms of staff, organizational infrastructure and/or technology, experience and knowledge, and community support;
- c. The applicant is willing and able to select, collect, and report on impact criteria and progress in meeting goals;
- d. The request fits the Foundation's objectives; and
- e. The Foundation's potential to make an impact with a grant for this project.

X. Frequently Asked Questions/Submitting Questions about the RFP

Questions about the Proposal:

Initial FAQs are explained below.

As noted in #22, below, any additional questions regarding the RFP may be posed to the Foundation via the email to fjacobs@rchnfoundation.org, with the **subject line "WORKFORCE RFP QUESTION" and the name of the health center**. The deadline for all questions about the RFP is: **12:00 pm (noon) eastern time on Wednesday, October 3, 2012**. The Foundation expects to post all responses on or before 5:00 pm eastern time on Monday, October 8, 2012.

Initial FAQs:

Question 1: How many projects does the Foundation expect to fund?

Answer 1: Up to five (5).

Question 2: What will be the amount of each grant award?

Answer 2: Approximately \$200,000.00 per award.

Question 3: Who can apply?

- Answer 3: Only entities currently designated by HRSA’s Bureau of Primary Health Care as Federally Qualified Health Centers or Look-Alikes.
- Question 4: Is project sustainability important?
Answer 4: Yes. The Foundation is interested in funding projects that can be replicated and/or sustained over time to help combat the challenges posed by recruitment and retention of the entry-level workforce. Health centers will need to include an explanation of their plans for future sustainability in their applications.
- Question 5: Are letters of support required?
Answer 5: Letters of support are required *only* if the applicant plans to work with other organizations or community groups. Such groups would be listed in the application as Identified Partners, and may include entities such as other health centers, institutions of higher education, PCAs, or networks. A letter of support or collaboration from each Identified Partner is required.
- Question 6: What is the submission deadline?
Answer 6: 5:00 pm eastern time on Wednesday, October 31, 2012.
- Question 7: When will awards be announced?
Answer 7: The Foundation anticipates notifying centers of awards no later than Friday, December 21, 2012.
- Question 8: Are we eligible as a “look alike”? XXXXXX is a 501(c)(3) with 2 free-standing clinics and 2 mobile vans serving a 15-county area. We served 30,000 women last year – 10,000 who were uninsured. We provide mammograms to FQHCs, senior centers, rural neighborhoods, etc. and at our centers. If there is a problem, we take our women into diagnostics, if diagnosed, then into treatment (navigated by our “angels” Certified Healthcare Workers) and then follow them for 5 years after surgery. We also have 8 support groups.
- Answer 8: FQHC “Look-Alike” status is a special designation conferred from HRSA’s Bureau of Primary Health Care, through a rigorous application process, upon entities that operate and provide services consistent with all statutory, regulatory, and policy requirements that apply to health centers funded under Section 330 of the Public Health Service Act, but do not receive funding under Section 330. Any entity that has a current Look-Alike Designation Letter from HRSA’s Bureau of Primary Health Care may apply for this funding opportunity as a Look-Alike. Entities that provide services to FQHC patients or to uninsured patients or others, but are not designated by HRSA as Look-Alike, are not eligible for this grant.
- Question 9: Under Application Requirements, it states, “The proposed model to be created, implemented or expanded by the applicant.” Are projects currently in a model or pilot phase eligible for funding?
- Answer 9: Expansions of current projects are eligible for funding. Health centers applying to expand an existing model or pilot program should include a complete description of the current initiative, model or pilot, and how additional funding would be used to

expand the scope of the existing project. If the existing project is supported by another funder, please include the funder's name/organization.

Question 10: What are some examples of allowable costs (e.g., consulting or professional services contracts, equipment, travel, etc.)? Is staffing an allowable cost (i.e., using funds to hire entry-level personnel in areas of need)?

Answer 10: The types of allowable costs will depend upon the nature of the proposal. Allowable costs may include, but are not limited to: direct costs such as communications, travel, meeting expenses; project personnel; and purchased services including consulting costs. A goal of this initiative is to support projects that enhance recruitment, training and retention efforts, rather than to fund specific entry-level jobs. Creative proposals that are informed by community needs and leverage available resources are encouraged.

