

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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THE CENTER
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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

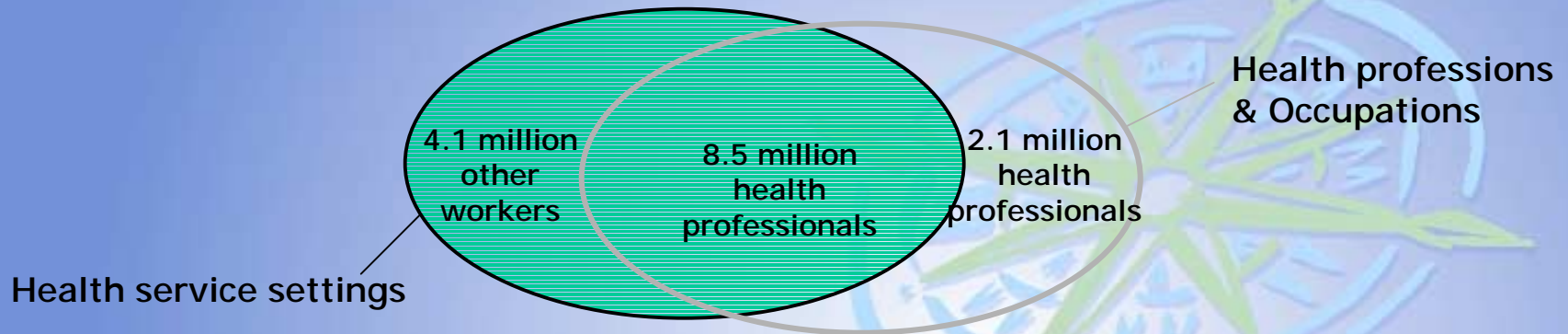


Health Care Workforce Scenario

- **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?

