



Central Valley Health Network

**RECOMMENDATIONS TO
INCREASE HEALTH PROFESSIONALS
SERVING
THE CENTRAL VALLEY OF CALIFORNIA**

MARCH 2007

(UPDATED JANUARY 2008)

RECOMMENDATIONS

PRIMARY CARE & ORAL HEALTH:

1. Address the disparity of reimbursement rates between private nonprofit and public of Federally Qualified Health Centers
2. Establish the California Health Service Corps
3. Expand existing federal and state health professional shortage programs

MENTAL HEALTH:

1. Fund mental health professional services in Federally Qualified Health Centers using resources from the California Mental Health Services Act
2. Allow for licensed Marriage and Family Therapists to be reimbursed by Medi-Cal

HEALTH PROFESSIONAL SHORTAGE AREAS:

1. Designate additional health professional shortage areas for primary care, oral health, and mental health
2. Recalculate existing health professional shortage areas for primary care, oral health, and mental health to accurately reflect health professional shortages

BACKGROUND & NEEDS

PRIMARY CARE PROFESSIONALS

Regionally, the Central Valley experiences greater shortages for all physicians, primary care physicians and specialty physicians than any other region in the state of California.¹

The shortage of health care providers in the San Joaquin Valley—the heart of the Central Valley—is impacted by several factors: its largely rural nature, the large percentage of uninsured residents, and lower Medi-Cal (PPS) reimbursement rates compared to other parts of the state.²

In 2000, there were 67.4 primary care physicians for every 100,000 persons in California. In the San Joaquin Valley, there were only 51.2 physicians per 100,000 persons, approximately 24% fewer. For specialists, the disparity was even greater: 122.2 specialists per 100,000 persons in California and 73.2 in the Valley, just over half as many.³

Most of the Central Valley has been designated as a health professional shortage area by the federal government.⁴

All San Joaquin Valley counties, except for Stanislaus, also had rates of registered nurses (RN) per population below the state average in 2001. The Southern/Central San Joaquin Valley (Merced, Madera, Fresno, Kings, Tulare, and Kern) had one of the lowest rates of RNs in the country.⁵

Health care providers do not equally bear the burdens of providing care for the uninsured and under-insured. In the San Joaquin Valley, most care for persons without full-year insurance is provided through safety-net providers (community health centers, public clinics, public hospitals, and private safety net hospitals).⁶

The San Joaquin Valley was notably underserved compared to California and the nation on several indicators involving the health professional workforce. All eight San Joaquin Valley Counties have Medically Underserved Areas/Populations designations. These counties experience shortages in dental, mental health and primary care professionals, as determined by the United States Health Resources and Services Administration, Bureau of Health Professionals. These health professional shortages create access challenges for all residents, but those who are uninsured or dependent on public insurance programs are the most impacted.⁷

Medi-Cal enrollment does not ensure access to appropriate care because low reimbursements and administrative challenges reduce the willingness of the region's providers to serve this population. As with the uninsured, Medi-Cal clients are disproportionately served by safety net providers and these providers do not have sufficient resources to mount adequate levels of outreach and educational programs, chronic disease management programming, and other programming that targets the particular needs of low-income patients.⁸

ORAL HEALTH PROFESSIONALS

Rural, low-income, and minority communities in particular suffer from California's geographic maldistribution of dentists.⁹ Overall, 91 percent of California's dentists practice in urban areas where only 84 percent of the population resides.¹⁰

By federal shortage designation standards, 12 percent of the state's population is estimated to be in dental shortage areas. Rural areas tend to have the smallest supply of dentists, but minority and low-income communities within urban areas are also disproportionately underserved.¹¹

California had 80 dentists per 100,000 persons in 2000. In contrast, the San Joaquin Valley had only 51 dentists per 100,000 persons, or 36.2% fewer. Despite the obvious shortage of dentists, only seven areas in the San Joaquin Valley had applied to be designated as dental health professional shortage areas.¹²

In 2002, The Institute of Medicine declared that "the healthcare work force and its ability to deliver quality care for racial and ethnic minorities can be improved substantially by increasing the proportion of underrepresented U.S. racial and ethnic minorities among health professionals.¹³ Because studies show that minority dentists are more likely to practice in minority communities, increasing the diversity of the dental work force would not only enrich the talent pool, but it would also produce a more equitable geographic distribution of providers. That change could enhance access and utilization of oral health care by racial and ethnic minorities.¹⁴

