

# **Health Workforce Challenges in California**

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California HealthCare Foundation and The California Endowment  
at the  
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University of California, San Francisco**

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# *Outline*

- **Current Drivers of Change**
- **Workforce Issues**
  - **Nursing**
  - **Medicine**
  - **Pharmacy**
  - **Allied Health**
  - **Dentistry**
  - **Emerging Professions**
  - **Public Health**
- **Action Areas**
  - **Legislation and Regulation**
  - **Education**
  - **Practice Models**



## *Current Drivers*

- **Demographics**
  - aging
  - diversity
- **Technology**
  - biotech
  - information technology
- **Continued movement to systems**
- **Changing Consumer**
- **Health Care Environment**
  - disequilibrium in Health Care

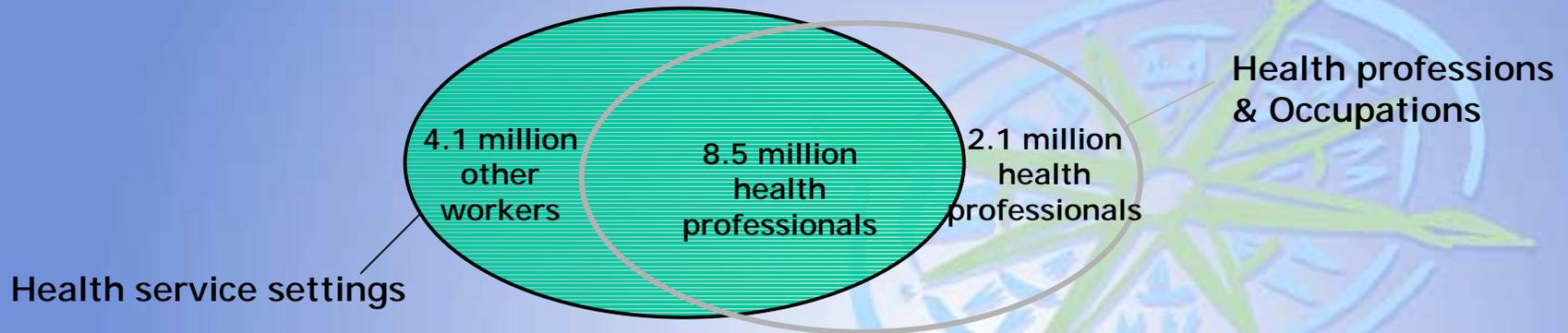


## *Health Care Workforce Scenario*

- **Growing demands**
- **Fewer new workers**
- **Aging workforce**
- **New services and more demands for service**
- **More competition for work**
- **More stress in health work place**
- **Lack of leadership**
- **Profile doesn't reflect population**
- **Geographic maldistribution**

Source: O'Neil E, Kimball B. *Health Care's Human Crisis: Nursing*. (Princeton: Robert Wood Johnson Foundation, 2002)

# Why Workforce?



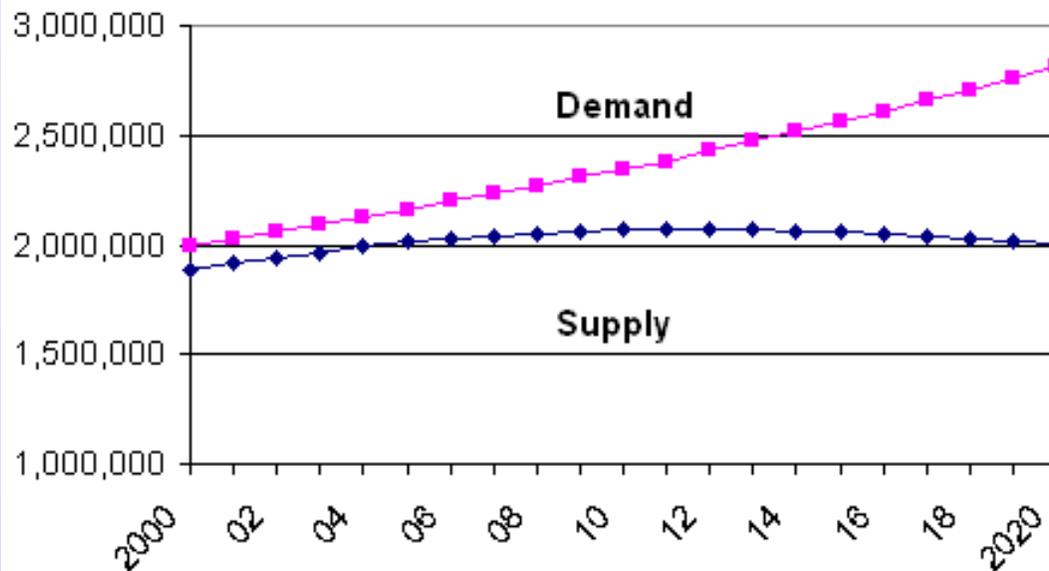
US health workforce	14,653,661	10.5%
US civilian labor force	139,367,605	100.0%