Question 11: Since collaborative proposals are allowed, can a project be developed among several community health centers not only as collaborating partners but to directly implement strategies at each of the participating health centers?

Answer 11: Yes, collaborative proposals that address implementation across several health centers will be considered. Applications should address the specific benefits of a shared implementation strategy.

Question 12: What is the timeline on spending the grant? Can this be used over 2-3 years or is it just one year?

Answer 12: The Foundation anticipates making these awards for single-year funding. Accordingly, proposals should be developed with a focus on up-front costs, and the budget narrative should describe plans for future sustainability. Extensions of awards may be considered at the end of Year One to bring ideas to scale or replicate in other locations.

Question 13: We are a primary care association with health center members that are FQHCs. Are we eligible to apply for this funding opportunity?

Answer 13: This grant is open only to entities currently designated by HRSA's Bureau of Primary Health Care as Federally Qualified Health Centers or Look-Alikes. Eligible entities may include PCAs as partners in their proposals. The PCA would be listed in the application submitted by the eligible entity as an "Identified Partner" and additional documentation would be needed. For more information, please see Question/Answer 3 and 5 on this list, as well as Section VI, Eligibility Information, of the RFP.

Question 14: The application materials indicate that the grant is due on October 31, 2012. For the mailed copy – is it OK to be postmarked that same date – or do you need to have the hard copy in hand by then?

- Answer 14: The submission deadline will be considered met as long as a complete electronic copy, inclusive of all required attachments, is received on or before 5:00 pm eastern time on Wednesday, October 31, 2012. Electronic copies should be submitted to fjacobs@rchnfoundation.org with the subject line “WORKFORCE RFP RESPONSE” and the name of the health center. We would greatly appreciate receiving the required hard copies, on or before 5:00 pm eastern time on October 31, 2012 as well, to facilitate review. We will accept hard-copy materials postmarked on or before October 31, 2012 as long as a complete electronic copy has been timely received.
- Question 15: In reference to projects that involve retention of entry-level staff, are project participants limited to ‘new’ employees in entry-level positions? For example, a medical assistant with 3-months of experience with the organization versus a medical assistant with 6-years of experience with the organization.
- Answer 15: No, project support is not limited to “new” employees in entry-level positions. The RFP focuses on innovative efforts to recruit, develop and retain entry-level workers, irrespective of the tenure of specific individuals. If your health center has identified specific needs for newly hired employees, those issues may be addressed in the proposal.
- Question 16: Does this statement in your RFP: “Extensions of awards may be funded at the end of Year One to bring ideas to scale or replicate in other locations.” mean that we can budget the grant funding for a period longer than a 12 month period if we are engaging in the above activities?
- Answer 16: Project budgets should be for a one year period only, and you should plan to expend the funds you request in a 12-month period. See Question/Answer 12, above.
- Question 17: If the Foundation grants an award under this RFP, is the product produced (e.g., video training module(s)) the property of the foundation or the grantee and/or their partners?
- Answer 17: (1) The health center grantee may copyright any work developed under the award that may be subject to copyright, including videos or other materials.
(2) The health center grantee must acknowledge RCHN Community Health Foundation as the grantor on any product created.
(3) In addition, as with federal grants, the Foundation will reserve a royalty-free, nonexclusive and irrevocable right to reproduce, publish or otherwise use any work for its purposes and to authorize others to do so.
Please note that the purpose of these awards is charitable, to assist funded applicants in improving their entry-level recruitment and retention efforts and is not intended to provide an income stream to grantees. These terms and conditions will be set forth in the award documents and all grant recipients will be expected to comply.
- Question 18: Last year, the Administration issued a challenge to health centers to hire 8,000 veterans over the next three years. Will the Foundation entertain proposals that

focus on recruiting and retaining veterans at health centers in the context of the RFP?

Answer 18: Yes, in light of the health center challenge to hire veterans, the Foundation welcomes proposals from individual health centers or amongst health centers working with others that involve recruiting and retaining veterans into the health center entry-level workforce.