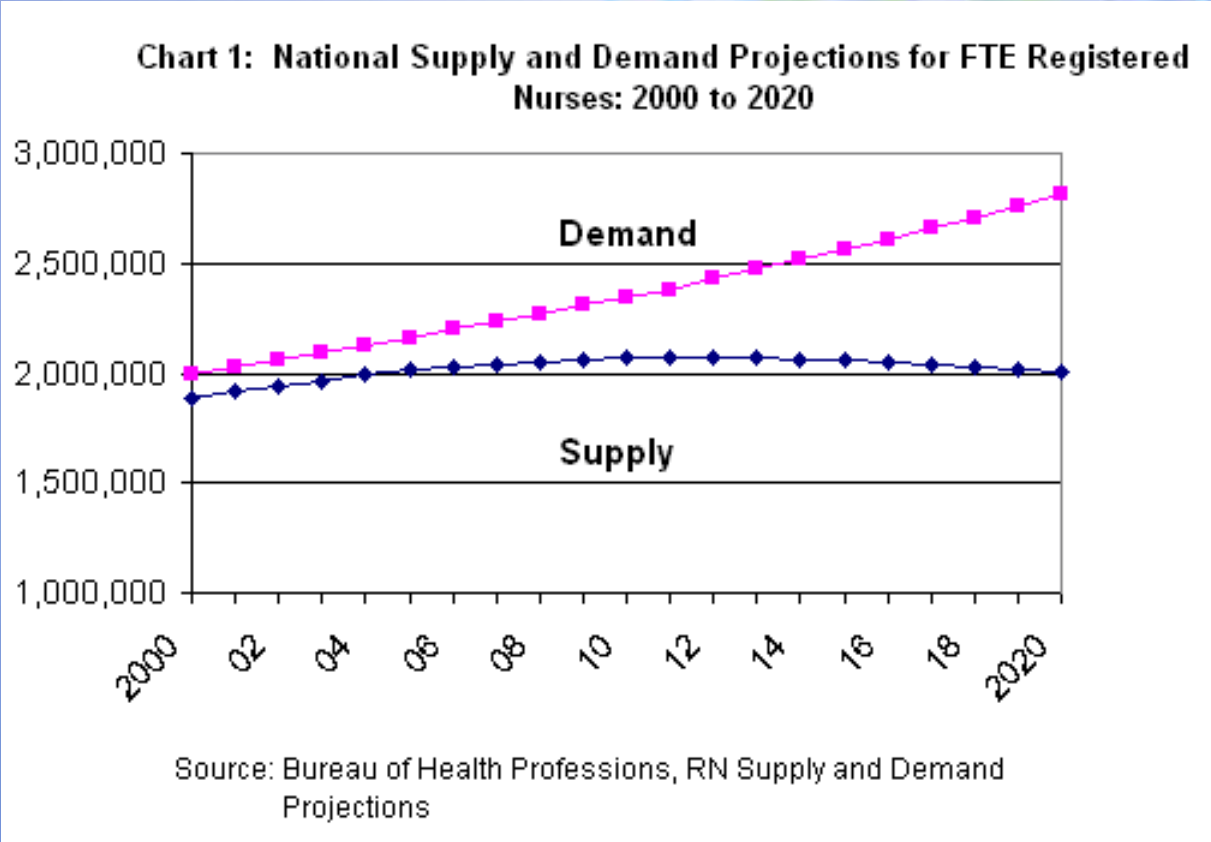


US health workforce	14,653,661	10.5%
US civilian labor force	139,367,605	100.0%

- **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

