

Progress 2007

Report of the Health Care Personnel Shortage Task Force

Section One – Annual Report



June 2008

Workforce Training and Education Coordinating Board

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The Health Care Personnel Shortage Task Force's goal is to address the severe current and projected shortages of health care personnel in Washington state. The group is made up of 20 leaders

from business, labor, education, and government. The January 2003 Task Force report, *Health Care Personnel Shortages: Crisis or Opportunity?* outlined a strategic plan for the Legislature, state and local agencies, educators, labor, employers, and workers, with six goals, 32 strategies, and four outcome measures. The plan is updated in this report. In 2003, the Legislature passed Engrossed Senate House Bill 1852 directing the Workforce Training and Education Coordinating Board to continue convening the Task Force to monitor progress and report to the Legislature annually.

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
Kathy McVay, Washington Rural Health Association
Frankie Manning, State Board of Health
Isabel Munoz-Colon, Office of Superintendent of Public Instruction
Rick Ouhl, Washington State Dental Association
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Ed Phippen, Health Workforce Institute, Washington State Hospital Association
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Diane Sosne, Service Employees International Union
Linda Tieman, Washington Center for Nursing
Sally Watkins, Washington State Nurses Association
JoAn Westby, Group Health Cooperative
Diane Zahn, United Food and Commercial Workers Union

For annual reports, presentations and meeting information please go to the Task Force web page. Look for Health Care Task Force under Activities at www.wtb.wa.gov



Health Care Personnel Shortage Task Force

Washington State Workforce Training and Education Coordinating Board

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To the Governor and the Legislature

Washington state continues to confront a severe shortage of health care personnel in all areas of the state and across a wide cross section of professions. These shortages have a direct effect on the quality of health care, reducing access, driving up costs and, ultimately, putting the health of our population at risk. Because the health care industry is one of the main economic drivers in the state, the shortages also have a financial impact—from missed tax dollars to missed job opportunities for our workforce. Preparing our workers for these jobs is vitally important. The demand for health care workers is only going to grow as our state’s population ages, and more health care workers reach retirement age.

Thanks to your leadership in 2007, an additional \$15.7 million in high demand funds were directed to expanding health care education and training programs. This allowed the state to boost capacity at our community and technical colleges and universities, and increase financial aid. State-sponsored Opportunity Grants that provide tuition, books and supplies to those studying high-demand occupations also encouraged more low-income residents to enter the health care field. At the same time, local areas increased their efforts to address priority shortages, with Skill Panels bringing together education and health industry representatives to initiate needed projects.

Despite these efforts, the gap between supply and demand remains large for many health care occupations, including nurses, dentists, physicians, pharmacists, and medical and clinical laboratory technicians, among others. It’s not due to a lack of interest on the part of Washington’s workforce. High wages and robust employment opportunities have spurred many state residents to seek careers in health care. However, many of the state’s health care education and training programs report they are at capacity and must turn away qualified students. This is one of the ongoing problems the Health Care Personnel Task Force hopes to solve.

Although much progress has been made since the Task Force first released its report in 2003, plenty of work lies ahead. We offer this report to the Legislature and interested stakeholders in hopes that by outlining shortages, and our plans and recommendations to address them, we can take tangible steps in addressing our state’s health care crisis.

We look forward to continuing this conversation with you in the year ahead.

Sincerely,

Dr. Michele Johnson
Task Force Chair/ Chancellor, Pierce College

Dr. William H. Gray
Task Force Vice Chair, Washington State University

What's In This Report?

This report has three sections: a progress report, an updated plan and outcome measure results.

The first section is an annual report, summarizing the current state of the health care personnel crisis. This section identifies gaps in supply and demand, and outlines factors that influence these shortages. This section also details the partnerships, initiatives and funding that have moved Washington forward in addressing our health care personnel needs.

The second section details an updated state health care personnel shortage plan. While we have made progress in closing the gap between health care workforce supply and demand, we still have a long way to go.

The Health Care Personnel Shortage Task Force (Task Force) was created in 2002. Made up of Washington's health care industry and education leaders, the Task Force created a plan to address the state's critical shortages of health care personnel. That plan has been updated and reported to the Legislature every year since then, as per state statute.

The new Task Force plan addresses educational capacity challenges, recruitment and local priorities. While the goals in the 2007 plan are similar to the ones established in 2002, the updated plan's 32 strategies reflect industry changes over the last few years. 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 stakeholders to meet Washington's future health workforce needs.

The third section focuses on the plan's four primary outcome measures:

- Supply and demand gap for selected occupations.
- Education enrollment and completions for 36 health care education and training programs. (The section includes tables and breakdowns for race and ethnicity from 2001 through 2006.)
- The number of school districts and high schools offering a health option as part of their Health and Human Services Pathway.
- Diversity of the health care workforce.

