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Janet Napolitano, JD
 President
 University of California
 1111 Franklin Street, 12th Floor
 Oakland, CA 94607

Lloyd Dean, MA
 President & Chief Executive Officer
 Dignity Health
 185 Berry Street, Suite 300
 San Francisco, CA 94107

RE: LETTER TO THE CALIFORNIA FUTURE HEALTH WORKFORCE COMMISSION

Dear California Future Health Workforce Commission:

The undersigned organizations urge the California Future Health Workforce Commission (Commission) to prioritize the needs of communities of color and other disadvantaged populations most impacted by poor health outcomes and barriers to employment. To achieve health equity and create equitable health career opportunities, California must ensure that the state’s health workforce reflects the diversity of our population. The Commission’s leadership is paramount in ensuring that all Californian’s have access to health care, and culturally and linguistically competent care as well.

By 2030, people of color will make up approximately 67 percent of California's population: Latinos are projected to make up 43.0 percent, Asians and Pacific Islanders will comprise 14.3 percent, Blacks and African Americans will represent 5.3 percent, multiracial individuals will be 3.8 percent, and Whites will constitute 33.6 percent.¹ Given these trends, California must take action to ensure the state's health workforce better reflects communities of color.² Currently, Latinos make up only five percent of California's physicians, and seven percent of California's registered nurses; similarly, African Americans represent only three percent of active patient care physicians and five percent of registered nurses.^{3,4} We believe the Commission should leverage the expertise and leadership of its members, and of advocates across the state to advance statewide policies to eliminate employment and education barriers, which will ultimately benefit communities of color, and other historically marginalized populations such as, LGBTQ+ communities, young people of color, immigrants, and the re-entry population.

The following recommendations will ensure that diversity, equity, and inclusion are integrated into the Commission's decisions. These recommendations will ensure the Commission addresses racial inequities in California's health care system:

I. STRENGTHEN HEALTH CAREER PATHWAYS FOR YOUNG PEOPLE OF COLOR

- **Develop targeted goals for employing young people of color:** Health employers must adopt targeted goals for employing young people of color who face numerous disparities that disproportionately impact their life outcomes. In California, young people ages 16-24 have the highest unemployment rate of any group under age 65.⁵ Black and Latino populations face even high rates of unemployment: In 2016, 17.2 percent of Black men, and 8.5 percent of Latino men ages 20-24 were unemployed.^{6,7} In contrast, roughly 7.9 percent of White men were unemployed.⁸ Similar disparities exist in the health workforce as well. Nationally, people of color are underrepresented in the occupational category of health diagnosis and treating occupations; in

¹ Public Policy Institute of California. (January 2016). *California's Future: Population*. Public Policy Institute of California. Retrieved from: http://www.ppic.org/content/pubs/report/R_116HJ3R.pdf

² Coffman, Janet; Geyn, Margaret Fix (August 2017). *California Physicians: Who They Are, How They Practice*. California Health Care Foundation. Retrieved from: <https://www.chcf.org/publication/california-physicians-who-they-are-how-they-practice/>

³ California Health Care Foundation (August 2017) *California's Registered Nurses*. California Health Care Foundation. Retrieved from: https://www.chcf.org/wp-content/uploads/2017/12/PDF-AlmanacQRG_2017RNs.pdf

⁴ Coffman, Janet; Geyn, Margaret Fix (August 2017). *California Physicians: Who They Are, How They Practice*. California Health Care Foundation. Retrieved from: <https://www.chcf.org/publication/california-physicians-who-they-are-how-they-practice/>

⁵ California Employment Development Department. (2017). Retrieved from: http://www.labormarketinfo.edd.ca.gov/specialreports/CA_Employment_Summary_Table.pdf

⁶ Wilson, Valerie. (February 2016). *State unemployment rates by race and ethnicity at the end of 2015 show a plodding recovery*. Economic Policy Institute. Retrieved from: <https://www.epi.org/publication/state-unemployment-rates-by-race-and-ethnicity-at-the-end-of-2015-show-a-plodding-recovery/>

⁷ Bureau of Labor Statistics. Labor Force Statistics from the Current Population Survey. Retrieved from: http://www.bls.gov/web/empsit/cpsee_e16.htm

⁸ Ibid.

California, Blacks and Latinos are underrepresented in multiple primary care fields including medicine and nursing.^{9,10,11} To confront these inequities, health sector employers and institutions must work closely with educators to prepare young people of color for careers in health care. Moreover, health employers must adopt benchmarks for hiring young people of color to ensure partnership and accountability among all stakeholders in diversifying the state's health workforce. Specific regions across the state should adopt goals that best serve vulnerable populations.