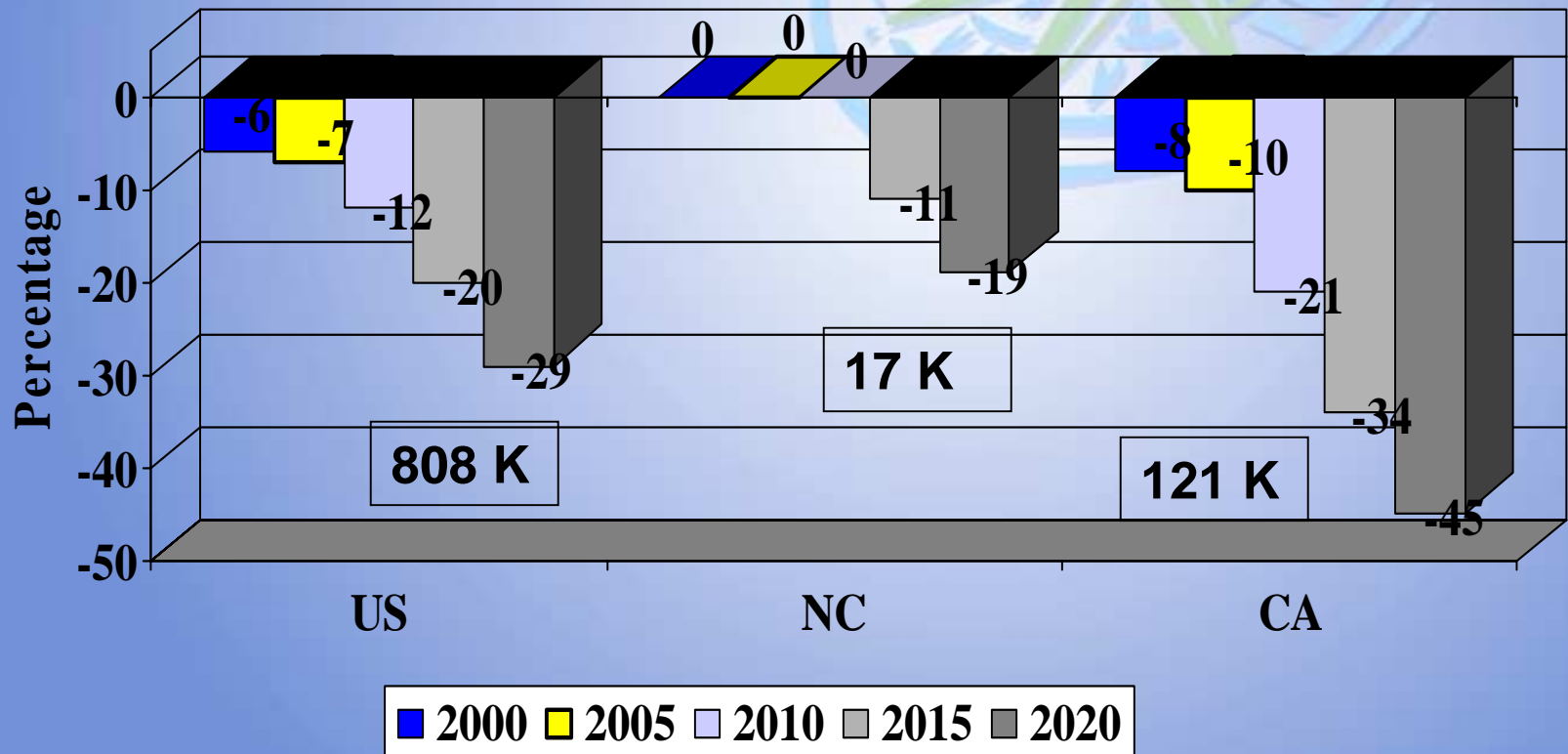
**Are there
enough?**



Nursing: Supply

Are there enough?

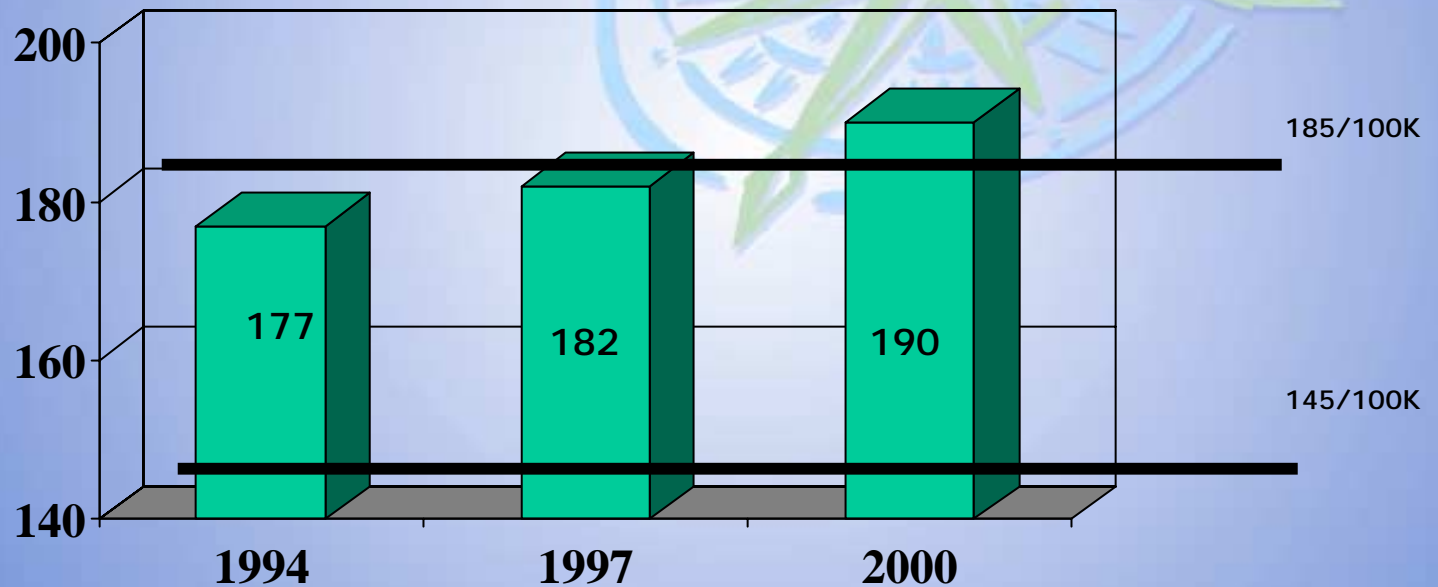
Projected Demand to Supply of RNs 2000-2020



