



How California Is Strengthening Its Health Workforce: Five Key Questions and Answers

California's shortage of health workers has reached crisis levels and imperils Californians' ability to access the care they need to live healthy lives. State policymakers have acted in the past five years to expand and diversify the health workforce by funding various programs and services to recruit, educate, train, and retain health workers. As the state faces a substantial budget shortfall, it is critical that these investments be sustained.

This publication provides a brief overview of the need to invest in California's health workforce, state leaders' recent actions, the current array of health workforce development programs, and the importance of maintaining and building upon the progress made thus far.

This publication is the first in a series to explore state, federal, and philanthropic efforts to expand and diversify the health workforce in California.

1 Why should California continue to invest in the health workforce?

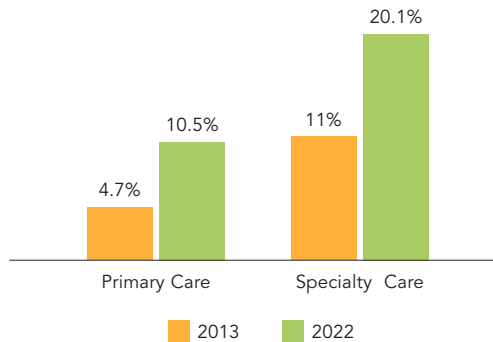
California does not have enough health care workers to ensure that all Californians — regardless of race, place, or income — can access the care they need. The health workforce shortage has been a growing challenge for the state and the nation for decades, and is a result of many different factors.¹ These factors include chronic underinvestment in the health workforce; a mismatch in the supply of and demand for health professionals; and a growing, aging, and increasingly diverse population with varied and complex health needs.² This longstanding issue was accelerated by the COVID-19 pandemic, when the demands asked of the health system and its frontline workers resulted in stress, burnout, and other challenges, leading to early retirements, turnover, and departures, which further impacted the health workforce.³

Today, nearly 4 in 10 Californians live in a Primary Care Shortage Area (PCSA).⁴ These shortage areas

have been designated by the state as an area with a high need for primary care physicians and a lack of access in the surrounding area due to distance, overutilization of care, or other barriers. Millions of Californians live in an area designated by the federal government as having a shortage of mental health providers, who are critical in caring for Californians' mental, emotional, or substance use issues.⁵

A shortage of providers can mean that Californians cannot access the health care they need in a timely fashion. In the past decade, the share of Californians having trouble finding primary care has more than doubled to 10.5%, and the share of Californians who need specialty care but struggled finding it increased to 20.1% (see Figure 1). Recent polling data reflect this fact, with more than 4 in 10 Californians stating that their community does not have enough nurses, primary care providers, or behavioral health professionals to meet the needs of residents.⁶

Figure 1. The Share of Californians Experiencing Difficulty Finding Medical Care



Source: "AskCHIS," UCLA Center for Health Policy Research.

In addition to not having enough health care workers to meet Californians' needs, the state's current health workforce, and especially its physicians and surgeons, does not reflect the racial, ethnic, or linguistic diversity of the state. Latinos/x are underrepresented across the entire health workforce and in every region.⁷ Black, Multiracial, and American Indian and Alaska Native populations are also underrepresented in medicine and allied health professions.⁸ Spanish is the most underrepresented language in the health workforce — in every health field and every region of the state.⁹

The consequences of provider shortages and a lack of diversity in the workforce fall hardest on Californians who face barriers to care, including those with low incomes, residents of rural communities, and people of color.¹⁰ This can exacerbate

existing gaps in health or health care across California's diverse population.¹¹

Investing in a diverse, representative health workforce is critical to creating a California health system for all. These investments would do the following:

- ▶ Increase opportunities for Californians from all backgrounds to enter health professions.
- ▶ Support students on their education and training pathway, and help them return to provide care in their home community and other underserved communities across the state.
- ▶ Strengthen the skill set of the existing workforce to meet Californians' evolving health needs.
- ▶ Support the existing workforce to improve well-being and retention and prevent early exits from the workforce.

These investments are necessary to ensure that all Californians can access high-quality health care from professionals who reflect the diversity of the communities they serve.