- **Big part of any employment sector**
- **60-70% of health care is labor costs**
- **Limitations to access and spur to cost increases**
- **Represent opportunity for many**
- **State action through professional regulation, education, health regulation**

# *Nursing: Supply*

**Are there  
enough?**

**Chart 1: National Supply and Demand Projections for FTE Registered Nurses: 2000 to 2020**

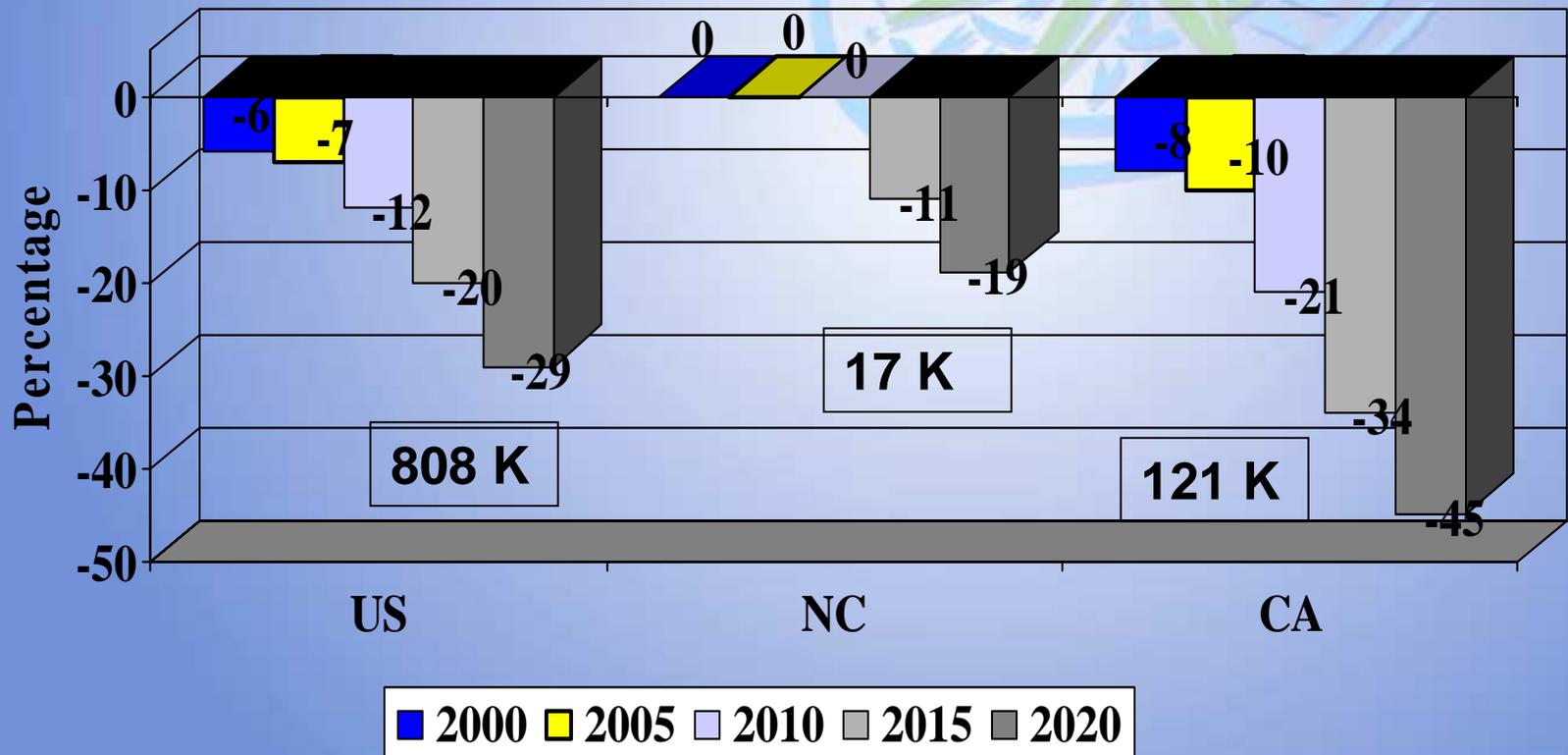


Source: Bureau of Health Professions, RN Supply and Demand Projections

# Nursing: Supply

Are there enough?

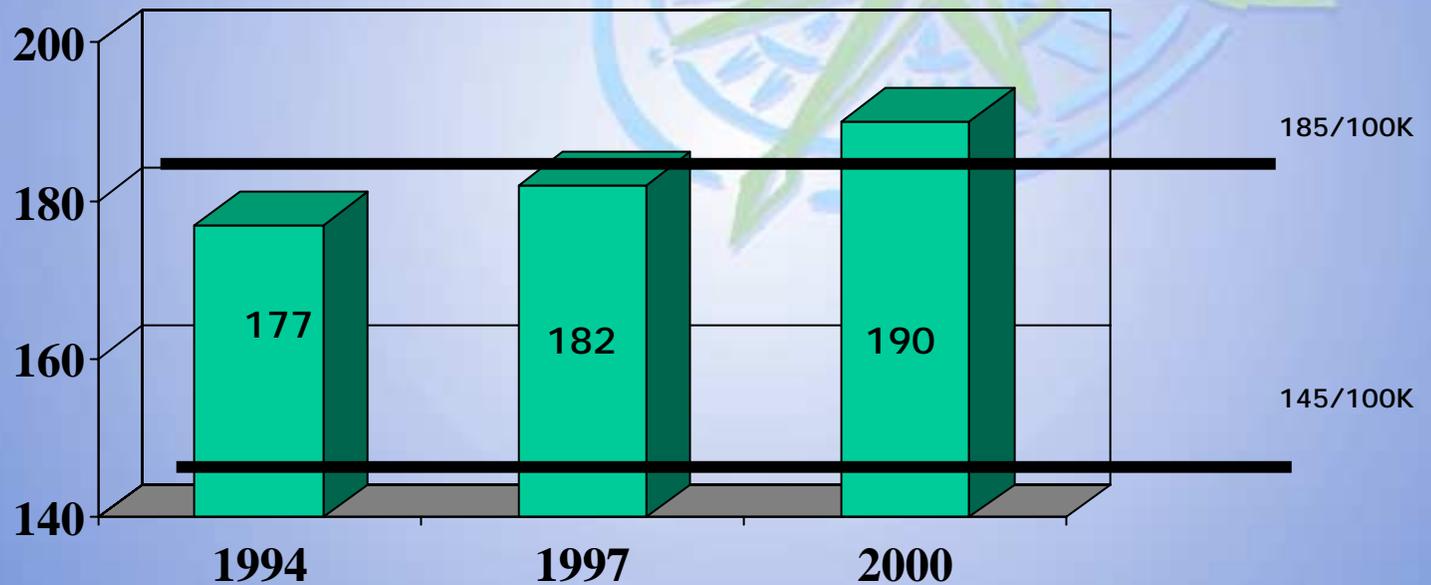
## Projected Demand to Supply of RNs 2000-2020



