

2024 ITUP Regional Equity Collaboratives



Strengthening California's Health Care Workforce to Drive Equitable Access

See ITUP's [2024 Regional Health Coverage Fact Sheets](#) to learn more about who is covered across all health insurance types, the uninsured population in each region, and local data on social drivers of health.



ITUP Workgroup Regions and Counties



Workforce Shortage refers to an insufficient number of qualified health care professionals to meet the needs of Californians. This ranges from primary care, specialty care physicians, doulas, and allied health care professionals etc.

11 Regional Equity Collaboratives: ITUP convened 11 listening sessions across the state to learn about redetermination with the partners carrying out this work, including but not limited to:

- Community Champions
- Community-Based Organizations (CBOs)
- Medi-Cal Managed Care Plans (MCPs)
- Hospitals and Health Clinics
- County Officials
- Nonprofit Organizations

Conversations Focused on Workforce Challenges: ITUP facilitated conversations to do a deep-dive into workforce challenges and promising opportunities to secure a workforce reflective of the communities being served.

Key Theme #1:

Economic Inequality & Resource Scarcity

Significantly Impact the Workforce Landscape

1. Affordable Housing Crisis

- Many California communities face challenges in the housing market as home prices are unaffordable for many residents. High housing costs deter potential health care professionals from relocating to California and forces existing health care providers to leave California or the health care profession altogether.
- In some regions housing (i.e., Bay area or coastal cities) remains extremely expensive. Inland and rural regions offer more affordable options, however other challenges like wildfires and limited property insurance deter relocation to such areas.

2. Limited Career Opportunities for Spouses and Partners

- Geographic relocation often impacts providers and their families as they leave behind established careers or job prospects and finding new employment can be incredibly challenging.
- Many families cannot afford to transition and uproot their family unit without the promise of financial stability.
- These challenges lead to higher turnover rates in the workforce as the added stress influences providers' decisions to relocate or leave the field ultimately impacting workforce stability.

Key Theme #1:

Economic Inequality & Resource Scarcity Significantly Impact the Workforce Landscape Cont.



3. Exceeding Staff Capacity & Insufficient Wages/Benefits

- Current staff face increased workloads, taking on additional responsibilities due to staffing shortages.
- Managing excessive responsibilities contributes to the existing burnout that many health care providers endure and with limited capacity, the quality of patient care may suffer.
- Financial resource constraints add to the challenge of recruitment and retention of providers.
 - Without the ability to offer competitive salaries and incentivized benefits to attract new providers, many community-based organization (CBOs) and federally qualified health centers (FQHCs) are losing existing providers to larger organizations and health care plans.
- Delay of the [Managed Care Organization \(MCO\) Tax and health care worker minimum wage increase](#) is a huge setback for health care workers.
 - FQHCs are mandated to align with raising the minimum wage for health care workers, however FQHCs are not designated to receive any additional funding from the state to cover the increased labor costs.

See [ITUP's 2024 Regional Equity Collaboratives Key Takeaways Report](#) for all details and information.

Proposed Solutions for Key Theme #1



- *Recruit out-of-state physicians to temporarily offer relief for the existing workforce (see [AB 2860 \(Garcia\)](#), [AB 2864 \(Garcia\)](#), [SB 227 \(Durazo\)](#) and [SB 233 \(Skinner\)](#)).*
- *Leverage existing [grant programs](#) from the Department of Health Care Access and Information (HCAI) to fund training programs for the next generation of health care professionals.*
- *Establish apprenticeship opportunities and pipeline programs with financial incentives and wealth building opportunities to attract and retain providers in rural regions.*
- *Create and foster an inclusive work culture reflective of peer-nominated recognition and appreciation for exemplary service to underserved communities.*

Key Theme #2:

Challenges with Integrating Allied Health Professionals into Traditional Health Care Systems



1. One Size Does Not Fit All – Lack of Support for Allied Health Professionals

- Many non-traditional health care providers and CBOs are facing herculean obstacles in being included and integrated into CalAIM. The contracts, questions and agreements currently being used are designed for the medical health care community, leave social service and non-traditional health care CBOs challenged with exhausting administrative work.
- Many participants reported considerable confusion and misunderstanding regarding the distinction between promotoras and community health workers (CHWs)

2. Low-Reimbursement Rates

- CHWs and doulas are often seen as “cheap labor” contributing to the financial challenge and low reimbursement rates currently being offered.

3. Untapped Reserves of Doulas Due to Archaic Requirements

- Bilingual requirement and immigration status hinder the abilities for doulas to meaningfully participate and help address the workforce shortage.
- Undocumented doulas face inequitable access to employment despite being allowed to contract with Medi-Cal.

See [ITUP's 2024 Regional Equity Collaboratives Key Takeaways Report](#) for all details and information.

Proposed Solutions for Key Theme #2



- *Clear definitions and defined standards and an expansion of these roles to encompass broader social determinants of health.*
- *Launch of statewide campaign to increase awareness and promote Medi-Cal's CHW and doula benefits.*
- *Create guidelines for county Medi-Cal doula hubs; utilizing LA County as an example.*
- *Develop clear educational pathways for CHWs and Promotoras who are interested in advancing their careers as medical assistants.*
- *Utilize established partnerships and leverage trusted messengers to help disseminate and discern the differences and similarities between CHWs and Promotoras.*
- *Enhanced collection of community-informed utilization data of CHWs, Promotoras, and doulas to inform policymakers and negotiate fair reimbursement rates.*

Key Theme #3:

Systemic Barriers Impeding Utilization of Data & Technology



1. Need for Improved Accurate Data Collection

- The absence of data, especially in Tribal communities, perpetuates the misconception that Tribal members are not present; hampering the ability of Tribal communities to advocate for better health care access.

2. Setbacks in Data Sharing Agreement

- Counties collect and maintain vast informative and critical health and social care information, however, are not mandated as designated signatories in the [Data Sharing Agreement \(DSA\)](#).
- Without the integration of county data into the [Data Exchange Framework \(DxF\)](#) – many communities lack the information and data needed to improve targeted outreach for services for the underinsured and uninsured.

3. Digital Literacy and Broadband Access Still Prevalent

- Telehealth is being utilized to help bridge the critical workforce shortages faced in Shasta and Humboldt Regions. However, many patients still prefer in-person care due to personal choice or [digital literacy and broadband access issues](#).
- High-call volumes and limited staff capacity to redirect calls leave many members unsatisfied with the lengthy wait-times.

See [ITUP's 2024 Regional Equity Collaboratives Key Takeaways Report](#) for all details and information.

Proposed Solutions for Key Theme #3



- *Clarify required signatories for the Data Sharing Agreement to further advance and facilitate the seamless interoperability of data exchange between different entities.*
- *Invest in statewide training and education for providers/patients/users of telehealth.*
- *Increase funding to support a workforce that provides language supports and translation services synchronously during appointments.*
- *Allocate funding dedicated to data collection pilots in various regions/counties to assist in creating digital literacy programs that serve communities. For more details, check out [ITUP's Broadband Bootcamp Report](#).*
- *Outsource high influx of patient call volumes to other counties (see [SB 1289 \(Roth\)](#)).*

Thank You!



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