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# **Understanding and addressing California's health workforce policy needs**

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We need a *healthy* workforce ready to improve access, outcomes, and costs

## Key Challenges

- Increasing demand for health services
- High turnover rates in many occupations
- Shortages of health care workers, burnout
- Health occupation/profession school capacity
- Lack of diversity in the workforce, structural racism
- Environment in health care settings & society



# Health Workforce Challenge: Demand for Care

Increasing demand for health services over the past decade

- Affordable Care Act + Covered California + Behavioral Health Parity + CalAIM + Masterplan for Aging = Progressive policy in CA toward universal coverage and improved access
- Rural communities face particularly acute shortages and gaps in care
- Rising income inequality exacerbates the gap between demand and actual need for care, especially in areas of primary, behavioral and dental care
- Aging population



# The Burning Platform of the Aging Population

### Aging Population


### Source of Care

### Workforce

**By 2030:**  
Senior population age 65+ will double to **9 million**

Youngest baby boomers will hit retirement age **75+** will be fastest growing age group beginning 2020

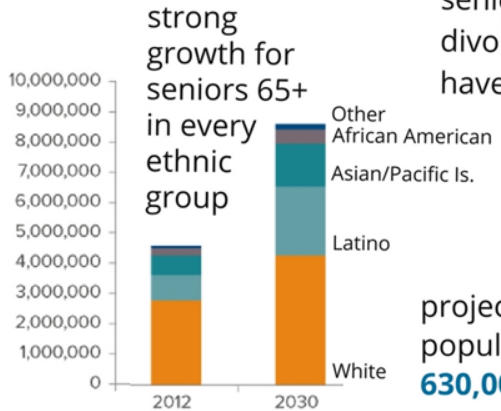


**50%** seniors will be widowed, divorced/ separated, or have never married

**33%** of CA counties have highest concentration of residents age 65+ living below FPL

**33%** projected increase of age 65+ population with Alzheimer's, from **630,000 in 2017 to 840,000 in 2025**

strong growth for seniors 65+ in every ethnic group



CA senior population age 65-75 facing difficulties with self-care will be living at home and double by 2030 to **~1 million**

**100,000** limited self-care population age 65-75 in nursing homes by 2030

**\$97K** annual cost of nursing homes

**\$57K** annual cost (average) of homecare\*

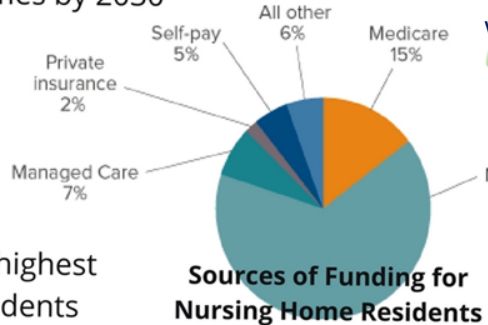
\*cost varies based on number of hours needed

**200,000** additional homecare workers needed in CA by 2024

**33%** annual turnover of IHSS

**60%** annual turnover of agency-employed home care workers

**< 5%** of the health professions workforce has expertise in geriatrics



# Health Workforce Challenge: Supply

POLICY-ISH

## After historic strike, Kaiser Permanente workers win 21% raise over 4 years

Updated October 14, 2023 · 2:11 PM ET


McKinsey Health Institute

## Addressing employee burnout: Are you solving the right problem?

May 27, 2022 | Article

HOME \ NEWS \ NATIONAL

**Doctor slams medical college group's prediction of massive doctor shortage by 2030**



*Dr. Ezekiel Emanuel argued against the Association of American Medical Colleges' doctor shortage prediction. He's said it's not a lack of physicians, but poor management and distribution of resources that account for a perceived physician shortage. (Associated Press) more >*

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## Listen: Inroads for Women in California's Health Care Workforce

### Pandemic Is Leaving U.S. With Shortage of Long-Term Health Care Workers

April 11, 2022, at 1:02 p.m.

Save Facebook Twitter LinkedIn Email

By Amy Norton HealthDay Reporter

MONDAY, April 11, 2022 (HealthDay News) -- The pandemic has worsened longstanding staffing shortages at U.S. nursing homes and other long-term care facilities. Now, a new study shows that high employee turnover rates have yet to improve.



