

Opening Pathways for Youth of Color :
The Future of California's Health Workforce

OPENING PATHWAYS



Opening Pathways for Youth of Color: The Future of California's Health Workforce



Table of Contents

Executive Summary

6

Introduction

8

Methodology

17

Findings

22

Policy Recommendations

28

Acknowledgements

35

References and Endnotes

38

Appendix

42

Executive Summary

California is experiencing compounding public health crises. The health professional shortage and the COVID-19 pandemic have left the state physically and financially distressed, without the health workforce needed to care for it. Decision-makers must take bold action to meet this need in a manner that is equitable and honors California's rich diversity. Programs that assist youth of color in accessing health careers can play a major role.

Together with the Alameda County Health Pathway Partnership, The Greenlining Institute researched the effectiveness of health career pathway programs as a means of building a larger, more diverse health workforce. Alumni of Alameda County Health Pathway Partnership program, nearly all youth of color, were recruited to share their experiences navigating towards a career in health. From January to May of 2020, researchers used a focus group and a series of online surveys to capture participants' stories. Through this research, Greenlining was able to identify major supportive factors and barriers for young people of color. From this, we developed a series of targeted recommendations that we believe will fortify the health workforce and ultimately, mitigate harm to the physical and economic health of California residents.

Background

While Black, Latino and Native American communities are projected to make up 62 percent of California's population by 2030, only five percent of the state's practicing physicians are Black and just 5.9 percent are Latino. This makes it difficult for large portions of the state's population to receive culturally competent care, and represents a significant economic obstacle to these communities, as the health workforce offers a variety of well-paying, family-sustaining careers.

Report Findings

Participation in an ACHPP career pathway program increased the desire and confidence of youth of color to pursue a career in health.

Primary supportive factors:

1. Exposure to different health careers and professionals built the skills and confidence of pathway alumni.
2. Social support and mentorship were essential for first-generation and low-income youth.
3. Financial assistance minimized the financial burden of choosing pathway opportunities over holding a current job.

Primary challenges included:

1. Finances: Expenses associated with pathway programs, college applications and tuition were cost prohibitive without significant financial assistance.
2. Transportation: Participants often engaged in riskier, less expensive transportation methods to travel the great distances from school, work or home to career pathway opportunities.
3. Barriers to Higher Education: Participants shared anxiety about getting into, paying for and navigating higher education without support systems and experienced mentors from their communities.



Experiences of Young Women

Young women who participated in the focus groups and surveys shared negative experiences specific to their gender relating to safety, gendered stereotypes within the profession, familial expectations and mentorship.

Policy Recommendations

We propose four areas of policy implementation to build a more diverse and robust health workforce. Interwoven into each of these recommendations is the need for race, ethnicity and gender-specific initiatives that are accessible to undocumented populations. California needs a disproportionate and explicit investment in communities of color, as broader attempts to expand the health workforce have not provided sufficient resources to enable youth of color to enter the field in large numbers. Recognizing the financial scarcity brought on by the COVID-19 pandemic, we believe that these investments are a needed, equitable and efficient means of improving both health and economic outcomes in California.

1. Pass Proposition 16. By repealing California's 1996 ban on affirmative action, Prop. 16 would facilitate the sort of targeted programs California needs to diversify its health workforce.
2. Increase financial support to individuals pursuing careers in health. At present, cost presents a nearly insurmountable obstacle for many youth of color.
3. Increase funding for pipeline programs. A number of excellent programs exist, but they need to be scaled up and replicated.
4. Expand higher education programs. California does not presently train enough health professionals to meet the state's needs. Programs should be expanded, with targeted efforts to enroll underrepresented groups.

Introduction



The Greenlining Institute and the Alameda County Health Pathway Partnership researched the effectiveness of health career pathway programs as a means of building a larger, more diverse health workforce. The research evaluated impacts of ACHPP career pathway programs on skill, confidence and educational/professional attainment of young people of color in Alameda County. We sought to better understand the lived experiences of this population as they navigate challenges associated with achieving their career goals. Ultimately, this understanding allowed us to identify targeted investments that could simultaneously decrease the health professional shortage while limiting the health and economic vulnerabilities of California's increasingly diverse population. We sought to identify ways to decrease barriers to access for young people of color seeking these careers.

If successful, this approach would simultaneously:

- Decrease the health professional shortage
- Provide access to family-sustaining jobs: jobs that are higher paying with consistent hours, a significant number of future openings and resistant to job loss associated with the COVID-19 pandemic
- Increase rates of health coverage within Black, Latino and Native American populations
- Increase provision of culturally competent care
- Combat unequal distribution of healthcare facilities, supplies and personnel
- Decrease the racial wealth gap

The Alameda County Health Pathway Partnership

Working with its 13 regional partner organizations, the Alameda County Health Pathway Partnership (ACHPP) creates health career pathways and a supportive network that puts ethnically diverse youth and young professionals on the way to a successful career in healthcare. The partnership serves over 1,000 Alameda County youth and young adults (ages 12 to 24+) annually. Alumni of these programs are 97 percent people of color, 67 percent low-income, 33 percent immigrants, and 67 percent from the city of Oakland. The partnership seeks to (1) provide them the skills and opportunities they need to obtain a viable career in health via internships, jobs and training; and (2) advocate for systems changes that break down gaps and barriers faced by youth and young adults.



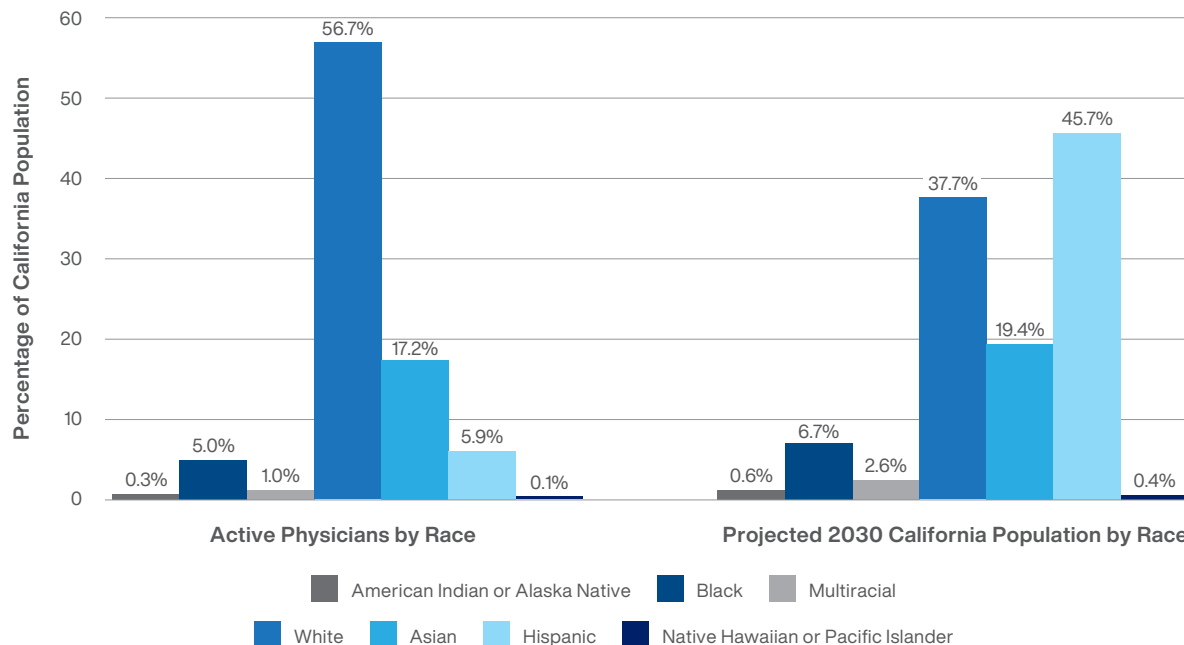
California's Health Professional Shortage

The state of California faces a growing health professional shortage. As estimated by the California Health Workforce Commission, seven million Californians currently live in a Health Professional Shortage Area, meaning they lack sufficient primary care, dental or medical providers.¹ While this is a problem for the health of everyone in the state, this shortage most impacts Latinos, Black people and Native Americans who are the majority living in these environments. While these communities are projected to represent 62 percent of the state's population by 2030, just 5.9 percent of practicing physicians are Latino, and only five percent are African American.²

These shortages have real health impacts. As the UCLA Latino Policy & Politics Initiative outlines in its "California Physician Shortage Brief," provider linguistic and cultural competency are key determinants of health inequities in patient experience and quality of care. Previous research shows that racial/ethnic concordance is positively associated with better interpersonal processes of care, access to care and health outcomes. Ultimately, the lack of health care professionals from underrepresented groups results in worse health outcomes for people of color. For instance, when adjusting for age, sex, education and income, Black people are still far more likely to die from heart disease than their White counterparts.³

The health professional shortage also impacts the economic stability of Black, Latino and Native American communities, who have limited access to these higher paying, family sustaining careers. The median annual wage for health care practitioners and technical occupations requiring higher education (such as registered nurses, physicians and surgeons, and dental hygienists) was \$68,190 in 2019 compared to \$39,810 on average for other occupations in the economy.⁴

COMPARING PHYSICIAN POPULATION TO PROJECTED CA POPULATION



Careers in health care are also more likely to provide access to consistent health insurance than careers most commonly filled by people of color. Black and Latino people are more likely to work in service industries, such as restaurants, hospitality and retail, that offer no or partial health insurance. This leaves them personally vulnerable to significant out-of-pocket expenses in the case of medical emergencies or chronic illness. According to a report published by Health Affairs, “even a relatively low-cost disease, involving no more than a \$2,000 expenditure, may be financially disastrous for a low-income family without health insurance.”⁵ Lack of access to adequate health care and high rates of chronic illness remove people from the workforce and limit family income. These costs can push families into poverty.

