

# Health Care Personnel Shortage Task Force

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2009 Annual Report



***March 2010***

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**Workforce Training and Education Coordinating Board**

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For annual reports, presentations and meeting information please go to the Task Force page on the Workforce Board's website. Look for Health Care Task Force under "What We Do" at [www.wtb.wa.gov](http://www.wtb.wa.gov).

## **BACKGROUND AND INTRODUCTION**

When the Washington Legislature charged the Workforce Board in 2003 with convening a Health Care Personnel Task Force, the state faced a variety of health care challenges. Like other states, Washington continued to confront a chronic shortage of health care workers—from too few registered nurses and physicians to not enough pharmacists and occupational therapy assistants. This made it increasingly difficult for citizens to get the health care they needed. At the same time, the state's population was aging, putting further pressure on the demand for health care services—a problem compounded by older health care workers retiring.

Meanwhile, a substantial slice of the state's workforce toiled in low-wage or entry-level jobs, unable to take advantage of the rising number of higher paying health care openings. With targeted education and training, these workers could be prepared to fill these in-demand health care positions, boosting their wages and quality of life.

Solving the health care personnel shortage promised to put an end to two challenges:

- Lack of access to health care by Washington's residents.
- Lack of opportunity to health care jobs for Washington's workers.

Progress has been made on both of these fronts since the Workforce Board convened key stakeholders and helped create the Health Care Personnel Shortage Task Force. This Task Force meets several times a year and includes a broad mix of health care, education and workforce professionals. The Task Force has created a state plan for addressing the health care personnel shortage, has monitored progress on the plan and reports to the Governor and Legislature annually.

During the past two years, another major development has entered the picture—the worst recession in at least a generation. Thousands of workers have lost their jobs and seek new employment. Many of these workers need retraining for new careers, such as health care.

This annual report provides the latest education and employment data and a fresh perspective on the progress we have made—and the challenges we continue to face.

### **Health Care Vacancies Remain High Even in a Depressed Economy**

In the current economic climate, where few jobs are in demand, health care is bucking the trend. Health care vacancies are the highest of any industry, with nearly 9,000 vacancies reported in the Fall of 2009. Similarly, registered nurse vacancies declined but still remain the highest of any occupation at just under 2,300 vacancies. Due to the health care demands of an aging population and the retirement of older health care

workers, we expect these vacancies to rise sharply again as the economy recovers. Many health care occupations are still in high demand in the current economy and according to the Workforce Board's Supply/Demand Gap Analysis (see page 15) will continue to be in demand throughout the 2012-2017 period, and beyond.

### **Strategic Plan Outlines Strategies and Outcomes for Washington**

The Health Care Personnel Shortage Task Force's state strategic plan addresses educational capacity challenges, recruitment and local priorities. The plan contains 32 strategies and outcome measures to track our progress. Our goals are:

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

### **The Strategy Identifies the Following Outcome Measures:**

- How close is supply aligned with demand for selected occupations? (Page 15, Workforce Board's gap analysis)
- Enrollment and completion rates in health care programs at two-year and four-year institutions, including breakdowns for race/ethnicity. (Attachment A)
- Number of school districts and high schools that offer a health option as part of their Health and Human Services Pathway.
- Diversity of the health care workforce: The level to which health workforce diversity reflects the diversity of the populations served.

Strategic Plan at: <http://www.wtb.wa.gov/Documents/Progress2007-Section2.pdf>

In this **2009 Task Force Update** you'll read about:

- Priorities for 2010 (pages 3-6)
- Progress in 2009 (pages 6-14)
- Areas for Improvement, including Skill Gaps (page 14)
- Conclusion (page 17)
- Supply Data for 36 Health Care Occupations (Attachment A)

## **PRIORITIES FOR 2010--A CALL FOR RENEWED FOCUS**

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

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

At the December 2009 meeting, the Health Care Personnel Shortage Task Force decided on the following objectives for 2010.

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

Our state continues to face an acute, structural workforce crisis in the healthcare industry that needs long-term attention from policymakers. Health care still tops all industries in the numbers of vacancies reported (nearly 9,000 vacancies), and vacancies for registered nurses are the highest of any occupation (just under 2,300 vacancies). While there are reports of a tighter job market for some nursing graduates, we know this is a temporary situation and likely due to many workers delaying retirement in response to the current economic downturn. We also know these workers will eventually retire and many will be among the aging population seeking health care. We ask the Governor and Legislature to make health care workforce issues a top priority to better meet worker, industry, and patient needs.