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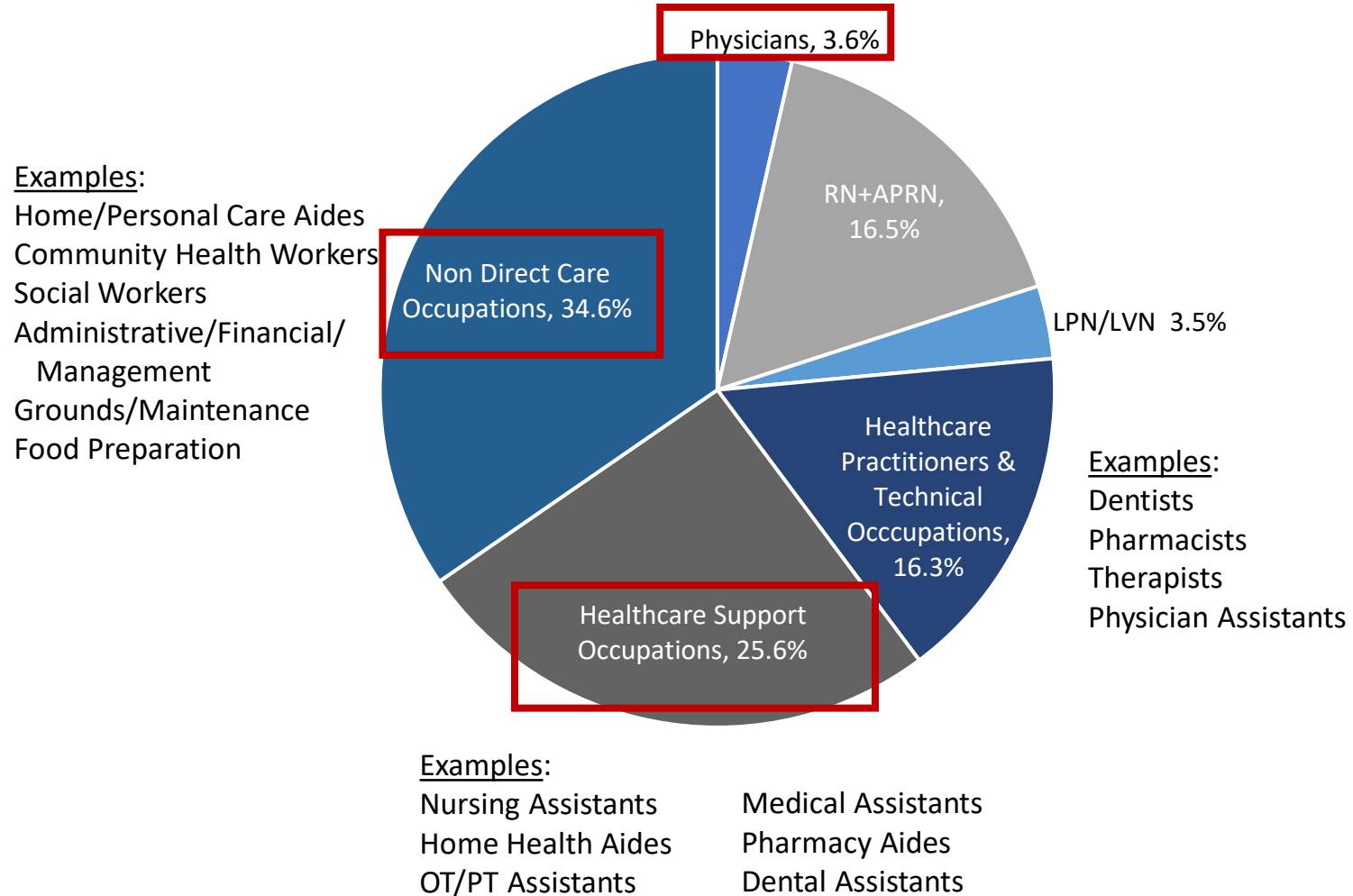
## Is US headed for worst nursing shortage?

By: Howard Gerber- @inquirerdotnet INQUIRER.net US Bureau / 01:51 AM November 30, 2017

