



Public Health Recommendations: 2019 California Future Health Workforce Commission Report

Overall, the Commission’s top priorities focused on three key areas—primary care, behavioral health, and aging. Several of the Commission’s top 10 recommendations also highlighted the need to reverse decades of underinvestment in the public health system and expand the workforce pipeline into this critical field. Specific mentions of public health in the Commission report can be found below. The report itself can be found here: <https://futurehealthworkforce.org/wp-content/uploads/2019/03/MeetingDemandForHealthFinalReportCFHWC.pdf>

“Priority Professions” (Page 13)

Based on the urgent workforce shortages and the demographic trends outlined in this section, the Commission selected the following *Priority Professions* as the central focus of its work on prevention and public health: community health workers/*promotores*, community health educators, public health nurses, data analysts, health administrators, state and local health department staff (e.g., epidemiologists, public health nutritionists, infectious disease experts, disaster preparedness specialists)

Workforce Shortages (Page 15)

California’s public health workforce employed by state and local agencies plays a critically important role in preventing illness and improving health, but is faced with an array of challenges. At the state level, 61% of managers and supervisors, and 44% of nonsupervisory staff, are currently eligible for retirement.

The California Department of Public Health estimates that two-thirds of its workforce will retire in the next five years. Both state and local public health agencies face increasing competition with the private sector, which provides higher pay, and amenities such as updated technology.

Local public health agencies have an increasing demand for skilled professionals in areas such as epidemiology to better design and monitor evidence-based interventions that optimize use of available resources. A 2005 study found that only 25% of local public health agencies employed people with epidemiological expertise; patterns of public sector funding since suggest that these percentages have not increased substantially. Many local health departments report challenges in recruiting and retaining well-qualified workers, citing a lack of tools for recruiting, limited options for advancement, and instability of funded positions. Moreover, approximately 95% of current funding for government public health is tied to categorical programs, leaving very few resources for the design, implementation, and evaluation of comprehensive strategies to improve health and well-being.

Underrepresented Communities (Page 18)

By 2030, communities of color will make up over 65% of California’s population, yet they are severely underrepresented in the health workforce and educational pipeline. By 2030, communities of color will make up over 65% of California’s population, yet they are severely under- represented in the health workforce and educational pipeline. Latinos are California’s largest single ethnic group and are projected to reach 41.5% of the population by 2030. The distribution of groups is presented in Figure 4 on page 19. Given that these groups will make up the majority of California’s working-age population, action is needed to ensure that more of them become health professionals.

Commission Recommendations Impacting Public Health

1.2 Recruit and support college students, including community college students, from underrepresented regions and backgrounds to pursue health careers. (Page 29, Details in Appendix, Page 56.) The recommendation is to fund and establish a California Health Career Opportunity Program (HCOP) and associated HCOP partnerships, which will support more than 4,800 pre health college students annually at institutions across California, providing comprehensive academic enrichment, career development, mentorship, and advising. Students from Health Professional Shortage Areas, low-income and first-generation backgrounds, and groups underrepresented in the health professions will be targeted for inclusion.

1.3 Support scholarships for qualified students who pursue priority health professions and serve in underserved communities. (Page 29, Details in Appendix, Page 60.) The proposed action — to develop and implement a new Emerging California Health Leaders Scholarship Program (ECHLSP) — would cover full tuition for 10% of students enrolled in eligible California health professions programs (more than 1,000 students per year at current enrollment levels) to enable more Californians to pursue degrees in high-need health professions and practice in underserved communities. Scholarships would be available to low-income, first-generation, and underrepresented students pursuing MD, NP, RN, PA, Master of Public Health (MPH), and Master of Social Welfare (MSW) degrees in return for a three-year service commitment after graduation. A subset of recipients would also receive support to prepare for graduate programs.

1.7 Create a California Health Corps to engage students, health workers, and retirees in addressing health workforce gaps. (Page 30, Details in Appendix, Page 80.) This recommendation seeks to create a California Health Corps to identify and recruit talent from California’s communities, encouraging them to pursue health career and service opportunities on a massive scale. Planned activities include social media and community-level campaigns encouraging Californians to pursue health careers in their communities; an online educational platform to connect and prepare corps members for jobs, service learning, and health training opportunities; efforts to mobilize employers, health professionals, and educators to support corps members and prepare them for relevant careers; track and engage students to encourage employment in California; and related activities to promote participation.

2.6 Bring together schools and programs of public health and local health departments to train the next generation of public health professionals and advance health equity. (Page 33, Details in Appendix, Page 124.) This recommendation would support partnerships between local health departments and public health schools and programs to create 15 academic health departments (AHDs) that build public health practice and research capacity. Over seven years, AHDs would increase the number of nonclinical public health students exposed to, and prepared for, governmental public health positions in California.

2.7 Integrate training on social determinants of health into all health professions training programs. (Page 33, Details in Appendix, Page 128.) This recommendation seeks to integrate the study of social determinants of health into schools of medicine, pharmacy, dentistry, nursing, and public health through (1) an assessment of the current status of education and training on the social determinants of health in all California health professions education institutions and clinical training facilities, including curricula, partnerships with external stakeholders, and faculty competencies; (2) targeted data and technical assistance to support the tailored redesign of the curricula of California health professions education institutions to fully integrate the social determinants of health at all stages of the education and training process; and (3) building a community of practice that supports implementation.

3.4 Scale the engagement of community health workers, *promotores*, and peer providers through certification, training, and reimbursement. (Page 33, Details in Appendix, Page 148.) This recommendation proposes: (1) a three- year pilot project to create a formal certification process for CHW/P training programs, expand CHW/P training programs, and modify reimbursement mechanisms to increase employment opportunities for CHW/Ps; and (2) to increase the use of peer providers in California through creation of a certification program and Medi-Cal reimbursement (legislation would be required). Peer providers use lived experience of recovery from mental illness and/or addiction, plus skills learned in formal training, to deliver services in behavioral health settings.

3.9 Build capacity of local public health agencies to support collaborative community health improvement through state-hospital matching funds. (Page 35, Details in Appendix, Page 171.) This recommendation calls for development of a state fund that would issue three-year grants to 40 regions (or counties) in California to support comprehensive community health needs assessments, identify and align additional cross-sector resources, engage local stakeholders to design targeted community-level health improvement strategies, monitor progress and outcomes, and facilitate a quality-improvement process to increase effectiveness and reduce inequities. The state fund would require regional hospital matching funds.