2 What are state and philanthropic leaders doing to create the health workforce California needs?

Philanthropic and elected leaders have taken decisive action to address the gap between the existing health workforce and the workforce that is needed to ensure all Californians can access high-quality, culturally competent care. These efforts began more than 20 years ago through regional efforts to invest in the health workforce.¹² In 2017, California's leading health philanthropies recognized the need for a cohesive statewide approach to building and supporting the health workforce. The California Future Health Workforce Commission was launched to bring together experts in health care, education, philanthropy, community health, and health policy to develop a statewide blueprint for action to build the health workforce.

The commission released its final report in early 2019 with a set of actionable recommendations focused on growing, supporting, and sustaining the health workforce over a 10-year period.¹³ At that time, the commission estimated that an investment of \$3 billion would be necessary to implement the top 10 priority recommendations. An additional \$3 billion was estimated to be needed to address the 17 other important recommendations included in the final report — for a total investment of \$6 billion over 10 years.¹⁴

Since the release of the commission report, state policymakers have also worked to sustain and grow the health workforce. While some efforts were underway prior to the COVID-19 pandemic, that health crisis reinforced the need for decisive action. Since the start of the pandemic, state leaders have done the following:

- ▶ **Established the Department of Health Care Access and Information.** As part of the 2021–22 budget agreement, state leaders reorganized the Office of Statewide Health Planning and Development into the Department of Health Care Access and Information (HCAI).¹⁵ This reorganization added staff and expanded the office’s responsibilities, including recasting the existing health workforce data clearinghouse into the California Health Workforce Research Data Center. This reorganization also transitioned an existing health workforce policy commission to HCAI, renaming it the California Health Workforce Education and Training Council. This council advises HCAI on statewide workforce needs and the distribution of workforce funding.¹⁶
- ▶ **Launched major initiatives.** Across the 2021–22 to 2023–24 state fiscal years, policymakers have leveraged the state’s strong fiscal position to launch major initiatives either partially

or entirely focused on the health workforce, such as these:

- ▶ **Children and Youth Behavioral Health Initiative.** Beginning in 2021–22, over five years, the state plans to transform state-led efforts to support children and youth with mental health and substance use needs. A core component of this initiative is the creation of a diverse behavioral health workforce equipped to work with children and youth in various settings across the state.¹⁷
- ▶ **Home and community-based workforce expansion.** Included in the 2021–22 budget agreement, these expansion efforts are a result of the federal government’s pandemic response, which included a temporary increase in federal payments for home and community-based services.¹⁸ To utilize these dollars, the state was required to spend an equivalent amount of funding on new, related programs and services, which includes investments in the direct care workforce, such as recruitment, training, and stipends.¹⁹
- ▶ **Workforce for a Healthy California.** Established as part of the 2022–23 budget act, this multiyear initiative is an interagency effort to increase workforce development

programs for professionals working in the health, behavioral health, and allied health fields.²⁰

- ▶ **Reproductive Health Care Access Initiative.** This initiative was created as part of the 2022–23 budget act and in response to the US Supreme Court’s decision on *Dobbs v. Jackson Women’s Health Organization*, which eliminated birthing people’s constitutional right to abortion. This initiative includes programs designed to recruit and train health care professionals to offer reproductive health care services.²¹
- ▶ **Supported the nursing workforce.** As part of the 2023–24 budget agreement, state leaders signaled their intent to expand nursing programs and bachelor of science nursing partnerships at the California Community Colleges. This five-year initiative is meant to begin in 2024–25, but will move forward only if state leaders prioritize funding for this effort in the final budget agreement.²² This five-year effort is in addition to significant, limited-term investments made in the 2021–22 and 2022–23 spending plans to build the nursing workforce.
- ▶ **Provided health workforce pandemic payments.** The state administered and funded several payment programs to support the

health workforce during the COVID-19 pandemic. These payment programs provided one-time \$500 stipends through the Skilled Nursing Facility Hero Awards, one-time \$1,000 stipends via the Clinic Workforce Stabilization Retention Payments Program, and one-time \$1,000 stipends through the Hospital and Skilled Nursing Facility COVID-19 Worker Retention Payments Program. In addition, certain direct care workers received care economy payments through the Direct Care Workforce Initiative mentioned above.

