Critical Condition:
Sustainable Investments Required to Build a Skilled, Supported and Equitable Health Care Workforce

Common Ground Health

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Executive Summary

About This Report

The purpose of this report is to specifically identify the critical skills and training needs of the current and future healthcare workforce, as requested by the Regional Consortium on Health Care Workforce members. We directly surveyed health care organizations across a 27-county region in partnership with Finger Lakes Performing Provider System (FLPPS), the Central NY Area Health Education Center (AHEC) and the Western NY Rural AHEC. We are grateful for their contributions and collaboration. It is intended that the findings from this report will inform health care organizations and educational institutions on their training design and development for staff and students. Foundational to these competencies is the need for a culturally concordant and diverse workforce, with an emphasis on new approaches to diversify the workforce and improve care for all.

The health care sector was hit hard by the COVID-19 pandemic, which further exacerbated existing issues related to health care staffing shortages, burnout and wages. Our survey was conducted in late 2020, and while we identified some training and organizational needs that emerged during the pandemic, we need to hear from health care workers themselves to help recover from the ongoing trauma of the pandemic. Through the Quadruple Aim, well-being and satisfaction of health care workers and teams are increasingly recognized as critical components of health care delivery and population health improvement. Sustainable investments are needed in the near term to build capacity and resilience of the health system by caring for our caregivers.

Prior to the COVID-19 pandemic, the health care delivery system, from hospitals to community-based organizations, struggled to attract and retain staff.

At the same time, the health care system continues to evolve and transition, including the shift to electronic health records, telehealth, team-based care, and the emphasis on addressing the social determinants of health.

In November 2020, Common Ground Health, in partnership with Finger Lakes Performing Provider System (FLPPS), the Central New York Area Health Education Center (AHEC) and the Western New York Rural AHEC, disseminated a survey to over 300 health care organizations across 27 counties to understand the skills and competencies that health care workers need to be successful in their careers. Identifying gaps helps to inform not only approaches to training and professional development of the current workforce, but also areas of focus for pipeline training programs for future health care workers.

With a response rate of 40%, survey respondents identified that the most critical training needs for the entire workforce were:

- Interpersonal communication

- Relationship building

- Cultural responsiveness

- Addressing social determinants of health[1]

1. See Appendix 1 for definition of terms used in the survey.

These areas of need reflect that health care delivery today requires sensitivity and skill beyond typical clinical training.

In addition to addressing acute and chronic health concerns, providers need to have an understanding of their patients' housing, food access and transportation needs, and knowledge of how to refer their patients to additional resources. Building a patient-centered health system requires trust and relationship building, particularly between traditionally underserved patient groups and the health and social service systems.

Increasing awareness of cultural differences and racial and ethnic health disparities has prompted health care organizations to consider their own implicit biases and roles in dismantling systems of oppression. In the survey, organizations identified the need for support in delivering training around diversity,

equity, inclusion and anti-racism (DEIA) – with a strong desire to both standardize training and to expand to include topics beyond race/ethnicity to the Deaf population, people with disabilities, rural cultural competency and other populations. Trauma-informed care and health equity were identified as larger areas of focus for DEIA initiatives.

A true commitment to DEIA goes beyond training and requires efforts toward diversifying the workforce at all levels. It is critical that we encourage individuals of diverse backgrounds to pursue careers in the medical field. We must begin with children at the grade school level from underrepresented backgrounds, with a continuing commitment to them throughout their educational and professional careers. Supporting underrepresented students through their health care training and medical residencies, and ultimately university faculty and health care leadership, are all critically important to working towards the elimination of health disparities in our region.

The need for cultural humility and relationship building skills is not limited to the provider-patient dyad – workplaces must also facilitate relationship-building amongst staff, with a focus on racial equity.

Every member of the health care workforce should feel valued and respected. Workplaces must recognize the impact of implicit biases and microaggressions on their employees, and continuously assess and improve the culture and experiences of their staff.

The COVID-19 pandemic has increased the need for leadership and change management in organizations but more critically has exacerbated and accelerated the workforce shortage that threatens the entire health care system. Existing providers across the spectrum are overstretched and experiencing high levels of burnout. Despite high demand for services, direct care staff, including home health aides and personal care aides, have opportunities to earn higher wages in retail and fast food settings. Because the workforce survey was conducted in November 2020, before COVID vaccines became available, this report does not examine the phenomenon of health care workers leaving health care careers rather than complying with vaccine mandates.

The pandemic has made clear the need for new approaches to training and retention of health care workers. Building partnerships between employers and educators can help to address skills gaps, such as those identified in the survey. In partnership with health care professionals, these partnerships can also provide essential career pathways to address the gaps that occur as result of certification and license requirements.

Particularly for direct care workers, training credentials are rarely transferable across settings or employers, and workers are unprepared for challenges in their field now more than ever—undermining care quality as well as workforce mobility and stability. The development of stackable credentials and bridge programs is necessary to encourage, support and sustain the advancement of individuals within pathways. Streamlining certifications will be helpful in the near term to help with workforce retention.

The health care workforce has experienced incredible challenges throughout the pandemic; the resulting exacerbation of the workforce shortage represents a critical risk to the health of New Yorkers.

As indicated by Governor Hochul's 2022 State of the State[2] and the 2022—2023 New York State Budget, there is a recognition of the need for significant investment in the current and future health care workforce. With these investments and funding from the American Rescue Plan, there are opportunities on the horizon for the health care community to rebuild by reimagining training and pipeline programs, and building a more diverse and representative workforce with the ultimate goal of improving population health.

2. New York State Office of the Governor. (January 2022). 2022 State of the State. Retrieved from: https://www.governor.ny.gov/sites/default/files/2022-01/2022StateoftheStateBook.pdf
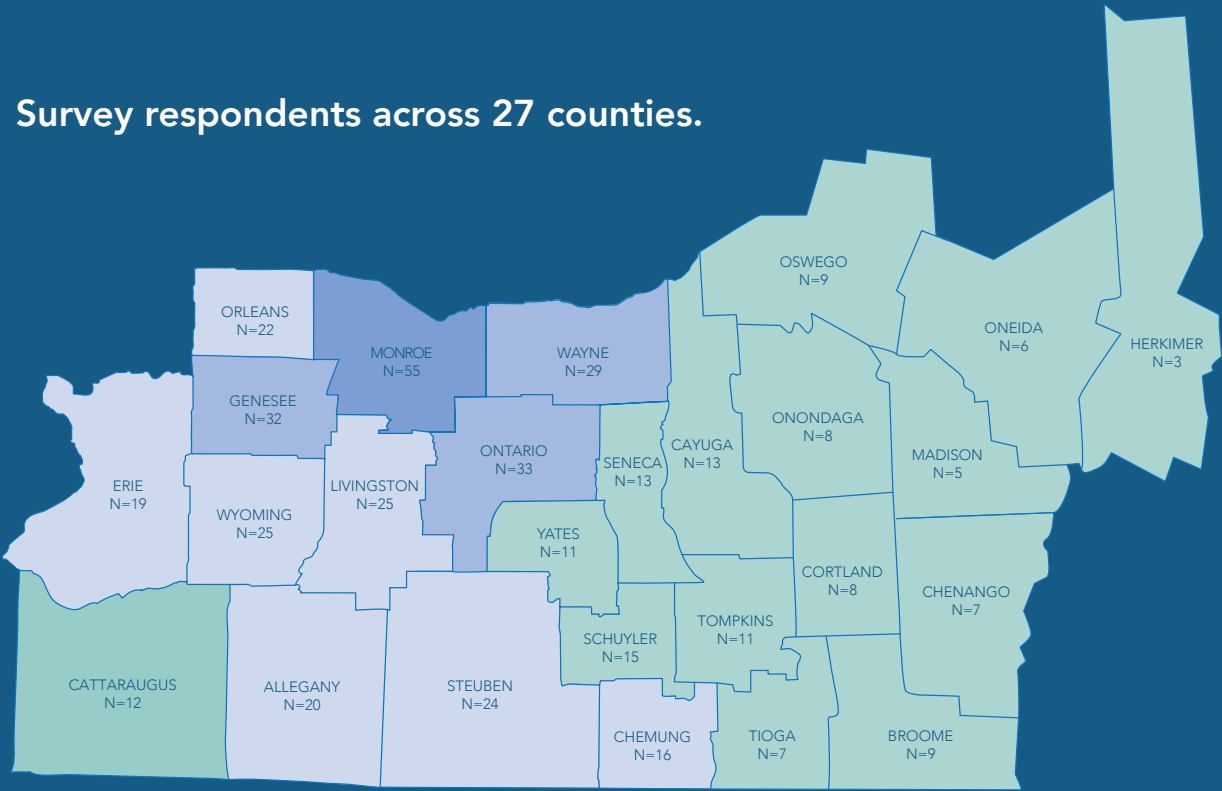
Health Care Workforce Training Needs

Endorsed and chartered by Common Ground Health's Board of Directors in 2016, The Regional Consortium on Health Care Workforce brings together decision makers and subject matter experts to address workforce challenges faced by health care providers in the Rochester-Finger Lakes region. Co-convened by Common Ground Health and Finger Lakes Performing Provider System (FLPPS), the consortium helps to connect and coordinate workforce initiatives with other local, regional and state organizations to address a wide range of issues, such as recruitment, retention, essential skills and competencies, and reducing shortages for key health care positions. Members of the consortium include representatives from health systems, Federally Qualified Health Centers, community based organizations, education, health insurers, home care organizations and other partners.

We asked organizational leaders, including executive directors/CEOs, HR representatives and program directors, to consider the training needs of their staff in three skill domains: interpersonal, technological and professional, across four staffing levels: management/supervisors, licensed clinical staff, paraprofessionals/direct care staff and administrative support staff. A list of specific skills and their definitions in each domain can be found in Appendix 1.

Respondents were asked to rate training needs for specific skills as critical (2), medium (1) or no need (0) for each staffing level; we calculated average scores for each specific skill by staffing level. Average scores above 1.5 were categorized as critical need, while scores between 1.15-1.49 were categorized as medium need.

The tables on page 9 display the training needs identified for the entire sample. Scores closer to 2 are those identified as higher need. Appendices 3-42 provide heat maps for results by health care setting (health systems, community-based organizations, Federally Qualified Health Centers), by populations served (including children and youth, Deaf, intellectual and developmental disabilities (IDD), seniors, etc.), and by County.

For the entire sample combined, the most critical training needs for the workforce as a whole were:

- Cultural responsiveness (Range = 1.37-1.43)

- Interpersonal communication (Range = 1.33-1.51)

- Relationship building (Range = 1.27-1.42)

- Addressing social determinants of health (Range = 1.28-1.38)

Needs identified as critical for specific workforce segments included:

- Data analysis for management and supervisors (Average = 1.62)

- Leadership for management and supervisors (Average = 1.56)

Survey respondents across 27 counties.

ORLEANS N=22
MONROE N=55
WAYNE N=29
OSWEGO N=9
ONEIDA N=6
HERKIMER N=3
GENESEE N=32
ONTARIO N=33
SENECA N=13
CAYUGA N=13
ONONDAGA N=8
MADISON N=5
ERIE N=19
LIVINGSTON N=25
YATES N=11
CORTLAND N=8
CHENANGO N=7
WYOMING N=25
CATTARAUGUS N=12
ALLEGANY N=20
STEUBEN N=24
SCHUYLER N=15
TOMPKINS N=11
CHEMUNG N=16
TIOGA N=7
BROOME N=9

With the Consortium's endorsement, Common Ground Health, in partnership with FLPPS, the Central NY Area Health Education Center (AHEC) and Western NY Rural AHEC, developed a survey to understand needed skills and competencies of the current health care workforce. The survey was disseminated in November 2020 to organizations including health systems, community-based organizations, county public health and mental health departments, and long-term care agencies across a 27-county region. We sent the surveys to over 300 organizations and received 127 responses for a response rate of 40%. This map shows the number of responses from agencies serving each of the 27 counties.

Over the past 10-15 years, the health care sector has undergone significant change, including the shift to electronic health records, telehealth, team-based care, value-based payment, an increasing focus on cultural differences and DEIA in service delivery and, more recently, the COVID-19 pandemic. The training needs identified reflect that these changes in health care delivery require skills and competencies beyond those taught in clinical training programs.

Care teams within health care settings are increasingly recognized as essential in the provision of comprehensive health care. Assessing and addressing the social determinants of health requires expertise of a variety of disciplines. To complement the medical skills of physicians and nurses, care managers, community health workers and peer advocates play important roles through their awareness of community resources, and cultural perspectives and strengths.

Communication and relationship building among members of the care team are essential in clarifying roles for each member of the team and establishing workflows that allow each member to work at the top of their licenses. Defined goals, clear divisions of labor, training and communication are needed to build, observe and continually improve care teams. In 2016, the Regional Consortium on Health Care Workforce[3] identified the following as top skills for the health care workforce as a whole:

1. Skills for partnering with patients and families; assessing readiness, activation and engagement, employing evidence based methods of adult learning and employing effective communication skills

2. Effective teamwork competencies that extend across multiple settings; critical thinking, organizational and problem solving skills, quality improvement processes and continuous process improvement strategies such as lean approaches, facilitation, team meeting skills and conflict resolution

3. Technological skills; effective use of Electronic Health Records to streamline workflows and improve communication, utilization of telemedicine and home-based technologies, population registries and analysis

In our survey, data analysis and leadership were identified as critical training needs for management and supervisors. Shifting to value-based payment systems, where providers are paid by performance instead of volume, will require a data-driven approach to patient care.

