Health Workforce Council
Wednesday, June 26 | 9 am to 4 pm

Guiding questions for the day:

1. What is the Council's unique role in the state's health workforce ecosystem given recent policy changes?
2. What activities should the Council focus on as highest value?
3. What new topics or shifts to current topics should the Council take on?

Welcome and Announcements

Dr. Suzanne Allen, MD, MPH, Council Chair, called the April meeting to order and welcomed attendees. Dr. Allen noted Dan Ferguson would be retiring and noted briefly on the upcoming closure of the Center of Excellence. Dr. Allen followed noting her own upcoming retirement and her stepping down as the Chair for the Health Workforce Council. Dr. Allen introduced Dr. Suzi Ames as the new Chair and Dr. Leo Morales as the Vice Chair.

Dr. Ames reviewed the agenda for the meeting, outlining some of the changes since 2023 when the last strategic planning occurred. Utilizing the three question (listed above), to find clarity on where the council can lead, where we can add value, and how we can help the state build a strong, more resilient workforce. Upon completion of today's tasks, Workforce Board staff will develop a workplan for the next 1 to 2 years.

Current health workforce landscape and policy environment

Grace Guenther, Research Scientist, Center for Health Workforce Studies, University of Washington presented on the Sentinel Network Finding from Spring of 2026. Guenther provided a brief overview of the Sentinel Network. She then continued with a big picture of the trends from spring of 2026 finding. Overall, staffing has stayed the same, vacancies persist, retention challenges still exist and there is a continuation of system pressure. Guenther broke out each of these categories outlining into more detail dominant themes.

Guenther continued her presentation moving into the overarching findings, overarching themes, cross-cutting findings and how AI is to reduce admin burdens. She noted the key takeaways:

- Workforce challenges come from multiple factors: Supply, funding, policy, and job expectations all play a role.
- Staffing appears more stable than prior rounds, though challenges persist.
- Efforts to build the workforce are growing, but gaps in applicants and training remain.
- Retention varies by role and setting: Pay, workload, and role expectations all matter.

- Organizations are adapting, but many approaches involve tradeoffs or short-term fixes.

Renee Fullerton of the Workforce Board presented an overview of Washington's health workforce policy environment. She highlighted the current landscape of the state's health workforce, noting that data have indicated a slowdown in healthcare workforce growth since 2022. She emphasized that this trend does not reflect a reduction in workforce demand, as employers continue to report persistent workforce shortages.

Fullerton then discussed the evolving role of the Health Workforce Council in shaping policy, providing an overview of how the Council's responsibilities have changed over time. She also reviewed the policy and capacity changes anticipated for 2026, highlighting key areas of influence, sources of uncertainty, and opportunities for the Council to help inform and shape future policy decisions.

Defining the Council's Strategic Role (Group Discussion)
Dr. Allen led the Council into a facilitated discussion focused on clarifying the Health Workforce Council's unique role in Washington's health workforce system. She reflected on the Council's accomplishments, including advancing the Health Workforce Sentinel Network, securing dedicated staff support, and advocating for initiatives such as residency program funding and childcare for health workforce learners. She also acknowledged that while the Council has achieved meaningful progress in some areas, longstanding challenges remain. Dr. Allen instructed Council members to participate in a small-group exercise to identify the Council's distinct contribution to the state's health workforce. Each table of participants is to create a draft role statement.

The following are the results of this activity:

1. A unique convening of a wide variety of healthcare related stakeholders (education, healthcare delivery, research, policy and regulatory), which contributes and provides context and expertise to policymakers and planners in the state.
2. Ditto. Convenor to bring people together and discuss the needs.
3. Sharing information with stakeholders, advocacy, policy guide, how to work to with workforce board. Trusted partner to the community we serve, locally, regionally, state wide and nationally.
4. Health workforce council supports products and initiative that support a diverse well trained workforce that meets the evolving health needs of communities across the state.
5. Gathering state wide input on healthcare workforce through Sentinel network. Council oversight of credentials progress.

6. This workgroup is well positioned to: collect data and information, brings together multiple perspectives, help communicate and deliver information to policy makers and legislature, other stakeholders.