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

The Legislature and the Governor have created policies and programs in recent years that have proven benefits such as: increasing the number of people completing health care education programs, improving diversity of the health care workforce and employment and earnings outcomes for diverse populations, and providing education and family-wage job prospects for low-skilled, and/or working adults.

These policies and programs include:

- Providing funding for high employer demand programs (health care has received the majority of this funding).
- Opportunity Grants that pay for up to 45 college credits for income-eligible participants studying in-demand areas, including health care.
- Expanding the State Need Grant to part-time students, allowing low-wage working adults to keep their jobs and attend school.
- Hospital Employee Education and Training (HEET)—helping entry-level hospital workers move into high-demand positions by training onsite and/or online.

High Employer Demand programs, Opportunity Grants, and the Hospital Employee Education and Training (HEET) program have had the added benefit of leveraging private resources to expand our educational capacity. Programs like these support our economy and improve the standard of living of workers.

**3. Expand Health Care Education Capacity on Demand.** In 2009, enrollment in the state's Worker Retraining program increased by 77 percent and community and technical colleges and private career schools have not been able to meet student demand. Colleges and universities are over enrolling students in an attempt to meet student needs but this trend can only go so far before reductions in education quality become apparent. Over-enrollments are often not allowed in health care programs which are governed by laws and professional codes that protect quality. Task Force Members and a variety of health care workforce stakeholders have been seeking private, foundation and federal American Recovery and Reinvestment Act funding to help expand capacity in health care education programs.

But, in the long term, the Health Care Personnel Shortage Task Force requests the Governor and Legislature create a lasting funding source for high employer demand programs. Funding for these programs would increase or be reduced to meet occupational demand projections.

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

**4. Expand Health Workforce Diversity.** Racial and ethnic minorities in Washington are underrepresented in the health care workforce and are projected to become an even larger proportion of our population. A diverse health care workforce that mirrors the population it serves makes sense—both philosophically *and* financially. Not only are health care jobs in demand, but many pay well. Furthermore, with the current and looming shortage of health care personnel, Washington must draw from every available labor pool.

A diverse health care workforce also makes sense from a health perspective. Studies show that racial and ethnic minorities tend to have better health outcomes when they are served by health care professionals who share their ethnic background.

Washington needs to strengthen its entry points by encouraging more young people and adults from racially and ethnically diverse backgrounds to enter the health care field, improving access to education and providing ongoing support to ensure success. One way to nurture a diverse health care workforce is to give working adults the financial support and flexibility they need to gain further education as they continue to hold down jobs and juggle other responsibilities. Through online learning and on-site, on-the-job training, adult workers are able to boost their employment and earnings prospects, the state's health care industry is able to fill vacant health care positions and Washington's increasingly diverse population is able to access the health care it requires.

The Governor's Interagency Council on Health Disparities has included recommendations from their Health Workforce Diversity Advisory Committee in a draft policy paper. The Health Care Personnel Shortage Task Force Members support these recommendations that dovetail with the Task Force's strategic plan. View the draft policy paper at: <http://healthequity.wa.gov>

#### **5. Preserve and Streamline Health Care Workforce Data Collection and Analysis.**

The Health Care Personnel Shortage Task Force has prepared a strategic plan for the state. However, better local planning and targeted solutions depend on detailed data that can only be collected through a health care workforce survey. In 2009, due to budget cuts, the Department of Health discontinued the survey authorized by state legislation in 2006. The members of the Health Care Personnel Shortage Task Force recommend that a mandatory survey be part of online licensing renewal, at the time that online licensing is implemented. This strategy is likely to be more effective in terms of response rate, and more efficient in terms of administration.

#### **6. Strengthen and Expand Credit for Prior Learning, Articulation and Transfer.**

Many veterans and immigrants have health care credentials through the military or their countries of origin. Often individuals are asked to duplicate their learning and take pre-requisites. There should be concerted efforts among education and health care stakeholders to award more credit for prior learning, create bridge programs and create seamless transitions through articulation and transfer to increase efficiency for these individuals to gain qualifications to work in Washington's health care workforce. This work needs to be thoughtful to ensure Washington's high standard of care. Health care education varies between the U.S. and other countries. Identifying best practices in other states is a good first step. In our own state, one program of note that is helping immigrants with health care qualifications to transition to health care occupations is the Welcome Back Center located at Highline Community College.

