

**WASHINGTON STATE
WORKFORCE TRAINING AND EDUCATION COORDINATING BOARD
MEETING NO. 145
JANUARY 28, 2010**

HEALTH CARE PERSONNEL SHORTAGE TASK FORCE UPDATE

Background

State statute charges the Workforce Board to convene health care workforce stakeholders, the Health Care Personnel Shortage Task Force (Task Force), to create a state plan for addressing shortages of health care personnel and monitor progress on the plan.

In the current economic climate where few jobs are in demand, health care is bucking the trend. Many health care occupations are still in high demand and will continue to be in demand throughout the 2012-2017 period.

The updated plan of the Task Force addresses educational capacity challenges, recruitment and local priorities. The plan contains 32 strategies and outcome measures to track our progress. Our goals are:

1. Increase educational capacity in health care training programs to enable more people to gain qualifications to work in health care occupations.
2. Recruit more individuals, especially targeted populations, into health care occupations, and promote adequate preparation prior to entry.
3. Develop a data collection and analysis system to assess health care workforce supply and demand.
4. Retain current health care workers.
5. Enable local communities and organizations across the state to implement strategies to alleviate the health care personnel shortage in their areas.
6. Ensure continued collaboration among state and local health care workforce partners.

This tab contains Task Force:

- 2010 priorities.
- Progress in 2009.
- Occupational shortage information.
- Supply information for some occupations.

Board Action Required: None, for discussion purposes.

A Renewed Focus on Health Care Workforce is Essential

Washington has made good progress in expanding the number of students prepared to enter high demand health care occupations, as evidenced by the numbers of completers we tracked between 2003 and 2008. For example the number of people prepared to work as registered nurses has increased more than 50 percent in five years from 1,818 in 2003 to 2,753 in 2008.

While the state is presently on the right course in expanding health care programs, a long-term solution to health care workforce issues requires a broader study of new health care delivery models and the workforce implications of health care reform.

At their December 2009 meeting, the Health Care Personnel Shortage Task Force (Task Force) decided on the following priorities for 2010. These priorities are still being reviewed by Task Force members for final approval.

Legislative Priorities for 2010

1. Reprioritize Health Care Workforce Issues. In the current economic downturn, health care jobs are still among the most secure for the near and long term. Our policymakers should renew focus on health care education and training and other health care workforce issues.

Our state is still facing an acute structural workforce crisis in the health care industry that needs long-term attention from policymakers. While health care vacancies declined in 2009 the health care industry still tops all industries in the numbers of vacancies reported (over 7,500 vacancies), and vacancies for registered nurses are the highest of any occupation (over 2,600 vacancies). While there are reports of a tighter job market for some nursing graduates, we know this is likely due to many workers delaying retirement in response to the current economic downturn. We also know these workers will eventually retire and many will be among the aging population seeking health care. We ask the Governor and Legislature to reprioritize health care workforce issues to better meet worker and industry needs.

2. At Least Maintain Effective Policies and Programs. In the current budget crisis more people than ever are seeking to update their skills and improve their employment prospects by going back to school. We ask the Governor and the Legislature to, if not enhance, then at least maintain the programs and strategies that are proving effective.

The Legislature and the Governor have created policies and programs in recent years that reduced health care personnel shortage needs, improved diversity of the health care workforce, boosted employment and earnings outcomes for diverse populations, and provided education and family-wage job prospects for low-skilled and/or working adults.

These policies and programs include:

- Funding to expand high employer demand programs.
- Opportunity Grants that provide financial aid to low-income students studying high-demand programs.
- Expanding the State Need Grant to part-time students, allowing low-wage working adults to become eligible.
- Hospital Employee Education and Training (HEET), a pilot program that enables entry-level hospital workers to gain training onsite and/or online and move into high demand positions.

Many of these programs have the added benefit of leveraging private resources to expand our educational capacity, all while supporting our economy and workers.

3. Expand Health Care Education Capacity on Demand. In 2009, enrollment in the Worker Retraining program increased by 77 percent and community and technical colleges and private career schools have not been able to meet student demand. Colleges and universities are over-enrolling students in an attempt to meet student needs but this kind of activity can only go so far before reductions in education quality become apparent. In health care programs over-enrollments are often not allowed because of laws and codes that protect quality. Task Force Members and a variety of health care workforce stakeholders have been seeking private, foundational and American Recovery and Reinvestment Act funding to help expand capacity in health care education programs. However, in the long term the Health Care Personnel Shortage Task Force requests the Governor and Legislature create a long-term, funding source for high employer demand programs to expand—and contract—to match future supply and demand projections.

Improved data collection and analysis would also allow educational institutions to work with employer stakeholders and state entities to create enrollment and completion targets, that could be included as part of Performance Agreement with the state.

4. Expand Health Workforce Diversity. A health workforce that is as diverse as the population it serves has the added benefit of improving health outcomes for diverse populations. With the current and looming shortage of health care personnel it is imperative that we draw from every available labor pool. Racial and ethnic minorities are underrepresented in the health care workforce and represent a labor pool that could be expanded as our population becomes more diverse.

