



Oregon Health Services Employment

Table of Contents

Introduction

Understanding the Shortage

The Current Situation in Oregon

Training Related Gaps (barriers)

- Recruitment
- Retention
- Education and Training
- Workplace Conditions
- Regulatory Issues
- Programmatic Issues

Opportunities \

- Short –term
- Longer term
- Out-of the box
- Work in Progress

Challenge

Introduction

This report is intended to be a resource for community college and workforce administrators and program staff who are working to design and deliver healthcare programs in Oregon. The summary information is presented to allow the reader to quickly grasp the complexity and inter-relationship of key issues, the current status of community college health services education and training programs and to identify training related gaps, opportunities and strategies that could be employed over the short or longer term to increase capacity. We hope that this information will be useful to community colleges and healthcare sector stakeholders as they frame an action plan to respond to the healthcare shortages and the legislative concern and budget note that charged CCWD and the colleges to “promote programs that train health care professionals, especially programs designed to expedite training and to accommodate student work schedules.”

Much of the available research data on health services workers relate specifically to the supply and demand problems impacting Registered Nurses. This paper, however, takes a broader look at the field of health services. Oregon’s shortages of health services workers are widespread; encompassing nearly all health services occupations.

Understanding The Shortage

The shortage in health services personnel should not be confused with other labor shortages that are caused by short-term fluctuations in the economy and tend to be self-correcting in a year or two. This shortage is just that: a shortage today, a severe shortage in few years, and a crisis in less than a decade. A successful approach to solving the healthcare shortages will require an understanding of the multiple factors influencing the problem and a highly collaborative effort that engages all of the stakeholders. It will also require unprecedented cooperation and a shared commitment to make decisions and form partnerships that will work for today and for the future.

Approximately two thirds of all occupations in Oregon are experiencing a shortage of skilled workers.¹ The primary reason for this is the aging of the “baby boomers”. As the boomers retire or otherwise leave the workforce there is a scarcity of replacements that has as much to do with the number of potential replacement workers as it does to the capacity for the delivery of education and training. The generation following the boomers, the Gen X’ers, constitutes the smallest entry-level labor pool in the United States since the 1930’s.²

The aging population not only serves to shrink the supply of available workers, as older workers leave the workforce, it creates additional demand for health services due to age related medical needs. Unprecedented numbers of older citizens have expanded the demand for services, creating a situation that may overwhelm an already taxed system.

¹ Oregon Employment Department (November 2001) “The Changing Face of the Health Care Industry,”” Completed by Lynn Wallis.

² Oregon Employment Department (November 2001 “The Changing Face of the Health Care Industry.” Completed by Lynn Wallis.

Although the number of health service training program completers has generally held steady for the last few years, Oregon's population has grown significantly. Population growth, however, has not been matched by proportional increases in health services training program completers. For example, between 1988 and 1996 Oregon reported a 6% growth in RN's per capita while nationally the rate of growth was 28% during the same time period. Oregon ranks significantly lower than the national per capita average in hospital employment, hospital bed availability, and nursing home employment.³

Oregon has fewer personal care and home health aides relative to population than most other states. This small labor pool combined with a turnover rate of 40% in the first year⁴ leaves many Oregonians without the type of care that might keep them out of more restrictive (and more expensive) environments. Workers report that major contributors to job satisfaction (or the lack of it) are the quality of care provided by the employer and feeling that the employee is part of a health care team. While wages are clearly a concern they do not appear to be the major reason for turnover.

Paraprofessionals in health service are among the fastest growing occupations in Oregon and nationally. Occupations such as nurse's aide, home health aides and personal care attendants are predicted to be among the top ten fastest growing occupations.⁵ In 1998, 16,000 Certified Nurses Aides were employed in Oregon with more than 50% worked in nursing home settings.⁶

The health care industry is in a growth mode and is expected to grow steadily in the future. Increased use of managed care and community based alternatives to hospital care such as hospice, assisted living centers, and day surgery clinics all contribute to an increasing demand. Oregon Employment Department projections estimate the creation of 15,300 new health services jobs in the state between 2000 and 2010.

Along with industry growth has come an increased demand for both traditional and non-traditional health services jobs. Trained nurses are now needed in new medically related fields ranging from sophisticated diagnostic equipment technicians to telephone triage, case management, utilization reviewers and pharmaceutical promotions and sales. Few of these opportunities existed for nurses or other health services workers ten years ago.