**7. Transforming Health Care Delivery in Relationship to Workforce Issues.** The Health Care Personnel Shortage Task Force provides expertise to the Governor and Legislature on health care education and training needs and issues. The Task Force also develops and monitors progress on our state's strategic plan to address health care personnel shortages. It is essential to also study new health care delivery models, such as interdisciplinary education, medical homes<sup>1</sup>, community care, workplace environment and other topics. These models also need to be investigated from a workforce perspective. We suggest creating a policy leadership group that studies and includes the impacts for the health workforce. This group should include membership from the Health Care Personnel Shortage Task Force to address the structural changes necessary for the industry to be competitive.

## **PROGRESS IN 2009**

### **Training for Entry-Level Workers**

The 2009 Legislature expanded the Hospital Employee Education and Training (HEET) program by allocating \$2.25 million in each year of the 2009-2011 biennium to the State Board for Community and Technical Colleges to fund the program.

The HEET program focuses on helping incumbent, entry-level hospital workers get the education and training they need to move into nursing and other high-demand health care occupations. Labor, management and college partnerships work to develop, expand and evaluate training programs for these front-line workers.

In 2009, eight proposals received funding at the following community and technical colleges, in partnership with local hospitals and local unions or labor-management organizations: Bellevue, Bellingham, Columbia Basin, Lake Washington, Lower Columbia, Renton, North Seattle and Spokane.

A third party<sup>2</sup> evaluated the five HEET proposals awarded in 2008 to Lake Washington, Renton, North Seattle, Lower Columbia, and Spokane in partnership with local hospitals and labor-management partnership or unions. The report concluded the HEET program “offers a sustainable model for effective workforce development” and that the program is successfully implementing innovative solutions and providing training to workers who would have few other options to advance on the career ladder.

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1 Medical homes, also known as Patient-Centered Medical Homes, are an approach to providing comprehensive primary care that facilitates partnerships between patients, providers, and when appropriate, the patient's family.

2 Helen Moss with the Labor Education Research Center at the University of Oregon; Marc Weinstein, Ph.D., Associate Professor of Adult Education and Human Resource Development at Florida International University.



The report recommended that funding should continue and that more employers and educational institutions should be included to attain economies of scale.

### **Recovery Grant Will Help Health Care Workers Move up Ladder**

In February 2010, the Workforce Board received news that the agency was awarded a \$5 million health care grant from the U.S. Department of Labor.

Building on the success of HEET, this grant will be administered by the Workforce Board in conjunction with SEIU Healthcare 1199NW Multi-Employer Fund, SEIU Healthcare NW Training Partnership, and the Health Work Force Institute. The project will pioneer career tracks that move low-wage health care workers into better paying, higher-demand professions. The labor/management education partnership overseeing the grant money is called the Washington Health Care Worker Training Coalition.

The project will certify or award degrees to 550 incumbent workers to move up to high demand positions and create 350 entry-level positions, with opportunities for advancement. The project will also expand the state health care educational capacity by building on the innovations of workplace learning, improving online health care training, and by recruiting masters prepared nurses for training as clinical instructors.

There will be three areas of emphasis:

1. Advancing entry-level workers along the nursing pathway, beginning with Certified Nursing Assistants and Medical Assistants through Licensed Practical Nurses and, ultimately, reaching Registered Nurses. The grant promises to move hundreds of workers up this high-demand career ladder by recruiting, supporting and training them in a health care setting.
2. Providing jobs in long-term care and creating career transitions to acute care by recruiting and training job seekers in the advanced home care aide apprenticeship, and providing a seamless pathway to acute, hospital health care.
3. Expanding the state's healthcare educational capacity through workplace learning opportunities, online classes and recruiting more clinical instructors.

The training will be delivered through a combination of online and workplace learning. The state's community and technical colleges will be able to expand the capacity of their health care programs to reach these new, first-rung workers. The grant targets two groups of workers: low-wage hospital workers who have an interest in health care and long-term care workers who previously have had no pathway to enter higher level health care and hospital work.

Other beneficiaries are workers who have yet to be hired, but will fill slots as current workers are trained and reach higher levels in the health care career ladder. The promise of continuing education and career paths that lead to living-wage jobs will help attract and keep these critical frontline workers.