Question 19: We are working with a group of clinics on a collaborative initiative regarding MA training, recruitment and retention. One of those clinics is a public FQHC. Is that clinic eligible to be the lead applicant? Or, must we identify a private non-profit FQHC to be the lead?

Answer 19: To meet the Foundation's tax requirements, our grantees must be 501(c)(3) non-profit organizations. Assuming the public FQHC operates under the common model in which a 501(c)(3) entity has a Board of Directors meeting the FQHC requirements with oversight of the public entity for FQHC purposes, that 501(c)(3) nonprofit would be the entity to apply and could receive the grant from the RCHN Community Health Foundation. Alternatively, a partnered 501(c)(3) could serve as the project lead.

Question 20: Please address the subject of indirect costs in the budget. Is there a cap, or are you expecting organizations to use their federal indirect rate?

Answer 20: Your budget may include related G&A overhead/indirect costs, however the Foundation expects that the vast majority of the budget will reflect direct program costs. While the RFP does not provide a specific cap or threshold for indirect costs, you can use your federal indirect cost structure as a guide. Please note that the Foundation reserves the right to negotiate the final project budget, including direct and indirect costs, with awardees.

Question 21: The RFP says the "Foundation is seeking proposals to develop recruitment and retention initiatives across the full spectrum of entry-level workforce." Do you mean the initiative needs to be generic and cross the span of all entry-level jobs at the health center or can it be directed specifically towards certain jobs such as retention of receptionists or recruitment of medical assistants?

Answer 21: Proposals may be directed toward specific entry-level staffing needs, or a range of needs identified by the center.

Question 22: What if I have additional questions?

Answer 22: Any additional questions must be submitted in writing on or before 12:00 pm (noon) eastern time on Wednesday, October 3, 2012 to fjacobs@rchnfoundation.org with a subject line of "Workforce RFP Question" and the name of the health center. **Questions must be posed in writing.** Note that individual responses to emailed questions will not be provided; rather answers will be posted on the Foundation's

website (www.rchnfoundation.org) in the form of additional FAQs on or before 5:00 pm eastern time on Monday, October 8, 2012.

¹ P.L. 111-148, signed into law on March 23, 2010. P.L. 111-152, the *Health Care Education and Reconciliation Act of 2010* (“HCERA”) that amended PPACA was signed into law on March 30, 2010. We use the term PPACA to mean the full amended law. The Supreme Court decision upholding the individual mandate and limiting the federal government’s ability to impose penalties on states for not expanding Medicaid to 133 % of poverty is *National Federation of Independent Business v. Sebelius*, 132 S.Ct. 2566 (2012).

² See Hofer, A.N., Abraham, J.M., Moscovice, I. “Expansion of Coverage Under the Patient Protection and Affordable Care Act and Primary Care Utilization,” *The Milbank Quarterly*, Vol. 89, No. 1, 2011 at 69.

³ See, e.g., Alexander, Wegner, & Associates. “Health Care Industry: Identifying and Addressing Workforce Challenges,” for the U.S. Department of Labor, Employment and Training Administration, Feb. 2004, available at <http://www.doleta.gov/brg/pdf/pdf3.pdf>, at 4, 14; see also Dill, M.J., Salsberg, E.S. “The Complexities of Physician Supply and Demand: Projections Through 2025,” for the Association of American Medical Colleges, 11/2008, at 5; see also Fears, D. “Retirement by baby boomer doctors, nurses could strain overhaul,” *The Washington Post*, 6/14/2010, <http://www.washingtonpost.com/wp-dyn/content/article/2010/06/13/AR2010061304096.html>, accessed on 8/12/2011.

⁴ See e.g., Altstadt, D. “Growing Their Own” Skilled Workforces: Community Health Centers Benefit from Work-Based Learning for Frontline Employees,” *Jobs to Careers*, 11/2010, at 1-2.

⁵ See Hayes, K., Shin, P., Rosenbaum, S. “How the Supreme Court’s Medicaid Decision May Affect Health Centers: An Early Estimate.” Geiger Gibson/RCHN Community Health Foundation Research Collaborative, Policy Research Brief No. 30, 7/19/2012, at 3.