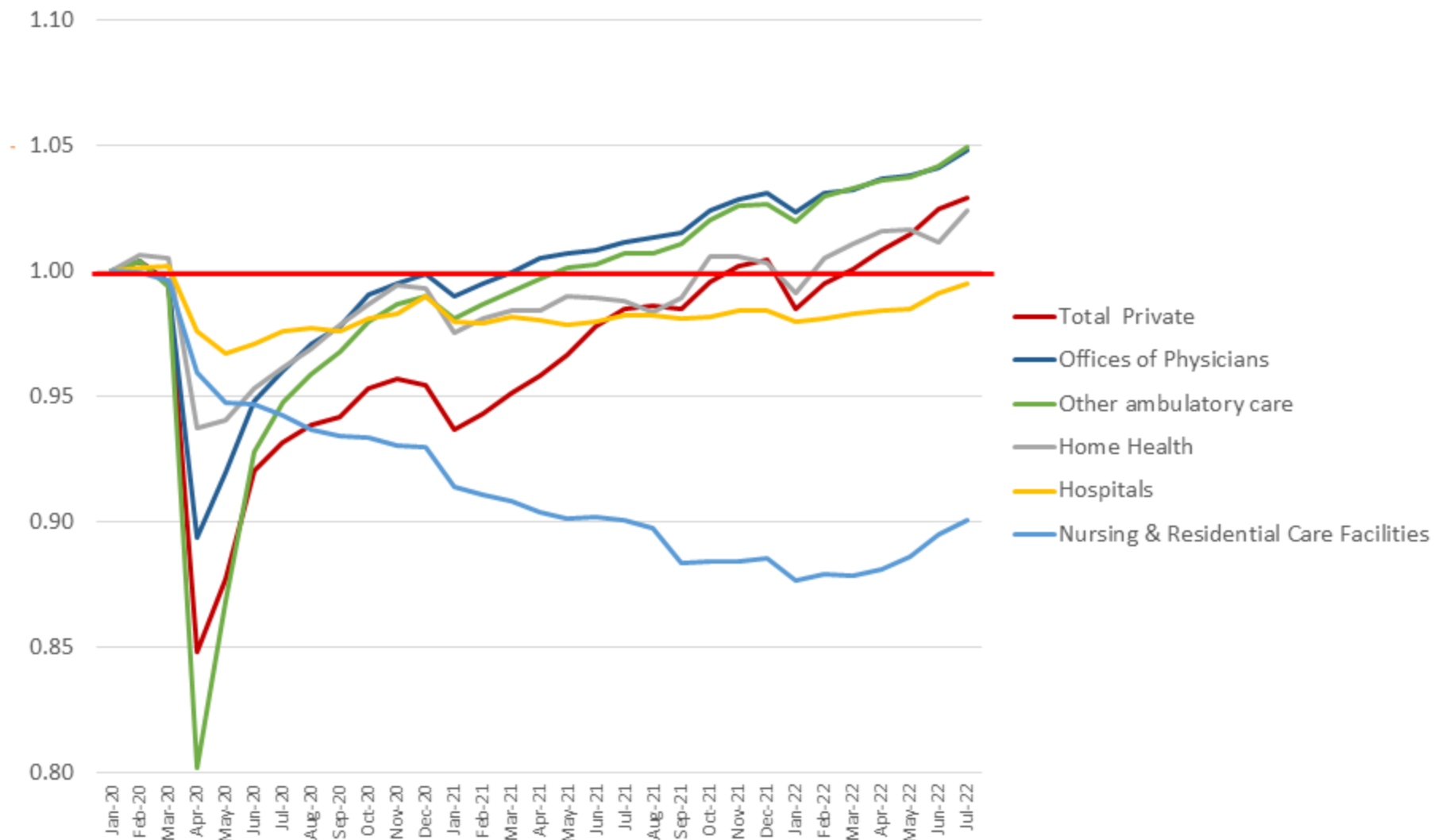


# Occupations within Healthcare Industry, 2019

