



**Progress 2006:
Annual Report of the Health Care
Personnel Shortage Task Force**



Workforce Training and Education Coordinating Board

The Health Care Personnel Shortage Task Force consists of 20 leaders from business, labor, education, and government. Their goal is to address the severe current and projected shortages of health care personnel in Washington State. The January 2003 Task Force report, *Health Care Personnel Shortages: Crisis or Opportunity?* outlines a strategic plan for the Legislature, state and local agencies, educators, labor, employers, and workers, with 6 goals, 40 strategies, and 16 outcome measures. In 2003, the Legislature passed Engrossed Senate House Bill 1852 directing the Workforce Training and Education Coordinating Board to continue convening the Task Force to monitor progress on the state plan and report annually to the Legislature.

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For annual reports, presentations and meeting information please go to the Task Force web page.
<http://www.wtb.wa.gov/HCTFIntro2.asp>



Health Care Personnel Shortage Task Force

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March 15, 2007

To the Governor and Members of the Legislature:

Washington continues to face severe shortages of health care personnel across a wide range of professions and in most areas of the state. As our population ages, health care workers are retiring and a larger share of the population need more health care services. Health care job vacancies are still rising. In May 2006, they numbered over 11,300. Hospitals employ nearly 40 percent of the health workforce, and they are still reporting great difficulty recruiting personnel.

In 2003, the Legislature passed Engrossed Substitute House Bill 1852 requiring the Workforce Training and Education Coordinating Board to continue convening health care stakeholders to monitor progress on the state plan for addressing health care personnel shortages, *Crisis or Opportunity?* The plan, developed by the Task Force, outlines 6 goals, 40 strategies, and 16 outcome measures. *Progress 2006* is the fourth annual report on the plan's implementation.

Since the plan was developed, health care employers, educational institutions, professional associations, labor, community-based organizations, and government agencies have made progress. For example, between 2002 and 2006 the supply of registered nurse graduates has increased by 45 percent. High Demand funds in combination with other state, federal, and private funds have helped to enroll additional students in nursing and other allied health care programs. Health care skills panels across the state have brought together employers, labor, and education and training providers; implemented strategies at the local level to increase educational capacity; and improve recruitment and retention.

However, there is still much work to do. Our supply and demand analysis, for example, estimates that we need 690 more registered nurses per year and at least 270 more physicians per year to fill job openings.

The Task Force relies on the Governor, the Legislature, industry and education stakeholders to support its priorities. The Task Force priorities for 2007 are:

- Expand health care career pathway programs in K-12. The Governor's education plan, Washington Learns, calls for expansion of career pathway programs. The Task Force emphasizes developing career pathways for health, and supports the development of health care career academies.
- Expand health care higher education educational programs. The State Board for Community and Technical Colleges and the Higher Education Coordinating Board have requested high demand funds for the 2007-2009 biennium. The Task Force emphasizes allocations in high demand health care programs.

- Develop clinical site capacity. The State Board for Community and Technical Colleges has allocated workforce development funds to three community and technical colleges to coordinate statewide clinical placement for allied health programs with the aim of increasing capacity. Work will commence in 2007.
- Expand financial aid opportunities. The Higher Education Coordinating Board is requesting \$4 million in the 2007-2009 operating budget to expand the Health Loan Repayment and Scholarship program.
- Expand medical school enrollments and residencies. The University of Washington Medical School, in partnership with the Washington State University/Spokane, is requesting additional enrollments and residency expansions.
- Support projects that further the Task Force plan such as the work of the Disparities Council, Washington Center for Nursing, and the Health Workforce Institute.
- Support continued operation of health care skill panels in areas where industry partners see a continued need. Find additional funds to support local health care skill panels with increased accountability for measuring progress.

In 2007, we see continuing need. We must keep focused on moving forward to meet our state's critical need for qualified health care personnel.

We thank you for your continuing support.



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Task Force Chair
(Chancellor, Pierce College District)



William H. Gray, Ph.D.
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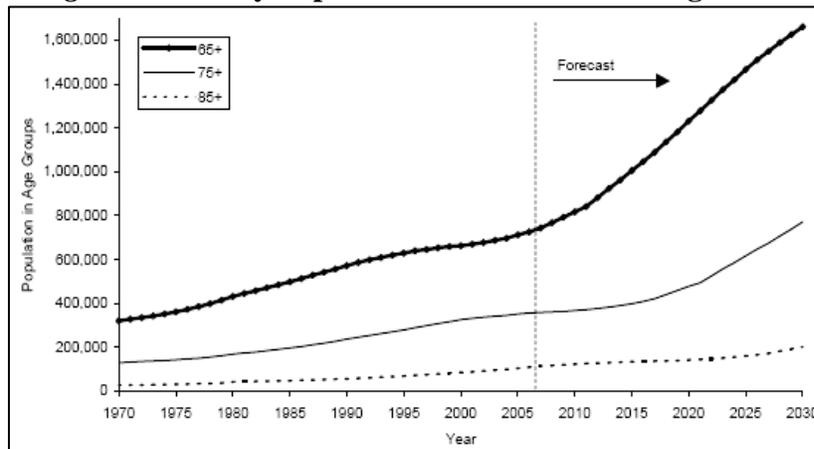
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Progress 2006: Annual Report of the Health Care Personnel Shortage Task Force

HOW MUCH PROGRESS HAVE WE MADE?

Washington continues to face shortages of health care personnel, and the shortages will persist at least through 2014. These shortages are due to the structural changes of increased demand for health care services from the aging baby boom population (see Figure 1), the retirements of baby boomers from health care service; and insufficient expansion during the 1980's and 1990's in health care education programs.

Figure 1: Elderly Population Growth in Washington



Source: Office of Financial Management, Forecast of the State Population Survey, November 2005.

Since the release of *Crisis or Opportunity?* the state plan to address health care personnel shortages in 2002, health care employers, professional associations, labor, education, and government organizations have implemented a wide range of strategies to reduce shortages. Data shows that these efforts are paying off.¹ Legislative high-demand allocations and private sector investments have helped to expand nursing, pharmacy, and other allied health education programs.

However, much work remains. Many types of health care workers are still very difficult to recruit and retain, and need attention. In 2006, the Association of American Medical Colleges (AAMC) increased their recommended expansion of medical school enrollments from 15 percent to 30 percent.² The American Medical Association recommends increasing enrollments in undersupplied specialties and in medical schools that are adjacent to underserved areas.³ Clinical placements are still difficult to find for nursing programs and a variety of other allied health

¹ James Hu, *Gap Analysis*, Workforce Training and Education Coordinating Board, December 2006.

² AAMC President Jordan J. Cohen, M.D., address the AAMC Annual Meeting, November 5, 2006.

<http://www.aamc.org/newsroom/pressrel/2005/051106.htm>

Scott Harris, AAMC Reporter, March 2006. The AAMC's Advisory Panel on Health Care Delivery proposed increasing medical school enrollment 30 percent over the 2002 levels by 2015.

<http://www.aamc.org/newsroom/reporter/march06/workforce.htm>

³ Conversation with Barbara Burzanski, American Medical Association, January 10, 2007.

programs and certain areas of the state experience more difficulty than others. Many adults need financial assistance and other supports to pursue health care education. Young people need more access to health care careers via exploratory, preparatory, and experiential opportunities in K-12.

