

health care

Personnel Shortage Task Force





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Progress 2005

Report of the Health Care Personnel Shortage Taskforce

Overview of Progress in 2005 and Priorities for 2006

The Health Care Personnel Shortage Task Force, convened by the Workforce Training and Education Coordinating Board (Workforce Board), issued “Crisis or Opportunity?” in 2002. This report laid out a plan to address critical personnel shortages in the health care industry. The Task Force monitors progress on the plan and reports to the Legislature annually. While state and local partners continued to make progress in 2005, work is not complete. Key areas of progress included targeting High-Demand funds to expand health care programs at community and technical colleges; funding from hospitals to expand educational capacity; establishing a nurse resource center; and supporting local health skill panels which addressed educational capacity, recruitment, and student and employee retention.

While progress is underway, there are key strategies that have yet to be accomplished. A major priority for the Task Force in 2006 will be a regular census of all licensed health care practitioners. This information is vital for effective workforce planning, and to ensure that limited resources are directed where they are most needed. In 2006, the Task Force recommends that the Governor, Legislature, educational institutions, local health skill panels, and industry partners concentrate on the priorities outlined in Figure 1.

This report includes highlights for 2005; an update on the current status of the shortages; Task Force outcome measures; challenges to progress; and priority recommendations for 2006.

Figure 1: 2006 Recommended Priorities

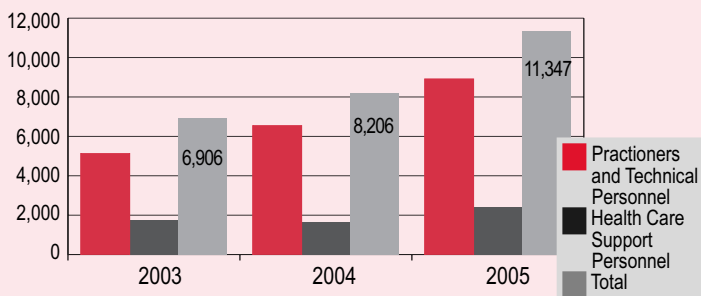
- **Collect data on the supply of health care practitioners** to target scarce resources more effectively.
- **Expand capacity** in high-demand health care education and training programs, and accommodate the higher costs of these programs.
- **Support skill panels with additional funding** to implement effective solutions to meet local and state health workforce needs.
- **Increase health care workforce diversity** by creating educational opportunities, and targeting faculty recruitment. Monitoring progress on diversity will be possible only by collecting health workforce supply information.
- **Increase faculty availability** by providing salaries that are competitive with industry.
- **Develop health care career pathways programs in K-12** and continue to expand work-based learning in health care settings.
- **Develop transferable core curricula and articulation pathways** shared by educational institutions statewide.

Health Care Personnel Shortages Update

Vacancies Continue to Grow

Washington’s health care personnel shortages continue to be severe, and, without further action by government and industry, are projected to get worse due to an aging population and an aging health care workforce. The state population over the age of 65 will reach 1.2 million by 2020 and will demand more health care services. At the same time, the state’s health care personnel are beginning to retire. Health care continues to top all industries in the number of job vacancies, representing 16 percent of all the state’s vacancies in 2005. These include 8,918 job vacancies for health care practitioners and technical personnel and 2,429 job vacancies for health care support personnel (see Figure 2).

Figure 2: Job Vacancy Trends for Health Care Personnel



Source: Employment Security Department biannual job vacancy surveys 2003, 2004, 2005. The data captured above reflects results reported for the May surveys over three years.

