

EXECUTIVE SUMMARY: MEETING THE DEMAND FOR HEALTH

FINAL REPORT OF THE CALIFORNIA FUTURE HEALTH WORKFORCE COMMISSION

Introduction: A Looming Workforce Crisis

California's health system is facing a 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 types of health workers in the right places to meet the needs of its growing, aging, and increasingly diverse population.

The California Future Health Workforce Commission has spent nearly two years focused on meeting this challenge, issuing a new report with recommendations 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, African American, 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, Los Angeles, and San Joaquin Valley, and in most rural areas.

As a generation of baby boomers retires — including a large percentage of the health workforce — and as living costs rise and the state's production of health workers continues to lag growing demands, 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

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 24 commissioners included prominent health, policy, workforce development, and education leaders in the state.

4,100 primary care clinicians and 600,000 home care workers, and will have only two-thirds of the psychiatrists it needs.

To adequately fill these gaps, the state must also overcome the growing mismatch between its existing workforce and the state's increasingly diverse population. People 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 compose only 7% of physicians. More than seven million Californians have limited English proficiency and would benefit from multilingual providers — yet few are available.

The Solution: A Comprehensive Plan to Build the Workforce That 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.

The Commission's final report includes a set of 27 detailed recommendations within three key strategies that will be necessary for: (1) increasing opportunities for all Californians to advance in the health professions, (2) aligning and expanding education and training, and (3) strengthening 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 27 recommendations over the next decade will be important, the Commission has highlighted 10 priority actions that its members have agreed would be among the most urgent and most impactful first step toward building the health workforce that California needs. (See next page.)

To make these proposals a reality, the Commission also recommended establishing statewide infrastructure, starting in 2019, to implement the recommendations in partnership with stakeholders, to monitor progress, and to 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



Priorities for Action

California leaders, stakeholders, and partners in health professions education and health care delivery must embrace bold steps to create and sustain the health workforce that communities need now and will need in the future. The Commission's bold and far-reaching recommendations 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, to train enough new workers to meet statewide and regional needs, and to support current workers by strengthening their capabilities and preventing burnout.

The Commission's 10 priorities for immediate action and 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. 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, including community college students, from underrepresented regions and backgrounds to pursue health careers**, and form associated partnerships that provide academic, advising, and health career development support. College students from low-income and first-generation backgrounds will be targeted for inclusion in this priority, which has the potential to add at least 25,500 new California health care workers over 10 years. (Recommendation 1.2)
3. **Support scholarships for qualified students who pursue priority health professions and 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 Programs in Medical Education (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 and psychiatry residency positions**, yielding an increase of 1,872 primary care physicians and 2,202 psychiatrists by 2030. In conjunction with priorities 7 (maximize role of nurse practitioners) and 9 (psychiatric nurse practitioners), this recommendation would eliminate California's projected shortage of primary care physicians and psychiatrists. (Recommendation 2.2)
6. **Recruit and train students from rural areas and other underresourced communities to practice in community health centers in their home regions** by providing these medical students with full-tuition scholarships for medical school in exchange for practicing in underserved areas. Once this partnership with 10 California medical schools and several community health centers is fully implemented in 2026, it's anticipated that California would see an increase of 200 to 480 additional medical students annually. (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 need for an estimated 600,000 home care workers 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 to 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, *promotores*, and peer providers through certification, training, and reimbursement, broadening access to prevention and social support services in communities across the state. Community health workers and *promotores* (CHW/PPs) and peer providers can help meet increasing demand for team-based integrated primary and behavioral health care, drawing on lived experience to support better outcomes for all and to promote recovery and self-sufficiency for people with mental illness and substance use disorder. (Recommendation 3.4)

