



THE HEALTH OF OLDER ANGELENOS AND THE LOOMING SHORTAGE OF HEALTH AND AGING SERVICES PROFESSIONALS

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INTRODUCTION

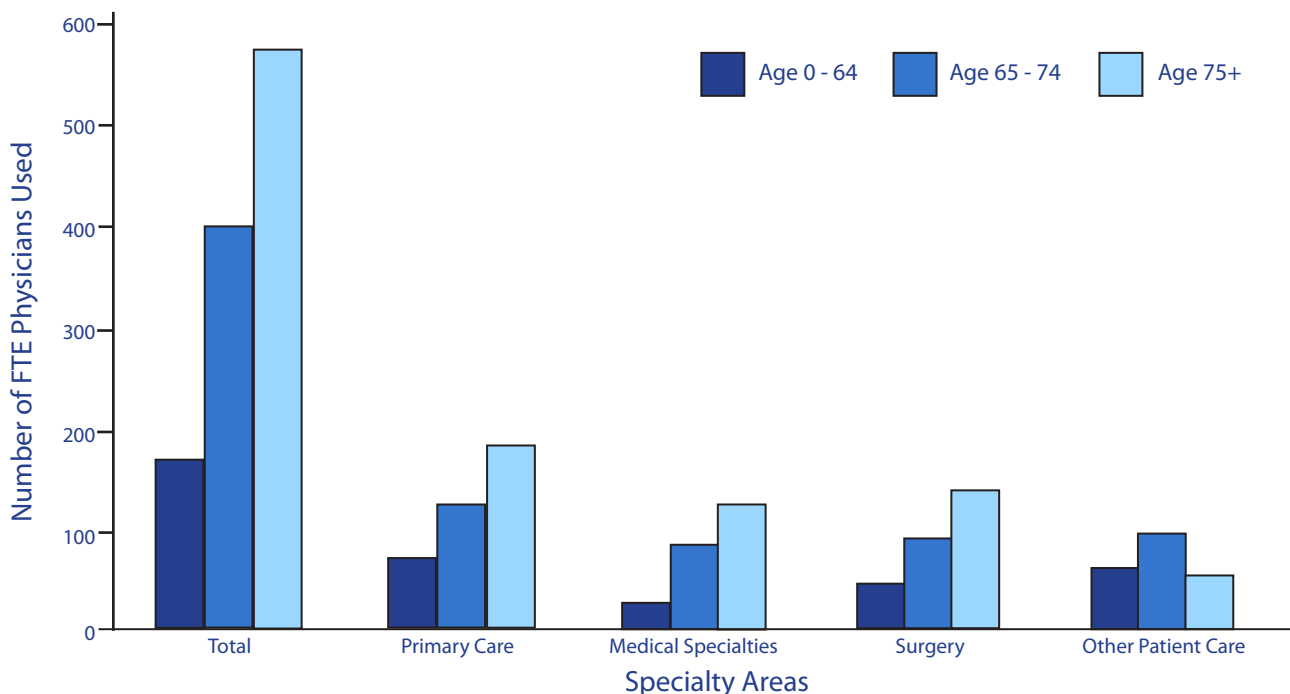
Even under the most optimistic set of assumptions, the demand for health and social services (Figure 1) in the United States (U.S.) and locally in Los Angeles County will likely outpace the supply of physicians and other aging services professionals by year 2025.¹ This workforce shortage is attributed to several factors, with the most important factor being an aging population with or at high risk of having preventable and often concurrent chronic conditions, including coronary heart disease, stroke, hypertension, diabetes, arthritis, and Alzheimer's disease.¹⁻³ Nationally, one out of three individuals aged 75+ have three or more chronic conditions⁴; in Los Angeles County, one out of two individuals aged 65+ have two or more chronic conditions.⁵

Currently, among all active physicians in the U.S., only

12,575 are actively practicing as Board-certified geriatricians (<2%).⁴ In addition, specialists outnumber primary care physicians by almost two to one⁶ and shortages already exist among specialties which predominantly serve the elderly (e.g., oncology).¹ In California, the shortage of social workers has led to a social worker vacancy rate of approximately 20% at several public service agencies which provide services to older adults in the state.⁷

