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To: California Future Health Workforce Commission
From: California State University (CSU) Chairs and selected other faculty, Departments of Public Health, Health Science and other related Departments
Re: Comments on Commission Goals, Analysis and Strategies
Date: June 27, 2018

On June 20, faculty leaders from several Health Science and Public Health Departments in the CSU system met to discuss the Commission's proposals, our understanding of workforce issues as they relate to our students, and what insights we might offer the Commission. In preparation for our discussion each of us reviewed materials on the Commission website. Rather than fill out the Commission survey, we thought it would be more helpful to outline our feedback on the Commission's efforts to date, and consider what roles the CSU system and, specifically, the public health-related programs in that system might play in efforts to address California's healthcare workforce challenges.

Our suggestions focus on several aspects of the Commission's work.

- The Commission's timeline
- An emphasis on social determinants, health equity and public health
- Integrating principles of public health into the healthcare delivery system
- Pipeline programs, and scope of practice
- The unique role of CSU system in healthcare workforce considerations
- A unique role for CSU public health/health science programs

Timeline

The Commission is projecting needs and issues for the next seven years and beyond. We encourage the Commission to focus on a long time frame. Such a time frame will be best suited for taking into account the health effects of climate change and its implications for the provision, delivery, and financing of health services. The health effects of climate change include increases in extreme weather events, extreme heat in some areas, increases in vector-borne illness and other stresses. These events will negatively impact the health of Californians and will often be dynamic and difficult to predict. The state should develop health and workforce policies that are adaptable to rapidly changing conditions.

Social Determinants, Health Equity and Public Health: Integrating public health and healthcare delivery system

While Commission materials emphasize the importance of social determinants of health and health equity, especially in the discussion of primary care and prevention, the strategies and analysis seem primarily focused on clinical perspectives and workforce challenges for the delivery system. We believe more emphasis should be given to how the public health workforce, with its focus on population health, social determinants, and health equity can assist in achieving the goals articulated. Such strategies and analysis might include:

- Strategies aimed at integrating public health analysis, strategies, and interventions—including their emphasis on social determinants and health equity—into the delivery and insurance systems. These systems remain largely focused on delivery of and payment for the provision of medical services to individuals. The insurance system, in particular, offers insurers and most provider systems little incentive to focus on population health or prevention, as savings from those efforts will not likely accrue to those systems paying for them.
- Consideration of how principles and values of public health and activities of its workforce might assist in lowering healthcare costs and the incidence of conditions that drive those costs, e.g., obesity, diabetes, opioid addiction, stress, stroke, chronic disease, etc., and other major drivers of healthcare costs and increases in intensive healthcare services provided. Efforts to lower healthcare costs, maximize the value of primary care and prevention efforts, and reduce the incidence of chronic disease would certainly benefit more frequent and effective application of population-based strategies in the delivery system.
- Examination of how the successful application of public health strategies might reduce the gap between current and future healthcare workforce needs.
- Other integrative strategies that target the potential delivery system roles of physician assistants and other particularly well-suited health professionals to bridge the worlds of population-based care, primary and preventive care and other parts of the delivery system. To this end, public health programs might consider curriculum options to train students as public health professionals, while still taking the necessary prerequisites for admission to physician assistant programs. In a similar vein, programs that train clinical health care professionals may wish to consider the value of building more public health awareness into their programs.
- Reform in scope of practice rules—for physician assistants, nurses, and other professionals—may also be of value in building a more flexible and integrated workforce. We support the Commission’s focus on consideration of these issues.

Building a first-class public health work force

Given the above analysis, the Commission may wish to focus greater attention on how to build and maintain a top quality public health workforce. This is likely to lead to a focus both on attracting students to the field of public health and providing them with the most appropriate educational experiences. The former will require both broader outreach efforts regarding the attractiveness of careers in public health and more effective and relevant educational strategies. The Commission should consider that:

- Public health may suffer from a lack of public awareness and a kind of step-child relationship to the clinical professions. Beyond vaccinations and epidemics, the activities and contributions of public health are often both under-appreciated and under-valued.
- Even in the CSU system, where all the largest campuses offer programs in health science or public health, many students stumble upon the field of public health, and often not until their junior or even senior years.
- High schools and community colleges do not seem to be providing much focus on public health, leading those interested in careers in health focused only on clinical fields.
- The experience of several public health programs in the CSU indicate that hands-on, community-based experiences, including those that may extend over more than a semester or entail more units of coursework are some of the most effective means of promoting skills and commitment among public health students. Providing such experiences might entail adjustments in public health curriculums.
- In terms of a need for increased healthcare personnel in low-income and other areas with serious healthcare workforce shortages, policymakers might consider similar incentive programs for public health workers as now are offered to some providers of clinical care. For example, loan repayment for public health professionals who commit two years of work in under-resourced and underserved communities.