Even though Washington’s educational institutions are preparing more health care workers than previously, the number of job vacancies continues to grow and therefore the gap continues. The recent increases in student enrollments are only just beginning to be reflected in an increase in graduates since many of the programs take several years to complete. Additional reasons for the growing number of vacancies include the continued aging population leading to increased demand for services, and retirements in the health care workforce. Increased demand for services has led to large increases in the positions needed in the health care sector. For example, the number of staff nurse positions grew by 36 percent between 2002 and 2005.¹

The 2005 survey of Washington’s acute care hospitals found that vacancy rates have not changed significantly for most occupations, despite overall employment growth in the hospital sector. Hospitals report the greatest difficulty recruiting physical therapists, nuclear medicine technologists, occupational therapists, and licensed pharmacists.²

Physician Issues

Since 2002, the Task Force has considered physician workforce issues and found they were primarily related to Medicare/Medicaid reimbursement and insurance. While Task Force membership is not adequate to explore these issues, it recognizes that they are significant and recommends that the Legislature and appropriate stakeholders examine them. Physician representation on the Task Force plays an important role as many physicians are employers of a variety of health care personnel. At their annual general meeting in 2005, the Washington State Medical Association passed a resolution in support of the Health Care Personnel Shortage Task Force priorities to support health skills panels, collect data on licensed health care personnel, and expand educational capacity.



In 2005, the Task Force examined physician shortage issues further by reviewing reports of the Center for Health Workforce Studies at the University of Washington, and hearing a presentation on physician shortages. As physician shortages are becoming more acute, the Task Force may explore additional issues related to physician shortages.

The Gap Between Supply and Demand

The Workforce Board’s analysis of the gap between Washington’s demand for health care personnel and the supply shows that we will need to increase the number of newly prepared registered nurses by 520 per year (beyond 2004 levels) for the next 10 years to meet current and projected demand. The analysis indicates we will need to prepare an additional 80 dentists, 70 physical therapists, 40 dietitians and nutritionists, 40 occupational therapists, and an additional 20 respiratory therapists per year over current levels for the next ten years (see Figure 3).

Figure 3: The Gap Between Supply and Demand for Ten Health Care Occupations

Occupation	Annual Need of Additional Newly Prepared Workers to Close the Gap in 10 Years*
Registered Nurses	520
Dentists	80
Physical Therapists	70
Dietitians and Nutritionists	40
Occupational Therapists	40
Respiratory Therapists	20

*Estimates are rounded to the nearest ten.



Progress for 2005: Highlights

Major areas of progress in 2005 included the targeting of High-Demand funds which expanded educational capacity in health care programs at community and technical colleges; establishing a nurse resource center; and local health skill panel success in recruiting and retaining, as well as expanding educational opportunities.

- The State Board for Community and Technical Colleges (SBCTC) committed 10 percent of its new 2005-2007 allocations to High-Demand programs. Health care programs received almost 80 percent of these funds, expanding programs by 232 full-time equivalent students.
- The Legislature passed Engrossed Substitute Senate Bill 5599 to establish a central resource center for the nursing workforce. Its mission is to ensure an adequate nursing workforce. A surcharge of five dollars to initial and renewal license fees for registered nurses and licensed practical nurses will support this work.
- Skill panels have implemented various initiatives: expanding education programs, increasing recruitment of youth and diverse populations, and providing career ladders for incumbent and low-income workers. See pages 4-5 for examples of skill panel achievements.
- Hospitals and other health care employers continue to donate or match public funds to support educational capacity expansion. For example, hospitals provided over \$1 million in matching funds for High-Demand grants to community and technical colleges. Capital Medical Center and St. Peter's Providence Hospital in Olympia are providing over \$500,000 for 36 additional enrollment slots in the Associate Degree in Nursing program at South Puget Sound Community College. Those slots will assist qualified hospital employees to move up the career ladder. These are just a few examples of private support of capacity expansion.
- Following the direction of House Bill 2382 (passed in 2004), the Higher Education Coordinating Board (HECB), in partnership with SBCTC and the Council of Presidents, facilitated 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 students completing health sciences are prepared to enter a nursing major when they transfer to a four-year institution.

- The Seattle-King County Workforce Development Council 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.
- The Center for Excellence in Allied Health at Yakima Valley Community College provides resources to allied health programs at community and technical colleges across the state. The Center has developed a core curriculum for allied health programs that is offered onsite and online with exit and entry points for students to enter the workplace and return to education as needed. In 2004, the Center sponsored a statewide meeting to share best practices in health care programs with other colleges. The Center is developing a recruitment website targeted at youth to help them explore health careers, understand educational requirements, and learn of financial aid opportunities.