Medicine: Supply

**Are there
enough?**

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

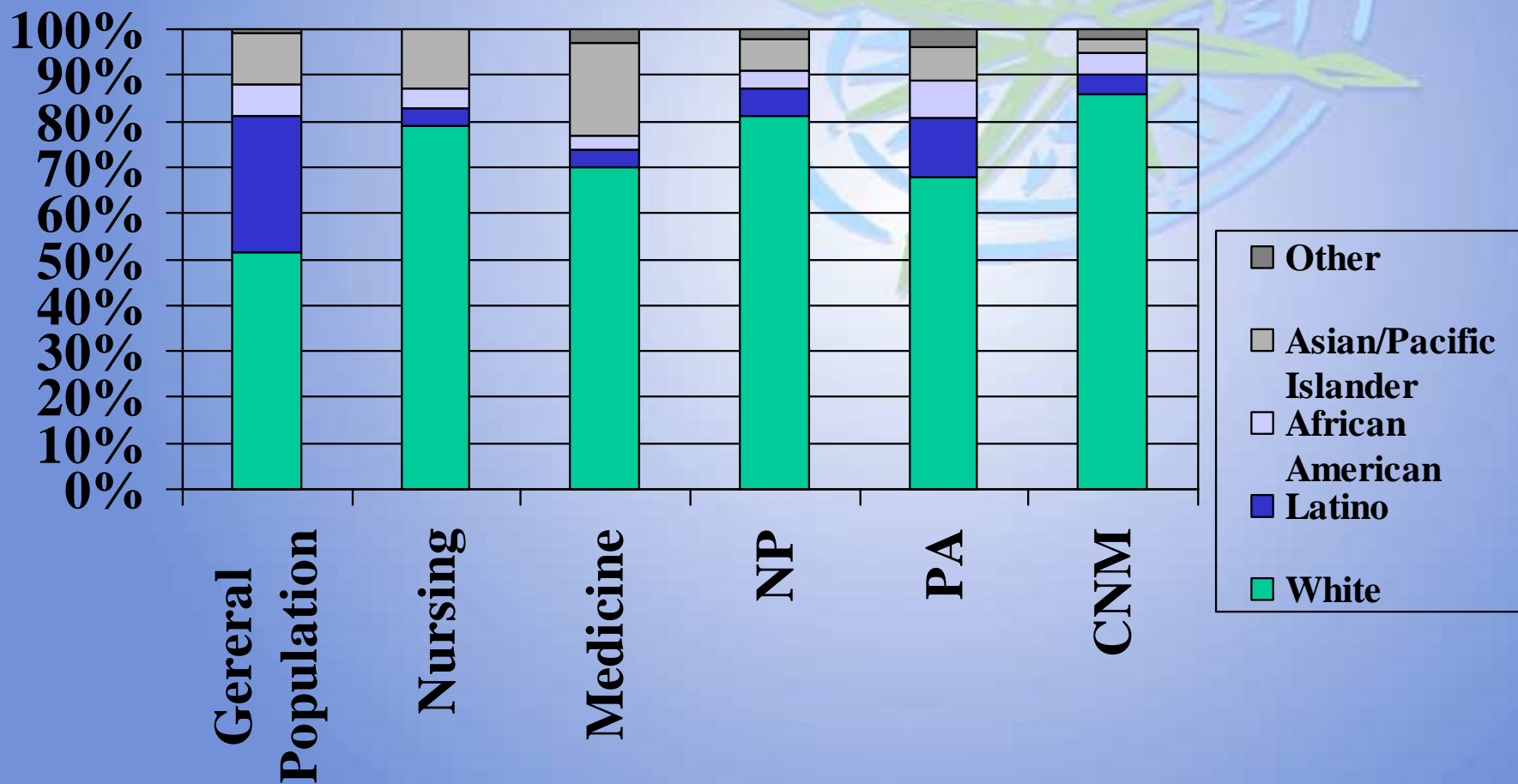


Source: UCSF Center for the Health Professions, 2001

