

DEVELOPING THE CALIFORNIA HEALTH CARE WORKFORCE OF TOMORROW

A POLICY BRIEF FOR
CALIFORNIA'S LAWMAKERS
MAY 2007

DEFINING THE PROBLEM

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According to California
Budget Project forecasts,
people of color will dominate
California's future patient
population – of which 25
percent are foreign-born and
40 percent speak a language
other than English at home.

*Planning for California's Future: The
State's Population is Growing, Aging
and Becoming More Diverse.*
www.cbp.org

The health care workforce shortage is becoming a crisis in California. According to the University of California at San Francisco's Center for the Health Professions, the state already has shortages in nearly all categories of the health care workforce, including nearly 200 allied health professions.¹

Complicating the issue is the fact that the state's rapidly growing population is also aging and becoming more ethnically diverse. This creates a demand for a larger health care workforce that is culturally competent to meet the needs of the state's residents.

Fifty one of California's 58 counties have at least one designated Health Professional Shortage Area (HPSA), which is defined by the U.S. Department of Health and Human Services Health Resources and Services Administration as a geographic area, population group or health care facility that has been designated as having a shortage of health professionals.²

A key indicator of shortages is the poor geographic distribution of health care professionals. Many urban neighborhoods, and most rural communities, have major difficulties recruiting and retaining adequate numbers of health care personnel to meet patient demands.



According to the Campaign for College Opportunity, demands for health care professionals is expected to grow at such a pace that the industry will be the state's third-hottest market for college-educated workers by 2022.

Fountain, R., Cosgrone, M., Abraham, P. and the Campaign for College Opportunity. *Keeping California's Edge: The Growing Demand for Highly Educated Workers*. April, 2006. www.collegecampaign.org

California's counties with the highest levels of need for health care professionals include Fresno, Humboldt, Imperial, Kern, Lassen, Los Angeles, Madera, Riverside, San Bernardino, San Diego, San Joaquin and Ventura. The federal government defines these counties as either having the greatest shortages of full-time primary medical care/dental/mental health providers serving the area, population group or facility, or have been scored as having the highest level of need.³

The University of California's Office of Health Affairs reports that as the state's population increases, ages and diversifies, California will face unique and formidable challenges in maintaining and improving the health of its people. It concludes that these challenges will grow substantially during the coming decades unless effective strategies to improve access to health services are adopted.⁴

IDENTIFYING SOLUTIONS



The University of California system has recognized that some way must be found to increase enrollment at its existing schools of medicine, nursing, pharmacy and public health.

Advisory Council on Future Growth in Health Professions. University of California Office of Health Affairs and Office of the President, January 2007.

Recruit from the communities with the highest level of need

Studies from the University of California⁵, Sullivan Commission⁶ and Institute of Medicine⁷ all point to the same conclusion – that shortages in health professions could be addressed in part by recruiting and educating people who come from underserved communities to go back there to meet health care demands. Research indicates that health care professionals from underserved communities are more likely than their counterparts to work in those communities.

While some programs are in place to attract and keep health care workers in underserved areas, this solution deserves attention on a broader scale. Educational and financial incentives are crucial to increasing the health care workforce in the regions of the greatest need.

Centralize data

A comprehensive view of the health care education and workforce data is necessary to inform policy decisions and to allow resources to be deployed to the areas of the greatest need.

It is important to better understand what specific health professions have the greatest level of need, how well the secondary education system is preparing young adults to pursue vocational education or higher education in health care, where the education system is backlogged in admitting interested students and which cultural competencies are in greatest demand. Establishing a centralized location for data analysis,



California Tomorrow asserts that community colleges offer one of the best solutions for addressing the growing crisis of undereducated young Californians. There are significant opportunities in health care for young adults who are not college bound as well. Vocational education and tech training offers students a variety of options for entering the health care workforce.

California Tomorrow: Access and Equity Policy Brief. www.californiatomorrow.org

forecasting and status summaries will be important to developing the future health care workforce within specific populations as well as within specific areas that have a shortage of health professionals.

Several respected agencies are currently gathering data, which may be the beginning of such a repository of information. These include the Office of Statewide Health Planning and Development, the Campaign for College Opportunity and UCSF.

Strengthen the pipeline to health professions education

According to the experts, interventions need to start early and focus on the retention of underrepresented ethnic minorities in the educational pipeline from the elementary grades through college and graduate-school levels. Students at all levels need opportunities for academic enrichment in math and sciences. These opportunities could come from active support provided by institutions of higher education, health care providers and community-based organizations, youth development groups and businesses working in partnership with K-12 schools.