AREAS OF PROGRESS IN 2006 INCLUDE:

- **Creation of a health care workforce survey.** 2006 legislation (2ESB 6193) created a regular survey of all licensed health care personnel. The bill directed the Department of Health to collaborate with the Workforce Training and Education Coordinating Board (Workforce Board) to collect data every two years and maintain the data on the Department of Health's website. The information collected will enhance the state's ability to utilize resources most effectively.
- **Expansion of educational programs via high demand funds.**
 - The 2006 supplemental budget allocated \$1.5 million in High-Demand funds to the State Board for Community and Technical Colleges (SBCTC) to increase enrollments by 187 full-time equivalent (FTE) students in high-demand fields in fiscal year 2007. Over the past few biennia about 70 percent of these funds have been directed to the expansion of nursing and other allied health care programs in community and technical colleges.
 - The 2006 supplemental budget allocated \$900,000 in high-demand funds to the Higher Education Coordinating Board (HECB) for 80 FTE students.
 - The 2006 Legislature allocated \$1.174 million in high-demand funds to Washington State University (WSU) and the University of Washington for 80 additional high demand student enrollments. Nursing, math, and science are among the six priority programs.⁴
- **Increased focus on the diversity and cultural competence of the health care workforce.**
 - 2006 legislation (2SSB 6197) established the Governor's Interagency Council on Health Disparities. The Council is charged with creating a plan for addressing health disparities including developing a diverse health care workforce.
 - 2006 legislation (ESB 6194) added multicultural health education for health professionals. The Department of Health is to work with educational programs on developing multicultural health awareness.
 - The health workforce survey legislation (2ESB 6193) enabled the state to assess the diversity of Washington's health workforce.
- **Launch of a Health Careers Website for Youth.** The Center of Excellence in Allied Health and Yakima Valley Community College established a statewide health careers website for youth at www.WAHOTT.com (Washington Health Opportunities for Today and Tomorrow).
- **Health Care Provider Partnerships.** The Legislature allocated \$150,000 to SBCTC as matching funds for strategic statewide partnerships with health care providers or facilities to address the health workforce shortage. Partnerships funded under this subsection may include efforts to increase the capacity of community and technical colleges to educate students enrolled in health professions programs, improve retention of health care workers, improve

⁴ While the allocation of High-Demand funds to expand health care programs are having an impact on shortages, the supply demand forecasts on page 8 indicate we are not close to closing the gap.

knowledge of the health industry workforce, and increase the number of youth and diverse populations in the health workforce.

- **State and local projects.**

- Health care skill panels and other local partnerships addressed priority shortages through various projects that include funding for educational program and facilities expansion, financial aid, nurse retention programs, and K-12 health careers pathways development.
- The Washington Center for Nursing launched a statewide public relations plan to promote nursing, documented projects in K-12 to encourage students to become nurses, launched a “Nursing Supply and Demand Study,” and a “Master Plan for Nursing,” among other efforts.
- The Health Workforce Institute (HWI) conducted the annual survey of acute care hospitals in Washington to gather information on recruitment difficulties. HWI continues to work with secondary and postsecondary institutions to expand educational capacity and improve recruitment of students into the health professions.

2006 Task Force priorities that did not receive support include state funding for skill panels and compensation for health care faculty that competes with industry salaries. While state funding was not awarded, several health care skill panels are still operating with support of local partners. Though the Legislature included \$140,000 in the budget to implement a nursing faculty retention and recruitment pilot project, the Governor vetoed this from the budget on the grounds that the program was too narrow.

See Appendix A for Task Force Outcome Measures.

TASK FORCE PRIORITIES FOR 2007:

The Task Force recommends that the Legislature and other health care workforce partners in government, education, and industry support the following projects and proposals as priorities for 2007:

- Expand health care career pathways programs in K-12. The Governor’s education plan, Washington Learns, calls for expansion of career pathway programs. The Task Force emphasizes developing career pathways for health, and supports the development of health care career academies.
- Expand health care education programs. SBCTC and the HECB have requested high demand funds for the 2007-2009 biennium. The Task Force emphasizes allocations in high demand health care programs.
- Develop clinical site capacity. SBCTC has allocated workforce development funds to three community and technical colleges to coordinate statewide clinical placement for allied health programs with the aim of increasing capacity. Work will commence in 2007.
- Expand financial aid opportunities. The HECB is requesting \$4 million in the 2007-2009 operating budget to expand the Health Loan Repayment and Scholarship program.

- Expand medical school enrollments and residencies. The University of Washington Medical School, in partnership with WSU/Spokane, is requesting additional enrollments and residency expansions.
- Support projects that further the Task Force plan such as the work of the Disparities Council, Washington Center for Nursing, and the HWI.
- Support continued operation of health care skill panels in areas where industry partners see a continued need. Find additional funds to support local health care skill panels with increased accountability for measuring progress.

“(The North Central Health Care Skills Panel) is the most extensive sectoral initiative to date. More than 45 healthcare, workforce and education leaders participated to varying degrees over the three and one-half years. Private for-profit healthcare providers, public and community hospitals, community health, public health, secondary and post-secondary Tech Prep, the two regional community colleges, and guests from our state universities and others participated. The wide variety of attendees in the forming phase brought a new appreciation for healthcare as a major industry in rural eastern Washington. Each panelist came with demonstrated expertise and organizational perspectives. Each came with tough challenges.”

Report of the North Central Health Care Skills Panel, North Central Workforce Development Council, 2006.

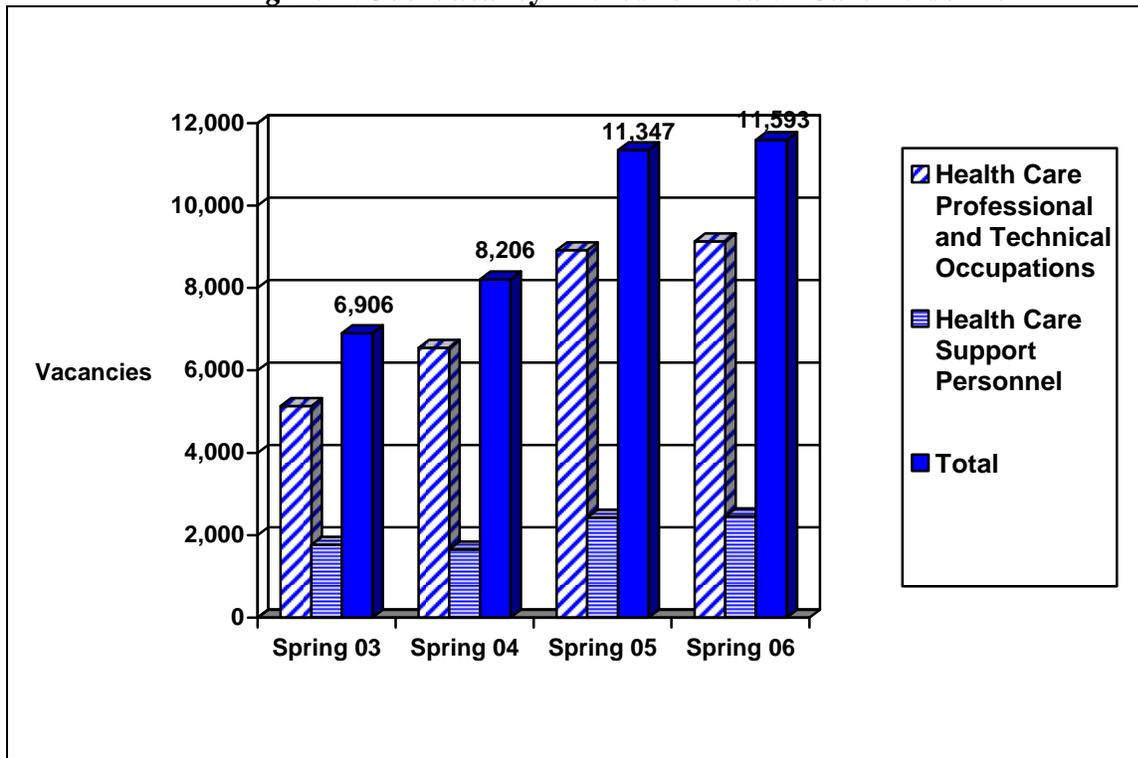
Shortages Update

VACANCIES ARE STILL HIGH

In the April 2006 job vacancy survey, employers reported 9,133 vacancies for health care professional and technical personnel and 1,360 vacancies for health care support personnel, totaling 11,593.⁵ This compares to 11,347 in May 2005 and 8,206 in May 2004. While vacancies were still high in April 2006, the increase was not as great as in the previous year (see Figure 2).