- ▶ **Renewed the managed care organization (MCO) tax.** The MCO tax is a tax on health plans to support the cost of Medi-Cal, the state’s Medicaid program. The MCO tax reduces General Fund costs for the program and frees up these resources for other purposes. The 2023–24 budget agreement included an increase in the MCO tax that will generate billions of dollars in new revenue. This agreement uses a small fraction of the tax proceeds to provide \$75 million annually to expand the University of California graduate medical education programs. This new funding will be available through 2029 and will nearly triple annual resources at the University of California for these health workforce programs.²³ The renewed MCO tax will also support other health workforce programs,

as outlined by the administration during the development of the 2024–25 budget. Finally, an additional portion of the revenues will be used to boost Medi-Cal provider payment rates, which could also improve Californians’ access to care — specifically for Californians with low incomes.

In addition to these major actions, state policymakers also made a significant number of one-time and ongoing investments to support the health workforce across various agencies and departments, resulting in a complex array of initiatives, programs, and services.

3 What California programs are currently available to expand and diversify the health workforce?

In the current fiscal year (2023–24), state dollars fund roughly 60 different health workforce programs and services (see Appendix A). These efforts are designed to recruit, educate, and retain a diverse health workforce through a range of activities, such as scholarships, loan repayment, grants, certification, and training.

More than half of these programs are administered by the California Department of Health Care Access and Information (HCAI), which is the primary state department charged with monitoring and developing the health workforce. The remaining programs span various departments

in the Health and Human Services Agency, the Labor & Workforce Development Agency, and the higher education system.

The varied administration of these programs reflects the broad scope of health fields and professions they support, including the following:

- ▶ **Allied health:** workers who provide diagnostic, therapeutic, or support services that are distinct from nursing and medicine. Examples include occupational therapists, medical assistants, and medical interpreters.
- ▶ **Behavioral health:** professionals that provide treatment for mental, emotional, or substance use issues. Examples include mental health counselors, psychiatric technicians, and social workers.
- ▶ **Direct care:** workers who provide care to older adults and individuals with disabilities by assisting them with daily tasks. Examples include nursing assistants, home health aides, and personal care assistants.
- ▶ **Nursing:** professionals who deliver direct patient care in clinical settings as well as those who provide health education to communities. Examples include registered nurses, nurse midwives, and nurse anesthetists.

- ▶ **Oral health:** practitioners who provide care for the mouth, teeth, or facial structures related to the mouth. Examples include dentists and dental hygienists.
- ▶ **Primary care:** clinicians who are accountable for addressing a large majority of personal health care needs. Examples include physicians trained in generalist specialties such as family medicine, pediatrics, general internal medicine, and geriatrics, and nurse practitioners trained in family, gerontological, and pediatric care.
- ▶ **Public health:** workers within public health agencies or community-based organizations that focus on health promotion. Examples include public health nurses, epidemiologists, and health educators.

While most of the existing efforts focus on one health field — such as nursing or direct care — roughly one-fifth of the health workforce programs are available for workers and organizations in various health fields.

4 How have California policy-makers invested in the health workforce?

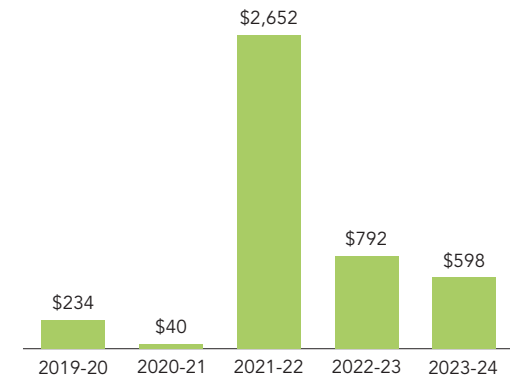
In the past five years, state leaders have made significant investments in California’s health workforce. Using a combination of state General Fund dollars and special funds, more than \$4.3 billion

has been allocated to at least 16 different state agencies and departments to fund a wide array of initiatives, programs, and services designed to recruit, educate, train, and retain new and existing professionals in various health fields (see Figure 2). This includes newly created and limited term initiatives and one-time retention payments, as discussed above, as well as additional resources for long-standing health workforce programs.

California’s fiscal landscape has shifted dramatically since the 2019–20 state fiscal year. At that time, the state was experiencing the longest economic expansion in US history, resulting in robust state revenues.²⁴ In turn, state leaders were able to craft a budget with both record-level spending and a considerable level of resources put aside in reserve accounts.²⁵ Even with the short pandemic-induced recession, which was devastating for many Californians with low incomes, the state’s fiscal condition remained strong.²⁶ During this period, policymakers used record-breaking surpluses to provide one-time, multiyear investments for many health workforce initiatives and programs.