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

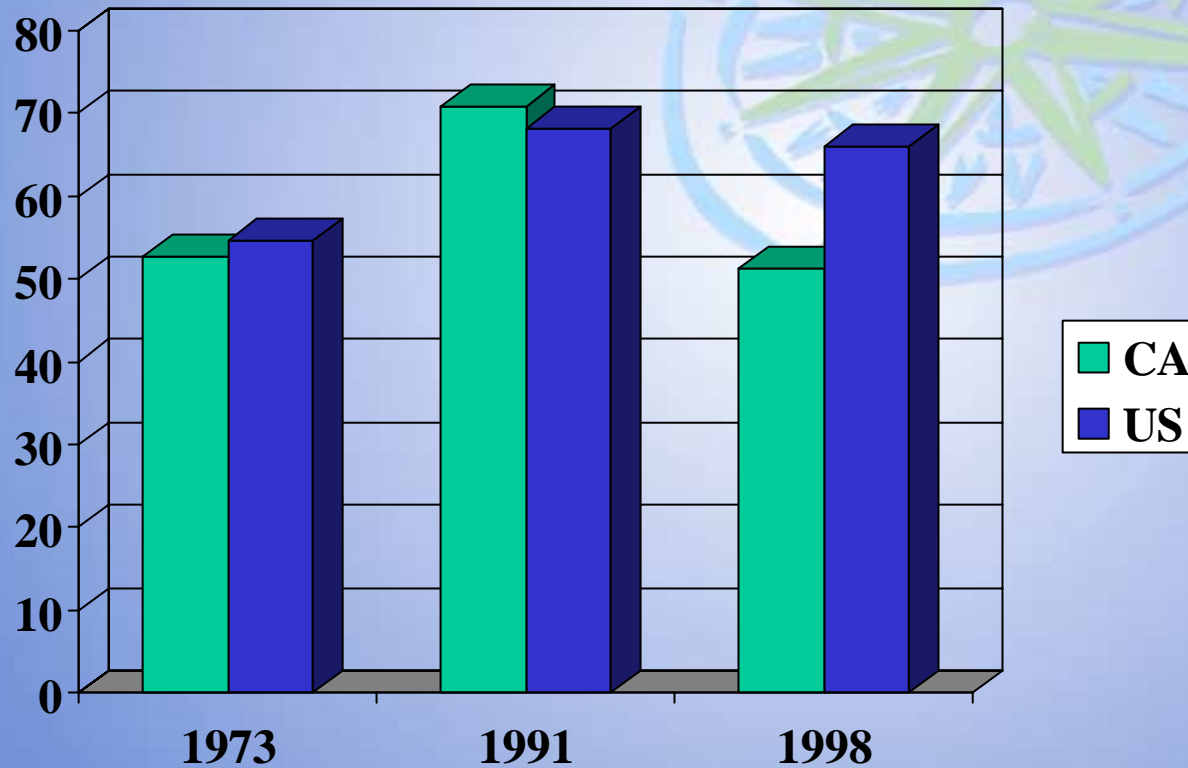


Health Professions Demographics – California, 1998*



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%**