This workforce shortage, however, is more than just a "numbers" problem. Simply educating and training more health and aging services professionals (e.g., physicians, dentists, registered nurses, pharmacists, social workers, and health care interpreters) is not enough to address this shortage. The need to address other determinants of workforce quality, including provider diversity; cultural competency; interest in working with the underserved; public image; and the recruitment and retention practices

Figure 1. Demand: Utilization of Health Services by Patient Age Group as Measured by Use of Full-Time Equivalent (FTE) Physicians per 100,000 Population in the U.S., 2008



SOURCE: National Ambulatory Medical Care Survey, National Hospital Ambulatory Medical Care Survey & Nationwide Inpatient Sample.

of the various health professions in the state are equally important for building the capacity and infrastructure necessary to address the emerging health care and social services needs of the aging population locally.^{1,8,9} This is especially true for large jurisdictions like Los Angeles County, which spans 88 incorporated cities and is home to one of the nation's most ethnically diverse and largest aging populations (see Box 1).^{5,9}

This report provides an overview of the key health issues facing the 65+ population in Los Angeles County. It discusses the implications of the looming health and aging services workforce shortage within the context of these health priorities.

THE HEALTH OF OLDER ANGELENOS

The State of Aging and Health among Older Angelenos

The growth in the number of adults age 65 and older residing in Los Angeles County is unprecedented for this region of California. Mirroring the changing U.S. demographics, this segment of the County population is becoming more racially and ethnically diverse (Figure 2).⁹ With increased life expectancy and an aging baby boomer population (those born between 1946 and 1964),⁹ many under-represented groups living in this region today will become the majority within the next 20 years. This dramatic increase

Box 1
County of Los Angeles

- * 88 incorporated cities
- * 10.2 million residents (more than 42 states)
- * 46% Latino, 32% White, 13% Asian/PI, and 10% African American
- * Over 100 different languages spoken
- * 15% living in poverty
- * In 2007, more than 1.2 million Angelenos reported providing care in the past month to an adult with a long-term illness or disability

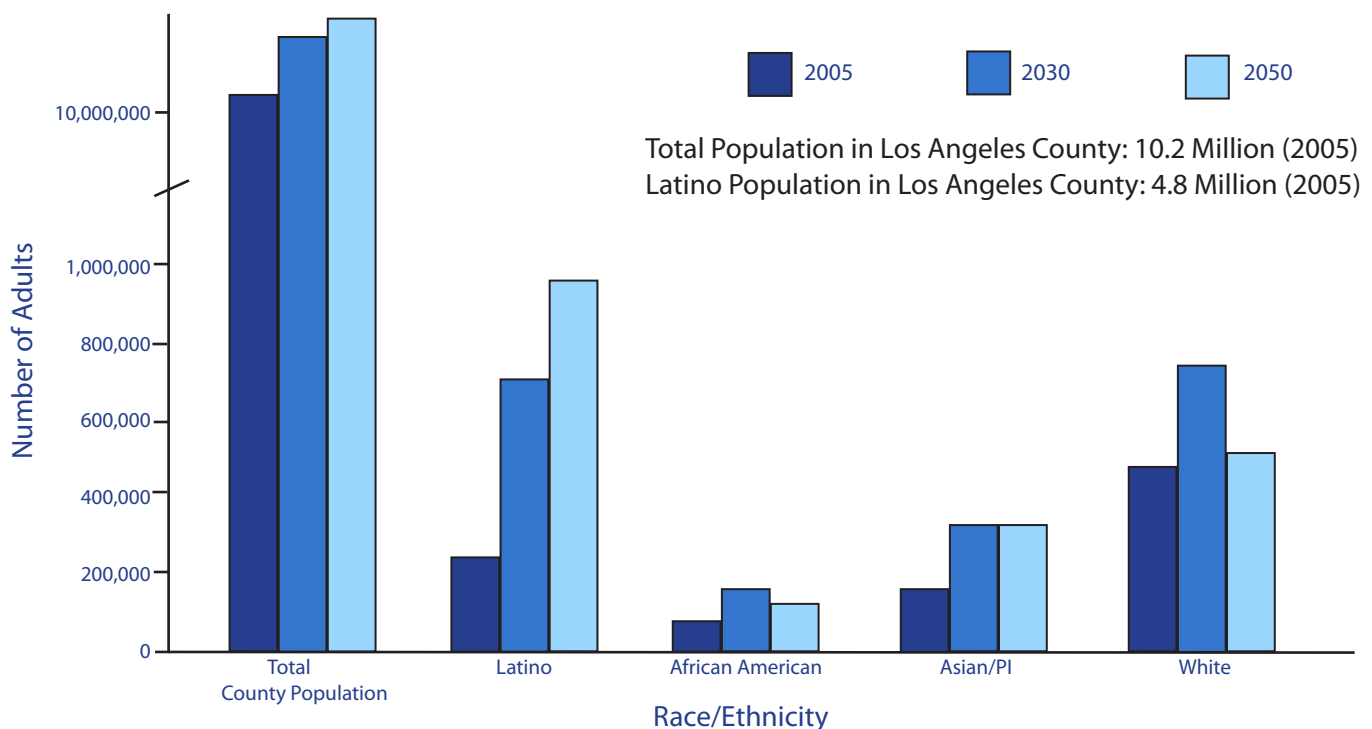
SOURCE: Los Angeles County Department of Public Health.