Today, state leaders are facing an entirely different fiscal picture, with a budget shortfall of tens of billions of dollars.²⁷ This puts many health workforce investments at risk, particularly multiyear investments. Policymakers are often unable to make new, one-time investments or to continue multiyear investments when there is an estimated budget

Figure 2. Significant New State Funding for California Health Workforce Programs (in millions)



Notes: Figures reflect enacted budget totals for the state fiscal year and do not include adjustments made in following budget agreements. Totals include pandemic-related workforce stipends and retention payments, but do not include increases in health care provider payment rates.

Source: Author’s analysis of legislative and administrative documents from the [Department of Finance](#) and the [Legislative Analyst’s Office](#).

shortfall. Because the state’s fiscal condition has declined, many of the multiyear investments in the health workforce could be delayed or cut entirely.

For example, as part of the 2023–24 spending plan, when leaders were also grappling with a budget shortfall, they took the following actions to adjust health workforce investments negotiated in prior years to balance the state budget:²⁸

- ▶ Delayed at least \$115 million in one-time funding for various health workforce programs

-
- ▶ Shifted \$196 million from General Fund to special funds
 - ▶ Reduced funding by half to \$10 million for emergency medical technician training in the 2023–24 budget

At that time, policymakers signaled their intent to continue investing at least an additional \$485 million in the health workforce across the next two state fiscal years.²⁹ However, due to the ongoing budget problem, Governor Newsom is proposing hundreds of millions in cuts in funding in the 2024–25 budget for health workforce commitments made in prior years.³⁰

5 What actions could California policymakers take to further strengthen the health workforce?

When the Future Health Workforce Commission released its statewide blueprint for action in early 2019, the commission estimated that state leaders would need to invest \$6 billion over the following 10 years to ensure the health workforce would be equipped to provide Californians the care they need to live healthy lives. Galvanized by the COVID-19 pandemic and a strong fiscal position, state leaders funded roughly two-thirds of that amount. These dollars have gone to initiatives, programs, and services that fall within the commission’s core strategies of increasing

opportunity for all Californians to enter health professions, aligning and expanding education and training programs to meet California’s diverse needs, and strengthening the capacity and well-being of the existing workforce.³¹ Many of these investments are directly in line with the commission’s 10 highest-priority recommendations, such as the following:

- ▶ Expanding the scope of nurse practitioners.
- ▶ Funding new primary care physician and psychiatry residency slots.
- ▶ Scaling the engagement of community health workers, *promotores*, and peer providers.
- ▶ Expanding the University of California Programs in Medical Education (PRIME).
- ▶ Recruiting and supporting college students from underrepresented regions and backgrounds to enter health professions.

Yet, five years after the initial report was released by California’s leading health and health workforce experts, overall funding falls far short of what was recommended, and in relation to the 10 priority recommendations. This highlights the need for further investment, especially considering new challenges not anticipated by the commission in 2017, including the youth mental health crisis, California’s challenges with homelessness, the

opioid public health crisis, and workforce burnout related to COVID-19.

State leaders will negotiate the final 2024–25 spending plan over the next month. Despite a significant budget shortfall, maintaining and prioritizing funding for the health workforce is critical to ensure that all Californians can access high-quality health care from professionals who reflect the diversity of the communities they serve.

Appendix A. California Health Workforce Programs

AGENCY OR DEPARTMENT	PROGRAM	HEALTH FIELD	PURPOSE
CCC	English Language Learner Healthcare Pathways	Various	Increases the number of new care economy providers and provides additional training for existing providers, particularly in underserved areas of the state.
CDA	California GROWs	Direct care	Improves job satisfaction, retention, and career advancement through training and stipends.
CDPH	California Epidemiologic Investigation Service Training Program	Public health	Increases the number of fellows in a program that prepares epidemiologists for public health leadership positions throughout California.
CDPH	California Pathways into Public Health Program	Public health	Provides fellowships for early-career public health professionals and internships for students from diverse backgrounds and disproportionately affected communities.
CDPH	Community-Based Clinical Education Dental Rotations	Oral health	Provides dental students the opportunity to engage in community service while enhancing clinical education.
CDPH	Lab Aspire Program	Public health	Trains and prepares qualified professionals to direct local California Public Health Laboratories.
CDPH	Public Health Microbiologists	Public health	Increases the number of public health microbiologist trainees in California.
CDPH	Public Health Workforce Career Ladder Education and Development Program	Public health	Aims to support worker upskilling to improve retention of the public health workforce and help incumbent workers develop their skills to meet future public health demands.
CDSS	IHSS Career Pathways Program	Direct care	Enhances IHSS worker skills with compensation for courses.
CDSS	Training Support Unit	Behavioral health	Oversees the development, support, capacity building, capability, and expertise of child welfare social workers and other professionals.
CWDB	High Road Training Programs for Resilient Workforce Program (Health)	Various	Creates training programs for future health care workers, focused on underrepresented communities, to improve health outcomes and provide new access to high-paying, high-skilled health care professions.