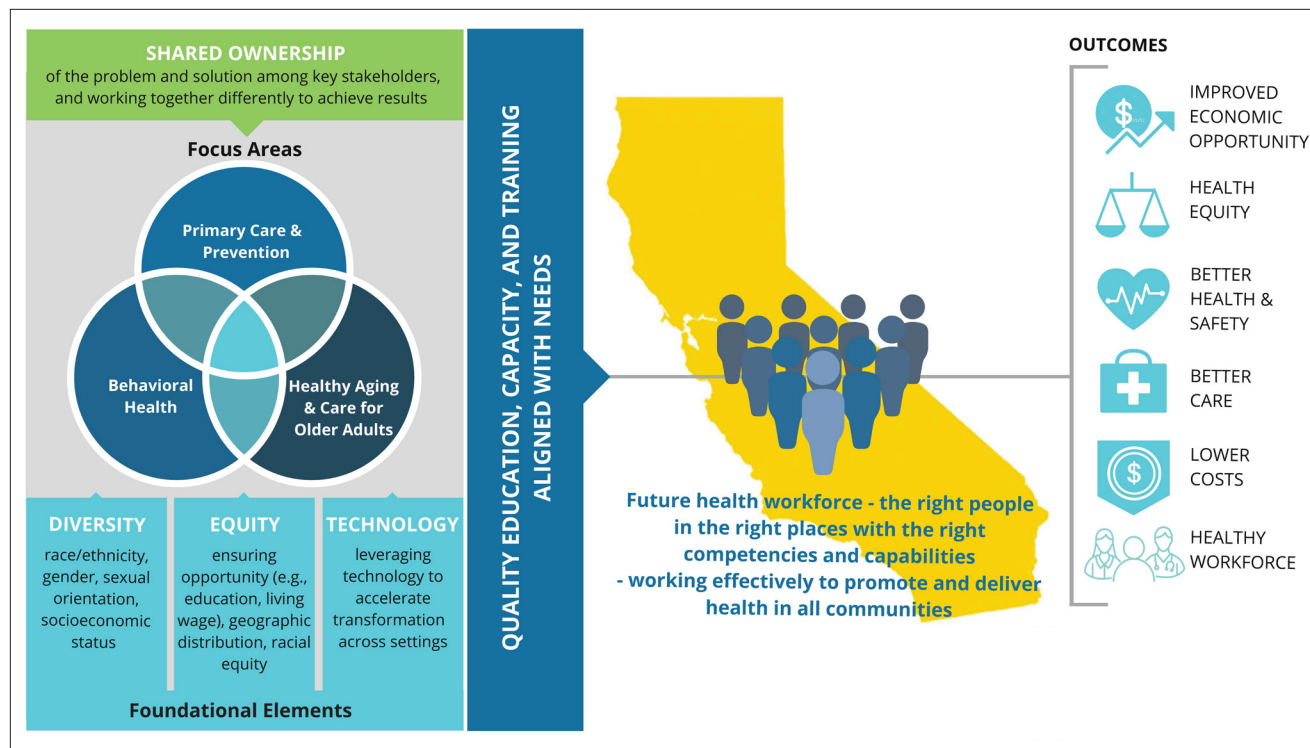
Together, the Commission’s prioritized recommendations will:

- Grow, support, and sustain California’s health workforce pipeline by reaching over 60,000 students and cultivating careers in the health professions.

- Increase the number of health workers by over 47,000.
- Improve diversity in the health professions, producing approximately 30,000 workers from underrepresented communities.
- Increase the supply of health professionals who come from and train in rural and other underserved communities.
- Train over 14,500 providers (physicians, nurse practitioners, and physician assistants), including over 3,000 underrepresented minority providers.
- Eliminate the shortage of primary care providers and nearly eliminate the shortage of psychiatrists.
- Train more frontline health workers who provide care where people live.

Implementation will require a \$3 billion investment over a 10-year period: For perspective, that is less than 1% of what Californians are projected to spend across the health care system in 2019 alone.

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



Additional Recommendations

In addition to its 10 priorities for action, the Commission has developed 17 other important recommendations to address critical health workforce needs, for a combined estimated cost of \$6 billion. 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 factors that will impact the success of building the health workforce that California needs. For example, without adequate Medi-Cal payment rates, an accelerated shift to value-based payment, effective preparation of K–12 students, and the ability for California to address other “essential conditions,” even well-intentioned efforts to address the state’s health workforce needs may 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 technical, and closely regulated fields. 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 growing shortfalls has created a looming health workforce crisis that the state simply cannot afford.

By strengthening the supply, distribution, and diversity of workers in primary care, behavioral health care, 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 expanded opportunities and better support to pursue rewarding educations and careers. And, ultimately, 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 that all Californians need and deserve. The California Future Health Workforce Commission has set forth a path and set of actionable recommendations for achieving that goal.