### **Expansion of Health Care Programs**

The 2009 Legislature placed a priority for High Employer Demand Programs of study in a budget proviso. The proviso directed the State Board for Community and Technical Colleges, college trustees and the state's public four-year institutions to "at least maintain, and endeavor to increase, enrollment opportunities and degree and certificate production in high employer-demand fields of study at their academic year 2008-2009 levels." The proviso also directed setting targets for a specific number of graduates in high demand fields.

Data collected by the Workforce Board from the U.S. Department of Education's Integrated Postsecondary Education Data System (IPEDS) and the State Board for Community and Technical Colleges shows there has been steady expansion in most of the high demand programs. Another source of funding to expand high demand programs resulted from 2009 legislation, E2SSB 5809–Unemployed Worker Training. The bill provided an incentive to Workforce Development Councils<sup>3</sup> to use federal funds to expand high demand programs at community and technical colleges.

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<sup>3</sup> There are 12 [Workforce Development Councils](#) in Washington that receive federal Workforce Investment Act funds and are responsible for regional policy and strategic planning for workforce education and training issues.

### Enrollment in Select Health Care Programs at Community & Technical Colleges

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

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

### **Implementing the Master Plan for Nursing**

In 2009, the Washington Center for Nursing developed an implementation plan for the Master Plan for Nursing Education. The Center managed eight work groups that focused on different aspects of the plan: Faculty Workload, Faculty Compensation, Preparation of Future Faculty, Transition to Practice, RN-to-BSN Capacity, Diversity, Curriculum Innovations, and Distance Access. The Board of the Center identified the Faculty Issues, Diversity and Transition to Practice as priorities for 2010. Get details at [www.wacenterfornursing.org/](http://www.wacenterfornursing.org/) and look at "Master Plan for Nursing Education."

### **State's nurse demographics analyzed**

On behalf of the Washington Center for Nursing, the University of Washington Center for Health Workforce Studies analyzed demographic data for licensed registered nurses collected in 2007 by the state's Department of Health. That analysis found that licensed registered nurses in Washington were: 90.8 percent white, 0.8 percent Black / African American, 0.4 percent American Indian / Alaska Native, 4.3 percent Asian, 0.4 percent Native Hawaiian / Pacific Islander, 1.7 percent identified as "other" and 1.6 percent identified as multiple race. In relation to ethnicity, 2 percent of respondents were identified as Hispanic.

Other health professions data collected by the Department of Health has not yet been analyzed. Updated data is unlikely in the near future. The Department of Health suspended the Health Workforce Survey in the wake of budget cuts.

### **Simulation Partnership Receives Positive Evaluation**

Yakima Valley Memorial Hospital (YVMH) partnered with the Nursing program at Washington State University (WSU) to create the Advanced Clinical Education and Simulation (ACES) course in 2007. The purpose was to use simulation and joint staff appointments from the hospital and the school to create a successful residency program for RNs. An evaluation published in 2009 found the results were overwhelmingly positive.

Simulations were conducted at the WSU practice lab on the Yakima campus. Students participated in simulations held in four separate "patient rooms," set up to mimic a patient room at YVMH with a bed, simulator and nursing supplies needed for each intervention. In addition to the academic and medical simulation portions of the ACES course, students also participated in a nursing residency at the hospital.

The results were positive: Participants overwhelmingly felt that this course, and specifically the use of simulation, helped them to be better prepared for independent practice within the hospital. They felt that improved organization of the logistical aspects of the course would further facilitate their learning.

Finally, participants stated that the course helped them gain valuable skills in hospital resource utilization, policy and procedure awareness, and a sense of camaraderie among coworkers.<sup>4</sup>

### **Governor's Best Practice Recognition**

Each year, the Governor honors innovative programs that demonstrate best practices in workforce development at the annual Workforce and Economic Development Conference administered by the Workforce Board in partnership with the Department of Commerce. In the last few years, health care programs have featured prominently as having best and promising practices. In 2009, two of the awards were for health care workforce programs: Rural Outreach Nursing Education (RONE) project of Lower Columbia College and Health Careers for Youth.