Postsecondary Education Capacity Expansion Update

In 2005 the Legislature did not earmark state appropriations to expand High-Demand programs, such as health care, as in the previous biennial and supplemental budgets. SBCTC, however, committed 10 percent of its new student full-time equivalent allocations to High-Demand programs to be funded at an enhanced rate in order to account for the higher costs of providing these programs. These funds were distributed via a competitive grant process. There were no similar allocations specified for High-Demand programs at the four-year level.

For the 2005-2007 biennium, 10 community and technical college nursing and allied health programs received \$2.1 million to expand their programs by 232 full-time equivalent students. Nearly 80 percent of the High-Demand funds that SBCTC allocated were directed to expand health care education programs (see Figure 4). SBCTC allocated

4 Health Care Skill Panels

Benton-Franklin

did not reconvene its skill panel, but the partnership continues to support programs such as Math Engineering Science Achievement preparation for youth in math and science to enter health.³

Eastern Washington Partnership

convened two health skill panels due to its large geographical size. In 2005, the panels engaged in a variety of education and recruitment initiatives to close skills gaps in their rural service areas. They facilitated two Health Career Fairs for high school students in Colville and Walla Walla, and started planning for a Health Career Resource Center for area schools to support health career exploration and preparation. They are exploring short-course distance learning, offerings for perioperative nursing, ventilator management, critical care nursing, and IV therapy. The Workforce Development Council (WDC) provided funds to train five Pullman Regional Hospital nurses in post-anesthesia care, among other projects.

North Central Health Skill Panel

has directed more than \$948,000 in state and local investments to train 195 health care workers to advance up the career ladder in hospitals, clinics, and long-term care settings. Through a local initiative which raised \$2.1 million, the Wenatchee Valley College's nursing program has expanded capacity by 18 additional full-time equivalent students. The panel, in collaboration with Washington Business Week, hosted Destination Healthcare, a 2.5 day career exploration event attended by 194 students (50 percent disadvantaged youth), 21 adult volunteers, and 40 parents.

Northwest Alliance

increased the capacity of its nursing programs by 135 percent with the support of state High-Demand funds, federal funds, and investments of private industry panel partners. The panel continued initiatives to support recruitment and preparation of youth. During 2004-2005, over 2,200 students heard presentations from health care professionals, and 128 students attended health career summer camps. The panel created a website with information on health care careers and educational opportunities. In addition, the panel developed work-based learning opportunities and training for certification as certified nurses.

Olympic Health Care Alliance

worked on projects such as annual health careers summer camps for 9th and 10th graders, training in Basic Medical Terminology for health care allied service employees, and nurse leadership academies to develop registered nurses into supervisors or managers. They also created a scholarship assistance fund to provide support for students pursuing health career training and employees needing assistance with skills training and undertook a Navy Corpsmen to LPN survey and LPN predictor testing. Overall, 341 individuals participated in education sessions.

Pacific Mountain

concentrated efforts in improving transitions for military-trained health care personnel to enter the civilian workforce. The panel facilitated the process for the Navy and Air Force to apply to Washington State to have the Navy Corpsman and Air Force Aerospace Medical Specialist schoolhouses recognized as approved schools of nursing. Applications were submitted and the Nursing Quality Assurance Commission provided feedback to the programs to outline areas that would require change for acceptance in Washington State. In 2005, the panel operated on a limited basis.

Pierce County Health Services Careers Council

created strong partnerships among health industry representatives and education providers, leveraging almost \$14 million in public and private resources. The Council sustained expansion in educational programs, including nontraditional pathways, apprenticeships, satellite, and better articulation and bridge programs for nursing and a variety of allied health programs. Nursing programs attrition rates have dropped from 53 percent to 5 percent. The Council provided training to over 300 incumbent workers, and partnered with nurse education programs to support clinical coordination for 14 different nursing programs and over 300 healthcare worksites. In 2005, the Council increased outreach to target segments of the population including youth and underrepresented populations. Seventy youth attended a nurse camp offered in collaboration with MultiCare and Good Samaritan, and the Council provided scholarships to 16 youth and their assigned youth mentors. The Council also translated Healthcare Occupations Workshop materials for various populations and established partnerships with community-based organizations that service Spanish, Russian, and Korean-speaking populations.