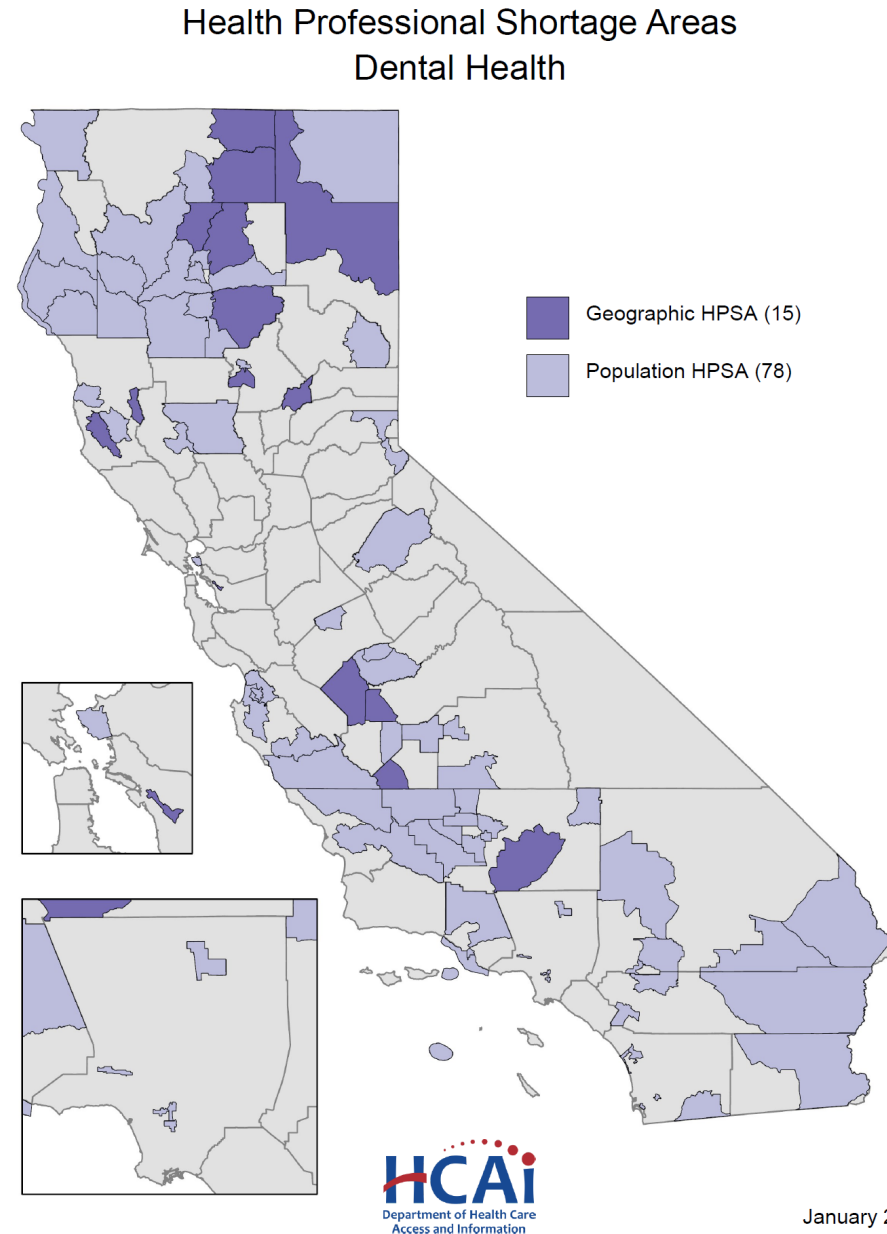
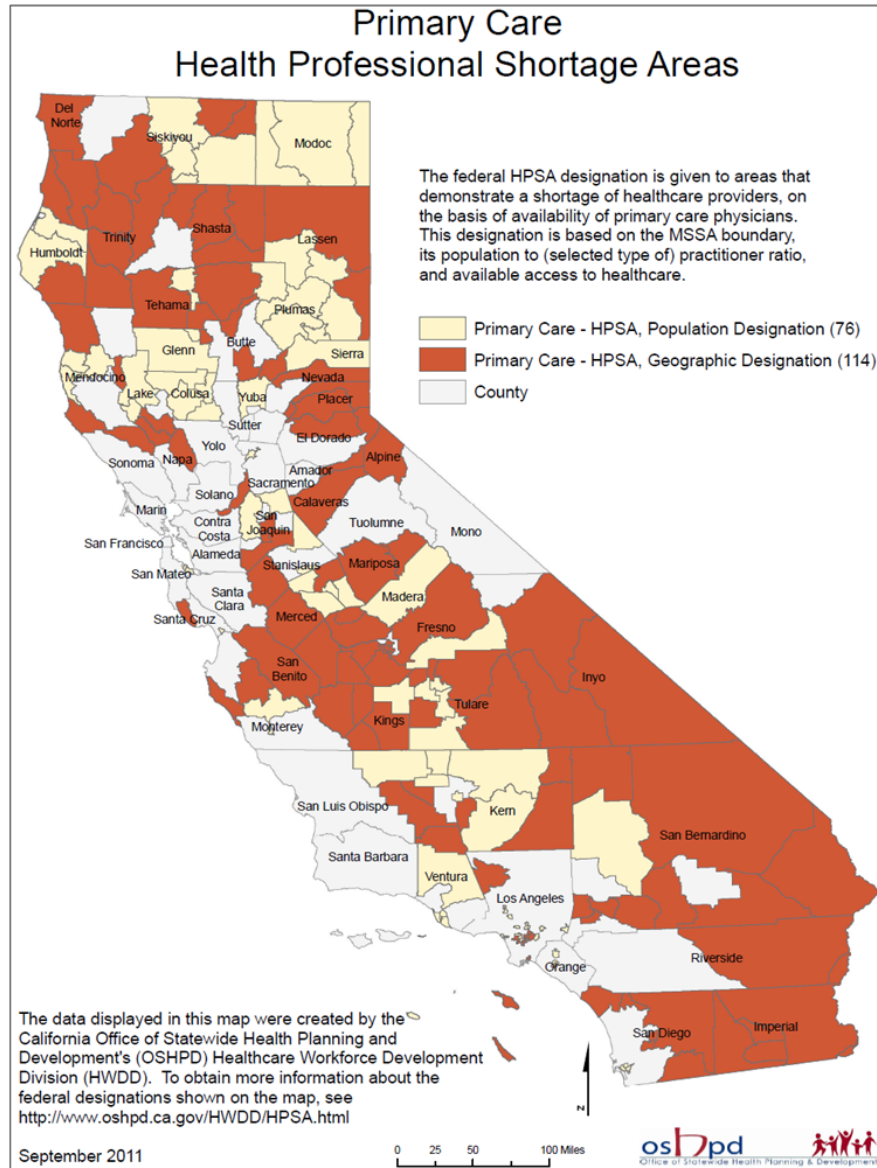
(total number = 17,054,890)



