

**A Report of
the Health Care
Personnel Shortage
Task Force**

Progress 2003



Health Care Personnel Shortage Task Force

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December 31, 2003

Governor Locke and Members of the Legislature:

In 2002, you asked the Workforce Training and Education Coordinating Board (WTECB) to convene the Health Care Personnel Shortage Task Force (Task Force) to develop a state plan for addressing our state's severe health care personnel shortages. The plan we published in the report "Crisis or Opportunity?" outlines 6 goals, 40 strategies, and 16 outcome measures. 2003 Legislation (ESHB 1852) requires WTECB to continue convening health care stakeholders to monitor progress and report to you by December 31, annually. "Progress 2003" is the annual progress report of the Task Force.

During 2003, health care employers, educational institutions, professional associations, labor, community-based organizations, and government have made significant progress in addressing the severe shortages of health care personnel. Increasing health education and training capacity is our top priority, and despite a budget deficit of \$2.6 billion, you appropriated funds to increase educational capacity for high-demand programs and account for the higher costs of providing these programs. Educational institutions are making use of these high-demand and other state funds to expand capacity in health care programs by an estimated 2,000 additional full-time equivalent students in 2003-2005.

Health skills panels of employers, educators, labor, and government entities have proven effective in developing solutions at the local level. In 2003, workforce development councils in all areas of our state have continued, or established, health skills panels with support from WTECB. They have been able to leverage additional funds within their communities, and in many cases, have been successful applicants for federal grants that advance their educational, recruitment, and retention initiatives.


Even though significant progress has been made in 2003, it is important to recognize that our state continues to face severe shortages of health care personnel. Health care employers report over 6,000 job vacancies, and employment growth is forecast at 3 percent per year, or higher, for many health care occupations through 2010. The aging population, an increased number of health care workers entering retirement, and the increasingly diverse population are causing structural changes that will require further attention.

The Task Force will continue to monitor progress, seek solutions to strategies where there has been little progress, and encourage partners to strengthen their resolve. It is the collaborative efforts of employers, labor, state and local agencies, schools, colleges, workforce development councils, professional associations, and many others, and your continued support that is enabling progress to be made. By working together, we will solve this crisis and provide the health care workforce that our state needs.

Thank you for your continuing attention to this critical issue.



Holly Moore
Task Force Chair
President, Shoreline Community College



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This progress report provides a brief update on the shortages, outlines significant areas of progress, and presents ongoing issues that need additional support or consideration. Appendix A reports progress for each strategy, Appendix B reports outcome measures, Appendix C provides a summary for progress in each workforce development area, and the Glossary defines terms and acronyms.

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Executive Summary

More Work is Needed

While significant progress was made in 2003, health workforce partners will need to expand efforts to catch up with the increasing demand for health care personnel. Employer surveys provide evidence of continued demand for personnel, and demographic changes indicate that demand will increase.

Employers in all areas of the state still report difficulty recruiting a wide variety of health care personnel. According to the May 2003 Job Vacancy Survey, there were 6,906 job vacancies for health care professionals and support staff during the previous six months, and this number should be considered conservative.¹ At the same time, the shortage is structural rather than cyclical because of changes in the composition of the population. Between 2003 and 2020, an increasing proportion of the population will be 65 or older, and an increasing proportion of health care personnel will enter retirement. There will also be pressure to increase recruitment and health care education and training for racial and ethnic minorities because the population will be increasingly diverse.

The health care industry is vital to our economy. Health care is one of the largest industries in Washington employing more than 207,000 people. According to a new report, Washington hospitals alone contribute \$17.5 billion to the state each year when direct spending and indirect impacts are combined.²

While unemployment in Washington has remained above 7 percent during 2003, the health care industry has provided much-needed employment opportunities. This is another compelling reason for policymakers and health workforce partners to expand efforts to address shortages.

Health workforce partners (employers, labor, professional associations, state and local agencies, schools, colleges, workforce development councils, health skills panels, and many others) should continue to expand health care education and training capacity, create further career opportunities for current health care personnel, and increase recruitment and retention. For a more expansive exploration of key issues, please refer to the January 2003 Task Force report *Health Care Personnel Shortage: Crisis or Opportunity?*

The Task Force Creates a State Strategic Plan

In order to address increasing concerns about the shortage of health care personnel, the Workforce Training and Education Coordinating Board (WTECB) convened health workforce stakeholders in a work group in 2001 and the Health Care Personnel Shortage Task Force (Task Force) in 2002. The Task Force drew from local, state, and national experiences to develop a statewide plan for addressing severe shortages of health care personnel in Washington.³ The January 2003 Task Force report *Health Care Personnel Shortages: Crisis or Opportunity?* is the strategic plan for the Legislature, state and local agencies, educators, labor, employers, and workers.

Progress Report Requested Annually

In 2003, the Legislature passed Engrossed Senate House Bill 1852 directing WTECB to continue convening health workforce stakeholders to monitor progress on the state plan and report to the Legislature annually.

Progress Highlights

Health workforce partners are directing resources to eliminate shortages of health care personnel. In the short time since “Crisis or Opportunity?” was published in January 2003, significant progress has occurred:

- For the 2003-05 biennium, approximately \$8 million of the \$20.1 million high-demand funding appropriated by the Legislature was directed toward expanding capacity in health care education and training programs. Another \$3.8 million in state appropriated funds were directed toward expanding capacity in health care programs. The \$11.8 million will expand capacity by an estimated 2,000 full-time equivalent (FTEs) students.
- The Legislature passed Substitute House Bill 1189 that allows hospital districts to reimburse employees for education and training and travel costs for interviews. Substitute Senate Bill 5966 reduced barriers for dentists from other states to practice in Washington.

“Hospitals across the state provide jobs for 65,000 full-time equivalent workers. That means jobs for 74,000 people, more than Boeing or Microsoft, or grocery stores, clothing stores, or software publishers.”

–The Business of Caring:
The Economic Impact
of Hospitals in Washington
State, Washington State
Hospital Association,
October 2003.

- All Workforce Development Councils (WDCs) have established “health skills panels” with financial support from WTECB. These panels of local employers, education, labor, and government representatives are developing local solutions to address health care shortages.
- Washington State received a \$3 million federal award for surpassing performance targets for workforce development programs. WTECB directed the funding toward addressing the shortage of health care personnel. WDCs, in partnership with community and technical colleges and K-12, will use these funds to address the shortages.⁴
- Local health skills panels in Seattle-King County, Northwest Washington, Snohomish County, and Tacoma-Pierce County workforce development areas successfully collaborated to receive a \$2.4 million federal H1-B grant to train 294 incumbent workers to fill high-demand health care positions in nursing, specialized imaging technology, and radiology technology.⁵
- The Tacoma-Pierce County Health Skills Panel and the Pierce County Health Services Careers Council (PCHSCC) 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, service to underserved populations, and mentoring. The project will also recruit a target of 165 nurses who have not been in practice and prepare them to return to patient care.
- New health care apprenticeship programs have been established in Pierce County for Health Unit Coordinator and two imaging specialist occupations: Computed Tomography and Magnetic Resonance Imaging. These are the first such apprenticeship programs in the nation.

Promise on the Horizon

The severe need for health care personnel is driving innovation and new partnerships:

- Tacoma Community College, in conjunction with the local health skills panel, developed Nursing Clinical Placement District #1 (NCPD #1) that coordinates clinical sites for 15 educational institutions and over 320 workplaces. This initiative has increased clinical site capacity for nursing education programs by 26 percent in one year and won a Governor’s Best Practice Award in Workforce Development in 2003. Other local areas are examining how they can adapt this model.
- Yakima Valley Community College established a core allied health curriculum, which meets requirements for Medical Assisting, Medical Billing and Coding, Surgical Technology, Pharmacy Technology, and Medical Interpreter. The core classes were first offered online fall 2003, and the State Board for Community and Technical Colleges (SBCTC) has awarded the college a \$100,000 grant to establish a Center of Excellence in Allied Health.
- A health workforce data project is in progress to strengthen the state’s ability to plan for and meet future health workforce needs. WTECB, in partnership with the Department of Health, has contracted with the Social and Economic Sciences Research Center at Washington State University to conduct an assessment and recommend options for health care personnel data. Researchers are conducting inventories of existing data systems, defining data needs and determining gaps, and will propose options for a coordinated, multipurpose health workforce data system. The final report is due January 2004.
- Health skills panels are making great strides in implementing strategies to address priority shortages in local workforce development areas. In order to facilitate the sharing of best practices and provide assistance for accessing further funds for sustainability, WTECB has contracted with the state’s two Area Health Education Centers in western and eastern Washington (AHECs).

- In partnership with WTECB, the Washington State Hospital Association is launching a research and advocacy project to improve awareness among hospitals of strategies to address shortages and to conduct research on hospital involvement in local education, career development, and recruitment initiatives.

Next Steps

The Task Force's January 2003 report, "Crisis or Opportunity?" continues to set the agenda for what needs to be done to address the shortage of health care personnel. Of 40 strategies in "Crisis or Opportunity?," 10 have been fully or significantly implemented, 23 have been partially implemented, and no action has yet been taken for seven. Good progress is being made. We must stay with this agenda and make certain that it is fully implemented.

Priority areas for 2004 and beyond are:

- **Provide funds to health care education and training programs in order to expand capacity and allow for the higher costs of providing these programs.**
For the 2003-05 biennium, there are \$11.8 million in new state funds to expand capacity in health care programs at two- and four-year colleges and universities by approximately 2,000 student FTEs. There is both a backlog of unfilled positions and a pipeline that remains inadequate to keep up with new demand. During 2004, the Task Force will analyze how many more student enrollments are required to meet demand and make recommendations to the Governor and Legislature for funding for the 2005-2007 biennium.
- **Increase the availability, diversity, and retention of health care faculty in high-demand health care programs that have difficulty recruiting faculty.**
"Crisis or Opportunity?" contained three strategies related to faculty compensation, financial support for students to become faculty, and faculty-sharing arrangements between institutions. In 2004, the Task Force will convene a work group to advance these strategies and explore others related to faculty retention and development.

- **Increase efficiency in health care education and training programs.**

One strategy for increasing efficiency is to develop and implement "common core" curricula. Yakima Valley Community College has established the Allied Health Core Curriculum that has potential for adoption by other community colleges. The Task Force will convene a work group in 2004 to further examine common core curricula issues and assess the potential for broadened application.

- **Expand clinical capacity.**

Educational institutions continue to cite lack of clinical sites as a major barrier to program expansion. NCPD #1 at Tacoma Community College represents a significant departure from usual practice. If other local health skills panels seek to expand clinical capacity via this method, they will require significant commitment and willingness from partners to move away from traditional practices of organizing clinical components on an individual basis.

- **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.**

Laws, rules, and regulations can pose barriers to the expansion of educational programs or recruitment of individuals into health care fields. While they have been developed to ensure quality of care, there are some instances where rules are outdated or could provide greater flexibility. The Department of Health is exploring legislation that would reduce regulatory barriers to the expansion of health care personnel.

Efforts Should Be Ongoing and Widespread

While agencies and organizations with "lead" responsibilities have committed to special roles, all stakeholders should continue to implement strategies in "Crisis or Opportunity?" and increase collective efforts to eliminate shortages of health care personnel.

Shortages Update

Job Vacancies

Shortages of health care personnel are still severe across the state. According to the May 2003 Job Vacancy Survey, there were 6,906 professional and support jobs in health care reported vacant. This represents 13 percent of all reported vacancies.⁶ While this figure seems high, the survey results are an underestimate of vacancies because employers of four or fewer employers were not included. Significant

numbers of dental hygienists, dental assistants, and pharmacists, among others, work in places of four or fewer employees. It should also be noted that these figures represent a snapshot in time, and employment growth rates are high for many health occupations.⁷ While considerable attention has been given to the shortage of nurses, shortages are occurring across a wide variety of health care occupations (see Figure 1).

FIGURE 1

Job Vacancies by Occupation

Data Limitation: Employers who employ fewer than five employees are not included in these figures. For this reason, pharmacists, pharmacy technicians, dental assistants, and dental hygienists who often work for employers that employ fewer than five employees have been excluded, and there may be other occupations here for which vacancies are significantly underestimated.