Seattle King County Workforce Development Council (WDC)

undertook major initiatives in response to recommendations of its health care skill panel. The Career Pathways program targeted a range of program resources to support customized training for at least 234 incumbent workers at 6 major hospitals. In collaboration with Renton Technical College, two school districts, and the Health Workforce Institute (affiliated with the Washington State Hospital Association), the WDC developed Youth Nursing Careers for All. This program provides the education and training necessary for 25 high school students to complete prerequisites for nursing programs in high school and articulate directly into a licensed practical nurse program upon graduation.

Snohomish Health Skill Panel

hosted a very successful nursing retention conference attended by over 100 nurses from across the Puget Sound region. The panel developed a guide to nursing school prerequisite classes. The Smart Move to Collaboration project provided WorkFirst, low-income, and under-employed adults and/or dislocated workers with information about careers in health care, along with assessments of employability skills.

Southwest Washington's Health Skill Panel

supported the development of clinical coordination software with the Oregon Center for Nursing. Nursing education programs in the region will use this software to expand clinical capacity. The panel also engaged the community in mapping health care education available in the region to plan for future needs.

Spokane Health Skill Panel

facilitated the purchase of clinical coordination software now used by nursing programs at Washington State University's Intercollegiate College of Nursing, Spokane Community College, and North Idaho College for placements at Spokane area hospitals. The panel developed marketing materials to recruit and inform secondary students about health careers, and is planning to establish a Health Care Academy based on models of small career schools for high school students.

Tri-County Health Skills Panel

provided funds to support 30 projects to meet health workforce needs in the area including 12 programs to upgrade incumbent health care worker skills, 11 projects to increase health career awareness, and 9 projects to build health career training capacity. Projects included cross-training for current nurses to enhance their competencies in the ICU, Emergency Department and Recovery Room at Sunnyside hospital; implementing an Associate of Science degree at Heritage College as a bridge for LPNs to get higher nursing credentials; introducing high school students to knowledge and skills for a health career at Yakima Valley Tech Skills Center; and supporting a training enhancement program through the Yakima Valley Farm Workers Clinic to advance incumbent workers to better paid positions and better prepare them to serve the area's large Spanish speaking population.



funds for 2005-2006 and some funds for 2006-2007, though \$1.125 million remains to be allocated for the 2006-2007 year, about 125 full-time equivalent slots (see Figure 4).

SBCTC also awarded discretionary funds to expand Workforce Development and Rural programs. These funds differ from High-Demand funds and are one-time grants as opposed to ongoing funds. Four colleges received a total of just over \$388,000 (about half the funds available) to expand health care programs.

Figure 4: SBCTC High Demand Allocations: 2005-2007 (ongoing funds)

College	Educational Program	Full-Time Equivalent Students	Amount
Olympic	ADN Expansion	25	\$225,000
Spokane	Radiologic Technology	40	\$360,000
Wenatchee	RN Expansion	18	\$162,000
Clark	Diagnostic Imaging	21	\$189,000
Pierce-Puyallup	Increased Access to RN	17	\$153,000
Walla Walla	ADN Expansion	12	\$108,000
South Puget Sound	RN Expansion— Part-time Program	12	\$108,000
Bellingham/Whatcom	Nursing Expansion	20	\$180,000
Clark*	Diagnostic Imaging	7	\$ 63,000
Clover Park*	Evening/Weekend ADN	20	\$180,000
Seattle District*	Healthcare Institute	40	\$360,000
		232	\$2,088,000

* Allocations for these programs will commence in 2006-2007.