We need to ensure that racially and ethnically diverse children and adults have access and success in education and improved employment potential. Health care exploration, preparation for postsecondary work and access for working adults to postsecondary education are critical and provide strong employment and earnings prospects. The Governor's Interagency Council on Health Disparities has heard recommendations on from their Health Workforce Diversity Advisory Committee. Task Force members support these recommendations that dovetail with the Health Care Personnel Shortage Task Force strategic plan. Please see the Health Workforce Diversity policy paper and recommendations at: <http://healthequity.wa.gov/Meetings/2009/12-10/docs/Tab07a-WorkforceDiversityPaper.pdf>

5. Create Targeted Solutions and Accountability Through Data Collection and Analysis.

The Health Care Task Force has a strategic plan for the state, but better local planning and targeted solutions requires data that can only be obtained through the continuance of a health care workforce survey. In 2009, due to budget cuts the Department of Health discontinued the survey authorized by state legislation in 2006. Task Force members agree that a mandatory survey with licensing renewals should be part of online licensing renewal at the time that online licensing is implemented. This strategy is likely to be more effective in terms of response rate and more efficient in terms of administration.

6. Strengthen and Expand Credit for Prior Learning, Articulation, and Transfer. Many veterans and immigrants have health care credentials through the military or their countries of origin. Too often we do not accept their prior learning and our institutions do not award credit, or even allow articulation into health care programs. Often individuals are asked to duplicate their learning and take pre-requisites. There should be concerted efforts among education and health care stakeholders to award more credit for prior learning, create bridge programs and create seamless transitions through articulation and transfer to increase efficiency for these individuals to gain qualifications to work in Washington's health care workforce. One program of note that is helping immigrants with health care qualifications from their home countries to transition to health care occupations in Washington is the Welcome Back Center located at Highline Community College.

7. Review Health Care Delivery in Relationship to Workforce Issues. The Task Force provides expertise to the Governor and Legislature on health care education and training needs and issues, and develops and monitors progress on our state's strategic plan to address health care personnel shortages. However, with regard to making recommendations on health care delivery transformation the Task Force is limited in its membership and scope. We suggest creating a policy leadership group to consider transformation in health care delivery such as interdisciplinary training, super clinics, medical homes, community care and other topics and include health care workforce shortage issues as a primary related concern that is part of new delivery models. This group should include membership from the Task Force.

Progress in 2009

Part 1: Advancement of the Task Force Strategic Plan

Training for Entry-Level Workers

In 2009, the Legislature expanded the Hospital Employee Education and Training (HEET) Pilot, providing \$2,250,000 (General Fund–State) for 2010 and \$2,250,000 of GFS for 2011 to the State Board for Community and Technical Colleges. The funding was to help develop partnerships among labor, management, and college officials to develop, expand and evaluate training programs for incumbent hospital workers that lead to careers in nursing and other high-demand health care occupations.

In 2008, five proposals received funding:

- Lake Washington Technical College, Stevens Hospital and Valley General Hospital, and SEIU Healthcare 1199NW, partnering with Edmonds Community College.
- Renton Technical College, Valley Medical Center, Highline Medical Center and Swedish Medical Center, and SEIU Healthcare 1199NW, partnering with Seattle Central and Highline Community Colleges.
- North Seattle Community College, Northwest Hospital and SEIU Healthcare 1199NW.
- Lower Columbia Community College, as part of the Rural Outreach Nursing Education Program (RONE), Morton General Hospital and Lumber and Sawmill Workers Union, Local 2767.
- Spokane Community College, Providence Sacred Heart Medical Center and Providence Holy Family Hospital, United Food and Commercial Workers (UFCW) Local 21.

An evaluation by the Labor Education Research Center in conjunction with Florida University concluded that Washington’s HEET program “offers a sustainable model for effective workforce development” and that the program is successfully implementing innovative solutions and providing training to workers who would have few other options to advance on the career ladder. The report recommended that funding should continue and that more employers and educational institutions should be included to attain economies of scale.

Expansion of Health Care Programs

The 2009 Legislature placed a priority for High Employer Demand Programs of study in a budget proviso. The proviso directed the State Board for Community and Technical Colleges and the trustees of the individual community and technical colleges and the public baccalaureate institutions to “at least maintain, and endeavor to increase, enrollment opportunities and degree and certificate production in high employer-demand fields of study at their academic year 2008-2009 levels; set targets for specific number of graduates in high demand.”

Data collected by the Workforce Board from the Integrated Postsecondary Education Data system (IPEDS) of the National Center for Education Statistics and the State Board for Community and Technical Colleges shows there has been steady expansion in most of the high demand programs, though it is worth noting that some programs have not expanded.

Another source of funding to expand high demand programs resulted from 2009 legislation, E2SSB 5809–Unemployed Worker Training. The bill provided an incentive to Workforce Development Councils to use federal funds to expand high demand programs at community and technical colleges.