# Relative Number of Employees by Sector, Jan 2020 to Jul 2022 (Jan 2020=1.00)



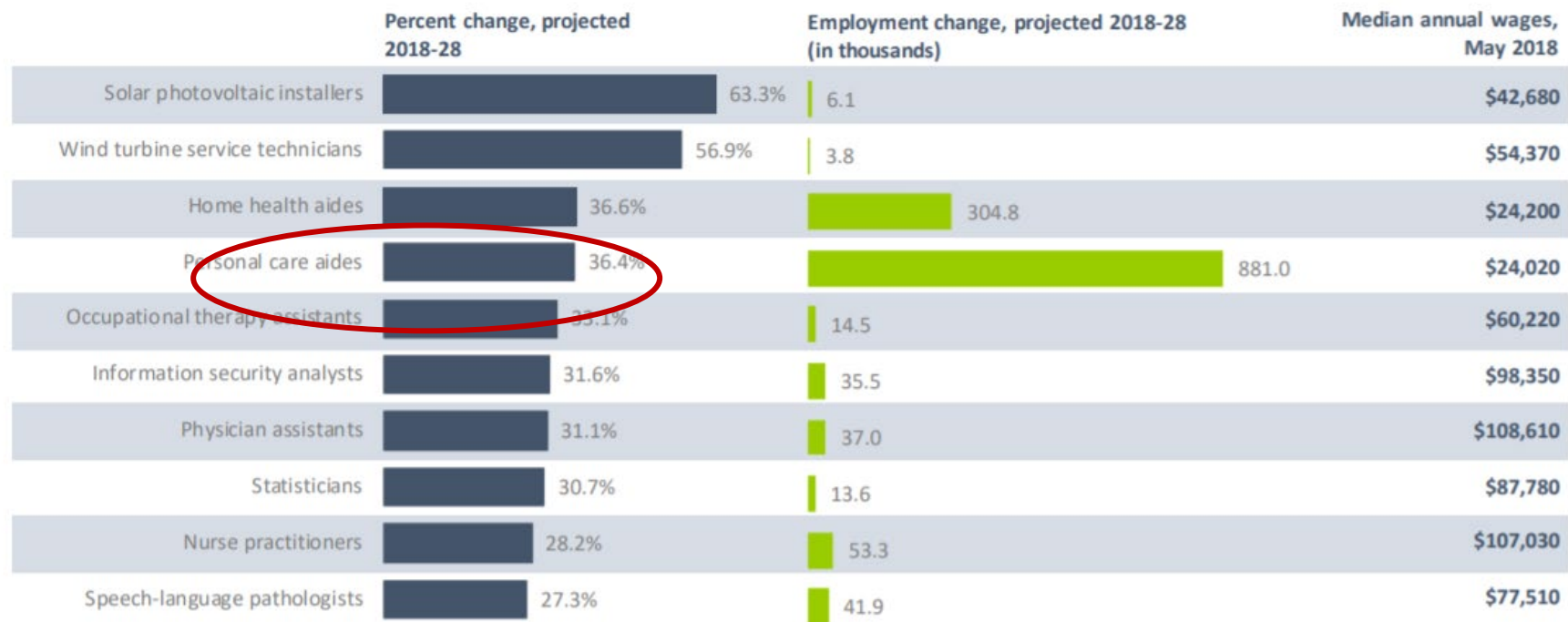
# Shortages are not uniform across regions





# Occupations Projected with Highest Percent Change of Employment, 2018-2028

Chart 1. Ten fastest growing occupations, projected 2018-28



Healthcare jobs dominate list of fastest growing occupations, and most require less than a Bachelor's degree to enter.

**FIGURE 3 Selected Demographic and Socioeconomic Profile of Health Care Workers by Sector**

	Unemployed	At or below the 100% poverty threshold
All Industries	9.3%	9.9%
Health Care Industries	4.8%	6.8%
Office of physicians	4.7%	4.2%
Office of dentists	4.4%	4.4%
Office of chiropractors	5.7%	6.8%
Office of optometrists	4.3%	4.6%
Offices of other health practitioners	3.5%	4.7%
Outpatient care centers	4.2%	5.5%
Home health care services	9.2%	20.3%
Other health care services	5.3%	5.8%
Hospitals	2.8%	3.5%
Nursing care facilities	7.2%	12.8%
Residential care facilities, without nursing	7.2%	12.6%

Source: Authors calculation from data and sample weights extracted from [Ruggles et al. 2010](#).

Source: Frogner BK, Spetz J, Parente ST, and Oberlin S (2015). "The Demand for Health Care Workers Post-ACA," *International Journal of Health Economics and Management*, 15(1): 139-151.

