



HOW CALIFORNIA COULD BUILD A ROBUST, DIVERSE HEALTH WORKFORCE BY CREATING A NEW STATEWIDE HEALTH CAREER OPPORTUNITY PROGRAM

BACKGROUND

The California Future Health Workforce Commission's 2019 final report identified 10 priorities for action to address the state's growing shortage of health professionals—and to build a health workforce that reflects the growing diversity of the state.

With communities of color projected to make up 65% of California's population by 2030, the Commission proposed creating a statewide program modeled after a once-robust, national program aimed at expanding the workforce pipeline: the Health Career Opportunity Program (HCOP). For years, this federally administered program helped colleges recruit and prepare high school and college students from economically disadvantaged and underrepresented backgrounds to become competitive applicants for health professions schools.

While the federal program has diminished in size, a "California HCOP" could adapt its most successful features to help students develop the academic, career, and social skills needed to qualify and graduate from training programs in high-demand professions—and serve in communities in need.

COMMISSION HIGHLIGHT:

Establishing a state HCOP Program on 20 college campuses was one of the Commission's top 10 priorities

WHAT CAN HCOP PRODUCE?

- 4,800 pre-health college students could be recruited annually
- 25,500 new health care professionals could enter the workforce by 2030
- 23,000 of these new workers would come from underrepresented groups

THE CHALLENGE

More than seven million Californians live in federally designated Health Professional Shortage Areas—which include some of the state's largest and fastest-growing regions (Los Angeles, the Central Valley, and Inland Empire). But the state's health workforce training system is not keeping pace with growing demand: In the next decade California is projected to face a shortfall of 4,100 primary care providers and 600,000 home care workers—and will have only two-thirds as many psychiatrists as it needs. The same is true for many other professions, including specialty nurses, physician assistants, and oral health professionals.

To close these gaps—while ensuring greater diversity in the next generation of health professionals—the state must take steps to increase the pipeline of students from underrepresented backgrounds and shortage areas, many of whom are interested in health careers but who face barriers to obtaining degrees in the health professions. In 2017, for example, the California State University system granted a total of 39,052 baccalaureates to Latino, Black, and American Indian students—but only 166 graduates from underrepresented communities applied for admission to US medical schools. Only 39 were accepted.

WHAT WOULD A SUCCESSFUL HCOP PROGRAM LOOK LIKE IN CALIFORNIA?

- Recruitment and support of a cohort of underserved students
- Stipends and financial planning
- Academic enrichment and advising in math, science, and health careers
- Access to summer clinical programs and internships that boost local job options
- Assistance with health profession schools applications, including test prep and advising
- Robust evaluation measuring GPA, graduation rates, and employment outcomes

\$15.9 MILLION PER YEAR

What it would cost to establish, scale, and sustain a comprehensive HCOP program in California in partnership with public and private universities and health professions schools. The total investment over 10 years: \$159 million.

Behind the numbers – a 10-year HCOP plan:

- \$10 million per year for 20 programs on college campuses
- \$4.5 million per year for fellowships and internships
- \$1.4 million per year to support a statewide CAHCOP office and program administration

WHAT IT WILL TAKE TO SCALE UP HCOP IN CALIFORNIA

A California HCOP program would help the state target one of its key health workforce challenges—the need to produce more health professionals with the right skills in the right places. A new statewide office could support programs on 20 college and university campuses—at an average annual cost of \$500,000 per campus—scaling the program to match workforce needs and dramatically increasing diversity in California’s health professions pipeline.

Priority for program funding should be given to California State University, California Community Colleges, University of California, and private campuses with high populations of underrepresented and low-income students—and that have programs and track records of supporting student success. Recruitment for these programs could also focus on college students from subpopulations in each region who are experiencing disparities in health access and outcomes and/or are underrepresented in the area’s health sector. Through this new program, HCOP students would be given access to paid health internships that would provide exposure, experience, and mentorship, while strengthening their competitiveness for additional schooling and the job market.

CALIFORNIA’S HCOP EXPERIENCE: HOW CURRENT PROGRAMS USING THIS MODEL HAVE PERFORMED

“Coming from the small farming community of Firebaugh, I was well on my way to becoming another college dropout statistic when I found the CSU-Fresno HCOP program. The program gave me the tools, advice & direction to be successful not only in college but beyond it as well. It also instilled in me a strong desire to go back and serve the community I call home.”

—Patrick T. Ramirez, MPH,
Vice President, Professional Support Services,
Community Medical Centers, Fresno