Latinos and African-Americans, who comprise about 35.3 percent and 6.3 percent respectively of California's population, are significantly underrepresented among dentists. Historically, data for dentists in California has not been tracked adequately, but a recent reporting of dentists in their 20s and 30s who responded to race and ethnicity questions reveals that 5.8 percent are Latino, 1.7 percent are African-American, 51.8 percent are Caucasian, 40.6 percent are Asian, and 0.2 percent are American Indian.¹⁵

Regions that have a shortage of dentists tend to have a higher percentage of minorities, lower median incomes, and a higher percentage of children. While there are a number of statewide programs aimed at increasing access to dental care, few of them work to place dentists in underserved areas such as the San Joaquin Valley.¹⁶

MENTAL HEALTH PROFESSIONALS

The most severe provider shortages in the San Joaquin Valley were in the mental health workforce. The ratio of mental and behavioral personnel is 94 per 100,000 versus 327 per 100,000 in California.¹⁷

Compared to California, the San Joaquin Valley, had 85% fewer psychiatrists, 70% fewer psychologists, 50% fewer licensed clinical social workers, and 65% fewer marriage and family therapists, per 100,000 persons.¹⁸

Only 19 child psychiatrists currently practice in the San Joaquin Valley, but the national standard is 14.8 per 100,000 persons.¹⁹

Six out of the eight San Joaquin Valley counties have county-wide mental health professional shortage area designations.²⁰

About The Central Valley Health Network

Incorporated in 1998, the Central Valley Health Network (CVHN) is a consortium of 13 Federally Qualified Health Center corporations that provide comprehensive preventive primary care services and advocate on behalf of low-income and medically underserved families throughout the northern, Central Valley and Inland Empire areas of California. In most Central Valley communities, CVHN members are the only safety net provider.

CVHN has 116 sites in 20 counties that provide 2.1 million encounters to 530,000 patients annually of whom 77% are at or below 100% of federal poverty level, 49% Medi-Cal, 35% uninsured, 74% Latino, and 40% farmworkers. CVHN members provide services in urban disadvantaged areas and rural and remote areas throughout California and are active at the local, state, and federal level advocacy for low-income.

The Mission of CVHN is to facilitate community health centers' strength in the marketplace and to support member community health centers' effective delivery of high quality accessible health care to residents of their respective communities with special focus on advocacy for attaining optimal health for the medically underserved.

Contact: David Quackenbush, CEO, (916) 552-2846, dquackenbush@cvhnclinics.org

REFERENCES

- ¹ Riordan, D.G., Capitman, J.A. (2006). Health professional shortages in the San Joaquin Valley: The impact on federally qualified health clinics. Fresno, CA: California State University, Fresno.
- ² Ibid.
- ³ Diringer, J., Curtis, K. A., Paul, C. M., Deveau, D. R. (2004). Health in the Heartland: The Crisis Continues. Fresno, CA. California State University, Fresno.
- ⁴ Ibid.
- ⁵ *Growing a Healthier San Joaquin Valley: Recommendations for Improving the Public Health and Healthcare Infrastructure*. Capitman, J.A., Riordan, D.G., Paul, C.M. (2007).
- ⁶ Ibid.
- ⁷ Ibid.
- ⁸ Ibid.
- ⁹ Mertz E and Grumbach K. "Community Characteristics that Predict the Low Supply of Dentists in California." *Journal of Public Health Dentistry*, 61(3): 172-177, 2001.
- ¹⁰ Ibid.
- ¹¹ *Geographic Distribution of Dentists in California: Dental Shortage Areas*, 1998. San Francisco: UCSF Center for California Health Workforce Studies, 2000.
- ¹² Diringer, J., Curtis, K. A., Paul, C. M., Deveau, D. R. (2004). Health in the Heartland: The Crisis Continues. Fresno, CA. California State University, Fresno.
- ¹³ *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*. Washington D.C.: Institute of Medicine, 2002.
- ¹⁴ *Improving Oral Health Care Systems in California*. San Francisco: UCSF Center for the Health Professions, 2000
- ¹⁵ Ibid.
- ¹⁶ Diringer, J., Curtis, K. A., Paul, C. M., Deveau, D. R. (2004). Health in the Heartland: The Crisis Continues. Fresno, CA. California State University, Fresno.
- ¹⁷ *Growing a Healthier San Joaquin Valley: Recommendations for Improving the Public Health and Healthcare Infrastructure*. Capitman, J.A., Riordan, D.G., Paul, C.M. (2007).
- ¹⁸ Ibid.
- ¹⁹ Ibid.
- ²⁰ Ibid.