- **Engage employers earlier in the health career pipeline:** Health employers must be involved earlier in the health education and career pipeline to ensure students are being adequately informed and trained for the wide array of health care careers.¹² Several strategies, such as paid internships, and work-based learning programs represent an excellent opportunity for health sector work experience and industry-informed career training.^{13,14} Engaging employers earlier can promote greater opportunities for mentorship and guidance for aspiring health care professionals. Building exposure to successful professionals from diverse backgrounds is vital to empower the next generation of California's health workforce. Thus, health employers should sponsor or establish health career training programs that emulate best practices for recruiting and employing young people of color from disadvantaged backgrounds. The undersigned organizations implore the Commission to advocate for the expansion of industry-informed work-based learning practices.¹⁵
- **Increase support for allied health professional training programs:** Allied health professionals are pivotal to improving quality of care amidst primary care provider shortages.^{16,17} Nationally, the allied health professions are more diverse than primary

⁹ U.S. Department of Health and Human Services (August 2017). *Sex, Race, and Ethnic Diversity of U.S. Health Occupations (2011-2015)*. U.S. Department of Health and Human Services. Retrieved from: <https://bhwh.hrsa.gov/sites/default/files/bhw/nchwa/diversityushealthoccupations.pdf>

¹⁰ Coffman, Janet; Geyn, Margaret Fix (August 2017). *California Physicians: Who They Are, How They Practice*. California Health Care Foundation. Retrieved from: <https://www.chcf.org/publication/california-physicians-who-they-are-how-they-practice/>

¹¹ California Health Care Foundation (August 2017) *California's Registered Nurses*. California Health Care Foundation. Retrieved from: https://www.chcf.org/wp-content/uploads/2017/12/PDF-AlmanacQRG_2017RNs.pdf

¹² California Hospital Administration (2015). *Roadmap for Creating a Health Care Work-Based Learning Program*. California Hospital Administration. Retrieved from: https://www.calhospital.org/sites/main/files/file-attachments/final.cha_roadmapguide_v3.pdf

¹³ Ibid.

¹⁴ Ibid.

¹⁵ Ibid.

¹⁶ Oxendine, Jeff; Barnett, Kevin. (2016). *Horizon 2030 Meeting California's Primary Care Workforce Needs*. California Primary Care Association. Retrieved from: <http://hcpsocal.org/wp-content/uploads/2013/02/2016-CPCA-WorkforceReport.pdf>

¹⁷ Ku, Leighton; Frogner, Bianca; Steinmetz, Erika; Pittman, Patricia. (January 2015). *Community Health Centers Employ Diverse Staffing Patterns, Which Can Provide Productivity Lessons for Medical Purposes*. HealthAffairs. Retrieved from: <https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2014.0098>

care positions.¹⁸ Further, data demonstrate that people of color comprise most individuals receiving health care related degrees in California.¹⁹ Increasing investments towards allied health professions training represents a vital opportunity to alleviate critical gaps in primary care, particularly for geographically isolated regions and vulnerable populations. The diversity of allied health professions also offers a blueprint for engaging young people of color with barriers to employment seeking to join the health workforce. Thus, empowering allied health professionals, and investing in training will address primary care provider shortages and cultural competency gaps present in California's health care system.²⁰

- **Develop apprenticeship models for health careers:** Apprenticeship programs are an important tool for growing the nation's economy and developing our workforce.²¹ Registered apprenticeship programs provide skills-driven training geared towards meeting the needs of the employers in high demand sectors.²² Pre-apprenticeship programs are equally vital as they provide industry-based training in combination with classroom instruction to students.²³ The Commission must promote development of health career apprenticeship programs, which provide an excellent pathway to economic stability and career advancement for underrepresented groups such as young people of color, and the re-entry population.^{24,25} The 2017-2018 California State Budget allocated roughly \$11.8 million for The Division of Apprenticeship Standards which administers and funds registered apprenticeship programs.²⁶ It is vital that policymakers devote a portion of state apprenticeship funds to developing additional health career pathways for underrepresented Californians.

¹⁸ U.S. Department of Health and Human Services (August 2017). *Sex, Race, and Ethnic Diversity of U.S. Health Occupations (2011-2015)*. Retrieved from:

<https://bhwh.hrsa.gov/sites/default/files/bhwh/nchwa/diversityushealthoccupations.pdf>

¹⁹ Bates, Tim; Dower, Catherine; Chapman, Susan. (2014). *Non-White Students Make up the Majority of Californians Pursuing Health Care Education*. UCSF Center for Health Professions. Retrieved from:

https://healthforce.ucsf.edu/sites/healthforce.ucsf.edu/files/publication-pdf/2014_07_Non%20-White_Students_Make_up_the_Majority_of_Students_Pursuing_Health_Care_Education.pdf

²⁰ Ibid.

²¹ U.S. Department of Labor. (n.d.) *Access to Registered Apprenticeship—A Proven Path to In-Demand Skills and the Middle Class*. U.S. Department of Labor. Retrieved from:

https://doleta.gov/OA/eo/pdf/EEO_Rule_Overview_Fact_Sheet.pdf

²² Ibid.