in the number of older Angelenos has important social and health care implications. For instance, Americans 75+ years of age are among the highest users of health services⁴ and almost 95% of the health care spending in this age group is for the management of chronic diseases.¹⁰

The Growing Chronic Disease Burden in Los Angeles County

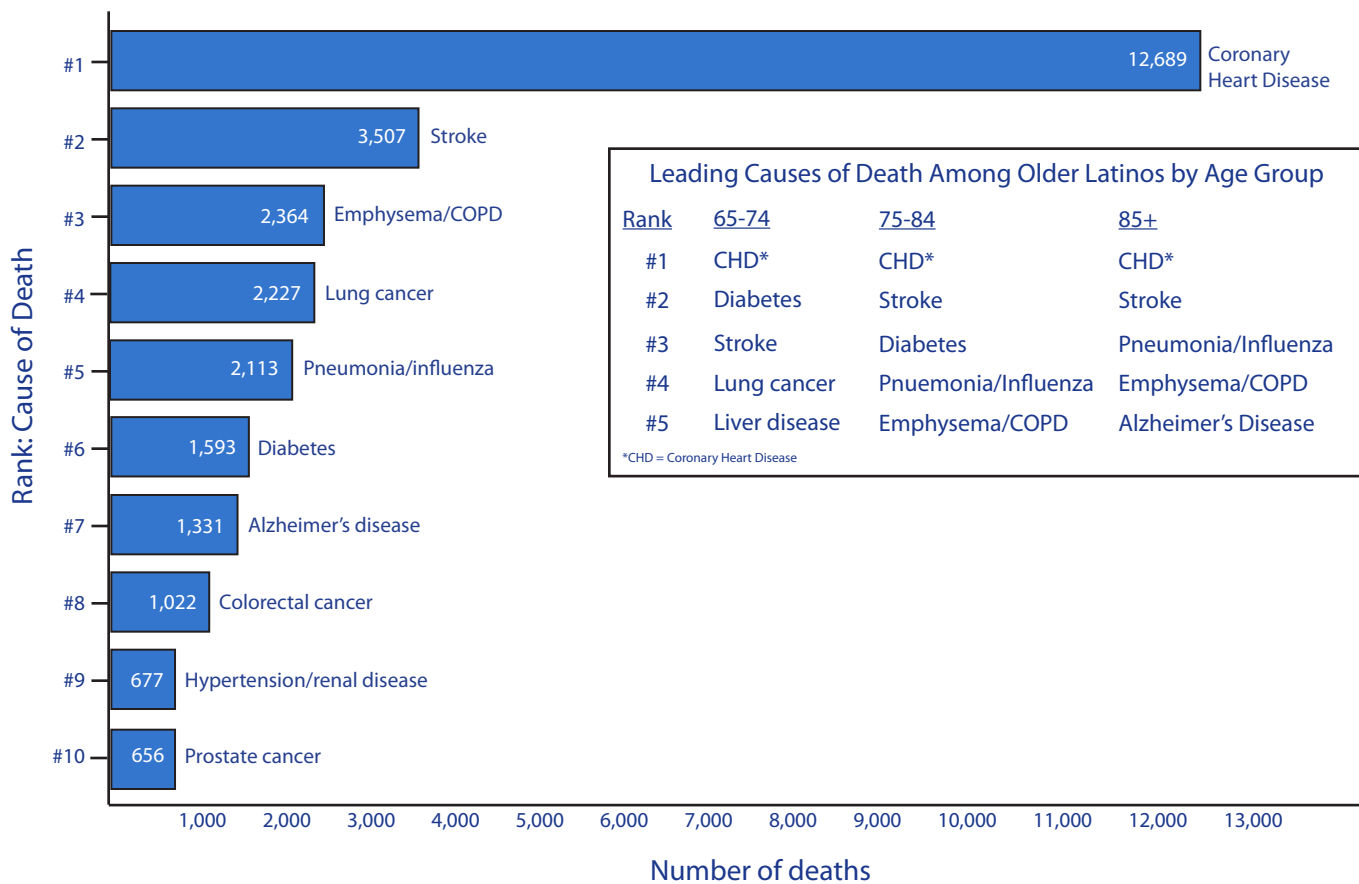
Chronic disease and degenerative conditions have replaced infectious diseases as leading causes of death in the U.S., and in Los Angeles County.^{9,11} In 2004, nine of the

