California can train enough health workers

HIGHLIGHTS

Growth in patients under health reform and retirements are leading to a workforce shortage

Community college system must train enough workers quickly to meet industry's need

Career technical education should be funded on par with other courses
BY CATHY MARTIN  
*Special to The Bee*

The rising demand for skilled health care workers has earned headlines for years and is forecast to continue. The senior population is growing, health workers are retiring and more patients have access thanks to the Affordable Care Act – all increasing the shortage.

The situation is particularly true for nurses and others on the front lines of diagnosing and treating patients. These include laboratory technicians, respiratory therapists and imaging technologists. It is reason for concern, because a lack of critical workers can threaten timely access to health care.

But California has the components to eliminate the workforce gap. With an unemployment rate hovering around 6 percent, we have the labor pool. We also have a strong community college system to train it. The missing element is the ability of colleges to train many workers quickly to meet the industry’s needs.

Efforts are underway, and I want Californians to know about them, why I support them and what residents can do to help.

I serve on the California Community Colleges Board of Governors Task Force on Workforce, Job Creation and a Strong Economy. Throughout this year, we listened to public commentary, pored over extensive research and held in-depth discussions, culminating in 25 recommendations to be presented to the Board of Governors on Nov. 16. While all of the recommendations will improve the talent pipeline, two will be most helpful to California’s hospitals.

One is to provide stable funding for career technical education programs, including nursing and allied health care. In contrast to general, lecture-style education, these classes generally have lower faculty-to-student ratios and require specialized equipment and supplies, making them much more expensive.

Yet this instruction is funded at the same rate per full-time student as general education courses. Hospitals, philanthropists and other short-term sources bridge the gap. However, if funding evaporates, so do the programs. If funding returns, it’s difficult to revive the programs. The task force recommends stable funding that leverages local, state and federal workforce funds.
A second priority is to streamline the curricula approval process for technical education programs. It now takes too long, frustrating students, colleges and employers alike. Employers may become discouraged enough to look to other private training providers. The task force offers specific recommendations to improve colleges’ ability to offer up-to-date instruction that meets industry needs in a timely manner.

The task force recommendations make sense, and I am confident that implementing them will help close the skills gap and improve Californians’ access to health care.

I urge Californians to review the recommendations and urge the Board of Governors to approve them. I will be doing the same.

*Cathy Martin is vice president of workforce policy for the California Hospital Association.*
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