²³ U.S. Department of Labor. (February 2016). *Pre-Apprenticeship*. U.S. Department of Labor. Retrieved from:

<https://www.doleta.gov/OA/preapprentice.cfm>

²⁴ U.S. Department of Labor. (2009). *Using Registered Apprenticeship to Build and Fill Healthcare Career Paths*. U.S. Department of Labor. Retrieved from:

https://www.doleta.gov/oa/pdf/apprenticeship_build_healthcare_paths.pdf

²⁵ McGrew, Annie; Hanks, Angela. (April 2017). *The Case for Paid Apprenticeships Behind Bars*. Center for American Progress. Retrieved from:

<https://www.americanprogress.org/issues/economy/reports/2017/04/27/431384/case-paid-apprenticeships-behind-bars/>

²⁶ State of California. (June 2017). *2017-2018 State Budget*. Retrieved from:

<http://www.ebudget.ca.gov/budget/publication/#/e/2017-18/Department/7350>

II. INCREASE FUNDING AND RESOURCES FOR PUBLIC EDUCATION

- **Align statewide high school graduation standards and higher education admission requirements:** Students of color are disproportionately impacted by the misalignment between high school graduation standards and higher education admission requirements. To address this discrepancy, California should require that high schools adopt the A-G requirements as their graduation standards to ensure students are prepared for a future in higher education.²⁷ Bridging this gap will improve opportunities for students of color who attend public schools.²⁸ Furthermore, the state should provide greater resources and funding to schools with low graduation rates, and low student retention; prioritizing underserved schools and school districts will ensure the state's most disadvantaged students are given a fairer opportunity to succeed.
- **Fund K-16 public education:** California's education system is chronically underfunded, ranking 43rd in the nation on K-12 spending in 2016.^{29,30} Recently, the state has pursued temporary solutions to mitigate these challenges. For example, the California Career Pathways Trust provides one-time competitive grants to regional and local education programs; additionally, the state approved \$900 million in funding for the Career Technical Education Incentive Grant Program; and the passage of Assembly Bill (AB) 19³¹ – which offers free community college to full-time students that reside in California.^{32,33} These programs increase opportunities for students of color seeking to pursue health careers; however, they do not offer a sustainable pathway to employment for disadvantaged populations.³⁴ Lawmakers must prioritize

²⁷ Zinshteyn, Mikhail (November 2017). *Weak high school prep, poor college counseling keep most California 9th graders from a college degree*. EdSource. Retrieved from: <https://edsources.org/2017/weak-high-school-prep-poor-counseling-keep-most-9th-graders-from-a-college-degree/590765>

²⁸ Gao, Niu; Johnson, Hans. (November 2017). *Improving College Pathways in California*. Public Policy Institute of California. Retrieved from: <http://www.ppic.org/publication/improving-college-pathways-in-california/>
²⁹ Education Week. (December 2016) *California Earns a C-Minus on State Report Card, Ranks 42nd in Nation*. Education Week. Retrieved from: <https://www.edweek.org/ew/qc/2017/state-highlights/2017/01/04/california-state-highlights-report-page.html>

³⁰ UC Office of the President. (November 2014). *Approval of Long-Term Sustainability Plan for Tuition and Financial Aid*. UC Office of the President. Retrieved from: <http://regents.universityofcalifornia.edu/regmeet/nov14/l3.pdf>

³¹ Santiago, Miguel. (2017). *AB 19*. California State Legislature. Retrieved from: https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201720180AB19

³² California Department of Education. (December 2017). *California Career Pathways Trust (CCPT)*. California Department of Education. Retrieved from: <https://www.cde.ca.gov/ci/ct/pt/>

³³ California Department of Education. (December 2016). *Career Technical Education Incentive Grant Program*. California Department of Education. Retrieved from: <https://www.cde.ca.gov/fg/fo/r17/cteig15ins.asp>

³⁴ Leal, Fermin (January 2016). *\$1.5 billion helping career pathways take off in California's high schools*. EdSource. Retrieved from: <https://edsources.org/2016/1-5-billion-helping-career-pathways-take-off-in-californias-high-schools/93950>

public education in order to bridge the achievement gap commonly seen among students of color.^{35,36}

- **Promote STEM education among young students of color:** Research demonstrates that American employers will need to add nearly 1.6 million STEM competent employees to their workforce in the coming years.³⁷ Racial, socioeconomic, and gender educational inequities present a major challenge for nation's preparedness to prepare students to tackle major challenges such as lack of access to health care.³⁸ Prior research demonstrates that young people of color, especially young women, face numerous barriers such as discrimination and discouragement during all stages of the health pipeline.³⁹ Investment in STEM education for students of color serves to reduce health disparities by developing a culturally competent health workforce.⁴⁰ California's health employers must increase investment in health career pipeline training programs that provide culturally competent mentorship for young people of color, especially young women of color.⁴¹

III. SUPPORT, EMPLOY, AND RETAIN VULNERABLE POPULATIONS

- **Elevate vulnerable populations to the forefront of health care:** Achieving health equity requires that health institutions prioritize the needs of vulnerable populations. Immigrants, patients with disabilities, formerly incarcerated individuals, limited English speakers, LGBTQ patients, people of color, and other historically marginalized populations require unique interventions to address long-standing health disparities. By engaging and employing these communities, California can be a nationwide model for health equity. Thus, health institutions must adopt equitable outreach practices and employment policies that support populations with barriers to employment.