Figure 2. The 65+ Population in Los Angeles County is Growing More Diverse



SOURCE: California Department of Finance.

Figure 3. Leading Causes of Death Among Older Adults Ages 65+ in Los Angeles County, 2004



SOURCE: Data Collection & Analysis Unit, Office of Health Assessment & Epidemiology, Los Angeles County Dept. of Public Health

ten leading causes of death among adults age 65+ in Los Angeles County were chronic diseases such as coronary heart disease, stroke, lung cancer, and diabetes (Figure 3). Relatively new to these rankings were emerging public health concerns such as liver disease (No. 5 among older Latinos age 65-74) and Alzheimer's disease (No. 7 overall) (Figure 3). Fortunately, for many of these chronic conditions, the risk factors are preventable and/or the disease onset can be delayed.¹² In spite of the numerous challenges, a recent examination of health indicators among older Angelenos suggests that there are opportunities for improving health and for reducing the risk of developing these conditions (Table 1).^{9,13,14}

THE PHYSICIAN AND AGING SERVICES WORKFORCE

Limitations of Local Data

Profiles of the physician and aging services workforce in the Los Angeles County are limited. This is often the case for local jurisdictions as licensing of health and social services professions is under state jurisdiction. Nevertheless,

an examination of the data from professional associations and state licensing boards is useful, and can reveal insights and trends relevant to Los Angeles County.

Physicians

According to a recent report by the Association of American Medical Colleges (AAMC), based on estimates from the U.S. Department of Labor, a shortage of 124,000 full-time equivalent (FTE) physicians is projected by 2025.^{1,15} Population growth, aging and other factors have been suggested as key contributors to an anticipated increase in demand for health and social services; and to a physician supply trying to keep pace.¹ Even a 30% increase in U.S. medical school enrollment and expansion of graduate medical education (GME) positions in the next several years, as recommended by the AAMC, would be insufficient to meet this anticipated increase in demand.¹⁻³ Additionally, shifting demographics, complex changes in clinical management of chronic disease, and a possible national health care reform bill may lead to substantive changes in the way physicians are educated and trained in the future. More geriatricians or a greater emphasis on

geriatrics in the training of primary care physicians or other generalists is likely warranted.^{1,4} An increased provider diversity or a more even distribution of generalists to specialists may also be needed. At present, there are 66 generalists compared to 127 specialists for every 100,000 persons in the Los Angeles area. The majority of these specialists are not trained to serve elderly patients (see Box 2).^{4,6} In California, more than 80% of licensed physicians are White or Asian (Tables 2 and 3).¹⁶

Dentists

Poor oral health has been linked to increased risk of cardiovascular disease.¹⁷ However, it is often overlooked as a major health problem among older adults. In California, this risk is more pronounced among underserved groups and is heightened by a lack of provider diversity within the profession.¹⁶ According to The Center for the Health Professions at the University of California San Francisco (UCSF), 70.9% of all actively practicing dentists in