The occupation with the most unfilled positions was registered nurses with an estimated 4,802 vacancies (nearly 6 percent of all job vacancies in Washington were for nurses).

Figure 2: Job Vacancy Trends for Health Care Personnel



Source: Employment Security Department (ESD) biannual job vacancy surveys for spring 2003, 2004, 2005, and 2006. Note that these surveys represent vacancies during a point in time and do not represent vacancies for the whole year.

⁵ ESD, *Job Vacancy Survey*, April 2006. ESD conducts a survey of all employers twice a year. The vacancies here do not include “social assistance” as part of the health care industry.

THE 2006 HOSPITAL SURVEY

Beginning in 2001, the Washington State Hospital Association has worked with the Center for Health Workforce Studies at the University of Washington to conduct a survey of all acute care hospitals in the state. While this survey does not cover all places of employment, acute care hospitals employ about 37 percent of the state's health care workforce and this survey is a major source of data to assess demand for health care workers. The 2006 survey found that vacancies had increased over the previous year for a wide range of professions. According to the report, "vacancy rates have been steadily increasing or unacceptably high since 2002."⁶

Of the 21 occupations tracked, 15 have vacancy rates that remain high. Pharmacists and occupational and physical therapists are among the most difficult to recruit with positions remaining unfilled for between six to nine months on average.⁷

One of the results of personnel shortages is the need to use contract employees. Hospitals reported spending an estimated \$121 million on contract employee labor, an increase of \$24 million from the previous year.⁸

"Hospitals are important economic mainstays to cities and counties across Washington. In 2004, the state's hospitals employed almost 88,000 people. In most regions, the hospital is one of the largest private employers. They provided \$4.8 billion in wages and benefits to their employees and spent \$9.4 billion on goods and services. Including multiplier effects, Washington's hospitals were responsible for more than \$21 billion of economic activity."
American Hospital Association,
Beyond Health Care: The Economic Contribution of Hospitals, August 2006.

⁶ Troy Hutson, R.N., J.D., Ed Phippen, M.P.A., Tina Praseuth, Jane Feldman, Ph.D., Rachele Tsunehara, Rina LaStella, "Vacancies Increasing: Results of the 2006 Hospital Work Force Survey," October 2006, p.2.

⁷ Ibid 2.

⁸ Hutson et al. p. 6.

**Figure 3. Difficulty of Recruiting Employees for Washington Hospitals in 2006
by Occupation and Workforce Development Area**

Workforce Development Area												
	1. Olympic Clallam Jefferson Kitsap	2.* Pacific Mountain	3. Northwest Island San Juan Skagit Whatcom	4. Sno- homish	5. Kin	6. Pierce	7.* South- west	8.* North Central	9. Tri- County Kittitas Klickitat Yakima	10.* Eastern WA	11. Benton Franklin	12. Spokane
Staff nurses (RNs)												
Advanced practice nurses												
Licensed practical nurses												
Nursing assistants												
Medical technician/ clinical lab scientists												
Medical/clinical lab technologists												
Radiographer / radiology technologists												
Specialized radiology technologists												
Ultrasound technologists												
Nuclear medicine technologists												
Radiation therapy technologists												
Medical records technicians												
Medical records coders												
Licensed pharmacists												
Pharmacy technicians												
Physician Assistants												
Dieticians												
Physical therapists												
Occupational therapists												
Respiratory therapists												
Surgical technologists												
Nurse managers / clinical directors												

Source: The Center for Health Workforce Studies, University of Washington and Washington State Hospital Association report, "Vacancies Increasing: Results of the 2006 Hospital Workforce Survey."

* Counties are: 2. Grays Harbor, Lewis, Mason, Pacific, Thurston; 7. Clark, Cowlitz, Skamania, Wahkiakum; 8. Adams, Chelan, Douglas, Grant, Okanogan; and 10. Asotin, Columbia, Ferry, Garfield, Lincoln, Pend Oreille, Stevens, Walla Walla, Whitman

Key: Percent of hospitals reporting "very difficult" to recruit:

	100 percent of hospitals (that employ the occupation) reported recruitment as "very difficult"
	50 – 99 percent of hospitals (that employ the occupation) reported recruitment as "very difficult"
	< 50 percent of hospitals (that employ the occupation) reported recruitment as "very difficult" but < 50 percent reported "not difficult"
	< 50 percent of hospitals (that employ the occupation) reported recruitment as "very difficult" but ≥ 50 percent reported "not difficult"

THE GAP BETWEEN SUPPLY AND DEMAND

Since 2004, the Workforce Board has conducted a gap analysis to forecast the gap between the demand for health care personnel and the supply graduating from Washington institutions of higher education. The 2006 analysis takes into account some expansion of education programs resulting from Task Force recommendations. There is a time lag of one to ten years for students to complete their educational program depending on the type of program. While progress has been made, we estimate that the state should prepare an additional 691 registered nurses, an additional 278 physicians, and an additional 67 physical therapists per year through 2014 (see Figure 4 for other professions).

Figure 4: The Gap Between Supply and Demand for Selected Health Care Occupations

Occupation	Additional Graduates Needed per Year to Close the Gap Between Supply and Demand by 2014
Registered Nurses	691
Physical Therapists	67
Occupational Therapists	37
Biological, Medical, and Clinical Laboratory Technicians	46
Physicians	278
Dentists	47

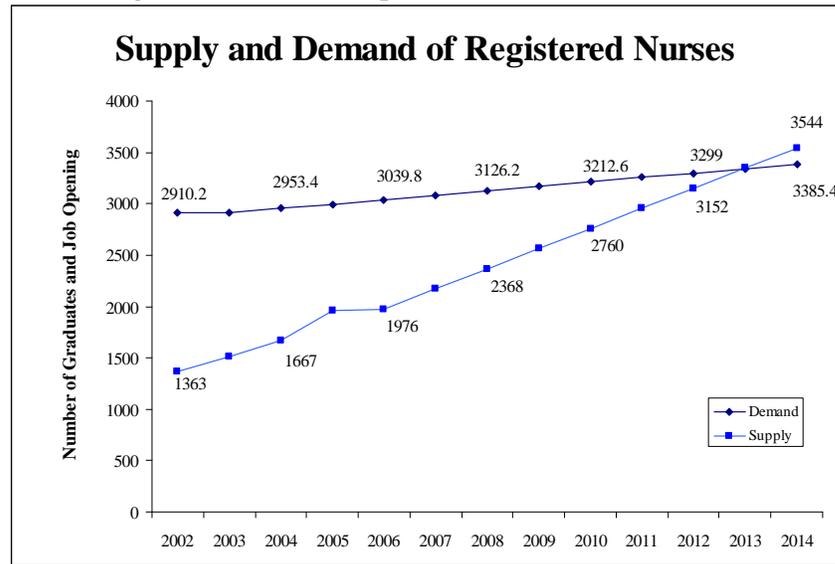
The gap between Washington's need for nurses and our ability to meet that need will diminish after 2013 *if* we continue to expand programs at the current rate (see Figure 5). It is important to note, however, that this analysis does not yet take into account all educational program expansion that has occurred since 2003.⁹ For registered nurses it takes two to three years to complete an Associate Degree and four or more years for a Bachelors of Science in Nursing or higher.