³⁵ Johnson, Hans. (November 2011). *Defunding Higher Education: What are the Effects on College Enrollment*. Public Policy Institute of California. Retrieved from:

http://www.ppic.org/content/pubs/report/R_512HJR.pdf

³⁶ Bryant, Rhonda; Harris, Linda; Bird, Kisha. (February 2013). *Investing Boys and Young Men of Color: The Promise and Opportunity*. Center for Law and Policy. Retrieved from:

https://www.clasp.org/sites/default/files/public/resources-and-publications/files/RWJFBrief_investinginbmoc.pdf

³⁷ U.S. Department of Education. (2016). *STEM 2026: A Vision for Innovation in STEM Education*. U.S. Department of Education. Retrieved from: https://innovation.ed.gov/files/2016/09/AIR-STEM2026_Report_2016.pdf

³⁸ Ibid.

³⁹ Galace, Anthony; Calimlim, Irene. (October 2017). *Breaking Down Barriers for Women Physicians of Color*. The Greenlining Institute. Retrieved from: <http://greenlining.org/wp-content/uploads/2017/10/Breaking-Down-Barriers-for-Women-Physicians-of-Color-1.pdf>

⁴⁰ U.S. Department of Health & Human Services. (July 2014). *Improving Cultural Competence to Reduce Health Disparities for Priority Populations*. U.S. Department of Health & Human Services. Retrieved from: <https://effectivehealthcare.ahrq.gov/topics/cultural-competence/research-protocol>

⁴¹ Galace, Anthony; Calimlim, Irene. (October 2017). *Breaking Down Barriers for Women Physicians of Color*. The Greenlining Institute. Retrieved from: <http://greenlining.org/wp-content/uploads/2017/10/Breaking-Down-Barriers-for-Women-Physicians-of-Color-1.pdf>

- Empowering the re-entry community in the health workforce:** Recent legislation such as AB 1008 provides a unique opportunity for California’s health workforce to be more inclusive of the state’s re-entry population.⁴² Discrimination against individuals with records remains a persistent barrier to employment that disproportionately affects people of color.⁴³ Unjust sentencing policies and inequitable policing have resulted in a re-entry population that is disproportionately people of color. African American males are six times more likely to be incarcerated than White males and 2.5 times more likely than Latino males.⁴⁴ Should current incarceration trends continue, one of every three African American males, and one of every six Latino males can expect to go to prison in their lifetime—compared to one in every seventeen White males.⁴⁵ The health sector has the potential to act as a pathway to a living wage and sustainable career for people leaving the prison system. We urge the Commission to recommend model hiring practices as exhibited by Johns Hopkins Hospital, which serves as a national model for the hiring the re-entry population.⁴⁶ Research by Johns Hopkins finds that formerly incarcerated employees have a lower turnover rate than non-offender employees.⁴⁷ Targeted efforts to hire individuals from the re-entry population can provide health systems with desperately needed employees who have been shown to have lower rates of turnover.^{48,49}
- Uplifting California’s growing immigrant population:** Addressing immigrant health disparities is also vital to advancing health equity. California has already made great strides in supporting immigrants, by expanding full-scope Medi-Cal to undocumented children, and bolstering deportation protections. However, providing high quality care also requires greater focus on the specific health disparities that impact all immigrants. As immigrants – documented and undocumented – continue to be scapegoated and targeted in the current political environment, it is vital that all health institutions prioritize immigrant needs and incorporate immigrants into the

⁴² McCarty, Kevin (2017) *Assembly Bill 1008 Employment discrimination: conviction history*. Retrieved from: https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201720180AB1008

⁴³ American Civil Liberties Union. (2018). *Mass Incarceration*. American Civil Liberties Union. Retrieved from: <https://www.aclu.org/issues/mass-incarceration>

⁴⁴ The Sentencing Project. (August 2013). *Shadow Report to the United Nations on Racial Disparities in the United States Criminal Justice System*. The Sentencing Project. Retrieved from: <https://www.sentencingproject.org/publications/shadow-report-to-the-united-nations-human-rights-committee-regarding-racial-disparities-in-the-united-states-criminal-justice-system/>

⁴⁵ Ibid.

⁴⁶ Sophie, Quinton (April 2017). *Matching Ex-Offenders with Hard-To-Fill Health Care Jobs*. Pew Charitable Trusts. Retrieved from: <http://www.pewtrusts.org/en/research-and-analysis/blogs/stateline/2017/04/19/matching-ex-offenders-with-hard-to-fill-health-care-jobs>

⁴⁷ Ibid.