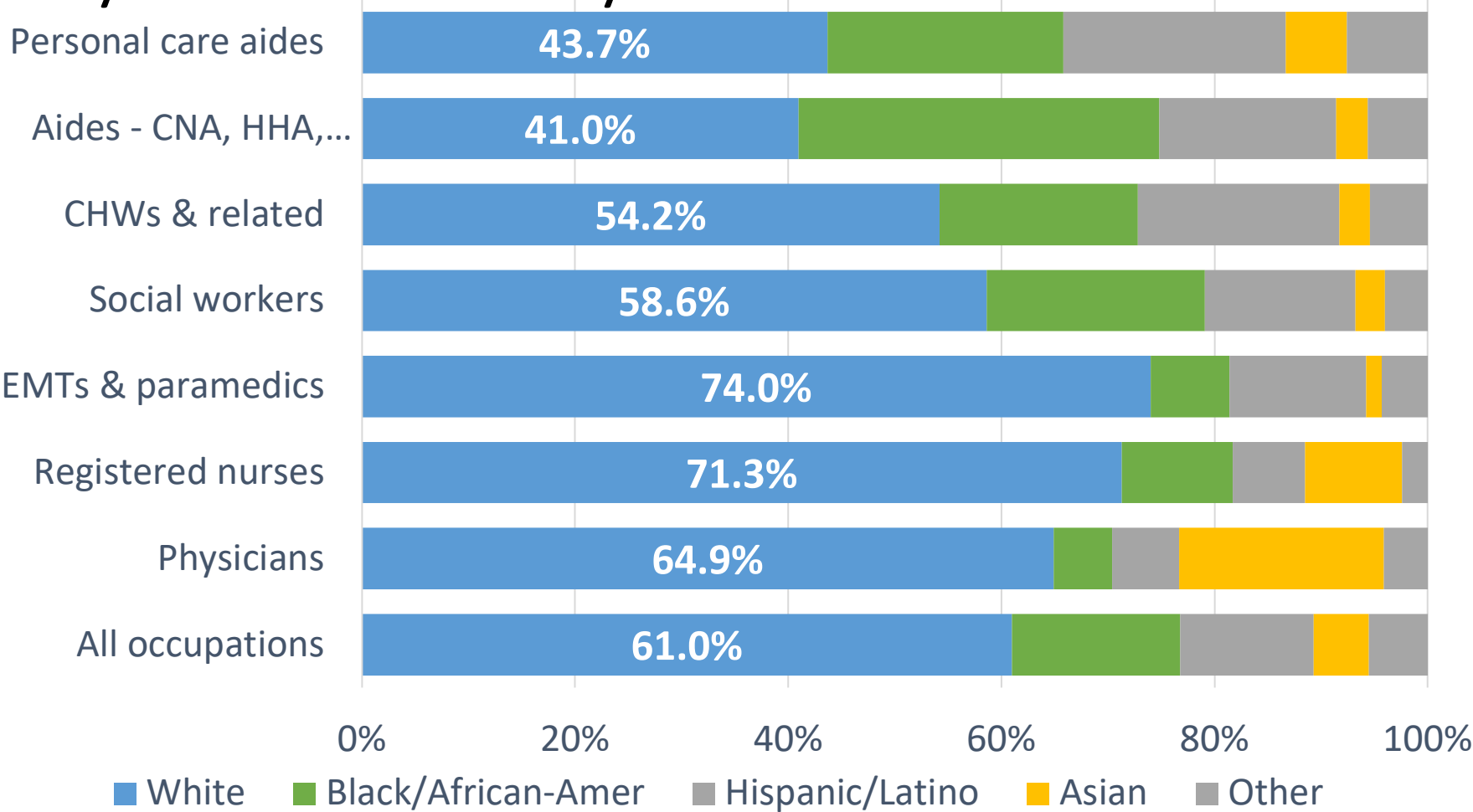
# Health Workforce Challenge: Diversity



- Lack of diversity
  - Especially as you move into the post-grad trained professions
  - Many successful pathway programs but gaps remain and
  - Affirmative action ruling by SCOTUS impact is yet unknown, maybe muted in CA since prop 209



# Healthcare occupations vary in how racially & ethnically diverse they are



Source: U.S. Bureau of Labor Statistics, industry-occupation matrix, 2016

# Structural racism impedes progress

- 1910 Flexner Report – closed all but Howard and Meharry
- Medicare required hospitals received desegregation for federal funding
- After desegregation, professional association remained white-only denying Black and Latine physicians professional credentials and certification to join hospital medical staff
  - Black and Latine nurses were not hired by segregated hospitals and barred from American Nurse Association and other professional organizations
- State and Federal Ban of Affirmative Action