AGENCY OR DEPARTMENT	PROGRAM	HEALTH FIELD	PURPOSE
DBC	California Dental Corps Loan Repayment	Oral health	Increases the number of dentists providing direct patient care in professional shortage areas in California.
DCA	Public Health Nurse Waiver Program	Public health	Waives certification and recertification fees for public health nurses.
DDS	Direct Support Professional (DSP) Workforce Training and Development	Direct care	Fosters a more substantial DSP workforce through training and development.
DHCS	Indian Health Grant Program	Primary care	Provides grants to improve the health of American Indians by addressing primary care recruitment and retention in Indian health clinics.
DHCS/DOR	Substance Use Disorder (SUD) Workforce Training	Behavioral health	Provides training for the SUD provider workforce and to incorporate vocational rehabilitation services into treatment.
EDD	Emergency Medical Services Corps	Allied health	Provides targeted training for emergency medical technicians (EMTs).
ETP	Health Workforce Advancement Fund	Various	Supports job entry and career advancement for entry-level positions and other workers in the health care and human service settings.
HCAI	21st Century Nursing Initiative	Nursing	Increases the number of certified nursing assistants, licensed vocational nurses, registered nurses, certified nurse-midwives, certified medical assistants, family nurse practitioners, and other health professions.
HCAI	Advanced Practice Healthcare Scholarship Program	Various	Increases the number of appropriately trained health care professionals providing direct patient care in a qualified facility in California.
HCAI	Allied Healthcare Scholarship Program	Allied health	Increases the number of appropriately trained allied health care professionals providing direct patient care in a qualified facility in California through scholarships.
HCAI	Allied Healthcare Loan Repayment Program	Allied health	Increases the number of appropriately trained allied healthcare professionals providing direct patient care in a qualified facility in California through loan repayments.

AGENCY OR DEPARTMENT	PROGRAM	HEALTH FIELD	PURPOSE
HCAI	Associate Degree Nursing Scholarship Program	Nursing	Increases the number of appropriately trained nurses providing direct patient care in a qualified facility in California.
HCAI	Bachelor of Science Nursing Scholarship Program	Nursing	Increases the number of appropriately trained registered nurses providing direct patient care in a qualified facility in California.
HCAI	Behavioral Health Scholarship Program	Behavioral health	Increases the number of appropriately trained allied and advanced behavioral health professionals providing direct patient care. Individual scholarships are also available for those pursuing behavioral health careers in reproductive health settings.
HCAI	Certified Wellness Coach Employer Support Program	Behavioral health	Assists educational institutions in recruiting and employing certified wellness coaches.
HCAI	California State Loan Repayment Program	Various	Increases the number of primary care physicians, dentists, dental hygienists, physician assistants, nurse practitioners, certified nurse-midwives, pharmacists, and mental/behavioral health providers practicing in federally designated California Health Professional Shortage Areas (HPSAs).
HCAI	Caring4Cal	Direct care	Recruits and trains eligible workers providing services in home and community-based settings in California. Providers will have the ability to earn incentives for completing courses, entering the profession, and staying in the profession.
HCAI	Certified Nursing Assistant (CNA) Program	Direct care	Establishes a new and expands current training opportunities for CNAs.
HCAI	Community-Based Behavioral Organizational Health Workforce Grant Program	Behavioral health	Provides grants to community-based organizations that provide behavioral health services to support their behavioral health workforce through scholarships, loan repayment, stipends, hiring bonuses and activities, and retention bonuses.
HCAI	Community Health Workers, Promotores, and Representatives (CHW/P/R) Stakeholder Engagement	Allied Health	Scales the use of CHW/P/Rs across the state to serve underserved populations and connect them to services.