Though careers in health care offer some of the best opportunities to alleviate these hardships, 75.3 percent of professionals in this category were White, as opposed to 12.5, 9.6 and 9.0 percent that were Black, Asian and Latino, respectively.⁶ Black and Latino workers were also more heavily skewed towards the lower paying jobs within the health field. While the median annual wage for healthcare practitioners and technical occupations was \$68,190, health care support occupations (such as home health aides, occupational therapy assistants and medical transcriptionists) had a median annual wage of \$28,470 in May 2019, lower than the median annual wage for all occupations in the economy.⁷ Barriers to access for people of color deny their communities income associated with these high-paying positions, compounding the already significant racial wealth gap built by generations of rampant and continued discrimination.

The Need for Race, Ethnicity and Gender-Specific Action

California needs to allocate resources by race, ethnicity and gender to close inequitable health and economic gaps between its residents. Pervasive discrimination and bias against disadvantaged groups within these categories have resulted in greater rates of chronic illness and mortality, even when adjusting for socioeconomic status or education. Race-neutral investments to increase the size of the health workforce cannot close the racial gap in employment in this field. Our research shows that funding expansions to general training programs and medical schools consistently fail to produce equitable gains in access for youth of color.

The UC Riverside School of Medicine's enrollment records provide an example. While increased funding resulted in a greater number of health care professionals in California, these investments did not increase access for young people classified as Underrepresented Minorities or URM (Black, Latino, Native American) as much as for their counterparts. The school has grown more racially diverse since 2010, but the real gap between the number of URM students and White and Asian students has grown. A decade ago, the school enrolled 40 fewer students in this URM category than White and Asian. After a decade of investment that grew the program by 400 percent overall, UC Riverside now produces 140 fewer URM students than White and Asian. Every group within the URM classification remains underrepresented in enrollment, with Latino students underrepresented by nearly 30 percent. Even in 2019, when the graduate school received an award for its outreach efforts and boasted its most diverse class, underrepresented minorities made up only 28 percent of the school population, compared to 63 percent of the surrounding community.⁸

Broad initiatives may also hide the true impact on AAPI communities, especially on immigrants.⁹ Funding based on clear, disaggregated data could allow for more precise assistance to specific ethnic groups. Hmong, Vietnamese, Taiwanese, Burmese, Cambodian and Thai households all have considerably lower median incomes than the AAPI population as a whole, but these differences are lost when all Asian American and Pacific Islander communities are grouped together in statistics.¹⁰

Differences in outcomes by race are also compounded by gender. In Greenlining and the Artemis Medical Society's report, "Breaking Down Barriers for Women Physicians of Color," we found: "Multiple barriers impeded both the entry of these women into the medical field and their success once they became physicians." Women experienced covert and overt racism and sexism from peers and medical school staff.¹¹

Several participants cited specific instances when lecturers casually referenced racist tropes to describe unruly patient interactions. Many interviewees described unequal treatment during medical school and residency, such as instances in which male students were encouraged to voice their opinions while women were more likely to be silenced.

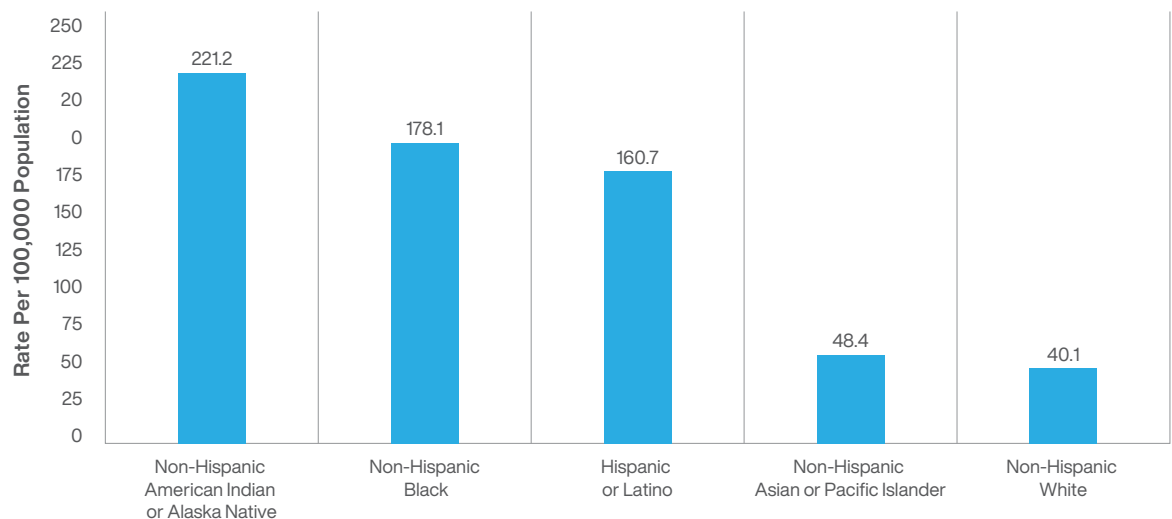
Not only are initiatives specific to race, ethnicity and gender necessary to improve economic and health outcomes for people of color, they are timely. California's population of newly arriving residents, as well as its aging population, is expanding rapidly. On average 330,000 new residents have entered California each year between 2011 and 2017.¹² As a result, careers in health care are projected to have the greatest growth in employment.¹³ These careers are higher paying, offer benefits and are essential to supporting the economic stability of communities of color but remain inaccessible to them to an unacceptable degree.





NATIONAL COVID-19 ASSOCIATED HOSPITALIZATION RATES BY RACE AND ETHNICITY (ADJUSTED FOR AGE)