While value-based payment models differ, these arrangements include significant data collection and reporting requirements to measure progress on quality indicators, as well as the use of electronic health record data and dashboards to identify areas of focus for clinical teams.

While technology skills were not highly ranked as a training need, survey respondents identified technology as critical in response to questions about the impact of COVID-19. From organizational technology infrastructure and remote work to the digital divide that impacts employees and patients, the pandemic revealed the need for significant investments in technology.

3. Finger Lakes Health Systems Agency. (December 2016). Regional Consortium on Health Care Workforce. Executive Summary of Initial Recommendations.

Health Care Workforce Training-Needs Survey Results

This table shows results from a survey of health care workforce training needs conducted in 2020. Average scores were calculated for the total sample. Scores greater than 1.5 are defined as critical need and are colored darker blue; scores between 1.15-1.49 are defined as medium need.
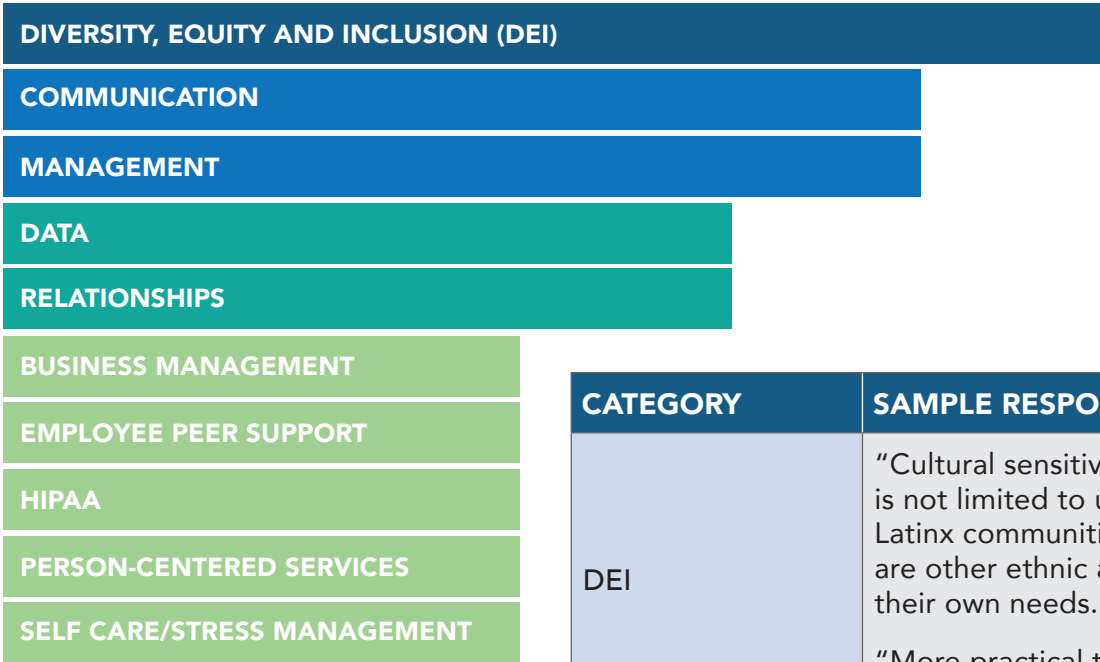
1.5 or greater CRITICAL NEED

1.15 - 1.49 MEDUM NEED

	Management & supervisors	Licensed clinical staff	Paraprofessionals/ direct care staff	Clerical/admin support
Interpersonal Skills				
Relationship building	1.39	1.32	1.42	1.27
Interpersonal communication	1.33	1.35	1.51	1.34
Cultural responsiveness	1.41	1.43	1.43	1.37
Business communication	1.12	0.97	0.93	1.02
Leadership	1.56	1.24	1.03	0.92
Technology skills				
Electronic health records	1.01	1.14	1.12	1.03
Telehealth	0.95	1.24	1.06	0.82
Computers & Information technology	1.2	0.97	1.09	1.24
Professional skills				
Data analysis	1.62	1.08	0.74	0.77
Health education skills	1.00	1.23	1.08	0.66
Clinical communication	0.95	1.38	1.22	0.62
Addressing SDOH	1.28	1.38	1.31	0.92

Data Source: Common Ground Health. Health Care Workforce Training Needs Survey, 27 counties. 2020. All respondents. See Appendices 3-40 for training needs by setting, population served and geography.

Aside from the specific skills identified in the survey, we asked respondents to identify other skills or competencies to develop in their staff to address current or future organizational needs. The top 10 categories identified in open-ended questions are shared in the graph below, along with sample responses.

- DIVERSITY, EQUITY AND INCLUSION (DEI)
- COMMUNICATION
- MANAGEMENT
- DATA
- RELATIONSHIPS
- BUSINESS MANAGEMENT
- EMPLOYEE PEER SUPPORT
- HIPAA
- PERSON-CENTERED SERVICES
- SELF CARE/STRESS MANAGEMENT

CATEGORY	SAMPLE RESPONSES
DEI	"Cultural sensitivity and awareness that is not limited to understanding Black and Latinx communities, but appreciating there are other ethnic and racial groups with their own needs." "More practical training and skills development in diversity and inclusion"
Communication	"Persistent creative outreach & engagement during pandemic/stressful times"
DEI, Relationships	"DEI and interpersonal relationships are critical"
Management, Communication, Business man-agement	"Middle managers being able to fulfill that role successfully - supervision, communication, being a real manager for the business (taking care of the business, the people we serve and the staff). Able to build good team culture."
Person-centered services	"Standardized intake/assessment with person centered approach to care planning & priorities"

There was no specific mode of training that was preferred over the others, suggesting a wide variety of approaches is needed to offer training that is accessible and useful for all employees, including clinical staff, office staff and those who are in the field for much of their workdays. Offering a variety of training modes also fosters an environment more inclusive of different learning styles.

While respondents identified interest in a variety of training modes, one respondent identified that, although these options are appreciated, there is a basic lack of training resources available, which limits the ability to offer training to staff. Health care organizations and educational institutions struggle to hire and retain trainers, especially those with credentials to oversee clinical training.

Given resource limitations, health care organizations can benefit from centralized training resources, such as the FLPPS Learning Management System, which offers an extensive array of shared training resources, serving to strengthen the whole health care community. From video content to fully interactive courses, FLPPS LMS aims to train the healthcare workforce at a fraction of the cost of boutique custom-built systems. Essential features such as tracking, reporting, and custom permissions allow agencies to record detailed learner progress. More information is available at learning.flpps.org.

Organizations should offer a variety of training modes, including instructor-led, computer-based, coaching/mentoring and hands-on training. Additionally, respondents identified that continuing education credits are valuable to promote interest among staff, and should be offered whenever possible.

A variety of training modes is needed

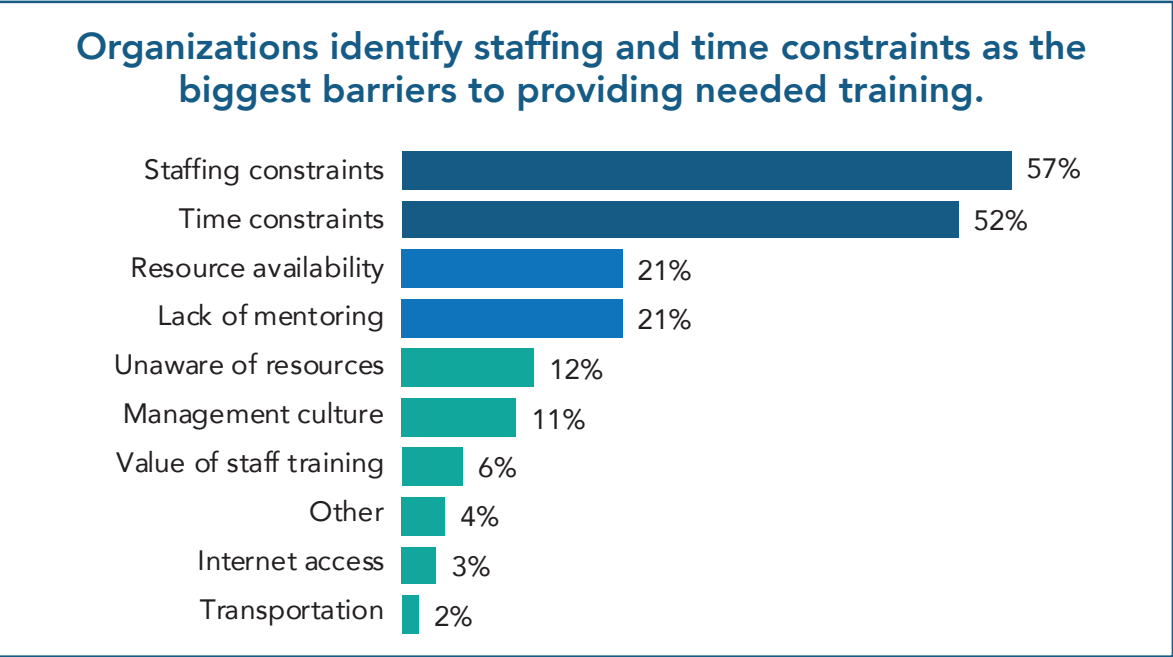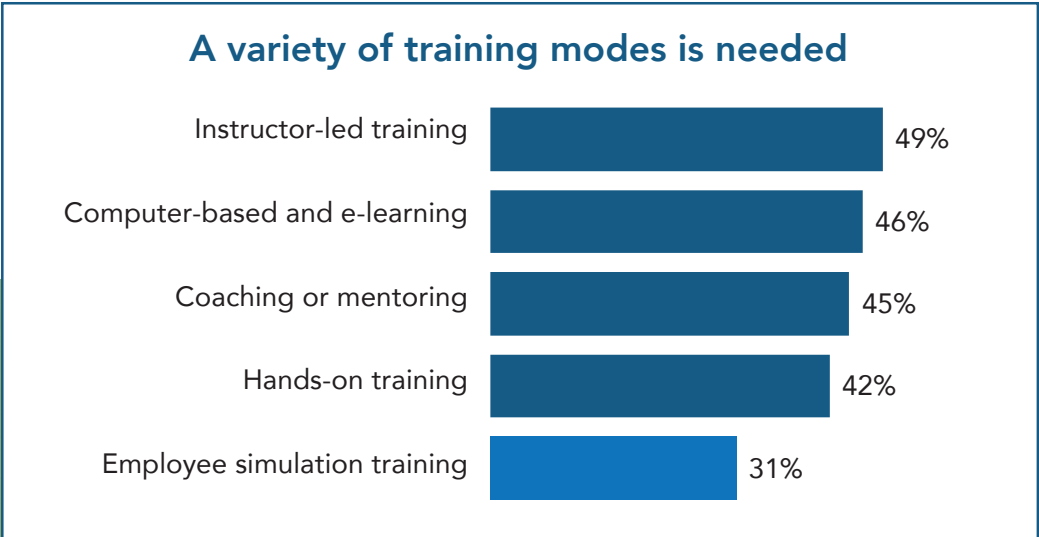| Mode	%
Instructor-led training	49%
Computer-based and e-learning	46%
Coaching or mentoring	45%
Hands-on training	42%
Employee simulation training	31%

Barriers and Preferences for Training

We asked respondents to identify what prevents organizations from provided needed training. Staffing and time constraints were the biggest barriers, reflecting both the difficulty in pulling staff away from patient care work, and a lack of qualified instructors to provide training.

Barriers specified under "other" were related to the impacts of COVID-19 in preventing in-person learning and skills assessment, and in lacking coverage for staff to attend trainings. Similarly, others indicated that there was a reduction in community requests for their programs due to COVID.

Organizations identify staffing and time constraints as the biggest barriers to providing needed training.

Barrier	%
Staffing constraints	57%
Time constraints	52%
Resource availability	21%
Lack of mentoring	21%
Unaware of resources	12%
Management culture	11%
Value of staff training	6%
Other	4%
Internet access	3%
Transportation	2%

Diversity, Equity, Inclusion and Anti-Racism

There is now widespread recognition of the importance of the social determinants of health (SDOH), "the conditions and environments where people live, learn, work, play and worship,"[4] to patient and population health outcomes.

Increasing the diversity and cultural competence of the health care workforce is critical to reducing health disparities.

When coupled with clinical education, the lived experiences of a diverse and representative workforce provides better patient care by providing insights into the social determinants of health, cultural differences in health behaviors and beliefs, and building trust and recognition for patients.

In our survey a majority (72%, N = 82) of respondents indicated that their organization offers training in diversity, equity, inclusion and anti-racism (DEIA) (5 organizations responded "no" and 35 did not respond to the question). Of those who do offer DEIA training, 79% reported that the training is mandatory for staff, while 21% reported that the training is voluntary.

However, there is little consistency in the approach to DEIA training across the health care sector. Open text responses indicated that there is a desire for more consistent and intentional approaches to DEIA training. Some organizations report that DEIA trainings occur at monthly staff meetings. Others report that it is a small component of organizational training, or is required only of certain staff (e.g., management or new hires).