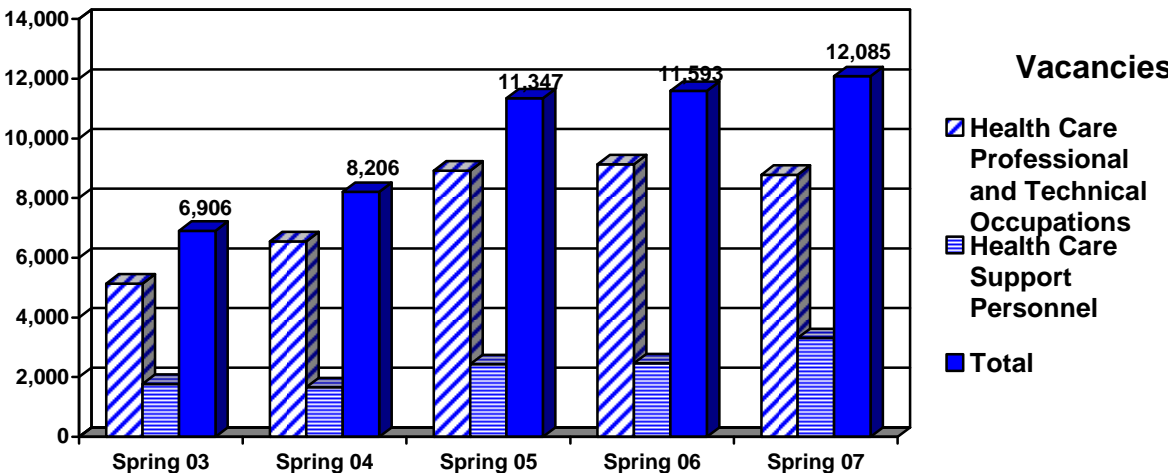
A personnel shortage that’s become a health care crisis

Washington’s health care system is on life support. From ambulances circling hospitals in search of adequately staffed emergency rooms, to longer wait times for surgery and longer drives for preventative care, almost everyone in Washington is feeling the effects of a severe health care personnel shortage.

A Workforce Training and Education Coordinating Board (Workforce Board) gap analysis shows a shortfall of more than 500 registered nurses entering the field each year through 2014. The analysis shows the state also lacks more than 300 physicians, surgeons and specialists entering the field annually during those same years. Add to that an anticipated annual shortfall of more than 275 medical and clinical laboratory technologists and technicians, and it’s clear Washington state needs to find new ways to train, attract and retain health care workers.

A state Employment Security Department job vacancy survey shines a spotlight on this personnel problem. In the spring of 2007, employers reported nearly 8,800 vacancies for health care professional and technical personnel and more than 3,300 vacancies for health care support personnel. All told, the state was short more than 12,000 health care personnel at the beginning of 2007.¹ (See Figure 1). That’s nearly double the vacancy rate reported just four years ago.

Figure 1: Job Vacancy Trends for Health Care Personnel



Source: Employment Security Department job vacancy surveys for spring 2003, 2004, 2005, 2006, and 2007. These surveys represent vacancies during a point in time and do not represent vacancies for the whole year.

Personnel shortages are having an impact on every aspect of health care—from community care to primary care, from pediatrics to geriatrics. Much of the focus has been on nurses, whose vital frontline work cuts across all segments of society, in hospitals, community centers, and increasingly, inside homes. Indeed, the largest number of vacancies in 2007 of any occupation was for registered nurses. A 2007 Hospital Workforce Survey reveals that vacancy rates “rose or remained unacceptably high in 16 of 21 nursing and allied health professions.”²

¹ Employment Security Department (ESD), *Job Vacancy Survey*, April 2006. ESD conducts a survey of all employers twice a year. The vacancies here do not include “social assistance” as part of the health care industry.

² Troy Hutson, R.N., J.D., Ed Phippen, M.P.A., Tina Praseuth, Angela Segarra, Jane Feldman, Ph.D., Rachelle Tsunehara, Rina LaStella, “Results of the 2007 Hospital Work Force Survey,” Health Workforce Institute and the Washington State Hospital Association, June 2007, page 1.

Meanwhile, physician vacancy rates were extremely high across 11 specialties, including cardiology (30 percent), pediatrics (16 percent), oncology (12 percent) and emergency medicine (12 percent).³

Washington Health Care Personnel Gap Analysis

Since 2004, the Workforce Board has produced a gap analysis of supply and demand for health care personnel. Unlike vacancy rates, which provide a snapshot of hiring needs at one particular point in time, a gap analysis compares occupational forecasts with the supply of graduates from educational programs over a span of several years.

The gap analysis makes clear that even with the recent expansion to our state programs, the state must invest in many more educational slots at our community colleges and universities to prepare an additional 500 registered nurses, 300 physicians, and nearly 80 physical therapists, among others, each year through 2014. (See Figure 2.) To boost the number of health care professionals in these areas calls for investing in additional teaching faculty and building more lab space. The state also must find ways to give newly trained health care professionals the clinical placements and supervised training they need to become credentialed.