COVID-NET: MARCH – JUNE 13, 2020

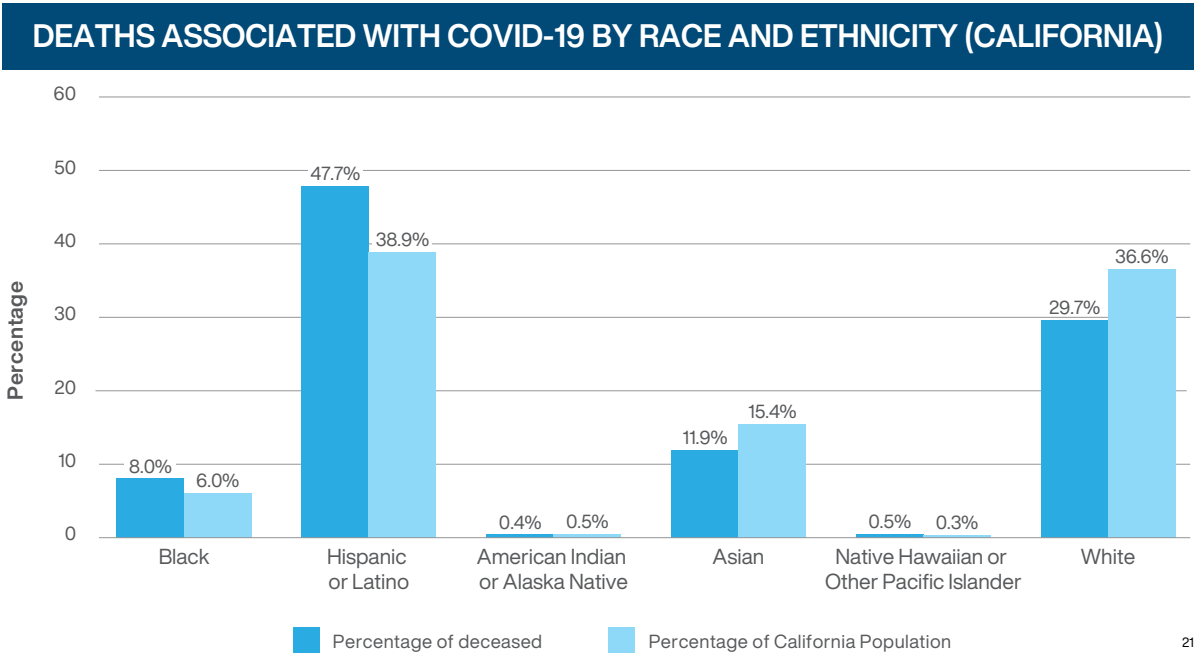


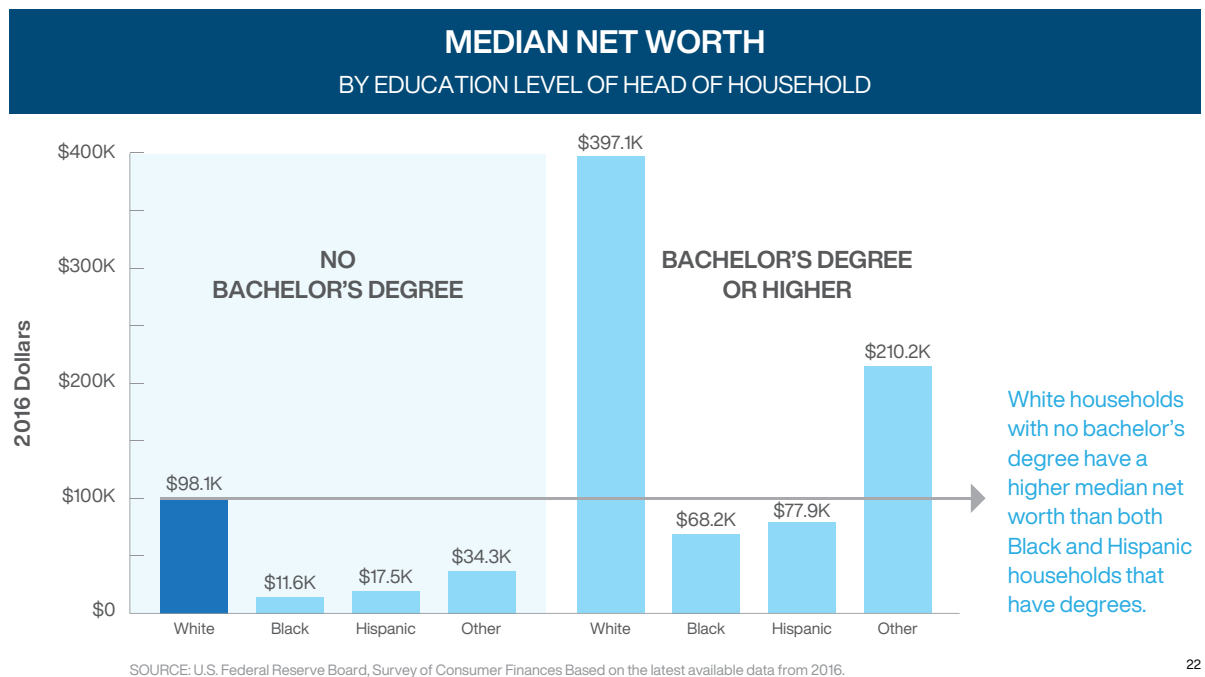
COVID-19 Increases Racial Disparities

The COVID-19 pandemic has had significant impacts on the health and economic wellness of Californians. As of July 26, 2020, there were 460,550 positive cases of COVID-19 and a total of 8,445 related deaths in the state.¹⁴ This has placed a massive burden on the state's health care infrastructure, pushing hospitals and other care facilities past operating capacity. It has magnified the impacts of the health professional shortage while jeopardizing the state's economic health. California reached an unemployment rate of 16.3 percent in May, far higher than at the height of the Great Recession. 2.4 million Californians lost their jobs in April in the biggest one-month job loss in state history. This eclipsed the Great Recession's then record-setting loss of 132,800 jobs between December 2008 and January 2009¹⁵ and produced a projected \$54 billion shortfall for the upcoming fiscal year.

While the entire state has been hit hard, communities of color suffer the most from this pandemic.¹⁶ As of July 26, 2020, Latinos account for 165,201 or 56 percent of positive cases though only 39 percent of the state's population. This community is also experiencing 46 percent of COVID-19-related deaths and 67.9 percent of positive cases among children.¹⁷ Compared with non-Hispanic White patients, African Americans had 2.7 times the rate of hospitalization, after adjusting for age, sex, comorbidities and income. The impacts of racism, including inequitable social determinants of health and lack of access to culturally competent care, have made race a significant factor in COVID-19 related illness and death. As reported by some hospitals, patients of color are requiring longer lengths of stay and more intensive interventions than those required for White patients.¹⁸

Studies have shown the relationship between disparate health outcomes and social determinants of health. Higher infection and hospitalization rates are linked to the high-risk, high-contact essential work performed by these populations, as well as higher occurrence of specific pre-existing conditions such as high blood pressure, asthma and decreased access to quality health care.^{19,20} The impact of this is magnified by lack of consistent health insurance coverage and subsequent lack of access to health care. This life-threatening combination has led the city of Oakland, with a Black population of roughly 28 percent (over 50 percent in East and West Oakland) to declare a health emergency for its African American residents.





Beyond the health impacts, the COVID-19 pandemic has dealt a devastating blow to the economic stability of communities of color. The service industries in which these communities are more likely to work, such as restaurants, hospitality and retail, have been forced to limit hours or cease operations altogether. Nearly a quarter of Black and Latino people are employed in service industries compared to 16 percent of Whites, putting them at increased risk for job loss, loss of income, or for exposure to COVID-19 if they maintain their jobs.²³

This intensifies the economic vulnerability of communities that already experience higher rates of poverty. In the chart illustrating the racial wealth gap, we can see that on average White people with no college degree have a net worth nine times that of Black people of similar education, and one-third more than Black people with a college degree.

Black and Latino communities have suffered from generations of racial discrimination, such as economic disinvestment through the practice of redlining, as well as continued housing and employment discrimination through to the current day.^{24,25} Consistent with this trend, minority-owned businesses have been the smallest recipients of government funding through programs like the federal Paycheck Protection Program. These businesses are in a precarious position as they tend to be concentrated in industries most immediately affected by the pandemic and often have minimal financial reserves.²⁶ The loss of these businesses would represent a significant economic and cultural blow to communities of color.

These businesses and communities urgently need assistance, but aid to low-income communities of color continues to be imperiled by state budget trouble. While the worst cuts have been avoided for now, it took strong community pressure to stave off reductions to important health care programs, including \$33 million from the Song-Brown program, discussed in detail below, and \$1.2 billion in Proposition 56-funded payments to various Medi-Cal providers, such as the physician and dentist loan forgiveness programs. Given the history of disinvestment in communities with great need, we must ensure that decision-makers prioritize communities of color when responding to the COVID-19 pandemic. The state cannot not survive by sacrificing low-income, Brown and Black residents and other communities of color.

Methodology





Alameda County Health Care Services Agency Career Exploration Program interns on-site visit at Alameda County Public Health Department

Methodology

Research was conducted in three parts. From November 2019 to January 2020, a preliminary online survey was shared with and completed by alumni of ACHPP career pathway programs. A preliminary survey was distributed to pathway program directors and then shared with alumni via their program listserv or during in-person meetings. From January to February 2020, Greenlining and ACHPP outreached to the same population to participate in a recent alumnus focus group that took place in February. Plans for additional focus groups were halted due to COVID-19 related shutdowns, so focus group questions were adapted to a final online survey and again shared with pathway program alumni from March to April 2020.