Occupation	Employment Security Dept. Job Vacancies
Staff Nurses (RNs)	2,511
Nursing Aides, Orderlies, and Assistants	980
Licensed Practical Nurses	711
Medical Assistants	256
Radiographer/Radiology Technologists	203
Physical Therapists	203
Home Health Aides	138
Medical Records Health Information	120
Speech-Language Pathologists	120
Medical Technologists/Clinical Lab Scientists	113
Occupational Therapists	105
Surgical Technologists	96
Health Care Support Workers, All Categories	89
Medical Transcriptionists	79
Medical/Clinical Lab Technologists	70
Diagnostic Medical Sonographers	60
Dieticians and Nutritionists	54
Medical Equipment Preparers	29
Physical Therapist Assistants	26
Radiation Therapists	26
Radiation Therapy Technologists	26
Physical Therapist Aides	13

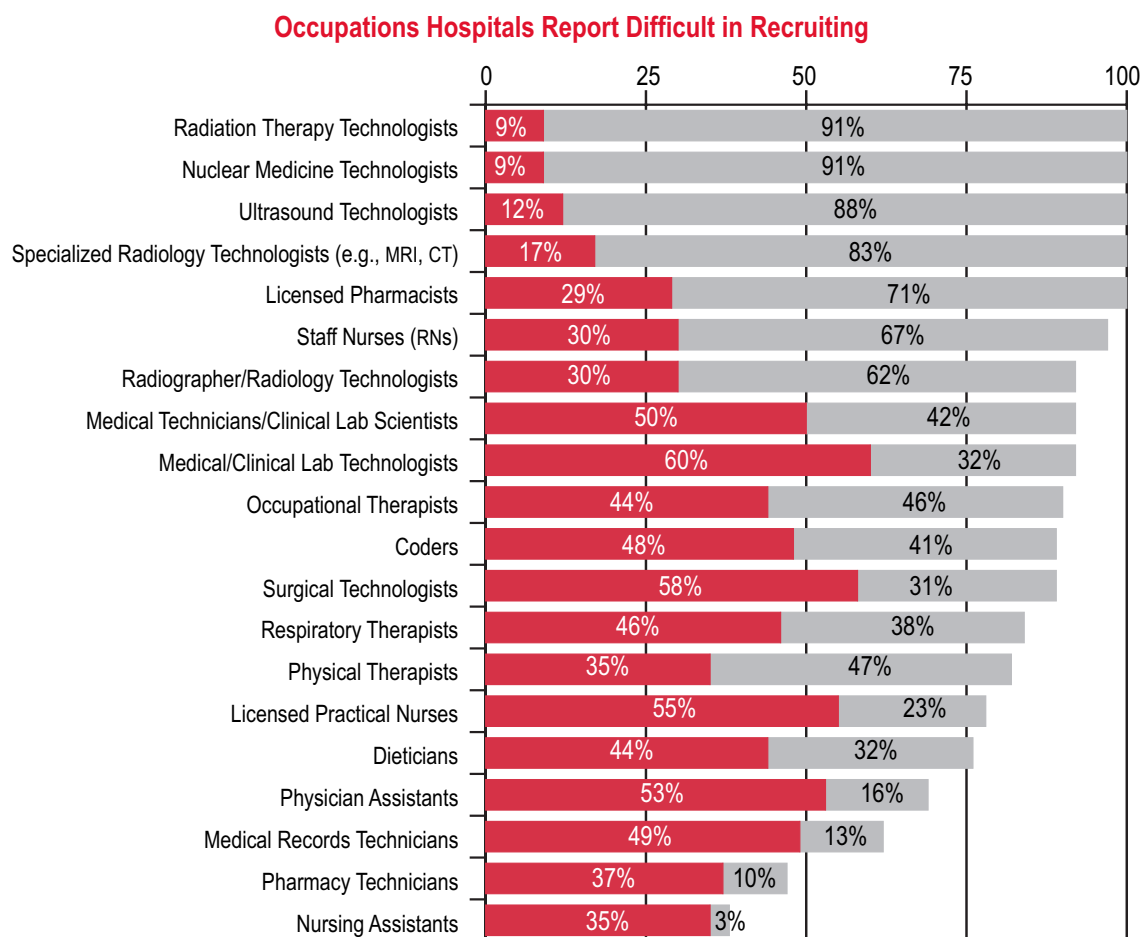
Hospitals Report Difficulty Recruiting

Hospitals still report difficulty recruiting personnel. According to the 2002-03 survey of acute care hospitals, conducted by the Washington State Hospital Association in partnership with the Center for Health Workforce Studies at the University of Washington, hospitals are reporting similar shortages to those reported in 2001.⁸ Hospitals in all workforce development areas of the state report that it is “somewhat difficult” or “very difficult” to recruit a wide range of occupations (see Figure 2).

Occupations That are the Hardest to Recruit

Between 90 to 100 percent of hospitals report it is difficult to recruit radiation therapy technologists, medical clinical lab technologists, occupational therapists, ultrasound technologists, specialized radiology technologists (e.g., CT, MRI), medical technologists/clinical lab scientists, licensed pharmacists, radiographer/radiology technologists, and registered staff nurses.

FIGURE 2



Percentage of Hospitals Reporting Difficulty Employing That Specialty

Somewhat Difficult to Recruit
 Very Difficult to Recruit

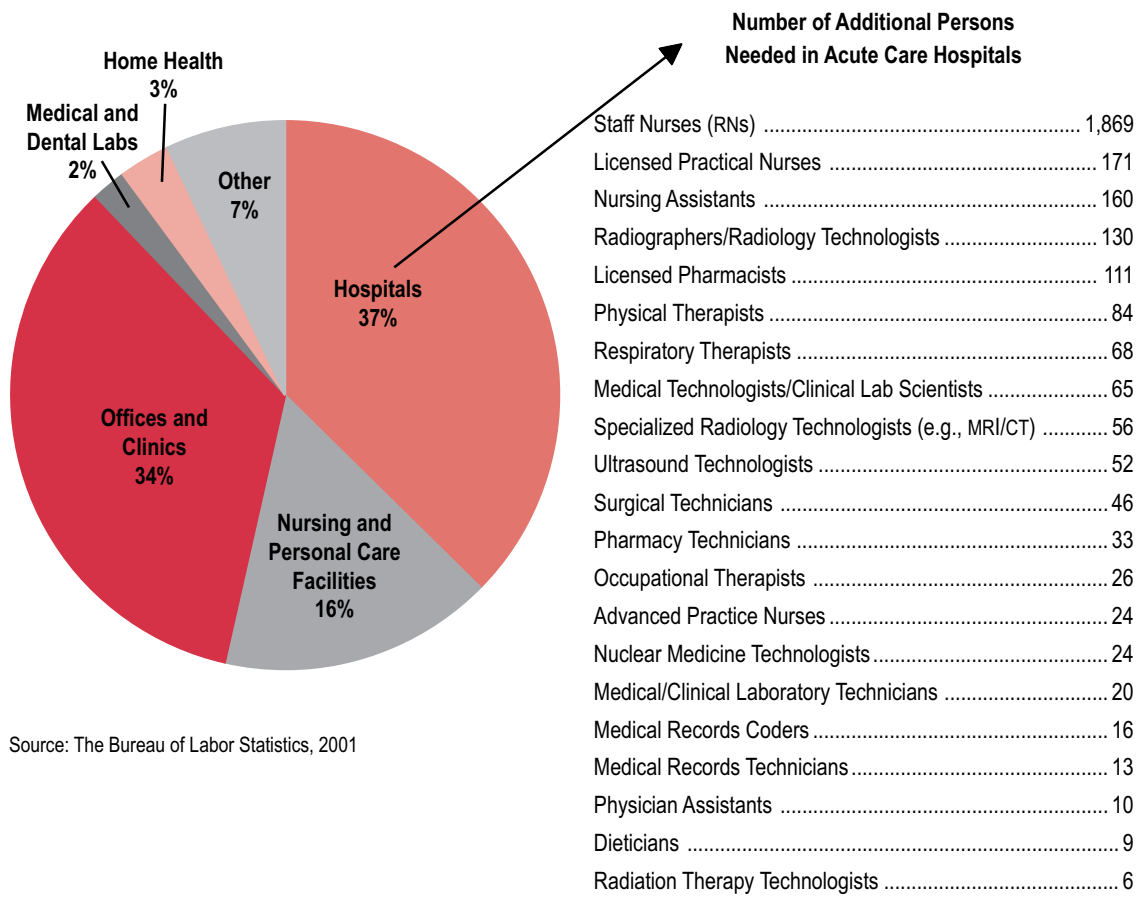
The 2002-03 survey of Washington's hospitals provides estimates of "persons needed" by occupation.⁹ These estimates, however, should be considered only as estimates of *a portion* of the needed personnel because they reflect acute care hospital personnel only. Hospitals employ 37 percent of the health workforce (see Figure 3). The estimates do not take into account the other 63 percent of health care personnel who are employed at offices and clinics (36 percent), nursing and personal care facilities (16 percent), medical and dental labs (2 percent), and home health (4 percent).

Shortages in Local Areas

Shortages for health occupations vary by local workforce development area. In 2002-03, hospitals in all areas report it is "very difficult" to recruit staff registered nurses. The chart in Figure 4 shows hospital shortages by workforce development area. A high percentage of hospitals in all areas report it is very difficult to recruit radiology technologists and other imaging specialists.

FIGURE 3

Health Services Employment by Place of Work



Source: The Bureau of Labor Statistics, 2001

Source: *Washington State Hospitals: Results of 2002 Workforce Studies*, University of Washington, August 2003

FIGURE 4

Hospitals by Workforce Development Areas Report Recruiting is “Very Difficult” for:

	Workforce Development Areas											
	1 Olympic	2 Pacific Mountain	3 Northwest	4 Snohomish	5 King	6 Pierce	7 Southwest	8 North Central	9 Tri-County	10 Eastern Washington	11 Benton Franklin	12 Spokane
Staff Registered Nurses	Dark Gray	Dark Gray	Dark Gray	Light Gray	Dark Gray	Dark Gray	Dark Gray	Dark Gray	Dark Gray	Dark Gray	Dark Gray	Dark Gray
Nursing Assistants	Light Gray	Light Gray	Light Gray	Light Gray	Light Gray	Light Gray	Light Gray	Light Gray	Light Gray	Light Gray	Light Gray	Light Gray
Licensed Practical Nurses	Light Gray	Light Gray	Light Gray	Light Gray	Light Gray	Light Gray	Light Gray	Light Gray	Dark Gray	Light Gray	Light Gray	Light Gray
Radiographer/Radiology Technologists	Dark Gray	Dark Gray	Dark Gray	Dark Gray	Dark Gray	Dark Gray	Dark Gray	Dark Gray	Dark Gray	Dark Gray	Dark Gray	Dark Gray
Licensed Pharmacists	Dark Gray	Dark Gray	Dark Gray	Dark Gray	Dark Gray	Dark Gray	Dark Gray	Dark Gray	Dark Gray	Dark Gray	Dark Gray	Dark Gray
Physical Therapists	Light Gray	Dark Gray	Light Gray	Light Gray	Dark Gray	Light Gray	Dark Gray	Light Gray	Light Gray	Light Gray	Dark Gray	Light Gray
Respiratory Therapists	Light Gray	Dark Gray	Dark Gray	Dark Gray	Light Gray	Light Gray	Light Gray	Dark Gray	Light Gray	Dark Gray	Dark Gray	Dark Gray
Medical Technician/Clinical Lab Scientists	Light Gray	Dark Gray	Light Gray	Dark Gray	Light Gray	Light Gray	Light Gray	Dark Gray	Light Gray	Light Gray	Dark Gray	Dark Gray
Specialized Radiology Technologists	Dark Gray	Light Gray	Light Gray	Light Gray	Light Gray	Light Gray	Light Gray	Dark Gray	Light Gray	Dark Gray	Dark Gray	Dark Gray
Ultrasound Technologists	Dark Gray	Dark Gray	Light Gray	Light Gray	Dark Gray	Light Gray	Light Gray	Light Gray	Light Gray	Dark Gray	Dark Gray	Dark Gray
Surgical Technologists	Light Gray	Dark Gray	Light Gray	Light Gray	Light Gray	Light Gray	Dark Gray	Dark Gray	Light Gray	Light Gray	Light Gray	Light Gray
Pharmacy Technicians	Light Gray	Light Gray	Light Gray	Light Gray	Light Gray	Light Gray	Light Gray	Light Gray	Light Gray	Light Gray	Light Gray	Light Gray
Occupational Therapists	Dark Gray	Dark Gray	Light Gray	Dark Gray	Dark Gray	Light Gray	Light Gray	Dark Gray	Light Gray	Light Gray	Dark Gray	Dark Gray
Nuclear Medicine Technologists	Dark Gray	Dark Gray	Dark Gray	NO DATA	Dark Gray	Dark Gray	Dark Gray	Dark Gray	Dark Gray	Dark Gray	Dark Gray	Dark Gray
Advanced Practice Nurses	Dark Gray	Dark Gray	Light Gray	Dark Gray	Dark Gray	Dark Gray	Light Gray	Light Gray	Dark Gray	Dark Gray	Dark Gray	Dark Gray
Medical/Clinical Lab Technologists	Light Gray	Light Gray	Light Gray	Dark Gray	Light Gray	Light Gray	Dark Gray	Dark Gray	Light Gray	Dark Gray	Light Gray	Light Gray
Coders	Light Gray	Light Gray	Dark Gray	Light Gray	Light Gray	Dark Gray	Dark Gray	Dark Gray	Dark Gray	Light Gray	Light Gray	Light Gray
Medical Records Technicians	Light Gray	Light Gray	Light Gray	Light Gray	Light Gray	Light Gray	Light Gray	Light Gray	Dark Gray	Light Gray	Light Gray	Light Gray
Physician Assistants	Dark Gray	Dark Gray	Light Gray	Light Gray	Light Gray	Light Gray	Dark Gray	Light Gray	Light Gray	Light Gray	NO DATA	NO DATA
Dieticians	Dark Gray	Dark Gray	Light Gray	Dark Gray	Dark Gray	Light Gray	Light Gray	Dark Gray	Light Gray	Light Gray	Light Gray	Light Gray
Radiation Therapy Technologists	Dark Gray	Light Gray	Light Gray	Light Gray	Dark Gray	Dark Gray	Dark Gray	Light Gray	Light Gray	Dark Gray	NO DATA	Light Gray

(1) Clallum, Jefferson, Kitsap
 (2) Grays Harbor, Lewis, Mason, Pacific, Thurston (3) Island, San Juan, Skagit, Whatcom (7) Clark, Cowlitz, Skamania, Wahkiakum (8) Adams, Chelan, Douglas, Grant, Okanogan (9) Kittitas, Klickitat, Yakima (10) Asotin, Columbia, Ferry, Garfield, Lincoln, Pend Oreille, Stevens, Walla Walla, Whitman

KEY: Percent of Hospitals Reporting “Very Difficult” to Recruit

Dark Gray	100% of hospitals (that employ the occupation) reported recruitment as “very difficult”
Dark Red	50–99% of hospitals (that employ the occupation) reported recruitment is “very difficult”
Light Gray	< 50% of hospitals (that employ the occupation) reported recruitment is “very difficult”
Light Red	> 50% of hospitals (that employ the occupation) reported recruitment is “very difficult”

Source: The Center for Health Workforce Studies, University of Washington and Washington State Hospital Association report, *Washington State Hospitals: Results of 2002 Workforce Survey*.