Patient care has also changed especially in the last ten years. Like many professions, health care has been the beneficiary and sometimes the victim of technology. The skill mix needed to be successful on the job today is quite different from that needed just a few years ago. Many older health services workers have not been able to keep up with technological changes in their field. Without regular updating of skills to keep pace with

Deleted:

³ Northwest Health Foundation (April 2001) "Oregon's Nursing Shortage: A Public Health Crisis in the Making."

⁴ Oregon Employment Department (November 2001) "The Changing Face of the Health Care Industry," Completed by Lynn Wallis.

⁵ Oregon Employment Department (November 2001) "The Changing Face of the Health Care Industry," Completed by Lynn Wallis.

⁶ Oregon Employment Department (November 2001) "The Changing Face of the Health Care Industry," Completed by Lynn Wallis.

technological and other changes in their fields, health care workers become less employable and are likely leave the occupation.

The proliferation of community based, non-hospital treatment settings might suggest that hospital utilization has decreased. In fact just the reverse is true. Despite the alternatives to traditional hospital care, hospital admissions have increased dramatically during the last four years. Hospitals are re-bounding from the downsizing of the early and mid 90's. Hospitals are hiring staff to respond to larger numbers of ill patients because less acutely ill patients are often seen elsewhere in the community (urgent care clinics, day surgery centers, assisted living centers, etc.). Patients being admitted to the hospital are much more seriously ill. Other factors influencing this increase in acuity are the greater numbers of older people in the population, and greater availability of technology to prolong life.

The impact on hospital based health care workers is that they are working with greater numbers of more seriously ill patients who may require a broader and more complex array of treatments while they stay in the hospital a shorter over-all period of time. Practitioners report that this factor alone is a major reason for stress on the job and contributes significantly to job dissatisfaction and attrition. For hospitals staffing needs are escalating, supply is diminishing and retention is often a problem.

The Current Situation in Oregon.

Oregon has seventeen community colleges spread across the state with the largest number along the I-5 corridor and the Oregon Coast. (See map). Each college provides students with opportunities to enroll in educational programs designed to prepare them for a wide range of health careers. Over 50% of the RN workforce in Oregon and over 60% nation wide received their training at a community college and the majority of allied health services training occurs in community college settings as well.

The capacity of community colleges in Oregon to increase the supply of skilled health services personnel is hampered by a number of chronic insufficiencies or training related gaps. These have been separated into the following general categories for the purposes of discussion and to align with other related reports.

- Recruitment and Retention
- Education and Training
- Workplace Conditions
- Regulatory Issues

The following is an “environmental scan” of health services in Oregon with a specific focus on gaps or barriers to health service education program expansion at the community college level.

7. National Council for Occupational Education (November, 2001) “Associate Degree Nursing Education: Crisis and Controversy” Prepared by Sharon Bernier, RN.

Recruitment and Retention

In Oregon, community college health services training programs have generally had adequate numbers of qualified applicants. In fact, frequently many more than programs can accommodate. Despite the large numbers of qualified applicants for programs, the applicant pool is still somewhat smaller today than in the past. It is critical to follow application and enrollment trends carefully to assure that our supply of qualified applicants does not become seriously depleted as it has in some other states.

National statistics indicate that young people are not choosing to go into nursing in the same numbers or at the same age range today as they were 10 years ago. Nationwide the average age of graduation from nursing programs increased from 23.2 years prior to 1982 to 31.7 years from 1991-96. Starting later in life creates a shortened work-life expectancy for today's workers. The percentage of Registered Nurses less than 30 years old shrunk from 30.3% in 1983 to 12.1% in 1998. The average age of Oregon nursing grads in 1999 was 28 years for baccalaureate programs and 32.1 years for associate degree nurses. Delayed program entry causes a shorter over-all work life and higher levels of turnover for those who stay in the profession until retirement.⁸ Also, attrition while in training and during the first few years in the workforce is higher than jobs requiring similar levels of education and providing similar wages

Education and Training

Health services training programs generally require significant practicum/clinical experiences and are tied closely to the school calendar. The programs comply with strict accreditation requirements and the graduates must be prepared to pass rigorous licensing exams before entering into practice. This very defined framework for program design and outcomes can be perceived to restrict the flexibility or creative approaches that the colleges, students or the industry may need or want.

