

### **Introduction: A Looming Workforce Crisis**

California's health sector is in crisis, with rising costs and millions of Californians struggling to access the care they need. This growing challenge has many causes and will require bold action by the new governor, legislators, and a broad spectrum of stakeholders in the public and private sectors. At the core of this challenge is the simple fact that California does not have enough of the right kind of health professionals, with the right skills, in the right places to meet the needs of its growing and increasingly diverse population.

The California Future Health Workforce Commission has spent nearly two years focused on meeting this challenge, issuing a new report that outlines a plan for closing California's growing workforce gaps by 2030.

### **The Problem: Workforce Shortages, Provider Mismatches**

In many parts of the state, this crisis is already at hand: Seven million Californians, the majority of them Latino, black, and Native American, already live in Health Professional Shortage Areas — a federal designation for counties experiencing shortfalls of primary care, dental care, or mental health care providers. These shortages are most severe in some of California's largest and fastest-growing regions, including the Inland Empire, San Joaquin Valley, and Los Angeles, and in most rural areas.

As a generation of baby boomers retires (including a large percentage of the health workforce), living costs rise, and the state's production of health workers continues to lag growing demand, millions more Californians will find it difficult to access quality, affordable care. This looming crisis will be most acute in primary care, behavioral health, and among workers who care for older adults. In just 10 years, for example, California is projected to face a shortfall of more than 4,100 primary care clinicians and 600,000 home care workers.

To adequately fill these gaps, the state must also overcome the growing mismatch between its existing workforce and the state's increasingly diverse population. Communities of color will make up the majority of Californians by 2030, but they remain severely underrepresented in the health workforce. While Latinos are now nearly 40% of the state's population, for example, they comprise only 7% of physicians. More than seven million Californians have limited English proficiency and would benefit from multilingual providers — yet few are available.

### **About the California Future Health Workforce Commission**

The Commission was co-chaired by Janet Napolitano, president of the University of California (UC), which operates the largest health sciences education and training system in the nation and is a major health provider, and Lloyd Dean, president and CEO of Dignity Health, one of the state's largest health systems and health employers. The 25 commissioners included prominent health, policy, workforce development, and education leaders in the state.

## The Solution: A Comprehensive Plan to Build the Workforce California Needs

The California Future Health Workforce Commission was created in 2017 by a group of the state’s leading health philanthropies to address this looming crisis — and to create a comprehensive action plan for building the health workforce California will need by 2030.

After more than a year of deliberation, the Commission’s final report includes a set of 30 detailed recommendations within three key strategies: (1) increase opportunities for all Californians to advance in the health professions, (2) align and expand education and training, and (3) strengthen the capacity, retention and effectiveness of health workers. Throughout its deliberations, the Commission has focused on the need to increase the diversity of the state’s health workforce, enable the workforce to better address health disparities, and incorporate new and emerging technologies.

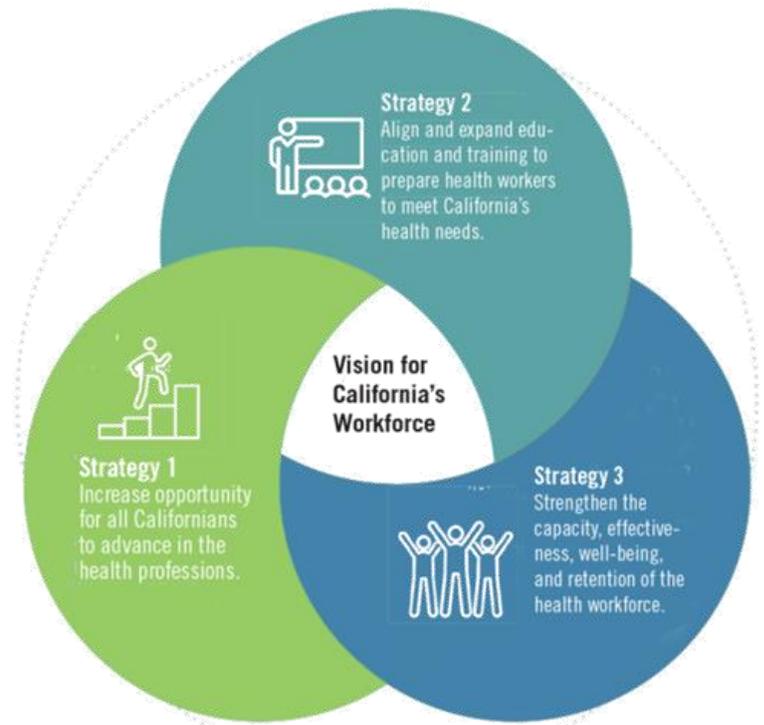
While advancing all 30 recommendations over the next decade is important, the Commission has highlighted 10 priority actions it agrees would be the most urgent and most impactful first step toward building the health workforce California needs. (See next page.)