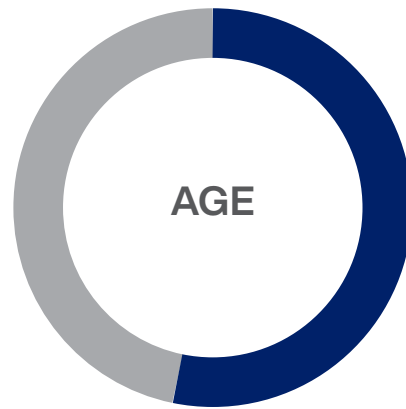
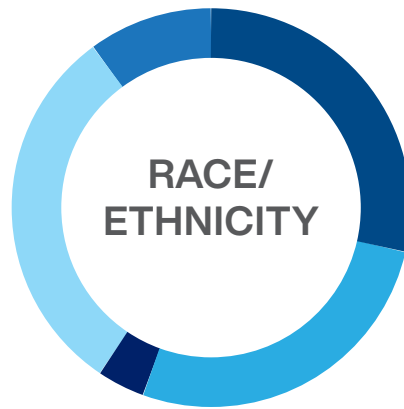
Population and Outreach

We surveyed a total of 133 alumni between the preliminary online survey, the focus group and a final online survey adapted from the focus group questions. The preliminary survey had 116 participants, the focus group consisted of four participants, and the final online survey had 13 participants. For analysis, the focus group and the final online survey responses were combined. Sixty percent of respondents to the preliminary survey identified as women, and all were between the ages of 16 and 36. Eighty-eight percent of the focus group and final survey respondents identified as women, and all were between the ages of 18 and 24. This group ranged from high school seniors to university juniors and included at least two people who identified as undocumented.

WHO WE SERVE

ALAMEDA COUNTY HEALTH PATHWAY PARTNERSHIP

- 28%** Black
- person having origins in any of the black ethnic groups of Africa
- 28%** Asian
- person having origins in any of original peoples of the Far East, Southeast Asia (incl. Philippines), or the Indian subcontinent
- 4%** Native Hawaiian or Other Pacific Islander
- person having origins in any of original peoples of Hawaii, Guam, Samoa, or other Pacific Islander
- 30%** Hispanic or Latino/a/x
- person having origins in Mexico, Central America, South America, Puerto Rico, Cuba, Spain, or the Dominican Republic
- 10%** White
- person having origins in any of original peoples of Europe, the Middle East, or North Africa



Demographics of the 116 participants in the preliminary survey

Survey and Focus Group Design

The initial survey used a mix of closed and open-ended questions in five sections to quantify the impact that participation in a career pathway program or work-based learning opportunity through ACHPP had on professional skills, confidence and career trajectory.

- **Section 1:** Likert Scale from “Strongly Agree” to “Strongly Disagree”: Skills attained through pathway participation
- **Section 2:** Likert Scale from “Strongly Agree” to “Strongly Disagree”: Satisfaction with current employment and confidence in ability to change
- **Section 3:** Information regarding current educational and professional attainment
- **Section 4:** Open ended questions regarding future aspirations, challenges and supportive factors
- **Section 5:** Demographic questions

Both the focus group and final online survey contained five sections of open-ended questions designed to identify impacts of career pathway program participation on program alumni reaching a goal career, as well as, crucial supportive factors or barriers they encountered on this path.

- **Section 1:** Participants identify their career goals.
- **Section 2:** Participants identify the steps necessary to achieving the identified career goals, rating each step with regards to perceived ease or difficulty from 1-5.
- **Section 3:** Participants identify major supportive factors they have had on their path to their goal career. This could include financial support, emotional support, mentorship, etc. from an individual, group of individuals, program or organization.
- **Section 4:** Participants identify major challenges they encounter on their path to their goal career, rating the magnitude and frequency of the challenge for themselves and others.
- **Section 5:** Participants shared anything else they felt inclined to share.

Limitations

Only limited background research exists on the experiences and challenges of young people of color participating in health career pathway programs. Given these data challenges, Greenlining and ACHPP adopted a mixed-methods approach, using both quantitative and qualitative surveys as well as a focus group. These methods were used to capture the lived experiences of young people of color in ways that a solely quantitative survey could not.

Our recruitment methods led to gaps in representation among participants. Outreach materials, such as emails and digital flyers, were shared with directors of pathway programs who then forwarded the materials to program alumni. Some directors, though not all, shared this information in person. Surveys were shared through a link via email as well. As a result of some inconsistency in outreach methods and reliance on internet-based communications, there were likely barriers for individuals with limited computer or internet access. This is an important group to represent, as lack of quality internet is correlated to lack of access to other opportunities. This inconsistency also led to overrepresentation of some pathway programs in our sample. Because outreach materials were sent through email, recent alumni with more recently filed email addresses were more likely to receive the survey, potentially leading to underrepresentation of older program alumni.

The focus group was limited by physical accessibility. It was conducted in downtown Oakland at Greenlining's headquarters. Although the location is a major transit hub, attendance may still have been difficult for participants without cars and with jobs during weekday evenings. The need to cancel multiple in-person focus groups due to COVID-19 meant that multiple identity-based focus groups (for women and justice-involved youth) never took place. Outreach efforts were also hampered by diminished pathway staff capacity resulting from the pandemic. Focus group questions were adapted to an online format to engage other participants who could no longer physically attend. This was also used to broaden the surveyed population, enabling individuals who were working or had conflicting responsibilities to participate.

Finally, because we used a convenience sample, our findings do not reflect a statistically representative sample of the experiences of all young people of color who are alumni of career pathway programs. This report provides a snapshot of the challenges these young people of color face, anecdotally confirmed by pathway directors on the ACHPP Policy & Advocacy Action team. As health industry leaders and advocates discuss policies that affect the health workforce, we hope to refocus these debates around the lived experiences of those who will be impacted by these potential reforms, and to spur further research and advocacy to address the needs of young people of color pursuing health careers.

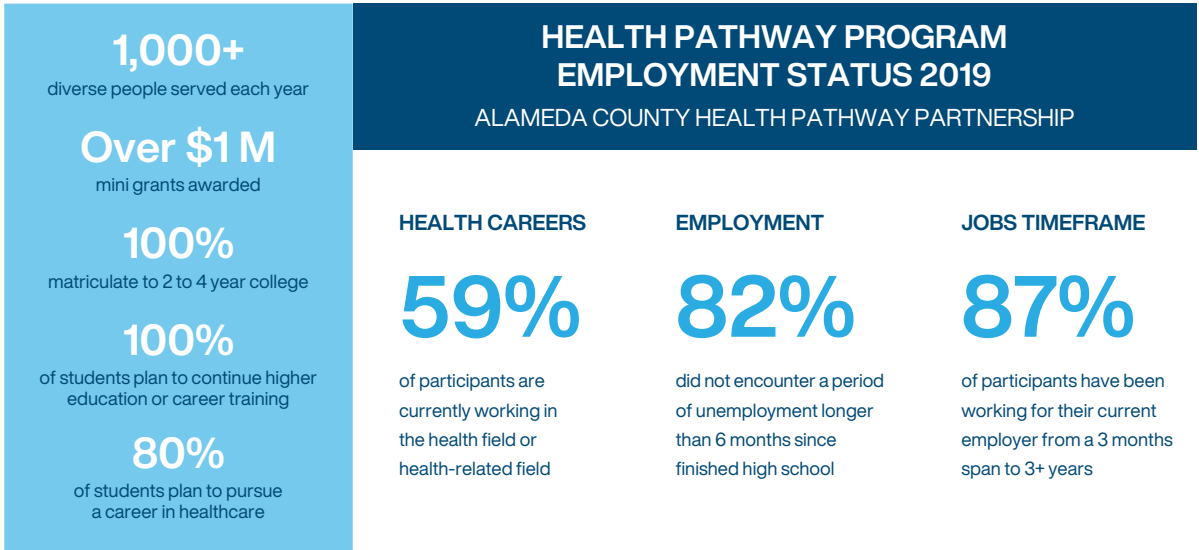


Findings



Preliminary Survey Findings

Since leaving the program, all participants said they plan to continue higher education or career training, and 80 percent plan to pursue a career in the health care field. Participants expressed that ACHPP programs broadened their knowledge of health career paths and boosted their self-efficacy in pursuing these professions. Furthermore, most respondents stated that the ACHPP program gave them their “foot in the door” experience, as this was a key perceived barrier to entering the field. Moreover, many attributed this ACHPP experience to their success in securing sustainable employment or admission to a health professions program. These outcomes were in alignment with the ACHPP’s stated goal of diversifying the health care workforce.





Youth participant practicing lab skills with a clinical scientist

Focus Group and Final Survey Findings

Career Goals

Supported by their participation in an ACHPP program, all participants aspired to become a direct health care provider, though there was variation in desired roles. Sixty-two percent expressed a desire to become physicians, while 23 wanted to become nurses, and both dentists and general “health professionals” each received eight percent of responses. Of those desiring to become an M.D., 63 percent identified preferred specializations, the most popular being surgery followed by pediatrics and obstetrics and gynecology. There was a range of desired specialties among those interested in nursing, including Registered Nurse and nurse/clinic owner.

Top Three Challenges for Participants

1. Finances

All participants expressed significant concerns about finances. Expenses associated with pathway programs, college applications and tuition were large enough that without financial assistance, young people of color were often unable to participate. They remarked on their inability to cover these expenses themselves and the anxiety they felt in taking out student loans to cover them. Coming from low-income families, they questioned their ability to pay these loans back. Undocumented participants described being denied access to existing financial supports because of their immigration status.

