Mission

To create and lead a statewide, coordinated effort to develop and implement strategic solutions to the shortage of non-nursing allied health professionals

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Coalition Structure

CHA Board

Funding Resource Workgroup
- Members
- Regional Assoc.
- LWDA, OSHPD

CHA Workforce Committee
- Members, RVPs
- LWDA

Allied Healthcare Workforce Advisory Council
- Members
- Regional Associations
- UCSF Center for the Health Professions
- Education
- Other Allied Health Employers
- OSHPD/LWDA
- Community Groups
- CINHC
- Business Representatives
- Campaign for College Opportunity
- Connecting the Dots
- The California Wellness Foundation
- The California Endowment
- The California Health Care Foundation

Pharmacy Services Workgroup
- Members
- Professional Associations
- Regional Associations

Laboratory Services Workgroup (sub-set of HLWI)
- Professional Boards

Imaging Services Workgroup
- Allied Health Programs
CHA Workforce Committee Goals

• **Foster collaboration and coordination** among CHA member hospitals and health systems, other advocacy organizations, education, research, business and state government, among others

• Through the workgroups, **identify and analyze barriers**

• Make recommendations for solutions that address the barriers

• **Promote a long-term vision** for the allied health care workforce in California

• Further **develop links** with workforce partners and stakeholders

• Pursue opportunities for **public/private partnerships** for workforce training and education funding
Guiding Principles for the Committee, Council and Workgroups

- Recommendations made will **increase access to and improve the quality of health care** services for Californians.

- Recommendations should take into consideration the need to build a **diverse and culturally competent** allied healthcare workforce.

- Involving **multiple partners and stakeholders** is valuable.

- Proposed solutions are **statewide** in nature.

- Recommendations must take into account the **emergence of new technologies**.
Barriers to Increasing the Supply of Allied Healthcare Professionals

Imaging:
- Insufficient number of training programs within public educational institutions, especially in the special modalities
- Faculty shortage
- Unlike medical school, no step by step process for imaging
- Radiological techs siphoned off to other specialties

Pharmacy:
- Applicants significantly outnumber the number of slots available
- Faculty shortages

Laboratory:
- Insufficient number of accredited training programs
- Hospital training programs take too long to be certified
- Changes and competition from other disciplines
- Laboratory services an “invisible” profession
Accomplishments to Date

• Comprehensive issue statements developed regarding the barriers linked to increasing the workforce supply for each profession.

• The California Endowment (TCE) grant award focused on increasing cultural competency and diversity in allied health

• May 12th *Partnering for Success* event

• Development and release of *Allied Health: The Hidden Health Care Workforce*

• Legislative briefings for policymakers and staff, including Senate Office of Research

• Coalition serves as the public forum for the Governor’s Allied Health Initiative and is also collaborating with state labor agency around Department of Labor funding opportunity for allied health workforce development (ARRA competitive grants to states)
Recommendation #1
Preserve and Protect Funding for California’s Institutions of Higher Education

- Long-term planning requires that budget cuts be prioritized in a way that will not cripple California’s ability to educate and train allied health workers in the coming decade.

- California’s Community Colleges and State Universities prepare the most diverse populations of students in California. These students are representative of the state’s diverse patient population.

- Preserving the public educational institutions’ capacity to train professionals to go into high demand jobs, such as health care, will facilitate California’s economic recovery and ensure that we meet the long-term increased need for health care services in the state.
Recommendation #2
Preserve and Protect Funding for ROPs and RHORCs

- Regional Occupational Programs (ROPs) provide high quality learning opportunities to a diverse population of high school and adult learners for employment, skill upgrades, career changes and/or advanced education.

- Regional Health Occupation Resource Centers (RHORCs) provide a mechanism for community colleges to address the needs of the health care industry. RHORC staff develop partnerships that encourage collaboration between health care employers and education providers from all segments. They also complete needs assessments, job analyses, curricula and resource development, training, certification testing and employee referrals to health care industry employers.
Recommendation #3
Eliminate Local Barriers so that Statewide Shortages can be Addressed

• Increase opportunities for distance learning so that additional students can enroll in health professions programs statewide.

• Utilizing technology to allow expanded access to didactic portions of education not only increases access to educational programs, but also increases the likelihood that students will remain in their community.

• This is especially important in rural and underserved areas that often times struggle to find a qualified workforce reflective of the population they serve.
Recommendation #4
Ensure Clear Pathways with Adequate Support for Students to Move Toward Completion, Certification and/or Licensure

- According to the San Diego Science Alliance, Latino Health & Science Career Connections May 2007 Report, the success of health pathway and pipeline programs depends on the contribution of many players. Among the needs for ensuring successful outcomes for students is the need to develop stronger partnerships that facilitate continuity of coursework and ease student transitions to post-secondary education and beyond.

- Pipeline and pathway programs are important because these students reflect the immense diversity in California. They are the culturally competent health workforce of the future. However, all too often, these students never make their way into the health professions because the system currently lacks the support and infrastructure to ensure a clear path towards their goal.

- It is also critical to develop a framework of support for students as they move towards graduation, certification and/or licensure in order to ensure that they do not fall through one of the many cracks in the pipeline.
Next Steps for the Coalition

• Continue issue brief dissemination

• Request for Applications (RFP) to CHA members for mini-grants to support projects centered on increasing the diversity of the allied health workforce in a region

• Create a “repository” of promising practices in public-private partnerships for allied health workforce development

• Update issue brief in the fall and incorporate economic impact data as it relates to staffing/workforce

• Allied Health Professional Week, November 1-7, 2009
Conclusion

• Although current economic conditions have led many health care professionals to postpone retirement or increase work hours, ameliorating the shortage of health care workers in the short-term, the state is experiencing a long-term shortage of critical health care workers in many professions.

• Current statistics underscore the need to develop a culturally competent allied health workforce pipeline that will be able to provide quality, appropriate care to the state’s increasingly diverse patient population.

• Program accreditation is key in educating and training a skilled allied health workforce.

• Now is the time to plan and develop long-term strategies.