Long-Term Care

According to the American Health Care Association 2002-03 survey, vacancy and turnover rates in Washington's long-term care facilities remain very high, although there has been significant improvement since 2001 for staff registered nurses, licensed practical nurses, and certified nursing assistants (see Figure 5). (See "Crisis or Opportunity?" pages I-VI for a full discussion of issues related to retention of health care personnel.)

Special Notes on Pharmacists, Physicians, and Dental Health Personnel

The May 2003 Job Vacancy Survey is likely to significantly underestimate job vacancies for pharmacists, dental assistants, and dental hygienists since many of these work for employers who employ fewer than five people. Pharmacists are among one of the most difficult occupations to recruit across the state according to the 2002-03 hospital survey. The National Association of Chain Drugstores' 2003 survey supports this finding and allocates the following locations in Washington as severe shortage areas: Arlington, Eastern Washington, Ellensburg, Marysville, Pierce County, Seattle, South King County, Tacoma, Tri-Cities, Walla Walla, and Yakima.¹⁰

A 2001 survey of dentists, conducted by the Center for Health Workforce Studies, finds that most dentists have difficulty recruiting both dental assistants and hygienists, and this limits the amount they can expand their capacity to treat patients. The report estimates a 24.5 percent vacancy rate for dental hygienists in 2001 and found that over half of Washington's dentists plan to retire by 2013.¹¹

Washington is among the majority of states that have geographic areas of physician shortages.¹² Medicare, Medicaid, private insurance reimbursement rates, malpractice insurance costs, and scope of practice issues affect the supply of physicians and other health care personnel. The Task Force acknowledges these are important issues, but determined that they are beyond the charge of the Task Force, which prioritized educational capacity and recruitment issues.

Data Limitations

The May 2003 Job Vacancy Survey and the hospital survey provide ample evidence of health care personnel shortages. However, the Job Vacancy Survey conducted by the Employment Security Department (ESD) each spring and fall does not include employers of four or fewer employees, and there are many health care personnel who work in small clinics. The hospital surveys exclude workers in federal hospitals, clinics, and long-term care settings. For example, hospitals do not report difficulty recruiting nursing assistants, but a large portion of nursing assistants work in long-term care facilities. In addition, both of these surveys provide a point-in-time perspective and do not take into account the high projected growth in the health care industry.

In order to improve information, WTECB, in partnership with the Department of Health, has contracted with researchers at Washington State University to conduct a data assessment project. The project, to be completed in January 2004, will provide recommendations on establishing a data system. This is the first step toward creating a more complete information system, which is critical for planning to meet future health workforce needs.

FIGURE 5

Vacancy and Turnover Rates in Washington's Long-Term Care Facilities

Position	Vacancy Rate		Annualized Turnover		Estimated Vacant Positions in 2002
	2001	2002	2001	2002	
Director of Nursing	7.9%	2.0%	49.6%	122.8%	5
Registered Nurse: Administrative	7.7%	8.3%	38.0%	34.7%	71
Registered Nurse: Staff	19.9%	13.2%	69.3%	38.7%	239
Licensed Practical Nurse	14.6%	10.3%	54.2%	43.2%	277
Certified Nursing Assistant	11.1%	6.8%	95.1%	71.1%	671

Source: The American Health Care Association, Health Services Research and Evaluation, *Results of the 2002 AHCA Nursing Position Vacancy and Turnover Survey*, February 2003.

2003 Progress Highlights

Educational Capacity Expansion

As the result of funds provided by the Governor and Legislature in the 2003-05 biennial budget, approximately \$11.8 million have been directed toward expanding health care education and training in public postsecondary institutions. These funds come from four sources: Higher Education Coordinating Board (HECB) high-demand funds, SBCTC high-demand funds, SBCTC high-demand funds earmarked for the Worker Retraining program, and SBCTC workforce development funds.

HECB directed \$2.7 million in high-demand funds to expand capacity at four-year colleges and universities in health care programs: nursing, pharmacy, physical therapy, and safety management (see Figure 6). These funds will expand capacity by approximately 163 student FTEs. The enrollments will become part of the four-year institutions' basis for future funding.

SBCTC directed \$1.69 million in high-demand funds to expand health care education and training programs at community and technical colleges. These funds will expand capacity by approximately 85 student FTEs. SBCTC also estimates that approximately \$3.6 million directed to the Worker Retraining program will support the expansion of health care programs by an estimated 893 student FTEs. The expansion financed through the high-demand fund and the Worker Retraining program will become part of the two-year college's base for future funding. Finally, SBCTC directed \$3.7 million in workforce development funds for health care programs. These funds will expand capacity by an estimated 927 student FTEs. This expansion, however, will not become part of the colleges' basis for future funding.

FIGURE 6

High-Demand Funds Allocated by the Higher Education Coordinating Board for 2003-05 to Expand Health Care Education and Training

Four-Year College University	Health Care Program	Additional FTEs 2003-05	Additional Funds 2003-05
Central Washington University	Safety and Health Management	12	\$167,984
Eastern Washington University	Doctorate of Physical Therapy	8	\$96,000
University of Washington	Bachelor of Science in Nursing	32	\$455,661
Washington State University	Pharmacy	46	\$928,986
Washington State University	Bachelor of Science in Nursing	65	\$1,081,023
	TOTAL	163	\$2,729,654

Programs will need to seek additional funds in order to maintain this expanded capacity. Figure 7 summarizes the \$9 million in funding for additional health care enrollments provided through SBCTC.

In all, the estimated \$11.8 million in state 2003-05 funds expanding health care capacity at two- and four-year institutions will increase student enrollments by an estimated 2,070 student FTEs. Of these, 1,008 student FTEs will become part of the base enrollments for ongoing funding in the future (see Figure 8).

FIGURE 7

**State Board for Community and Technical Colleges
High-Demand and Other Discretionary Allocations: 2003-05**

Community and Technical Colleges	Health Care Program	Additional FTEs 2003-05	Additional Funds 2003-05
HIGH DEMAND			
Bellingham/Skagit/Whatcom	NW Regional Nursing Family Expansion	30	\$597,000
Clover Park/Pierce-Puyallup	Puget Sound Health Education Collaboration	20	\$398,000
Everett	Continuing RN Program Expansion	15	\$298,500
Pierce-Fort Steilacoom	Flexible Delivery Methods for Dental Hygiene Expansion	10	\$199,000
Tacoma	Increased Capacity in the ADN Program	10	\$199,000
		85	\$1692,500
WORKFORCE DEVELOPMENT/RURAL			
Yakima	Center for Excellence in Allied Health		\$200,000
Bates	Increasing Capacity and Student Diversity for Licensed Practical Nurse		\$258,422
Bellevue	Medical Informatics		\$250,946
Big Bend	Opportunities in Rural Health Care		\$145,196
Centralia	Registered Nurse Start-Up/Licensed Practical Nurse Expansion		\$272,242
Clark	Increasing the Number of Registered Nurse Graduates		\$258,442
Columbia Basin	Increasing Nursing Enrollments		\$272,242
Grays Harbor	Nursing Program Expansion		\$272,242
Lower Columbia	Licensed Practical Nurse to Registered Nurse Bridge Education (Distance Education)		\$152,482
Olympic	Licensed Practical Nurse to RN Advanced Placement Option		\$258,442
Peninsula	Nursing Program Expansion		\$181,494
Renton	Options in Nursing Education for All		\$258,442
Seattle District	Health Care Institute		\$439,936
South Puget Sound	ADN Program Expansion		\$258,442
Spokane	Health Care		\$258,442
		est. 927	\$3,737,432
WORKER RETRAINING			
Variety of Colleges	Variety of Health Care Programs	est. 893	\$3,600,000
	TOTAL	1,905	\$9,028,932

In addition to the state institutions and dollars, private schools expanded capacity in health care education and training. Pacific Lutheran University, Seattle University, and Northwest College in Kirkland have established new programs to train registered nurses, and Heritage College plans to open a licensed practical nursing program in 2004.

Clinical Capacity Expansion

The availability of clinical sites is one of the major obstacles to expanding educational capacity for health care education and training programs, and the Task Force recommends that educational institutions coordinate placements to expand clinical capacity. In 2002, Tacoma Community College received a workforce development grant from SBCTC to establish a clinical coordination model. NCPD #1 coordinates clinical placement for 14 educational institutions at over 320 workplaces in a 10-county region.

NCPD #1 has expanded clinical capacity for nursing programs by 26 percent, from 455 nurses in 2000-01 to an estimated 615 in 2002-03. Expansion has been possible because of coordination, communication, flexibility in improving efficiency, and opening schedules for clinical components. Other achievements include: a web-based planning grid to improve access to site availability and warn of changes, reduced administrative burdens for staff at educational institutions and work sites, and enhanced rapport between faculty at different schools. Following the success of this program, other local areas are examining how they can adapt this clinical coordination model.

FIGURE 8
New FTEs Allocated in Health Care Education and Training Programs

Health Care Programs at Public Institutions	New FTEs			State Funding			Average Per FTE Cost	
	03-04	04-05	Total	03-04	04-05	Total	03-04	04-05
Four-year programs supported by ongoing high-demand funds	76	87	163	\$1,048,260	\$1,681,394	\$2,729,654	\$12,306	\$9,628
Two-year programs supported by ongoing high-demand funds	85		85	\$845,750	\$845,750	\$1,691,500	\$10,000	\$10,000
Two-year programs supported by two-year workforce development funds	est. 464	est. 464	est. 928	\$1,850,263	\$1,850,263	\$3,700,526	>\$4,029	TBD
Two-year Worker Retraining supported by ongoing high-demand funds	893	TDB	est. 893	\$3,600,000	TBD	\$3,600,000	>\$4,029	
Center of Excellence Yakima						\$100,000		
		TOTAL	est. 2,070			\$11,858,586		

Health Care Apprenticeships

PCHSCC, a Pierce County health skills panel, worked with Multicare Health Systems and the Department of Labor and Industries to establish a Health Unit Coordinator Apprenticeship program, the first of its kind in the nation. After apprenticeship skills standards were developed, the program received approval from the Washington State Apprenticeship Training Council.

Students are required to complete 144 hours of classroom instruction and will receive hands-on training at the worksite for 10 months. The first class of seven students graduated from the didactic portion of their program in July 2003. Multicare Health Systems expects to graduate approximately 80 students per year for the next two years.

PCHSCC also received approval for two more apprenticeship programs in imaging technology: Computed Tomography and Magnetic Resonance Imaging. Again, these are the first of their kind in the nation. Both programs require 154 hours of classroom instruction combined with 2,000 hours of on-the-job training.

Recruitment and Retention

Training and education for incumbent, dislocated, and unemployed workers

While the recent economic downturn has led to massive dislocations and high unemployment in Washington, health care employers continue to hire. For this reason, the Task Force recommends recruiting suitable dislocated and unemployed workers into the industry. At the same time, the Task Force recommends that entry-level health care workers receive education and training to move up the career ladder. This serves the multiple purposes of retaining personnel, filling high-demand positions, and making room for new workers at the entry level.

In December 2002, four WDCs (Northwest, Tacoma-Pierce County, Seattle-King County, and Snohomish County) received a \$3 million H1-B grant from the Department of Labor to train incumbent workers, dislocated workers, and unemployed adults in high-demand health care occupations.¹³ Their success was

the result of a collaboration of three health skills panels. This grant has enabled 294 individuals to be educated as radiology technologists, specialized imaging technologists, registered nurses, baccalaureate level nurses, and licensed practical nurses.

Recruitment and retention in rural hospitals

In rural areas, it can be difficult to recruit and retain personnel. SHB 1189 passed during the 2003 Legislative session, allowing hospital districts to pay travel expenses for medical personnel who come to the area for job interviews, thus increasing their ability to recruit personnel. The law also allows hospital districts to reimburse personnel for the cost of tuition when they seek further education and training. This strategy aims to enhance the hospital district's ability to retain personnel.

Empowering local communities

Since 2000, WTECB has issued grants to local partners to establish skills panels for industry clusters that are critical to the economy of their workforce development area. In 2000, two areas identified health care as a key industry cluster. By 2002, eight workforce development areas had established health care skills panels. By August 2003, the remaining four areas had established health skills panels in the Spokane, North Central, Eastern Washington Partnership, and the Tri-County workforce development areas.

These local panels have proven track records for addressing health care shortages. Participating organizations include major health care employers (hospitals, clinics, long-term care facilities, and insurers) community and technical colleges, and organized labor. The panels usually begin by analyzing regional labor market data, conducting industry surveys, and identifying specific occupational shortages and skills gaps. The panels then identify priority occupations to target and implement strategies to alleviate shortages in these occupations.

Health skills panels strategies include, but are not limited to:

- Seeking and receiving federal, state, and private funding to expand health care education and training programs, and starting new programs.

- Creating new educational options such as distance learning programs to advance practical nurses to become registered nurses.
- Establishing health care apprenticeship programs.
- Increasing financial aid opportunities for incumbent workers.
- Expanding clinical site capacity.
- Partnering with high school career counselors, health teachers, and career and technical education directors to promote health and allied occupations to high school students.

See Appendix C: Progress by local area for local health skills panels progress in 2002-03.

Next Steps for Health Workforce Partners

As this progress report shows, significant advances have been made on many priority strategies contained in "Crisis or Opportunity?" to address the shortage of health care personnel. The urgency of the shortage makes it imperative that this progress continue. However, there has been little or no movement for some priority strategies. The following are the strategies from "Crisis or Opportunity?" that the Task Force reiterates as priorities and the next steps to continue the state's progress.