Enrollment in Select Health Care Programs at Community and Technical Colleges

	2004-05	2005-06	2006-07	2007-08	2008-09	Percent + / -
Dental Assistant	868	858	837	813	923	6.3%
Dental Hygienist	354	373	429	479	558	57.6%
Dental Laboratory Technician	53	49	43	44	43	-18.9%
Medical/Clinical Assistant	2,206	2,161	2,099	2,187	2,568	16.4%
Medical Laboratory Technician	178	175	183	205	217	21.9%
Occupational Therapy Assistant	59	60	57	80	93	57.6%
Pharmacy Technician	666	638	619	603	683	2.6%
Physical Therapy Assistant	184	221	277	371	382	107.6%
Respiratory Care Therapy	204	191	202	190	189	-7.4%
Surgical Technology	323	323	315	359	430	33.1%
Cardiac Invasive Technician	45	57	61	58	43	-4.4%
Diagnostic Medical Sonography	110	100	119	127	193	75.5%
Medical Radiologic Technician	389	370	382	438	471	21.1%
Radiologic Technology	140	195	290	359	446	218.6%
Radiation & Imaging				44	63	43%
Radiation Therapy Technician	36	30	35	27	37	2.8%
Registered Nursing	4,452	5,048	5,538	5,932	5,682	27.6%
Licensed Practical Nursing	2,983	2,836	2,604	2,470	2,650	-11.2%
Nursing Assistant	1,238	1,152	1,130	1,287	1,618	30.7%

Source: State Board for Community and Technical Colleges, December 1, 2009.

Other Legislative Activities that Advance the Goals of the Health Care Task Force:

2009 Legislation, HB1740 broadened the types of dental residency programs for which a limited license to practice dentistry may be issued.

Another bill, SHB 1808, directed the State Board for Community and Technical Colleges to create an interdisciplinary work group to review the training and curriculum of both a paramedic training program and an associate degree in nursing program to establish a set of recognized course equivalencies or skill competencies between the programs.

Part 2: Delays in Implementation

Department of Health Puts Health Workforce Survey on Hold

In December 2008 the Department of Health informed the Workforce Board and others of their decision to suspend the health workforce survey in light of the budget shortfalls. These shortfalls are likely to continue for the next biennium and beyond.

- Background: 2005 legislation SB 6193, sponsored by Senator Rosa Franklin, directed the Department of Health, in consultation with the Workforce Board, to conduct the Health Care Workforce Survey. Funds were provided in the 2005-2007 biennial budget and expanded in the 2006 supplemental budget. Surveys for nurses and several other professions have been completed with some analysis by entities who chose to undertake it, such as the Washington Center for Nursing.
- A 2009 budget proviso directed the Department of Health to continue the survey within existing funds but this proviso was vetoed by the Governor.
- Task Force members recommend that the Workforce Board and the Department of Health include a workforce survey with all initial licensures and renewals and include this in the discussion of developing licensing renewals online.

Delay for Long-Term Care Peer Mentors

2009 legislation, HB 2359, delayed the implementation for peer mentoring for long-term care workers. The requirement to offer on-the-job training or peer mentoring to long-term care workers begins July 1, 2011, instead of January 1, 2010.

Task Force Outcome Measures

One outcome measure that the Task Force tracks is the gap between supply and demand for health care occupations. The most recent analysis reveals that severe gaps will continue into the 2012-2017 period.

High Employer Demand Occupational Clusters: Gap Between Supply and Demand

Major Occupational Groups	Supply 2008*	Annual Openings 2012-2017	Gap Between Supply & Demand 2012-2017
Health Care (19 occupations)	4,360	6,990	38%

Source: Workforce Board Gap Analysis November, 2009.

* Supply = Those completing educational programs in 2008.

Health Care Openings Will Continue to Grow

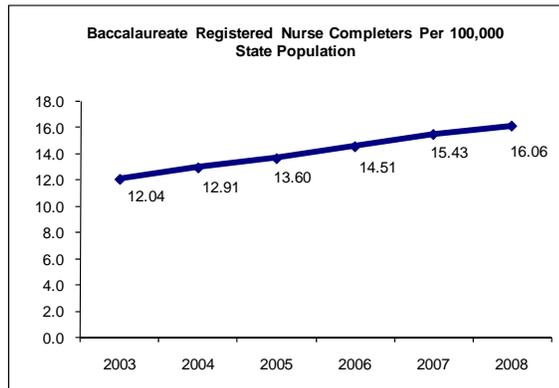
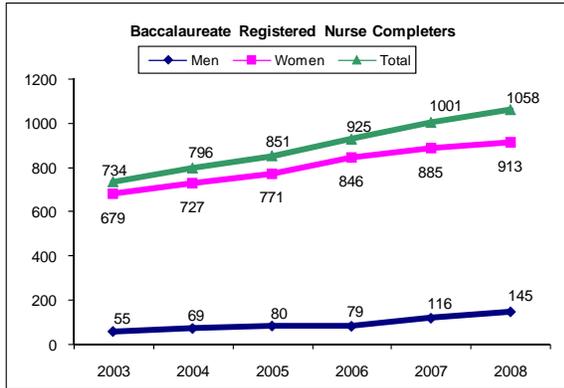
Health Occupation (19 select occupations)	Supply* 2008	Annual Openings 2012-2017	Gap Between Supply & Demand 2012-2017
Registered Nurses	3,092	4,150	25%
Physicians (including all specialties)	169	510	67%
Physical Therapists	94	370	75%
Mental Health Counselors	33	200	83%
Occupational Therapists	76	200	62%
Speech-Language Pathologists	84	200	59%
Pharmacists	208	320	35%
Medical & Clinical Lab Technicians	35	150	76%
Medical & Clinical Lab Technologists	35	140	76%
Veterinarians	19	80	77%
Dentists	78	130	39%
Dieticians and Nutritionists	27	60	51%
Diagnostic Medical Sonographers	59	80	25%
Dental Hygienists	212	230	7%
Occupational Therapist Assistants plus Aides	17	30	43%
Surgical Technologists	98	110	11%
Dietetic Technicians	7	20	59%
Nuclear Medicine Technologists	6	20	61%
Chiropractors	11	20	34%
Total	4,360	6,993	38%