California are men, and 89% are White or Asian (2005 data).¹⁶

Registered Nurses

Despite the recent focus of workforce development policy on addressing the shortage of registered nurses (RNs) in California and locally (i.e., ensuring that students successfully complete their training programs and pass their licensure exams), a growing number of educators, nursing leaders, and policymakers are increasingly concerned with the need for diversity in the state's RN workforce.¹⁸ At present, 64.3% of all active RNs in California are White.¹⁸ Since more than 50% of the state's and of the county's populations are now non-Whites, a nursing workforce that is more culturally and linguistically attuned to this increasing diversity would be desirable, especially for promoting health and reducing disparities in these regions' underserved communities.¹⁸

Table 1. The Health of Older Angelenos, 2005-2007

Health Indicator	All (65+ years)	Latinos	White	African American	Asian/PI
Health Status					
1. In poor health for 10 or more days in the past month (%)†	28.9	27.9	28.1	33.8	26.8
2. Disability (%)‡	54.9	54.2	53.1	64.1	56.9
3. Single older adults who are economically insecure (%)‡	54.0	75.0	45.0	75.0	64.0
Health Behaviors					
4. No or low level of physical activity (%)	48.2	47.8	47.2	59.4	46.9
5. Eating 5 or more servings of fruits & vegetables daily (%)	18.3	12.3	23.9	15.8	9.4§
6. Overweight/obese (%)	36.7/16.8	44.1/25.2	34.5/15.4	41.6/24.1	31.5/--
7. Current smoking (%)	7.8	6.3§	7.7	18.0	4.3§
Access to Preventive and Health Care					
8. Ever had pneumonia vaccine (%)	57.6	48.0	65.5	53.0	45.5
9. Has regular source of care (%)	94.3	93.8	95.9	95.9	90.2
10. Can't afford to see dentist in the past year (%)	11.0	19.8	5.9§	11.4	15.6
11. Can't afford medications in the past year (%)	7.9	14.9	4.2	9.9§	9.1§
12. Reported language barriers in the past year (%)	13.0	13.7	--	--	12.0§
Chronic Diseases*					
13. Arthritis (%)	52.0	56.1	51.8	63.8	37.8
14. High cholesterol (%)	47.8	49.9	48.9	39.8	46.6
15. Depression (%)	10.6	15.2	10.7	5.6	7.0§
16. Diabetes (%)	18.4	25.1	14.2	25.2§	20.0
17. Heart disease (%)	22.3	23.6	25.1	17.1	12.7§
18. High blood pressure (%)	57.3	63.2	53.9	65.3	55.2
Injuries**					
19. Hip fracture hospitalizations (per 100,000 persons hospitalized)¶	329 (men) 675 (women)	205 (men) 444 (women)	432 (men) 895 (women)	203 (men) 364 (women)	200 (men) 424 (women)

SOURCE: Data source is from the 2005 Los Angeles County Health Survey, unless specified.

-- Data not available.

† Data source for this indicator is from the California Health Interview Survey (CHIS), 2005.

‡ Indicator is defined as "couldn't work at least a year due to physical/mental impairment." Data source for this indicator is from the California Health Interview Survey (CHIS), 2007.

§ Data based on the California Elder Economic Security Standard™ Index., Insight Center for Community Economic Development (Ref. 22).

* Indicator is defined as disease or condition "ever-diagnosed."

** Data from the OSHPD hospitalization dataset.

¶ Healthy People 2010 targets for hip fracture hospitalization are: 474 per 100,000 persons hospitalized (men) and 416 per 100,000 persons hospitalized (women).

§ The estimate is statistically unstable (relative standard error greater than or equal to 23%).

Box 2

There are:

- * 66 Generalists for every 100,000 persons in the Los Angeles area[†]
- * 127 Specialists for every 100,000 persons in the Los Angeles area[†]

SOURCE: AMA Physician Masterfile, 2000; California Department of Finance, May 2000.
[†] Los Angeles area refers to Los Angeles, Orange, and Ventura Counties.

