2025 Rural Youth Recommendations

Renee Fullerton, Council Staff, November 20, 2025

Council's Rural Goal

The Council will develop and advocate for policy recommendations that enable rural students and workers to access and succeed in health professional training programs and career advancement opportunities without having to leave their communities.

Beginning Our Work With Rural K12

- The most accessible educational opportunity in rural communities is K-12 public education system.
- Legislature invested during the 23-25 biennium to help create/expand health science career and technical education (SB 5582).
  - Funding flowed to school districts through two grant cycles, 45 unique school districts received awards.
- The council took the opportunity to learn from the experiences of the rural schools and employers to make recommendations for future policy and budget work that grows access to this education in rural Washington.

Council Work in 2025

- Multiple Council meetings included presentations by rural students, employers, educators, and government entities about rural youth health sciences experiences.
- Staff interviewed with rural school districts and healthcare employers located in Yakima, Okanogan, Grant, Jefferson, Chelan, Grays Harbor, and Stevens Counties.
  - Staff identified themes across presentations and structured interviews, findings returned to participants for feedback.
  - Themes further adjusted based on clarifications from rural participants and organized to emphasize the different potential areas for recommendations/strategies.

Social Ecological Model

Laws, regulations, budget investments, and other government initiatives that support entry into healthcare careers

Social norms, community resources, geography, and support systems that support entry into healthcare careers

Policies and practices within organizations, e.g. schools, employers that support entry into healthcare careers

Students' relationships with family, friends, peers, teachers, counselors and others influence entry into healthcare careers

Personal characteristics, knowledge, beliefs, and behaviors influence entry into healthcare careers

Adapted from Bronfenbrenner's Ecological Systems Theory

Individual Rural Student Factors

Personal characteristics, knowledge, beliefs, and behaviors influence entry into healthcare careers	Recommended Strategies
Student self-efficacy to start and persist in healthcare pathway.	Increase all students' exposure to healthcare careers and concrete information about the steps to take through career fairs, speakers, hands-on activities, and supportive information about entering college or registered apprenticeships. This should start in middle school or even earlier as part of larger career exposure activities.
Student has demographics that are under-represented in the healthcare workforce (age, gender, race/ethnicity, educational history, family income).	Create or grow targeted programming to increase interest from students from backgrounds under-represented in health careers.

Discussion and potential affirmation

Does Council want to affirm the **individual factors** and recommended strategies?

Do the current circumstances make any of these a particular priority for action now?

Interpersonal Factors (1 of 2)

Students' relationships with family, friends, peers, teachers, counselors, etc.	Recommended Strategies
Family characteristics, resources, expectations of success, including: ▪ Family ability to support drivers' license/car or other transport; ▪ Family needs student to work to contribute to income.	Active school outreach to parents/families about career programming and healthcare pathways in multiple languages to match family demographics of the district. School partners with nearby healthcare employer partners when possible (ideally within walking distance). School district or outside funders provide transportation to employer experiences. Paid roles with healthcare employers, these do not have to be clinical positions to still provide valuable exposure to health careers.
Positive peer/school interactions around CTE (career and technical student organizations).	Support growth of rural HOSA or SkillsUSA chapters, providing funding to assist with costs to allow broad participation.

Interpersonal Factors (2 of 2)

Students' relationships with family, friends, peers, teachers, counselors, etc.	Recommended Strategies
Presence of strong health science CTE teacher Teacher/school/community expectations of student success Career advising availability and staff awareness/knowledge of health pathways Student disengagement from career planning process Personal/family experiences with healthcare professionals	Work is underway by other entities in several areas; no interventions identified by Council staff. Council should request updates as relevant.

Discussion and potential affirmation

Does Council want to affirm the **interpersonal factors** and recommended strategies?

Do the current circumstances make any of these strategies a priority for action now?

Institutional Factors (1 of 4)

Policies and practices within organizations, e.g. schools, employers	Recommended Strategies
Size of school district (Larger schools can fill cohorts more easily and a lower cost per student, have more resources generally).	Support expansion of non-traditional CTE approaches that can serve small rural cohorts (e.g. ESD 112's Rural CTE Cooperative).
Physical condition of the school facility (e.g. sink available in the classroom for handwashing, adequate lab space).	Flexible grants to rural districts to cover healthcare CTE startup costs (e.g. OSPI grants created/funded for 2 years by SB5582), support other initiatives that address rural school facility needs.
Availability and district ability to enable accessibility of Skills Center with health CTE programming.	If Skills Center is close enough to be feasible for students, provide specific funding to assist rural school districts with transportation costs. Rural schools who send students to Skills Centers can build complementary programs that create an on-ramp (helpful if Skills Center programing typically fills each year).