Rigorous coursework and student support requirements of healthcare programs present a mix of factors that impact both students and programs. Students enrolling in many healthcare programs find it necessary to complete several terms of preparatory and pre-requisite courses prior to admission. Students attempting to move into community college healthcare programs from high school healthcare programs often must re-take coursework because high school and community college programs are not articulated. Because there is not a common core of coursework between health services training programs, it is often difficult for students to transfer between programs without re-taking some courses. It is also difficult to transfer between institutions without a major disruption in an educational plan.

Programs are challenged to provide the level of support services that students with special needs such as basic skill remediation, language skill development or learning disabilities need to be successful. Many community college students must work while

⁸ Northwest Health Foundation (April 2001) "Oregon's Nursing Shortage: A Public Health Crisis in the Making."

attending college and healthcare program courses tend to be offered at times and in places that cater more to full-time students than to those who must work or juggle family schedules. Colleges also report that staff, facilities and clinical sites are so limited, that a given course in a sequence of courses may be offered only one term per year creating scheduling problems and delays for students.

Health services faculty are also in short supply. Over 40% of the current faculty in baccalaureate degree nursing programs and almost 25% of ADN faculty are projected to retire by 2005.⁹ Community colleges report that they cannot find qualified applicants for open nursing faculty positions and that it is nearly impossible to find part-time faculty. When suitable candidates can be found, colleges are often not able to meet competitive wage requirements. Only 1% of registered nurses are employed in schools of nursing and the small number of nurses graduating with advanced degrees limits the supply of nurses available to teach. Questions have been raised as to whether faculty must have graduate level degrees to teach all the courses in the nursing curriculum. It is a question that must be explored and answered by accrediting agencies, by faculty and by the institutions working to expand the capacity of healthcare programs.

Laboratory facilities, medical equipment and supplies (including the latest technological advances) represent sizable investments for community colleges. College administrators are challenged to find ways to fund programs that cannot “pay for themselves.” College funding is based primarily on the number of students in programs, rather than on the cost of the programs offered making it very difficult for community college to expand their most expensive programs during a time of declining revenues.

Some of the challenges programs must meet require the active participation of healthcare industry partners. Clinical training sites (slots) in the community represent an essential part of health services training programs. They are required elements of comprehensive training programs and are getting harder and harder to find. The availability of clinical sites has a direct relationship to the number of students that a training program can graduate. A number of hospitals have entered into collaborative relationships with community college training programs and are contributing significantly by providing clinical sites, picking up the cost of faculty positions or providing student scholarships or tuition reimbursements.

The challenge for community colleges is to design programs that have increased capacity, are more flexible and are designed to meet the needs of all students. The challenge for the state, local communities and the healthcare industry is to find ways to help support both the training programs and the students in those programs.

Workplace Conditions

⁹ Northwest Health Foundation (April 2001) “Oregon’s Nursing Shortage: A Public Health Crisis in the Making.”

In a recent national survey 20% of nurses surveyed planned to leave the field within the next five years due to perceived unsatisfactory working conditions.¹⁰ The nurse's chief complaints were staffing levels, inflexible work schedules, and salary. Although this particular study concerned nurses, the same issues are prevalent in most health services occupations.

The ratio of workers to patients may be unchanged but many complex workplace issues contribute to or compound the shortages of healthcare workers. The solution to the shortages will require more than just increasing the capacity of healthcare training programs—employers must also work to improve job satisfaction and retention.

Regulatory Issues

Health services training and employment are awash with regulations, licensure, accreditations and certifications. Since we place our lives in the hands of those we trust to provide our health care, it is understandable that health care work is highly regulated and requires more intensive certification than jobs in other industries with comparable wages. Nevertheless, it is important to examine the role regulation plays and what might change to help address the issues that have created shortages.

In the community college nursing education programs, accreditation and/or licensure requirements dictate the faculty to student ratio, the credentials that faculty must possess, and elements of the curriculum. While assuring certain qualitative aspects of training programs, these same requirements tend to limit creative problem solving and promote the status quo. Additionally, the lack of reciprocity between states inhibits the in-migration of skilled professionals that could help ease staffing shortages in Oregon.

Community College Programs and Special Projects

The health services industry is the largest in the country and contributes to about 11.3 million jobs. Growth projections in this sector are expected to expand to 12.7 million jobs by the year 2008. In Oregon, health services employment represents 7.3 of the state's total workforce, or 113, 300 jobs.¹¹ This growth is expected to continue especially as demographic trends change and the field continues to experience changes in demand and labor market constraints, which are likely to affect how health services are provided, and by whom.