Participants were often providing for themselves and/or family, resulting in pressure to get a job rather than participate in pathway programs. Most were forced to manage both, balancing schoolwork, part-time or full-time employment and associated stress.

2. Transportation & Housing

Participants often engaged in riskier, less expensive transportation methods because they could not afford alternatives. One participant shared the experience of nearly being abducted walking to their program. Another described having to fit seven people into a five-seater sedan. They compromised their safety to travel great distances affordably while being responsible and punctual.

The high cost of housing in the Bay Area contributed to this by making opportunities physically distant and more expensive. Participants often traveled great distances to their pathway programs as they lived and attended school in low-income neighborhoods far away from the hospitals and other buildings that housed their internships. Transportation between pathway programs, jobs, school and home represented a significant expense for participants.

3. Barriers to Higher Education

Most participants identified higher education as their primary or secondary challenge. A main area of focus included the cost of college or college applications and the fear of taking out loans as first-generation, low-income or undocumented students. Participants shared anxiety about getting into college and managing a difficult course load. They lacked people within their network who could mentor or provide insight on navigating higher education, especially with competing priorities like jobs and familial responsibilities. Reflecting on how few people looked like them or shared their lived experiences in these fields and their schools, they expressed feelings of cultural alienation. The impact of this was magnified when professors or others used gendered or racial stereotypes.



Experiences of Young Women

Young women who participated in the focus groups and surveys shared experiences specific to their gender relating to safety, gendered stereotypes within the profession, familial expectations and mentorship. Such experiences can exacerbate the impacts of stereotype threat.

“I think transportation might have been a part of the obstacle. My parents always had to work, so I would take the bus or walk to the destination, however, because there are places which are dangerous to walk by, I almost got abducted, but there’s nothing that can be done now.”

- Multiple participants shared experiences encountering gendered stereotypes. These include being told that nursing is a “female profession” and that, as a young Muslim who wears a hijab, she is not what people expect in a health care professional.
- One participant shared feeling angry and unwelcome in her nursing program after a professor scolded and called her “Woman” in front of the entire class.
- Though not explicitly stated as intentional, all mentors identified by women participants were also women. Participants who identified as men felt comfortable and able to access mentors and professors who were women or men.
- Multiple participants shared difficulties resulting from familial responsibilities and expectations. For example, one participant discussed halting her pursuit of a high-level health career after having and raising her child as a single parent.



Policy Recommendations



Policy Recommendations

The Greenlining Institute proposes four areas of policy implementation to overcome significant barriers that young people of color encounter when pursuing careers in health. To be maximally effective, all four need to have funding that is race, ethnicity and gender-specific and accessible to undocumented populations. Greenlining recommends that these policies include disproportionate and explicit investment in communities of color in order to counteract a consistent trend of workforce funding expansions that do not equitably benefit young Black people, Latinos and Native Americans. If applied, these actions can alleviate health, economic and infrastructural disadvantages brought on by years of racist disinvestment. The legislature must protect and expand funding in communities with limited health career pipeline infrastructure. Recognizing the financial scarcity brought on by the COVID-19 pandemic, we believe that these investments are a needed, equitable and efficient means of improving both health and economic outcomes in California.

- Pass Proposition 16.
- Increase financial support to individuals pursuing careers in health.
- Increase funding for pipeline programs.
- Expand higher education programs.



“Race-neutral solutions can’t fix problems steeped in race.”

Pass Proposition 16

On June 10th, 2020, the legislature voted to place what is now known as Proposition 16 on the November ballot. The measure was endorsed by the University of California Board of Regents, Governor Newsom and the California Federation of Teachers, among others.

The passage of Proposition 16, which repeals Proposition 209 from 1996, will create opportunities for race, ethnicity and gender-specific initiatives necessary to counteract a history of systemic discrimination. Problems created by racism cannot be solved by sidestepping race. Removing the need for inexact proxies for race, ethnicity and gender allows policies to be more targeted and efficient. This is especially necessary during the COVID-19 pandemic and resulting economic recession. Policies must provide disproportionate resources to those who are disproportionately affected. We believe this is an essential step to shrinking racial and gender inequities, as well as uplifting members of ethnic communities, such as Hmong, Cambodian and Vietnamese Americans, whose difficulties are overshadowed by the success of their racial group.²⁷

Increase Financial Support to Individuals Pursuing Careers in Health

Cost is a prohibitive factor for many low-income and URM students, impacting their decisions about which health profession or subspecialty area to choose and where to practice after finishing school.²⁸ This factor dissuades low-income students of color from pursuing careers that require years of expensive education. For those that do pursue medical school, financial burdens discourage them from becoming primary care physicians in their own communities. These positions often pay less than subspecialties or equivalents in wealthier neighborhoods.²⁹ To alleviate these burdens, financial support should include the expansion and strengthening of loan forgiveness through state and federal policies and programs, such as:

California State Programs

- Proposition 56 funding for the CalHealthCares Loan Repayment
- California State Loan Repayment Program
- County Medical Services Program Loan Repayment Program
- Programs under the Health Professions Education fund

Example Proposed Federal Policy

- Student Loan Forgiveness for Frontline Health Workers Act (H.R. 6720),³⁰ which would provide student loan forgiveness to health care workers on the front lines of fighting the COVID-19 pandemic. The bill, introduced by Rep. Carolyn Maloney (D-N.Y.) on May 5, would establish a program within the Departments of Education and Treasury that would forgive all public and private graduate student loans for health care workers who have made significant contributions to patient care, medical research and testing during the COVID-19 national emergency.
- Federal COVID-19 Response via CARES Act, HEROES Act, and HEALS Act. Federal response must prioritize minimizing and delaying the overwhelming burden of existing student loan debt. Adam Minsky, an attorney specialized in advocacy for student loan borrowers, analyzed the contents of these Acts, sharing that, “House Democrats passed the HEROES Act in May, which would extend the CARES Act’s student loan payment and interest suspension for an additional 12 months, and would also provide \$10,000 in federal and private student loan forgiveness to borrowers experiencing economic distress. Senate GOP leaders rejected the HEROES Act without taking a formal vote on it.”³¹ In July, Senate Republicans put forth the HEALS Act, which would effectively end these student loan assistance efforts, shifting the immediate burden of student loan debt back onto borrowers.

Financial supports should also expand scholarship and stipend opportunities to cover the cost of higher education and living expenses. Examples include:

- A new Emerging California Health Leaders Scholarship Program³²
- Programs under the Health Professions Education fund

Increase Funding for Pipeline Programs

To increase diversity in the workforce, youth require programs that offer comprehensive academic enrichment, career development, mentorship and advising. Students from Health Professional Shortage Areas, low-income and first-generation backgrounds and groups underrepresented in the health professions must be targeted for inclusion. Ideally, pipeline programs should include a pathway from middle school through higher education. Funding should support:

- Scaling and replication of proven pipeline programs such as these in Alameda County:
 - Alameda County Health Care Services Agency Career Exploration Program
 - Alameda County Health Coach Program
 - Alameda County Emergency Medical Service Corps
 - Children's Hospital Oakland Research Institute
 - Community Health & Adolescent Mentoring Program for Success
 - Diversity in Health Training Institute
 - Health Excellent Academic Leadership (HEAL) Program
 - Health Career Connection
 - Mentoring in Medicine & Science
- Compensation for participation and stipends for safe transportation and associated expenses. Compensation for participation lessens the burden low-income youth feel when prioritizing workforce development opportunities over other forms of employment. Stipended positions are also more accessible to undocumented youth. Unlike formal wage-earning employment, stipended positions may not require a social security number.
- Adaptation of pipeline programs to online distance-learning models that are technologically accessible during the COVID-19 pandemic. (For more on the struggles of low-income students with distance learning, see Greenlining's report, "On the Wrong Side of the Digital Divide.")
- Continued assistance and tracking of high school graduates pursuing higher education.