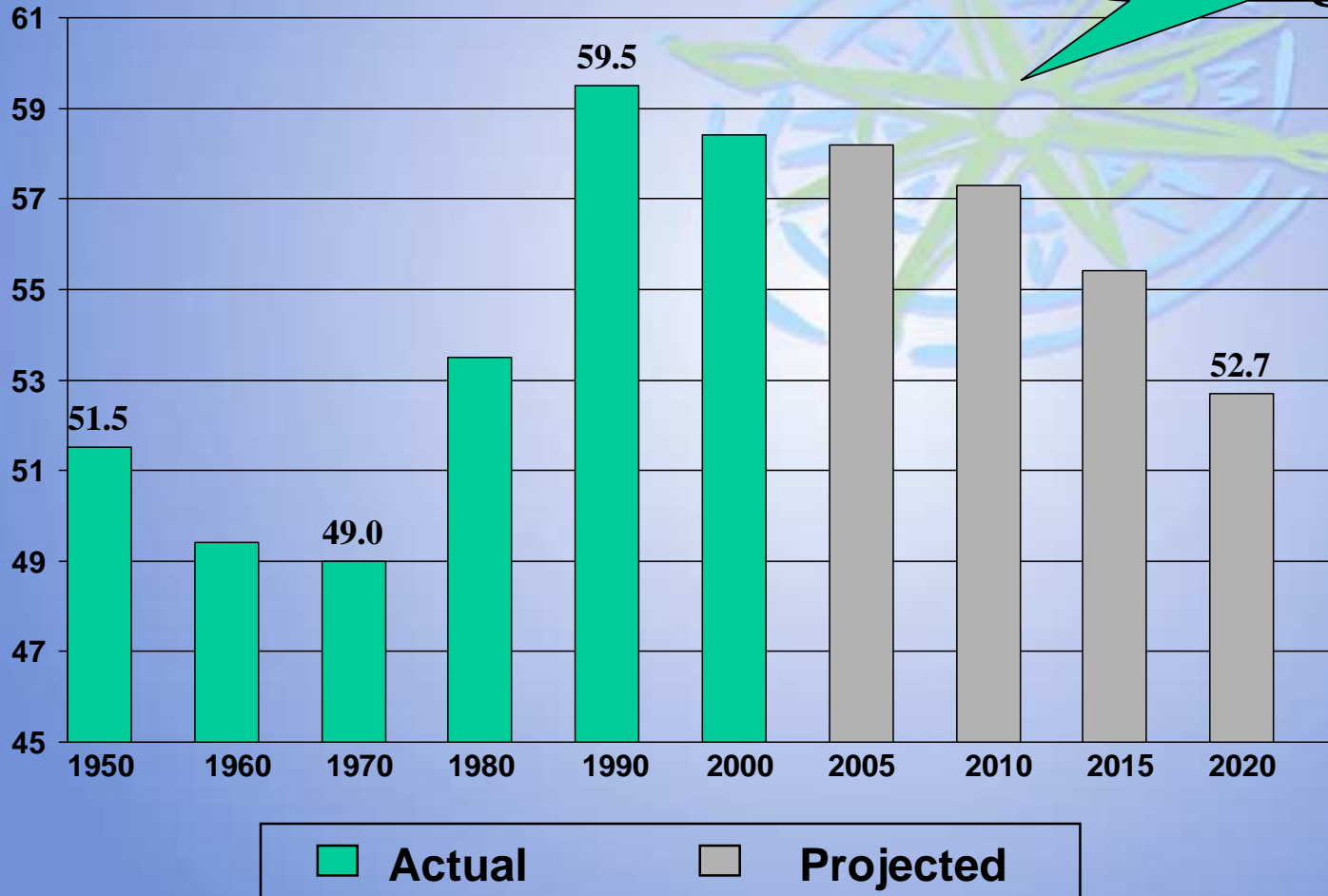
***Projected percentage shortfall of in CA in 2010**

Dentistry: Supply

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

(Valachovic et al. JDE, 2001)