Source: Workforce Board Gap Analysis November, 2009.

* Supply = Those completing educational programs in 2008.

As part of the gap analysis the Workforce Board reviews IPEDS supply data for 36 health care education and training programs. We have selected a few programs to provide an idea of the type of analysis contained within this report.

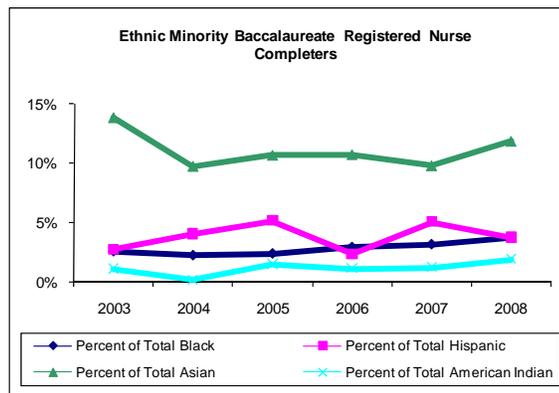
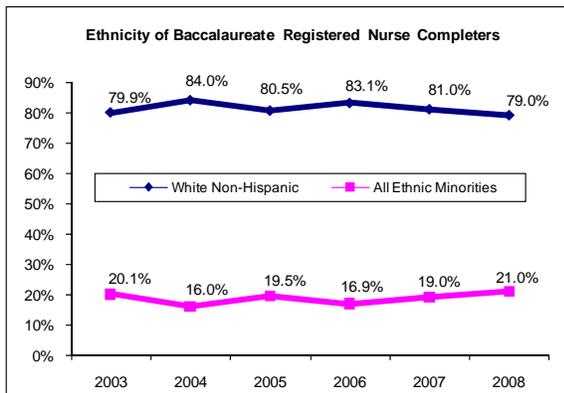
Baccalaureate Registered Nurse (CIP 51.1601)



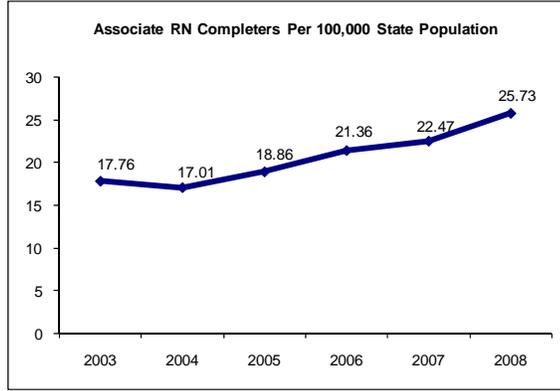
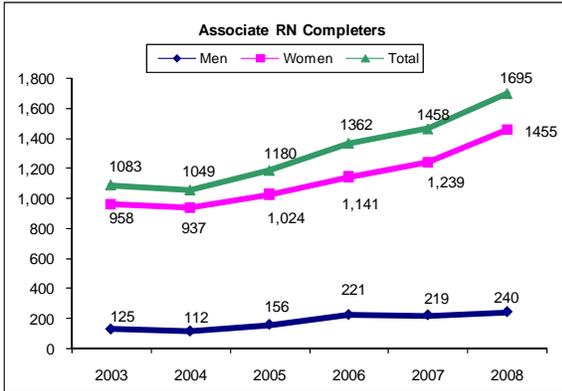
- Twelve universities and colleges offered Baccalaureate level Registered Nurse programs.

Type of Program	Number of Program Completions					
	2003	2004	2005	2006	2007	2008
Baccalaureate	734	796	851	925	1001	1058

- Total annual program completions for baccalaureate level RNs increased by 44.1 percent between 2003 and 2008.
- Completions per 100,000 population increased by 33.4 percent from 2003 to 2008.
- In 2008, 86.3 percent of program completers were female compared to 92.5 percent in 2003. The number of men completing baccalaureate level RN programs increased by 83 percent during this time frame.



