California’s Severe Workforce Shortages Threaten Our Health, Future

The Issue
California’s workforce supply is not keeping pace with the growing demand for health care services. Hospitals and health systems, particularly in rural or low-income areas, are struggling to ensure that 40 million Californians receive the care they need and deserve. The shortfalls disproportionally impact:

- Those without health care coverage
- Adults, adolescents, and children with behavioral health conditions
- Communities of color that make up more than 65% of our population and are severely underrepresented in the health workforce

This problem is not unique to California. Nationwide, 10,000 baby boomers, including those who work in health care, are retiring each day. Retirements exacerbate California’s existing shortages of primary care and specialty physicians, pharmacists, lab scientists, and imaging technologists, among many other professions.

Along with primary care physicians, clinical laboratory scientists are in the greatest demand, yet 44 percent of the current workforce is expected to retire within a decade. These shortages, projected to continue well into the next decade, are already making it harder to access care.

California’s existing workforce shortage is complicated by a geographic scarcity, or a misdistribution, of health professionals throughout the state. This crisis is already impacting access to care. It requires attention, commitment, and investments to ensure hospitals can deliver on our mission of providing care to everyone in our state.

Better access to care saves lives – and saves money.

What’s Needed
California must address and close the significant and growing gap between our existing health workforce and the one that will be required to deliver 21st century care well into the future. Health care is rapidly changing, and we must thoughtfully develop a diverse, robust workforce that will be equipped to deliver the right care, in the right setting, at the right time.

In addition to primary care physicians and nurses at all degree levels, California must educate and train more non-traditional health workers, including home health workers, imaging technologists, geriatric care professionals and physical therapists. These, along with many other professions, are the backbone of the health workforce.
Behavioral health professionals are also in short supply. According to the U.S. Department of Health and Human Services, demand for behavioral health practitioners continues to grow. Our state is unlikely to meet the projected need for an additional 15,000 psychiatrists by the year 2025. This shortage will expand as retirement nears for 45 percent of psychiatrists and 37 percent of psychologists who are currently over the age of 60.

These problems necessitate forward-thinking solutions. In the case of behavioral health, for example, expansion of California’s psychiatric nurse practitioner program would help mitigate the shortage in caring for our state’s 300,000 hospital patients with mental health conditions.

_Hospitals currently invest hundreds of millions of dollars in training California’s next-generation of health care providers. We cannot do it alone. We need collaborative partners like educators, elected leaders, and others to develop an adequate staffing pipeline._

The California Future Health Workforce Commission Report provides 27 recommendations to address the insufficient supply of health professionals. The California Hospital Association supports all of the report’s recommendations, with a focus on:

- Accelerated investments in training for primary care doctors, nurse practitioners, and behavioral health providers
- Full funding for the UC Programs in Medical Education (PRIME) to increase the number of medical school graduates dedicated to serving underserved areas and populations
- Expanded community college programs to welcome additional low-income and underrepresented professionals into the workforce
- Increased funding for psychiatric graduate medical education residencies
- Maximizing the role of nurse practitioners, home care workers, community health workers, promotores, and peer support specialists