



WASHINGTON STATE DEPARTMENT OF HEALTH

Rural Health

WORKFORCE

Workforce Development Survey Data

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Introduction

The Rural Health Workforce Team at the Washington State Department of Health recognizes the challenges that rural and underserved communities are facing with healthcare workforce shortages.

Implementation of grow-your-own programs are long term strategies to help address workforce shortages and provide a pipeline of future healthcare workers in rural and underserved communities.

DOH conducted a survey electronically to collect information on workforce development programs and better understand how healthcare organizations in Washington State are implementing workforce development programs.

Goals of the Survey

1. To introduce the creation of a Grow-Your-Own toolkit
2. To gain an understanding of the current and existing workforce programs
3. To identify the clinics/hospitals with established programs and reach out to those we want to gain more information from
4. To obtain best practices & details to include in the Grow-Your-Own toolkit.



Methods

Target Demographic

- The target demographic for this survey was rural facilities in Washington State.
- 91% of survey respondents indicated that their organization serves a rural community.

Survey Distribution

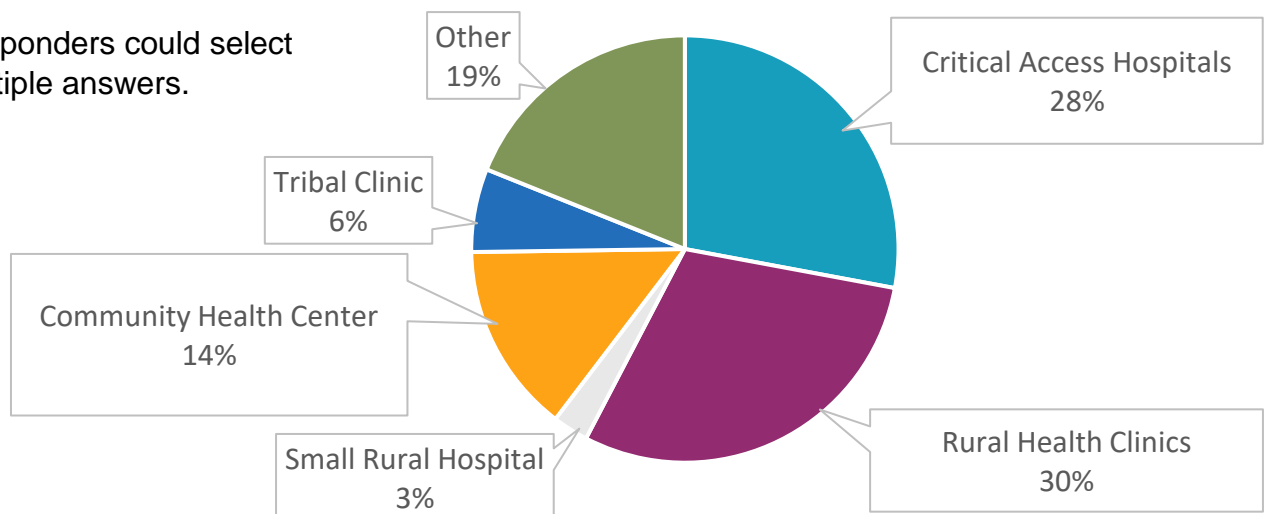
- The Survey was distributed via Microsoft Forms on November 16th, 2022, and was active until December 16th, 2022
- Recipients of this survey included Rural Health Clinics (RHC), Critical Access Hospitals (CAH), Community Health Centers (CHC), Tribal Clinics, small rural hospitals, behavioral health clinics, and community organizations.

118 total responses were received from 99 organizations!

Responses from the same organization were merged during survey analysis.

Organization Type

Responders could select multiple answers.



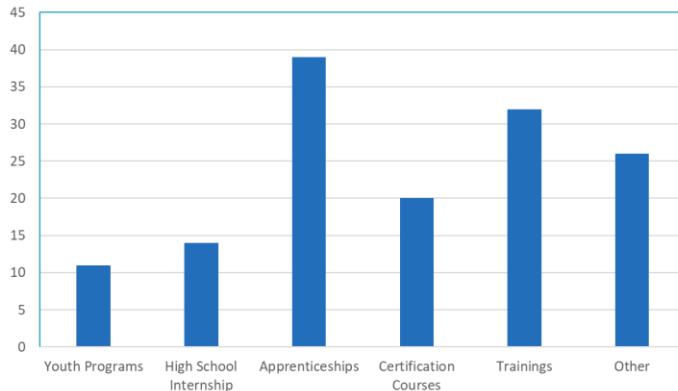
The “Other” category includes:

- Community Behavioral Health Centers, Outpatient and Opioid Treatment Centers
- Private/Group Practices
- Sole Community Provider Hospitals
- Educational Facilities
- Churches

91% indicated they serve a rural community.