Expand Higher Education Programs

While California is experiencing a significant and growing health professional shortage, the state does not currently train enough health care providers to fill the need. California's medical school enrollment is the third lowest in the nation, nearly half the national average, and an inequitably low percentage of this enrollment is first-generation, low-income and of color. To expand the training of diverse health care providers, funding should support:

- Expansion of enrollment in nursing, behavioral health, medical and dentistry programs with specific prioritization of Black, Latino and Native American applicants as well as other groups underrepresented in health professions.
 - Though SB-1110 (Hurtado) was held in committee and will not move forward this legislative cycle due to COVID-related budget constraints, this proposed bill is a strong example of the needed expansions to higher education. SB-1110 would establish the California Medicine Scholars Program as a three-year pilot program in four regions across the state. This pre-medical pathway pipeline program would operate in partnership with California Community Colleges and California's medical schools through a statewide office and regional collaborations of higher education institutions and health centers. It would create a supportive pathway program for our state's community college students to pursue pre-med training and enter medical school in California.
 - Expansion of the governor's proposed funding for the UC Riverside School of Medicine and the UC San Francisco School of Medicine Fresno Branch campus in partnership with UC Merced, but with specific focus on low-income people of color to ensure that increased funding does not only exacerbate existing racial imbalances in medical school admission and retention rates.
- Increased programmatic assistance to increase retention within these groups
- Protection and expansion of funding for programs that increase residency training slots
 - For example, the Song-Brown Primary Care Physician Training program works to increase the number of students and residents receiving quality primary care education and training in areas of unmet need throughout California. According to a recent analysis by the Office of Statewide Health Planning and Development, graduates of residency programs sponsored by Song-Brown funds are 40 percent more likely to practice in federally designated Health Professional Shortage Areas than are other primary care physicians in California.³³

As outlined in a letter from the California Primary Care Association and coalition to Senate and Assembly budget committee members,³⁴ without this funding (which was threatened, although eventually preserved, in recent budget deliberations), many physician training programs in underserved areas dedicated to primary care would be forced to close. To receive Song-Brown funding, residency programs must demonstrate their commitment to recruiting diverse, culturally competent physicians and underrepresented minorities to their residency programs; provide care to a high uninsured, underinsured or Medi-Cal population; and place graduates in areas of unmet need. Each family medicine resident provides at least 600 additional primary care patient visits per year while in training. Song-Brown also has significant long-term benefits for communities, as the majority of residents stay and practice in the areas in which they train. In the last three years alone, Song-Brown helped to create and fund 23 new primary care residency programs, 36 new residency slots at existing residency programs, and over 600 new primary care physician residents who now provide care to thousands of Californians.

Conclusion

As California suffers under the weight of the COVID-19 pandemic, investments in communities of color, who are the hardest hit, are essential to the state's survival. Investments in health workforce diversity increase access to culturally competent care, provide a pathway to family sustaining jobs and work to close the racial wealth gap. Ultimately, building a rich and diverse health workforce will bolster the economic and physical health of the state. To end the health professional shortage in a manner that meets the complex needs of California's aging and increasingly diverse population, decision-makers must take bold action. Greenlining recommends a disproportionate and explicit investment in communities of color to alleviate the health, economic and infrastructural disadvantages these communities suffer as a result of years of racist disinvestment. As California experiences a deep recession and what may well be continuing, record budget shortfalls in the coming years, this targeted approach is the most effective and fiscally responsible way to end the shortage, strengthen communities and build an equitable future.

Acknowledgements



About the Authors

Christian Beauvoir, Health Equity Fellow, The Greenlining Institute

Christian Beauvoir advocates at the intersections of health policy, racial justice and youth empowerment to develop transformational and equitable systems of care that meet the needs of communities of color. Through his work he aims to find ways to institutionalize compassion, to recognize the needs of people, and build space for their humanity in our systems. Christian is currently the 2019-2020 Health Equity Fellow at The Greenlining Institute. In this role he represents the organization in various coalitions, informing policy platforms and advocacy strategies in conversation with the state legislature and local decision-makers. Christian has also written articles on the potential impacts of pharmaceutical drug cost reduction strategies on Black and Latinx communities and the public health case for prison abolition. Previously, Christian has worked as a sexual health advocate to increase access to shame-free health care services for communities of color, spearheaded the development of robust youth action boards and career pathways programs, and led programming on gender and masculinity, sexual assault and relationship abuse. The son of two Los Angeles public school teachers, Christian is a graduate of Stanford University where he majored in Urban Studies with a focus in Urban Education.

Michael Pham, Program Coordinator, Alameda County Health Pathway Partnership

Michael Pham is a first-generation scholar who graduated from the University of California, Berkeley with a bachelor's degree in Integrative Biology. Michael is currently pursuing his Master of Public Administration degree at Cal State University, East Bay. He comes from a "Phamily" of seven boys with two loving parents emigrating from Vietnam to America. His parents left everything behind in their homeland just so their children could obtain the American Dream. The sacrifice of his parents motivated Michael to move mountains across campus and his community. Before joining the Alameda County Health Pathway Partnership, Michael served as Student Director for the Cal Alumni Association advocating for and representing the entire Cal student body. Now he serves as a Board Member for the city, county and state fighting for disability rights. Michael's life purpose is to BREAK DOWN SILOS between communities to be the most effective and efficient public leader possible, one that can mobilize a movement for equitable opportunity, equal representation and non-discrimination for marginalized communities.

About The Greenlining Institute

Founded in 1993, The Greenlining Institute envisions a nation where communities of color thrive and race is never a barrier to economic opportunity. Because people of color will be the majority of our population by 2044, America will prosper only if communities of color prosper. Greenlining advances economic opportunity and empowerment for people of color through advocacy, community and coalition building, research and leadership development. We work on a variety of major policy issues because economic opportunity doesn't operate in a vacuum. Rather than seeing these issues as being in separate silos, Greenlining views them as interconnected threads in a web of opportunity.

About the Alameda County Health Pathway Partnership

Alameda County Health Pathway Partnership (ACHPP) was founded in 2007 to address the need for sustainable support and coordination of health pathway organizations providing a solution towards decreasing health disparities by increasing diversity in the health field. ACHPP provided facilitation for collective impact creating health career pathways and a supportive network that puts ethnically diverse youth and young adults on the way to a successful career in healthcare. We dig deep to address the needs, challenges, and hopes of underserved youth and young adults through grantmaking, program development, and public-private partnerships. Currently, ACHPP conducts much of its work based on data gathering and gaps analysis. We have established a strong collaborative and building greater impact by expanding, creating, and including more training and credentialing programs. ACHPP assists systems-level change by leveraging stakeholders to secure employment, address policy issues that are barriers and identify opportunities so ACHPP youth have access to local health professions programs, and secure jobs upon graduation.

Our Thanks To

The young people of color who shared their experiences and gave of their time for this report, whose bravery and resilience is truly inspiring; the Alameda County Health Pathway Partnership (ACHPP) for their relentless dedication to empowering young people of color on their path to careers in health, especially Sequoia Hall, Program Manager and Jocelyn Garrick, MD MSEM Deputy Medical Director and ACHPP Director; Bruce Mirken, Greenlining's Media Relations Director, Kelsey Lyles, Greenlining's Health Equity Program Manager, Ashley Johnson, Greenlining's Digital Strategy Manager and Nadia Kim, Greenlining's Communication Coordinator, for your constant support, guidance and editing; members of ACHPP's Policy Action and Partnership Engagement teams for serving as invaluable advisors to the project; Janasha Higgins Research, Evaluation and Data Manager at Marcus Foster Education Institute, for selflessly taking time out of your evening to make the focus group possible; and Lisa Hu, Hana Creger, Sona Mohnot, and Paul Goodman for sharing best practices that served as the research foundation for this report. Without the contributions of all of you, this report would not have been possible.

Editor: Bruce Mirken, The Greenlining Institute

Photography

Front/back cover Adetayo Adepoju	Page 10, 21 CDC	Page 18, 24 Alameda County Health Pathway Partnership
Page 4 SJ Objio	Page 13, National Cancer Institute	Page 27 Valerie Sigamani
Page 7 Vicwag from Pixabay	Page 14 Thomas De Luze	Page 30 Hush Naidoo

References



Artiga, Samantha, et al. "Communities of Color at Higher Risk for Health and Economic Challenges Due to COVID-19." *KFF*, 8 Apr. 2020, www.kff.org/coronavirus-covid-19/issue-brief/communities-of-color-at-higher-risk-for-health-and-economic-challenges-due-to-covid-19/.

Barnett, Kevin, and Jeffrey Oxendine. "Meeting the Demand for Health: Final Report of the California Future Health Workforce Commission." *California Future Health Workforce Commission*, 31 May 2019, futurehealthworkforce.org/our-work/finalreport/.

Berki, S.E., et al. "A Look at Catastrophic Medical Expenses and the Poor." *Health Affairs*, www.healthaffairs.org/doi/full/10.1377/hlthaff.5.4.138.

"COVID-19 Deaths Analyzed by Race and Ethnicity." *APM Research Lab*, 26 July 2020, www.apmresearchlab.org/covid/deaths-by-race.

"COVID-19 Race and Ethnicity Data." *California Department of Public Health*, California Department of Public Health, 26 July 2020, www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Race-Ethnicity.aspx.

