



CALIFORNIA'S HEALTH WORKFORCE CHALLENGES & NEEDS

KATHRYN PHILLIPS, MPH

ASSOCIATE DIRECTOR, IMPROVING ACCESS

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California
Health Care
Foundation

Workforce Shortage: Scope of the Problem



Median age
of California
resident is
37



Median age
of California
Dentist is **52**



Median age
of California
physician is
53



In the rural north,
median age of
California
physician is
59

■ Shortages are widespread:

- 5 of 9 regions fall below minimum national standards for supply of primary care providers; our supply is declining *faster* than other states
- Troubling trends among other specialties

■ Shortages are a longstanding problem:

- Aging population with increasing needs for care
- Aging workforce

Minimum Standards for Primary Care Physicians, Per Capita	
Below	Inland Empire
Below	San Joaquin Valley
Below	Northern Sierra
Below	Central Coast
Below	Los Angeles County
Borderline	Orange County
Borderline	San Diego
Sufficient	Sacramento
Sufficient	Bay Area

Workforce Shortage: Scope of the Problem

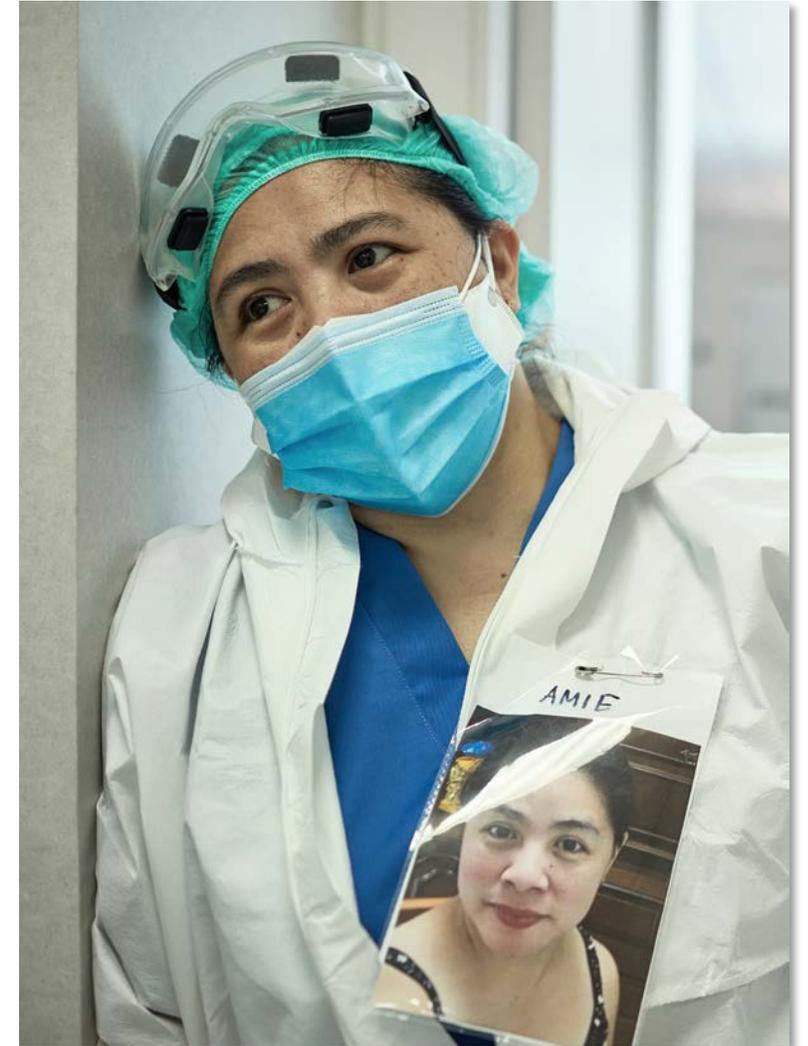


- Made worse by generations of *under*-investment in health education and training:
 - California ranks **46** among the **47** states and territories with medical schools for enrollment, per capita; and **29** of **50** for residency slots, per capita.
 - Only **25%** of qualified applicants for bachelors of nursing programs could be enrolled in 21-22.