# *Medicine: Supply*

**Are there  
enough?**

**Ratio of Active CA Physicians to 100K  
Pop**

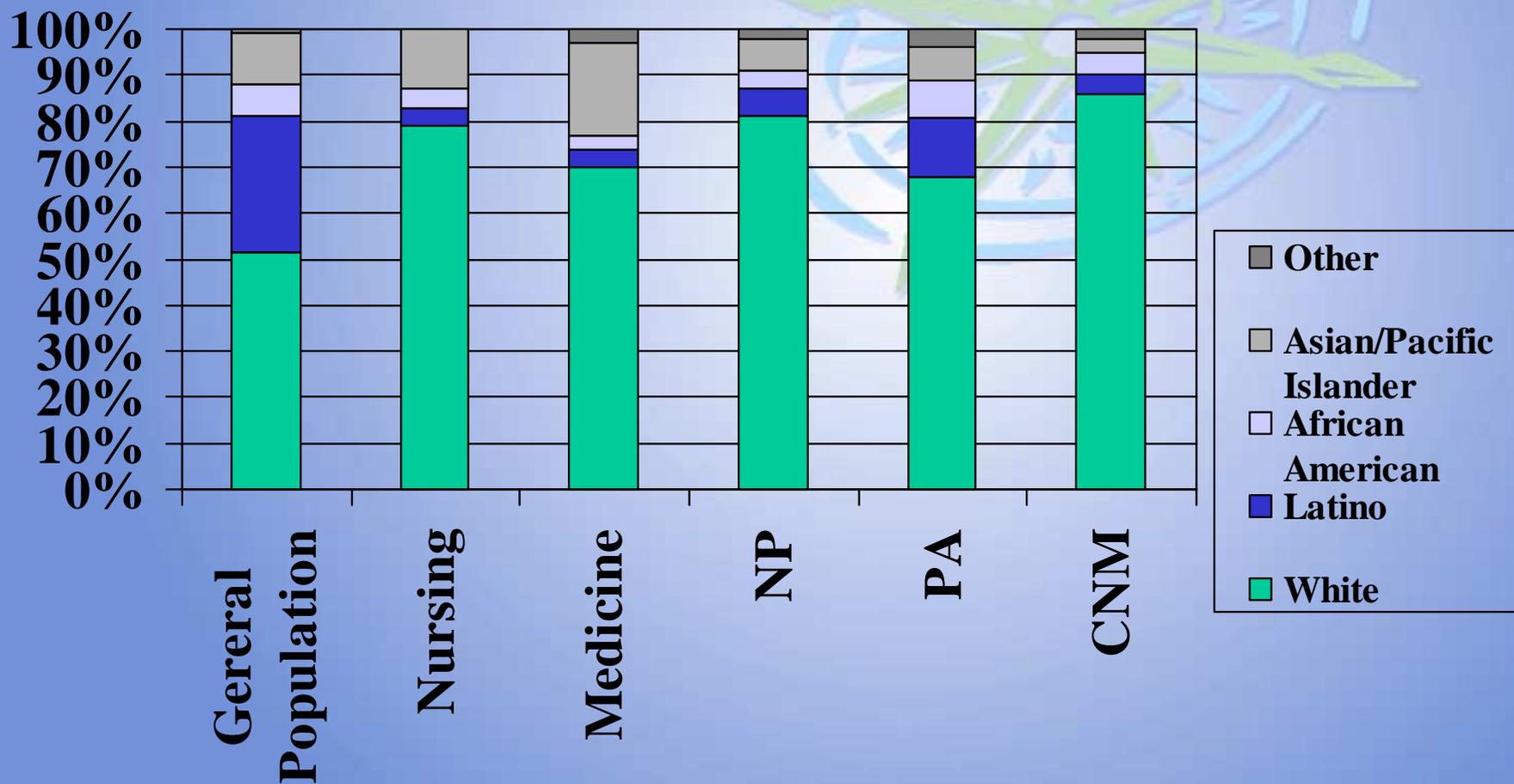


Source: UCSF Center for the Health Professions, 2001

# California Patient-Care Physicians per 100,000 Population by Region, 2000

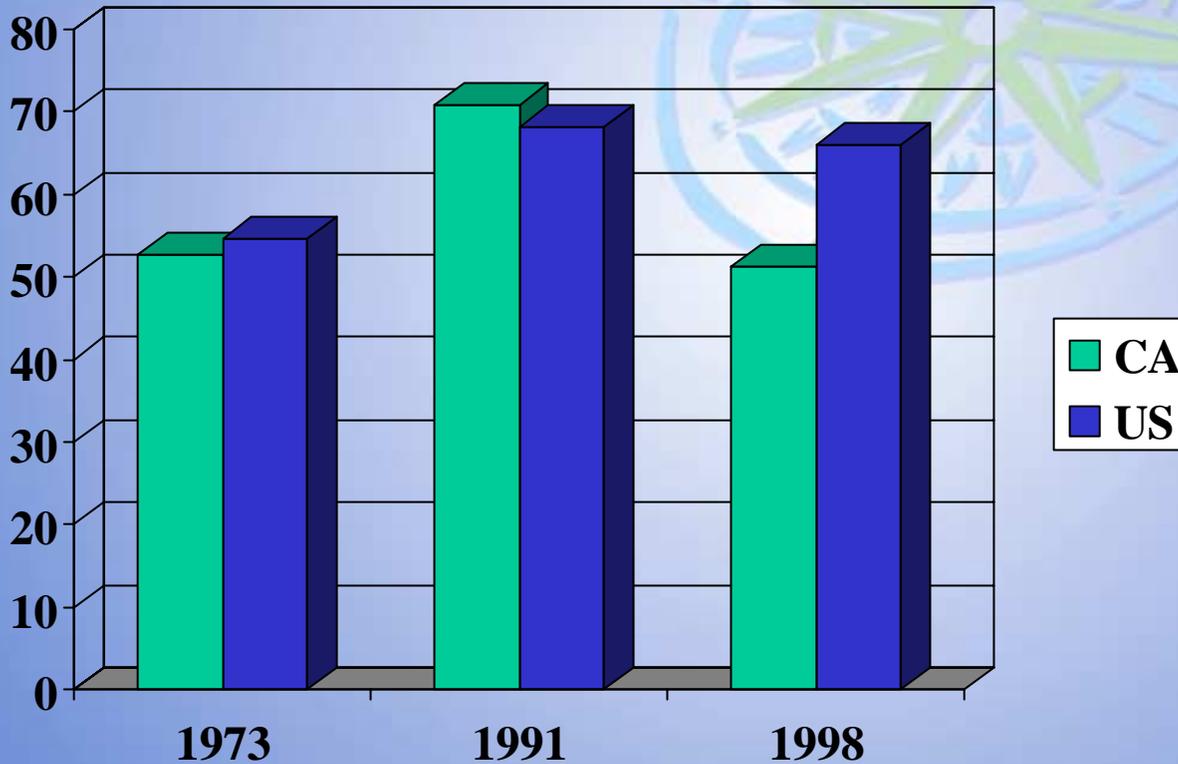


# Health Professions Demographics – California, 1998\*



# *Pharmacy: Supply*

*Ratio of Pharmacists to 100,000 Population*



Source: UCSF Center for the Health Professions, 2002

# *Allied Health: Supply*

- **Projected CA shortages in:**
  - Radiology technicians **47%\***
  - Surgery technicians **39%**
  - Laboratory technicians **76%**
  - MAs **59%**
  - CNAs **77%**