The estimated cost of these priority actions is \$2.16 billion over 10 years.

*[Insert impact summary statement after Jan 15 meeting.]*

To make these proposals a reality, the Commission also recommended establishing statewide infrastructure, starting in 2019, to implement the recommendations in partnership with stakeholders, monitor progress, and make adjustments as needs and resources change. This statewide effort will need to be paired with strong regional partnerships to advance local workforce and education solutions.

### The Values and Strategies of the California Future Health Workforce Commission



**By 2030, California’s health workforce will have the capacity, competencies, agency, and diversity as well as effectively leverage technology, cross-sector partnerships, and institutional support to:**

- Improve health, equity, and well-being in all communities.
- Provide accessible, affordable, high-quality services at the right time, at the right level, and in the right places.
- Transform health care delivery to address social needs and improve health outcomes across the life course.

## Priorities for Action

California leaders and partners in health, education, and the workforce must embrace bold actions to create and sustain the health workforce communities need now and over the next 10 years. The Commission's bold and far-reaching priorities reflect the new directions and significant commitment required by multiple stakeholders to motivate, prepare, and provide opportunities for Californians from all backgrounds and communities to excel in the health professions, train enough new workers to meet statewide and regional needs, while also supporting current workers by strengthening their capabilities and preventing burnout.

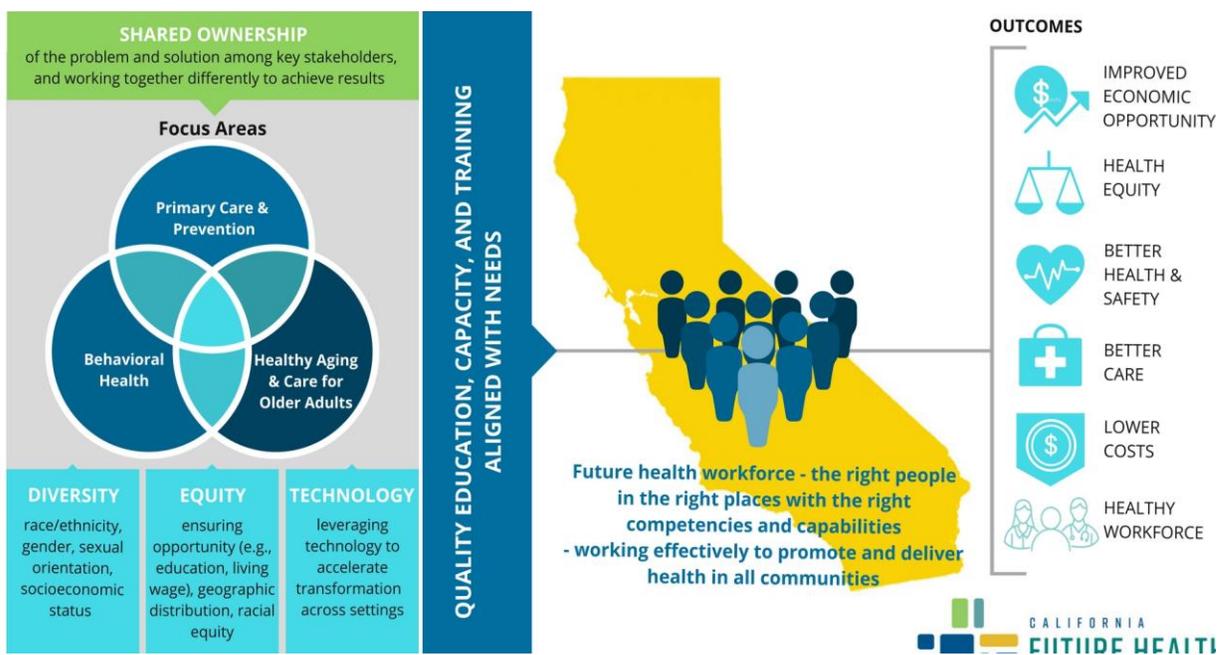
The Commission's 10 priorities for immediate implementation are:

1. **Expand and scale pipeline programs to recruit and prepare students from underrepresented and low-income backgrounds for health careers** with mentorship, academic, career, and psychosocial support to successfully pursue health careers. Under these health pipeline programs, as many as 5,700 low-income and underrepresented minority professionals will be able to join the California health care workforce during a 10-year period at a cost of just \$11,000 per person. (Recommendation 1.1)
2. **Recruit and support college students from underrepresented regions and backgrounds to pursue health careers** and associated partnerships that provide academic, advising, and health career development support to college students from low income, first generation and underrepresented regions and backgrounds with the potential to add at least 25,500 new California health care workers. (Recommendation 1.2)
3. **Support scholarships for qualified students who pursue priority health professions and commit to serve in underserved communities** under a new Emerging California Health Leaders Scholarship Program. Approximately 3,810 students (1,707 physicians, 696 nurse practitioners, 152 physician assistants, 325 public health professionals, and 930 social workers) would be supported over the next 10 years, making the path to health education and service in underserved communities a reality for many more Californians. (Recommendation 1.3)
4. **Sustain and expand the PRIME program across UC campuses** to train highly motivated, socially conscious graduates who will become licensed physicians practicing in underserved communities. Under this priority, the goal is to support PRIME's current student enrollment of 354 students and increase enrollment by 40 students a year. (Recommendation 2.1)
5. **Expand the number of primary care physician residency positions by 20%** between 2018 and 2024 and maintain that increase from 2024 to 2029, yielding an increase of 1,872 graduates. In conjunction with priority #7 (maximize role of nurse practitioners), this recommendation would nearly eliminate California's projected shortage of primary care physicians. (Recommendation 2.2)
6. **Recruit and train students from rural areas to practice in community health centers and other safety net providers in their home regions** by providing these medical students with

full-tuition scholarships for medical school in exchange for practicing in underserved areas. Under this partnership with 10 California medical schools and several community health centers, it's anticipated that California would see an annual increase of 280 to 480 additional medical students by 2026. (Recommendation 2.3)

7. **Maximize the role of nurse practitioners as part of the care team** to help fill gaps in primary care, helping to increase the number of nurse practitioners to 44,000 by 2028, and providing them with greater practice authority with particular emphasis in rural and urban underserved communities. (Recommendation 3.1)
8. **Establish and scale a universal home care worker family of jobs with career ladders and associated training**, helping to meet the estimated 600,000 home care workers needed by 2030, and potentially reducing spending on unnecessary emergency department visits and hospitalizations by more than \$2.7 billion over 10 years due to enhanced training and care. (Recommendation 3.2)
9. **Develop a psychiatric nurse practitioner program that recruits from and trains providers to serve in underserved rural and urban communities** and help address access gaps in behavioral health by treating over 350,000 patients over five years. (Recommendation 3.3)
10. **Scale the engagement of community health workers and *promotores***. This initiative would strengthen training programs and create a certification pilot program, increasing the supply of community health workers and broadening access to prevention and social support services in communities across the state. (Recommendation 3.4)

## A 2030 Workforce Plan: Foundational Elements, Focus Areas—and Outcomes



### **Additional Recommendations**

In addition to its 10 priorities for action, the Commission has developed 20 other important recommendations to address critical health workforce needs. Many of these proposals will help retool California's health workforce to strengthen prevention, improve behavioral health care, and address social determinants of health. Together, these recommendations represent a mix of proven models and bold initiatives and will require a mix of short- and long-term investments.

Although the Commission focused on identifying workforce solutions, its final report acknowledges several other important factors that will impact the success of building the health workforce that California needs. Without adequate Medi-Cal payment rates, an accelerated shift to value-based payment, effective preparation of K-12 students, and other "essential conditions," any well-intentioned effort to address the state's health workforce needs will likely fall short.

### **Conclusion: California Must Build the Health Workforce It Needs Now**

The Commission recognizes that bolstering California's health workforce is an enormous undertaking. Health care represents almost 12.6% of the state's economy, employing 1.4 million skilled workers across dozens of different, highly technically, and closely regulated fields. It is clear that growing this sector represents both an economic opportunity (including a chance to produce more jobs in fields where workers earn nearly double the state's median wage) and an economic imperative (as rising costs continue to outpace inflation and limit consumer options).

A robust and diverse health workforce is also increasingly a matter of public health. The growing mismatch between the size and composition of California's current health workforce, the demographic trends underway, and California's limited educational capacity to close looming shortfalls adds up to a crisis the state simply cannot afford.

By strengthening the supply, distribution, and diversity of workers in primary care, behavioral health, care for older adults, and other emerging areas of need, Californians will receive better access to quality care and experience better health outcomes — whether receiving that care in their homes, community clinics, or medical offices. Students and health professionals from underserved regions and low-income backgrounds will have the support to pursue rewarding educations and careers. And the state of California will benefit from a healthier population, with more residents receiving the right type of care from trusted health professionals in their communities.

It's time to invest in, support, and build a healthy, diverse, and robust workforce all Californians need and deserve. The California Future Health Workforce Commission has set forth a path for achieving that goal.