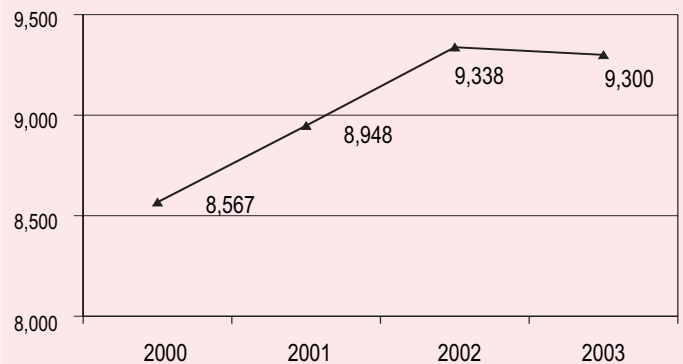
Outcome Measures

Educational Program Completions

In 2004, the Workforce Board contracted with the Center for Health Workforce Studies to analyze information available from the National Center for Education Statistics database known as IPEDS, Integrated Postsecondary Education Data Statistics. The report outlines completion statistics for 36 selected health care occupations from 1996 to 2004. It also provides information on gender and racial and ethnic composition of completers. The full report is available at: www.fammed.washington.edu/chws/reports/CHWSWP94.pdf.

Between 2000 and 2003 the number of students completing health care education programs in Washington rose by 733 completions, or about 8.5 percent (see Figure 5). The number of completers from registered nurse programs (Associate Degree Nurse and Bachelor of Science in Nursing) grew by 23 percent between 2000 and 2003. Some programs saw vast increases in completers, such as those in the nursing occupations, while others saw decreases in completions, such as occupational therapy and occupational therapy assistants.

Figure 5: Completers for 34 Health Care Education Programs Between 2000 and 2003



Source: DG Patterson, SM Skillman, Health Professions Education in Washington State: 1996-2004 Program Completion Statistics. *Working Paper #94*, WWAMI Center for Health Workforce Studies, under contract with the Workforce Training and Education Coordinating Board, November 2004.

Number of Incumbent Workers Trained

Washington's state funded incumbent worker training program, the Job Skills Program, trained a total of 30 health care workers in the 2003-2005 biennium. Ten licensed practical nurses at Swedish Medical Center trained at Shoreline Community College to become registered nurses (funded at \$113,500). Twenty medical records clerks at Virginia Mason Medical Center received training to become certified nursing assistants (funded at \$61,900).

Renton Technical College received an award of \$200,000 to train 60 employees at Virginia Mason Medical Center to become certified nursing assistants and medical assistants.

In addition, local health skill panels have used federal and state grants to train incumbent workers, although the exact numbers are not available.

Number of Strategies Implemented in the State Plan

The Legislature, health care employers, education providers, state agencies, health skill panels, and other responsible entities have made progress on most of the strategies in the Task Force plan. Strategies that have not progressed include incentives for employers to provide incumbent worker training, and several strategies for developing the state's health care practitioner information system (see Figure 6).

Figure 6: Evaluation of Strategy Implementation in the Task Force Plan

Significant Progress/Full implementation	22
Some Progress/Partial Implementation	11
No Progress	5

Challenges to Progress

While state and local entities have made progress in expanding health care programs, increasing recruitment, and improving student and employee retention, there is still work to do to address health workforce issues. The state needs to conduct a regular census of all health care personnel to better understand supply and target resources where they are most needed. More diverse populations must be recruited into health professions, and health skill panels need state support to sustain their operations.

With more complete information on the current supply of health care practitioners, state and local health care workforce partners and health care agencies would be able to target initiatives more effectively to increase the supply, and make the best use of scarce resources. This data would provide information to discern how many licensed practitioners actually practice, how many hours they work, whether they leave the state or migrate to the state, and delineate medically underserved areas. This would give us a better understanding of how many more graduates we need in each occupation.

In some cases there may be other solutions in addition to, or as an alternative to, expanding education program capacity. For example, a geographical area might report high vacancy rates for nursing assistants, but supply information shows an adequate number of qualified individuals in that area. In this case, examining turnover patterns and emphasizing retention strategies may be preferable to expanding educational capacity. In another area where there may be high incidence of diabetes among Native Americans, we could determine whether there were sufficient Native American health care personnel to serve that population, and for which health care occupations we should recruit Native Americans.

While Washington's population is becoming more diverse, the latest data available shows that the composition of health care professions does not reflect this growing diversity.⁴ Several studies indicate that this lack of diversity exacerbates health disparities for racial and ethnic minorities when compared to the general population. Tracking the diversity of Washington's health care personnel will be possible only if the state supports a regular census of all health care personnel.