Pipeline programs

We believe the Commission is on target in emphasizing the need for these in a workforce strategy. In considering the recruitment of individuals into the healthcare workforce, including the public health workforce, efforts to promote the benefits and values of careers in health need to be extended to community colleges and high schools.

CSU campuses may be particularly well positioned to play a key role in the development of these pipelines, as most serve and recruit individuals likely to return to their communities to pursue careers. More so than UC or private university students, CSU students come from California's lower middle-income and lower-income communities and, as our surveys indicate,

return to, or express the expectation of returning to, those communities to pursue their healthcare careers.

A Unique Workforce Role for the CSU system and CSU Departments of Public Health, Health Science, and related disciplines.

The CSU system is and is likely to remain the engine of building the public health, and perhaps much of the clinical health workforce. Of the 23 CSU campuses, 17 offer undergraduate majors in public health, health sciences or highly-related disciplines, and 10 offer the Masters of Public Health (MPH) degree program. In Fall 2017, the total enrollment of undergraduate and graduate students in health sciences, public health, and related health disciplines was well over 12,000 across all CSU campuses, accounting for over 50% of all CSU students enrolled in health professions, including nursing. As such, we believe our campuses are uniquely positioned to address some of the issues appropriately raised by the Commission. We also believe that, given our unique positioning, we have a responsibility to review and evaluate our own programs and determine whether or not we are doing all we can to address future workforce and other challenges. In this regard, we offer some suggestions that our colleagues in our sister programs might consider. Some of these have been noted above.

- Consider the value of community-based training, beyond the internships that most of the CSU programs now entail.
- Consider if Public Health/Health Science programs might accommodate students interested in Physician Assistant and other clinical professions that focus on primary care and prevention.
- Consider curriculum additions that would entail offering more lower division courses in such subjects as health disparities, community health, environmental justice, and health equity, that might attract more students to the discipline of Public Health.
- Reach out to nursing programs to encourage them to incorporate more training in public health.
- Consider research and classroom activities that focus on means of increasing the integration of public health concepts and strategies into the healthcare delivery and insurance systems.
- Consider recruiting faculty who, in addition to having the appropriate educational training, have practical experience in community-based public health activities.
- Within the demands of the Graduation Initiative 2025 and other pressures to improve graduation rates, develop programs that have greater capacity to improve the data analysis skills of students in public health related majors. These might entail smaller classes, offering review sections to be conducted by graduate students, or special

tutoring assistance. Unless their math and data analysis tools are strengthened, many CSU students may find themselves unable to meet employer demands for skills in this area.

- Consider the twice-yearly meetings of all the Public Health/Health Sciences Chairs in the CSUs an opportunity to explore multiple strategies proposed by the Commission in developing the workforce and use these meetings as a model of adaptive management and a tool to explore a flexible, resilient and adaptable system for the training of the healthcare workforce.

A special opportunity for CSU Departments of Public Health, Health Science, and related disciplines.

For over ten years, chairs of CSU Public Health/Health Science departments and heads of graduate programs have met twice per year to discuss strategies and challenges appropriate to Public Health/Health Science programs. Practical collaborations have emerged. Supported by The California Endowment and a grant to Cal State, Los Angeles, the CSU departments now hold an annual, two-day health policy conference in Sacramento. Approximately 180 students and 20 faculty members from fifteen or more campuses attend with post-conference surveys of participants reporting extremely positive responses to the experience of meeting with and seeing policymakers at work.

Department leaders, as part of the same grant from The California Endowment, also established an internship program with the California Department of Public Health. That program, now self-sustaining, accepts 30 CSU students each year into semester-long public health internships. We are also actively working to expand this program to other state healthcare agencies.

In addition, The California Endowment is now supporting, again via a grant to Cal State Los Angeles, a workforce grant to study, create, and evaluate best practices in educating CSU students about career options in public health and related fields. This will include a variety of projects, including: a Southern California career day conference for all public health/health science CSU students in Southern California; assignment of special faculty career advisors; presentations on career options from community leaders; coordination of career advisement with regular academic advisement; and opportunities in each course to discuss careers associated with the material covered in that course.

Conclusion

We hope these suggestions are of value to the Commission and we appreciate the effort the Commission has taken to address these important challenges. We look forward to working

with you. Should you find it helpful, we would be happy to present these proposals to the Commission at a future meeting.

This memo was drafted based on discussion among chairs and other faculty from California State University, Los Angeles, California State University, East Bay, and San Diego State University. We are confident that chairs of other CSU Public Health/Health Sciences departments will agree with most of the analysis and recommendations provided here, but time did not allow for circulation of the document prior to the Commission's meeting on June 29.

Respectfully submitted,

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