COVID-19, CDPH, 26 June 2020, www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/ncov2019.aspx#COVID-19%20by%20the%20Numbers.

Dua, Andre, et al. "COVID-19's Effect on Minority-Owned Small Businesses in the United States." *McKinsey & Company*, McKinsey & Company, 27 May 2020, www.mckinsey.com/industries/social-sector/our-insights/covid-19s-effect-on-minority-owned-small-businesses-in-the-united-states#.

"Employed Persons by Detailed Occupation, Sex, Race, and Hispanic or Latino Ethnicity." *U.S. Bureau of Labor Statistics*, U.S. Bureau of Labor Statistics, 22 Jan. 2020, www.bls.gov/cps/cpsaat11.htm.

"Employment Projections: 2018-2028 Summary." *U.S. Bureau of Labor Statistics*, U.S. Bureau of Labor Statistics, 4 Sept. 2019, www.bls.gov/news.release/ecopro.nr0.htm.

"Enrollments: Demographic." *Institutional Research*, 12 Mar. 2020, ir.ucr.edu/stats/enroll/demographic.

Ramakrishnan, Karthick and Janelle Wong. "Ethnicity Data Is Critical to Address the Diverse Needs of Asian Americans and Pacific Islanders." *Data Bits*, 29 Jan. 2018, aapidata.com/blog/ethnicity-data-is-critical/.

Galace, Anthony, and Irene Calimlim. "Breaking Down Barriers for Women Physicians of Color." *The Greenlining Institute*, Oct. 2017, greenlining.org/wp-content/uploads/2017/10/Breaking-Down-Barriers-for-Women-Physicians-of-Color-1.pdf.

"Healthcare Occupations: Occupational Outlook Handbook." *U.S. Bureau of Labor Statistics*, U.S. Bureau of Labor Statistics, www.bls.gov/ooh/healthcare/mobile/home.htm.

Johnson, Hans, et al. *California's Future: Population*, PPIC, Jan. 2018, www.ppic.org/wp-content/uploads/r-118hj2r.pdf.

Lee, Anna. *East and West Oakland Health Data: Existing Cumulative Health Impacts*. Alameda County Public Health Department, 3 Sept. 2015, www.acphd.org/media/401560/cumulative-health-impacts-east-west-oakland.pdf.

Levy, Loree, and Aubrey Henry. "California's Labor Market, by the Numbers." *California Unemployment Lowers Slightly to 16.3 Percent in May*, 19 June 2020, edd.ca.gov/newsroom/unemployment-june-2020.htm.

Lyles, Kelsey, and Adam Briones. "Repeal Prop. 209 and Pass ACA 5 to Legalize Equal Opportunity." *The Greenlining Institute*, 12 May 2020, greenlining.org/blog-category/2020/repeal-prop-209-and-pass-aca-5-to-legalize-equal-opportunity/.

Maloney, Carolyn B. "H.R.6720 - 116th Congress (2019-2020): Student Loan Forgiveness for Frontline Health Workers Act." *Congress.gov*, 5 May 2020, www.congress.gov/bill/116th-congress/house-bill/6720?s=1&r=1.

Minsky, Adam S. "Consumer Groups Slam GOP Stimulus Bill For Failing Student Loan Borrowers." *Forbes*, Forbes Magazine, 27 July 2020, www.forbes.com/sites/adamminsky/2020/07/27/consumer-groups-slam-gop-stimulus-bill-for-failing-student-loan-borrowers/#1158847923d1.

Mirken, Bruce. "Another Hole in the 'Model Minority' Myth." *The Greenlining Institute*, 20 Nov. 2019, greenlining.org/blog-category/2015/another-hole-in-the-model-minority-myth/.

Mitchell, Bruce, and Juan Franco. "HOLC 'Redlining' Maps: The Persistent Structure of Segregation and Economic Inequality " NCRC." *NCRC*, 18 Dec. 2018, ncrc.org/holc/.

Ross, Jenna. "The Racial Wealth Gap in America: Asset Types Held by Race." *Visual Capitalist*, 12 June 2020, www.visualcapitalist.com/racial-wealth-gap/.

Williams, David R, et al. "Understanding Associations among Race, Socioeconomic Status, and Health: Patterns and Prospects." *Health Psychology: Official Journal of the Division of Health Psychology, American Psychological Association*, U.S. National Library of Medicine, Apr. 2016, www.ncbi.nlm.nih.gov/pmc/articles/PMC4817358/.

Yearby, Ruqaiijah. "The Impact of Structural Racism in Employment and Wages on Minority Women's Health." *American Bar Association*, www.americanbar.org/groups/crsj/publications/human_rights_magazine_home/the-state-of-healthcare-in-the-united-states/minority-womens-health/.

"The Disproportionate Impact of COVID-19 on Communities of Color" *American Hospital Association*, Committee on Ways and Means of the U.S. House of Representatives, 27 May 2020, www.aha.org/testimony/2020-05-27-testimony-disproportionate-impact-covid-19-communities-color.

Endnotes

- 1 Barnett, Kevin, and Jeffrey Oxendine. "Meeting the Demand for Health: Final Report of the California Future Health Workforce Commission." 31 May 2019
- 2 California's Future: Population, Public Policy Institute of California, January 2018
- 3 Williams, David R, et al. "Understanding Associations among Race, Socioeconomic Status, and Health: Patterns and Prospects." *Health Psychology*, Apr. 2016
- 4 "Healthcare Occupations : Occupational Outlook Handbook." U.S. Bureau of Labor Statistics
- 5 Berki, S.E., et al. "A Look at Catastrophic Medical Expenses and the Poor." *Health Affairs*
- 6 Employed Persons by Detailed Occupation, Sex, Race, and Hispanic or Latino Ethnicity." U.S. Bureau of Labor Statistics, 22 Jan. 2020
- 7 "Healthcare Occupations: Occupational Outlook Handbook." U.S. Bureau of Labor Statistics
- 8 "Enrollments: Demographic." *Institutional Research*, 12 Mar. 2020
- 9 Ramakrishnan, Karthick and Janelle Wong. "Ethnicity Data Is Critical to Address the Diverse Needs of Asian Americans and Pacific Islanders." *Data Bits*, 29 Jan. 2018,
- 10 Mirken, Bruce. "Another Hole in the 'Model Minority' Myth." *The Greenlining Institute*, 20 Nov. 2019,
- 11 Galace, Anthony, and Irene Calimlim. "Breaking Down Barriers for Women Physicians of Color." *The Greenlining Institute*, Oct. 2017
- 12 Johnson, Hans, et al. *California's Future: Population*, PPIC, Jan. 2018
- 13 "Employment Projections: 2018-2028 Summary." U.S. Bureau of Labor Statistics, 4 Sept. 2019
- 14 COVID-19, CDPH, 26 June 2020
- 15 Levy, Loree, and Aubrey Henry. "California's Labor Market, by the Numbers." *California Unemployment Lowers Slightly to 16.3 Percent in May*, 19 June 2020
- 16 "COVID-19 Deaths Analyzed by Race and Ethnicity." *APM Research Lab*, 26 July 2020
- 17 "COVID-19 Race and Ethnicity Data." *California Department of Public Health*, California Department of Public Health, 26 July 2020
- 18 "The Disproportionate Impact of COVID-19 on Communities of Color" *American Hospital Association*, Committee on Ways and Means of the U.S. House of Representatives, 27 May 2020
- 19 Artiga, Samantha, et al. "Communities of Color at Higher Risk for Health and Economic Challenges Due to COVID-19." *KFF*, 8 Apr. 2020
- 20 Lee, Anna. *East and West Oakland Health Data: Existing Cumulative Health Impacts*. Alameda County Public Health Department, 3 Sept. 2015
- 21 All Cases and Deaths Associated with COVID-19 by Race and Ethnicity. California Department of Public Health, 19 Aug. 2020, www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Race-Ethnicity.aspx.
- 22 Ross, Jenna. "The Racial Wealth Gap in America: Asset Types Held by Race." *Visual Capitalist*, 12 June 2020
- 23 Artiga, Samantha, et al. "Communities of Color at Higher Risk for Health and Economic Challenges Due to COVID-19." *KFF*, 8 Apr. 2020
- 24 Mitchell, Bruce, and Juan Franco. "HOLC 'Redlining' Maps: The Persistent Structure of Segregation and Economic Inequality." 18 Dec. 2018
- 25 Yearby, Ruqaiijah. "The Impact of Structural Racism in Employment and Wages on Minority Women's Health." *American Bar Association*
- 26 Dua, Andre, et al. "COVID-19's Effect on Minority-Owned Small Businesses in the United States." *McKinsey & Company*, McKinsey & Company, 27 May 2020
- 27 Lyles, Kelsey, and Adam Briones. "Repeal Prop. 209 and Pass ACA 5 to Legalize Equal Opportunity." *The Greenlining Institute*, 12 May 2020
- 28 Barnett, Kevin, and Jeffrey Oxendine. "Meeting the Demand for Health: Final Report of the California Future Health Workforce Commission." *California Future Health Workforce Commission*, 31 May 2019
- 29 "Meeting the Demand for Health: Final Report of the California Future Health Workforce Commission." (page 21)
- 30 Maloney, Carolyn B. "H.R.6720 - 116th Congress (2019-2020): Student Loan Forgiveness for Frontline Health Workers Act." *Congress.gov*, 5 May 2020
- 31 Minsky, Adam S. "Consumer Groups Slam GOP Stimulus Bill For Failing Student Loan Borrowers." *Forbes*, Forbes Magazine, 27 July 2020
- 32 "Meeting the Demand for Health: Final Report of the California Future Health Workforce Commission." (page 7)
- 33 Ernest Blake Fagan et al., "Family Medicine Graduate Proximity to Their Site of Training: Policy Options for Improving the Distribution of Primary Care Access, *Family Medicine* 47, no. 2 (February 2015): 124–30.
- 34 Letter from the California Primary Care Association and coalition to Senate and Assembly budget committee members (in appendix)