Respondents identified interest in learning more about topics including:

- Working with Deaf and hard of hearing populations, and those with disabilities
- Rural cultural competency
- Health literacy
- Trauma-informed care
- Social determinants of health
- Health equity

While organizations and health systems build their respective DEIA initiatives, there is an opportunity to standardize and expand training topics, and to build systems that hear from and respond to staff members' and patients' experiences and concerns. "We know that experiences of racism happen all the time. For some people, it's daily and for others it is not as frequently as that, yet leaders often have a blind spot with regards to what is happening on the ground in the workplaces they oversee,"[5] said Eugenia South, M.D., M.S.H.P. of Penn Medicine. To begin to address these concerns, Penn Medicine has established Lift Every Voice,[6] an anonymous reporting systems for staff of all levels. This project includes a commitment to monitor employee reports, identify trends, and build communication and action plans around the findings.

A true commitment to DEIA goes beyond offering a series of trainings to staff and management; a diverse and representative workforce is required for trust building between patients and clinical and social services, and to assess how issues such as housing, economic stability, and food access impact patients' health.

4. See: U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion. Social Determinants of Health. Accessible via: https://health.gov/healthypeople/objectives-and-data/social-determinants-health

5. Commonwealth Fund. (October 18, 2021). Confronting Racism in Health Care: Moving from Proclamations to Practices. Retrieved from: https://www.commonwealthfund.org/publications/2021/oct/confronting-racism-health-care 6. Commonwealth Fund. (October 23, 2021). Lift Every Voice: Capturing and Intervening on Daily Experiences of Racism in Healthcare Settings. Retrieved from: https://www.commonwealthfund.org/grants/lift-every-voice-capturing-and-intervening-daily-experiences-racism-healthcare-settings

Emerging research suggests that patients respond better to health messages from providers of the same race, ethnicity, or language.

Research conducted by Marcella Aslan showed that black men were more likely to act on health advice for preventive services when delivered by black male physicians. They calculated that black physicians, working with black patients, could reduce the black-white gap in cardiovascular mortality by 19%.[7] Sina Waibel et al, in Canada, found that patients in ethnic and language concordance with their physicians were more likely to have relational and management continuity.[8]

The racial/ethnic composition of employees in the health care sector is skewed across the spectrum. Nationally, racial-ethnic minorities hold only 16% of C-suite positions; 81% of board positions are held by White people and 65% are held by men.[9]

Data compiled by the Monroe Community College Economic and Workforce Development Center show that the majority of physicians in the 15-county Finger Lakes region are White or Asian, while Black and Latinos comprise less than 5%. The roles with the highest levels of diversity include Social Workers (45% diversity), Nursing Assistants (44%), Home Health and Personal Care Aides (39%). Dental Hygienists (5% diversity), Dentists (14%), Physical Therapists (13%) and Nurse Practitioners (13%) were the least diverse health care occupations in our region (see Appendix 2 for more detail).
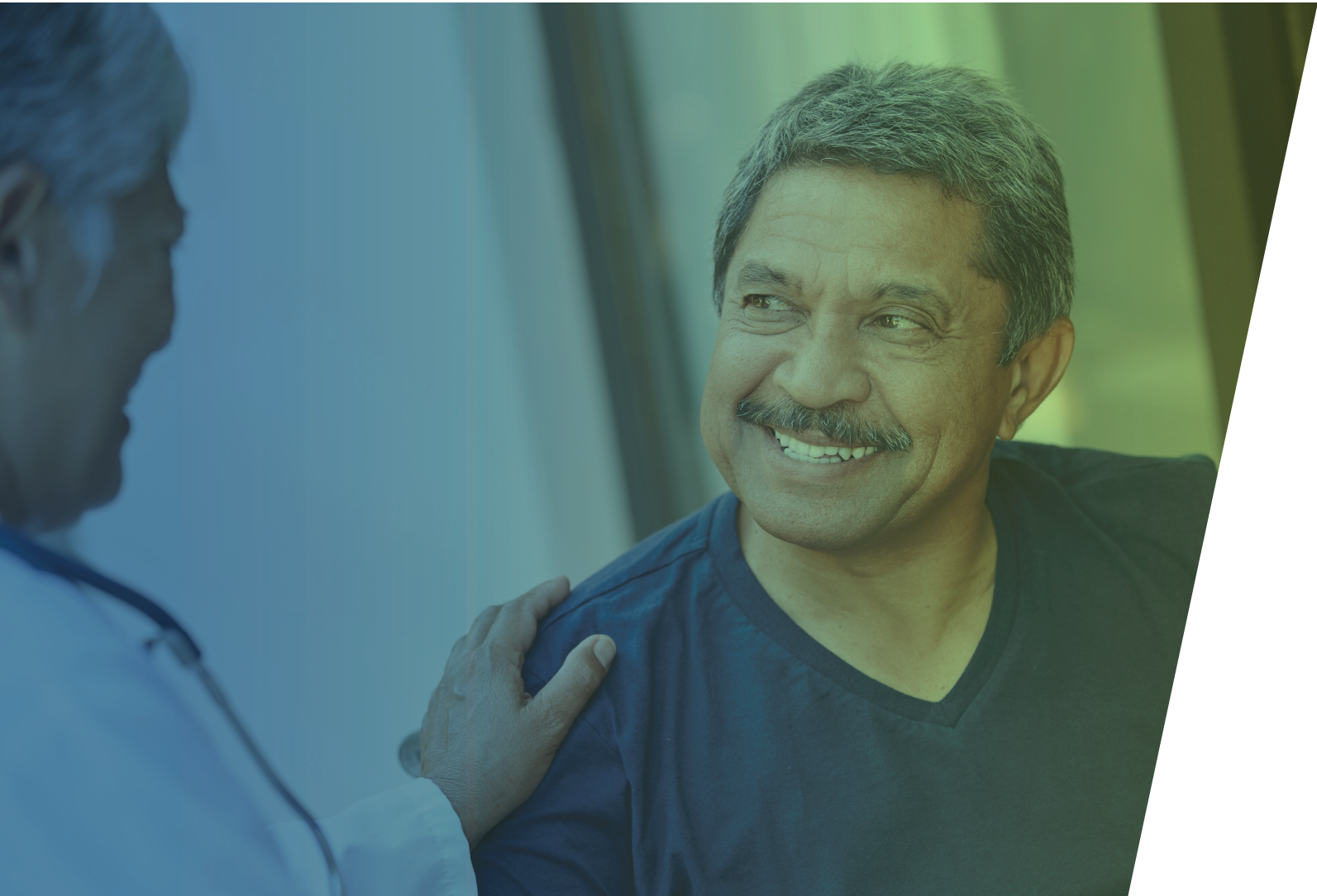
Effective efforts to diversify the workforce will include the recognition of structural racism in the racial/ethnic stratification of today's health care workforce, with women of color concentrated in the lowest-wage direct care jobs, with limited benefits and hazardous working conditions. A recent study found that 23% of Black women are employed in the health care sector, with the highest probability of working in long-term care (37%) or aide occupations (42%).[10]

A research brief released by FLPPS in 2020[11] demonstrates a similar trend in the 15-county Finger Lakes catchment area. In this region, the higher paid health care positions such as registered nurses (average hourly wage of $32.21) are 82% white, 8% Black and 3% Hispanic, while people of color comprise larger proportions of the lower paid roles such as home health and personal care aides (Home Health Aides average hourly wage of $14.26; 61% white, 25% Black, 9% Hispanic). Across the spectrum, a majority of these roles are filled by women (RNs, 89%; Home Health and Personal Care Aides, 84%).

The entry-level health care occupations "function well as entry points into the healthcare industry and are able to attract and create access for younger diverse workers into the healthcare workforce."[11] There remains an opportunity for the health care sector to offer educational opportunities and clearer career pathways for those at the entry level.

People of color are overrepresented in lower wage health care roles
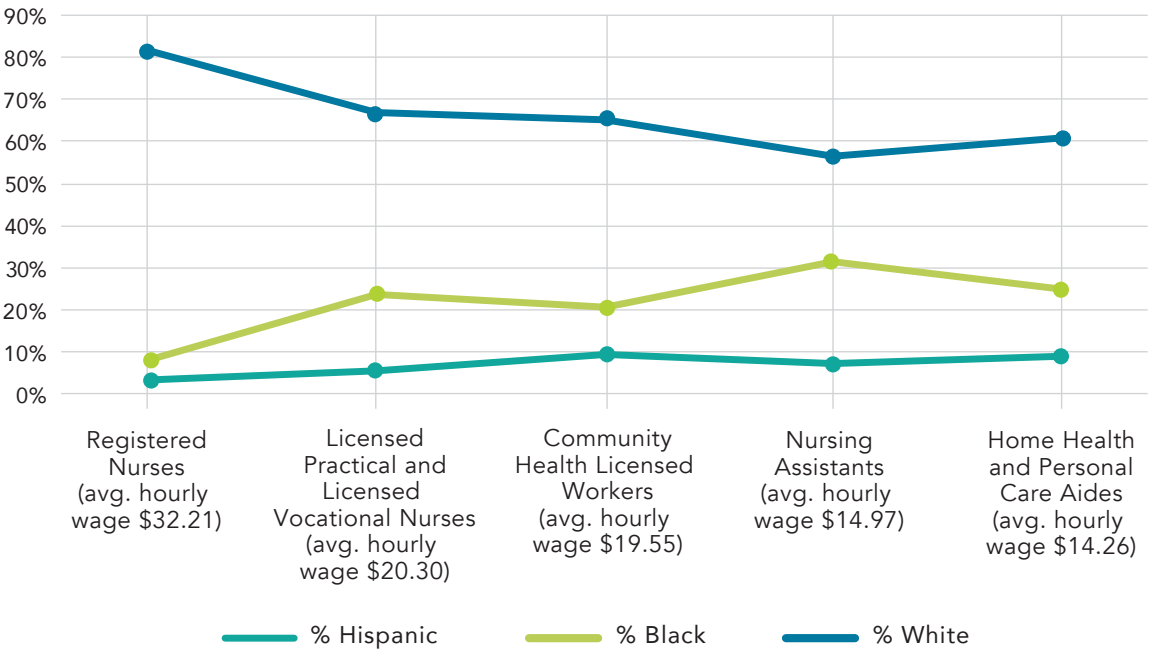
Source: MCC Economic and Workforce Development Center

7. Aslan, M., Garrick, O. & Graziani, G. (December 2019). Does Diversity Matter for Health? Experimental Evidence from Oakland. American Economic Review 2019. Retrieved from: https://pubs.aeaweb.org/doi/pdfplus/10.1257/aer.20181446 8. Waibel, S. et al. (July 19, 2018). The influence of patient-clinician ethnocultural and language concordance on continuity and quality of care: a cross-sectional analysis. CMAJ Open. Retrieved from: https://www.cmajopen.ca/content/6/3/E276 9. American Hospital Association. Institute for Diversity and Health Equity. (December 2020). Health Equity Snapshot: A Toolkit for Action. Retrieved from: https://www.aha.org/system/files/media/file/2020/12/ifdhe_snapshot_survey_FINAL.pdf

10. Dill, J. & Duffy, M. (February 2022). Structural Racism and Black Women's Employment in the US Health Care Sector. Health Affairs. Retrieved from: https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2021.01400 11. Monroe Community College Economic & Workforce Development Center. (November 2020). Findings from an Examination of Government Sourced Labor Data and Online Job Posting Analytics to Inform a Regional Workforce Investment within the Finger Lakes Performing Provider System (FLPPS) Service Area.

Workforce Partnerships in Action

Through its System Transformation and Community Investment Program, Finger Lakes Performing Provider System (FLPPS) is partnering with Monroe Community College (MCC) and other regional community colleges and partners in establishing a sustainable model for long-term career pathways that expand the healthcare workforce pool and provide opportunities for more diverse individuals to achieve economic mobility.

Regional partners will offer educational and training opportunities, along with services such as transportation, language support, financial coaching, childcare, career navigation and coaching, and access to technology to ensure students stay on track with their academic goals. Students will also receive job-placement assistance to begin or continue their healthcare careers.

The Career Pathway & Social Supports Program will be offered at five SUNY community colleges: Cayuga, Corning, Finger Lakes, Genesee, and Monroe.

Students will receive mentoring and case management services at each college in collaboration with Action for a Better Community to increase success and completion rates. Students will also be connected to community resources—including services for housing, transportation, and childcare—to support their needs so that they can focus on their academic and career goals. The colleges will work with BOCES, Hillside, Catholic Charities Family and Community Services, PathStone, area school districts, and other community-based organizations to build a recruitment pathway for students from under-served areas.

Educational and training opportunities will focus on creating seamless pathways for students from Certified Nurse Aide through Licensed Practical Nurse to Registered Nurse.

Over 550 Students will be placed in health care and social services fields.

In addition to the improvements in patient care and outcomes, addressing workforce representation in health care is a matter of gender and racial equity. We need to address the disproportionately high rates of poverty among Black Americans and other adults of color by focusing on both workforce development and addressing basic needs. Health care is one of the largest employers in many communities; this recognition should prompt the sector to embrace its role in not only providing health care services but also contributing to the health of communities through stable jobs with good wages and benefits. We can make progress by raising the wages for direct care workers and other entry-level employees and supporting career ladders for those already in the field.