The RONE program provides nursing education over the web to areas of Washington that have limited educational options, helping address a critical skill shortage through the use of technology. It is the only pre-licensure e-learning nursing program in the state and has been approved by the Washington Nursing Commission and accredited by the National League for Nursing Accrediting Commission. This program is proving to be a cost-effective way for rural hospitals to grow their own health care talent.<sup>5</sup>

The Health Careers for Youth program creates a career and education pathway into Certified Nursing Assistant training for low-income youth who might otherwise overlook promising careers in health care. Certified Nursing Assistant training and certification serve as a gateway to both employment and additional training for a broad array of health care careers, such as: nursing, phlebotomy, medical assisting, pharmacy technician, radiologic technologist, and more.<sup>6</sup>

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4 Philip Young, MN, ARNP, Janis Burke, MEd, BSN, "Evaluation of a Multidisciplinary, Simulation-based Hospital Residency Program Washington State University, College of Nursing and Yakima Valley Memorial Hospital, Yakima, WA 98902, USA," *Clinical Simulation in Nursing* magazine, [www.elsevier.com/locate/ecsn](http://www.elsevier.com/locate/ecsn)

5 RONE Partners are: Western Washington Area Health Education Center, Eastern Washington Partnership, Washington Center for Nursing, Washington State Hospital Association's Health Work Force Institute, Ferry County Hospital, Republic, Jefferson Health Care, Port Townsend, Morton General Hospital, Morton, Klickitat Valley Hospital, Goldendale. Contact: Helen Kuebel, Lower Columbia College Director of Nursing Programs, [hkuebel@lowercolumbia.edu](mailto:hkuebel@lowercolumbia.edu) (360) 442-2861 See video at: <http://www.youtube.com/user/WashingtonWTB#p/u/4/Um2A9Y-7Gpk>

6 Health Careers for Youth Partners are: Washington State Hospital Association's Health Work Force Institute, City of Seattle, Youth Employment Program, North Seattle Community College, Seattle Vocational Institute, Bright Future Program, Seattle Central Community College, Renton Technical College, King County, Work Training Program, high schools in Seattle and Renton School Districts. Contact: Marlena Sessions, Workforce Development Council of Seattle-King County, [msessions@seakingwdc.org](mailto:msessions@seakingwdc.org) (206) 448-0474. See video at: <http://www.youtube.com/user/WashingtonWTB#p/u/3/1UAzKW92RH4>

## **Coordinating the State Plan with Local Action**

In 2003, with the support of the Governor's Workforce Investment Act discretionary funds, all 12 Workforce Development Councils offered health care skill panels. Some areas had health care skill panels prior to this date and others responded to the incentive funds provided at that time.

Each health care skill panel used the Health Care Personnel Shortage Task Force's state plan as a template to create their own local strategic plan, deriving information for the health care employers and educators on their panels. They then developed priorities to address in their local areas. Some of these panels are still active. Others reconvene when the demand arises.

## **Skill Panel Successes**

Below are examples of how health care skill panels have helped address workforce shortages.

### **Northwest Washington**

- The Northwest Workforce Development Council maintains the NW Alliance for Health Care Skills as an active industry skill panel. Areas of progress include: RN Nursing Expansion Plan
- Funding expanded LPN training serving an additional 27 students at Bellingham Technical College and Skagit Valley College. This expansion was accomplished using \$386,000 in one-time American Reinvestment and Recovery Act and state incentive funds.
- The Alliance was awarded a \$359,575 Hospital Employee Education and Training (HEET) grant to train incumbent hospital workers, one of only three awards this year. HEET supports the nursing career ladder with funding for NAC training and LPN to RN classes. This grant will also support the implementation of improvements in student nurse clinical training identified by the Alliance's Clinical Education Enhancement work team.
- Resources leveraged from Council and college partners financed skill upgrade training for 270 incumbent health care workers from the Alliance's five hospitals. Training included; dementia, restorative, behavioral health, acute care, workplace professionalism, and communication skills.
- Whatcom Community College received a national competitive Department of Labor grant (\$1.8M) to implement online RN training and other strategies to increase training options and outcomes for existing and new nurses.

### **Seattle-King County Area**

While the Seattle-King County Workforce Development Council no longer operates a formal health care skills panel, the council regularly reconvenes business, labor, education, and other health care partners on an ad-hoc basis and works in close cooperation with the Health Work Force Institute.

The council also continues to operate the Career Pathways program in partnership with area hospitals. This program was developed out of the work of the health care skill panel. Since the program's inception in 2003, Career Pathways has provided career development assistance to approximately 3,500 health care employees, mainly in nursing and imaging, but also a variety of other health care occupations including medical assisting, respiratory care, surgical technology, medical lab tech, central services tech, among others. More than 800 employees received training from the program that helped them gain skills in areas such as computers and technology, or specific occupational skills such as IV/injections.

