

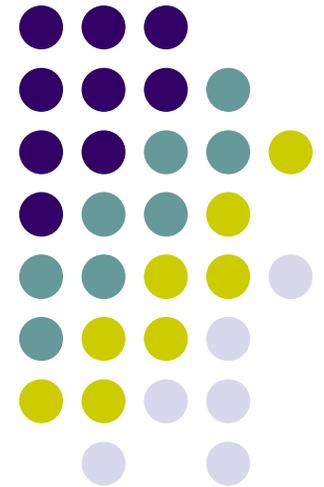
# Policy, Politics, and the Reality of Health Workforce Planning

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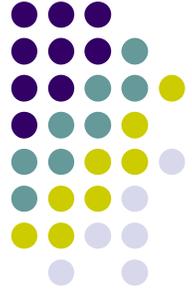


# How is nursing workforce planning really done?



- Term-limited or entrenched legislature
  - Lack of research and knowledge
  - Influence of interest groups
  - Lack of money
- ➔ But sometimes policy inadvertently gets it right!





# Term limits or entrenchment?

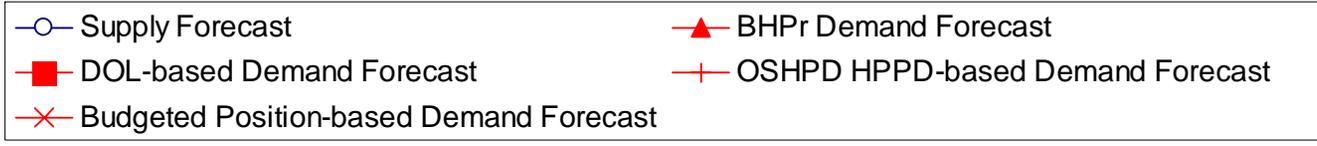
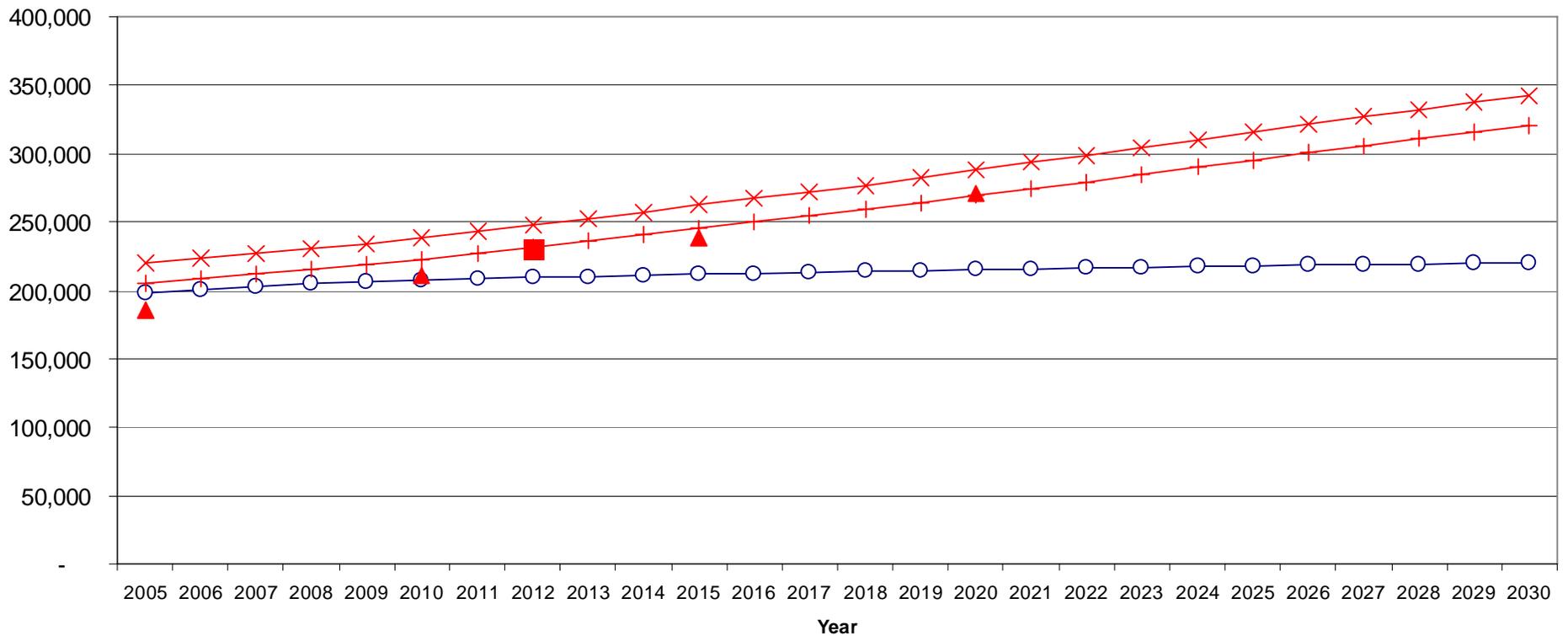
- Term-limited legislatures...
  - Do not have “expert” members who understand nursing or health workforce
  - Rely heavily on staffers, who stay there longer than any legislator
  - Lose power to the Governor
- Entrenched legislatures
  - Have experts, but also have strong opinions
  - Particular members can have undue influence
  - Have more power over the Governor and staff