As more data becomes available from the Washington Center for Nursing, we will have a better understanding of the affects of retention rates on nursing supply. Another factor that may affect supply estimates is the fact that more people are entering registered nursing programs later in life and not directly out of high school.

⁹ Due to data reporting limitations, the effect of expansion in four year programs, which accounts for nearly 1/3 of total registered nurse supply, is not reflected in the current analysis. On the other hand, this analysis uses ESD employment forecast that does not take into account growth in the health care industry due to an increase in the proportion of our population age 55 and over.

Figure 5: Projection of Registered Nurses Supply/Demand Gap If Programs Continue to Expand at the Current Rate

Number of
Graduates
and Job
Openings



PHYSICIAN ISSUES

Since 2002, when the Task Force began examining health care workforce issues, there has been a dramatic change in the prevailing sentiment about the physician workforce. Since the early 1980's until mid-2002, most national physician workforce analyses pointed to a surplus of up to 70,000 physicians and called for limits to the production of physicians. Congressional funding formulas stifled expansion of medical school enrollments and opportunities for specialty training beyond primary care. American medical schools did not increase enrollment for more than 20 years while the US population increased by 57.8 million and Washington's population increased by almost two million.

In 2005, the Task Force began examining physician shortage issues. National data indicates there will be a severe shortage of physicians in Washington by 2020.¹⁰ Since our health care system has put the physician as the lead in patient care, this shortage will have a great impact on primary care.¹¹ In 2006, the AAMC, in its June 2006 report, "AAMC Statement on the Physician Workforce," recommended medical schools increase enrollment by 30 percent by 2015, doubling its previous recommendation.¹² It is time for Washington State to consider how to respond to this emerging crisis in public health.

¹⁰ U.S. Department of Health and Human Services Health Resources and Services Administration, Council on Graduate Medical Education, *Physician Workforce Supply Policy, Sixteenth Report*, January 2005. Access at: <http://www.cogme.gov/16.pdf>

Scott Harris, AAMC Reporter, March 2006. The AAMC's Advisory Panel on Health Care Delivery proposed increasing medical school enrollment 30 percent over the 2002 levels by 2015. See: <http://www.aamc.org/newsroom/reporter/march06/workforce.htm>

¹¹ Complex social and political issues complicate supply and demand projections for physicians. Issues include retirement patterns, specialty choice, the proportion of care provided by Non-Physician Practitioners, physician productivity, life style changes, impact of new technologies, gender mix, and international medical immigration. Demand models vary according to the policy question. For example, a demand-model based on market incentives for physician distribution and specialty composition is different than one based on health outcomes according to physician/population ratios.

¹² AAMC Annual Report, June 2006.

A physician shortage already exists in Washington. According to the Washington State Hospital Association’s 2006 survey, hospitals report a major patient access problem for at least ten specialties (see Figure 6).

Figure 6: Hospitals Reporting Very Serious Problems With Patient Access to Specialty Care

	Percent of Hospitals Reporting a Serious Patient Access Problem		
	2005	2006	Percent Increase
Internal Medicine	67	85	27
Family Practice	56	82	46
Cardiology	38	80	111
Obstetrics-Gynecology	70	76	9
Surgery (Specialty)	69	75	9
Radiology	23	72	213
Emergency Medicine	0	60	0
Surgery (general)	50	59	18
Neurology	63	59	-6
Pediatrics	0	57	0
Anesthesiology	14	33	136

Source: Washington State Hospital Association and Center for Health Workforce Studies, “Vacancies Increasing: Results of the 2006 Hospital Work Force Survey,” October 2006.

Washington relies on attracting at least 70 percent of our physicians from graduates of medical programs in other states. Since the entire nation is facing a severe physician shortage we should not count on our industry’s continued ability to attract physicians from other states.

Washington is part of a five-state program (Washington, Wyoming, Arizona, Montana, and Idaho) that trains students at the University of Washington. Washington residents have access to 13 medical school enrollments for every 100,000 citizens. The national average is 27 slots per 100,000. Sixty percent of our college graduates that enter medical school have to go out of state.¹³ Expanding enrollments would provide more medical school opportunities to our own students, and would increase the state supply of physicians.

The availability of residency positions (specialty training) also affects the supply of physicians. At least 45 percent of the nation’s residents stay to practice in the state of their residency.¹⁴ In Washington, only 30 percent of physicians are trained in residencies in-state. One strategy to increase our state’s physician supply is to expand the number of residency positions after medical school graduation. Since 1997, federal funding has limited residency positions. This is one of the major reasons why Washington has to recruit physicians from other states.

¹³ Chen FM, Fordyce MA, Hart LG. *WWAMI Physician Workforce 2005*. Working Paper #98. Seattle, WA: WWAMI Center for Health Workforce Studies, University of Washington; 2005.

¹⁴ Ibid 8.

Progress Highlights

DATA DEVELOPMENT

Establishing a regular survey of all health care personnel was the number one priority for the Task Force in 2006. Employers, education providers, researchers, and a variety of health care organizations greatly need this information to determine the composition of Washington's health workforce, and to develop strategies for meeting specific needs.

The 2006 Legislature passed a bill (ESSB 6193) that establishes a regular survey of all licensed health care personnel in Washington. This survey will provide information on the composition of Washington's health workforce and help to target efforts where they are most needed. The 2006 supplemental budget appropriated \$327,000.

Legislation requires information be collected on:

- Specialty
- Birthdate and gender
- Race and ethnicity
- Hours in practice per week
- Practice statistics, including hours spent in direct patient care
- Zip codes of the location where the provider practices
- Years in practice, years in practice in Washington, location, and years in practice in other jurisdictions
- Education and training background, including the location and types of education and training received
- Type of facilities where the provider practices.

In addition the legislation directs that surveys may contain additional data elements for selected health care professions as long as "there is a legitimate research interest in obtaining the information, the additional burden on members of the health care profession is not unreasonable, the effect on survey response rates is not unreasonable, and there are funds available."¹⁵

Educational Capacity Expansion

POSTSECONDARY EDUCATIONAL CAPACITY EXPANSION UPDATE

In the 2006 supplemental budget the Legislature earmarked state appropriations to expand high demand programs, such as health care:

- \$1.5 million (General Fund – State) for High-Demand Enrollments to the SBCTC to increase enrollments by 187 FTE students in high-demand fields in fiscal year 2007. Over the past few years SBCTC has directed at least 70 percent of these funds to the expansion of nursing and other allied health care programs in community and technical colleges.
- \$900,000 (General Fund – State) for High-Demand Enrollments to the HECB to contract for 80 FTE students in high-demand fields. In past biennia the HECB has directed about 40 percent of these funds to expanding health care programs.