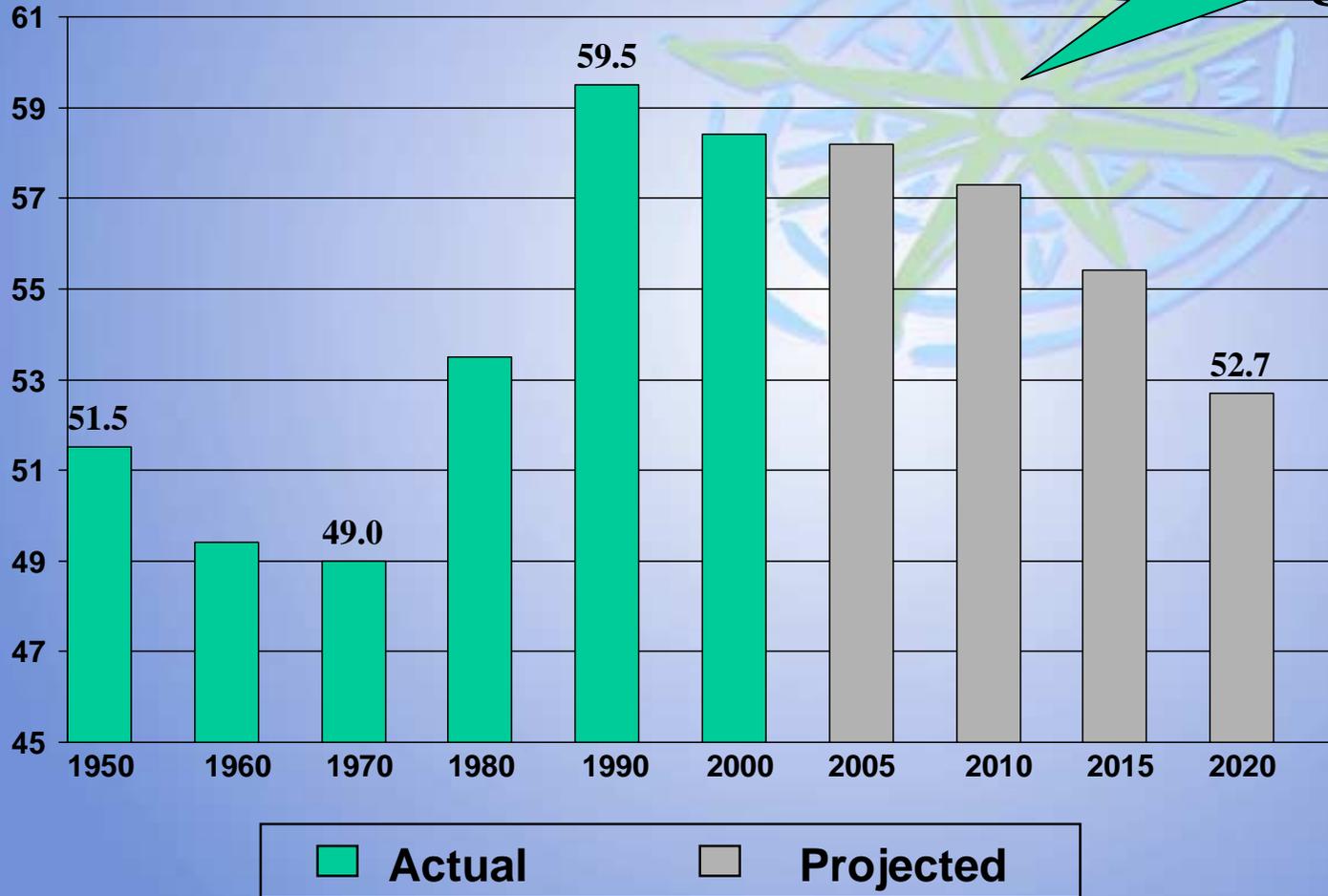
**\*Projected percentage shortfall of in CA in 2010**

# Dentistry: Supply

Dentists per 