### **Southwest Washington Area**

The Southwest Washington Workforce Development Council used Workforce Investment Act/American Recovery and Reinvestment Act funds with the incentives created in 2009 Legislation SB 5809 Funds for a licensed practical nurse immersion program at Clark College for 20 students which will develop pathways for LPNs to bridge into the RN Associate Degree program.

- Partnered with Pacific Mountain Workforce Development Council to apply to the U.S. Department of Labor for Health Care Grants through American Recovery and Reinvestment Act funds (More info: Jordana Barclay, [jbarclay@swwdc.org](mailto:jbarclay@swwdc.org))

### **Spokane Area**

In 2009, Greater Spokane Incorporated—which combines Spokane's Chamber of Commerce with its Economic Development Council—reactivated a local health care skill panel, the Health Care Committee. The committee is comprised of representatives from business, education, and government.

Last year, Spokane Community College, the Spokane Area Workforce Development Council, and Greater Spokane Incorporated collaborated to design and conduct a workforce survey of area health care businesses. The Spokane Workforce Development Council used this data to aid in the council's decision-making around federal Recovery Act resource deployment. The Spokane Workforce Development Council also used Recovery Act funds to create additional workforce training capacity in the health care sector, including:

- **LPN training** - Graduates will be able to fill LPN shortages and will be poised to continue their education to earn their AAS degrees and RN credentials, helping alleviate a predicted shortage of RNs.
- **Medical Assistant Flexible Learning Project** - The Medical Assistant Flexible Learning Project will create an online cohort of 25 students, with preference for incumbent workers. Funding requested will support online curriculum development and delivery to the cohort. Students will be prepared to work as medical assistants in a number of health care settings.

- **I-BEST Clerical Assistant with Intro to Medical/Legal/Admin** - Students are prepared to format correspondence and reports, greet callers, make and receive telephone calls in a professional way, use e-mail effectively, maintain electronic calendars, and perform duties depending on the office situations.
- **I-BEST Social Services Technician** – This short-term certificate prepares students for immediate employment as home health care aides and also includes industry-recognized certificates of Nurse Delegation, Dementia for Managers and Caregivers, Mental Health for Managers and Caregivers, CPR/First Aid, and Know HIV/Aids. In addition, it sets a foundation for health care and social service skills

### **Other Legislative Activities Advance the Goals of the Health Care Task Force**

Legislation in 2009 (HB 1740) broadened the types of dental residency programs for which a limited license to practice dentistry may be issued. Another new law (HB 1808) directed the State Board for Community and Technical Colleges to create an interdisciplinary work group to review the training and curriculum of both a paramedic training program and an associate degree in nursing program to establish a set of recognized course equivalencies or skill competencies between the programs.

### **WHERE THE GAPS ARE AND HOW WE CAN IMPROVE**

Although the state has made significant progress in expanding Washington’s health care workforce in recent years, that progress has begun to slow because of a deep recession and shrinking budgets.

### **Department of Health Puts Health Workforce Survey on Hold**

In December 2008, the state Department of Health informed the Workforce Board and others of the agency’s decision to suspend the health workforce survey in light of budget shortfalls. These shortfalls are likely to continue in the coming years. In 2005, legislation (SB 6193) directed the Department of Health, in consultation with the Workforce Board, to conduct the Health Care Workforce Survey. Funds were provided in the 2005-2007 biennial budget and expanded in the 2006 supplemental budget. Surveys for nurses and several other professions have been completed. A 2009 budget proviso directed the Department of Health to continue the survey within existing funds but this proviso was vetoed by the Governor. Task Force members recommend that the Workforce Board and the Department of Health include a workforce survey with all initial licensures and renewals and include this in the discussion of developing licensing renewals online. (See Page 7)

### **Economy Impacts Financial Aid Programs for Health Care Education**

The current budget crisis has led to proposed cuts for health care education scholarships. The Health Care Personnel Shortage Task Force has placed a priority on expanding the state’s Health Scholarship and Loan Repayment Program.



State funding for the scholarship and loan repayment program have increased in recent biennial and supplemental budgets. This program also receives some federal matching funds. In the 2008 supplemental budget the program was expanded by \$1.25 million for a total of \$8.7 million per biennium. This expansion might not survive this year's budget process. The Higher Education Coordinating Board requested additional funds through the American Recovery and Reinvestment Act, but the request was not successful.