The following combined statement was created from the results above. The Health Workforce Council's unique role is to gather and synthesize statewide health workforce data and input — including through tools like the Sentinel Network — and use that information to convene diverse stakeholders across education, healthcare delivery, research, and policy, equipping policymakers and planners with the evidence and context needed to build a diverse, well-trained workforce that meets communities' evolving health needs across the state.

Assessing What We Do: Start, Strengthen, Sunset (Exercise)
Nova Gattman, Workforce Board, directed members on the next exercise: Start, Strengthen and Sunset, breaking out each definition. The goal is to identify the highest-value activities in today's policy and workforce environment, keeping in mind the activities allowing us to be most effective given our mandate from the Legislature and our staff resources.

First, members worked independently writing down ideas. Next, small groups worked together to pool their ideas, then breaking it down into the top two or three activities per the framework of State, Strengthen or Sunset.

Start

- Communication and awareness
- Disperse information into schools for low/no cost training opportunities (topic)
- *Broaden apprenticeship and free entry level training across Washington state (Have education that is low or no cost) (topic)
- Create a regular feedback tool for employers to give input on the quality of healthcare education (topic)
- Use Council members to offer more education of policy recommendations to state/regional leaders and Legislators
- Increase understanding of how workforce development funds are used and ROI
- Work on a statewide integrated workforce data system
- Host an annual conference to reach a broader constituency involved with health workforce, including legislators/policy makers. (Seek private funding)
- Council Expansion and Outreach
- Council member work:
  - Expanding Council member inclusion to include Health Care Workers, labor and employers

  - Expand membership to multisectoral representation
  - Mapping Council members to support sustainability
  - Explore possibility of convenings currently lead by Centers of Excellence.
  - Broaden/include/facilitate other states and national partners on solutions and best practice sharing and workforce planning
- AI impacts on health workforce (future focus, healthcare privacy, consumer protections and PHI) (topic)
- Provide guidance around regional efforts to increase success/when funding requires reporting on expected outcomes
- Foundation support/external funding
- One page information documents on specific topics to policymakers/new ways to communicate/short videos
- AI/technology, are training programs adapting curricula to account for how AI is changing workflow and culture
- Special topic meetings, convene special topic discussions with dissemination of information after

Strengthen

- Strengthen fair access to training and jobs in under-resourced and rural areas (topics)
- AI workforce impact: Real time assessment of use and burden (topics)
- Plan/Communications with Leg and increase engagement.
- Report to policymakers and engage legislators, increase visibility and engagement with those who make decisions
- Create network of legislative/governor champions with the help of Council members
- Council engagement with the Legislature:
  - Review of statutes, rules, regulations
  - Engage with legislators on data and recommendations
  - Expand research/broaden partnerships with other agencies to strength and expand data to drive/inform recommendations
- Strengthen Sentinel Network data collection and dissemination

❖ Reinforce and expand (only if strongly needed) data collection and dissemination

- Sentinel Network:
  - Promote awareness
  - Better employer engagement
  - Better data dissemination
- Feedback loop on current projects and their effectiveness to the Council, better identify what's working and not
- Dissemination of HWC findings/recommendation, increase visibility of Council

- Amplify statewide workforce efforts:
    - Mapping programs and efforts
    - Identifying funding sources and current usage and qualifiers
    - Help identify duplicative efforts
- Subject matter experts' re: capacity building build /collaborative practice
- Strengthening partnerships with other state agencies to encourage youth to go into healthcare
- What are Council members engaged in and how can that contribute to statewide workforce efforts
- Communication between healthcare delivery and education
- Move from summary report to briefs and social media sharing
- WA-specific impact of HR1 graduation program reclassification (federal student loan rules)

Sunset

- Explore possibilities to offload labor market data work, especially if it's going to be part of the State Health Plan
- Are we the best group to analyze quantitative workforce data? (Workforce Board Research handles this.)
- How does Council "manage partnership with UW Center for Health Workforce Studies"
- Stop the long annual report, pivoting to short, succinct periodic 1-page reports, visual data presentation, social media
- Long report/focus on targeted briefs
- Huge report
- Long report not needed
- Consensus on Long Report
- Thinking we are not advocates, what do we call our advocacy as experts
- Rural health transformation: Strength funding of community based healthcare workforce
- Rural youth work/transition from research to monitoring whether recommendations are implemented
- Meetings, consider fewer all Council meetings in favor of special topic meetings.