⁴⁸ Sophie, Quinton (April 2017). *Matching Ex-Offenders with Hard-To-Fill Health Care Jobs*. Pew Charitable Trusts. Retrieved from: <http://www.pewtrusts.org/en/research-and-analysis/blogs/stateline/2017/04/19/matching-ex-offenders-with-hard-to-fill-health-care-jobs>

⁴⁹ Broadus, Joseph; Muller-Ravett, Sara; Sherman, Arielle; Redcross, Cindy. (January 2016). *A Successful Prisoner Reentry Program Expands, Executive Summary*. MDRC. Retrieved from: https://www.mdrc.org/sites/default/files/A_Successful_Prisoner_Reentry_ES_1.pdf

health workforce.^{50,51,52} Research demonstrates that immigrants with limited English proficiency generally report lower health literacy; as a result, individuals with both limited English proficiency and low health literacy have a high prevalence of poor health outcomes (45.1 percent).^{53,54} To respond to these challenges, we urge the commission to recommend policies to ensure greater representation among immigrants in the state's health workforce. These individuals will play a crucial role in increasing the amount of culturally competent providers available to vulnerable immigrant populations.

- **Increase representation of boys and men of color (BMoC):** Many young men of color face systemic barriers to entry into the health workforce such as poor public schooling, imprisonment, and cyclical poverty.⁵⁵ Nearly 40,000 BMoC fail to graduate with their high school class annually.⁵⁶ Without a high school diploma, young men of color faced limited career advancement and employment prospects.⁵⁷ In 2016, 33 percent of all unemployed men ages 16-19 were Black, 19 percent were Latino, and 13.9 percent were White.⁵⁸ It is vital that California invests in BMoC, and other marginalized groups on the basis of equity as well as future economic strength for California. California's health workforce will need a plethora of trained people of color to properly function in the future. The high growth health sector provides an excellent opportunity for meaningful employment for BMoC.⁵⁹ We implore the Commission to recommend further investment in partnerships between local schools and health career pipeline programs that benefit BMoC. Health career pipeline programs expose

⁵⁰ Henry J. Kaiser Foundation. (December 2017). *Health Coverage of Immigrants*. Kaiser Family Foundation. Retrieved from: <https://www.kff.org/disparities-policy/fact-sheet/health-coverage-of-immigrants/>

⁵¹ Sentell, Tetine; Braun, Kathryn. (2012). *Low Health Literacy, Limited English Proficiency, and Health Status in Asians, Latinos, and Other Racial/Ethnic Groups in California*. National Center for Biotechnology Information. Retrieved from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3552496/>

⁵² AAPCHO (2014). *Limited English Proficiency (LEP) of Asian Americans, Native Hawaiians, and other Pacific Islanders (AA&NHOPIs)*. AAPCHO. Retrieved from: http://www.aapcho.org/wp/wp-content/uploads/2014/08/AANHOP-LEP-Fact-Sheet_2014_final.pdf

⁵³ Sentell, Tetine; Braun, Kathryn. (2012). *Low Health Literacy, Limited English Proficiency, and Health Status in Asians, Latinos, and Other Racial/Ethnic Groups in California*. National Center for Biotechnology Information. Retrieved from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3552496/>

⁵⁴ Sentell, Tetine; Braun, Kathryn. (2012). *Low Health Literacy, Limited English Proficiency, and Health Status in Asians, Latinos, and Other Racial/Ethnic Groups in California*. National Center for Biotechnology Information. Retrieved from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3552496/>

⁵⁵ California State Assembly. (2012). *Final Report and Policy Platform for State Action (2012-2018): Claiming the Promise of Health and Success for Boys and Men of Color in California*. Retrieved from: [https://www.law.berkeley.edu/files/bccj/ex-sum-17-v3\(1\).pdf](https://www.law.berkeley.edu/files/bccj/ex-sum-17-v3(1).pdf)

⁵⁶ Wolf, Leni. (June 2017). *Hear My Voice: Strengthening the College Pipeline for Young Men of Color in California*. The Education Trust West. Retrieved from: <https://29v0kg31gs803wndhe1sj1hd-wpengine.netdna-ssl.com/wp-content/uploads/sites/3/2015/11/Ed-Trust-West-Hear-My-Voice-Report-FINAL-June-2017.pdf>

⁵⁷ Ibid.