Some advancements have been made. Recent state and federal policies have been adopted and respective funding committed to promote development of more health care workers through expansion of training and professional development opportunities. For example, Governor Arnold Schwarzenegger has used discretionary funds from the Workforce Investment Act, allocated each year from the U.S. Department of Labor, to support policies that are helping to decrease nursing shortages.⁸

Public and private partnerships also have been formed to help assist students through the educational pipeline with academic support, financial aid and mentoring opportunities. The California Wellness Foundation, for example, has made a series of grants to organizations such as the Stanford Medical Youth Science Program, Chicano/Latino Medical Student Association, California Rural Indian Health Board and the Health Professions Education Foundation. Private sector support for developing the pipeline is also coming from a variety of other organizations, including Catholic Healthcare West, Sutter Health, Kaiser Permanente, USC School of Dentistry and the California Endowment.

The successes in these areas should be local and statewide models for expanding education pipeline programs.

Increase Financial Aid Opportunities

Students interested in pursuing education for health care jobs or careers often face a variety of barriers, with one of the most significant being financial. California offers one of the country's most robust financial aid packages through the CalGrant program, however the students

who need it the most are often the ones who find the application and procedure process the most daunting. In addition, scholarships and other financial aid options are often not even considered by deserving students, as they are unaware of them. The reduction or elimination of high school counselors and advisors has impacted students' awareness of, and ability to pursue, financial aid for post-secondary education or training.

It is important to leverage the investment that California has made in offering financial aid to students by supporting programs and resources necessary to link deserving young people with the funds they need to go to school.

It is also important to identify, implement and increase the financial incentives required to attract young people to the health care profession; and to attract health care professionals to underserved areas. These may include such options as forgiving or reducing student loans, providing financing for housing or tax incentives.

AN ACTION AGENDA FOR CALIFORNIA

For more than two decades, health and education experts have been concerned about an ability to employ more underrepresented ethnic minorities in the health care workforce. However this situation has become more urgent as the state's population grows and ages, and the existing health care workforce retires out of the system.

Some progress has been achieved in addressing these challenges. Yet with demands on the health care system increasing, it has become clear that these types of efforts are absolutely necessary and worthy of support from local, state and federal officials.

Developing an action agenda for California begins with developing a central location for health care education and workforce data. A comprehensive effort must be put into place to recruit health care workers from the ethnic and geographic communities with the greatest need. Further strengthening the pipeline to higher education or vocational education is important. It is also necessary to ensure that interested students and health care workers in underserved areas receive the financial assistance they require.

Finally, promoting rewarding jobs or careers in the health profession must help attract and educate California's youth to be the health care workforce of tomorrow.

For more information, visit MakeItInScrubs.com

¹ **Workforce Needs and Enrollment Planning.** A study conducted by the University of California Office of Health Affairs Universitywide Health Sciences Committee. It was designed to guide health sciences enrollment planning for UC's seven health sciences campuses.

² **The U.S. Department of Health and Human Services' Health Professional Shortage Areas (HPSAs).** Available: <http://hpsafind.hrsa.gov>

³ **The U.S. Department of Health and Human Services' Health Professional Shortage Areas (HPSAs).** Available: <http://hpsafind.hrsa.gov/HPSASearch.aspx>

⁴ **Advisory Council on Future Growth in the Health Professions.** A final report conducted by the University of California Office of Health Affairs and Office of the President, January, 2007.

⁵ **Workforce Needs and Enrollment Planning.** A study conducted by the University of California Office of Health Affairs Universitywide Health Sciences Committee. It was designed to guide health sciences enrollment planning for UC's seven health sciences campuses.

⁶ **Missing Persons: Minorities in the Health Professions.** The Sullivan Commission, retrieved 12/9/2005 from www.jointcenter.org/healthpolicy/docs/SullivanExecutiveSummary.pdf

⁷ **In the Nation's Compelling Interest: Ensuring Diversity of the Health Professions. A report from a study undertaken by the Institute of Medicine (IOM).** The IOM study examined institutional and policy-level strategies for increasing diversity within the health professions.

⁸ **Planning for California's Future: The State's Population is Growing, Aging and Becoming More Diverse.** Available: www.cbpf.org



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Created in 1992 as an independent, private foundation, **The California Wellness Foundation's mission is to improve the health of the people of California by making grants for health promotion, wellness education and disease prevention.**