Pharmacists

A recent published position paper by the American College of Clinical Pharmacy envisions a future pharmacist workforce that would manage drug therapy in direct patient care settings.¹⁹ This continued movement towards direct care is largely driven by an aging population requiring drug therapy to manage prevalent chronic conditions, such as heart disease, hypertension, and diabetes. The need for multi-lingual and multi-cultural pharmacists who can communicate complex drug information and address cultural beliefs and practices related to the use of commonly prescribed medications would be important for reducing adverse events, drug interactions, and errors related to concurrent use of multiple pharmaceuticals, a common scenario for many older adults with more than one chronic condition.^{9,16} While gender diversity has not been an issue in this profession (in 2005, 50.3% and 49.7% of all active pharmacists in California were men and women, respectively), the racial and ethnic distribution is less balanced (in 2005, 45.3% and 48.5% of all active pharmacists in the state were White and Asian, respectively).¹⁶

Table 2. Race/Ethnicity of the Health and Aging Services Workforce in California, 2004-2008

Race/Ethnicity	Physicians	Registered Nurses	Dentists	Pharmacists	Social Workers*	California General Population
Latino	5.2%	5.7%	7.1%	3.3%	4.0%	35.9%
White	61.7%	64.3%	56.7%	45.3%	86.0%	42.8%
African American	3.2%	4.5%	2.5%	2.4%	7.0%	6.0%
Asian/PI	26.4%	22.5%	32.4%	48.5%	1.0%	12.5%
Other	3.5%	3.0%	1.3%	2.2%	2.0%	2.5%

SOURCE: UCSF The Center for the Health Professions report of Grumbach et al. Physician Diversity: New Findings from the California Medical Board Survey, January 2008; UCSF The Center for the Health Professions analysis of Board Registered Nurses 2006 Survey data; National Association of Social Workers, 2004; California Department of Finance; other data from UCSF The Center for Health Professions, 2005-2006.

* Data based on national survey by the National Association of Social Workers.

Social Workers

According to Pasztor and colleagues,²⁰ the demand for social workers in California is twice that of the current number of active social workers in the state. In 2002, for example, there were more than 12,000 social worker positions available in the public services sector; however, more than 25,000 were apparently needed.^{7,20} Additionally, among available positions, the turnover and vacancy rates are relatively high, especially among those in the aging services and long-term care sector (i.e., vacancy rates between 20% and 30%).⁷ Unclear pathways for social services careers and workload challenges, such as increased caseload and excess administrative duties, have posed significant difficulties for attracting and retaining social workers in the state and locally. Like many other health and aging services professions, provider diversity is also a concern for this workforce. Among active social workers in California, approximately 86% are White.⁷

Health Care Interpreters

Because one in five Californians (6-7 million) are limited English-proficient speakers (i.e., speak English less than “very well”) and over 200 languages are spoken in California (over 100 languages in Los Angeles County alone), professional health care interpreters may represent an important part of the solution for meeting the needs of older adults who may have difficulty accessing health care because they do not speak English.²¹ At present, there are fewer than 500 professional health care interpreters in the state; most of whom lack formal training.²¹