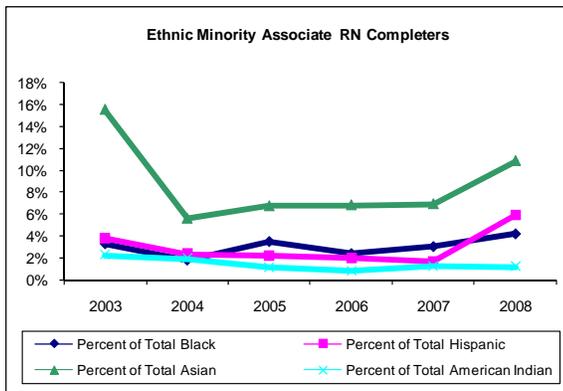
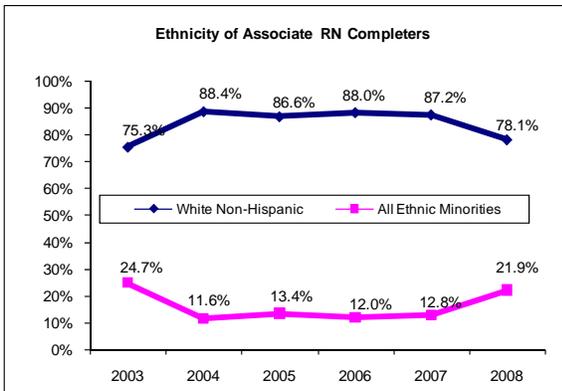
Associate Registered Nurse (CIP 51.1601)



- Thirty-one community and technical colleges and universities offered Associate Level Registered Nurse programs in 2008.

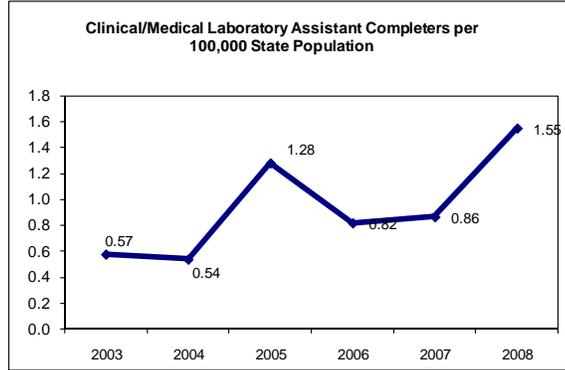
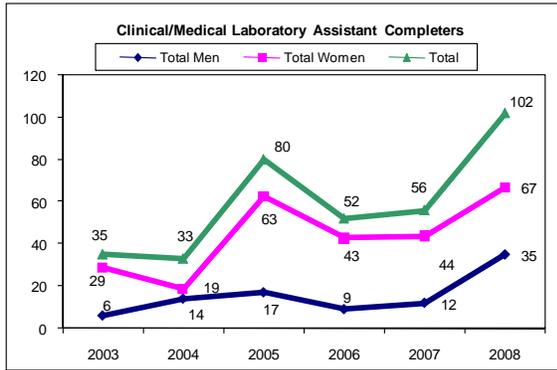
Type of Program	Number of Program Completions*					
	2003	2004	2005	2006	2007	2008
Associate	1,084	1,054	1,183	1,368	1,461	1,695

- Total annual program completions for associate level RNs increased by 56.5 percent between 2003 and 2008.
- Completions per 100,000 population increased by 44.9 percent from 2003 to 2008.
- In 2008, 85.8 percent of program completers were female compared to 88.5 percent in 2003. There was a 23 percent increase of males completing an associate level nursing program.



- IPEDS completion data was supplemented with data from SBCTC for all 6 years.

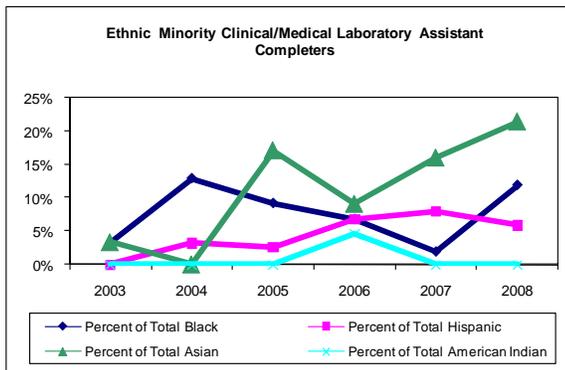
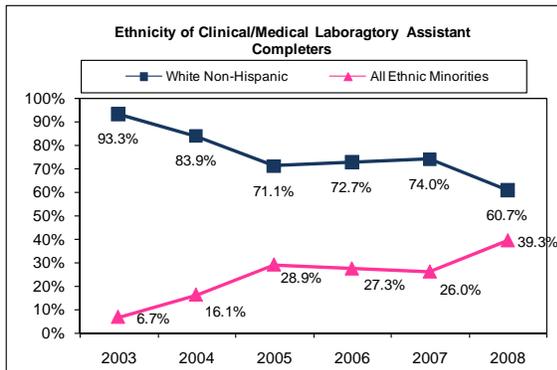
Medical/Clinical Laboratory Assistant (CIP 51.0802)