AGENCY OR DEPARTMENT	PROGRAM	HEALTH FIELD	PURPOSE
HCAI	Conrad 30 J-1 Visa Waiver Program	Primary care	Receives applications and provides HHS J-1 support/acknowledgment letters throughout the year for primary care physicians who agree to deliver health care services for three years in primary care or mental health shortage areas.
HCAI	County Medical Services Program (CMSP) Loan Repayment Program	Various	Assists with the repayment of qualified educational loans for primary care health care professionals who provide health care services at an approved site located in the 35 CMSP counties.
HCAI	Culturally Diverse Future Behavioral Health Workers	Behavioral health	Pipeline program to attract and support high school students considering professional careers in behavioral health.
HCAI	Golden State Scholarship Program	Behavioral health	Increases the number of licensed behavioral health professionals providing direct patient care. Priority given to those who have experienced foster care and/or homelessness, as well as community-based organization employees.
HCAI	Health Careers Exploration Program	Various	Provides direct and indirect program support to organizations or individuals who are underrepresented in the health workforce to support the development of a culturally and linguistically competent workforce. Formerly known as the Mini-Grants program.
HCAI	Health Professions Pathway Program (HPPP)	Primary care	Provides funding to organizations to develop and implement health professions pathways programs that can include pipeline programs, summer internships, and post-undergraduate fellowships, with a focus on underrepresented regions and backgrounds.
HCAI	Health Workforce Pilot Projects Program	Various	Allows organizations to test, demonstrate, and evaluate new or expanded roles for health care professionals or new health care delivery alternatives before changes in licensing laws are made by the legislature.
HCAI	Health Workforce Research Data Center	Not applicable	State's centralized hub for health workforce data, which is used to inform policymakers on shortages, equity, and distribution of the health workforce.
HCAI	Justice System-Involved Youth Behavioral Health Pipeline	Behavioral health	Funds organizations that encourage students to pursue careers in behavioral health with a focus on system-involved youth.

AGENCY OR DEPARTMENT	PROGRAM	HEALTH FIELD	PURPOSE
HCAI	LeadingAge: The Gateway-In	Direct care	Expands, enhances, and strengthens the home and community-based workforce
HCAI	Licensed Mental Health Services Provider Education Loan Repayment Program	Behavioral health	Increases the number of appropriately trained mental health professionals providing direct client care in a qualified facility in California.
HCAI	Licensed Vocational Nurse to Associate Degree Nursing Scholarship Program	Nursing	Increases the number of appropriately trained licensed vocational nurses (LVNs) providing direct patient care in a qualified facility in California.
HCAI	Mental Health Services Act Workforce Education and Training Program	Behavioral health	Develops programs that create and expand the public mental health workforce.
HCAI	Peer Personnel Training and Placement Program	Behavioral health	Provides funds to organizations that recruit, train, certify, and place peer personnel with lived experience to serve in public behavioral health and community-based settings.
HCAI	Psychiatric Education Capacity Expansion (PECE) Psychiatric Mental Health Nurse Practitioner (PMHNP) Grant Program	Behavioral health	Supports programs building or expanding psychiatry residency, child/adolescent psychiatry fellowships, addiction psychiatry, and PMHNP training.
HCAI	Psychiatric Education Capacity Expansion Psychiatry Residency Grant Program	Behavioral health	Provides funds to expand residency opportunities in psychiatry.
HCAI	Regional Partnership Program	Behavioral health	Establishes agreements with Workforce Education and Training (WET) Regional Partnerships administering programs that oversee training and support to the public mental health system workforce in their region.