Institutional Factors (2 of 4)

Policies and practices within organizations, e.g. schools, employers	Recommended Strategies
Availability of CTE director "bandwidth" in small districts to write grants, build programs, and nurture employer relationships.	Local investment in CTE director role (e.g. by employers, Accountable Communities of Health, Local Workforce Development Board, private philanthropy).
School interest/knowledge/capacity to create healthcare CTE pathway and partner with employers	Funding support for state-wide outreach and technical assistance; streamlining of OSPI and state regulator (DSHS, DOH, WABON) approval processes for health sciences CTE programs. Flexible grants to rural districts to cover healthcare CTE startup costs. See specific recommendations in WABON's December 2025 report: "Rural Hospital & High School Nursing Assistant Partnership Pilot Project."

Institutional Factors (3 of 4)

Policies and practices within organizations, e.g. schools, employers	Recommended Strategies
Healthcare employer interest/knowledge/capacity to partner with schools and engage with students under 18	Funding support for state-wide outreach and technical assistance; streamlining of OSPI and state regulators (DSHS, DOH, WABON) approval processes for health sciences CTE programs. Flexible grants to rural healthcare employers to support workforce development capacity and incentivize employee participation in job shadowing and clinical experiences for high school students. Accountable Community of Health, Local Workforce Development Board, Area Health Education Center, STEM Networks, Educational Service District, develop their roles as local connectors between K-12 and healthcare employers. Focused study on insurance barriers to taking on students and workers under age 18 described by some employers.

Institutional Factors (4 of 4)

Policies and practices within organizations, e.g. schools, employers	Recommended Strategies
Local workforce available to teach healthcare CTE, employer policies around releasing staff at a time that fits with school schedule.	See specific recommendations in WABON's December 2025 report: "Rural Hospital & High School Nursing Assistant Partnership Pilot Project."

Discussion and potential affirmation

Does Council want to affirm the **institutional factors** and recommended strategies?

Do the current circumstances make any of these strategies a priority for action now?

Community Factors (1 of 2)

Social norms, community resources, geography, and support systems	Recommended Strategies
Degree of rurality (frontier areas have greater challenges with distances, availability of local resources)	Support expansion of non-traditional CTE approaches that can serve small, hybrid rural cohorts.
Presence of supportive entities (Accountable Community of Health, Area Health Education Center, STEM Network, Educational Service District, Local Workforce Development Board)	Support organizations should actively grow their connections with the variety of rural communities in their service areas including specific outreach to both educational and employer partners (many already do this well).

Community Factors (2 of 2)

Social norms, community resources, geography, and support systems	Recommended Strategies
Presence/absence of local healthcare employers. Presence/absence of community college programming. Availability of high-speed internet services, low/no cost devices, and degree of digital literacy. Social norms about healthcare careers and college-going culture.	Work is underway by other entities in several areas; no interventions identified by Council staff. Council should request updates as relevant.

Discussion and potential affirmation

Does Council want to affirm the **community factors** and recommended strategies?

Do the current circumstances make any of these strategies a priority for action now?

Policy Factors (1 of 1)

Laws, regulations, and government initiatives	Recommended Strategies
Availability of enhanced state funding for career and technical education (CTE).	Protect and preserve CTE funding. Explore a frontier school CTE enhancement to address higher cost per student in small programs.
Availability of free, predeveloped resources such as frameworks, curriculum for most desired programs (NA-C, HCA, EMT, MA).	Advocate for development of no-cost materials and technical assistance that simplifies and standardizes the startup of a credentialed healthcare pathway. (See WABON report.)
Restrictions on youth healthcare employment.	Address limits on the ability of minors to work in healthcare roles after completing appropriate training via LNI rulemaking.
Rural student test score challenges in math and science.	Complete a research study to determine if rural and frontier location is associated with poorer student outcomes, compared to urban or suburban locations in Washington, and suggest potential ways to address any identified disparities.

Discussion and potential affirmation

Does Council want to affirm the **policy factors** and recommended strategies?

Do the current circumstances make any of these strategies a priority for action now?

Thank you!

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