In the near term, streamlining certifications will help with workforce retention, allowing people to remain in the field while pursuing additional skills and responsibilities. For those seeking training and upskilling, we must be committed to removing barriers, such as childcare, transportation, food insecurity, and the outsized impact of common urgencies, such as a flat tire.

The development of stackable credentials and bridge programs is necessary to encourage, support and sustain the advancement of individuals within career pathways. Earn-to-learn models with adult mentoring provide practical support to connect trainees to mentors and resources to meet immediate needs. Trainees also receive social support and life skills training to increase the resiliency and aptitude of the workforce in navigating daily challenges. These programs should be made available to both students and adult learners actively employed in the health care sector.

It is critical that we encourage individuals of diverse backgrounds to pursue careers in the health care fields. Diversifying the clinical workforce will require new approaches to training, beginning with children at the grade school level from underrepresented backgrounds, with continued commitment throughout their educational and professional careers. Supporting underrepresented medical students, residents and ultimately university faculty and health care leaders are all critically important to working towards the elimination of health inequities in our region.

For middle- and high-school students, we promote career and technical education (CTE) programs that provide hands-on learning and career readiness for needed positions. CTE programs have demonstrated improvement in high school completion for at-risk high school students, and may also increase students' future employment and earning potential.[12] As demonstrated by our local BOCES programs and community colleges, effective CTE programs connect with local businesses to align their course offerings to meet the needs of high-need occupations. CTE programs also focus on in-demand soft-skills.

Additional outreach to middle- and high-school students can help to educate and inform students of career paths they might not otherwise encounter or see as possibilities. Programs such as Black Men in White Coats[13] and Diverse Medicine[14] work to expose underrepresented high school students nationwide to medical careers, providing mentorship, test preparation and other resources.

A recent report from The Commonwealth Fund provides strategies for combatting racism in health care with several focused on the workforce, including:[15]

- Establishing accountability frameworks such as equity scorecards
- Investing in scholarships for students of color interested in health professions
- Training leadership and staff in diversity, equity, inclusion and antiracism principles
- Creating real-time reporting initiatives to track and respond to racist or other discriminatory behavior
- Listening to and learning from patients and health care professionals of color
- Creating more equitable workplaces, including efforts to build wealth and opportunities for advancement.

An example can be found in UCLA's Health Equity Dashboard which reviews measures of race/ethnicity, gender identity, sexual orientation, age, ability and geography across six workforce domains: recruitment, diversity or overall representation, retention, advancement, pay and climate.

UCLA HEALTH'S EQUITY DASHBOARD

Recruitment	Diversity	Retention	Advancement	Pay	Climate
• Number of applications and interviews • Successful hires	• Overall representation • Percent by level and department	• Overall retention • Voluntary and involuntary departures	• Percent of promotions by level and unit • Years to promotion • Parity of performance reviews	• By role and tenure • Base pay • Incentive eligibility	• Perception of equity and inclusion • Loyalty score • Number of grievances

By race/ethnicity, gender identity, sexual orientation, age, ability, geography

In addition to strong commitments from health care leaders, diversifying the workforce requires up-to-date data, reviewed and acted upon regularly.

12. See: County Health Rankings & Roadmaps. What Works for Health. Career & technical education for high school completion. Accessible via: https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/career-technical-education-for-high-school-completion 13. See: Black Men in White Coats. Accessible via: https://www.blackmeninwhitecoats.org/the-mission/ 14. See: Diverse Medicine. Accessible via: http://diversemedicine.org/ 15. Commonwealth Fund. (October 18, 2021). Confronting Racism in Health Care: Moving from Proclamations to Practices. Retrieved from: https://www.commonwealthfund.org/publications/2021/oct/confronting-racism-health-care
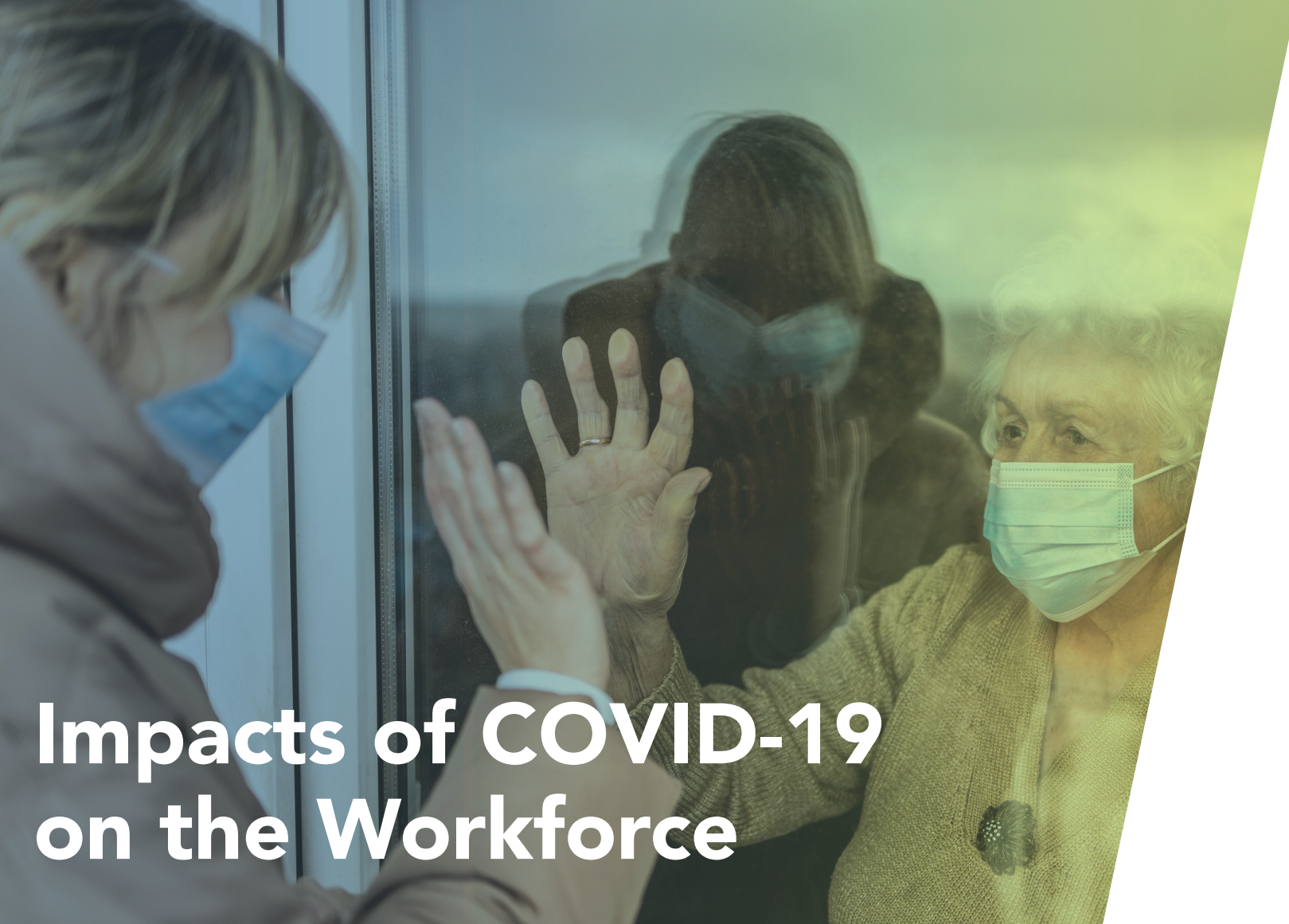
Impacts of COVID-19 on the Workforce

We asked survey respondents to identify how the pandemic impacted their organizations, through workforce needs or skills, or for specific population groups.

Because the survey was conducted in November 2020, 8 months into the COVID-19 pandemic and before the availability of COVID-19 vaccines, these responses do not include an assessment of the impact of vaccine mandates on the workforce.

- WORKFORCE SHORTAGE
- TECHNOLOGY TRAINING
- REMOTE WORK BEST PRACTICES
- CLIENT SERVICES
- COMMUNICATION
- WORKFORCE NEEDS
- COVID CONCERN
- SUPERVISION
- TECHNOLOGY INFRASTRUCTURE

Workforce needs and skills revealed by the COVID-19 pandemic

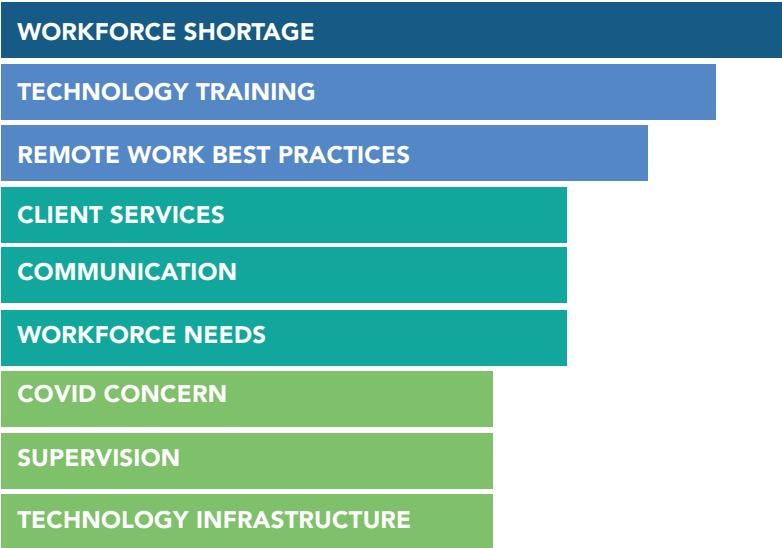| CATEGORY	SAMPLE RESPONSES
Workforce shortage	• "Recruitment and retention of licensed professional mental health staff continues to be a critical need." • "Large safety net providers are unable to provide the needed volume of care due to workforce shortages." • "Desperate need for LPNs and CNAs to provide direct care" • "There is a provider shortage with existing providers overstretched and underappreciated"
Workforce shortage, COVID concern	"Additional hiring was necessary, the workforce skills needed for behavioral health care are seriously depleted due to staff staying out of the labor market or afraid to come to work as an essential healthcare worker."
Technology training, Client services, Communication, Basic needs	"COVID-19…reveal[s] our need for more sophisticated telehealth use, better communication between visits with our patients and clients, and the need for self-care among all the staff, especially clinical staff."
Change management, Technology training	"The ability to adapt to constantly changing situations and expectations. The ability to ensure a well prepared workforce with increased on-line/virtual instruction and less classroom instruction."
Supervision, Remote work best practices	• "Best practices: reflective & structured supervision, case conferencing & care collaboration, individual & program performance management & process improvement, emergency preparedness for staff & rural communities (engaging in public health efforts & social media/marketing key messages)." • "Performance management in remote work environment or hybrid models (all staff levels)."

The health care sector in the Finger Lakes region has experienced a workforce shortage for many years, only to be exacerbated by the stress of the pandemic. These impacts are felt across the spectrum of health care workers, including nurses, public health staff, and those working in community-based nonprofits. However, the long-term care sector has perhaps been hit the hardest.

With almost 4000 openings and a 71% turnover rate for home health aides and personal care aides, the demand for direct care workers, is at its highest while pay and benefits remain inadequate and inequitable. This workforce is comprised largely of women, immigrants and people of color, many of whom live in poverty or low-income households (below 200 percent of the federal poverty line), and rely on public benefits to support themselves and their families. Increasing wages in fast food and retail sectors contribute to the difficulty recruiting staff for the long-term care sector due to low Medicaid reimbursement rates. As the population ages, this workforce will continue to remain in short supply, and higher compensation is warranted to reflect the stressful and complex work they provide.

The pandemic rapidly brought about shifts in service delivery, speeding up the adoption of telehealth services and increasing IT infrastructure and training needs.

While there is evidence that widespread adoption of telehealth was a benefit for many, increasing access to services for those with transportation or childcare challenges, it also clarified issues related to the digital divide, for both clients and employees. Many communities do not have widespread access to broadband internet, and even in connected communities, many individuals and families cannot afford monthly service fees. Telehealth, remote work and schooling also require users to possess devices that allow for full participation in a web-based care system. Older adults especially may have required support and assistance in using their devices to connect as services went remote.

In addition to the shift to telehealth for patient/client services, the shift to remote and hybrid work required new ways of engaging and supervising staff and ensuring continuity of services. Survey respondents identified needs for training in remote work best practices, for both employees and supervisors. For a workforce accustomed to in-person engagement with both colleagues and clients, the pandemic brought about a loss of social connectedness.

Throughout the crisis, change management and communication skills have become even more critical for organizational leaders to help their employees understand a rapidly changing environment due to the pandemic. Along with a recognition of the trauma and burnout experienced by health care workers living through a pandemic, with impacts on all aspects of their lives, employers have had to consider the basic needs and emotional wellbeing in new ways. The disruption to schools and childcare has stressed employees, requiring flexibility and a change in expectations for productivity of the workforce.

When asked how the pandemic impacted service delivery, similar themes were identified around the digital divide and remote communication challenges.

The impacts on services were greater for some populations than others. Served by the direct care workforce already in short supply, people with intellectual and developmental disabilities (IDD) and their families were particularly affected by the loss of in-person services, including day programs, job training, and home health care delivery – with many services impossible to replicate or deliver virtually. People with IDD were also more likely to suffer severe impacts from contracting COVID-19; the risks of spreading COVID-19 inherent in congregate living settings were also a major concern.