AGENCY OR DEPARTMENT	PROGRAM	HEALTH FIELD	PURPOSE
HCAI	Social Work Education Capacity Expansion Grant Program	Behavioral health	Provides funds for expanding master of social work (MSW) and bachelor of social work (BSW) programs as well as developing new programs.
HCAI	Song-Brown Healthcare Workforce Training Programs	Various	Increases the number of students and residents receiving quality primary care education and training in areas of unmet need throughout California. Specifically supports primary care doctors, family nurse practitioners and physician assistants, registered nurses, and nurse midwives,
HCAI	Substance Use Disorder Earn and Learn Workforce Grant Program	Behavioral health	Provides grants to Substance Use Disorder Earn and Learn organizations who provide education and training to students seeking substance use disorder certification.
HCAI	Reproductive Health Service Corps	Primary care	Scholarship and loan repayment programs to expand the number of health care providers offering abortion-related care and reproductive health services.
HCAI	Steven M. Thompson Physician Corps Loan Repayment Program	Primary care	Increases the number of licensed physicians and surgeons providing direct patient care in a qualified facility in California.
HCAI	Train New Trainers (TNT) Primary Care Psychiatry Fellowship Scholarship	Behavioral health	Yearlong program for primary care providers to receive advanced training in primary care psychiatry.
HCAI	Train New Trainers (TNT) Primary Care – Training and Education in Addiction Medicine	Behavioral health	Provides funding to train primary care physicians, family practice nurse practitioners, and physician assistants in addiction medicine.
HCAI	Vocational Nurse Scholarship Program	Nursing	Increases the number of appropriately trained nurses providing direct patient care in a qualified facility in California.
HCAI	Wellness Coach Scholarship Program	Behavioral health	Provides financial aid to students in associate or bachelor's degree programs who qualify for wellness coach certification in exchange for a year-long service obligation upon graduation.

AGENCY OR DEPARTMENT	PROGRAM	HEALTH FIELD	PURPOSE
HCAI	Youth Mental Health Academy	Behavioral health	Prepares a pipeline of diverse students from disadvantaged backgrounds for health careers.
LWDA	Certified Nursing Assistant Program	Nursing	Expands the CNA apprenticeship program and develops a new CNA-to-LVN apprenticeship pathway.
UC	Programs in Graduate Medical Education (PRIME)	Various	Trains medical student leaders to identify, understand, and serve the unique needs of California's rural, urban, and valley communities.

Source: Author's analysis of legislative and administrative documents from the [Department of Finance](#) and the [Legislative Analyst's Office](#).

Notes: CCC is California Community Colleges; CDA is California Department of Aging; CDPH is California Department of Public Health; CDSS is California Department of Social Services; CWDB is California Workforce Development Board; DBC is Dental Board of California; DCA is Department of Consumer Affairs; DDS is Department of Developmental Services; DHCS is Department of Health Care Services; DOR is Department of Rehabilitation; EDD is Employment Development Department; ETP is Employment Training Panel; HCAI is Department of Health Care Access and Information; HCBS is Home and Community-Based Services Programs; IHSS is In-Home Supportive Services; HHS is US Department of Health and Human Services; LWDA is Labor & Workforce Development Agency; and UC is University of California.

About the Authors

[Kristin Schumacher, PhD, MSW](#), is principal owner at Aster Policy Analytics, a public policy research firm that produces data-driven analyses focused on gender, racial, and economic justice. Prior to launching Aster Policy Analytics, Schumacher worked in various mission-driven organizations working to improve the well-being of women, children, and families. Most recently, she led community-driven budget and policy analyses as research director at Kids Forward, the oldest child advocacy organization in the US.

About the Foundation

The [California Health Care Foundation](#) is an independent, nonprofit philanthropy that works to improve the health care system so that all Californians have the care they need. We focus especially on making sure the system works for Californians with low incomes and for communities who have traditionally faced the greatest barriers to care. We partner with leaders across the health care safety net to ensure they have the data and resources to make care more just and to drive improvement in a complex system.

CHCF informs policymakers and industry leaders, invests in ideas and innovations, and connects with changemakers to create a more responsive, patient-centered health care system. For more information, visit www.chcf.org.