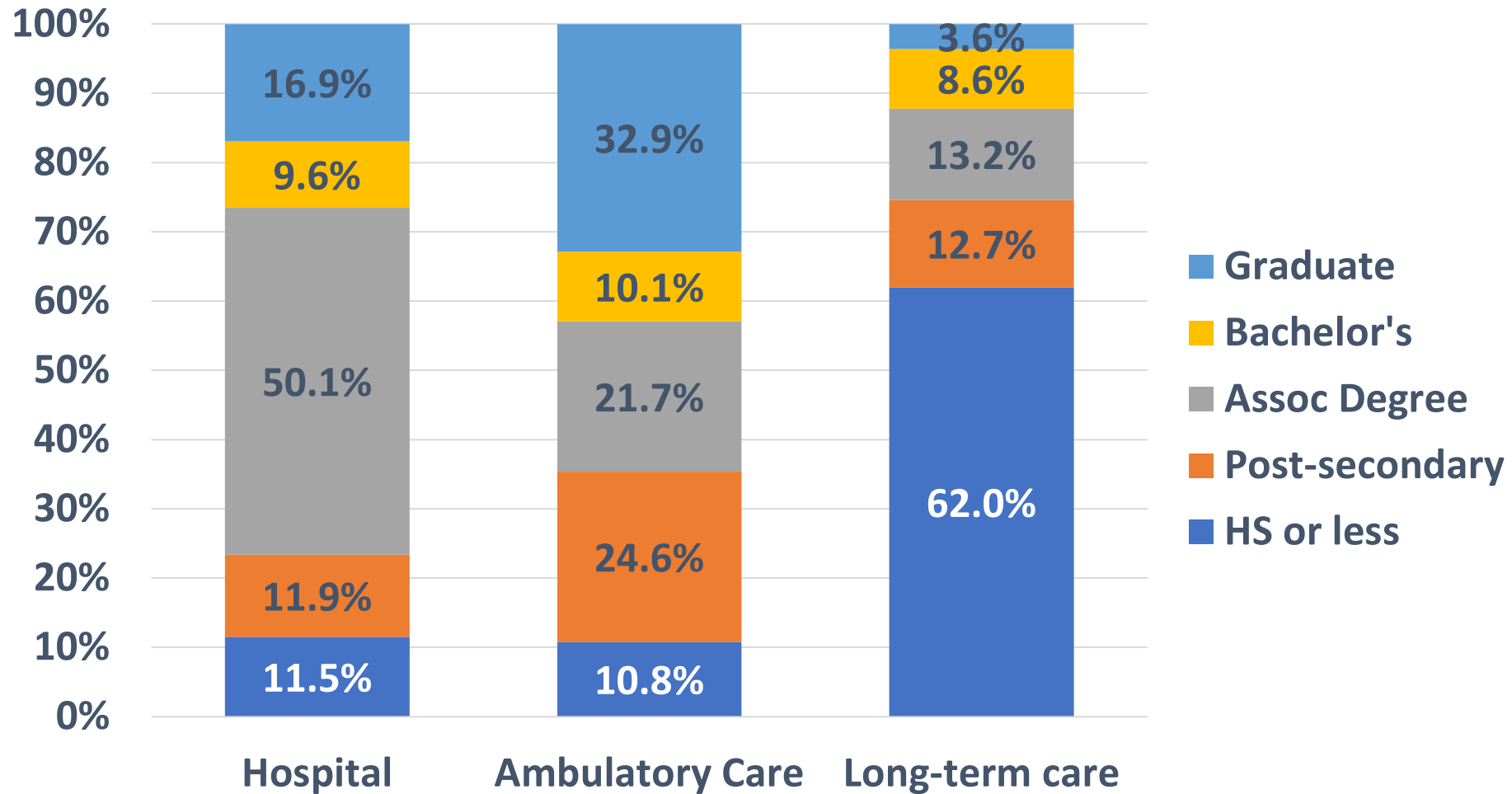


# Health Workforce Challenge: Educational Pipeline

- Health occupations and professions schools
  - Double impact of COVID from both health care and education perspective
  - Has limitations in expanding capacity (faculty, relative pay, clinical training sites)
  - Exploding educational debt
  - Lack of career ladder articulation between regulation, employment needs, and training design



# Education distribution of health workers, by industry



Source: Frogner, Skillman, Patterson, & Snyder, 2016, Center for Health Workforce Studies, University of Washington

# Health Workforce Challenge: Changing Environment

- COVID changed almost everything
- Need for
  - more occupational protections
  - Addressing burnout at the structural level
- Mobile/telehealth expansion



*California has achieved significant progress toward universal health insurance coverage and crafted a comprehensive plan for strengthening the health workforce. This progress toward a just and equitable health systems in California offers a bold opportunity to achieve what communities need and have long demanded: a culturally responsive, diverse, and inclusive health workforce. A vision which, by design, holds the promise of a future with expanded social opportunity, greater economic mobility, and social justice for communities of color in California.*

# Health Workforce Resources for California

- [HCAI Fact Sheet](#) – Health Care Access and Information
- [California Health Workforce Education and Training Council – HCAI](#)
- [Health Workforce Strategies for California - California Health Care Foundation \(chcf.org\)](#)
- [Social Bond Initiative – The California Endowment](#)
- [Medi-Cal Transformation \(CalAIM\)](#)
- [Master Plan for Aging \(ca.gov\)](#)
- [Urban Institute](#)
- [Health Career Connections](#)
- [Health Workforce Technical Assistance Center](#)
- [Healthforce Resources](#)
  - Publications, Policy Analysis and Support, Research Support, Consulting, Training

***Today, we are thrilled to share with you the launch of an initiative at Healthforce Center at UCSF that embodies our dedication to advancing and supporting health workforce policy.***

Supported by a five-year, \$7-million grant from The California Endowment (TCE), we are expanding our research and policy work to dramatically accelerate progress toward a health workforce that better reflects our demographics and addresses local and regional workforce needs.