Figure 2: The gap between supply and demand for health care professionals

Occupational	Annual Need of Additional Newly Prepared Workers to Close the Gap by 2014
Registered Nurses	512
Physicians and Surgeons, All Specialists	311
Medical and Clinical Laboratory Technologists	186
Medical and Clinical Laboratory Technicians	93
Medical Equipment Preparers	83
Physical Therapists	78
Speech-Language Pathologists	78
Chiropractors	63
Dentists, Including All Specialists	61
Respiratory Therapists	56
Physical Therapist Aides	53
Surgical Technologists	52
Radiologic Technologists and Technicians	51
Pharmacists	48
Occupational Therapists	42
Dietitians and Nutritionists	40
Optometrists	40
Cardiovascular Technologists and Technicians	30
Psychiatric Technicians	16
Diagnostic Medical Sonographers	14

³ Ibid 2, page 6. Percentages are rounded.

While the Workforce Board gap analysis shows the state needs to expand education programs to accommodate and prepare more than 3,500 additional registered nurses over the next seven years, a 2007 University of Washington report extrapolates further.

That report from the Center for Health Workforce Studies suggests that if the number of registered nurse graduates remains constant from 2006 to 2025, the demand for nurses will far outnumber supply by at least 25,000.⁴ The major reason for this surge in demand is due to the growth in our elderly population, which not only requires more health care services but also is living longer, further compounding demand.

Factors influencing health care personnel shortages

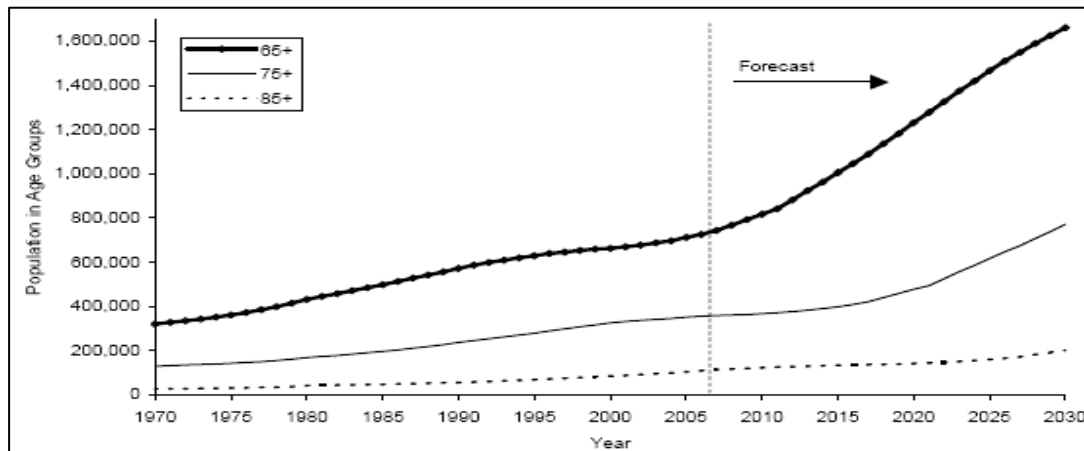
We know that the two overarching factors contributing to health care shortages in our nation and state are the aging of our baby-boomer population and a lack of educational capacity.

These are multi-faceted issues that make solution-finding a complex process. Baby boomers working in the health care workforce are also entering retirement age. This one demographic shift acts as a double whammy: both increasing demand for health care, while at the same time reducing the supply of health care workers to meet that need.

The front-end of the baby boom generation has hit its 62nd birthday, so the numbers of people in their retirement years will continue to rise over the next 20 years or so. By 2020, one in five workers will be 55 years and older. This represents a more than 50% increase over 2000, in which 13% of the labor force was made up of the 55-and-older age group. More specifically, the average age of a registered nurse in Washington state is over 48 years old⁵.

But the burden on the system is not solely due to sheer numbers. People are also living longer. (See Figure 3 below). With age comes increasingly complex or multiple medical disorders, often with high acuity levels, which require direct care.

Figure 3: Elderly Population Growth by Age in Washington state



Source: Office of Financial Management, November 2007.

⁴ Susan M. Skillman, MS, C. Holly A. Andrilla, MS, L.Gary Hart, PhD, "Washington State Registered Nurse Supply and Demand Projections: 2006 – 2025," Final Report #112, June 2007, pages 12 – 16.

⁵ Washington Center for Nursing, Washington State Data Snapshot, October 2007

Health Care Education Programs Lack Capacity

Exacerbating the shortage of health care personnel is the lack of capacity in health care education and training programs to replace those retiring workers. Given that most health care education and training programs across the state report they have more qualified applicants than capacity to teach them, we are missing a key opportunity to bring more trained professionals on line. Educational capacity includes space to serve students in a particular health care program, availability of faculty, availability of clinical sites, availability of classroom and lab space, and equipment. These types of educational programs are more expensive, limiting our state's ability to expand them.

Even so, the number of students completing one of 36 health care education and training programs in Washington has grown by over 30 percent between 2001 and 2006. (See Figure 4, next page). Still, while overall completions have increased, and some fields—such as nursing—have increased substantially, other health care professions have produced few additional graduates. Some have even declined.

Overall, the demand for health care programs across the state continues to exceed educational capacity. Without creating additional slots for students to pursue a health care career, we risk further health care personnel shortfalls and we miss an opportunity for our workforce to move into higher-paying, in-demand jobs.