Sources: Department of Health Care Access and Information, Health Workforce Research Data Center Annual Report to the Legislature January 2023; [BRN School Survey Interactive Dashboard \(ca.gov\)](#); [Physician Workforce and Medical Education in California \(ucop.edu\)](#) (2020); [Here Today, Gone Tomorrow: California's Bottlenecked Education Pipeline Leaks Needed Latino/x and Black Medical Students \(chcf.org\)](#) (2023).

Multiple factors are worsening these shortages:

- California's high-cost of living is driving workers to other industries and other states
- COVID-19 fueled burnout, early retirement, and departures:
 - 2020: exits *surpassed* new licenses for vocational nurses.
 - 2021: exits *increased* for both physicians and registered nurses.
 - Turnover and vacancy time increased for nearly all positions at Community Health Centers.



Sources: [Department of Health Care Access and Information, Health Workforce Research Data Center Annual Report to the Legislature January 2023](#); California Primary Care Association (2023)

Impact on Communities

- Workforce shortages limit access to care:
 - 11 million Californians live in a Primary Care Health Professional Shortage Area; nearly 2/3 are Latino/x, Black, or Native American.
 - Extended wait times or additional transportation
- Workforce shortages contribute to poor population health:
 - California ranks **44** in the nation for prevention and treatment:
 - **50** for children without a medical and dental preventive care visit
 - **48** for diabetic adults without an annual A1c test
 - **46** for youth with major depressive episode who did not receive mental health services

CHCF Health Policy Survey (2023)



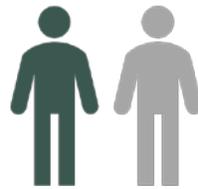
More than half (55%) of those who tried to make a mental health care appointment in the last year reported unreasonable wait times.

[The 2024 CHCF California Health Policy Survey - California Health Care Foundation](#)

California's health workforce does not reflect the racial, ethnic, or linguistic diversity of our state.

- Latinos/x represent 39% of California's population but are under-represented in every workforce category and region among 47 licensed health professionals.
- The most troubling and pervasive gaps are among physicians.
- To reach population parity, CA would need an additional 37,000 Latino/x physicians.
- Today, we produce just 1,725 physicians a year.

In California:



45% of residents identify as Black/Latino/x



14% of medical school graduates identify as Black/Latino/x



<9% of practicing physicians identify as Black/Latino/x



California's nursing workforce demonstrates similar underrepresentation as nurses move through their education and careers.

How does diversity and representation improve population health outcomes?

- Improved access
- Greater trust
- Better communication
- Higher patient satisfaction
- More effective care
- Fewer disparities

- Regardless of specialty, Black, Latino/x, and Pacific Islander physicians in California are more likely to practice in medically underserved and health shortage areas compared to their white counterparts. They are also more likely to accept Medicaid.
- When the race or ethnicity of a patient matches that of their physician, patients have greater satisfaction and trust, and in some cases, receive more effective care.
- The ability to speak the same language decreases poor clinical outcomes due to miscommunication.

California Future Health Workforce Commission, 2019



- 24 leaders from health, education, employment, labor, and government; sponsored by health philanthropy.
- Co-chaired by the then UC President Janet Napolitano and Dignity Health President & CEO Lloyd Dean.
- Issued 10 Priority Recommendations for Action; \$3 billion investment to strengthen the supply, distribution, and diversity of healthcare workers.
- Significant progress, including:
 - Established Department of Health Care Access and Information
 - Expanded primary care and psychiatry residencies
 - Expanded scope for nurse practitioners
 - California Medicine Scholars Program (pipeline)
 - Developed Psychiatric Mental Health Nurse Practitioner Program
 - Engaged Community Health Workers/Promotores

THANK YOU



Kathryn E. Phillips, MPH

Associate Director

kphillips@chcf.org