¹⁵ RCW 43.70

- \$1.174 million (General Fund – State) for High-Demand Enrollments to WSU and the University of Washington for 80 additional high demand student enrollments. WSU is to make it a priority to expand baccalaureate and graduate level access to nursing programs, and to expand baccalaureate programs in engineering and construction management. The University of Washington received high demand funds for engineering, math, and science.
- SBCTC allocated 71 percent of their High Demand funds to expand health care programs in the 2005-2007 biennium. This is a total of \$3,728 million (see Figure 7).

Figure 7: High-Demand Health Care Program Expansion at Community and Technical Colleges

	College Receiving Funds	Health Program	FTE Student Allocations	Funds Awarded
2005-2006	Bellingham & Whatcom	Nursing Expansion	20	\$180,000
2005-2006	Clark	Diagnostic Imaging	21	\$189,000
2006-2007	Clover Park	Nursing	20	\$180,000
2005-2006	Olympic	ADN Expansion	25	\$225,000
2005-2006	Pierce-Puyallup	Increased Access to RN	17	\$153,000
2006-2007	Seattle District	Nursing, Health Unit Coordinator, Dental Hygiene	40	\$360,000
2005-2006	South Puget Sound	RN Expansion	12	\$108,000
2005-2006	Spokane	Radiologic Technology	40	\$360,000
2005-2006	Walla Walla	ADN Expansion	12	\$108,000
2005-2006	Wenatchee	RN Expansion	18	\$162,000
2006-2007	Bellevue	Radiation & Imaging Sciences	30	\$239,142
2006-2007	Clark	Nursing	8	\$63,771
2006-2007	Clover Park	Histology	15	\$119,571
2006-2007	Columbia Basin	Radiologic Technology	17	\$153,000
2006-2007	Highline	Nursing	9	\$81,000
2006-2007	Highline	Polysomnography	16	\$127,542
2006-2007	Lower Columbia	Nursing	9	\$81,000
2006-2007	Pierce-Puyallup	Nursing	10	\$79,714
2006-2007	Skagit Valley	Nursing Expansion	20	\$180,000
2006-2007	Spokane	Sonography	30	\$239,142
2006-2007	Tacoma	Nursing	20	\$180,000
2006-2007	Whatcom	Nursing	20	\$159,428
			Total: 429	\$3,728,310

Source: SBCTC, 2006.

The 2006 supplemental budget provided the HECB with \$900,000 in High Demand funds to allocate to four-year public schools. The HECB allocated \$198,656, or 22 percent, to expand health care programs in the 2005-2007 biennium. Of the \$1.174 million in the 2006 supplemental budget provided to the University of Washington and WSU, about \$552,000 was directed to expand the Bachelors of Science in Nursing and the Masters of Nursing programs at WSU (see figure 8.)

Figure 8: High-Demand Health Care Program Expansion at Public Four-Year Institutions

	Institution Receiving Funds	Health Program	FTE Student Allocations	Funds Awarded
2005-2006	Washington State University (Pullman/Spokane and Tri-Cities)	Bachelor of Science-Nursing	20	\$282,000
2005-2006	Washington State University (Spokane/Pullman and Vancouver)	Masters of Nursing	15	\$270,000
2005-2006	Eastern Washington University	Occupational Therapy	8	\$88,056
2005-2006	Eastern Washington University	Physical Therapy	10	\$110,600

Sources: HECB and WSU 2007.

Nursing programs report the number of graduates annually. Over the last four academic years (2001-2002 academic year to 2004-2005 academic year):

- 45 percent increase (from 533 to 759) in the number of licensed practical nursing (LPN) graduates
- 48 percent increase (from 799 to 1,179) in the number of associate degree in nursing (ADN) graduates
- 50 percent increase from (374 to 560) in the number of bachelor of science in nursing (BSN)/master's entry (ME) graduates
- 48 percent increase (from 1,173 to 1,739) in the total number of pre-licensure RN graduates (ADN & BSN/ME).

Over five calendar years, number of first-time takers of the national licensing examination from Washington State Nursing programs have increased:

- 76 percent for LPN (from 579 in 2001 to 1,019 in 2005)
- 140 percent for ADN programs (from 487 in 2001 to 1,169 in 2005)
- 31 percent for BSN/ME programs (from 464 in 2001 to 608 in 2005)
- 87 percent increase (from 951 in 2001 to 1,777 in 2005) in the total number of pre-licensure RN first-time takers (ADN and BSN/ME)

Program Directors were asked to identify their enrollment number in Fall 2000; Fall 2005; and forecast for Fall 2010. The numbers indicated an increase of 76 percent from 2000 to 2005 and projected increase of another 20 percent by 2010.

Source: Nursing Programs Annual Report Summary, 2005-2006 Academic Year, Nursing Care Quality Assurance Commission, Washington State Department of Health, 2006, page 1. Note there are 40 nursing education programs in Washington.

A HEALTH CAREERS WEB SITE FOR YOUTH

In 2006 the Center of Excellence based at Yakima Valley Community College launched a health careers web site for youth. The website, www.WAHOTT.com, provides a wide range of information on health occupations and educational opportunities. The site describes each occupation and the schools that offer the related programs in Washington. There are links to the schools and programs, a page on financial aid, and a variety of other information. The site is fun for young people to use and includes interactive elements such as games, quizzes and video clips. Visit the site at www.wahott.com.

LOCAL PROJECTS

The 2006 supplemental budget did not provide funds to support skill panels. Since 2002, the state has directed a portion of the Governor's Workforce Investment Act discretionary funds to skill panels. Following the direction of *Crisis or Opportunity?*, the state plan to address health workforce shortages, the Workforce Board allocated a portion of these funds to each workforce development area in the state to establish a health care skill panel. Over time most of these health care skill panels have achieved great success and implemented strategies that meet many of the specific health workforce needs of their areas.¹⁶

Health care skill panels in nine workforce development areas continued to implement strategies in 2006: Eastern Washington, Northwest Washington, North Central, Olympic, Seattle-King County, South Central, Snohomish, Spokane, and Tacoma-Pierce. Their activities included promoting and preparing youth for careers in health, expansion of nursing programs, targeting programs to recruit racial and ethnic minorities into careers in health, and development of financial aid opportunities, among other activities (see Appendix C for more details and contacts).

¹⁶ Each of the annual reports of the Task Force includes summaries of the health care skill panels work.

On the Horizon

CLINICAL PLACEMENT COORDINATION PROJECT

One of the main factors limiting the expansion of health care programs is the availability of clinical sites. Health care students usually need to fulfill a clinical component prior to completing a program.

In 2003 in Pierce County and surrounding areas, 15 nursing programs from two-year and four-year institutions worked together to create the Nursing Clinical Placement District #1. This project expanded clinical site capacity by 26 percent in one year and placed students at over 350 work sites. As limited clinical placement capacity continues to prevent the expansion of many health care programs, SBCTC allocated workforce development funds to support clinical placement coordination across the state.

In 2006, SBCTC requested proposals from Washington's community and technical colleges and awarded funds to three colleges to coordinate the project:

- Yakima Valley Community Colleges' Center of Excellence in Allied health – coordinator for eastern Washington
- Seattle Community College district – coordinator for northwest Washington
- Renton Technical College – coordinator for southwest Washington

The colleges will develop a plan to coordinate health care clinical placements for Washington's community and technical colleges and the state's baccalaureate institutions and private schools. In addition they will develop partnerships with health care facilities in assigned regions, develop a centralized web-based database, arrange for and manage clinical placements (including sites for specialty placements such as pediatrics, obstetrics, psychiatric) in their assigned region. They will evaluate the project and develop a plan for sustained funding and/or leveraging external stakeholder resources.