Figure 4: Completions for 36 Health Care Education Programs for 2001 and 2006

Health Care Education and Training Program	Number of students completing in 2001	Number of students completing in 2006
Substance Abuse	95	121
Dental Lab	15	7
Emergency Medical Technician	152	262
Health Unit Coordinator	70	135
Medical Assistant	1281	1605
Medical Imaging	118	251
Medical / Clinical Lab Assist	70	104
Medical Office Management Administration	151	94
Medical Records Technology / Technician	66	94
Medical Transcriptionist	85	148
Occupational Therapy	79	55
Occupational Therapy Assistant	18	14
Optometric Technician Assistant	10	17
Orthotist / Prosthetist	18	14
Physical Therapy	87	110
Physical Therapy Assistant	50	49
Psychiatric / Mental Health Technician	30	13
Respiratory Care Therapy	53	63
Surgical Technology	77	96
Vocational Rehabilitation Counseling	15	24
Nursing Assistant / Aide	360	799
Dentistry	52	53
Dental Hygiene	146	145
Dental Assistant Program	453	665
Advanced Registered Nurse Practitioner	206	277
Baccalaureate Degree Registered Nurse	611	925
Associate Degree Registered Nurse	729	1318
Licensed Practical Nurse	792	1074
Medicine	176	182
Naturopathic Medicine	90	83
Opticianry / Ophthalmic Dispensing Optician	9	9
Physician Assistant	49	54
Pharmacy	171	178
Pharmacy Technician Assistant	140	468
Veterinary Medicine	95	93
TOTAL	6619	9599

Source: Workforce Board Analyses of the Integrated Postsecondary Data System of the National Center for Education Statistics for 2001 through 2006. Full report is contained in the Outcome Measure and Statistic section.

How Diverse is Our Health Care Workforce?

Washington’s State Board of Health and organizations across the nation have found that the health care workforce should be as diverse as the population it serves. This diversity helps address health disparities among different racial and ethnic populations.⁶ The table below shows the racial and ethnic composition for some major health care occupations. This is useful information but will be outdated soon, as it’s based on data collected nearly 10 years ago.

In 2006, the Health Care Task Force recommended, and the Legislature adopted, legislation (SB6193) that allows us to update this data. The Department of Health is in the process of collecting the data that should provide a more complete picture of who is working in the health care field. What is needed now is an objective, basic analysis of the data for the major high-demand health care occupations.

Using that analysis, we can determine whether we need to place greater emphasis on attracting racial and ethnic minorities to the health care field. We can also learn whether there are barriers to entry and steps we can take to ensure our health care workforce reflects the increasingly diverse population of Washington state.

Figure 5: Race/Ethnicity Overview for Some Health Care Professions in Percentages

Race/Ethnicity	State Population	MDs	Physician Assistants	Dentists	Dental Hygienists	Nurse Practitioners	Registered Nurses	Practical Nurses
African American	3.2	1.0	2.4	0.9	0.5	1.1	1.0	4.4
American Indian/AK Native	1.6	0.5	1.2	0.7	1.1	0.6	1.0	1.9
Asian/Pacific Islander	5.6	7.5	5.9	8.5	3.4	2.9	4.4	4.3
Hispanic	6.0	2.0	4.5	0.7	1.7	1.6	1.7	2.5
Other or Unknown		7.5	3	8.6	4.4	4.8	16.8	20.1
White	83.5	81.5	83	80.6	88.9	89	75.1	66.7

Source: 2000 Census and Center for Health Workforce Studies, University of Washington. Data Snapshots derived from 1999 Washington state professional licensing survey (most recent data available).

What we’ve accomplished since 2003 – The Power of Partnership

The health care personnel shortage is far too large and complex for any one sector to tackle on its own. Employers, labor, education and government must work together to effect lasting change. Since its creation in 2003, the Task Force has identified priorities and pulled together public and private resources to address these priorities. Strong partnerships have delivered positive results – including some first-in-the-nation program models. Engaging the private sector has been the key to recent successes in addressing health worker shortages.

The Washington State Hospital Association (WSHA) has conducted annual surveys of hospitals and urged members to provide matching funds to expand health care programs, increase financial aid, and lend staff to teach in educational programs. For example, Capital Medical Center and St. Peter’s Providence Hospital in Olympia are providing over \$500,000 for 36 additional enrollment slots in the

⁶ Washington State Board of Health, Final Report “State Board of Health Priority: Health Disparities, May 2001.” Also, the Sullivan Commission report, 2004 and the Institute of Medicine Report, 2002.

Associate Degree in Nursing program at South Puget Sound Community College. These slots will help qualified hospital employees move up the career ladder.

WSHA also created the Health Workforce Institute (HWI) that develops projects to address workforce shortages. For example, the HWI paired with the Service Employees International Union (SEIU 1199) to launch an incumbent worker training initiative.

Nursing groups established the Washington Center for Nursing in Seattle. Expanding the nursing workforce is one of the center's primary goals. The center, as directed in state statute, is supported by nurse license fees. In 2006, the center launched a statewide public relations initiative to promote nursing, catalogued projects in K-12 that encourage students to become nurses, launched a "Nursing Supply and Demand Study," and developed a "Master Plan for Nursing," among other efforts.