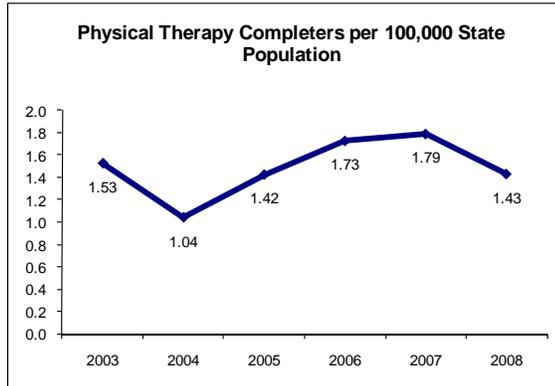
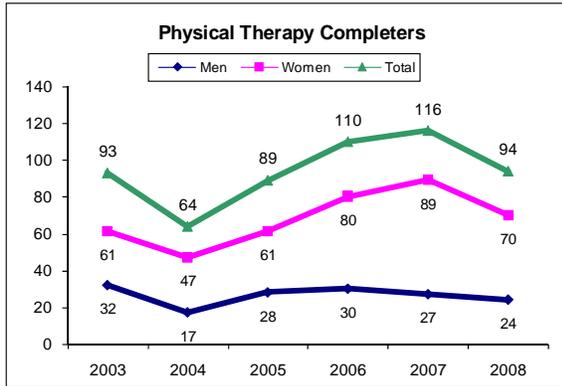
- Eight community, state and technical colleges offered Clinical/Medical Laboratory Assistant programs in 2008.
- There are three types of Medical/Clinical Laboratory Assistant Programs in Washington. The number of program completions from 2003-2008 by type are as follows:

Type of Program	Number of Program Completions					
	2003	2004	2005	2006	2007	2008
Less than two years	11	3	37	16	17	50
Associate	24	30	43	36	39	51
2 to 4 years	0	0	0	0	0	1

- Total annual program completions almost tripled increasing by 191 percent between 2003 and 2008.
- Completions per 100,000 population increased by 169.8 percent over the same time period.
- In 2008, 65.7 percent of program completers were female compared to 45.3 percent in 2003.



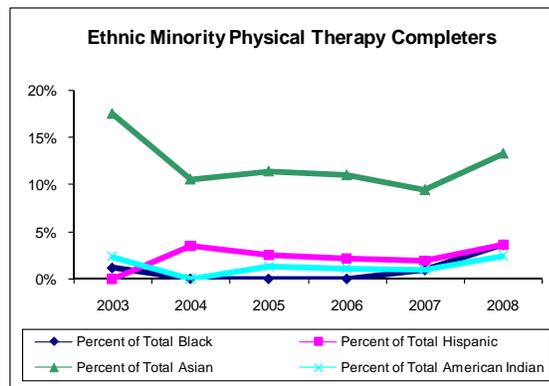
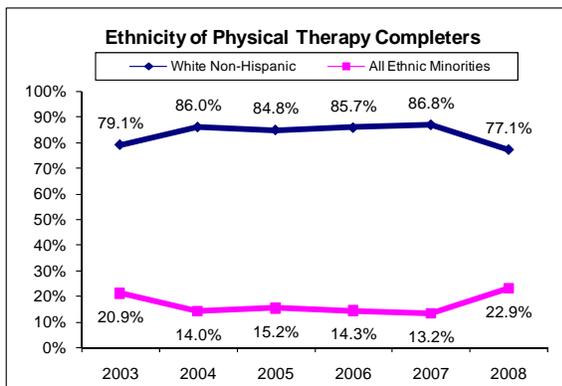
Physical Therapy (CIP 51.2308)



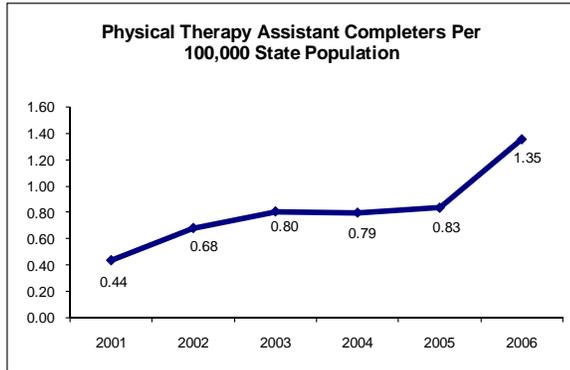
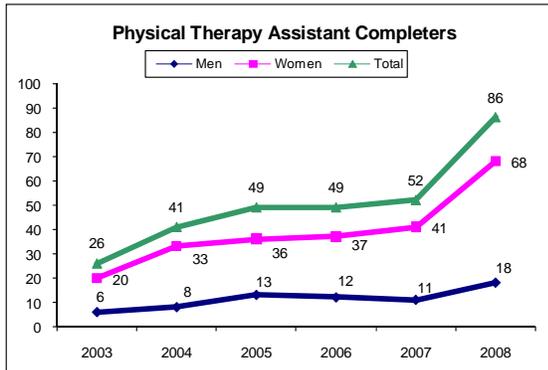
- Three universities in the state offered Physical Therapy programs in 2008.
- There are two types of Physical Therapy Programs in Washington. The number of program completions from 2003-2008 by type are as follows:

Type of Program	Number of Program Completions					
	2003	2004	2005	2006	2007	2008
Master's	93	64	42	46	53	0
Doctoral	0	0	47	64	63	94

- Total annual program completions increased by 1.1 percent between 2003 and 2008.
- Completions per 100,000 population decreased by 6.4 percent from 2003 to 2008.
- In 2008, 74.5 percent of program completers were female compared to 65.6 percent in 2003.