The project aims to build capacity by increasing collaboration and decreasing competition. The project coordinators will ensure optimal utilization of the existing clinical placements available in the state, and streamline the process for requesting and approving clinical placements. At the same time they will maintain established relationships between schools and facilities.

HEALTH CARE CAREER ACADEMIES

Many students leave high school with little, if any, exploration of health care careers. Many also leave without adequate preparation to enter a postsecondary health care program. When the Task Force first examined the problem in 2002, we found that only one-half of all high schools in Washington offered health careers as part of the Health and Human Services pathway option in high school.

Since 2002, a few more schools, with the help of health skill panels and other health care industry partners, have been able to introduce health sciences programs. In 2006, 131 high schools offered health science programs either at their high school or skills center, or both.

Another intensive health science program option is to study at a Health Care Career Academy. Governor Gregoire's 2007 proposed budget includes \$1 million to establish four health care career academies in high schools. The Task Force believes these options make sense for students and the state.

"Healthcare Week is the equivalent of a five-day camp and we bussed our students to South Seattle Community College each day. This dynamic and fast-paced program allows students to experience the world of healthcare as they learn more about exciting career opportunities, develop critical workforce skills, network with local healthcare professional, and learn to become more informed consumers of healthcare for their future."

Barbara Wilson, Evergreen High School, Highline, WA-ACTE Visions Spring/Summer Issue 2006.

Appendix A: Outcome Measures

Outcome Measure: The number of students in grades 9 through 12 enrolled in health care pathway programs.

Figure A-1: Health Science Program Enrollment in Grades 9-12

2002-2003	2003-2004	2004-2005
6,105 (4.5 percent of Career and Technical Education Enrollments)	5,302 (3.2 percent of Career and Technical Education Enrollments)	7,423 (4 percent of Career and Technical Education Enrollments)

Outcome Measure: The diversity of students in grades 9 through 12 enrolled in health care pathway programs.

Figure A-2: Diversity in Health Science Programs Grades 9-12

Race / Ethnicity	2002-2003	2003-2004	2004-2005
Female	3,960 (65%)	3,560 (67%)	5,202 (70%)
Male	2,145 (34%)	1,742 (33%)	2,221 (30%)
Asian	440 (7.2%)	431 (8.1%)	669 (9%)
African American	257 (4.2%)	219 (4.1%)	397 (5.3%)
Hispanic	390 (6.3%)	450 (8.5%)	735 (9.9%)
Native American	100 (1.6%)	89 (1.7%)	111 (1.5%)
White	4,908 (80.4%)	4,109 (77.5%)	5,489 (73.9%)
Total	6,105	5,302	7,423

Outcome Measure: The number students **enrolled** in community and technical colleges health care education and training programs.

Figure A-3: Community and Technical College Health Care Program Enrollments/Headcount

	2002-2003	2003-2004	2004-2005	2005-2006
FTE Enrollments	9,306	10,474	10,807	10,921
Headcount	28,690	30,658	31,206	31,033

Outcome Measure: The diversity of students **enrolled** in community and technical colleges health care education and training programs.

Figure A-4: Health Care Program Enrollment Headcount by Race/Ethnicity in Community and Technical College

Race / Ethnicity	2002-2003	2003-2004	2004-2005	2005-2006
African American	1,733 (6%)	1,771 (6%)	1,750 (5%)	1,727 (6%)
Asian / Pacific Islander	1,982 (7%)	2,269 (7%)	2,405 (8%)	2,413 (8%)
International Student	158 (0.6%)	198 (0.6%)	202 (0.6%)	254 (0.8%)
Latino / Hispanic	1,503 (5%)	1,652 (5%)	1,729 (5%)	1,768 (6%)
Native American	458 (2%)	507 (2%)	497 (2%)	413 (1%)
Other Race	399 (1%)	925 (3%)	741 (2%)	908 (3%)
White	19,280 (67%)	20,107 (66%)	19,589 (63%)	19,761 (64%)
Unknown	3,177 (11%)	3,229 (11%)	3,812 (12%)	3,672 (12%)
	28,690	30,658	31,206	31,033

Outcome Measure: The number of students **enrolled** in private career school health care education and training programs.

Figure A-5: Two-Year Private Career School Health Care Program Enrollments by Headcount

	2002-2003	2003-2004	2004-2005	2005-2006
Headcount	7,697	10,344	11,038	TBA

Outcome Measure: The diversity of students **enrolled** in private career school health care education and training programs.

Figure A-6: 2004-2005 Enrollments by Race in Licensed Private Career Schools

Race / Ethnicity	Students	Percent of Total
White	6,653	60
African American	1,135	10
American Indian or Alaska Native	144	1
Asian	1,105	10
Hawaiian Native or Other Pacific Island	51	0
Multi-Racial	111	1
Other	519	5
Unknown	1,320	12
Total	11,038	100

Figure A-7: Enrollments by Hispanic Status in Licensed Private Career Schools in 2004-2005

Enrollments by Hispanic Status	Licensed Private Career Schools	Percent of Total
Hispanic	500	5
Non-Hispanic	10,538	95
Total	11,038	100

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

Figure A-8: Health Care Program Completions by Race/Ethnicity* in Community and Technical College

Race / Ethnicity	2001-2002	2002-2003	2003-2004	2004-2005	2005-2006
African American	359 (7%)	483 (7%)	474 (6%)	498 (6%)	440 (6%)
Asian / Pacific Islander	377 (8%)	483 (7%)	581 (8%)	626 (8%)	646 (8%)
International Student	21 (0.4%)	13 (0.1%)	41(0.5%)	35 (0.5%)	54 (0.7%)
Latino / Hispanic	288 (6%)	413 (6%)	469 (6%)	527 (7%)	554 (7%)
Native American	89 (2%)	113 (2%)	105 (1%)	134 (2%)	99 (1%)
Other	58 (1%)	94 (1%)	238 (3%)	155 (2%)	204 (3%)
White	3,743 (76%)	4,941 (76%)	5,592 (75%)	5,738 (74%)	5,607 (74%)
Total	4,935	6,540	7,500	7,713	7,604

* 3,652 students over five years did not report race/ethnicity.

Outcome Measure: The number of students **completing** private career school health care education and training programs.

Figure A-9: Two-Year Private Career School Health Care Program Completions

	2002-2003	2003-2004	2004-2005	2005-2006
Headcount	3,391	4,298	6,110	TBA

Outcome Measure: The diversity of students **completing** health care education and training programs.

Figure A-10: 2004-2005 Completion by Race/Ethnicity for Licensed Private Career Schools

Race / Ethnicity	Students	Percent of Total
White	3,615	59
African American	605	10
American Indian or Alaska Native	83	1
Asian	629	10
Hawaiian Native or Other Pacific Island	33	1
Multi-Racial	60	1
Other	286	5
Unknown	799	13
Total	6,110	100

Figure A-11: 2004-2005 Completions by Hispanic Status at Licensed Private Career Schools

2004-2005 Completions by Hispanic Status	Licensed Private Career Schools	Percent of Total
Hispanic	234	4
Non-Hispanic	5,876	96
Total	6,110	100

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

In the 2006 supplemental budget, an additional \$3.574 million in state appropriated funds were allocated to high demand fields. Between 70 to 80 percent of these funds were directed to increasing educational capacity in health care education and training programs in 2006.