In 2004, the State Board of Community and Technical Colleges launched the Center of Excellence in Allied Health based in Yakima to provide resources to allied health programs at community and technical colleges across the state. The center established a statewide health careers website for youth at www.WAHOTT.com (Washington Health Opportunities for Today and Tomorrow). The site provides a wide range of information on health occupations and educational opportunities.

Colleges Coordinate Clinical Placements Statewide

Three community and technical colleges are now coordinating clinical placements across the state, thanks to workforce development funds distributed by the State Board for Community and Technical Colleges. These clinical placements are critical for health care students to get the on-the-job training and professional supervision they need to become credentialed. Previously, programs could not accept additional students until a clinical placement became available, a main cause of the frustrating logjam for those attempting to enter health care education. Community colleges have begun seeking out and coordinating placements in all corners of the state, allowing students the chance to work wherever there's an opportunity.

The following community colleges are coordinating this program:

- Yakima Valley Community College's Center of Excellence in Allied Health – coordinator for eastern Washington
- Seattle Community College District – coordinator for northwest Washington
- Renton Technical College – coordinator for southwest Washington

This promising program is modeled after Tacoma Community College's partnership with Pierce County Health Services and Careers Council, which expanded clinical placement capacity by 26 percent in its first year.

The State Board for Community and Technical Colleges also invested discretionary funds in several key health care programs across the state, expanding the number of students enrolling in high-demand areas such as dental hygiene and health care assistants. The money comes from funds that target economic development in rural and economically impacted communities. During 2007-2008, these funds helped pay for the following projects:

College	Project	Year	Award Amount
Bellingham	Dental Hygiene Program Development	07-08	\$73,000
Big Bend	Healthcare Assistant	07-08	\$92,100
Lake Washington	RN Expansion for ABE/ESL	07-08	\$80,000
Renton	Statewide Centralized Clinical Placement Partnership	07-08	\$90,000
Seattle District	Statewide Centralized Clinical Placement Partnership	07-08	\$110,000
Whatcom	Pathways to a Medical Career: New Opportunities in Medical Assisting	07-08	\$100,000
Yakima	Statewide Centralized Clinical Placement Partnership	07-08	\$70,000
Total Awarded			\$1,086,028

Skill Panels serve as a catalyst

Health skill panels, operating in all areas of the state for at least two years, have created local plans and relationships between education and industry that leave them poised to take advantage of federal and private grant opportunities. For example, the health skill panel in northwest Washington helped the Northwest Alliance, Bellingham Technical College and Whatcom Community College acquire a \$2.2 million grant from the U.S. Department of Labor for a “Pathways into Health Careers” project. This project encourages underserved populations to enter health care careers. The new federal funds build on the work of the skill panel partnership.

This success story repeats throughout the state as health care employers, educators, labor representatives, and government collaborate through health skill panels to address priority health workforce shortages in their areas. The following are just a few examples of their initiatives:

- Incumbent worker training.** Local health skills panels in Seattle-King County, northwest Washington, Snohomish, and Tacoma-Pierce Workforce Development Areas successfully collaborated to receive a \$2.4 million federal HI-B Grant from the U.S. Department of Labor to train 294 incumbent workers to fill high demand health care positions in nursing, specialized imaging technology, and radiology technology.
- Upgrading nursing skills.** The Tacoma-Pierce County health skills panel (*Pierce County Health Services Careers Council*) received a \$683,100 grant from the U.S. Health Resources and Services Administration to improve the skills of registered nurses by developing and implementing shared residency programs for 535 nurses. The curriculum addresses issues of diversity, cultural competence, serving underserved populations, and mentoring. The project recruited nurses who have not been in practice to return to patient care.

- **Development of apprenticeship programs.** New health care apprenticeships programs were established in Pierce County for Health Unit Coordinator, and two imaging specialist occupations: Computer Tomography and Magnetic Resonance Imaging. These are the first apprenticeship programs of their kind in the nation.
- **Reaching underserved populations.** The Seattle-King County Workforce Development Council (WDC) has developed a program, *Youth Nursing Careers for All*, to assist disadvantaged youth to complete prerequisites for licensed practical nurse (LPN) programs while in high school and articulate directly upon graduation with the LPN program at Renton Technical College.

Another example of public-private partnership is the work by the Higher Education Coordinating Board, the State Board for Community and Technical Colleges and the Council of Presidents in forming a group of representatives from two-year community and technical colleges and four-year public and private nursing programs. The group developed a statewide articulation agreement to ensure that community and technical college students completing health sciences are prepared to enter a nursing major upon admission into a four-year institution.

The Legislature has supported initiatives to broaden our health workforce's diversity and cultural competence. To help low-income students, the Legislature allocated \$23 million for 2007-09 for the Opportunity Grant Program. This program targets high-demand workforce programs and helps students with tuition, fees, books and supplies. Two Opportunity Partnership pilot programs in Seattle-King County and Yakima are providing industry mentors to students in health care programs to improve retention and help with transitions to work.

In 2006, the Legislature established the Governor's Interagency Council on Health Disparities to help develop a diverse health care workforce. Additional legislation that year added multicultural health education for health professionals. Important to the success of this effort will be the state's ability to track the racial and ethnic background of Washington's health workforce. That data collection is currently underway and awaits analysis, as was mentioned earlier in this report.

