

Agenda Item 8b:

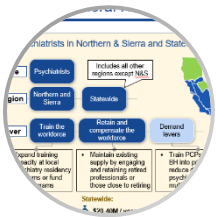
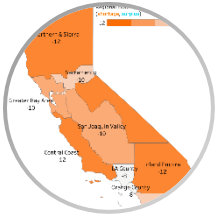
Nursing Workforce Strategy Deep-Dive: Funding and Application of Findings

Facilitator: Libby Abbott, Deputy Director, Health Workforce Development, HCAI

Agenda

- Refresh: High level results of nursing workforce strategy
- Application to HCAI's portfolio
- Partnership and the role of other actors

Recall: Summary of Nursing Workforce Findings



- **Registered Nurses, Midwives and Nurse Anesthetists** have a **statewide shortage** with some regional variations. **Northern & Sierra** regions face a shortage of all nursing roles, and **San Joaquin Valley** faces a shortage of all roles except Licensed Vocational Nurses. There are **racial and linguistic disparities** between populations and providers.
- Gaps are largely driven by **insufficient education and clinical placement capacity** to accommodate all qualified applicants, **insufficient upskilling opportunities** in some cases (e.g., RN to midwife, LVN to RN), and **high attrition / turnover**.
- Additionally, **maldistribution exists across nursing roles** today, with some roles (Nurse Practitioners, Licensed Vocational Nurses) facing shortages in certain regions but sufficient supply in others. **Registered Nurses** have a **small statewide shortage**, but some regions have a **surplus**, also suggesting maldistribution.
- HCAI should take a **multi-pronged approach to supporting the nursing workforce**, including significant investments in **expanding training capacity, clinical placement opportunities, retention, scholarships, and upskilling**, with a focus on equity to ensure the workforce reflects California's diversity.

Recall: California | Nursing gaps by role

Role	Current state (2022) gap	2029 forecast gap	2033 forecast gap	Gap trend*
Registered Nurse	2% (~ 6K)	11% (~ 37k)	16% (~ 60K)	⬆️
Licensed Vocational Nurse	-7% (~ -4K)	-5% (~ -4k)	-3% (~ -3K)	➡️
Nurse Practitioner	-25% (~ -4K)	-12% (~ -3k)	-5% (~ -1K)	⬆️
Nurse Anesthetist	23% (~ 0.5K)	13% (~ 0.3k)	8% (~ 0.2K)	⬇️