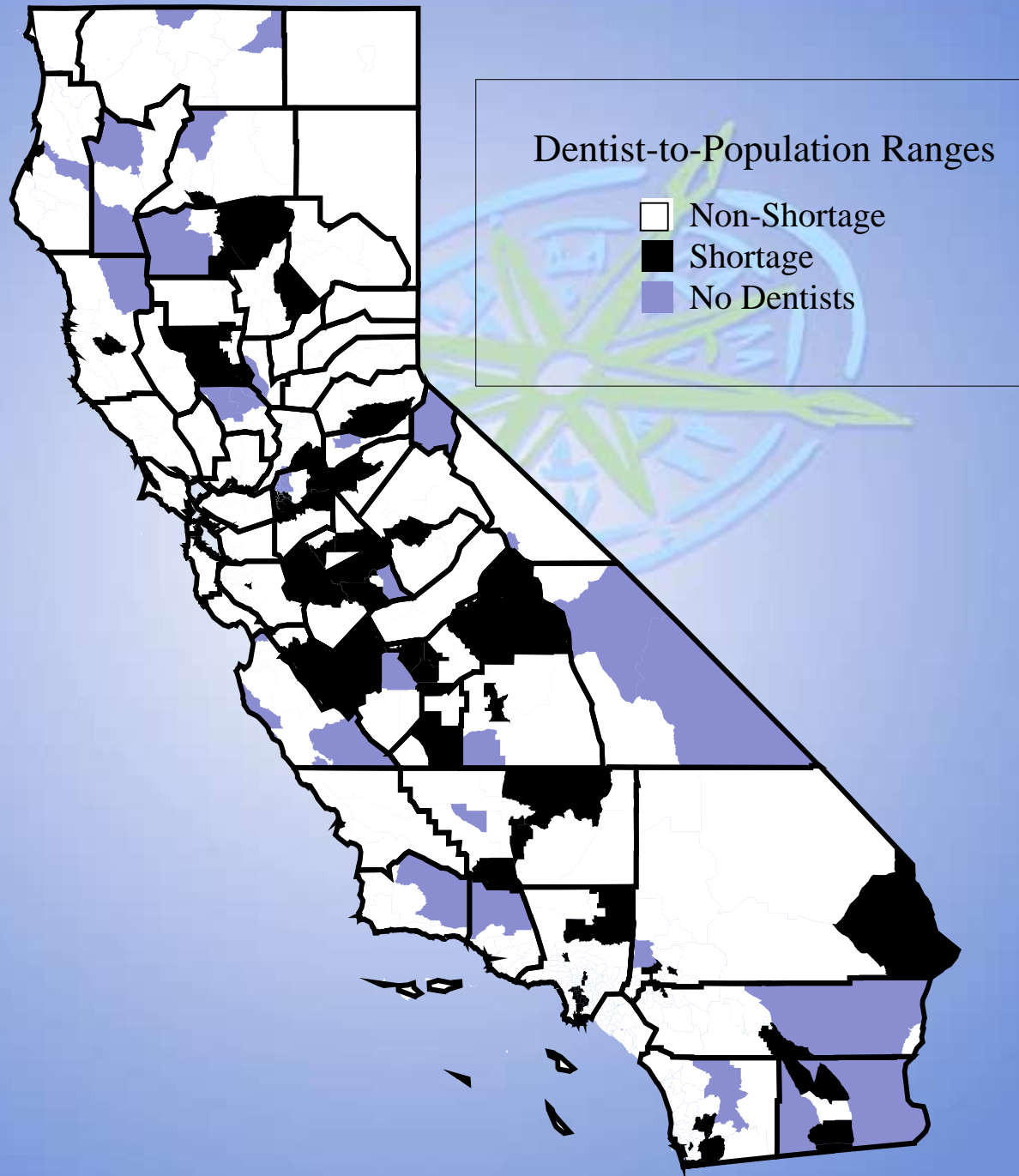
Are there
enough?