The pandemic also required organizations to expand services, or serve new populations. Economic impacts of the pandemic created an additional need for services for people seeking social services for the first time, including unemployment benefits and health insurance coverage.

Gaps in services exacerbated by the COVID-19 pandemic

CATEGORY	SAMPLE RESPONSES
Digital divide	• "Access to fast reliable internet and device" • "Families sometimes lack the hardware, or connections to participate in telehealth" • "The greatest need is a community need for greater internet and broadband infrastructure" • "The gap is in the ability for vulnerable populations to have equipment and affordable internet access, or sufficient cell phone service."
Remote communication	• "Engaging people virtually with meaningful activities and interventions" • "Making remote contacts more meaningful and person centered"
Client services	• "Access to health care for individuals who have lost jobs/insurance - individuals accessing social services for the first time due to pandemic." • "Leveraging tele-services to support family members. We needed to suspend several programs for people with IDD. Their families needed to adjust to change in service delivery and less support."

We are encouraged that the New York State budget for 2022-2023 makes a significant $10 billion multi-year investment in the health care sector, with a goal to "grow the healthcare workforce by 20 percent over the next five years."[16] Investments supporting the workforce and access to education include:

- A $3 increase to home care workers' minimum wage over four years,

- A 5.4% cost of living increase for human service workers,

- $1.2 billion for bonuses for frontline health care workers.

- $150 million to expand New York's Tuition Assistance Program to part-time students.

- Funding for more support for childcare statewide, including expansion of childcare services at all SUNY and CUNY campuses.

16. New York State Division of the Budget. (February 2022). Healthcare Briefing Book. NYS FY 2023 Executive Budget. Retrieved from: https://www.budget.ny.gov/pubs/archive/fy23/ex/book/healthcare.pdf

We expect to see additional opportunities emerge soon through the newly-established Office of Strategic Workforce and Economic Development at Empire State Development (ESD). With local business connections and expertise, Regional Councils are prioritizing workforce development with a focus on job training and placement programs to meet employers' current and future needs for talent, and unlocking in-demand job opportunities for New Yorkers.

With additional funding coming into communities, through the American Rescue Plan and other economic development initiatives, comes opportunity for expansion of workforce development partnerships to build the talent pipeline, and to improve conditions necessary to expand the home and community-based care workforce. Bringing together new multi-sector partners representing health care, community-based organizations, education, economic development, local government, and others, will provide new insights and approaches toward recovery and reinvention of recruitment, training and retention across the field.

Conclusions and Path Forward

The single biggest threat to the health care delivery system in New York State is the ability to attract and retain staff.

The COVID-19 pandemic has added additional stress and concern for health care workers and employers. The demand for qualified workers is significant and the jobs require complex skills and knowledge. Direct care workers provide critical services, yet their wages and benefits do not reflect the importance of their work.

No single entity can address these issues alone. Through the Regional Consortium on Health Care Workforce, Common Ground Health and FLPPS continue to convene multi-sector leaders across the region to build collective clinical, educational and policy expertise to address these challenges. In the near term, we seek to collect additional regional health care workforce data and define metrics by which to measure the success of workforce interventions. By coordinating efforts and tapping into existing workforce resources to address capacity, training and systemic issues, our region is well positioned to respond to current and future workforce challenges and opportunities.

We collectively support the calls to action from the Commission on Race and Structural Equity of Rochester and Monroe County in addition to the Rochester-Monroe Anti-Poverty Initiative to address the long-term condition of workforce poverty by joining community efforts to raise wages and address employment discrimination.

APPENDIX 1 – WORKFORCE SURVEY SKILL DOMAINS AND DEFINITIONS

DOMAIN	SKILL AND DEFINITION
INTERPERSONAL	**Relationship building** Emotional intelligence, establishing and building trust, handling emotions under pressure/stress management, giving and receiving constructive feedback, teamwork and conflict resolution. **Interpersonal communication** Communicating sensitive information, communicating with diverse populations, communicating with colleagues. **Cultural responsiveness** Working in a multi-generational workplace; working with colleagues and clients of diverse cultures, racial/ethnic groups or abilities. Delivering socially, culturally, and linguistically appropriate programs or customer service. **Business communication** Appropriate use/timeliness of emails, creating and delivering live presentations, business writing, responding to inquiries from partners or clients, appropriate use/timeliness of voicemail. **Leadership** Team building, delegating effectively, decision making, critical thinking, and workplace culture development.
TECHNOLOGICAL	**Electronic health records** Collection, storage and retrieval of patient data, use and efficiency, data security practices. **Telehealth** "The use of electronic information and telecommunications technologies to support long-distance clinical health care, patient and professional health-related education, public health and health administration." (HealthIT.gov) **Computers/ information technology** Use of common desktop software for daily efficiencies: Microsoft Office Suite (Word, Excel, PowerPoint), email, calendars, network drives, presentations or webinars using remote meeting technology (Zoom, GoToMeeting, etc.), using presentation tools such as Tableau
PROFESSIONAL	**Data analysis** Quantitative analysis, including analyzing and interpreting basic statistics and displaying data. **Health education** Developing and presenting health education materials, health literacy, motivational interviewing. **Clinical communication** Developing clinical health or social service plans, family/person centered care, trauma-informed care, teach-back method, risk communication, shared decision-making. **Addressing social determinants of health** Screening patients/clients for non-clinical factors impacting health. Collaborating with community service providers to address food access, housing, transportation, knowledge of community resources for referrals, understanding roles of different agencies in delivering community health services.

APPENDIX 2 – WORKFORCE DIVERSITY OF SELECT HEALTH CARE OCCUPATIONS, 15-COUNTY FINGER LAKES REGION, 2019-2025

Occupation	Typical Entry Level Education	% Diversity	% White	% Black or African American	% Hispanic or Latino	% Asian	% American Indian or Alaska Native	% Native Hawaiian or Other Pacific Islander	% Male	% Female
Community Health Workers	HS Diploma or Equivalent	35%	65%	21%	10%	2%	Insf. Data	0%	29%	71%
Home Health and Personal Care Aides	HS Diploma or Equivalent	39%	61%	25%	9%	3%	0%	Insf. Data	16%	84%
Licensed Practical and Licensed Vocational Nurses	Postsecondary nondegree	33%	67%	24%	5%	2%	0%	Insf. Data	10%	90%
Nursing Assistants	Postsecondary nondegree	44%	56%	31%	7%	3%	0%	Insf. Data	14%	86%
Dental Assistants	Postsecondary nondegree	15%	85%	4%	7%	2%	Insf. Data	0%	5%	95%
Medical Assistants	Postsecondary nondegree	29%	71%	12%	12%	3%	Insf. Data	Insf. Data	10%	90%
Dental Hygienists	Associate's degree	5%	95%	1%	2%	1%	Insf. Data	0%	3%	97%
Social Workers, All Other	Bachelor's degree	45%	55%	28%	12%	4%	Insf. Data	0%	20%	80%
Registered Nurses	Bachelor's degree	18%	82%	8%	3%	6%	0%	Insf. Data	11%	89%
Physician Assistants	Master's degree	17%	83%	5%	5%	5%	0%	0%	33%	67%
Nurse Practitioners	Master's degree	13%	87%	5%	3%	4%	0%	0%	9%	91%
Mental Health and Substance Abuse Social Workers	Master's degree	31%	69%	20%	8%	2%	Insf. Data	0%	20%	80%
Dentists, General	Doctoral or professional degree	14%	86%	2%	3%	8%	0%	0%	71%	29%
Pharmacists	Doctoral or professional degree	17%	83%	4%	2%	10%	0%	0%	46%	54%
Physical Therapists	Doctoral or professional degree	13%	87%	3%	2%	7%	0%	0%	33%	67%
Family Medicine Physicians	Doctoral or professional degree	26%	74%	4%	4%	15%	0%	0%	65%	35%
General Internal Medicine Physicians	Doctoral or professional degree	24%	76%	4%	4%	14%	0%	0%	65%	35%
Obstetricians and Gynecologists	Doctoral or professional degree	24%	76%	4%	4%	13%	0%	0%	65%	35%
Pediatricians, General	Doctoral or professional degree	26%	74%	4%	4%	15%	0%	0%	65%	35%

Source: MCC Economic and Workforce Development Center

These tables show results from a survey of health care workforce training needs, conducted in 2020. Average scores were calculated for the total sample. Scores greater than 1.5 are defined as critical need and are colored darker blue; scores between 1.15-1.49 are defined as medium need.

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APPENDIX 3 – HEALTH CARE WORKFORCE TRAINING NEEDS – FULL SAMPLE (N = 121)

	Management & supervisors	Licensed clinical staff	Paraprofessionals/ direct care staff	Clerical/admin support
Interpersonal Skills				
Relationship building	1.39	1.32	1.42	1.27
Interpersonal communication	1.33	1.35	1.51	1.34
Cultural responsiveness	1.41	1.43	1.43	1.37
Business communication	1.12	0.97	0.93	1.02
Leadership	1.56	1.24	1.03	0.92
Technology skills				
Electronic health records	1.01	1.14	1.12	1.03
Telehealth	0.95	1.24	1.06	0.82
Computers & Information technology	1.2	0.97	1.09	1.24
Professional skills				
Data analysis	1.62	1.08	0.74	0.77
Health education skills	1.00	1.23	1.08	0.66
Clinical communication	0.95	1.38	1.22	0.62
Addressing SDOH	1.28	1.38	1.31	0.92

APPENDIX 5 – TRAINING NEEDS BY SETTING - COMMUNITY BASED ORGANIZATIONS (N = 41)

	Management & supervisors	Licensed clinical staff	Paraprofessionals/ direct care staff	Clerical/admin support
Interpersonal Skills				
Relationship building	1.38	1.18	1.47	1.19
Interpersonal communication	1.27	1.11	1.42	1.22
Cultural responsiveness	1.32	1.41	1.42	1.32
Business communication	1.11	1.15	1.00	1.03
Leadership	1.51	1.17	1.15	0.94
Technology skills				
Electronic health records	1.08	1.14	1.18	1.08
Telehealth	1.12	1.28	1.13	0.71
Computers & Information technology	1.24	0.97	1.17	1.24
Professional skills				
Data analysis	1.58	1.10	0.92	0.87
Health education skills	0.95	1.17	1.09	0.54
Clinical communication	0.97	1.37	1.17	0.46
Addressing SDOH	1.24	1.37	1.25	0.76

APPENDIX 4 – TRAINING NEEDS BY SETTING - HEALTH SYSTEMS (N = 54)

	Management & supervisors	Licensed clinical staff	Paraprofessionals/ direct care staff	Clerical/admin support
Interpersonal Skills				
Relationship building	1.42	1.43	1.41	1.38
Interpersonal communication	1.41	1.56	1.58	1.47
Cultural responsiveness	1.49	1.41	1.43	1.43
Business communication	1.14	0.92	0.92	1.00
Leadership	1.57	1.27	0.95	0.92
Technology skills				
Electronic health records	0.88	1.24	1.15	1.06
Telehealth	0.82	1.24	1.00	1.00
Computers & Information technology	1.21	1.06	1.12	1.33
Professional skills				
Data analysis	1.69	1.03	0.56	0.59
Health education skills	1.12	1.18	1.03	0.79
Clinical communication	0.94	1.47	1.25	0.78
Addressing SDOH	1.34	1.5	1.44	1.00

APPENDIX 6 – TRAINING NEEDS BY SETTING - FEDERALLY QUALIFIED HEALTH CENTERS (N = 8)

	Management & supervisors	Licensed clinical staff	Paraprofessionals/ direct care staff	Clerical/admin support
Interpersonal Skills				
Relationship building	1.20	1.40	1.60	1.40
Interpersonal communication	1.60	1.80	1.60	1.40
Cultural responsiveness	1.60	1.80	1.60	1.60
Business communication	1.00	0.60	0.60	1.20
Leadership	1.60	1.60	1.20	1.20
Technology skills				
Electronic health records	1.00	1.20	1.40	1.20
Telehealth	0.80	1.40	1.20	0.80
Computers & Information technology	1.00	0.80	1.00	1.20
Professional skills				
Data analysis	1.60	0.80	0.60	1.00
Health education skills	0.80	1.40	1.40	0.60
Clinical communication	0.80	1.40	1.20	0.80
Addressing SDOH	1.40	1.40	1.40	1.40

Data Source: Common Ground Health. Health Care Workforce Training Needs Survey, 27 counties. 2020.

Data Source: Common Ground Health. Health Care Workforce Training Needs Survey, 27 counties. 2020.

These tables show results from a survey of health care workforce training needs, conducted in 2020. Average scores were calculated for the total sample. Scores greater than 1.5 are defined as critical need and are colored darker blue; scores between 1.15-1.49 are defined as medium need.