100,000 U.S. Population 1950-2020

(Valachovic et al. JDE, 2001)

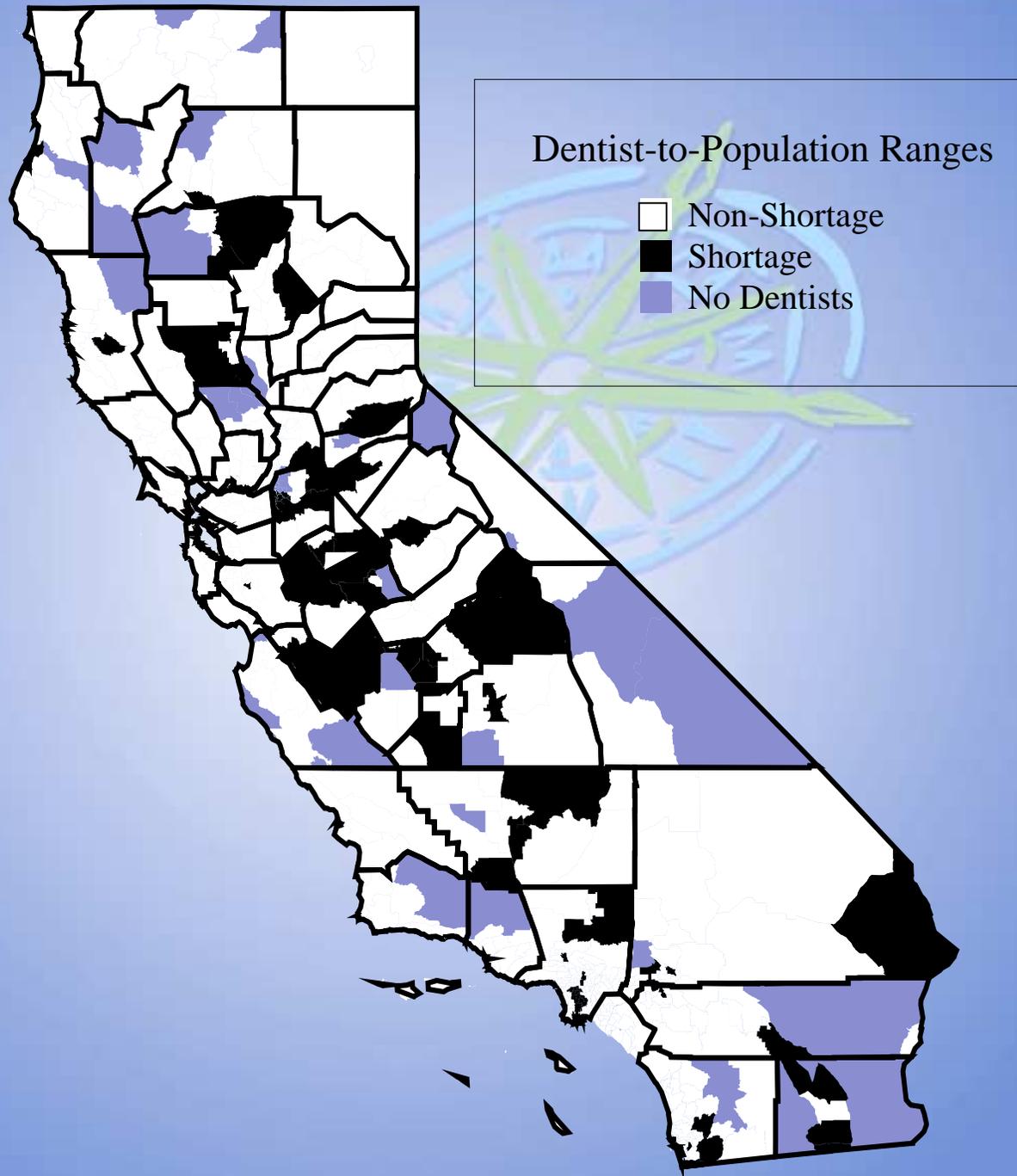
Are there enough?