Priority Strategy 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, SBCTC, HECB, and four-year colleges and universities.*

Next Steps: For the 2003-05 biennium, there are \$11.8 million in new state funds to expand capacity in health care programs at two- and four-year colleges and universities by approximately 2,070 student FTEs. In the spring of 2003, however, there were over 6,900 job vacancies in health care professions, and the annual supply of newly prepared health care professionals fell

about 1,500 short of the number of new job openings per year. There is both a backlog of unfilled positions and a pipeline that remains inadequate to keep up with new demand. During 2004, the Task Force will analyze how many more student enrollments are required to meet demand and make recommendations to the Governor and Legislature for funding for the 2005-07 biennium.

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

In "Crisis or Opportunity?" there are three priority strategies to further develop health care faculty:

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

Priority Strategy 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 programs experiencing faculty shortages. *Responsible Entities: Legislature, SBCTC, HECB, Department of Health, four-year colleges and universities, private partners, and foundations.*

Priority Strategy 1.2.3: Implement faculty-sharing arrangements among education providers, or among industry and education providers. *Responsible Entities: Health skills panels working with employers, labor, and education institutions.*

Next Steps: Some schools are implementing faculty-sharing arrangements. For example, Clover Park Technical College and Pierce College-Puyallup are sharing a nursing director to assist in the expansion and articulation of the nursing assistant, practical nurse, and associate degree nurse programs. Similar arrangements should be encouraged among educational institutions.

In 2004, the Task Force will convene a workgroup on faculty development in order to advance strategies to increase the supply of faculty in health care programs. The workgroup will identify who needs to do what in order to make further progress, gain their commitment, and set expectations for achievements and completion dates.

Priority Strategy 1.3.1: Coordinate clinical sites for nursing and allied health professions. *Responsible Entities: Health skills panels working with employers, labor, education providers, and AHECs.*

Next Steps: Educational institutions continue to report lack of clinical sites as a major barrier to program expansion. Tacoma Community College, following the example of an effective program in Arizona, established a program that coordinates clinical sites for 15 educational institutions at over 320 worksites. In its first year, the program expanded capacity of nursing programs by 26 percent. This program represents a significant departure from usual practice. As other areas of the state and other allied health programs expand capacity via this method, they will require significant commitment and willingness from partners to move away from traditional practices of organizing clinical components on an individual basis.

Strategy 1.4.1: Develop and implement "common core" curricula. *Responsible Entities: SBCTC, HECB, colleges and universities, Office of Superintendent of Public Instruction (OSPI), Department of Health, and professional boards and commissions.*

Next Steps: Yakima Valley Community College has established the Allied Health Core Curriculum for medical assisting, medical billing and coding, surgical technology, pharmacy technology, and medical interpreter. Common core classes were first offered online during the fall of 2003. This program has potential for adoption by other community colleges. The concept of common core curricula needs further definition and examination to assess the potential for broadened application.

Developing common core curricula is the other strategy the Task Force will focus its own efforts on in 2004. The Task Force will convene a working group to identify who needs to do what in order to make further progress, gain commitment, and set expectations for achievements and completion dates. Part of what needs to be done is to explore the issue of common core curricula in greater depth. This effort will include examining the literature and practices in other states, the costs and benefits, and the other advantages and disadvantages of creating common core curricula. This work will prepare the Task Force and other stakeholders to make decisions about whether the use of common core curricula should be broadened in Washington, and if so, defining the best means for implementation.

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

Next Steps: Laws, rules, and regulations can pose barriers to expansion of educational programs or recruitment of individuals into health care fields. While these laws, rules, and regulations have been developed to ensure the safety of the residents of Washington and quality of care, there are some instances where rules are outdated or could provide greater flexibility. The Department of Health is exploring legislation that would reduce regulatory barriers to the expansion of health care personnel.

Conclusion

The next steps outlined in the previous section are just a small part of what needs to be done and only highlight strategies that the Task Force will actively examine during 2004. As continued progress is made on the Task Force's plan contained in "Crisis or Opportunity?," many other organizations will be engaged in implementing its strategies. It is the collaborative efforts of employers, labor, state and local agencies, schools, colleges, workforce development councils, professional associations, and many others, and the continuing support of the Governor and Legislature that is enabling progress to be made. By working together, we will solve this crisis and provide the health care workforce that our state needs.

References

¹Washington State Job Vacancy Survey, May 2003. Washington State Employment Security Department, Labor Market and Economic Analysis Branch. The results of this survey are very likely to underestimate the number of vacancies, and, therefore, the extent of the shortages since the survey does not account for employers with four or less employees. Many dental, physician, and nurse practitioner practices, among others, employ four or less employees.

²William B. Beyers, University of Washington, *The Economic Impact of Hospitals in Washington State in the Year 2001*, July 2003, Page 2. The report states: "For every direct dollar of spending by hospitals, about \$2.4 in business activity was created in the Washington economy in the year 2001. This business activity created a total of 204,000 jobs, slightly more than three jobs in total created for every hospital industry job."

³The Task Force formed two committees comprising a wider group of stakeholders to make recommendations on educational capacity and recruitment and retention. The Health Workforce Diversity Network, staffed by the State Board of Health, provided recommendations to the Task Force on diversity issues in the health workforce.

⁴Washington was one of 16 states to receive an incentive award for exceeding performance targets for workforce development programs and one of five states to receive \$3 million, the maximum award.

⁵The H1-B grant: When employers hire workers from other countries on an H1-B visa, part of the fee is directed toward providing education and training that enables workers within the U.S. to increase their skills and fill high-demand positions.

⁶Washington State Job Vacancy Survey, May 2003. Washington State Employment Security Department, Labor Market and Economic Analysis Branch.

⁷Occupations with growth rates of 3 percent or higher per year: nursing aides, medical secretaries, registered nurses, physicians and surgeons, dental assistants, home health aides, licensed practical nurses, and medical assistants. See Workforce Explorer "10 hot jobs in Washington" at <<http://www.workforceexplorer.com>>.

⁸Susan M. Skillman, M.S.; Troy Hutson, R.N., J.D.; and C. Holly A. Andrilla, M.S.; Washington State Hospitals: *Results of 2002 Workforce Survey*, Paper #79, WWAMI Center for Health Workforce Studies, University of Washington, August 2003.

⁹Ibid.

¹⁰National Association of Chain Drugstores Foundation, *January 2003 Chain Pharmacy Employment Survey Results* available at <<http://www.nacds.org/>>.

¹¹Gary Hart, *Findings from the 2001 Washington State Dental Association Survey of Dentists*, Center for Health Workforce Studies, University of Washington, September 2002.

¹²Personal communication with Gary Hart, WWAMI Center for Health Workforce Studies, November 2003, see also *State of the Health Workforce in Rural America, Profiles and Comparisons*, WWAMI Rural Health Research Center, August 2003.

¹³The H1-B grant: When employers hire workers from other countries on an H1-B visa, part of the fee is directed toward providing education and training that enables workers within the U.S. to increase their skills and fill high-demand positions.

Appendix A: 2003 Progress by Strategy

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.

STRATEGY	ACTION TAKEN
<p>Priority Strategy 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. (General fund—state)</p>	<p>High-Demand Funds Allocated 2003-05 legislative budget provided \$20.1 million for high-demand programs that includes nursing and health services, applied science and engineering, viticulture and enology, and worker retraining:</p> <ul style="list-style-type: none"> • HECB awarded \$2,729,654 for 2003-05 to expand health care programs. • SBCTC awarded \$1,691,500 for 2003-05 to expand health care programs, and \$3.6 million for 2003-04 to expand health care programs via Worker Retraining. <p>Dedicated Funds Allocated In addition, SBCTC awarded \$3,700,526 of workforce program development funds to support health care programs and \$100,000 for an Allied Health Center of Excellence.</p> <p>Federal Incentive Award Funds Allocated Washington received a \$3 million Sec. 503 incentive award from the federal departments of Labor and Education for exceeding performance targets in workforce development programs. WTECB is awarding the grants to local workforce development areas for the purpose of expanding capacity to address the shortages of health care personnel.</p>
<p>Responsible Entities <i>Legislature, SBCTC, HECB, and four-year colleges and universities</i></p>	<p>Health Unit Coordinator Apprenticeship Developed The Washington State Apprenticeship and Training Council (WSATC) approved the Health Unit Coordinator apprenticeship and the first class was graduated on July 31, 2003. This apprenticeship was instigated by Multicare Health System and the local health skills panel in Pierce County. Twenty students enrolled in June 2002 (Multicare and the Apprenticeship Council provided the training). Sixty more students will be enrolled over the next fifteen years.</p>
<p>Strategy 1.1.2 Develop apprenticeship opportunities in health care.</p> <p>Responsible Entities <i>Department of Labor and Industries, labor, employers, Department of Health, and professional boards and commissions</i></p>	<p>Imaging Technology Apprenticeships Developed Two more apprenticeships for Computed Tomography and Magnetic Resonance Imaging Technologist have been approved by WSATC.</p> <p>Department of Labor Selected Washington to Pilot Nursing Lattice Apprenticeship The federal Department of Labor selected Washington as one of the five demonstration sites to pilot the Nursing Career Lattice apprenticeship program to enable nursing assistants to become practical nurses. (Council for Adult and Experiential Learning site: <http://www.cael.org>)</p>

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

STRATEGY

ACTION TAKEN

Priority 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. (General fund—state)

No Progress to Date

Responsible Entities

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

Priority Strategy 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. (General fund—state)

Health Scholarship and Loan Repayment Program Maintained

For the 2003-05 biennium, the Legislature maintained the funding level for the Health Scholarship and Loan Repayment program (HECB program administered by the Department of Health). In 2003, five students studying to become nurse educators received these scholarships.

Examples of other scholarships developed in local communities. See Appendix C: Health Skills Panels.

Responsible Entities

Legislature, SBCTC, HECB, Department of Health, four-year colleges and universities, and private partners or foundations

Priority Strategy 1.2.3

Implement faculty-sharing arrangements among education providers, or among industry and education providers.

Examples of Faculty-Sharing Arrangements

Several hospitals across the state (e.g., Virginia Mason, University of Washington Medical Center) have agreed to release a qualified member of staff to teach in postsecondary and secondary programs. The hospital provides staff release time and other forms of compensation, such as benefits.

Responsible Entities

Health skills panels working with employers, labor, and education institutions

No statewide data is available yet.

STRATEGY	ACTION TAKEN
<p>Strategy 1.2.4 Develop alternate pathways to gain teaching qualifications for nursing faculty and other health program faculty.</p>	<p>Nursing Commission is Rewriting Rules The Washington State Nursing Care Quality Assurance Commission has been working with stakeholders to revise education rules to clarify the standards for those who teach, nursing program approvals, and supervision.</p>

Responsible Entities
Professional boards and commissions, Department of Health, SBCTC, and four-year colleges and universities

Strategy 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.
(Legislature, general fund—state)

None
Due to the state's \$2.6 billion budget deficit in 2003, Task Force leadership considered it was not a good time to pursue this strategy.

Responsible Entity
Legislature

Objective 1.3 Increase clinical capacity.

STRATEGY	ACTION TAKEN
<p>Priority Strategy 1.3.1 Coordinate clinical sites for nursing and allied health professions.</p>	<p>Nursing Clinical Placement District #1 Implemented Tacoma Community College has developed NCPD #1 that coordinates clinical placement for 14 registered nursing programs at over 320 workplaces. In its first year the initiative expanded clinical capacity by 26 percent. At least three other health skills panels are considering adapting this model for their area.</p>

Responsible Entities
Health skills panels working with employers, labor, education providers, and AHECS

STRATEGY	ACTION TAKEN
<p>Strategy 1.3.2 Provide financial and other incentives to employers of self-employed professionals for providing clinical resources: sites and faculty supervision. (Legislature, general fund—state)</p>	<p>None Due to the state's \$2.6 billion budget deficit in 2003, the Task Force leadership considered it was not a good time to pursue this strategy.</p>
<p>Responsible Entity <i>Legislature</i></p>	
<p>Strategy 1.3.3 Identify and eliminate barriers to expanding clinical capacity, and to 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.</p>	<p>Department of Health Considers 'Eliminating Barriers' Legislation The Department of Health is considering legislation for 2004 to eliminate unnecessary barriers to credentialing by changing criteria for credentialing and testing.</p> <p>The proposal: Issues a "limited license" to dental hygienists; allows dental hygiene students to work under supervision of licensed instructors; removes citizenship requirement for dispensing opticians, allows nursing students to provide a transcript rather than provide evidence of a diploma when applying for licenses; allows a practical nurse in nontraditional RN programs to qualify for clinical experience when working with an RN preceptor, and when the experience is obtained within six months of completion of approved nontraditional program (see also Strategy 2.1.2).</p>
<p>Responsible Entities <i>Professional boards and commissions, Department of Health, education institutions, and AHECs</i></p>	

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.

STRATEGY	ACTION TAKEN
<p>Strategy 1.4.1 Develop and implement "common core" health care curricula.</p>	<p>College Develops Common Core Curriculum Via the Internet Yakima Valley Community College has established a common core curriculum for Medical Assisting, Medical Billing and Coding, Surgical Technology, Pharmacy Technology, and Medical Interpreter. The Allied Health core classes were first offered online during the fall of 2003. This program has potential for adoption by other community colleges.</p>
<p>Responsible Entities <i>SBCTC, HECB, four-year colleges and universities, OSPI, Department of Health, and professional boards and commissions</i></p>	

STRATEGY

ACTION TAKEN

Strategy 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 (see Goal 4 for education and training modules strategies that leads to promotion within the workplace).

Responsible Entities

Health skills panels, SBCTC, HECB, OSPI, four-year colleges and universities, and Department of Health

Strategy 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, and community-based organizations

Local Agreements but No Statewide Agreements Developed Yet

Many community colleges have articulation agreements with certain four-year schools for nursing programs. However, not all two-year associate degree nursing programs articulate to all four-year bachelors of science in nursing programs.