Health skill panels are continuing in most areas of the state with and without state support. In some areas decreased funding has meant that skill panels have had to reduce their workload, only addressing small pieces of their local plans to eliminate shortages. Small state investments, matched by federal and private investments, are vital for the continued operations and successes of skill panels.

Task Force Priorities 2006

In order to address these challenges, the Task Force recommends that the Governor, Legislature, educational institutions, and industry partners:

- **Collect data on the supply of health care practitioners** to target scarce resources more effectively.
- **Expand capacity** in high-demand health care education and training programs, and accommodate the higher costs of these programs.
- **Support skill panels with additional funding** to implement effective solutions to meet local and state health workforce needs.
- **Increase health care workforce diversity** by creating educational opportunities and targeting faculty recruitment. Monitoring progress on diversity will be possible only by collecting health workforce supply information.
- **Increase faculty availability** by providing salaries that are competitive with industry.
- **Develop health care career pathways programs in K-12** and continue to expand work-based learning in health care settings.
- **Develop transferable core curricula and articulation pathways** shared by educational institutions statewide.



End Notes

¹The estimated number of nurses hired in hospitals in 2002-2003 was approximately 22,450, and in 2005 it was 30,140. Susan M. Skillman, MS; C. Holly A. Andrilla, MS; Ed Phippen, MPA; Troy Hutson, RN, JD; Elise Bowditch, MA; Tina Praseuth, “Washington State Hospitals: Results of 2005 Workforce Survey,” *Working Paper #104*, Center for Health Workforce Studies, University of Washington, October 2005.

²Ibid. This survey has been conducted annually by the Washington State Hospital Association in conjunction with the Center for Health Workforce Studies at the University of Washington since 2002.

³In 2005, the Benton-Franklin, Pacific Mountain, Southwest, and Spokane skill panels operated in a limited way due to reduced funding, staff changes, and/or local priorities.

⁴Health Care Personnel Shortage Task Force, *Health Care Personnel Shortage: Crisis or Opportunity?*, 2002, pp 14-15; State Board of Health Committee on Health Disparities, *State Board of Health Priority: Health Disparities*, May 2001.



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GOAL 1 ► Increase educational capacity and efficiency in health care training programs to enable more people to gain qualifications to work in health care occupations.

OBJECTIVE 1.1 ► Increase funding, and continue to reallocate resources to provide more capacity in new and current health care education and training programs.

STRATEGIES

1.1.1 Increase current funding and support new funding initiatives that increase the capacity of high-demand health care programs, taking into account the higher costs of these programs. Give priority to programs situated in medically underserved areas. *Responsible entities: Legislature, State Board for Community and Technical Colleges (SBCTC), Higher Education Coordinating Board (HECB), four-year colleges and universities.*

1.1.2 Develop apprenticeship opportunities in health care. *Responsible entities: Department of Labor and Industries, labor, employers, Department of Health (DOH), professional boards and commissions.*

OBJECTIVE 1.2 ► Increase the availability, diversity, and retention of health care faculty in high-demand health care programs that have difficulty recruiting faculty.

STRATEGIES

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: Legislature, SBCTC, HECB, four-year colleges and universities, labor, employers.*

1.2.2 Provide additional financial support, such as scholarships and loan repayments, for students who intend to become health care faculty for high-demand health care programs experiencing faculty shortages. *Responsible entities: Legislature, SBCTC, HECB, DOH, four-year colleges and universities, private partners or foundations.*

1.2.3 Implement faculty-sharing arrangements among providers or among industry and education providers. *Responsible entities: health skill panels working with employers, labor, education institutions.*

1.2.4 Develop alternate pathways to gain teaching qualifications for nursing faculty and other health program faculty. *Responsible entities: professional boards and commissions, DOH, SBCTC, four-year colleges and universities.*

1.2.5 Provide financial and other incentives to employers or self-employed professionals for providing faculty resources, e.g. tax incentives and increased reimbursement rates. *Responsible entity: Legislature.*

OBJECTIVE 1.3 ► Increase clinical training capacity.