⁵⁸ U.S. Department of Labor. (2016). *Labor Force Statistics from the Current Population Survey*. United States Department of Labor. Retrieved from: http://www.bls.gov/web/empsit/cpsee_e16.htm

⁵⁹ Galace, Anthony; Pacheco, Wendy. (January 2017). *Building A Diverse Health Career Pipeline: Best Practices for Supporting Young People of Color Pursuing a Career in Health Care*. The Greenlining Institute. Retrieved from: <http://greenlining.org/wp-content/uploads/2017/01/GI-B2H-IB-1.2017-spreads.pdf>

students of color to health careers and provide structured career development for underrepresented youth.⁶⁰ Partnerships between public schools and pipeline programs help to effectively integrate health career development into the curricula.⁶¹ Heavy investment in health career pipeline partnerships will increase exposure to health careers for California's young men of color and likely increase their representation in the health sector.⁶²

- **Ensure multiple career pathways for people with barriers to employment:** California must ensure individuals with barriers to employment are not prematurely denied access to health careers. As such, the Commission should support programs that create opportunities for historically marginalized populations; adopting hiring processes that require extensive schooling may serve as an unnecessary barrier for applicants from diverse backgrounds. For example, research shows that the nursing field is increasingly shifting towards prioritizing applicants who have completed Bachelors of Science in Nursing (BSN) programs.^{63,64} However, Black and Latino students disproportionately rely on Associate's Degree in Nursing (ADN) programs as entry points to nursing careers.⁶⁵ This trend represents a significant equity challenge for people of color.⁶⁶ As such, we urge the Commission to evaluate ways to increase diversity for BSN programs in California, which are not currently representative of the state's Black and Latino populations.⁶⁷
- **Increase Diversity and Supply of Behavioral Health Specialists:** Policymakers must increase access to behavioral health pipeline programs to increase racial and ethnic diversity among behavioral health specialists. California faces a shortage of diverse behavioral health specialists, in particular, Black and Latino communities are underrepresented among psychiatrists and psychologists.⁶⁸ Further, the ratio of behavioral health specialists to the general population is lowest in regions with large populations of people of color such as the Inland Empire and the San Joaquin Valley.⁶⁹

⁶⁰ Medina, Jordan; Saporta, Carla. (January 2014). *Pathways Out of Poverty: Boys and Men of Color and Jobs in The Health Sector*. The Greenlining Institute. Retrieved from: <http://greenlining.org/wp-content/uploads/2014/02/Pathways-Out-Of-Poverty.pdf>

⁶¹ Ibid.

⁶² Ibid.

⁶³ Nurse Journal. (2017). *BSN Degree vs RN Differences*. Nurse Journal. <https://nursejournal.org/bsn-degree/bsn-degree-rn-differences/>.

⁶⁴ Berg, Judith; Orłowski, Carolyn. (August 2016). *Nursing Education Plan White Paper and Recommendations for California*. HealthImpact.

⁶⁵ California Board of Registered Nursing (June 2017) *2015-2016 Annual Report*. <http://www.rn.ca.gov/pdfs/education/prelicensure15-16.pdf>

⁶⁶ Ibarra, Ana. (October 2016). *California's RN Wages Now Highest in The Nation, Federal Data Show*. Kaiser Health News. <https://khn.org/news/californias-rn-wages-now-highest-in-the-nation-federal-data-show/>

⁶⁷ California Board of Registered Nursing (June 2017) *2015-2016 Annual Report*. <http://www.rn.ca.gov/pdfs/education/prelicensure15-16.pdf>

⁶⁸ Coffman, Janet; Bates, Timothy; Bates; Geyn, Igor; Spetz, Joanne. (February 2018). *California's Current and Future Behavioral Health Workforce*. UCSF. Retrieved from: <https://healthforce.ucsf.edu/sites/healthforce.ucsf.edu/files/publication-pdf/California%E2%80%99s%20Current%20and%20Future%20Behavioral%20Health%20Workforce.pdf>.

⁶⁹ Ibid.

Projections demonstrate that large numbers of aging psychologists and psychiatrists are likely to retire or reduce their work hours in the near future.⁷⁰ It is also vital that policymakers and health employers explore alternative paths to licensure such as developing pathways between behavioral health certificate programs and educational institutions.⁷¹

- **Increase Investment in Community Health Worker Programs:** Community health workers, also known as “*promotoras*”, play an instrumental role in promoting equitable health access in marginalized communities.⁷² Community health workers serve as a key cultural bridge between health providers and underserved communities.⁷³ It is imperative that policymakers invest in community health worker training programs to improve access to culturally competent care for low-income and limited English proficient communities.

IV. ALIGN PUBLIC AND PRIVATE INVESTMENTS TOWARDS HEALTH CAREER PATHWAYS

- **Leverage the Workforce Innovation and Opportunity Act:** Health employers and training programs should take advantage of public investments that can bolster existing pathways for young people of color and other disadvantaged populations. For example, the Workforce Innovation and Opportunity Act (WIOA) allows regional employers across sectors to align strategies to create employment opportunities for vulnerable workers. The California Workforce Development Board developed a Unified State Plan, consistent with WIOA in order to provide a framework for public-private partnerships that address the needs of vulnerable workers. This plan explicitly prioritizes services and resources to workers with significant barriers to employment, such as disconnected youth⁷⁴, low-income adults, former incarcerated individuals, etc.⁷⁵ Aligning workforce development board funding and health sector workforce development represents an excellent opportunity to support the equitable development of California’s health workforce.⁷⁶
- **Direct nonprofit hospital community benefits towards health workforce development:** California’s nonprofit hospital community benefits, enacted via Senate

⁷⁰ Ibid.