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

The 2006 legislature established a regular survey of all licensed health care personnel (ESSB 6193) and allocated funds to carry it out (see page 11 for a full description).

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

In 2006 the Center of Excellence in Allied Health based at Yakima Valley Community College launched WAHOTT. This is a website that helps young people explore health care careers and education and training opportunities (see <http://www.WAHOTT.com/>).

At the postsecondary level, the HECB maintains 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: The number of Workforce Development Councils that have established health care skills panels.

By 2003 all 12 workforce development areas of the state had established health care skill panels. In 2006 nine health care skill panels remained active: Eastern Washington, Northwest Washington, North Central, Olympic, Seattle-King County, South Central, Snohomish, Spokane, and Tacoma-Pierce.

Outcome Measure: 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.

According to a 2001 survey of hospitals, the annual turnover rate for registered staff nurses in Washington's hospitals was 16.6 percent.

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

Figure A-12: Race/Ethnicity Overview for Some Health Care Professions

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

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

Note: Updated data will be available following the new health workforce survey as directed by 2006 legislation (ESSB 6193).

Outcome Measure: The number of incumbent health care workers receiving training to move up a career ladder.

The **Job Skills Program** is the state-funded incumbent worker training program. During 2003-2005, 30 incumbent workers received training in health care programs. In the 2005-2007 biennium, the Jobs Skills Program provided funds to train 194 incumbent workers in four health care programs.

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

In 2006, 131 high school had a health science pathway in years 11 and 12.

Outcome Measure: The proximity of supply to demand of health care personnel.

See page 8 for analysis.

Outcome Measure: The number of strategies in the Health Care Personnel Shortage Task Force plan that are successfully implemented.

Figure A-13

	Number of Strategies Implemented by 2006 Total of 40 strategies
Full implementation / significant progress	24
Some progress / partial implementation	12
No action taken	4

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

The Legislature passed Engrossed Substitute House Bill 1852 in 2003 requiring the Workforce Board 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 2006, the Workforce Board convened two meetings of the Health Care Personnel Shortage Task Force that generated this progress report.

Outcome Measure: Commitment by the Governor and legislature to fund health professions education at the true cost.

The 2006 supplemental budget allocated \$1.5 million (General Fund – State) for High-Demand Enrollments to SBCTC to increase enrollments by 187 full-time equivalent students in high-demand fields in fiscal year 2007. Over the past few years SBCTC has directed at least 70 percent of these funds to the expansion of nursing and other allied health care programs in community and technical colleges.

The supplemental budget also provided \$900,000 (General Fund – State) for High-Demand Enrollments to the HECB to contract for 80 full-time equivalent students in high-demand fields. In past biennia about 40 percent of these funds have been directed to expanding health care programs.

WSU and the University of Washington received \$1.174 million (General Fund – State) for High-Demand Enrollments for 80 additional high demand student enrollments. WSU is to make it a priority to expand baccalaureate and graduate level access to nursing programs (and to expand baccalaureate programs in engineering and construction management). The University of Washington received high demand funds for engineering, math and science. None of these funds were allocated to expand health care education programs.

Appendix B: Schools Offering Health Career Pathway Programs in 2006

Health science programs are not always included as part of the Health and Human Services Pathway available to Washington’s high school students. Some high schools rely on a skills center to provide health sciences, some offer health sciences both at the skills center that service their district and at the high school itself. Still other high schools do not offer any access to health science programs.

In all, 131 high schools offer health science programs either at the high school building or their skills center, or both (see figures B-1 and B-2).

Figure B-1: High Schools Offering Health Career Programs*

Health Occupations Basic Core	Therapeutic Services	Nurse Assistant Certification	Dental Assisting	Medical Assisting	Health Informatics	Emergency Medical Services	Sports Medicine
Battle Ground	Centralia	Evergreen	La Center	Spokane	Goldendale	Federal Way	Evergreen
Centralia	Lake Chelan	La Center	Highline	Seattle	Northshore	Kennewick	Vancouver
Eastmont	Port Angeles	Tumwater	Spokane				Olympia
Port Angeles	Highline	Lake Chelan	Kennewick				Port Townsend
Bremerton	South Kitsap	Wenatchee	Yakima				Wenatchee
Central Kitsap	Auburn	Port Angeles					Federal Way
Peninsula	Franklin Pierce	Edmonds					Arlington
Bellingham	Goldendale	Spokane					Edmonds
Bethel		Kennewick					Everett
Franklin Pierce		Sunnyside					Lake Stevens
Issaquah		Yakima					Marysville
Mercer Island		Kelso					Monroe
Puyallup		Bellevue					South Whidbey
Seattle		Bethel					Mead
Tacoma		Chewelah					West Valley
		Clarkston					Kennewick
		Colville					Pasco
		Issaquah					Richland
		Kent					Bremerton
		Northshore					Central Kitsap
		Oak Harbor					North Kitsap
		Puyallup					Peninsula
		Tonasket					Wapato
							Yakima
							Kelso
							Ferndale
							Bellevue
							Bethel
							Issaquah
							Lake Washington
							Mount Vernon
							Oak Harbor
							Puyallup
							Renton
							Snoqualmie Valley
							Stanwood-Camano
							Walla Walla

* Schools in bold are also served by a skills center health science program (see figure B-2).

Figure B-2: Health career programs offered at skills centers and schools served

Skills Center	Schools Served
Clark County Skills Center: Dental Assisting	Battle Ground, Camas, Evergreen, Hockinson, La Center, Ridgefield, Vancouver, Washougal, Woodland
New Market Vocational Skills Center: Professional Medical Careers	Centralia, North Thurston, Oakville, Olympia, Rainier, Rochester, Shelton, Tenino, Tumwater, Yelm
North Olympic Peninsula Skills Center: Professional Medical Careers	Brinnon, Cape Flattery, Chimacum, Crescent, Port Angeles, Port Townsend, Queets-Clearwater, Quilcene, Quillayute Valley, Sequim
SeaTac Occupational Skills Center: Dental and Medical Careers	Federal Way, Highline, Tahoma, Tukwila
Sno-Isle Tech Skills Center: Dental, Medical and Nursing Assisting	Arlington, Darrington, Edmonds, Everett, Granite Falls, Lake Stevens, Lakewood, Marysville, Monroe, Mukilteo, Skykomish, Snohomish, South Whidbey, Sultan
Spokane Area Professional Skills Center: Dental, Medical and Nursing Careers	Central Valley, Cheney, Deer Park, East Valley, Mead, Medical Lake, Nine Mile Falls, Spokane, West Valley
Tri-Tech Skills Center: Dental Assisting, Pre-Nursing, and Medical Occupations	Columbia of Burbank, Finley, Kennewick, Kiona-Benton, Pasco, Richland, North Franklin
West Sound Technical Skills Center: Professional Medical Careers	Bainbridge Island, Bremerton, Central Kitsap, North Kitsap, North Mason, Peninsula, Quilcene, South Kitsap
Yakima Valley Technical Skills Center: Dental Assisting and Medical Sciences	East Valley, Grandview, Granger, Highland, Mount Adams, Naches, Prosser, Selah, Sunnyside, Toppenish, Wapato, West Valley, Yakima, Zillah
Whatcom Tech Prep Consortium: Health Care Services Program	Bellingham, Blaine, Ferndale, Lynden, Meridian, Mount Baker, Nooksack Valley
Kelso Consortium: Health Care Services Program	Castle Rock, Kalama, Kelso, Longview, Toutle

Appendix C: Local Health Workforce Initiatives: Health Care Skill Panels

By 2003 all 12 workforce development areas had formed health skill care panels and had contracts with the Workforce Board. The contracts lasted for up to three years. In 2006, workforce development councils, community colleges, and other entities are still engaging in some health care workforce initiatives (see figure C-1).