Some examples exist of articulation between community colleges, e.g., five colleges in eastern Washington are cross-referencing nursing programs to develop common course names, and Yakima Valley Community College has developed a core allied health program.

The Council of Nurses Educators of Washington is continuing work on the Nursing Education and Articulation and Competency Project. Educators and nurses working in industry are collaborating to validate the competencies developed.

New Nursing Education Rules in Development

The Nursing Care Quality Assurance Commission and the Council of Nurse Educators have developed an articulation plan for licensed practical nurse (LPN), associate degree nursing, and bachelor of science in nursing. The competencies identified are currently being validated.

Various Examples Across the State

Yakima Community College is working with migrant farm workers to integrate health care training and English-as-a-Second Language with customized scheduling and tutoring.

South Seattle Community College has implemented a bilingual nursing assistant summer program for youth. The six-week program includes a two-day life skills workshop and a two-day college awareness workshop. The program includes clinical components, and students take the state board exam to become certified as nursing assistants. The 2003 program enrolled 51 students and 49 graduated. It is expected that about 80 to 90 percent will pass the board exams.

Walla Walla Community College integrates English-as-a-Second Language into nursing and allied health occupational programs. The college also provides services to families to assist with career decisions and provides support to overcome barriers to further training.

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.

STRATEGY	ACTION TAKEN					
<p>Strategy 2.1.1 Expand and/or leverage financial aid for individuals pursuing health care training, and disseminate information on available financial assistance.</p> <p>Responsible Entities <i>Legislature, HECB, private companies, employers, foundations, and local health skills panels</i></p>	<p>The Legislature Maintained Funding Levels for Health Scholarship and Loan Repayment Programs In 2003 funding levels were maintained at \$2 million for the biennium. An additional \$1 million requested by HECB was not funded.</p> <table border="0"> <tr> <td data-bbox="516 852 792 1094"> <p>2001-2002 24 SCHOLARSHIPS Associate Degree Nurses–9 Dentist–1 Licensed Practical Nurse–4 Nurse Educator–3 Registered Nurse–5 Licensed Midwife–2</p> </td> <td data-bbox="894 852 1166 1066"> <p>2002-2003 14 SCHOLARSHIPS Associate Degree Nurses–2 Dental Hygienists–1 Licensed Practical Nurse–3 Nurse Educator–5 Registered Nurse–3</p> </td> </tr> <tr> <td data-bbox="548 1136 760 1377"> <p>2002 LOAN REPAYMENTS Nurse Practitioner–1 Physician Assistant–1 Pharmacists–3 Registered Nurse–11 Dentist–4 Medical Doctor–3</p> </td> <td data-bbox="883 1136 1182 1472"> <p>2003 LOAN REPAYMENTS Nurse Practitioner–2 Physician Assistant–3 Pharmacists–0 Registered Nurse–6 Dentist–2 Medical Doctor–4 Certified Nurse Midwife–3 Registered Dental Hygienist–2 Licensed Practical Nurse–1</p> </td> </tr> </table>		<p>2001-2002 24 SCHOLARSHIPS Associate Degree Nurses–9 Dentist–1 Licensed Practical Nurse–4 Nurse Educator–3 Registered Nurse–5 Licensed Midwife–2</p>	<p>2002-2003 14 SCHOLARSHIPS Associate Degree Nurses–2 Dental Hygienists–1 Licensed Practical Nurse–3 Nurse Educator–5 Registered Nurse–3</p>	<p>2002 LOAN REPAYMENTS Nurse Practitioner–1 Physician Assistant–1 Pharmacists–3 Registered Nurse–11 Dentist–4 Medical Doctor–3</p>	<p>2003 LOAN REPAYMENTS Nurse Practitioner–2 Physician Assistant–3 Pharmacists–0 Registered Nurse–6 Dentist–2 Medical Doctor–4 Certified Nurse Midwife–3 Registered Dental Hygienist–2 Licensed Practical Nurse–1</p>
<p>2001-2002 24 SCHOLARSHIPS Associate Degree Nurses–9 Dentist–1 Licensed Practical Nurse–4 Nurse Educator–3 Registered Nurse–5 Licensed Midwife–2</p>	<p>2002-2003 14 SCHOLARSHIPS Associate Degree Nurses–2 Dental Hygienists–1 Licensed Practical Nurse–3 Nurse Educator–5 Registered Nurse–3</p>					
<p>2002 LOAN REPAYMENTS Nurse Practitioner–1 Physician Assistant–1 Pharmacists–3 Registered Nurse–11 Dentist–4 Medical Doctor–3</p>	<p>2003 LOAN REPAYMENTS Nurse Practitioner–2 Physician Assistant–3 Pharmacists–0 Registered Nurse–6 Dentist–2 Medical Doctor–4 Certified Nurse Midwife–3 Registered Dental Hygienist–2 Licensed Practical Nurse–1</p>					
<p>Strategy 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.</p> <p>Responsible Entities <i>Department of Health working with health professional boards and commissions</i></p>	<p>Legislature Eases Recruitment of Dentists, Department of Health Considers “Eliminating Barriers” Bill SB 5966 was signed into law (C57 L03) in 2003 and provides that a dentist licensed in another state may be granted a Washington license without examination if he or she is a graduate of a dental school approved by the Dental Commission under current law.</p> <p>The Department of Health is considering 2004 legislation to eliminate barriers to entry for dental hygienists, registered nurses, dispensing opticians, and psychologists (see Strategy 1.3.3).</p>					

STRATEGY

ACTION TAKEN

Strategy 2.1.3

Allow regulated health care entities flexibility in developing recruitment and retention programs that are effective for their communities.

Legislation to Improve Recruitment and Retention in Rural Hospitals

SHB 1189 was signed into law (C125, L03) during the 2003 session. This allows hospital districts to reimburse employees for education and training, and to reimburse candidates for traveling to interviews.

Responsible Entities

Legislature, Department of Health, working with the Association of Washington Public Hospital District

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

STRATEGY

ACTION TAKEN

Strategy 2.2.1

Establish career ladder opportunities in health care through collaboration among employers, labor, and education. (See also Strategy 4.1.1.)

Federal Grant Provides Opportunities, and Other Efforts Across the State

Local health skills panels in Seattle-King County, Northwest Washington, Snohomish County, and Tacoma-Pierce County workforce development areas successfully collaborated to receive a \$2.4 million federal H1-B grant to train 294 incumbent workers to fill high-demand health care positions in nursing, specialized imaging technology, and radiology technology.

Other efforts include hospital programs to improve opportunities for entry-level workers. For example, Seattle-King County's Careers Pathways program has provided training for 156 incumbent workers to move up the career ladder.

Responsible Entities

Local health skills panels, Department of Health, professional boards and commissions, and professional associations

STRATEGY	ACTION TAKEN
<p>Strategy 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.</p> <p>Responsible Entities <i>ESD and local workforce development councils</i></p>	<p>Local Efforts Examples: Tacoma-Pierce County and Snohomish County WDCs provided workshops for frontline WorkSource staff and others to inform them of high-demand opportunities in the health care industry, and to link them with local health skills panels.</p> <p>Whatcom County WorkSource plays a PowerPoint presentation in the reception area that provides information on health care job openings, wages, and educational requirements.</p>
<p>Strategy 2.2.3 Create smooth transitions for military trained personnel to enter the civilian workforce.</p> <p>Responsible Entities <i>Local health skills panels working with the military and education providers</i></p>	<p>Building Relationships With the Armed Forces The Pacific Mountain health skills panel is working with Madigan Army Hospital, McChord Air Force Base, and education providers to assess and create transition plans for armed forces health care personnel to the civilian health workforce. The initial pathways being examined are combat medic to LPN and LPN to registered nurse. Focus is on upgrading skills training for military medical personnel who are separating from active duty and are interested in a career in nursing.</p>
<p>Strategy 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.</p> <p>Responsible Entities <i>Private foundations and associations and community-based organizations</i></p>	<p>Task Force Raises Awareness The efforts of the Task Force and local health skills panels increased media coverage of health workforce shortage issues during 2002 and 2003, with over 100 articles appearing in major and local newspapers and business journals.</p> <p>Washington State Nurses Association Recruitment Event The Washington State Nurses Association organized a nursing recruitment event for K-12 students at a Seattle Storms basketball game.</p>

STRATEGY

ACTION TAKEN

Strategy 2.2.5

Create and promote a Web site that demonstrates different jobs in healthcare, 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 a path that allow crossover to other health professions.

Responsible Entities

Private foundations and associations

Statewide and Local Web Sites Established

The Washington State Nurses Association, the Washington State Hospital Association, the Washington State Rural Health Association, and the Washington State Health Foundation have sponsored the Washington Healthcare Careers Web site that provides information on health careers, available education and training, and job listing. The site serves students, job seekers and employers who are recruiting workers.

The Tacoma-Pierce County health skills panel has created a Web site that contains information on job openings, health care education and training programs in the local area, and the highest demand occupations for Pierce County employers. The Olympic health skills panel has a Web site that lists current health care job openings.

Washington Healthcare Careers
<http://www.wahcc.com>

Tacoma Pierce County Health Skills Panel
<http://www.healthjobsforyou.com>

Benton-Franklin Health Skills Panel
<http://www.healthcareworx.org>

Olympic Health Skills Panel
<http://practiceinparadise.org>

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.

STRATEGY

ACTION TAKEN

Strategy 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 and creating health care focused mentoring programs.
- Increasing the number of core health science and math programs.
- 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, AHECs, and labor organizations

Model Curriculum Framework Developed by OSPI with Health Educators

In 2002, OSPI began refining the core health sciences model curriculum and occupation strands that could lead to certification for a health care occupation. OSPI adopted the National Health Care Skills Standards developed by the National Consortium on Health Science and Technology Education (see: <http://www.nchste.org>). Secondary Health Sciences Careers Programs are required to teach to industry standards at the industry certification level. Some certification programs could be completed at the secondary level while others may require further study in a postsecondary program.

In 2002, about 50 percent of school districts offered Health Occupations, now known as Health Sciences. Four additional school districts received approval to add Health Sciences in 2003.

Local Health Skills Panels Initiate Projects

The Pacific Mountain WDC is helping to build health career programs in the area. The Council is working with New Market Vocational Skills Center to utilize a \$250,000 grant to expand nursing opportunities for high schools students.

The local health skills panel in the Olympic workforce development area sponsored workshops in Forks, Port Angeles, Port Townsend, and Bremerton for K-12 math/science teachers and career counselors to provide information on health care career opportunities for their students.

See Appendix C for more examples in local areas.

STRATEGY

ACTION TAKEN

Strategy 2.3.2

Support efforts of local school districts, communities and higher education institutions to raise students' achievements in math and science and ensure students are prepared for postsecondary studies in health sciences.

Responsible Entities

OSPI working with local school districts and boards, community-based organizations, local camps, health care employers, local workforce development councils, local youth development councils, AHECs, and labor organizations

Strategy 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

OSPI working with local schools districts and boards, higher education, community-based organizations, local camps, health care employers, local workforce development councils, local youth development councils, AHECs, and labor organizations

WASL Scores Have Risen in Math

In 2003, mathematics scores for the Washington Assessment of Student Learning (WASL) in grades four, seven, and ten improved marginally.

Funds for Teaching Programs

HECB: \$1,389,640 of high-demand funds appropriated by the Legislature in 2003 was provided to support two programs that will expand capacity to prepare more math and science teachers in K-12.

Local Health Skills Panel Projects

The Pacific Mountain WDC has sponsored a tutoring program (that includes math/science) to assist middle and high school students enrolled in the program. The students must complete career portfolios, which include career assessment, research, and labor market information. This provides them with the opportunity to know what subjects they need to enter into a particular career.

See Appendix C for more examples in local areas.

Various Strategies to Aid Students Promoted by OSPI

Programs to assist students academically include Washington Reading Corps Math Corps, Reading Excellence, 21st Century Grant, Migrant/Bilingual, Title I, and Indian Education.