Active Workforce Development Programs

When asked, **55%** of respondents indicated that they have active workforce development programs, where **27%** reported that they do not but are interested in starting one.



This chart represents the program types provided by the **54** respondents with active programs.

Workforce Program Details

Breakdown of programs:

MA Apprenticeships: **17**

NA-C Training: **18**

Residencies/ ARNP Fellowship, Clinical Rotations: **15**

Pharmacy Tech: **11**

Job Shadowing: **10**

Youth programs (mentorship, career fairs, clubs, etc.): **10**

Internships: **7**

Dental Assistant: **5**

Tuition Reimbursement & Scholarships: **5**

Lab Tech/ Phlebotomist: **4**

EMT Program: **3**

Other programs mentioned-

- Clinic preceptorships, Radiology/Ultrasound Tech, Clinical Social Worker Residency, EVS Tech, various clinical rotations for different specialties & professionals

Ages

The age ranges were consistent for the programs, following the pattern below.



Participants

The number of participants widely varied across different programs. For smaller programs such as trainings and apprenticeships, there were **2-20** participants annually. For larger programs including job shadowing, youth programs and residency programs, there were **20-200** participants annually.

Collaboration with Partners

Responders were asked if they collaborate with local schools or organizations for workforce development.

Within the schools:

- Healthcare clubs, Health Sciences Program, Career fairs & presentations
- Youth mentorship programs, volunteering and job shadowing opportunities
- Clinical sites, classes/ trainings, and funding & scholarships for tuition

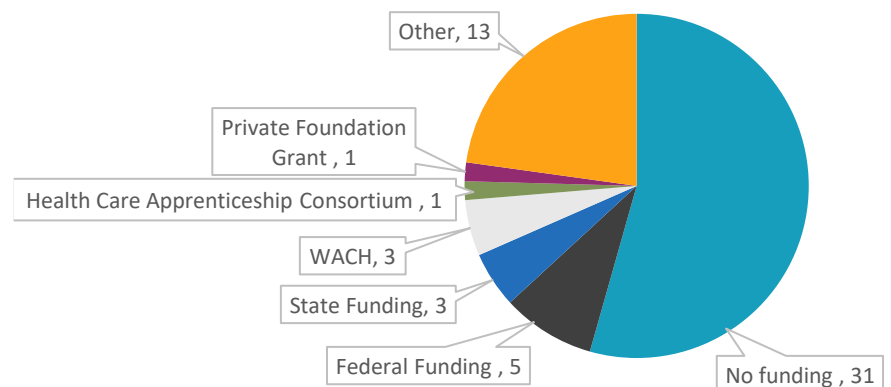
There were other organizations that respondents collaborated with including the Washington Association of Community Health (WACH), the Health Care Apprenticeship Consortium (HCAC), and North Central Accountable Community of Health (NCACH), as well as other community organizations.

Funding

The chart to the right represents the sources of funding the programs. Responders were able to select multiple responses.

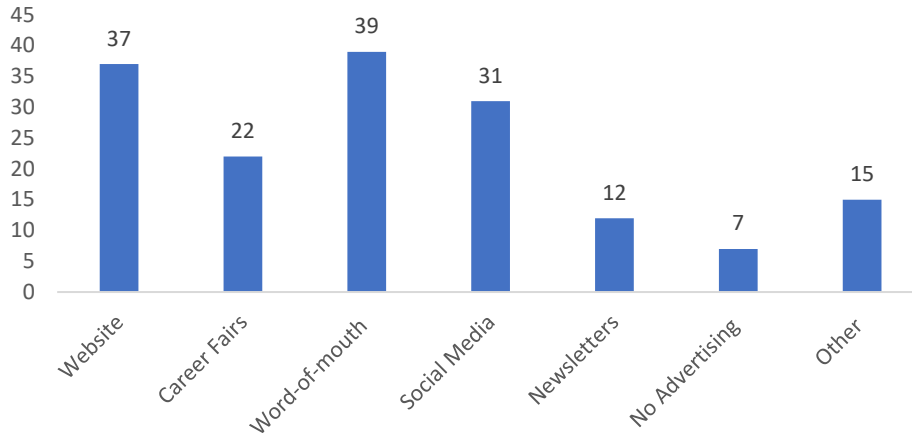
61% of respondents indicated that they do not receive funding for their programs.