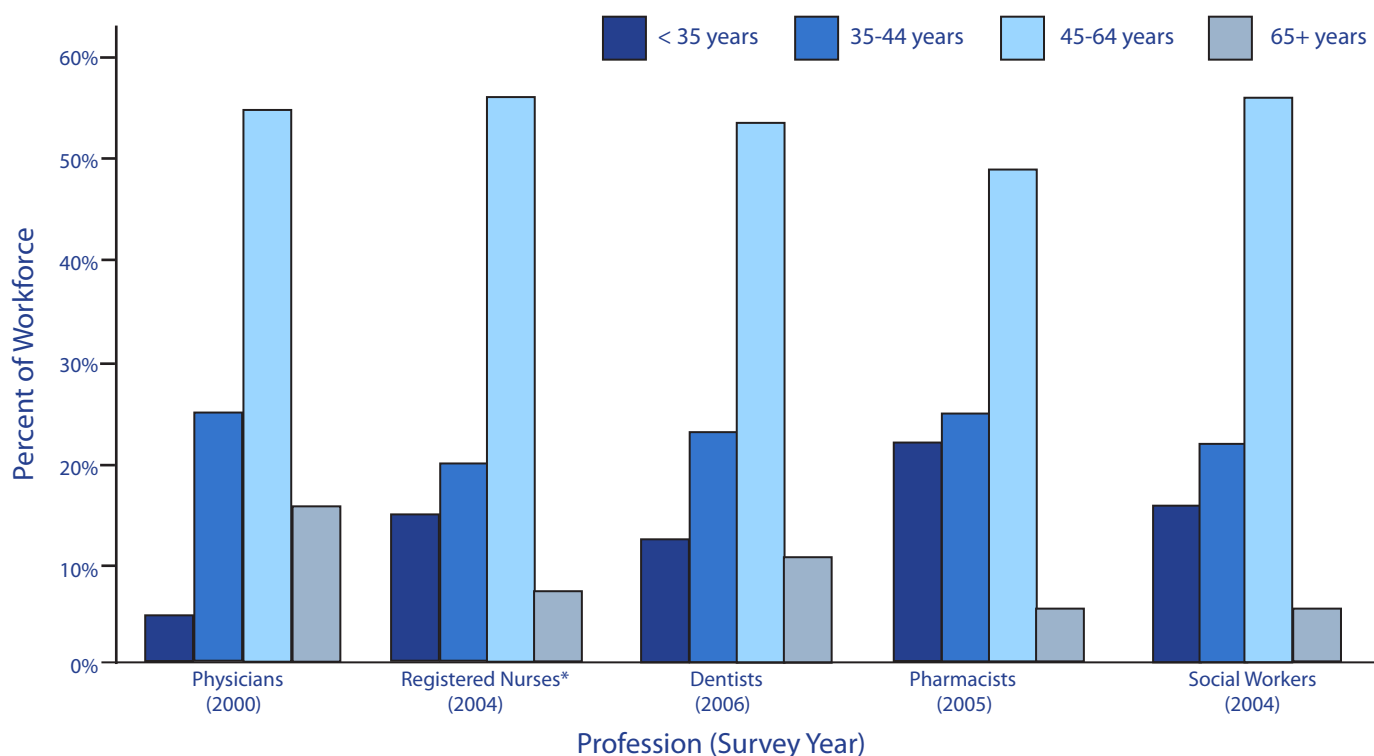
Table 3. Race/Ethnicity of Generalists and Specialists in California, 2000

Race/Ethnicity	All Physicians	Generalists	Specialists	California General Population
Latino	5.2%	5.8%	3.2%	35.9%
White	61.7%	61.0%	74.2%	42.8%
African American	3.2%	3.0%	2.8%	6.0%
Asian/PI	26.4%	25.6%	16.7%	12.5%
Other	3.5%	3.8%	2.9%	2.5%
Unknown	--	0.9%	0.2%	--

SOURCE: UCSF The Center for the Health Professions report of Grumbach et al. Physician Diversity: New Findings from the California Medical Board Survey, January 2008; American Medical Association Physician Masterfile, 2000; California Department of Finance.

-- Data not available

Figure 4. Age Distribution of Health and Aging Services Workforce in the U.S., 2000-2006



SOURCE: American Medical Association Physician Masterfile; UCSF The Center for the Health Professions analysis of Board Registered Nursing 2004 Survey data; American Dental Association; Projections from PhSRM; National Association of Social Workers

* Data represents California Registered Nurses only

CHALLENGES AND OPPORTUNITIES AHEAD

As more and more Angelenos reach the age of 65 in the next 20 years, many local communities will be challenged to assist these adults in growing old with dignity, comfort, and continued enthusiasm for doing what they enjoy. Two key challenges that local health and aging services professionals will face are: (1) preventing and managing prevalent and emerging health conditions that are particularly expensive to treat in the long-term (e.g., heart disease, late complications of diabetes, and Alzheimer's disease); and (2) addressing continued health disparities^{9,22} in the population, including barriers to health care access, the looming shortage of physicians and other aging services professionals, an aging provider workforce (Figure 4), and the need for greater provider diversity²³ in several of the health professions highlighted in this report. Leaders of these professions have begun to spearhead dialogue and actions aimed at addressing the looming shortage of

physicians and other aging services professionals. Some of these efforts and suggested interventions have included targeted recruitment of under-represented and disadvantaged students; advocacy efforts to support the creation of tuition reimbursement and/or loan forgiveness programs for students pursuing careers in gerontology, social work, or geriatrics; advocacy efforts to support the development of a career ladder for less popular careers (e.g., social work); recommendations to provide financial incentives for teaching institutions committed to increasing workforce diversity; and school outreach or programs designed to promote careers in senior health among younger adults, as early as in high school.^{7,9,16} Ensuring the success of these efforts will require garnering political will, further strategic planning, and a commitment by the various professions to work more closely together to address shared challenges.

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