**Moving Forward, Together!**



# Healthforce Center at UCSF: Driving progress towards greater equity in the health workforce

**HPS50**

**Healthforce Center at UCSF**









**Healthforce Center at UCSF**

# A new approach to supporting evidence-based and community responsive workforce policy development



- In close collaboration with communities across California, we will develop and advance a policy agenda that prioritizes system changes to generate better economic opportunity, and, ultimately, better health for communities of color, statewide public health, and individual health equity.
- Such policies will advance these aspects of the health care workforce:
  - Diversity: backgrounds, life experiences, language skills, and identities
  - Capacity: skills development, maximizing scope, and reduced supervision
  - Flexibility: overlapping scopes and flexing as settings and teams need
- Our vision and design for this body of workforce policy is guided by values of social justice to move from structures of exclusion and disparity to a future state marked by structures of inclusion and equity

<b>Structures of Exclusion and Disparity</b>		<b>Structures of Inclusion and Equity</b>
Policies based on historical norms and standards		Policies based on community needs and values
Power and resources allocated to credentialed workforce to delivery services		Power and resources allocated to workforces that improve community health
Valuing expertise and formal education		Valuing cultures and experiences of community members
Valuation of professional training in pay, power, and opportunity		Valuing caretaking work (largely by women and BIPOC communities) by paying living wages and providing safe working condition & career ladders
Integration of new groups of health workers into pathways that are rooted in white supremacy		Reimagining workforce pathways rooted in social justice principles
Differential access to education, resources, and opportunities		Identifying and removing structural barriers to education, resources and opportunities

# Faculty at Healthforce Center at UCSF



**Tram Cat, PharmD, BCPS**

Expertise: Pharmacy, experiential learning, wellness and burnout prevention



**Ulrike Muench, PhD, MSN, RN**

Expertise: Nursing, primary care, prescribing patterns, disparities, policy evaluation, opioid use disorders



**Susan A. Chapman, PhD, MPH, RN, FAAN**

Expertise: Community health workers, allied health, behavioral health, aging, nursing, long-term care



**Sunita Mutha, MD, FACP**

Expertise: Workforce pipeline, primary care, diversity, language concordance, burnout/wellbeing, physicians, GME



**Janet Coffman, PhD, MA, MPP**

Expertise: Workforce pipeline and diversity, physicians, primary care, community paramedicine, behavioral health, GME



**Taylor B. Rogers, PhD, MPH**

Expertise: Structural racism, discrimination, equity, diversity, and inclusion in care delivery, the health workforce, health services research



**Kristin Hoeft, PhD, MPH**

Expertise: Oral health disparities, oral health literacy, patient-provider communication, tobacco use in adolescents



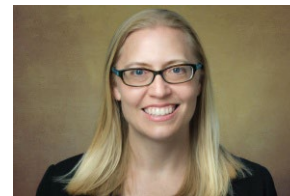
**Joanne Spetz, PhD**

Expertise: Long-term care workforce, scope of practice, nursing workforce, substance use disorder treatment workforce



**Elizabeth Mertz, PhD**

Expertise: Workforce diversity, health disparities, oral health, quality measures, mixed methods and big data



**Laura Wagner, PhD, RN, FAAN**

Expertise: Long-term care, nursing workforce, nursing education



# Taylor B. Rogers, PhD, MPH



- Dr. Rogers is a Postdoctoral Scholar for the Healthforce Center at UCSF and the Philip R. Lee Institute for Health Policy Studies
- Recently earned PhD in Health Policy and Management at the UCLA Fielding School of Public Health in June 2023
- Trained health services and policy researcher with expertise in the application of Critical Race Theory and Public Health Critical Race Praxis on health services research
- Research interests include addressing structural racism, discrimination, equity, diversity, and inclusion in healthcare delivery, the health workforce and workplaces, and health workforce learning environments.
- Email: [Taylor.Rogers@ucsf.edu](mailto:Taylor.Rogers@ucsf.edu)
- Twitter (X): [@taybrogers](https://twitter.com/taybrogers)



# We want to hear from you!

<http://healthforce.ucsf.edu/policy>



SCAN ME

- This work will rely on a community-driven and collaborative approach to transforming the health workforce.
- We will continue to build collaboration with community voices, government agencies, and other organizations to align statewide policy efforts with regional health workforce priorities.
- Launching the Pathfinder Council ensures community input drives research priorities and policy products support community advocacy.
- Follow us on LinkedIn  
<https://www.linkedin.com/company/18729496/>

Thank you!

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