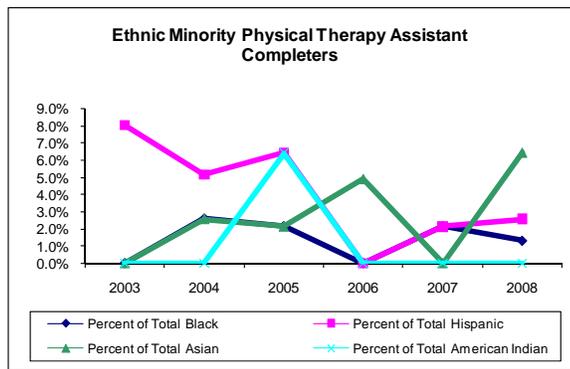
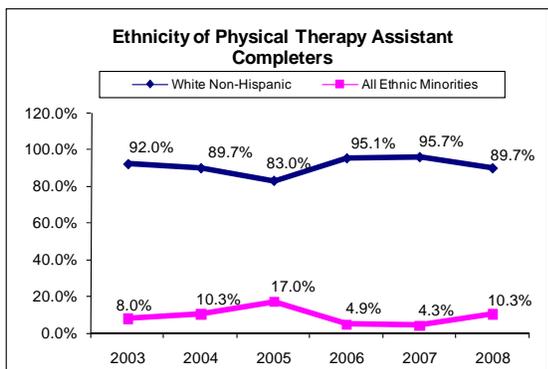
Physical Therapy Assistant (CIP 51.0806)



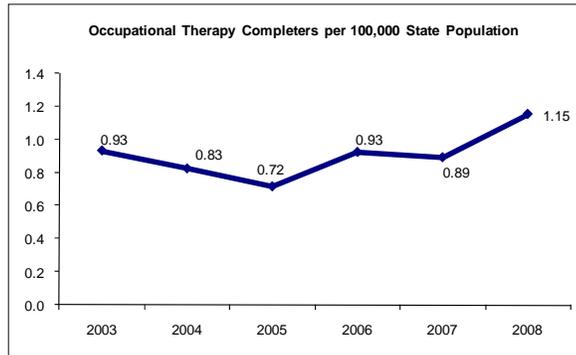
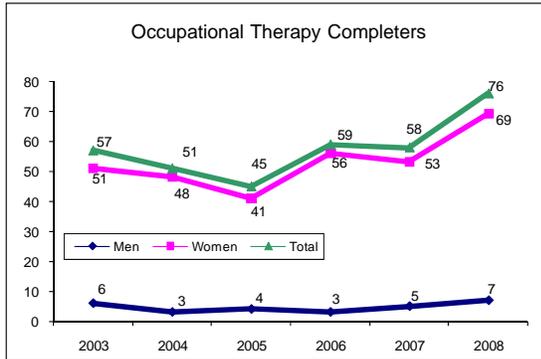
- Five community colleges in the state offered Physical Therapy Assistant programs in 2008.
- There is one type of Physical Therapy Assistant Program in Washington. The number of program completions from 2003-2008 by type are as follows:

Type of Program	Number of Program Completions					
	2003	2004	2005	2006	2007	2008
Associate	26	41	49	49	52	86

- Total annual program completions increased by 230.8 percent between 2003 and 2008.
- Completions per 100,000 population increased by 206.2 percent from 2003 to 2008.
- In 2008, 55.8 percent of program completers were female compared to 56.5 percent in 2003.



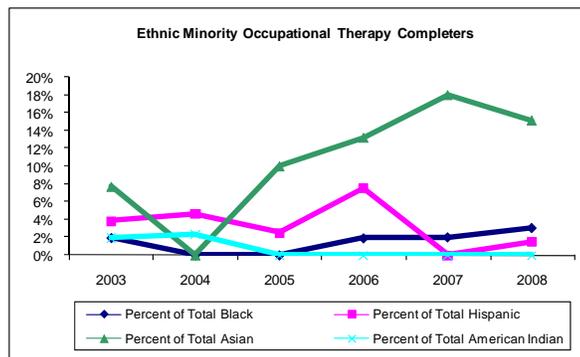
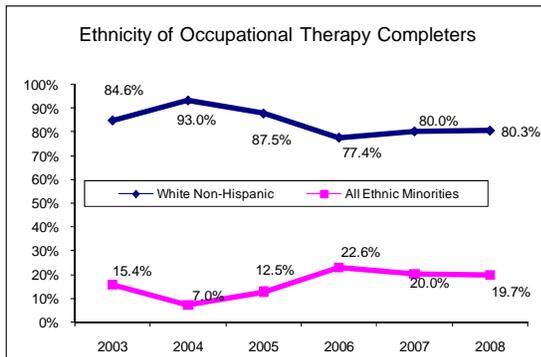
Occupational Therapy (CIP 51.2306)