STRATEGIES

1.3.1 Coordinate clinical training sites for nursing and allied health professions. *Responsible entities: health skills panels working with employers, labor and education providers, area health education centers.*

1.3.2 Provide financial and other incentives to employers or self-employed professionals for providing clinical training resources: sites and faculty supervision. *Responsible entity: Legislature.*

1.3.3 Identify and eliminate barriers to expanding clinical capacity, and expand opportunities for training, testing, and certification through multiple delivery modes such as distance learning, and at multiple sites (e.g., the workplace), and make recommendations to state and national accreditation bodies. *Responsible entities: professional boards and commissions, DOH, educational institutions, area health education centers.*

What is the Health Care Personnel Shortage Task Force?

The Health Care Personnel Shortage Task Force is comprised of 20 leaders from business, labor, education, and government. Our goal is to address the severe current and projected shortages of health care personnel in Washington State. The 2002 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 6 goals, 40 strategies, and 16 outcome measures. 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 on the state plan and report to the Legislature annually.

For annual reports, presentations, and meeting information, please go to the Task Force web page at: www.wtb.wa.gov.

Health Care Personnel Shortage Task Force STRATEGIC PLAN



OBJECTIVE 1.4 ► Increase efficiency, and maintain quality of health care education and training programs to enable students to complete programs in a shorter time span and to reduce program costs.

STRATEGIES

- 1.4.1 Develop and implement “common core” health care curricula, where appropriate. *Responsible entities: SBCTC, HECB, four-year colleges and universities, OSPI, DOH, professional boards and commissions.*
- 1.4.2 Expand articulation among health care programs based on competencies learned in a variety of education and training settings, including on-the-job and in the military. *Responsible entities: health skills panels, SBCTC, HECB, OSPI, DOH, four-year colleges and universities.*
- 1.4.3 Improve program completion rates by blending basic skills, including English as a Second Language, and occupational skills, adjusting instructional methods, incorporating cultural awareness, and improving support services. *Responsible entities: SBCTC, four-year colleges and universities, 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 recommendations focus on underserved populations, such as rural communities; racially and ethnically diverse youth and adults; men and women; disabled; new immigrants, dislocated and incumbent workers; and military personnel.*

STRATEGIES

- 2.1.1 Expand and/or leverage financial aid for individuals pursuing health care training, and disseminate information on available financial assistance. *Responsible entities: Legislature, private companies, HECB, employers, foundations, local health skill panels.*
- 2.1.2 Support proposed changes to regulations that allow more individuals to enter or reenter health care, and identify refresher courses and/or alternative opportunities that recognize prior training and experience for obtaining licensure. *Responsible entity: DOH.*
- 2.1.3 Encourage state agencies to allow flexibility of regulated health care entities in developing recruitment and retention programs that work effectively for their communities. *Responsible entity: DOH working with Association of Washington Public Hospital Districts.*

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

STRATEGIES

- 2.2.1 Establish career ladder opportunities in health care through collaboration among employers, labor, and education. *Responsible entities: health skill panels, DOH, professional boards and commissions, professional associations.*
- 2.2.2 Train frontline WorkSource staff to inform unemployed workers or transitioning individuals (e.g., military) of opportunities in health care careers, including providing information on required courses, referrals to appropriate programs, and available resources. *Responsible entities: Employment Security Department, local workforce development councils.*
- 2.2.3 Create smooth transitions for military-trained personnel to enter the civilian workforce. *Responsible entities: local health skill panels working with the military and education providers.*

2.2.4 Develop a 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: private foundations and associations, community-based organizations.*

2.2.5 Create and promote a web site that demonstrates different jobs in health care, the coursework required for each job, schools that provide that education, and sources of possible financial aid. Career mapping templates should identify multiple points of entry and advancement, including places along path that allow crossover to other health professions. *Responsible entities: private foundations and associations.*

OBJECTIVE 2.3 ► Promote K-12 programs that provide opportunities to explore a variety of health care careers and prepare students academically so they can complete postsecondary health sciences programs.