Due to the circumstances described in previous sections, it is apparent that Oregon is facing a serious challenge related to the supply and demand of qualified health care professional. In fact, by looking at only a few of the occupations in the health services field, it becomes evident that there will be a great need for training and preparation programs to address these shortages. According to the Oregon Labor Market

¹⁰ Bruehaus, P.I., Staiger, D.O. and Auerbach, D.I. "Policy Responses to an Aging Registered Nurse Workforce." *Nursing Economic*, 18(3) November-December, 2000

¹¹ "Oregon Labor Trends", December 2001, Oregon Employment Department. Based on 1998 figures.

occupational projections in health care for 2000-2010, Licensed Practical Nurse jobs are expected to grow by 9.1%, Registered Nurses by 11.5%, and EMTs by 27.4%. Home Health Aides workers jobs are expected to grow by 50.9% by 2010, and Medical Assistants are projected to grow by 30.4% over the same period. While the educational supply may be adequate for some of the occupations at the present time, one cannot be certain that the supply will remain constant given the attrition rate in the health services field and currently witnessed exit rates from the industry.

The supply of qualified health care workers depends greatly on the ability of Oregon's community colleges to meet this growing demand. Over the past several years, many community college programs have been approved by the State Board of Education to offer training leading to certificates and degrees in a variety of medical fields including EMT, RN, LPN and many more (see table 1). For example, 14 out of 17 Oregon community colleges offer EMT training, 13 colleges offer LPN training, 15 colleges offer an Associate degree in Nursing, and 12 colleges offer training as a Nursing Assistant. The challenge for the colleges and their partners will be to develop the programs that do not currently exist and to find ways to expand the capacity, flexibility and access to existing programs.

As Oregon community colleges expand their program offerings to meet the needs of the health care industry, innovative and creative approaches have been adopted to address these shortages. Oregon community colleges, in partnership with workforce agencies and other entities, have responded to the need to develop health service training in a variety of ways. Nearly every community college in the state has projects or programs either underway or in the planning stages at the present time. The following examples illustrate a few of the innovative and creative approaches community colleges are using to remedy this situation. More detailed descriptions of individual community college efforts can be found in the environmental scan document in the appendix.

Research

Community colleges have joined state government and the private sector in a wide range of research to better understand the issues and opportunities that impact health care training. Current projects include a Sectoral analysis of the Healthcare related Workforce, feasibility studies related to program expansion, and planning efforts for collaborative conferences.

Distance Education

Access to health services course offerings through a variety of distance education modalities is improving dramatically in Oregon. Oregon Colleges Online is a group of 19 regional community colleges that work collaboratively to present telecourses online and through modem delivery. Other courses are offered live, interactive-to-satellite campus classrooms and through interactive CD, mail videotape, cable, and through a variety of mixed modes. Portland Community Colleges Distance Learning Portal offers three modes of distance education including on line classes, telecourses, and ITV

(campus TV). Post secondary institutions in Oregon identified a total of 75 course offerings from Oregon's distance education network, <http://www.oregonone.org/>.

Partnerships with Industry

The Oregon Workforce Investment Board, national associations and local employers are actively joining forces with community colleges around the state to help meet the ever-growing need for health care workers. Partners include a wide range of local medical treatment and care providers, Oregon Health Sciences University, the American Heart Association, the American Red Cross, drug rehabilitation and counseling providers, local city and rural fire districts, fire departments, and rescue units, a wide range of state and federal governmental agencies, mental health practitioners, and pharmacy organizations. The purpose of these collaborations is to increase targeted elements of the health care workforce through cooperation and resource sharing.

Targeted Training/Specialty Training

Many of the partnerships described above are in the process of creating more effective and accessible training opportunities for a number of high demand health services occupations that do not require long-term training. These include, CAN training, Medication Aide Training, Restorative Aide Training, CPR/First Aide Training for child care providers, Medical Transcription Training for Rural Areas, Medical Unit Secretary Training, Medical Coding Training, Phlebotomy Training, and Pre-Employment Training for Health Care Professions.

More comprehensive and longer term capacity building projects are also underway including several innovative collaborations designed to increase the number of EMT's in both urban and rural areas, X-Ray Technician Training, Renal Dialysis Technician Training, Surgical Technician Training, Health Services Supervisory and Leadership Training, Nursing Assistant Training, Nurse Training, Nurse Re-Entry Programs, Expanding Nursing Faculty Projects, Health Care Interpreter Training, and Hispanic/Latino Healthcare Outreach.