Gap

Surplus



Worsening gap
or decreasing
surplus



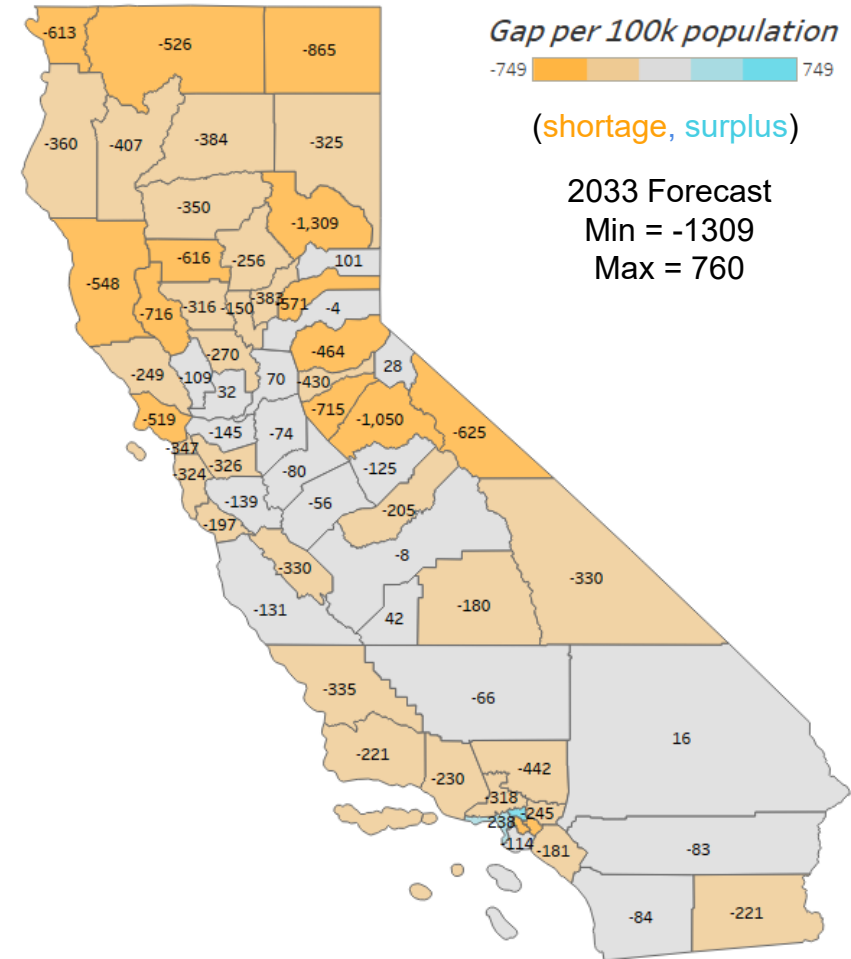
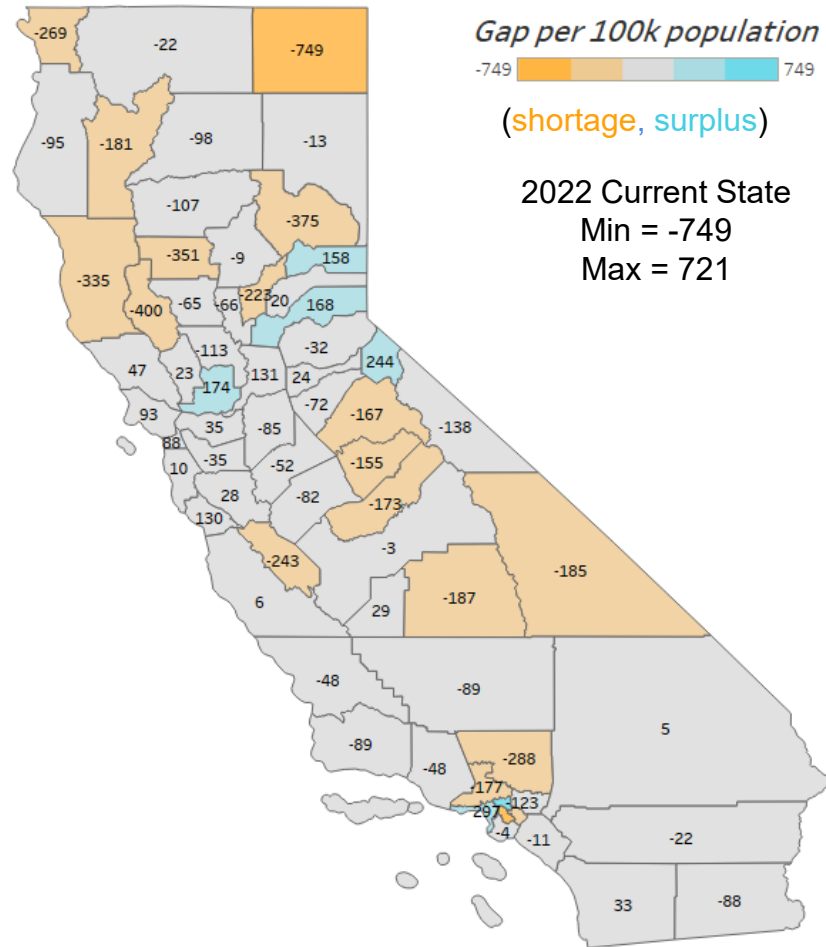
Steady
gap or
surplus



Improving gap or
widening surplus

* Negative gap implies 'surplus'