⁶ See Williams, E. and Redhead, C. S. “Public Health, Workforce, Quality, and Related Provisions in the Patient Protection and Affordable Care Act (PPACA),” Congressional Research Service Report for Congress, 6/7/2010 at 6.

⁷ See Cassidy, A. “Patient-Centered Medical Homes,” *Health Affairs*, 9/14/2010.

⁸ See Wilson, R. “Invisible No Longer: Advancing the Entry-level Workforce in Health Care,” for *Jobs for the Future*, 5/2006, at 2-3; see also U.S. Department of Health and Human Services’ Office of the Assistant Secretary for Planning and Evaluation, “The Future Supply of Long-Term Care Workers in Relation to the Aging Baby Boom Generation,” Report to Congress, 5/2003, at 6; see also Van Horn, C. E., et. al. “Ready for the Job: Understanding Occupational and Skill Demand in New Jersey’s Health Care Industry,” A Report of the New Jersey State Employment and Training Commission, Spring 2004, at 5.

⁹ Salsberg, E., and Grover, A. “Physician Workforce Shortages: Implications and Issues for Academic Health Centers and Policy Makers,” *Academic Medicine*, Vol. 81, No. 9, 9/2006, 782-787, at 783.

¹⁰ See Sewell, J. “Building Tomorrow’s Health Care Workforce: State Strategies for Today,” *Council of State Governments’ Health Policy Monitor*, Winter 2003, Vol. 7. No. 2, at 1; Van Horn, C. E. at 10.

¹¹ See e.g., Salsberg, E. and Grover, A. at 782; see also Alexander, Wegner, & Associates at 14-15.

¹² See Sewell, J. at 1.

¹³ See Wilson, R. at 3.

¹⁴ See *id.* at 3; see also Alexander, Wegner, & Associates at 10.

¹⁵ See e.g., Alexander, Wegner, & Associates at 10-14.

¹⁶ See *id.* at 19. (“The prospective workers need to have better preparation in science, computer literacy, human ethics and language skills.”)

¹⁷ See *id.*

¹⁸ See Van Horn, C. E., et. al. “Ready for the Job: Understanding Occupational and Skill Demand in New Jersey’s Health Care Industry,” A Report of the New Jersey State Employment and Training Commission, Spring 2004, at 14.

¹⁹ Wilson, R. at 4.

²⁰ United States Department of Education, Office of Research and Educational Improvement. “A Guide to Promising Practices in Educational Partnerships Part II: Health Career Internships, Brooklyn School and Business Alliance, Brooklyn, NY,” 4/1996, available at: <http://www2.ed.gov/pubs/PromPract/prom10.html>, accessed on 8/15/2011.

²¹ See, e.g., U.S. Department of Health and Human Services’ Office of the Assistant Secretary for Planning and Evaluation, at Appendix Page 3; see also Altstadt, D. “Brining the Front Lines to the Forefront: A National Conversation on the Critical Need to Invest in Workers on the Front Lines of Health Care,” *Jobs for the Future*, 7/2010 at 3; U.S. Department of Health and Human Services Bureau of Health Professions. “Nursing Aids, Home Health Aides, and Related Occupations – National and Local Workforce Shortages and Associated Data Needs,” 2/2004 at viii and 9.

²² Bond, J. and Galinsky, E. “What Workplace Flexibility is Available to Entry-Level, Hourly Employees?” *Families and Work Institute*, 11/2006, available at: <http://www.familiesandwork.org/site/research/reports/brief3.pdf>, accessed on 8/15/2011 at 6.

²³ Taylor, C. “Employer Engagement in the National Fund for Workforce Solutions,” *National Fund for Workforce Solutions*, 1/2011 at iv.

²⁴ Shenoy, P. “Picture of Health: Best Practices in Training and Employing Chicago’s Entry-level Health Care Workforce,” Draft 4, Chicago Jobs Council, 3/2011 at 5; Compare Wilson, R. at iv.

²⁵ See <http://www.whitehouse.gov/the-press-office/2011/10/25/fact-sheet-we-cant-wait-obama-administrations-new-initiatives-help-creat> for more information, accessed on 9/10/2012.