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

STRATEGY	ACTION TAKEN
<p>Strategy 3.1.1 Conduct a comprehensive cross-agency assessment of data needs, existing data collection efforts, and opportunities for collaboration and reduction of duplication.</p> <p>Responsible Entities <i>Department of Health and WTECB working with health stakeholders</i></p>	<p>Data Assessment in Progress WTECB, working with the Department of Health, has contracted with the Social and Economic Sciences Research Center, Washington State University to assess current public and private data systems for health care personnel, supply, and determine gaps in data needs.</p>
<p>Strategy 3.1.2 Analyze the options for creating and maintaining an ongoing centralized coordinated data system for information on both access to health care professional and labor market demand and supply for health care personnel.</p> <p>Responsible Entities <i>Department of Health and WTECB working with health stakeholders</i></p>	<p>Data Assessment Will Recommend Options for Coordinated System Following the assessment (above), the Social and Economic Sciences Research Center, Washington State University, will recommend options for a coordinated data system to access health care personnel supply.</p>
<p>Strategy 3.1.3 Collect workforce supply information through methods such as surveys of licensed professionals.</p> <p>Responsible Entities <i>Department of Health and WTECB working with health stakeholders</i></p>	<p>Implementation Depends on Outcomes for Strategies 3.1.1 and 3.1.2</p>

STRATEGY	ACTION TAKEN
<p>Strategy 3.1.4 Collect workforce supply information for non-credentialed personnel.</p> <p>Responsible Entities <i>WTECB working with the Department of Health and health stakeholders</i></p>	<p>Implementation Depends on Outcomes for Strategies 3.1.1 and 3.1.2</p>
<p>Strategy 3.1.5 Collect data on students enrolled and completing health care programs at high school, two- and four-year public colleges, private career schools, and programs based at hospitals and long-term care facilities.</p> <p>Responsible Entities <i>WTECB working with Department of Health, four-year colleges and universities, SBCTC, and OSPI</i></p>	<p>Data for Two-Year Public and Private Colleges Has Been Collected Partial data is available for four-year colleges (see Outcome Measures #1 and #2 in Appendix B).</p>
<p>Strategy 3.1.6 Collect demand data by surveying health care employers.</p> <p>Responsible Entities <i>WTECB working with Department of Health and health stakeholders</i></p>	<p>Hospital and Employer Surveys Conducted The Washington State Hospital Association worked with the Center for Health Workforce Studies to conduct surveys of hospitals in 2001, and then again in 2002-03. In 2002, ESD began a biannual survey of 20,000 employers in Washington and disaggregates data for the health care industry.</p>
<p>Strategy 3.1.7 Analyze workforce supply and demand information for health professionals.</p> <p>Responsible Entities <i>WTECB and Department of Health working with research universities</i></p>	<p>Gap Between Demand and Supply for Workers With Two-Years Postsecondary Education WTECB analysis conducted in 2003 finds a 27 percent gap between the projected demand for health care workers prepared at the two-year college level and the current supply of students at two-year colleges.</p>

GOAL 4 *Retain current health care workers.*

STRATEGY	ACTION TAKEN
<p>Strategy 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.</p> <p>Responsible Entities <i>Governor and ESD</i></p>	<p>Federal and State Grant Funds Provide Opportunities ESD's Targeted Industry Partnerships (TIP) grants use Workforce Investment Act Governor's 10 percent funds to grant monies to WDCs to train incumbent health care workers to move up the career ladder and fill high-demand positions.</p> <p>Local health skills panels in Seattle-King County, Northwest Washington, Snohomish County, and Tacoma-Pierce County workforce development areas successfully collaborated to receive a \$2.4 million federal H1-B grant to train 194 incumbent workers to fill high-demand health care positions in nursing, specialized imaging technology, and radiology technology. See Appendix C for more examples of incumbent worker training programs in local areas.</p> <p>Service Employees International Union worked with South Seattle Community College to launch a national labor management education program called Fast Track into Practical Nursing. The program is online, which allows students to go to work and school at the same time. The students are able to complete the clinical portion of their training while at work. This ensures the students are able to complete their program without losing work days.</p> <p>A grant was awarded to Tacoma-Pierce County to provide customized training to 124 WorkFirst clients.</p>
<p>Strategy 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.</p> <p>Responsible Entities <i>Health skills panels, SBCTC, HECEB, OSPI, four-year colleges and universities, and Department of Health</i></p>	<p>No Known Progress Note: This strategy was particularly directed at health personnel working in long-term care facilities.</p>

STRATEGY

ACTION TAKEN

Strategy 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 and education and training providers

Federal Grant to Provide Training to Registered Nurses

The Health Resources and Services Administration (U.S. Department of Health and Human Services) awarded the Pierce County health skills panel a \$683,100 grant from a highly competitive national pool. Pierce County will use the funds to implement shared residency programs for registered nurses to improve specialty skills, including medical-surgery, critical care, operating room, and emergency department. Program curricula will emphasize diversity, cultural competence, domestic violence, serving underserved populations, and mentoring. PCHSCC will also use a portion of these funds to recruit nurses who have not been in practice, and prepare them to return to patient care.

Revolving Funds for Tuition Remove Key Barriers to Further Training

The Northwest Washington, Tacoma-Pierce County, and Southwest Washington health skills panels have established a revolving loan program that uses Workforce Investment Act funds to pay tuition fees up-front and employers provide reimbursement to the WDC when the students have completed their training. This removes the burden of producing the up-front fees for the students.

Hospital Support

Overlake, Children's, Swedish, and Group Health Cooperative hospitals have collaborated with the Seattle-King County health skills panel to form the Career Pathways Programs. The program has provided career counseling to 490 incumbent workers and placed 156 into subsidized training programs. Participants: 57 percent of participants nonwhite, and 39 percent with limited English proficiency. All efforts have been collaboratively supported by the hospitals through schedule accommodations, in-kind matches, supportive human resource policy positions, and the Tuition Assistance program.

See other examples in Appendix C: local health skills panels.

STRATEGY

ACTION TAKEN

Strategy 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, Department of Health, and health industry

Strategy 4.1.5

Implement strategies to enhance the workplace environment.

Responsible Entities

Health employers and labor

Public Private Work Group to Streamline Hospital Surveys

In June 2003, Governor Locke asked six state agencies to work with the Washington State Hospital Association on streamlining the frequency and duration of onsite visits, improving hospital notification when possible, and fostering greater coordination and less duplication of efforts. The Department of Health is facilitating the work group.

\$1 Million Grant for Retention of Hospital Staff

The Washington State Hospital Association received a federal grant of \$1 million to enable various hospitals in Washington to implement retention strategies.

Local Efforts

Example: The Olympic Health Care Alliance, with cooperation of employers, developed and provided resources to support Wellness Workshops for health care employees in Port Angeles, Forks, Port Townsend, and Kitsap County.

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

STRATEGY	ACTION TAKEN
<p>Priority Strategy 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 areas.</p> <p>Responsible Entity <i>WTECB</i></p>	<p>All Local Areas Have Health Skills Panels WTECB awarded grants to local WDCs to continue support for existing health skills panels and to create health skills panels in areas that did not already have them.</p> <p>All 12 WDCs in Washington now host health skills panels (partnership of employers, labor, and education) to address the shortage of health care personnel.</p>
<p>Strategy 5.1.2 Facilitate communication among local health skills panels to enable coordination of efforts, and to communicate with state entities and the Legislature.</p> <p>Responsible Entity <i>WTECB</i></p>	<p>Statewide Coordination and Collaboration Proliferating The Western Washington and the Eastern Washington AHECs, under contract with WTECB, are facilitating communication among health care skills panels and assisting with implementation of strategies outlined in "Crisis or Opportunity?" to enhance collaboration and share best practices.</p> <p>The Seattle-King County health skills panel conducted a statewide meeting on health care workforce issues to provide support to health skills panel members and staff.</p>

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.*

STRATEGY	ACTION TAKEN
<p>Priority Strategy 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.</p> <p>Responsible Entity <i>WTECB</i></p>	<p>Task Force to Report Progress to Legislature Annually ESHB 1852 was passed into law during the 2003 session (C278, L03, Representative Shay Schual-Berke). The law requires WTECB to continue working with health care stakeholders to address the shortages of health care personnel and to report back to the Legislature annually.</p>
<p>Strategy 6.1.2 Explore more formal mechanisms to monitor and support progress in achieving the goals in this plan.</p> <p>Responsible Entity <i>Legislature</i></p>	<p>Task Force to Report Progress to Legislature Annually See above.</p>

Appendix B: Outcome Measures

Outcome Measure 1

The number and diversity of students *enrolled* in health care education and training programs.

Educational System	Students Enrolled 01-02	Students Enrolled 02-03	Increase Over Previous Year	Students of Race/Ethnicity Other Than White*
Grades 9-12 (Secondary)	6,320 (K9-12)	TBD	TBD	24%
Two-year community and technical colleges	7,677	9,306	+21%	24%
Two-year private colleges	4,840	TBD	TBD	30%

**Additional diversity breakdown available for specific race/ethnicity, age, and gender.*

Additional data for four-year school health care program enrollments will be reported in the 2004 progress report.

Outcome Measure 2

The number and diversity of students *completing* health care education and training programs.

Educational System	Students Enrolled 01-02	Students Enrolled 02-03	Increase Over Previous Year	Students of Race/Ethnicity Other Than White*
Years 11 and 12 (Secondary)	1,146	TBD	TBD	TBD
Two-year community and technical colleges	5,159	6,161	+19%	25%
Two-year private colleges	2,715	TBD	+157% (over 00-01)	31%

**Additional diversity breakdown available for specific race/ethnicity, age, and gender.*

Additional data for four-year school health care program enrollments will be reported in the 2004 progress report.

Nursing

In 2000-01, there were 845 students who graduated from either an associate degree or bachelors program in nursing in preparation to take the national exam to become licensed to practice as a registered nurse. In 2001-02, the number of graduates was 1,063, an increase of nearly 26 percent over the previous year (data provided by the Washington State Nursing Quality Assurance Commission).

Outcome Measure 3

The number and diversity of students training to become faculty in health care education and training.

The following tables provide data on the number of students enrolled and graduating from masters and Ph.D. programs in nursing. Since about two thirds of the masters students become nurse practitioners, less than one third of these students will become nurse faculty.

School	Enrollments	
	Graduate Nursing Program	Autumn Enrollment
University of Washington: Seattle, Tacoma, and Bothell	Masters in Nursing	313
University of Washington: Seattle	Ph.D. in Nursing	82
Washington State University: Spokane, Tri-Cities, Vancouver, Walla Walla, and Yakima	Masters in Nursing	149
Washington State University: Spokane, Tri-Cities, Vancouver, Walla Walla, and Yakima	Ph.D. in Nursing	8

School	Graduates	
	Graduate Nursing Program	Graduates 2002-2003
University of Washington: Seattle, Tacoma, and Bothell	Masters in Nursing	108
University of Washington: Seattle	Ph.D. in Nursing	23
Washington State University: Spokane, Pullman, Tri-Cities, and Vancouver	Masters in Nursing	29
Washington State University: Spokane, Tri-Cities, Vancouver, Walla Walla, and Yakima	Ph.D. in Nursing	1

Additional data on health program faculty will be presented in the 2004 progress report.

Outcome Measure 4

The amount of additional funds allocated to increase educational capacity in health care education and training programs.

An additional \$11.8 million in state appropriated funds was directed toward increasing educational capacity in health care education and training programs in 2003.

Outcome Measure 5

The establishment of an ongoing system for data collection and analysis.

A system has not yet been established, but Phase One has begun. WTECB, working with the Department of Health, has contracted with the Social and Economic Sciences Research Center, Washington State University, to carry out the Health Professionals Assessment Project. The project's purpose is to assess what data about health professionals is currently collected by state agencies and what data about health professionals is needed by state agencies and key non-agency stakeholder groups. Information collected will be used to formulate conceptual options for a consolidated system of multipurpose, statewide health care professional data.

Outcome Measure 6

The establishment of a campaign to market health care careers.

The Washington State Nurses Association, the Washington State Hospital Association, the Washington State Rural Health Association, and the Washington State Health Foundation have sponsored a Web site that provides information on health careers, available education and training, and job listings. The site serves students, job seekers, and employers who are recruiting workers (see Washington Healthcare Careers <<http://www.wahcc.com>>).

Locally targeted marketing efforts include three health skills panels' Web sites that describe occupations and list education and training options, outreach to K-12 via health sciences, and other career awareness programs.

Outcome Measure 7

The establishment of a Web site to provide health care training/career mapping and financial aid information.

As above.

HECB provides a Web site for financial aid: <<http://www.hecb.wa.gov/Paying/index.asp>>. Note: This Web site is not specific to health care students.

Outcome Measure 8

The numbers of Workforce Development Councils that have established health care skills panels.

Twelve health skills panels have been established covering all areas of the state.

Outcome Measure 9

Turnover rates for health care personnel.

The annual turnover rates in long-term care facilities in Washington in 2003 was 71 percent for certified nursing assistants, 43 percent for licensed practical nurses, and 39 percent for registered staff nurses. Each of these were significantly improved over the previous year (see page 12 of the main report).¹

According to a 2001 survey of hospitals, the annual turnover rate for registered staff nurses in Washington's hospitals was 16.6 percent. This is the most recent data available.²

Outcome Measure 10

The level to which health workforce diversity reflects the diversity of the populations served.

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/ Alaska 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%	3.0%	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).

Outcome Measure 11

The numbers of incumbent health care workers receiving training to move up a career ladder.

In 2003, the number of incumbent workers receiving H1-B grant funds to pursue further training to move up the career ladder was 294.

There is incomplete statewide data at this time on other incumbent workers receiving training.

¹American Health Care Association 2003 survey.

²2001 hospital survey conducted by the Washington State Hospital Association and the Center for Health Workforce Studies, University of Washington. In the U.S., annual replacement rates for health care personnel will average 11.1 percent between 2000 and 2005 and 12.1 percent between 2005 and 2010. (Source: Bureau of Labor Statistics.)

Outcome Measure 12

The number of high school districts offering health science programs, and the number of these that lead to certification.

Of 248 high school districts, 128 have implemented a health science pathway in years 11 and 12. In 2001, 124 school districts had health science pathways. The proposed Career and Technical Education Program Standards include an option for students to obtain industry certification.

Outcome Measure 13

The proximity of supply to demand of health care personnel.

ESD's May 2003 Job Vacancy survey reported 6,906 job vacancies in the health care industry.

WTECB estimates that the annual supply of newly prepared workers from two- and four-year public and private colleges and universities is about 1,500 short of the number of job openings per year.

Outcome Measure 14

The number of strategies in this plan that are successfully implemented.

	NUMBER OF STRATEGIES <i>Total of 40 strategies</i>
Full implementation/Significant progress	10 (includes 3 "priority" strategies)
Some progress/Partial implementation	23
No action taken	7

Outcome Measure 15

The creation of a formal mechanism that oversees the implementation of Task Force recommendations and holds responsible entities accountable.

Engrossed Substitute House Bill 1852 was passed in 2003 requiring WTECB to continue convening the health workforce stakeholders for the purpose of monitoring progress on the state plan for addressing health care personnel shortages and to report to the Legislature every year. In 2003, WTECB convened two meetings of the Task Force that generated this progress report.

Outcome Measure 16

Commitment by the Governor and Legislature to fund health professions education at the true cost.