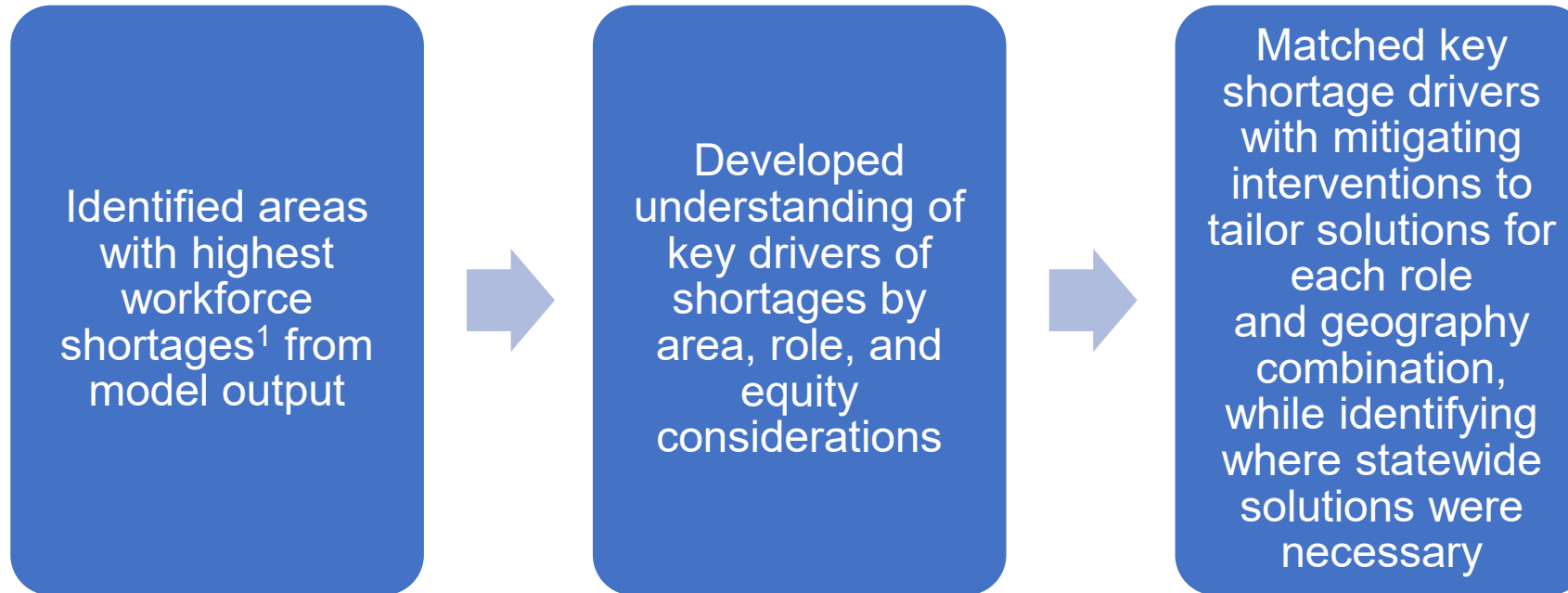
Recall: County Level Example - RNs



Note: 2033 plotted on same scale as 2022 for equal comparison. 2033 Min/Max may be outside 2022 scale range

Recall: How the model output is used for strategy |

We developed custom interventions for role-specific shortage areas identified by the model



¹ Additionally, model has overlays for race and language, as shortages are not only defined as where demand exceeds supply

Application: How HCAI will use strategy findings to inform nursing workforce programs portfolio



- Prioritize roles with the highest shortages in regions with greatest shortages.



- Utilize known equity pathways (e.g., scholarships, upskilling, "grow your own"). Prioritize **local students** (who are more likely to represent the local population) and **providers who speak languages facing the greatest disparities** (e.g., Spanish).



- Focus **service obligations** in **communities** with the **greatest unmet need**.



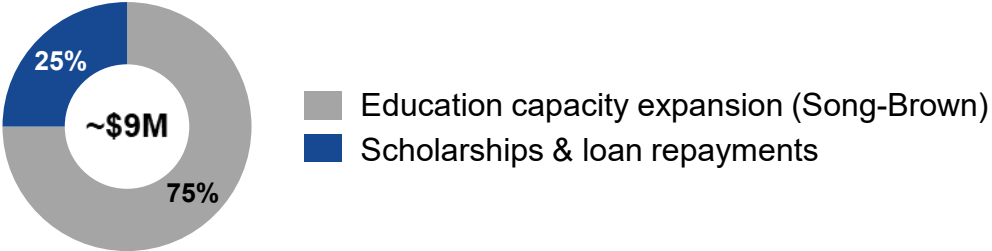
- **Collaborate** with other stakeholders.

Application: Balance areas of greatest need with realistic assessment of funding

- Available funding for nursing workforce in FY 24-25 is approximately \$9M

Name	FY 24-25 Funding	Eligible roles	Eligible interventions
Song-Brown RN	\$2,725,000	RNs	Education capacity
Song-Brown FNP/PA	\$4,231,000	NPs, PAs	Education capacity
Song-Brown Midwifery	\$396,000	CNMs, LM	Education capacity
RN Scholarship & Loan Repayment	\$2,007,000	RN (ADN, BSN)	Scholarship & loan repayment
LVN to ADN Scholarship	\$40,000	LVN	Scholarship
LVN Scholarship & Loan Repayment	\$236,150	LVN	Scholarship & loan repayment
Total	\$9,239,150		

- Distribution of FY 24-25 nursing workforce dollars



- HCAI should pursue a more **geographically-targeted strategy for Registered Nurses**
- Midwives** should be prioritized, **but funding is limited**, so focus may need to be on **influence model**