# What have term limits done in California's planning?



Figure 6. Projected Shortage of Registered Nurses (FTEs) in California, 2005-2030



# Lack of research and knowledge



- Nobody knows what future population needs will be
  - Holy Grail of the “best” mix of health workforce has not been found
  - If there is a better model, we haven’t seen it yet
- The ideal model is hard to explain to policymakers
  - They have trouble with understanding the current state of affairs

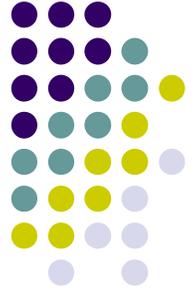




# Knowledge in California

- Reports on the nursing shortage
  - Center for the Health Professions 2000
  - California Strategic Planning Committee on Nursing, multiple reports
  - Board of Registered Nursing, 2005
  - California Institute on Nursing and Health Care, 2006
  - Center for California Health Workforce Studies, 2006
  - Legislative Analyst's Office, 2007



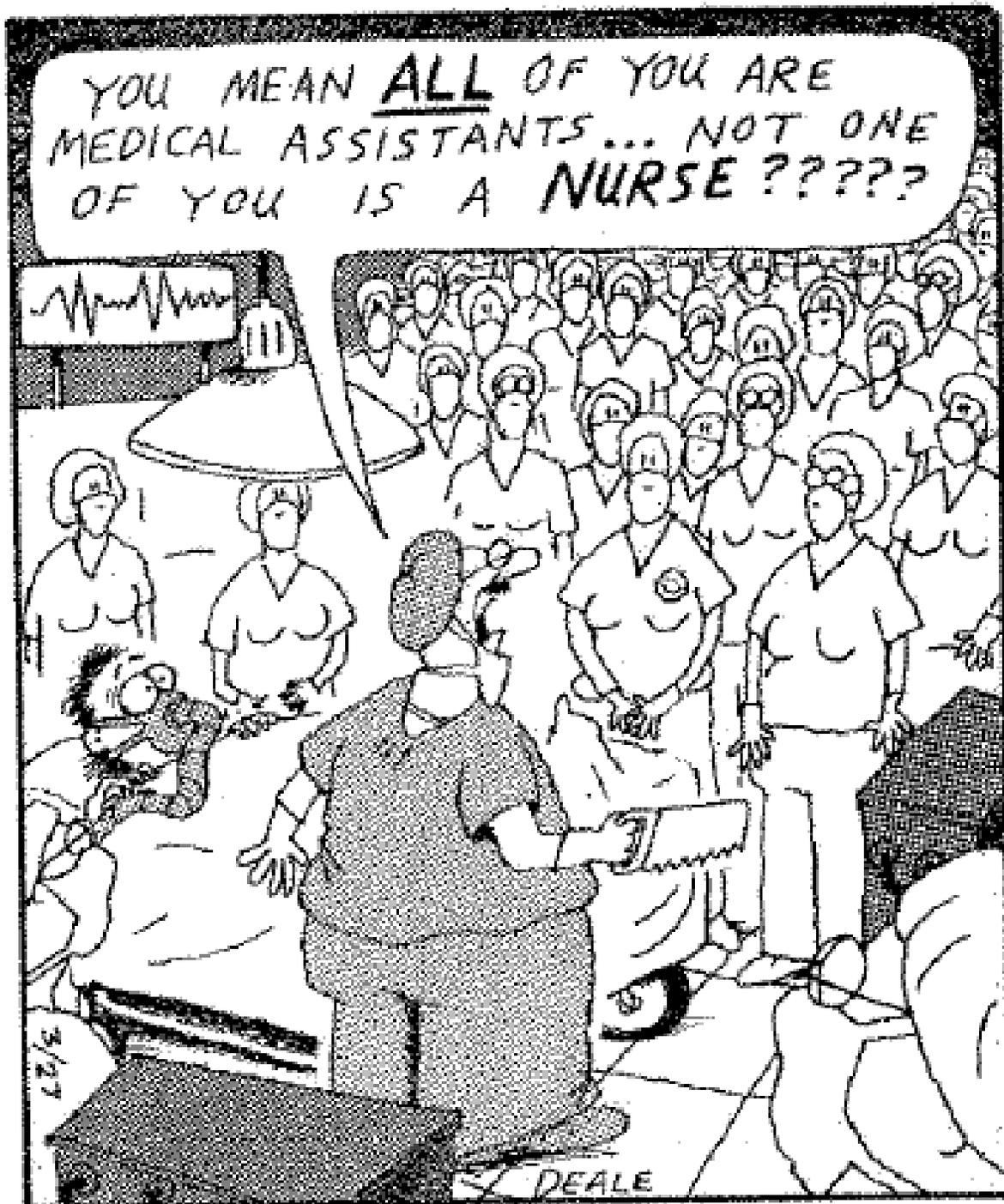


# Interest group politics

- California Hospital Association
  - Focuses on the nursing shortage
  - Wants to eliminate minimum nursing ratio laws
  - Wants the state government to pay for more education
- California's nursing unions
  - California Nurses Association has denied a shortage to protect minimum staffing ratio laws
  - Service Employees International Union at odds with Cal Nurses, in partnership with Kaiser Permanente



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# More interest groups!