In 2003, the Governor and Legislature appropriated \$20.1 million for high-demand programs and provide a higher full-time equivalent rate for high-demand, high-cost programs. Approximately \$8 million of these funds were directed to expand capacity in health care education and training programs. These funds were appropriated despite a very difficult fiscal environment with a state deficit of more than \$2.6 billion.

Appendix C: Progress by Local Area

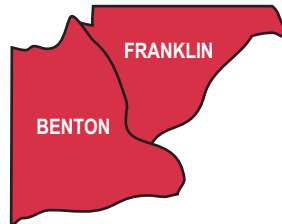
Since 2000, WTECB has issued Securing Key Industry Leaders for Learning Skills (SKILLS) grants to WDCs for the purpose of supporting industry-based skills panels, partnerships between industry and education. Initially the Olympic and the Northwest Washington WDCs established health care skills panels to address skills gaps and workforce shortages. By 2002, eight workforce development areas had health skills panels, and by August 2003, all twelve WDCs had established health skills panels. The following section provides a progress overview for each local health skills panel and other local area activities to address health care personnel shortages.

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Benton Franklin Workforce Development Area



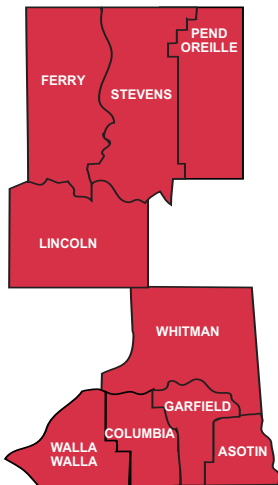
The Benton Franklin Community Health Alliance (Alliance) developed several initiatives to increase recruitment into health care occupations. One of the major activities is developing and maintaining HealthcareworX <www.healthcareworx.org>, a Web site that provides health care job descriptions and pathways, available education and training, financial aid information, health care job listings, and links to K-12 web tools to increase awareness of health care careers and opportunities.

In K-12, the Alliance jointly sponsored (with Tri-Tech Skills Center) a forum for school counselors and was invited to make classroom presentations regarding health care careers in elementary schools in Pasco. The Alliance participates in the Pasco High School career fair and in health fairs at Pasco's middle schools. The Alliance is also working with Math Engineering and Science Achievement (MESA) to increase math and science skills for minorities and females in middle school and high school. MESA helped to develop the local GEAR UP program, which assists students from disadvantaged backgrounds prepare for college.

Educational capacity expansion:

- Washington State University received a high-demand grant (\$1,081,123 for the 2003-05 biennium) that will enable the Tri-Cities branch to provide a bachelors of science in nursing beginning in 2004.
- Columbia Basin College received a high-demand grant (\$136,121 per year) to increase enrollment by 15 FTE students, an increase of approximately 40 percent.
- Blue Mountain Community College in Oregon added 27 FTE students to the nursing program.
- Fourteen students from the local area have enrolled in a distance learning radiology technology program, which is offered at Columbia Basin College through Yakima Valley Community College.
- Kadlec Medical Center has pledged \$2 million toward a venture to build a new regional medical training center at Columbia Basin College's Richland campus adjacent to Kadlec's campus. This plan allows for all allied health programs from both schools to be collocated on one campus.

Eastern Washington Workforce Development Area



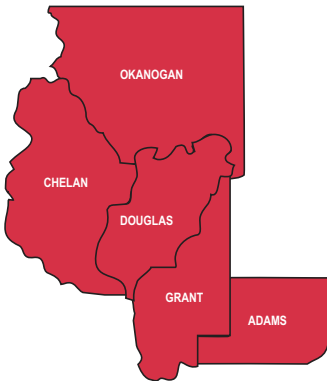
The Eastern Washington Partnership Health Skills Panel, formed in 2003, established two area sub-panels for Ferry, Lincoln, Pend Oreille, and Stevens counties and another for Asotin, Columbia, Garfield, Walla Walla, and Whitman counties. To launch their efforts, the panels are reviewing the work of other health skills panels and the strategies outlined in the Task Force report "Crisis or Opportunity?" The first step will likely be an analysis of local labor market information, local employer surveys, and identification of priority shortage occupations.

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North Central Washington Workforce Development Area



The North Central Washington Health Care Skills Panel, established in 2003, represents the first effort in the area to address health care personnel shortages. The Okanogan, Grant/Adams, and Chelan/Douglas work groups have begun to meet monthly, and the full skills panel will convene quarterly.

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ESD awarded a 2003 Targeted Industries Partnership grant to the WDC and health workforce partners to train incumbent workers in high-demand health care fields. The program, titled E3 Healthcare (employers, employees, and education), targets incumbent health care workers who live some distance from Big Bend or Wenatchee Valley Community College campuses and brings classes to the workplace in a School-At-Work model. At least 50 lower skilled, lower income health care workers who want to upgrade their skills will participate. Prerequisite classes for nursing will be offered at innovative times, such as during an expanded lunch hour or on Fridays and weekends.

Educational capacity expansion:

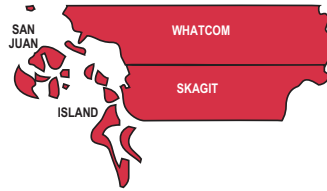
- In 2003, Big Bend Community College received a workforce development grant from the SBCTC (\$72,598 per year) to support the establishment of an associate degree nurse program. The program will seek national accreditation that will ease student articulation into bachelors of science in nursing at four-year schools.

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Northwest Washington Workforce Development Area



One of the major priorities of the Northwest Alliance for Health Care Skills (Alliance) is to increase capacity for nursing students at local educational institutions. This effort received a boost when Bellingham Technical College, Skagit Valley College, and Whatcom Community College received a high-demand grant of \$298,000 (each year) from SBCTC to expand practical nurses and registered nurse programs by the equivalent of 30 FTE students. The program will also develop a fully articulated practical nurse to registered nurse bridge program. With additional resources from regional health care employers and the Northwest WDC, the programs will result in a 75 percent expansion in registered nurse training capacity.

Responding to the need of employers for bilingual, bicultural nursing staff, Skagit Valley College, in partnership with the WDC, launched a practical nursing program for limited English proficient students. The 10-week program was redesigned to cover content over an 11-quarter period instead of six-quarter traditional delivery. This allows students time to improve English skills while working toward a vocation. By June 2005, 18 students are expected to graduate with a nursing assistant certification.

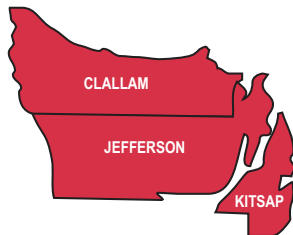
The Alliance has also made progress in increasing the number of nurses with specialty qualifications. The first cohort of 12 nurses completed the Critical Care Specialty orientation training offered on-line by the American Association of Critical Care Nurses in 2003. The clinical portion of the program took place at the student's worksite, and students were able to observe at the other worksites. All four local hospitals provided instructors for this program.

The Alliance is working with area schools and tech-prep consortiums to market health care occupations to high school-aged youth. Activities include presentations in high school health classes, connecting young students with health care professionals, sponsoring Health Career Fairs, and developing and implementing a Summer Youth Health Careers Camp. The summer youth health careers camp provided the most intensive opportunity for high school students to explore health careers, consider preparation needed for college, participate in work-based learning opportunities, and receive training in computer skills, study skills, and time management, and First Aid and CPR certification.

Other educational capacity expansion:

- An additional 27 students have received training for registered nurse specialties that are in high demand by employers in the area, and an additional 36 students received training to become practical nurses.
- The Radiologic Technology program offered at Bellingham and Everett Community Colleges was expanded to accommodate an additional 16 students. This program received a Governor's Good Idea Workforce Award and uses a blend of distance and in-person instructional strategies.

Olympic Workforce Development Area



The Olympic Health Care Alliance (Alliance) worked to recruit K-12 students into health care careers, expand educational capacity, and improve articulation between programs and transitions for students. The Alliance worked with the WDC, Forks Hospital, Olympic Medical Center, Peninsula College, and Virginia Mason Hospital to provide \$60,000 in scholarships for radiology technology students. Scholarship students take prerequisites at Peninsula College, study radiology technology at one of five other colleges (Peninsula secured articulation agreements with five community colleges that provide radiology technology programs), and students return to do their clinical component in the Olympic workforce development area with guaranteed employment upon graduation.

Recognizing the need to inform K-12 math and science teachers and careers counselors about the opportunities for their students in health care careers, the Alliance sponsored workshops in Bremerton, Forks, Port Angeles, and Port Townsend in 2003. The workshops registered 100 participants and included a tour of the local hospital and contextual examples of the relationship between math and science and the functions of health care providers.

The Alliance is acting as facilitator for the Olympic College and the "Navy College" that serves the Bangor and Bremerton bases to improve transitions for armed forces trained personnel. The Alliance aims to develop articulation between navy medical training and Olympic College's health care programs.

The Alliance, through direct funding from the WDC, surveyed unemployed individuals, recipients of Temporary Assistance for Needy Families, WorkSource customers, and low-income health care employees to determine barriers to further education and interest in pursuing a career in health care. The Alliance will use the information in the design of new training programs.

As part of a retention effort, the Alliance funded stress-reduction workshops for health care employees and managers in Forks, Port Angeles, Port Townsend, and Kitsap County. These activities are described in greater detail at <www.practiceinparadise.org>.

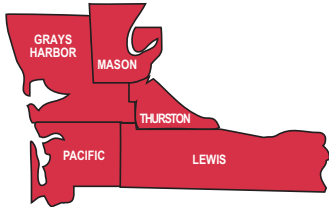
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Educational capacity expansion:

- In 2003, the Alliance supported modular training for specialty nursing qualifications: 83 students participated in training and have received certification in Gerontology, Critical Care/Medical Surgery and Perioperative.
- Olympic College, in partnership with Harrison Hospital, local long-term care facilities, and the Alliance, received a workforce development grant (\$129,221 per year) from SBCTC. The program will expand capacity in the associate degree nurse program by offering a fast-track (three-quarter) practical nurse to registered nurse advance placement. The course will also be offered at the new Poulsbo campus in January 2004, providing geographically isolated practical nurses the opportunity to participate in a local registered nurse program.
- Peninsula College received a workforce development grant (\$90,747 per year) from SBCTC to expand the nursing program to accommodate 10 additional FTE students, a 30 percent increase. In addition, Olympic and Peninsula Colleges' nursing programs participate in regional clinical coordination with 14 other education institutions as members of the NCPD #1.

Pacific Mountain Workforce Development Area



The Pacific Mountain Health Skills Panel played a significant role in obtaining funds and coordinating expansion for health care education and training in the area. In 2003, ESD awarded the Pacific Mountain WDC a Targeted Industry Partnership grant to provide prerequisite training for incumbent health care workers who are interested in gaining practical nurse or registered nurse qualifications. In 2003, 57 students were enrolled. This followed from a 2002 Industries for the Future grant (\$100,000 from ESD) to upgrade skills of St. Peter Hospital employees. The training enabled 19 incumbent workers to enroll in training to advance to practical or registered nurse positions. South Puget Sound Community College offered classes at places and times that were convenient for personnel, including evenings and weekends and on-site at the hospital.

The panel has been working to create smooth transitions for personnel who have received medical training from the armed forces and wish to transition to the civilian workforce by forging connections between the Madigan Army Hospital, McChord Air Force Base, and education providers. The panel is assessing course content for the purpose of creating transition plans starting with combat medic to practical nurse and registered nurse.

In the K-12 arena, New Market Vocational Skills Center in Tumwater is using a \$200,000 grant to double capacity of its Professional Medical Careers program from 40 to 80 students. Students enrolled in the program receive math and science tutoring as needed, and St. Peter Hospital provides job-shadowing opportunities. All students who are eligible to receive Workforce Investment Act assistance can participate in a math and science tutoring program to ensure they are prepared for postsecondary education and work. Students can select the tutoring method they feel would best meet their needs from a list of 10 key elements that include one-on-one tutoring, and on-the-job training.

Educational capacity expansion:

- In 2002, the skills panel secured over \$800,000 from ESD to expand nursing programs by 25 to 100 percent at Centralia, Grays Harbor, South Puget Sound, and Olympic-Shelton Community Colleges.
- In 2003, Centralia College received a workforce development grant (\$136,121 per year) from SBCTC to start a registered nurse program and expand the practical nurse program.
- Grays Harbor Community College received a workforce development grant (\$136,121 per year) from SBCTC to expand their nursing program. The expansion increases capacity by 28 percent and additional 17 student FTEs.

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**Seattle-King County
 Workforce Development Area**



The Seattle-King County Health Care Staffing Crisis Panel is implementing strategies and securing funds to address shortages of health personnel. The panel received state and federal grants to expand educational capacity and train incumbent workers, among other strategies.

In 2002, following recommendations of the panel, the WDC created the Career Pathways program to help incumbent workers advance their careers. This program provides incumbent workers at four local hospitals with career assessments and counseling, help navigating the postsecondary education system, and tuition subsidies. In October 2003, nearly 500 personnel had received counseling and more than 150 of those received subsidized training. Several different grants have been coordinated to support this program:

- The WDC collaborated with four other councils to receive a U.S. Department of Labor H1-B grant. King County is using \$830,000 of the \$3 million grant to train a total of 64 incumbent workers in nursing and imaging occupations.
- In partnership with Bellevue Community College, the WDC received \$160,000 from ESD to train an additional 75 participants to become pharmacy technicians, phlebotomists, and certified nursing assistants.
- To improve outcomes for diverse populations and meet workplace shortage needs at the same time, the WDC sponsored a workplace literacy program at Overlake and Swedish Hospitals. This program has provided customized training for 46 personnel to improve English language and literacy skills.