High Demand Funds Boost Enrollment

High Demand funds set aside by the Legislature to fund full-time equivalents (FTEs) in programs determined to have high employer demand have helped increase FTEs by at least 1,300. Because most students are part time, the actual student count is likely to be at least double the FTE allocation. In 2007, High Demand allocations at community and technical colleges totaled \$2.2 million for health care programs. (See Figure 6). Allocations to expand medical, dentistry, and nursing programs at four-year public universities totaled \$13.7 million.

These new investments bring the total state allocation for health care programs expansion in 2007 to just under \$16 million. That's a significant amount, totaling more than half the \$31 million in funding received since 2003.

**Figure 6: High-Demand Fund Allocations to Health Care Programs
Community and Technical Colleges for 2007-2009**

College	Project	07-08 FTE	Amount	08-09 FTE	Amount
Clark	Expansion of Associate Degree Nursing	16	\$140,000	24	\$210,000
Columbia Basin	Surgical Technology	12	\$105,000		
Edmonds	Increasing Capacity in Allied Health	10	\$87,500	10	\$87,500
Green River	Expanding Occupational Therapy	14	\$122,500		
Highline	Gateway International Healthcare Worker Re-Entry Assistance			18	\$157,500
Pierce FS	Occupational Safety and Health Expansion	16	\$140,000		
Shoreline	Expansion of Associate Degree Nursing			24	\$243,460
Skagit	Nursing Expansion			18	\$157,500
South Puget Sound	Nursing Education	12	\$105,000		
South Seattle	LPN to RN Ladder	20	\$175,000		
Tacoma	Health Information Management Expansion			15	\$131,250
Walla Walla	Associate Degree Nursing Expansion	18	\$157,500		
Whatcom	Online Physical Therapist Assistant	24	\$210,000		
Yakima	LPN to RN Bridge	12	\$105,000	6	\$52,500
TOTAL		360	\$3,150,000	158	\$1,416,028

Building on our Success

As this summary suggests and the appendices lay out in more detail, Washington’s efforts to recruit students, expand capacity, improve curricula and completion rates are paying off. We also are doing a better job of collecting data on the status and make-up of our healthcare workforce. With improved understanding of the issues we can continue to find ways to improve our state’s health care career pathways, while retaining and enhancing the workforce we have in place today.

We are facing a crisis. But through the use of effective partnerships and collaborations, we are building a better health care system. Even so, we have more to do. As we learn more about the lack of diversity in our health workforce, as we innovate new ways to engage the 1.6 million adults with only a high school diploma or less, we must create ways to grow health care professionals from all sectors of our society and improve the quality of life for Washingtonians. The Health Care Personnel Shortage Task Force remains committed to this mission by channeling the energy, talent and resources of both the public and private sector.

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Section Two – State Plan



June 2008

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The State Plan to Address Health Care Personnel Shortages

In 2007, the Health Care Personnel Shortage Task Force updated the state plan to address health care personnel shortages to acknowledge changes and progress made since 2002. Action on this plan will ensure that Washington continues to move forward to address health care personnel shortages.

Goals:

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 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. The Task Force ensures continued collaboration among stakeholders to meet Washington's future health workforce needs.

Outcome Measures (See Section Three for more detail)

1. Proximity of supply to demand (gap analysis) for selected occupations.
2. Education enrollment, completion, including breakdowns for race/ethnicity for both two-year and four-year institutions.
3. The number of school districts and high schools that offer a health option as part of their Health and Human Services Pathway. Updated data is not available from the Office of Superintendent of Public Instruction (OSPI) for 2007. Data from 2006 showed that about half of high schools offered health care program options as part of their Health and Human Services Pathway.
4. Diversity of the health care workforce: The level to which health workforce diversity reflects the diversity of the populations served.

Goal 1: Increase educational capacity in health care training programs so more people can gain qualifications to work in health care occupations.

Objective 1.1: Increase funding and allocate resources to provide more capacity in new and current health care education and training programs.

Strategy 1.1.1: Increase current funding and support new funding initiatives that increase the capacity of high employer and student demand programs of study in health care including prerequisites, taking into account the higher costs of these programs. Give priority to programs situated in medically underserved areas.

Responsible Entities: The Governor and Legislature, State Board for Community and Technical Colleges, Higher Education Coordinating Board, two-year and four-year public and private postsecondary education institutions, Apprenticeship Training Council - the Department of Labor and Industries, Workforce Board, Health Workforce Institute, WA Center for Nursing, Labor/Management Partnerships, Health Skill Panels, Workforce Development Councils and other industry cluster partnerships in health care.

Strategy 1.1.2: Develop apprenticeship opportunities in health care.

Responsible Entities: Apprenticeship Training Council- Department of Labor and Industries, labor, employers, professional boards and commissions - the Department of Health.

Strategy 1.1.3: Expand distance learning in health care programs

Responsible Entities: Two-year and four-year public and private postsecondary education institutions, employers, labor/management organizations.

Strategy 1.1.4: Develop health care and training programs to accommodate working adults.