**The following recommendations target K-12 students and their families.*

STRATEGIES

- 2.3.1 Support local school districts and communities in strengthening primary and middle school students’ math and science skills and in building health science career programs in high schools, including increasing the number of work-based learning opportunities for students, creating health care-focused mentoring programs, increasing the number of core health science and math programs, and increasing the number of programs that lead to industry certification and employment in health care careers. *Responsible entities: OSPI working with local school districts and boards, higher education, community-based organizations, local camps, health care employers, local workforce development councils, local youth development councils, area health education centers, and local organizations.*
- 2.3.2 Support efforts of local school districts, communities, and higher education institutions to raise student achievement in math and science to ensure students are prepared for postsecondary studies in health sciences programs. *Responsible entities: (as 2.3.1).*
- 2.3.3 Identify and maximize opportunities to provide students and their families equitable access to academic assistance and resources needed to pursue a career in health care. *Responsible entities: (as 2.3.1).*

GOAL 3 ► Develop a data collection and analysis system to assess health workforce supply and demand.

STRATEGIES

- 3.1.1 Conduct a comprehensive cross-agency assessment of data needs, existing data collection efforts, and opportunities for collaboration and reduction of duplication. *Responsible entities: DOH and Workforce Training and Education Coordinating Board (Workforce Board) working with health stakeholders.*
- 3.1.2 Analyze the options for creating and maintaining an ongoing coordinated data system for information on both access to health care professionals, and labor market demand and supply. *Responsible entities: (as 3.3.1).*
- 3.1.3 Collect workforce supply information through methods such as surveys of licensed professionals. *Responsible entities: (as 3.3.1).*
- 3.1.4 Collect workforce supply information for noncredentialed health personnel. *Responsible entities: Workforce Board working with DOH and health stakeholders.*

3.1.5 Collect data on students enrolled and completing health care programs at high school, two-year and four-year public colleges, private career schools, and programs based at hospitals and long-term care facilities. *Responsible entities: Workforce Board working with DOH, four-year colleges and universities, SBCTC, OSPI.*

3.1.6 Collect demand data by surveying health care employers. *Responsible entities: (as 3.1.4).*

3.1.7 Analyze workforce supply and demand information for health professionals. *Responsible entities: Workforce Board and DOH working with research universities.*

GOAL 4 ► Retain current health care workers.

STRATEGIES

- 4.1.1 Expand customized training opportunities for incumbent workers that enable them to move up a career ladder or move to other high-demand health occupations. *Responsible entities: Governor, Employment Security Department.*
- 4.1.2 Develop education and training modules that allow health care personnel to complete training in incremental steps, leading to recognized promotions and increases in wages. *Responsible entities: (as 1.4.2).*
- 4.1.3 Develop other career mobility strategies within health care organizations, maximizing training opportunities and leveraging funds within regions and among employers and educators for this purpose. *Responsible entities: health industry, education and training providers.*
- 4.1.4 Reduce paperwork where possible by changing state regulations, department and agency directives, and implementing new technology. *Responsible entities: Department of Social and Health Services, DOH, health industry.*
- 4.1.5 Implement strategies to enhance the workplace environment. *Responsible entities: health employers, labor.*

GOAL 5 ► Enable local communities to implement strategies to alleviate the health care personnel shortage in their areas.

STRATEGIES

- 5.1.1 Provide continuing support to current health skills panels and expand the formation of health skills panels to cover all 12 workforce development regions. *Responsible entity: Workforce Board.*
- 5.1.2 Facilitate communication among local health skill panels to enable coordination of efforts, and to communicate with state entities and the Legislature. *Responsible entity: Workforce Board.*

GOAL 6 ► Develop a mechanism to ensure continued collaboration among stakeholders, track progress, create accountability for fulfilling this plan, and to plan for future health workforce needs.

STRATEGIES

- 6.1.1 Reconvene the Task Force twice a year to establish an ongoing mechanism comprised of key stakeholders to oversee the Task Force recommendations, and hold responsible entities accountable. *Responsible entity: Workforce Board.*
- 6.1.2 Explore more formal mechanisms to monitor and support progress in achieving the goals in this plan. *Responsible entity: Legislature.*