Another strategy to address diversity has been implemented by South Seattle Community College. The college has established a six-week summer Certified Nursing Assistant program for bilingual high school students or new graduates. The program includes both in-class and work-based learning, and workshops on college preparation and job-seeking skills. In 2003, 52 students were enrolled and about 80 percent of those students are expected to pass their exam to gain certification as a nursing assistant in the first round.

In September 2003, the WDC received funding from WTECB and the Washington State Hospital Association to host a statewide symposium of health skills panels staff and members and other health workforce partners. The meeting provided an opportunity for partners to network, and a speaker from the American Hospital Association shared promising practices to address health workforce shortages across the country.

**Seattle-King County
Workforce Development Area**
(cont.)

Other educational capacity expansion:

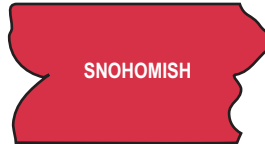
- The University of Washington received a high-demand grant (\$455,661 for the 2003-05 biennium) from HECB to expand capacity in the bachelor of science in nursing program by an additional 32 FTE students. The university proposes to expand its current undergraduate degree program by approximately 20 percent per year, with half of the new enrollments in each of the next two years.
- The Seattle Community College District, collaborating with community health care providers, will use a workforce development grant (\$301,515 per year) from SBCTC to create the Seattle Health Care Education Institute. The Institute will link existing and new health care education programs within the Seattle District to create a comprehensive health care training system and provide multiple pathways to health care careers. This program will start new health care programs and increase capacity in nursing, medical assisting, and dental hygiene. The program includes complementary literacy instruction for English-as-a-Second-Language students, coordination of clinical sites for multiple programs, and outreach to area high school students.
- Renton Technical College received a workforce development grant (\$129,221 per year) from SBCTC to develop the Options in Nursing Education for All (O.N.E for All) program. The college will collaborate with the Veterans Administration Puget Sound Health Care System to encourage youth, disadvantaged students, and entry-level health care workers to advance from one level of nursing education to the next. Student retention strategies include a peer tutor program, English-as-a-Second-Language instruction blended into technical/professional instruction, and learning disability services.

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**Snohomish County
Workforce Development Area**



The Snohomish County Health Services Careers Partnership (Partnership), established in 2003, conducted labor market analysis and surveys of local employers to identify priority shortage occupations. The Partnership has identified nursing and imaging technology as their priority shortage occupations and has created four work teams to implement a detailed work plan. The Partnership is working to seek commitments from member organizations to support and guide these initiatives and to secure funding from public and private sources.

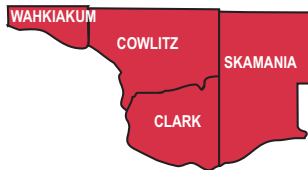
Recent and upcoming accomplishments of the Partnership include supporting local youth to attend a Nursing Career Night sponsored by the Seattle Storm, promoting health care careers at the Snohomish County Students of Color Career Conference, and collaborating with the Snohomish County WDC and the Tacoma-Pierce County WDC to develop and present a workshop for WorkSource frontline staff. The workshop aims to educate health care providers, colleges, community-based organizations, WorkSource staff, and others on accessing financial resources for students, employees, or clients wishing to pursue an education in health care.

Snohomish County received an H1-B grant from the Department of Labor (shared with four other counties) to address the regional health care worker shortage. Incumbent workers are receiving training in the following areas: Radiologic Technology (15), Associate Degree Nurse (30), prerequisites for nursing (20), practical nursing (20), Bachelors of Science (9), and masters in nursing with a specialization in nurse education (6).

Educational capacity expansion:

- The Snohomish County WDC awarded a \$250,000 Regional Integrated Health Care Occupations Training grant to Edmonds and Everett Community Colleges to increase prerequisite class capacity for high-demand health care programs, develop flexible delivery formats and additional clinical placement sites, and continue the support and creation of the Northwest Radiologic Technology Consortium that will provide training for 15 students.
- Everett Community College received a high-demand grant (\$149,250 each year) from SBCTC to expand the associate degree nurse program by 15 FTE students. In addition to expanding capacity, the program will coordinate efficient use of existing regional nursing programs by adapting established best practices for health care training delivery and student retention and capacity in the required prerequisites.

Southwest Washington Workforce Development Area



The Southwest Washington Allied Health Care Skills Panel, established in 2002, conducted regional labor market analysis and employer surveys to determine priority shortage occupations: nursing, imaging, laboratory professions, and medical office. The panel has already developed and implemented innovative strategies to address shortages of health care personnel.

Local employers have collaborated to hire a Health Care Specialist who rotates among regional employers to connect incumbent workers with appropriate training and financial assistance. In addition, the Specialist will identify common retention and training issues, develop and maintain healthcare career resources.

A complimentary project is short-term training and community colleges. ESD awarded \$125,000 to Clark and Lower Columbia Colleges to develop short-term incumbent training programs to upgrade skills that will lead to increased wages, career mobility, and/or greater retention of health care personnel. The colleges worked with regional employers to identify specific skills, and training began in the fall of 2003.

The WDC, in line with the objectives of the health care skills panel, awarded a \$200,000 grant to Evergreen School District to expand current medical programs at the Clark County Skills Center and local high schools. This project will enable 30 students to develop technical and academic skills to prepare them to enter jobs in the healthcare industry or attend postsecondary education leading to jobs in the healthcare industry. The District will also research and develop a state-of-the-art Advanced Medical Careers Academy. The Academy will increase capacity for future occupational training for low-income youth who want to work in health care. The Academy also aims to develop a program component that provides students with an option of obtaining certification as a licensed practical nurse.

Educational capacity expansion:

- Clark College received a workforce development grant (\$129,221 per year) from SBCTC to increase capacity in the associate degree nurse program by 24 FTE students. The college has collaborated with employers, Lower Columbia College, Washington State University-Vancouver, and the Southwest Washington Health Care Skills Panel to ensure the program will respond to regional needs.
- Lower Columbia College received a workforce development grant (\$76,241 per year) from SBCTC to create a practical nurse to registered nurse bridge program via distance learning. The pilot program will serve 10 practical nurses already working that require flexible training delivery for career advancement.

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Spokane Workforce Development Area



The Spokane Health Skills Panel, established in 2003, is drawing from the experience of preexisting health partnerships to create strategies that are focused on increasing the available number of health care personnel in the area.

In 2002-03, ESD awarded the WDC, in partnership with Spokane Community College, an Industries for the Future grant (\$150,000) to train incumbent workers. Nineteen practical nurses received training to become registered nurses. In 2003, a similar TIP grant (\$124,000) is enabling a total of 51 students to receive training to move up the career ladder in nursing, IV therapy, and perioperative training.

Educational capacity expansion:

- Washington State University received a high-demand grant (\$928,986 for the 2003-05 biennium) to expand the pharmacy program by about 40 percent adding 46 FTE students. Enrollment in the pre-pharmacy program has more than quadrupled (from 60 FTEs to 260 FTEs) in the last three years.
- The nursing program at Washington State University received a high-demand grant (\$1,081,023 for the 2003-05 biennium) to expand capacity by 65 FTE students. These funds will provide enrollment increases at the Yakima and Tri-Cities campuses as well as Spokane.
- Eastern Washington University received a high-demand grant (\$96,000 for the 2003-05 biennium) from HECB to provide a doctorate in physical therapy for eight student FTEs.
- In 2003, Spokane Community College received a workforce development grant (\$129,221 per year) to expand nursing and allied health program capacity.

Tacoma-Pierce County Workforce Development Area



In 2003, PCHSCC built upon previous success in reducing the shortage of personnel. Strategies included expanding and creating healthcare training programs (such as apprenticeship), helping students in high-demand programs succeed, and assisting youth, incumbent workers, and others to progress up health care career ladders. PCHSCC has played a pivotal role in accessing competitive federal, state, and private funds to achieve its goals.

In October 2003, the Health Resources and Services Administration (U.S. Department of Health and Human Services) awarded PCHSCC a \$683,100 grant from a highly competitive national pool. Pierce County will use the funds to implement shared residency programs for registered nurses to improve specialty skills, including medical-surgery, critical care, operating room, and emergency department. Program curricula will emphasize diversity, cultural competence, domestic violence, serving underserved populations, and mentoring. PCHSCC will also use a portion of these funds to recruit nurses who have not been in practice and prepare them to return to patient care.

In 2003, PCHSCC was instrumental in developing and establishing apprenticeship programs for three health occupations. The Apprenticeship Training Council has approved all three programs: Health Unit Coordinator, and the imaging specialties: Computed Tomography and Magnetic Resonance Imaging. These are the first apprenticeship programs of their kind in the nation.

NCPD #1, in conjunction with PCHSCC and Tacoma Community College, has implemented coordination of clinical sites for nursing programs at 14 educational institutions and over 320 workplaces. This initiative has increased clinical site capacity for nursing education programs by 26 percent and received a Governors' Workforce Best Practice Award in 2003.

Other educational capacity expansion:

- Clover Park Technical College and Pierce College-Puyallup collaborated to receive a high-demand grant (\$199,000 each year) from SBCTC to produce 30 additional nurses annually, develop on-line/hybrid curriculum for prerequisite courses, share facilities and equipment, and participate in the South Puget Sound Clinical Consortium. The colleges will share a Nurse Administrator and provide seamless articulation along a nursing career ladder from nursing assistant (certified), to practical nurse, to associate degree nurse, and bachelors of science in nursing.
- Pierce College-Fort Steilacoom received a high-demand grant (\$99,500 each year) to develop a hybrid/online flexible delivery model to expand the dental hygiene program by 10 FTEs.

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- Tacoma Community College received a high-demand grant (\$99,500 each year) to increase capacity in the associate degree nursing program by 10 FTEs. In 2001-2003, the college implemented a nursing tutoring and retention project that has reduced the attrition to 5 percent compared to 53 percent attrition prior to the project. The college is also converting nursing courses to online or hybrid courses to increase access.
- Bates Technical College received a workforce development grant (\$129,221 each year) to increase capacity and student diversity. The program anticipates a 40 percent capacity expansion and a multicultural enrollment increase of 22 percent.
- Pacific Lutheran University started an innovative Bachelor of Science Entry Level Master of Nursing program that allows students with a bachelor of science degree in any discipline to enter the masters of science in nursing. The program opened in 2003.
- The University of Washington-Tacoma created a Nurse Educator program within their Masters of Nursing program.
- Tacoma Community College developed a Diagnostic Medical Sonography program to meet the high demand for these imaging specialists.
- PCHSCC partners are working with Spokane Community College to develop a satellite program (using distance learning technology) of the college's Invasive Cardiovascular Technologist program in Pierce County.

Tri-County Workforce Development Area



The Tri-County Health Skills Panel, established in 2003, made great strides in developing a strong strategic plan and building on relationships among members. They have identified both short- and long-term strategies to improve career awareness, increase the number of students and adults who are prepared to enter health care fields, increase capacity and affordability in local education and training programs, and enhance the region's ability to recruit and retain specialty occupations. The full panel meets every other month, and subcommittees meet more frequently. In 2003, the panel leveraged over \$610,000 from public sources to support their activities and developed marketing tools to launch their work and mission.

Educational capacity expansion:

- Washington State University received a high-demand grant (\$1,081,023 for the 2003-05 biennium) from HECB to expand the Bachelors of Science in Nursing program by 65 FTE students at the Spokane, Tri-Cities and, Yakima campuses.
- Yakima Valley Community College received a grant from SBCTC to establish an Allied Health Center of Excellence (\$100,000). The Center will work with the health skills panel to enhance education connections with industry and K-12 school districts, facilitate regional health care employment round tables, integrate adult basic education and English-as-a-Second Language into health care core curriculum, develop career ladder skills models, and create a resource Web site.

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Statewide Coordination

WTECB contracted with Washington's two Area Health Education Centers to assist health skills panel in statewide communication and coordination, provide technical assistance, share best practices, and assist in expanding resources for continued implementation of strategies.

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Glossary

AHECs are Area Health Education Centers. They exist across the United States and receive both federal and state funding. Washington has centers in western and eastern Washington. Their mission includes developing the health care workforce for underserved poor communities.

Articulation refers to the recognition by educational institutions of prior education and training that students receive at other educational institutions or on-the-job, and allow these to count as credits towards a certificate, diploma or degree.

General Fund, State is noted in Appendix A where certain strategies might require an appropriation.

HECB is the Higher Education Coordinating Board.

High-demand refers to occupations where employer demand exceeds labor supply.

Legislature is noted in Appendix A where certain strategies might require the support of the Legislature either through law changes or funding appropriations.

OSPI is the Office of Superintendent of Public Instruction.

Professional Boards and Commissions refer to the 55 health professions regulated by the Department of Health either through the Secretary or the 16 professional boards and commissions. They are among the responsible entities named for reviewing regulations related to program accreditation, faculty qualifications, clinical, articulation of programs, and apprenticeships, among others.

SBCTC is the State Board for Community and Technical Colleges.

Skills Panels are health skills panels. As of August 2003, all 12 workforce development areas have established health skills panels. They comprise health care employers, education and training providers, and labor. Their purpose is to identify priority shortages in their local areas and devise solutions (see Appendix C).

Responsible Entities are listed after each strategy in the January 2003, Health Care Personnel Shortage Task Force report, *Health Care Personnel Shortage: Crisis or Opportunity?* These include the Legislature, state agencies, local health skills panels, or public and private partners that are responsible for continuing efforts to accomplish the strategy.

Turnover refers to the rate that employees leave their place of work. Reasons for leaving may include retirement, entering another field of work, or leaving work for another employer in the same field of work.

Underserved refers to federal health professional shortage area designations known as Medically Underserved Areas (MUA's), or Medically Underserved Populations (MUP's).

Vacancy refers to job vacancies as reported in ESD's biennial job vacancy survey and are the number of vacant positions for which employers are hiring.

WTECB is the Washington State Workforce Training and Education Coordinating Board.

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