Source: Bureau of Health Professions, HRSA, DHHS. Data from the Eighth Report to Congress 1991 and unpublished reports.

# *Dentistry: Distribution*

*MSSAs with a  
Shortage of  
Primary Care  
Dentists:  
California  
Counties, 1998*



# *Emerging Professions*

## **Examples**

- **Acupuncture**
- **Naturopathic practice**
- **Midwifery**
- **Chiropractic**
- *Promotoras*
- **Medical Interpreters**

## **Issues**

- **Inconsistent regulation**
- **Limited data**
- **Interprofessional competition**
- **Growing demand**
- **Lack of consumer info**
- **Intra-professional conflict**



# *Public Health*



- **Formally trained public health workers**
  - Hard to define
  - Difficult to count
  - There will never be enough
- **Public health system**
  - Must be strengthened,
  - Integrated with the vast array of physicians, nurses, hospital managers and public safety officials, who have...
  - Adequate preparation to be a part of a flexible public health response in uncertain times

## *Action Areas*

- **Legislation & regulation**
- **Education**
- **Practice models**



## *Legislation and Regulation*

- **National standards for entry to practice**
- **Uniform pathways for foreign educated**
- **Expanded scopes of practice**
- **Enlarge public membership**
- **Data on workforce**
- **Comprehensive regulatory framework**