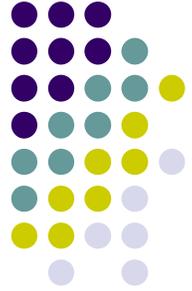
- Nurse professional organizations
  - Association of California Nurse Leaders
- Nursing advocacy group
  - California Institute on Nursing and Health Care
- Insurance companies
- Mexican-American Legal Defense and Education Fund (MALDEF)
- University and college Chancellors' Offices





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# Funding drives policy

- State budget crises
  - California legislature passes programs, but cannot fund them
- Competition for federal grants
- Workforce Investment Act
  - Employment Development Department has had money to spend, but do they have expertise?
- Private Foundations
  - Gordon & Betty Moore Foundation in Bay Area
- Hospitals
  - Grants to education programs
  - Contract education

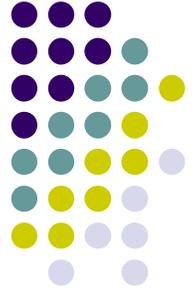


# An example of funding driving policy



- California Nurse Workforce Initiative (NWI), launched 2002
- Workforce Investment Act money granted to Workforce Investment Boards
- WIBs are rated on how many students they graduate in a time period, and earnings increases
  - No incentive to invest in long-term programs





# What happened with NWI?

- 21 of 22 grantees were WIBs
  - Money mostly used to support currently enrolled students
  - Some WIBs had to pay for contract education to enroll their students in programs
- High share of LVN students enrolled
  - Maybe this was a good thing?
- Graduation rates improved for supported students
  - Cost per new nurse was higher than if they had expanded nursing education programs





# The battle of nursing programs

- Nursing programs that offer graduate education do not always focus on long-term population needs
  - Surfeit of Nurse Practitioners
  - Lack of Educators
- The ongoing AD vs. BSN debate
  - Focus on primary nursing education ignores lifelong educational needs



# Sometimes policymakers accidentally get it right



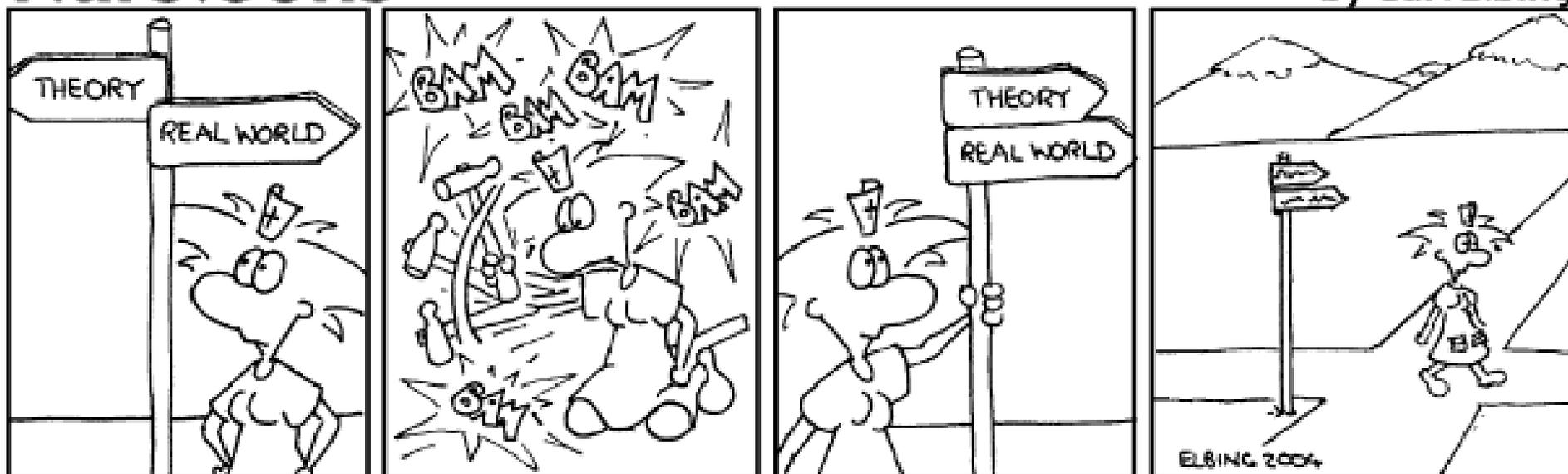
- NWI's LVN graduates have helped nursing homes
- NWI's student support included counseling & case management, which helped retention
- Hospital-education partnerships have been successful
- Some health care providers are innovating
- Pay for performance might change everything





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