APPENDIX 7 – TRAINING NEEDS BY POPULATION SERVED – BLIND/VISUALLY IMPAIRED (N = 7 CBOS)

	Management & supervisors	Licensed clinical staff	Paraprofessionals/ direct care staff	Clerical/admin support
Interpersonal Skills				
Relationship building	1.29	1.20	1.43	1.14
Interpersonal communication	1.29	1.17	1.42	1.29
Cultural responsiveness	1.14	1.29	1.29	1.00
Business communication	1.43	1.00	0.86	1.29
Leadership	1.57	1.00	0.86	0.71
Technology skills				
Electronic health records	0.57	0.71	0.86	0.86
Telehealth	0.86	1.14	0.86	0.43
Computers & Information technology	1.14	1.00	1.29	1.29
Professional skills				
Data analysis	1.29	0.71	0.71	1.00
Health education skills	0.86	0.86	0.86	0.43
Clinical communication	1.00	1.29	0.86	0.57
Addressing SDOH	0.86	1.29	0.71	0.57

APPENDIX 8 – TRAINING NEEDS BY POPULATION SERVED – CHILDREN AND YOUTH (N = 21 CBOS)

	Management & supervisors	Licensed clinical staff	Paraprofessionals/ direct care staff	Clerical/admin support
Interpersonal Skills				
Relationship building	1.30	1.06	1.57	1.19
Interpersonal communication	1.25	1.06	1.57	1.29
Cultural responsiveness	1.33	1.41	1.52	1.38
Business communication	1.05	1.12	1.05	0.95
Leadership	1.45	1.18	1.25	0.95
Technology skills				
Electronic health records	1.00	0.88	1.20	0.95
Telehealth	1.05	1.12	1.05	0.65
Computers & Information technology	1.14	0.88	1.29	1.29
Professional skills				
Data analysis	1.57	1.06	0.95	0.95
Health education skills	0.86	1.12	1.10	0.48
Clinical communication	0.81	1.29	1.14	0.48
Addressing SDOH	1.14	1.29	1.33	0.76

Data Source: Common Ground Health. Health Care Workforce Training Needs Survey, 27 counties. 2020.

These tables show results from a survey of health care workforce training needs, conducted in 2020. Average scores were calculated for the total sample. Scores greater than 1.5 are defined as critical need and are colored darker blue; scores between 1.15-1.49 are defined as medium need.

APPENDIX 9 – TRAINING NEEDS BY POPULATION SERVED – DEAF (N = 8 CBOS)

	Management & supervisors	Licensed clinical staff	Paraprofessionals/ direct care staff	Clerical/admin support
Interpersonal Skills				
Relationship building	1.25	1.20	1.38	1.13
Interpersonal communication	1.25	1.17	1.38	1.25
Cultural responsiveness	1.13	1.29	1.25	1.00
Business communication	1.25	1.00	0.88	1.25
Leadership	1.50	1.00	0.88	0.75
Technology skills				
Electronic health records	0.50	0.71	0.88	0.88
Telehealth	0.86	1.14	0.86	0.43
Computers & Information technology	1.14	1.00	1.25	1.25
Professional skills				
Data analysis	1.38	0.71	0.88	1.13
Health education skills	0.88	0.86	1.00	0.38
Clinical communication	1.13	1.29	1.00	0.50
Addressing SDOH	1.00	1.29	0.88	0.50

APPENDIX 10 – TRAINING NEEDS BY POPULATION SERVED – HOMELESS/HOUSING ASSISTANCE (N = 17 CBOS)

	Management & supervisors	Licensed clinical staff	Paraprofessionals/ direct care staff	Clerical/admin support
Interpersonal Skills				
Relationship building	1.41	1.50	1.69	1.47
Interpersonal communication	1.47	1.50	1.69	1.53
Cultural responsiveness	1.47	1.67	1.63	1.53
Business communication	1.06	1.25	1.07	1.00
Leadership	1.71	1.67	1.33	1.25
Technology skills				
Electronic health records	1.27	1.36	1.50	1.27
Telehealth	1.27	1.42	1.29	0.93
Computers & Information technology	1.41	1.17	1.38	1.41
Professional skills				
Data analysis	1.82	1.42	1.25	1.06
Health education skills	1.13	1.58	1.27	0.75
Clinical communication	1.13	1.67	1.40	0.56
Addressing SDOH	1.29	1.50	1.31	0.88

Data Source: Common Ground Health. Health Care Workforce Training Needs Survey, 27 counties. 2020.

These tables show results from a survey of health care workforce training needs, conducted in 2020. Average scores were calculated for the total sample. Scores greater than 1.5 are defined as critical need and are colored darker blue; scores between 1.15-1.49 are defined as medium need.

APPENDIX 11 – TRAINING NEEDS BY POPULATION SERVED – INTELLECTUAL AND DEVELOPMENTAL DISABILITIES (N = 18 CBOS)

	Management & supervisors	Licensed clinical staff	Paraprofessionals/ direct care staff	Clerical/admin support
Interpersonal Skills				
Relationship building	1.44	0.93	1.50	1.11
Interpersonal communication	1.22	0.80	1.44	1.00
Cultural responsiveness	1.17	1.13	1.28	1.06
Business communication	1.22	1.07	1.12	1.06
Leadership	1.50	0.93	1.00	0.75
Technology skills				
Electronic health records	1.17	0.93	1.17	1.06
Telehealth	1.06	1.13	1.11	0.50
Computers & Information technology	1.39	0.88	1.17	1.22
Professional skills				
Data analysis	1.56	0.88	0.72	0.89
Health education skills	0.83	0.94	1.00	0.39
Clinical communication	1.00	1.25	1.00	0.44
Addressing SDOH	1.11	1.19	1.11	0.61

APPENDIX 12 – TRAINING NEEDS BY POPULATION SERVED – MENTAL HEALTH (N = 22 CBOS)

	Management & supervisors	Licensed clinical staff	Paraprofessionals/ direct care staff	Clerical/admin support
Interpersonal Skills				
Relationship building	1.48	1.29	1.62	1.32
Interpersonal communication	1.24	1.18	1.52	1.32
Cultural responsiveness	1.45	1.50	1.48	1.36
Business communication	1.27	1.24	1.10	1.24
Leadership	1.62	1.21	1.21	1.05
Technology skills				
Electronic health records	1.09	1.11	1.29	1.18
Telehealth	1.18	1.32	1.29	0.95
Computers & Information technology	1.32	1.05	1.43	1.45
Professional skills				
Data analysis	1.73	1.21	1.00	1.00
Health education skills	1.09	1.32	1.19	0.64
Clinical communication	1.14	1.42	1.30	0.57
Addressing SDOH	1.27	1.42	1.29	0.86

Data Source: Common Ground Health. Health Care Workforce Training Needs Survey, 27 counties. 2020.

These tables show results from a survey of health care workforce training needs, conducted in 2020. Average scores were calculated for the total sample. Scores greater than 1.5 are defined as critical need and are colored darker blue; scores between 1.15-1.49 are defined as medium need.

APPENDIX 13 – TRAINING NEEDS BY POPULATION SERVED – SENIORS (N = 18 CBOS)

	Management & supervisors	Licensed clinical staff	Paraprofessionals/ direct care staff	Clerical/admin support
Interpersonal Skills				
Relationship building	1.50	1.14	1.61	1.39
Interpersonal communication	1.28	1.07	1.50	1.28
Cultural responsiveness	1.33	1.40	1.50	1.39
Business communication	1.17	1.21	0.94	1.28
Leadership	1.56	1.20	1.12	1.12
Technology skills				
Electronic health records	1.17	1.07	1.17	1.11
Telehealth	1.06	1.14	1.18	0.82
Computers & Information technology	1.22	1.07	1.17	1.28
Professional skills				
Data analysis	1.56	0.93	0.72	0.78
Health education skills	1.06	1.20	1.06	0.44
Clinical communication	1.06	1.47	1.11	0.56
Addressing SDOH	1.22	1.40	1.22	0.89

APPENDIX 14 – TRAINING NEEDS BY POPULATION SERVED – SUBSTANCE USE (N = 11 CBOS)

	Management & supervisors	Licensed clinical staff	Paraprofessionals/ direct care staff	Clerical/admin support
Interpersonal Skills				
Relationship building	1.20	1.25	1.64	1.18
Interpersonal communication	1.30	1.13	1.64	1.36
Cultural responsiveness	1.36	1.50	1.55	1.36
Business communication	1.27	1.38	1.30	1.30
Leadership	1.60	1.25	1.30	1.10
Technology skills				
Electronic health records	1.18	0.86	1.36	1.09
Telehealth	1.09	1.00	1.27	0.91
Computers & Information technology	1.45	1.00	1.55	1.55
Professional skills				
Data analysis	1.73	1.00	1.09	1.18
Health education skills	1.00	1.13	1.18	0.55
Clinical communication	1.00	1.38	1.40	0.60
Addressing SDOH	1.09	1.25	1.27	0.82

Data Source: Common Ground Health. Health Care Workforce Training Needs Survey, 27 counties. 2020.

These tables show results from a survey of health care workforce training needs, conducted in 2020. Average scores were calculated for the total sample. Scores greater than 1.5 are defined as critical need and are colored darker blue; scores between 1.15-1.49 are defined as medium need.

APPENDIX 15 – TRAINING NEEDS BY POPULATION SERVED – VETERANS (N = 10 CBOS)

	Management & supervisors	Licensed clinical staff	Paraprofessionals/ direct care staff	Clerical/admin support
Interpersonal Skills				
Relationship building	1.40	1.29	1.70	1.20
Interpersonal communication	1.30	1.14	1.60	1.30
Cultural responsiveness	1.40	1.57	1.60	1.40
Business communication	1.00	1.14	0.90	1.10
Leadership	1.50	1.14	1.10	1.00
Technology skills				
Electronic health records	0.90	1.00	1.10	0.90
Telehealth	1.10	1.43	1.20	0.80
Computers & Information technology	1.30	1.00	1.10	1.30
Professional skills				
Data analysis	1.40	0.57	0.80	0.80
Health education skills	1.10	1.29	1.30	0.50
Clinical communication	1.10	1.57	1.20	0.70
Addressing SDOH	1.10	1.43	1.20	1.00

APPENDIX 16 – TRAINING NEEDS BY COUNTY – ALLEGANY (N = 17)

	Management & supervisors	Licensed clinical staff	Paraprofessionals/ direct care staff	Clerical/admin support
Interpersonal Skills				
Relationship building	1.18	1.29	1.24	1.18
Interpersonal communication	1.18	1.36	1.38	1.25
Cultural responsiveness	1.24	1.27	1.29	1.24
Business communication	1.12	0.93	0.69	0.81
Leadership	1.35	1.43	1.00	1.00
Technology skills				
Electronic health records	0.79	1.31	1.21	1.00
Telehealth	0.71	1.46	1.07	0.79
Computers & Information technology	1.40	1.38	1.27	1.47
Professional skills				
Data analysis	1.60	1.23	0.80	0.67
Health education skills	1.07	1.38	1.13	0.67
Clinical communication	1.07	1.62	1.13	0.67
Addressing SDOH	1.20	1.54	1.33	0.93

Data Source: Common Ground Health. Health Care Workforce Training Needs Survey, 27 counties. 2020.

APPENDIX 17 – TRAINING NEEDS BY COUNTY – BROOME (N = 8)

	Management & supervisors	Licensed clinical staff	Paraprofessionals/ direct care staff	Clerical/admin support
Interpersonal Skills				
Relationship building	1.38	1.20	1.38	1.25
Interpersonal communication	1.50	1.4	1.50	1.38
Cultural responsiveness	1.38	1.4	1.50	1.38
Business communication	1.25	1.00	1.00	1.14
Leadership	1.38	1.00	1.00	1.00
Technology skills				
Electronic health records	1.29	1.00	1.43	1.00
Telehealth	1.29	1.25	1.43	1.14
Computers & Information technology	1.71	1.25	1.57	1.57
Professional skills				
Data analysis	1.71	1.00	1.00	1.00
Health education skills	1.14	1.00	1.43	0.57
Clinical communication	1.00	1.25	1.50	0.83
Addressing SDOH	1.86	2.00	1.86	1.43

APPENDIX 18 – TRAINING NEEDS BY COUNTY – CATTARAUGUS (N = 10)

	Management & supervisors	Licensed clinical staff	Paraprofessionals/ direct care staff	Clerical/admin support
Interpersonal Skills				
Relationship building	1.10	1.17	1.10	1.00
Interpersonal communication	1.10	1.14	1.10	1.10
Cultural responsiveness	1.10	1.14	1.20	1.10
Business communication	0.80	0.86	0.60	0.60
Leadership	1.20	1.29	0.90	0.80
Technology skills				
Electronic health records	0.50	0.83	0.88	0.75
Telehealth	0.71	1.33	0.86	0.43
Computers & Information technology	1.13	1.17	1.11	1.22
Professional skills				
Data analysis	1.44	1.00	1.00	0.89
Health education skills	0.89	1.33	1.11	0.44
Clinical communication	1.00	1.33	1.00	0.44
Addressing SDOH	1.22	1.50	1.33	0.78

Data Source: Common Ground Health. Health Care Workforce Training Needs Survey, 27 counties. 2020.

These tables show results from a survey of health care workforce training needs, conducted in 2020. Average scores were calculated for the total sample. Scores greater than 1.5 are defined as critical need and are colored darker blue; scores between 1.15-1.49 are defined as medium need.