Other sources of funding included Local Funding, NCACH, reimbursement from DSHS, Community Donations and WorkSource.



Marketing

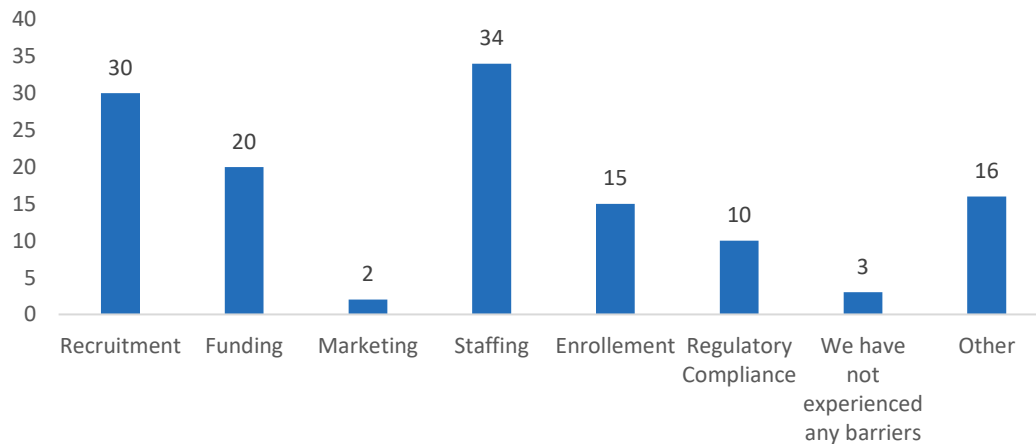
From the survey respondents that **advertise their programs**, responses included a combination of marketing methods:



Other advertisement types that were listed included: direct contact with schools, local newspapers, flyers, and online job listings.

Challenges

The chart below outlines the largest barriers that organizations experienced with workforce development programs. Respondents were able to select more than one option for this question.



The "**Other**" category consisted of responses such as:

- Age-related policies for high schoolers
- COVID restrictions
- Not enough preceptors and/or trainers
- Ability to partner with local high schools and community colleges

Successes

Responders were given the opportunity to express the successes of their programs. The image below is a collection of words and phrases that were highlighted as



Responder Interests

65 responders, including those without active workforce development programs, expressed interest in various other **workforce development programs they would like to implement.**

Those include:

- Apprenticeship programs (Nursing, MA, NA-C, Lab/Radiology Technician, Phlebotomy)
- High School Internships
- Job Shadowing
- Tuition reimbursement
- Behavioral Health internships
- Clinical rotations

There was also a lot of interest expressed in further **collaboration** with local school districts including participating in community events/career fairs and providing career exploration opportunities for high school students.

Survey Limitations

- Possible repeat respondents

Out of the total number of responses, we had 19 that could be considered “repeats”. This is because the survey only asked for the organization name therefore, we were unable to determine whether the repeat answers were from different clinic/hospital sites of the same organization.

- Program Details

As with any survey, we were limited to the amount of information provided by the survey responders. For organizations with multiple workforce development programs, the details weren't always specific to each individual program.

Next Steps

1. Establish points of **collaboration** with organizations in the rural workforce sector.
2. To **expand this research** by interviewing rural facilities with established workforce development programs.
3. The results of this survey are foundational work for a **grow-your-own toolkit** to be used by rural communities.

This toolkit will include best practices for how to replicate and implement grow-your-own workforce programs into rural health systems.

Resources

For more information on Grow your Own programs:

<https://www.ruralhealthinfo.org/topics/workforce-education-and-training#grow-your-own>

For more information on Rural Health's Program and Services at the Department of Health:

<https://doh.wa.gov/public-health-healthcare-providers/rural-health/programs-and-services>

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