Application: If additional nursing funding received, HCAI could prioritize different interventions across nursing roles (1 of 2)

1



Increase **clinical placements for RNs**, particularly in Northern & Sierra and San Joaquin Valley

- Northern & Sierra and San Joaquin Valley are areas with the most significant current and forecasted RN shortages
- Increasing clinical placements are essential to supporting education capacity expansion, a key bottleneck
- Estimated to require ~\$100 - 150M over 5 years to support ~7,500 additional placement spots

2



Offer **programs that reduce time and effort to upskill** from LVN to RN, particularly in San Joaquin Valley

- Insufficient LVN upskilling in San Joaquin Valley, despite surplus of LVNs
- Increased upskilling improves economic mobility and well as representation, as LVN population in San Joaquin Valley is more diverse than RN population
- Estimated to require ~\$15 - 45M over 5 years to support ~1,500 LVN upskilling to RN (based on expected surplus of LVNs by 2029)

3



Expand educational capacity for midwives (CNM and LMs)

- Only 1 functioning nurse midwifery program in California
- No approved programs for licensed midwives physically within California, licensed midwives have access to approved virtual programs
- Estimated to require ~\$2.5 – 3.5M over 5 years to support ~70 CNM students and ~50 LM students

Application: If additional nursing funding received, HCAI could prioritize different interventions across nursing roles (2 of 2)

4



Engage and retain **retired nurses or those close to retiring**, particularly in LA

- ~15% of nurses in LA report expecting to retire in next 5 years, which is an average of ~1,000 – 2,000 nurses per year
- In addition to maintaining current supply, the presence of Emeritus RNs who provide mentorship and support is associated with lower turnover in first-year RNs
- Retained nurses could also serve as faculty in clinical placement programs, and transition to practice programs
- Estimated to require ~\$200 - 600M total over 5 years to retain ~1,000 – 2,000 retiring nurses per year over 5 years

5



Expand availability of **transition to practice** programs (e.g., residencies or fellowships)

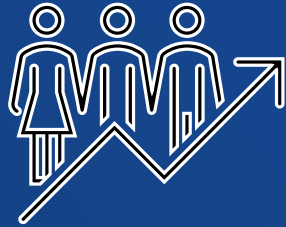
- Transition from academia to practice can be challenging and transition to practice programs have been shown to increase confidence and competence in RNs, which improves patient outcomes, and also betters retention

6



Fund **peer and mentor networks** for RNs who work in high turnover regions to improve retention, prioritizing those serving safety net populations

- Peer and mentor networks can help to improve retention; loan repayments also help improve retention, but already receives some existing funding
- Estimates to require ~\$30 - 120M total over 5 years to grant ~10 – 20 employers in LA funding for ~50 - 100 nurses per employer



Partnership and the role of other stakeholders

Due to limited funding, it will be critical to work with other stakeholders and through partners to support using the strategy and model output data and findings

Partnership and the role of other stakeholders: Four important interventions needed to advance the nursing strategy

- 1 **Develop career pathways** to create opportunities for upskilling, stackable credentials, and expand on/off ramps
- 2 **Enable education partners to fund nursing education expansion** based on need (e.g., workforce shortages)
- 3 **Expand and optimize clinical placement** opportunities
- 4 **Standardize pre-requisites** across schools

Partnership and the role of other stakeholders: #3, Clinical placement expansion (1 of 2)

- HCAI has been facilitating clinical a placement roundtable to convene multiple stakeholders to define roles and coordinate actions for optimizing clinical placements system
 - Convenings have included CCC, CSU, BRN, LDWA, and FCCC
- Objective:
 - Influence partners to expand and optimize clinical placements
- Desired outcomes:
 - Come to an agreement to provide increased clinical placements in shortage regions, particularly for students who may lack access (e.g., unable to enroll in private programs)
 - Provide equitable access to education and clinical training for underserved students, especially in shortage regions
 - Set up regional partnerships to improve the clinical placement system, including greater visibility into available slots

Partnership and the role of other stakeholders: #3, Clinical placement expansion (2 of 2)

- Next steps
 - CCCCO and CSU have agreed to explore a regional consortium approach in one high-need region (e.g., San Joaquin Valley)
 - Use pilot model findings to establish additional regional partnerships to improve the clinical placement system
 - HCAI to share supply/demand model data on nursing shortages to inform pilot areas for clinical placement expansion



Partnership and the role of other stakeholders: #2, Enable education partners to fund education expansion based on need

The next presentation illustrates an example of the partnership opportunities and practical interventions that will drive the strategy