Responsible Entities: The Governor and Legislature, State Board for Community and Technical Colleges, Higher Education Coordinating Board, two-year and four-year public and private postsecondary education institutions, Workforce Board, Employers, Labor/Management Partnerships, Health Workforce Institute, Health Skill Panels, Workforce Development Councils and other industry cluster partnerships in health care.

Objective 1.2 Increase the availability, diversity and retention of health care faculty.

Strategy 1.2.1: Increase the flexibility of faculty salary schedules or allocations to provide health program faculty with compensation that is competitive with industry wages.

Responsible Entities: The Governor and Legislature, State Board for Community and Technical Colleges, Higher Education Coordinating Board, labor / management organizations at community and technical colleges, four-year colleges and universities, employers, Washington Center for Nursing.

Strategy 1.2.2: Research methods for recruiting and preparing health care faculty.

Responsible Entities: State Board for Community and Technical Colleges, Higher Education Coordinating Board, labor / management organizations at community and technical colleges, four-year public and independent colleges and universities, employers, Washington Center for Nursing.

Strategy 1.2.3: Expand the health scholarship and loan repayment program and provide other forms of financial support to recruit health care faculty, including part-time faculty and diverse faculty.
Responsible Entities: The Governor and Legislature, Higher Education Coordinating Board, Department of Health, two-year and four-year public and private postsecondary education institutions, Washington Association of Community and Migrant Health Centers, industry organizations and foundations.

Strategy 1.2.4: Expand faculty sharing arrangements among industry and education providers, and provide incentives for providing faculty resources.

Responsible Entities: Two-year and four-year public and private postsecondary education institutions, employers, labor, Health Workforce Institute, Health Skills Panels, Workforce Development Councils, and other health care industry cluster partnerships.

Objective 1.3: Increase clinical capacity.

Strategy 1.3.1: Coordinate clinical sites for nursing and allied health professions.

Responsible Entities: State Board for Community and Technical Colleges, Two-year and four-year public and private postsecondary education institutions.

Strategy 1.3.2: Identify and eliminate barriers to expanding clinical capacity. Expand opportunities for training, testing, and certification through multiple delivery modes such as distance learning, simulation, and at multiple sites (e.g., the workplace). Make recommendations to state and national accreditation bodies.

Responsible Entities: State Board for Community and Technical Colleges, Two-year and four-year public and private postsecondary education institutions, Center of Excellence in Allied Health at Yakima Valley Community College, Area Health Education Centers in Western and Eastern WA, Washington Association of Community and Migrant Health Centers.

Objective 1.4: Improve program completion rates and create smooth transitions to enable students to complete programs in less time and reduce program costs.

Strategy 1.4.1: Develop more articulation and transfer opportunities in health care education programs, including the creation of more statewide transfer agreements, accepting credit for prior learning such as in the military, accepting credit based on competencies, creating foundation courses, and creating “common core” curricula.

Responsible Entities: P-20 Council, State Board for Community and Technical Colleges, Higher Education Coordinating Board, two-year and four-year public and private postsecondary education institutions, Center of Excellence in Allied Health at Yakima Valley Community College, Office of Superintendent of Public Instruction and School Districts, Health Skill Panels, Workforce Development Councils, WA Center for Nursing, Department of Health and professional boards and commissions.

Strategy 1.4.2: Integrate basic skills including English as a Second Language and occupational skills, adjusting instructional methods, and incorporating cultural awareness.

Responsible Entities: State Board for Community and Technical Colleges, two-year and four-year public and private postsecondary education institutions, community-based organizations.

Strategy 1.4.3: Support students to complete health care programs and transition to work through financial aid and other support including providing mentors and preceptors.

Responsible Entities: State Board for Community and Technical Colleges, two-year and four-year public and private postsecondary education institutions, community-based organizations.

Goal 2: Recruit more individuals, especially targeted populations, into health care occupations, and promote adequate preparation prior to entry.

Objective 2.1: Provide more opportunities for people to enter health care careers.

The following strategies under this objective focus on underserved populations such as rural communities, racially and ethnically diverse youth and adults, individuals with disabilities, new immigrants, dislocated and incumbent workers, and military personnel:

Strategy 2.1.1: Expand and/or leverage financial aid for individuals pursuing health care training, and disseminate information on available financial assistance.

Responsible Entities: The Governor and Legislature, the Higher Education Coordinating Board, employers foundations, Health Skills Panels / Workforce Development Councils, and other health care industry cluster organizations.

Strategy 2.1.2: Create and implement a plan to disseminate information on available financial aid assistance.

Responsible Entities: Higher Education Coordinating Board, State Board for Community and Technical Colleges, Health Skill Panels / Workforce Development Councils, WA Center for Nursing.

Strategy 2.1.3: Identify and eliminate statutory and regulatory barriers to entry into health care occupations

Responsible Entities: Department of Health working with health professional boards and commissions.

Objective 2.2: Raise awareness of opportunities in health care careers, and provide information on technical and financial resources available for training.

Strategy 2.2.1: Train frontline staff at WorkSource, community and technical colleges and other organizations to inform unemployed workers, transitioning individuals (e.g. military), and students of opportunities in health care careers.