⁷¹ Ibid.

⁷² Capitan, John; Gonzalez, Alicia; Ramirez, Mariana; Pacheco, Tania. (2010). *The Effectiveness of a Promotora Health Education Model for Improving Latino Health Care Access in California’s Central Valley*. Fresno State University. Retrieved from: <https://www.fresnostate.edu/chhs/cvhipi/documents/cms-final-report.pdf>

⁷³ Ibid.

⁷⁴ Disconnected youth are teenagers and young adults between the ages of 16 and 24 who are neither working nor in school.

⁷⁵ United States Department of Labor (2017). *The Workforce Innovation and Opportunity Act*. U.S. Department of Labor. Retrieved from: <https://www.doleta.gov/wioa/>

⁷⁶ ForwardFocus (2016). *Building Bridges Between Probation Departments and the Public Workforce System: Lesson’s from California’s ForwardFocus Initiative*. ForwardFocus. Retrieved from: <https://cwdb.ca.gov/wp-content/uploads/sites/43/2016/08/Brief.pdf>

Bill 697 (Torres, 1994), require that nonprofit hospitals promote economic security and health workforce development for vulnerable populations.⁷⁷ The ACA expanded the scope of community benefits to also include “Community Building Activities,” which outlines several priorities, including “Workforce Development,” as a strategy to improve health conditions for historically marginalized groups.⁷⁸ Through their community benefits, hospital should increase spending towards workforce development programs that build a more robust health pipeline. These trainees may then return to work for the health systems that provided them with initial work-based learning opportunities.⁷⁹ Additionally, charity care spending decreased by \$2.4 billion among nonprofit hospitals across the state between 2012-2015 (nonprofit hospital bad debt also decreased by \$1.9 billion during this span), further highlighting the opportunity to invest upstream.⁸⁰ Several nonprofit hospitals across the state are currently conducting their mandated triennial community health needs assessment which will define their community benefit priorities for the next three years. We urge the Commission to promote greater collaboration between health systems, advocates, and policymakers to advance economic opportunity for vulnerable populations.

- **Increase state funding for workforce development:** The Governor’s proposed 2018-2019 budget decreases labor and workforce development funding by 17 percent, which effectively represents a \$25 million reduction for state workforce development programs.⁸¹ We urge the Commission to advocate for sustained state funding for workforce development programs.

V. ADVANCE DIVERSITY AND INCLUSION

- **Promote and increase supplier diversity across the health sector:** The ACA resulted in significant economic growth for health institutions across the state.^{82,83} Thus, health institutions must leverage their resources as anchor institutions to advance racial equity; one vital strategy would be to increase the flow of capital to Minority Business Enterprises (MBEs). Research shows that MBEs are more likely to

⁷⁷ Office of Statewide Health Planning and Development. (September 2017). *Hospital Community Benefits Plans*. Office of Statewide Health Planning and Development. Retrieved from: <https://www.oshpd.ca.gov/HID/CommunityBenefit/>

⁷⁸ Ehnes, Cindy; Rosengaus, Leah. (2014). *Community Benefit Workforce and Economic Triple Bottom Line Investments*. COPE Health Solution. Retrieved from: <https://copehealthsolutions.com/cblog/community-benefit-workforce-and-economic-triple-bottom-line-investments/>

⁷⁹ Ibid.

⁸⁰ Office of Statewide Health Planning and Development. “2010-2015 Summary Trends – Hospital Quarterly Financial and Utilization Data.”

⁸¹ California Department of Finance (2018). *Governor’s Budget Summary, 2018-2019*. California Department of Finance. Retrieved from: <http://www.ebudget.ca.gov/2018-19/pdf/BudgetSummary/SummaryCharts.pdf>

⁸² Lucia, Laurel; Jacobs, Ken (December 2016). California’s Projected Economic Losses under ACA Repeal | Center for Labor Research and Education. UC Berkeley Labor Center. Retrieved from: <http://laborcenter.berkeley.edu/californias-projected-economic-losses-under-aca-repeal/>

⁸³ Terhune, Chad; Gorman, Anna (November 2017). *Insurers Make Billions off Medicaid in California during Obamacare Expansion*. Los Angeles Times. Retrieved from: <http://www.latimes.com/business/la-fi-medicaid-insurance-profits-20171101-story.html>

employ people of color, but face greater barriers when competing for contracts and procurement opportunities with large businesses.⁸⁴ To accurately set diversity goals and benchmarks, health institutions should track and measure the diversity of their suppliers. AB 53 (Solorio, 2012) mandates that insurance companies that collect over \$100 million in premiums disclose procurement data – extending this standard to all large health institutions (statewide health systems, clinics, etc.), and increasing the state’s enforcement capabilities will lead to hundreds of millions more dollars in contracts for diverse businesses in California.^{85,86} Another model for encouraging supplier diversity is General Order 156 – a California Public Utilities Commission (CPUC) program which monitors and tracks supplier diversity among companies within the CPUC’s jurisdiction.⁸⁷ These efforts will be vital in improving the flow of capital to MBEs that desire to support California’s health economy.