Figure C-1

Workforce Development Area	2006 Update
Benton-Franklin	<p>The “Health Alliance” continues to support the expansion of the MESA program (Math, Engineering, Science Achievement) to help prepare youth for careers in health care.</p>
Eastern Washington Partnership	<p>The Workforce Development Council established two skill panels to cover the broad geographic region. While one panel is no longer meeting, the Walla Walla panel is still in operation. They have established health careers fairs to recruit youth and are working with community colleges on developing a licensed practical nurse program in Colville via distance-learning.</p> <p>Contact: Tom O’Brien, Tel: (509) 685-6129 tobrien@ruralresources.org</p>
North Central	<p>The health care skill panel, convened by the North Central Workforce Development Council, was active during 2006. The panel developed the following programs:</p> <ul style="list-style-type: none"> • Career pathways in surgical careers for youth in local school districts • “Destination Healthcare” event supported by <i>Washington Business Week</i>, health careers exploration for youth • Supported development of nursing facilities, and expansion of Wenatchee Valley CC RN program • <i>Nurse Plus</i> (specialized nursing training programs) for Bachelors of Science in Nursing or Associate Degree Nurse graduates: Trained 150 incumbent workers in nursing specialties • Short-term nurse assistant training for low-income, minority adult job seekers <p>Contact: Ken Kelnhoffer, Tel: (509) 663-3091 ken@skillsource.org</p>
Olympic	<p>The Olympic Workforce Development council operates a virtual skill panel (via internet/email). The panel develops financial aid opportunities for specific students and programs and in 2006 conducted nurse retention workshops.</p> <p>Contact: Leif Bentsen, Tel: (360) 337-4883 lbentsen@co.kitsap.wa.us</p>

Workforce Development Area	2006 Update
Pacific Mountain	<p>The former health care skill panel convened by the Pacific Mountain Workforce Development Council did not operate in 2006. The community colleges continue to work with employers to expand nursing and allied health care programs.</p>
Seattle-King County	<p>The Seattle-King County Health Care Skill Panel is no longer meeting, but the Workforce Development Council continues to work with employers and educators on health care workforce initiatives:</p> <ul style="list-style-type: none"> • Career Pathways: Career Specialists on-site at five major Seattle-area hospitals assess/counsel incumbent nursing, allied health, and entry level workers and link them with training opportunities/funds that lead to high-demand, high-wage jobs. In a given year, 400-500 incumbent workers are served. • Expanding Capacity: Expansion of healthcare training capacity, including Radiology Technology, at two local community colleges training incumbent workers from area hospitals. • Nursing Pathways for Youth: Started in 2004 and completed in September 2006, 25 WIA-eligible high school students participated in career exploration and preparation, certified nurse assistant training, and other academic preparation to prepare for a postsecondary Licensed Practical Nursing program. • Health Careers for Youth: Following Nursing Pathways 20 WIA-eligible youth participated in health career exploration and took CNA training plus college-level prerequisite courses, all while still in high school. • Adult and Youth Career Forums: Career exploration events that give adult and youth job seekers opportunities to learn about the healthcare field, e.g., at Children’s Hospital, students learned about current high demand jobs and toured facilities. <p>Contact: Laurie Black, Tel: (206) 448-0474, ext. 3014 lblack@seakingwdc.org</p>
Snohomish	<p>The health care skills panel, “Health Services Career Partnership,” convened by the Snohomish Workforce Development Council is still active. Activities in 2006 include:</p> <ul style="list-style-type: none"> • Expanded educational capacity and career progression including Physical Therapist Assistant, Graduate Nurse Educator, RN to BSN, and Health Unit Coordinator Programs. • Promoted recruitment and career planning by cosponsoring “<i>What about tomorrow?</i>” Career & College Fair that focused on educating over 1,900 students, parents, and educators about career options in the healthcare industry and growth sectors in Snohomish County. • Distributed business cards for career fairs, high school and college career advising, hospital and LTC human resource departments that link to HSCP website. http://www.worksourceonline.com/js/healthcareresources.html

Workforce Development Area	2006 Update
Snohomish (continued)	<ul style="list-style-type: none"> • Developed the <i>Health Services Career Tree</i>, a visual representation of education, training, and apprenticeship pathways and lattices designed to be used in conjunction with the 2006-2008 <i>Where are you Going? A guide to careers and education in Washington State</i>, published by the Washington State Workforce Training and Education Coordinating Board. The Career Trees will be used at career fairs and with career specialist/counselors in the high schools. http://www.worksourceonline.com/b/documents/2007HealthCareCareerTree.pdf • Cosponsored the Nursing Career Advancement Day. • Provided training to 20 WIA Case Managers on changes to Demand/Decline Occupations and health related education and training offered by area institutions. <p>Contact: Kathy Dostie, Tel: (425) 921-3457 kdostie@snocowdc.org</p>
South Central	<p>The South Central (formerly the Tri-County) health care skill panel convened by the Workforce Development Council is still active. Projects included:</p> <ul style="list-style-type: none"> • Incumbent worker training for local health organizations: 149 employees received training (employers invested two dollars for every public dollar invested). • LEAN workshops: performance improvement in industries experiencing workforce shortages; maximizing value, optimizing the flow of information/materials, reducing waste and service time. <p>Contact: David Gonzales. Tel: (509) 574-1950 david.gonzales@co.yakima.wa.us</p>
Southwest Washington	<p>The health care skill panel convened by the Southwest Washington Workforce Development Council is no longer active.</p>
Spokane	<p>The health care skill panel convened by the Spokane Workforce Development Council is no longer meeting. The Spokane Chamber of Commerce is now convening a K-12 Roundtable that has:</p> <ul style="list-style-type: none"> • Produced an information kit for youth to market health careers and provided information on education opportunities. • Began developing a skills center or health career academy proposal. <p>Contact: Amy Johnson, Tel: (509) 459-4119 ajohnson@greaterspokane.org</p>

Workforce Development Area	2006 Update
Tacoma-Pierce County	<p>The health care skill panel convened by the Tacoma-Pierce County Workforce Development Council, the <i>Pierce County Health Services Careers Council</i>, is still operating.</p> <p>2006 projects included:</p> <ul style="list-style-type: none"> • Conducted ten Health Occupation Workshops and ten Career Fairs and information booths in area high schools and public forums. • Planned a Pierce County Health Career Day for area high school students to raise awareness and opportunities for health related careers. • Sponsored the MultiCare Nurse Camp in 2006. • “From the Heart” workshop completed in March 2006. Forty-five registered nurses and licensed practical nurses attended. • Comprehensive Career Coaches assisted incumbent healthcare workers to pursue training in high demand healthcare occupations, navigate enrollment, and coached for completion to ensure movement up the career ladder. • Curriculum developed for area employers on Conflict Resolution, Personal Barrier Resolution and Career Planning. • Began planning for a centralized simulation competency testing center for Pierce County. <p>Contact: Patti Spaulding, Tel: (253) 591-5810 PSpaulding@pic.tacoma.wa.us See also: www.HealthJobs4You.com</p>