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**

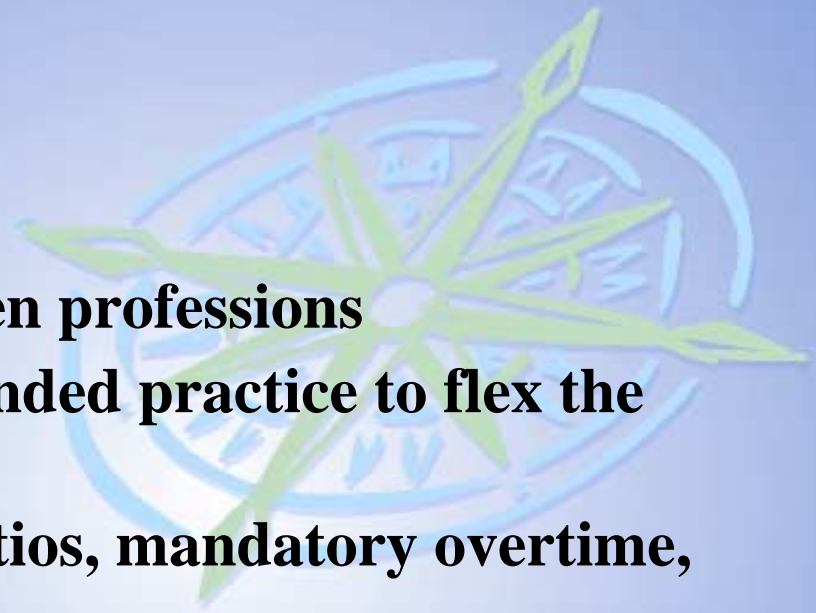


Education

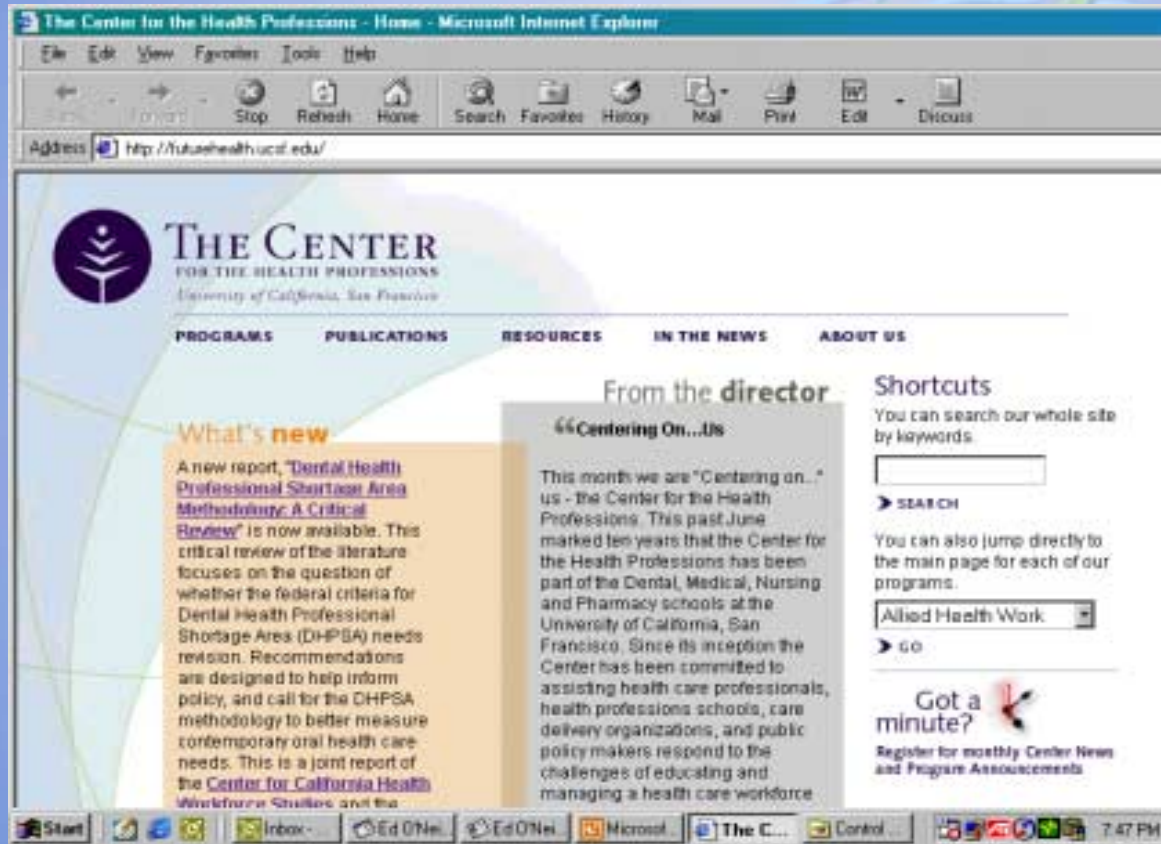
- **Continue subsidy to underserved areas – rural, inner city, primary care**
 - **Expand pipeline – Allied, RN, PharmD**
 - **Create performance targets - RN, Allied**
 - **Focus on URMs and new immigrants**
 - **Encourage better integration with practice**
- 

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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