- **Recruit and support diverse leadership across all health institutions:** The underrepresentation of health professionals of color, especially in leadership positions, is a significant challenge for young people of color seeking mentorship, guidance, and support.⁸⁸ Given California’s demographics, all health institutions – including health career training programs, medical schools, residency programs, health systems, health plans, clinics, etc. – must diversify their leadership to reflect the state’s diversity at all levels. Increasing diversity among senior executives and board of directors particularly for women and women of color is a necessary step towards increasing racial equity in health care.
- **Track diversity data across all health professions:** The need for culturally and linguistically competent health care providers remains a major challenge for policymakers to solve.⁸⁹ Data collection and tracking is a vital tool to understanding racial, sexual orientation and gender identity (SOGI), and linguistic disparities amongst health care providers. These data provide a vital starting point for policymakers, advocates, and health employers seeking to invest in diversifying California’s health workforce. It is vital that the Commission recommend that state licensing boards for all health professions publicly disclose data regarding race and ethnicity, linguistic competency, and sexual and gender identity for their licensees.

⁸⁴ Minority Business Development Agency (2017) *Disparities in Capital Access between Minority and Non-Minority Businesses*. Minority Business Development Agency. Retrieved from: <https://www.mbda.gov/page/executive-summary-disparities-capital-access-between-minority-and-non-minority-businesses>

⁸⁵ Beavers, Danielle (N.D.) “Minority-Owned Businesses: Capital, Contracts and Supplier Diversity”. *The Greenlining Institute*. Retrieved from <http://greenlining.org/issues-impact/diversity-inclusion/minority-owned-businesses-capital-contracts-supplier-diversity/>

⁸⁶ Ibid.

⁸⁷ <http://www.cpuc.ca.gov/supplierdiversity/>

⁸⁸ Galace, Anthony; Calimlim, Irene (October 2017). *Breaking Down Barriers for Women Physicians of Color*. The Greenlining Institute. Retrieved from: <http://greenlining.org/wp-content/uploads/2017/10/Breaking-Down-Barriers-for-Women-Physicians-of-Color-1.pdf>

⁸⁹ Oxendine, Jeff; Barnett, Kevin. (2016). *Horizon 2030 Meeting California’s Primary Care Workforce Needs*. California Primary Care Association. Retrieved from: <http://hcpsocal.org/wp-content/uploads/2013/02/2016-CPCA-WorkforceReport.pdf>.

This process will assist policymakers and employers who seek to identify the regions and health professions most in need of investment.

- **Prioritize diversity among non-care related jobs:** Health care and information technology are two of the highest growth sectors in the United States.⁹⁰ These industries provide access to high paying career options; however, most of these careers are available only to individuals with costly, advanced degrees.⁹¹ This presents a major barrier for low-income people of color who lack access to the educational training necessary for these career paths. The Commission must recommend the expansion of certification and technical training programs for non-care related positions in the health sector. Research demonstrates that lack of technical training or required certification is one of the largest barriers to employment of underrepresented communities in the information technology sector.⁹² Expanded access to certification and training programs will provide a pathway to high-paying careers low-income people of color who have traditionally been excluded from access to these lucrative jobs.⁹³ It is vital that employers adopt sustainable placement models for underrepresented groups. Continuous support in the form of mentorship and affirmative employer support is vital for the retention of underrepresented workers.⁹⁴

The success of California’s future health workforce is contingent upon strong investment in communities of color. It is vital that advocates and policymakers work together to increase the number of underrepresented individuals in California’s health workforce and expand job opportunities to populations with barriers to employment.

We appreciate the Commission’s leadership and commitment to improving health and employment outcomes for all Californians. We look forward to working closely with the Commission and all stakeholders to ensure that California’s future health workforce is more responsive to the needs of communities of color and other vulnerable populations.

If you have any questions regarding this letter, please contact Anthony Galace, Director of Health Policy with The Greenlining Institute, at anthonyg@greenlining.org, or Denzel Tongue, Health Policy Fellow with The Greenlining Institute, at denzelt@greenlining.org.

Sincerely,

Alameda County Health Pathway Partnership
Alameda County
California Immigrant Policy Center

⁹⁰ Conley, Tara; Sebastian, Julia. (2017). *Race-Explicit Strategies for Workforce Equity in Healthcare and IT*. Race Forward. Retrieved from: https://www.raceforward.org/system/files/pdf/reports/RaceForward_RaceExplicitStrategiesFullReport.pdf

⁹¹ Ibid.

⁹² Ibid.

⁹³ Ibid.

⁹⁴ Ibid.

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