This hearing focused on building a strong workforce for tomorrow’s health care system. This was part of a 13-month series on how the Patient Protection and Affordable Care Act (ACA) could impact Alameda County. The speakers for this session included:

- Summary of Challenges and Opportunities facing the health care workforce by **Edward O’Neil**, PhD, MPA, FAAN, Professor at Center for Health Professions at the University of California, San Francisco

- Expanding diversity in the workforce **Jocelyn Freeman Garrick**, MD, Director, Alameda County Health Pipeline Partnership

- Labor and tomorrow’s workforce needs from **Michael Kushner**, Director of Training, SEIU UHW-West and Joint Employer Education Fund

**Health Care Workforce Challenges and Opportunities**

Dr. Edward O’Neil emphasized the need to shift the lens on the workforce needs of the future to see opportunities, rather than burdens. He began, however, by summarizing the following health care challenges:

- **Costs**: The United States today spends on average one-third more than European countries on health care. This has to be addressed.

- **Demography**: The California population is increasing, getting older and becoming more diverse.

- **Adaptability**: Today’s workforce needs to adapt to the changes of tomorrow. For example, today’s workforce revolves around acute care rather than preventative care for chronic conditions. The system is not cost-conscious or value-driven.

Health care is labor intensive, O’Neil said. Labor comprises about 60 to 70 percent of the costs. As the model of practice emphasizes more task shifting
away from reliance on highly trained doctors and nurses, the type of workers required will change. This is an opportunity. More professionals will be needed at the entry level trained with flexible and adaptive skills. This will require less costly education in terms of time and money. A new information infrastructure and professionals to support that also will be needed but will enable this transformation.

Finally, in making recommendations for Alameda County, O’Neil noted that the burden of high health care costs is real, as is the need to create employment opportunities. Local leaders can reframe and broaden discussions around tomorrow’s health care workforce and find ways to use existing resources through building new, untraditional partnerships.

Increasing Diversity in the Workforce

Dr. Jocelyn Freeman Garrick reviewed the work of the Alameda County Health Pipeline Partnership. The Partnership’s mission was to create a “seamless” health career pathway by enhancing collaboration and communication among health pipeline programs in Alameda County. The partnership brings together 14 organizations and works across the age span from elementary students to adults. Services provided to youth include job shadowing, mentoring, internships, tutoring, job placement, counseling and health education. A particular focus of the organization is on increasing the participation of young men of color in pipeline programs and the health professions.

Labor and Tomorrow’s Workforce Needs

Michael Kushner spoke about tomorrow’s health care workforce needs: 1) more workers in different classifications, such as community health workers and care coordinators; 2) new training programs to learn new skills; and 3) more cultural competency.

Much of the workforce discussion focuses on doctors and primary care providers, but strengthening the role of allied health workers and nurses also deserves attention, he said. Retraining and retaining incumbent health care workers will be essential, Kushner said. These workers are a key resource that is often overlooked, but will be critical to meet future demand. They are committed, knowledgeable and invested. This leads to lower attrition in the early years. Moving incumbents up the career ladder also opens positions for new entries.

Many barriers exist to enabling incumbent workers to advance within the system, including:

- Insufficient access to classes in public colleges due to state’s funding crisis, insufficient faculty and lack of tuition reimbursement programs;
• Lack of uniform prerequisites and full articulation of classes;
• Unequal geographic distribution of Allied Health Programs;
• Need for more supportive services: counseling, and tutoring;
• Need for more evening and weekend classes; and
• Need for better alignment between course curricula and skill needs.

Incumbent workers need new skills as a result of efforts to improve quality while lowering costs, increased focused on person-centered care, and digitization of health care. There also is a need to focus on ensuring cultural competency and developing new roles, such as community health workers/promotoras or care coordinators. In summary, Kushner said, to achieve the best health care workforce to meet tomorrow’s needs, labor needs to be at the table with management, academic partners and oversight agencies.