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APPENDIX 19 – TRAINING NEEDS BY COUNTY – CAYUGA (N = 11)

	Management & supervisors	Licensed clinical staff	Paraprofessionals/ direct care staff	Clerical/admin support
Interpersonal Skills				
Relationship building	1.18	1.40	1.36	1.00
Interpersonal communication	1.45	1.50	1.45	1.18
Cultural responsiveness	1.45	1.60	1.55	1.36
Business communication	1.27	1.10	0.90	1.10
Leadership	1.64	1.10	0.80	0.70
Technology skills				
Electronic health records	0.80	1.00	1.00	1.00
Telehealth	1.00	1.25	1.11	1.00
Computers & Information technology	1.40	1.22	1.30	1.50
Professional skills				
Data analysis	1.60	0.67	0.40	0.60
Health education skills	1.00	1.11	1.00	0.40
Clinical communication	0.67	1.44	1.11	0.22
Addressing SDOH	1.30	1.67	1.30	0.70

APPENDIX 20 – TRAINING NEEDS BY COUNTY – CHAUTAUQUA (N = 9)

	Management & supervisors	Licensed clinical staff	Paraprofessionals/ direct care staff	Clerical/admin support
Interpersonal Skills				
Relationship building	1.11	1.17	1.11	1.00
Interpersonal communication	1.11	1.14	1.11	1.11
Cultural responsiveness	1.11	1.14	1.11	1.00
Business communication	0.89	0.86	0.56	0.67
Leadership	1.22	1.29	0.89	0.78
Technology skills				
Electronic health records	0.50	0.83	0.88	0.75
Telehealth	0.71	1.33	0.86	0.43
Computers & Information technology	1.14	1.17	1.13	1.25
Professional skills				
Data analysis	1.50	1.00	0.88	0.88
Health education skills	0.88	1.33	1.13	0.50
Clinical communication	1.00	1.33	1.00	0.38
Addressing SDOH	1.38	1.50	1.50	0.88

Data Source: Common Ground Health. Health Care Workforce Training Needs Survey, 27 counties. 2020.

APPENDIX 21 – TRAINING NEEDS BY COUNTY – CHEMUNG (N = 15)

	Management & supervisors	Licensed clinical staff	Paraprofessionals/ direct care staff	Clerical/admin support
Interpersonal Skills				
Relationship building	1.27	1.18	1.47	1.20
Interpersonal communication	1.53	1.36	1.60	1.27
Cultural responsiveness	1.40	1.33	1.40	1.27
Business communication	1.27	1.00	1.00	1.07
Leadership	1.47	1.00	1.07	0.93
Technology skills				
Electronic health records	1.00	1.10	1.29	1.00
Telehealth	1.14	1.36	1.36	1.14
Computers & Information technology	1.50	1.18	1.50	1.36
Professional skills				
Data analysis	1.50	0.82	0.86	0.71
Health education skills	1.07	1.00	1.29	0.57
Clinical communication	0.92	1.36	1.38	0.62
Addressing SDOH	1.64	1.64	1.50	1.07

APPENDIX 22 – TRAINING NEEDS BY COUNTY – CHENANGO (N = 7)

	Management & supervisors	Licensed clinical staff	Paraprofessionals/ direct care staff	Clerical/admin support
Interpersonal Skills				
Relationship building	1.00	1.00	1.57	1.29
Interpersonal communication	1.29	1.40	1.71	1.43
Cultural responsiveness	1.29	1.40	1.57	1.14
Business communication	1.14	0.80	0.86	1.00
Leadership	1.29	1.20	0.86	0.86
Technology skills				
Electronic health records	1.00	0.75	1.17	0.83
Telehealth	1.17	1.25	1.50	1.00
Computers & Information technology	1.50	1.50	1.67	1.67
Professional skills				
Data analysis	1.83	0.50	0.50	0.50
Health education skills	1.00	1.00	1.33	0.50
Clinical communication	1.00	1.75	1.33	0.67
Addressing SDOH	1.50	2.00	1.50	1.17

Data Source: Common Ground Health. Health Care Workforce Training Needs Survey, 27 counties. 2020.

These tables show results from a survey of health care workforce training needs, conducted in 2020. Average scores were calculated for the total sample. Scores greater than 1.5 are defined as critical need and are colored darker blue; scores between 1.15-1.49 are defined as medium need.

APPENDIX 23 – TRAINING NEEDS BY COUNTY – CORTLAND (N = 8)

	Management & supervisors	Licensed clinical staff	Paraprofessionals/ direct care staff	Clerical/admin support
Interpersonal Skills				
Relationship building	1.13	1.17	1.50	1.13
Interpersonal communication	1.38	1.33	1.63	1.25
Cultural responsiveness	1.38	1.50	1.63	1.25
Business communication	1.00	0.67	0.75	0.88
Leadership	1.38	1.17	0.88	0.88
Technology skills				
Electronic health records	0.86	0.60	1.00	0.71
Telehealth	1.14	1.20	1.29	1.00
Computers & Information technology	1.67	1.50	1.67	1.67
Professional skills				
Data analysis	1.83	0.50	0.50	0.33
Health education skills	1.00	1.00	1.29	0.43
Clinical communication	1.17	1.75	1.17	0.50
Addressing SDOH	1.50	2.00	1.67	1.17

APPENDIX 24 – TRAINING NEEDS BY COUNTY – ERIE (N = 17)

	Management & supervisors	Licensed clinical staff	Paraprofessionals/ direct care staff	Clerical/admin support
Interpersonal Skills				
Relationship building	1.38	1.31	1.29	1.12
Interpersonal communication	1.50	1.43	1.35	1.29
Cultural responsiveness	1.47	1.57	1.47	1.41
Business communication	1.12	1.14	0.87	0.94
Leadership	1.44	1.21	1.00	0.75
Technology skills				
Electronic health records	0.88	1.15	1.19	0.94
Telehealth	0.93	1.17	0.79	0.50
Computers & Information technology	1.13	1.00	1.13	1.25
Professional skills				
Data analysis	1.56	1.08	0.75	0.94
Health education skills	0.88	1.15	1.06	0.50
Clinical communication	0.67	1.31	1.13	0.27
Addressing SDOH	1.44	1.62	1.56	0.75

Data Source: Common Ground Health. Health Care Workforce Training Needs Survey, 27 counties. 2020.

These tables show results from a survey of health care workforce training needs, conducted in 2020. Average scores were calculated for the total sample. Scores greater than 1.5 are defined as critical need and are colored darker blue; scores between 1.15-1.49 are defined as medium need.

APPENDIX 25 – TRAINING NEEDS BY COUNTY – GENESEE (N = 28)

	Management & supervisors	Licensed clinical staff	Paraprofessionals/ direct care staff	Clerical/admin support
Interpersonal Skills				
Relationship building	1.44	1.36	1.39	1.21
Interpersonal communication	1.48	1.48	1.43	1.29
Cultural responsiveness	1.46	1.48	1.43	1.32
Business communication	1.25	1.04	0.89	1.04
Leadership	1.52	1.19	0.89	0.79
Technology skills				
Electronic health records	0.89	1.36	1.22	1.11
Telehealth	0.84	1.36	1.08	0.80
Computers & Information technology	1.27	1.20	1.22	1.30
Professional skills				
Data analysis	1.56	1.08	0.67	0.74
Health education skills	1.07	1.28	1.19	0.67
Clinical communication	0.85	1.48	1.19	0.56
Addressing SDOH	1.30	1.60	1.37	0.78

APPENDIX 26 – TRAINING NEEDS BY COUNTY – HERKIMER (N = 3)

	Management & supervisors	Licensed clinical staff	Paraprofessionals/ direct care staff	Clerical/admin support
Interpersonal Skills				
Relationship building	1.00	1.00	1.00	1.00
Interpersonal communication	1.33	1.33	1.33	1.33
Cultural responsiveness	1.33	1.33	1.33	1.33
Business communication	1.33	1.00	1.00	1.00
Leadership	1.33	1.00	1.00	1.00
Technology skills				
Electronic health records	0.50	0.50	0.50	0.50
Telehealth	0.50	1.00	1.00	0.50
Computers & Information technology	1.50	1.50	1.50	1.50
Professional skills				
Data analysis	2.00	0.50	0.50	0.50
Health education skills	0.50	1.00	1.00	0.50
Clinical communication	0.50	1.50	1.00	0.50
Addressing SDOH	2.00	2.00	2.00	1.50

Data Source: Common Ground Health. Health Care Workforce Training Needs Survey, 27 counties. 2020.

These tables show results from a survey of health care workforce training needs, conducted in 2020. Average scores were calculated for the total sample. Scores greater than 1.5 are defined as critical need and are colored darker blue; scores between 1.15-1.49 are defined as medium need.

APPENDIX 27 – TRAINING NEEDS BY COUNTY – LIVINGSTON (N = 20)

	Management & supervisors	Licensed clinical staff	Paraprofessionals/ direct care staff	Clerical/admin support
Interpersonal Skills				
Relationship building	1.47	1.40	1.45	1.30
Interpersonal communication	1.58	1.65	1.70	1.45
Cultural responsiveness	1.65	1.60	1.65	1.55
Business communication	1.35	1.15	0.95	1.15
Leadership	1.63	1.20	0.90	0.80
Technology skills				
Electronic health records	1.00	1.47	1.37	1.21
Telehealth	0.89	1.39	1.06	0.89
Computers & Information technology	1.42	1.26	1.26	1.42
Professional skills				
Data analysis	1.63	1.11	0.47	0.53
Health education skills	1.11	1.26	1.21	0.58
Clinical communication	0.79	1.63	1.21	0.47
Addressing SDOH	1.32	1.74	1.42	0.68

APPENDIX 28 – TRAINING NEEDS BY COUNTY – MADISON (N = 5)

	Management & supervisors	Licensed clinical staff	Paraprofessionals/ direct care staff	Clerical/admin support
Interpersonal Skills				
Relationship building	0.80	1.00	1.25	1.00
Interpersonal communication	1.20	1.25	1.50	1.25
Cultural responsiveness	1.00	1.50	1.50	1.00
Business communication	1.20	0.75	0.75	1.00
Leadership	1.40	1.00	0.75	0.80
Technology skills				
Electronic health records	0.75	0.33	0.33	0.75
Telehealth	0.50	1.00	1.00	0.25
Computers & Information technology	1.25	1.33	1.33	1.25
Professional skills				
Data analysis	1.50	0.33	0.33	0.50
Health education skills	0.25	1.00	1.00	0.25
Clinical communication	0.25	1.67	0.67	0.25
Addressing SDOH	1.25	2.00	1.33	1.00

Data Source: Common Ground Health. Health Care Workforce Training Needs Survey, 27 counties. 2020.

These tables show results from a survey of health care workforce training needs, conducted in 2020. Average scores were calculated for the total sample. Scores greater than 1.5 are defined as critical need and are colored darker blue; scores between 1.15-1.49 are defined as medium need.

APPENDIX 29 – TRAINING NEEDS BY COUNTY – MONROE (N = 48)

	Management & supervisors	Licensed clinical staff	Paraprofessionals/ direct care staff	Clerical/admin support
Interpersonal Skills				
Relationship building	1.47	1.40	1.51	1.41
Interpersonal communication	1.40	1.47	1.55	1.42
Cultural responsiveness	1.52	1.58	1.55	1.52
Business communication	1.23	1.14	1.07	1.17
Leadership	1.57	1.22	1.02	0.96
Technology skills				
Electronic health records	0.98	1.26	1.18	1.16
Telehealth	0.91	1.26	1.10	1.05
Computers & Information technology	1.18	1.05	1.11	1.24
Professional skills				
Data analysis	1.67	1.07	0.73	0.76
Health education skills	1.09	1.24	1.12	0.73
Clinical communication	0.91	1.48	1.35	0.70
Addressing SDOH	1.38	1.55	1.48	0.95

APPENDIX 30 – TRAINING NEEDS BY COUNTY – ONEIDA (N = 6)

	Management & supervisors	Licensed clinical staff	Paraprofessionals/ direct care staff	Clerical/admin support
Interpersonal Skills				
Relationship building	1.17	1.00	1.17	1.00
Interpersonal communication	1.33	1.20	1.33	1.17
Cultural responsiveness	1.17	1.40	1.33	1.00
Business communication	1.17	0.80	0.80	1.00
Leadership	1.50	0.80	0.60	0.60
Technology skills				
Electronic health records	0.80	0.50	0.80	0.80
Telehealth	1.00	1.00	1.00	0.60
Computers & Information technology	1.40	1.00	1.20	1.20
Professional skills				
Data analysis	1.40	0.50	0.60	0.80
Health education skills	0.40	0.75	1.00	0.40
Clinical communication	0.25	1.25	0.75	0.25
Addressing SDOH	1.60	2.00	1.40	1.00

Data Source: Common Ground Health. Health Care Workforce Training Needs Survey, 27 counties. 2020.

These tables show results from a survey of health care workforce training needs, conducted in 2020. Average scores were calculated for the total sample. Scores greater than 1.5 are defined as critical need and are colored darker blue; scores between 1.15-1.49 are defined as medium need.