Table 1: Community College Health Care Related Programs

Healthcare Programs - Community Colleges	Blue Mountain CC	Central Oregon CC	Chemeketa CC	Clackamas CC	Clatsop CC	Columbia CC	Klamath CC	Lane CC	Linn-Benton CC	Mt Hood CC	Oregon Coast CC	Portland CC	Rogue CC	Southwestern Oregon CC	Tillamook Bay CC	Treasure Valley CC	Umpqua CC
Biotechnology Lab Technician												X					
Dental Assisting	X	X	X					X	X			X					
Dental Hygiene								X		X		X					
Dental Lab Technology												X					
Dietetics	X	X															
Emergency Dispatcher				X								X					
Emergency Management				X													
Emergency Medical Technology (EMT)	X	X	X	X	X		X	X	X	X	X		X	X		X	X
Fitness Technology								X				X					
Gerontology			X	X						X		X		X			
Home Health							X										
Massage Therapy		X						X					X				
Medical Assisting		X		X	X			X	X	X		X		X			X
Medical Laboratory Technology												X					
Medical Office Asst. Secretary	X		X	X	X				X	X	X			X		X	X
Medical Records Technology		X						X			X	X					
Medical Transcription		X	X						X	X				X		X	
Mental Health										X							
Practical Nurse (LPN)	X	X	X	X	X	X		X	X				X	X	X	X	X
Nursing-(Associate Degree)	X	X	X	X	X	X		X	X	X		X	X	X	X	X	X
Nursing-(Nursing Assistant)	X	X			X	X	X		X	X		X	X	X		X	X
Occupational Therapy Assisting										X							
Paramedic		X	X					X				X					X
Pharmacy Technology									X					X			

Healthcare Programs - Community Colleges	Blue Mountain CC	Central Oregon CC	Chemeketa CC	Clackamas CC	Clatsop CC	Columbia CC	Klamath CC	Lane CC	Linn-Benton CC	Mt Hood CC	Oregon Coast CC	Portland CC	Rogue CC	Southwestern Oregon CC	Tillamook Bay CC	Treasure Valley CC	Umpqua CC
Physical Therapy Assisting								X	X								
Radiologic Technology												X					
Respiratory Care Therapy							X		X				X				
Surgical Technology									X					X			
Rural Health Aide														X			
Sonography												X					
Substance Abuse/Chemical Dependency Counseling		X	X		X		X		X		X	X	X			X	
Health Services Management			X														
Re-entry Nursing												X					
Medical Interpretation												X					
Adult Foster Care												X					
Medication Aide			X					X					X		X		

Opportunities for Development (What Community Colleges Can Do)

The foregoing presents an “environmental scan” of health services in Oregon with a specific focus on gaps or barriers to health service education program expansion at the community college level. Solutions to the health care crisis in Oregon will come through collaboration and cooperation. The proactive role that community colleges play individually, collectively and in partnership with industry, both now and into the future, will help assure that Oregon has an adequate supply of skilled health care workers.

In an effort to present a frame for college and statewide discussions and planning, a group of experienced community college administrators and healthcare educators were asked to brainstorm ideas that could stimulate thinking and get the ball rolling for the development of an *Oregon Community Colleges Action Plan for Healthcare*.

From these conversations we’ve compiled some ideas that have been categorized as “short-term/low hanging fruit”, “long or longer term ideas,” and some truly “out-of-the-box ideas”

Short-Term (The Low Hanging Fruit)

- Create Area Wide Allied Health Advisory Councils
- Launch Coordinated Appeals to Industry to Enter into Productive Partnerships
- Bring All Key Players to a Health Care Initiative Summit
- Pilot Non-Traditional Scheduling of Courses, and Programs
- Create More Opportunity for ADN Grads to get B.S. Degrees in Nursing
- Develop Clear Pathways into Healthcare Provider Programs
- Build Real Partnerships: College to College, College to Industry
- Exploit Industry Relationships
- Community College Block Grants
- Affirm and Protect ADN Programs
- Create and Publish Clear Career Pathways

Long/Longer Term

- Create Re-Entry Programs for Previously Employed Workers
- Influence State Board to Change Requirements for Nursing Faculty
- Expand, Improve and Promote Access to Distance Education
- Adopt a Philosophy and Mindset that Encourages Sharing Strategic Resources between Educational Institutions
- Secure State and Federal Funding for the following:
 - Loans to students
 - Career ladder development and coordination
 - Scholarships
 - Retention
 - Maintenance Income for Students in training for health services careers