Honoring our departing council members

Dr. Ames read a proclamation in honor of Dr. Allen's many years of service with the Health Workforce Council, starting first as a Vice-chair and moving into the Chair position.

Clarifying our Highest-Value Activities (Exercise)
Gattman resumed the meeting, noting the information gathered during the Start, Strengthen and Sunset were ready for the members to identify the highest-value activities. Gattman led the group through each category. The results are listed below.

Start

- Review Council membership, explore options for expanded convening opportunities.

Strengthen

- Legislative/Communications plan, including changes to how we get out information *(1 pagers, short videos, social media platforms, etc.).*
- Expand reach of Sentinel Network
- Develop expectations for Council members to be a resource to their organizations/constituents on Council and related work.

Sunset

- Long reports
- Change meeting structure - 1-2 long meetings, and then a few small focused single topic items

Identifying High-Impact Topic Areas (Exercise, Voting and Discussion)
Dr. Ames then led the members through an exercise to determine high-impact topics. She noted earlier activities were defined on how we contribute to the system. Topics define what we focus on. Dr. Ames stressed the Council should only take on topics where the highest-value activities can make a meaningful difference, the need to align with our role or our strengths.

Dr. Ames noted the four criteria to guide the topic choices: alignment with our statutory mandate, urgency, feasibility and impact. Dr. Ames mentioned the pre-reading documents sent the week prior to the meeting. She then turned the members to work individually to write down potential topic ideas.

Dr. Ames then had each table work together identifying similar items, and requested the teams discuss why each topic matters and how it connect to the Council's role, mandate and highest-value activities. She requested each team identify two topics for the larger group to consider.

The top topics of the group as a whole including the voting scores:

- Explore consolidation of data to enhance predictive analysis of future workforce needs. (data equals: demand, supply, distribution, diversity and retention) (votes 9)
- Identify gaps between educational preparation and clinical practice. (votes 9)
- Affordability of workforce training given the impacts of HR1 and state level budget constraints and how k-12/early training options can off-set the cost. (votes 10)
- AI: Raising awareness about disconnects between how education programs are adopting curricula to account for how AI is changing workflow and workplace culture, while maintaining critical thinking skills. (votes 6)
- What workforce do we need for healthy communities across WA? (focus on preventive care rather than healthcare) (votes 11)
- Identify opportunities for standardized technology integration for patient data accessibility to reduce administrative burdens, typically found in the health workforce. (votes 2)
- Workforce supply and retention – How to identify existing resources to support talent and workforce development among incumbent workers. (votes 8)
- Training capacity and educational pathways. Analyze potential policy that could enhance crosswalk into career pathways? Guiding points that make a good stackable credential. (Bridging | Stackable | Portability | Work based learning | Articulation) (votes 12)
- Education affordability x professions x cost of living. Exploring the true cost of credentials/programs. (votes 7)
- Review policies related to credentialing and form recommendations to improve efficiency and effectiveness. (votes 7)

Once this list was created, it was entered into Microsoft Forms database and members were able to vote on their top two selections. The top five topics were then pulled out for a second vote, allowing members to rate the level of importance. The results are listed below in order of importance:

1. Training capacity and educational pathways. Analyze potential policy that could enhance crosswalk into career pathways? Guiding points that make a good stackable credential. (Bridging | Stackable | Portability | Work based learning | Articulation)
2. Identify gaps between educational preparation and clinical practice.
3. Affordability of workforce training given the impacts of HR1 and state level budget constraints and how k-12/early training options can off-set the cost.
4. Explore consolidation of data to enhance predictive analysis of future workforce needs. (data equals: demand, supply, distribution, diversity and retention)

5. What workforce do we need for healthy communities across WA? (focus on preventive care rather than healthcare)

Next steps, Workforce Board will be taking everything identified and completed today and will be coming up with a framework for not only how we work but what we will do. This will be brought to the September meeting for further discussion.

Adjourned at 3:34