### **Clinical Site Coordination**

The 2008 Task Force update outlined advances in the coordination of clinical sites across the state. However, due to funding shortages, this project was terminated. In the meantime, the South Central Workforce Development Council has gathered partners to continue clinical coordination efforts for allied health programs in Kittitas, Klickitat, Skamania and Yakima counties.

### **Severe Skill Gaps Remain**

Among the outcome measures the Task Force tracks is the gap between supply and demand for health care occupations. As can be seen in the chart on the next page, a wide variety of health care occupations are projected to have a rising number of openings that will go unfilled when compared with supply projections of newly prepared workers.

<b>Health Occupation (19 select occupations)</b> <i>Unfilled Openings Will Continue to Rise</i>	<b>Supply*</b> <b>2008</b>	<b>Annual Openings</b> <b>2012-2017</b>	<b>Gap Per Year**</b> <b>2012-2017</b>
Registered Nurses	3,092	4,150	1,060
Physicians (including all specialties)	169	510	340
Physical Therapists	94	370	275
Mental Health Counselors	33	200	170
Occupational Therapists	76	200	125
Speech-Language Pathologists	84	200	120
Pharmacists	208	320	110
Medical & Clinical Lab Technicians	35	150	115
Medical & Clinical Lab Technologists	35	140	105
Veterinarians	19	80	100
Dentists	78	130	60
Dieticians and Nutritionists	27	60	30
Diagnostic Medical Sonographers	59	80	20
Dental Hygienists	212	230	20
Occupational Therapist Assistants plus Aides	17	30	15
Surgical Technologists	98	110	10
Dietetic Technicians	7	20	10
Nuclear Medicine Technologists	6	20	10
Chiropractors	11	20	10
<b>Total</b>	<b>4,360</b>	<b>6,993</b>	<b>2,630</b>

Source: Workforce Board Gap Analysis November, 2009.

\* Supply = Those completing educational programs in 2008 (numbers rounded).

\*\* Gap per Year: The average number of additional prepared individuals needed per year for each occupation, and rounded to the nearest five based on 2008 production of trained workers and projected demand for those workers. As part of the gap analysis, the Workforce Board reviews the National Center of Education Statistics Integrated Postsecondary Education Data System (IPEDS) supply data for 36 health care education and training programs. The programs in the chart above are part of a 2009 Completion Statistics Report. (See attachment A.)

### **Other Outcome Measures Where Data is Not Yet Available**

- Diversity of the health care workforce - The level to which health workforce diversity reflects populations served. (Updated data not available due to the suspension of the health workforce survey. One exception is nursing.<sup>7</sup>)
- The number of school districts and high schools that offer a health option as part of their Health and Human Services Pathway. (Updated data is not available from the Office of Superintendent of Public Instruction for 2007. Data from 2006 showed about half of high schools offered health care program options as part of their Health and Human Services Pathway.)

<sup>7</sup> The University of Washington Center for Health Workforce Studies analyzed demographic data for licensed registered nurses collected in 2007 by the state's Department of Health (see Page 7 of this report).

## **WASHINGTON HAS A PLAN FOR A LONG-TERM SOLUTION**

It's clear that addressing Washington's health care worker shortage is not an easy or quick fix. Solving the shortage will take time, money and innovative strategies that encourage more Washington workers to train for the health care field, and the resources and support to help them thrive after they've arrived.

Solving a shortage of this magnitude can appear daunting. But we prefer to look at it as an opportunity. The health care field is growing and most health care jobs pay well. The field has built-in career paths that allow workers to rise as they master new skills and gain further education. In other words, this is a problem that our workers can solve—that we can solve. In some cases, expanding the number of seats at colleges and universities will help fill long-standing gaps. In other instances, we can help low-income students train for a health care career by expanding financial aid or encouraging more onsite, online training for those already in entry-level health care positions.

Better data collection and analysis will help us move more workers into in-demand positions. Also, giving foreign health care workers and our veterans the chance to make the most of the credentials they already have will allow experienced workers to more quickly enter health care service in our state. And with Washington's increasingly diverse population, it's in everyone's best interest that our health care professionals reflect that diversity—helping all populations get the best medical care around, and providing opportunity and encouragement to enter a growing field that delivers a living wage.

If we are successful in our mission, Washington's workers will have the education and training they need to fill the health care vacancies we face. And we as residents will have better access to health care.