

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

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

STRATEGIES

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

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

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

STRATEGIES

**1.2.1** Increase the flexibility of faculty salary schedules or allocations to provide health program faculty with compensation that is competitive with industry wages. *Responsible entities: Legislature, SBCTC, HECB, four-year colleges and universities, labor, employers.*

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

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

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

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

**OBJECTIVE 1.3** ► Increase clinical training capacity.

STRATEGIES

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

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

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

## What is the Health Care Personnel Shortage Task Force?

The Health Care Personnel Shortage Task Force is comprised of 20 leaders from business, labor, education, and government. Our goal is to address the severe current and projected shortages of health care personnel in Washington State. The 2002 Task Force report, *Health Care Personnel Shortages: Crisis or Opportunity?* outlined a strategic plan for the Legislature, state and local agencies, educators, labor, employers, and workers with 6 goals, 40 strategies, and 16 outcome measures. In 2003, the Legislature passed Engrossed Senate House Bill 1852 directing the Workforce Training and Education Coordinating Board to continue convening the Task Force to monitor progress on the state plan and report to the Legislature annually.

For annual reports, presentations, and meeting information, please go to the Task Force web page at: [www.wtb.wa.gov](http://www.wtb.wa.gov).

## Health Care Personnel Shortage Task Force STRATEGIC PLAN



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

STRATEGIES

- 1.4.1 Develop and implement “common core” health care curricula, where appropriate. *Responsible entities: SBCTC, HECB, four-year colleges and universities, OSPI, DOH, professional boards and commissions.*
- 1.4.2 Expand articulation among health care programs based on competencies learned in a variety of education and training settings, including on-the-job and in the military. *Responsible entities: health skills panels, SBCTC, HECB, OSPI, DOH, four-year colleges and universities.*
- 1.4.3 Improve program completion rates by blending basic skills, including English as a Second Language, and occupational skills, adjusting instructional methods, incorporating cultural awareness, and improving support services. *Responsible entities: SBCTC, four-year colleges and universities, community-based organizations.*

**GOAL 2** ► Recruit more individuals, especially targeted populations\* into health care occupations, and promote adequate preparation prior to entry.

**OBJECTIVE 2.1** ► Provide more opportunities for people to enter health care careers. *\*The following recommendations focus on underserved populations, such as rural communities; racially and ethnically diverse youth and adults; men and women; disabled; new immigrants, dislocated and incumbent workers; and military personnel.*

STRATEGIES

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

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

STRATEGIES

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

2.2.4 Develop a statewide health care marketing plan to raise awareness of the wide range of career opportunities. Communicate the plan in a variety of languages and ways. *Responsible entities: private foundations and associations, community-based organizations.*

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

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

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

STRATEGIES

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

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

STRATEGIES

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

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

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

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

**GOAL 4** ► Retain current health care workers.

STRATEGIES

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

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

STRATEGIES

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

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

STRATEGIES

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