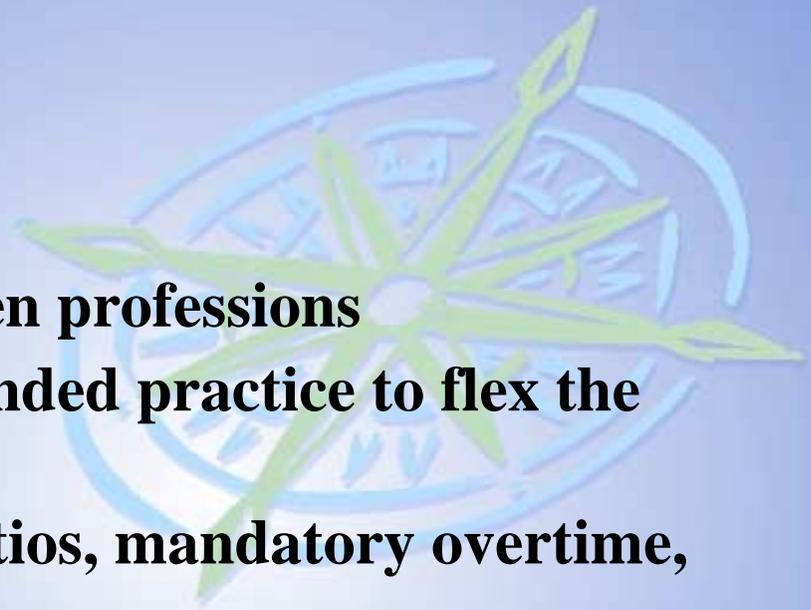


## *Education*

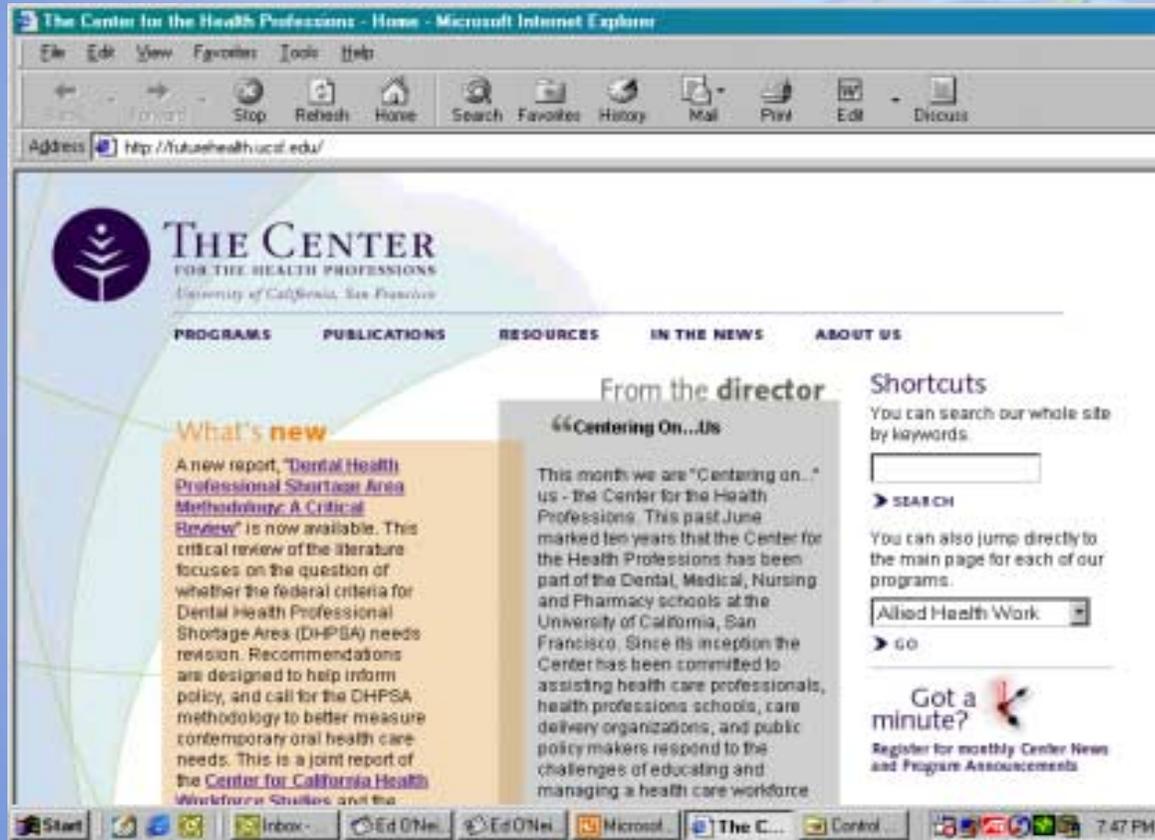
- **Continue subsidy to underserved areas – rural, inner city, primary care**
  - **Expand pipeline – Allied, RN, PharmD**
  - **Create performance targets - RN, Allied**
  - **Focus on URMs and new immigrants**
  - **Encourage better integration with practice**
- 

## *Practice*

- **Lower boundaries between professions**
- **Use technicians and expanded practice to flex the delivery system**
- **Regulatory corridors– ratios, mandatory overtime, limits on hours worked**
- **Encourage labor –management partnerships**
- **Build sustainable wage and benefit policies**
- **Support interdisciplinary care models**
- **Community based models**
- **Leadership**



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