Health Workforce Council

Rural K-12 CTE - Initial Findings

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Workforce Training & Education Coordinating Board

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Career and technical education (CTE)

CTE is planned program of courses and learning experiences that begins with exploration of career options; supports basic academic and life skills; and enables achievement of high academic standards, leadership, options for high skill, high wage employment preparation, and advanced and continuing education. Requirements include:

- Advisory committee involvement
- Must lead to workforce entry, registered apprenticeship, or postsecondary education in a related field
- Embedded work-based learning opportunities
- Designed to maximize access to equivalence credit

Source: High Quality Career and Technical Education, OSPI

Experiences of rural school districts

- **Goal:** Learn from rural school districts about their experiences creating and growing health workforce CTE programs
- SB 5582 (2023) created a grant program administered by OSPI to support high school health sciences CTE programs, 2 years of competitive grant funding were available
  - Council staff reached out to rural schools participating in grant program
  - Interviews conducted with 8 school districts, March-April 2025

Experiences of rural school districts

- **Rural districts vary widely in size, demographics, outcomes**
  - Districts interviewed ranged in size from 710 to 3,670 enrolled students (2024-25 school year), all districts were K-12
  - 79-97% of students graduated high school in 4 years
  - 41-91% of students were from low-income families
  - 3.3-50.5% of students were English language learners
  - Districts were demographically heterogenous with some majority white, others large majority Hispanic/Latine and significant percentages of AI/AN students
  - Largest district interviewed had robust CTE programs, smallest were just getting started building pathways

Data sourced from Washington State Report Card

Small rural school districts

- **Fewer students make specialty program areas more difficult to start and maintain**
  - Particularly for the smaller districts, the healthcare CTE program has one teacher, and turnover can destabilize the entire pathway
  - Small districts receive low FTE amounts for CTE director role (0.1-0.2 FTE), leaving little bandwidth to help start programs/support CTE educators
  - Cost per student is higher as a course may not fill
  - Scheduling challenges mean popular courses may only be offered at one time and compete for students

"It costs more money to put any programs in rural places. They'll (urban district) fill a section of sports medicine in a heartbeat. We can't fill every time. The equity issues are really important."

Geographic challenges

- **Distance is a constant complication**
  - **Bringing employers to students:** Career fairs can be great to bring a lot of opportunities to students in a time efficient way to help spark interest
  - **Bringing students to employers:** It's easier to run programs in partnership with employers when those facilities are close to the school (i.e., walkable)
    - For remote districts, creating all-day experiences in conjunction with employers and taking students in groups can be successful

"We have a pilot, a healthcare job shadow rotation with 8 weeks of visits including regional hospitals, clinics, behavioral health, and dentistry … we can take as many as will fit in the school Expedition. … It's been amazing to see all the effort that the employers have done … they have devoted a lot of time and energy into showing and talking about the opportunities."

Skills Center access in rural communities

Skills Centers are a main provider of CTE, but access in rural areas is limited

- Rural districts with Skills Center access sought to create complementary offerings
- School districts provide buses to Skills Centers
- Some schools had no access due to long travel time

District interest in health pathways

- **Interviewed schools saw healthcare pathways as aligned with their community needs, often had invested employers**
  - School districts desire to have a range of experiences from initial exploration through programs that lead to DOH credentials
    - Nursing assistant, home care aide, and emergency medical technician programs were particularly desirable so that students could work while pursing postsecondary education/higher level credentials
  - Middle school is a key time to start interesting students
  - CTE can help increase bonds between the district and community

> *"Anything we can get these kids that makes them immediately employable once they finish is great."*

Healthcare can be costly, complicated

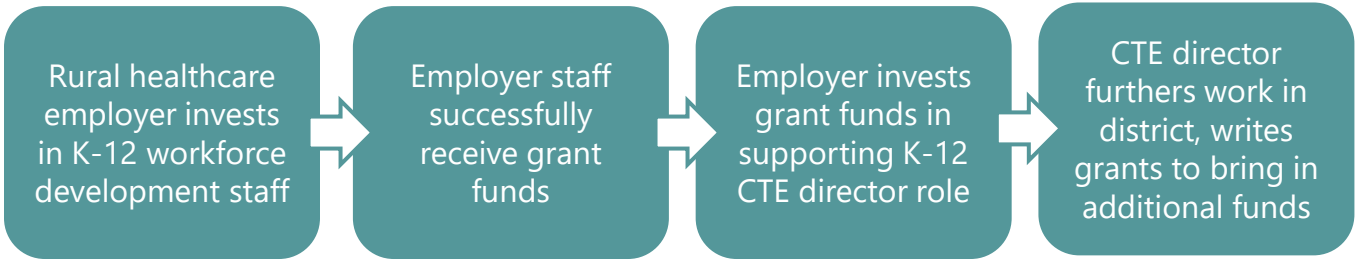
- **Strong relationships between employers and districts are key**
  - CTE teachers from traditional educational background can have challenges making connections with healthcare employers
  - CTE teachers (new) from healthcare industry have pre-existing relationships with employers but can have challenges navigating the educational system
  - Employer advisory committees can be a key support
  - Educational Service Districts and Accountable Communities of Health can play connector roles
  - CTE directors, when they have capacity to be out building relationships, writing grants, etc., can create a virtuous cycle of investment

"The community partnerships are immensely helpful. There would be no program if they weren't willing to work with us."

Relationships, investments support rural

Washington has examples of employers and school districts partnering in rural communities to innovate and execute strong programs: this **requires schools and organizations to both have funding and staff capacity to commit to the work.**

Virtuous cycle example:



- Rural districts compete with urban districts, skills centers, and others for funding
- Funders may not account for how programs may cost more per student to implement in rural settings

CTE director apportionment is really small. … The more I work, the more money I can bring into the district. … It's phenomenal how much you can get done, but if I wasn't here it wouldn't happen."

- Rural CTE Director

Relationships, investments support rural

- Healthcare pathways have upfront costs for equipment/facility needs (e.g. sink for handwashing, hospital bed for NA-C program)
  - Flexible funding was available to these districts through SB 5582 grants but will be constricted moving forward
- Implementing credential-aligned programs requires meeting both educational and healthcare regulatory requirements
  - Help from statewide subject matter experts is greatly appreciated and can help catalyze development of these programs
  - Standardization of credential-aligned programs would be appreciated
  - Several educators in the smaller districts expressed feeling alone/challenged in implementing healthcare programs

Career and tech student organizations

- Career and technical student organizations (CTSO) offer leadership opportunities for students and exposure outside the community
  - HOSA was the primary CTSO, some districts had Washington Career and Technical Sports Medicine Association or SkillsUSA
  - Educators suggested bringing together students from active HOSA chapters to rural schools to build interest

"All our programs are tied to a CTSO .. A lot of the competitive events are imbedded in what is taught … (we are) a rural high poverty school district so we try to cover (costs) as much as possible. We want all of them to have what they need for the club."

"I would encourage rural districts to do it (HOSA). Even leaving town is a big deal. In the auditorium (at state competition) you could see the equity gap on display. I think we'll see more students leaning in and preparing."

Questions?

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