

Healthcare Workforce Diversity Advisory Council

Report Findings

BACKGROUND:

In 2007, the Administration, with the assistance of a grant from The California Wellness Foundation, convened the Healthcare Workforce Diversity Advisory Council (Council) housed within the Office of Statewide Health Planning and Development (Office) and chaired by the Latino Coalition for a Healthy California (LCHC). Comprised of health policy advocates, health professions pipeline programs, workforce investment, health student and professional associations, research, labor and industry, the Council was charged with developing recommendations to address California's health professional shortages, especially among underrepresented groups. Public input from hundreds of key stakeholders gathered through regional hearings guided the Council in identifying and prioritizing recommendations.

PROBLEM:

Mismatch between providers and consumers: California's health professions workforce does not reflect the state's demographic racial and ethnic composition and language proficiency.

- Latinos compose over a third of the state's population, they make up 5.7 percent of nurses, 5.2 percent of physicians, and 7.6 percent of psychologist in California.
- African-Americans compose 5.9 percent of the population but make up 4.5 percent of nurses and 3.2 percent of physicians.
- Current estimates indicate that roughly 9 out every 10 physicians, dentists, and pharmacists in California is either White or Asian.

Health professional shortages:

- By 2014 projected demand will exceed supply for pharmacy technicians by 119%, for dental hygienist by 122%, for physical therapist assistants by 178%, and for clinical laboratory scientists by 559%.
- Estimated need of 47,600 additional nurses by 2010 and 5,000-17,000 physicians by 2015.
- By 2030 it is projected that nearly 60 percent of California's population under the age of 18 will be Latino, so diversifying and expanding the workforce is necessary to meet looming shortages.

Health disparities: Health providers from underrepresented backgrounds provide a disproportionate amount of care in underserved areas. According to a 2003 study by the Institute of Medicine (IOM), communities of color suffer higher levels of sickness, disability, and premature death than whites. According to a federal commission, "the fact that the state's health professions have not kept pace with the changing demographics may be an even greater cause of disparities in health access and outcomes than the persistent lack of health insurance for millions of Americans" (Sullivan Commission, 2003). Therefore, increasing the number of underrepresented health professionals will be instrumental in the reduction of racial and ethnic health disparities.

Current Composition of Selected Health Professions in California by Race/Ethnicity

	CA Pop	Nurses	MD	DDS
Latino	35.5%	5.7%	5.2 %	<6%
African Americans	5.9%	3.2%	4.5%	<2%
Nat. Am.	0.5%	<1%	<1%	<1%
API*	12.2%	26.4%	22.5%	29.2%
White	43.3%	64.3%	61.7%	61.4%

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Policy Recommendations

RECOMMENDATIONS:

Overarching Recommendations

- Develop a comprehensive, multi-year strategy and implementation plan to advance health workforce and diversity in California;
- Conduct a gap analysis to identify immediate opportunities to enhance workforce diversity;
- Facilitate the effective implementation of the Healthcare Workforce Clearinghouse Program by devoting the necessary resources to build the capacity of departments, institutions, and agencies involved in the collection and reporting of health workforce and education data;
- Institutionalize the Healthcare Workforce Diversity Advisory Council.

Higher Education Recommendations

- Support local, regional, federal and statewide public/private partnerships that matriculate, retain, and graduate underrepresented students such as Health Career Opportunity Programs (HCOP), Centers of Excellence (COE), and Area Health Education Centers (AHEC), and work collaboratively with regional consortia to increase the matriculation of underrepresented students in undergraduate and graduate programs;
- Require health professions educational institutions to submit an annual report, as part of their annual budget report, regarding the admissions, retention, and attrition of underrepresented students and faculty, as well as formal plans and resource allocation to increase diversity and create a diverse learning environment;
- Create financial incentives for health professions education institutions to recruit and retain faculty whose research focuses on health disparities and/or communities with disproportionate unmet health needs and/or health workforce development.

Workforce Recommendations

- Pursue public/private partnerships to increase loan repayment availability for students and faculty;
- Pursue public/private partnerships to increase resident and clinical placements in rural and urban/inner city areas with disproportionate unmet health needs.