Endnotes

1. Debra A. Draper, Robert E. Hurley, and Johanna Lauer, [Public Health Workforce Shortages Imperil Nation's Health](#), Center for Studying Health System Change, April 16, 2008; Jay L. Grosfeld et al., ["The Health Workforce: A Position Statement,"](#) *Annals of Surgery* 246, no. 4 (Oct. 2007): 525–26; Nadereh Pourat and Moonkyung Kate Choi, [Trends in the Supply of Dentists in California](#), UCLA Center for Health Policy Research, March 26, 2014; George F. Sheldon, ["Great Expectations: The 21st Century Health Workforce,"](#) *American Journal of Surgery* 185, no. 1 (Jan. 2003): 35–41; and Joanne Spetz, [Forecasting the Nursing Shortage in California](#), Healthforce Center at UCSF, October 5, 2007.
2. Kevin Barnett et al., [Meeting the Demand for Health: Final Report of the California Future Health Workforce Commission](#), California Future Health Workforce Commission, February 2019.
3. Ashley Kirzinger, Audrey Kearney, Liz Hamel, and Mollyann Brodie, [KFF/The Washington Post Frontline Health Care Workers Survey](#), KFF, April 6, 2021; ["The Mental Health of Healthcare Workers in COVID-19,"](#) Mental Health America, accessed January 22, 2024; and Amani Siyam et al., [The Impact of COVID-19 on Health and Care Workers: A Closer Look at Deaths](#), World Health Organization, September 13, 2021.
4. Amelia Kelly, Alexandra Ament, and Diane Rittenhouse, [What Influences Medical Students and Residents to Choose a Career in Primary Care? HCAI Health Workforce Education and Training \(HWET\) Council Discussion Brief](#) (PDF), Mathematica, September 2023.
5. [Designated Health Professional Shortage Areas Statistics](#) (PDF), Bureau of Health Workforce, Health Resources and Services Administration, US Department of Health and Human Services, March 11, 2024.
6. Kristof Stremikis, [Top Five Takeaways from CHCF's 2024 California Health Policy Poll](#), California Health Care Foundation, February 1, 2024.
7. ["Race & Ethnicity of California's Health Workforce,"](#) California Department of Health Care Access and Information, accessed February 15, 2024.
8. The medicine workforce category includes naturopathic doctors, physicians and surgeons, and physician assistants. The allied health workforce category includes a range of license types, including pharmacists, occupational therapists, and speech pathologists. See ["Race & Ethnicity of California's Health Workforce,"](#) HCAI.
9. ["Languages Spoken by California's Health Workforce,"](#) California Department of Health Care Access and Information, accessed February 15, 2024.
10. César Caraballo et al., ["Trends in Racial and Ethnic Disparities in Barriers to Timely Medical Care Among Adults in the US, 1999 to 2018,"](#) *JAMA Health Forum* 3, no. 10 (Oct. 28, 2022): e223856; [Health Care Capsule: Accessing Health Care in Rural America](#), US Government Accountability Office, May 16, 2023; and Malerie Lazar and Lisa Davenport, ["Barriers to Health Care Access for Low Income Families: A Review of Literature,"](#) *Journal of Community Health Nursing* 35, no. 1 (Jan.–Mar. 2018): 28–37.
11. Nambi Ndugga and Samantha Artiga, [Disparities in Health and Health Care: 5 Key Questions and Answers](#), KFF, April 21, 2023.
12. Barnett et al., [Meeting the Demand for Health](#).
13. Barnett et al., [Meeting the Demand for Health](#).
14. Barnett et al., [Meeting the Demand for Health](#).
15. ["2021-22 State Budget,"](#) California Department of Finance, June 28, 2021.
16. California Health and Safety Code § 128250.
17. California Welfare & Institutions Code § 5961-5961.5.
18. ["2021-22 State Budget,"](#) California Department of Finance.
19. ["The 2021-22 California Spending Plan: Home- and Community-Based Services Spending Plan,"](#) Legislative Analyst's Office, November 1, 2021.
20. ["What Is Workforce for a Healthy California?,"](#) California Health and Human Services Agency, accessed January 22, 2024.

21. [“Reproductive Health Care Access Initiative,”](#) California Department of Health Care Access and Information, accessed January 25, 2024.
22. [“2023-24 State Budget,”](#) California Department of Finance, June 27, 2023.
23. “2023-24 State Budget,” California Department of Finance.
24. Patrick Murphy, Jennifer Paluch, and Radhika Mehlotra, [“Record Growth Puts Money in the Bank for California,”](#) Public Policy Institute of California, July 17, 2019.
25. [“2019-20 State Budget,”](#) California Department of Finance, June 27, 2019.
26. [“The 2021-22 Budget: California’s Fiscal Outlook,”](#) Legislative Analyst’s Office, November 18, 2020.
27. [“2024-25 Governor’s Budget: May Revision,”](#) California Department of Finance, May, 2024.
28. [“The 2023-24 Budget: Overview of the Spending Plan \(Final Version\) — Appendix 1: Spending Solutions,”](#) Legislative Analyst’s Office, October 16, 2023.
29. “2023-24 State Budget,” California Department of Finance.
30. “2024–25 Governor’s Budget: May Revision,” California Department of Finance, May 2024.
31. Barnett et al., *Meeting the Demand for Health*.