Appendix





May 27, 2020

The Honorable Holly Mitchell
Chair, Senate Committee on Budget and Fiscal Review

The Honorable Phil Ting
Chair, Assembly Committee on Budget

The Honorable Richard Pan
Chair, Senate Budget Sub. 3

The Honorable Joaquin Arambula
Chair, Assembly Budget Sub. 1

Re: FY 2020-2021 Reinvesting in Health Care Workforce

Dear Senator Mitchell, Senator Pan, Assemblymember Ting and Assemblymember Arambula:

Our coalition of community health centers, clinicians, and workforce organizations write to implore you to consider the significant negative effects the Governor's May Revise budget proposal will have on access to care for the most vulnerable patients, particularly seniors, children, and those with special needs. We are disappointed the May Revise has pulled back on the commitment to maintain these significant investments in health care workforce. In the last three years the state has made progress in expanding health care workforce capacity by supporting health care students and professionals who either train and or work in California's areas of greatest unmet need.

We urge the Governor and Legislature to prioritize the reinstatement of General Fund and Proposition 56 resources. In particular, we urge you to reject the following proposed cuts:

\$33 million (90+ percent) from the Song-Brown Primary Care Physician Training Program.

Without this funding, many physician training programs in underserved areas dedicated to primary care will be forced to close. To receive Song-Brown funding, residency programs must demonstrate their commitment to recruiting diverse, culturally competent physicians and underrepresented minorities to their residency programs; provide care to a high uninsured, underinsured or Medi-Cal population; and place graduates in areas of unmet need. Each family medicine resident provides at least 600 additional primary care patient visits per year while in training. Song-Brown also has significant long-term benefits for communities, as the majority of residents stay and practice in the areas in which they train. In the last three years alone, Song-Brown helped to create and fund:

- 23 new primary care residency programs

- 36 new residency slots at existing residency programs
- 600+ new primary care physician residents who now provide care to thousands of Californians

Proposition 56 funding for Medi-Cal Supplemental Payments.

The Proposition 56 Tobacco Tax was passed by the voters in November of 2016 to expand access to health care for Medi-Cal patients, by supporting the number of Medi-Cal beneficiaries each physician or dentist sees in their office by increasing the base rate reimbursement. A recent CHCF survey found that one-third of primary care physicians in California are worried their practices and clinics will be forced to close because of the financial consequences of the COVID-19 pandemic, now is not the time to reduce already woefully low Medi-Cal reimbursement rates while practices struggle to stay afloat. Protecting provider networks is of the utmost importance, as the loss of physician practices, especially in rural and remote areas, are difficult for a community to recover from.

Proposition 56 funding for the CalHealthCares Loan Repayment Program.

The Proposition 56 Loan Repayment Program (CalHealthCares) places doctors and dentists directly in communities throughout the state who need them. The May Revise eliminates years two through five of the program. There are over 1,000 applicants currently awaiting an announcement of who will receive the year two awards but the May announcement was never made. To support the increasing Medi-Cal patient caseload, the Legislature must move forward with the over 270 year two awardees, so those providers can immediately be deployed throughout the state for the specific purpose of providing care to Medi-Cal Patients in medically underserved areas.

\$300,000 from the California State Loan Repayment Program.

The California State Loan Repayment Program authorizes repayment of qualified education loans for those providers who commit to an initial 2-year, full-time or 4-year, half-time service agreement to provide direct patient care in a primary, dental, or mental health in health professional shortage areas (HPSAs). These funds have allowed for the support of hundreds of clinicians across rural, urban, and frontier parts of California.

With a growing physician shortage and estimated two million or more new Medi-Cal enrollees, this is not the time to decrease workforce resources. These investments are essential to the health of our communities as we rebuild the state's economy, and weather the current pandemic and future outbreaks.

For these reasons we respectfully request the Governor and legislature prioritize the reinstatement of General Fund and Proposition 56 investments in California's health care workforce.

Wishing you, your family, staff and neighbors health during these uncertain times,

Adam Francis
Director of Government Relations
California Academy of Family Physicians

Andrew A. Harris
Acting Chief Executive Officer
Western Sierra Medical Clinic

Brianna Pittman-Spencer
Legislative Director
California Dental Association

Carmela Castellano Garcia
President and Chief Executive Officer
CaliforniaHeath+Advocates

Castulo de la Rocha
President and Chief Executive Officer
AltaMed Health Services

C. Dean Germano
Chief Executive Officer and California
Future Health Workforce Commission
member
Shasta Community Health Center

David B. Vliet
Chief Executive Officer
LifeLong Medical Center

Deborah Villar
Chief Executive Office
Via Care Community Health Center

Deena Lahn
Vice President, Policy and External Affairs
San Francisco Community Clinic
Consortium

Doreen Bradshaw
Executive Officer
Health Alliance of Northern California

Eddie Chan
Chief Executive Officer
North East Medical Services

Fran Butler-Cohen
Chief Executive Officer
Family Health Centers of San Diego

Garrett Chan
President and Chief Executive Officer
HealthImpact

Henry N. Tuttle
President and Chief Executive Officer
Health Center Partners of Southern
California

Jane Garcia
Chief Executive Officer
La Clinica de La Raza

Janus Norman
Senior Vice President
Center for Government Relations
California Medical Association

Jason Lohr
Chief Executive Officer
SAC Health System

Jeffrey Oxendine
Chief Executive Officer
Health Career Connection

Karen Bradley
President
California Association for Nurse
Practitioners

Katherine Flores
Co-Director
California Health Professions
Consortium

Kelsey Lyles
Health Equity Program Manager
The Greenlining Institute

Kevin Mattson
Chief Executive Officer
San Ysidro Health

Louise McCarthy
President and Chief Executive Officer
Community Clinic Association of Los
Angeles County

Lucresha Renteria
Executive Director
Mendocino Coast Clinics

Lynn Dorroh
Chief Executive Officer
Hill Country Health and Wellness
Center

Mira Morton
Director of Government Relations
California Children's Hospital
Association

Nicholas Birtcil
Executive Officer
Osteopathic Physicians & Surgeons
of CA

Patrick T. Dowling
Professor and Chair
UCLA Department of Family Medicine

Rakesh Patel
Chief Executive Officer
Neighborhood Healthcare

Richard A. Veloz
Chief Executive Officer
South Central Family Health Center

Rod Grainger
Executive Officer
Long Valley Health Center

Tami Fraser
Chief Executive Officer
Shingletown Medical Center

Tory Starr
Chief Executive Officer
Open Door Community Health
Centers

Veronica Flores
Chief Executive Officer
Community Health Councils

Warren J. Brodine
President and Chief Executive Officer
Eisner Health/Pediatric and Family
Medical Foundation

cc: The Honorable Members, Assembly Committee on Budget
The Honorable Members, Senate Standing Committee on Budget and Fiscal Review
Senate President pro Tempore Toni Atkins
Assembly Speaker Anthony Rendon



360 14th Street, 2nd Floor
Oakland, CA 94618

510.926.4001
www.greenlining.org

 The Greenlining Institute

 @Greenlining

 @Greenlining


 The Greenlining Institute



1000 San Leandro Blvd
San Leandro, CA 94577

510.618.2050
www.achpp.org

 Alameda County Health Pathway Partnership - ACHPP

 @alamedahealthpipeline

 Alameda County Health Pathway Partnership