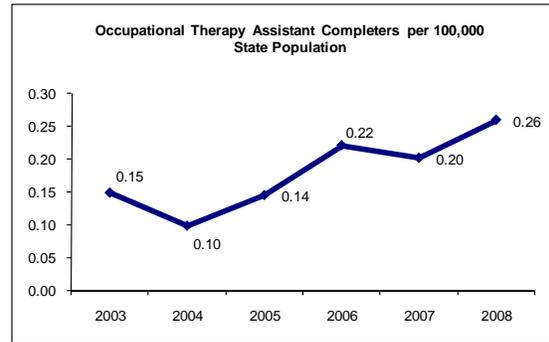
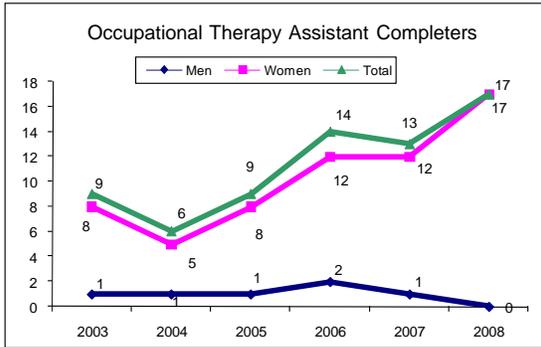
- Three universities in the state offered Occupational Therapy programs in 2008.
- There are two types of Occupational Therapy Programs in Washington. The number of program completions from 2003-2008 by type are as follows:

Type of Program	Number of Program Completions					
	2003	2004	2005	2006	2007	2008
Baccalaureate	23	21	14	16	15	1
Master's	34	30	31	43	43	75

- Total annual program completions increases by 33.3 percent between 2003 and 2008.
- Completions per 100,000 population increases by 23.4 percent over the same time period.
- In 2008, 90.8 percent of program completers were female compared to 89.5 percent in 2003.



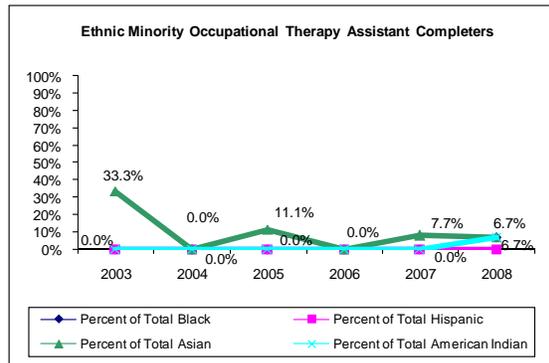
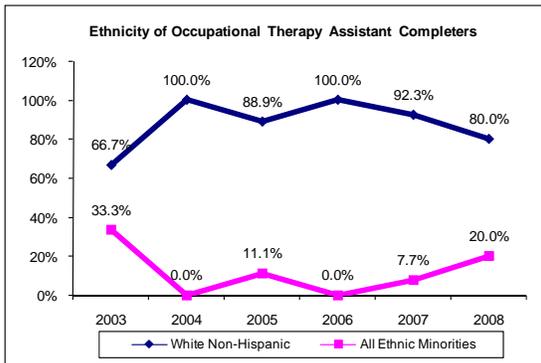
Occupational Therapy Assistant (CIP 51.0803)



- One community college in the state offered an Occupational Therapy Assistant program in 2008.
- There is one type of Occupational Therapy Assistant Program in Washington. The number of program completions from 2003-2008 by type are as follows:

Type of Program	Number of Program Completions					
	2003*	2004	2005	2006	2007	2008
Associate	9	6	9	14	13	17

- Total annual program completions increased by 88.9 percent from 9 to 17 between 2003 and 2008. However, with the number of completions per year being low, a small variance in any one year can give a false impression of the significance of the percent of change.
- Completions per 100,000 population increased by 74.9 percent over the same time period.
- In 2008, 100 percent of program completers were female compared to 88.9 percent in 2003



* 2003 IPEDS completion data was supplemented with data from SBCTC.

Health Care Personnel Shortage Task Force Members

Michele Johnson, *Task Force Chair*, Chancellor, Pierce College District
Bill Gray, *Task Force Vice-Chair*, Washington State University - Spokane
Bonnie Blachly, Washington Association of Housing and Services for the Aging
Ann Daley, Higher Education Coordinating Board
Dana Duzan, Allied Health Professionals
Charlie Earl, State Board for Community and Technical Colleges
Ben Knecht, Washington State Medical Association
Mary Looker, Washington Association of Community & Migrant Health Centers
Bill Plummer, Washington Rural Health Association
Frankie Manning, State Board of Health
Kathleen Lopp, Office of Superintendent of Public Instruction
Rick Ouhl, Washington State Dental Association
Eleni Papadakis, Workforce Training and Education Coordinating Board
Ed Phippen, Health Work Force Institute, Washington State Hospital Association
Mary Selecky, Washington State Department of Health
Diane Sosne, Service Employees International Union
Linda Tieman, Washington Center for Nursing
Sally Watkins, Washington State Nurses Association
JoAn Westby, Group Health Cooperative