Responsible Entities: Employment Security Department - Labor Market and Economic Analysis and WorkSource / Workforce Development Councils, State Board for Community and Technical College, Higher Education Coordinating Board, two-year and four-year public and private postsecondary education institutions.

Strategy 2.2.2: Create smooth transitions for military-trained personnel to enter the civilian workforce.

Responsible Entities: Health Skill Panels / Workforce Development Councils working with the military and education providers, Department of Veterans Affairs, Employment Security Department.

Strategy 2.2.3: Develop statewide health care marketing plan to raise awareness of the wide range of career opportunities. Communicate the plan in a variety of languages and ways.

Responsible Entities: The Governor and Legislature, Workforce Board, State Board for Community and Technical Colleges, Higher Education Coordinating Board, Health Workforce Institute, Center for Nursing, Center of Excellence at Yakima Valley Community College, Prosperity Partnership.

Strategy 2.2.4: Enhance WAHOTT.com with content directed at adult learners and current industry information on health care occupations

Responsible Entity: Center of Excellence in Allied Health, Yakima Valley Community College.

Objective 2.3: Promote K-12 programs that provide opportunities to explore a variety of health care careers and prepare students so they can complete postsecondary health science programs.

The following strategy targets K-12 students and their families:

Strategy 2.3.1: Support local school districts and communities to: (1) Expand the availability of exploratory and preparatory programs in health care as part of the Health and Human Services Pathways, and (2) Increase the number of programs that lead to industry certification and employment in health care careers.

Responsible Entities: Governor and Legislature, Office of Superintendent of Public Instruction, School Districts and Boards, two-year and four-year public and private postsecondary institutions, community-based organizations, initiatives and camps for youth, health care employers, Health skill panels / Youth Councils / Workforce Development Councils, Area Health Education Centers in Eastern and Western WA, labor organizations, Health Workforce Institute, Center for Nursing.

Goal 3: Develop a data collection and analysis system to assess health workforce supply and demand.

Strategy 3.1: Improve the state's health workforce survey response rates to increase validity of data. Find funding for basic analyses of the data.

Responsible Entities: Department of Health and the Workforce Board working with health care industry stakeholders.

Strategy 3.2: Identify methods for collecting workforce supply information for non-credentialed personnel.

Responsible Entities: Department of Health and the Workforce Board working with health care industry stakeholders.

Strategy 3.3: Collect data on students enrolled and completing health care programs at high school, two-year and four-year public colleges, and private career schools.

Responsible Entities: Workforce Board working with Department of Health, four-year colleges and universities, State Board for Community and Technical Colleges and Office of Superintendent of Public Instruction.

Strategy 3.4: Collect demand data by surveying health care employers.

Responsible Entities: Health Workforce Institute/ Washington State Hospital Association working with other stakeholders including the Washington Association of Community and Migrant Health Centers.

Strategy 3.5: Analyze workforce supply and demand information for health professionals and develop methods to project demand over time.

Responsible Entities: Workforce Board, Department of Health, Washington Center for Nursing, research universities, Health Workforce Institute, Higher Education Coordinating Board, State Board for Community and Technical Colleges.

Goal 4: Retain current health care workers.

Strategy 4.1: Expand customized training opportunities that enable incumbent workers to move up the career ladder or move to other high-demand health occupations.

Responsible Entities: State Board for Community and Technical Colleges, community and technical colleges, Workforce Board, Health Workforce Institute, Service Employees International Union 1199, employers, and labor / management organizations.

Strategy 4.2: Develop career mobility strategies within health care organizations, maximizing training opportunities and expand successful models.

Responsible Entities: Employers, labor and professional associations, Health Skill Panels/ Workforce Development Councils, two-year and four-year postsecondary education providers, health care industry cluster organizations.

Strategy 4.3: Communicate to the employer community the benefits of a healthy workplace environment in improving employee retention

Responsible Entities: Washington Center for Nursing, Health Workforce Institute, labor and professional associations.

Goal 5: Enable local communities and organizations across the state to implement strategies to alleviate the health care personnel shortage in their areas.

Strategy 5.1: Find funding and other resources to support health skill panels and other organizations that further the goals of this state plan.

Responsible Entities: The Workforce Board, Health Skill Panels/Workforce Development Councils, Labor / Management Partnerships, Health Workforce Institute, Allied Health Center of Excellence, Washington Center for Nursing, other health care industry cluster organizations.

Strategy 5.2: Facilitate communication among local health skills panels and other local partnerships and organizations that further the goals of this state plan to enable coordination of efforts, and to communicate with state entities and the Legislature.

Responsible Entities:

The Workforce Board / Task Force, Allied Health Center of Excellence at Yakima Valley Community College, Health Skill Panels/Workforce Development Councils, Health Workforce Institute, Washington Center for Nursing, other health care industry cluster organizations.

Goal 6: The Task Force ensures continued collaboration among stakeholders to meet Washington’s future health workforce needs.

Strategy 6.1: Convene the Task Force at least twice a year to oversee the implementation of the plan and convene ad hoc committees to address specific health workforce issues as they arise.

Responsible Entity: Workforce Board.