- Develop a Statewide Strategic Plan Based on Need
- Develop Processes for Healthcare Professionals Licensed in Other Countries to Articulate with Community College Programs
- Secure Private Funding for Program Expansion Initiatives
- Use Results from Pilot Studies to Inform other CC's to Help Increase Access and Retention
- Align Curriculum Statewide
- Tap Pool of Foreign Workers

Out of the Box

- Design a Program That Would Allow the CC to Offer a B.S. in Nursing
- Get Health Care Providers into PERS
- Health Care Faculty Get Lifetime Health Insurance as a Benefit of Employment
- Grant OHSU Faculty Adjunct Status at Community Colleges and
- Grant CC Faculty Adjunct Faculty Status at OHSU
- Explore Partnerships with Private Institutions (Phoenix Community College)
- Bring Faculty from Other Countries to Teach in Oregon
- Create Regional Sites for Healthcare Provider Education
- Create a Public/Political Awareness Strategy Based on Numbers of People Who Died as a Result lack of trained personnel
- Create a system where all RN degrees were granted by the CC's and All Advanced Degrees Granted by the Four-Year Institutions
- Let RN's Create Their Own Job Descriptions
- True Statewide Collaboration
- Expand Clinical Sites to Other Countries
- Triple the Wages for Health Care Workers and Health Care Education Faculty

Other Work In Progress

Much work is currently underway in Oregon to help create a coherent strategy to increase the number of health care workers in targeted occupations in Oregon. The situational analysis and recommendations that have been identified through the collective efforts of a number of groups and taskforces provide a series of reports that will be invaluable for decision makers across Oregon.

The Oregon Workforce Investment Board (OWIB) is spearheading one initiative with help from a number of state agencies. "The goal is to identify the demands of the industry that are not being met and to develop strategies to assure an adequate supply of skilled workers and job seekers".¹² Their work to date has been thoughtful, comprehensive and has been inclusive of virtually all of the key stakeholders. The report of the work of these

¹² Oregon Health and Science University, Area Health Education Centers Program Oregon Health Workforce Project (2000) "Registered Nurse Profile, 2000."

taskforces and the recommendations they have developed will be presented in late May at a major Healthcare Summit.

The Oregon Employment Department (OED) is facilitating the work of a legislatively mandated taskforce to consider the healthcare crisis and recommend action to the legislature. OED staff has prepared extensive reports and labor market projections for the taskforce. Through these reports and the Oregon Labor Market Information System (OLMIS) they have provided a wealth of occupational and statistical information along with expert analysis and leadership to the other groups studying these issues. They continue to play a major role in providing data essential to understanding the complexity of health care employment issues.

The Oregon Nursing Leadership Council (ONLC), a new organization with representation from: Northwest Organization of Nurse Executives, Oregon Council of Deans, Oregon Nurses Association, Oregon Council of Associate Degree Programs, and the Oregon State Board of Nursing, has prepared a strategic plan for nursing in Oregon consisting of five goals:

- Double enrollment in Oregon nursing programs by 2004
- Develop, implement and evaluate staffing models that make the best use of the available nursing workforce
- Redesign nursing education to meet more directly the changing health care needs of Oregonians
- Recruit and retain nurses in the profession
- Create the Oregon Center for Nursing

These goals speak to the core issues of recruitment and retention, education and training, workplace issues, regulatory issues and other key concerns through a series of strategies designed to achieve the goals of the organization.

Conclusion and Challenges to Consider

There is a high level of agreement that concerns about the health care workforce will only grow as the pool of workers shrinks and demand for services increases. It is not just the supply of workers that is problematic but also other factors such as working conditions, wages, benefits, quality of patient care, and funding for both students and colleges are all very important parts of the equation for success. Community colleges have an important role to play in the resolution of the healthcare crisis and through working together will find ways to answer these difficult questions.

How can training resources be maximized and leveraged?

Are there ways to share staff, align curriculum, share facilities, and develop clinical sites with greater efficiency?

How can high school students complete the prerequisite courses necessary for program admission while they are still in high school?

Can a statewide curriculum be developed at the community college level that facilitates movement between community college programs and easily transfers to four -year institutions for those desiring additional education?

Can re-entry programs for those who have been away from the field be developed to provide convenient access and schedules for returning workers?

How can community college programs and staff influence industry partners to address and resolve the thorny workplace issues that impact job satisfaction and retention?

A visionary blueprint for the future is needed, one that can guide policy makers, funding entities, grant writers, legislators, employers, regulators and educators ...will community colleges lead the way to the drawing board?