APPENDIX 31 – TRAINING NEEDS BY COUNTY – ONONDAGA (N = 8)

	Management & supervisors	Licensed clinical staff	Paraprofessionals/ direct care staff	Clerical/admin support
Interpersonal Skills				
Relationship building	1.38	0.86	1.25	1.00
Interpersonal communication	1.25	1.00	1.38	1.13
Cultural responsiveness	1.38	1.57	1.50	1.25
Business communication	1.25	1.00	1.00	1.14
Leadership	1.50	0.71	0.50	0.50
Technology skills				
Electronic health records	0.86	0.67	0.71	0.86
Telehealth	1.00	1.17	1.14	0.71
Computers & Information technology	1.29	1.00	1.14	1.14
Professional skills				
Data analysis	1.57	0.67	0.43	0.57
Health education skills	0.86	1.00	1.00	0.43
Clinical communication	0.50	1.50	1.83	0.33
Addressing SDOH	1.71	2.00	1.50	1.14

APPENDIX 32 – TRAINING NEEDS BY COUNTY – ONTARIO (N = 27)

	Management & supervisors	Licensed clinical staff	Paraprofessionals/ direct care staff	Clerical/admin support
Interpersonal Skills				
Relationship building	1.48	1.36	1.48	1.26
Interpersonal communication	1.48	1.52	1.59	1.37
Cultural responsiveness	1.59	1.60	1.52	1.44
Business communication	1.30	1.16	1.04	1.15
Leadership	1.56	1.24	1.00	0.92
Technology skills				
Electronic health records	0.96	1.25	1.20	1.16
Telehealth	0.88	1.22	1.13	1.00
Computers & Information technology	1.35	1.21	1.23	1.35
Professional skills				
Data analysis	1.65	1.04	0.69	0.73
Health education skills	1.08	1.13	1.16	0.60
Clinical communication	0.72	1.50	1.28	0.56
Addressing SDOH	1.27	1.54	1.42	0.88

Data Source: Common Ground Health. Health Care Workforce Training Needs Survey, 27 counties. 2020.

These tables show results from a survey of health care workforce training needs, conducted in 2020. Average scores were calculated for the total sample. Scores greater than 1.5 are defined as critical need and are colored darker blue; scores between 1.15-1.49 are defined as medium need.

APPENDIX 33 – TRAINING NEEDS BY COUNTY – ORLEANS (N = 19)

	Management & supervisors	Licensed clinical staff	Paraprofessionals/ direct care staff	Clerical/admin support
Interpersonal Skills				
Relationship building	1.53	1.24	1.37	1.11
Interpersonal communication	1.47	1.35	1.47	1.21
Cultural responsiveness	1.53	1.53	1.47	1.32
Business communication	1.21	0.94	0.84	1.00
Leadership	1.53	1.11	0.89	0.78
Technology skills				
Electronic health records	1.00	1.24	1.37	1.11
Telehealth	0.94	1.38	1.06	0.76
Computers & Information technology	1.39	1.29	1.33	1.33
Professional skills				
Data analysis	1.61	1.12	0.56	0.67
Health education skills	1.06	1.29	1.22	0.61
Clinical communication	0.78	1.53	1.06	0.56
Addressing SDOH	1.39	1.65	1.33	0.83

APPENDIX 34 – TRAINING NEEDS BY COUNTY – OSWEGO (N = 9)

	Management & supervisors	Licensed clinical staff	Paraprofessionals/ direct care staff	Clerical/admin support
Interpersonal Skills				
Relationship building	1.22	0.89	1.22	1.00
Interpersonal communication	1.22	1.11	1.44	1.22
Cultural responsiveness	1.22	1.33	1.33	1.22
Business communication	1.22	1.11	1.11	1.22
Leadership	1.44	0.78	0.75	0.75
Technology skills				
Electronic health records	0.75	0.63	0.63	0.75
Telehealth	0.75	0.88	0.75	0.38
Computers & Information technology	1.13	1.00	1.00	1.00
Professional skills				
Data analysis	1.38	0.63	0.38	0.75
Health education skills	0.63	0.75	0.88	0.25
Clinical communication	0.50	1.25	0.75	0.38
Addressing SDOH	1.38	1.63	1.13	0.75

Data Source: Common Ground Health. Health Care Workforce Training Needs Survey, 27 counties. 2020.

These tables show results from a survey of health care workforce training needs, conducted in 2020. Average scores were calculated for the total sample. Scores greater than 1.5 are defined as critical need and are colored darker blue; scores between 1.15-1.49 are defined as medium need.

APPENDIX 35 – TRAINING NEEDS BY COUNTY – SCHUYLER (N = 15)

	Management & supervisors	Licensed clinical staff	Paraprofessionals/ direct care staff	Clerical/admin support
Interpersonal Skills				
Relationship building	1.33	1.33	1.53	1.13
Interpersonal communication	1.60	1.42	1.67	1.27
Cultural responsiveness	1.53	1.46	1.53	1.40
Business communication	1.27	1.08	1.07	1.00
Leadership	1.53	0.92	1.00	0.87
Technology skills				
Electronic health records	0.79	0.91	1.07	0.79
Telehealth	1.07	1.25	1.21	1.00
Computers & Information technology	1.46	1.09	1.38	1.31
Professional skills				
Data analysis	1.54	0.73	0.62	0.54
Health education skills	1.07	1.00	1.14	0.43
Clinical communication	0.92	1.36	1.46	0.46
Addressing SDOH	1.38	1.45	1.38	0.77

APPENDIX 36 – TRAINING NEEDS BY COUNTY – SENECA (N = 12)

	Management & supervisors	Licensed clinical staff	Paraprofessionals/ direct care staff	Clerical/admin support
Interpersonal Skills				
Relationship building	1.17	1.45	1.42	1.08
Interpersonal communication	1.42	1.64	1.50	1.33
Cultural responsiveness	1.42	1.36	1.33	1.33
Business communication	1.25	1.18	0.92	1.08
Leadership	1.42	1.27	1.08	1.00
Technology skills				
Electronic health records	0.80	1.30	1.10	1.10
Telehealth	0.78	1.22	1.00	1.00
Computers & Information technology	1.27	1.30	1.18	1.27
Professional skills				
Data analysis	1.64	1.00	0.64	0.55
Health education skills	1.00	1.10	1.30	0.50
Clinical communication	0.73	1.50	1.45	0.45
Addressing SDOH	1.36	1.50	1.36	0.64

Data Source: Common Ground Health. Health Care Workforce Training Needs Survey, 27 counties. 2020.

These tables show results from a survey of health care workforce training needs, conducted in 2020. Average scores were calculated for the total sample. Scores greater than 1.5 are defined as critical need and are colored darker blue; scores between 1.15-1.49 are defined as medium need.

APPENDIX 37 – TRAINING NEEDS BY COUNTY – STEUBEN (N = 18)

	Management & supervisors	Licensed clinical staff	Paraprofessionals/ direct care staff	Clerical/admin support
Interpersonal Skills				
Relationship building	1.50	1.56	1.61	1.33
Interpersonal communication	1.50	1.56	1.72	1.39
Cultural responsiveness	1.50	1.50	1.56	1.50
Business communication	1.50	1.13	1.06	1.12
Leadership	1.61	1.20	1.00	0.94
Technology skills				
Electronic health records	1.00	1.27	1.24	1.00
Telehealth	0.94	1.27	1.18	1.00
Computers & Information technology	1.53	1.27	1.35	1.53
Professional skills				
Data analysis	1.82	1.13	0.65	0.59
Health education skills	1.12	1.20	1.24	0.59
Clinical communication	0.94	1.53	1.47	0.59
Addressing SDOH	1.35	1.47	1.47	0.94

APPENDIX 38 – TRAINING NEEDS BY COUNTY – TIOGA (N = 7)

	Management & supervisors	Licensed clinical staff	Paraprofessionals/ direct care staff	Clerical/admin support
Interpersonal Skills				
Relationship building	1.43	1.20	1.29	1.14
Interpersonal communication	1.57	1.40	1.43	1.29
Cultural responsiveness	1.43	1.40	1.57	1.43
Business communication	1.14	1.00	1.00	1.00
Leadership	1.43	0.60	0.71	0.71
Technology skills				
Electronic health records	1.00	0.75	1.17	0.67
Telehealth	1.17	1.00	1.17	0.83
Computers & Information technology	1.33	0.75	1.17	1.33
Professional skills				
Data analysis	1.50	0.50	0.50	0.50
Health education skills	1.17	1.00	1.17	0.33
Clinical communication	0.83	1.00	1.33	0.50
Addressing SDOH	1.50	1.75	1.67	1.00

Data Source: Common Ground Health. Health Care Workforce Training Needs Survey, 27 counties. 2020.

These tables show results from a survey of health care workforce training needs, conducted in 2020. Average scores were calculated for the total sample. Scores greater than 1.5 are defined as critical need and are colored darker blue; scores between 1.15-1.49 are defined as medium need.

APPENDIX 39 – TRAINING NEEDS BY COUNTY – TOMPKINS (N = 9)

	Management & supervisors	Licensed clinical staff	Paraprofessionals/ direct care staff	Clerical/admin support
Interpersonal Skills				
Relationship building	1.22	1.14	1.33	1.22
Interpersonal communication	1.44	1.43	1.44	1.33
Cultural responsiveness	1.33	1.29	1.44	1.33
Business communication	1.00	0.86	0.89	0.89
Leadership	1.33	0.86	0.78	0.78
Technology skills				
Electronic health records	0.88	0.83	1.13	0.75
Telehealth	1.13	1.17	1.25	1.00
Computers & Information technology	1.29	1.00	1.29	1.43
Professional skills				
Data analysis	1.57	0.60	0.43	0.57
Health education skills	1.00	0.83	1.00	0.38
Clinical communication	0.86	1.20	1.43	0.57
Addressing SDOH	1.57	1.80	1.57	1.00

APPENDIX 40 – TRAINING NEEDS BY COUNTY – WAYNE (N = 27)

	Management & supervisors	Licensed clinical staff	Paraprofessionals/ direct care staff	Clerical/admin support
Interpersonal Skills				
Relationship building	1.48	1.40	1.56	1.33
Interpersonal communication	1.44	1.52	1.63	1.37
Cultural responsiveness	1.48	1.56	1.52	1.44
Business communication	1.26	1.20	1.04	1.19
Leadership	1.56	1.16	1.04	0.96
Technology skills				
Electronic health records	0.92	1.21	1.16	1.12
Telehealth	0.83	1.17	1.04	0.92
Computers & Information technology	1.23	1.13	1.12	1.27
Professional skills				
Data analysis	1.65	1.04	0.73	0.73
Health education skills	0.96	1.08	1.08	0.56
Clinical communication	0.68	1.46	1.28	0.52
Addressing SDOH	1.23	1.50	1.38	0.77

Data Source: Common Ground Health. Health Care Workforce Training Needs Survey, 27 counties. 2020.

These tables show results from a survey of health care workforce training needs, conducted in 2020. Average scores were calculated for the total sample. Scores greater than 1.5 are defined as critical need and are colored darker blue; scores between 1.15-1.49 are defined as medium need.

APPENDIX 41 – TRAINING NEEDS BY COUNTY – WYOMING (N = 22)

	Management & supervisors	Licensed clinical staff	Paraprofessionals/ direct care staff	Clerical/admin support
Interpersonal Skills				
Relationship building	1.32	1.44	1.27	1.23
Interpersonal communication	1.36	1.53	1.36	1.27
Cultural responsiveness	1.32	1.37	1.41	1.27
Business communication	1.05	0.95	0.68	0.91
Leadership	1.45	1.21	0.82	0.82
Technology skills				
Electronic health records	0.75	1.17	1.10	1.00
Telehealth	0.72	1.18	0.72	0.56
Computers & Information technology	1.20	1.06	1.00	1.24
Professional skills				
Data analysis	1.43	0.94	0.67	0.57
Health education skills	1.00	1.22	1.10	0.57
Clinical communication	0.81	1.39	1.00	0.43
Addressing SDOH	1.10	1.56	1.29	0.65

APPENDIX 42 – TRAINING NEEDS BY COUNTY – YATES (N = 11)

	Management & supervisors	Licensed clinical staff	Paraprofessionals/ direct care staff	Clerical/admin support
Interpersonal Skills				
Relationship building	1.36	1.40	1.27	1.09
Interpersonal communication	1.45	1.60	1.45	1.36
Cultural responsiveness	1.45	1.40	1.36	1.36
Business communication	1.36	1.30	0.91	1.09
Leadership	1.45	1.10	1.00	1.00
Technology skills				
Electronic health records	0.78	1.22	1.00	1.00
Telehealth	0.50	1.00	0.75	0.50
Computers & Information technology	1.30	1.11	1.00	1.10
Professional skills				
Data analysis	1.50	1.00	0.70	0.40
Health education skills	0.78	1.00	1.22	0.44
Clinical communication	0.60	1.44	1.50	0.40
Addressing SDOH	1.10	1.44	1.40	0.50

Data Source: Common Ground Health. Health Care Workforce Training Needs Survey, 27 counties. 2020.
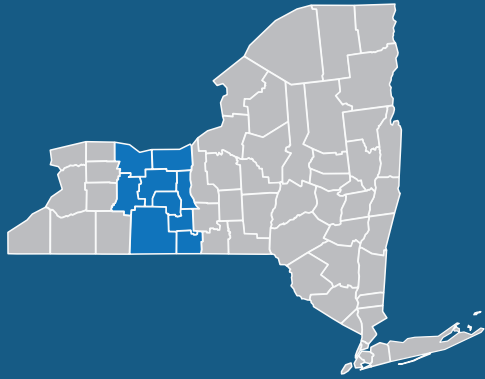
About Common Ground Health

Founded in 1974, Common Ground Health is the health planning organization for the nine-county Finger Lakes region. We bring together health care, education, business, government and other sectors to find common ground on health issues. Learn more about our community tables, our data resources and our work improving population health at www.CommonGroundHealth.org.

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